

Bundle Trust Board (Open Session) 27 January 2022

Agenda attachments

ITEM 0 WELSH AGENDA.docx

ITEM 0 Open Agenda 27 January 2022 (3).docx

- 0 OPENING ITEMS
- 1 09:30 - Chair Welcome, and apologies for absence
- 2 09:35 - 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 Cymru*
- Ceri Jackson, Trustee of the Stroke Association*
- Claire Vaughan, Independent Member of Aberystwyth University*
- 3 09:36 - Minutes of Previous Meetings
- ITEM 3.1 Trust Board Minutes Open 25 November 2021 TM.docx
- 4 09:38 - Matters arising and action log
- ITEM 4 TRUST BOARD Action Log.docx
- 5 09:40 - Chair's Report
- ITEM 5 Chair's Report.docx
- 6 09:55 - Chief Executive Update
- ITEM 6 CEO REPORT TO TRUST BOARD 27 JANUARY 2022_jk ammends.docx
- 7 10:10 - Questions From Members of the Public
- 7.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 8 10:20 - WAST Charity Accounts
- ITEM 8 SBAR TB - Charitable Funds Accounts and Annual report 2020-21.docx
- ITEM 8a Appendix 1 - Charity Annual Report 2020-21.pdf
- ITEM 8b Appendix 2 - Charity Annual Accounts 2020-21.pdf
- 9 10:30 - Standing Orders, Scheme of Reservation and Delegation, Standing Financial Instructions
- ITEM 9 Trust Board SBAR 27 Jan 22 re SO SFI SoRD.docx
- ITEM 9a. WAST Standing Orders - Main Document v.5.doc
- ITEM 9b WAST Standing Orders - Schedule 1 Scheme of Reservation and Delegation of Powers - approved EMT 171121.docx
- ITEM 9c WAST Standing Orders - Schedule 2 Key Guidance Instructions and Other Related Documents.docx
- ITEM 9d WAST Standing Orders - Schedule 2.1 Standing Financial Instructions.docx
- ITEM 9e WAST Standing Orders - Schedule 3 Board Committees.docx
- ITEM 9f. WAST Standing Orders - Schedule 3.1 Academic Partnerships Committee TORs.docx
- ITEM 9g. WAST Standing Orders - Schedule 3.2 Audit Committee TORs.docx
- ITEM 9h WAST Standing Orders - Schedule 3.3 Charitable Funds Committee TORs.docx
- ITEM 9i WAST Standing Orders - Schedule 3.4 Finance and Performance Committee TORs.docx
- ITEM 9j WAST Standing Orders - Schedule 3.5 People and Culture Committee TORs.docx
- ITEM 9k WAST Standing Orders - Schedule 3.6 Quality Patient Experience and Safety Committee TORs.docx
- ITEM 9l WAST Standing Orders - Schedule 3.7 Remuneration Committee TORs.docx
- 10 10:40 - Annual Emergency Ambulance Services Committee update - PRESENTATION

ITEM 10 Annual EASC Update WAST - Final.pptx

- 11 11:10 - Staff Experience
Bethan Williams
- 11.1 11:30 - COMFORT BREAK
- 12 11:45 - Integrated Medium Term Plan
ITEM 12 ES - IMTP 2021-22 Delivery Tracker _Board.docx
- 13 11:55 - Board Assurance Framework and Corporate Risk Register
ITEM 13 Executive Summary Risk Management Report Trust Board 270122.docx
- 14 12:05 - Monthly Integrated Quality and Performance Report
ITEM 14 MIQPR SBAR December 2021 TB..docx
ITEM 14a Annex 1 MIQPR December 2021 TB.pdf
ITEM 14b op indicators MIQPR Dashboard December 2021 TB.xlsx
- 15 12:20 - Financial Performance Month 9
ITEM 15 Finance Report Month 9 - FINAL.docx
ITEM 15.1 Appendix 1.xlsx
ITEM 15.2 Appendix 2.pdf
ITEM 15.3 Appendix 3.xlsx
ITEM 15.4 Appendix 4.pdf
- 16 12:35 - Board Committee Reports
People and Culture Committee
Audit Committee
Academic Partnership Committee
Charitable Funds Committee
Finance and Performance Committee
ITEM 16.1 People and Culture Committee Report - November 2021 - for TB January 22.docx
ITEM 16.2 Audit Committee Report to Trust Board 021221.docx
ITEM 16.2a Welsh Ambulance Service Trust Structured Assessment 2021 – phase 2.pdf
ITEM 16.3 APC ESCALATION AND ASSURANCE REPORT - 9 December for TB January 2022.docx
ITEM 16.4 Charitable Funds Committee Report Jan 22 for Board.docx
ITEM 16.5 Finance and Performance Committee Report - January 22 for TB January 2022 v.2.docx
- 17 13:10 - Board and Committee Calendar 2022/23
ITEM 17 Trust Board 270122 SBAR re board and committee dates 22-23.docx
ITEM 17.1 Committee Planner 2022-23 Final for Board.xlsx
- 17.1 CONSENT ITEMS
- 18 13:15 - Use of Trust Seal
ITEM 18 Trust Seal.docx
- 19 13:18 - Minutes of Board Committees
ITEM 19 Minutes of Committees.docx
ITEM 19a CONFIRMED Audit Committee OPEN Minutes 16 September 2021 v2.doc
ITEM 19b CONFIRMED APC OPEN MINUTES SEPTEMBER 2021.doc
ITEM 19c CONFIRMED OPEN F and P Minutes 18 November 2021 (003).doc
ITEM 19d CONFIRMED NOVEMBER CFC MINUTES.docx
- 20 13:19 - Reports from EASC and NWSSP
ITEM 20 Joint Committee Update Report.docx
ITEM 20a minutes EASC 7Sept2021.doc
ITEM 20b WHSSC Minutes Sep 2021.pdf
ITEM 20bi 2022-01-11 JC (Public) Briefing.pdf
ITEM 20c nwssp.nhs.wales.docx
- 21 13:20 - Any other business
- 21.1 CLOSING ITEMS
- 22 13:26 - Date and time of next meeting – 24 March 2022, 09.30

13:28 - Exclusion of the press and members of the public To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).



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AGENDA

CYFARFOD BWRDD YR YMDDIRIEDOLAETH

Cynhelir yn y Sesiwn Agored ddydd Iau 27 Ionawr 2022 rhwng 09.30 a 13.40

Cynhelir y cyfarfod drwy Zoom

AGENDA

Rhif	Eitem agenda	Pwrpas	Arweinydd	Fformat	Amser
EITEMAU AGORIADOL					
1.	Croeso gan y Cadeirydd; ymddiheuriadau a chadarnhau cworwm	Gwybodaeth	Martin Woodford	Ar lafar	09.30
2.	Datganiadau o ddiddordeb	Gwybodaeth	Martin Woodford	Ar lafar	
3.	Cofnodion y cyfarfod diwethaf	Cymeradwyo	Martin Woodford	Papur	
4.	Materion yn codi a chofnod o gamau gweithredu	Adolygu	Martin Woodford	Papur	
5.	Adroddiad y Cadeirydd	Gwybodaeth / Cymeradwyo	Martin Woodford	Ar lafar Papur	09.40
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	09.55
7.	Cwestiynau gan Aelodau'r Cyhoedd	Trafodaeth	Estelle Hitchon	Ar lafar	10.10
EITEMAU AR GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH					
8.	Cyfrifon Elusen WAST	Cymeradwyo	Chris Turley	Papur	10.20
9.	Rheolau Sefydlog, Cynllun Cadw a Dirprwyo, Cyfarwyddiadau Ariannol Sefydlog	Cymeradwyo	Trish Mills	Papur	10.30
10.	Diweddariad blynyddol y Pwyllgor Gwasanaethau Ambiwlans Brys	Trafodaeth	Stephen HARRY Chris Turner	Cyflwyniad	10.40
PROFIAD STAFF					
11.	Profiad Staff – Bethan Williams – Nyrs 111	Gwybodaeth Trafodaeth	Claire Roche	Ar lafar	11.10
Egwyl 11:30 – 11:45					
12.	Cynllun Tymor Canolig Integredig	Sicrwydd	Rachel Marsh	Papur	11.55
13.	Fframwaith Sicrwydd y Bwrdd a'r Gofrestr Risg Gorfforaethol	Sicrwydd	Trish Mills	Papur	12.05
14.	Adroddiad Ansawdd a Pherfformiad Integredig Misol	Sicrwydd	Rachel Marsh	Papur	12.15
15.	Perfformiad Ariannol Mis 9	Sicrwydd	Chris Turley	Papur	12.25
16.	Adroddiadau Pwyllgorau'r Bwrdd			Papur	
	16.1. Pwyllgor Pobl a Diwylliant	Sicrwydd	Paul Hollard	Papur	12.45
	16.2. Pwyllgor Archwilio	Sicrwydd	Martin Turner	Papur	12.55



Rhif	Eitem agenda	Pwrpas	Arweinydd	Fformat	Amser
	16.3. Pwyllgor Partneriaeth Academaidd	Sicrwydd	Professor Kevin Davies	Papur	13.00
	16.4. Pwyllgor Cronfeydd Elusennol	Sicrwydd	Professor Kevin Davies	Papur	13.05
	16.5. Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Emrys Davies	Papur	13.15
17.	Calendr y Bwrdd a'r Pwyllgorau 2022/23	Cymeradwyo	Trish Mills	Papur	13.25

EITEMAU AR GYFER CYDSYNIAD

Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd aelod yn awyddus i drafod unrhyw rai o'r eitemau hyn, gofynnir iddo roi gwybod i'r Cadeirydd fel bod modd dyrannu amser i wneud hynny.

18.	Defnyddio Sêl yr Ymddiriedolaeth	Gwybodaeth	Trish Mills	Paper	13.35
19.	Cofnodion Pwyllgorau'r Bwrdd	Gwybodaeth	Martin Woodford	Paper	
20.	Adroddiadau gan EASC a NWSSP	Gwybodaeth	Martin Woodford	Paper	

EITEMAU I GLOI

21.	Any other business	Trafodaeth	Martin Woodford	Ar lafar	13.40
22.	Dyddiad ac amser y cyfarfod nesaf – 24 Mawrth 2022, 09.30	Gwybodaeth	Martin Woodford	Ar lafar	
23.	Gwahardd y wasg ac aelodau o'r cyhoedd Gwahodd y Wasg a'r Cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drosglwyddo (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Cymeradwyo	Martin Woodford	Ar lafar	

Cyflwynwyr Arweiniol

Enw'r Arweinydd	Swydd yr Arweinydd
Mr Lee Brooks	Cyfarwyddwr Gweithrediadau
Mr Emrys Davies	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Prof Kevin Davies	Is-gadeirydd Bwrdd yr Ymddiriedolaeth, Cadeirydd y Pwyllgor Cronfeydd Elusennol a'r Pwyllgor Partneriaeth Academaidd
Ms Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch
Mr Stephen Harrhy	Prif Gomisiynydd Gwasanaethau Ambiwylans
Mr Andy Haywood	Cyfarwyddwr Digidol
Ms Estelle Hitchon	Cyfarwyddwr Partneriaeth ac Ymgysylltu
Mr Paul Hollard	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Pobl a Diwylliant
Mrs Ceri Jackson	Cyfarwyddwr Anweithredol
Mr Jason Killens	Prif Swyddog Gweithredol



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Dr Brendan Lloyd	Cyfarwyddwr Meddygol
Ms Rachel Marsh	Cyfarwyddwr Strategaeth a Chynllunio
Mrs Trish Mills	Ysgrifennydd y Bwrdd
Ms Claire Roche	Cyfarwyddwr Gweithredol Ansawdd a Nyrsio
Mr Andy Swinburn	Cyfarwyddwr Parafeddygon
Mr Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol
Dr Chris Turner	Cadeirydd EASC
Mr Martin Turner	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Archwilio
Mr Joga Singh	Cyfarwyddwr Anweithredol
Mr Martin Woodford	Cadeirydd Bwrdd yr Ymddiriedolaeth
Ms Claire Vaughan	Cyfarwyddwr Datblygu'r Gweithlu a'r Sefydliad



MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 27 January 2022 from 09.30 to 13.40

Meeting held virtually via Zoom

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Martin Woodford	Verbal	09.30
2.	Declarations of interest	Information	Martin Woodford	Verbal	
3.	Minutes of last meeting	Approval	Martin Woodford	Paper	
4.	Matters arising and action log	Review	Martin Woodford	Paper	
5.	Chair's Report	Information / Ratification	Martin Woodford	Verbal Paper	09.40
6.	Chief Executive's Report	Information	Jason Killens	Paper	09.55
7.	Questions from Members of the Public	Discussion	Estelle Hitchon	Verbal	10.10
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
8.	WAST Charity Accounts	Approval	Chris Turley	Paper	10.20
9.	Standing Orders, Scheme of Reservation and Delegation, Standing Financial Instructions	Approval	Trish Mills	Paper	10.30
10.	Annual Emergency Ambulance Services Committee update	Discussion	Stephen Harrhy Chris Turner	Presentation	10.40
STAFF EXPERIENCE					
11.	Staff Experience – Bethan Williams – 111 Nurse	Information Discussion	Claire Roche	Verbal	11.10
COMFORT BREAK 11:30 – 11:45					
12.	Integrated Medium Term Plan	Assurance	Rachel Marsh	Paper	11.45
13.	Board Assurance Framework and Corporate Risk Register	Assurance	Trish Mills	Paper	12.05
14.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	12.15
15.	Financial Performance Month 9	Assurance	Chris Turley	Paper	12.25
16.	Board Committee Reports			Paper	
	16.1. People and Culture Committee	Assurance	Paul Hollard	Paper	12.45
	16.2. Audit Committee	Assurance	Martin Turner	Paper	12.55
	16.3. Academic Partnership Committee	Assurance	Professor Kevin Davies	Paper	13.00
	16.4. Charitable Funds Committee	Assurance	Professor Kevin Davies	Paper	13.05
	16.5. Finance and Performance Committee	Assurance	Emrys Davies	Paper	13.15
17.	Board and Committee Calendar 2022/23	Approval	Trish Mills	Paper	13.25



No.	Agenda Item	Purpose	Lead	Format	Time
CONSENT ITEMS					
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.					
18.	Use of Trust Seal	Information	Trish Mills	Paper	13.35
19.	Minutes of Board Committees	Information	Martin Woodford	Paper	
20.	Reports from EASC and NWSSP	Information	Martin Woodford	Paper	
CLOSING ITEMS					
21.	Any other business	Discussion	Martin Woodford	Verbal	13.40
22.	Date and time of next meeting – 24 March 2022, 09.30	Information	Martin Woodford	Verbal	
23.	Exclusion of the press and members of the public To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Martin Woodford	Verbal	

Lead Presenters

Name of Lead	Position of Lead
Mr Lee Brooks	Director of Operations
Mr Emrys Davies	Non-Executive Director, Chair of Finance and Performance Committee
Prof Kevin Davies	Vice Chair of Trust Board, Chair of Charitable Funds Committee and Academic Partnership Committee
Ms Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Mr Stephen Harrhy	Chief Ambulance Services Commissioner
Mr Andy Haywood	Director of Digital
Ms Estelle Hitchon	Director of Partnership and Engagement
Mr Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Mrs Ceri Jackson	Non-Executive Director
Mr Jason Killens	Chief Executive Officer
Dr Brendan Lloyd	Medical Director
Ms Rachel Marsh	Director of Strategy and Planning
Mrs Trish Mills	Board Secretary
Ms Claire Roche	Executive Director of Quality and Nursing
Mr Andy Swinburn	Director of Paramedicine
Mr Chris Turley	Executive Director of Finance and Corporate Resources
Dr Chris Turner	Chair of EASC
Mr Martin Turner	Non-Executive Director; Chair of Audit Committee
Mr Joga Singh	Non-Executive Director
Mr Martin Woodford	Chair of Trust Board
Ms Claire Vaughan	Director of Workforce and Organisational Development



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UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 25 NOVEMBER 2021 MEETING HELD AT THE INTERNATIONAL CONVENTION CENTRE, NEWPORT AND VIA ZOOM

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Craig Brown	Trade Union Partner (Via Zoom)
Andrew Challenger	Senior Education and Development Lead
Emrys Davies	Non Executive Director (Via Zoom)
Professor Kevin Davies	Non Executive Director and Vice Chair
Bethan Evans	Non Executive Director (Via Zoom)
Andy Haywood	Director of Digital Services (Left meeting at 10:15)
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner (Via Zoom)
Claire Roche	Executive Director of Quality and Nursing
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Sonia Thompson	Assistant Director of Operations EMS
Chris Turley	Executive Director of Finance and Corporate Resources
Martin Turner	Non Executive Director

Members of British Sign
Language and staff in
attendance:

Seven

Apologies

Lee Brooks	Director of Operations
Claire Vaughan	Director of Workforce & Organisational Development

83/21 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting, noting that it was the first in person for some time; there were also Members using the Zoom facility. Apologies were received

from Claire Vaughan, Director of Workforce and Organisational Development and Lee Brooks, Director of Operations.

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 Ceri Jackson, a Trustee of the Stroke Association.

RESOLVED: That the standing declarations and apologies as described above were formally recorded.

84/21 PROCEDURAL MATTERS

Minutes of the previous meeting. The Minutes of 30 September 2021 were approved.

Action Log:

The Board received the action log and noted the updated position.

Trust Seal

Since the last Board meeting, the Trust seal was used on the following occasions:

- a. (0225): License for alterations (Minor Works) relating to part of basement, ground floor and first floor in VPH, between Vantage Point Business Park and WAST
- b. (0226): Lease Hywel Dda and WAST. Old garage site to Ambulance Station at Aberaeron
- c. (0227): Lease – License for Alteration, part of Aberaeron site

RESOLVED: That

- (1) the Minutes of the meeting on 30 September 2021 were confirmed as a correct record;**
- (2) the action log was noted; and**
- (3) the use of the Trust seal as described was noted.**

85/21 CHAIR'S ACTIONS SINCE LAST MEETING

The Chair reported that the following Chair's action had been undertaken since the last Board meeting:

On 25 October 2021 Chair's action was approved for a temporary payment for staff voluntarily taking primary rest breaks at a designated location away from base when crews were delayed or clearing at hospital. The payment was subject to the agreement of funding by the Chief Ambulance Services Commissioner.

RESOLVED: That the Chair's Action as described was ratified.

86/21 CHAIR'S UPDATE

The Chair, in giving his update referred to the meetings, conferences and ceremonies he had attended since the last Board meeting:

Internal

1. Two Board Development sessions which had covered a wide range of issues including; Leadership role of the Board, environmental issues, forward plan and the Trust's application for university status.
2. Regular meetings with Non Executive Directors and Trade Union partners.
3. WAST had held a very successful awards ceremony.
4. Attendance on the Trust's regular live Team WAST sessions which were chaired by the Chief Executive.

External

1. Regular meetings of Chairs of Health Boards across Wales; the issues of emergency care, urgent care and handover delays were discussed.
2. NHS Confederation meetings.
3. Met with External and Internal Audit colleagues.
4. Held meetings with the Health Minister one of them to specifically discuss the challenges facing WAST.

The Chair added that he had visited front line staff in ambulance stations across Wales.

87/21 CHIEF EXECUTIVE UPDATE

Jason Killens, Chief Executive, presented his report and drew the Board's attention to the following key highlights:

1. Capital and Estates – a number of capital works were already underway; in particular, an extensive programme of work was underway at Vantage Point House in Cwmbran. Part of the refurbishment was to increase the capacity for 111 and 999 Clinical Centre staff. Furthermore work was underway at the Area Ambulance Centre in Dobshell and once completed, this would be the first carbon neutral station.
2. The Electronic Patient Care Record (ePCR) system was now live in North Wales with an expected roll out across Wales in due course. Early feedback indicates that the system was working well.

3. Pandemic response. Military support had been granted under the Military Aid to Civil Authorities (MACA) scheme and had resulted with the addition of 110 military personnel supporting the Trust; as a result of this additional capacity there had been improvements in performance.
4. Mental Health – Five Mental Health Practitioners had been recruited into the Clinical Support desk and it was anticipated by the end of Quarter four they will be operating seven days a week. Furthermore, the Board were asked to note the achievement of Stephen Clarke, Head of Mental Health, who had won the RCN Wales Year of the Nurse Award in Mental Health.

Comments:

1. Was there an update on the MACA situation? Jason explained that the Trust currently had support to the end of November 2021 and were awaiting a final decision on confirmation of future support.

RESOLVED: That the update was noted.

88/21 QUESTIONS FROM MEMBERS OF THE PUBLIC

One question had been received from Danielle Butterly:

What was the reason that the ambulance response time target had not been met for the past 15 months?

Jason Killens explained that the whole NHS system had been under extreme pressure in particular the ambulance sector across Wales and the rest of the UK.

There was pressure on the workforce due to the increase in demand which in turn had caused an increase in staff absence also caused by high levels of Covid cases in the community. There was also an increase in pressure across urgent and emergency care.

All these factors had created numerous challenges for WAST to be able to respond to patients in the community in a timely manner.

It was agreed that due to the complexities involved Estelle Hitchon would formally write back to Ms Butterly with a more comprehensive answer.

Comments:

Dr Brendan Lloyd updated the Board following a combined meeting of Medical and Nurse Directors in which they had considered the pressures in the system in more detail and discussed ideas to escalate to political leaders.

RESOLVED: That the Board noted the question and the response to be provided to Ms Butterly.

71/21 HEALTHCARE INSPECTORATE WALES (HIW) – REVIEW OF PATIENT EXPERIENCE AND HANDOVER DELAYS

1. Bethan Evans, Chair of the Quality, Patient Experience and Safety Committee (Quest), explained that the purpose of the report was to inform the Board that HIW had published findings from its 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' on 7 October 2021.
2. The Quest Committee had received the report on 16 November 2021 and were assured that the Trust's Action Plan would be brought to the Committee once the process of system wide response had been completed by the National Collaborative Commissioning Unit (NCCU)
3. The Committee regularly discussed and scrutinised all aspects of patient safety; furthermore at a recent scrutiny panel several case reviews were looked at and these in the main related to matters of patient safety and were often linked to handover delays. At this panel meeting, members were assured that not only were the investigations carried out robustly, there were always lessons learned.
4. Going forward, the Quest Committee would update the Board at regular intervals in respect of the actions and recommendations as outlined in the HIW report.
5. Claire Roche advised the Board that the response from WAST had been broadly supported by the Commissioner.

Comments:

1. Was there a date yet as to when the NCCU were likely to produce the system wide response for HIW. Claire Roche understood this was imminent and then the Trust would await the reply from HIW.
2. Claire Roche reiterated the significance and importance of a system wide response as many of the actions required collaboration across all the Health Boards to ensure the safety of patients was paramount.
3. Paul Hollard made reference to the Audit Wales work in respect of the unscheduled care system and noted that once this was completed it would provide further clarity in respect of system pressures.
4. Dr Brendan Lloyd outlined the issues particularly at hospital in relation to beds occupied by patients who were medically fit to be discharged but were awaiting a safe and funded return back to the Community.
5. Jason Killens explained that the challenges faced by each Health Board were slightly different adding that this was one of the reasons the NCCU were consolidating all the responses into one to develop an overall picture. He added that WAST had a part to play in fixing the flow challenges at emergency departments; this was to ensure that patients were only taken to emergency department who really needed to be.

6. The Board noted that it would receive the full action plan once it had been considered at the Quest Committee in due course.

RESOLVED: That Trust Board noted the publication of the report and the current arrangements in place to respond to its recommendations.

88/21

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES (AACE) HANDOVER HARMS REPORT

1. Claire Roche, in presenting the report advised the Board that AACE had undertaken a review of cases whereby patients had been delayed on handover at emergency departments (ED) for more than 60 minutes. The review was conducted on 4 January 2021 in Wales, England and Scotland.
2. Each ambulance service was asked to review up to 50 cases whereby patients had been delayed and only included adults over the age of 16.
3. The aim of the review was to assess the potential level of harm as a result of the delay; this harm was categorised into three levels, severe harm, moderate harm and low harm.
4. The report highlighted that Wales had the longer waiting times at ED and the patients overall, were identified as being older.
5. Members recognised that the AACE have brought these delays into focus and there was a need for a collaborative effort across the entire health and social care system. It was also noted that the report had been shared widely with health boards

Comments:

1. What additional evidence and context does this provide in relation to the HIW response? Claire Roche confirmed that the contents of the AACE report had supported the Trust's response to HIW.
2. Was WAST doing everything it could to ensure public confidence in the services it provided? Estelle Hitchon gave an overview of the positive stories available and the messaging to the public. Claire Roche added that WAST used a continuous engagement model which was maintained by the Patient Experience and Community Involvement (PECI) Team. The PECI Team continued to liaise with the public and community groups, by sending messages to the public and receiving feedback and acting upon that.
3. Dr Brendan Lloyd advised that the report had been reviewed by ambulance service medical directors and it was noted that the audit would again be carried out on 4 January 2022. The Board acknowledged the work undertaken by Kevin Webb and his team in extracting the relevant data in the compilation of the report. He stressed that the patient most at risk was the high priority category who was waiting for an ambulance in the community.

4. Sonia Thompson made reference to the older person category in that they were waiting the longest and suggested that further work could be undertaken to reduce conveyance for these patients.
5. Members sought clarity in respect of harm and whether the audit looked at whether the harm was due to the patient waiting in the community or if the patient was waiting in the ambulance. Claire Roche explained that the audit considered 50 cases and the impact to the patient with a delay in access to the ED. She added that next year's audit may have a broader remit and provide the opportunity to look into more detail.
6. Was there scope for the Trust to highlight its own areas of concern for future audits? Dr Brendan Lloyd explained there were technical limitations in a whole system audit and agreed to advise the Board on progress as necessary.
7. Jason Killens informed the Board that the report had been shared widely with Health Board colleagues and Commissioners. He added that the report did not consider the whole spectrum of harm and where it was most likely to occur. Further, the report did not consider the level of harm had the patient not been in an ambulance. A strong focus continued with EASC and health boards about the need to improve the delays as a result of the risk of harm and the impact on patients.
8. Estelle Hitchon advised that the narrative must now move to solutions as opposed to re-telling the story on the problems with delays; Jason Killens added that the main focus should be on the key measures in resolving the delays at EDs.

RESOLVED: That the Board noted the publication of the report and discussed its findings.

89/21

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – OCTOBER 2021

Rachel Marsh presented the report and drew attention to the following areas:

1. Call answering of 111 and 999 has been particularly challenging through the significant increase of demand. The 111 Call answering performance which was measured by call abandonment rates, required improvement; details of the measures to improve were provided and this included the recruitment of additional call handlers. The Board also noted that the new telephony system (Interactive Voice Response system) was having a positive effect with 111 call answering.
2. 111 Clinical response – whilst the clinical call back times continued to meet the target, additional recruitment of clinicians in this area was underway,
3. Ambulance response times – these continued to be longer than expected, however the figures in November have shown that the Amber response times have improved. It was also noted in November that with the supplementary

support of the Military and other groups, this was having a positive impact on response times.

4. Members were updated on the Non Emergency Patient Transport Service (NEPTS) performance which was above the target for renal patients and was continuing to improve. However it was anticipated that as planned care levels increase, demand will increase; funding has been made available to increase the NEPTS capacity.
5. The number of Serious Adverse Incidents have increased which largely were related to handover delays.
6. Staff sickness absence levels continued to rise and in September was at 11.74%; measures were being undertaken to investigate in more detail the reasons for this increase.
7. Post Production Lost Hours (PPLH), a significant amount of hours were being lost; approximately 40% was due to staff returning to their base for meal breaks.

Comments:

1. Following a question regarding the number of staff who had received the Covid jab, Jason Killens advised that subject to confirmation, the number of staff who had been double jabbed was 95% with approximately 60% receiving the booster. He added that these figures were the highest amongst other UK ambulance services. Furthermore, were the number of volunteers who had been jabbed being included in the overall numbers? Paul Hollard agreed to clarify this at the next People and Culture Committee meeting with the Board being updated in due course through the P and C update report. .
2. PPLH, was it possible to categorise these lost hours into factors beyond the Trust's control. Rachel Marsh advised that information relating to each category was available on the Intranet. Jason Killens gave an overview of the legitimate reasons why vehicles were not on the road. Rachel Marsh was requested to illustrate in further detail the reasons for lost hours at the next Board update.
3. In terms of the call abandonment rates and the new Interactive Voice Response messaging system clarity was sought on how these were recorded? Rachel Marsh commented that once the message had finished the 60 second timer commenced.

RESOLVED: The Board considered the Oct-21 Integrated Quality and Performance Report and actions being taken.

90/21 INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE

Rachel Marsh explained the purpose of the report was to update the Board on progress and delivery of actions in the IMTP 2021-24 at the end of quarter two. The following was brought to the Board's attention:

1. Reference was made to the parameter letter received from Welsh Government which asked WAST to ensure the Trust Board was given assurance on the delivery of its annual plan; and had set out several parameters to follow.
 - a) Ensure the plan was reviewed against current expectations and commissioning intentions of EASC
 - b) Review workforce challenges of recruitment versus retention and implement any mitigating actions
 - c) Review risks associated with the Grange University Hospital and handover issues
 - d) Identify clear actions to recover services paused/ reduced as a result of the pandemic
 - e) Finance: Allocations for additional COVID funding were being worked through and forecasts would continue to be reviewed and tested as part of the mid-year review process
 - f) Recovery - the Board must also assure itself that plans continued to optimise delivery

RESOLVED: That the progress on delivery was noted.

91/21

BOARD ASSURANCE FRAMEWORK (BAF) AND CORPORATE RISK REGISTER

Trish Mills explained that the report provided the Board with a position relating to the Corporate risks and BAF, noting there were 17 risks due for review. The Board's attention was drawn to the following areas:

1. Risks 223, inability to attend to patients in the community, 224, patients delayed on ambulances at ED both remained high. Risk ID 199, Compliance with Health and Safety legislation also remained high.
2. Going forward there will be a focus on reviewing the descriptors of these three high risks which will consider how they were articulated and allow the relevant Committees and Board to assess any mitigating actions.
3. Two risks have been managed to within or below the target; ID 343, failure to undertake tactical winter planning and ID 229, impact of Brexit. The Board was asked to approve the closure of and removal from the register.
4. The Board were updated on the future direction of risk management and the BAF which included a revised strategy, training and education.

Comments:

1. Chris Turley gave an overview of the new risks likely to be added to the Corporate Risk Register particularly the risks around recurrent funding and NHS Decarbonisation.
2. Risk 201, Trust reputation. The Board queried whether this was likely to escalate further, Estelle Hitchon assured the Board that it was reviewed and monitored regularly and may increase in score. Estelle added that at present the risk was, in the main, reviewed and scrutinised at the People and Culture

Committee. Jason Killens commented that it was appropriate for the Board should receive updates.

RESOLVED: That the Board:

- (1) Agreed to the closure of Risks 343 (failure to undertake tactical seasonal planning) and 229 (impact of Brexit)**
- (2) Noted the risk management activity since the last Trust Board in September**

92/21 FINANCE PERFORMANCE MONTH 7

Chris Turley presented the month seven financial report, with the Board noting that it had recently been reviewed at the Finance and Performance Committee meeting. That said, the following was brought to the Board's attention

- 1. The Trust continued to focus on the year-end financial balance; and this balance continued month on month.
- 2. Savings Delivery – The Trust continued to deliver savings against its original target of £2.800m through effective management and cost avoidance.
- 3. Members were given an update on the Trust's capital position and it was noted that it was on target to spend its capital expenditure limit.
- 4. Chris Turley reminded the Board of the challenges to locate a suitable site for the new fleet workshop in South East Wales and updated them on progress.

RESOLVED: That Members noted and gained assurance in relation to the Month 7 and forecast revenue and capital financial position and performance of the Trust as at 31 October 2021, noting that this was scrutinised in some detail at the Finance and Performance Committee meeting on 18 November 2021.

93/21 CHARITABLE FUNDS COMMITTEE REPORT

Professor Kevin Davies presented the report to the Committee from their meeting on 4th November, and asked them to note the following:

- 1. It should be noted that due to some capacity restraints at Audit Wales (AW), this year's charity accounts would be subjected to an Independent review by AW; a full audit of the accounts by AW would be undertaken for the following year. Chris Turley added that the Trust considered this to be good practice and governance.
- 2. Work would be undertaken to consider the structure of the bids panel from a governance perspective.

Comments:

The Board noted and agreed to the review of the Charity accounts as described.

RESOLVED: That the update was noted and the Board agreed to review the Charity accounts as described.

94/21

QUALITY AND PATIENT EXPERIENCE AND SAFETY COMMITTEE REPORT

Bethan Evans drew the Board's attention to the following from the highlight report following the meeting on 16th November:

1. Two annual reports were approved at the Committee: the Information Governance annual report and the Safeguarding Annual Report: in terms of the latter a significant increase in staff referrals had been recognised. Both reports were on the agenda for this Trust Board meeting for members' information.
2. Quality Strategy – the Committee had focused on progress and development with the Quality and Performance Management Framework.
3. Quarterly Integrated Quality & Performance Report: The Committee welcomed the new format and felt this combined method of reporting was a more effective way of receiving the vast array of data available.
4. Older Person's framework. The Committee recognised the importance of engagement, consultation, collaboration and partnership working with the wider system; noting this approach was critical to delivering on the framework.
5. Patient Safety report - The ongoing high demand clearly had an effect and had given rise to an increase in the volume of patient safety incidents
6. The Committee had received a presentation on the early impact of the Senior Paramedic role. There had already been a positive impact both from a patient care perspective and the support being received by front line staff.

Comments:

It was noted that several Board members had been present at the Committee meeting and were already aware of the contents of the report

RESOLVED: That the Board noted the report.

95/21

FINANCE AND PERFORMANCE COMMITTEE REPORT

Emrys Davies provided a verbal update and highlighted the areas discussed at the Committee meeting on 18 November:

1. Current financial position. The Trust was still on forecast to deliver financial balance by the end of the financial year
1. The risk around ongoing military support. In terms of the application to extend military support beyond 30 November, unless it was resolved by 25 November, the Chair would be raising this at the next Board meeting.

2. The NEPTS transfer was now complete.
3. Reviewed seasonal planning which included military support and some extended hours from volunteers.
4. Noted that Covid costs had been agreed with the Commissioner.
5. There were good governance arrangements around Fleet, particularly with the replacement strategy.
6. Systems improvements were planned with the 111 and 999 call handling services.
7. Conveyance rates of taking patients to hospital was currently at 38%.
8. Discussion around improving staff welfare were continuing.
9. The Quality performance framework was in development.
10. Value based health care, Chris Turley gave further information on the initiatives that were currently in development.
11. Decarbonisation and Sustainability update. Members noted that ISO 14001 continued to be complied with.

RESOLVED: That the Board noted the update.

96/21 BOARD DEVELOPMENT APPROACH

Trish Mills explained the purpose of the report was to set out the approach for thematic Board development.

It was noted that these sessions would move to monthly and would focus more on understanding, learning and reflection as opposed to business as usual. These would be based on several principles which were outlined in the report

The calendar of development sessions for Q3 and Q4 2021/22 was attached to the report and would be reviewed and updated by the Executive Management Team on a quarterly basis.

RESOLVED: That the Board;

- (1) Agreed the principles of thematic Board development; and**
- (2) Noted the forward plan for thematic Board development for Q3 and Q4 2021/22**

97/21 CONSENT ITEMS

The following items were included in the consent item section of the agenda, and were noted for information. The Board noted that both reports were reviewed and approved at the Quest Committee meeting on 16 November 2021.

Safeguarding Annual Report – 2020/21

Information Governance and Data Protection Annual report – 2020/21

RESOLVED: That the reports were noted.

98/21 MINUTES OF COMMITTEES

The Minutes of the following Committees were formally received.

- a. 26 August 2021, Charitable Funds Committee
- b. 9 September 2021, Quest Committee
- c. 23 September 2021, Finance and Performance Committee
- d. EASC Minutes dated 7 September 2021

RESOLVED: That the above Committee minutes were formally received.

99/21 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 25 NOVEMBER 2021 AND 7 DECEMBER 2021

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960). It was also noted that the Board would resolve to meet in private on 7 December 2021.

Trish Mills advised Members that the process involved in terms of agreeing closed Board minutes would be developed for the next meeting.

RESOLVED: That the Board would meet in private on 25 November 2021 and 7 December 2021

Date of next meeting: 27 January 2022

Trust Board Action Log – Following 25 November meeting

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
88/21	25 November 2021	Questions from the Public: What was the reason that the ambulance response time target had not been met for the past 15 months	Due to the complexities involved, a formal response was to be provided to Ms Butterly	Estelle Hitchon	27 January 2022	This was being addressed through a subsequent concern that was raised and is now aligned to that. Action to be Closed	Complete
89/21	25 November 2021	Monthly Integrated Performance Report	The reasons for Post Production Lost Hours to be illustrated in more detail in future reports	Rachel Marsh	27 January 2022	Information is included in update report. Action to be Closed	open



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Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	5
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	

CHAIR'S REPORT

MEETING	Trust Board
DATE	27 th January 2022
EXECUTIVE	Martin Woodford, Chair
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. In addition to the verbal update from the Chair at the meeting, this report sets out:

- 1.1 Chair's Actions taken since the last Trust Board meeting
- 1.2 Private Board decisions made since the last Trust Board meeting
- 1.3 Details of the purpose of the Chairs Working Group

Recommendation: The Trust Board is requested to ratify the Chair's Actions taken and note the other updates.

KEY ISSUES/IMPLICATIONS

Not applicable

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

Not applicable

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Y	Financial Implications	Y

Environmental/Sustainability	Y	Legal Implications	Y
Estate	Y	Patient Safety/Safeguarding	Y
Ethical Matters	Y	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	Y	TU Partner Consultation	Y

CHAIR'S REPORT – JANUARY 2022

1. Chair's Actions Taken Since the Last Meeting

1.1. The Trust's Standing Orders provides at paragraph 2.2.1 that *'There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings and it is not practicable to call a meeting. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification'*.

1.2. Urgent action was required between the November 2021 and January 2022 scheduled Trust Board meetings.

1.3. On 3rd December 2021 Chair's action was requested for the following:

(a) Additional Welsh Government Capital Funding 2021/22. Key highlights as follows:

- NHS Wales were requested to review year end capital forecasts, and declare any in year spend slippage, on the understanding this would be made available in 2022/23;
- As part of this, Welsh Government requested details of pipeline schemes, which the Trust provided;
- Welsh Government have now allocated funds to complete these schemes;
- Given the value of a two of these schemes, formal Trust Board spend approval was required to progress.

Approval was provided for the spend on the two schemes identified that were above current delegated spend approval limits i.e. mobile simulation units (mannequins only) and mechanical chest compression devices to support CHARU.

(b) Affixing of the Trust Seal on the following three documents:

- HM Land Registry Transfer of part of registered title(s) from WAST to Betsi Cadwaladr UHB.
- Lease Renewal at Aberdare Ambulance Station
- Lease Renewal at Caernarfon Ambulance Stations

1.4. On 13 January 2022 Chair's action was taken to authorise the settlement of a clinical negligence claim to a maximum limit of £663,176.15 in respect of damages.

1.5. The Trust Board is requested to ratify the decisions made by way of Chair's Action.

2. Decisions made in Private Session Since the Last Meeting

2.1. The Trust Board met in private session on 25th November and 16th December 2021. On both occasions the need to meet in private session related to commercial sensitivities. The following decisions were made:

(a) Fleet replacement Programme – Business Justification Case:

- (i) the development of the 2022/23 BJC is in line with the Fleet SOP and subsequent refreshes which has previously been approved was NOTED.
- (ii) the work undertaken to review and confirm vehicle requirements for 2022/23 was NOTED.
- (iii) the BJC was endorsed by the Fleet SOP Delivery Group on 8th November 2021, Capital Management Board on 12th November 2021 and Finance and Performance Committee on Thursday 18th November 2021 was NOTED, and
- (iv) the 2022/23 BJC for formal submission to Welsh Government, as recommended it does so by Finance & Performance Committee was APPROVED.

(b) Merthyr Fleet Workshop – Outline Business Case (OBC)

The OBC addendum for onward submission to Welsh Government, for updated funding consideration was APPROVED

3. Chairs Working Group

3.1. The Chair's Working Group (CWG) met on 10th December and agreed its purpose and process as follows:

The CWG is comprised of the Trust Board Chair, the Chairs of the Board Committees, Executive leads for Committees and the Board Secretary. It is established to promote discussion on a range of issues that affect the Board and its Committees including but not limited to:

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

The CWG is not a sub-committee of the Board, but its activities may be reported to the Board by way of the Chair's Report where relevant.

The CWG will meet quarterly.

No minutes will be taken, but an action log will be maintained by the Board Secretary.

The agenda, papers and action log will be accessible by all members of the Board, who will be welcome to attend at their convenience.

- 3.2. The Board is requested to approve the purpose of the CWG, any relevant outcomes from which will be reported to in this Chair's report.



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AGENDA ITEM No	6
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	One

CHIEF EXECUTIVE REPORT: 27 JANUARY 2022

MEETING	Trust Board
DATE	27 January 2022
EXECUTIVE	Jason Killens
AUTHOR	Jason Killens
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 25th November 2021. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function. The report style is now shorter and less detailed than previous reports reflecting feedback from the Board.

RECOMMENDATION

That Trust Board note the contents of this report.

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

The Trust Board meeting held on 27th January 2022.

REPORT APPENDICES

An SBAR is attached.

REPORT CHECKLIST

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

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 25th November 2021.

BACKGROUND

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

ASSESSMENT

CHIEF EXECUTIVE

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, the Commissions Ambulance Availability Taskforce, AACE and EASC.
- I am delighted to formally announce that, following a competitive recruitment process, Andy Swinburn has been appointed as our first Director of Paramedicine. This is a significant appointment which puts the Trust on an exciting journey to explore and develop our paramedic workforce to provide the best possible patient care. Further appointments will be made at deputy medical and paramedic director level to strengthen our Clinical and Medical Services Directorate.
- There is a great focus on developing our emerging strategic direction and future service development offer with a 2 day process mapping exercise being undertaken with a Strategic Development Workshop.
- We continue to be fully engaged with stakeholder partners and I and other colleagues have attended various meetings including those with Pembrokeshire County Council and the North Wales Regional Leadership Board.
- As the Omicron variant has spread rapidly since the last meeting, I have increased our internal communications with our people with more WAST Live events and have engaged with various national media outlets.
- I continue to chair the NHS Wales Microsoft 365 implementation programme as part of my wider system leadership responsibilities.

CORPORATE GOVERNANCE

4. The Risk Management and Board Assurance Framework improvement programme was presented to the Audit Committee in December 2021 and supported. The immediate priority is a detailed review of each of the Corporate Risks and the development, testing and implementation of the Once for Wales Risk Datix Module, as well as a review of the articulation of key risks.

5. The 2021 Audit Wales Structured Assessment has been published and work is ongoing to deliver the 2021/22 Internal Audit plan in the context of continued organisational pressures resulting from the pandemic. Despite this, Internal Audit have completed a sufficient number and type of audits to form an audit opinion for this year.

6. On 7 December 2021 the Trust supported Welsh Language Rights' Day via its social media platforms in promoting to our service users what they are entitled to through the medium of Welsh. In addition, advice and guidance to Trust staff on how they can comply with the Welsh language standards was also promoted. The Trust's revised procedure for staff to raise concerns has been made available to staff in Welsh and allows an individual to raise an issue or concern in Welsh and any subsequent proceeding can be conducted in Welsh or via a simultaneous translation service.

7. The effectiveness reviews of the Board Committees has commenced with members and attendees completing surveys on the work of the Committees they attend. Over the coming months the terms of reference of each Committee will be reviewed and cycles of business built to align with their remit. This will culminate in a final report to Trust Board in July with potential changes to terms of reference for the Board's consideration.

8. The Welsh Government Draft Manual for Accounts has been released and therefore work has commenced on the preparation of the 2021/22 annual report. The Executive Management Team will have oversight of the timetable for the production of the annual report in line with the Manual for Accounts and to support internal governance requirements.

FINANCE AND CORPORATE RESOURCES

Finance

9. The Finance team has continued to implement plans to manage the year end revenue and capital position and further work is needed in light of the latest Omicron wave of the pandemic due to the impact on estates works.

10. The Finance Management Team continues to review the 2021/22 revenue forecasts in conjunction with the Executive Management Team to ensure statutory financial targets are achieved. Focus continues on the financial planning agenda for 2022/23 which runs in parallel with the planning process. The Team continues to provide finance support to the winter/performance improvement plan as well as liaising with Emergency Ambulance Services Committee to ensure funding streams for agreed development opportunities are provided to the Trust.

11. An Independent Examination of the Charitable Fund Accounts and Annual Report for 2020/21 has been undertaken by the Audit Wales and the final examined accounts were presented to the Charitable Funds Committee on 17th January 2022. Formal approval of these will be recommended later in this meeting before submission to the Charity Commission by 31st January 2022.

Capital & Estates

12. A brief on the main Capital and Estates projects are outlined below:

13. 111 Training – a rapid and significant programme of estates and ICT work has supported the development of new 111 training facilities at Ty Elwy, Matrix House, Thanet House and Vantage Point House.

14. Aberaeron Ambulance Station – good progress continues on the final elements of the build and staff will move into the new facility next month.

15. Beacon House – the agreement for lease has been signed and refurbishment works have begun. It is anticipated that these works will be completed before the end of the financial year.

16. Cardiff Ambulance Station – agreement has been reached with the contractor for the handover of the building in three stages which will be completed during February 2022.

17. EMS Interim Solutions Programme – significant progress has been made on Cwmbrwla and Tredomen with works to complete early in the New Year. Solutions have been confirmed for the BCUHB sites, remaining Swansea sites and Whitchurch. Further work is ongoing in support of identifying solutions for Newport and Llanelli and these will likely require the acquisition of new premises.

18. South East Fleet Workshop – a bid for a site in Merthyr Tydfil has been successful and led to rapid development of an Outline Business Case addendum to Welsh Government which was submitted in December 2021. At the time of writing, confirmation of funding from Welsh Government is awaited to support the purchase of the site before the end of March 2022.

19. Vantage Point House reconfiguration work is progressing, with majority of works completed in CCC. Due to the current COVID situation, the programme has been temporarily suspended within the operational environment, but work will continue on the basement and other self-contained elements of the programme to avoid further delay.

20. Work continues on the Welsh Government funded decarbonisation project in Dobshell, as well as further works at Porthcawl, Lampeter and Bargoed which will be completed by the end of the financial year.

Fleet

21. A Welsh Government Assurance Hub Programme Assessment Review (PAR) for the Fleet Strategic Outline Programme (SOP) refresh was undertaken in September 2021 with the agreed focus being on the impact of the decarbonisation strategy and the annual business case funding process on the delivery of subsequent vehicle procurement projects and delivery of the Fleet SOP.

22. The delivery of the Vehicle Replacement Project for 2021/22 continues in earnest. The 44 Emergency Ambulances are undergoing conversion and the first batch were delivered in early January and will be commissioned into service shortly with the remainder to follow promptly. The contract for the NEPTS vehicle conversions has been awarded and 10 Ford Transit Customs are currently being built and delivered to the convertor to be transformed into single wheel chair accessible vehicles as soon as practicable. The HART All-Terrain Vehicle (Polaris) refurbishment is complete and will soon be delivered back to the Trust.

23. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) 2022/23, has been approved by the Welsh Government. With support of the Welsh Government a section of the 2022/23 BJC has been accelerated with 8 ambulances and 15 RRVs brought forward as well as the purchase of 15 defibrillators, to offset spend slippage in some elements of this year's programme. Fifteen Toyota

plug-in petrol hybrid vehicles have been delivered to the convertor and will shortly undergo conversion into Rapid Response Vehicles.

MEDICAL AND CLINICAL SERVICES DIRECTORATE

Appointment of Director of Paramedicine

24. As already said, Andy Swinburn has been appointed as the Trust's first Director of Paramedicine. This has been marked as a significant step for the organisation and its clinical journey. Andy has responsibility for the Medical and Clinical Services Directorate. An appointment process for a Deputy Director of Paramedicine will begin shortly and the successful applicant will help shape the future organisation and the development of clinical leaders and the paramedic workforce.

Cymru High Acuity Response Unit (CHARU) Task and Finish Group

25. The purpose of the CHARU Implementation Task and Finish Group will be to understand the scope of the project and to identify the resources and engagement required from the Trust in the implementation of the model. Two task and finish meetings have taken place and planning has progressed at pace in line with the set timelines. Seven work streams have been allocated to leads and are progressing:

1. ORH/modelling
2. Selection and recruitment
3. Education and training
4. Workforce and wellbeing implications
5. Rosters
6. Code sets and allocation process (approved via CPAS)
7. Vehicle/clinical equipment

Swansea Bay Palliative Care Paramedics

26. The introduction of the rotational palliative care paramedic role on 29 November 2021 has been well received. The collaboration between Welsh Ambulance Service and Swansea Bay UHB has been the subject of positive media attention not just in the UK but internationally, with palliative care journals from as far afield as Australia reporting on the initiative. Interest has also been shown by other UK ambulance services looking to replicate the role.

27. Although this new role has only been running for a short period of time, the Trust has already been approached by another Health Board wishing to explore the opportunity of taking on rotational palliative care paramedics into their specialist palliative care team.

ePCR Programme

28. ePCR is live following readiness testing in Hywel Dda and full testing in the Gwynedd area of BCUHB. Ysbyty Gwynedd was the first hospital site to go live with digital handover and this was followed by Ysbyty Glan Clwyd and Wrexham Maelor before Christmas. Work is progressing to migrate all WAST clinicians in North Wales to the ePCR system. Morriston and Singleton hospitals were the next to go live

followed by Cwm Taff Morgannwg hospital sites being implemented on 17th January 2022.

29. The remaining health board areas are due to adopt the system to enable digital handover in the following weeks, with the planned roll-out due to be completed by the middle of February. In addition, work is ongoing regarding building the clinical indicator reports, data assurance, governance processes and continued work with the suppliers and Digital Healthcare Wales to continue developing the app and the remaining interfaces for this phase.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

30. A joint agreement between Cardiff and Vale Health Board and WAST resulted in the go live date for the roll out of the 111 service to be postponed until the end of the financial year. That said, recruitment and training continues to take place to increase workforce numbers in readiness for the new date. Longer term workforce plans include re-visiting rotational posts. The Clinical Support Desk has recruited 34.2FTE out of the 36FTE newly funded posts as at December 2021. Further recruitment is underway to appoint the remaining 1.8FTE.

31. The transitional plan business case for Ambulance Response continues to be discussed and developed. A new Recruitment Advisor is due to commence in post in January 2022 to support with this potential increase in recruitment activity.

32. The Trust has reported a further month on month reduction in sickness absence from September to November with the figure being reported at 11.07%. The Operations Directorate has also seen a further reduction with November's absence rate which reduced to 2.04%. November saw a slight increase in Ambulance Care and Resourcing & EMS Co-ordination and reductions in EMS and Integrated Care.

33. Covid vaccination rates demonstrate that 81% of all staff have received the Covid 19 Booster, including 82% of all front line, patient facing staff. In addition, 94% of all staff have received 2 vaccinations, including 94% of all front line staff.

34. Flu vaccination data as of 7/01/2022 show that 34% of staff are vaccinated; of these, 35.96% are patient facing. It should be noted, however, that as staff could access flu vaccination in some Health Boards when they had their Covid vaccination, and we do not have access to that data, this figure cannot be taken as accurate.

35. The WAST Ally Programme has been developed and was delivered to executive and non-executive colleagues at the Board Development Day in December. The session was well received and a number of managers and leaders have requested for the session to be run with their respective teams, when capacity allows

36. Our Long Covid Support Group and use of therapy dogs across the Trust, have been recognised by the Dutch Centre for Work Health and published in a recent research article. After a recent collaboration, our first 'Mind Over Mountains' event is due to take place later this month in Snowdonia. Project Zen has been implemented across CCC and 111 sites providing a relaxing space for colleagues to unwind; this initiative has been extremely well received by colleagues.

38. EMT training for 91 candidates commenced on 4th January 2022. In addition, the Trust continues to support the cohort of 17 learners currently undertaking EMT training being delivered Elite EMS at Tamworth.

39. Finally, the Team provided familiarisation training to a further 48 military personnel during December and 185 during January. Combined with the training delivered during October and November, a total of 313 military colleagues have been trained to support Operations during the winter period.

DIGITAL DIRECTORATE

Digital

40. Since the last Trust Board, the Trust has been successful in gaining outline approval of a major funding bid from the Welsh Government Digital Priorities Investment Fund (DPIF), that accelerates transformation across all areas of our Digital Strategy. Further detail and a full breakdown of the individual work packages will be provided at the next board. In addition, the following developments have occurred.

41. iPads for Bank Staff – To assist with rollout of our electronic Patient Clinical Record (ePCR) and remote productivity, funding has been agreed for procurement of iPads for all bank staff. The devices have been ordered and will be delivered before the end of this financial year.

42. 111.Wales – The interim team for the 111.Wales website has been augmented with a permanent clinical lead from the Quality, Safety and Patient Engagement (QPSE) Directorate, and re-development of the site continues at pace. At the start of the month, a wholesale redesign of the ‘services near you’ function was launched and in the coming weeks, a new homepage will go live with both designed to better reflect the needs of people using the site.

43. 111 Integrated Information Solution/SALUS – The national 111 programme and WAST are working with the supplier of the new IIS solution to structure a revised delivery plan. A progress report will be given later at closed board, with an additional report on a future open agenda once commercial negotiations are complete.

44. Intelligence through data – As part of our drive to deliver more value from our data, procurement is in progress to fully modernise our data warehouse in line with best practice from the National Data Resource (NDR) programme. In addition, January saw the employment of 2 new data warehouse developers to improve access, quality and availability of data across WAST and NHS Wales. In addition, work has commenced to support Operations with a further development of the ODU dashboard.

45. Telephony – ICT and Operations colleagues have been working together to exploit the capabilities of the new 111 telephony platform since the last board. This has included new call flows as well as the commencement of work to retire the legacy 0845 number as national rollout nears completion.

46. EPCR/ECNS – Whilst reported in another section of this report, both EPCR and ECNS continue to draw significant resource and support from the Digital Directorate. Digital teams have been liaising with national providers to ensure integration with national systems is completed successfully, whilst also liaising with other healthcare providers to ensure a seamless flow of patient information.

47. Control Room Solution – Work has commenced to replace the Integrated Command and Control System (ICCS) within our control rooms. This is a major upgrade that improves interoperability with our partners and reduces potential risks brought about by ageing equipment. Work is due to complete in August and will be reported as part of the IMTP.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Planning and Transformation

48. The teams continue to be engaged in, lead and support delivery of the IMTP across the transformation programme structures, with significant progress despite the need to pause elements of the plan in response to the growing pressure during winter coupled with the emergence of the Omicron variant of COVID-19. The Assistant Director of Strategy and Planning continues to chair the Business Continuity and Recovery Team (BCRT) with a focus on supporting the current response phase, whilst maintaining a line of sight to further recovery following the current wave. The Planning and Transformation teams are also providing planning and project support to the ongoing pandemic response and winter pressures including to develop cohorting arrangements across hospital sites in key areas in Wales, management of an Omicron specific tactical response plan and delivery of Performance Improvement Plan priorities.

49. The first draft of the IMTP has been completed and an update was given to the Strategic Transformation Board (STB) and Finance and Performance Committee in January. Submission to Welsh Government has been delayed to the end of March 2022 to allow NHS organisations to focus on operational pressures. However, the Trust will continue to engage on its plan internally and externally throughout January and February to bring a final draft through governance processes in March.

50. In support of the Planning Programme for Learning in Wales, the Team successfully hosted the winter edition of the National Planning Learning Event, with its focus on Urgent and Emergency Care. 146 planning, commissioning and associated disciplines across NHS Wales, social care and the third sector were represented and in attendance, where they discussed the challenges faced by health and care services in Wales and considered how we harness the learning from crisis to plan for a sustainable future.

51. The Director of Strategy Planning and Performance continues to focus the Board, STB and colleagues across the Trust on development of the Trust's Purpose and Strategy. There has been good progress on the work programme to take forward these strategic developments including the approval of a Transition Plan for EMS at a closed Board session in December and subsequent submission of the plan as an initial business case to the CASC. The planning team also facilitated a two day event in November to provide some dedicated time to begin exploring the emerging ideas and opportunities to shape the future strategic model and concept of 'inverting the triangle' as part of the strategic development work programme.

52. The team continues to keep appraised of Health Board recovery and service changes through established planning and operational relationships, and this reports into the Integrated Strategic Planning Group. The readiness assessment is ongoing for vascular centralisation in South Wales and it is likely that this change will happen

before the end of March 2022. The team is also co-ordinating the reports and evidence required for the peer review of the Major Trauma Network which will take place in February.

Commissioning and Performance

53. The Team has continued to supply a range of reports on COVID-19, quality, performance and progress on tactical plans in support of current pressures and also the longer term EASC commissioning intentions, which help Executives, committees and Board maintain a strong grip and good assurance and governance. The Team has continued to work on the Quality & Performance Management Framework (which will form an important part of the BAF) and expects it to go through the committee cycle and board in March 2022. This organisational wide framework will provide the stepping stone to develop sub-frameworks across the Trust and to continue to improve the Trust's integrated approach to quality and performance management.

54. During Quarter 3, the Commissioning & Performance Team continued to support senior stakeholders and colleagues across the Trust and in other NHS organisations. During Quarter 2 the Team initiated further modelling around Red demand levels, performance and patient safety, which led to the re-opening of the EMS Demand & Capacity Review, with an initial focus on CHARUs supporting improvements to ROSC rates and Red performance which then widened out to look at Amber performance. This process led, in Quarter 3, to the development of the Transition Plan, which the Team supported through the provision of modelling information and supporting information on FTEs and also fleet calculations. The Team has continued to support the EMS Response Roster Review project, which now includes CHARU keys (unfunded, subject to Transition Plan). As part of its modelling work the Team has also worked with health boards on the provision of information in support of health board clinical safety plans. The Team is also supporting the on-going negotiations with TU partners on meal breaks, by simulating various approaches. Early Quarter 4 should also see the results of the EMS Demand & Capacity Review Part 3 (full inversion of the triangle) be available, which will need to feed into the IMTP 2022-25. Work is also being undertaken on 111 modelling

55. Ambulance Care also continues to receive support from the Team, in particular, the Ambulance Care Transformation Programme."

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Research, Innovation and Improvement Co-ordination (RIIC) hub

56. The RIIC hub has continued to build an expanding network of stakeholders and key partner organisations to support and advance our strategic agenda. A Welsh NHS Trust Innovation Partnership - headed by the Trust, Public Health Wales and Velindre Cancer Services - now includes key members from the Office for National Statistics, Public Health Wales Intelligence and Surveillance Unit, Digital Health & Care Wales, and NHS Wales Delivery Unit; extending the reach of our WiiN platform to harness collaborative solutions with industry, academia, the third sector, health and social care. A springboard seminar is planned for March.

57. I am delighted to report continued Welsh Government funding for the RIIC Lead role was confirmed in December, which will ensure the hub's 2022-23 deliverables further enhance our data intelligence profile and portfolio of value-based research,

innovation and improvement initiatives. Further, programmes will ensure sustainable knowledge mobilisation for our research, innovation and improvement ambitions that align to transformational plans.

Falls

58. In December 2021, the Executive Management Team, approved the new Falls and Frailty Framework and Response Model. Our revised Framework, considers and recognises the significant learning from improvements and system wide challenges. The revised Framework emphasises the need to consider Frailty as a recognised condition and falls as one of the presentations of Frailty. The Framework and Falls and Frailty Response Model, will ensure that we can: safely assess the needs of patients waiting within the community and provide the most effective advice/support, which may or may not include an ambulance response.

59. The Model will assist us in determining those patients who may benefit from an alternative, specialist response to maximise opportunities to receive care closer to home. Additionally in December, EMT agreed funding for 2 Regional Falls Assistant resources, which will be providing an enhanced level of cover by night. The 2 vehicles will be based within the South East and South Central areas and were operational from mid-January, providing cover from 19:30pm – 7:30am daily, up until 31 March 2022. A further Falls Assistant resource will be operating in the Cardiff and the Vale Health Board area, providing additional cover up until 23:30pm daily. A Falls Response Service Team is also operational in the Betsi Cadwaladr Operational area, providing a multi-disciplinary response to falls (Paramedic and Occupational Therapist). This service is operating daily and will be operating until 31 March 2022. Additionally, a Falls Response Service (Paramedic and Physiotherapist) is operational in the Swansea Bay area, providing cover one day per week.

111 Service

60. As a result of matrix working across the Practice Coach Team/Operations /Estates/ICT/Performance & Planning, the Training Team will commence a significant Training Programme across all 3 sites on 10 January 2022. This will improve resilience and service user experience of how they access 111 services in a timely way.

Consultant Clinician for 111

61. Our first Consultant Clinician for 111 commenced in post in December 2021 to lead a new Clinical Leadership Team including a Clinical Lead for the 111 Website. We are delighted to have an established team for clinical and quality governance within the Quality Directorate to support Operational colleagues and improve services for both patient safety and patient experience.

Mental Health Practitioners

62. Six Mental health Practitioners have been appointed into the Clinical Support Desk and will commence in post in February 2022. Our first Mental Health Specialist Clinician for 111 commenced in post in December 2021.

OPERATIONS DIRECTORATE

Pandemic Response

63. The Trust returned to the Response Position within the Response Phase of our Pandemic Plan on 20th December 2021. The Senior Pandemic Team (SPT) has been stepped back up and is currently meeting twice weekly, with a remit which incorporates both seasonal pressures we anticipate over the winter period, alongside the challenges which remain associated with the pandemic.

64. An extension of military support beyond the end of November 2021 to 31st March 2022 was submitted and approved and the numbers of personnel increased from 110 to 251. From week commencing 17th January this higher number shall be on task and deployed across the Trust.

65. In addition to the SPT Tactical Plan and staff welfare measures outlined previously, additional tactical actions have been progressed to mitigate the increased risks posed by the Omicron variant:

- Review of premises Covid risk assessments including those of corporate buildings to ensure sufficient physical workplace distancing
- Increased home working across all critical functions to limit face-to-face contact and reduce onsite presence
- Our corporate staff volunteering to be reassigned temporarily to support critical functions
- Available clinicians moved into NHS 111 to support rosters
- Encourage staff to receive the Covid vaccinations/booster and enable military personnel to access vaccinations and boosters locally
- Extension of the strategic winter cell until the end of January 2022
- Deep cleaning and swabbing undertaken in all Trust contact centres

66. The Clinical Safety Plan has also been updated to include a new phased approach to apply the Emergency Rule at call handling. Previously the Emergency Rule was an all or nothing option to create additional call handling capacity and would mean that no pre-arrival advice would be provided, which includes CPR advice for cardiac arrest cases (this has not been utilised in WAST). We have now introduced a 4-phased approach gradually shortening the call handling process offering an improved risk balanced tactic for utilisation only if required.

Ambulance Care - NEPTS Quality Management Framework

67. The NEPTS Quality Management Framework has been approved by EMT and work is underway to successfully deliver the aims during 2022. As part of the framework a Quality Control & Award system has been developed, which is to be known as the '3Q's' Quality, Quality, Quality. The 3Q's will allow the monitoring and measurement of quality against a set of standards. Providers will be awarded the appropriate number of Q's based on their performance as measured against those standards. Colleagues from the NCCU have been engaged with this process and there has been overwhelming support and praise for this work.

68. The team are currently undertaking virtual engagement sessions with external providers to discuss the awards in readiness for the implementation in April 2022. Initial feedback from providers is very positive and we have had good engagement; all

have commented how refreshing it is to be fully engaged with and having the opportunity to shape the future of NEPTS in Wales with WAST. A progress report will be presented to QuEST.

Integrated Care

69. Recruitment continues to satisfy the demand from the Pandemic and the final roll out of Cardiff and Vale to the NHS 111 Wales programme with an enhanced estates provision within the Trust's own premises enabling the increased hiring to meet the demand.

70. A new Interactive Voice Recording system was introduced to the 111 telephone number which is helping to signpost callers to the right destination earlier in their call, prior to speaking to a call handler. In early results, 15% of callers are not remaining on the line to speak with the initial call handler. Additionally, an informative Estimated Wait Time is now presented to the 111 caller to help manage expectation, especially during busy times.

National Operations & Support - Preparedness & Seasonal Planning

71. The EPRR and Specialist Operations team supported a table top exercise run by the Prepare Delivery Group called Celtic Consolidation. This was held on 25th November 2021 based on a terrorist CBRN attack and focussed on control room management; tactical management; strategic management; mass fatality processes; mass casualties and health; warning and informing and governance and humanitarian issues. The afternoon session was a reflection on early themes gleaned from the ongoing Manchester Arena Inquiry. It is our intention to consider the inquiry findings on conclusion.

72. The Trust has developed and utilised several plans during the pandemic. We shall be collating recent developments relating to incident preparedness and response and shall present these to the relevant Committee for assurance in the coming months.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

73. As Omicron tightened its grip, the Communications Team worked with broadcasters like BBC Wales and Channel 5 to help the public to better understand the pressures, as well as what the Trust is doing to deliver care closer to home, including a spotlight on the Clinical Support Desk and Advanced Paramedic Practitioners. Internal and external handling was also required around the extension of military support into 2022.

74. Support continued to Welsh Government's 'Help Us Help You' campaign by collaborating with St John Ambulance Cymru to share its library of first aid video content across WAST platforms, and publishing a story about the inappropriate 999 calls made to the service in the past year in a bid to remind the public to use services appropriately.

75. In the run-up to Christmas, when assaults on emergency workers typically increase, activity was accelerated around the Trust's new anti-violence campaign, 'With Us, Not Against Us', and on New Year's Eve, the commitment of a long-serving paramedic was recognised in the Queen's New Year Honours list.

76. Work has been undertaken with BBC Radio 4 in January on two items – a recording featuring one of our staff for The Listening Project and an interview with Director of Operations, Lee Brooks, for a forthcoming episode of File on Four.

77. Evidence has been submitted to the Senedd's Health and Social Care Committee inquiry into the impact of delayed discharges from hospital, with the Chief Executive due to appear before Committee later in January.

78. Further work is being progressed with local authorities in the Aneurin Bevan UHB area, via the Regional Partnership Board, to further explore any opportunities on a regional footprint to prevent admission to hospital.

79. The Executive Support Team continues to support the CEO, Chair and executives, with options being explored to further support Operations during the currently challenging period.

RECOMMENDATION

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



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

AGENDA ITEM No	10
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

Charitable Funds Annual Report and Accounts 2020/21

MEETING	TRUST BOARD
DATE	27th January 2022
EXECUTIVE	Director of Finance and Corporate Resources
AUTHOR	Jillian Gill, Head of Financial Accounting
CONTACT	Chris Turley, 01633 626201, Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the final Annual Report and Accounts for the WAST Charity for financial year ended 31 March 2021.

The Trust Board is requested, as full trustees of the charity, to approve these, ahead of their submission to the Charities Commission by 31st January 2022, as recommended it does so by the members of the Charitable Funds Committee (CFC), in its meeting on 17th January 2022.

KEY ISSUES/IMPLICATIONS

Key highlights from the attached documents for the Board to note are as follows:-

- During the year income exceeded expenditure by £328k.
- Gains on investments were recorded of £46k.
- As a result of the above fund balances rose by £374k during the year.
- Fund balances at 31 March 2021 amounted to £737k. These balances include two restricted funds amounting to £239k.
- Expenditure plans for the increasing funds are being progressed via CFC.
- Audit Wales have undertaken an Independent Examination of these documents and have no significant findings to report. This was confirmed to the CFC on 17th January 2022.

REPORT APPROVAL ROUTE	
<ul style="list-style-type: none"> Charitable Funds Committee – 4th November (Draft documents) Charitable Funds Committee – 17th January 2022 (Final examined documents) Trust Board – 27th January 2022 (Final examined documents for approval and sign off) 	

REPORT APPENDICIES
Appendix 1- Charity Annual Report 2020/21 Appendix 2- Charity Annual Accounts 2020/21

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

WELSH AMBULANCE SERVICES NHS TRUST

CHARITABLE FUNDS COMMITTEE

CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2020/21

SITUATION

1. The Welsh Ambulance Services NHS Trust Charity Final Annual Report and Accounts for 2020/21 are attached at **Appendix 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. As agreed by the Charitable Funds Committee (CFC) in its meeting on 4th November 2021, the Audit Wales (AW) team have carried out an Independent Examination (IE) of the attached Annual Report and Accounts, during November/December 2021. Apart from requesting that the amount accrued for the AW fee be reduced back down to the level being charged for the Independent Examination, (as opposed to that for a full audit, which had been assumed in the draft accounts - a reduction of some £7k compared to the audit fee), no material changes were required.
3. The adjustment of £7k is reflected within the final documents attached at Appendix 1 and 2.
4. Given the outcome of this IE by Audit Wales, it is now proposed that the Auditor General for Wales will sign this off on 28th January 2022, following final Board approval of the accounts, ahead of submission to the Charities Commission by 31st January 2022.
5. 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.
6. 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.
7. 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.
8. As also agreed at the CFC meeting on 4th November 2021, a full audit of the 2021/22 Charity Accounts will now be undertaken by Audit Wales, likely to be completed in the September – November 2022 period.

9. The final draft Annual Report and Accounts were presented and considered at a meeting of the CFC on 17th January 2022. At this, an Audit Wales colleague also confirmed that they had completed their IE of the accounts and had no issues to report, and that there was no reason why the AGW won't sign these off on 28th January 2022, following Trust Board approval.
10. CFC members therefore recommended that the Trust Board approve the Annual Report and Accounts for the WAST Charity for the financial year 2020/21.

RECOMMENDED:

11. That the Trust Board **approves** the Trust Charity Annual Report and Accounts for 2020/21 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 2022.

Welsh Ambulance Services NHS Trust Charity

Registered Number: 1050084

Annual Report 2020/21

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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 2020/21 the members of the Trust Board were:

Chairman: Martin Woodford

Non-Executive Directors:

Kevin Davies (Charitable Funds Committee
Chairman)

Pamela Hall (retired on 31st December 2020)

Emrys Davies

Paul Hollard

Martin Turner

Bethan Evans

Joga Singh

Executive Directors:

Jason Killens	Chief Executive
Dr Brendan Lloyd	Medical Director/ Interim Deputy Chief Executive
Christopher Turley	Executive Director of Finance and Corporate Resources
Claire Vaughan	Executive Director of Workforce and Organisational Development
Claire Roche	Executive Director Quality and Nursing

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 & 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 a restricted Ambulance Equipment Fund and a (new) restricted EMS Ambulance 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.

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 2021 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 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;

- Individual charitable transactions have been subject to formal control procedures and reported to nominated fundholders on a regular basis;
- The Auditor General for Wales will issue a report on the accounts following an Independent Examination of the financial statements. It is the Auditor General for Wales' responsibility to examine the accounts, following procedures laid down by the Charity Commission, and state any particular matters that have come to his attention.

- **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.

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. During 2020/21 £20k (2019/20 £53k) 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 £358k (2019/20 £28k). This is made up of donations of £169k (2019/20 £26k) plus £188k (2019/20 Nil) in respect of two legacies and £1k (2019/20 £1k) from other incoming resources.

In respect of the donations received, a large proportion of these, some £137k, related to donations made as a direct result of Covid-19 pandemic external campaigns. A further £32k related to numerous individual donations of small value. Their collective worth to the continued support of ambulance patient care throughout Wales cannot be overstated. The Trustee would like to thank all the individuals who have contributed to the charity during the year, particularly in a difficult climate of competing calls on their charitable giving.

In respect of the legacies received, £185k related to a specific legacy for the purchase of an EMS Ambulance to be used to purchase a fully equipped Emergency Ambulance (fast response) for use in responding to emergency life threatening calls and to be based in Aberystwyth to serve the population of the surrounding area.

No specific fundraising activities were performed by the Charity during the year.

There was a £46k unrealised investment gain for the year to 31st March 2021 (£10k loss in 2019/20). Unrealised gains occur due to increases in market value, these can fluctuate up or down according to market performance.

4.3 Expenditure

Total expenditure on charitable activities during the year amounted to £30k (2019/20 £63k). Of this, £3k (2019/20 £7k) 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 and £10k on management fees.

The Welsh Ambulance Services NHS Trust has over 3,600 staff based across the whole of Wales. During the year £17k (2019/20 £46k) was spent from charitable funds for the benefit of staff and amenities. As a result of the pandemic no bursaries were awarded to staff for training and development purposes during 2020-21 (2019-20 £4k).

Total management expenses in the year amounted to £10k (2019/20 £10k) which represented 1.82% (2.59% 2019/20) of the average fund balances in the year.

4.4 Summary

The total charitable fund balances held at 31st March 2021 were £737k (31st March 2020 £363k). Fund balances therefore increased by £374k during the year.

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 income exceeded expenditure by £328k.

The Trustee actively encourages fund holders to use their funds rather than accumulate and look to reducing current balances.

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.

During this financial year £185k was received as a specific legacy for the purchase of an EMS Ambulance. Procurement and commissioning of this ambulance has taken place during the autumn of 2021. The commissioning of a commemorative Covid-19 coin at a cost of c£54k also took place during 2021 and distribution of these to staff commenced in quarter three of 2021/22. These two items will go a long way to reduce funds that have accumulated as a result of the Covid-19 pandemic. The Charitable Funds Committee in conjunction with Charitable Funds managers continue to consider further options to expend the remaining 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 2020/21 financial year.

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 27th January 2022. The annual accounts have been subjected to an Independent Examination 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 types of payments made during the year are described 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.

Plans for the Future

The charity will continue to support staff with a view to enhancing patient experience.

Chris Turley

Director of Finance and Corporate Resources
On behalf of the Trustee
27 January 2022

The full 2020/21 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
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

2020/21 Funds held on Trust Accounts

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 2021

		Unrestricted funds	Restricted Income funds	Endowment funds	Total 2020-21 £000	Total 2019-20 £000
	Note	£000	£000	£000	£000	£000
Incoming resources						
Incoming resources from generated funds						
Income from donations and legacies						
Donations		169	-	-	169	26
Legacies	2	3	185	-	188	-
Investment income	3	-	-	-	-	1
Other incoming resources		1	-	-	1	1
Total incoming resources		173	185	-	358	28
Expenditure on						
Charitable activities	4	30	-	-	30	63
Total resources expended		30	-	-	30	63
Gains / (Losses) on investment assets		46	-	-	46	(10)
Net incoming /(outgoing) resources before transfers		189	185	-	374	(45)
Net movement in funds		189	185	-	374	(45)
Fund balances brought forward as at 1 April 2020		309	54	-	363	408
Fund balances carried forward as at 31 March 2021		498	239	-	737	363

BALANCE SHEET AS AT 31 MARCH 2021

		Unrestricted funds	Restricted Income funds	Endowment funds	Total 2020-21	Total 2019-20
		£000	£000	£000	£000	£000
	Note					
Fixed assets						
Investments	8/9	356	-	-	356	181
Total fixed assets		356	-	-	356	181
Current assets						
Debtors	10	1	-	-	1	1
Investments	11	139	-	-	139	139
Cash at bank and in hand		252	-	-	252	53
Total current assets		392	-	-	392	193
Liabilities						
Creditors: Amounts falling due within one year	12	11	-	-	11	11
Net current assets		381	-	-	381	182
Total assets less current liabilities		737	-	-	737	363
Funds of the charity:						
Unrestricted income funds		498			498	309
Restricted income funds			239		239	54
Endowment funds					-	-
Total funds	13	498	239	-	737	363

Chris Turley
 Director of Finance and Corporate Resources

Kevin Davies
 Chairman (Charitable Funds Committee)

27th January 2022

27th January 2022

STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 31 MARCH 2021

	Note	Total Funds 2020-21 £000	Total Funds 2019-20 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	14	328	(31)
Cash flows from investing activities:			
Cash payments to acquire investments	8	(129)	(75)
Net cash provided by (used in) investing activities		(129)	(75)
Change in cash and cash equivalents in the reporting period		199	(106)
Cash and cash equivalents at the beginning of the reporting period	15	192	298
Cash and cash equivalents at the end of the reporting period	15	391	192

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 two restricted funds. One was created during 2015/16, with a value of £54k and relates specifically to the purchase of ambulance equipment, a further restricted fund was created this year with a value of £185k, this is specifically for the purchase of an EMS Ambulance for use in the Aberystwyth and Ceredigion area.

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

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.

During the year one large legacy of £185,136.99 was received. This was bequeathed with the specific direction that it be used to purchase a fully equipped Emergency Ambulance (fast response) for responding to emergency life threatening calls and to be based in Aberystwyth to serve the population of the surrounding area.

3. Analysis of gross investment income

	Unrestricted funds	Restricted Income funds	Endowment funds	Total 2020-21	Total 2019-20
	£000	£000	£000	£000	£000
Investments in a common deposit/investment fund	-	-	-	-	1
Total gross income	-	-	-	-	1

4. Details of resources expended - charitable activities

	Activities undertaken directly	Support costs	Total 2020-21	Total 2019-20
	£000	£000	£000	£000
Patient Education and Welfare	3	5	8	12
Staff Education and Welfare	17	5	22	51
Total	20	10	30	63

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 2020-21 £000	Total 2019-20 £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 2020-21 £000	Total 2019-20 £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 (2019-20 £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 2020-21 £000	Total 2019-20 £000
Market value at 1 April 2020	181	116
Less: Disposal at carrying value		
Add: Acquisitions at cost	129	75
Increase / (decrease) on cash awaiting investment	-	-
Net gain/ (loss) on revaluation	46	(10)
Market value at 31 March 2021	356	181

9. Analysis of market value

	Held in UK £000	Held outside UK £000	Total 2020-21 £000	Total 2019-20 £000
Investments in a common deposit/investment fund	356	-	356	181
Total market value of fixed asset investments	356	-	356	181

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 2020-21 £000	Total 2019-20 £000
Amounts falling due within one year:		
Trade debtors	-	-
Prepayments	-	-
Accrued income	-	-
Other debtors	1	1
Sub-total	<u>1</u>	<u>1</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>1</u>

11. Current asset investments

The current asset investments of £139,478 (2019-20 - £139,312) 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 2020-21 £000	Total 2019-20 £000
Amounts falling due within one year:		
Trade creditors	11	11
Other creditors	-	-
Sub-total	<u>11</u>	<u>11</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>11</u>

13. Analysis of funds - unrestricted, unrestricted designated and restricted funds

	Balance at 1 April 2020	New designation /receipts	Utilised/ released	Gross transfer between funds	Gains and losses	Balance at 31 March 2021
	£000	£000	£000	£000	£000	£000
Material designated funds						
North Region	108	5	(4)	-	14	123
Central & West Region	30	8	(1)	-	4	41
South East Region	11	2	(1)	-	2	14
First Responders North	14	1	(3)	-	2	14
Trust National Fund	127	157	(21)	-	24	287
First Responders South East	2	-	-	-	-	2
First Responders Central & West	-	-	-	-	-	-
Bursary Fund	17	-	-	-	-	17
Total material designated funds	309	173	(30)	-	46	498
Material restricted funds						
EMS Ambulance Fund	-	185	-	-	-	185
Ambulance Equipment Fund	54	-	-	-	-	54
Total material restricted funds	54	185	-	-	-	239
Total funds	363	358	(30)	-	46	737

14. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2020-21 £000	Total 2019-20 £000
Net income / (expenditure) (per Statement of Financial Activities)	374	(45)
Adjustment for:		
(Gains) / losses on investments	(46)	10
(Increase) / decrease in debtors	-	3
Increase / (decrease) in creditors	-	1
Net cash provided by (used in) operating activities	328	(31)

15. Analysis of cash and cash equivalents

	Total 2020-21 £000	Total 2019-20 £000
Cash at bank and in hand	252	53
Notice deposits (less than 3 months)	139	139
	391	192

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 £10k (2019/20 £10k) 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)

27th January 2022

Chris Turley
Director of Finance and Corporate Resources

27th January 2022

Report of the independent examiner to the trustees of the 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 2021, 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 28th January 2022

24 Cathedral Road
Cardiff
CF11 9LJ



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

AGENDA ITEM No	9
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	13

STANDING ORDERS, SCHEME OF RESERVATION & DELEGATION OF POWERS, AND STANDING FINANCIAL INSTRUCTIONS

MEETING	Trust Board
DATE	27 January 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust's Standing Orders must be kept under review to ensure they remain accurate and current. The Standing Orders (SO) includes the Scheme of Reservation and Delegation of Powers (SoRD), and the Standing Financial Instructions (SFI).
2. The purpose of this report is for the Trust Board to review and approve the changes proposed to these documents. The Audit Committee reviewed and endorsed the proposed changes at its meeting on 2 December 2021
3. The material changes to the documents are set out in the SBAR attached at Annex 1.
4. **RECOMMENDATION: That the Trust Board;**

(a) Review and discuss the amendments to the SO, SoRD and SFI; and
(b) Approve the changes to the SO, SoRD and SFI.

KEY ISSUES/IMPLICATIONS

Key issues for the attention of the Board are:

1. The changes to Table A of the Schedule of Delegation to Committees and Others based on the current table with changes marked up. Table B is in a revised format with changes to delegated limits marked up. The content with respect to losses and losses and special payments has been aligned to Annex 4 of Chapter 6 of the Welsh Government Manual of Accounts.
2. Some of the amendments to the SO, SoRD and SFI will require an update to process and Terms of Reference. These will include:

(a) Updates to finance processes to reflect changes in the SFIs;

- (b) The Terms of Reference for the Remuneration Committee and Audit Committee will be updated to reflect changes in the Schedule of Reservation to the Board;
- (c) Process changes and guidance notes will be introduced for the use of the Trust Seal, meetings held in private, and Chair's actions.

REPORT APPROVAL ROUTE

1. 17 November 2021 – EMT for review of revised SOs, SFIs, Scheme of Reservation and Delegation
2. 2 December 2021 – Audit Committee review of revised SOs, SFIs, Scheme of Reservation and Delegation

REPORT APPENDICES

1. SBAR
2. Standing Orders – Main Document v.5
3. Standing Orders – Schedule 1 Scheme of Reservation and Delegation of Powers
4. Standing Orders - Schedule 2 Key guidance instructions and other related documents;
5. Standing Orders – Schedule 2.1 Standing Financial Instructions
6. Standing Orders - Schedules 3 to 3.7 Board Committees and TORs;

REPORT CHECKLIST

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

SITUATION

1. The Trust's Standing Orders must be kept under review to ensure they remain accurate and current. The Standing Orders (SO) includes the Scheme of Reservation and Delegation of Powers (SoRD), and the Standing Financial Instructions (SFI).

BACKGROUND

2. A review was undertaken of the Model Standing Orders and Scheme of Reservation and Delegation (v.5), and the Standing Financial Instructions (v.4) by Welsh Government in association with representatives of the NHS Wales Board Secretaries and the NHS Wales Directors of Finance Group.
3. The revised model documents were issued in accordance the Ministerial direction contained within section 19(1) of the National Health Service (Wales) Act 2006. The Minister of Health and Social Services wrote to the Chair of the Board on 7th April 2021 advising that the Board was required to incorporate and adopt the latest revisions.
4. Whilst the Schedule of Matters Reserved to the Board is prescribed by Welsh Government, the detail in the Scheme of Delegation to Directors (tables A and B) is not, however we have taken the opportunity to update this scheme to reflect increased delegations and to provide clarity.

ASSESSMENT

5. The Standing Orders are designed to translate the statutory requirements set out in The National Health Service Trusts (Membership and Procedures) Regulations 1990 (S.I.1990/2024) into day to day operating practice. Together with the SoRD and SFI they provide the regulatory framework for the business conduct of the Trust Board.
6. The SO consists of a number of schedules, all of which form part of the SO. The material changes are set out below.

7. Standing Orders – Main Document

- 7.1. There are minor changes to the Standing Orders and the document is marked up, other than those changes which amended nomenclature i.e., Senedd Cymru/Welsh Parliament in place of Assembly, and Audit Wales in place of Wales Audit Office.
- 7.2. Para 1.1.8 is a new addition to restrict Non-Executive Directors serving concurrently on more than one NHS body in Wales.
- 7.3. The requirement for an annual quality statement has been removed as this is not a requirement for 2020/21 and will be changing in future years (para 7.2.6).

8. Schedule 1: Scheme of Reservation and Delegation of Powers

- 8.1. The SoRD includes the Schedule of Matters Reserved to the Board,

Schedule of Delegation to Committees and Others, and Scheme of Delegation to Executive Directors, Directors and Officers. They are dealt with in turn below.

Schedule of Matters Reserved to the Board (pages 5 to 10)

- 8.2. The amendments are marked up, with material changes highlighted below. Various provisions have been moved to improve the flow; however, these have not been marked up.
- 8.3. No. 3 provides for the Board's approval of the Trust's governance framework. Governance frameworks provide a board overview, outline or skeleton of interlinked items/principles/concepts which supports consistent standards of governance are maintained within the Trust. More detailed policies and procedures will underpin the framework as appropriate.
- 8.4. Nos. 15 and 16 were previously combined and have now been separated with respect to performance management and risk
- 8.5. There are a number of revisions to the Remuneration Committee's delegated authority as set out in no. 21 to 25. This will require an amendment of the Terms of Reference of the Remuneration Committee.
- 8.6. The standalone provision for the Board to approve partnership and stakeholder engagement and involvement strategies has been removed as it is incorporated in no. 19.

Delegation of Powers to Committees and Others

- 8.7. The Academic Partnerships Committee has been added. Committee Terms of Reference appear at Schedule 3.

Scheme of Delegation of Executive Directors, Directors and Officers

- 8.8. This scheme consists of Table A (delegated matters) and Table B (delegated financial limits).
- 8.9. Table A - Delegated Matters (pages 12 to 25)
- (a) The changes to this table are marked up, with material changes highlighted below. Changes have been made to reflect current executive portfolios.
 - (b) Para 6 – Clinical Practice and Registration. The previous section on compliance and breaches has been combined as marked up. The areas of nursing, medical, paramedicine and Community First Responders have been separated.
 - (c) Para 33 – A distinction is drawn here between engaging in legal proceedings and advice, and the signing of a deed, agreement or lease. The signing of lease agreements has been included and brought over from the previous Table B for completeness.
- 8.10. Table B - Delegated Financial Limits (pages 26 to 35)

- (a) This table has been revised in its layout from the current Table B, both to provide more clarity with respect to Welsh Government approval limits for losses and special payments and to incorporate guidance notes. The changes are therefore not marked up other than to highlight changes to delegated limits.
- (b) Para 1 (Losses) and para 2 (Special Payments) now replicate the wording used in Annex 4 to Chapter 6 of the Welsh Government Manual of Accounts. This has the effect of incorporating a broader range of losses and special payments which do not directly map over from the current table.
- (c) In a number of areas, the delegated limit of the Chief Executive Officer reflects an increase from £250K to £500K, other than for Management Consultants at para 3.6, where it has increased from £100K to £200K, and Virement at para 5, where it has increased from £50K to 100K. The Trust Board thresholds have been increased accordingly.
- (d) Para 3.1 reflects changes to the delegated limits for Directors as well as the Chief Executive. In addition, the Assistant Director of Operations, Ambulance Care, has an increase delegated limit. This will support the plurality model for NEPTS and allow for longer term awards within these delegations.
- (e) Para 3.7 includes a provision for the Chief Executive Officer and the Executive Director of Finance and Corporate Services to authorise utilities and fuel up to £750K, which is in place currently.
- (f) The delegation related to hospitality/gifts has been removed as it referenced the recording of gifts above £10 being to the gifts and hospitality register, rather than providing a particular delegation. The Gifts, Hospitality, Interests, Commercial Sponsorship and Fundraising Policy deals with matters relating to hospitality/gifts.
- (g) The limits in para 7 were approved by the Charitable Funds Committee on 4th November. The limit for the Bursary Panel will be determined on a review of their Terms of Reference.

9. **Schedule 2: Key Guidance, Instructions and Other Related Documents**

- 9.1. No material changes made to this schedule.

10. **Schedule 2.1: Standing Financial Instructions**

- 10.1. As a result of a review of the SFI by the NHS Wales Directors of Finance Group substantial changes were made, however they are not material in nature. Changes were made to expand sections for clarity or specificity, to combine or separate chapters, and to move provisions to improve flow.
- 10.2. Given the extent of the changes, schedule 2.1 has not been provided in a marked up copy, however the table of amendment is available for review. The Finance Directorate has reviewed the changes and confirmed they are not material.

11. Schedule 3: Board Committees

- 11.1. The Terms of Reference of the Board Committees are contained in this schedule. The latest revisions are dated March 2021, and during upcoming effectiveness reviews and as a result of changes to the Standing Orders, the Committees will review their Terms of Reference again, bringing forward any changes to the Board.

12. Schedule 4: Local Partnership Forum (not attached)

- 12.1. The Terms of Reference of the Local Partnership Forum are currently being reviewed. This forum operated as the Trade Union Partnership Cell during the pandemic and the Terms of Reference are being reviewed to bring in good practice developed during that time.

13. RECOMMENDATION

That the Trust Board

- (a) Review and discuss the amendments to the SO, SoRD and SFI; and**
- (b) Approve the changes to the SO, SoRD and SFI.**



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STANDING ORDERS

Reservation and Delegation of Powers

January 2022

[Subject to approval by Trust Board 27/1/22]

Adopted from the Model Standing Orders, Schedule of
Reservation and Delegation of Powers, and Standing Financial
Instructions issued by Welsh Government in April 2021

Date approved:
Approved by:
Review date:
Version:

[insert]
Trust Board
Annual
5



Foreword

These Model Standing Orders are issued by Welsh Ministers to NHS Trusts using powers of direction provided in section 19 (1) of the National Health Service (Wales) Act 2006. National Health Service Trusts (“NHS Trusts”) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business. When agreeing SOs Trusts must ensure they are made in accordance with directions as may be issued by Welsh Ministers.

They are designed to translate the statutory requirements set out in the National Health Service Trusts (Membership and Procedure) Regulations 1990 (S.I. 1990/2024) as amended into day to day operating practice, and, together with the adoption of a Schedule of decisions reserved to the Board of directors; a Scheme of decisions to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Trust.

These documents form the basis upon which the Trust’s governance and accountability framework is developed and, together with the adoption of the Trust’s Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Trust Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Trust’s Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within the Trust.

Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.



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SCHEDULES

The following Schedules which support the Standing Orders are held separately to this main Standing Orders Document. These are:

Schedule 1:	Scheme of Reservation and Delegation of Powers
Schedule 2:	Key Guidance Instructions and Other Related Documents
Schedule 2.1:	Model Standing Financial Instructions
Schedule 3:	Board Committees
Schedule 4:	Advisory Group Terms of Reference

Section A – Introduction

Statutory framework

- i) Welsh Ambulance Services National Health Service Trust (“the Trust”) is a statutory body that came into existence on 1st April 1998 under the **Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998 (S.I. 1998/678)**, “the Establishment Order”.
- ii) The principal place of business of the Trust is Vantage Point House, Ty Coch Way, Cwmbran, NP44 7HF.
- iii) All business shall be conducted in the name of Welsh Ambulance Services National Health Service Trust, and all funds received in trust shall be held in the name of the Trust as a corporate Trustee.
- iv) NHS Trusts are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how NHS Trusts are governed and their functions.
- v) **The National Health Service Trusts (Membership and Procedure) Regulations 1990 (S.I. 1990/2024)**, as amended (“the Membership Regulations”) set out the membership and procedural arrangements of the Trust.
- vi) Sections 18 and 19 of and Schedule 3 to the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on NHS Trusts and to give directions about how they exercise those functions. NHS Trusts must act in accordance with those directions. The NHS Trust’s main statutory functions are set out in their Establishment Order but additional functions may also be contained in other legislation, such as the NHS (Wales) Act 2006.
- vii) The Well-being of Future Generations (Wales) Act 2015 also places duties on LHBs and some Trusts in Wales. Sustainable development in the context of the Act means the process of improving economic, social,



environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.

- viii) In exercising their powers NHS Trusts must be clear about the statutory basis for exercising such powers.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance which NHS Trusts must take into account when exercising any function.
- x) NHS Trusts work closely with the seven Local Health Boards (LHBs) in Wales. The chief executive of the Trust is an associate member of the following joint-committees of the LHBs:
- The Welsh Health Specialised Services Committee, and
 - The Emergency Ambulance Service Committee.
- xi) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee (“WHSSC”). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097)** which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.
- xii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.08))** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8 (W.8))** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee (“EASC”). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.
- xiii) **The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 (S.I. 2012) (as amended)** require the Trust to establish a Shared Services Committee and prescribe the membership of the Shared Services Committee in order to ensure that all LHBs, Trusts and Special Health Authorities in Wales have a member on



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the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

- xiv) **The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993)** have effect as made under section 33 of the NHS (Wales) Act 2006 enable LHBs, NHS Trusts and Local Authorities to enter into any partnership arrangements to exercise certain NHS functions and health-related functions as specified in the Regulations. The arrangement can only be made if it is likely to lead to an improvement in the way in which NHS functions and health-related functions are exercised, and the partners have consulted jointly with all affected parties, and the arrangements fulfil the objectives set out in the Area Plan developed in accordance with the **Social Services and Well-being (Wales) Act 2014**.
- xv) Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions. NHS bodies includes NHS bodies in England such as the NHS Commissioning Board, NHS Trust and NHS Foundation Trust and, for the purposes of this duty, also includes bodies such as NICE, the Health and Social Care Information Centre and Health Education England.
- xvi) Section 82 of the NHS Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- xvii) The Welsh Language (Wales) Measure 2011 makes provision with regard to the development of standards of conduct relating to the Welsh Language. These standards replace the requirement for a Welsh Language Scheme previously provided for Section 5 of the Welsh Language Act 1993. The Welsh Language Standards (No.7) Regulations 2018 (2018/411) came into force on the 29 June 2018 and specifies standards in relation to the conduct of NHS Trusts. The Trust will ensure that it has arrangements in place to meet those standards which the Welsh Language Commissioner has required by way of a compliance notice under section 44 of the 2011 Measure.
- xviii) Paragraph 18 of Schedule 3 to the NHS (Wales) Act 2006 provides for NHS Trusts to enter into arrangements for the carrying out, on such terms as considered appropriate, of any of its functions jointly with any Strategic Health Authority, Local Health Board or other NHS Trust, or any other body or individual.
- xix) NHS Trusts are also bound by any other statutes and legal provisions which govern the way they do business. The powers of NHS Trusts established under statute shall be exercised by NHS Trusts meeting in

public session, except as otherwise provided by these SOs.

NHS framework

- xx) In addition to the statutory requirements set out above, NHS Trusts must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that are expected at all levels of the service, locally and nationally.
- xxi) Adoption of the principles will better equip NHS Trusts to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xxii) The overarching NHS governance and accountability framework incorporates these SOs; the Scheme of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

* The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link:

<https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/living-public-service-values/values-and-standards-of-behaviour-framework/>

- xxiii) The Welsh Ministers, reflecting their constitutional obligations, and legal duties under the **Well-being of Future Generations (Wales) Act 2015 (2015/2)**, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.

The Welsh Ambulance Service NHS Trust is not considered a public body under the Act but is committed to achieving the Well-being Goals and the sustainable development principle.

- xxiv) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual, which can be accessed at



<https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.

Directions or guidance on specific aspects of NHS Trust business are also issued electronically, usually under cover of a Welsh Health Circular.

NHS Trust framework

- xxv) Schedule 2 provides details of the key documents that, together with these SOs, make up the NHS Trust's governance and accountability framework. These documents must be read in conjunction with these SOs and will have the same effect as if the details within them were incorporated within the SOs themselves. The Standing Financial Instructions form Schedule 2.1 of these SOs.
- xxvi) NHS Trusts will from time to time agree and approve policy statements which apply to the Trust's Board of directors and/or all or specific groups of staff employed by the Welsh Ambulance Services National Health Service Trust and others. The decisions to approve these policies will be recorded and, where appropriate, will also be considered to be an integral part of the Trust's SOs and SFIs. *Details of the Trust's key policy statements are also included in Schedule 2.*
- xxvii) NHS Trusts shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxxv) below).
- xxviii) For the purposes of these SOs, the Trust Board of directors shall collectively to be known as "the Board" or "Board members"; the executive and non-executive directors shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance (hereafter referred to as Director of Finance and Corporate Resources) – SO 1.1.2 refers.

Applying Standing Orders

- xxix) The SOs of NHS Trusts (together with SFIs and the Values and Standards of Behaviour Framework) will, as far as they are applicable, also apply to meetings of any formal Committees established by the Trust, including any sub-Committees and Advisory Groups. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. *Further details on committees may be found in Schedule 3 of these SOs.*
- xxx) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any



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action to be taken. All Board members and Trust officers have a duty to report any non-compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

- xxxi) **Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

Variation and amendment of Standing Orders

- xxxii) Although these SOs are subject to regular, annual review by the NHS Trust, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made if:

- The variation or amendment is in accordance with regulation 19 of the Membership Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
- The proposed variation or amendment has been considered and approved by the Audit Committee and is the subject of a formal report to the Board; and
- A notice of motion under Standing Order 7.5.14 has been given.

Interpretation

- xxxiii) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of the Trust shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director of Finance and Corporate Resources (in the case of SFIs).

- xxxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Board Secretary

- xxxv) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within NHS Trusts, and is a key source of advice and support to the NHS Trust Chair and other Board members. Independent of the Board, the Board Secretary acts as

the guardian of good governance within NHS Trusts. The Board Secretary is responsible for:

- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
- Facilitating the effective conduct of NHS Trust business through meetings of the Board, its Advisory Groups and Committees;
- Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the NHS Trust compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board, its Committees and Advisory Groups, and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.

Further details on the role of the Board Secretary within the Welsh Ambulance Services NHS Trust, including details on how to contact them, is available at [Welsh Ambulance Service NHS Trust - Trust Board \(wales.nhs.uk\)](https://www.wales.nhs.uk).

Section B – Standing Orders

1. THE TRUST

1.0.1 The Trust's principal role is:

- (a) to manage ambulance and associated transport services;
- (b) to manage such other services (including communications and training) relating to the provision of care as can reasonably be carried out in conjunction with the management of ambulance and associated transport services from Ambulance Headquarters at:
 - (i) Vantage Point House, Ty Coch Way, Cwmbran, NP44 7HF
 - (ii) Ty Elwy, St Asaph Business Park, St Asaph, LL17 0LJ,
 - (iii) Matrix One, Northern Boulevard, Swansea, SA6 8RE,
- (c) to own the premises associated with the provision of the services in paragraphs (a) and (b);
- (d) to perform the functions of the National Contact Point in Wales for the purposes of Directive 2011/24/EU as set out in regulations 3 to 6 of the National Health Service (Cross-Border Healthcare) Regulations 2013; and
- (e) to provide—
 - (i) information about health conditions and availability of health services; and
 - (ii) remote access health advisory, triage and referral services,
 for the purposes of the health service in Wales.

1.0.2 The Trust was established by, and its functions are contained in, the **Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998** (S.I. 1998/678), as amended. The Trust must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.

1.0.3 To fulfil this role, the Trust will work with all its partners and stakeholders in

the best interests of its population.

1.1 Membership of the Trust

- 1.1.1 The membership of the Trust shall comprise the Chair, 7 non-executive directors and 5 executive directors.
- 1.1.2 For the purposes of these SOs, the Trust Board of directors shall collectively to be known as “the Board” or “Board members”; the executive and non-executive directors (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively. The Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance and Corporate Resources. All such members shall have full voting rights.
- 1.1.3 The Minister for Health and Social Services shall appoint the Chair and non-officer members of the Trust.
- 1.1.4 The Trust will appoint a Committee whose members will be the Chair and non-executive directors of the Trust whose function will be to appoint the Chief Executive as a director of the Trust.
- 1.1.5 The Trust will appoint a Committee whose members will be the chair, the non-executive directors and the Chief Executive whose function will be to appoint the executive directors other than the Chief Executive.

Executive Directors

- 1.1.6 A total of 5, appointed by the relevant committee, and consisting of the Chief Executive, the Director of Finance and Corporate Resources and 3 others. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.

Non-executive directors [to be known as Independent Members]

- 1.1.7 A total of 7 (excluding the Chair) appointed by the Minister for Health and Social Services.
- 1.1.8 In addition to the eligibility, disqualification, suspension, and removal provisions contained within the Membership Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.

Use of the term ‘Independent Members’

- 1.1.9 For the purposes of these SOs, use of the term ‘Independent Members’ refers to the following voting members of the Board:



- Chair
- Vice-Chair
- Non-Executive Directors

unless otherwise stated.

1.2 Joint Directors

1.2.1 Where a post of Executive Director of the Trust is shared between more than one person because of their being appointed jointly to a post:

- (i) Either or both persons may attend and take part in Board meetings;
- (ii) If both are present at a meeting they shall cast one vote if they agree;
- (iii) In the case of disagreement no vote shall be cast; and
- (iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1 The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.3.3 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in the Membership Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

1.3.4 The Trust will require Board members to confirm in writing their continued eligibility on an annual basis.

1.4 The Role of the Trust, its Board and responsibilities of individual members

Role

1.4.1 The principal role of the Trust is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong

leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Trust's performance across all areas of activity.

Responsibilities

- 1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.
- 1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.
- 1.4.4 NHS Trusts shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".
- 1.4.5 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting the Trust within the communities it serves.
- 1.4.6 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.
- 1.4.7 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the



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necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

- 1.4.8 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.
- 1.4.9 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of the Trust. They are the appointed Accountable Officer for the Trust and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.
- 1.4.10 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the Trust, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF TRUST FUNCTIONS

- 2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.
- 2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
- (i) Schedule of matters reserved to the Board;
 - (ii) Scheme of delegation to committees and others; and
 - (iii) Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

- 2.0.3 The Trust retains full responsibility for any functions delegated to others to carry out on its behalf. Where Trusts and Local Health Boards have a joint duty the Trust remains fully responsible for its part, and shall agree the



governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

2.1 Chair's action on urgent matters

2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

2.2.1 The Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board' within the Model Standing Orders (see paragraph 2.0.2 (i), to Committees and others, setting any conditions and restrictions it considers necessary and in accordance with any directions or regulations given by the Welsh Ministers. These functions may be carried out:

- (i) By a Committee, sub-Committee or officer of the Trust (or of another Trust); or
- (ii) By another LHB; NHS Trust; Strategic Health Authority or Primary Care Trust in England; Special Health Authority; or
- (iii) With one or more bodies including local authorities through a sub-Committee.]

2.2.2 The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees or sub-Committees which it has formally constituted.

2.3 Delegation to officers

2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will

perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.

2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.

2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 NHS Trust Committees

3.1.1 The Board may and, where directed by the Welsh Ministers must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term "Committee"

3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

- Board Committee
- Sub-Committee

unless otherwise stated.

3.2 Sub-Committees

3.2.1 A Committee appointed by the Board may establish a sub-Committee to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.



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3.3 Committees established by the Trust

3.3.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business:

- Quality and Safety;
- Audit;
- Information governance (as appropriate);
- Charitable Funds;
- Remuneration and Terms of Service; and
- Mental Health Act requirements (as appropriate).

3.3.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity;
- Maximise cohesion and integration across all aspects of governance and assurance.

3.3.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board, its Committees and any Advisory Groups);
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.3.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary.

3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the Trust Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the Board, its staff (subject to

the conditions set in Standing Order 3.4.6) or others not employed by the Trust.

- 3.3.6 Executive Directors or other Trust officers shall not be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers or to review Mental Health Tribunals (in accordance with the Mental Health Act 1983). Designated Trust officers shall, however, be in attendance at such Committees, as appropriate.

Full details of the Committee structure established by the Board, including detailed terms of reference for each of these Committees are set out in Schedule 3.

- 3.3.7 Substitution arrangements – Should any Non-Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will assume upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute

3.4 Other Committees

- 3.4.1 The Board may also establish other Committees to help the Trust in the conduct of its business.

3.5 Confidentiality

- 3.5.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.6 Reporting activity to the Board

- 3.6.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

- 4.0.1 From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.
- 4.0.2 The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the Shared Services Regulations") require the Trust to establish a Shared Services Committee which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations (as amended) prescribe the membership of the Shared Services Committee in order to ensure that all LHBs, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
- 4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.
- 4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation Agreement and a Hosting Agreement between all LHBs and Trusts setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.
- 4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. ADVISORY GROUPS

- 5.0.1 The Trust may and where directed by the Welsh Ministers must, appoint Advisory Groups to the Trust to provide advice to the Board in the exercise of its functions.
- 5.0.2 *Details of the Trust's Advisory Groups, their membership and terms of reference are set out in Schedule 4.*
- 5.0.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so.

5.1 Advisory Groups established by the Trust

5.1.1 The Trust has established the following Advisory Group(s):

- Local Partnership Forum

5.2 Terms of reference and operating arrangements

5.2.1 The Board must formally approve terms of reference and operating arrangements in respect of any Advisory Group it has established. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal, role, responsibilities and accountabilities, and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships with others (including the Board, its Committees and Advisory Groups) as well as other relevant local and national groups;
- Any budget and financial responsibility (where appropriate);
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.2.2 In doing so, the Board shall specify which of these SOs are not applicable to the operation of the Advisory Group, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements for the Trust's Advisory Groups are set out in Schedule 4.

5.2.3 The Board may determine that any Advisory Group it has set up should be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the Board approves such action.

5.3 Support to Advisory Groups

5.3.1 The Trust's Board Secretary, on behalf of the Chair, will ensure that Advisory Groups are properly equipped to carry out their role by:

- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Advisory Group Chair on the conduct of its business and its



relationship with the Trust Board and others;

- Ensuring the provision of secretariat support for Advisory Group meetings (for specific arrangements relating to Local Partnership Forum see 5.7 and Schedule 4);
- Ensuring that the Advisory Group receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups/professionals as appropriate; and
- Facilitating effective reporting to the Board

enabling the Board to gain assurance that the conduct of business within the Advisory Group accords with the governance and operating framework it has set.

5.4 Confidentiality

5.4.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

5.5 Advice and feedback

5.5.1 The Trust may specifically request advice and feedback from the Advisory Group(s) on any aspect of its business and they may also offer advice and feedback even if not specifically requested by the Trust. The Group(s) may provide advice to the Board:

- In written advice;
- In any other form specified by the Board

5.6 Reporting activity

5.6.1 The Board shall ensure that the Chairs of all Advisory Groups report formally, regularly and on a timely basis to the Board on their activities. Advisory Group Chairs shall bring to the Board's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.6.2 Each Advisory Group shall also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

5.6.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

5.7 The Local Partnership Forum (LPF)

Role

- 5.7.1 The LPF's role is to provide a formal mechanism where the Trust, as employer, and trade unions/professional bodies representing Trust employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the Trust - achieved through a regular and timely process of consultation, negotiation, and communication. In doing so, the LPF must effectively represent the views and interests of the Trust's workforce.
- 5.7.2 It is the forum where the Trust and staff organisations will engage with each other to inform, debate, and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.

5.8 Relationship with the Board and others

- 5.8.1 The LPF's main link with the Board is through the Executive members of the LPF.
- 5.8.2 The Board may determine that designated Board members or Trust staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of Board members or Trust staff, subject to the agreement of the Trust Chair.
- 5.8.3 The Board shall determine the arrangements for any joint meetings between the Board and the LPF's staff representative members.
- 5.8.4 The Board's Chair shall put in place arrangements to meet with the LPF's Joint Chairs on a regular basis to discuss the LPF's activities and operation.
- 5.8.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

Refer to Schedule 4 for detailed Terms of Reference and Operating Arrangements.

6. WORKING IN PARTNERSHIP

- 6.0.1 The Trust shall work constructively in partnership with others to plan and secure the delivery of an equitable, high quality, whole system approach to health, well-being and social care for its citizens. This will be delivered in accordance with its statutory duties and any specific requirements or

directions made by the Welsh Ministers.

6.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the Trust through:

- The Trust's own structures and operating arrangements, e.g., Advisory Groups; and
- The involvement (at very local and community wide levels) in partnerships and community groups – such as Public Service Boards – of Board members and Trust officers with delegated authority to represent the Trust and, as appropriate, take decisions on its behalf.

6.0.3 The Social Services and Well-Being (Wales) Act 2014 sets out duties for working in partnership with local authorities complementing existing duties under section 82 of the NHS Act 2006 (duty to cooperate with local authorities) and sections 10 (arrangements with other bodies) and 38 (duty to make services available to enable the discharge of local authority functions) of the NHS (Wales) Act 2006. An advice note on partnership working – implications for health boards and NHS Trusts from the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 has been published and it can be found here: https://socialcare.wales/cms_assets/hub-downloads/Partnership-working—implications-for-health-boards-and-NHS-Trusts.pdf

6.0.4 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6.1 Community Health Councils (CHCs)

6.1.1 The **Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010** (S.I. 2010/288) and the **Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010** (S.I. 2010/289) place a range of duties on Trusts in relation to the engagement and involvement of CHCs in its operations.

6.1.2 In discharging these duties, and given the all-Wales nature of the Trust's functions, the Board shall work constructively with the Board of Community Health Councils in Wales, to ensure that CHCs across Wales are involved, as appropriate, in:



- The planning of the provision of its healthcare services;
- The development and consideration of proposals for changes in the way in which those services are provided; and
- The Board's decisions affecting the operation of those healthcare services that it has responsibility for;

and formally consulting with the Board of Community Health Councils and CHCs as appropriate on any proposals for substantial development of the services it is responsible for.

- 6.1.3 The Board shall ensure that each relevant CHC is provided with the information it needs on a timely basis to enable it to effectively discharge its functions.

Relationship with the Board

- 6.1.4 The Board may determine that designated CHC members shall be invited to attend Board meetings.
- 6.1.5 The Board may make arrangements to hold regular meetings between the Board of Community Health Councils and CHCs, as appropriate.
- 6.1.6 The Board's Chair shall put in place arrangements to meet with the Board of Community Health Councils Chair on a regular basis to discuss matters of common interest.

7. MEETINGS

7.1 Putting Citizens first

- 7.1.1 The Trust's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. The Trust, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:
- Active communication of forthcoming business and activities;
 - The selection of accessible, suitable venues for meetings when these are not held via electronic means;
 - The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested and required) and in electronic formats;
 - Requesting that attendees notify the Trust of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and



- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and provisions made in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

7.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views and interests of the Trust's citizens and other stakeholders, including any views expressed formally to the Trust, e.g., through CHCs.

7.1.3 The Board at its meeting in March 2014 agreed to introduce audio recording of Board meetings with effect from 1 April 2014. The intention behind this proposal is for the Trust to be as open and transparent as possible about the way decisions are made, to use the recordings to write up the decision at the end of a debate and also for reference purposes should it be necessary to recall the precise wording of suggestions, advice and recommendations made at the meeting

7.2 Annual Plan of Board Business

7.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

7.2.2 The plan shall set out the arrangements in place to enable the Trust to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

7.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.

7.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisation's website.

Annual General Meeting (AGM)

7.2.5 The Trust must hold an AGM in public no later than the 31 July each year.



At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of the meeting, and the agenda, shall be displayed bilingually (in English and Welsh) ~~at the Trust's principal sites and~~ on the Trust's website.

The notice shall state that:

- Electronic or paper copies of the Annual Report and Accounts of the ~~LHB-Trust~~ are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. as Braille, large print, easy read etc.

7.2.6 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others, ~~such as the organisation's annual quality statement.~~

7.2.7 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

7.3 Calling Meetings

7.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

7.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

7.4 Preparing for Meetings

Setting the agenda

7.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees and Advisory Groups; and the priorities facing the Trust. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

7.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of



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business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

- 7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.
- 7.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that assessment shall accompany the report to the Board to enable the Board to make an informed decision.
- 7.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 7.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 7.4.7 Except for meetings called in accordance with Standing Order 6.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- On the Trust's website, together with the papers supporting the public part of the Agenda; as well as



- Through other methods of communication as set out in the Trust's communication strategy.

7.4.8 When providing notification of the forthcoming meeting, the Trust shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

7.5 Conducting Board Meetings

Admission of the public, the press and other observers

7.5.1 The Trust shall encourage attendance at its formal Board meetings by the public and members of the press as well as Trust officers or representatives from organisations who have an interest in Trust business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and shall have appropriate facilities to maximise accessibility.

7.5.2 The Board and its committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

7.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.

7.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

7.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In



exceptional circumstances, this may include a requirement that observers leave the meeting.

- 7.5.6 Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Board, its Committees and Advisory Groups

- 7.5.7 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Trust, (whether directly or through the activities of bodies such as CHC and the Trust's Advisory Groups representing citizens and other stakeholders) and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

- 7.5.8 The Chair of the Trust will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 7.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

- 7.5.10 At least one-third of all Board members, at least one of whom is an Executive Director and one is an Independent Members, must be present to allow any formal business to take place at a Board meeting.
- 7.5.11 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the



nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

- 7.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

Dealing with motions

- 7.5.13 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

- 7.5.14 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

- 7.5.15 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

- 7.5.16 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

7.5.17 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

7.5.18 **Motions under discussion** – When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

7.5.19 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.5.20 **Withdrawal of motion or amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

7.5.21 **Motion to rescind a resolution** – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

7.5.22 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

7.5.23 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted.

7.5.24 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of the Trust's citizens and stakeholders. Such views will usually be presented to the Board through the Chair(s) of the Trust's Advisory Group(s) and the CHC representative(s).

7.5.25 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

7.5.26 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

7.6 Record of Proceedings

7.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

7.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on the Trust's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, the General Data Protection Regulations 2018, and the Trust's Communication Strategy and Welsh language requirements.

7.7 Confidentiality

7.7.1 All Board members together with members of any Committee or Advisory Group established by or on behalf of the Board and Trust officials must respect the confidentiality of all matters considered by the Trust in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.



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8. VALUES AND STANDARDS OF BEHAVIOUR

8.0.1 The Board must adopt a set of values and standards of behaviour for the Trust that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Trust, including Board members, Trust officers and others, as appropriate. The framework adopted by the Board framework will form part of these SOs.

8.1 Declaring and recording Board members' interests

8.1.1 **Declaration of interests** – It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Membership Regulations. Board members must notify the Chair and Board Secretary of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

8.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

8.1.3 **Register of interests** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

8.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.

8.1.5 In line with the Board's commitment to openness and transparency, the



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Board Secretary must take reasonable steps to ensure that the citizens served by the Trust are made aware of, and have access to view the Trust's Register of Interests. This may include publication on the Trust's website.

- 8.1.6 ***Publication of declared interests in Annual Report*** – Board members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in the Trust's Annual Report.

8.2 Dealing with Members' interests during Board meetings

- 8.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of the Trust and the NHS in Wales.
- 8.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.
- 8.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:
- (i) The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
 - (ii) The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
 - (iii) The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;



- (iv) The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

- 8.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.
- 8.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.
- 8.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.
- 8.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.
- 8.2.8 The Membership Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.
- 8.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a Trust Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

8.3 Dealing with officers’ interests

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

- 8.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of Trust officers' interests in accordance with the Values and Standards of Behaviour Framework.

8.4 Reviewing how Interests are handled

- 8.4.1 The Audit Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

8.5 Dealing with offers of gifts², hospitality and sponsorship

- 8.5.1 The Values and Standards of Behaviour Framework approved by the Board prohibits Board members and Trust officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.
- 8.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or Trust officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Trust Board member or officer. Failure to observe this requirement may result in disciplinary and/or legal action.
- 8.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:
- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
 - **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Trust;

²The term gift refers also to any reward or benefit.



- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Trust; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

8.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

8.6 Sponsorship

8.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

8.6.2 All sponsorship must be approved prior to acceptance in accordance with the Values and Standards of Behaviour Framework and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

8.7 Register of Gifts, Hospitality and Sponsorship

8.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to Trust officers working within their Directorates.

8.7.2 Every Board member and Trust officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship are kept under active review, taking appropriate action where necessary.

8.7.3 When determining what should be included in the Register with regard to gifts and hospitality, individuals shall apply the following principles, subject to the considerations in Standing Order 8.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register.

8.7.4 Board members and Trust officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- acceptance would further the aims of the Trust;
- the level of hospitality is reasonable in the circumstances;
- it has been openly offered; and,
- it could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

8.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Trust to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the Board upon the adequacy of the Trust's arrangements for dealing with offers of gifts, hospitality and sponsorship.

9. SIGNING AND SEALING DOCUMENTS

9.0.1 The common seal of the Trust is primarily used to seal legal documents

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.



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such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board or Committee of the Board.

- 9.02. Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.

9.1 Register of Sealing

- 9.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

9.2 Signature of Documents

- 9.2.1 Where a signature is required for any document connected with legal proceedings involving the Trust, it shall be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.
- 9.2.2 The Chief Executive or nominated officers may be authorised by the Board to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

9.3 Custody of Seal

- 9.3.1 The Common Seal of the Trust shall be kept securely by the Board Secretary.

10. GAINING ASSURANCE ON THE CONDUCT OF TRUST BUSINESS

- 10.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of Trust business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

- 10.0.2 The Board shall ensure that its assurance arrangements are operating

effectively, advised by its Audit Committee (or equivalent).

10.0.3 Assurances in respect of services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the Trust.

10.0.4 Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive.

10.0.5 Arrangements for seeking and providing assurance in respect of any other services provided on behalf of or in association with the Trust shall be clearly identified and reflected within the practice of the organisation and within the relevant agreements.

10.1 The role of Internal Audit in providing independent internal assurance

10.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

10.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

10.2 Reviewing the performance of the Board, its Committees and Advisory Groups

10.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

10.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

10.2.3 The Board shall use the information from this evaluation activity to inform:

- the ongoing development of its governance arrangements, including its structures and processes;
- its Board Development Programme, as part of an overall Organisation Development framework; and
- the Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

10.3 External Assurance

10.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the Trust's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

10.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

10.3.3 The Board shall keep under review and ensure that, where appropriate, the Trust implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd Cymru/Welsh Parliament's Public Accounts Committee or other appropriate bodies.

10.3.4 The Trust shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

11. DEMONSTRATING ACCOUNTABILITY

11.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of citizens and other stakeholders, including its officers and healthcare professionals.

11.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their partners.

11.0.3 The Board shall also facilitate effective scrutiny of the Trust's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

11.0.4 The Board shall ensure that within the Trust, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

12. REVIEW OF STANDING ORDERS

12.0.1 The Board Secretary shall arrange for an appropriate impact assessment to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

12.0.2 These SOs shall be reviewed annually by the Audit Committee, which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.



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Appendix 1

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the LPF member.

Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCM)
- UNISON
- UNITE
- GMB
- British Orthoptic Society
- Society of Radiographers
- British Dental Association
- Society of Chiropodists and Podiatrists
- Federation of Clinical Scientists
- Chartered Society of Physiotherapy (CSP)
- British Dietetic Association
- British Association of Occupational Therapists (BAOT)



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Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

- (i) A Committee, e.g., Quality and Safety Committee;
- (ii) A sub-Committee e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board; and
- (iii) Officers of the Trust (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the Trust.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the Trust's Standing Orders.



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DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs***
- ***The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***
- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***
- ***The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***
- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***
- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***
- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***
- ***The Board may delegate authority to act, but retains overall responsibility and accountability***
- ***When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.***



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HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of Trust functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.



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Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of control and other established procedures within the Trust.



SCHEDULE OF MATTERS RESERVED TO THE BOARD¹

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
1	Board	General	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs.
2	Board	General	The Board must determine any matter that will be reserved to the whole Board.
3	<u>Board</u>	<u>General</u>	<u>Approve the Trust's Governance Framework</u>
4	Board	Operating Arrangements	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> SOs; SFIs; Schedule of matters reserved to the Trust; Scheme of delegation to Committees and others; and Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	Board	Operating Arrangements	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.
6	<u>Audit Committee</u>	<u>Operating Arrangements</u>	<u>Formal consideration of report of Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.</u>

¹ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements.



NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
7	Board	Operating Arrangements	<u>Receive report and proposals regarding any non-compliance with Standing Orders, and where required Ratify</u> in public session any action required in response to failure to comply with SOs.
8	Board	Operating Arrangements	Authorise use of the Trust's official seal.
9	Board	Operating Arrangements	Approve the Trust's Values and Standards of Behaviour framework.
10	<u>FULL</u> <u>Chair on behalf of</u> <u>Board/Joint</u> <u>Committee, Vice-</u> <u>Chair on behalf of</u> <u>Joint Committee</u> <u>Board if Chair is</u> <u>declaring interest</u>	Organisation Structure and Staffing	Require, receive, and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee <u>or</u> <u>Board Secretary</u>
11	Board	Strategy Planning	Determine the Trust's strategic aims, objectives and priorities
12	Board	Strategy Planning	Approve the Trust's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ The development and delivery of patient <u>and population</u> centred <u>health and care</u>/clinical services <u>for their population</u> ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
13	Board	Strategy Planning	Approve the Trust's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
14	Board	Strategy Planning	Approve the Trust's budget and financial framework (including overall distribution and unbudgeted expenditure)
15	Board	Operating Arrangements	Approve the Trust's framework <u>and strategy</u> for performance management, risk and assurance .
16	Board	Strategy and Planning	<u>Approve the Trust's framework and strategy for risk management and assurance.</u>



NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
17	Board	Operating Arrangements	Approve-Ratify policies for dealing with <u>raising concerns</u> , complaints and incidents <u>in accordance with the Putting Things Right and health and safety requirements</u> .
18	Board	Operating Arrangements	<u>Agree the arrangements for ensuring the aAdoption the</u> of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Trust, including standards/ requirements determined by <u>Welsh Government, regulators</u> , professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE).
19	Board	Strategy and Planning	Approve the Trust's citizen patient, public, staff, partnership and stakeholder engagement and <u>co-production</u> strategies, including communication .
20	Board	Operating Arrangements	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the Trust's aims, objectives and priorities.
21	<u>FULL Remuneration Committee.</u> <u>(For Chief Executive, Committee to consist of Chair and non-Officer Members. For all others officer members as above and to include Chief Executive)</u>	Organisation Structure and Staffing	Ratify a Appointment <u>of the and manage appraisal, discipline and dismissal of the</u> Chief Executive <u>and Executive Directors (officer members of the Board)</u>
22	<u>Remuneration Committee</u>	Organisation Structure and Staffing	Ratify Approve the appointment, appraisal, discipline and dismissal of any the Executive Directors and any other Board level appointments <u>and other senior employees, in</u>



NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
			<u>accordance with Ministerial instructions</u> e.g. the Board Secretary and those constituting the management team.
<u>23</u>	<u>Remuneration Committee</u>	<u>Organisation Structure and Staffing</u>	<u>Termination of appointment and suspension of officer members in accordance with the provisions of Regulations</u>
<u>24</u>	<u>Remuneration Committee</u>	<u>Organisation Structure and Staffing</u>	<u>Consider appraisal of officer members of the Board</u>
<u>25</u>	<u>Remuneration Committee</u>	<u>Organisation Structure and Staffing</u>	<u>Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.</u>
26	Board	Organisation Structure and Staffing	Approve, [arrange the] review, and revise the Trust's top level organisation structure and corporate policies
27	Board	Organisation Structure and Staffing	Appoint, [arrange the] review, revise and dismiss Trust Committees directly accountable to the Board
28	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee or Group set up by the Board
29	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
30	Board	Organisation Structure and Staffing	Approve the <u>standing orders and</u> terms of reference and reporting arrangements of all Committees and groups established by the Board
31	<u>Audit Committee</u> <u>FULL</u>	Operating Arrangements	Approve arrangements relating to the discharge of the Trust's responsibility as a bailee for patients' property
32	Board <u>Except where Chapter 6 specifies appropriate to delegate to a</u>	Operating Arrangements	Approve individual compensation payments in line with SFIs <u>the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts</u>



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NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
	<u>committee, Chief Executive or Officers</u>		
33	Board <u>Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers</u>	Operating Arrangements	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
34	Board	Operating Arrangements	Approve proposals for action on litigation on behalf of the Trust
35	Board	Organisation Structure and Staffing	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee of funds held on trust <u>in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.</u>
	FULL	STRATEGY & PLANNING	Approve the Trust's partnership and stakeholder engagement and involvement strategies
36	Board	Strategy and Planning	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
37	Board	Performance and Assurance	Approve the Trust's audit and assurance arrangements
38	Board	Performance and Assurance	Receive reports from the Trust's Executive on progress and performance in the delivery of the Trust's strategic aims, objectives and priorities and approve action required, including improvement plans, <u>as appropriate.</u>
39	Board	Performance and Assurance	Receive reports from the Trusts Committees, groups and other internal sources on the Trust's performance and approve action required, including improvement plans, <u>as appropriate</u>
40	Board	Performance and Assurance	Receive reports on the Trust's performance produced by external regulators and inspectors (including, e.g., Audit Wales WAO, HIW, etc.) that raise <u>significant</u> issue or concerns impacting on the Trust's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Trust Committees (as appropriate)



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NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
41	Board	Performance and Assurance	Receive the annual opinion of the Trust's Chief Internal Auditor and approve action required, including improvement plans
42	Board	Performance and Assurance	Receive the annual management letter-report from the Auditor General for Wales and approve action required, including improvement plans
43	Board	Performance and Assurance	Receive the annual opinion assurance regarding on the Trust's performance against the Doing Well Doing Better; Standards for Health Services in Wales (formally the Health and Care Standards for Wales and the arrangements for) and approve <u>required</u> action required , including improvement plans.
44	Board	Reporting	Approve the Trust's Reporting Arrangements, including reports on activity and performance to citizens, partners and stakeholders and nationally to the Assembly <u>Welsh Government where required</u> .
45	Board	Reporting	Receive, approve and ensure the publication of Trust reports, including its Annual Report and annual financial accounts <u>in accordance with directions and guidance issued</u> .
46	Board	Strategy and Planning	Ratify proposals for the acquisition, disposal or change of use of land and/or buildings. <u>(see also Schedule 1 to SFIs)</u>

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
1.	Chair		In accordance with statutory and Welsh Government requirements
2.	Vice Chair		In accordance with statutory and Welsh Government requirements
3.	Champion/ Nominated Lead		In accordance with statutory and Welsh Government requirements

DELEGATION OF POWERS TO COMMITTEES AND OTHERS²

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- The composition, terms of reference and reporting requirements in respect of any such Committees; and
- The governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit Committee
- Quality Patient Experience and Safety Committee
- Remuneration Committee
- Finance and Performance Committee
- People and Culture
- Charitable Funds Committee
- Academic Partnerships Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation to Committees. The Committee terms of reference appear in Schedule 3 to these Standing Orders.

In the event the Chief Executive Officer is absent the Deputy Chief Executive Officer takes on full responsibility of the Chief Executive Officer. If the Deputy Chief Executive is the Director of Finance and Corporate Resources then the Director of Finance and Corporate Resources responsibilities is delegated to the Deputy Director of Finance.

² As defined in Standing Orders.

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, DIRECTORS AND OFFICERS

The Trust SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and Corporate Resources and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the Trust's Scheme of Delegation to Officers.

Table A – Delegated Matters

Note for Table A, where a delegation is made to more than one post holder:

- '/' signifies that either post holder may act individually, or they may act jointly.
- 'and' signifies they must act jointly

Delegated Matter	Responsible Officer/Committee	Delegated To
1. Audit arrangements		
1.1. Ensure that there is an adequate provision of internal and external audit services	Audit Committee	Executive Director of Finance & Corporate Resources /Board Secretary
1.2. Implement recommendations	Chief Executive	Relevant Officers <u>Director</u>
1.3. <u>Ensure the financial accounts of the Trust are audited annually</u>	<u>Chief Executive</u>	<u>Executive Director of Finance and Corporate Resources</u>
2. Authorisation of new drugs	Chief Executive	Medical Director <u>and Director of Paramedicine</u>
3. Bank/OPG Accounts/Cash (Excluding Charitable Funds (Funds Held on Trust Accounts))	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
Refer to SFIs for banking arrangements		
4. Capital investment (Refer to SFIs)		
4.1. Programme		
(a) Preparation of Capital Investment for submission to Board	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
(b) Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Variation to capital programme (up to delegated limits)	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
4.2. Leases – granting and termination of leases subject to the limits set out in Table B	Chief Executive	Executive Director of Finance & Corporate Resources
5. Clinical		
5.1. Clinical governance arrangements	Chief Executive	Medical Director, Executive Director of Quality & Nursing <u>and Director of Paramedicine</u>
5.2. Clinical leadership	Chief Executive	Medical Director, Executive Director of Quality & Nursing <u>and Director of Paramedicine</u>
5.3. Programmes of clinical education	Chief Executive	Executive Director of Workforce and Organisational Development <u>with Executive Director of Quality & Nursing and Director of Paramedicine</u>
5.4. Clinical staffing rotas	Chief Executive	Director of Operations
5.5. Clinical trials and research projects (authorisation of) In accordance with JRCALC guidelines	Chief Executive	<u>Director of Paramedicine unless specified as</u> Medical Director
5.6. Responsible officer for medical revalidation	Chief Executive	Medical Director
5.7. Clinical Audit To ensure there is a programme in place	Chief Executive	Medical Director
6. Clinical Practice <u>and Registration</u>		

Delegated Matter	Responsible Officer/Committee	Delegated To
6.1. Compliance with statutory and regulatory arrangements relating to professional practice and/or breaches of clinical standards		
(a) Nursing	Chief Executive	Executive Director of Quality and Nursing
(b) Medical	Chief Executive	Medical Director
(c) Paramedicine and affiliated roles	Chief Executive	Director of Paramedicine
(d) Community First Responders	Chief Executive	Director of Paramedicine Medical Director
7. Complaints/concerns (patients and relatives) – Putting Things Right/the NHS (Concerns, Complaints and Redress Arrangements (Wales)) Regs 2011	Chief Executive	Executive Director of Quality & Nursing
8. Confidential information		
8.1. Monitoring of the Trust's compliance with the Caldicott report on protecting patient confidentiality in the NHS	Chief Executive	Medical Director Executive Director of Quality and Nursing
8.2. Freedom of Information Act compliance code	Chief Executive	Board Secretary
9. Data Protection Act and General Data Protection Regulations		
9.1. Monitoring of Trust's compliance	Chief Executive	Board Secretary Director of Digital Services
9.2. Senior Information Risk Owner (SIRO)	Chief Executive	Director of Finance Director of Digital Services
10. Declarations of interest		
10.1. Maintaining a register	Chief Executive	Board Secretary
11. Disposal and condemnations		
11.1. Items obsolete, redundant, irreparable or cannot be repaired cost effectively	Chief Executive	Executive Director of Finance & Corporate Resources
11.2. Develop arrangements for the sale of assets	Chief Executive	Executive Director of Finance & Corporate Resources
11.3. Disposal of protected property (as defined in the terms of authorisation)	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
12. Environmental Regulations		
12.1. Monitoring of compliance and ensuring compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Relevant Director <u>Executive Director of Finance and Corporate Resources</u>
13. External Borrowing		
13.1. Advise Trust Board of the requirements to repay / draw down Public Dividend Capital	Executive Director of Finance & Corporate Resources	Deputy Director of Finance
13.2. Approve a list of employees authorised to make short term borrowings on behalf of the Trust	Trust Board	Chief Executive and Executive Director of Finance & Corporate Resources
13.3. Application for draw down of Public Dividend Capital, overdrafts, and other forms of external borrowing	Chief Executive	Executive Director of Finance & Corporate Resources
14. Financial Planning/Budgetary Responsibility		
14.1. Develop and submit to Trust Board a financial plan in accordance with priorities and objectives as set out in the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.2. Budgetary responsibility	Chief Executive	Executive Director of Finance & Corporate Resources
14.3. Prior to the start of the financial year, prepare and submit to Trust Board for approval balanced budgets that delivers the financial plan as contained within the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.4. Monitoring and report to Trust Board on performance against the financial plan	Chief Executive	Executive Director of Finance & Corporate Resources
14.5. Devise and maintain systems of budgetary control	Chief Executive	Executive Director of Finance & Corporate Resources
14.6. Monitor performance against budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.7. Delegate budgets to budget holders	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
14.8. Ensure adequate training is delivered to budget holders to facilitate their management of allocated budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.9. Submit in accordance with the independent regulators' requirements for financial monitoring returns	Chief Executive	Executive Director of Finance & Corporate Resources
14.10. Identify and implement cost improvements and income generating activities in line with the business plan	Chief Executive	All budget holders
14.11. Preparation of		
(a) Annual accounts	Executive Director of Finance & Corporate Resources	Deputy Director of Finance
(b) Annual report	Chief Executive	Board Secretary
14.12. Budget Responsibilities. Ensure that:		
(a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance
(b) Approved budget is not used for any other than specified purpose subject to rules of virement	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance
(c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within available resources and workforce establishment	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance
14.13. Authorisation of Virement The Chief Executive, Executive Director of Finance & Corporate Resources and delegated budget holders must not exceed the	Chief Executive	Executive Director of Finance & Corporate Resources



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Delegated Matter	Responsible Officer/Committee	Delegated To
budgetary total or virement limits set by the Board.		
Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement		
15. Financial Procedures and Systems Development and maintenance of systems and procedures	Chief Executive	Executive Director of Finance & Corporate Resources
16. Fire Precautions Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact.	Chief Executive	Executive Director of Finance & Corporate Resources Director of Planning and Performance
17. Fixed Assets		
17.1. Maintenance of asset register including asset identification and monitoring	Chief Executive	Executive Director of Finance & Corporate Resources
17.2. Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with CONCODE and ESTATECODE.	Chief Executive	Executive Director of Finance & Corporate Resources
17.3. Calculate and pay capital charges in accordance with the requirements of the Independent Regulator	Chief Executive	Executive Director of Finance & Corporate Resources
17.4. Responsibility for security of Trust's assets including notifying discrepancies to the Executive Director of Finance and Corporate Services, and reporting losses in accordance with Trust's procedures	Chief Executive	All Staff
18. Fraud (see also 26 and 36) Monitor and ensure compliance with Welsh Government Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Chief Executive	Executive Director of Finance & Corporate Resources
19. Funds Held on Trust Charitable Funds Charitable Funds held are managed and scrutinised appropriately	Charitable Funds Committee	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
20. Gifts and Hospitality		
20.1. Maintaining the gifts and hospitality register	Chief Executive	Board Secretary
20.2. Process for declaring gifts and hospitality	Chief Executive	Board Secretary
21. Health and Safety Monitor and ensure statutory compliance with all legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Quality & Nursing
22. Infectious Diseases and Notifiable Outbreaks	Chief Executive	Medical Director or Executive Director of Quality & Nursing
23. Integrated Medium Term Plan (IMTP)		
23.1. Develop and present to Trust Board for approval an IMTP that sets out the Trust Strategies and objectives and meets Welsh Government requirement	Chief Executive	Director of Strategy, Planning & Performance
24. IT Systems		
24.1. Ensuring integrity of system e.g. security, privacy, accuracy, completeness and storage	Chief Executive	Director of Finance <u>Director of Digital Services</u>
24.2. Maintain & replacement of i) business critical systems ii) All other systems	Chief Executive	Director of Finance <u>Director of Digital Services</u>
24.3. Disaster recovery systems	Chief Executive	Director of Finance <u>Director of Digital Services</u>
24.4. Developing Business Critical Systems in accordance with the Trust's IM&T Strategy	Chief Executive	Director of Finance <u>Director of Digital Services</u>
24.5. Developing new systems to ensure they are developed in a controlled manner and thoroughly tested	Chief Executive	Director of Finance <u>Director of Digital Services</u>
24.6. Seeking third party assurances regarding Business Critical Systems operated externally	Chief Executive	Director of Finance <u>Director of Digital Services</u>
25. Losses, Write Offs and Compensation		



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Delegated Matter	Responsible Officer/Committee	Delegated To
25.1. Prepare procedures for recording accounting and reporting to Audit Committee for losses and special payments, including clinical negligence and personal injury claims	Chief Executive	Executive Director of Finance & Corporate Resources
25.2. Ex-gratia payments	Chief Executive	Executive Director of Finance & Corporate Resources <u>and relevant Director</u>
26. Patients' Property (in conjunction with financial advice) Ensuring patients and guardians are informed about patients' monies and property procedures	Chief Executive	Director of Operations (EMS) Executive Director of Finance & Corporate Resources (NEPTS)
27. Patient Services Agreements Negotiation, agreement, and monitoring of external non-clinical patient transport contracts	Chief Executive	Executive Director of Finance & Corporate Resources/Director of Operations
28. Procuring Goods and Services		
28.1. Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B	Chief Executive	Executive Director of Finance & Corporate Resources
28.2. Obtain the best value for money when requisitioning goods/services	Chief Executive	Executive Director of Finance & Corporate Resources
28.3. Prompt payment to suppliers (pspp)	Chief Executive	Executive Director of Finance & Corporate Resources
28.4. Financial limits for ordering/requisitioning goods and services Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29. Quotation, Tendering and Contract Procedures		
29.1. Services:		
(a) Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Nominate officers to oversee and manage the contract on behalf of the Trust	Chief Executive	Heads of Department

Delegated Matter	Responsible Officer/Committee	Delegated To
29.2. Competitive Tenders:		
(a) Authorisation Limits Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Maintain a register to show each set of competitive tender invitations despatched	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance & Corporate Resources
(d) Opening tenders	Chief Executive	Executive Director of Finance & Corporate Resources
(e) Decide if late tenders should be considered	Chief Executive	Executive Director of Finance & Corporate Resources/Board Secretary
(f) Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote		
29.3. Quotations Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29.4. Waiving the requirement to request		
(a) Tenders – subject to Standing Orders (reporting to the Board) Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Quotes – subject to Standing Orders	Chief Executive	Executive Director of Finance & Corporate Resources
30. Reporting of Non-Urgent Incidents to the Police	Chief Executive	Relevant Director
31. Risk Management		
31.1. Ensuring the Trust has a Risk Management Strategy and a programme of risk management	Chief Executive	Director of Quality, Safety and Patient Experience <u>Board Secretary</u>
31.2. Developing systems for the management and reporting of risks and incidents	Chief Executive	<u>Board Secretary (risk) and</u> Executive Director of Quality & Nursing (incidents)
32. Seal	Chief Executive	Board Secretary



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Delegated Matter	Responsible Officer/Committee	Delegated To
The keeping of a register of seal and safekeeping of the seal		
33. Signing of Documents		
33.1. Legal Proceedings/Advice		
(a) Engage Trust's solicitors/legal advisor	Chief Executive	Executive Director or Board Secretary
(b) <u>Documents connected with legal proceedings³</u>	<u>Chief Executive</u>	<u>Executive Director or Board Secretary</u>
33.2. Documents which are required to be executed as a Deed ⁴	Chief Executive	Executive Director and Board Secretary
33.3. Other Agreements not required to be executed as a Deed	Chief Executive	Relevant Director
33.4. <u>Lease Agreements⁵</u>	<u>Chief Executive</u>	<u>Director of Finance and Corporate Resources and Board Secretary</u>
(a) <u>Agreements in over £500K (approved by Board)</u>	<u>Chief Executive and Chair</u>	<u>No delegation</u>
(b) <u>Agreements up to £500K (approved by Chief Executive)</u>	<u>Chief Executive</u>	<u>Chief Executive or a nominated deputy</u>
(c) <u>Agreements up to £100K</u>	<u>Chief Executive</u>	<u>Director of Finance and Corporate Resources and Board Secretary</u>
34. Security Management		
Provide an oversight and assurance within the context of security management within NHS Wales; working in conjunction with the following leads on specific functional areas of security management:		
34.1. Finance, fraud etc.	Chief Executive	Director of Finance & Corporate Resources
34.2. Estates, premises security etc.	Chief Executive	Director of Planning and Performance <u>Finance and Corporate Resources</u>
34.3. ICT	Chief Executive	Director of Finance <u>Digital Services</u>

³ May include but not be limited to consent orders, defences, and settlement agreements)

⁴ Where the Trust Seal is required on a Deed, it must be affixed to the document in the presence of the Chair or Vice Chair (or an Independent Member authorised by them in writing where they are unavailable) and the Chief Executive (or an Executive Director nominated by them where they are unavailable)

⁵ Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts

Delegated Matter	Responsible Officer/Committee	Delegated To
34.4. Information/data security/records management	Chief Executive	Director of Finance <u>Digital Services</u>
34.5. Violence and aggression	Chief Executive	Executive Director of Workforce and Organisational Development
34.6. Patient Confidentiality	Chief Executive	Medical Director <u>Caldicott Guardian</u>
35. Setting of Fees and Charges (Income)		
35.1. Income generation	Chief Executive	Executive Director of Finance & Corporate Resources
35.2. Non-patient care income (e.g., research)	Chief Executive	Executive Director of Finance & Corporate Resources
36. Stores and Receipt of Goods		
36.1. Responsibility for systems of control over stores and receipt of goods, issues and returns	Chief Executive	Relevant Director
36.2. Stocktaking arrangements	Executive Director of Finance & Corporate Resources	Deputy Director of Finance
36.3. Responsibility for controls of pharmaceutical supplies	Medical Director	Heads of Department as appropriate
37. Workforce and Pay		
37.1. Nomination of officers to enter into staff contracts of employment	Chief Executive	Executive Director of Workforce and Organisational Development
37.2. Develop Workforce policies and strategies for approval by the Board including but not limited to training and industrial relations	Chief Executive	Executive Director of Workforce and Organisational Development
37.3. Renewal of Fixed Term Contract	Chief Executive	Executive Director of Workforce and Organisational Development
37.4. The granting of additional increments to staff upon initial appointment within the parameters of existing agreements	Chief Executive	Executive Director of Workforce and Organisational Development
37.5. Establishments		
(a) Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/Executive Director of Workforce and Organisational Development

Delegated Matter	Responsible Officer/Committee	Delegated To
(b) Additional staff to the agreed establishment without specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/Executive Director of Workforce and Organisational Development
(c) Self-financing changes to the establishment	Chief Executive	Relevant Director
(d) Self-financing changes to an establishment which involves movement between pay and other types of expenditure	Chief Executive	Executive Director of Finance & Corporate Resources
37.6. Pay Preparation of proposals for the Trust Board for the setting of remuneration and conditions of service for those staff not covered by Agenda for Change	Chief Executive	Executive Director of Workforce and Organisational Development
37.7. Annual Leave		
(a) Approval of annual leave	Chief Executive	Individual Directors
(b) Annual leave - approval of carry forward up to maximum of 5 days (and pro rata for part time staff)	Chief Executive	Individual Directors
(c) Annual leave – approval of carry forward over 5 days (and pro rata for part time staff) (to occur in exceptional circumstances only)	Chief Executive	Executive Director of Workforce and Organisational Development/ Executive Director of Finance & Corporate Resources
37.8. Special Leave To be applied in accordance with Trust Policy. Departure from policy will be as follows:		
(a) Compassionate leave	Chief Executive	Executive Director of Workforce and Organisational Development
(b) Special leave arrangements for domestic/personal/family reasons: <ul style="list-style-type: none"> • Paternity leave • Carers leave • Adoption leave 	Chief Executive	Executive Director of Workforce and Organisational Development
(c) Special leave – this includes: <ul style="list-style-type: none"> • Jury service 	Chief Executive	Executive Director of Workforce and Organisational Development



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Delegated Matter	Responsible Officer/Committee	Delegated To
<ul style="list-style-type: none"> Armed services School governor <p>To be applied in accordance with Trust Policy</p>		
(d) Leave without pay	Chief Executive	Executive Director of Workforce and Organisational Development
(e) Time off in lieu	Executive Director of Workforce and Organisational Development	Line/Departmental Manager
(f) Maternity leave – paid and unpaid	Executive Director of Workforce and Organisational Development	Automatic approval within approved guidance
37.9. Sick Leave		
(a) Extension of sick leave on pay due to: <ul style="list-style-type: none"> Delays in process Exceptional circumstances 	Chief Executive	Executive Director of Workforce and Organisational Development
(b) Return to work part-time on full pay to assist recovery	Chief Executive	Heads of Department/Heads of Service in conjunction with HR Business Partners
37.10. Study Leave	Chief Executive	Executive Director of Workforce and Organisational Development
37.11. Removal expenses, excess rent and house purchases in accordance with Table B	Chief Executive	Executive Director of Workforce and Organisational Development
37.12. Authorised – car users leased car	Chief Executive	Executive Director of Finance & Corporate Resources
37.13. Approval of secondary employment <u>(also subject to a declaration of interest)</u>	Chief Executive	Executive Director of Workforce and Organisational Development
37.14. Putting proposal to Remuneration Committee in respect of Redundancy/ Severance/ VERS/ Compromise Payments within Trust limits and, where necessary, subject to WG approval	Chief Executive	Executive Director of Workforce and Organisational Development/ Executive Director of Finance & Corporate Resources



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Delegated Matter	Responsible Officer/Committee	Delegated To
37.15. Disciplinary procedures (excluding Executive Directors)	Chief Executive	To be applied in accordance with the Trust's disciplinary procedure
37.16. Booking of bank staff		
(a) Nursing	Chief Executive	Executive Director of Quality & Nursing
(b) Clinical (excluding nursing)	Chief Executive	Medical Director/ and/or Director of Operations/ <u>Director of Paramedicine</u>
(c) Other	Chief Executive	Relevant Director
37.17. Booking of agency <u>and locum</u> staff		
(a) Nursing	Chief Executive	Director of Operations/ Executive Director of Quality & Nursing
(b) <u>Medical</u>	<u>Chief Executive</u>	<u>Medical Director</u>
(c) <u>Paramedicine and affiliated roles</u>	<u>Chief Executive</u>	<u>Director of Operations</u>
(d) Other	Chief Executive	Relevant Director

Table B – Delegated Financial Limits

NB Thresholds are inclusive of VAT irrespective of recovery arrangements with the exception of procurement thresholds which are provided net of VAT.

Category	Welsh Govt Delegated Limit - Approval Required ⁶	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes ⁷
1. LOSSES										
1.1. Losses of Cash due to:										
(a) Theft, fraud, arson, sabotage, neglect of duty or gross carelessness	50,000	Over 50,000 ⁸	50,000	10,000						See Annex 1 to Chapter 6 of Welsh Govt Manual for Accounts (WGMFA)
(b) Overpayment of salaries, wages, fees & allowances	50,000	Over 50,000 ⁸	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA
(c) Other causes, including un-vouched or completely vouched payments, overpayments other than those included under 1b; physical losses of cash and cash equivalents e.g. postage stamps due to fire (other than arson), accident and similar cause	50,000	Over 50,000 ⁸	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA
1.2. Fruitless Payments , including abandoned capital schemes	250,000	Over 250,000 ⁸	250,000				100,000	50,000	10,000	A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service in question could have been cancelled in time to avoid liability. See further info at annex 1 to Chapter 6 of WGMFA

⁶ NHS Wales health bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain the written approval of the Welsh Government H&SSG Finance Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit. The limits are listed in this column.

⁷ These notes are intended to guide the reader. They must be read in conjunction with the SO/SoRD/SFIs and those related to losses and special payments with respect to the Welsh Government Manual of Accounts

⁸ Does not negate the need for WG Approval which is also required



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Category	Welsh Govt Delegated Limit - Approval Required ⁶	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes ⁷
1.3. Bad Debts and Claims Abandoned										See Annex 1 to Chapter 6 of WGMFA
(a) Private patients	50,000	Over 50,000 ⁸	50,000	10,000						
(b) Overseas visitors	50,000	Over 50,000 ⁸	50,000	10,000						
(c) Causes other than (a) and (b) above	50,000	Over 50,000 ⁸	50,000	10,000						
1.4. Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to:										
(a) Culpable causes, e.g., theft, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness	50,000	Over 50,000 ⁸	50,000	10,000						
(b) Other causes	50,000	Over 50,000 ⁸	50,000	10,000						May include losses by fire (other than arson); losses by weather damage or by accident beyond the control of any responsible person; losses due to deterioration. See Annex 1 to Chapter 6 of WGMFA for further info
2. SPECIAL PAYMENTS										
2.1. Compensation payments under legal obligation	N/A	Board to be made aware of payment over 25K	Over 100,000	100,000	25,000 Change: Note this was previously Board Secretary	25,000 Change: Note this was previously Board Secretary				Payments fall into this category only if a clear liability exists as a result of a Court Order or a legally binding arbitration award. This category can include compensation for injuries to persons, damage to property and unfair dismissal. Payments into court, and out of court settlements, are not payments made under legal obligation.



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Category	Welsh Govt Delegated Limit - Approval Required ⁶	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes ⁷
2.2. Extra contractual payments to contractors	50,000	Over 50,000 ⁸	50,000	10,000						An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts may uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. See Annex 2 to Chapter 6 of WGMFA for further info
2.3. Ex gratia payment										Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or legal liability. An example is a payment to compensate for financial loss resulting from an act or failure of the body or its servants which does not give rise to a legal liability or the payment of compensation claims or damages. See Annex 2 to Chapter 6 of WGMFA for further info
(a) To patients and staff for loss of personal effects	50,000	Over 50,000 ⁸	50,000	10,000	10,000					
(b) For clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payment has been applied	1,000,000 ⁹	Over 500,000 ⁸ Changed from 250K	500,000 Changed from 250K			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher

⁹ For all clinical negligence and personal injury cases (including court cases) the use of periodical payments should be considered for any settlement (exclusive of legal costs) involving costs to the NHS of £250,000 or more, or for lower awards when this represents good value for money. Proposed out of Court periodical payment awards require approval from the WG H&SSG FD.



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Category	Welsh Govt Delegated Limit - Approval Required ⁶	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes ⁷
										than those which apply to other ex gratia payments Board to be made aware of payment over 25K
(c) For personal injury claims where legal advice obtained and relevant guidance has been applied	1,000,000 ⁷	Over 500,000 ⁸ Changed from 250K	500,000 Changed from 250K			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments Board to be made aware of payment over 25K
(d) Other clinical negligence and personal injury claims including Putting Things Right arrangements	50,000 ⁹	Over 50,000 ⁸	50,000			10,000				
(e) Other Except cases for maladministration where there was <u>no</u> financial loss by claimant	50,000 ¹⁰	RemCom Over 50,000 ⁸	50,000*		10,000*					Other ex-gratia payments include: <u>Voluntary Early Release Scheme</u> payments which must be approved by RemCom regardless of value (SoR 25). <u>Special severance payments</u> when staff leave public service employment should be exceptional. They are usually novel contentious and potentially repercussive and ALL must be referred to WG for approval, even if they are within delegated limits which must be approved by RemCom regardless of

¹⁰ ALL special severance payments (novel, contentious and potentially repercussive) of whatever value must be referred to WG for approval, even if they are within delegated limits



Category	Welsh Govt Delegated Limit - Approval Required ⁶	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes ⁷
										value (SoR 25) *Settlements on termination of employment. Most payments to staff on termination of their employment will be contractual, but ex gratia payments will sometimes arise (for example to settle a claim against the health body for breach of contract). Only payments made in excess of that which is paid under contractual obligation should be recorded as ex-gratia in the losses and special payments register. *These payments may be made by Chief Executive (up to £50K) and Executive Director of Workforce and OD (up to £10K) and reported to the next RemCom. They are also included in the report to AC on losses and special payments.
(f) Maladministration where there was <u>no</u> financial loss by claimant	N/A	Over 50,000	50,000	10,000						In most cases of maladministration there is unlikely to be any legal obligation to pay compensation, and any payment would, as a result, be ex gratia. Such payments may arise: <ul style="list-style-type: none"> • as a result of a recommendation by the Public Services Ombudsman Wales (PSOW). • in cases, not involving the PSOW, where NHS Wales health bodies consider that the effect of official failure may justify a payment
(g) Patient referrals outside UK and EEA guidelines	N/A	Over 50,000	50,000	10,000						
2.4. Extra statutory and extra regulatory Payments	N/A	Over 50,000	50,000	10,000						These are payments considered to be within the broad intention of a statute or statutory regulation but which go beyond a strict interpretation of its



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										terms. In some cases WG will advise to classify the payments as extra statutory. In all other cases WG must be informed and will advise whether the payments may be treated as extra statutory. See Annex 2 of WGMOA for more info.
3. REQUISITIONING GOODS AND SERVICES AND APPROVING PAYMENT										
3.1. Agency staff and private providers	N/A	Over 500,000 Changed from over 250K	500,000 Changed from 250K	200,000 Changed from 100K	200,000 Changed from 100K	200,000 Changed from 100K	200,000 Changed from 100K	50,000 (100,000 for Assistant Director of Operations, Ambulance Care for private providers only)	10,000	Any agency staff, including medical locums. No other managers can authorise use of agency staff.
3.2. Building and engineering works (non-capital)	N/A	Over 500,000 Changed from over 250K	500,000 Changed from 250K	100,000	100,000	100,000	100,000	50,000	10,000	
3.3. Call off orders (annual value)	N/A	Over 500,000 Changed from over 250K	500,000 Changed from 250K	100,000	100,000	100,000	100,000	50,000	10,000	High cost medical consumables, provisions, routine supplies, excluding locums or agency staff
3.4. Capital expenditure (subject to annual programme being approved by Trust Board)	N/A	Over 500,000 Changed from over 250K	500,000 Changed from 250K	100,000	100,000	100,000	100,000	50,000	10,000	The Board to approve cases outside discretionary allowances. Capital programme agreed annually by Board.



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Category	Welsh Govt Delegated Limit - Approval Required ⁶	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes ⁷
3.5. Information Technology	N/A	Over 500,000 Changed from over 250K	500,000 Changed from 250K	100,000	100,000	100,000	100,000	50,000	10,000	Major IT systems, software purchase, PC and printer purchase, networking, computer consumables. Includes software or hardware maintenance contracts
3.6. Management consultants (including professional services)	N/A	Over 200,000 Changed from over 100K	200,000 Changed from 100K	10,000	10,000	10,000	10,000			
3.7. Periodic payments (invoice value)	N/A	Over 500,000 Changed from over 250K	500,000 Changed from 250K *750,000 for utilities/ fuel	100,000 *750,000 for utilities/ fuel	100,000	100,000	100,000	50,000	10,000	*In relation to Gas, Electricity, Council tax, Telephone, Water and Fleet Fuel invoices, due to the high level of expenditure on a recurring basis, payments up to a value not exceeding £750,000 can be authorised by the Director of Finance or the Chief Executive. For the provision of clarity, payments of PIBS (Personal Injury Benefit Scheme) invoices do not require authorisation on the basis that these quarterly payments are a reimbursement of pension payments made that have already been authorised.
3.8. Removal expenses	N/A	N/A			8,000					Allowance of £6,000 per relevant staff member
3.9. Services (including maintenance contracts) over lifetime of contract	N/A	Over 500,000 Changed from over 250K	500,000 Changed from 250K	100,000	100,000	100,000	100,000	50,000	10,000	Routine maintenance contracts, clinical services (e.g. MRI), legal services, audit, clinical waste etc.
3.10. All other requisitions	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	



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Category	Welsh Govt Delegated Limit - Approval Required ⁶	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes ⁷
		Changed from over 250K	Changed from 250K							
4. QUOTATIONS AND TENDERS										
4.1. Authorisation of tenders and competitive quotations	N/A	Over 500,000 Changed from over 250K	500,000 Changed from 250K	100,000	100,000	100,000	100,000	50,000	10,000	<p>Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by these staff to the value of the contract. The Chair of the Trust in this instance will have the same limit as that for the CEO.</p> <p>Quotations- a minimum of 3 written quotations for goods/services must be sought where the anticipated value is likely to be above £5,000.</p> <p>Competitive Tenders- a minimum of 3 written competitive tenders for goods/services must be sought where the anticipated value is likely to be above £25,000.</p> <p>Tenders for Supplies and Services above the limit set EU Procurement matters for works above set limits must be sought in compliance with EC Directives (Updated Jan 2008) (OJEU Regulations) as appropriate. All Tenders and Quotations must be sought, registered, and opened via the SSP.</p> <p>These levels of authorisation may be varied or changed and need to be read in conjunction with the Trust Board's Scheme of Delegation</p> <p>Formal authorisation must be put in</p>



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										writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes. Exceptions and Instances where formal tendering need not be applied will require authorisation in the form of a request to waive SFIs (pre numbered document from SSP) and authorisation in advance from the Director of Finance or Deputy Director of Finance (or in their absence the Board Secretary)
5. VIREMENT	N/A	Over 100,000 Changed from over 50K	100,000 Changed from 50K	25,000						Trust must still meet financial targets and the total Trust budget must remain underspent
6. LEASE AGREEMENTS	**	Over 500,000 Changed from over 250K	500,000 Changed from 250K	100,000 (with Board Secretary)						**See Schedule 1 to SFIs Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts

Category	Welsh Govt Delegated Limit - Approval Required	Board of Trustees/ Trust Board	Charitable Funds Committee	Bids Panel	Bursary Panel					Notes
7. CHARITABLE FUNDS	N/A	N/A	Over 50,000	50,000	N/A					

Unless otherwise stated, sub-delegations to others are permitted. It is for individual Directors to ensure that a system of sub-delegations are in place for their respective directorates.

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs. Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.



Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Trust framework

The Trust's governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- **SFIs** (see Schedule 2.1 below)
- **Values and Standards of Behaviour Framework**
- **Risk and Assurance Framework**
- **Key policy documents**

agreed by the Board. These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

These documents may be accessed by:

[Policies \(sharepoint.com\)](#)

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual, which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Trust business are also issued electronically, usually under cover of a Welsh Health Circular.



Schedule 2.1

STANDING FINANCIAL INSTRUCTIONS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders (incorporated as Schedule 2.1 of SOs)

Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to NHS Trusts using powers of direction provided in section 19 (1) of the National Health Service (Wales) Act 2006. NHS Trusts in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a Schedule of decisions reserved to the Board and a Scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of the Trust.

These documents form the basis upon which the Trust's governance and accountability framework is developed and, together with the adoption of the Trust's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Trust Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Director of Finance and Corporate Resources will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Board Secretary will be able to provide further advice and guidance on the wider governance arrangements within the Trust. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>



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WELSH AMBULANCE SERVICES NHS TRUST

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to NHS Trusts using powers of direction provided in section 19 (1) of the National Health Service (Wales) Act 2006. NHS Trusts in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by **the Welsh Ambulance Services National Health Service Trust** “the Trust”. They are designed to ensure that the Trust’s financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by the Trust.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the Trust and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Director of Finance and Corporate Resources and Corporate Resources and Audit Committee.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Board Secretary or Director of Finance and Corporate Resources must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the Trust’s SOs.

1.2 Overriding Standing Financial Instructions

- 1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and Corporate Resources and Corporate Resources and the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and Trust officers have a duty to report any non compliance to the Director of Finance and Corporate Resources and Corporate Resources and Board Secretary as soon as they are aware of any circumstances that has not previously been reported.
- 1.2.2 **Ultimately, the failure to comply with SFIs and SOs is a disciplinary**



matter that could result in an individual's dismissal from employment or removal from the Board.

1.3 Financial provisions and obligations of NHS Trusts

1.3.1 The financial provisions and obligations for NHS Trusts are set out under Schedule 4 to the National Health Service (Wales) Act 2006 (c. 42). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure the Trust meets its statutory obligation to perform its functions within the available financial resources.

1.3.2 The financial obligation as set out in paragraph 2 of Schedule 4 is as follows:

- (1) Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account.
- (2) Each NHS trust must achieve such financial objectives as may from time to time be set by the Welsh Ministers with the consent of the Treasury and as are applicable to it.
- (3) Any such objectives may be made applicable to NHS trusts generally, or to a particular NHS trust or to NHS trusts of a particular description.



2. RESPONSIBILITIES AND DELEGATION

2.1 The Board

2.1.1 The Board exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);
- b) Requiring the submission and approval of balanced budgets within approved allocations/overall income;
- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Board members and Trust officers, and Trust committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. This will be via powers and authority delegated to committees or sub-committees that the Trust has established or to an officer of the Trust in accordance with the 'Scheme of delegation' document adopted by the Trust.

2.2 The Chief Executive and Director of Finance and Corporate Resources and Corporate Resources

2.2.1 The Chief Executive and Director of Finance and Corporate Resources and Corporate Resources will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the Chair and the Board for ensuring that financial provisions, obligations and targets are met; and has overall responsibility for the Trust's system of internal control.

2.2.3 It is a duty of the Chief Executive to ensure that Board members and Trust



officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance and Corporate Resources and Corporate Resources

2.3.1 The Director of Finance and Corporate Resources and Corporate Resources is responsible for:

- a) Implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time; and
- d) Without prejudice to any other functions of the Trust, and Board members and Trust officers, the duties of the Director of Finance and Corporate Resources and Corporate Resources include:
 - (i) the provision of financial advice to other Board members and Trust officers, and to Trust committees and Advisory Groups,
 - (ii) the design, implementation and supervision of systems of internal financial control, and
 - (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance and Corporate Resources and Corporate Resources is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 Board members and Trust officers, and Trust Committees

2.4.1 All Board members and Trust officers, and Trust committees, severally and collectively, are responsible for:

- a) The security of the property of the Trust;
- b) Avoiding loss;



- c) Exercising economy, efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and Trust officers, and Trust committees who carry out a financial function, the form in which financial records are kept and the manner in which Trust Board members and officers, and Trust committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance and Corporate Resources and Corporate Resources.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.



3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

- 3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

<http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf>

3.2 Chief Executive

- 3.2.1 The Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf
- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
 - a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards.
 - major internal financial control weaknesses discovered,
 - progress on the implementation of Internal Audit recommendations,
 - progress against plan over the previous year,
 - a strategic audit plan covering the coming three years, and
 - a detailed plan for the coming year.



3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the Trust;
- c) Access at all reasonable times to Board members and officers;
- d) The production of any cash, stores or other property of the Trust under a Board member or a Trust official's control; and
- e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 10.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

3.4 External Audit

3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of the Trust. The Auditor General may nominate his representative to represent him within the Trust and to undertake the required audit work. The cost of the audit is paid for by the Trust. The Trust's Audit Committee must ensure that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.

3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:

- a) Whether the expenditure to which the financial statements relate has been



incurred lawfully and in accordance with the authority that governs it;

- b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report ¹;
- c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

- 3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The annual plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the annual plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The annual audit plan should be kept under review to identify any amendment needed to reflect changing priorities and emerging audit needs. The Audit Committee should consider material changes to the annual audit plan.
- 3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion on the annual report and accounts, is central to the core work of the Audit Committee.
- 3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.
- 3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.
- 3.4.7 The Government of Wales Act 2006 (GOWA) provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs, that relate to the exercise of many of his core functions, including his statutory audits of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every

¹ The Healthcare Inspectorate Wales will review and report on the Annual Quality Statement.



document relating to the Trust that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to the Trust and its officers and staff, but also to, among others, suppliers to the Trust.

3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, the Trust (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While the Trust may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.

3.4.9 The Auditor General will issue a number of reports over the year, some of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within the Trust and other public sector bodies. At the Trust he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.



3.5 Fraud and Corruption

- 3.5.1 In line with their responsibilities, the Chief Executive and Director of Finance and Corporate Resources and Corporate Resources shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.
- 3.5.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005.

<http://www.wales.nhs.uk/sitesplus/documents/1064/WHC%282005%2995%20%28Revised%29%20Directions%20to%20National%20Health%20Service%20bodies%20on%20Counter%20Fraud%20Measures%202005.pdf>

- 3.5.3 The LCFS shall report to the Trust Director of Finance and Corporate Resources and Corporate Resources and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.
- 3.5.4 The LCFS will provide a written report to the Director of Finance and Corporate Resources and Corporate Resources and Audit Committee, at least annually, on proactive and reactive counter fraud work within the Trust.
- 3.5.5 The Trust must participate in the annual National Fraud Initiative (NFI) led by Audit Wales and must provide the necessary data for the mandatory element of the NFI by the due dates. The Trust should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

3.6 Security Management

- 3.6.1 In line with their responsibilities, the Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.
- 3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.



4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 The Trust has two statutory financial duties, to:

- First Duty - A breakeven duty, to ensure that its revenue is not less than sufficient to meet outgoings properly chargeable to revenue account in respect of each rolling three-year accounting period
- Second Duty - A duty to prepare a plan to secure compliance with the first duty and for that plan to be submitted to and approved by the Welsh Ministers

4.1.2 The first duty is provided for under paragraph 2(1) of Schedule 4 of the National Health Service (Wales) Act 2006, although this should be read in conjunction with 'Welsh Health Circular 2016/054 – Statutory Financial Duties of Local Health Boards and NHS Trusts' which sets out the duty to break even over a three-year period. The second duty arises as a result of the Welsh Ministers' powers to set financial objectives for the Trust under paragraph 2(2) of Schedule 4 of the National Health Service (Wales) 2006 Act. The planning requirement, which by virtue of being set as a financial objective becomes a statutory financial duty, was previously set by the Welsh Ministers and has been retained by Welsh Health Circular 2016/054 – Statutory Financial Duties of Local Health Boards and NHS Trusts. A link to the relevant Welsh Health Circular is below.

<http://www.wales.nhs.uk/sitesplus/documents/863/12b%29%20Statutory%20Duties%20of%20Welsh%20Health%20Boards.pdf>

4.2 First Financial Duty – The Breakeven Duty

4.2.1 The Trust has a statutory duty to ensure that its revenue is not less than sufficient to meet outgoings properly chargeable to revenue account in respect of each rolling three-year accounting period, that is to breakeven over a 3-year rolling period.

4.2.2 Trusts must ensure their boards approve balanced revenue and capital plans before the start of each financial year.

4.2.3 The Director of Finance and Corporate Resources and Corporate Resources of the Trust will:

- a) Prior to the start of each financial year submit to the Board for approval a report showing the total funding received, assumed in-year funding and other adjustments and their proposed distribution to delegated budgets, including any sums to be held in reserve;
- b) Ensure that any ring-fenced or non-discretionary funding are disbursed in



accordance with Welsh Ministers' requirements;

- c) Periodically review any assumed in-year funding to ensure that these are reasonable and realistic; and
- d) Regularly update the Board on significant changes to the initial funding and the application of such funds.

4.2.4 The Chief Executive has overall executive responsibility for the Trust's activities and is responsible to the Board for ensuring that it meets its First Financial Duty.

4.3. Second Financial Duty – The Planning Duty

4.3.1 The Trust has a statutory duty to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 The Integrated Medium Term Plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

<https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf>

4.3.3 The NHS Planning Framework directs Trusts to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must

- describe the context within which the Trust will deliver key policy directives from Welsh Government.
- demonstrate how the Health Board are
 - delivering their well-being objectives, including how the five ways of working have been applied
 - contributing to the seven Well-being Goals,
 - establishing preventative approaches across all care and services
- demonstrate how the Trust will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services.
- demonstrate how the three-year rolling financial breakeven duty is to be achieved.

4.3.4 An Integrated Medium Term Plans should be based on a reasonable expectation of future income, service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan (including a balanced Medium Term Financial Plan) is



balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.

4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Trusts response to delivering the

- NHS Planning Framework,
- Quality, governance and risk frameworks and plans, and
- Outcomes Framework

4.3.6 The Integrated Medium Term Plan will be developed in line with the NHS Planning Framework and include:

- A statement of significant strategies and assumptions on which the plans are based;
- Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
- Profiled activity, service, quality, workforce and financial schedules.
- Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;

4.3.7 The Chief Executive has overall executive responsibility to develop and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan (IMTP).

4.3.8 The Board will:

- a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government prior to the beginning of the financial year of implementation.
- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements; and
- c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Trust plan is not in place or in balance.

4.3.9 The Board approved Integrated Medium Term Plan will be submitted to Welsh Government, for approval by the Minister, in line with the requirements set out in the NHS Planning Framework.

4.3.10 The finalised approved Integrated Medium Term Plan will form the basis of the Performance Agreement between the Trust and Welsh Government.



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5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

- 5.1.1 Prior to the start of the financial year the Director of Finance and Corporate Resources and Corporate Resources will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:
- a) Be in accordance with the aims and objectives set out in the Board approved Integrated Medium Term Plan, and Medium Term Financial Plan, and focussed on delivery of safe patient centred quality services;
 - b) Be in line with Revenue, Capital, Commissioner, Activity, Service, Quality, Performance, and Workforce plans contained within the Board approved balanced IMTP;
 - c) Take account of approved business cases and associated revenue costs and funding;
 - d) Be produced following discussion with appropriate Directors and budget holders;
 - e) Be prepared within the limits of available funds;
 - f) Take account of ring-fenced or specified funding;
 - g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents);
 - h) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;
 - i) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
 - j) Identify potential risks and opportunities.

5.2 Budgetary Delegation

- 5.2.1 The Chief Executive may delegate, via the Director of Finance and Corporate Resources and Corporate Resources, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear



definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

- 5.2.2 The Chief Executive, Director of Finance and Corporate Resources and Corporate Resources and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.
- 5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance and Corporate Resources and Corporate Resources.
- 5.2.5 All budget holders must provide information as required by the Director of Finance and Corporate Resources and Corporate Resources to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Director of Finance and Corporate Resources and Corporate Resources has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3 Financial Management, Reporting and Budgetary Control

- 5.3.1 The Director of Finance and Corporate Resources and Corporate Resources shall monitor financial performance against budget and plans and report the current and forecast position, and financial risks, on a monthly basis and at every Board meeting. Any significant variances should be reported to Trust Board as soon as they come to light and the Board shall be advised on any recommendations and action to be taken in respect of such variances.
- 5.3.2 The Director of Finance and Corporate Resources and Corporate Resources will devise and maintain systems of financial management performance



reporting and budgetary control. These will include:

- a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:
- Understand the current and forecast financial position
 - Evaluate risks and opportunities
 - Use insight to make informed decisions
 - Be consistent with other Board reports

As a minimum the reports will cover:

- Current and forecast year end position on statutory financial duties
 - Actual income and expenditure to date compared to budget and showing trends and run rates
 - Forecast year end positions
 - A statement of assets and liabilities, including analysis of cash flow and movements in working capital.
 - Explanations of material variances from plan
 - Capital expenditure and projected outturn against plan
 - Investigations and reporting of variances from financial, activity and workforce budgets.
 - Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance and Corporate Resources and Corporate Resources' view of whether such actions are sufficient to correct the situation;
 - Statement of performance against savings targets
 - Key workforce and other cost drivers
 - Income and expenditure run rates, historic trends, extrapolation and explanations
 - Clear assessment of risks and opportunities
- Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information



from activity, workforce and other relevant sources

- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive subject to the Board's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

5.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Medium Term Financial Plans and SFI 9.1.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.

<https://gov.wales/health-boards-and-trusts-financial-monitoring-guidance-2019-2020-whc-2019013>

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Corporate Resources and Corporate Resources and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.



6. ANNUAL ACCOUNTS AND REPORTS

- 6.1 The Board must approve the Trust's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.
- 6.2 The Chair and Chief Executive have responsibility for signing the accounts on behalf of the Trust. The Chief Executive has responsibility for signing the Annual Governance Statement and the Annual Quality Statement.
- 6.3 The Director of Finance and Corporate Resources and Corporate Resources, on behalf of the Trust, is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.
- 6.4 The Trust's annual accounts must be audited by the Auditor General for Wales. The Trust's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.
- 6.5 The Trust will publish an annual report, in accordance with guidelines on local accountability, and present it at its Annual General Meeting. The annual report must also be sent to the Welsh Ministers. The Board Secretary will ensure that the Annual Report is prepared in line with the Welsh Government's Manual for Accounts. The Annual Report will include
- The Accountability Report containing:
 - Corporate Governance Report
 - Remuneration Report and Staff Report
 - Accountability and Audit Report
 - The Performance Report, which must include:
 - An overview
 - A performance Analysis



7. BANKING ARRANGEMENTS

7.1 General

7.1.1 The Director of Finance and Corporate Resources and Corporate Resources is responsible for managing the Trust's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers. NHS Trusts are required to use the Government Banking Service (GBS) for its banking services.

7.1.2 The Board shall approve the banking arrangements.

7.2 Bank Accounts

7.2.1 The Director of Finance and Corporate Resources and Corporate Resources is responsible for:

- a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Trust business transactions;
- b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;
- c) Establishing separate bank accounts for the Trust's non-exchequer funds;
- d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- e) Ensuring accounts are not overdrawn except in exceptional and planned situations.
- f) Reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn;
- g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

7.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of the Trust. No officer other than the Director of Finance and Corporate Resources and Corporate Resources shall open any account in the name of the Trust or for the purposes of furthering Trust activities.

7.2.3 Any Project Bank Account that is required may be held jointly in the name of the Trust and the relevant third party contractor.



7.3 Banking Procedures

- 7.3.1 The Director of Finance and Corporate Resources and Corporate Resources will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:
- a) The conditions under which each bank account is to be operated;
 - b) Those authorised to sign cheques or other orders drawn on the Trust's accounts.
 - c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.
 - d) Authorised signatories are identified with sufficient seniority, and in the case of e banking approvers, together with an appropriate payment approval hierarchy.
 - e) Procedures are in place for prompt banking of money received.
 - f) Ensure there are physical security arrangements in place for cheque stationery, e banking access devices and payment cards.
 - g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.
 - h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.
 - i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.
- 7.3.2 The Director of Finance and Corporate Resources and Corporate Resources must advise the Trust's bankers in writing of the conditions under which each account will be operated.
- 7.3.3 The Director of Finance and Corporate Resources and Corporate Resources shall approve security procedures for any payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

7.4 Review

- 7.4.1 The Director of Finance and Corporate Resources and Corporate Resources



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Gwasanaethau Ambiwians Cymru
Welsh Ambulance Services
NHS Trust

will review banking arrangements of the Trust at regular intervals to ensure they reflect best practice, that they are efficient and effective and represent best value for money. The results of the review should be reported to the Audit Committee.



8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

8.1 General

8.1.1 The Director of Finance and Corporate Resources is responsible for:

- a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b) Ordering and securely controlling any such stationery, ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;
- c) The provision of adequate physical facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- d) Establishing systems and procedures for handling cash and negotiable securities on behalf of the Trust.
- e) Ensuring effective control systems are in place for the use of payment cards,
- f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

8.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

8.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance and Corporate Resources.

8.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

8.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be undertaken by two officers together, except as may be authorised in writing by the Director of Finance and Corporate Resources and the coin box keys shall be held by a nominated officer.

8.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box



combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

8.2 Petty Cash

- 8.2.1 The Director of Finance and Corporate Resources will issue instructions restricting the use and value of petty cash purchases.
- 8.2.3 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.
- 8.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.



9. INCOME, FEES AND CHARGES

9.1 Income Generation and Participation in/Formation of Companies

9.1.1 The Trust shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).

9.1.2 The Trust can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. The Trust should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

9.2 Income Systems

9.2.1 The Director of Finance and Corporate Resources is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

9.2.2 The Director of Finance and Corporate Resources is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

9.3 Fees and Charges

9.3.1 The Director of Finance and Corporate Resources is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

9.3.2 All officers must inform the Director of Finance and Corporate Resources promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

9.4 Income Due and Debt Recovery

9.4.1 Delegated budget holders and managers are responsible for informing the Director of Finance and Corporate Resources of any income due that arises from any contracts, service levels agreements, leases, activities such as private patients or other transactions.

9.4.2 Delegated budget holders and managers must inform the Director of Finance and Corporate Resources when overpayment of salary or expenses have been made, in order that recovery can be made.



- 9.4.3 The Director of Finance and Corporate Resources is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.
- 9.4.4 Income not received should be dealt with in accordance with losses procedures.
- 9.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.
- 9.4.6 The Chief Executive and the Director of Finance and Corporate Resources are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.



10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

- 10.1.1. The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.
- 10.1.2. The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Trust's scheme of delegation.
- 10.1.3. The Chief Executive will set out in the operational scheme of delegation and authorisation:
- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
 - The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance and Corporate Resources's responsibilities

10.2.1 The Director of Finance and Corporate Resources will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.
- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs;



- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Chief Executive and Director of Finance and Corporate Resources, and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance and Corporate Resources in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order,
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,
- f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or Trust officers, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,
 - (ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7.

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance and Corporate Resources on behalf of the Chief Executive;
- h) All goods, services, or works are ordered on official orders



- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;

10.3.2 The Chief Executive and Director of Finance and Corporate Resources shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the Trust's scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. Trusts must consult with NWSSP Procurement Services, Director of Finance and Corporate Resources and Board Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Trust's Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of the Trust, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

10.6 Prepayments

10.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of [Managing Welsh Public Money](#)
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;



- b) The Director of Finance and Corporate Resources will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations 2015 where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.



11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

11.1 Procurement Services

11.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NWSSP Procurement Services.

11.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Trust. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

11.2 Policies and procedures

11.2.1 NWSSP Procurement Services shall, on behalf of the Trust, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and the Contract Notification Arrangements, included as **Schedule 1** of these SFIs.

11.2.2 The Chief Executive is ultimately responsible for ensuring that the Trust's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures

- Are kept up to date;
- Conform to statutory requirements and regulations;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

11.3 Procurement Principles

11.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the Trust to



perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary;
- Legality: public bodies must conform to European Community and other legal requirements;
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

11.4 Legislation Governing Public Procurement

11.4.1 There are a range of EU Directives which set out the EU legal framework for public procurement. These EU Directives have been implemented into UK law by statutory regulations which govern public sector procurement, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102.' From 1 January 2021, all aspects of EU law in respect of the EU Directives relating to public procurement, except where expressly stated otherwise by domestic legislation, will continue to govern public sector procurement, although further amendments or developments of EU related procurement law following this will not be incorporated into domestic law. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the Trust's SFIs.

11.4.2 The main Regulations (the Public Contracts Regulations 2015 No. 102) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Regulations are understood



and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

11.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the Trust and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS)

11.5 Procurement Procedures

11.5.1 To ensure that the Trust is fully compliant with UK Procurement Regulations, EU Procurement Directives and Welsh Ministers' guidance and policy, the Trust shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

- a) Requirements and exceptions to formal competitive tendering requirements;
- b) Tendering processes including post tender discussions;
- c) Requirements and exceptions to obtaining quotations;
- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

11.5.2 All procurement procedures shall reflect the Welsh Ministers' guidance and the Trust's delegation arrangements and approval processes.

11.6 Procurement Consent and Notification

11.6.1 Paragraph 14(2) of Schedule 3 to the National Health Service (Wales) Act 2006 allows the Trust to:

- Acquire and dispose of property;
- Enter into contracts; and
- Accept gifts of property (including property to be held on trust, either for the



general or any specific purposes of the NHS trust or for any purpose relating to the health service).

11.6.2 **Schedule 1** details the requirement process for contract notification for Trusts.

Planning

11.7 Sustainable Procurement

11.7.4 To further nurture the Welsh economy, in support of social, environmental and economic regeneration, Trusts must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being of Future Generations (Wales) Act 2015 (WBFGA 2015) should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

11.7.2 The WBFGA 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

11.7.3 The 7 Wellbeing goals are:

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;
- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales.

11.7.4 Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

11.7.5 The Trust is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on Ethical Employment in supply chains which commit public, private and third sector organisations to a set of



actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

11.7.6 The Trust shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. The Trust shall benchmark its performance against the WBFGA 2015. For all contracts over £25,000, the Trust shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with Welsh Government commitments policy set out in the current WPPS and subsequent versions of this statement, the Trust shall ensure that it provides opportunities for these organisations to quote or tender for its business.

11.9 Planning Procurements

11.9.1 Trust must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

11.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, , including whole life cost
- the likely 'route to market' which will consider the legislative and policy framework set out above.
- The availability of funding to be able to award a contract following a successful procurement process.
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the 4 principles of prudent healthcare:

- Equal partners through co-production;
- Care for those with the greatest health need first;
- Do only what is needed; and
- Reduce inappropriate variation.

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services



and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

11.9.4 Where free of charge services are made available to the Trust, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Trust does not unintentionally commit itself to a single provider or longer term commitment. Regular reports on free of charge services provided to the Trust should be submitted by Board Secretary to Audit Committee.

11.9.5 Trusts are required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Trust's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

11.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. Trust's must ensure the value of their requirement considers cumulative spend across the Trust for like requirements and opportunity for collaboration with other Trusts and Health Boards:

11.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.



Competition Requirements

11.11 Procurement Thresholds

11.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in EU Procurement Directives and UK Procurement Regulations.

Goods/Services/Works Whole Life Cost Contract value (excl. VAT)	Minimum competition¹	Form of Contract
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route.	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required ²	Formal contract and Purchase Order

¹ subject to the existence of suitable suppliers

² in accordance with the requirements set out in SO 11.6.

11.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

11.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

11.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.



11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which:
 - are fit for inclusion in competition documents;
 - are drafted in a manner encouraging innovation by the market;
 - are capable of being responded to and do not narrow competition;
 - deliver in line with legislative and policy frameworks;
 - include robust performance measures to effectively measure and manage supplier performance; and
 - consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities.

11.12.3 Criteria for selecting suppliers and achieving an award recommendation must:

- be appropriately weighted in consideration of quality/price;
- consider cost of change where relevant;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost.

11.13 Single Quotation Application or Single Tender Application

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by



written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition/National strategy.

- 11.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance and Corporate Resources must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance and Corporate Resources, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.
- 11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance and Corporate Resources, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:
- Robust justification is provided;
 - A value for money test has been undertaken;
 - No bias towards a particular supplier;
 - Future competitive processes are not adversely affected;
 - No distortion of the market is intended;
 - An acceptable level of assurance is available before presentation for approval in line with the Trust Scheme of Delegation; and
 - An “or equivalent” test has been considered proving the request is justified.
- 11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the Trust has already entered into an arrangement directly.
- 11.13.5 As SQA/ STAs are only used in exceptional circumstances, the Trust, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance and Corporate Resources or NWSSP Director of Procurement Services to prevent recurrence by the Trust.
- 11.13.6 The Audit Committee may consider further steps to be appropriate, such as:
- Instruct a representative of the Trust to attend Audit Committee;
 - Escalate to the Board;
 - Request an internal Audit Review;
 - Request further training; or
 - Take internal disciplinary action.
- 11.13.7 No SQA/STA is required where the seeking of competition is not possible,



nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA where competition not possible.

- 11.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

11.14 Disposals

- 11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.
- 11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Trust making use of any agreements covering the disposal of such items.
- 11.14.3 The Trust must obtain the best possible market price.

Approval & Award

11.15 Evaluation, Approval and Award

- 11.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of the Trust. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.
- 11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management



11.16 Contract Management

11.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of the Trust so as to ensure that these implicit obligations are met. This contract management will include:

- Retaining accurate records;
- Monitoring contract performance measures;
- Engaging suppliers to ensure performance delivery;
- Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- Permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services.

11.16.3 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

11.17.2 If there is no such provision, the Public Contracts Regulations 2015 define such limitations.

11.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

11.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.5 If there was no provision to extend, further approvals are required from the Trust budget holder and the local Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.6 This ensures an appropriate identification and assessment of potential risks to the Trusts compliance of approvals being granted within the Scheme of



Delegation and assurance that value for money continues to be delivered from public funds.

- 11.17.7 The budget holder must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

- 11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

- 11.18.2 Where a required item is not on catalogue or on framework contract, the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.11 thresholds.

- 11.18.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

- 11.19.1 The Trust will ensure compliance with the 'No Purchase Order, No Pay' policy, the All Wales policy introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.
- 11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official Orders

- 11.20.1 Official Orders, issued following approved requisition and sourcing, must:
- a) Be consecutively numbered;
 - b) State the Trust's terms and conditions of trade.



11.20.2 Official Orders will be issued on behalf of the Trust by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Chief Executive is responsible for ensuring the Trust enters into suitable Health Care Agreements (or Individual Patient Commissioning Agreements, where appropriate) for its provision of health care services.

12.1.2 All Health Care Agreements should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

12.1.3 All agreements must be in accordance with the functions conferred on the Trust by the Welsh Ministers.

12.2 Statutory provisions

The National Health Service (Wales) Act 2006 (c. 42) enables NHS Trusts to commission certain healthcare services. Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body.

12.3 Reports to Board on Health Care Agreements (HCAs)

12.3.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Board reports on quality and financial performance.



13. GRANT FUNDING

It is a matter for Trusts to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

13.1 Legal Advice

13.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach the Trust's functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the Trust has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

See attached toolkit for grants v procurement:



Grant v
Procurement.doc

13.2 Policies and procedures

13.2.1 The Trust shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Minister's Code of Practice to funding the third sector:

<https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf>

13.2.2 The Chief Executive is ultimately responsible for ensuring that the Trust's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and
- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

13.2.3 The award of grant funding must comply with the policy and principles set out in the



Procurement section of these SFIs and ensure that the award meets the requirements of regularity, propriety and value for money.

13.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

13.3 Corporate Principles underpinning Grants Management

13.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, Trusts should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

13.3.2 The overarching principles for managing public resources in Wales are set out in [Managing Welsh Public Money](#). The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

13.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

13.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on Trusts or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;
- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
- Compliance of the grant funding with State aid requirements in accordance with the State aid rules.



13.4 Grant Procedures

13.4.1 It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, Trusts should ensure principles of good practice, available from a number of external sources, are considered and reflected in grant programmes. Information on grants management is available on the Audit Wales website at:

<https://www.audit.wales/good-practice/grants-management-miniguides>

13.4.2 Trusts must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

13.4.3 For grant programmes that span a number of financial years, the Trust is responsible for evaluating the programmes to ensure they are fit for purpose, are achieving required outcomes and continue to provide value for money.

13.4.4 Trusts are responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

13.4.5 Trusts are required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose the Trust to potential financial loss, fraud or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

13.4.6 The Trust must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, the Trust should ensure principles of good practice, available from a number of external sources, are considered and reflected.

13.4.7 The Trust is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.



14. PAY EXPENDITURE

14.1 Remuneration and Terms of Service Committee

- 14.1.1 In accordance with SOs, the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.4.
- 14.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.
- 14.1.3 The Board will, after due consideration and amendment, if appropriate, approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.
- 14.1.4 The Trust will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.
- 14.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

14.2 Funded Establishment

- 14.2.1 The workforce plans incorporated within the approved Integrated Medium Term Plan will form the funded establishment, i.e, the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 5.1.1 g)
- 14.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive or an officer with delegated authority.

14.3 Staff Appointments

- 14.3.1 Staff must only be engaged by authorised managers, in accordance with the



Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

14.3.2 No Board member or Trust official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

14.4 Pay Rates and Terms and Conditions

14.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

14.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

14.5 Payroll

14.5.1 The Director of Workforce and Organisational Development has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount,
- all payments are supported by properly authorised documentation.

14.5.2 The Director of Workforce and Organisational Development has responsibility for:

- a) The control framework and detailed procedures which are in place to:
 - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of tax, national insurance, pension or other payments,
 - reduce the risk of fraud and error within the payroll function.
- b) Specifying timetables for submission of properly authorised time records and other notifications;
- c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
- d) Agreeing the timing and method of payment with the payroll service;
- e) Authorising the release of payroll data where in accordance with the



provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);

- f) Verification and documentation of data;
- g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- i) Security and confidentiality of payroll information;
- j) Checks to be applied to completed payroll before and after payment; and
- k) A system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

14.5.3 The Chief Executive is responsible for:

- a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;
- b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and
- c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts.

14.5.4 Appropriately nominated managers have delegated responsibility for:

- a) Submitting time records and other notifications in accordance with agreed timetables;
- b) Completing time records and other notifications in accordance with the Service Level Agreements; and
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Workforce and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Director of Finance and Corporate Resources.

14.6 Contracts of Employment



14.6.1 The Director of Workforce and Organisational Development must:

- a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
- b) Deal with variations to, or termination of, contracts of employment.



15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 Capital Plan

15.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The capital plan and programmes must be delivered within Welsh Government capital external financing limit.

15.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the IMTP. The capital programme must be affordable and within the external financing limit, as set out by Welsh Government (WG) for the year, and the Trust must not exceed the external financing limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme, as set out in the Integrated Medium Term Plan and Budgetary Control chapters of these SFI.

15.2 Capital Investment Decisions

15.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in:

- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043)
<https://gov.wales/nhs-wales-infrastructure-investment-guidance>
- Better business cases: investment decision-making framework
<https://gov.wales/better-business-cases-investment-decision-making-framework>

15.2.2 The Director of Finance and Corporate Resources must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Trust's Scheme of Delegation.

15.3 Capital Projects

15.3.1 The Chief Executive shall ensure that any capital investment above the Welsh



Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received.

15.3.2 When capital investment decisions are taken and a Capital Programme is approved the project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time;
- on budget; and
- within contractual obligations.

15.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

15.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.4 Capital Procedures and Responsibilities

15.4.1 The Chief Executive:

- a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;
- d) Shall ensure that the three year Capital Plan, and detailed annual Capital Programme is adopted by the Board, as part of the IMTP, prior to the commencement of the financial year;
- e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and
- f) Shall ensure that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and



liabilities.

15.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;
- b) That the Director of Finance and Corporate Resources has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate Trust personnel and external agencies in the process.

15.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

15.4.4 The approval of a capital programme shall not constitute approval for the initiation of expenditure on any scheme.

15.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

- a) Specific authority to commit expenditure;
- b) Authority to proceed to tender; and
- c) Approval to accept a successful tender.

15.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the Trust's SOs.

15.4.7 The Director of Planning and Director of Finance and Corporate Resources shall issue detailed procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The procedures will also cover post project benefits realisation to ensure benefits set out in the business case supporting the investment are delivered. The Director of Finance and Corporate Resources shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

15.4.8 The Director of Finance and Corporate Resources shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Director of Finance and Corporate Resources should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.



15.5 Capital Financing with the Private Sector

15.5.1 The Trust must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3rd Party Developments, without the consent of the Welsh Ministers.

15.6 Asset Registers

15.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Director of Finance and Corporate Resources, concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

15.6.2 The Trust shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

15.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

- a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and
- c) Lease agreements in respect of assets held under a finance lease and included on the Trust's balance sheet.

15.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance and clearly set out in the over-arching business case.

15.6.5 The Director of Finance and Corporate Resources shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Director of Finance and Corporate Resources shall approve procedures for reconciling balances on fixed assets accounts in general ledgers against balances on fixed asset registers.

15.6.6 The value of each asset, and depreciation, shall be considered annually in accordance with valuation guidance and methods specified by the Welsh



Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

15.7 Security of Assets

15.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

15.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance and Corporate Resources. This procedure shall make provision for:

- a) Recording managerial responsibility for each asset;
- b) Identification of additions and disposals;
- c) Identification of all repairs and maintenance expenses;
- d) Physical security of assets;
- e) Regular verification of the existence of, condition of, and title to, assets recorded;
- f) Identification and reporting of all costs associated with the retention of an asset; and
- g) Reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

15.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Director of Finance and Corporate Resources.

15.7.4 Whilst individual officers have a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior Trust officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

15.7.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and Trust officers in accordance with the procedure for reporting losses.

15.7.6 Where practical, assets should be marked as Trust property.



16. STORES AND RECEIPT OF GOODS

16.1 General position

16.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) Kept to a minimum;
- b) Subjected to annual stock take; and
- c) Valued at the lower of cost and net realisable value.

16.2 Control of Stores, Stocktaking, condemnations and disposal

16.2.1 Subject to the responsibility of the Director of Finance and Corporate Resources for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance and Corporate Resources. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager; the control of any fuel oil and coal of a designated estates manager, including the control of vehicle fuel stocks by Fleet.

16.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Manager. Wherever practicable, stocks should be marked as health service property.

16.2.3 The Director of Finance and Corporate Resources is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements including records for receipt, issues, and returns of goods to stores and losses.

16.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and Corporate Resources and there shall be a physical check covering all items in store at least once a year.

16.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Director of Finance and Corporate Resources.

16.2.6 The designated officer/manager shall be responsible for a system approved by the Director of Finance and Corporate Resources for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Director of Finance and Corporate Resources any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI 17, Disposals and Condemnations, Losses and Special Payments).



Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

16.3 Goods supplied by an NHS supplies agency

- 16.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance and Corporate Resources or authorised officer who shall satisfy himself that the goods have been received before accepting the recharge.



17. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

17.1 Disposals and Condemnations

17.1.1 The Director of Finance and Corporate Resources must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

17.1.2 When it is decided to dispose of a Trust asset and goods, the head of department or authorised deputy will determine and advise the Director of Finance and Corporate Resources of the estimated market value of the item, taking account of professional advice where appropriate.

17.1.3 All unserviceable assets and goods shall be:

- a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Director of Finance and Corporate Resources;
- b) Recorded by the Condemning Officer in a form approved by the Director of Finance and Corporate Resources which will indicate whether the assets and good are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance and Corporate Resources.

17.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance and Corporate Resources who will take the appropriate action.

17.2 Losses and Special Payments

17.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

17.2.2 The Director of Finance and Corporate Resources is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

17.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Director of Finance and Corporate Resources



or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and Corporate Resources and/or the Chief Executive.

17.2.4 Where a criminal offence is suspected, the Director of Finance and Corporate Resources must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance and Corporate Resources must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.

17.2.5 The Director of Finance and Corporate Resources or the LCFS must notify the Audit Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

17.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance and Corporate Resources must notify:

- a) The Audit Committee on behalf of the Board, and
- b) An Auditor General's representative.

17.2.7 The Director of Finance and Corporate Resources shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

17.2.8 The Director of Finance and Corporate Resources shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).

17.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.

17.2.10 For any loss or special payments, the Director of Finance and Corporate Resources should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

17.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance and Corporate Resources.

17.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate,



irrespective of the delegated limit.

17.2.13 The Director of Finance and Corporate Resources shall ensure all losses and special payments are reported to the Audit Committee at every meeting.

17.2.14 The Trust must obtain the Health and Social Services Group Director General's approval for special severance payments.



18. DIGITAL, DATA and TECHNOLOGY

18.1 Digital Data and Technology Strategy

18.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of the Trust for the medium term based on an appropriate assessment of risk. The Integrated Medium Term Plan shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology .

18.1.2 The Trust shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the Trust that are made publicly available.

18.2 Responsibilities and duties of the responsible Director

18.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of the Trust digital systems and data and shall:

- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of the Trust's digital systems and data for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;
- b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information Systems Regulations 2018 are being carried out;
- d) Shall ensure that policies, procedures and training arrangements are in place to ensure compliance with information governance law and the Network and Information Systems Regulations 2018; and
- e) Shall ensure comprehensive incident reporting.

18.3 Responsibilities and duties of the Director of Finance and Corporate



Resources

18.3.1 The Director of Finance and Corporate Resources shall need to ensure that new financial data and systems and amendments to current financial data and systems are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

18.4 Contracts for data and digital services with other health bodies or outside agencies

18.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for:

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

18.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Informatics and Digital shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

18.5 Risk assurance

18.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to the Trust arising from the use of data, information and IT are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.



19. PATIENTS' PROPERTY

19.1 NHS Trust Responsibility

19.1.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of patients that lack capacity, or found in the possession of patients dead on arrival.

19.1.2 Where the Welsh Ministers' instructions require the opening of separate accounts for patient monies, these shall be opened and operated under arrangements agreed by the Director of Finance and Corporate Resources.

19.1.3 In all cases where property, including cash and valuables, of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act 1965 (c. 32)), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

19.1.4 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

19.1.5 Where patient property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

19.2 Responsibilities of the Chief Executive

19.2.1 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission, that the Trust will not accept responsibility or liability for patient property brought onto health service premises, unless it is handed in for safe custody and a copy of an official patient property record is retained as a receipt, by:

- a) Notices and information booklets;
- b) Hospital admission documentation and property records; and
- c) The oral advice of administrative and nursing staff responsible for admissions.

19.3 Responsibilities of the Director of Finance and Corporate Resources

19.3.1 The Director of Finance and Corporate Resources must provide detailed written instructions on the collection, custody, investment, recording,



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

safekeeping, and disposal of patient property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.



20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

20.1 Corporate Trustee

20.1.1 All business shall be conducted in the name of Welsh Ambulance Services National Health Service Trust Charity, and all funds received in trust shall be held in the name of the Trust as a corporate Trustee. SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.

20.1.2 The discharge of the Trust's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

20.1.3 The Trust shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which the Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

20.2 Accountability to Charity Commission and the Welsh Ministers

20.2.1 The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.

20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and Trust officers must take account of that guidance before taking action.

20.2.3 The Trust shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

20.3 Applicability of Standing Financial Instructions to funds held on Trust

20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.

20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.



21. RETENTION OF RECORDS

21.1 Responsibilities of the Chief Executive

21.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018 and the Freedom of Information Act 2000 (c. 36).

21.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.



SCHEDULE 1

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol Health & Social Services Group

Directors of Finance
Deputy Directors of Finance
Local Health Boards, NHS Trusts Wales & HEIW



Llywodraeth Cymru
Welsh Government

Our Ref: SE&IG/

Date: 30 November, 2020

Dear All

RE: PROCESSES FOR LOCAL HEALTH BOARDS AND NHS TRUSTS CONTRACTS, AND INTERESTS IN PROPERTY EXCEEDING £0.5M

Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on Local Health Boards (LHBs) to obtain the consent of Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust).

Acquiring and disposing of property

WHC (2018) 043 NHS Wales Infrastructure Investment Guidance issued 22 October 2018 sets out at section 10.1:

LHBs and HEIW

Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process will be included in a Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.



NHS Trusts

Whilst formal Ministerial consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.

Guidance on disposals is contained in Section 11

WHC (2015) 031 issued 22 June 2015 clarified the approval process linked to the acquisition or disposal of a lease, where approval does not form part of a business case process. A lease being a property right requires the consent of the Welsh Ministers in accordance with paragraph 13(2) (a). The WHC set out for NHS Trusts and LHBs a notification and consent process mirroring the contract processes noted below.

Entering into contracts

Guidance was issued to NHS Wales bodies on 27th January 2017 in a letter to Directors of Finance issued jointly by the Deputy Directors of Finance and Capital Estates and Facilities. This letter now updates that guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Minister for Health and Social Services on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly any issues relevant to the exercise of the Minister for Health and Social Service's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;
- All eligible LHB and HEIW contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSSG for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- (i) Contracts of employment between LHBs and their staff;
- (ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs;



- (iii) Out of Hours contracts; and
- (iv) All NHS contracts; that is where one health services body contracts with another health service body.

For non- capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : Robert.Eveleigh@gov.wales

Kind regards,

SR Elliot

I. K. Gunney

Steve Elliot & Ian Gunney

Diprwy Cyfarwyddwr Cyllid - Deputy Director of Finance and Corporate Resources
Dirprwy Gyfarwyddwr, Cyfalaf Ystadau a Cyfleusterau - Deputy Director Capital
Estates & Facilities
Finance Directorate / Cyfarwyddiaeth Cyllid
Y Grwp Iechyd a Gwasanaethau/Health and Social Services Group



Schedule 3

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

The Trust Board is supported by the following Committees:

1. Academic Partnerships Committee
2. Audit Committee
3. Charitable Funds Committee
4. Finance and Performance Committee
5. People and Culture Committee
6. Quality, Patient Experience and Safety Committee
7. Remuneration Committee

The Committees review their Terms of Reference annually and amendments thereto are approved by the Trust Board.

The current Terms of Reference are annexed to these Standing Orders as Schedules 3.1 to 3.7.



Schedule 3.1

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders

ACADEMIC PARTNERSHIPS COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS



ACADEMIC PARTNERSHIP COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.

1.2 The Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an Academic Partnership Committee to facilitate and develop this work and are hereby set out in these formal terms of reference and operating arrangements

2. PURPOSE

2.1 The Committee is responsible for strategic collaboration and partnership working with higher and further education and wider education providers across and beyond Wales. Through this partnership working, the Committee will look to ensure that the Trust provides and strengthens patient safety and quality, identifies and implements best practice and gains an international reputation for excellence and innovation.

2.2 Develop a Memorandum of Understanding between all parties and ensures this enables support for the services provided by the Trust and achieves the highest standards of health, clinical care, research, innovation and health care education and training

2.3 Promote and collaborate with partners in efforts to improve the health and wellbeing of the general population in Wales.

2.4 Review the strategic aims and objectives of each of the partners and where those aims and objectives appear to be usefully aligned, to optimise the benefits to patient care and health care service delivery through an inclusive and supportive approach

2.5 Become a national and international exemplar for effective strategic and operational collaboration between the local health and social care service and its partner universities, including developing and advising upon the most appropriate health and social care pathways.

2.6 Facilitates a forward-looking organisational culture across all partners which: -

a) promotes quality improvement across all activities;



- b) is rich in educational activities and staff development opportunities;
- c) helps attract and retain the very best staff, including internationally leading clinical academics;
- d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;
- e) encourages innovation and modernisation;
- f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;
- g) builds capacity for translational research that allows all parties to compete at an international level;
- h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
- i) facilitates wealth and economic growth in the region and beyond;
- j) Supports the capture and analysis of the service user experience;
- k) Develops health informatics opportunities to achieve their potential;
- l) Supports strategic planned lines of enquiry enabling knowledge creation.
- m) Use of digital technology to enhance our services.

2.7 Receive assurance that projects in which the parties are currently collaborating have appropriate agreements which detail the projects and clearly reflect the responsibilities of the parties. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.

2.8 The work of the Committee will focus on the healthcare of the whole workforce professional education and training, continuing professional development, scholarly enquiry and research, audit and evaluation.

3. ROLE

3.1 With regard to its role in providing advice and assurance to the Board around obtaining and maintaining university status, the Committee will comment specifically upon the following:-

3.2 Explore opportunities for the further development of collaborative activities between the members of the partnership, especially in relation to clinical services, research, teaching, innovation and improvement, providing advice thereon to appropriate decision-making bodies;

3.3 Working and collaborating with key partners in health, social care, local authorities, third sector, academia, as well as patients and patient representative groups;

3.4 Explore and identify opportunities for the development of the whole workforce;

3.5 Advise on matters relating to resources for existing or potential collaborative activity;

3.6 Build on existing work in developing opportunities for widening access and



increasing participation in health and social care education amongst local communities;

3.7 Explore opportunities for the development of collaborative activities in relation to research and to promote and plan for synergy in research;

3.8 Maximise the benefits of shared resources and expertise;

3.9 Monitor and facilitate the delivery of all aspects of undergraduate teaching and postgraduate training as delivered by the members of the partnership;

3.10 Promote excellence in education and training to develop a workforce with the capability and commitment to transform healthcare;

3.11 Build capacity for translational research across the integrated patient pathway that allows the Trust to compete at an international level;

3.12 Promote an outward-facing culture eager to build external links nationally and internationally with other clinical, academic and industrial partners;

3.13 Establish systems to recognise and reward innovation in education, research and practice, sharing best practice for stakeholders to learn from each other and facilitating the promotion of NHS clinicians to academic titles and academics to honorary clinical titles;

3.14 Establish specific task and finish groups, as necessary, to take forward any relevant initiatives;

3.15 Develop and agree a forward work programme, identifying key objectives and priorities

Corporate Risks and Audit Recommendation Tracker

3.16 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Sub-Committees

3.17 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.



4. MEMBERSHIP

Members

4.1 The core membership is a minimum of three members comprising:-

Chair	Non Executive Director
Members	At least two other Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:-

- Executive Director of Workforce and Organisational Development
- Director of Partnerships and Engagement
- Assistant Director of Research, Audit & Service Improvement
- Board Secretary
- Representatives from Academia

Other Directors and staff members will be invited to attend, either by the Committee or to present individual reports.

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

Two Trade Union partner representatives will also be invited to attend. The Committee may also co-opt additional 'external' invitees from outside the organisation to provide specialist skills, knowledge and expertise.

Secretariat

4.3 Secretary As determined by the Board Secretary

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.5 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

4.6 Terms and conditions of appointment, (including any remuneration and



reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

4.7 Should any Non Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will assume, upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related to the conduct of their role

5. COMMITTEE MEETINGS

Quorum

5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:



- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally to each Board meeting (as appropriate) on the Committee's activities, in a manner agreed by the Board. This includes verbal updates on activity, the submission of Committee minutes and referral of written reports where appropriate, and presentation of an annual report;
- bring to the Board's specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



Schedule 3.2

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders

AUDIT COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS



AUDIT COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Audit Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:

- the adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non clinical) designed to support the public disclosure statements that flow from the assurance process, including the Annual Governance Statement and the Annual Quality Statement, providing reasonable assurance on:



- the organisation's ability to achieve its objectives;
- compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government and others;
- the efficiency, effectiveness and economic use of resources; and
- the extent to which the organisation safeguards and protects all its assets, including its people,

and to ensure the provision of high quality, safe healthcare for its citizens;

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;
- the Schedule of Losses and Compensation;
- the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- the adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity;
- proposals for accessing Internal Audit services via Shared Services arrangements (where appropriate);
- anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by reviewing:

- all risk and control related disclosure statements (in particular the Annual Governance Statement and the Annual Quality Statement) together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.

3.3 In carrying out this work the Committee will primarily utilise the work of



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Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:

- the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the Trust's activities, both clinical and non clinical; and
- the reliability and integrity of these assurances.

3.5 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;
- the work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
- the systems for financial reporting to the Board, including those of budgetary control, are effective;
- the results of audit and assurance work specific to the Trust, and the implications of the findings of wider audit and assurance activity relevant to the Trust's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations' governance arrangements;
- monitor progress against the requirement of the Auditors' Management Letter;



- receive and review key Trust Annual Reports e.g. Trust Annual Report, Infection Control Annual Quality Statement; Annual Governance Statement and make recommendations to the Board for their adoption; and
- review the content of the Corporate Risk Register and obtain assurance that control measures are in place to mitigate all identified risks.

Corporate Risks and Audit Recommendation Tracker

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.7 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.8 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.9 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Access

3.10 The Head of Internal Audit and the Engagement Leads/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.

3.11 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.12 The Chair of Audit Committee shall have reasonable access to Directors and other relevant senior staff.



Sub Committees

3.13 The Committee may establish sub- committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board

4.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise e.g. Wales Audit Office, Internal Audit.

4.3 The Chair of the Trust shall not be a member of the Audit Committee.

Attendees

4.4 The core membership will be supported routinely by the attendance of the following:

- Director of Finance and Corporate Resources
- Board Secretary
- Head of Internal Audit
- Director of Operations
- Local Counter Fraud Specialist
- Representative of the Auditor General
- Trade Union Partners (x2)
- Other Directors will attend as required by the Committee Chair

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

By Invitation

4.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)



4.6 The Chief Executive (Accountable Officer) should be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.

4.7 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.8 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.



Member Appointments

4.9 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.10 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.11 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.12 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board business and calendar of meetings. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

5.3 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

Withdrawal of individuals in attendance

5.4 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank



discussion of particular matters.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including where appropriate joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information;

in so doing, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.5 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Committee shall provide a written, Annual Report to the Board and the Chief Executive (Accountable Officer) on its work in support of the Annual Governance Statement and the Annual Quality Statement, specifically commenting



on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



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Schedule 3.3

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS



CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In accordance with Standing Orders (and the Trust's Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee** "the Committee". The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. CONSTITUTION

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

2.2 The Welsh Ambulance Services NHS Trust is a corporate body in its own right. It is led by a Board of Directors comprising a Chairman, seven Non-Executive Directors, a Chief Executive, a Director of Finance & Corporate Resources and three other Executive Directors. The Trust acts as the Corporate Trustee of the Charitable Funds held on behalf of the Welsh Ambulance Services NHS Trust.

2.3 The purpose of the Committee is to make and monitor arrangements for the control and management of the Trust's Charitable Funds.

3. SCOPE AND DUTIES

3.1 Within the budget, priorities and spending criteria determined by the Trust as Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 and Charities Act 2011 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.

3.2 To ensure that the Trust policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:-

- Trustee Act 2000



- The Charities Act 1993
- The Charities Act 2006
- The Charities Act 2011
- Terms of the fund's governing documents

3.3 To oversee and monitor the functions performed by the Director of Finance and ICT and the Bids Panel as defined in Standing Financial Instructions.

3.4 To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.

3.5 To monitor and review the Trust's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

Corporate Risks and Audit Recommendation Tracker

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

4. DELEGATED POWERS AND DUTIES OF THE DIRECTOR OF FINANCE AND ICT

4.1 The Director of Finance and ICT has delegated responsibility for the Trust's Charitable Funds as defined in the Trust's Scheme of Reservation and Delegation and as detailed within the Charitable Funds Investment Policy. With support from the Bids Panel, the specific powers, duties and responsibilities delegated to the Director of Finance are:-

- That Charitable Funds held are managed and scrutinised appropriately
- Administration of all existing charitable funds.
- Provide guidelines in response to donations, legacies and bequests, fundraising and trading income.
- Responsibility for the management of investment of funds held on trust as detailed within the Charitable Funds Investment policy.
- Ensuring that the banking arrangements for the charitable funds are kept entirely separate from the Trust's NHS funds.
- Prepare reports to the Trust Board including the Annual Account.
- Make arrangements for independent audit at appropriate times.

5. AUTHORITY



5.1 The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;
- by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee; and
- establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. (Formal sub-committees may only be established with the agreement of the Board.) Reporting to the Committee is a Charitable Funds Bursary Panel whose duties and responsibilities are set out in the Bursary Scheme approved by Trust Board 28 January 2016. The Committee has also agreed a National Bids Approval Panel at its March 2019 meeting.

6. MEMBERSHIP

Members

6.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board

6.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6.3 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Attendees

6.4 The core membership will be supported routinely by the attendance of the following:

- Director of Finance and Corporate Resources
- Board Secretary
- Director of Workforce and OD



- Director of Operations
- Trade Union Partners (x2)

By Invitation

6.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

6.6 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

Member Appointments

6.7 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

6.8 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

6.9 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of any co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair {and, where appropriate, on the basis of advice from the Trust's Remuneration Committee}.

Secretariat and Support to Committee Members

6.10 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

7. COMMITTEE MEETINGS



Quorum

7.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of meetings

7.2 Meetings shall be held normally no less than twice in any financial year and otherwise as the Committee Chair deems necessary - consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

7.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

8.2 The Committee, through its Chair and members, shall work closely with the Board's other Committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- appropriate sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

8.3 The Committee will consider the assurance provided through the work of the Board's other Committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance,

8.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the board in their capacity as trustees. This may include, where appropriate, a separate meeting with the Board.

9.2 The Board Secretary, on behalf of the Board, shall oversee a process of



regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – as set out in section 7

11. REVIEW

11.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



Schedule 3.4

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS



FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Finance and Performance Committee (the Committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP);
- monitoring of the IMTP and ensuring achievement of key milestones;
- robustness of any cost improvement measures and delivery of key strategies and plans;
- ensure delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking; and
- scrutinise business cases for capital and other investment

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

Finance

- monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances;
- review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual



financial plan and budget setting and long term financial strategy, including the efficiency review implementation and required savings targets;

- monitor achievement and planning of both in-year and recurring cost improvement plans and efficiencies. The Committee shall review the proposals for future efficiency schemes and make recommendations to the Board as appropriate;
- ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting
- monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board;
- receive, review and ensure mitigation of financial risks of delivery of plans;
- monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation, and
- review performance against the relevant Welsh Government financial requirements

Performance

- review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance standards;
- monitor and review progress against the Trust's Integrated Medium Term Plan;
- review the effectiveness of the Trust's Performance Management Framework and receive assurance on the value of outcomes produced by the framework;
- monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;
- obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams; and
- consider and review all Corporate Risks which relate to those business areas which come under the scope of the Committee.

Planning

- oversee and contribute to the development of the Trust's Long Term Strategy and make recommendations to the Board;
- oversee and contribute to the development of the Trust's Integrated Medium Term Plan and make recommendations to the Board;
- review proposals for corporate objectives and delivery criteria and make recommendations to the Board as appropriate;
- develop and obtain assurance on the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee;
- review the Trust's strategies and plans and make recommendations to the



Board as appropriate and ensure that the financial considerations complement the business plans (this includes formally receiving all business cases that require approval by the Welsh Government and making recommendations to the Board regarding their annual submission to Welsh Government); and

- review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews.

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.6 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members



4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair Non Executive Director
Members Three further Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:

- Director of Finance and Corporate Resources
- Director of Operations
- Director of Strategy, Planning and Performance
- Trade Union Partners (x 2)

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:



- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the



Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwians Cymru
Welsh Ambulance Services
NHS Trust



Schedule 3.5

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders

PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS



PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the People and Culture Committee ('the Committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the NHS in Wales.

2.2 The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.

2.3 The Committee will also provide assurance to the Board on matters relating to partnerships and engagement, and in relation to the effectiveness of arrangements in place to ensure organisational wide compliance of health, safety and welfare requirements.

2.4 The Committee will approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the following:-



- development and implementation of the Trust's People and associated strategies and plans;
- champion the health and wellbeing of the workforce, monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff;
- development and implementation of the Trust's workforce plans and recruitment strategies;
- development, implementation, approval and compliance with workforce policies and procedures;
- monitor delivery of the Trust's strategic workforce priorities set out in the Integrated Medium Term Plan;
- monitor performance against key workforce indicators such as sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinarys and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern;
- champion the Trust's Strategic Equality Plan - Treating People Fairly, and support the work of networks and monitor progress against our equality, diversity and inclusion goals;
- consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed;
- receive and consider projects of major strategic organisational change where there is a significant impact on the workforce;
- monitor progress and seek assurance of an appropriate culture and arrangements to enable the Trust to discharge its statutory responsibilities regards the Welsh Language Standards, health, safety and welfare, equality and diversity, and relevant Healthcare Standards requirements;
- monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements;
- monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change;
- consider and seek assurance of the effectiveness of mechanisms used for measuring the experience of staff and volunteers and of plans in place to address areas of improvement;
- all matters relating to partnerships and engagement;
- monitor progress towards the achievement of the Trust's aspiration for University status and its relationships with educational partners; and
- any other matter in relation to the Committee's overall purpose and responsibilities.

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to



address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.6 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:

- Trade Union Partners (x4)
- Director of Workforce and Organisation Development
- Director of Partnerships and Engagement



- Director of Finance and Corporate Resources
- Director of Operations

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation (e.g. University representative) to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve



a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;



- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



Schedule 3.6

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS



QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Quality, Patient Experience and Safety Committee**. This Committee has a key assurance role on behalf of the Board in relation to the Trust compliance with the Commissioning Core Quality Requirements, the NHS Wales Health & Care Standards 2015 and working towards the required compliance of the Welsh Government Quality and Governance Bill. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The Committee is responsible for overseeing the improvement and outcomes in quality, patient experience, effectiveness and safety and delivering the Quality Strategy.

Its specific responsibilities are to provide:

- Evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to governance, quality and safety of healthcare;
- **Assurance** to the Board in relation to the Trust's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

2.2 The Audit Committee will need to have an effective relationship with this Committee to understand the processes in operation. The primary focus of this Committee in relation to risk is to:

- propose new policy when needed;
- monitor the effectiveness of risk management processes, both clinical and non-clinical; and
- intervene in the event of any risks arising which cannot be resolved by an



alternative group or body of the Trust.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

- oversee the Trust's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- consider the implications for quality and safety arising from the development of the Trust's corporate strategies and plans, or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board; and
- consider the implications for the Trust's quality and safety arrangements from review/investigation reports, external guidance and national reports and actions arising from the work of external regulators.

3.2 The Committee will, in respect of its assurance role, seek assurances that governance (including risk management, management of health and safety and security) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the Trust's activities, and that these are compliant with relevant legislation. Additionally, the Committee will provide advice and assurance on the reliability, integrity, safety and security of the information collected and used by the organisation.

3.3 The Committee will be responsible for monitoring the Trust compliance with the Mental Health Act and Code of Practice through the work of the Trust Mental Health Steering Group.

3.4 The Committee's programme of work will be designed to ensure that, in relation to all aspects of quality and safety:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organisation, at all levels (directorate/team/region/locality) has a citizen centred approach, putting patients, patient safety, quality of care and safeguarding above all other considerations;
- the care planned, or provided, across the breadth of the organisation's functions (including directorate/team/region/locality and those provided by the independent or third sector) is consistently applied, based on sound evidence, is clinically effective and consistent with agreed standards e.g. NICE, JRCALC etc;
- the organisation, at all levels (directorate/team/region/locality) has the right systems and processes in place to deliver, from a patients perspective – person centred, efficient, effective, timely and safe services;



- there is an effective clinical audit and quality improvement plan and function that meets the standards set for the NHS in Wales;
- there is good collaborative team and partnership working to provide the best possible outcomes for its citizens; and
- that any matters raised by the Medical Director, Director of Quality & Nursing or other Directors in relation to patient safety and clinical risk are considered and addressed promptly and fully.

3.5 **Annex A** sets out the main functions of the Quality, Patient Experience and Safety Committee

Corporate Risks and Audit Recommendation Tracker

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.7 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.8 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.9 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.10 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP



Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair Non Executive Director
Members Three further Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:

- Medical Director
- Director of Operations
- Director of Quality and Nursing
- Trade Union Partners (x 2)

4.3 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.4 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.6 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair, shall:

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- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two members must be present to ensure the quorum of the Committee. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the



Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In so doing, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook and national guidance.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



Annex A

The main functions of the Quality, Patient Experience and Safety Committee are to:

TO OBTAIN ASSURANCE:

- that the Health and Care Standards and Commissioning Quality Core Requirement are embedded Trust wide with actions taken in relation to any identified non-compliance;
- to provide assurance that the Trust is in compliance with the Mental Health Act and the Trust's Mental Health Improvement Plan;
- review the outcomes of clinical audits in line with the Trust's Clinical Audit and Effectiveness Plan;
- obtain assurance that the risks aligned to this Committee are supported with evidence of mitigation and controls assurance;
- assurance will be provided to the Committee by the Research and Development Forum with regards to the Trust's obligations for research and governance, as set out in the Welsh Government Research Governance Framework for Health and Social Care;
- review the outcomes of infection control audits and obtain assurance on the effectiveness of management actions relating to infection prevention and control;
- that recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
- that lessons are learned from patient experience information and patient safety and workforce related incidents, complaints and claims;
- on the Trust's safeguarding matters and where appropriate make recommendations for change;
- that the work of the Patient Experience & Community Involvement (PECI) arrangements and associated service user experience feedback is taken into account in the design and delivery of services, ensuring the full implementation of lessons learnt;
- on the arrangements for the management of health, safety and security and compliance with relevant legislation;
- that the workforce is appropriately selected, trained, supported and responsive to the needs of the service, and that professional standards and registration/revalidation requirements are maintained;
- progress of measures to improve data security and Caldicott performance against the Information Governance Toolkit;
- performance against indicators for clinical performance and clinical safety and assess the effectiveness of the relevant indicators



Schedule 3.7

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders

REMUNERATION COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS



REMUNERATION COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Remuneration Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Remuneration Committee (the Committee) is to provide:

- advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and
- assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change, ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government, are applied consistently;
- ensuring that there is a process in place which both sets Executive Directors and other VSMs objectives and subsequently assesses performance;
- proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of all termination/severance payments (including A4C) in accordance with the relevant Welsh Government guidance; with



regard to consideration of applications under the Voluntary Early Release Scheme, the Committee is authorised to approve all applications up to and not exceeding a value of £50k. Applications above that amount will be considered by the Committee and if endorsed will then specifically require WG approval.

- proposals in respect of any litigation claims in relation to any HR/employment matter which is not the subject of reimbursement by the Welsh Risk Pool.

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements. .

Sub-Committees

3.5 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair Trust Board Chairman

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Members Three further Non Executive Directors of the Board.

4.2 The Chairman of the Audit Committee shall be co-opted to the Committee with full membership powers.

Attendees

4.3 The core membership will be supported routinely by the attendance of the following:

- Chief Executive
- Director of Workforce and Organisation Development
- Board Secretary
- Trade Union Partner (x2)

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development



programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS



7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



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Emergency Ambulance
Services Committee

Annual EASC Update – WAST

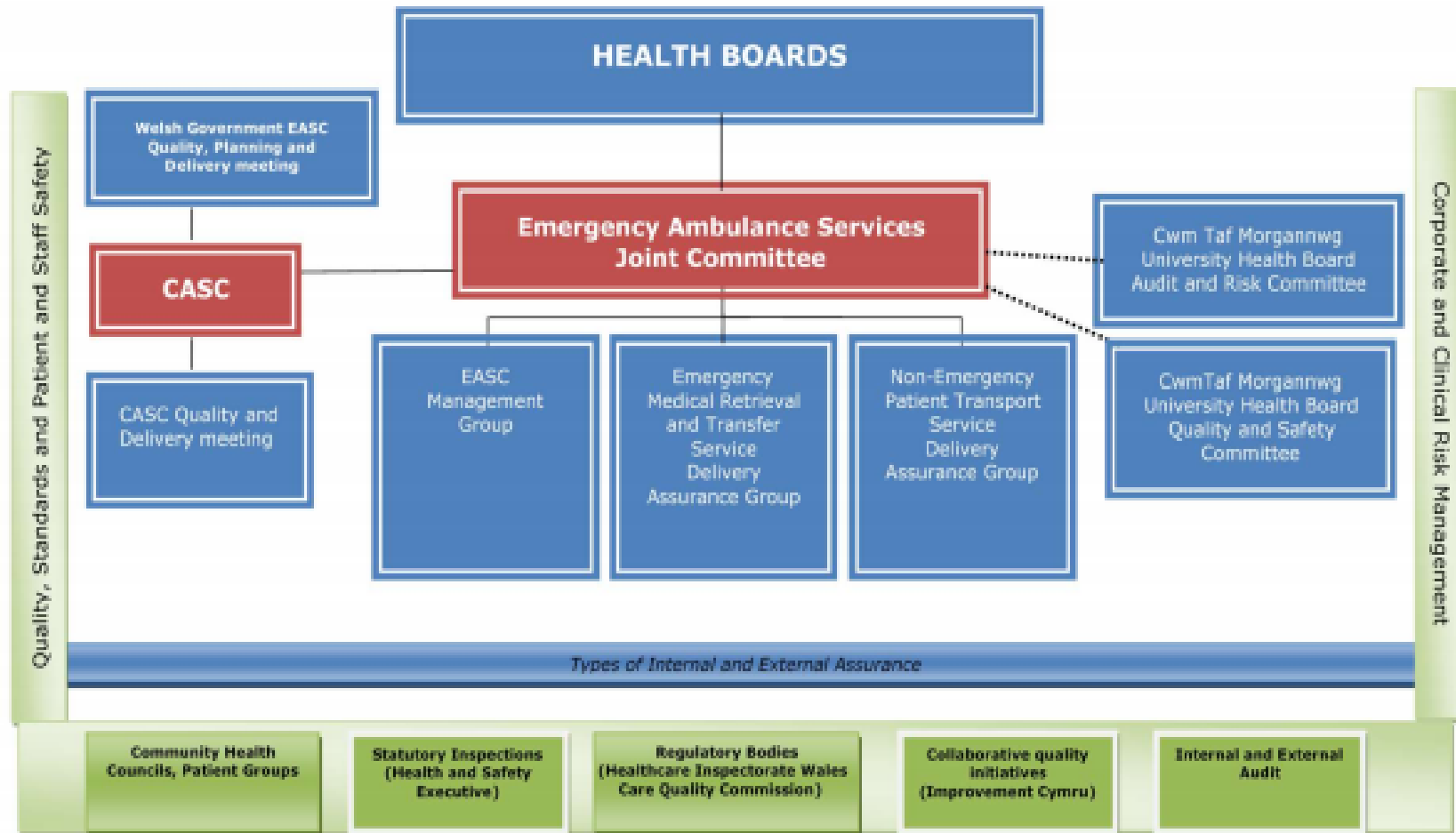
Chris Turner - Chair Emergency Ambulance Service Committee

Stephen Harry - Chief Ambulance Services Commissioner

27/01/2022



Governance



- The Emergency Ambulance Services Committee is a Joint Committee of all Local Health Boards (LHBs) in NHS Wales.
- The Welsh Ambulance Service NHS Trust are associate members of the committee, represented by the Chief Executive Officer.

Commissioned Services

- Emergency Ambulance Services (EMS)
- Non-Emergency Patient Transport Services (NEPTS)
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
 - Adult Critical Care Transfer Service

Minister's Priorities

- Planning arrangements around known/predicted peaks
- Better public messaging and education around use of services
- Better manage patients in community – remote clinical triage or advice and guidance from senior clinicians
- Maximise alternative community pathways or to directly refer patients to the right hospital setting.
- Develop outcomes measures for patients with time sensitive conditions.
- Develop a value-based approach to collaborative commissioning and exploring opportunities around levers for change as incentives and sanctions.
- Delivery of a more robust commissioning approach.

EASC Approach to Transformation



- General support for concept but implementation/delivery is key
- Transition period must strike the balance between core service delivery (remote and response) vs transformation
- Phased implementation with pauses to review impact
- Revised commissioning framework being developed to support this work

Urgent and Emergency Care



- How is your core service supported to deliver Goal 4?
- How does the concept of a mobile clinical service enable system progress with the goals?
- What opportunities exist for Gateway to Care and NEPTS?

111 Opportunities / Commissioning

- Opportunities for efficiency and sharing of resource for the benefit of the system and patients
- Commissioning arrangement for 111 need to be addressed first.
- Important to explain and gain system support for any integration of 999 and 111 i.e. clinical desks
- Transparency of activity, performance and resource for 111 should match 999

IMPT and Commissioning Intentions

- EASC IMTP 2022-2025 outlines priorities and plans for:
 - EMS
 - NEPTS
 - EMRTS
 - Transfer and Discharge
 - 111 Commissioning
 - System Change
- Commissioning Intentions for 2022/23 developed with WAST Teams
 - adopting a pragmatic and considered approach to the impact of resetting services and driving recovery
- Our expectation is that the WAST IMPT reflects the priorities of the committee

EASC Improvement Plan and Expectations

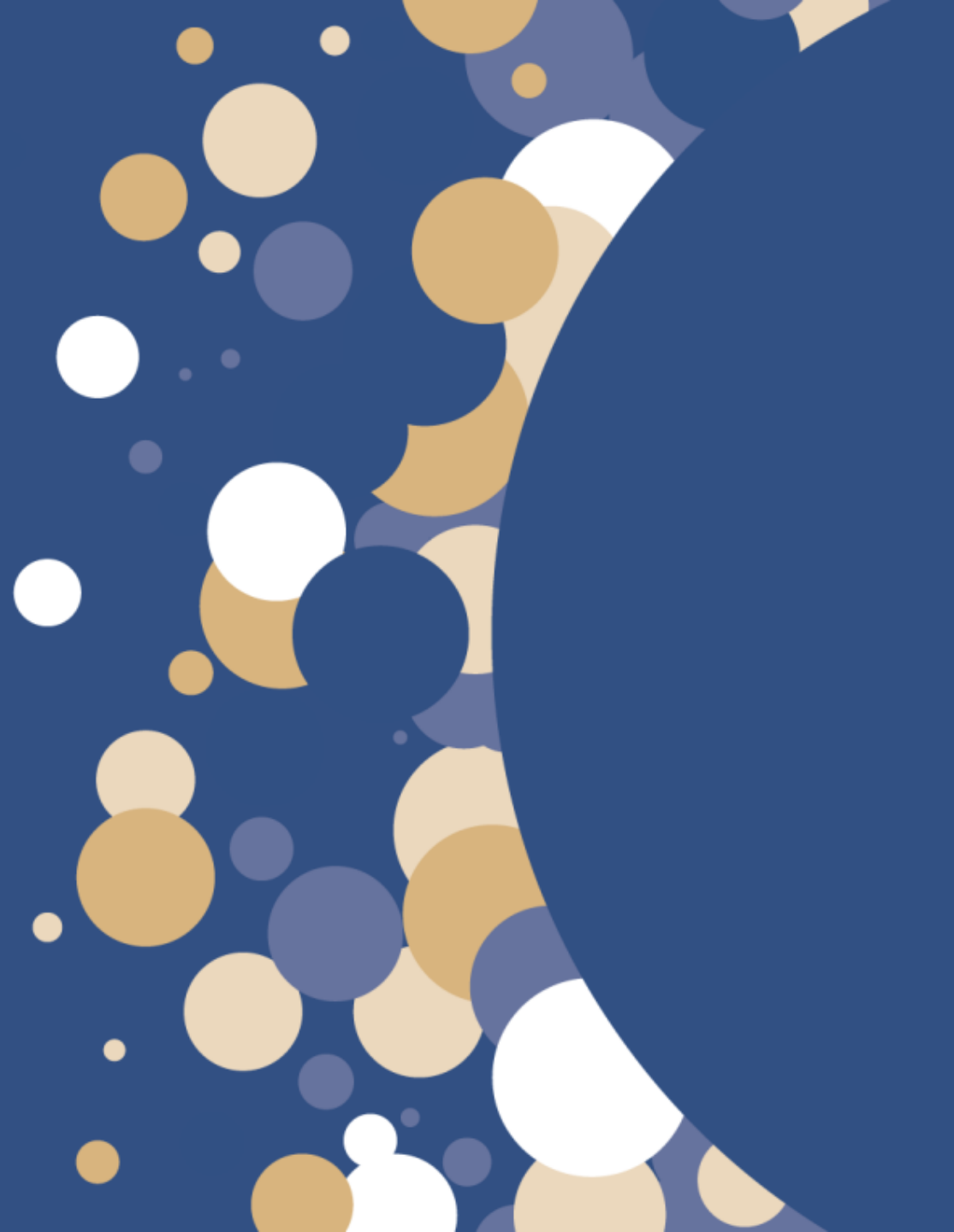
- **Handover Delays** – Commitment to deliver “red lines”
- **Demand and Capacity** - Efficiencies must be delivered to realise the benefits of investment
- **Remote Clinical Support & Physician Triage, Assessment and Screening (PTAS)** – Considered a core enabler and area for growth
- **Mental Health** – Balanced approach with system partners to address the 999 requirements for mental health demand
- **Utilisation** – To be the core metric for operational service delivery and improvement



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Questions?





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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

IMTP 2021-2024 Progress Report

MEETING	Trust Board
DATE	27 January 2022
EXECUTIVE	Rachel Marsh- Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Strategy and Planning
CONTACT	Alexander.Crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report it is to update the Board on the progress and delivery of actions in the 2021-24 IMTP, end of quarter three 2021/22 position. The report has been considered by the Finance and Performance Committee, who requested some further detail added around confidence of delivering into Q4.

RECOMMENDED:

That the Board:

1. Notes the progress made against the plan and the confidence in delivering further progress by the end of quarter 4;
2. Notes the progress of the developing 2022-25 IMTP.

KEY ISSUES/IMPLICATIONS

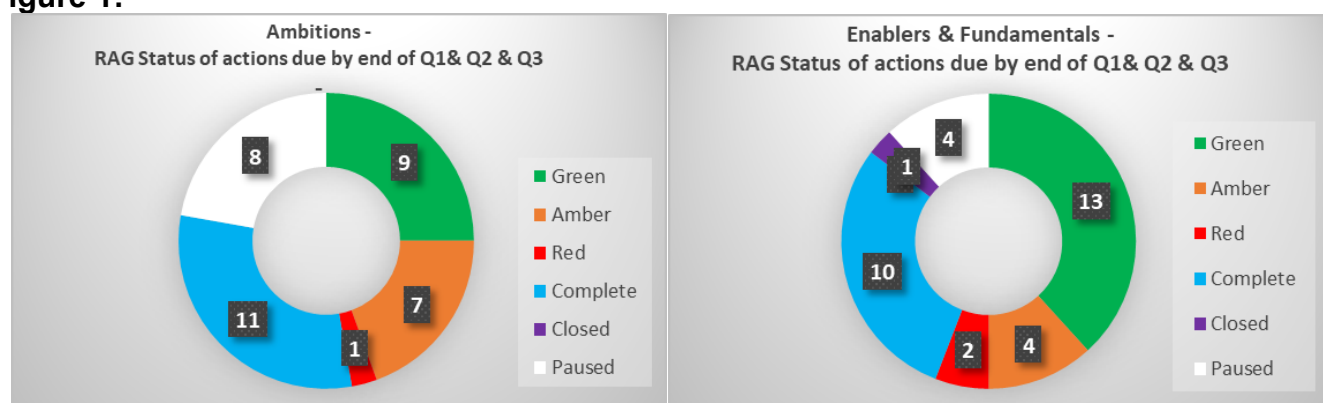
An IMTP delivery tracker has been established by mapping back all 2021-22 actions back into the agreed transformation and enabling programmes established within the Strategic Transformation Board (STB) structure.

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

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

The headline data on delivery due by **quarter three** can be seen in **figure 1 below**.

Figure 1:



Three actions are considered RED

- **Implement the new 111 system:** SALUS delivery has slipped until at least May 2022. New date to be agreed.
- This has therefore impacted actions to **deliver new interactive services to the 111 website via SALUS**

The Gateway to Care Transformation Programme continues to monitor the position and put in place mitigating actions.

- Develop a **Quality Strategy Implementation Plan** to support us to self-assess our progress with Quality Governance – Implementation Action Plan drafted, A small Quality,

Safety & Patient Experience (QSPE) Working Group has been initiated in November 2021 to accelerate progress, ahead of wider organisational consultation on actions proposed. Draft Implementation plan was endorsed at ADLT 10th January 2022, ahead of QUEST Committee in February 2022. **Noted key staff sickness, in addition to pandemic response is highly likely to delay this work further.**

In response to the continued REAP escalation status in Quarter 3, exacerbated by the emergence of the Omicron variant, a prioritisation exercise was undertaken and some actions within the IMTP were paused to release resources to support core functions as the Trust moved back to a pandemic response phase.

Deliverable tracker - Extract of actions due by end of Quarter 1, Quarter 2 & Quarter 3

The following table summarises the actions due by the end of quarters one, two and three.

Key: Red (Urgent attention required), Amber (In progress, off track), Green (In progress, on track), Blue (Complete), Grey (Paused - as per prioritisation exercise).

Ambitions		
Actions in 2021-22 falling due in Q1-3	Due By	RAG
EMS Operational Transformation Programme		
Develop demand and capacity strategy for the future (Forecasting & Modelling)	Q2	P
Develop a rural model and pilot in one area of Wales, aimed at improving red response times	Q2	P
In partnership, implement a range of modernisation practices to increase productivity- (Leading Service Change Together)	Q3	A
Develop plans and commence implementation of video consultation / consultant connect (or replacement)	Q3	P
Implement concept of Cymru High Acuity Response Units (CHARU) in order to secure improvement in Return on Spontaneous Circulation (ROSC) rates	Q3	G
Ambulance Care Transformation Programme		
Establish a NEPTS Transformation Programme Board	Q1	C
Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB	Q1	C
Identify the transport needs of non-eligible patients across Wales	Q1	C
Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs	Q2	G
Undertake a review of the transfer and discharges services in Aneurin Bevan	Q1	C
Undertake evaluation of Major Trauma Network	Q2	A
Deliver business case to Welsh Government for procurement of a new CAD	Q3	P
Develop in partnership with the NCCU a sustainable model to meet the needs of the future system for Transfer and Discharge across Wales	Q3	A

Gateway to Care Programme		
Roll-out core 111 service to BCU Health Board	Q1	C
Roll out core 111 service to C&V Health Boards	Q3	A
Complete the roll out of Contact First across Wales, including robust governance agreements	Q2	A
Develop a case for change for discussion with stakeholders on the integration of clinical teams	Q2	P
Recruit to operational and clinical leadership and governance structures and embed them fully	Q2	G
Recruit the agreed level of additional call takers and clinicians recruited to meet demand and to ensure that calls are answered promptly and call backs within agreed timeframes	Q3	A
Clinical Transformation Programme		
Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic	Q1	C
Consolidate the CCC rotation for the APP model and explore the most effective dispatch model (Dispatch model element to be paused)	Q2	G
Increase our Independent Prescribing capacity (min 5 new IPs funded)	Q2	G
Continue evaluation of the impact of Independent prescribing	Q2	C
Establish a programme for delivery for "Care Closer to Home"	Q1	C
Develop a business case to support Level 2 Falls Response Model across Wales	Q1	P
Develop a clinical indicator plan and audit cycle	Q2	G
Review of clinical response model (comparison with England)	Q2	P
Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services	Q2	C
Operationally implement the electronic Patient Care Record system for frontline response staff	Q3	G
Deliver an evaluation /visionary document of the all Wales opportunities to improve the health and care system for Older People from a WAST & system –partner perspective	Q3	C
Recruit clinical leadership and project management resources to support roll out of the Care Closer to Home programme across Wales	Q3	G
Develop a forward-looking workforce plan to deliver this service, including consideration of expansion of APP workforce	Q3	P
Complete roll out of the national Respiratory pathway and refresh of the national Falls pathway	Q3	A
Needs assessment for the implementation of the Clinical Strategy including Care Closer to Home and Epcr	Q3	C
Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding)	Q2	G
111 Digital Programme (Now contained within the G2C Programme)		
Implement the new 111 system: SALUS	Q2	R
Enablers & Fundamentals		
Actions in 2021-22	Due By	RAG

Our People		
Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response	Q1	Closed
Closed – Not complete Concept of "PAUSE" was not feasible. The objective is being progressed pursued via culture, behaviours, and wellbeing strands of work.		
Deliver the organisational change required to support the restructure of the Operations Directorate	Q2	G
Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues	Q2	C
Increase change management capacity and skills across the Trust to support the organisation to deliver the benefits of service transformation programmes of work	Q3	P
Produce a succession plan for the Trust, identifying key posts and opportunities and develop and approach to identify and manage talent	Q3	G
Innovation & Technology		
Roll out improved corporate communications, including Yammer	Q2	C
OnClick Major Incident training and Everbridge communication platform rolled out	Q2	C
Develop and transition towards a new operating model	Q3	G
Develop a Strategic Outline Programme	Q3	P
Deliver pilot activity to test new technology for each of the digital missions	Q3	G
Deliver new interactive services to the 111 website via SALUS	Q3	R
Deliver the new Control Room Solution as part of ESMCP	Q3	A
Submit the full business case (FBC) for Mobile Data Vehicle Solution	Q3	C
Build an improved single data portal, based on user need	Q3	G
Upgrade the 999 and 111 call platform resilience	Q3	G
Implement the recommendations of the Target Operating Model review	Q3	G
Infrastructure		
Implementation of 111 solution for BC UHB (Ty Elwy)	Q1	C
Commission Cardiff Make Ready Depot (MRD) facility, October/November 2021	Q3	G
Develop OBC for Swansea MRD Replacement	Q3	A
Full Business Case approval for the South East Fleet Workshop solution.	Q3	A
Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East	Q3	A
Partnerships & Engagement		
Engage with new Government and opposition party representatives post 2021 Senedd elections	Q2	C
Support the review of national, regional and local escalation arrangements	Q2	G

Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements	Q1	C
Extend existing contracts and recruit to fill vacancies in ODU (subject to funding)	Q2	G
Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021	Q2	C
Potentially extend the contract in agreement with the Welsh Government, Test Trace Protect (TTP) Wales and Department of Health and Social Care (DHSC) if service is required beyond August 2021	Q1	C
Develop a plan for engaging on our strategic ambition statements with system partners, with formalised links into primary care and key programmes of work around urgent and emergency care	Q3	G
Revise the organisational Engagement Framework, testing the approach with stakeholders and the public prior to Board	Q3	G
Fundamentals		
Revise the Trust Quality Strategy to align with the Bill	Q1	C
Develop a Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance	Q3	R
Implementation of the Once for Wales Service User Experience System	Q3	G
Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan	Q2	P
Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources	Q2	P

Finance and Performance Committee received a detailed assurance report from the individual transformation and enabling programmes that are monitored through STB on 20th January 2021. The Committee requested that an assessment of the confidence in delivering Amber rated actions by the end of Quarter 4 be provided to the Board.

Altogether there are 20 deliverables that are reported Amber at end of Quarter 3. 11 of these were due by end of Quarter 3(Including Q1 & Q2) as reported to Finance and Performance Committee on 20th January 2022 and an additional 9 that are due by Quarter 4. These have been reported Amber due to combination of various factors, i.e. due to complexity, risks and uncertainty involved and in some cases the capacity to complete them in time as planned, driven by a re-prioritisation of resources focussed around operational pressures and new emerging priorities (for example the Performance Improvement Plan). Some delays were also driven by external factors such as supply chain delays.

To ensure we are able to deliver the priorities set out in the IMTP, the transformation programmes (Ambitions) and Enabling programmes have reviewed the status of this year's deliverables and determined whether they will be completed by Quarter 4 or rolled over into next year's deliverable, or alternatively whether the environment has determined that the action/milestone is no longer a priority to be closed. This provides robust governance and continuity of purpose aligned to our long-term strategy.

For the 20 deliverables reported Amber there is currently a high degree of confidence that the following will be completed by the end of Quarter 4:

- Roll out core 111 service to Cardiff & Vale University Health Board
- Design and procure the WAST Local Data Resource as part of the National Data Resource (Q4 delivery)
- Full Business Case approval for the South East Fleet Workshop solution.
- Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East

The remaining actions/milestones will not be completed in full but there has still been good progress made in elements of the plan including:

- EMS Demand and Capacity projects - good progress is being made with the overall plan projecting to achieve the target of closing the relief gap. Further workstreams will continue in year 3 (2022/23) of programme (albeit some of this is dependent on commissioner agreement of the Transition Plan).
- Pathways - the National Non-Injury Falls Pathway will be rolled out by end of Quarter 4 and the National Respiratory pathway continues to make good progress and will be further developed beyond Aneurin Bevan UHB and Cwm Taf Morgannwg UHB.

Taking into account the impact of COVID-19 and operational pressures good progress has been made by the ambitions and enabling programmes and the review has ensured that the continuity of strategic delivery is maintained in determining the priorities for next year's plan.

Risks

Key risks to delivery include:

- **Securing stakeholder support** – the key lines of communication are with our commissioners and Welsh Government and we maintain regular meetings with the CASC both informally and formally to progress plans, as well as with key stakeholders in our 111 service.
- **Ongoing impact of COVID-19 and Demand for our services increasing** – we routinely ensure intelligence including forecasting and modelling allows us to predict the impact of future waves and take action accordingly, including resourcing through the MACA, fire service and students. The latest wave has also led to some IMTP delivery to be paused to enable a focus on operational delivery.
- **Capacity to deliver change** – corporate infrastructure funding was made available including additional resources to support change in the Transformation Support Office, where two new project managers are now in post enabling full support across all of the major transformation programmes. Where there are any gaps in capacity these are escalated to STB where resources can be prioritised as required.
- **External factors such as handover delays** – this is one of the highest corporate risks and difficult for WAST to directly influence, however some action is being taken through WIIN and we continue to escalate and manage flow through the ODU. The EMS Transition Plan recently approved through Board sets out a plan for 2022/23 in light of ongoing handover delays.
- **Policy change as a result of the election** – this risk has not materialised and can potentially close at STB, as the Minister's Priorities are built into Welsh Planning guidance and our plans will reflect these and there has been broad support for the ambulance service, in the face of growing pressure on Welsh Government around ongoing system wide performance issues.

- **Financial risks** – these are managed by the Finance directorate and set out in finance performance reports to the Committee.

IMTP 2022-25

The IMTP for 2022-25 is currently being developed as follows:

- Transformation programmes have reviewed their in-year priorities to establish a baseline position for 2022/23;
- Important areas of work that have been delayed or paused will roll over into 2022/23;
- Programmes have finalised their initial assessment year 1 (2022/23) priorities and are now focussing on the priorities that will be required in years 2 and 3 of the plan;
- A range of engagement sessions have taken place (and continue to take place) in developing the plan with the Board, commissioners, our people and through our PEGI team.

The plan is built up based on a series of drivers for change including the risks WAST is managing, trends in quality, safety and operational performance, what our communities and our people say is important to them, national legislative and policy direction, EASC and other commissioning intentions and our own strategic ambitions.

The plan will set out the key deliverables required to address these challenges across EMS, Ambulance Care and 111 supported by enabling programmes, underpinned by deliverables that further enhance the fundamentals of the organisation (i.e. Quality Driven, Clinically Led, Value Focussed).

A draft of the plan will be further considered at Board Development sessions on 25th January and 18th February 2022, ahead of an additional Board meeting on 25th February 2022, where a more advanced version of the plan, particularly the financial plan, will be presented for endorsement ahead of the requirement for the CEO to confirm, by letter to WG, our ability to submit a balanced plan by the new deadline of 31st March 2022. A final plan will be brought before the Board on 24th March 2022 for approval.

The timetable therefore for governance and approval of the plan is as follows:

Action / Milestone	When?
Board Development IMTP session	25 th January 2022
Trust Board (IMTP progress paper to include update on draft plan)	27 th January 2022
Board Development IMTP session	18 th February 2022
Additional Board meeting (ahead of CEO letter to WG)	25 th February 2022
CEO Accountability Letter to WG	28 th February 2022
EASC for endorsement	15 th March 2022
F&P for endorsement	17 th March 2022
TU Partners review of final draft	TBC March 2022
Trust Board approval	24 th March 2022
Final IMTP – submit to WG	31 st March 2022

REPORT APPROVAL ROUTE
Strategic Transformation Board 6th January 2022 Finance and Performance Committee 20th January 2022

REPORT APPENDICES

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



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NHS Trust

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	27 th January 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Trust Board with a position statement in respect of the Trust's Corporate Risks which have been aligned to the Board Assurance Framework (BAF).

RECOMMENDATION:

2. **Members are asked to receive assurances on the contents of the report; specifically relating to:**
 - a) The risk management activity since the last Trust Board in November 2021.
 - b) The BAF report.

KEY ISSUES/IMPLICATIONS

3. The Risk Management and Board Assurance Framework improvement programme was supported as the direction of travel at the Audit Committee in December 2021 and a progress report will be submitted for consideration at the meeting in June 2022.
4. The immediate priority is a detailed review of each of the Corporate Risks and the development, testing and implementation of the Once for Wales Risk Datix Module.
5. A programme of work has commenced to strengthen the articulation of the Trust's highest scoring and any new Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks and all new risks.
6. A number of sessions were scheduled to take place during November and December 2021 to begin this work; however, these were stood down due to REAP 4 pressures and requirements. These sessions are being rearranged to take

place at the beginning of February 2022 and key individuals are asked to attend to ensure that the timetable of review agreed with the Trust Board is met.

7. A temporary Risk Officer has been appointed until the 31st March 2022 to support the Corporate Governance team with these priorities. The substantive post will be advertised for appointment to commence 1st April 2022.
8. Principal risks were considered by the following Committees during the reporting period.
 - a) **Audit Committee** (2nd December 2022)
 - b) **Finance & Performance Committee** (20th January 2022)

REPORT APPROVAL ROUTE

9. The report has been considered by:
 - EMT – 19th January 2022

REPORT ANNEXES

10. An SBAR report is attached to this Executive Summary.
11. A short summary table describing each of the 16 Corporate Risks is contained in Annex 1.
12. The BAF Report is detailed in Annex 2.

REPORT CHECKLIST

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

- 1 The purpose of this report is to provide the Trust Board with a position statement relating to the Trust's Corporate Risks, which are aligned to the Board Assurance Framework (BAF).
- 2 An extract from the Corporate Risk Register (CRR) is detailed in Annex 1 as a short summary report.
- 3 A further extract from the Board Assurance Framework (BAF) report is included in the paper in Annex 2.

BACKGROUND

- 4 The Risk Management and Board Assurance Framework improvement programme was presented to the Audit Committee in December 2021 and was supported. A progress report will be presented to the June 2022 Audit Committee.
- 5 The immediate priority is a detailed review of each of the Corporate Risks and the development, testing and implementation of the Once for Wales Risk Datix Module.
- 6 A programme of work has commenced to strengthen the articulation of the highest scoring Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks and all new risks.
- 7 Work continues with the Assistant Directors Leadership Team (ADLT) to review and report Corporate Risk activity to the Executive Management Team (EMT), each of the Committees and Trust Board through the mechanism of the BAF report alongside the electronic Datix E-Risk module.
- 8 The ADLT continue to undertake risk assessments on all new risks in addition to reviewing changes to existing risks and mitigating actions.

ASSESSMENT

- 9 There are currently 16 Corporate Risks on the register which are described in the summary table in Annex 1 as at 18th January 2022; these have been extracted from the Datix E-Risk module.
- 10 Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is primarily due to the pressure in the unscheduled care system and long handover delays at Hospital Emergency Departments.
- 11 Further sessions are planned during February 2022 including key individuals to continue the work to reassess these two risks in their entirety. Firstly, to determine new titles and secondly to clearly articulate the risk and description.

A set of proposals will be submitted to the Executive Management Team for discussion ahead of presentation to the Trust Board.

- 12 A desktop exercise has been undertaken to determine how these risks are assessed by Health Bodies on their Corporate Risk Registers and this information will factor into the review sessions along with other Ambulance Services handling of such risks.
- 13 A similar exercise is underway to review Risk ID 199, 316 and 160 as a priority with the remaining Corporate Risks to follow suit.
- 14 The reporting timetable for the review of the work undertaken to rearticulate Risk ID 223, 224, 199, 316 and 160 and the strengthening of controls and assurances is as follows:
 - ADLT – 21st February 2022
 - EMT – 9th March 2022
 - Trust Board – 24th March 2022
- 15 A further working group will be established for the review and rearticulation of the Trust's Reputational Risk, ID 201. The outcome of this work will then be reported during the May 2022 Committee and Board reporting cycles.
- 16 A new risk has been developed during the period which is Risk ID 458 - *Confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning*. This is undergoing assessment and consideration by ADLT and EMT and will be presented to the next Trust Board in March 2022.
- 17 Work is ongoing to consider and develop potential new Risks for inclusion on the CRR and consideration will be given during the coming weeks to the following:
 - *Patient Safety/Putting Things Right Team*
 - *NHS Decarbonisation*
 - *Supply Chain Issues – Digital Equipment*
 - *Securing Stakeholder Support to Deliver the Strategy and IMTP*
 - *Capacity to deliver change (IMTP)*
 - *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP)*
- 18 Discussions are continuing on Cyber Risk with a view to potentially escalating this risk to the CRR.
- 19 In addition, a review of Risk ID 100 will be undertaken to take account of discussions with Executives and at the Finance & Performance Committee meeting on 20th January 2022, particularly in relation to the title and scoring.
- 20 The outcome of the work described in paragraphs 15 to 19 will be reported during the May 2022 reporting cycles.
- 21 No Risks have been de-escalated to Directorate Registers or escalated to the

Corporate Register during this period.

- 22 One Corporate Risk is recommended for closure, this is Risk ID 225 *On-Call CCA ability to cover 24/7 command* given that the new Duty Operational Manager structure is in place and there is sufficient capacity to enable appropriate cover. The risk has reduced in score from a 16 to an 8 and has reached its target rating and is within tolerances.

RECOMMENDED:

- 23 **Members are asked to receive assurances on the contents of the report; specifically:**
- a) **The risk management activity during the period.**
 - b) **The BAF report.**

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	16 (4x4)	People and Culture Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	16 (4x4)	Finance and Performance Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Finance & Corporate Resources	16 (4x4)	Finance and Performance
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	15 (3x5)	People & Culture Committee

CORPORATE RISK REGISTER: Summary

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	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)	Finance & Performance Committee
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST.	Service Developments	Planning and Performance	12 (3x4)	Finance and Performance Committee
139	Failure to Delivery our Statutory Financial Duties in accordance with legislation	Statutory Duties	Finance and Corporate Resources	12 (3x4)	Finance and Performance Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	12 (3x4)	Finance and Performance Committee
424	Resource Availability (capital) to deliver the organisation's IMTP	Service Developments	Planning & Performance	12 (3x4)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical & Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
109	Resource availability (revenue) to deliver the organisations IMTP	Service Developments	Planning and Performance	8 (2x4)	Audit Committee; Finance and Performance Committee
225	On-call CCA ability to cover 24/7 command (CRR62)	Business Continuity	Operations Directorate	8 (2x4)	People and Culture Committee

Annex 2 – Board Assurance Framework begins at the top of the next page (8)


Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
223	Unable to attend patients in community who require See & Treat ASSIGNED TO: EXECUTIVE OWNER: LEE BROOKS COMMITTEE: QUEST DIRECTORATE: OPERATIONS	20 4x5	25 5x5	10 2x5	Last reviewed on Datix: 07/01/22 1. Welsh Government have set a target that ambulance handovers at ED will be no longer than 15 minutes. 2. Commissioning intention to reduce total lost hours at Welsh Hospitals do not exceed 150 hours per day.	<ul style="list-style-type: none"> 2016 Welsh Health Circular 2021/22 Commissioning Intentions Deep Dive x2 Risks - QUEST Presentation. ADLT and EMT review. Ambulance Taskforce Red immediate release request refusals now being recorded on Datix. Datix recording all handover delays over 6 hours. Weekly review of the impact of hospital waits data shared with the Chief Operating Officers group. Weekly report to CEO and EMT and ADLT. Return to response – monitor phase of Pandemic Plan Re-establishment of the Pandemic Structures Health Board to Health Board Executive reports. Directors Peer Group meetings 	<ul style="list-style-type: none"> Continue to engage in improvement work at Health Board level and as part of the EDQDF. Leading Service Change Together programme of work is being developed in partnership. No outputs as yet as the programme is underway but the expectation is that modernisation proposals will be agreed to achieve internal, improved staff wellbeing and welfare, patient safety and organisational improvements by Q3 of 2022. Schedule of workshops to be agreed by the working group. ADLT to report outcome of the programme to Executive Management Team in Q1 of 2022.
		QTR 2 19/20	QTR 4 21/22	QTR 2 21/22			
					3. Regional Escalation Protocol agreed between each Health Board and utilised by ODU to dynamically divert between Health Boards and manage system flow. The implementation of a risk based RES to incorporate an ambulance distribution framework that is intelligence led to help to improve the safe delivery of services to all patients requiring unscheduled care.	<ul style="list-style-type: none"> Daily 11am conference calls to agree RES levels in conjunction with HBs which is published in the On-call structure daily. It is used to determine delays in the system. 	<ul style="list-style-type: none"> Development and pilot of a Rural Model (p18 of IMTP) Paper has been submitted to Commissioner on pilot for consideration by Director of Planning & Performance. The pilot is managed by Ben Collins, Interim Ambulance Operations Manager for Powys.
					4. REAP (Resource Escalation Action Plan – hyperlink the document?)	<ul style="list-style-type: none"> REAP level is reviewed on a weekly basis by Senior Operations Team and can be dynamically reviewed by the Strategic Commander at any point. 	<ul style="list-style-type: none"> Exercise scheduled for 13/10/21 to test REAP as part of winter planning exercise linked to demand forecasts. The plan is subject to annual review and the current review commencing September 2021.

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	Title and Description	Initial	Current	Target			
					5. The Operational Delivery Unit is the first point of contact for all escalation issues and work is underway in October 2021 to become a 24/7 service. Escalation by the on-call system as and when required. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.	<ul style="list-style-type: none"> The On Call OOH rota is bolstered by clinical and some corporate services. Duty Operations Manager appointed. Shift reports received by Exec, SOT and On-Call team from ODU at start/end as well as ODU Dashboard. 	
					6. Alternative care pathways in place to provide safe clinical admission avoidance and available through the Consultant Connect App. This in addition to the Clinical Support Desk and Operational Advanced Paramedic Practitioners.	<ul style="list-style-type: none"> Reports from Health Informatics on use of national pathways. Care Closer to Home Group developed and implemented alternative pathways providing consistency across the organisation. Monitored through programme of work and conveyance APP dashboard monitors collective and individual patient disposition. Senior Paramedics in place and conducting operational contact shifts with their teams and encouraging use of alternative care pathways. Consultant Connect provide regular reports on the use of the app. 	
					7. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111). Enhanced the 111 services through the 111 initiative.	<ul style="list-style-type: none"> CSD rates monitored through AQIs and number unique visits to the 111 Wales website as described in the performance report. The EASC AQI report is an output. 	<ul style="list-style-type: none"> 111 element to be reflected in the performance report.
					8. Developing community resilience in line with the 5 year Volunteering Strategy to reach patients sooner who require help when we can't get a resource to them.	<ul style="list-style-type: none"> Operations Manager Community Support – CFRs and Operations Manager Community Support – Alternative Responders. Volunteering Team is focussed on community resilience. MOU with St John Ambulance and Fire Services. Volunteer Strategy signed off. 	<ul style="list-style-type: none"> The action plan to support implementation of the volunteer Strategy is awaiting sign off by Trust Board on 30th October 2021 and will be monitored by People & Culture Committee.
					9. Clinical Safety Plan replaces the Demand Management Plan bringing WAST in line with other UK Ambulance Trusts. Introduction of ETA scripting enables patients to make an informed choice.	<ul style="list-style-type: none"> Optima modelling. Clinical agreement to escalate into higher levels. Live reporting through the ODU dashboard. Calls received Vs attended calls attributed to alternatives to dispositions and DMP. AACE paper through National Director of Operations group. 	

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					10. Increasing capacity in our EMS Service through internal reconfiguration and recruitment (p18 of IMTP). Work with external partners and agencies.	<ul style="list-style-type: none"> Monitored through the EMS Transformation Board. Seasonal planning approach incorporated into Senior Pandemic Team. Tactical Approach to Production. Winter modelling and forecasting through Optima. Performance Improvement Plan. 	<ul style="list-style-type: none"> Considering additional actions through the Trust's Tactical plan and the Performance Improvement Plan which are both reported and considered by the Senior Pandemic Team and reported to the Executive Pandemic Team. Monitoring those plans on a weekly basis. Expansion of numbers of clinicians (paramedics) into CSD to increase ability to triage greater number of calls having benefits for patients Additional Military Support request made for 250 personnel.
					11. Bi-Weekly SCIF meetings	<ul style="list-style-type: none"> Outcomes reported to the Patient Safety Learning and Monitoring Group and then to the Clinical Quality Governance Group. Quarterly Scrutiny Panels are held led by NEDs. Patient Safety Highlight report for Trust Board and Committee and Chief Executive Report to EMT. By Claire Roche weekly. Monthly meeting to discuss the information shared through SCIFs at the WAST and Health Board Patient Safety Meetings. Identified Learning is cascaded to the appropriate department or Directorate. 	
224	Patients delayed on ambulances outside A&E Depts (CRR57) ASSIGNED TO: EXECUTIVE OWNER: LEE BROOKS COMMITTEE: QUEST DIRECTORATE: OPERATIONS	20 4x5 QTR 2 19/20	25 5x5 ↔ QTR 4 21/22	10 2x5 QTR 4 20/21	Last reviewed on Datix: 07/01/22 1. Welsh Government target that ambulance handover at ED will be no longer than 15 minutes 2. Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments 3. REAP (Resource Escalation Action Plan) and Demand Management Plan in place 4. Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans 5. Alternative pathways in place 6. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111)	1. CEO letters to Health Boards. 2. CEO to CEO meetings. 3. Ambulance Task Force. 4. Medical Director/ COO/Nurse Directors meetings. 5. Visits to HB Quality Committees. 6. Joint Investigation Framework. 7. Deep Dive x2 Risks - QUEST Presentation (Feb20). 8. Regional Escalation Protocols - Establishment of Operational Delivery Unit (ODU) in WAST. 9. Demand Management Plan (DMP) and clinical review of no sends (DMP 4 and above) 10. Significant incident declared on 03/12/20 as a result of whole system pressure and escalation to REAP 4	1. WAST exploring the possibility of cohorting patients delayed outside EDs on agency vehicles managed by agency paramedics 2. Transforming and modernising our service offer, including Mobile Urgent Care (p19-20 IMTP) 3. Working with the system to consider how we can support the Welsh Access Model and implementation of Contact First across Wales (p16 & 18 IMTP)

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
					<p>7. Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles)</p> <p>8. SAls identified as being directly due to hospital handover delays are reassigned (in the form of an Appendix B) to the respective Health Board to investigate</p> <p>9. SOP for managing patients on the back of ambulances</p> <p>10. Lost hours due to Hospital Handover Delays are reviewed routinely by senior operational management team</p> <p>11. Operational Delivery Unit (ODU) having oversight of the Regional and National positions, enabling live review of demands and delays, and arranging redirection of crews and resources as appropriate</p>	<p>for a sustained period throughout Dec20 into mid Jan21.</p> <p>11. Extended hours of opening in ODU and recruitment to commence imminently.</p> <p>12. Tactical Approach to Production (TAP)</p> <p>13. One additional UCS capacity in place by SJC through existing MOU agreed by EMT for 6mths Apr-Sept21.</p> <p>14. Duty Operations Managers (DOMs) appointed and induction commencing May 2021. Senior Paramedics recruitment & induction also underway.</p> <p>15. Weekly review of the impact of hospital waits data shared with COO group</p> <p>16. Red immediate release request refusals now being recorded on Datix</p> <p>17. Datix of all handover delays over 6hrs</p> <p>18. HIW undertaking a review of patient experience as a result of handover delays</p> <p>19. The role of the Operational Delivery Unit</p> <p>20. Transforming and modernising our service offer, including Mobile Urgent Care</p> <p>21. Working with the system to consider how we can support the Welsh Access Model and implementation of Contact First across Wales</p>	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
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	Title and Description	Initial	Current	Target			
199	<p>Compliance with Health & Safety legislation</p> <p>ASSIGNED TO: EXECUTIVE OWNER: CLAIRE ROCHE COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY & PATIENT EXPERIENCE</p>	20 4x5	20 4x5 ↔	10 2x5	<p>Last reviewed on Datix: 23/12/21</p> <ol style="list-style-type: none"> Leadership and direction set by Executive Management Team and Head of risk and H&S. Health and Safety Governance structure (National Health and Safety Committee Meeting and Regional Meeting held in Q3& Q4 2020/2021. Structure and arrangements reviewed with view of implementation Q2 2021/22. Health and safety Policy and topic specific policies and procedures. Health and Safety mandatory training IOSH health and Safety training for Managers and Leaders. IOSH Managing Safely re-established March 2021. Programme for IOSH Leading Safely training for SMT and Execs under development view of implementation Q1 2021/22. Local H&S Inspections (COVID secure inspections undertaken) Rolling programme of H&S Review visits -(temp suspended to COVID). Rolling programme of inspections to be developed for 2021/22. Health and Safety improvement plan actions incorporated into draft H&S Transformation Plan. Plan presented at TU Cell, National HS Committee, Local risk assessments (COVID) Workplace Risk assessments prioritised rolling programme in place, monitored at SPT meetings. RA facilitation workshops held in May & June to assess scope of Ra/SOPS required for EMS and NEPTS activities. Two H&S Coordinators fixed term contracts cease on 31 August 2021. Serious incident investigation template developed. Working Safely paper presented at EMT on 16.06.21 Head of H&S appointed 18.06.21 	<ol style="list-style-type: none"> Internal Audit Reports – <i>dates to be included</i> External Audit Reports HSE Visits / Inspections Local Authority Inspections HSE Covid Learnings Report / Trust Position Report Working Safely Report presented to EMT on 16/06/21 Local H&S Inspections – scope of inspections strengthened Rolling programme of H&S Review visits Health and Safety improvement plan Monitored through Health & Safety Committee, QuEST, EMT and ADLT. Health & Safety Committee received a draft review of the Health & Safety Improvement Plan for initial approval. Due to be presented to EMT for final approval. HSE CoVID Learning Report / Trust position report. Local Risk Assessments Health & Safety mandatory training IOSH Health & Safety Training for managers and Leaders Draft transformation plan Working safely action group established Local Risk Assessments <p>Health & Safety Governance Structure reviewed to strengthen existing arrangements for implementation Q2 21/22</p>	

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	Title and Description	Initial	Current	Target			
					20. Funding agreed to resource Working Safely Programme 02.08.21 21. Working Safely Programme board established 03.08.21 22. Working Safely Dynamic Delivery Action Group established 10.08.21 23. Working Safely Programme Manager Appointed 17.08.21. 24. IOSH Leading Safely Training piloted 13.08.21 25. WAST Leading Safely Behavioural audits training piloted 13.08.21		
316	Increased risk of personal injury claims citing COVID exposure ASSIGNED TO: EXECUTIVE OWNER: CLAIRE ROCHE COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY & PATIENT EXPERIENCE	20 5x4 QTR 2 20/21	20 5x4  QTR 4 21/22	12 3x4 QTR 4 20/21	Last reviewed on Datix: 24/12/21 1. RIDDOR Investigation Tool trailed with developments undertaken to undertake amendments to accommodate 111 and strengthen Corporate investigation criteria. 2. Amendments made to tool January 2021 to incorporate MRD, MTU and include vaccination information. 3. Group established to investigate backlog of cases. 4. Central coordinator assigned to manage retrospective cases. 5. Operational staff members appointed to assist with completion of COVID Investigation tools. 6. Shielded staff member appointed and trained to review COVID investigations 7. Volume of cases challenging for staff to undertake a thorough investigation during periods of high operational demands. 8. Operational central coordinator appointed in Jan 2021 to coordinate backlog of retrospective cases. 9. Several changes in designated coordinators and support teams throughout Q4 20.21 - Q2 2021/22	1. Outbreak Management SOP 2. SBAR Trust Cleaning Provision Options V5 Oct 30 19 3. IPC Policy reviewed and updated 4. Competencies for Fit Testing on ESR 5. IPC Group feeds into QUEST 6. IPC Improvement Plan and monitoring 7. Pandemic Plan 8. HSE - RIDDOR Regulations 2013. 9. Local Authority local inspections 10. Regional Groups previously established to review and RA suitability and integrity of donated PPE. 11. Pan Wales group established to discuss RA's and information share	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
160	<p>High Sickness Absence Rates</p> <p>ASSIGNED TO: EXECUTIVE OWNER: CLAIRE VAUGHAN COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: WORKFORCE & OD</p>	<p>16 4x4</p> <p>QTR 1 19/20</p>	<p>16 4x4</p> <p>QTR 4 21/22</p>	<p>12 3x4</p> <p>QTR 4 19/20</p>	<p>Last reviewed on Datix: 01/01/22</p> <ol style="list-style-type: none"> 1. Sickness Absence Policy. 2. Sickness Action plan. 3. Health and Wellbeing Strategy. 4. Operational Workforce Recruitment Plans. 5. Roster Review & Implementation. 6. Monthly performance review meetings. 7. Reported at ET, FRC, Board. 	Under Review	
244	<p>Impact on EMS CCC service delivery due to estates constraints</p> <p>ASSIGNED TO: EXECUTIVE OWNER: CHRIS TURLEY COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS</p>	<p>20 5x4</p> <p>QTR 3 19/20</p>	<p>16 4x4</p> <p>QTR 4 21/22</p>	<p>8 2x4</p> <p>QTR 4 21/22</p>	<p>Last reviewed on Datix: 19/07/21</p> <ol style="list-style-type: none"> 1. Full review of CCC room configuration completed. 2. CCC Management team prioritise how the space is used on each shift to align it to priorities associated with safe service delivery. 	<ol style="list-style-type: none"> 1. Risk Assessments have been undertaken on all three sites. 2. VPH Reconfiguration plans in progress - action 3. Temporary capacity 2nd floor Llangunnor 4. Logistics cell review 5. Use of the major incident room to facilitate social distancing in Bryn Tyrion 6. Use of Ty Elwy in North Wales for 111 	
311	<p>Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH.</p> <p>ASSIGNED TO: EXECUTIVE OWNER: CHRIS TURLEY COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: FINANCE & CORPORATE RESOURCES</p>	<p>16 4x4</p> <p>QTR 2 20/21</p>	<p>16 4x4</p> <p>QTR 4 21/22</p>	<p>8 2x4</p> <p>QTR 2 20/21</p>	<p>Last reviewed on Datix: 17/02/21</p> <ol style="list-style-type: none"> 1. Estates SOP Delivery Group. 2. EMS D&C Programme Board. 3. NEPTS D&C Review. 4. GUH Programme Team and development of a "mega" s/sheet that is combining all the information into the total cumulative impact on estate (and fleet), led by AD Commissioning & Performance. 	<ol style="list-style-type: none"> 1. Development of the refreshed Estates SOP is progressing, good engagement with Operational colleagues. Further engagement with EMT planned in March and onward to F&P and Trust Board for approval and onward to WG. 2. A detailed programme has been developed by the Estates team for the staff increases identified within the D&C data and subsequent megasheet. 3. Further resources have been agreed to commence the delivery of the programme as part of the Capital and Estates team. 	

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	Title and Description	Initial	Current	Target			
201	<p>Trust Reputation</p> <p>ASSIGNED TO: EXECUTIVE OWNER: ESTELLE HITCHON COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: PARTNERSHIPS & ENGAGEMENT</p>	15 3x5 QTR 2 19/20	15 3x5 ↔ QTR 4 21/22	10 2x5 QTR 4 20/21	<p>Last reviewed on Datix: 29/11/21</p> <ol style="list-style-type: none"> Regular engagement with senior stakeholders, namely, Minister, senior Welsh Government officials, commissioners, elected politicians, and NHS Wales organisational system leaders. Programme of media engagement including challenging of reporting to ensure accuracy and media liaison to ensure relationships developed with key media. Appointment of Head of External Communications in October 2019 supports efforts to engage media and stakeholders. Board approved Engagement Framework (July 19) focuses on a range of actions to manage reputation. Engagement Framework delivery plan developed to specify discrete actions and forms basis of monitoring. 	<ol style="list-style-type: none"> Quarterly reports to Trust Board EMT discusses "reputational forward" look fortnightly at formal EMT Horizon scanning Engagement Delivery Plan Framework (qtrly to Board) Ad hoc board updates to reflect incidents Board updates - comms in real time to inform members - daily updates Quarterly Board reports monitoring progress against Engagement Framework deliver plan from November 19 (identified as good practice by internal audit and believed to be unique in Wales) Risk register reviewed by Heads of Comms, Assistant Corporate Secretary and Director at directorate business meeting 	
245	<p>Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs</p> <p>ASSIGNED TO: EXECUTIVE OWNER: CHRIS TURLEY COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS</p>	15 3x5 QTR 3 19/20	15 3x5 ↔ QTR 4 21/22	6 2x3 QTR 3 19/20	<p>Last reviewed on Datix: 20/10/21</p> <ol style="list-style-type: none"> National EMS CCC Business Continuity Plan. Clinical remote working. Single instance CAD allowing virtualisation ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts 	<ol style="list-style-type: none"> Senior manager on duty capacity increased through the ODU Business continuity plans and outbreak management SOP activated during recent Covid-19 outbreaks in North Wales (EMS and 111); resilience and Trust's ability to maintain service upheld. Increased cleaning provision has been provided as a result of recent outbreaks especially within the CCC environment although not solely at CCC buildings. Management teams are also reinforcing the principals social distancing, cleanliness, temperature testing and masking 	

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	Title and Description	Initial	Current	Target			
100	<p>Failure to collaborate and engage with EASC on developing ambitions and plans for WAST</p> <p>ASSIGNED TO: EXECUTIVE OWNER: RACHEL MARSH COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 4 21/22</p>	<p>8 2x4</p> <p>QTR 3 20/21</p>	<p>Last reviewed on Datix: 13/01/22</p> <ol style="list-style-type: none"> 1. EASC/WAST Forward Plan. 2. EASC Management Group (replacement for PDEG/JMAG/ NEPTS DAG, 111 engagement and Mental Health engagement - with NCCU and HBs). 3. Monthly catch up between CASC/CEO. 4. Collaboration on specific projects e.g. Amber Review, EMS D&C Programme Board. 5. There is also now a monthly Quality & Delivery meeting. 6. There are strong committee mechanisms in place and NCCU have also appointed an officer to support with their governance. 	<ol style="list-style-type: none"> 1. EASC Management Group agendas and minutes. 2. CASC Assurance Q&D agendas and minutes. 3. EMS D&C PB agenda and minutes. 4. Ambulance Care (NEPTS) programme governance map 5. NEPTS DAG agenda and minutes 6. 111 First Programme docs 7. Correspondence with the IMTP on 111 roll out 8. Cases for investment. 	
139	<p>Failure to Delivery our Statutory Financial Duties in accordance with legislation</p> <p>ASSIGNED TO: EXECUTIVE OWNER: CHRIS TURLEY COMMITTEE: FINANCE & PERFORMANCE AND AUDIT COMMITTEE DIRECTORATE: FINANCE & CORPORATE RESOURCES</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 4 21/22</p>	<p>8 2x4</p> <p>QTR 4 21/22</p>	<p>Last reviewed on Datix: 06/01/22</p> <ol style="list-style-type: none"> 1. Financial reporting to EFG & FPC, policies in respect of financial management. 2. Ensuring good governance and compliance with Trust Standing Orders. 3. Welsh Government Reporting. 4. Regular review of savings targets via ADLT. 5. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners. 6. Monthly ICMG meetings to monitor and review progress against capital programme and engagement with WG and capital leads. 7. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications. 	<ol style="list-style-type: none"> 1. Diarised dates for EFG and FPC and monthly reports. 2. Budget management meetings. Approval of hierarchies. 3. Monthly Monitoring Returns to WG. 4. ADLT review and communication. 5. EASC management meetings. Fortnightly meetings with EASC. DAG meetings for NEPTS. 6. Diarised dates for ICMG meetings with regular reports. Regular Capital CRL meetings with Trust and WG capital leads. 7. Periodic PSPP communications and Regular P2P meetings diarised 	
283	<p>EMS Demand and Capacity Review Implementation Programme</p> <p>ASSIGNED TO: EXECUTIVE OWNER: RACHEL MARSH COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	<p>16 4x4</p> <p>QTR 4 20/21</p>	<p>12 3x4</p> <p>QTR 4 21/22</p>	<p>8 2x4</p> <p>QTR 2 20/21</p>	<p>Last reviewed on Datix: 13/01/22</p> <ol style="list-style-type: none"> 1. Implementation Programme Board firmly established. 2. Executive SRO in place. 3. Programme Manager and programme support office functioning. 4. Programme documentation in place and developing. 5. Clear links to EASC Management Group and EASC. 6. Ambulance Availability Taskforce restarted. 7. Programme budget. 		

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424	<p>Resource availability (capital) to deliver the organisation's IMTP</p> <p>ASSIGNED TO: EXECUTIVE OWNER: CHRIS TURLEY COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 21/22</p>	<p>12 3x4</p> <p>QTR 4 21/22</p>	<p>4 1x4</p> <p>QTR 4 23/24</p>	<p>Last reviewed on Datix: 13/01/22</p> <ol style="list-style-type: none"> Regular Capital Management Board meetings Prioritisation process Regular CRM meetings with WG Capital Business case process through ADLT for small discretionary Finance & Performance Committee scrutiny Standing Financial Instructions for levels of sign off WG processes are strong to ensure full scrutiny across the 5 step model 		
303	<p>Delayed initiation of chest compressions (resuscitation)</p> <p>ASSIGNED TO: EXECUTIVE OWNER: ANDY SWINBURN COMMITTEE: QUEST DIRECTORATE: MEDICAL & CLINICAL</p>	<p>15 3x5</p> <p>QTR 1 20/21</p>	<p>10 2x5</p> <p>QTR 4 21/22</p>	<p>10 2X5</p> <p>QTR 3 21/22</p>	<p>Last reviewed on Datix: 25/10/21</p> <ol style="list-style-type: none"> Ready available PPE: ease of access. Repeated and regular communication to staff via written and broadcasts/ videos/ podcasts. Clarity of guidance to staff (infographic). Communication to caller via CCC call handler regarding BLS. Clinical Cell will review frequently and amend guidance if required. Patient safety incidents will be monitored and reported via EPT/TPT. Dissemination of a process for rapidly donning PPE disseminated. 	<ol style="list-style-type: none"> Operational performance appears to be improving in recent weeks, mitigating the impact of donning PPE. Switching back on of GoodSam App which will increase the number of provider available to respond in a timely manner (albeit L3 PPE still required) Existing guidance from RCUK still current and not been amended. Now rapid donning process has been disseminated this now has the potential to improve the speed at which PPE can be donned. The evidence of performance is reported through to Senior Pandemic Team. 	

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		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
109	<p>Resource availability (revenue) to deliver the organisations IMTP</p> <p>ASSIGNED TO: EXECUTIVE OWNER: RACHEL MARSH COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	12 3x4 QTR 1 19/20	8 2x4 ↕ QTR 4 21/22	4 1x4 QTR 2 21/22	<p>Last reviewed on Datix: 13/01/22</p> <ol style="list-style-type: none"> EASC governance structure whereby the performance and wider scrutiny of the organisations IMTP delivery and proposed funding requirements are discussed and agreed. Strategic Transformation Board oversight of delivery Finance and Performance sub committee. 	<ol style="list-style-type: none"> Process by which internal revenue business cases are produced and submitted for scrutiny and approval and monitoring whilst in existence needs to be more robust, as well as a more robust benefits realisation process (value based approach) could be improved. ASC management group has been established as a substructure to the main EASC committee. The intention is to bring planning and performance issues through EASC Management Group for detailed discussion. An example being the detailed discussions regarding the EMS Demand and Capacity Review, ODU etc. NEPTS DAG provides a forum for detailed operational and service planning discussions for NEPTS. A commissioning framework for transfer and discharge (not just NEPTS) services has yet to be established by a commissioning intention for EASC in 2021/22. For 2021/22 planning cycle - there were two weekly touch point meetings with CASC and his team, to include WAST DOP, DOF and DOO. This will have a focus on recurrent funding issues, particularly the EMS D&C Review implementation. EASC endorsed year 1 of the IMTP in March 2021 with a letter of support from CASC to set out how funding assumptions can be achieved. 	
225	<p>On-call CCA ability to cover 24/7 command (CRR62)</p> <p>ASSIGNED TO: COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: OPERATIONS</p>	16 4x4 QTR 2 19/20	8 2x4 ↓ QTR 4 20/21	8 2x4 QTR 1 21/22	<p>Last reviewed on Datix: 07/01/22</p> <ol style="list-style-type: none"> Rotas are updated weekly and assistance from existing staff is requested to provide additional cover; however, on regular occasions there are no operational level commanders 'on call' in some areas and this impacts on our CCA obligations to be able to support the management of an incident with appropriately experienced and capable staff at all times. 	<ol style="list-style-type: none"> Rotas are produced weekly and circulated organisationally. The Duty Operational Manager (DOM) / Senior Paramedic (SP) recruitment and induction will include command training and subsequent operational command on the rota. Following the training, exercising will be arranged to test the effectiveness of commanders. Trust 'Command Policy' in place Trust 'Incident Response Plan' in place 	

Strategic Aim Key

1	Help Patients and Staff to Stay Healthy
2	Help Patients More Easily Access our Services at the Right Time
3	Provide the Right Care in the Right Place, Wherever and Whenever it is Needed
4	Continue to Provide the Best Possible Care, Outcomes and Experience to Our Patients
5	Enable Our People to Be the Best They Can Be
6	Whole System Partnership and Engagement
7	Ensure the Design and Infrastructure of the Organisation are at the Forefront of Innovation and Technology
8	Quality at the Heart of Everything We Do
9	Value and Efficiency in Everything We Do



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AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – December 2021

MEETING	Trust Board
DATE	27 January-22
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Commissioning and Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Nicola.Quiller@wales.nhs.uk

EXECUTIVE SUMMARY

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

RECOMMENDATION

Trust Board is asked to note that this report has been considered by the Finance and Performance Committee, and to:-

- **Consider** the Dec-21 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) the report provides sufficient assurance;
 - b) whether further information, scrutiny or assurance is required, or
 - c) further remedial actions are to be undertaken through Executives.

KEY ISSUES/IMPLICATIONS

Overview

Mar-21 Trust Board & QUEST received a revised Integrated Quality & Performance Report which contained 28 key indicators at a highly summarised level and demonstrated how the Trust is performing across four integrated areas of focus:

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

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

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

The review of the Quality & Performance Management Framework has stopped and started, due to the on-going pandemic response; however, it is now almost finalised and on-target for the Mar-22 committee cycle and Board. This Framework has several components, one of which will relate to the use of metrics and indicators across all areas and levels of the Trust to demonstrate progress towards the Trust's strategic objectives and goals as well as to point to areas where improvement is required. The Framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at locality level.

Our Patients – Quality, Safety and Patient Experience

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

999 answering times have been challenged through significant increases in demand. 111 call answering performance, measured by call abandonment rates, remains at unacceptable levels, also due in part to increases in demand over and above that forecast. In both areas, very high levels of staff sickness absence, linked to the pandemic, are impacting on capacity.

Actions to improve both of these areas involve the recruitment of additional call handlers. For the 999 calls, additional staff recruitment has been agreed by EMT, has been actioned, with the recruitment and training of up to 32 WTE due to have been completed by mid February 2022; however, increased attrition means this target date will not be achieved. The Omicron Tactical Action Plan includes additional support to CCC from Workforce & OD to aid recruitment and deliver this action. Similarly, within the 111 service, recruitment continues with a further 30 WTE funded by the 111 Programme Board. The teams have, at pace, increased the capacity (including physical capacity) in the training cohorts planned from January onwards in order to achieve this uplift in Q4.

Within the 111 service, a recently implemented telephony system for interactive voice response provides callers with expected answer times and sets out alternative

options as the caller waits (for example, informing callers that they may find answers on the 111 website). In due course, there will also be an option for the caller to be called back rather than hold on. This will improve the patient experience, reduce numbers of calls that end up with the call handler and reduce abandonment rates.

111 Clinical response: Whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance was seen in Dec-21 in the lower priority calls. The Trust knows that the waits for a clinical ring back are too long. Call Handler and Clinical Advisor recruitment continues with a training course starting on 10 Jan-22 with a further cycle planned to commence mid-Feb-22 (across the 3 sites for up to 29 staff; subject to workforce supply and ability to recruit). As with the call handler recruitment, The Trust is also urgently looking to secure additional numbers into each of the cohorts.

Ambulance response (safety / patient experience): Red and Amber response times have increased further in Dec-21 due to an increase in patient demand and extreme hours lost at hospitals (accounting for 22% of conveyance resource production) which cannot be offset by increased ambulance production. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

Capacity:

- Recruitment of an agreed funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme. The Trust is on course to have exceeded this target when the uplift of Paramedics into the Clinical Support Desk is included. This will close the relief gap and allow the Trust to deliver 95% of UHP more consistently (subject to abstraction rates, in particular, sickness absence);
- Securing of additional temporary capacity from alternative sources, including St John Cymru, Fire & Rescue Services and the military. A significant number of additional hours have now started to be added as part of this capacity with emergency ambulance unit hours production (UHP) at 96% in Dec-21 i.e. above the benchmark of 95%. This will increase further in Q4.

Efficiency:

- Work is ongoing on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency. This programme of work is likely to take 3 to 4 months of negotiations and performance study before agreement and subsequent implementation. The response to Omicron has cut into the time for this work, but an initial report is expected for the end of Jan-22.
- The roster review programme, designed to optimise the alignment of planned hours with patient demand patterns across Wales, has re-commenced; significant elements of the project had already been completed. The project was paused whilst consideration was given to Red performance and further modelling on patient safety. The revised implementation timeframe is Sep-Nov 22 i.e. in time for winter 2022, with some rosters going live before this implementation timeframe where a station wants to go live early.

Demand Management

- The Chief Ambulance Services Commissioner (CASC) has funded 40 additional clinicians into the Clinical Support Desk, with recruitment now underway and on-target with 36.72 Paramedic FTEs recruited and mental health professionals also recruited, with on-boarding and full go live occurring through Feb-22 and Mar-22. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in hear and treat rates.

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

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

The PIP is being supported by a range of sub-structures, for example, the re-establishment of the Senior Pandemic Team as part of moving back into “response” mode for the pandemic and its impact. Forecasting and modelling was completed for the winter period, which was fed into the PIP, with the current forecasting and modelling focus being on quarter one 2022/23 i.e. once military aid stops.

Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in Dec-21 and has improved for patients requiring discharge; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels. As the system “re-sets” the Trust anticipates a situation where Ambulance Care demand returns or surpasses previous levels; this coupled with reduced capacity caused by social distancing could mean that Ambulance Care will have insufficient capacity to service patient demand. The Trust has received external funding to increase its Ambulance Care capacity through the procurement of third party providers which is now live, but further discussions are now taking place on what happens beyond 31 Mar-22 as part of the 2022-25 Integrated Medium Term Plan (IMTP) process.

National Reportable Incidents (NRIs) / Concerns Response: The Trust reported 4 NRIs to the Delivery Unit in Dec-21, compared to 9 in Nov-21; and 23 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 30 in Nov-21. Complaint response times improved to 70%, which in the circumstances is good (target 75%). In the main, many of these incidents will be as a result of the longer response times and the actions outlined below therefore are key.

Our People (workforce resourcing, experience and safety)

Hours Produced: 116,484 EMS ambulance unit hours were produced in Dec-21. The emergency ambulance UHP was 96% in Dec-21, achieving the 95% UHP benchmark; however, RRV UHP was 74%. The emergency ambulance UHP has improved as a result of military aid, Fire & Rescue Services support and St John Ambulance capacity. The Trust continues to recruit additional staff in line with the EMS Operational Transformation Programme so that numbers of substantive staff in post increase as well; however, the level of abstractions means that capacity gain

from this recruitment is less than the Trust would expect under more normal operating conditions.

Response Abstractions: Abstraction levels increased in Dec-21, remaining very high at 45.42% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 15% in Dec-21 (benchmark 5.99%) the highest since Jan-21. Workforce fatigue is also an issue.

Trust Sickness absence: The Trust's overall sickness percentage (Nov-21) was 11.07% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. As outlined above, the PIP contains additional actions being taken in relation to staff well-being.

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

Finance and Value

Financial Balance: The Trust's year to date (YTD) expenditure to budget position is 100% i.e. balance.

Post-production lost hours: The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). EMS Response lost 13,099 PPLHs (across EA, RRV, UCS & APP Vehicles) in Dec-21, compared to the 116,484 hours produced. The reasons for PPLHs are many and varied, with around 51% in December being attributed to return to base for meal break. The PPLH figure needs to be treated with a degree of caution, with further work currently being undertaken on data input accuracy. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base. The Trust and TU partners are currently collaborating on PPLHs through the Leading Service Change Together workshops which started in Sep-21. At this moment in time there is no agreed benchmark for PPLHs; however, it is anticipated that it would be significantly less than the 13,099 hours reported above. Further benchmarking work with Operational Research in Health (with three other ambulance services) indicated that the Trust benchmarked favourably with two of the three. Initial contact has been made with the third ambulance service to compare practices around PPLH..

Partnerships/ System Contribution

Shift left: Much of our work as a Trust relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **hear and treat** rates after 999 calls; and the Trust achieved 11% in Dec-21, compared to the benchmark of 10.2%.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both hear & treat and see & treat, a position consistent with the EMS commissioning framework. To this end EASC has recently supported an increase of 36 Paramedic FTEs and a cohort of mental health professionals FTEs into the Clinical Support Desk (CSD). Recruitment is complete with staff onboarding and going live in quarter four. This FTE increase will represent an almost doubling of the size of the CSD, and alongside recruitment, work is ongoing to develop the new service and workforce model. The Trust is also implementing new clinical triage software (on-target) and working with health boards on how they can support remote demand management (some delays and escalation to the CASC by the Trust). Further work is currently underway to identify a revised benchmark for hear & treat into 2022/23.

The Trust **conveyed** 34% of patients to emergency departments in Dec-21, a decrease compared to 37% in Nov-21; however, analysis shows that this may be linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls. Further strategic modelling work is currently being undertaken on “optimising conveyance” with the initial results being reported in w/c 24 Jan-22.

Handover lost hours: The 2021/22 EASC commissioning intentions include an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of approximately 5,000 hours. 18,773 hours were lost in Dec-21. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system and system hangover as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022.

Summary

The indicators used at this high-level show, in many areas, a deteriorating picture in terms of the quality and safety of the service that the Trust provides. This is due in part to increasing demand across all areas of the service, the onset of the Omicron CoVID-19 variant, coupled with increasing levels of sickness and CoVID-19 related absence. Pressures within the rest of the urgent and emergency care system are played out in the very high levels of lost hours at hospital. Commissioners of both the EMS, NEPTS and 111 services have been very supportive of proposals put forward to increase resources across a number of schemes, and staff across the Trust are focusing all efforts on a range of strategic and operational actions that will reduce demand, increase capacity or improve our efficiency and effectiveness. The Trust has undertaken a prioritisation exercise with the result that some IMTP actions have been paused or slowed down to allow the Trust to concentrate on those programmes which will have the highest impact on patient safety and staff well-being.

REPORT APPROVAL ROUTE	
Date	Meeting
20 Jan-22	Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
20 Jan-22	Finance & Performance Committee
27 Jan-22	Trust Board

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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



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Monthly Integrated Quality & Performance Report

December 2021

Annex 1 – Top Indicator Dashboard





Section 1: Monthly Indicators /Top Indicators Dashboard

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Nov-21	Dec-21	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
111 Abandoned Calls	< 5%	11.00%	17.8%	16.2%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	94.8%	94.4%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	00:37	01:43		R
999 Red Response within 8 minutes	65%	63.6%	53.0%	51.1%		R
Red 95th percentile	00:14:00	00:17:59	00:21:44	00:23:27		R
999 Amber 1 95th percentile	01:18:00	02:24:10	04:34:47	06:02:36		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	10.90%	-		G
Stroke Patients with Appropriate Care	95%	95.83%	98.40%	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	85.70%	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	77%	77%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	88%	88%		A
National Reportable Incidents reports (NRI)	-	4	9	4		R
Concerns Response within 30 Days	75%	75%	56%	70%		A

In-Month RAG Indicates =
Green: Performance is at or has exceeded the target (Indicates no action is required)
Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))
TBD: Status cannot be calculated (To Be Determined)

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Nov-21	Dec-21	2 Year Trend	RAG
Our People						
EMS Abstraction Rate	29.92%	37.00%	41%	45%		R
Hours Produced for Emergency Ambulances	95%	96.0%	103%	96%		G
Sickness Absence (all staff)	5.99%	7.30%	11.07%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	4,248	4,258		-
Statutory & Mandatory Training	>85%	83.1%	82.82%	82.06%		A
PADR/Medical Appraisal	>85%	52%	58.84%	57.87%		R
Ambulance Response FTEs in Post	1700	1702	1637	1639		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1713	1687		-
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric	57%	-				-
Post-Production Lost Hours (All Vechicles)	Reduction Trend	11,053	15,979	16,063		R
Partnerships / System Contribution						
111 Consult and Close	Improve	5,612	5,915	6,875		G
999 Hear & Treat	10.2%	9.9%	10.0%	11.0%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	36.57%	33.92%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	18,160	18,860		R





CoVID-19 Circuit Breaker Dashboard

FPC

QUEST

Data Source: Welsh Government CoVID-19 Dashboard
Updated: 17/01/21

Headline Indicators



Figure 1



Figure 2

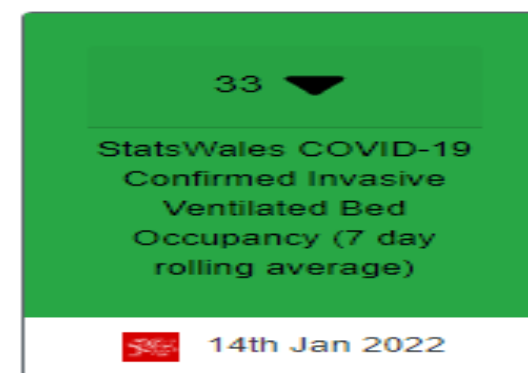


Figure 3



Figure 4

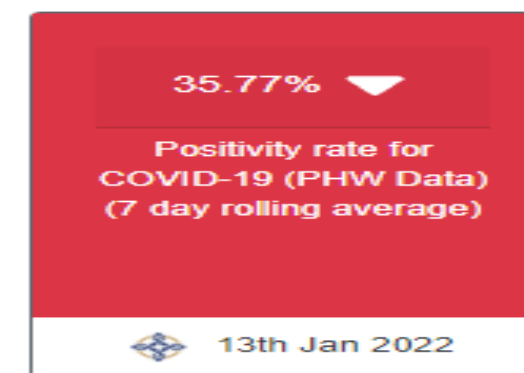


Figure 5

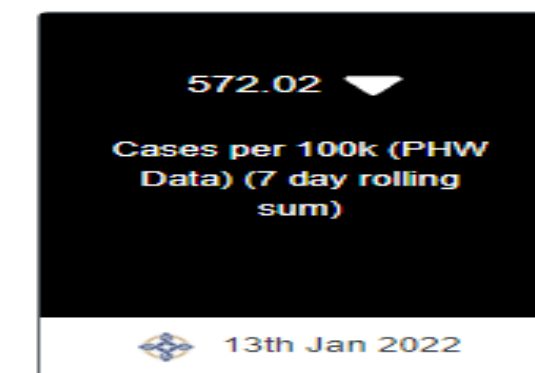


Figure 6

Transmission, Incidence and/or prevalence of the virus



Figure 14

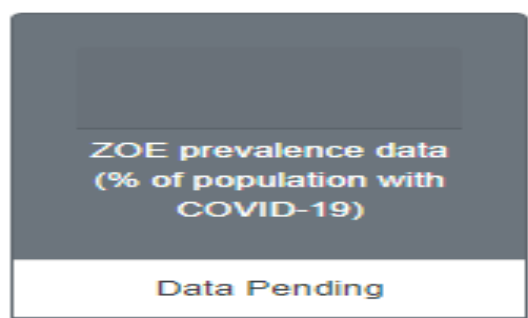


Figure 15



Figure 16



Figure 17

Cases in last 7 days per 100k population by local authority



Figure 22 - 17th Jan 2022



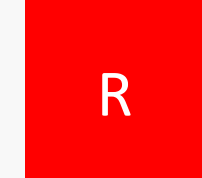
(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Patient Safety & Experience

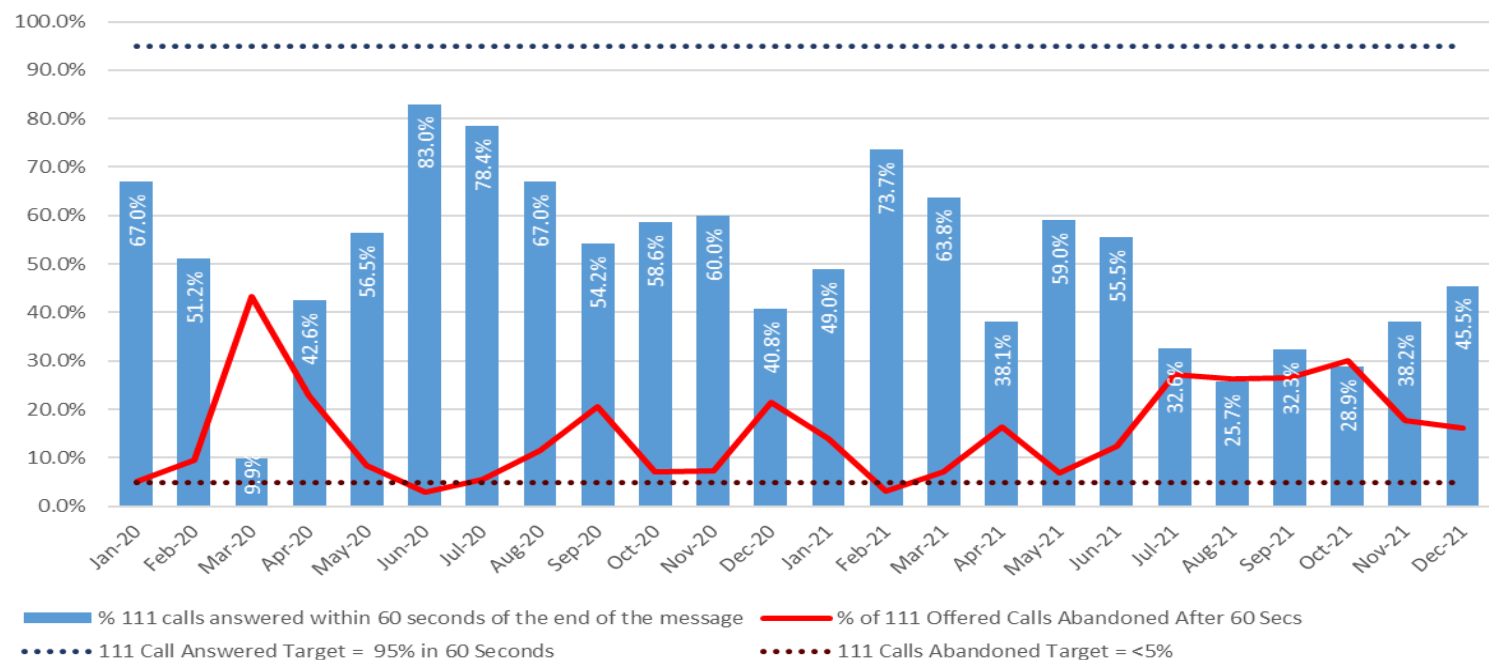
111 Call Answering/Abandoned Performance Indicators



NB: 111 Roles data correct at 12/01/22

Influencing Factors – Demand and Call Handling Hours Produced

111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key patient safety indicator for the service. **Dec-21** saw an **abandonment rate of 16.2%**, an improvement compared to previous months and the lowest since Jun-21.

The percentage of 111 calls answered within 60 seconds of the end of the message improved in Dec-21 to 37.9%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a poor patient experience.

The main reasons for high abandonment rate / long answer times is a mismatch of demand and capacity.

111 call demand increased in Dec-21 compared to the previous month, as seen in the graph. Demand for the service is higher than had been forecast following the BCU roll-out in June 2021. This increase in demand is likely due to the CoVID-19 Omicron variant and high positivity rates in Wales, along with the number of Public Holidays in Dec-21.

The graph alongside also shows that **capacity (staff hours) has been increasing** in line with the roll-outs and as planned; however, despite recruiting significant numbers of additional staff as agreed with commissioners, there are very high sickness absences (which includes CoVID-19 Sickness), which sat at 15.96% for NHS111 in Dec-21. This means that demand is higher than forecast, capacity is lower than planned leading to the longer response times as seen.

Communication to 'Think 111 First' is regularly circulated to the public, which includes utilising online 111 Wales; in Dec-21 there were 426,608 visits to the website, the highest volume since Apr-20. Searches for CoVID remain the top reason for visits, accounting for 49,993 hits.

Remedial Plans and Actions

- Increasing the 111 workforce profile for both Call Handling & Clinical Advisors continues to be a key area of focus for the 111 service.
- To mitigate the increasing demand levels on the 111 service, an additional 30 WTE Call Handlers have been funded.
- As part of an enhanced recruitment drive, specialist recruitment agencies have been successful alongside traditional recruitment processes, to increase the number of job applications for both Call Handler and Clinical Advisor posts.
- Additional training cycles have been planned for both Call Handlers & Clinicians, with the next cycle of training commencing on the 10th Jan-21 with a further cycle planned to commence in mid-Feb.
- The additional training cycles have been complimented by a successful expansion of the 111 training estate capacity across four sites including VPH, Matrix One, Ty Elwy & Thanet House. This has been a positive development increasing the number of available 111 training estate to deliver more training in the January & February cycles.
- The two additional training cycles have been planned to meet the additional 30 WTE Call Handler requirement as part of the 111 stabilisation plans whilst also preparing the service in readiness for the roll out of the core 111 service in C&VUHB and the roll out of the 111 First service model.
- A number of service improvement plans have been delivered to increase the productivity and increase capacity within the service to manage current demand pressures. This has included implementation of new IVR messaging and review of the Clinical Advice Line (CAL). These changes along with the continuing recruitment drive are demonstrating a positive impact on reducing the 111 call abandonment levels and providing a more responsive and timely service to patients.

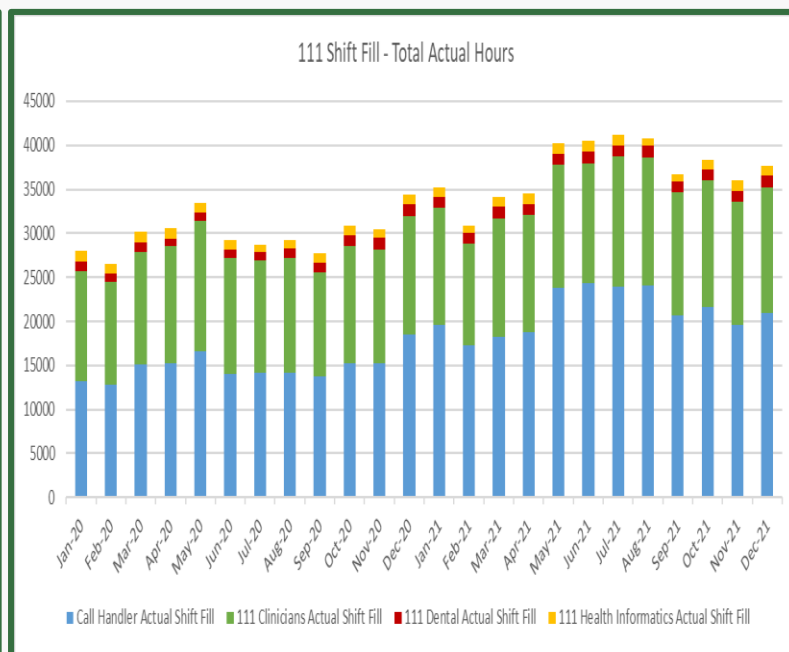
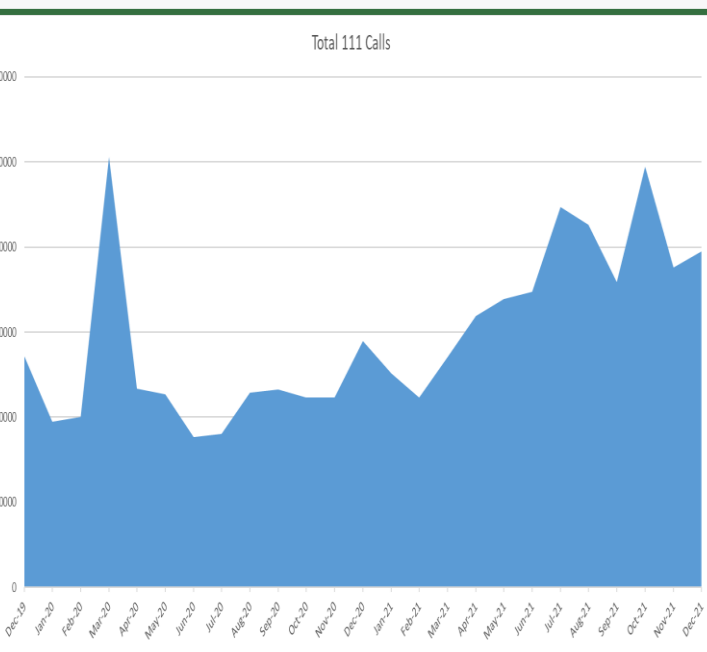
111 First	FTE Budgeted	FTE Actual	FTE Variance
Call Handler (Band 3, incl. HI advisor)	156.42	171.33	14.91
HI Advisor	9.95	9.7	-.024
Clinical Advisor - Paramedic	4.00	4.2	0.2
Nurse Advisor/ Clinical Advisor - Nurse	121.48	109.44	-12.03
Dental Health Advisor	8.52	7.1	-1.41
Senior Clinical Advisor - Nurse	13.20	16.4	3.2
Total	313.57	318.17	4.85

A 111 UHP Dashboard has been developed and is now live to track actual hours for call handlers and clinicians.

Discussions continue with commissioners to review numbers of call handlers to determine whether there is approval / funding to increase further.

Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



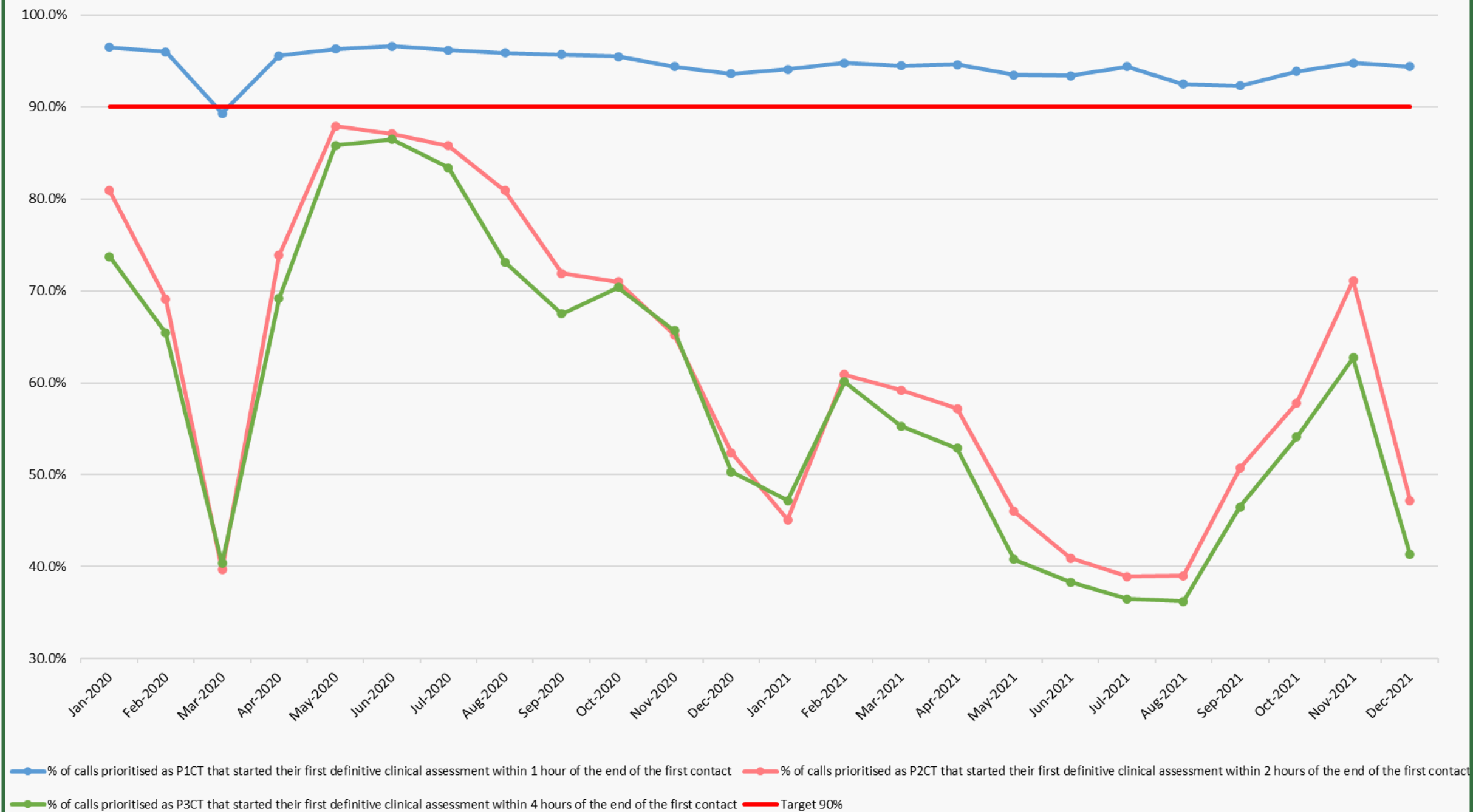
Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



Analysis

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

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

For lower category calls, we are not meeting the 90% target, and a decline was seen in Dec-21.

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic, (see previous slide, now at 109.44 WTE for clinical Advisors (Nurse) against an FTE budgeted of 121.48), these are insufficient to meet demand.

Remedial Plans and Actions

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

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

Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

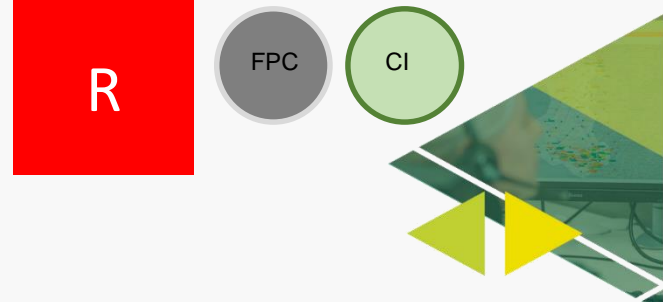
Welsh Ambulance Services NHS Trust



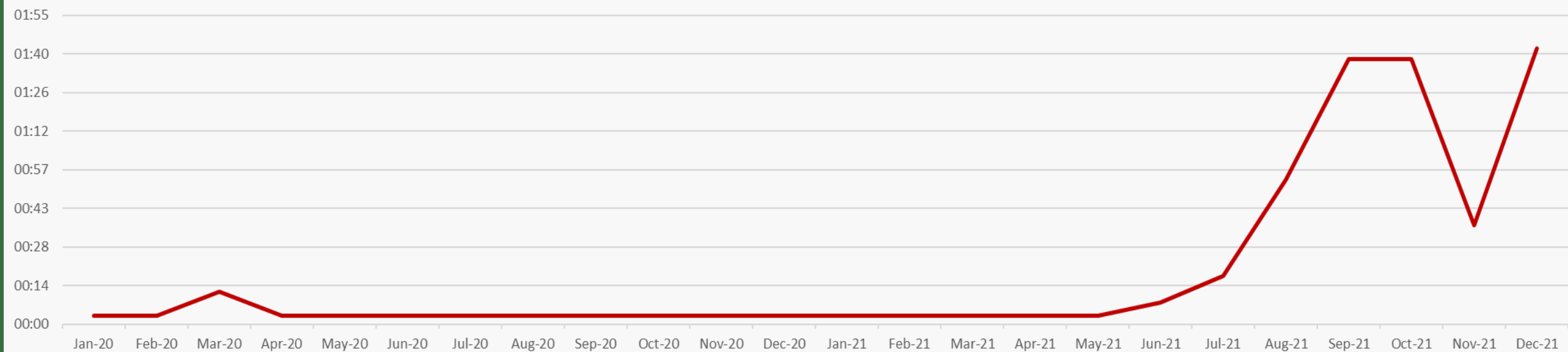
Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

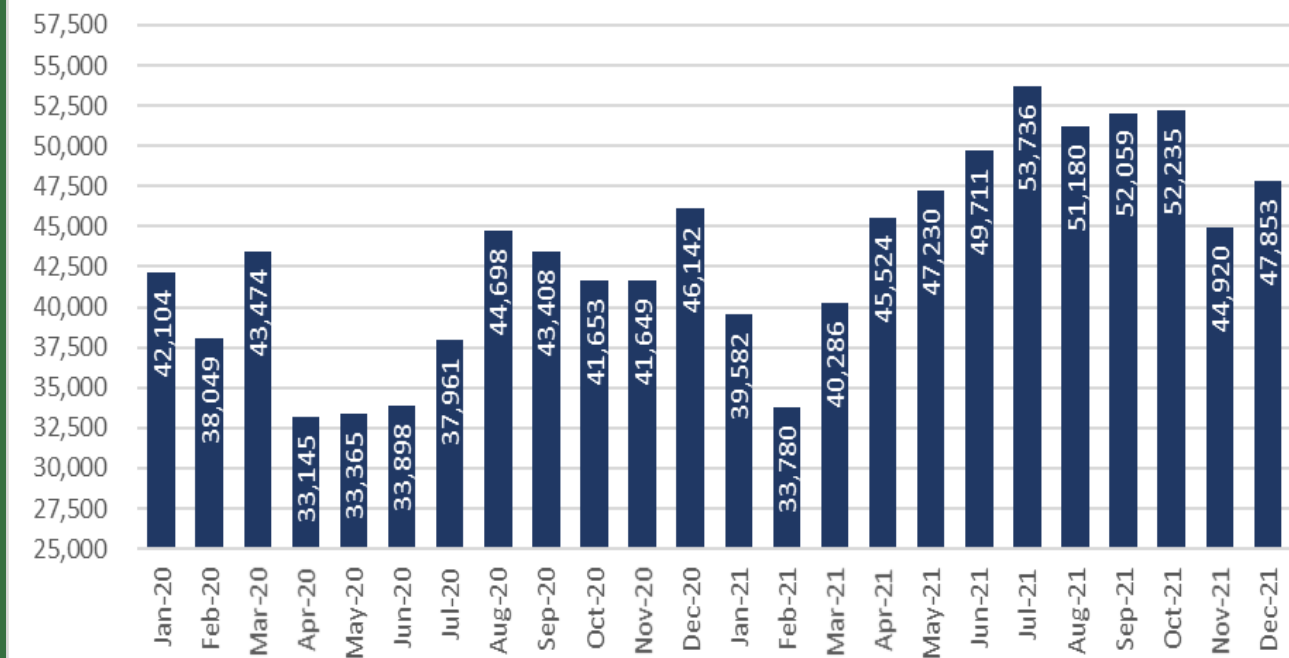
Influencing Factors – Demand and Clinical Hours Produced



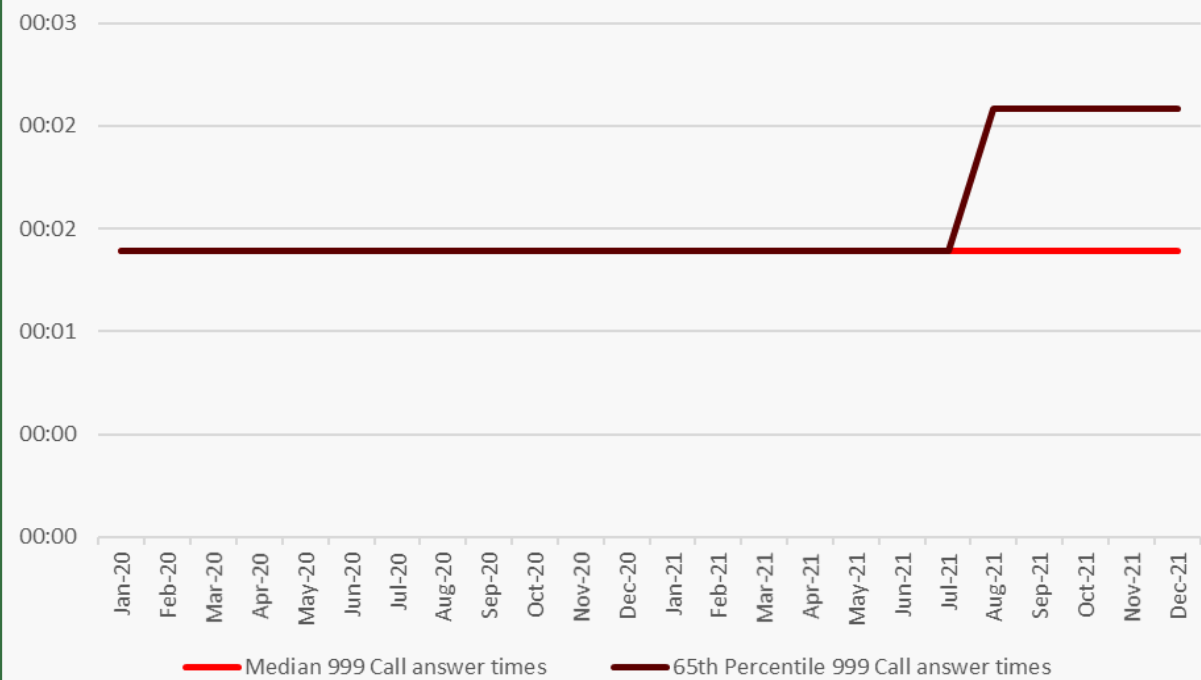
95th Percentile 999 Call answer times



999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



Analysis

The 95th percentile 999 call answering performance saw a decline in Dec-21 to one minute 43 seconds 37 seconds, compared to 37 seconds Dec-21, failing to meet the 6 second answer target for the seventh consecutive month largely as a result of increased call demand, particularly at weekends. Increasing call answering times are a significant concern in relation to patient safety.

The median call answer times for 999 services remains consistently at 2 seconds. In Dec-21 65th percentile continued to average at 3 seconds.

The Trust received 47,853 emergency 999 calls in Dec-21, an increase compared to Nov-21, however this is higher than both Dec-19 and Dec-20. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (18%) in the call centres which is reducing capacity.

Remedial Plans and Actions

EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7 day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.

EMT has approved additional funding into EMS CCC to allow recruitment of EMDs to match the new baseline demand level being experienced, this funding includes additional relief capacity that will mitigate abstraction levels. Increased EMD capacity will allow more opportunity for current EMDs to reset and recover during shifts.

- The Trust had targeted Feb-22 as the point in time when the full impact of the uplift of 32.25 FTE EMDs would be felt in CCC; however, rates of attrition have increased and this will no not be achieved.
- The Omicron Tactical Action Plan includes additional Workforce & OD support to CCC to aid the recruitment process. This has been actioned.

Expected Performance Trajectory

Performance is expected to continue to be difficult until additional staff are recruited. It is difficult to set a trajectory because of attrition, but 29 of the 32.25 FTEs have been recruited with an advert for another 10 (to offset the attrition) going out imminently.



(Responsible Officer: Rachel Marsh)

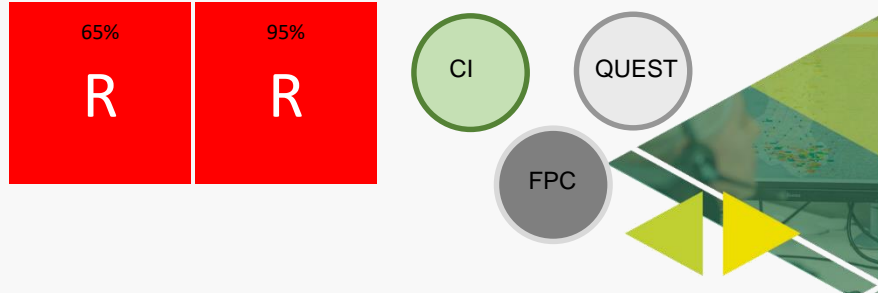
Welsh Ambulance Services NHS Trust



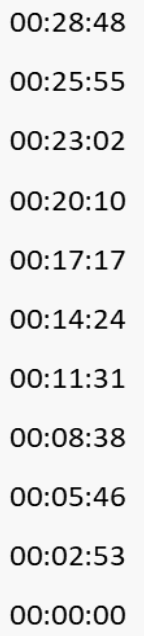
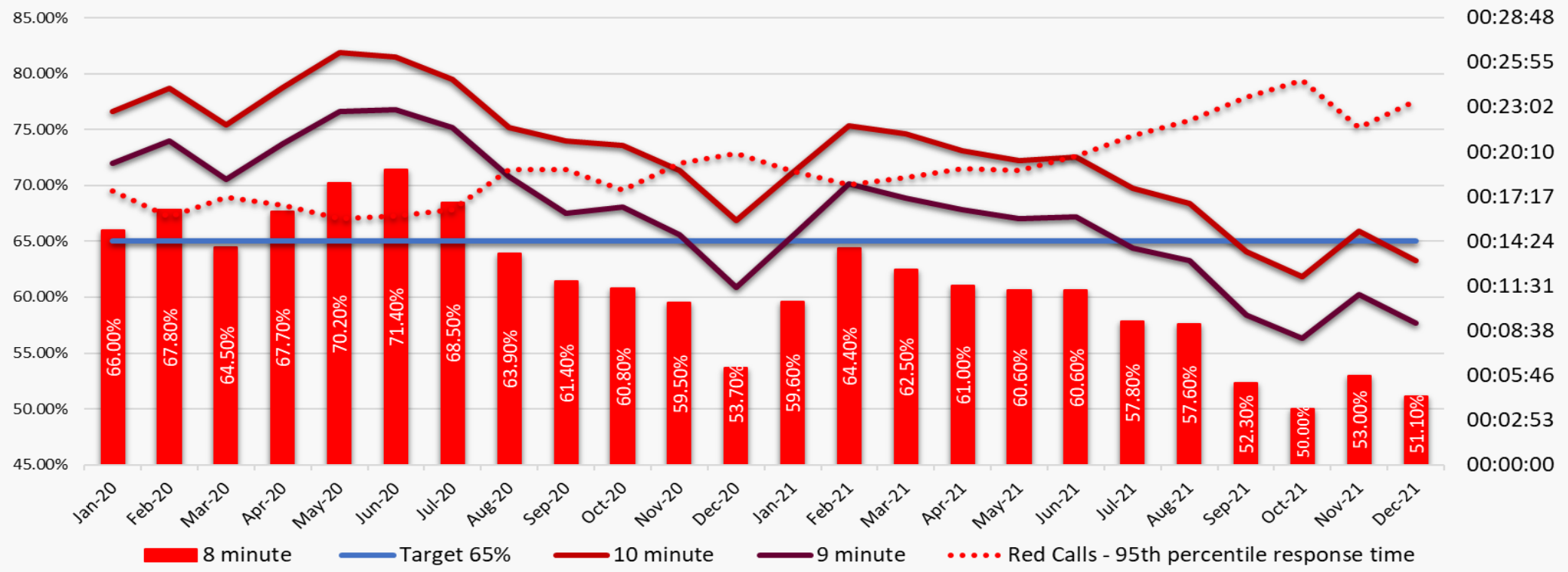
Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



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



Analysis

Red performance did not achieve the 65% target in Dec-21 and the target has not been achieved since Jul-20. There was also significant health board level variation and only one (Cardiff & Vale (65.3%)) of the seven health board areas achieved the 65% target. This level of performance was forecast in the winter plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance is continuing to affect Red 9 minute responses, which achieved 57.7% and Red 10 minute performance which also declined, achieving 63.3% in Dec-21.

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

Red demand in the last 2 years has seen a particular increase, linked initially to a change in application of MPDS relating to breathing difficulties calls; however, we are continuing to see further increases outside of normal expected variation which is impacting on response times.

The lower centre graph demonstrates the correlation of performance with hospital lost hours and demonstrates the increases seen, and in particular the continued increase seen, with Dec-21 having the highest ever recorded.

During the pandemic there have been other factors that have also affected performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to all Red calls. The latter in particular was shown to add several minutes to a response, and this requirement remains in place.

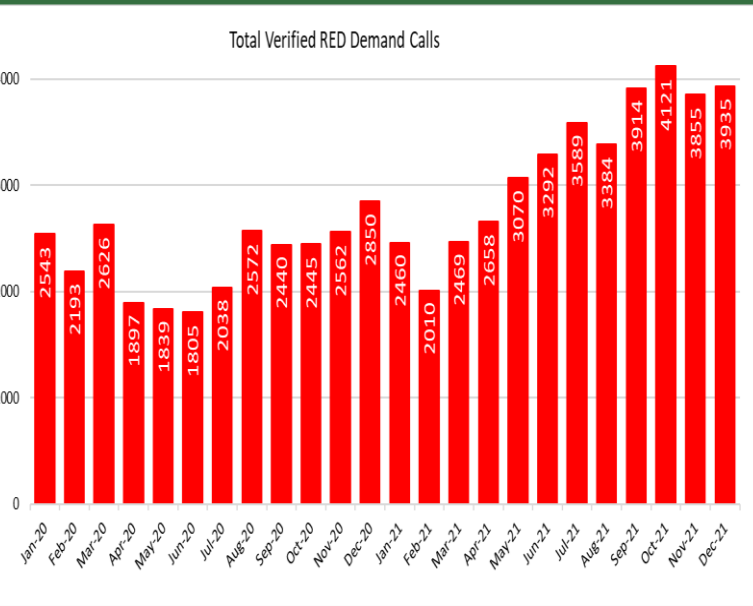
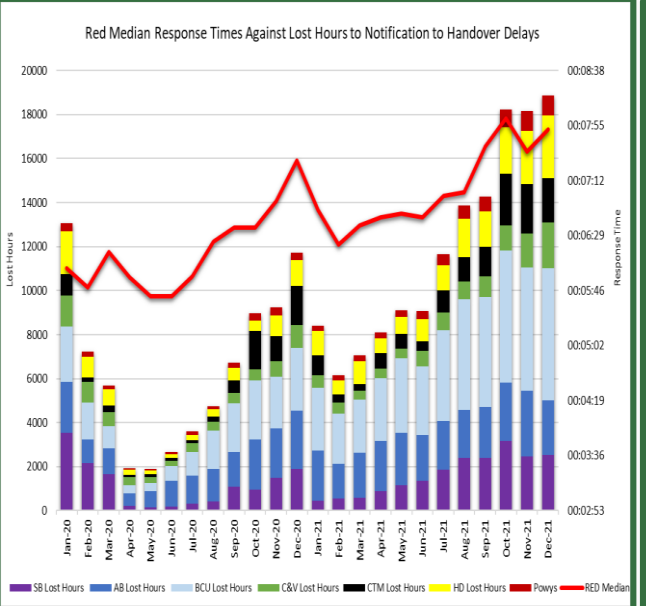
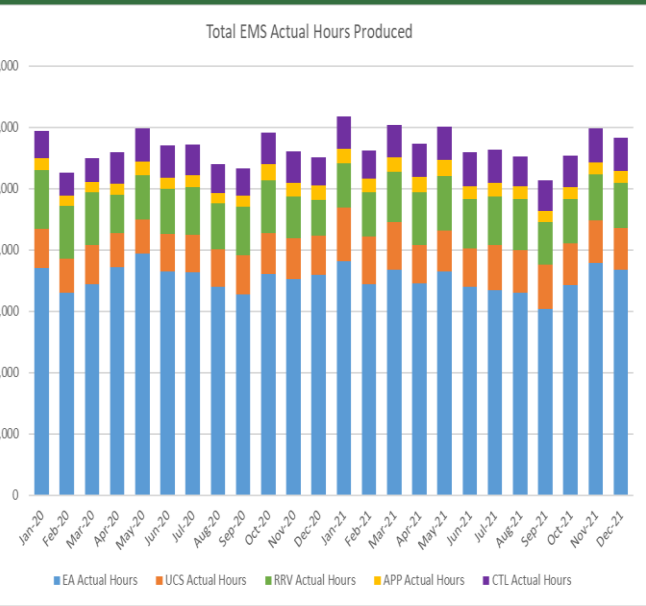
Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of Mar-21. This will be complemented by a further 127 by the end of Mar-22. This will close the relief gap and, other factors aside, would allow UHP / hours produced closer to 95%. Additional capacity is also being sought non-recurrently through St John Ambulance, Fire Services and the military. Despite the additional staff being recruited, the total hours produced have not risen as a result of increased in abstractions linked in part to COVID-19.
- Reduce hours lost through modernisation of practices and supporting staff well-being. This work is being led through the Leading Service Change together programme in partnership with TU partners.
- Working with partners to reduce hours lost at hospital (to a maximum 150 lost hours per day, 95% of the year) . This is not within the gift of the Trust to achieve, although it continues to take all actions possible to influence this agenda.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

Expected Performance Trajectory

Unless Red demand reduces or the Trust is able to boost its RRV production Red performance is unlikely to achieve the 65% target; however, the Trust is building the CHARU keys into the re-rostering project, which along with other aspects of the Transition Plan (if funded) should stabilise performance.



(Responsible Officer: Lee Brooks)

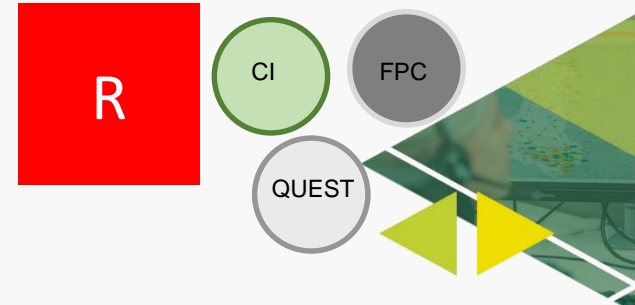
Welsh Ambulance Services NHS Trust



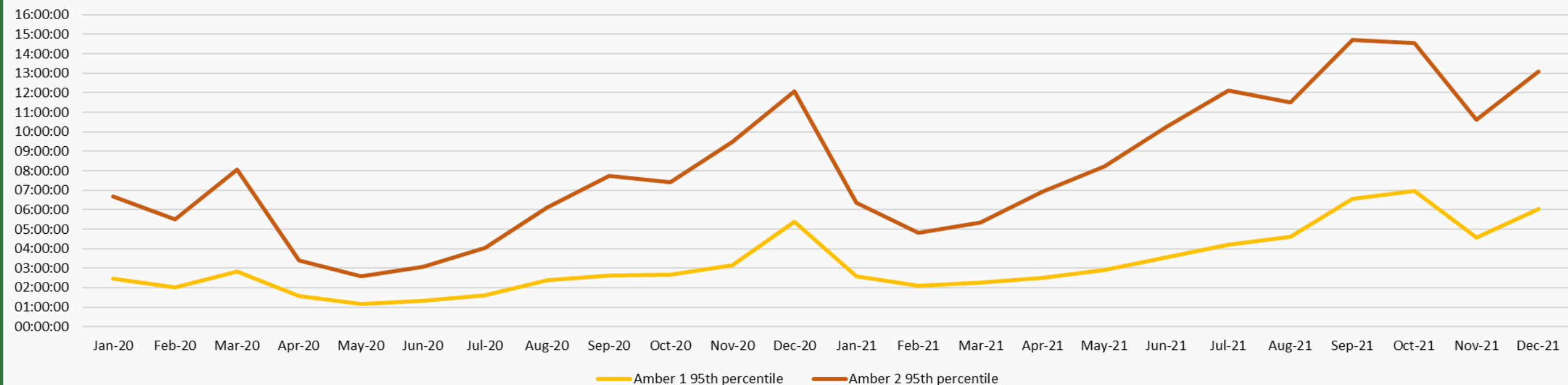
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 & 2 - 95th Percentile



Analysis

Amber performance declined across the percentiles in Dec-21; seeing extremely long patient waiting times. The ideal Amber 1 median response time is 18 minutes.

In Dec-21, 625 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to 417 in Nov-21, continuing to represent a very poor quality and experience of service. 553 of these patients were in the Amber category.

Amber demand increased in Dec-21, this along with continued high levels of activity and handover times will have contributed to the worsening response times.

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Dec-21 increased to 18,861. This is now higher than the worst recorded in Dec-19 (13,820).

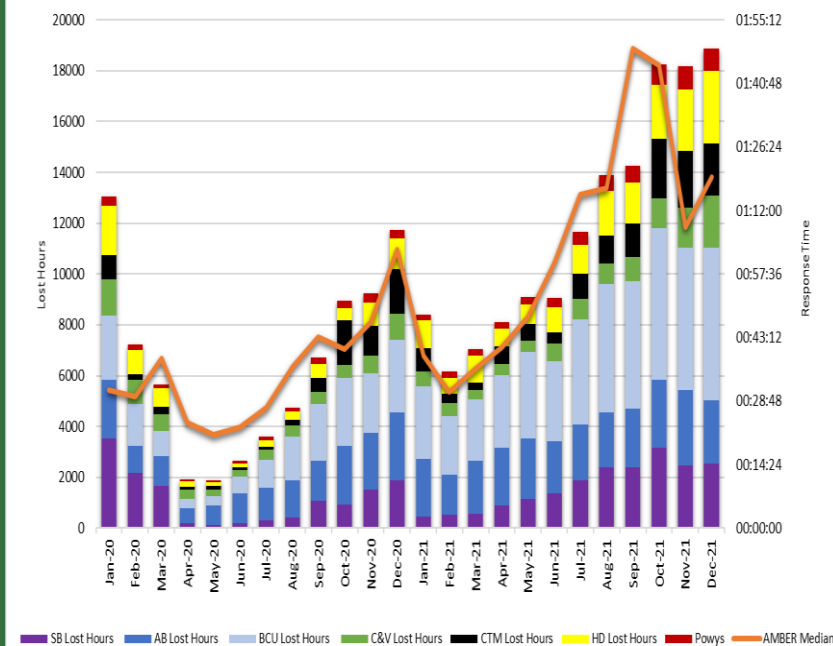
Remedial Plans and Actions

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

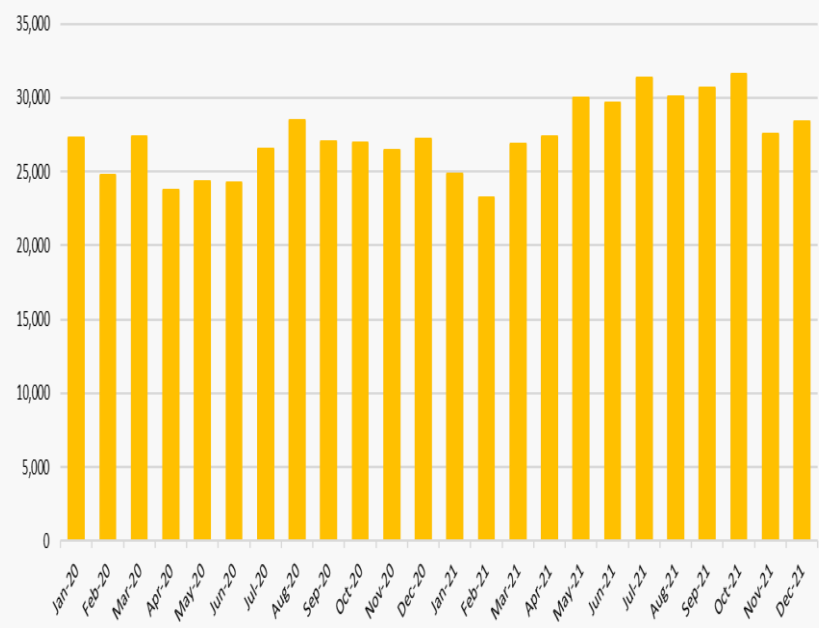
Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. The programme models an Amber 1 median of 35 minutes and 90th percentile of 78 minutes in Dec-21. These are key benchmarks for the Trust. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within the Trust's control, and which are unlikely to show improvement in the coming months.

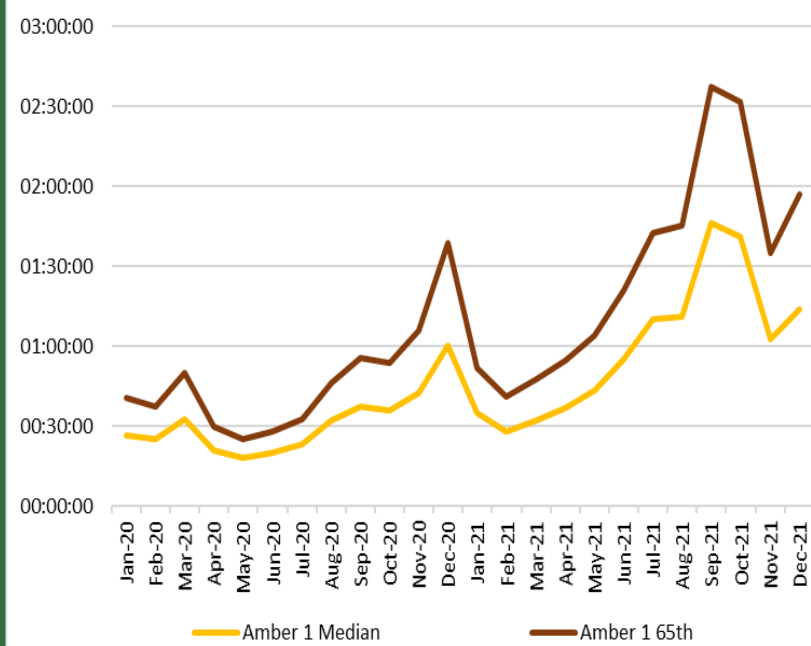
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 - Median and 65th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

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

Stroke/ROSC/
Sepsis &
Febrile Con.
G

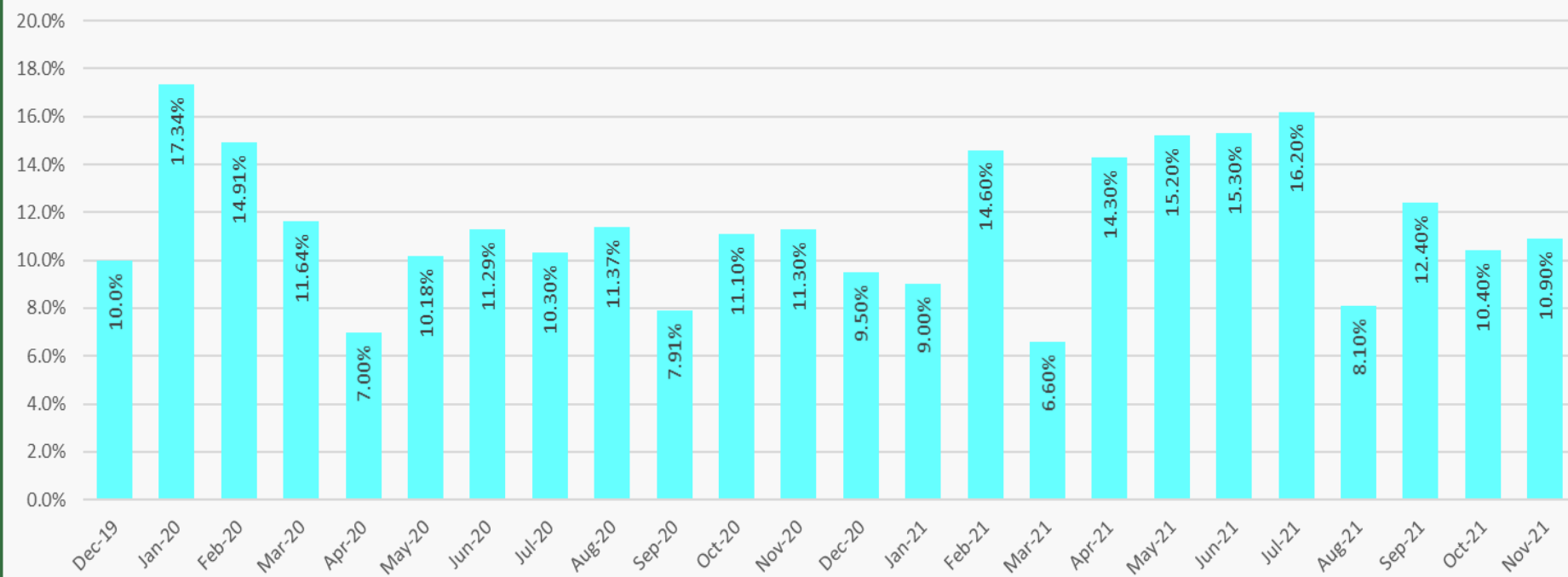
Hypoglycaemic, (STEMI)
Acute Coronary & Hip
fracture
A

QUEST

Self Assessment:
Strength of Internal
Control: Moderate

NB: Unable to report Dec-21 Clinical Indicators due to implementation of ePCR

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



Analysis

Clinical Outcomes: The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 10.9% in Nov-21.. Rates of ROSC are complex and determined by numerous factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 98.4% in Nov-21** a continued increase which saw it achieve the 95% target for the 6 of the last 7 months.

The ST segment elevation myocardial infarction (STEMI) indicator was previously an area of concern but has recovered in recent months, reporting 85.7% in Dec-21. The Clinical Audit and Effectiveness Department (CA&ED) undertook a deep dive of the STEMI compliance, and an improvement plan was agreed and is being progressed. These percentages refer to the application of a whole bundle of care.

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

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

Remedial Plans and Actions

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

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

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

Mortality Review: There has been a workshop planned to review DU Guidance and consider how this would work within WAST and how it would influence the Trust's current method of undertaking Mortality Reviews. Outcomes from this workshop will be presented in the next update.

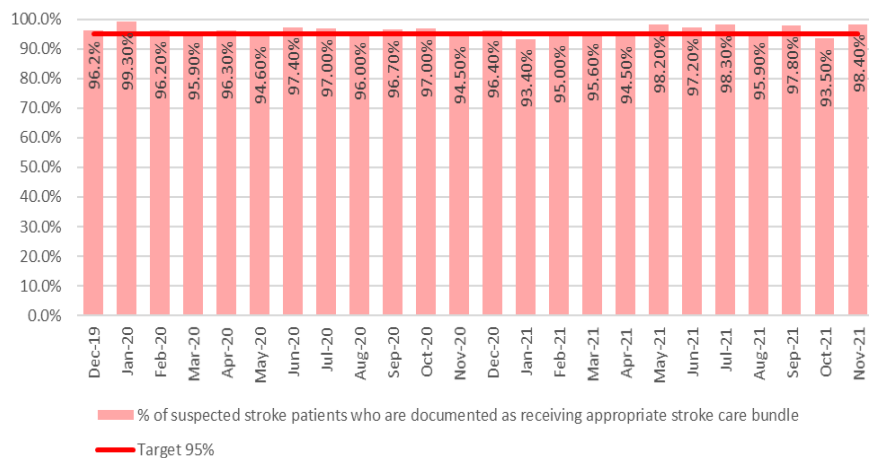
Expected Performance Trajectory

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

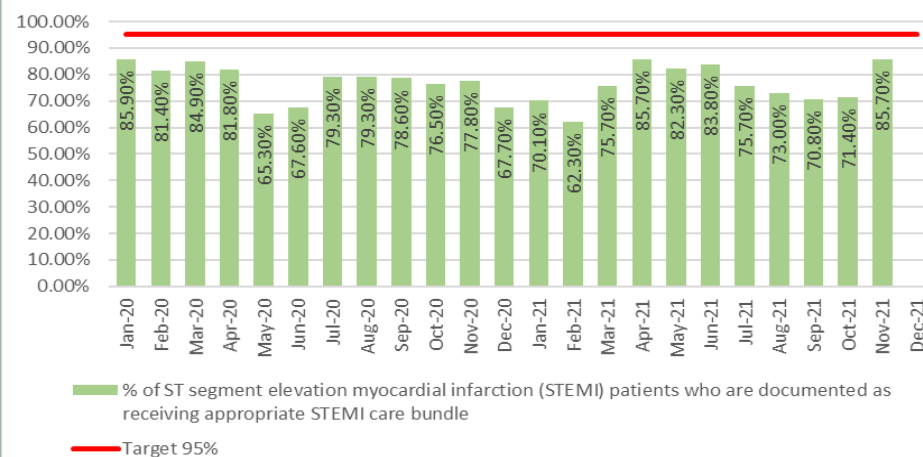
Mortality Review: The Senior Paramedic Role has now been fully implemented across the Trust, early evidence demonstrates the ability to implement learning from Mortality Reviews promptly supporting individual and organisational learning.

Mortality Reviews Data source: Internal Web Application

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



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



(Responsible Officer: Brendan Lloyd)

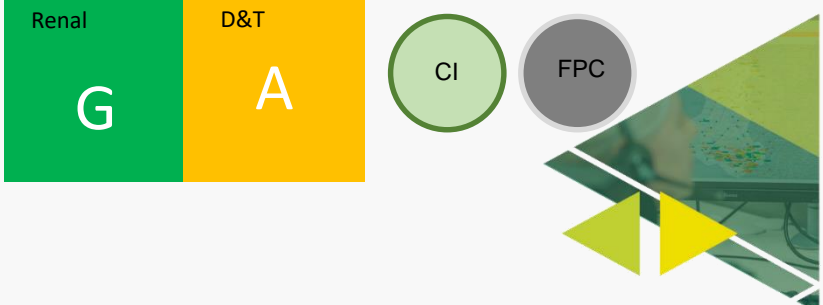
Welsh Ambulance Services NHS Trust



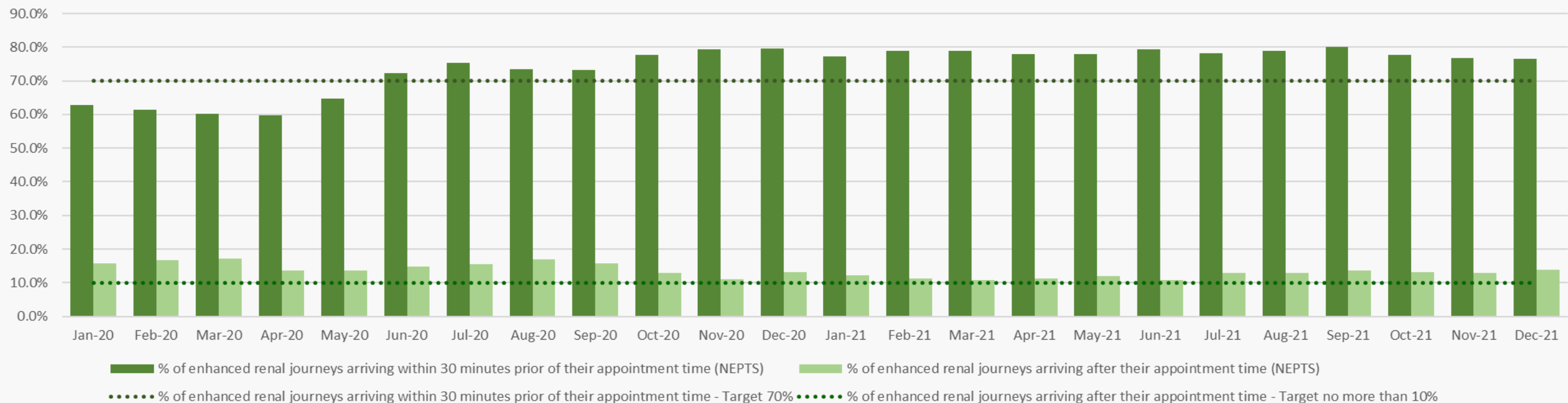
Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

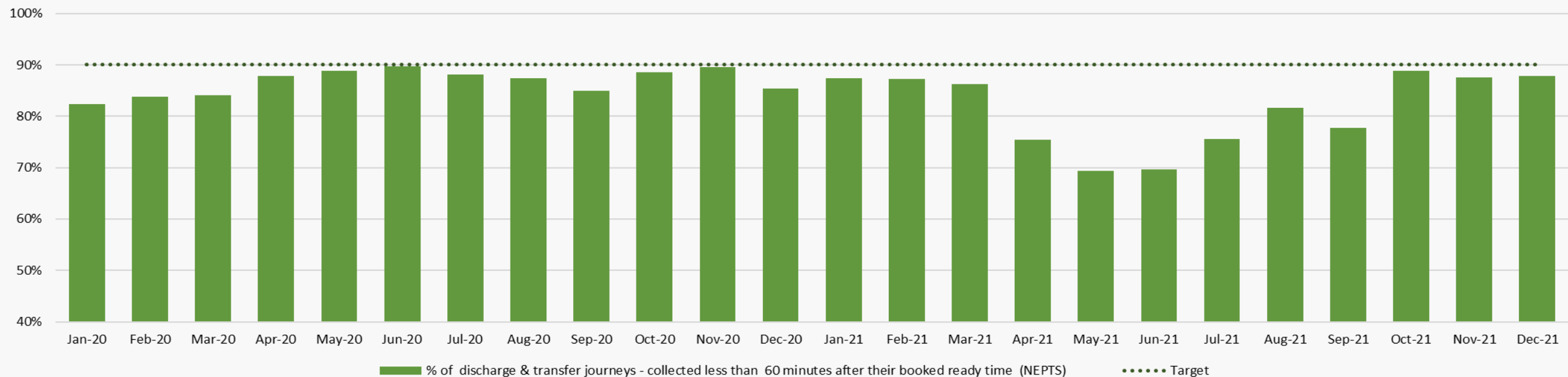
Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



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



Analysis

Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience. In Dec-21 88% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, the same as Nov-21. 76.6% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 13.9% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

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

Remedial Plans and Actions

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** As part of the Transport Solutions programme, work towards finding alternative transport solutions for non-eligible patients (to reduce demand);
- The NEPTS Demand & Capacity Review is completed and has been shared and discussed with commissioners during Q1, and action plans will be developed. The Review includes a range of benchmarks particularly around efficiency of our service, which will help to increase **capacity**;
- A recruitment campaign recently concluded to increase call taker numbers and work is ongoing regarding Patient Needs Assessment to reduce call times.
- Additional resources have now also been agreed with commissioners to secure additional capacity through the 365 framework (private providers) and this is being taken forward at pace (now live).
- Resource team are now at an advanced stage in reviewing UHP measurements to reflect current rosters and the plurality model.

Expected Performance Trajectory

At present, the uncertainty around demand means that it is difficult to forecast performance. The Trust is in dialogue with the CASC about short term funding beyond 31 Mar-22. The Trust, in agreement with the CASC, has agreed to further work in 22/23 on proposed roster keys with go live likely to be in Q1 23/24



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators



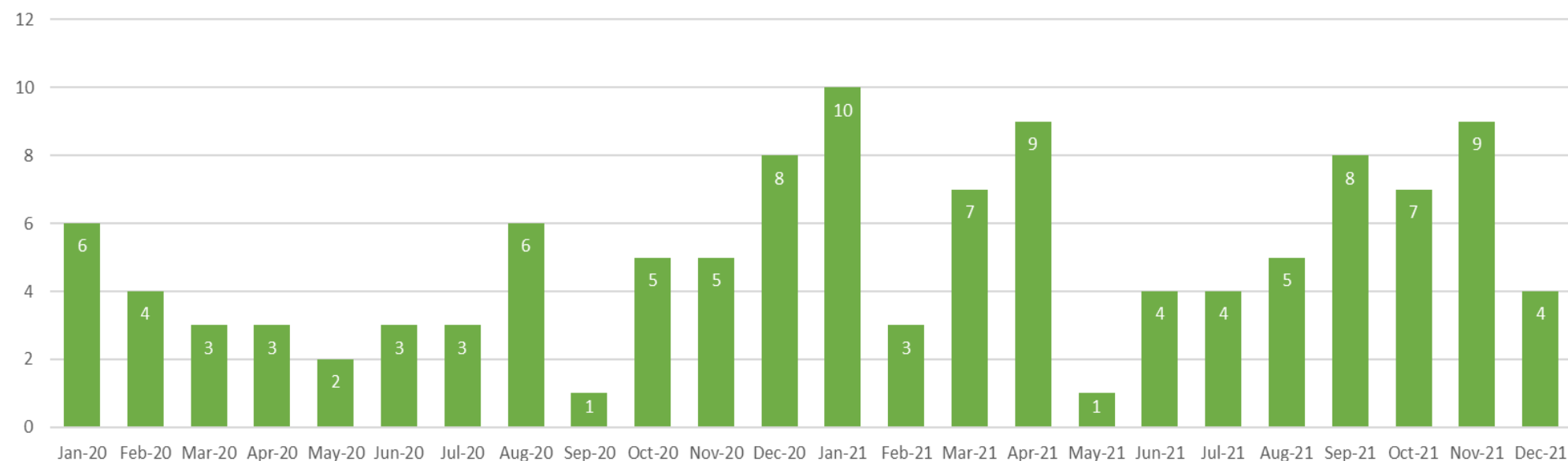
Self Assessment:
Strength of Internal
Control: Moderate



Health & Care
Standard
Health - Safe Care /
Timely Care



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



Analysis

The **percentage of responses to concerns** improved in Dec-21 to 70%, compared to 56% in Nov-21, although this is still lower than the Trust would like, this is the result of several factors, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in Dec-21 (48) when compared to Nov-21 (65).

There were 4 SCIF forums held in Dec-21, during which 44 cases were discussed, 4 of these cases were reported to the Delivery Unit and 23 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of NRIs is on an increasing trend. The sharp increase seen in Mar-Apr-21 and through Sep-Nov-21 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In Dec-21 there was 0 NRIs relating to Red calls, 1 in relation to Amber calls and 3 NRIs prioritised Amber that should have been Red.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In Dec-21 there were 0 complex cases and therefore 0 referred to redress panel.

In Dec-21 625 patients waited over 12 hours an increase compared to 606 in Dec-20 and 540 in Dec-19.

51 Compliments were received from patients and/or their families in Dec-21, the same as the previous month.

Remedial Plans and Actions

A range of actions are in place:-

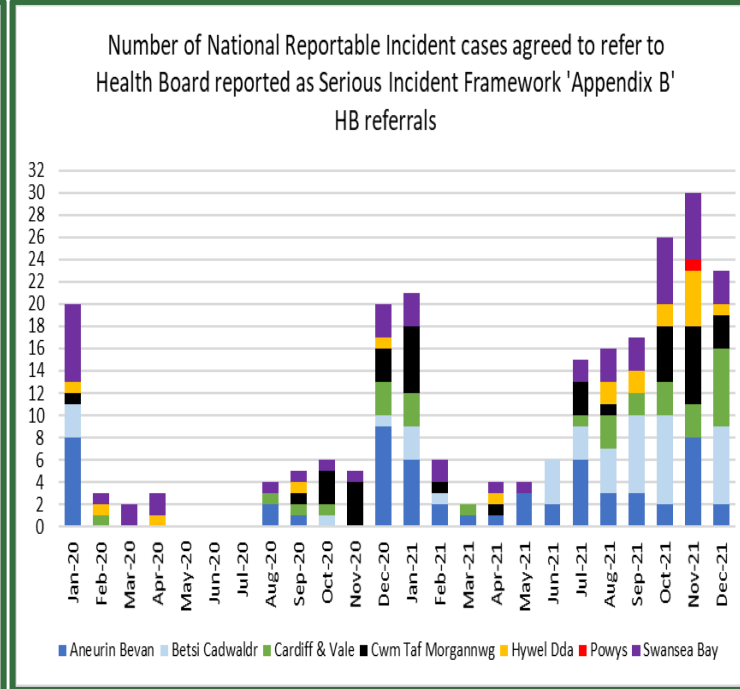
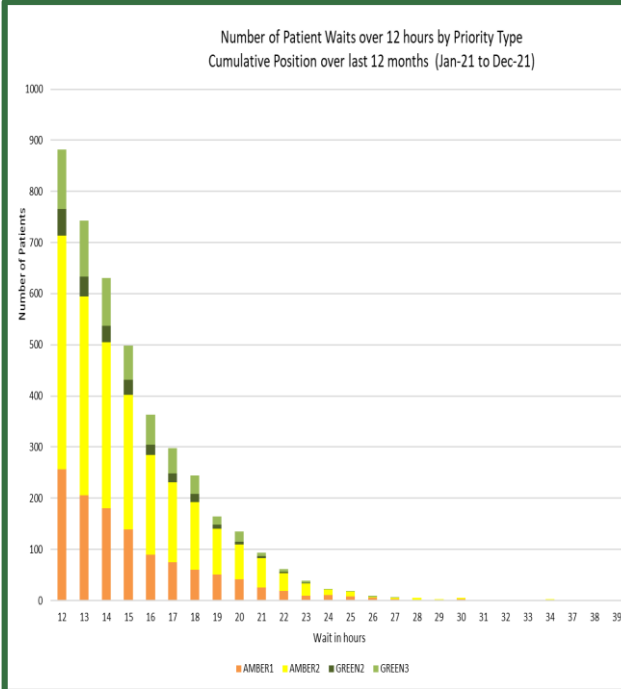
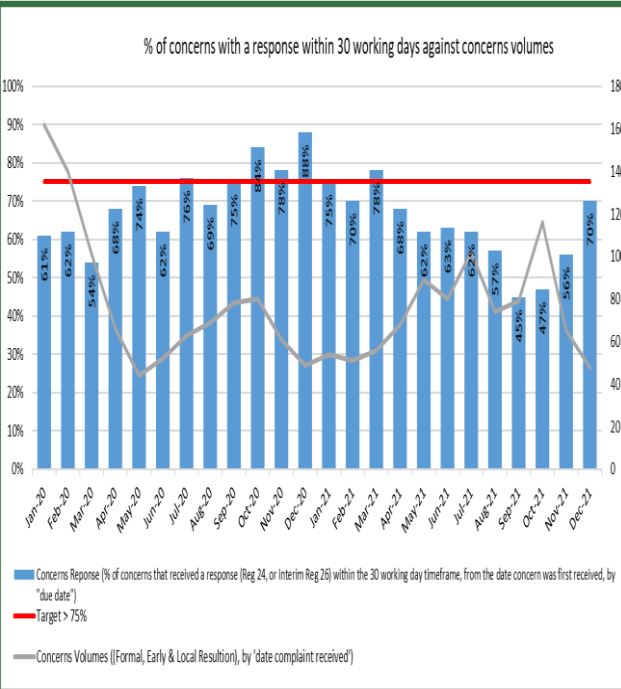
- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint SI investigations where the primary causal factor is in relation to delayed handover.
- The Trust continues to draw the learning from our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

An action is underway to enable future reports to present current months redress and complex case panel figures.

Expected Performance Trajectory

The Trust expects that the upward (worsening) trajectory will continue as we move through the winter period; however, the support from the FRS and military may mitigate this.

****NB: Dec-21 data is correct on the date and time it was extracted; therefore, these figures are subject to change**



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



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient Safety Indicators

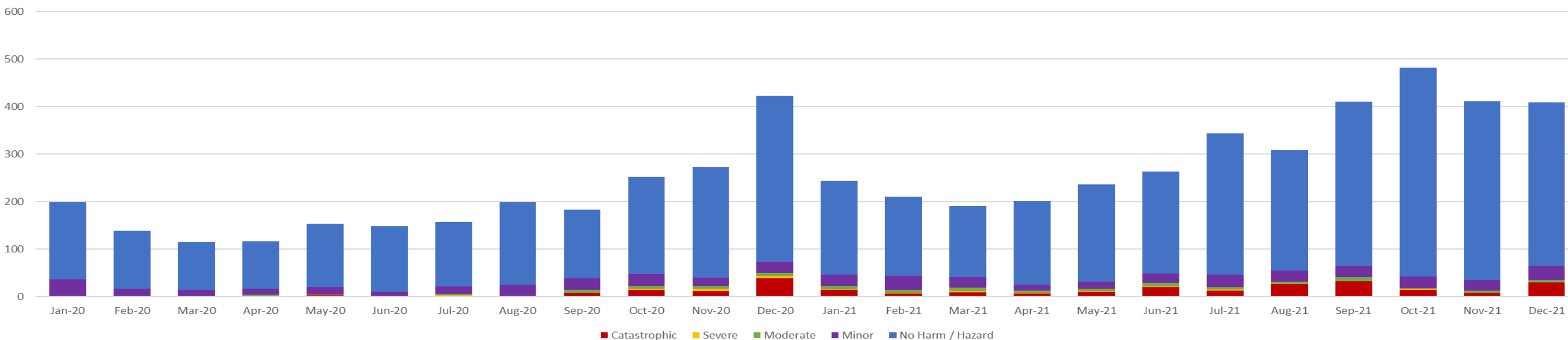
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

Health & Care
Standard
Health – Safe Care



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



Analysis

Patient Safety: The number of patient safety adverse incidents submitted within Dec-21 decreased to 409, 344 of these were in relation to incidents where there was no harm or hazard, 30 were minor, 5 were moderate, 0 were severe and 30 incidents were catastrophic. 275 cases were closed in Dec-21 in comparison to 287 in Nov-21.

Remedial Plans and Actions

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

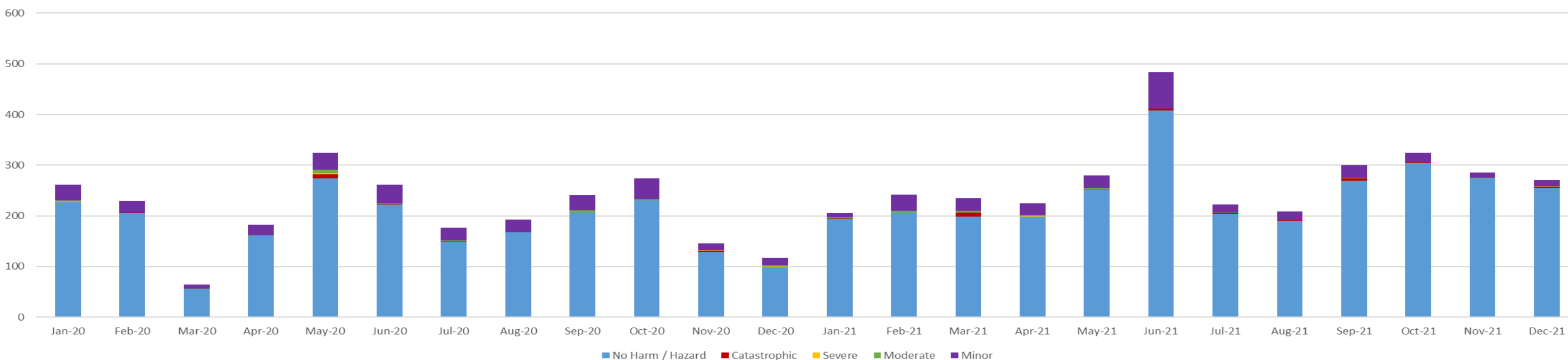
Expected Trajectory

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

Performance

****NB: Dec-21 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

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



Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Coroners and Ombudsmen Indicators

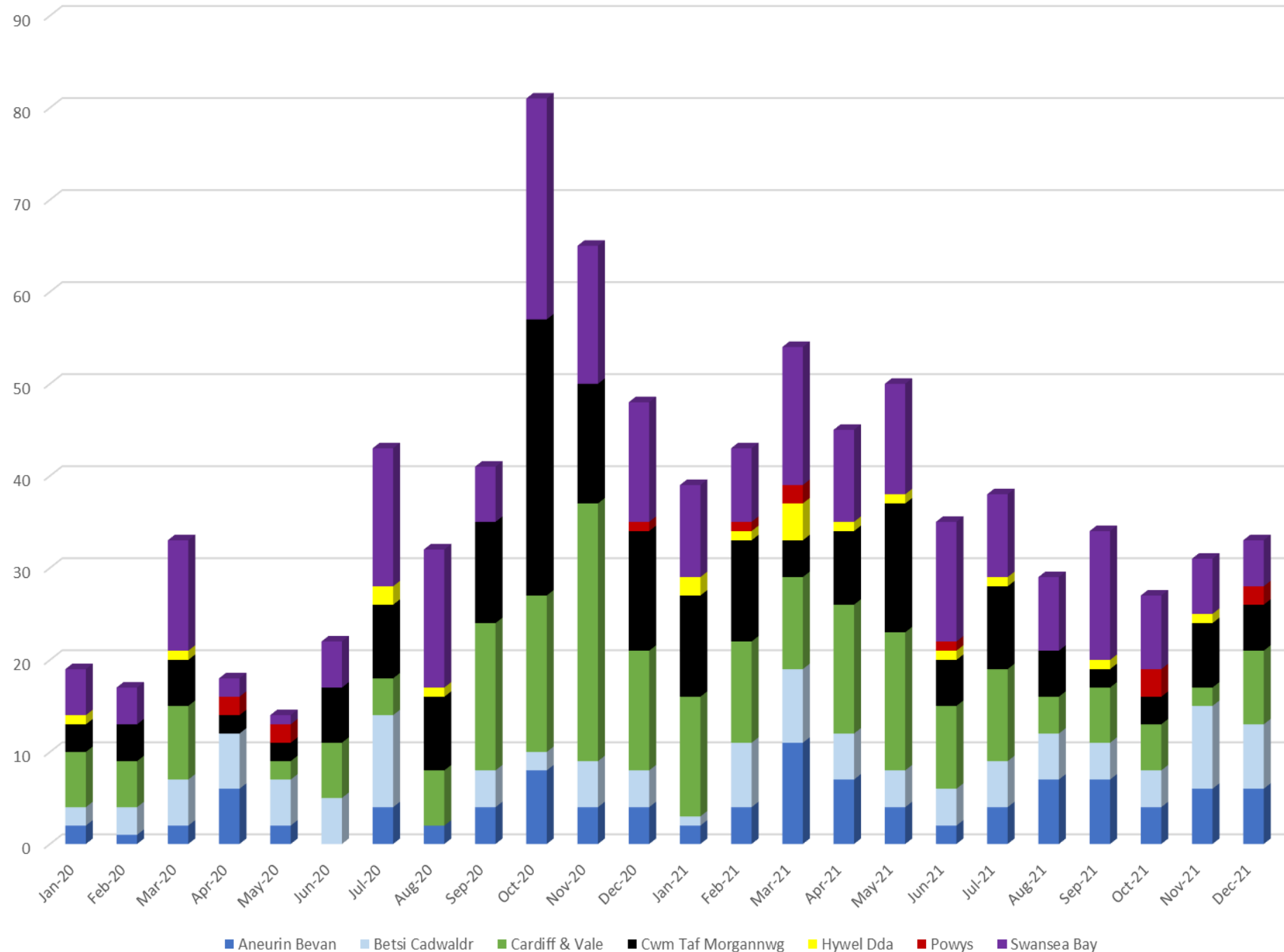
Self Assessment:
Strength of Internal
Control: Strong

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Health & Care
Standard
Health – Safe Care



Number of Coroner Requests by Health Board



Analysis

Coroners: In Dec-21 there continues to be no Coroners Cases which resulted in ongoing Regulation 28 cases. The number of in month requests, although reduced from 2020, continue to be in excess of the 2019 December figures. The timeliness of our response and unexpected deaths continues to be the main themes. This month has seen an increase in the work in hand, which is reflective of longer turn round times, given the time of year and the pressures already being experienced by operational staff.

Ombudsman: There are currently 15 open Ombudsman cases in Dec-21, with all information having been shared with the Ombudsman's office. Over recent years most approaches from the Ombudsman's office have related to the handling and response to calls, specifically surrounding delays. During the last 4 - 6 weeks there has been a marked change in focus; the Trust has been approached in relation to cases that relate to the clinical care provided.

Remedial Plans and Actions

Coroners: The Team is recovering from the unprecedented number of requests for information from Coroner's courts, that have been received from July 2020 onwards. There has been an increase in the number of cases in which staff attend to provide continuity evidence. The complexity of the requests remains high, with multiple statements being requested for each inquest. The pandemic has brought many challenges in relation to these requests, however inquests, where possible, continue to be heard remotely or hybrid (mixture of video, telephone, in person). This month has seen issues for the team, with the retirement of one member of staff and 50% of the team contracting COVID during the month. A paramedic on light duties has joined the team, to support his operational colleagues to complete statements.

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

Expected Performance Trajectory

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

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

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

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

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

Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

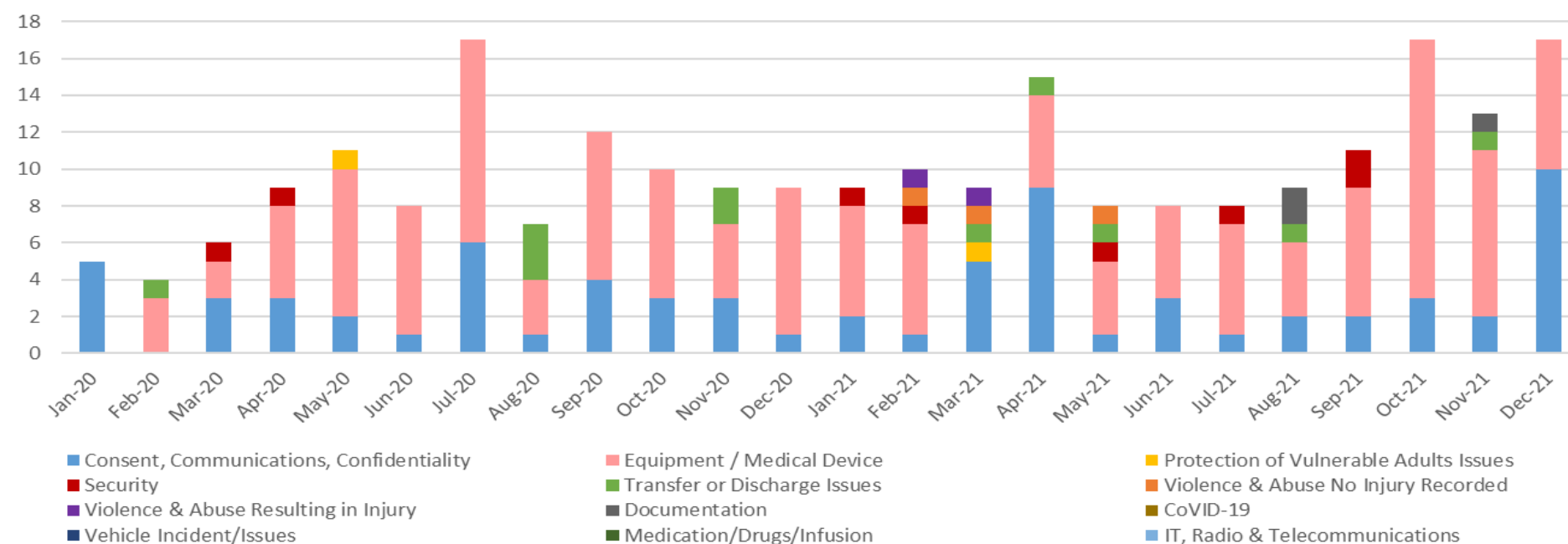
Health & Care
Standard
Health – Safe Care

Self Assessment:
Strength of Internal
Control: Strong

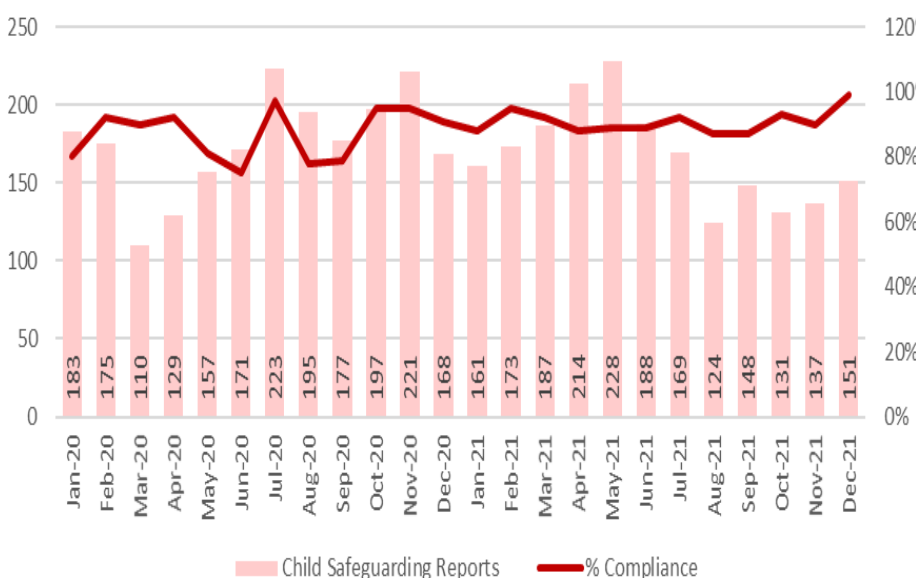
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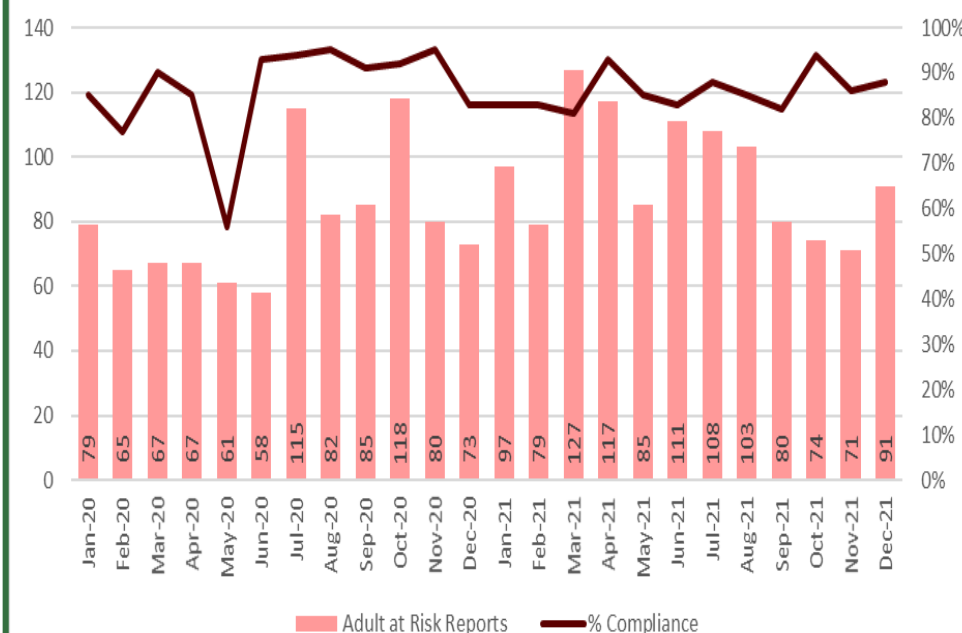
Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



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



Analysis

Safeguarding: In Dec-21 staff completed a total of 91 Adult at Risk Reports, an increase compared to Nov-21 when 71 were reported. 88% of these were processed within 24 hours during Dec-21.

There have been 151 Child Safeguarding Reports in Dec-21, an increase from Nov-21 when 137 reports were made. In Dec-21 99% were sent within 24 hours.

Data Governance: In Dec-21 there were 19 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, an increase when compared to Nov-21. 10 related to Consent, Communications or Confidentiality; 7 related to Medical Devices or Equipment and 2 related to 111 Call Handling issues. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place.

Public Engagement: There were 41 engagement events held this quarter (October – December 21), allowing engagement with 1,119 people. Due to the return of many coronavirus restrictions, a majority of these events were held virtually, though some were attended in person before restrictions were re-introduced. 122 surveys relating to the NHS 111 Wales website were returned. Working with colleagues in the NEPTS Team 264 NEPTS patient experience surveys were returned. 158 compliments were also logged and processed. Engaging with people and communities has continued to be a priority for the PEGI Team, this engagement allows us to share important information about Welsh Ambulance services with communities and allows us to collect feedback and experiences from people which help us to understand if our services are meeting their needs and expectations.

Remedial Plans and Actions

Safeguarding: The Trust now primarily manages reports digitally via Docworks and since this move the majority of delays have been as a result of staff being unavailable during weekends and Bank holidays to forward the reports to local authorities. Commencing 08th Nov-21 any paper reports will be sent directly to the Safeguarding Team via email. With the launch of direct transfer the Trust expects to see an improvement.

Data Governance: During the reporting period of the 19 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

Public Engagement: Within this reporting period we began to see an easing of coronavirus restrictions which allowed us to start and make a return to face to face engagement; however, the emergence of the Omicron variant saw many restrictions re-introduced. To ensure the safety of our Team members and communities this means a majority of our engagement work will return to happening virtually using online and digital platforms. We have previously reviewed and updated our existing processes and risk assessments to incorporate coronavirus safety elements. We will continue to monitor the current coronavirus situation and will only attend engagement events in the community if we feel it is safe and appropriate to do so.

Expected Performance Trajectory

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

Data Governance: An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards. The next submission date for the IG Toolkit is due 31 Mar-21.

Public Engagement: The PEGI Team will continue to share good practice with health boards, other stakeholders and colleagues at Ambulance Services across the UK. We will continue to proactively communicate with people and communities, sharing important information about Trust services and using them appropriately during the current period of increased demand. With the Trust currently being at its highest escalation levels, all non-essential work will be being paused and some PEGI Team members will be offering support to the Operations Directorate.

Safeguarding Data source: Doc Works



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

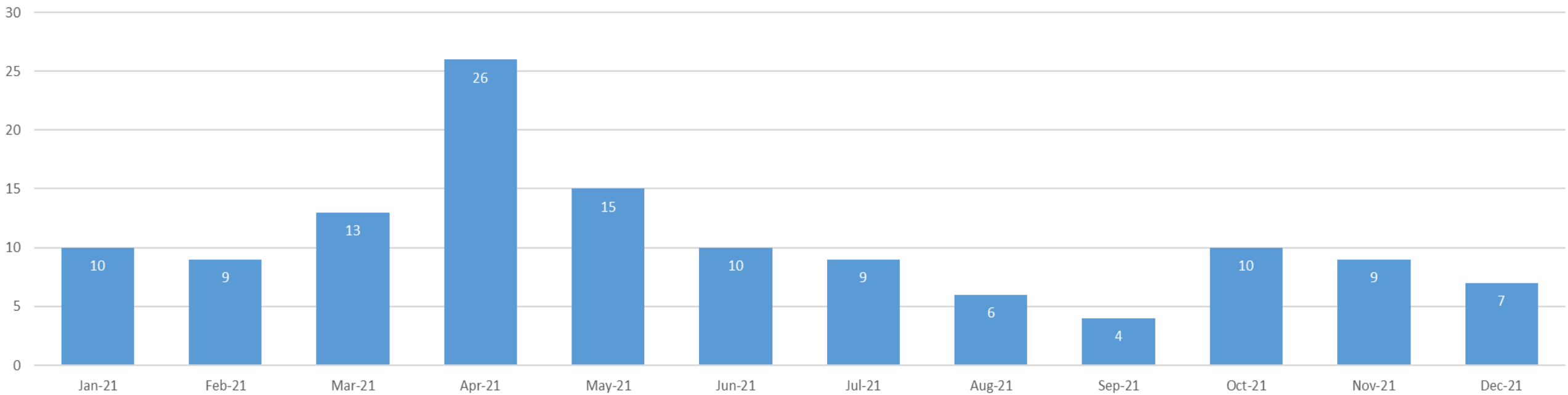
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

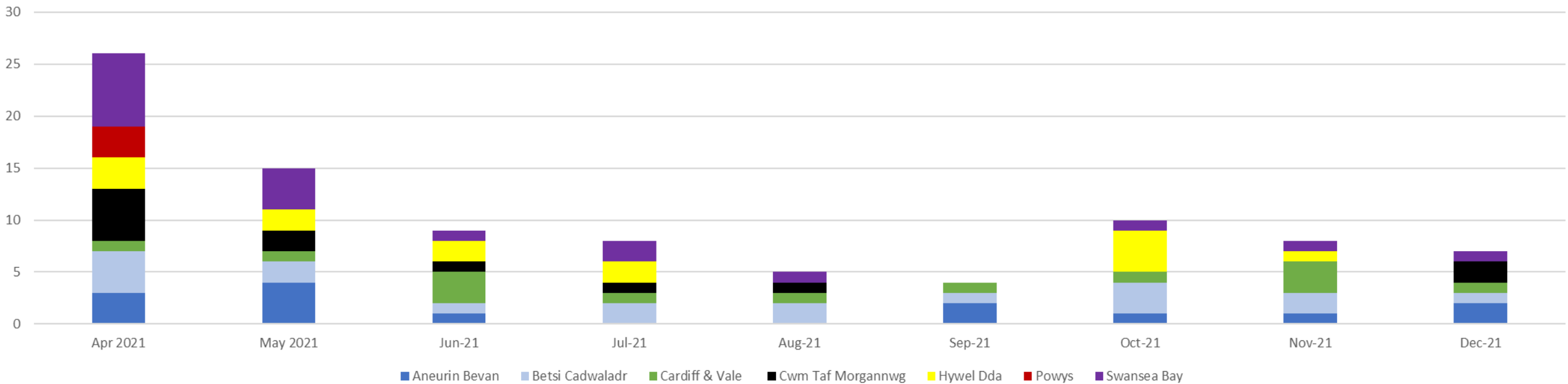
Health & Care
Standard
Health – Safe Care



Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 3 (Oct-Dec-21) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In DEC-21 RIDDORS reported were for ABUHB (2), BCUHB (1), CVUHB (1), CTMUHB (2) and SBUHB (1)

Remedial Plans and Actions

The Health & Safety Team has recently been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting.

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

Expected Performance Trajectory

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

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

****NB: Dec-21 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Corporate Risk Indicators

Self Assessment: Strength
of Internal Control:
Moderate - Strong

See
Table

Health & Care
Standard
- GLA3



CORPORATE RISK REGISTER: Summary

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	20 (5x4)	Finance and Performance Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee

Analysis

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter. The full Corporate Risk Register will be presented to Trust Board on 27th January 2022.

Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and emergence of long handover delays at Hospital Emergency Departments.

Remedial Plans and Actions

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

- QuEST Committee: 16th November 2021
- Finance and Performance Committee: 18th November 2021
- People & Culture Committee: 30th November 2021
- Audit Committee: 2nd December 2021

A full review of the data stored within the Corporate Risk register is currently undergoing a full review.

Data source: Electronic Risk Register



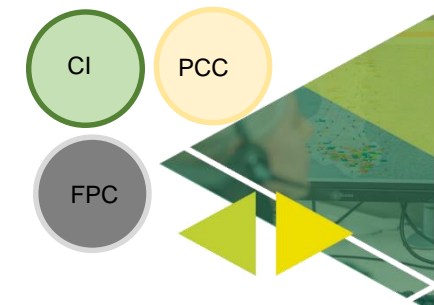
(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust

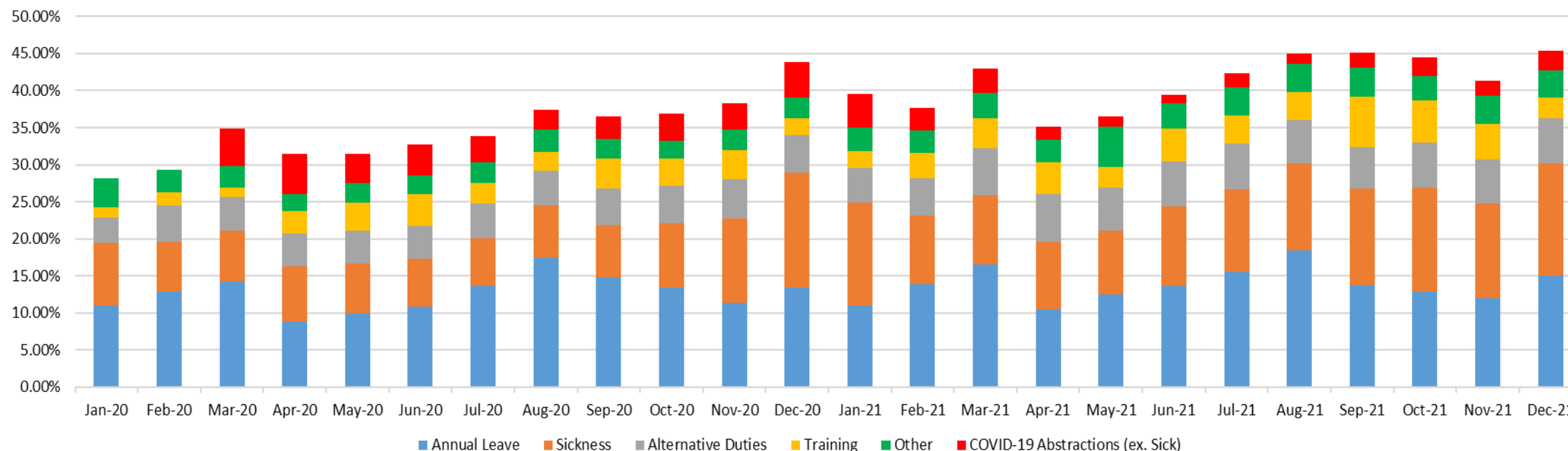


Our People

Ambulance Abstractions and Production Indicators



Pan Wales EMS Total Rota Abstraction Hours



Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours we produce. In Dec-21, total abstractions stood at 45.42%. This compares to a benchmark set in the Demand & Capacity Review of 30%. The highest proportion was sickness at 15.11% and Annual Leave at 15.04%. Sickness abstractions for Dec-21 were lower than the previous year (15.59%); however, CoVID-19 related abstractions increased in Dec-21 accounting for 2.67% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 96% in Dec-21 (73,635 Actual Hours), achieving the 95% benchmark. RRV UHP achieved 74% (14,762 Actual Hours) compared to 78% in Nov-21. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In Nov-21 the Trust produced 116,484 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably. From mid-Oct-21 Military support was re-introduced, and currently (from 05 Jan-22) 251 military personnel are providing support until 31 Mar-22.

The Trust moved to maximum escalation on 24 Aug-21 (REAP 4) and moved to Pandemic Plan Response Posture from 20 Dec-21. The Trust has introduced a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity have been actioned to help offset the level of abstractions.

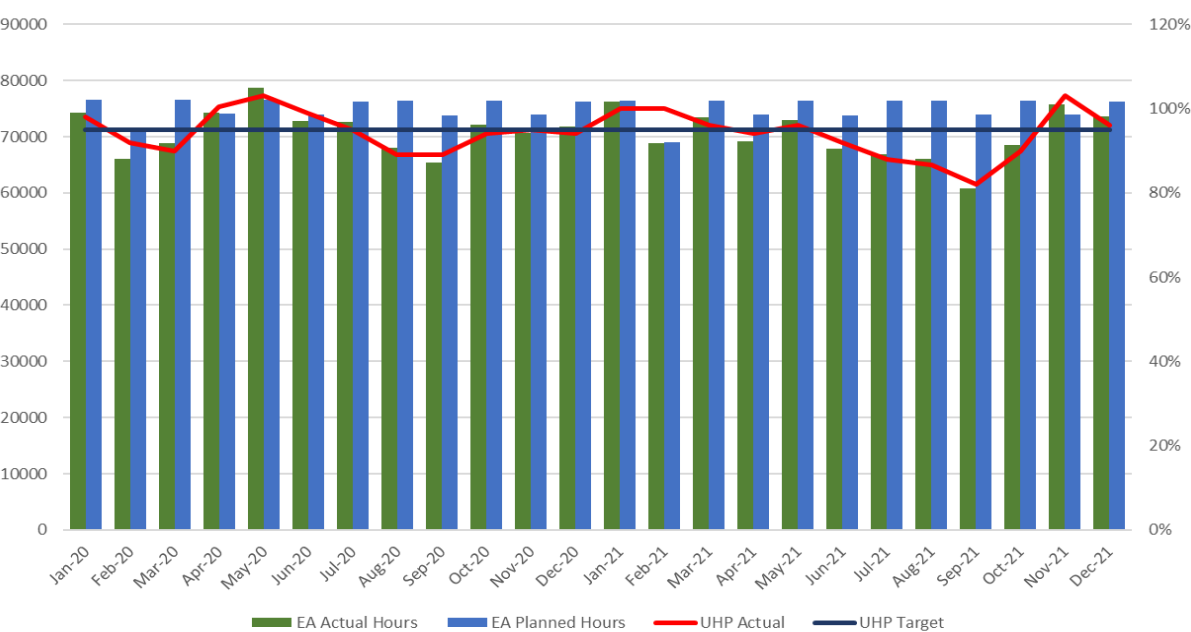
Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. The resumption of the Resource Availability Project (within the EMS Demand & Capacity Programme) is key to improving this overall metric under normal conditions. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 127 WTE to be recruited this year; however, the current impact of CoVID-19 means that the Performance Improvement Plan contains a range of tactical responses to increasing capacity in the short term e.g. military aid.

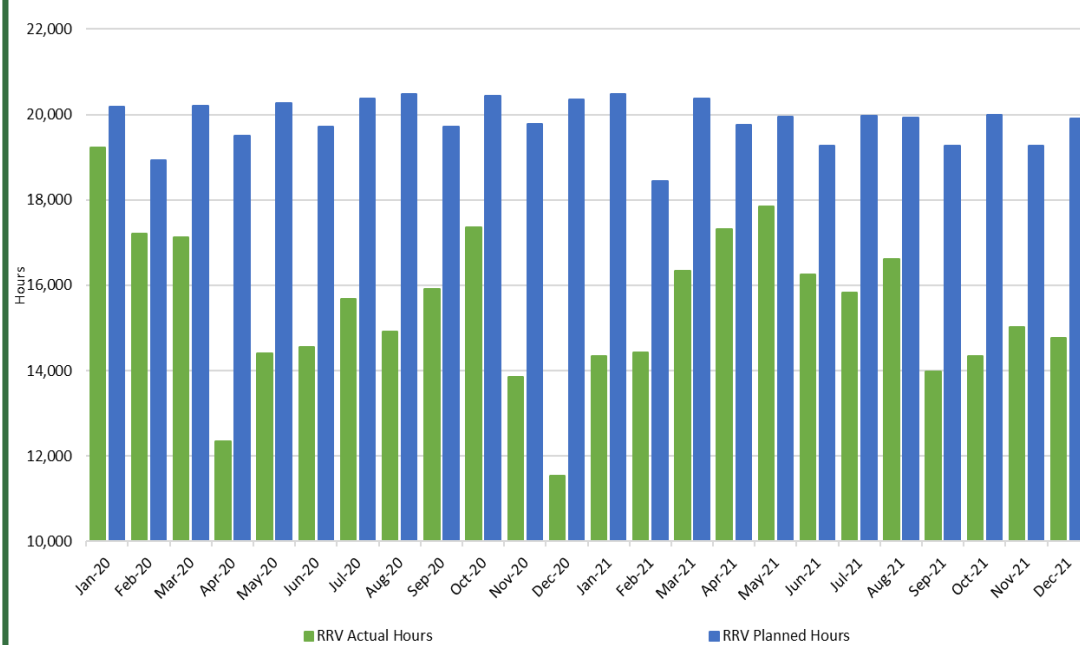
Expected Performance Trajectory

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

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

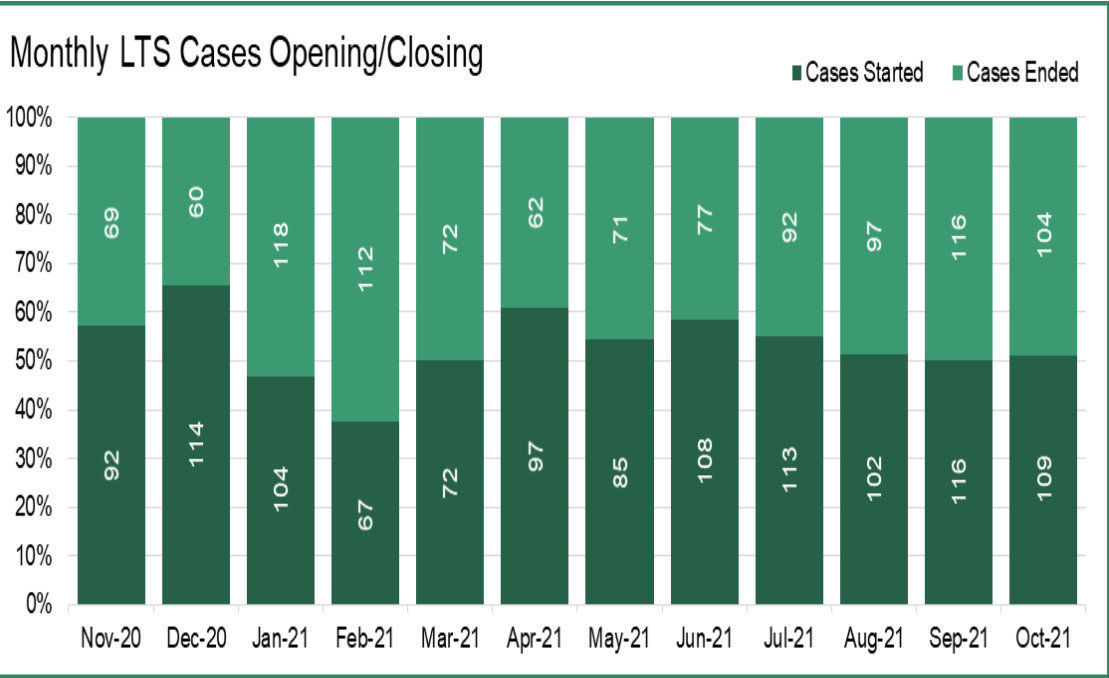
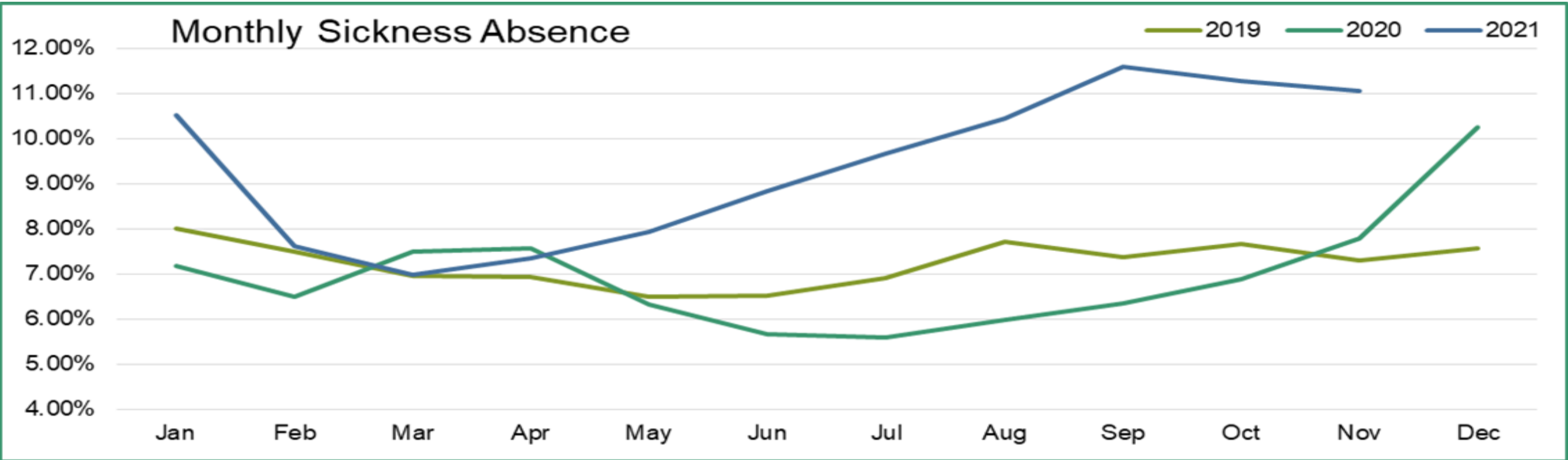


Our People Sickness Absence Indicators

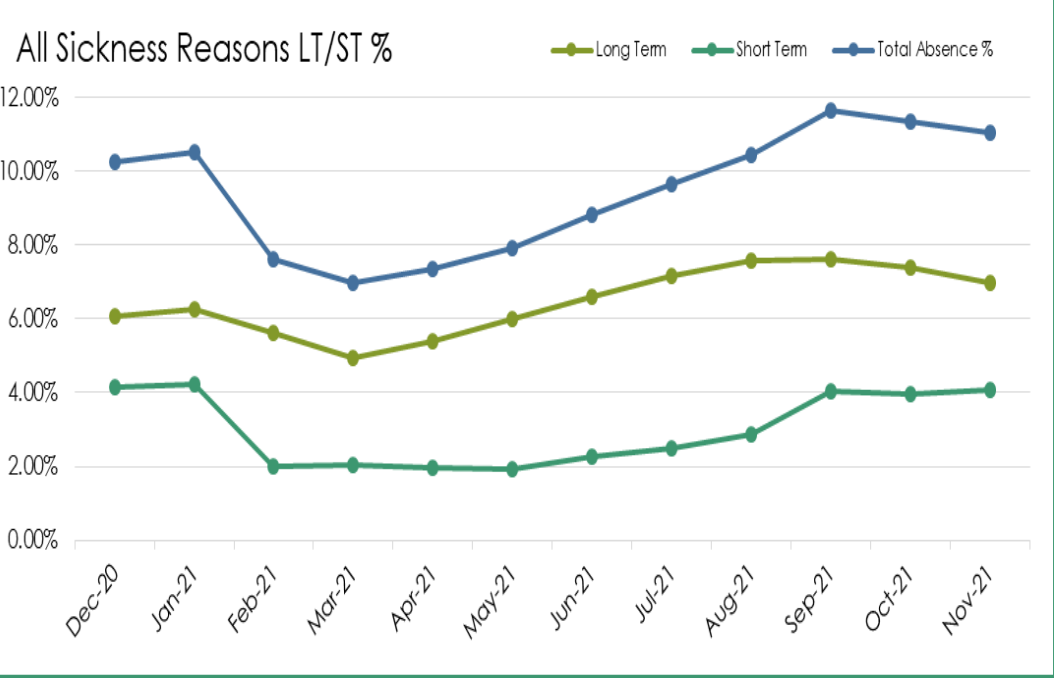
R

CI

NB: Dec-21 data not yet available to report



Average working days lost per FTE (Annual)	
21.62 days	
Single month Absence %	
11.06%	
Long Term	Short Term
6.97%	4.09%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.45%	(excluding Back) 1.36%



Analysis

The monthly sickness absence figure for Nov-21 was 11.07%, a decrease of 0.21% from last month; however, sickness levels are the highest recorded in a 5 year period with increases in both short term and long term absence.

- In Nov-21 22.1% of absence was attributable to Stress and Anxiety. 18.8% were as a result of chest and respiratory problems.
- Stress and Anxiety rates are lower than August despite current pressures.

Remedial Plans and Actions

- In the last two months, the Trust has seen a decline in overall absence; Sept-21 saw the highest percentage since the start of the pandemic (11.60%).
- Covid-19 absence (FTE) declined to 2.51% in Nov-21 with 37 cases of long-term CoVID-19.
- The restructuring of the Operations Directorate on ESR has seen Integrated Care (NHSD111) and EMS Co-ordination (CCC) rise above EMS i.e. the sickness rate when combined.
- Physiotherapy referrals fell in Oct-21 to 27 with 47% of these off work at time of referral. Majority of referrals were for back symptoms.

Expected Performance Trajectory

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



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



Our People

Staff Vaccination Indicators

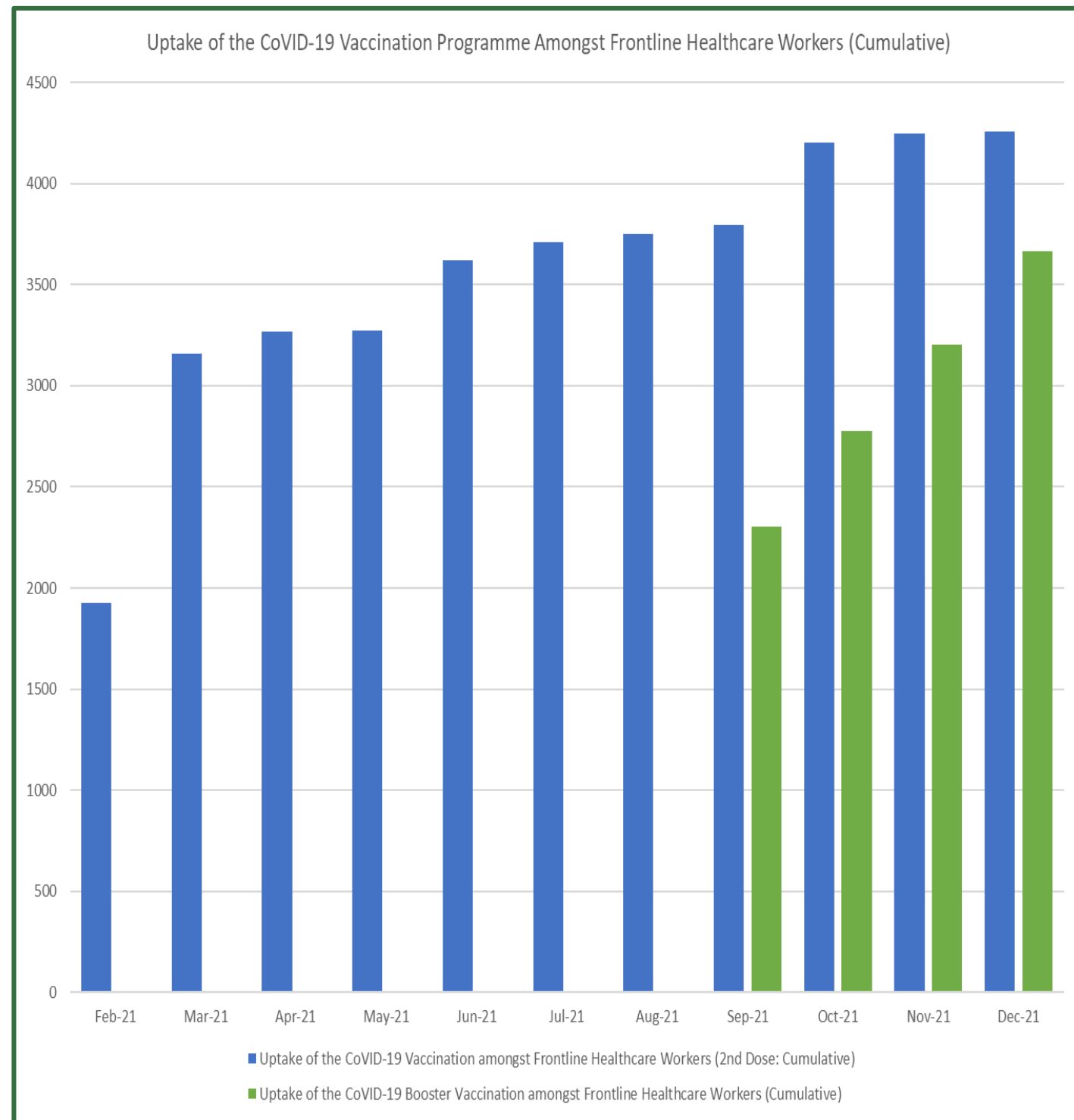
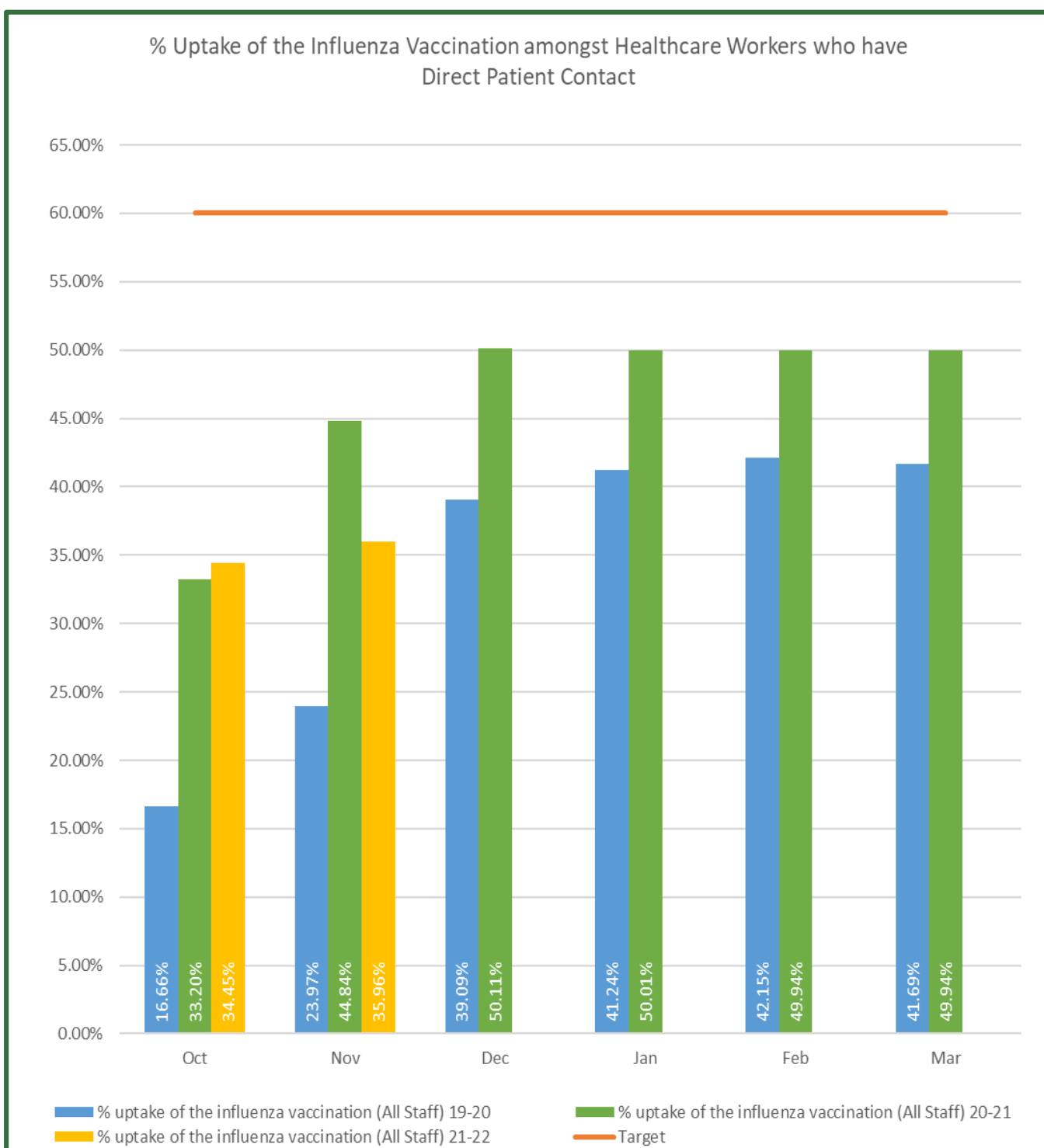
Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

CI

PCC

Health & Care
Standard
- Health (PPI)



Analysis
The 2021-22 flu campaign got underway in Oct-21 and as indicated in the graph to the left 35.96% of EMS (response) and NEPTS staff. received a vaccination.

Of the 4,532 staff currently employed (All staff), 95% of frontline (Patient Facing), 95% frontline (Not Patient Facing) staff have received a first dose vaccination and 3,665 of all staff employed have received a booster dose of the CoVID-19 vaccination; accounting for 82% of frontline.

Remedial Plans and Actions
Staff data has been refreshed to accurately staff numbers employed by WAST.

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

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



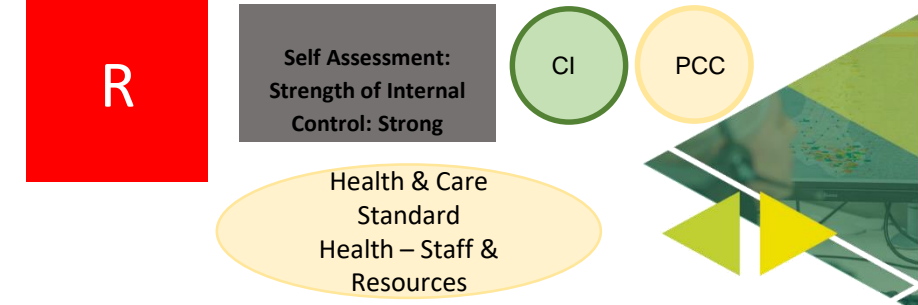
(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust

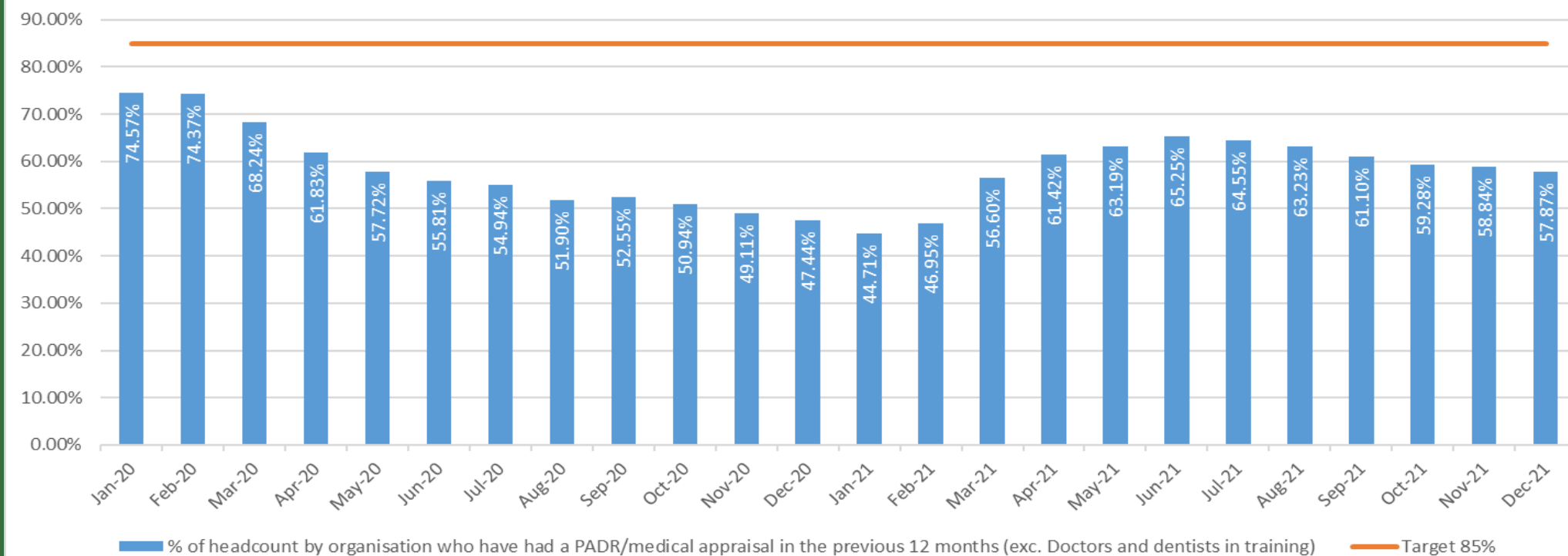


Our People

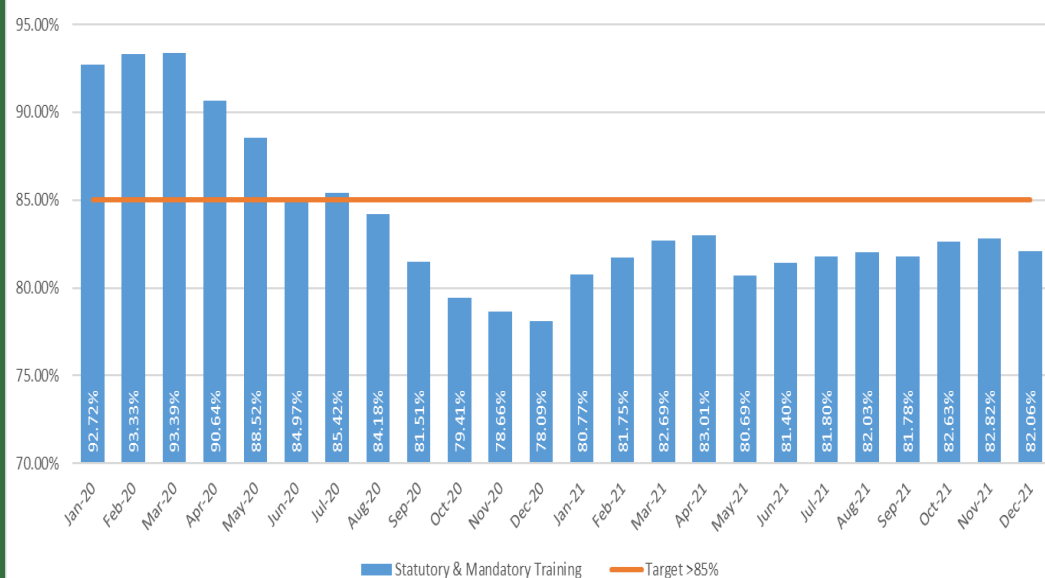
PADR and Training Rates Indicators



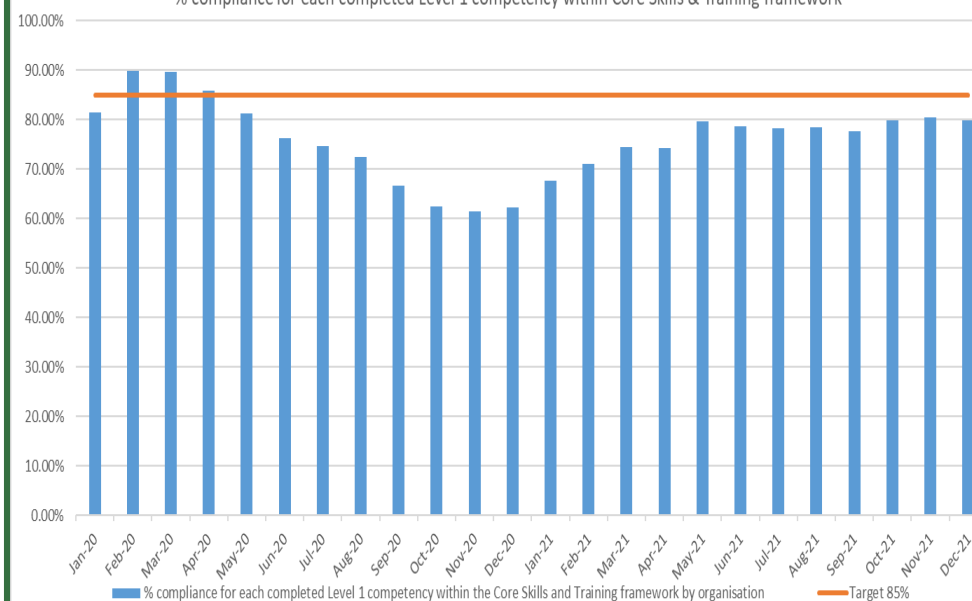
% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



% Compliance Statutory and Mandatory Training (10 CSTF Modules)



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



Analysis

PADR rates for Dec-21 declined to 57.87%, continuing to remain below the 85% target. Dec-21 Statutory & Mandatory Training rates decreased by 0.76% from the Nov-21 figure and fell short of achieving the 85% target. Fire Safety (58.98%), Information Governance (82.16%) and Moving & Handling (71.65%) all failed to achieve the 85% target; however Safeguarding Adults (85.47%) did achieve the target in Dec-21.

In Dec-21 Band 6 Paramedic Competency rates are 83.92% for year 1, 78.41% for year 2 and 62.12% for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity.

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

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

Remedial Plans and Actions

The Learning and Development team will continue to utilise targeted communication via Siren and Yammer using the #WASTMakeItHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via the WAST Facebook page.

Expected Performance Trajectory

The outlook for 2021 is unclear, a third wave of the CoVid-19 pandemic has resulted in the Trust again moving out of the Monitor Phase and again into a Response Phase resulting in increased pressures in the work environment and less opportunity for training and development.

Data source: ESR



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



Finance and Value

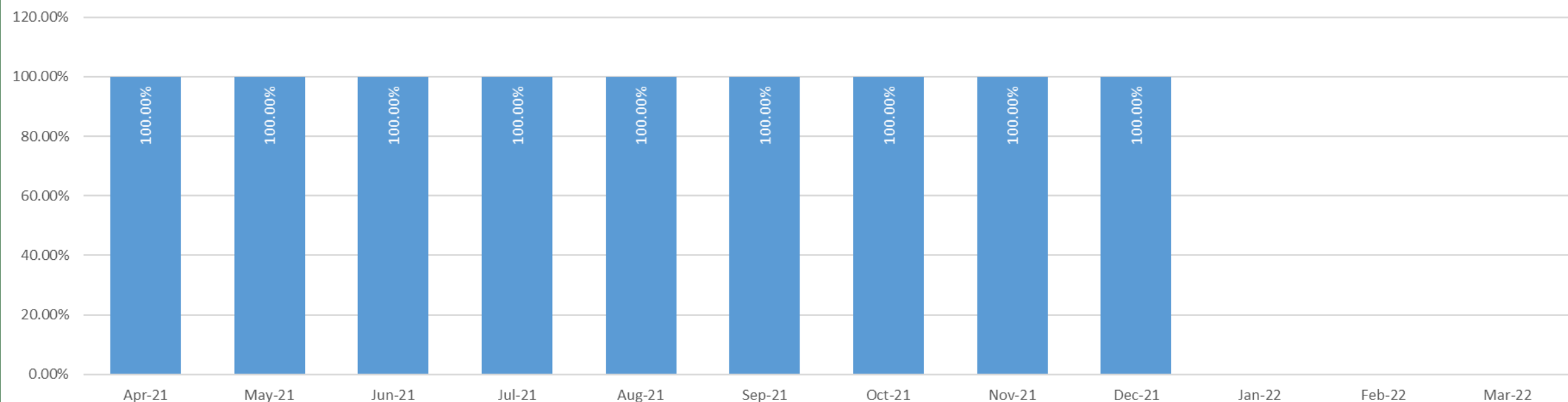
Finance Indicators

G

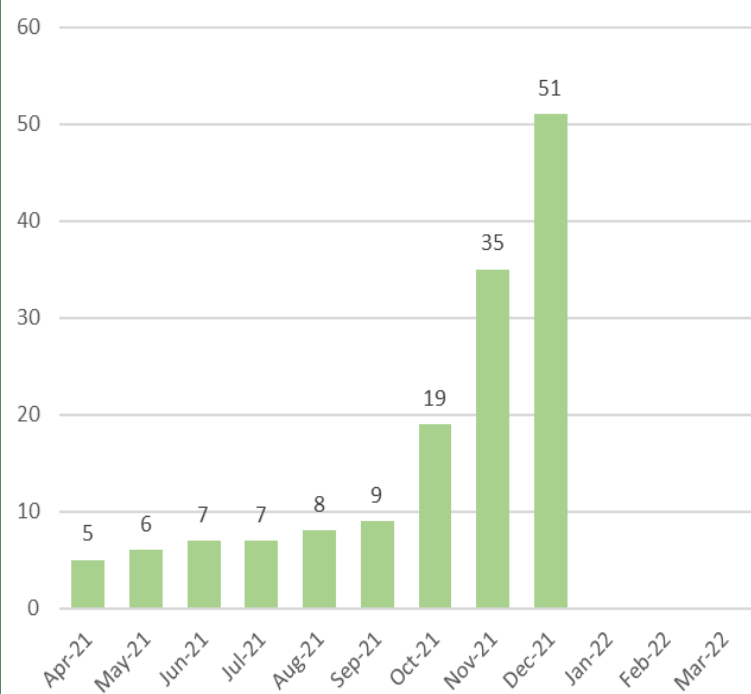
FPC



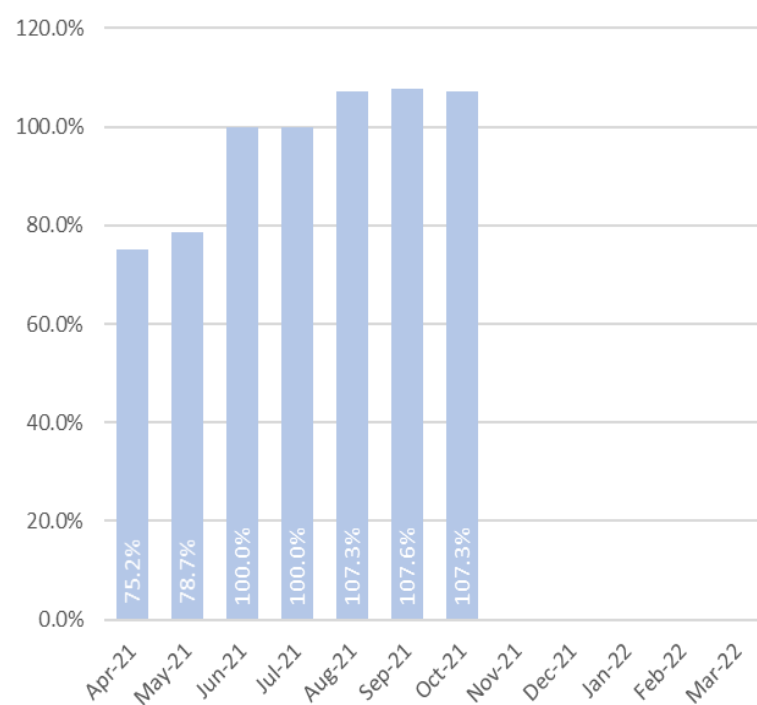
Financial balance - annual expenditure YTD as % of budget expenditure YTD



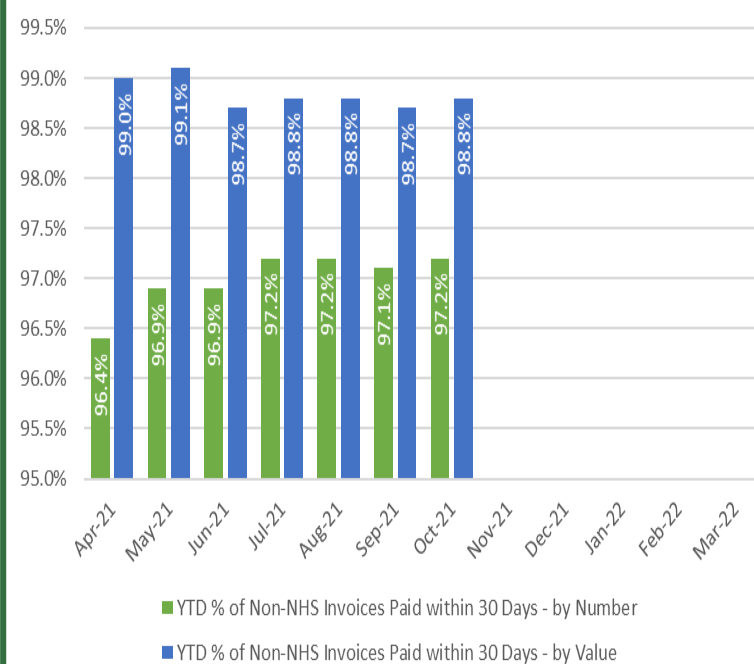
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Analysis

As of Dec-21 the reported outturn performance at month 9 is a surplus of £51k.

For month 9 the Trust is reporting planned savings of £2.362m and actual savings of £2.497m, an achievement rate of 105.7%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Dec-21 was 97.2% against a target of 95%.

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

Remedial Plans and Actions

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

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

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

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

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2021/22.



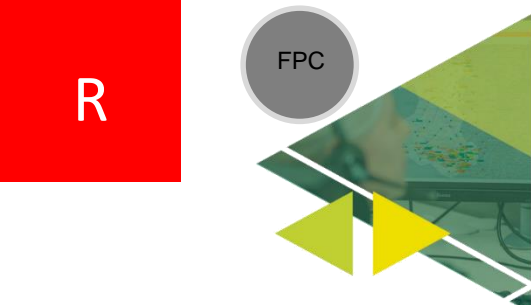
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

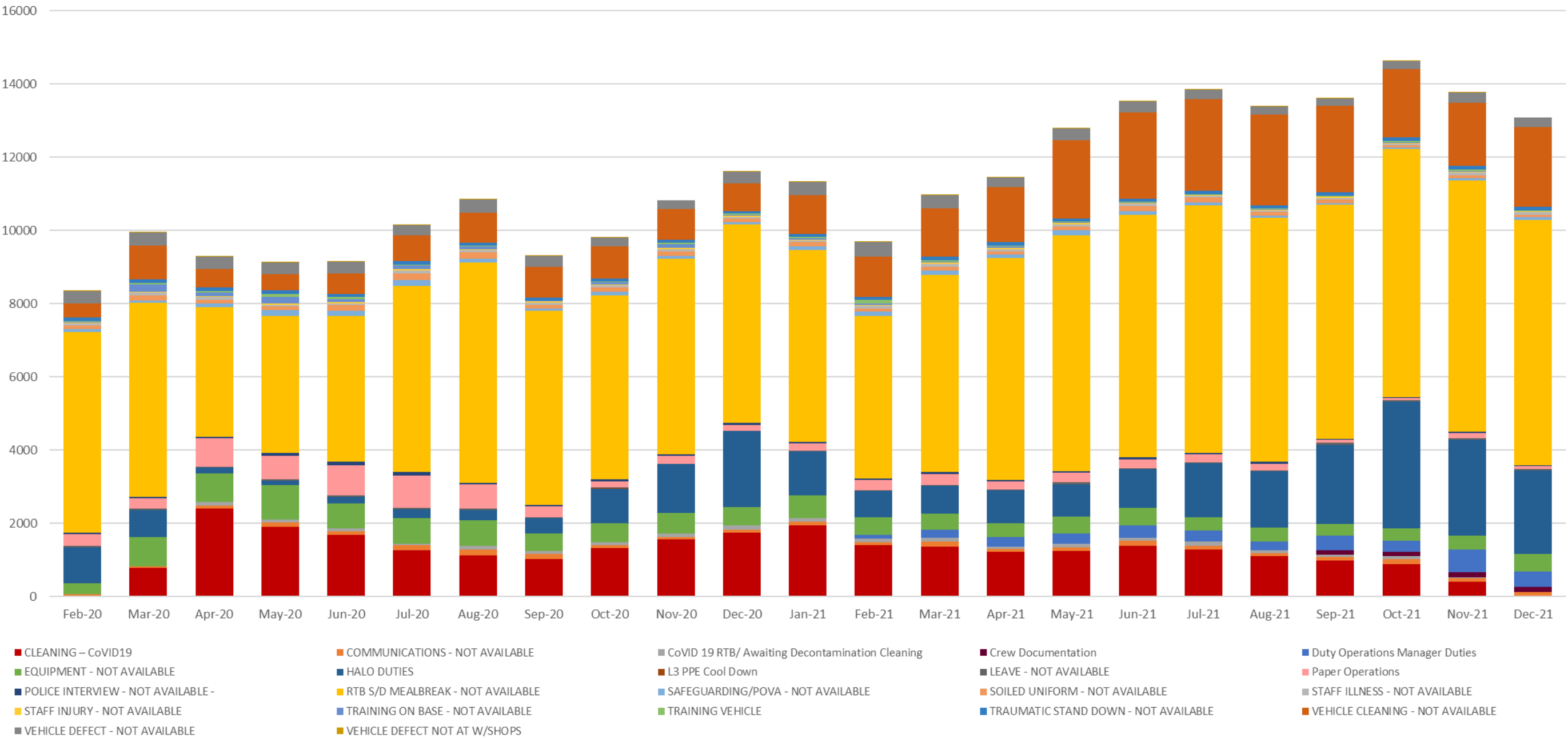


Value / Partnerships & System Contribution

EMS Utilisation & Post Production Lost Hours Indicators



Post Production Lost Hours - By Unavailability Reason



Analysis

There were 16,063 hours lost in Dec-21; of this 13,099 were to APP, EA, RRV and UCS vehicles which continues to show high levels compared to previous months (PPLH). The highest number of hours were lost to EA vehicles, accounting for 9,283 in Dec-21.

In Dec-21 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (6,708 Hours), HALO duties (2,297 hours) and Vehicle cleaning (2,168 hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

Remedial Plans and Actions

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

Expected Performance Trajectory

The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favourably with two other ambulance services, but less so with a third. Contact is being sought with this third service.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

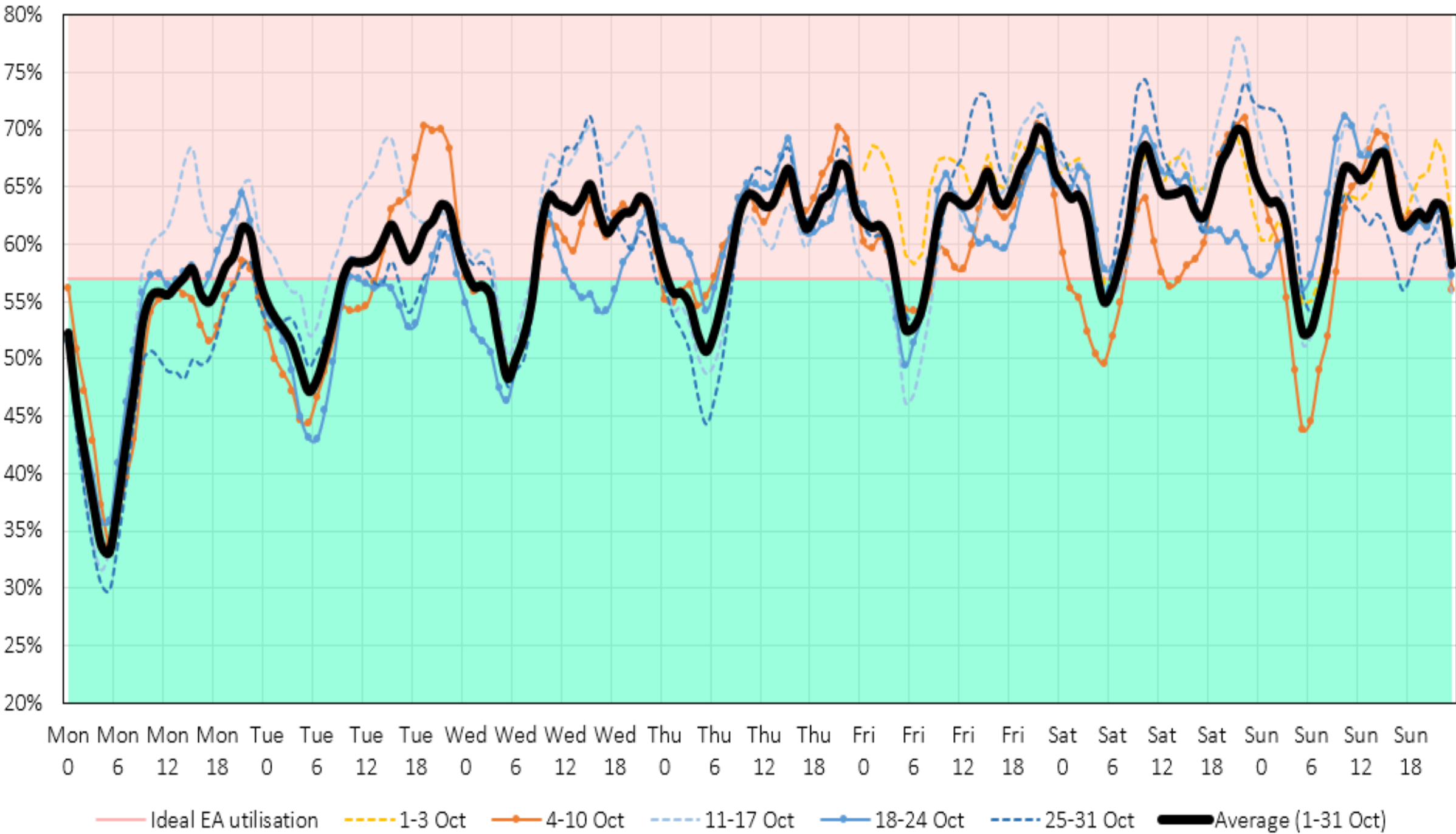


Value & Partnership Contribution Utilisation Indicators



Slide Under Development to provide Net Utilisation – No Update available

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



Analysis

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

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

The chart shows that's the EA utilisation has consistently been much higher than we would like in Oct-21; this extensive utilisation also explains why response times have been much slower than desired.

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

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

Remedial Plans and Actions

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

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

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

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

Expected Performance Trajectory

The Trust expects utilisation to improve as more hours are put into the system, however this is being offset by current handover levels.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

111 Hand Off Metrics and 111 Consult & Close Indicators

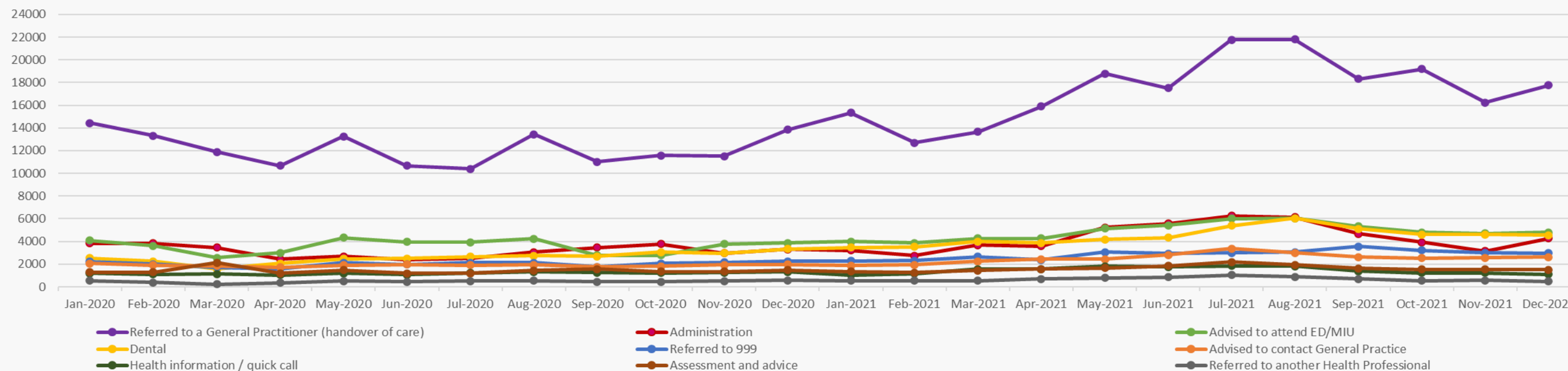
Influencing Factors – Demand and Clinical Hours Produced

G

FPC



111 Calls By Final outcome



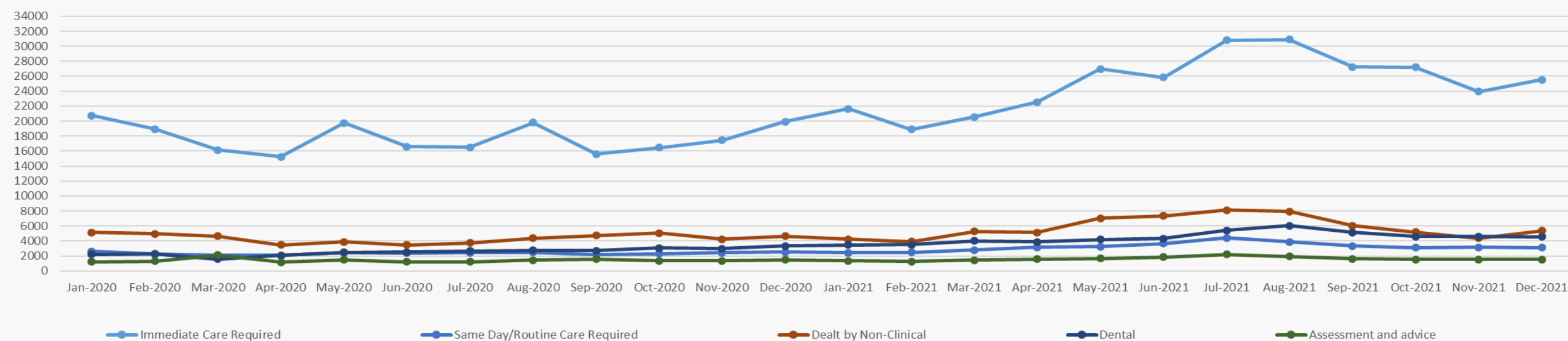
Analysis

In Dec-21 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 44% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (17,769), advised to attend ED/MIU (4,807) and Dental calls (4,552).

In Dec-21 40,077 calls were received in the 9 categories displayed in the top graph, an increase when compared to 37,611 in Nov-21, 36,006 in Dec-19 and 31,938 in Dec-20.

111 Calls by Final Outcome



Remedial Plans and Actions

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

Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data.



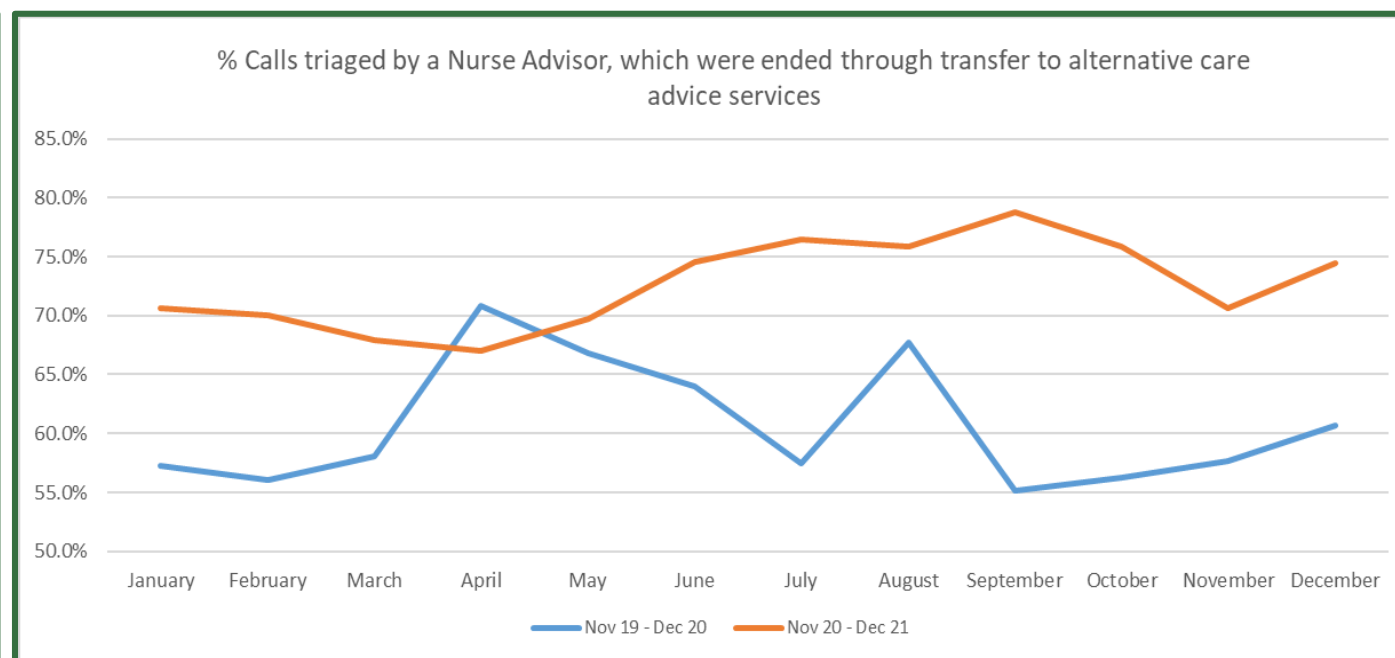
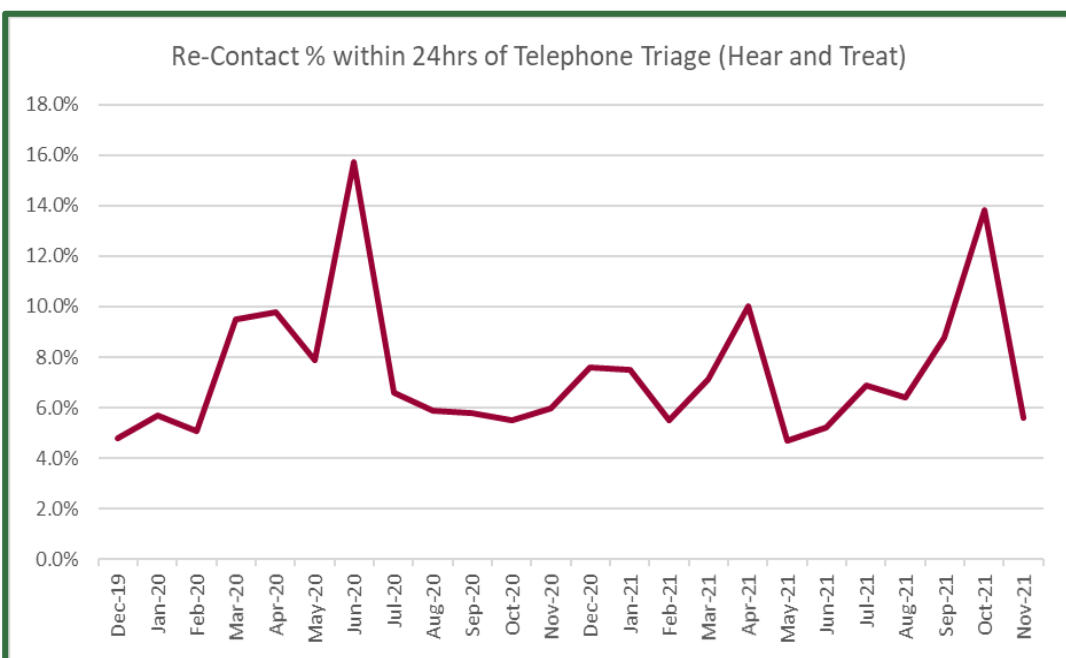
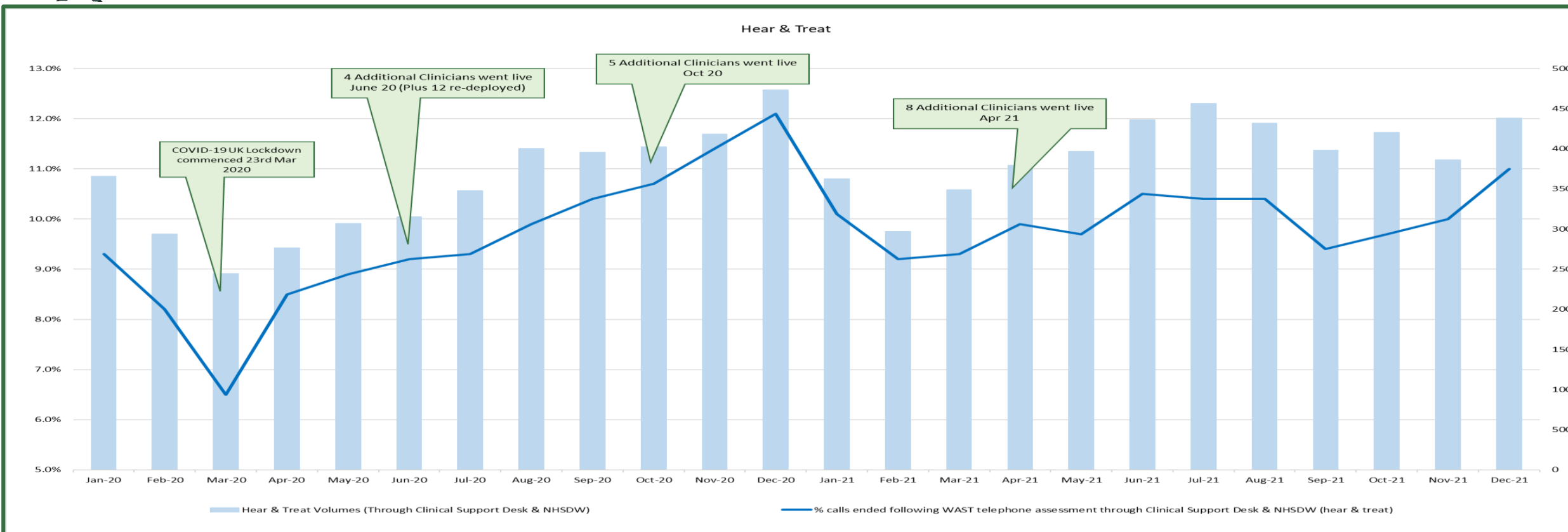
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Partnerships / System Contribution

Hear & Treat Indicators



Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 11% performance in Dec-21, therefore achieving the 10.2% target.

7.1% of hear & treat volumes were achieved by the CSD in Dec-21. In comparison, 3.9% of hear & treat was by NHSDW/111.

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

Re-contact rates in Nov-21 were 5.6% a decrease compared to 13.8% in Oct-21, but an increase compared to 6.0% in Nov-20.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased month on month to 74.5% in Dec-21; by comparison, this figure was 60.7% in Dec-20.

Remedial Plans and Actions

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. The predicted impact on hear and treat rates is currently being considered.
- Commissioners have agreed funding for 4 FTE mental health practitioners into the 999 clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Recruitment complete, onboarding in Feb-22.
- Commissioners have also agreed to fund an additional 36 paramedics (achieved) into the clinical service desk, to be backfilled through recruitment of additional EMTs and ACA2s respectively. Work is ongoing to develop the service model in a department that will therefore almost double in size.

Expected Performance Trajectory

The current benchmark is 10.2% hear and treat rate. This benchmark is currently under review and expected to increase as part of the development of the 2022-25 IMTP and associated forecasting and modelling.



(Responsible Officer: Lee Brooks)

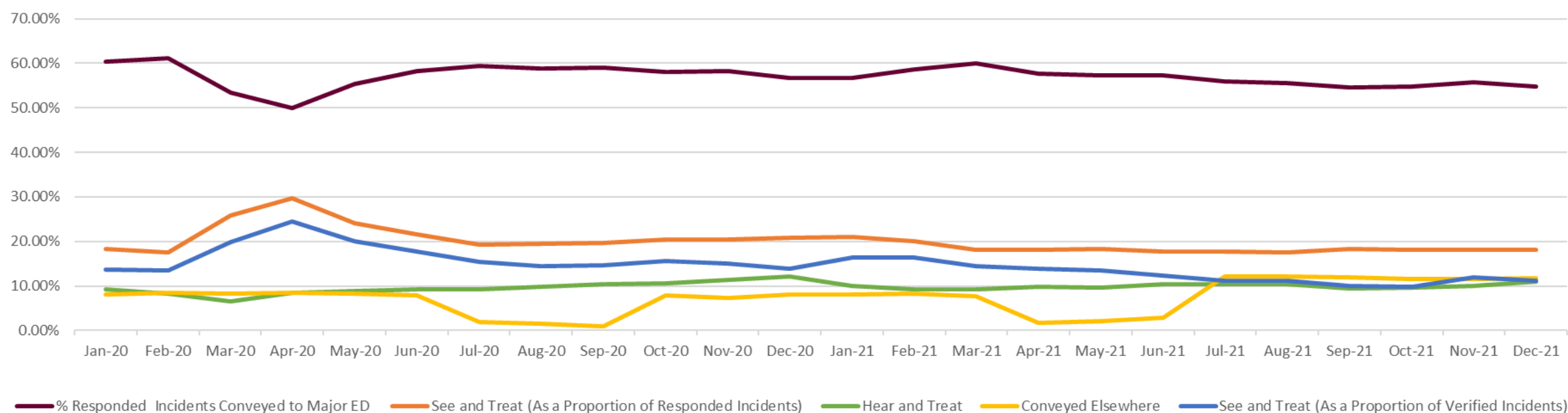
Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Conveyance to ED Indicators



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



Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In Dec-21 conveyance to EDs as a proportion of total verified incidents was 33.92% (compared to 37.72% in Dec-20).

The combined number of incidents treated at scene and referred to alternate providers decreased in Dec-21 when compared to Nov-21. 2,024 incidents were referred to alternative providers in Dec-21 and 2,440 incidents were treated at scene; however, a review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport remains an indicator which may mean patients reach hospital via another route. In Dec-21 9,049 ambulances were cancelled by patients, 334 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 366 patients made their way to hospital using their own transport.

Remedial Plans and Actions

This indicator captures the impact of all “shift left” activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. The initial results of this modelling are expected w/c 24 Jan-22..

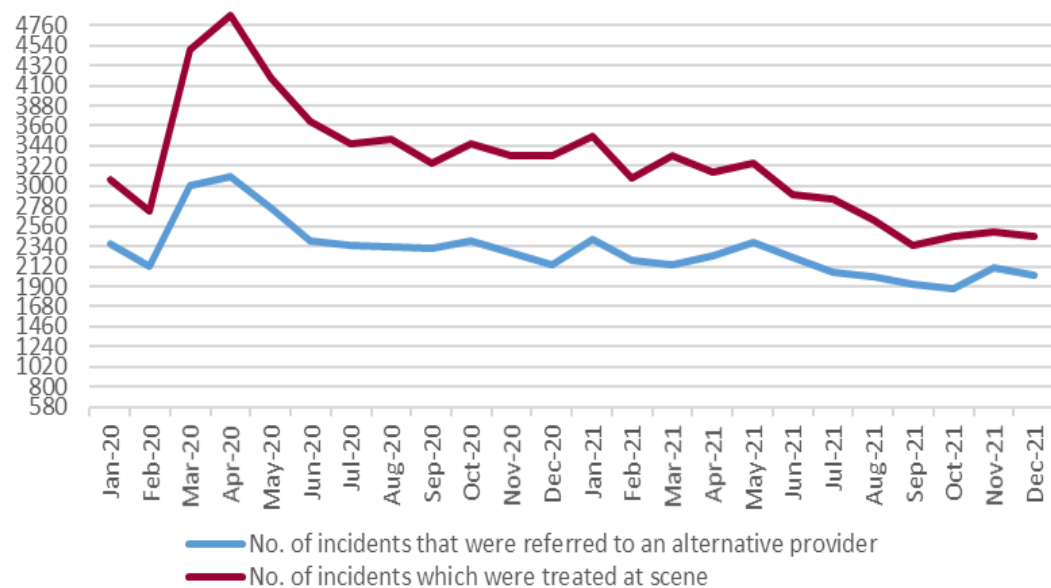
As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the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

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

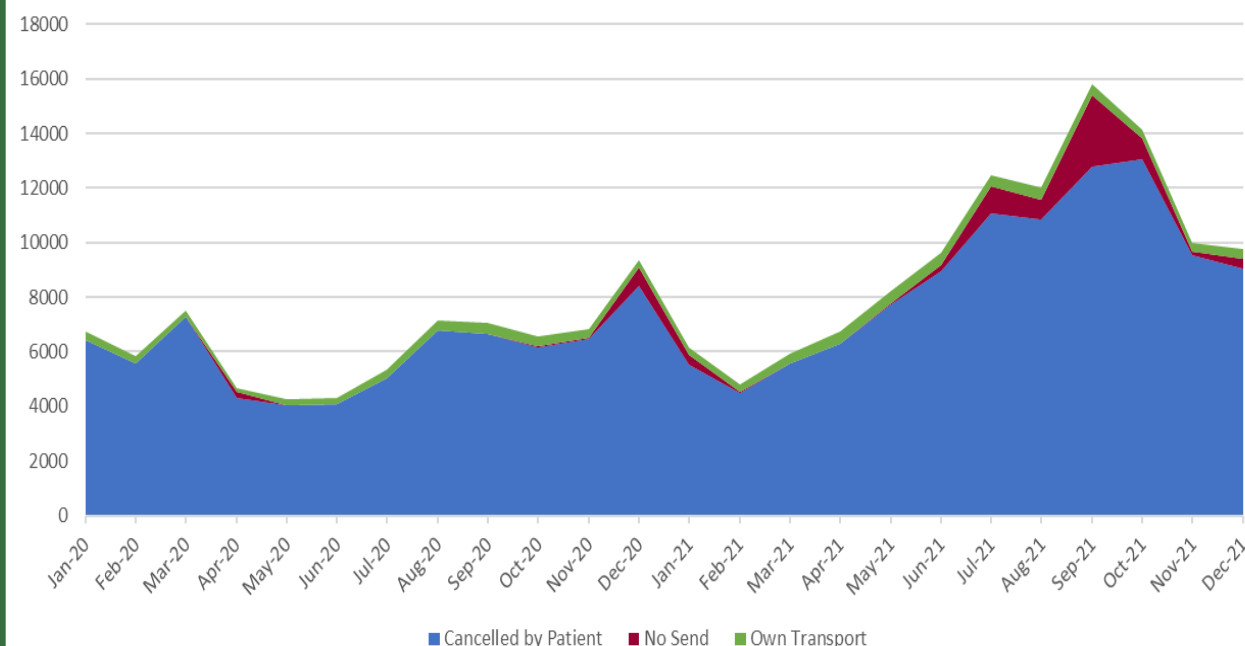
Expected Performance Trajectory

The initial modelling results due w/c 24 Jan-22 should give the Trust a first indication of what an optimised shift left benchmark may be. Further work will probably be required on confirming that figure. The Trust can then start to plot actions and a trajectory towards that benchmark.

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



Number of Incidents Stopped by Reason



(Responsible Officer: Brendan Lloyd)

Welsh Ambulance Services NHS Trust



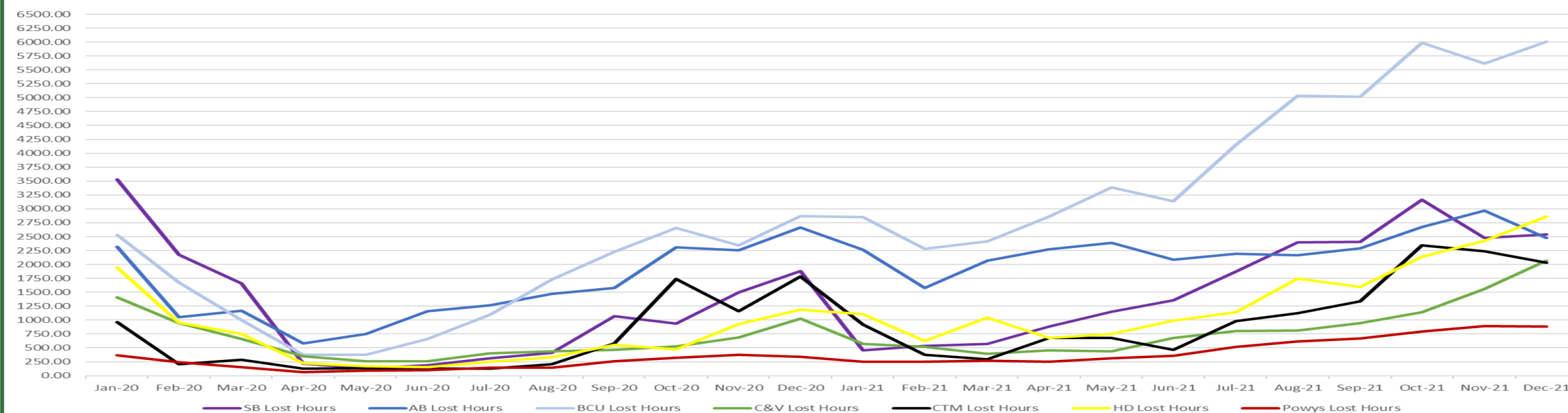
Partnerships / System Contribution Handover Indicators

R

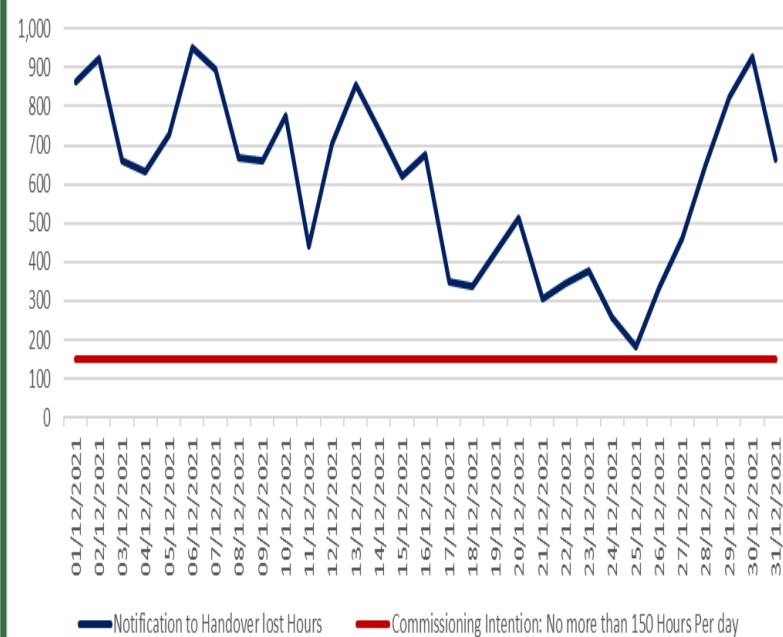
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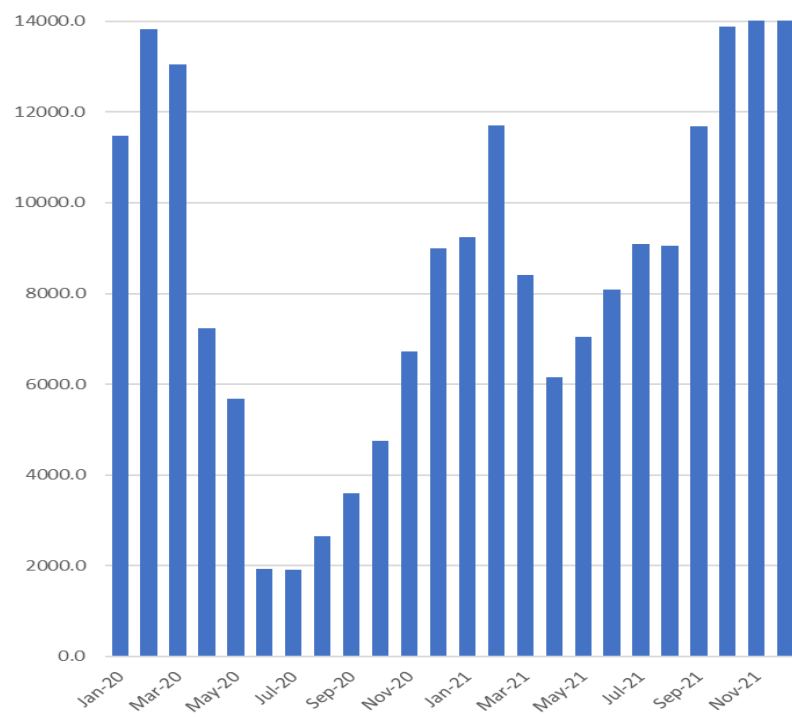
Notification to Handover Lost Hours by Health Board



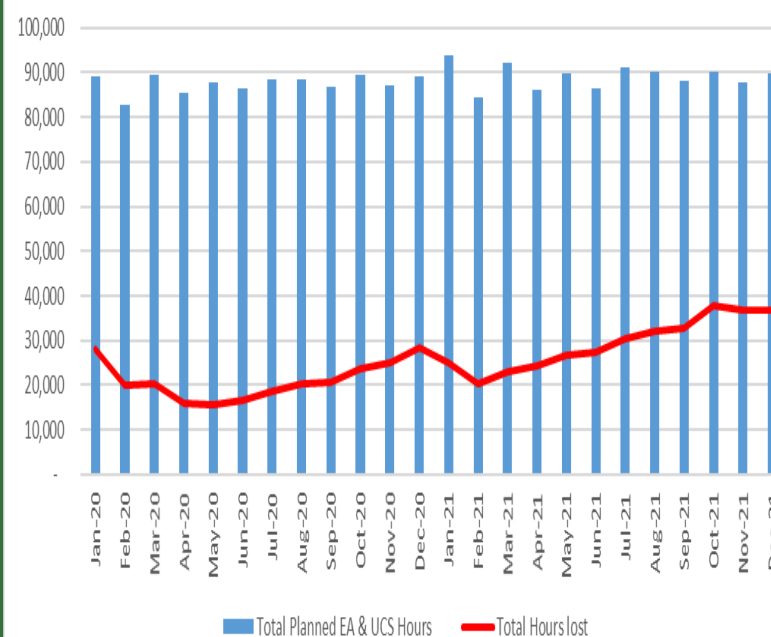
Notification to Handover Lost Hours - December 2021



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



Analysis

142,812 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 77,456 in same period a year ago (Jan-20 to Dec-20). 18,773 hours were lost in Dec-21, a 38% increase compared to 11,708 lost hours in Dec-20 and also an increase when compared to 13,820 recorded in Dec-19, the previously worst recorded month, prior to Aug-21. The hospitals with highest levels of handover delays during Dec-21 were Morriston Hospital (SBUHB) at 2,357 lost hours, Grange University Hospital (ABUHB) at 2,213 lost hours Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,087 lost hours, and Maelor General Hospital (BCUHB) at 1,948 lost hours.

Notification to handover lost hours averaged 605 hours a day in Dec-21, 403% higher than the commissioning intention of no more than 150 hours per day.

Lost hours remain a challenge for the Trust, in Dec-21 36,907 combined hours were lost to UHP shortfalls (under 95% UHP), handover, post production lost hours and hospital to clear lost hours.

Remedial Plans and Actions

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

Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the CoVID-19 pandemic. The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 23 ideas have been received through the WIIN platform from staff in Dec-21

Expected Performance Trajectory

There is a 2021/22 EASC commissioning intention for handover ,but this is clearly not going to be met. There is a recognition that handover must be reduced, but also that health boards ability to make a significant reduction before 2025 is unlikely; consequently current discussions in EASC are focused on clinical safety plans for health boards that are aligned and align to the Trust's; that these plans must include average handover patient waits as part of the escalation triggers with a probable red line/backstop of a maximum wait. It is not possible to provide a trajectory at this time.



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

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





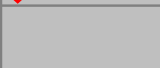

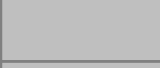








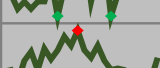
















GIG
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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



Welsh Ambulance Services NHS Trust
Integrated Performance Report
2020/21

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience																
111 Abandoned Calls	< 5%	11.00%	14.0%	3.2%	7.2%	16.3%	7.0%	12.4%	27.2%	26.3%	26.5%	30.1%	17.8%	16.2%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	94.1%	94.8%	94.5%	94.6%	93.5%	93.4%	94.4%	92.5%	92.3%	93.9%	94.8%	94.4%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	0:03	0:03	0:03	0:03	0:03	0:03	0:08	0:18	0:54	1:39	1:39	0:37	1:43		R
999 Red Response within 8 minutes	65%	63.6%	59.6%	64.4%	62.5%	61.0%	60.6%	60.6%	57.8%	57.6%	52.3%	50.0%	53.0%	51.1%		R
Red 95th percentile	00:14:00	00:17:59	00:18:56	00:18:04	00:18:29	00:19:06	00:18:58	00:19:53	00:21:12	00:22:11	00:23:42	00:24:48	00:21:44	00:23:27		R
999 Amber 1 95th percentile	01:18:00	02:24:10	02:35:53	02:06:03	02:15:15	02:31:11	02:53:55	03:32:46	04:13:36	04:36:38	06:34:08	06:58:00	04:34:47	06:02:36		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	9.00%	14.60%	6.60%	14.30%	15.20%	15.30%	16.20%	8.10%	12.40%	10.40%	10.90%	-		G
Stroke Patients with Appropriate Care	95%	95.83%	93.40%	95.00%	95.60%	94.50%	98.20%	97.20%	98.30%	95.90%	97.80%	93.50%	98.40%	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	70.10%	62.30%	75.70%	85.70%	82.30%	83.80%	75.70%	73.00%	70.80%	71.40%	85.70%	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	77%	79%	79%	78%	78%	79%	78%	79%	80%	78%	77%	77%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	87%	87%	86%	75%	69%	68%	73%	79%	78%	89%	88%	88%		A
National Reportable Incidents reports (NRI)	-	4	10	3	7	9	1	4	4	5	8	7	9	4		R
Concerns Response within 30 Days	75%	75%	75%	70%	78%	68%	62%	63%	62%	57%	45%	47%	56%	70%		A
Our People																
EMS Abstraction Rate	29.92%	37.00%	40%	38%	44%	35%	36%	40%	42%	45%	45%	44%	41%	45%		R
Hours Produced for Emergency Ambulances	95%	96.0%	100%	100%	96%	94%	96%	92%	88%	87%	82%	90%	103%	96%		G
Sickness Absence (<i>all staff</i>)	5.99%	7.30%	10.51%	7.61%	6.99%	7.35%	7.93%	8.84%	9.67%	10.44%	11.60%	11.28%	11.07%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	3	1,927	3,157	3,268	3,275	3,620	3,710	3,751	3,796	4,197	4,248	4,258		-
Statutory & Mandatory Training	>85%	83.1%	80.77%	81.75%	82.69%	83.01%	80.69%	81.40%	81.80%	82.03%	81.78%	82.63%	82.82%	82.06%		A
PADR/Medical Appraisal	>85%	52%	46.95%	46.95%	56.60%	61.42%	63.19%	65.27%	64.55%	63.23%	61.10%	59.28%	58.84%	57.87%		R
Ambulance Response FTEs in Post	1700	1702	1783	1777	1767	1602	1585	1587	1584	1585	1587	1585	1637	1639		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1144	1163	1176	1226	1487	1468	1468	1461	1447	1643	1713	1687		-

Value																
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		G
EMS Utilisation metric	57%	-														-
Post-Production Lost Hours (All Vechicles)	Reduction Trend	11,053	12,388	10,676	12,461	13,067	14,673	15,412	16,138	15,837	15,747	17,180	15,979	16,063		R
Partnerships / System Contribution																
111 Consult and Close	Improve	5,612	5,603	5,162	6,731	6,732	8,728	9,197	10,310	9,896	7,670	6,722	5,915	6,875		G
999 Hear & Treat	10.2%	9.9%	10.1%	9.2%	9.3%	9.9%	9.6%	10.5%	10.4%	10.4%	9.4%	9.7%	10.0%	11.0%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	44.26%	47.78%	48.02%	44.49%	42.54%	39.76%	35.41%	35.14%	29.80%	30.00%	36.57%	33.92%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	8,416	6,157	7,045	8,088	9,099	9,059	11,685	13,887	14,202	18,234	18,160	18,860		R



AGENDA ITEM No	15
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	5

Financial Performance as at Month 9 – 2021/22

MEETING	Trust Board
DATE	27 th January 2022
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Navin Kalia (Deputy Director of Finance & Corporate Resources) Jill Gill (Head of Financial Accounting)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2021/22 financial year, as at Month 9 (December 2021).

The Board is asked to scrutinise, comment, and receive assurance on the financial position and 2021/22 year end forecast of the Trust, noting that this was discussed following an initial presentation of the position at the Finance & Performance Committee on 20th January 2022.

KEY ISSUES/IMPLICATIONS

Key highlights from the report for the Board to note are:

- The Trust is reporting a small year to date revenue surplus (£51k) for Month 9 2021/22;
- The Trust continues to forecast a breakeven position for the 2021/22 financial year;
- Capital expenditure is forecast to be fully spent in line with updated plans;
- In line with the financial plans that support the IMTP gross savings of £2.497m have been achieved against a year to date target of £2.362m;
- Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value** of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- EMT (verbal update) – 12th January 2022
- EMT (presentation) – 19th January 2022
- F&PC (presentation) – 20th January 2022
- Trust Board – 27th January 2022

REPORT APPENDICES
<p>Appendices 1 – 4 – Monitoring returns submitted to Welsh Government for months 8 and 9 – as required by WG</p> <p>Appendix 5 – Detailed Capital Cash Flow</p>

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

WELSH AMBULANCE SERVICES NHS TRUST TRUST BOARD

FINANCIAL PERFORMANCE AS AT MONTH 9 2021/22

INTRODUCTION

1. This report provides the Board with a summary update on the revenue financial performance of the Trust as at 31st December 2021 (Month 9 2021/22), along with a brief capital spend update. This position was also presented to the Finance & Performance Committee meeting on 20th January 2022.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2021/22 year to date** (1st April 2021 – 31st December 2021) are that:
 - The cumulative year to date revenue financial position reported is a small **underspend against budget of £0.051m**. The year-end forecast for 2021/22 is a balanced position;
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.497m have been achieved against a year to date target of £2.362m.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value** of non-NHS invoices paid within 30 days.
3. The risks of delivery stated in the Welsh Government submitted Monitoring Return at Month 9 are set in line with the submitted Annual Plan and IMTP. These continue to be routinely assessed, however at present it is considered that any remaining risks in delivering the forecast year end position are low. We will however continue to review the remaining risks over the coming weeks up to the financial year end, to ensure that the level of likelihood is assessed along with the financial value.
4. As a result of the need to secure a clear steer from WG/Commissioners on final funding routes and mechanisms ahead of the 2021/22 financial year end, at Month 9 three additional (low) risks have been included as follows:-
 - Following the announcement in December 2021 of pay enhancements of an additional one off payment of 1% for Bands 1-5 together with an additional day of annual leave for all staff, we have at Month 9 included an additional low likelihood risk of this not being funded. WG colleagues have however previously stated that the cost impact of this will be funded in 2021/22;
 - An additional low likelihood risk for ring-fenced funding for depreciation and impairments in line with reporting requests made to WG in past months. This is more technical in nature and has never not been funded in previous

financial years and again assurances have been provided from WG colleagues that this is in the process of being finalised;

- Think 111 First funding flows, being the only remaining development monies not now currently received by the Trust, however again confirmation has been previously provided that costs of this will be covered in year.

REVENUE FINANCIAL PERFORMANCE

5. The table below presents an overview of the financial position for the period 1st April 2021 to 31st December 2021.

Revenue Financial Position for the period 1st April - 31st December				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-263,608	-194,503	-195,203	-700
Expenditure				
Pay	183,601	136,049	134,390	-1,659
Non-pay	55,856	38,799	41,107	2,308
Total pay & non-pay expenditure	239,457	174,848	175,497	649
Depreciation & Impairments / interest payable & receivable	24,152	19,655	19,655	0
Total	0	0	-51	-51

Treatment of Covid-19 spend

6. Due to the Covid-19 pandemic, the Trust has recorded additional unavoidable spend up to the Month 9 position totalling **£7.583m**, of which **£4.069m** are pay costs, and **£3.514m** are non-pay costs. This is in line with that suggested in the submitted financial Annual Plan within the IMTP.
7. A summary of the Covid-19 revenue costs reported in the Month 9 financial position are shown in the table below including an update of the full year forecast:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	4,069	6,150
Total Non-Pay	3,514	5,165
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	7,583	11,315

8. In respect of funding for the full year forecast of £11.315m shown above, up to Month 9 all but £0.800m, relating to PPE and cleaning has been invoiced to the WG. Following further confirmation correspondence received, an invoice for this element has also now been raised.

Income

9. Reported Income against the budget set to Month 9 shows an overachievement of **£0.700m**.

Pay costs

10. Overall, the total pay variance at Month 9 is an underspend of **£1.659m**.
11. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£4.069m**.

Non-pay Costs

12. The overall non-pay position at Month 9 is an overspend of **£2.308m**, this was due to overspends on fleet maintenance costs, fuel and Taxis.
13. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 9 totalled **£3.514m**. Areas of additional spend included:
- Clinical and General Supplies, Rent, Rates and Equipment - £0.666m;
 - PPE - £0.742M;
 - Health care services provided by other NHS Bodies - £1.792m;
 - Cleaning Standards - £0.299m
 - Think 111 First Campaign - £0.015m

Savings

14. The continued assumption is that the Trust will look now to achieve its original saving target of £2.800m in order to achieve a breakeven.
15. For Month 9 the Trust is reporting planned savings of £2.362m and actual savings of £2.497m.

Financial Performance by Directorate

16. Whilst there is a small surplus reported at Month 9 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies.
17. As would be expected at this time of the financial year now, some of this is offset by additional expenditure which has able to be agreed, some of which is being managed through the Trust reserves and contingencies, as also highlighted in the table below.

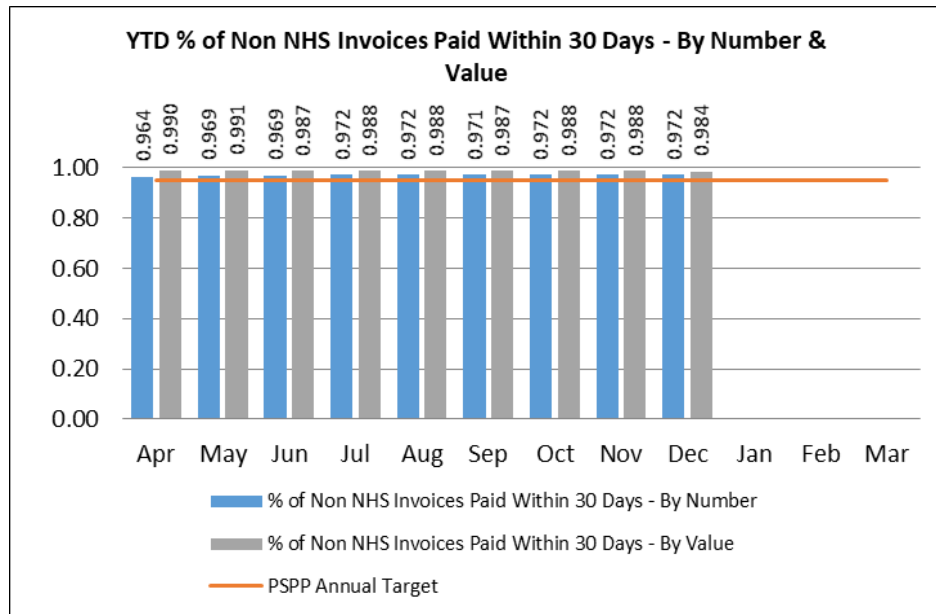
Financial position by Directorate @ 31st December	Annual Budget £000	Year to date			
		Budget	Actual	Variance	Tolerance 5%
		£000	£000	£000	%
Directorate					
Operations Directorate	134,206	97,740	97,896	155	0.2%
Chief Executive Directorate	1,895	1,399	1,404	5	0.3%
Board Secretary	339	252	223	-29	-11.6%
Partnerships & Engagement Directorate	699	510	459	-52	-10.1%
Finance and Corporate Resources Directorate	32,797	24,818	25,045	228	0.9%
Planning and Performance Directorate	1,211	685	571	-114	-16.6%
Quality, Safety and Patient Experience Directorate	4,809	3,474	3,084	-391	-11.2%
Digital Directorate	10,989	7,727	7,592	-134	-1.7%
Workforce and OD Directorate	4,403	3,240	3,172	-68	-2.1%
Medical & Clinical Services Directorate	2,719	1,951	1,878	-72	-3.7%
Trust Reserves	-911	-4,098	-3,680	418	10.2%
Trust Income (mainly WHSSC)	-193,157	-137,699	-137,695	4	0.0%
Overall Trust Position	0	0	-51	-51	

18. Comments on highlighted variances above follow:-

- Board Secretary - Funded vacancies from turnover of staff together with time taken to recruit as well as travel reduction and some software savings;
- Partnerships & Engagement - Funded vacancies from turnover of staff together with time taken to recruit. Travel reductions and majority of awards ceremonies currently arranged online;
- Planning & Performance - Funded vacancies savings from maternity, staff funded via development projects and turnover of staff together with time taken to recruit;
- Quality, Safety & Patient Experience – the vast majority of this underspend is on pay budgets (£346k) and is broadly due to some recruitment challenges in filling vacancies linked to recruitment routes and limitations of talent pool once posts have been advertised, with a number of posts needing multiple attempts before suitable candidates can be appointed. This is across the varied portfolio of the Directorate and not therefore necessarily concentrated in one area with the team progressing appointments as soon as possible, accepting the pressure such vacancies can put on remaining teams. As with other corporate areas there has also been a significant reduction in travel and subsistence spend;
- Trust Reserves – agreed additional expenditure such as equipment & consumable purchases and provisions to offset underspends in other areas. Much of which is accelerating spend that would be required in early 2022/23.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

19. Public Sector Payment Policy (PSPP) compliance up to Month 9 was **97.2%** against the **95%** WG target set for non-NHS invoices by number and **98.4%** by value.



CAPITAL

20. Following receipt of the latest CEL the Trust has again updated its plan in line with current intelligence and continues detailed monitoring of ongoing schemes.
21. The Trust will continue to monitor the capital position extremely closely to ensure that projects deliver in line with budgets, however as stated previously the Trust will endeavour to achieve its CEL but may have to adjust internal budgets as schemes progress through to the end of the financial year.
22. To date, as at Month 9, the Trust has expended **£5.507m** against the All Wales capital scheme budget of **£14.149m** and **£1.635m** against the revised discretionary budget of **£9.854m**.
23. Below is a summary of the current capital position showing current budget and expenditure. This table is presented in the WG MR format and as such, Vehicles are included within the equipment line below.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP – Control Room Solution	5	26
111 Project Costs	384	1,094
WAST - Make Ready Depot - Cardiff	2,304	3,162
GUH transfer vehicles	(1)	412
WAST vehicle replacement programme	2,191	6,250
EPCR	366	822
National Programme – Fire	17	109
National Programme – Infrastructure	2	438
National Programme – Decarbonisation	30	387
COVID-19 Recovery Plans - 2021-22	200	200
NDR Programme	9	250
Additional Capital Funding - November - 2021-22	0	881
Infrastructure and Decarbonisation	0	118
Sub Total	5,507	14,149
Discretionary:		
I.T.	409	677
Equipment	422	3,817
Statutory Compliance	0	0
Estates	734	5,130
Other	70	230
Unallocated Discretionary Capital	0	0
Sub Total	1,635	9,854
Total	7,142	24,003
Less NBV reinvested		(130)
Total Funding from WG	7,142	23,873

24. Included at **Appendix 5** is the latest estimated capital cash flow position. Updates on any further expected changes to the final capital funding (and spend) of the Trust through to the end of the financial will be provided to the Board, including following the further submission of a small number of additional bids / revised business cases to WG.

RISKS AND ASSUMPTIONS

25. As we move through the closing months of this financial year, we will continue to review the risks to ensure that the level of likelihood is assessed together with the financial value, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

26. The recurring cost impact of 2021/22 developments for the 2022/23 financial year, along with uplifts expected now following the publication before Christmas of the 2022/23 NHS Wales Health Board Allocation Letter, has been submitted to EASC to form the basis of contractual negotiations and continuing discussions as we progress financial planning over the next few months as part of the IMTP process. A separate update on the current position in terms of the developing financial plan for 2022/23 will be provided to the Board on 27th January, updating further on that which was presented to F&PC on 20th January.

27. WG has issued the 2022/25 NHS Wales Planning Framework which will require the organisation to submit a Board approved IMTP and balanced financial plan by 31st March 2022, along with confirmation of its intention to do so by way of an Accountability Officer Letter from the CEO, by 28th February 2022.

RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 9 and forecast revenue and capital financial position and performance of the Trust as at 31st December 2021, noting that this was also presented to the F&PC meeting on 20th January 2022.
- b) **Notes** the Months 8 & 9 Welsh Government monitoring return submissions included within Appendices 1- 4 below (as required by WG).

Appendix 5

All Wales Capital Programme:	Budget £'000	Capital Expenditure Monthly Profile													YTD £'000	Total £'000	Risk Level
Schemes:		April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				
ESMCP – Control Room Solution	26	(16)	0	4	0	9	0	(0)	8	0	0	0	21	5	26	Low	
111 Project Costs	1,094	45	38	31	47	69	50	13	31	60	96	90	524	384	1,094	Low	
WAST - Make Ready Depot - Cardiff	3,162	10	130	378	164	684	16	233	673	16	346	120	392	2,304	3,162	Low	
GUH transfer vehicles	412	1	0	0	0	0	0	0	0	(2)	0	254	159	(1)	412	Low	
WAST vehicle replacement programme	6,250	284	41	84	1,550	69	27	88	69	(21)	1,134	915	2,010	2,191	6,250	Low	
EPCR	822	6	6	7	6	13	101	117	73	37	72	61	323	366	822	Low	
National Programme – Fire	109	0	10	0	0	0	0	0	7	0	15	15	62	17	109	Low	
National Programme – Infrastructure	438	0	0	0	0	0	0	0	2	0	150	100	186	2	438	Low	
National Programme – Decarbonisation	387	0	0	0	0	0	0	0	18	12	77	77	203	30	387	Low	
COVID-19 Recovery Plans - 2021-22	200	0	0	0	0	0	200	0	0	0	0	0	0	200	200	Low	
NDR Programme	250	0	0	0	0	0	0	0	0	9	150	100	(9)	9	250	Low	
Additional Capital Funding - November - 2021-22	881	0	0	0	0	0	0	0	0	0	0	428	453	0	881	Low	
Infrastructure and Decarbonisation	118	0	0	0	0	0	0	0	0	0	0	18	100	0	118	Low	
Total All Wales Schemes	14,149	330	225	504	1,767	844	394	450	881	111	2,040	2,178	4,425	5,507	14,149		
Discretionary:																	
I.T.	677	86	58	0	(9)	76	(154)	51	216	85	60	60	148	409	677	Low	
Equipment	3,817	1	3	164	5	66	4	77	49	53	644	1,498	1,253	422	3,817	Low	
Statutory Compliance	0	0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	Low	
Estates	5,130	24	57	34	98	58	58	155	111	139	975	1,029	2,392	734	5,130	Low	
Other	230	0	6	4	16	1	5	5	15	17	12	12	136	70	230	Low	
Total Discretionary	9,854	111	124	202	110	201	(87)	289	391	294	1,691	2,599	3,929	1,635	9,854		
Total Capital Expenditure	24,003	441	349	706	1,877	1,045	307	739	1,272	405	3,731	4,777	8,354	7,142	24,003		

VALIDATION SUMMARY 2021-22

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	NOV 21
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR NOV 21 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Welsh Ambulance Trust

Period : Nov 21

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	35	0

Welsh Ambulance Trust

Period : Nov 21

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-16,120	0	-16,120	-16,120
3 Planned Expenditure For Covid-19 (Negative Value)	-3,996	-3,996		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	0	0	0	0
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	3,996	3,996		
6 Planned Provider Income (Positive Value)	13,320	0	13,320	13,320
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	2,800	0	2,800	2,800
9 Planned (Finalised) Net Income Generation	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 Opening IMTP / Annual Operating Plan	0	0	0	0
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	0	0	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	7,319	7,319		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-7,319	-7,319		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-1,228	-1,228	-1,287	-1,683	-1,344	-1,295	-1,343	-1,348	-1,339	-1,342	-1,339	-1,340	-10,758	-16,120
3	-325	-255	-512	-539	-529	-530	-217	-218	-218	-217	-217	-219	-3,125	-3,996
4													0	0
5	437	367	288	539	529	530	217	218	218	217	217	219	3,125	3,996
6	784	772	891	1,426	1,144	1,157	1,180	1,189	1,197	1,195	1,193	1,188	8,545	13,320
7													0	0
8	337	345	621	257	200	138	163	159	142	144	143	151	2,220	2,800
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10													0	0
11													0	0
12													0	0
13													0	0
14	5	1	1	0	0	0	0	0	0	-3	-3	-1	7	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	-112	-112	224	0	0	0	0	0	0	0	0	0	0	0
21	112	112	-224	0	128	17	5	5	-32	-36	-45	-42	155	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	-16	15	67	264	2,822	1,088	1,047	1,028	1,004	3,152	7,319
25													0	0
26	0	0	0	16	-15	-67	-264	-2,822	-1,088	-1,047	-1,028	-1,004	-3,152	-7,319
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30					-127	-16	5	11	24	31	40	32	-127	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	5	1	1	0	1	1	10	16	-8	-8	-8	-11	35	0

Table A1 - Underlying Position

This table needs completing monthly from Month: 1

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (+ve)	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000	£'000	Underlying Position c/f £'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (+ve)	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000	£'000	Underlying Position c/f £'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

Welsh Ambulance Trust

Period : Nov 21

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Winter pressures	(500)	Low
13	PIBS	(1,000)	Low
14	COVID-19 costs M7-12	(800)	Low
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(2,300)	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(2,300)	
38	Best Case Outturn Scenario	0	

Welsh Ambulance Trust

Table B - Monthly Positions

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

Period : Nov 21

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	3,348	3,370	3,318	3,303	3,294	3,363	3,405	3,355	3,203	3,203	3,203	3,203	26,756	39,568
4	WHSSC Income	Actual/F'cast	13,862	15,408	13,900	14,766	15,579	14,907	14,903	11,499	17,845	17,845	17,844	17,844	114,824	186,202
5	Welsh Government Income (Non RRL)	Actual/F'cast	450	282	540	4,541	793	4,230	600	5,592	695	695	695	695	17,028	19,808
6	Other Income	Actual/F'cast	1,333	591	2,142	1,794	580	837	2,671	2,409	972	972	972	972	12,357	16,245
7	Income Total		18,993	19,651	19,900	24,404	20,246	23,337	21,579	22,855	22,715	22,715	22,714	22,714	170,965	261,823
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	13,760	14,358	14,500	13,986	14,298	16,784	14,402	15,041	15,700	15,800	15,700	15,748	117,129	180,077
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,109	3,334	3,310	3,463	3,474	3,704	3,094	4,274	4,286	4,734	4,833	4,788	27,762	46,403
12	Secondary Care - Drugs	Actual/F'cast	34	35	35	33	35	35	34	35	35	35	35	36	276	417
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	774	662	778	793	916	1,313	1,065	1,121	875	700	700	700	7,422	10,397
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	65	65	53	8	25	25	34	32	413	40	40	40	307	840
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast	3	3	3	3	3	3	3	3	3	3	3	3	24	36
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	1,244	1,244	1,244	2,243	1,494	1,494	1,509	1,496	1,496	1,496	1,496	1,495	11,968	17,951
23	AME Donated Depreciation/Impairments	Actual/F'cast	0	0	0	3,885	0	0	1,437	843	0	0	0	0	6,165	6,165
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast	(1)	(51)	(24)	(10)	0	(22)	(9)	(6)	(85)	(85)	(85)	(85)	(123)	(463)
26	Cost - Total	Actual/F'cast	18,988	19,650	19,899	24,404	20,245	23,336	21,569	22,839	22,723	22,723	22,722	22,725	170,930	261,823
27	Net surplus/ (deficit)	Actual/F'cast	5	1	1	0	1	1	10	16	(8)	(8)	(8)	(11)	35	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28 . Actual YTD surplus/ (deficit)	35	
29. Actual YTD surplus/ (deficit) last month	19	
30. Current month actual surplus/ (deficit)	16	
		Trend
31. Average monthly surplus/ (deficit) YTD	4	▲
32. YTD /remaining months	9	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	99
34. Year to Date Trend Scenario	53

C. DEL/AME Depreciation & Impairments

C. DECAIME Depreciation & Impairments			1	2	3	4	5	6	7	8	9	10	11	12	Total <u>YTD</u>	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
	DEL															
35	Baseline Provider Depreciation	Actual/F'cast	1,244	1,244	1,244	499	1,058	1,058	1,065	1,060	1,059	1,059	1,059	1,057	8,472	12,706
36	Strategic Depreciation	Actual/F'cast				1,744	436	436	444	436	437	437	437	438	3,496	5,245
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		1,244	1,244	1,244	2,243	1,494	1,494	1,509	1,496	1,496	1,496	1,496	1,495	11,968	17,951
	AME															
41	Donated Asset Depreciation	Actual/F'cast													0	0
42	Impairments	Actual/F'cast				3,885			1,437	843					6,165	6,165
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	3,885	0	0	1,437	843	0	0	0	0	6,165	6,165

D. Accountancy Gains

[illegible]

E. Committed Reserves & Contingencies

[illegible]

Welsh Ambulance Trust

Period : Nov 21

YTD Months to be completed from Month: 1

1

This Table is currently showing 0 errors

Forecast Months to be completed from Month: 1

1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	2,140	2,244	2,223	2,162	2,162	2,583	2,244	2,433	2,564	2,600	2,552	2,600	18,191	28,507
2	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Nursing & Midwifery Registered	871	930	952	910	973	1,113	958	958	946	962	960	944	7,665	11,477
4	Prof Scientific & Technical	8	8	23	15	15	17	15	25	13	12	13	12	126	176
5	Additional Clinical Services	5,885	6,131	6,210	5,972	6,184	7,135	6,008	6,312	6,694	6,798	6,793	6,759	49,837	76,881
6	Allied Health Professionals	4,701	4,860	4,919	4,764	4,794	5,005	5,005	5,149	5,300	5,243	5,198	5,239	39,930	60,910
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	155	185	173	163	170	198	172	164	183	185	184	194	1,380	2,126
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	13,760	14,358	14,500	13,986	14,298	16,784	14,402	15,041	15,700	15,800	15,700	15,748	117,129	180,077

Analysis of Pay Expenditure

[illegible]

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

B - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12	Forecast	
- Analysed by Type of Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	35	37	59	58	35	105	79	71	78	63	63	63	479	746
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered					2	0							2	2
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services					5	0	(17)						(12)	(12)
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary		2		(2)	3	1							4	4
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	35	39	59	56	45	106	79	54	78	63	63	63	473	740

11	Agency/Locum (premium) % of pay	0.3%	0.3%	0.4%	0.4%	0.3%	0.6%	0.5%	0.4%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%
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C - Agency / Locum (premium) Expenditure

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

[illegible]

Welsh Ambulance Trust

Period : Nov 21

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

[illegible]

A3	Mass COVID-19 Vaccination (Additional costs due to C19) enter as positive values - actual/forecast															
58	Provider Pay (Establishment, Temp & Agency)															
59	Administrative, Clerical & Board Members														0	0
60	Medical & Dental														0	0
61	Nursing & Midwifery Registered														0	0
62	Prof Scientific & Technical														0	0
63	Additional Clinical Services														0	0
64	Allied Health Professionals														0	0
65	Healthcare Scientists														0	0
66	Estates & Ancillary														0	0
67	Students														0	0
68	Sub total Mass COVID-19 Vaccination Provider Pay														0	0
69	Primary Care Contractor (excluding drugs)														0	0
70	Primary Care - Drugs														0	0
71	Secondary Care - Drugs														0	0
72	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7														0	0
73	Healthcare Services Provided by Other NHS Bodies														0	0
74	Non Healthcare Services Provided by Other NHS Bodies														0	0
75	Continuing Care and Funded Nursing Care														0	0
76	Other Private & Voluntary Sector														0	0
77	Joint Financing and Other (includes Local Authority)														0	0
78	Other (only use with WG agreement & state SoCNE/I line ref)														0	0
79															0	0
80															0	0
81															0	0
82	Sub total Mass COVID-19 Vaccination Non Pay														0	0
83	TOTAL MASS COVID-19 VACC EXPENDITURE														0	0
84	PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan)														0	0
85	MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE														0	0
A4	Extended Flu Vaccination (Additional costs due to C19) enter as positive values - actual/forecast															
86	Provider Pay (Establishment, Temp & Agency)															
87	Administrative, Clerical & Board Members														0	0
88	Medical & Dental														0	0
89	Nursing & Midwifery Registered														0	0
90	Prof Scientific & Technical														0	0
91	Additional Clinical Services														0	0
92	Allied Health Professionals														0	0
93	Healthcare Scientists														0	0
94	Estates & Ancillary														0	0
95	Students														0	0
96	Sub total Extended Flu Vaccination Provider Pay														0	0
97	Primary Care Contractor (excluding drugs)														0	0
98	Primary Care - Drugs														0	0
99	Secondary Care - Drugs														0	0
100	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7														0	0
101	Healthcare Services Provided by Other NHS Bodies														0	0
102	Non Healthcare Services Provided by Other NHS Bodies														0	0
103	Continuing Care and Funded Nursing Care														0	0
104	Other Private & Voluntary Sector														0	0
105	Joint Financing and Other (includes Local Authority)														0	0
106	Other (only use with WG agreement & state SoCNE/I line ref)														0	0
107															0	0
108															0	0
109															0	0
110	Sub total Extended Flu Vaccination Non Pay														0	0
111	TOTAL EXTENDED FLU VACC EXPENDITURE														0	0
112	PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan)														0	0
113	MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE														0	0

A5	Field Hospital / Surge (Additional costs due to C19) enter as positive value - actual/forecast															
114	Provider Pay (Establishment, Temp & Agency)															
115	Administrative, Clerical & Board Members														0	0
116	Medical & Dental														0	0
117	Nursing & Midwifery Registered														0	0
118	Prof Scientific & Technical														0	0
119	Additional Clinical Services														0	0
120	Allied Health Professionals														0	0
121	Healthcare Scientists														0	0
122	Estates & Ancillary														0	0
123	Students														0	0
124	Sub total Field Hospital / Surge Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
125	Primary Care Contractor (excluding drugs)														0	0
126	Primary Care - Drugs														0	0
127	Secondary Care - Drugs														0	0
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7														0	0
129	Provider - Non Pay (Decommissioning Costs)														0	0
130	Healthcare Services Provided by Other NHS Bodies														0	0
131	Non Healthcare Services Provided by Other NHS Bodies														0	0
132	Continuing Care and Funded Nursing Care														0	0
133	Other Private & Voluntary Sector														0	0
134	Joint Financing and Other (includes Local Authority)														0	0
135	Joint Financing and Other - (Compensation for Consequential Losses)														0	0
136	Other (only use with WG agreement & state SoCNE/I line ref)														0	0
137															0	0
138															0	0
139															0	0
140	Sub total Field Hospital / Surge Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
141	TOTAL FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
142	PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (In Opening Plan)														0	0
143	MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A6	Cleaning Standards (Additional costs due to C19) enter as positive value - actual/forecast															
144	Provider Pay (Establishment, Temp & Agency)															
145	Administrative, Clerical & Board Members														0	0
146	Medical & Dental														0	0
147	Nursing & Midwifery Registered														0	0
148	Prof Scientific & Technical														0	0
149	Additional Clinical Services														0	0
150	Allied Health Professionals														0	0
151	Healthcare Scientists														0	0
152	Estates & Ancillary														0	0
153	Students														0	0
154	Sub total Cleaning Standards Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
155	Primary Care Contractor (excluding drugs)														0	0
156	Primary Care - Drugs														0	0
157	Secondary Care - Drugs														0	0
158	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7	34	26	33	40	34	34	34	30	34	34	34	33	265	400	
159	Healthcare Services Provided by Other NHS Bodies														0	0
160	Non Healthcare Services Provided by Other NHS Bodies														0	0
161	Continuing Care and Funded Nursing Care														0	0
162	Other Private & Voluntary Sector														0	0
163	Joint Financing and Other (includes Local Authority)														0	0
164	Other (only use with WG agreement & state SoCNE/I line ref)														0	0
165															0	0
166															0	0
167															0	0
168	Sub total Cleaning Standards Non Pay	34	26	33	40	34	34	34	30	34	34	34	33	265	400	
169	TOTAL CLEANING STANDARDS EXPENDITURE	34	26	33	40	34	34	34	30	34	34	34	33	265	400	
170	PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)	34	26	33	34	34	34	34	34	34	34	34	35	263	400	
171	MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE	0	0	0	(6)	0	0	0	4	0	0	0	2	(2)	0	

A7	Other (Additional costs due to C19) enter as positive value - actual/forecast													
172	Provider Pay (Establishment, Temp & Agency)													
173	Administrative, Clerical & Board Members							583	78	77	77	78	583	893
174	Medical & Dental												0	0
175	Nursing & Midwifery Registered		4	3	7	20	28	16	14	15	15	15	92	152
176	Prof Scientific & Technical												0	0
177	Additional Clinical Services	29	42	52	77	31	118	67	942	457	447	437	1,358	3,135
178	Allied Health Professionals	48	55	109	106	130	35	101	609	188	158	148	1,193	1,814
179	Healthcare Scientists												0	0
180	Estates & Ancillary								134	17	17	17	134	201
181	Students												0	0
182	Other (only use with WG Agreement & state SoCNE/I line ref)												0	0
183	Unused Bonus accrual returned								(45)				(45)	(45)
184													0	0
185													0	0
186	Sub total Other C-19 Provider Pay	77	101	164	190	181	181	184	2,237	754	713	694	3,315	6,150
187	Primary Care Contractor (excluding drugs)												0	0
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income												0	0
189	Primary Care - Drugs												0	0
190	Secondary Care - Drugs												0	0
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line	32	47	48	81	115	103	89	115	97	96	96	630	1,013
192	Provider - Non Pay - PPE	49	47	106	91	36	138	44	140	91	91	91	651	1,017
193	Healthcare Services Provided by Other NHS Bodies	133	34	161	121	178	141	125	513	325	325	325	1,406	2,705
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS												0	0
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS												0	0
196	Non Healthcare Services Provided by Other NHS Bodies												0	0
197	Continuing Care and Funded Nursing Care												0	0
198	Other Private & Voluntary Sector												0	0
199	Other Private & Voluntary Sector - Private Hospital Providers												0	0
200	Joint Financing and Other (includes Local Authority)												0	0
201	Think 111 First Campaign 21/22							5	5	5	5	5	10	30
202													0	0
203													0	0
204													0	0
205													0	0
206	Sub total Other C-19 Non Pay	214	128	315	293	329	382	263	773	518	517	517	2,697	4,765
207	TOTAL OTHER C-19 EXPENDITURE	291	229	479	483	510	563	447	3,010	1,272	1,230	1,211	6,012	10,915
208	PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)	291	229	479	505	495	496	183	184	184	183	183	2,862	3,596
209	MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE	0	0	0	22	(15)	(67)	(264)	(2,826)	(1,088)	(1,047)	(1,028)	(1,006)	(3,150)
210	TOTAL ADDITIONAL EXPENDITURE DUE TO COVID	325	255	512	523	544	597	481	3,040	1,306	1,264	1,245	6,277	11,315
211	PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)	325	255	512	539	529	530	217	218	218	217	217	3,125	3,996
212	MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE	0	0	0	16	(15)	(67)	(264)	(2,822)	(1,088)	(1,047)	(1,028)	(1,004)	(3,152)

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

[illegible]

C - In Year Operational Expenditure Cost Reduction Due To C19

[illegible]

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

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

[illegible]

240	ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19	437	367	288	523	544	597	481	3,040	1,306	1,264	1,245	1,223	6,277	11,315
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E - Additional Welsh Government Funding for C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Positive values</i>														
241	PLANNED WG FUNDING FOR COVID-19	437	367	288	539	529	530	217	218	218	217	217	219	3,125	3,996
		0	0	0	0	0	0	0	0	0	0	0	0		
242	MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19	0	0	0	(16)	15	67	264	2,822	1,088	1,047	1,028	1,004	6,152	7,319
243	TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19	437	367	288	523	544	597	481	3,040	1,306	1,264	1,245	1,223	3,177	11,315

[illegible]

Period : Nov 21

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	115	111	452	114	89	44	40	41	35	40	38	50	1,006	1,169		1,169	0			
11		Actual/F'cast	115	111	452	82	104	38	29	26	20	22	19	33	957	1,051	91.06%	1,051	0	0	1,051	1,051
12		Variance	0	0	0	(32)	15	(6)	(11)	(15)	(15)	(18)	(19)	(17)	(49)	(118)	(4.87%)	(118)	0			
13	Pay	Budget/Plan	222	234	169	143	111	94	123	118	107	104	105	101	1,214	1,631		1,631	0			
14		Actual/F'cast	222	234	169	175	224	117	139	138	90	86	79	76	1,418	1,749	81.07%	1,749	0	0	1,749	1,749
15		Variance	0	0	0	32	113	23	16	20	(17)	(18)	(26)	(25)	204	118	16.80%	118	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,220	2,800		2,800	0			
20		Actual/F'cast	337	345	621	257	328	155	168	164	110	108	98	109	2,375	2,800	84.82%	2,800	0	0	2,800	2,800
21		Variance	0	0	0	0	128	17	5	5	(32)	(36)	(45)	(42)	155	0	6.98%	0	0			
22	Variance in month		0.00%	0.00%	0.00%	0.00%	64.00%	12.32%	3.07%	3.14%	(22.54%)	(25.00%)	(31.47%)	(27.81%)	6.98%							
23	In month achievement against FY forecast		12.04%	12.32%	22.18%	9.18%	11.71%	5.54%	6.00%	5.86%	3.93%	3.86%	3.50%	3.89%								

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Variable Pay	Budget/Plan	222	234	169	143	111	94	123	118	107	104	105	101	1,214	1,631		1,631	0			
5		Actual/F'cast	222	234	169	175	224	117	139	138	90	86	79	76	1,418	1,749	81.07%	1,749	0	0	1,749	1,749
6		Variance	0	0	0	32	113	23	16	20	(17)	(18)	(26)	(25)	204	118	16.80%	118	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	222	234	169	143	111	94	123	118	107	104	105	101	1,214	1,631		1,631	0			
20		Actual/F'cast	222	234	169	175	224	117	139	138	90	86	79	76	1,418	1,749	81.07%	1,749	0	0	1,749	1,749
21		Variance	0	0	0	32	113	23	16	20	(17)	(18)	(26)	(25)	204	118	16.80%	118	0			

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

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

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,220	2,800	0	2,800	0	2,800
	Month 1 - Actual/Forecast	337	345	621	257	328	155	168	164	110	108	98	109	2,375	2,800	0	2,800	0	2,800
	Variance	0	0	0	0	128	17	5	5	(32)	(36)	(45)	(42)	155	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,220	2,800	0	2,800	0	2,800
	Total Actual/Forecast	337	345	621	257	328	155	168	164	110	108	98	109	2,375	2,800	0	2,800	0	2,800
	Total Variance	0	0	0	0	128	17	5	5	(32)	(36)	(45)	(42)	155	0	0	0	0	0
Net Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,220	2,800	0	2,800	0	2,800
	Month 1 - Actual/Forecast	337	345	621	257	328	155	168	164	110	108	98	109	2,375	2,800	0	2,800	0	2,800
	Variance	0	0	0	0	128	17	5	5	(32)	(36)	(45)	(42)	155	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,220	2,800	0	2,800	0	2,800
	Total Actual/Forecast	337	345	621	257	328	155	168	164	110	108	98	109	2,375	2,800	0	2,800	0	2,800

Welsh Ambulance Trust

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Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,626	45	5,671
2	Aneurin Bevan University	13,071	164	13,235
3	Betsi Cadwaladr University	6,578	0	6,578
4	Cardiff & Vale University	4,768	0	4,768
5	Cwm Taf Morgannwg University	2,408	5	2,413
6	Hywel Dda University	5,087	28	5,115
7	Powys	1,467	0	1,467
8	Public Health Wales	17	46	63
9	Velindre	956	0	956
10	NWSSP	0	0	0
11	DHCW	0	321	321
12	Wales Ambulance Services			0
13	WHSSC	0	0	0
14	EASC	182,946	3,191	186,137
15	HEIW	0	322	322
16	NHS Wales Executive	0	0	0
17	Total	222,924	4,122	227,046

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
14	52	66
935	209	1,144
239	80	319
30	22	52
0	35	35
0	446	446
0	44	44
64	31	95
886	820	1,706
0	0	0
652	0	652
		0
0	0	0
0	0	0
0	25	25
0	0	0
2,820	1,764	4,584

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Nov 21

Table E - Resource Limits

1. BASE ALLOCATION

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

2. ANTICIPATED ALLOCATIONS

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

3. TOTAL RESOURCES & BUDGET RECONCILIATION

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

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

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

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	Agreed full year income	5,645	13,139	6,578	4,768	2,410	5,099	1,467	36		956	0	134	134	10,515	184,276	0		235,157	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall														(2,223)				(2,223)	Jackie Salmon M4, amended M7 not invoiced
3	DEL Non Cash Depreciation - Strategic														5,245				5,245	Jackie Salmon M4, amended M8 not invoiced
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	AME Non Cash Depreciation - Donated Assets																		0	
7	AME Non Cash Depreciation - Impairment														6,165				6,165	Jackie Salmon M4, amended M7 not invoiced
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9	Total COVID-19 (see below analysis)														800				800	See below analysis
10	Non contracted income	26	96	0	0	3	16	0	27		0	0	187	188		1,861	0	13,275	15,680	Non contracted income
11	PIBS														1,000				1,000	Jackie Salmon, M3,amended M7, not invoiced
12																			0	
13																			0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
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26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	Total Income	5,671	13,235	6,578	4,768	2,413	5,115	1,467	63	0	956	0	321	322	21,502	186,137	0	13,275	261,823	

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

	Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
36 Testing (inc Community Testing)			0	
37 Tracing			0	
38 Mass COVID-19 Vaccination			0	
39 Extended Flu Vaccination			0	
40 Field Hospital / Surge			0	
41 Cleaning Standards	201	199	400	Ed Dudley, £201 invoiced
42 PPE	416	601	1,017	Ed Dudley, £416 invoiced
43 Private Providers			0	
44 Urgent & Emergency Care			0	
45 Stability funding	9,913	0	9,913	Invoiced £9913k
46 Think 111 First Campaign	30		30	Ja Hughes, M7,invoiced
47 Unused Bonus accrual returned	(45)		(45)	
48			0	
49			0	
50			0	
51			0	
52			0	
53			0	
54			0	
55			0	
56			0	
57			0	
58			0	
59			0	
60			0	
61			0	
62			0	
63			0	
64			0	
65			0	
66 Total Funding	10,515	800	11,315	

Welsh Ambulance Trust

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

Period : Nov 21

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Nov 21 £'000	Forecast Closing Balance End of Mar 22 £'000
Non-Current Assets			
1 Property, plant and equipment	89,390	79,178	90,897
2 Intangible assets	3,463	2,500	1,732
3 Trade and other receivables	2,278	2,278	2,000
4 Other financial assets	0	0	0
5 Non-Current Assets sub total	95,131	83,956	94,629
Current Assets			
6 Inventories	1,628	1,578	1,500
7 Trade and other receivables	14,481	20,549	14,481
8 Other financial assets	0	0	0
9 Cash and cash equivalents	18,468	22,525	326
10 Non-current assets classified as held for sale	130	130	0
11 Current Assets sub total	34,707	44,782	16,307
12 TOTAL ASSETS	129,838	128,738	110,936
Current Liabilities			
13 Trade and other payables	28,521	21,397	13,160
14 Borrowings (Trust Only)	1,616	266	1,066
15 Other financial liabilities	0	0	0
16 Provisions	6,949	5,241	7,000
17 Current Liabilities sub total	37,086	26,904	21,226
18 NET ASSETS LESS CURRENT LIABILITIES	92,752	101,834	89,710
Non-Current Liabilities			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	1,059	1,059	0
21 Other financial liabilities	0	0	0
22 Provisions	11,887	11,887	10,128
23 Non-Current Liabilities sub total	12,946	12,946	10,128
24 TOTAL ASSETS EMPLOYED	79,806	88,888	79,582
FINANCED BY: Taxpayers' Equity			
25 General Fund	0	0	0
26 Revaluation Reserve	9,413	9,634	9,413
27 PDC (Trust only)	76,354	85,180	76,130
28 Retained earnings (Trust Only)	(5,961)	(5,926)	(5,961)
29 Other reserve	0	0	0
30 Total Taxpayers' Equity	79,806	88,888	79,582

	Opening Balance Beginning of Apr 21	Closing Balance End of Nov 21	Closing Balance End of Mar 22
EXPLANATION OF ALL PROVISIONS			
31 Clinical Negligence	3,351	2,549	2,549
32 Personal Injury and special payments	2,105	3,996	3,996
33 Personal Injury-PIBS	10,512	10,024	10,024
34 Defence legal fees and other administration	404	460	460
35 Pensions-other staff PIBS	78	74	74
36 Redress	158	212	212
37 Restructurings	0	0	0
38 Other	2,228	(187)	(187)
39			
40 Total Provisions	18,836	17,128	17,128

ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
41 Welsh NHS Receivables Aged 0 - 10 weeks	7,881
42 Welsh NHS Receivables Aged 11 - 16 weeks	0
43 Welsh NHS Receivables Aged 17 weeks and over	0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44 Capital	3,620	574	3,620
45 Revenue	24,901	20,823	9,540

ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46 Capital	3,620	574	50
47 Revenue	14,848	21,951	276

Welsh Ambulance Trust

Period : Nov 21

This Table is currently showing 0 errors

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Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)	813	3,790	934	2,965	30	319	5,784	3,239	795	99	2,258	124	21,150
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations	16,799	16,111	22,238	19,627	19,518	18,116	17,640	18,848	20,766	22,602	22,602	22,607	237,474
6	Short Term Loans - Trust only													0
7	PDC - Trust only	0	0			0			8,826	0			0	8,826
8	Interest Receivable - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Sale of Assets	1	51	25	10	0	22	9	6	124	124	124	123	619
10	Other - (Specify in narrative)	577	534	352	259	650	428	2,753	604	1,328	415	415	831	9,146
11	TOTAL RECEIPTS	18,190	20,486	23,549	22,861	20,198	18,885	26,186	31,523	23,013	23,240	25,399	23,685	277,215
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	13,949	16,380	15,713	14,078	15,816	16,671	15,569	15,000	14,723	14,060	14,060	14,058	180,077
18	Non Pay Expenditure	6,262	5,277	5,921	5,545	4,580	5,869	4,407	6,614	10,696	10,696	10,696	10,695	87,258
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only	0											0	0
21	Capital Payment	1,913	975	984	2,266	1,065	566	746	1,270	4,366	3,831	4,504	5,018	27,504
22	Other items (Specify in narrative)	127	6	0	0	0	127	0	125	0	133	0	0	518
23	TOTAL PAYMENTS	22,251	22,638	22,618	21,889	21,461	23,233	20,722	23,009	29,785	28,720	29,260	29,771	295,357
24	Net cash inflow/outflow	(4,061)	(2,152)	931	972	(1,263)	(4,348)	5,464	8,514	(6,772)	(5,480)	(3,861)	(6,086)	
25	Balance b/f	18,468	14,407	12,255	13,186	14,158	12,895	8,547	14,011	22,525	15,753	10,273	6,412	
26	Balance c/f	14,407	12,255	13,186	14,158	12,895	8,547	14,011	22,525	15,753	10,273	6,412	326	

Welsh Ambulance Trust

Period : Nov 21

Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	86.3%	-8.7%	95.2%	0.2%		-95.0%		-95.0%	91.2%	-3.8%	92.5%	-2.5%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	90.7%	-4.3%	89.6%	-5.4%		-95.0%		-95.0%	90.1%	-4.9%	92.5%	-2.5%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.7%	3.7%	98.8%	3.8%		-95.0%		-95.0%	98.7%	3.7%	95.0%	0.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.9%	1.9%	97.3%	2.3%		-95.0%		-95.0%	97.1%	2.1%	95.0%	0.0%

10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Actual %			Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value	53.1%			69.8%						62.2%		75.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number	47.5%			64.9%						56.8%		75.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	84.1%			85.1%						84.6%		75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	64.0%			57.9%						60.9%		75.0%	

Welsh Ambulance Trust

Period : Nov 21

This Table is currently showing 0 errors

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

£'000 23,755
Approved CRL / CEL issued at : 23/11/21

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	5	5	0	26	26	0
2	111 Project Costs	324	324	0	1,094	1,094	0
3	WAST - Make Ready Depot - Cardiff	2,288	2,288	0	3,162	3,162	0
4	GUH transfer vehicles	1	1	0	411	411	0
5	WAST vehicle replacement programme	2,212	2,212	0	6,251	6,251	0
6	EPCR	329	329	0	822	822	0
7	National Programme – Fire	17	17	0	109	109	0
8	National Programme – Infrastructure	2	2	0	438	438	0
9	National Programme – Decarbonisation	18	18	0	387	387	0
10	COVID-19 Recovery Plans - 2021-22	200	200	0	200	200	0
11	NDR Programme	0	0	0	250	250	0
12	Additional Capital Funding - November - 2021-22	0	0	0	881	881	0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	5,396	5,396	0	14,031	14,031	0
	Discretionary:						
43	I.T.	324	324	0	677	677	0
44	Equipment	369	369	0	3,817	3,817	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	595	595	0	5,130	5,130	0
47	Other	53	53	0	230	230	0
48	Sub Total	1,341	1,341	0	9,854	9,854	0

	Other Schemes:							
49				0				0
50				0				0
51				0				0
52				0				0
53				0				0
54				0				0
55				0				0
56				0				0
57				0				0
58				0				0
59				0				0
60				0				0
61				0				0
62				0				0
63				0				0
64				0				0
65				0				0
66				0				0
67				0				0
68				0				0
69	Sub Total	0	0	0		0	0	0
70	Total Expenditure	6,737	6,737	0		23,885	23,885	0
	Less:							
	Capital grants:							
71				0				0
72				0				0
73				0				0
74				0				0
75				0				0
76	Sub Total	0	0	0		0	0	0
	Donations:							
77				0				0
78	Sub Total	0	0	0		0	0	0
	Asset Disposals:							
79	Disposal of ST Asaph old HQ	0	0	0		130	130	0
80				0				0
81				0				0
82				0				0
83				0				0
84				0				0
85				0				0
86				0				0
87				0				0
88				0				0
89				0				0
90	Sub Total	0	0	0		130	130	0
91	Technical Adjustments			0				0
92	CHARGE AGAINST CRL / CEL	6,737	6,737	0		23,755	23,755	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(17,018)				0	

Welsh Ambulance Trust

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

Period : Nov 21

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	ESMCP – Control Room Solution	A WILLIAMS	26	26	(16)	0	4	0	9	0	0	8	29	0	0	(8)	5	26	Low
2	111 Project Costs	A WILLIAMS	1,094	1,094	45	38	31	47	69	50	13	31	320	96	90	264	324	1,094	Low
3	WAST - Make Ready Depot - Cardiff	R DAVIES	3,162	3,162	10	130	378	164	684	16	233	673	395	346	120	13	2,288	3,162	Low
4	GUH transfer vehicles	D HOLMES	411	411	1	0	0	0	0	0	0	0	298	100	(1)	13	1	411	Low
5	WAST vehicle replacement programme	D HOLMES	6,251	6,251	284	41	84	1,550	69	27	88	69	1,000	1,134	915	990	2,212	6,251	Low
6	EPCR	A WILLIAMS	822	822	6	6	7	6	13	101	117	73	106	72	61	254	329	822	Low
7	National Programme – Fire	R DAVIES	109	109	0	10	0	0	0	0	0	7	15	15	15	47	17	109	Low
8	National Programme – Infrastructure	R DAVIES	438	438	0	0	0	0	0	0	0	2	100	150	100	86	2	438	Low
9	National Programme – Decarbonisation	R DAVIES	387	387	0	0	0	0	0	0	0	18	77	77	77	138	18	387	Low
10	COVID-19 Recovery Plans - 2021-22	A WILLIAMS	200	200	0	0	0	0	0	200	0	0	0	0	0	0	200	200	Low
11	NDR Programme	A WILLIAMS	250	250	0	0	0	0	0	0	0	0	0	150	100	0	0	250	Low
12	Additional Capital Funding - November - 2021-22	J WILSON	881	881	0	0	0	0	0	0	0	0	0	0	428	453	0	881	Low
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		14,031	14,031	330	225	504	1,767	844	394	451	881	2,340	2,140	1,905	2,250	5,396	14,031	
Discretionary:																			
35	I.T.	A WILLIAMS	677	677	86	58	0	(9)	76	(154)	51	216	60	60	60	173	324	677	Low
36	Equipment	D HOLMES	3,817	3,817	1	3	164	5	66	4	77	49	532	644	1,498	774	369	3,817	Low
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
38	Estates	R DAVIES	5,130	5,130	24	57	34	98	58	58	155	111	852	975	1,029	1,679	595	5,130	Low
39	Other	E ROBERTS	230	230	0	6	4	16	1	5	5	15	12	12	12	141	53	230	Low
40	Sub Total		9,854	9,854	111	124	202	110	201	(87)	289	391	1,456	1,691	2,599	2,767	1,341	9,854	
Other Schemes:																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		23,885	23,885	441	349	706	1,877	1,045	307	740	1,272	3,796	3,831	4,504	5,017	6,737	23,885	

Welsh Ambulance Trust

Period : Nov 21

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Feb 22)	£'000	£'000	£'000	£'000	
1	St Asaph HQ - HM Stanley	N/A	N/A	2021-22	130	400	26	244	
2	Vehicles & Equipment disposals	N/A	N/A	2021-22	0	219	0	219	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				130	619	26	463	

B: Future Years Disposal of Assets

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

Welsh Ambulance Trust

Period : Nov 21

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	NET FINANCIAL CHANGE	A	B	C	D
1	Retained surplus/(deficit) for period			0	35
2	Depreciation	14,929	17,951	3,022	11,968
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments		6,165	6,165	6,165
5	Net gain/loss on disposal of assets		(463)	(463)	(123)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		593	593	124
8	Other Income (specify)			0	
9	APPLICATION OF FUNDS				
10	Capital Expenditure	(23,755)	(23,885)	(130)	(6,737)
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	50
13	Current assets - Trade and other receivables			0	(6,068)
14	Current liabilities - Trade and other payables			0	(7,124)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	(1,708)
17	Sub total - movement in working capital	0	0	0	(14,850)
18	NET FINANCIAL CHANGE	(8,826)	361	9,187	(3,418)
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital	8,826	(361)	(9,187)	8,826
20	Net change in temporary borrowing			0	0
21	Change in bank deposits and interest bearing securities			0	(4,058)
22	Net change in finance lease payables			0	(1,350)
23	TOTAL EXTERNAL FINANCE	8,826	(361)	(9,187)	3,418

Table M - Debtors Schedule

Nov 21

[illegible]

Invoices paid since the end of the month		
--	--	--

Total outstanding as per MR submission date	0.00	0.00
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Welsh Ambulance Trust

Period : Nov 21

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

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

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

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

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

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

GENERAL MEDICAL SERVICES
Operating Expenditure

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

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

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

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

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

GENERAL MEDICAL SERVICES
Dispensing

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

Welsh Ambulance Trust

Period : Nov 21

Table O - General Dental Services
Table to be completed from Q2 / Month: 6
Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
Improved ventilation in dental practices	30					
Attend Anywhere	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd

Chair: Martin Woodford

Prif Weithredwr

Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th December 2021

Your ref: WAST\m07\ajh\ry

Dear Andrea

Re: NOVEMBER 2021 (MONTH 8 2021/22) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for November 2021.

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

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

The Trust's performance against financial targets for Month 8 2021/22 is as follows:-

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

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

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

Month 8 2021/22 also continues to include an income assumption to offset the net additional unavoidable direct revenue costs incurred by WAST in its planning and continuing response to COVID-19. The year to date COVID-

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwlans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

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

Ffôn/Tel
01633 626262

19 value stands at £6.277m as shown in Table B3. Table B3 has now been updated to include estimates for the whole of 21/22, a total of £11.315m, this increase of £4.955m relates to the £5m referred to in section 8 below. Of the total £11.315m, £0.800m remains to be agreed which is reported as a risk and commented on further under A2 below.

The resulting reported performance at Month 8 as per Table B is therefore a very small under-spend against budget of £0.035m, after allowing for the above COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 8 is an underspend of £1.441m. As per Table B3 the cumulative COVID-19 pay related costs up to Month 8 totalled £3.315m.

The non-pay position at Month 8 is a reported overspend of £1.830m, this is made up of overspends on fleet maintenance costs, fuel, and Taxis. As per Table B3 the cumulative COVID-19 non pay related costs (including cleaning) up to Month 8 totalled £2.962m.

Income at Month 8 shows a small over achievement of £0.424m.

The Trust will continue to look to now achieve its original saving target of £2.8m in order to achieve a breakeven, having removed the low category risk of £0.350m within the risk table in Month 8.

With reference to WAST's contribution to the NWSSP WRP risk sharing element of £0.374m, we can confirm that arrangements have now been made for this to be paid.

2. Movement (Table A)

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

3. Risk (Table A2)

The risks reported in Table A2 continue to be routinely assessed, however at present it is considered that there are no high likelihood risks that the Trust is aware of. As we move through the closing months of this financial year we will continue to review the risks to ensure that the level of likelihood is assessed together with the financial value, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

In connection with COVID-19 costs there remains a balance of £0.800m relating to PPE and cleaning to be agreed. Accordingly, there remains a low likelihood risk of £0.800m as at Month 8.

Non delivery of a remaining element of the Saving Plans/CIP's has in Month 8 been removed as a low risk of £0.350m. **(Action Point 7.1)**

Following the Welsh Partnership forum agreeing a framework in respect of settling the impact of voluntary overtime on holiday pay, all arrears for the period 1st October 2018 up to March 2021 were processed in August 2021 and an invoice for £1.549m was issued to the WG in Month 6. A further invoice for c£600k will be raised in December 2021. We have assurance from the WG that all holiday pay arrears will be fully funded and as such we have removed all risk around this.

Given the pressures the Trust feels every winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.

A low level risk remains of £1.0m re PIBS (Permanent Injury Benefit Scheme), this has been reduced down from £1.5m at M6 to reflect the current forecast expenditure for 20/21. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon. This is included within Table E1 at line 11.

4. Monthly Profiles (Table B)

This table has now been completed in full, and in accordance with the guidance.

Total bonus payments paid to staff during May amounted to £3.600m a credit note for £0.045m was issued to the WG in Month 7 in respect of the residual balance.

The Trust has now concluded the work to collate information from our relevant sub-contractors to determine the eligibility for bonus payments for sub-contracted staff. The final outcome of this was that costs of £0.190m were identified and reported back to the WG within the prescribed timescales. Invoices have been received by the Trust from most of the sub-contractors in relation to the bonus payments and these are being processed. A number of the invoices are below the amounts initially notified by the organisations due to changes to staff eligibility and employers on costs identified during their payroll processes. A final outcome will be notified to WG once all the data has been received. The Trust is continuing to chase those sub-contractors that have not yet submitted their data and invoices for bonus payments made to sub-contracted staff. The most recent submission under the duplicate payments checking exercise has identified a number of potential duplicates within the claims submitted to WAST. We have asked Data Cymru for further clarification regarding the next steps required following this identification and are awaiting a response.

In accordance with the timetable the Trust's third forecast of non-cash requirements including depreciation and impairments was submitted to the WG on 5th November 2021. Within this was a request for additional depreciation of £3.022m above the approved baseline of £14.929m giving a total forecast for this financial year of £17.951m. In addition, the forecast included a request for funding for impairments of £5.322m, this includes £3.8m relating to a forecast impairment for Cardiff MRD which is currently due to complete in Q3. An early forecast formal valuation on Cardiff MRD was received during Month 8, this is indicating that additional impairment funding of £0.843 is now required (a total for 2021/22 of £6.165m). These forecasts have been updated within the Month 8 Table B and also within Table E1, this request for additional funding of £0.843m was also sent separately to Jackie Salmon of WG as soon as we were aware of the situation.

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

Agency costs for Month 8 totalled £0.054m. The current percentage of agency costs against the total pay figure is 0.4%, this is to cover vacancies and additional activity. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance.

The year to date COVID-19 value stands at £6.277m as shown in Table B3. Table B3 has now been updated to include estimates for the whole of 21/22, a total of £11.315m. Of this invoices currently amounting to £10.515m (net of £0.045m returned re unused bonus accrual) have been issued to the WG. There remains a balance of £0.800m relating to PPE and cleaning yet to be agreed.

A low likelihood risk of £0.800m is included in table A2 re the above and is commented on further above.

We understand that the £2m Recovery Funding recently confirmed to EASC will be shown on their B3 MMR and accordingly as instructed have not included this within our B3 tables.

These costs exclude any costs relating to assistance from the military which will be made under MACA under the assumption that WG will be paying directly for these services.

The return of unused bonus accrual (£0.045m) is now reported on line 187 (section A7) and also on Table E1. **(Action Point 7.2)**

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

For Month 8 the Trust is reporting planned savings of £2.220m and actual savings of £2.375m.

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

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

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance.

In regard to WHSSC / EASC and WAST values, whilst the teams continue to work to agree the final income and expenditure values for this financial year now, the income figures have been updated and included in Table D.

These figures have now been reduced in M8 by £5m and invoiced directly to WG as per recent communication (and updated above and in Table B3). The main value of funding now outstanding relates to the Think 111 First Campaign (c£2.3m estimates for 21/22) and discussions are continuing with EASC colleagues regarding the funding flow of this (either via EASC or direct from WG).

The recurring cost impact of 21/22 developments for the 22/23 financial year has been submitted to EASC to form the basis of contractual negotiations and continuing discussions as we progress financial planning over the next few months as part of the IMTP process.

We can confirm that the Covid-19 Stability funding is matched against forecast spend at Month 8. **(Action Point 7.3)**

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

The Statement of Financial Position for Month 8 has been completed as per the guidance.

At Month 8 we are pleased to report that there are no invoices over 11 weeks.

10. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	25	18	17	22	20	16	19	19	15	15	15	11	212
Other Non NHS Income	164	141	71	237	85	84	2,329	167	550	150	150	570	4,698
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	388	375	264	0	545	324	405	418	763	250	250	250	4,232
Risk Pool Refund	0	0	0	0	0	4	0	0	0	0	0	0	4
Total	577	534	352	259	650	428	2,753	604	1,328	415	415	831	9,146
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	127	6	0	0	0	127	0	125	0	133	0	0	518
Total	0	0	0	0	0	127	0	125	0	133	0	0	518

Details of 'Other' receipts and 'Other' payments as shown within lines 7 and 15 of Table G are shown above.

Sale of assets forecast has been updated to £0.619m in Month 8. **(Action Point 7.4)**

PDC of £8.826m was drawn down to support cash flow during Month 8.

11. Public Sector Payment Compliance (Table I)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through 2021/22. We have reviewed the forecast performance for this area down to 92.5% pending Q3 results.

Up to quarter 2 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 97.1% against a target of 95%.

12. Capital (Tables I, J and K)

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

Following receipt of the revised CEL the Trust has updated its plan in line with current intelligence, as recently communicated with WG. In addition to the adjustments being made plans are currently being drawn up around additional pipeline schemes to ensure that the Trust has contingency measures in place should further delays occur.

The Trust will continue to monitor the capital position extremely closely to ensure that projects deliver in line with budgets, however as stated previously the Trust will endeavour to achieve its CEL but may have to adjust internal budgets as schemes progress through the financial year.

13. Committee to receive Financial Monitoring Return

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

The Month 8 Financial Monitoring Return will be presented to the Finance and Performance Committee on 20th January 2022.

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

14. Other Issues

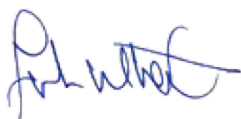
If you would like to discuss any matter included in this monitoring return letter or attached tables, please do not hesitate to contact me.

Yours sincerely



Navin Kalia Deputy Director of Finance & Corporate Resources

pp Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc
cc:
Mr M Woodford, Chairman
Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2021-22

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	DEC 21
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR DEC 21 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Welsh Ambulance Trust

Period : Dec 21

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	51	0

Welsh Ambulance Trust

Period : Dec 21

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-16,120	0	-16,120	-16,120
3 Planned Expenditure For Covid-19 (Negative Value)	-3,996	-3,996		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	0	0	0	0
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	3,996	3,996		
6 Planned Provider Income (Positive Value)	13,320	0	13,320	13,320
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	2,800	0	2,800	2,800
9 Planned (Finalised) Net Income Generation	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 Opening IMTP / Annual Operating Plan	0	0	0	0
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0	0	0
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	0	0	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	7,319	7,319		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-7,319	-7,319		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-1,228	-1,228	-1,287	-1,683	-1,344	-1,295	-1,343	-1,348	-1,339	-1,342	-1,339	-1,340	-12,098	-16,120
3	-325	-255	-512	-539	-529	-530	-217	-218	-218	-217	-217	-219	-3,343	-3,996
4													0	0
5	437	367	288	539	529	530	217	218	218	217	217	219	3,343	3,996
6	784	772	891	1,426	1,144	1,157	1,180	1,189	1,197	1,195	1,193	1,188	9,743	13,320
7													0	0
8	337	345	621	257	200	138	163	159	142	144	143	151	2,362	2,800
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10													0	0
11													0	0
12													0	0
13													0	0
14	5	1	1	0	0	0	0	0	0	-3	-3	-1	7	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	-112	-112	224	0	0	0	0	0	0	0	0	0	0	0
21	112	112	-224	0	128	17	5	5	-20	-38	-50	-47	135	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	-16	15	67	264	2,822	1,088	1,047	1,028	1,004	4,240	7,319
25													0	0
26	0	0	0	16	-15	-67	-264	-2,822	-1,088	-1,047	-1,028	-1,004	-4,240	-7,319
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30					-127	-16	5	11	36	24	36	31	-91	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	5	1	1	0	1	1	10	16	16	-17	-17	-17	51	0

Table A1 - Underlying Position

This table needs completing monthly from Month: 1

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (+ve) £'000	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000		Underlying Position c/f £'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (+ve) £'000	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000		Underlying Position c/f £'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

Welsh Ambulance Trust

Period : Dec 21

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Pay Enhancements Dec 2021, 1% for B1 to B5, extra days annual leave	(1,800)	Low
13	PIBS	(1,000)	Low
14	Depreciation (£3.022m) and Impairment (£6.165m) funding awaiting confirmation	(9,187)	Low
15	111- Think First funding	(2,300)	Low
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(14,287)	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(14,287)	
38	Best Case Outturn Scenario	0	

Welsh Ambulance Trust

Table B - Monthly Positions

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

Period : Dec 21

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	3,348	3,370	3,318	3,303	3,294	3,363	3,405	3,355	3,872	3,203	3,203	3,203	30,628	40,237
4	WHSSC Income	Actual/F'cast	13,862	15,408	13,900	14,766	15,579	14,907	14,903	11,499	16,745	18,211	18,211	18,211	131,569	186,202
5	Welsh Government Income (Non RRL)	Actual/F'cast	450	282	540	4,541	793	4,230	600	5,592	2,760	1,340	1,340	1,339	19,788	23,807
6	Other Income	Actual/F'cast	1,333	591	2,142	1,794	580	837	2,671	2,409	862	375	375	376	13,219	14,345
7	Income Total		18,993	19,651	19,900	24,404	20,246	23,337	21,679	22,855	24,239	23,129	23,129	23,129	195,204	264,591
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	13,760	14,358	14,500	13,986	14,298	16,784	14,402	15,041	17,260	15,800	15,700	15,748	134,389	181,637
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,109	3,334	3,310	3,463	3,474	3,704	3,094	4,274	3,667	4,656	4,755	4,706	31,429	45,546
12	Secondary Care - Drugs	Actual/F'cast	34	35	35	33	35	35	34	35	33	35	35	36	309	415
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	774	662	778	793	916	1,313	1,065	1,121	1,245	1,200	1,200	1,200	8,667	12,267
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	65	65	53	8	25	25	34	32	521	70	70	70	828	1,038
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast	3	3	3	3	3	3	3	3	3	2	3	3	27	35
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	1,244	1,244	1,244	2,243	1,494	1,494	1,509	1,496	1,496	1,496	1,496	1,495	13,464	17,951
23	AME Donated Depreciation/Impairments	Actual/F'cast	0	0	0	3,885	0	0	1,437	843	0	0	0	0	6,165	6,165
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast	(1)	(51)	(24)	(10)	0	(22)	(9)	(6)	(2)	(113)	(113)	(112)	(125)	(463)
26	Cost - Total	Actual/F'cast	18,988	19,650	19,899	24,404	20,245	23,336	21,569	22,839	24,223	23,146	23,146	23,146	195,153	264,591
27	Net surplus/ (deficit)	Actual/F'cast	5	1	1	0	1	1	10	16	16	(17)	(17)	(17)	51	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28 . Actual YTD surplus/ (deficit)	51	
29. Actual YTD surplus/ (deficit) last month	35	
30. Current month actual surplus/ (deficit)	16	
		Trend
31. Average monthly surplus/ (deficit) YTD	6	▲
32. YTD /remaining months	17	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	99
34. Year to Date Trend Scenario	68

C. DEL/AME Depreciation & Impairments

C. DECIAME Depreciation & Impairments			1	2	3	4	5	6	7	8	9	10	11	12	Total <u>YTD</u>	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
	DEL															
35	Baseline Provider Depreciation	Actual/F'cast	1,244	1,244	1,244	499	1,058	1,058	1,065	1,060	1,059	1,059	1,059	1,057	9,531	12,706
36	Strategic Depreciation	Actual/F'cast				1,744	436	436	444	436	437	437	437	438	3,933	5,245
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		1,244	1,244	1,244	2,243	1,494	1,494	1,509	1,496	1,496	1,496	1,496	1,495	13,464	17,951
	AME															
41	Donated Asset Depreciation	Actual/F'cast													0	0
42	Impairments	Actual/F'cast				3,885			1,437	843					6,165	6,165
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	3,885	0	0	1,437	843	0	0	0	0	6,165	6,165

D. Accountancy Gains

[illegible]

E. Committed Reserves & Contingencies

[illegible]

Welsh Ambulance Trust

Period : Dec 21

YTD Months to be completed from Month: 1

1

This Table is currently showing 0 errors

Forecast Months to be completed from Month: 1

1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	2,140	2,244	2,223	2,162	2,162	2,583	2,244	2,433	2,391	2,600	2,552	2,600	20,582	28,334
2	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Nursing & Midwifery Registered	871	930	952	910	973	1,113	958	958	1,036	962	960	944	8,701	11,567
4	Prof Scientific & Technical	8	8	23	15	15	17	15	25	18	12	13	12	144	181
5	Additional Clinical Services	5,885	6,131	6,210	5,972	6,184	7,135	6,008	6,312	7,377	6,798	6,793	6,759	57,214	77,564
6	Allied Health Professionals	4,701	4,860	4,919	4,764	4,794	5,005	5,005	5,149	6,240	5,243	5,198	5,239	46,170	61,850
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	155	185	173	163	170	198	172	164	198	185	184	194	1,578	2,141
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	13,760	14,358	14,500	13,986	14,298	16,784	14,402	15,041	17,260	15,800	15,700	15,748	134,389	181,673

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	13,760	14,358	14,500	13,986	14,298	16,784	14,402	15,041	17,260	15,800	15,700	15,748	134,389	181,637
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	13,760	14,358	14,500	13,986	14,298	16,784	14,402	15,041	17,260	15,800	15,700	15,748	134,389	181,637

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

B - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12	Forecast	
- Analysed by Type of Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	35	37	59	58	35	105	79	71	83	63	63	63	562	751
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered					2	0							2	2
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services					5	0	(17)		135	150	150	150	123	573
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary		2		(2)	3	1			2				6	6
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	35	39	59	56	45	106	79	54	220	213	213	213	693	1,332

11	Agency/Locum (premium) % of pay	0.3%	0.3%	0.4%	0.4%	0.3%	0.6%	0.5%	0.4%	1.3%	1.3%	1.4%	1.4%	0.5%	0.7%
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C - Agency / Locum (premium) Expenditure

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

[illegible]

Welsh Ambulance Trust

Period : Dec 21

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

[illegible]

[illegible]

A5	Field Hospital / Surge (Additional costs due to C19) enter as positive value - actual/forecast															
114	Provider Pay (Establishment, Temp & Agency)															
115	Administrative, Clerical & Board Members														0	0
116	Medical & Dental														0	0
117	Nursing & Midwifery Registered														0	0
118	Prof Scientific & Technical														0	0
119	Additional Clinical Services														0	0
120	Allied Health Professionals														0	0
121	Healthcare Scientists														0	0
122	Estates & Ancillary														0	0
123	Students														0	0
124	Sub total Field Hospital / Surge Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
125	Primary Care Contractor (excluding drugs)														0	0
126	Primary Care - Drugs														0	0
127	Secondary Care - Drugs														0	0
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7														0	0
129	Provider - Non Pay (Decommissioning Costs)														0	0
130	Healthcare Services Provided by Other NHS Bodies														0	0
131	Non Healthcare Services Provided by Other NHS Bodies														0	0
132	Continuing Care and Funded Nursing Care														0	0
133	Other Private & Voluntary Sector														0	0
134	Joint Financing and Other (includes Local Authority)														0	0
135	Joint Financing and Other - (Compensation for Consequential Losses)														0	0
136	Other (only use with WG agreement & state SoCNE/I line ref)														0	0
137															0	0
138															0	0
139															0	0
140	Sub total Field Hospital / Surge Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
141	TOTAL FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
142	PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (In Opening Plan)														0	0
143	MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A6	Cleaning Standards (Additional costs due to C19) enter as positive value - actual/forecast															
144	Provider Pay (Establishment, Temp & Agency)															
145	Administrative, Clerical & Board Members														0	0
146	Medical & Dental														0	0
147	Nursing & Midwifery Registered														0	0
148	Prof Scientific & Technical														0	0
149	Additional Clinical Services														0	0
150	Allied Health Professionals														0	0
151	Healthcare Scientists														0	0
152	Estates & Ancillary														0	0
153	Students														0	0
154	Sub total Cleaning Standards Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
155	Primary Care Contractor (excluding drugs)														0	0
156	Primary Care - Drugs														0	0
157	Secondary Care - Drugs														0	0
158	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7	34	26	33	40	34	34	34	30	34	34	34	33	299	400	
159	Healthcare Services Provided by Other NHS Bodies														0	0
160	Non Healthcare Services Provided by Other NHS Bodies														0	0
161	Continuing Care and Funded Nursing Care														0	0
162	Other Private & Voluntary Sector														0	0
163	Joint Financing and Other (includes Local Authority)														0	0
164	Other (only use with WG agreement & state SoCNE/I line ref)														0	0
165															0	0
166															0	0
167															0	0
168	Sub total Cleaning Standards Non Pay	34	26	33	40	34	34	34	30	34	34	34	33	299	400	
169	TOTAL CLEANING STANDARDS EXPENDITURE	34	26	33	40	34	34	34	30	34	34	34	33	299	400	
170	PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)	34	26	33	34	34	34	34	34	34	34	34	35	297	400	
171	MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE	0	0	0	(6)	0	0	0	4	0	0	0	2	(2)	0	

A7	Other (Additional costs due to C19) enter as positive value - actual/forecast														
172	Provider Pay (Establishment, Temp & Agency)														
173	Administrative, Clerical & Board Members								583	78	77	77	78	661	893
174	Medical & Dental													0	0
175	Nursing & Midwifery Registered		4	3	7	20	28	16	14	15	15	15	15	107	152
176	Prof Scientific & Technical													0	0
177	Additional Clinical Services	29	42	52	77	31	118	67	942	409	447	437	437	1,767	3,087
178	Allied Health Professionals	48	55	109	106	130	35	101	609	236	158	148	128	1,429	1,862
179	Healthcare Scientists													0	0
180	Estates & Ancillary								134	17	17	17	16	151	201
181	Students													0	0
182	Other (only use with WG Agreement & state SoCNE/I line ref)													0	0
183	Unused Bonus accrual returned								(45)					(45)	(45)
184														0	0
185														0	0
186	Sub total Other C-19 Provider Pay	77	101	164	190	181	181	184	2,237	754	713	694	674	4,069	6,150
187	Primary Care Contractor (excluding drugs)													0	0
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income													0	0
189	Primary Care - Drugs													0	0
190	Secondary Care - Drugs													0	0
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line	32	47	48	81	115	103	89	115	36	96	96	94	666	952
192	Provider - Non Pay - PPE	49	47	106	91	36	138	44	140	91	91	91	93	742	1,017
193	Healthcare Services Provided by Other NHS Bodies	133	34	161	121	178	141	125	513	386	325	325	324	1,792	2,766
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS													0	0
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS													0	0
196	Non Healthcare Services Provided by Other NHS Bodies													0	0
197	Continuing Care and Funded Nursing Care													0	0
198	Other Private & Voluntary Sector													0	0
199	Other Private & Voluntary Sector - Private Hospital Providers													0	0
200	Joint Financing and Other (includes Local Authority)													0	0
201	Think 111 First Campaign 21/22							5	5	5	5	5	5	15	30
202														0	0
203														0	0
204														0	0
205														0	0
206	Sub total Other C-19 Non Pay	214	128	315	293	329	382	263	773	518	517	517	516	3,215	4,765
207	TOTAL OTHER C-19 EXPENDITURE	291	229	479	483	510	563	447	3,010	1,272	1,230	1,211	1,190	7,284	10,915
208	PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)	291	229	479	505	495	496	183	184	184	183	183	184	3,046	3,596
209	MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE	0	0	0	22	(15)	(67)	(264)	(2,826)	(1,088)	(1,047)	(1,028)	(1,006)	(4,238)	(7,319)
210	TOTAL ADDITIONAL EXPENDITURE DUE TO COVID	325	255	512	523	544	597	481	3,040	1,306	1,264	1,245	1,223	7,583	11,315
211	PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)	325	255	512	539	529	530	217	218	218	217	217	219	3,343	3,996
212	MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE	0	0	0	16	(15)	(67)	(264)	(2,822)	(1,088)	(1,047)	(1,028)	(1,004)	(4,240)	(7,319)

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

[illegible]

C - In Year Operational Expenditure Cost Reduction Due To C19

[illegible]

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

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

[illegible]

240	ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19	437	367	288	523	544	597	481	3,040	1,306	1,264	1,245	1,223	7,583	11,315
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E - Additional Welsh Government Funding for C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Positive values</i>														
241	PLANNED WG FUNDING FOR COVID-19	437	367	288	539	529	530	217	218	218	217	217	219	3,343	3,996
		0	0	0	0	0	0	0	0	0	0	0	0		
242	MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19	0	0	0	(16)	15	67	264	2,822	1,088	1,047	1,028	1,004	4,240	7,319
243	TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19	437	367	288	523	544	597	481	1,246	1,306	1,264	1,245	1,223	7,583	11,315

[illegible]

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10	Non Pay	Budget/Plan	115	111	452	114	89	44	40	41	35	40	38	50	1,041	1,169		1,169	0			
11		Actual/F'cast	115	111	452	82	104	38	29	26	24	22	19	33	981	1,055	92.99%	1,055	0	0	1,055	1,055
12		Variance	0	0	0	(32)	15	(6)	(11)	(15)	(11)	(18)	(19)	(17)	(60)	(114)	(5.76%)	(114)	0			
13	Pay	Budget/Plan	222	234	169	143	111	94	123	118	107	104	105	101	1,321	1,631		1,631	0			
14		Actual/F'cast	222	234	169	175	224	117	139	138	98	84	74	71	1,516	1,745	86.88%	1,745	0	0	1,745	1,745
15		Variance	0	0	0	32	113	23	16	20	(9)	(20)	(31)	(30)	195	114	14.76%	114	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,362	2,800		2,800	0			
20		Actual/F'cast	337	345	621	257	328	155	168	164	122	106	93	104	2,497	2,800	89.18%	2,800	0	0	2,800	2,800
21		Variance	0	0	0	0	128	17	5	5	(20)	(38)	(50)	(47)	135	0	5.72%	0	0			
22	Variance in month		0.00%	0.00%	0.00%	0.00%	64.00%	12.32%	3.07%	3.14%	(14.08%)	(26.39%)	(34.97%)	(31.13%)	5.72%							
23	In month achievement against FY forecast		12.04%	12.32%	22.18%	9.18%	11.71%	5.54%	6.00%	5.86%	4.36%	3.79%	3.32%	3.71%								

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Variable Pay	Budget/Plan	222	234	169	143	111	94	123	118	107	104	105	101	1,321	1,631		1,631	0		
5		Actual/F'cast	222	234	169	175	224	117	139	138	98	84	74	71	1,516	1,745	86.88%	1,745	0	0	1,745
6		Variance	0	0	0	32	113	23	16	20	(9)	(20)	(31)	(30)	195	114	14.76%	114	0		
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	222	234	169	143	111	94	123	118	107	104	105	101	1,321	1,631		1,631	0		
20		Actual/F'cast	222	234	169	175	224	117	139	138	98	84	74	71	1,516	1,745	86.88%	1,745	0	0	1,745
21		Variance	0	0	0	32	113	23	16	20	(9)	(20)	(31)	(30)	195	114	14.76%	114	0		

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

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

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,362	2,800	0	2,800	0	2,800
	Month 1 - Actual/Forecast	337	345	621	257	328	155	168	164	122	106	93	104	2,497	2,800	0	2,800	0	2,800
	Variance	0	0	0	0	128	17	5	5	(20)	(38)	(50)	(47)	135	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,362	2,800	0	2,800	0	2,800
	Total Actual/Forecast	337	345	621	257	328	155	168	164	122	106	93	104	2,497	2,800	0	2,800	0	2,800
	Total Variance	0	0	0	0	128	17	5	5	(20)	(38)	(50)	(47)	135	0	0	0	0	0
	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Accountancy Gains	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,362	2,800	0	2,800	0	2,800
	Month 1 - Actual/Forecast	337	345	621	257	328	155	168	164	122	106	93	104	2,497	2,800	0	2,800	0	2,800
	Variance	0	0	0	0	128	17	5	5	(20)	(38)	(50)	(47)	135	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,362	2,800	0	2,800	0	2,800
	Total Actual/Forecast	337	345	621	257	328	155	168	164	122	106	93	104	2,497	2,800	0	2,800	0	2,800
Total Variance	0	0	0	0	128	17	5	5	(20)	(38)	(50)	(47)	135	0	0	0	0	0	

Welsh Ambulance Trust

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Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,609	62	5,671
2	Aneurin Bevan University	13,071	164	13,235
3	Betsi Cadwaladr University	6,558	0	6,558
4	Cardiff & Vale University	4,768	0	4,768
5	Cwm Taf Morgannwg University	2,408	5	2,413
6	Hywel Dda University	5,091	24	5,115
7	Powys	1,467	0	1,467
8	Public Health Wales	17	46	63
9	Velindre	956	0	956
10	NWSSP	0	0	0
11	DHCW	0	321	321
12	Wales Ambulance Services			0
13	WHSSC	0	0	0
14	EASC	182,946	3,191	186,137
15	HEIW	0	322	322
16	NHS Wales Executive	0	0	0
17	Total	222,891	4,135	227,026

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
14	52	66
935	209	1,144
239	80	319
30	22	52
0	35	35
0	446	446
0	44	44
64	31	95
886	820	1,706
0	0	0
652	0	652
		0
0	0	0
0	0	0
0	25	25
0	0	0
2,820	1,764	4,584

Welsh Ambulance Trust

This Table is currently showing 0 errors

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Table E - Resource Limits

1. BASE ALLOCATION

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

2. ANTICIPATED ALLOCATIONS

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

3. TOTAL RESOURCES & BUDGET RECONCILIATION

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

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

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

Welsh Ambulance Trust

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Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	Agreed full year income	5,630	13,112	6,558	4,768	2,409	5,097	1,467	29		956	0	80	81	10,515	183,744	0		234,445	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall														(2,223)				(2,223)	Jackie Salmon M4, amended M7 not invoiced
3	DEL Non Cash Depreciation - Strategic														5,245				5,245	Jackie Salmon M4, amended M8 not invoiced
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	AME Non Cash Depreciation - Donated Assets																		0	
7	AME Non Cash Depreciation - Impairment														6,165				6,165	Jackie Salmon M4, amended M7 not invoiced
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9	Total COVID-19 (see below analysis)														800				800	See below analysis
10	Non contracted income	41	123	0	0	4	18	0	35		0	0	241	242		2,393	0	16,063	19,159	Non contracted income
11	PIBS														1,000				1,000	Jackie Salmon, M3,amended M7, not invoiced
12																			0	
13																			0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
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26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	Total Income	5,671	13,235	6,558	4,768	2,413	5,115	1,467	63	0	956	0	321	322	21,502	186,137	0	16,063	264,591	

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

	Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
36 Testing (inc Community Testing)			0	
37 Tracing			0	
38 Mass COVID-19 Vaccination			0	
39 Extended Flu Vaccination			0	
40 Field Hospital / Surge			0	
41 Cleaning Standards	201	199	400	td Dudley, £201 invoiced
42 PPE	416	601	1,017	td Dudley, £416 invoiced
43 Private Providers			0	
44 Urgent & Emergency Care			0	
45 Stability funding	9,913	0	9,913	Invoiced £9913k
46 Think 111 First Campaign	30		30	sa Hughes, M7,invoiced
47 Unused Bonus accrual returned	(45)		(45)	
48			0	
49			0	
50			0	
51			0	
52			0	
53			0	
54			0	
55			0	
56			0	
57			0	
58			0	
59			0	
60			0	
61			0	
62			0	
63			0	
64			0	
65			0	
66 Total Funding	10,515	800	11,315	

Welsh Ambulance Trust

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Period : Dec 21

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Dec 21 £'000	Forecast Closing Balance End of Mar 22 £'000
Non-Current Assets			
1 Property, plant and equipment	89,390	78,232	90,741
2 Intangible assets	3,463	2,356	1,732
3 Trade and other receivables	2,278	2,278	2,000
4 Other financial assets	0	0	0
5 Non-Current Assets sub total	95,131	82,866	94,473
Current Assets			
6 Inventories	1,628	1,578	1,500
7 Trade and other receivables	14,481	28,850	14,481
8 Other financial assets	0	0	0
9 Cash and cash equivalents	18,468	19,242	326
10 Non-current assets classified as held for sale	130	130	0
11 Current Assets sub total	34,707	49,800	16,307
12 TOTAL ASSETS	129,838	132,666	110,780
Current Liabilities			
13 Trade and other payables	28,521	24,715	12,397
14 Borrowings (Trust Only)	1,616	97	1,066
15 Other financial liabilities	0	0	0
16 Provisions	6,949	6,004	7,000
17 Current Liabilities sub total	37,086	30,816	20,463
18 NET ASSETS LESS CURRENT LIABILITIES	92,752	101,850	90,317
Non-Current Liabilities			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	1,059	1,059	0
21 Other financial liabilities	0	0	0
22 Provisions	11,887	11,887	10,891
23 Non-Current Liabilities sub total	12,946	12,946	10,891
24 TOTAL ASSETS EMPLOYED	79,806	88,904	79,426
FINANCED BY: Taxpayers' Equity			
25 General Fund	0	0	0
26 Revaluation Reserve	9,413	9,634	9,413
27 PDC (Trust only)	76,354	85,180	75,974
28 Retained earnings (Trust Only)	(5,961)	(5,910)	(5,961)
29 Other reserve	0	0	0
30 Total Taxpayers' Equity	79,806	88,904	79,426

	Opening Balance Beginning of Apr 21	Closing Balance End of Dec 21	Closing Balance End of Mar 22
EXPLANATION OF ALL PROVISIONS			
31 Clinical Negligence	3,351	2,613	2,613
32 Personal Injury and special payments	2,105	4,150	4,150
33 Personal Injury-PIBS	10,512	10,024	10,024
34 Defence legal fees and other administration	404	540	540
35 Pensions-other staff PIBS	78	74	74
36 Redress	158	194	194
37 Restructurings	0	0	0
38 Other	2,228	296	296
39			
40 Total Provisions	18,836	17,891	17,891

ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
41 Welsh NHS Receivables Aged 0 - 10 weeks	9,210
42 Welsh NHS Receivables Aged 11 - 16 weeks	889
43 Welsh NHS Receivables Aged 17 weeks and over	0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44 Capital	3,620	485	3,620
45 Revenue	24,901	24,230	8,777

ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46 Capital	3,620	485	50
47 Revenue	14,848	18,757	276

Welsh Ambulance Trust

Period : Dec 21

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)	813	3,790	934	2,965	30	319	5,784	3,239	15	5,847	2,258	124	26,118
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations	16,799	16,111	22,238	19,627	19,518	18,116	17,640	18,848	17,557	21,141	23,895	23,895	235,385
6	Short Term Loans - Trust only													0
7	PDC - Trust only	0	0			0			8,826	0			118	8,944
8	Interest Receivable - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Sale of Assets	1	51	25	10	0	22	9	6	2	164	164	165	619
10	Other - (Specify in narrative)	577	534	352	259	650	428	2,753	604	1,217	533	415	831	9,153
11	TOTAL RECEIPTS	18,190	20,486	23,549	22,861	20,198	18,885	26,186	31,523	18,791	27,685	26,732	25,133	280,219
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	13,949	16,380	15,713	14,078	15,816	16,671	15,569	15,000	14,998	14,487	14,487	14,489	181,637
18	Non Pay Expenditure	6,262	5,277	5,921	5,545	4,580	5,869	4,407	6,614	6,581	12,509	12,509	12,510	88,584
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only	0											0	0
21	Capital Payment	1,913	975	984	2,266	1,065	566	746	1,270	495	4,211	4,777	8,354	27,622
22	Other items (Specify in narrative)	127	6	0	0	0	127	0	125	0	133	0	0	518
23	TOTAL PAYMENTS	22,251	22,638	22,618	21,889	21,461	23,233	20,722	23,009	22,074	31,340	31,773	35,353	298,361
24	Net cash inflow/outflow	(4,061)	(2,152)	931	972	(1,263)	(4,348)	5,464	8,514	(3,283)	(3,655)	(5,041)	(10,220)	
25	Balance b/f	18,468	14,407	12,255	13,186	14,158	12,895	8,547	14,011	22,525	19,242	15,587	10,546	
26	Balance c/f	14,407	12,255	13,186	14,158	12,895	8,547	14,011	22,525	19,242	15,587	10,546	326	

Welsh Ambulance Trust

Period : Dec 21

Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	86.3%	-8.7%	95.2%	0.2%	96.4%	1.4%		-95.0%	92.9%	-2.1%	92.5%	-2.5%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	90.7%	-4.3%	89.6%	-5.4%	95.8%	0.8%		-95.0%	92.4%	-2.6%	92.5%	-2.5%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.7%	3.7%	98.8%	3.8%	97.6%	2.6%		-95.0%	98.4%	3.4%	95.0%	0.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.9%	1.9%	97.3%	2.3%	97.4%	2.4%		-95.0%	97.2%	2.2%	95.0%	0.0%

10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Actual %			Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value	53.1%			69.8%		56.3%				60.2%		75.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number	47.5%			64.9%		75.5%				64.2%		75.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	84.1%			85.1%		71.3%				80.3%		75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	64.0%			57.9%		61.1%				61.0%		75.0%	

Welsh Ambulance Trust

Period : Dec 21

This Table is currently showing 0 errors

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

£'000 23,873
Approved CRL / CEL issued at : 6/1/22

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	5	5	0	26	26	0
2	111 Project Costs	384	384	0	1,094	1,094	0
3	WAST - Make Ready Depot - Cardiff	2,304	2,304	0	3,162	3,162	0
4	GUH transfer vehicles	(1)	(1)	0	412	412	0
5	WAST vehicle replacement programme	2,191	2,191	0	6,250	6,250	0
6	EPCR	366	366	0	822	822	0
7	National Programme – Fire	17	17	0	109	109	0
8	National Programme – Infrastructure	2	2	0	438	438	0
9	National Programme – Decarbonisation	30	30	0	387	387	0
10	COVID-19 Recovery Plans - 2021-22	200	200	0	200	200	0
11	NDR Programme	9	9	0	250	250	0
12	Additional Capital Funding - November - 2021-22	0	0	0	881	881	0
13	Infrastructure and Decarbonisation	0	0	0	118	118	0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	5,507	5,507	0	14,149	14,149	0
	Discretionary:						
43	I.T.	409	409	0	677	677	0
44	Equipment	422	422	0	3,817	3,817	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	734	734	0	5,130	5,130	0
47	Other	70	70	0	230	230	0
48	Sub Total	1,635	1,635	0	9,854	9,854	0

	Other Schemes:							
49				0				0
50				0				0
51				0				0
52				0				0
53				0				0
54				0				0
55				0				0
56				0				0
57				0				0
58				0				0
59				0				0
60				0				0
61				0				0
62				0				0
63				0				0
64				0				0
65				0				0
66				0				0
67				0				0
68				0				0
69	Sub Total	0	0	0		0	0	0
70	Total Expenditure	7,142	7,142	0		24,003	24,003	0
	Less:							
	Capital grants:							
71				0				0
72				0				0
73				0				0
74				0				0
75				0				0
76	Sub Total	0	0	0		0	0	0
	Donations:							
77				0				0
78	Sub Total	0	0	0		0	0	0
	Asset Disposals:							
79	Disposal of ST Asaph old HQ	0	0	0		130	130	0
80				0				0
81				0				0
82				0				0
83				0				0
84				0				0
85				0				0
86				0				0
87				0				0
88				0				0
89				0				0
90	Sub Total	0	0	0		130	130	0
91	Technical Adjustments			0				0
92	CHARGE AGAINST CRL / CEL	7,142	7,142	0		23,873	23,873	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(16,731)				0	

Welsh Ambulance Trust

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

Period : Dec 21

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast Min. £'000Max. £'000		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	ESMCP – Control Room Solution	A WILLIAMS	26	26	(16)	0	4	0	9	0	0	8	0	0	0	21	5	26	Low
2	111 Project Costs	A WILLIAMS	1,094	1,094	45	38	31	47	69	50	13	31	60	96	90	524	384	1,094	Low
3	WAST - Make Ready Depot - Cardiff	R DAVIES	3,162	3,162	10	130	378	164	684	16	233	673	16	346	120	392	2,304	3,162	Low
4	GUH transfer vehicles	D HOLMES	412	412	1	0	0	0	0	0	0	0	(2)	0	254	159	(1)	412	Low
5	WAST vehicle replacement programme	D HOLMES	6,250	6,250	284	41	84	1,550	69	27	88	69	(21)	1,134	915	2,010	2,191	6,250	Low
6	EPCR	A WILLIAMS	822	822	6	6	7	6	13	101	117	73	37	72	61	323	366	822	Low
7	National Programme – Fire	R DAVIES	109	109	0	10	0	0	0	0	0	7	0	15	15	62	17	109	Low
8	National Programme – Infrastructure	R DAVIES	438	438	0	0	0	0	0	0	0	2	0	150	100	186	2	438	Low
9	National Programme – Decarbonisation	R DAVIES	387	387	0	0	0	0	0	0	0	18	12	77	77	203	30	387	Low
10	COVID-19 Recovery Plans - 2021-22	A WILLIAMS	200	200	0	0	0	0	0	200	0	0	0	0	0	0	200	200	Low
11	NDR Programme	A WILLIAMS	250	250	0	0	0	0	0	0	0	0	9	150	100	(9)	9	250	Low
12	Additional Capital Funding - November - 2021-22	J WILSON	881	881	0	0	0	0	0	0	0	0	0	0	428	453	0	881	Low
13	Infrastructure and Decarbonisation	R DAVIES	118	118	0	0	0	0	0	0	0	0	0	0	18	100	0	118	Low
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		14,149	14,149	330	225	504	1,767	844	394	451	881	111	2,040	2,178	4,425	5,507	14,149	
Discretionary:																			
35	I.T.	A WILLIAMS	677	677	86	58	0	(9)	76	(154)	51	216	85	60	60	148	409	677	Low
36	Equipment	D HOLMES	3,817	3,817	1	3	164	5	66	4	77	49	53	644	1,498	1,253	422	3,817	Low
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
38	Estates	R DAVIES	5,130	5,130	24	57	34	98	58	58	155	111	139	975	1,029	2,392	734	5,130	Low
39	Other	E ROBERTS	230	230	0	6	4	16	1	5	5	15	17	12	12	136	70	230	Low
40	Sub Total		9,854	9,854	111	124	202	110	201	(87)	289	391	294	1,691	2,599	3,929	1,635	9,854	
Other Schemes:																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		24,003	24,003	441	349	706	1,877	1,045	307	740	1,272	405	3,731	4,777	8,354	7,142	24,003	

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Feb 22)	£'000	£'000	£'000	£'000	
1	St Asaph HQ - HM Stanley	N/A	N/A	2021-22	130	400	26	244	
2	Vehicles & Equipment disposals	N/A	N/A	2021-22	0	219	0	219	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				130	619	26	463	

B: Future Years Disposal of Assets

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

Welsh Ambulance Trust

Period : Dec 21

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	NET FINANCIAL CHANGE	A	B	C	D
1	Retained surplus/(deficit) for period			0	51
2	Depreciation	14,929	17,951	3,022	13,464
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments		6,165	6,165	6,165
5	Net gain/loss on disposal of assets		(463)	(463)	(125)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		593	593	126
8	Other Income (specify)			0	
9	APPLICATION OF FUNDS				
10	Capital Expenditure	(23,873)	(24,003)	(130)	(7,142)
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	50
13	Current assets - Trade and other receivables			0	(14,369)
14	Current liabilities - Trade and other payables			0	(3,806)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	(945)
17	Sub total - movement in working capital	0	0	0	(19,070)
18	NET FINANCIAL CHANGE	(8,944)	243	9,187	(6,531)
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital	8,944	(243)	(9,187)	8,826
20	Net change in temporary borrowing			0	0
21	Change in bank deposits and interest bearing securities			0	(776)
22	Net change in finance lease payables			0	(1,519)
23	TOTAL EXTERNAL FINANCE	8,944	(243)	(9,187)	6,531

Invoices paid since the end of the month		
Total outstanding as per MR submission date	889,110.92	0.00

Total outstanding as per MR submission date	889,110.92	0.00
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Welsh Ambulance Trust

Period : Dec 21

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

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

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

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

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

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

GENERAL MEDICAL SERVICES
Operating Expenditure

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

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

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

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

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

GENERAL MEDICAL SERVICES
Dispensing

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

Welsh Ambulance Trust

Period : Dec 21

Table O - General Dental Services
Table to be completed from Q2 / Month: 6
Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
Improved ventilation in dental practices	30					
Attend Anywhere	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	



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NHS Trust

Cadeirydd
Chair: Martin Woodford

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

14th January 2022

Your ref: WAST\m08\ajh\ry

Dear Andrea

Re: **DECEMBER 2021 (MONTH 9 2021/22) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for December 2021.

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

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

The Trust's performance against financial targets for Month 9 2021/22 is as follows:-

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

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

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

Month 9 2021/22 also continues to include an income assumption to offset the net additional unavoidable direct revenue costs incurred by WAST in its planning and continuing response to COVID-19. The year to date COVID-

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi
The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwylans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

Tŷ Vantage Point
Vantage Point House
Tŷ Coch Way
Cwmbran NP44 7HF
Ffôn/Tel
01633 626262

19 value stands at £7.583m as shown in Table B3. Table B3 includes estimates for the whole of 21/22, a total of £11.315m. Of the total £11.315m, £0.800m remains to be invoiced; following email correspondence this week this will now be raised.

The resulting reported performance at Month 9 as per Table B is therefore a very small under-spend against budget of £0.051m, after allowing for the above COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 9 is an underspend of £1.659m. As per Table B3 the cumulative COVID-19 pay related costs up to Month 9 totalled £4.069m.

The non-pay position at Month 9 is a reported overspend of £2.308m, this is made up of overspends on fleet maintenance costs, fuel, and Taxis. As per Table B3 the cumulative COVID-19 non pay related costs (including cleaning) up to Month 9 totalled £3.514m.

Income at Month 9 shows a small over achievement of £0.700m.

The Trust continues to look now to achieve its original saving target of £2.8m in order to achieve a breakeven.

2. Movement (Table A)

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

3. Risk (Table A2)

The risks reported in Table A2 continue to be routinely assessed, however at present it is considered that there are no high likelihood risks that the Trust is aware of. As we move through the closing months of this financial year we will continue to review the risks to ensure that the level of likelihood is assessed together with the financial value, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

Following the Welsh Partnership forum agreeing a framework in respect of settling the impact of voluntary overtime on holiday pay, all arrears for the period 1st October 2018 up to March 2021 were processed in August 2021 and an invoice for £1.549m was issued to WG in Month 6. A further invoice for c£600k was raised in December 2021. We have assurance from WG that all holiday pay arrears will be fully funded and as such we have removed all risk around this.

Following a further review of the current and forecast levels of spend against current confirmed and expected funding profiles, in Month 9 the risk previously identified of £0.500m relating to unfunded winter pressures has now been removed.

Following the announcement in December 2021 of pay enhancements of 1% for Bands 1-5 together with an additional day of annual leave for all staff, we have at Month 9 included an additional low likelihood risk of c£1.8m, until the funding routes for this are confirmed.

In respect of the low level risk of £1.0m re PIBS (Permanent Injury Benefit Scheme) verbal confirmation has been provided by Jackie Salmon of the availability of this funding. Matched funding for this highly volatile area is provided by WG on an annual basis. This is included within Table E1 at line 11.

In Month 9 two additional protective risks have been added to Table A2 as follows:-

- £9.187m relates to funding for depreciation and impairments in line with reporting requests made to WG in past months. This is included within Table E1 at lines 2, 3 and 7. The Trust seeks instructions on when to invoice WG for these ring-fenced areas.
- £2.300m relates to 111- Think First funding flows. The Trust seeks clarity and instructions on how to invoice for this funding.

4. Monthly Profiles (Table B)

This table has now been completed in full, and in accordance with the guidance.

Total bonus payments paid to staff during May amounted to £3.600m a credit note for £0.045m was issued to the WG in Month 7 in respect of the residual balance.

The Trust has now concluded the work to collate information from our relevant sub-contractors to determine the eligibility for bonus payments for sub-contracted staff. The final outcome of this was that costs of £0.190m were identified and reported back to the WG within the prescribed timescales. Invoices have been received by the Trust from most of the sub-contractors in relation to the bonus payments and these are being processed. A number of the invoices are below the amounts initially notified by the organisations due to changes to staff eligibility and employers on costs identified during their payroll processes. A final outcome will be notified to WG once all the data has been received. The Trust is continuing to chase those sub-contractors that have not yet submitted their data and invoices for bonus payments made to sub-contracted staff. The most recent submission under the duplicate payments checking exercise has identified a number of potential duplicates within the claims submitted to WAST. We have asked Data Cymru for further clarification regarding the next steps required following this identification and are awaiting a response.

In accordance with the timetable the Trust's third forecast of non-cash requirements including depreciation and impairments was submitted to the WG on 5th November 2021. Within this was a request for additional depreciation of £3.022m above the approved baseline of £14.929m giving a total forecast for this financial year of £17.951m. In addition a total of £6.165m of funding for impairments is now required, (£5.322m initially reported plus an additional £0.843m re Cardiff MRD reported in Month 8). These forecasts are reflected within the Month 9 Table B and also within Table E1. A new risk of £9.187m relating to this area has been included within Table A2 this month.

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

Agency costs for Month 9 totalled £0.220m. The current percentage of agency costs against the total pay figure is 0.5%, this is to cover vacancies and additional activity and we are currently reporting a rise both in actual and forecast as additional resources are being brought in as a result of the recent Omicron wave. The Trust is always attempting to minimise agency costs by recruiting into permanent positions where possible.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance.

The year to date COVID-19 value stands at £7.583m as shown in Table B3. Table B3 has now been updated to include estimates for the whole of 21/22, a total of £11.315m. Of this invoices currently amounting to £10.515m (net of £0.045m returned re unused bonus accrual) have been issued to the WG. There remains a balance of £0.800m relating to PPE and cleaning yet to be invoiced; as above this will be raised now.

We understand that the £2m Recovery Funding recently confirmed to EASC will be shown on their B3 MMR and accordingly as instructed have not included this within our B3 tables.

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

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

For Month 9 the Trust is reporting planned savings of £2.362m and actual savings of £2.497m.

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

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

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance.

In regard to WHSSC / EASC and WAST values, whilst the teams continue to work to agree the final income and expenditure values for this financial year now, the income figures have been updated and included in Table D. The main value of funding now outstanding relates to the Think 111 First Campaign (c£2.3m estimates for 21/22) and discussions are continuing with EASC colleagues regarding the funding flow of this (either via EASC or direct from WG). It is important to note that this income is still expected and assumed within both this month's year to date and forecast financial positions.

The recurring cost impact of 21/22 developments for the 22/23 financial year has been submitted to EASC to form the basis of contractual negotiations and continuing discussions as we progress 22/23 financial planning over the next month or so as part of the IMTP process.

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

The Statement of Financial Position for Month 9 has been completed as per the guidance.

At Month 9 there are 11 invoices with a total value of £0.889m over 11 weeks. None of these invoices have outstanding queries against them.

Four invoices with a total value of £0.817m (refs 138858 – 138861) are matters with WG. As WG is not included within the drop-down list of debtor organisations we have detailed this within the comments box. These WG invoices relate to Q3 charges re HART, CBRN & SORT, Mental Health Improvement Plan Funding and Dementia Action Plan ICF Bid.

10. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	25	18	17	22	20	16	19	19	23	15	15	11	220
Other Non NHS Income	164	141	71	237	85	84	2,329	167	372	150	150	570	4,520
Pensions Agency	0	0	0	0	0	0	0	0	59	0	0	0	59
Vat Refund	388	375	264	0	545	324	405	418	763	368	250	250	4,350
Risk Pool Refund	0	0	0	0	0	4	0	0	0	0	0	0	4
Total	577	534	352	259	650	428	2,753	604	1,217	533	415	831	9,153
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	127	6	0	0	0	127	0	125	0	133	0	0	518
Total	0	0	0	0	0	127	0	125	0	133	0	0	518

Details of 'Other' receipts and 'Other' payments as shown within lines 7 and 15 of Table G are shown above.

11. Public Sector Payment Compliance (Table I)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through 2021/22. The quarter 3 figures are showing an improvement in this area and are in line with the revised forecasts set previously.

Up to quarter 3 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 97.4% against a target of 95%.

12. Capital (Tables I, J and K)

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

Following receipt of the latest CEL the Trust has again updated its plan in line with current intelligence and has once more undertaken a detailed line by line review of ongoing schemes. In addition to the adjustments made, plans are currently being evaluated around additional pipeline schemes to ensure that these are still deliverable and to ensure that the Trust has contingency measures in place should further delays occur.

The Trust will continue to monitor the capital position extremely closely to ensure that projects deliver in line with budgets, however as stated previously the Trust will endeavor to achieve its CEL but may have to adjust internal budgets as schemes progress through the financial year.

13. Committee to receive Financial Monitoring Return

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

The Month 9 Financial Monitoring Return will be presented to Trust Board on 27th January 2022.

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

14. Other Issues

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

Yours sincerely



Navin Kalia
Deputy Director of Finance & Corporate Resources
pp Chris Turley
Executive Director of Finance & Corporate Resources



Chris Turley
Executive Director of Finance & Corporate Resources
pp Jason Killens
Chief Executive

Enc
cc:
Mr M Woodford, Chairman
Non-Executive Directors Executive Directors



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PEOPLE AND CULTURE COMMITTEE REPORT TO PUBLIC TRUST BOARD

This report provides the Board with key escalation and discussion point at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	27 th January 2022
Committee Meeting Date	30 th November 2021
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. With **sickness absence** levels the highest recorded in a 5-year period in both short- and long-term absences the Committee requested a focused discussion on this and staff wellbeing at this meeting. Sickness absence (all staff) was reported as 11.20% as at October 2021, which was a reduction from September and was projected to reduce further for November.

There was lengthy discussion on the reasons for staff absence and the well-being offer from the Trust, which was recognized by the Committee as being excellent, but was not reaching all staff. Continued efforts to spread the message of the well-being offer, particularly early on when go on sick leave, are being stepped up with the Occupational Health Team reaching out to colleagues to ensure support is extended as early as possible.

The Committee were told of the high-level actions which are planned to address the issues and the initiatives already in place, with the detailed plan to be circulated to members in the next few weeks following discussion at the Executive Management Team (EMT). The Chair and the Executive Director of Workforce and Organisational Development will update the Board on progress at their January meeting. The Committee stressed the importance of equipping managers with the information, knowledge, and training to support staff and use the tools which will be developed for them. The Committee noted action to pilot a change in reporting lines, learning from the experience of other ambulance services, which would require staff to speak directly with a line manager rather than central resources when calling in sick.

The Committee recognized that with changing ways of working an appetite for significant change to the ways we work will be required if the sickness absence issues are to be successfully improved and allow colleagues the opportunity to come together, connect and give their best at work. The Committee will hear further in coming meetings about the potential to introduce mandatory decompression breaks.
2. **Flu vaccination** rate as at the time of the meeting was low at 23.5%. Whilst there was an element of supply of vaccines to factor in, it appears staff may be prioritizing the Covid-19 vaccination over flu at this stage. The Director of Paramedicine is looking at a variety of measures to increase take-up of the flu vaccine which will be reported to the next meeting.



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ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

3. Given the pressures due to Covid during 2021 and the additional winter pressures the Trust is currently experiencing, the Committee agreed that the refresh of the **People Strategy** (due in 2022) would be deferred and the existing strategy rolled forward. This would allow the Trust to deliver key outstanding items in next 15 months and to use that time to engage colleagues and stakeholders on the refreshed strategy. The February meeting will receive the engagement plan for the refreshed strategy commencing in April 2022. The Committee recognized that, despite the pressures felt by the Trust, there was a significant number of strategic initiatives which should be celebrated.
4. The Trust's **Facilities Agreement**, which was subject to extensive discussion and consultation in order to ensure it reflects agreed and appropriate processes and practices, was discussed. This agreement was part of a wider piece of work to re-set our Trade Union Partnership working arrangements. Compromise was made to ensure a common sense, pragmatic approach and as a result some of the recommendations from the Internal Audit Report for Trade Union Release Time from 2018/19 was proposed for amendment related to recommending rather than mandating processes. The agreement was supported by the Committee and the Chair conveyed the support to the Audit Committee on 2nd December in relation to proposed changes to the internal audit recommendations.
5. The Committee heard from a NEPTS colleague who contracted Covid-19 in 2020. She told of her struggle with the symptoms and isolation of long-Covid and how the Road to Recovery Support Group established by the Trust had helped her when she initially felt she was not supported. Members expressed their appreciation and the importance of **hearing from colleagues firsthand** of their experience.
6. The **All Wales Procedure for Raising Concerns** was approved, and further information will be provided to the Committee on initiatives underway to assist in its roll out at the Trust.
7. The Committee noted good progress with staff take-up of the **Covid-19 vaccinations**. Volunteer take-up was not included in the reports but will be updated for the next meeting.
8. The Trust commissioned a **behaviours refresh** in March 2021 and the Committee heard of the emerging themes from that work, which included that our people do not always feel confident in their ability to lead; our people are unsure about when to access wellbeing support; and we have pockets of bullying, discrimination and harassment in the organization that we need to address. The intention is to address these emerging themes by building psychological safety through inclusive leadership; addressing the systemic and symptomatic wellbeing issues; and conducting a systematic harassment and bullying review. The Committee will continue to monitor this work and the impact of the launch of the new visual behaviours in 2022.
9. The Committee noted that there were some **late papers** for this meeting and issues with accessibility of on Ibabs and the Chair requested that this be limited for future meetings.

ASSURE

(Areas of assurance the Committee has received)

10. Trade Union partners noted **strong partnership working** which was reflected in the papers on the agenda.
11. The Welsh language reported by exception on the **Welsh Language Standards** not met and partially met and the plans in place to address these. The Welsh Language Advisory Group will focus on the standard relating to Welsh language capability at meetings and bring back some options to address this at the next meeting.
12. The Committee received the first **integrated quality and performance report** for October. The workforce and planning teams will review the ways in which this new report and the monthly workforce



performance report can be aligned both in reporting information and dates for a rounded picture of performance for people and culture. The Committee noted ongoing review of performance with respect to PADR compliance and job description evaluations.

RISKS

Risks Discussed: Risk 160 related to high levels of sickness absence. The Committee focused on the issue of sickness absence and the actions in place to address this risk.

Risk 279 related to flu vaccine update was discussed.

New Risks Identified: N/A

COMMITTEE AGENDA FOR 30 NOVEMBER 2021 MEETING (PUBLIC)

1. Welcome and Apologies For Absence	2. Declarations of Interest	3. Procedural Matters – Minutes of Previous meetings and Action Log
4. Director of Workforce and OD Update	5. Staff Story – Long COVID	6. Committee Assurance Framework – for Noting
7. Audit Recommendations – Progress Summary – for Noting	8. Facilities Agreement	9. Revised Procedure for Staff to Raise Concerns within NHS Wales
10. Welsh Language Update	11. Committee Review	12. Operations Quarterly Report – for Noting
13. Organisational Behaviours	14. Quality and Performance Management Framework	15. Monthly Integrated Quality & Performance Report
16. Engagement Framework	17. Issues to be raised at Board	18. TU Cell Quarterly Update
19. Minutes of Sub-Groups		

Name	Feb 21	May 21	Sep 21	Nov 21	Feb 22
Paul Hollard					
Kevin Davies					
Joga Singh					
Bethan Evans					
Claire Vaughan					
Estelle Hitchon					
Lee Brooks					
Angela Roberts					
Sharon Thorpe					
Craig Brown					
Paul Seppman					

	Attended
	Sent Deputy
	Apologies
	No longer member



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AUDIT COMMITTEE REPORT TO PUBLIC TRUST BOARD

This report provides the Board with key escalation and discussion point at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	27 th January 2022
Committee Meeting Date	2 nd December 2021
Chair	Martin Turner

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. Members were informed of a non-compliance relating to the process of affixing the Trust Seal in the correct manner as prescribed in the Standing Orders. A process had been developed to remedy for this for all future uses and will be reviewed by the Audit Committee at its next meeting.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. The Committee endorsed the revised Standing Orders, which are on the agenda for Trust Board approval, noting that the increased delegated limits were welcomed, particularly as they had not been increased in recent times in line with inflation. The Committee also noted that the delegations would ensure that urgent approvals via Chair's Action are limited in the future.
3. Deferral of three Internal Audits to 2022/23.

Consideration was given as to whether a reduced scope Savings Plan review is done in year, or fully deferred to 2022/23; however, emphasis on the savings delivery had, during the last 12 months, not needed to be as focused as in previous years and the Committee agreed that Trust would gain more value by deferring the review given the reduced ability of the NHS generally to deliver savings during the pandemic, and the robust assurance on financial performance at Finance & Performance Committee.

Further deferments into 2022/23 include the Decarbonisation review which will be replaced by a Waste Management review; Health & Safety which will be replaced by Respiratory Protective Equipment review and the Trade Union Release Time which was supported by the Chair of the People & Culture Committee.
4. The attached Structured Assessment Phase 2 report considered the corporate governance and financial management arrangements within the Trust and no recommendations were made as a result of the audit. The conclusion was that the Trust continued to develop its corporate governance and financial management arrangements in the context of significant service delivery pressures, adopting a continuous improvement approach to governance, risk management and quality and safety assurance in addition to meeting its financial objectives for 2020/21. The report is on the Trust Board Agenda under the consent section.



5. It was noted that some recommendations from previous Structured Assessments are still in progress with the majority marked as complete. A discussion took place on the Trust's Strategy Group and a potential risk that the group may pre-empt discussions that should happen in a Board setting; however, it was explained that this group provides a discipline to support ideas rather than predominantly part of planning governance.
6. Taking Care of the Carers Report – The report describes how NHS bodies have supported the wellbeing of their staff during the COVID-19 pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19. The key messages from the report were positive overall. Management responses will be submitted at the March 2022 meeting and received by the Board thereafter. The report provides a checklist for Board Members to consider when seeking assurance. An action plan will be presented to the next People & Culture Committee in February 2022 who will maintain oversight of that plan.
7. Risk improvement programme – the direction of travel and the improvement plan for the next 3-6 months was supported. The full plan will be available for consideration by the summer.

ASSURE

(Areas of assurance the Committee has received)

8. Internal audits – Three reviews were completed during the quarter and presented to Committee:
 - Collaboration – Reasonable Assurance
 - Asset Management (Real Asset Management System) – Reasonable Assurance
 - Medicines Management Controlled Drugs – Reasonable Assurance
9. Audit Tracker - Committee, Trade Unions and Internal Audit were supportive of a minor amendment to one of the recommendations in relation to the standardised process for requesting time off which will be recommended as an approach rather than mandated. The Chair of People & Culture Committee advised that a detailed discussion had taken place on this and that the proposal includes a recommended proforma for staff to use to record their activities; however, this will not be mandated and it will be the individual's responsibility to record their activity.
10. Corporate Risk Register (CRR) and Board Assurance Framework (BAF) – A good discussion took place on risk and the improvement programme which included future ownership of risk, descriptions, escalation, tolerance, appetite and training. Board Development sessions will be held to consider the risk reporting framework and alignment of strategic risks to the Integrated Medium Term Plan and thus strengthening the mechanism for Board discussion on those risks that might be detrimental to the Trust achieving its strategic objectives.
11. Total net losses and special payments made during the period 1st April to 31st October 2021 of £0.124m. The Committee reviewed the detail of the payments made during this period. Members considered the Single Tender Waivers during the Closed Session and there were no issues to escalate.

RISKS

Risks Discussed: The full CRR and BAF were reviewed as above.

New Risks Identified: Potential new risks to be developed and prepared for the March 2022 meeting included a Patient Safety/Putting Things Right Team, Leading Change Together – A Partnership Approach, Recurrent Funding and NHS Decarbonisation.



COMMITTEE AGENDA FOR 2 DECEMBER 2021 MEETING (PUBLIC)

1. Internal Audit Progress Report Three Internal Audit Reports: <ul style="list-style-type: none"> • Collaboration - • Asset management (RAM system) - • Medicines Management Controlled drugs 	2. Audit Wales Update Report including: <ul style="list-style-type: none"> • Structured Assessment • Taking Care of the Carers Audit Review 	3. Audit Tracker
4. Revised Standing Orders	5. Trust Seal	6. Risk Management and Board Assurance Framework
7. Risk Management Improvement Programme	8. Losses and Special Payments	9. Covid-19 Enquiry Update
10. 2022/2023 timetable for production of annual filings		

COMMITTEE AGENDA FOR 2 DECEMBER 2021 MEETING (PRIVATE)

1. Counter Fraud Update Report	2. Tender Update Report and Single Tender Waiver Requests	
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ATTENDANCE

Name	4 Mar 21	3 Jun 21	16 Sep 21	2 Dec 21	3 Feb 22		
Martin Turner							
Emrys Davies							
Paul Hollard							
Joga Singh							
Chris Turley							
Trish Mills							
Keith Cox		Julie Boalch					
Helen Higgs							
Lee Brooks			No Deputy Sent	Judith Bryce			
Carl Window							
Rep from AW	Fflur Jones	David Poland	Emma Giles	Dave Thomas			
Hugh Parry TU Rep							
Paul Seppman TU Rep							

	Attended
	Sent Deputy
	Apologies
	No longer member

Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: Welsh Ambulance Service NHS Trust

Audit year: 2021

Date issued: November 2021

Document reference: 2726A2021-22

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at Welsh Ambulance Service NHS Trust (the Trust). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2014. Our 2021 structured assessment phase one report considered the Trust's operational planning arrangements and how these are helping to lay the foundations for effective recovery.
- 2 The COVID-19 pandemic required NHS bodies to quickly adapt their corporate governance and decision-making arrangements to ensure timely action was taken to respond to the surge in emergency COVID-19 demand and to ensure the safety of staff and patients. Our 2020 structured assessment report considered the Trust's revised governance arrangements and was published in August 2020.
- 3 NHS bodies have continued to respond to the ongoing challenges presented by COVID-19, whilst also starting to take forward plans for resetting and recovering services affected by the pandemic. Our 2021 structured assessment work, therefore, was designed in the context of the ongoing response to the pandemic thus ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.
- 4 Phase two of our 2021 structured assessment has considered how corporate governance and financial management arrangements have adapted over the last 12 months. The key focus of the work has been on the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We have also considered how business deferred in 2020 has been reinstated and how learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money. We have also sought to gain an overview of the progress that is being made with delivery of the Trust's 2021-22 Annual Plan.
- 5 We have provided updates on progress against any areas for improvement and recommendations identified in previous structured assessment reports.

Key messages

- 6 Overall, we found that the **Trust has continued to develop its corporate governance, planning and financial management arrangements in the context of significant service delivery pressures which are compromising the effectiveness and safety of emergency ambulance services and longer-term service transformation.**

- 7 The Trust continues to improve governance, risk management and quality and safety assurance arrangements, but it has yet to revise its performance management framework. It has good arrangements for developing plans. However, issues both within its control and otherwise mean services are under severe pressure presenting risks to patient safety and delivery of agreed plans for service transformation.
- 8 The Trust has succeeded in meeting its financial objectives for 2020-21 and continues to improve financial controls and there are good reporting arrangements in place. However, the Trust should continue to monitor and consider contingencies to prevent spending pressures or the non-reimbursement of additional COVID-related expenditure risking future objectives.

Detailed report

Governance arrangements

- 9 Our structured assessment work considered the Trust's governance arrangements while continuing to respond to the challenges presented by the pandemic.
- 10 We found that **the Trust continues to improve governance and risk management arrangements. However, internal and external factors are putting services under severe pressure which presents risks to patient safety and delivery of agreed plans for service transformation.**

Conducting business effectively

- 11 We found that **the Trust has continued to maintain effective working of the Board and its Committees in a virtual setting but is going to need to manage significant challenges in respect of non-executive director turnover over the coming six months.**

Public transparency of Board business

- 12 The Trust's Board and committee meetings continue to be virtual and are open to the public, with the exception of Remuneration Committee. Board meetings are broadcast live with recordings subsequently made available on the Trust's website.
- 13 Board and committee papers are published on the Trust's website seven days in advance of meetings. Members of the public are invited to submit questions for the Board to consider, and from 26 November 2020, British Sign Language interpreters have attended Trust Board meetings. In our 2020 structured assessment report, the Trust told us that more members of the public attend Board meetings since they have been conducted virtually. It has begun to routinely record the number of public attendees on the minutes as well as record these on the general attendance sheets. The Trust does not plan to live stream any of its committees. Should members of the public wish to attend, they can request a link to join committee meetings.

Board and committee arrangements

- 14 Written information provided to the Board and its committees is of good quality. Cover reports for Board and committee agenda items include a summary of the key issues and implications, the approval route, key contacts, and checklist (to ensure required information is included). In our 2020 structured assessment, we noted that the Trust planned to revise cover reports to also include key points raised in any prior committee discussions to inform Board scrutiny and decision-making, and this has been implemented. Minutes are comprehensive and a good record of discussions and decisions, which highlight the key issues discussed.

- 15 Our 2020 structured assessment indicated that the Trust was largely able to continue its usual Board and committee business during the pandemic and made reference to the use of Chair's actions to support urgent decision making. Nine Chairs' Action Meetings were held during 2020-21 to deal with urgent business. The notes arising from the meetings were presented to the next Trust Board for ratification. The Trust is making several changes to its processes for approving Chairs' Actions, including amending its scheme of reservation and delegation.
- 16 Board and Committee Chairs meet regularly. Executive and non-executive directors continue to work collectively. The Trust has established a strategy group which comprises some of its non-executive and executive directors. However, there is a risk that the group might pre-empt discussions which should be happening in a Board setting. Throughout 2020-21, the Chief Executive Officer conducted monthly 'State of the Nation' meetings with the non-executive Directors. These have been described to us as a useful sounding board for the Chief Executive Officer on key emerging issues and plans. Also, non-executive directors were engaged in the development of the new Digital Strategy entitled 'Disruptive Excellence' through working sessions with the Director of Digital Services, and the full Board had an opportunity to contribute through a dedicated Board Development session.
- 17 The Trust has taken several actions to review the effectiveness of its Board and committees during 2020-21:
- Committee Chairs have examined the level, detail and scope of the information going to the Board to ensure it is timely and relevant.
 - all Committees' terms of reference have been reviewed; a process concluded in March 2020 with Board approval. The Trust told us that the key changes included ensuring that each committee meeting included a section on Corporate Risks, and the Audit Recommendation Tracker describes each of the Committees' overall responsibility to ensure Corporate Risks are identified and properly managed and that processes are in place to address audit recommendations.
 - The Finance and Performance Committee has considered the results of its own review of its effectiveness. Its findings include that, while the committee provides good financial oversight and engages well with external auditors, it needs to focus on key metrics and produce more concise and less repetitive reports.
 - as part of its Board Development programme, members completed a self-assessment questionnaire in summer 2020 and two workshops, and subsequently the Board Secretary developed an action plan. The Board has also extended its development sessions from bi-monthly to monthly from October 2021 and a calendar of thematic board development has been established.

- 18 The Trust currently has a full complement of executive directors. The Trust has taken several actions to maintain Board resilience and stability. The actions include:
- appointing an interim non-executive director for a year;
 - approving a revised schedule of non-executive director committee membership;
 - covering a vacant non-executive director Finance and Performance Committee role on rotation during 2019-20; and
 - operating the Charitable Funds Committee with one non-executive director vacancy, which has now been filled with the appointment of the interim non-executive director.

All committee meetings have remained quorate, and the Trust has a full complement of non-executive directors. The Trust is currently recruiting two non-executive directors and we are expecting over the next 12 months it will be recruiting a new chair and vice chair.

- 19 Our 2020 structured assessment found that the Trust's planned gap analysis to identify any training needs for new board members should be conducted as soon as possible. This work is now underway. Together the Chair and the Board Secretary are developing a skills matrix, for example, Welsh-language skills, and identifying which executive and non-executive directors demonstrate which skills. The purpose of the matrix is twofold. It is intended to both support the development of current board members and inform the recruitment of future non-executive directors. In addition, an induction programme has been developed for new board members and will be ready for the induction of new members joining in April 2022.

Planning for recovery¹

- 20 We found **the Trust has effective arrangements for developing plans, but internal and external factors are putting services under severe pressure, which presents risks to patient safety and delivery of agreed plans for service transformation.**
- 21 The Welsh Government requirement was to develop an Annual Plan for 2020-21. Instead, the Trust decided to frame an annual plan within a three-year plan, with year one focused on recovery and years two and three focusing on longer-term ambitions. The Board discussed and approved the Trust's three-year Integrated

¹ NHS bodies are required to submit a three-year Integrated Medium Term Plan (IMTP) to the Welsh Government on an annual basis. The ITMP process for 2020-2023 was paused by the Welsh Government in March 2020 to allow NHS bodies to focus on responding to the COVID-19 pandemic. Instead, health bodies were required to submit quarterly plans during 2020-21 as well as prepare an annual plan for 2021-22 by 31 March 2021. Our 2021 structured assessment phase one report considered the Trust's operational planning arrangements.

Medium Term Financial Plan (the IMTP) in its March 2021 meeting. The Board and the Finance and Performance Committee had earlier scrutinised the draft in their respective January 2021 meetings.

- 22 The Welsh Government positively received the IMTP but asked for additional information on areas related to performance, financial planning and actions to address handover delays. Further information on these areas was provided within a detailed response issued by the Chief Executive. Internal Audit's September 2021 review of the Trust's IMTP confirms it addresses the criteria within the NHS Wales planning requirements.
- 23 In developing its IMTP, the Trust reviewed its risks, as well as reviewing prior performance against the 2020-21 quarterly plans. The Trust took soundings from stakeholders (including patients, public and staff) about their planned strategic priorities and sought to align the Trust's proposed actions with the strategic intent of partners. Internal Audit judged that the 'Trust developed, approved and implemented an effective approach to identifying IMTP priorities'. It also gave a substantial assurance rating to the level of external and internal scrutiny the IMTP received, with both the Chief Ambulance Services Commissioner and Chair of the Emergency Ambulance Services Commission (EASC²) supporting the plan.
- 24 The Trust has identified the need to reset and recover at both an organisational and individual level, to support exhausted staff, some of whom may be suffering from mental and physical health problems caused by the pandemic. Supporting this is the Trust's staff wellbeing strategy published in November 2020 (**paragraph 48**). The strategy includes many actions to support the wellbeing of staff. In response to the pressures facing it, the Trust has undertaken a prioritisation exercise to identify which aspects of work can be paused to release staff to focus on operational delivery (**paragraph 35**). It is positive to note that work will not be paused which contributes to its continued focus on the health and wellbeing of its workforce.
- 25 The IMTP sets out the Trust's view that its longer-term service transformation objectives are key to supporting the recovery of the wider NHS in Wales. The Trust's long-term aim is to significantly reduce the number of patients conveyed to hospital. It intends to do that by increasingly dealing with patients by seeing or hearing and treating and referring to non-hospital-based settings.
- 26 Internal Audit reviewed the extent to which the allocation of the Trust's funds and resources are aligned with IMTP priorities. It concluded that the Trust's 2021-22 financial plan and revenue budget made provision for service developments aimed at reducing conveyances to emergency departments and hospital admissions.

² EASC is the mechanism through which the seven Welsh health boards make 'joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service'.

- 27 The Trust is establishing four main programmes of work to deliver its IMTP priorities. The IMTP sets out the respective roles of the Board and the Strategic Transformation Board. The Board having overall responsibility for scrutinising the delivery of the IMTP and the Strategic Transformation Board being responsible for mobilising and overseeing delivery of the four main programmes and enabling workstreams intended to deliver IMTP priorities. In September 2021, the Finance and Performance Committee approved a revised Terms of Reference for the Strategic Transformation Board to clarify roles and accountabilities.
- 28 Internal Audit judges that the IMTP includes the Trust's key risks, such as securing stakeholder support and pressures on the service arising from external factors and associated mitigating actions. It also found that most of these risks are also captured within the Corporate Risk Register and the Board Assurance Framework. The exception being the delivery risk that the Trust does not have the corporate capacity to deliver the scale of change required.
- 29 Our 2019 Structured Assessment highlighted the need to strengthen arrangements for monitoring delivery of the IMTP (**Exhibit 1**). The Trust now has an 'IMTP tracker' which is presented to the Finance and Performance Committee. The tracker is accompanied by a Delivery Assurance Report that looks at progress against IMTP deliverables, barriers to delivery, remedial actions to address off track delivery and risks to future delivery. The Finance and Performance Committee reports to the Board on progress to deliver the IMTP and any concerns where progress is off track.

Exhibit 1: progress made on previous year recommendations

Recommendation	Description of progress
2017 R7 Sickness absence levels The Trust should prioritise action to reduce sickness levels.	Complete The Trust continues to focus on sickness absence through a range of measures and saw some improvement during 2019. Sickness absence rates have now returned to high levels with COVID-19 playing a role (paragraph 48).
2018 R4 Ensuring compliance with new legislation Consider ways to provide assurance that the Trust is aware of and complying with new legislation.	In progress The Board Secretaries Network is considering an all-Wales solution, however, it is a significant task. In the meantime, the Trust will start to develop a legislative framework aligned to the cycles of business for the committees.

Recommendation	Description of progress
<p>2019 R2a Performance Management Framework</p> <p>A review of the Trust's Performance Management Framework is well overdue, and the Framework now needs to be updated to ensure it reflects recent changes to Local Delivery Planning arrangements.</p>	<p>In progress</p> <p>See paragraph 44.</p>
<p>2019 R2b Monitoring progress to deliver the IMTP</p> <p>A review of the Trust's Performance Management Framework is well overdue, and the Framework now needs to be updated to ensure it reflects arrangements for monitoring delivery of the IMTP, clarifying the respective roles of the Board, the Finance and Performance Committee and the Strategic Transformation Board.</p>	<p>Complete</p> <p>See paragraph 27.</p>

- 30 The Trust's approach to recovery and longer-term planning needs to be seen in the context of the unprecedented service pressures it is currently dealing with.
- 31 High levels of demand for emergency ambulances, including high levels of red calls (immediately life-threatening calls) are coming at the same time as ambulance crews are facing regular prolonged handover delays³ outside hospital emergency departments.

³ Healthcare Inspectorate Wales' October 2021 Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover shows that handover lost hours in August 2021 were the highest recorded. The 2021-22 Emergency Ambulance Services Committee (EASC) commissioning intentions include an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of about 5,000 hours. However, 13,969 hours were lost in August 2021.

- 32 There are also several internal factors which affect the Trust's ability to respond to external demand:
- workforce rosters across Wales which do not currently best match demand⁴;
 - working practices which require modernisation to maximise ambulance crew 'on call' time within shifts to increase capacity to respond to patients; and
 - high levels of staff sickness, including long-term sickness⁵. (See **Exhibit 2, R2017 R7**).
- 33 The number of ambulance hours lost to handover delays outside emergency departments is well documented and significant, with whole system action being required to address the problem. It also worth noting, however, that issues internal to the Trust can also contribute significantly to lost hours. A paper presented to the September 2021 Finance and Performance Committee showed that the Emergency Medical Services Response had 15,837 post-production lost hours (PPLHs) in August 2021, compared to 16,138 hours lost to handover delays in the same month.
- 34 As acknowledged by the Trust, together these pressures are preventing it from consistently delivering safe and timely services. For the month to 27 July 2021, the median wait for patients classified as Amber 1⁶ was about four times as long, compared to the same period in 2020. For patients classified as Amber 2, the median wait was about three times as long. For red calls, for July 2020 and 2021 respectively the median wait was 5 minutes 57 seconds and 7 minutes. The Welsh Ambulance Service has requested support from the military to drive ambulances through winter 2021. The September 2021 Finance and Performance committee was informed of '... a deteriorating picture in terms of the quality and safety of the service that [the Trust is] able to provide'.
- 35 The pressures facing the Trust are also limiting its capacity to deliver its transformation programme to schedule. Transforming the service is key to addressing some of the pressures within the system, for example, by reducing numbers conveyed to Emergency Departments. However, the November 2021 Finance and Performance Committee was informed that '... a third wave [of COVID], coupled with the indirect impact of COVID-19, and growing pressure across the health and care system has impacted [on the Trust's] ability to deliver a safe operational response alongside transformational aspects of the plan'. In response, to release staff to focus on frontline delivery, the Strategic

⁴ We note that the IMTP recognises that it is a priority to 'redesign rosters across Wales to better match demand, ready for implementation through 2022-23'.

⁵ In August 2021, papers presented to the Finance and Performance Committee showed that the number of ambulance crew unavailable for 'on call' was 44.9%. This includes unavailability due to training, annual leave etc, but ambulance crew sickness was 12% compared with a benchmark of 5.99%.

⁶ 'Amber' calls are defined as 'serious but not life threatening' and are further categorised into sub-categories.

Transformation Board has undertaken a prioritisation exercise to identify which IMTP deliverables to pause work on.

Systems of assurance

- 36 We found that **the Trust has further strengthened its risk management arrangements, and is embedding improvements to quality and safety assurance, but there are opportunities to improve the tracking of recommendations.**

Managing risk

- 37 We found that **the Trust has taken steps to further strengthen its risk management arrangements.**
- 38 In 2019-20 Internal Audit reached a judgement of 'reasonable assurance' on the 'adequacy and effectiveness of internal controls in operation, and the progress made towards embedding the Risk Management and Board Assurance Frameworks into business operations'. Internal Audit made eight recommendations, including one high priority recommendation related to the role of the Assistant Directors Leadership Team in monitoring or managing risks. The Trust's audit recommendations tracker states that all these recommendations are now complete.
- 39 In 2019, we recommended actions the Trust needed to strengthen its Board Assurance Framework. It has since completed actions to address these recommendations (see **Exhibit 2, R1**). The Board and its committees resumed scrutiny of the Board Assurance Framework in September 2020 (paused earlier in 2020 due to COVID-19).
- 40 There is an appropriate level of scrutiny of risks given the operational challenges the Trust faces. At each meeting, the Audit Committee and Board receives both the Corporate Risk Register and Board Assurance Framework for scrutiny. The Trust maps risks on the Corporate Risk Register to risks to achieving strategic priorities, and thus the Board Assurance Framework highlights where operational risks may impact on it achieving strategic intent. In September 2020 the Audit Committee moved away from its previous retrospective review of risks and is now provided with access to live Datix⁷ risk registers. The live risk register includes a wealth of information, including mitigating actions. Under this revised approach, Audit Committee members, receive a report on changes and actions taken since the previous meeting and are able view the 'live' information on the Datix system.

⁷ Datix is a web-based incident reporting and risk management system used by healthcare organisations.

- 41 Executives also scrutinise risks outside of the formal board and committee structures. As of 16 September 2021, there were 17 risks on the corporate risk register with two risks being assigned the maximum risk score: being unable to attend patients in the community who require 'See & Treat' services and patients being delayed on ambulances outside emergency departments. In a recent 'deep dive' into these two risks, the Assistant Directors Leadership Team identified several additional controls and actions being undertaken across the Trust to mitigate these two risks. Nonetheless, it was agreed that the highest possible score of 25 remained appropriate.
- 42 The Trust maintains a good overview of cyber security risks in its closed Audit Committee sessions and has improved its mechanisms for tracking cyber security related audit recommendations with responsibility for oversight of these now assigned to the Finance and Performance Committee.

Exhibit 2: progress made on previous year recommendations

Recommendation	Description of progress
<p>2019 R1 Board Assurance Framework</p> <p>The Board should explore ways to strengthen the Board Assurance Framework as a live and robust assurance tool for its corporate objectives by:</p> <ul style="list-style-type: none"> ensuring relevant committees and groups regularly review controls and assurances to assess their effectiveness and identify any gaps; and ensuring the relevant committees have regular oversight of the strategic objectives and risks assigned. 	<p>Complete</p> <p>Now committees receive and scrutinise a Risk Management and Committee Assurance Report each meeting which describes the risks assigned to the committee, along with the associated extract from the Board Assurance Framework.</p>

Quality and safety assurance⁸

- 43 We found that **the Trust continues to provide assurance on quality and safety during the pandemic and is looking to use the recently refreshed Quality Strategy to further improve its focus on quality and safety.**
- 44 In our 2019 Structured Assessment, we recommended that the Trust review its performance management framework to reflect changes in local delivery planning arrangements and include delivery monitoring arrangements. As of October 2020, the Trust has commenced work on a Quality and Performance Management Framework which is due to be completed by the end of March 2022. The revised Quality and Performance Management Framework will include a series of measures and metrics across the organisation to assess the Trust's progress towards delivering its strategic ambitions and objectives.
- 45 In our 2020 structured assessment, we concluded that the Trust has good overall arrangements for overseeing the quality and safety of its services and staff wellbeing. In response to the pandemic, the Trust largely did not change its arrangements for overseeing quality and safety. Since we reported in 2020, the Trust has delivered on all the actions it planned to further strengthen its approach to delivering high quality, safe services and staff wellbeing. Namely, it has refreshed its Quality Strategy (**paragraph 46**) and published a staff wellbeing strategy (**paragraph 48**).
- 46 In May 2021, the Board approved the Trust's refreshed Quality Strategy 2021-24 (the Quality Strategy), after prior approval by the QuEST Committee. The Quality Strategy is designed to support the Trust's long-term strategic framework Delivering Excellence 2030 and sets out how the Trust intends to meet the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Quality Strategy recognises that 'quality' is multi-faceted and it is imperative that it is delivered Trust-wide. The Trust is currently developing an implementation plan for the Quality Strategy, which will be complete by the end of March 2022.
- 47 The clinical audit programme has fully resumed following its suspension in March 2020 due to the pandemic.
- 48 In November 2020, the Trust published its staff Health and Wellbeing strategy 2020-24. This was an important development given the significant and well documented effect the pandemic and ever-increasing pressure on services has had on staff wellbeing. For example, papers to the People and Culture Committee of September 2021 reported that sickness absence rates have increased 'month on month with June recording 8.86% this is the highest level since January 2021

⁸ We have limited the work we have undertaken on quality governance arrangements as part of our 2021 structured assessment as we are undertaking a separate review of quality governance arrangements at the Trust. The review will consider whether the organisation's governance arrangements support delivery of high quality, safe and effective services. We will report our findings early in 2022.

(10.52%)'. The strategy sets out a vision to value staff by considering their health and wellbeing. It contains objectives and frameworks to deliver and measure impacts on mental and physical health, financial and social wellbeing, and working environment. Each framework includes objectives and supporting information on how it will be implemented, and how it will be measured. Measurement is through the usage of services and survey responses.

- 49 The Executive Director for Workforce and Organisational Development provides the People and Culture Committee with updates on progress delivering the Health and Wellbeing Strategy 2020-2024 actions. However, it is not clear from these reports whether planned actions are being delivered on time. In addition, at the time of writing, the Trust had begun to implement the all-Wales COVID-19 workforce risk assessment tool which is recorded on the Electronic Staff Record to ensure it identifies and supports staff vulnerable to COVID-19, particularly staff from BAME groups.

Tracking progress against audit and review recommendations

- 50 We found that **there are reasonable arrangements to track delivery of audit and review recommendations.**
- 51 The Trust maintains an audit recommendations tracker that lists recommendations made by internal audit, Audit Wales, and other organisations. It tracks not due, partially complete, and overdue recommendations, actions, and related management responses. It also confirms which actions have been completed since the previous committee meeting.
- 52 Each recommendation is also assigned to a committee to scrutinise progress. At each meeting, the Audit Committee examines the full tracker. In our 2020 structured assessment, we noted that Audit Committee members requested that recommendations and completion dates be reviewed for its September 2020 meeting, to ensure recommendations remain relevant and that timescales for completion are realistic. This was done on schedule, and in some cases new completion dates were assigned.
- 53 A similar exercise was then also undertaken in September 2021. The review included a 'deep dive' into open recommendations from 2018-19 and 2019-20. The Trust's Executive Management Team recommended, and the Trust's Audit Committee accepted, that some of the outstanding recommendations from these years be closed with the work to address the recommendations being taken forwards as part of ongoing programmes. However, seven recommendations from these years remain open.
- 54 In 2020-21, Internal Audit examined a sample of internal audit recommendations to examine whether the Trust is appropriately recording recommendations as complete and concluded that the Trust is closing recommendations down appropriately. As of its September 2021 meeting, eight of 86 audit recommendations were overdue (three Audit Wales and five Internal Audit).

- 55 Alongside last year's structured assessment, internal audit completed an advisory review of the Trust's COVID-19 governance arrangements which identified areas for improvement. As of August 2021, 17 low priority improvement areas are outstanding, but all high priority improvement areas outstanding have been addressed.

Managing financial resources

- 56 Our work considered the Trust's financial performance, financial controls and arrangements for monitoring and reporting financial performance.
- 57 We found that **the Trust continues to meet its financial duties and has appropriate arrangements for monitoring and reporting its finances.**

Achieving key financial objectives

- 58 We found that **the Trust met its financial duties for 2020-21 and whilst it is reporting it is on track to achieve break-even in 2021-22, it will need to closely monitor achievement of savings plans.**

Financial performance 2020-21

- 59 The Trust met the statutory financial duties for the three-year period, covering 2018-2021. Internal Audit's review of the Trust's financial plan for 2021-22 noted the Trust set expenditure budgets within the total resource envelope available to achieve financial balance. This is in line with the Trust's Statutory Financial Instruments and the statutory break-even duty.
- 60 In 2020-21, the Trust made a small surplus on operations of £0.07 million. Over the three-year period, the Trust made a cumulative surplus of £0.172 million. The Trust also spent within their capital expenditure limit of £16.2 million. This included investment of £7 million on the Trust's vehicles, £4.2 million on information technology and £2.1 million invested in the development of a new base in Cardiff.
- 61 The Trust's 2020-21 budget was approved by the Trust's Board on 26 March 2020 but prepared before the pandemic took hold. As a result, the budgeting assumptions and targets were set envisaging 'business as usual'. Total income was budgeted to be £211.3 million and expenditure of £215.6 million, with the shortfall being met through savings (£4.3 million).
- 62 In line with previous years, the Trust's main income was revenue from patient care activities. Income primarily came from the commissioning committees⁹, which provided 71% of total Trust income. Local health boards also contributed £35 million (15%). Whilst the pandemic reduced some other revenue streams, such as

⁹ The commissioning committees are the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).

income from attending sporting events, this was offset by income in other areas being above the budget, predominantly VAT reclaims (£0.593 million). Overall, income received was above budget. Non-pay-expenditure was £0.618 million greater than the budgeted amount, and pay expenditure was £0.139 million below budget.

- 63 Despite the pandemic, the Trust achieved its 2020-21 savings target of £4.3 million. Most savings (£2.5 million) were achieved from non-pay expenditure. Although this was 12% below the budgeted figure, it was offset by pay expenditure savings being 22% above target (£1.8 million in total).
- 64 Following the emergence of the pandemic and the subsequent response by the Trust, additional expenditure arose. The Trust recorded these expenses within a COVID-19 expenditure log rather than within regular service budgets. The pandemic required additional expenditure in a range of areas, such as additional staff pay and additional cleaning costs. For 2020-21, the Welsh Government provided the Trust with a total of £21.7 million, which included £13.8 million of additional funding to cover the costs of the pandemic. This was spent in the following areas:
- £6.2 million additional non-pay expenditure
 - £3.9 million additional pay expenditure (including Annual Leave Accrual of £1.8 million)
 - £3.7 million for the bonus payment awarded to all NHS staff

Financial performance 2021-22

- 65 At the end of the fifth month of the 2021-22 financial year, the Trust reported a cumulative revenue financial position of a small underspend against budget of £8,000. The year-end forecast for 2021-22 is a balanced position. Additional expenditure of £2.2 million due to COVID-19 has been incurred. The year-to-date savings targets have been exceeded. The Trust has achieved gross savings of £1.888 million against a target of £1.760 million.
- 66 The Trust's financial plan for 2021-22 assumes that the Welsh Government will continue to fund all additional COVID-19 expenditure. In September 2021, the Director of Finance told the Finance and Performance Committee there was confidence that the Welsh Government would continue to meet the unavoidable direct costs the Trust incurs due to the pandemic. The Trust informed us that this was a prudent assumption for several reasons. It is in frequent dialogue with the Welsh Government over COVID-19 expenditure. The Trust's COVID-19-related costs are relatively low in the context of that incurred by the wider NHS in Wales.
- 67 The financial plan for 2021-22 includes a savings requirement of £2.8 million to balance the Trust's budget. Whilst the Trust has succeeded in achieving savings plans in previous years, the IMTP makes clear that previous savings were non-recurring. As a result, new savings will be required to balance the budget. In August 2021, the Trust informed the Welsh Government that it was not clear

whether all planned savings¹⁰ would be achieved in-year. The Trust recorded failing to meet their savings target as a low category risk for two reasons. Firstly, because it could still achieve break-even without meeting its full savings target through underspends in other areas. Secondly, it has demonstrated good performance to date against its savings targets (**paragraph 65**). The Welsh Government has indicated that any shortfall would need to be managed locally.

- 68 In line with our 2020 findings, it remains that case that the Trust must carefully manage its savings projects, particularly given the lack of clarity about whether it will meet its 2021-22 savings targets and the risk it may not receive full reimbursement for COVID-19 expenditure.

Financial controls

- 69 We found that **the Trust has effective financial controls, suitable arrangements for preventing and detecting fraud, and improved processes for signing off COVID-19 expenditure.**
- 70 The Trust did not significantly change its financial controls during the pandemic. In our 2019 structured assessment we judged these financial controls to be 'generally effective'. However, we recommended that the Trust 'improve the clarity and detail of the regular reports on single tender actions provided to the Audit Committee to enable effective and robust scrutiny'. All actions to address this recommendation were complete by April 2021, one year after the agreed deadline.
- 71 In our 2020 structured assessment, we concluded that the Trust's Standing Financial Instructions are '... clear on the procedure where tender arrangements may need to be waived' (see **Exhibit 3, R4**). In that year we did not make any formal recommendations but noted the Internal Audit finding that the Trust needed to improve sign-off processes for COVID-19 expenditure and strengthen controls for additional payments to staff. Both improvements have been implemented. The Trust has since progressed to more of a 'business as usual' approach to sign-off processes and has retained an audit log of approvals. Additional payments were already the subject of review and approval with an audit log maintained. The Trust has now withdrawn the facility for staff to claim additional payments¹¹ with no intention to open this up again, as it was only ever intended to be a short-term provision.

¹⁰ Later in 2021-22, Internal Audit plans to review how the Trust identifies and delivers savings.

¹¹ In recognition of the excessive hours contributed by senior managers across the Trust, eligible staff were allowed to claim a compensatory allowance of 10% or 15%, depending on the additional work undertaken, in lieu of itemised overtime payments.

- 72 The Trust has made use of a pre-existing Chairs Actions procedure through which the Board Chair and a stipulated number of Board Members approve transactions above the Chief Executive's delegated limit. Where this procedure has been used, it was subsequently reported to the Board.
- 73 Internal Audit's August 2021 review of financial planning and budgetary control awarded a reasonable assurance rating to the following two areas of financial control:
- process for delegating budgets to budget holders; and
 - maintaining an authorised signatory list which identifies the individuals permitted to approve expenditure against each cost centre and their financial limits.
- The same review also found that, whilst the process design for approving and actioning virements appeared reasonable, as there were no examples Internal Audit could use to test, it was unable to award an assurance rating in this area.
- 74 The report also concluded that 'Financial monitoring and reporting operate across all levels of the Trust structure' but also 'observed a low level of notes or minutes of budget holder meetings to evidence meeting outcomes or actions'. Consequently, it recommended that the Trust develop an approach to ensure that the frequency of budget holder meetings reflects the scale of the budget, and it improve the recording of actions/outcomes of budget holder meetings. In response the Trust has committed to developing a template to capture consistently the outcomes/ actions of budget holder meetings.
- 75 Our November 2020 assessment of the arrangements of the Welsh Ambulance Service NHS Trust for preventing and detecting fraud¹² concluded that the trust 'demonstrates a clear commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs'. Our recommendations to ensure sufficient capacity and improve risk management arrangements for counter-fraud risks have been completed. There is one outstanding recommendation to improve staff awareness and responsibilities for counter-fraud.

¹² Audit Wales, Welsh Ambulance Services NHS Trust – Effectiveness of Counter-Fraud Arrangements, November 2020

Exhibit 3: progress made on previous year recommendations

Recommendation	Description of progress
<p>2019 R3 Capital planning</p> <p>The Trust needs to develop a less annualised approach to capital planning. It should develop an asset management strategy to help plan the use of capital in a more joined up way over the medium term.</p>	<p>In progress</p> <p>The Trust has yet to finalise an asset management strategy, but the remit of the Capital Management Board includes managing this work.</p>
<p>2019 R4 Single tender actions</p> <p>Improve the clarity and detail of the regular reports on single tender actions provided to the Audit Committee to enable effective and robust scrutiny, for example:</p> <ul style="list-style-type: none"> • including greater level of detail as to why the action was needed; and • providing narrative to describe variations between budgeted and actual cost. 	<p>Complete</p> <p>See paragraph 70</p>
<p>2018 R6a Oversight and ownership of procurement</p> <p>Improve the oversight and ownership of the procurement activity undertaken on its behalf by NWSSP, by reviewing the Service Level Agreement (SLA) between the Trust.</p>	<p>Complete</p> <p>The procurement element of the SLA has been reviewed. Also, the Trust receives quarterly performance reports from NWSSP which include coverage of the procurement element, and has regular discussions with NWSSP senior procurement colleagues.</p>

Monitoring and reporting

- 76 We found that **the Trust provides Board and Committee members with sufficient, clear information to enable effective financial monitoring.**
- 77 The Trust reports its financial performance to the Board and to the Finance and Performance Committee. Both receive a report detailing financial performance to the most recent completed month against targets. The report breaks down performance in each area, such as income, pay expenditure, and non-pay expenditure. It also includes a breakdown of COVID-19 additional expenditure. The report also includes an update on savings to date, capital expenditure, and

financial risks and assumptions. This information is sufficiently detailed and clearly displays the performance of the Trust to the Board and Committee. In addition, the information is publicly accessible as it is published within the agenda in advance of Trust board meetings.

- 78 The Trust is required to submit a monthly monitoring return to the Welsh Government detailing its financial performance and compared to forecasted performance. The Board and the Committee are also provided with copies of the monthly returns to scrutinise.



Audit Wales

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Website: www.audit.wales

We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.



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ACADEMIC PARTNERSHIP COMMITTEE REPORT TO PUBLIC TRUST BOARD

This report provides the Board with key escalation and discussion point at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	27 th January 2022
Committee Meeting Date	9 December 2021
Chair	Prof. Kevin Davies

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

No alerts arose from this meeting.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

1. The application for **University Trust Status** has not yet been determined by Welsh Government, however the Trust Board will be further updated on this status at the January meeting.
2. **Three priority areas** have been agreed for 2022/23. The Committee received presentations which set out the ways in which the Trust will work with academic partners, industry, and others to support innovation and improve patient outcomes. The priority areas are:

Priority 1: Digitisation Enabling Better Outcomes

Priority 2: Advanced Practice and Specialist Working, Consult and Close and Service Transformation, Including Research

Priority 3: Decarbonisation, Fleet Modernisation and Sustainability

The Committee recognized the need to ensure that the prioritized were not viewed in a siloed fashion given that the other Board Committees will have oversight responsibilities for much of this work. The reviews which will take place of Board Committee remits will bear this in mind with a view to coalescing the oversight at Board level.

ASSURE

(Areas of assurance the Committee has received)

No items of assurance were sought or received at this meeting, noting that the Committee is in its early days of formulating its assurance framework.

RISKS

Risks Discussed: The Committee does not have any corporate risks assigned to it at this stage.



New Risks Identified: N/A

COMMITTEE AGENDA FOR 9TH DECEMBER 2021 MEETING

1. University Trust Status	2. UTS Priority 1: Digitisation Enabling Better Outcomes	3. UTS Priority 2: Advanced Practice and Specialist Working, Consult and Close and Service Transformation, Including Research
4. UTS Priority 2: Decarbonisation, Fleet Modernisation and Sustainability		

ATTENDANCE

Name	Apr 21	Sep 21	Nov 21	March 22		
Kevin Davies						
Paul Hollard						
Martin Turner						
Claire Vaughan		A Challenger				
Estelle Hitchon						
Trish Mills						
Duncan Robertson						
Keith Cox						

	Attended
	Sent Deputy
	Apologies
	No longer member



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CHARITABLE FUNDS COMMITTEE REPORT TO BOARD OF TRUSTEES

Trust Board Meeting Date	27 th January 2022
Charitable Funds Meeting Date	17 th January 2022 (extraordinary meeting)
Chair	Kevin Davies, Non Executive Director

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Committee to areas of escalation)

1. No alerts for the Trust Board.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The Committee received and reviewed the annual report and accounts for the WAST Charity for the financial year ended 31st March 2021 following an independent review by Audit Wales. **The annual report and accounts are recommended to the Board of Trustees for approval.** They will then be presented to the Auditor General for signing on the 28th January, prior to submission to the Charities Commission by the deadline of 31 January 2022.
3. In November the Trust Board was alerted to the fact that the Committee agreed for Audit Wales to undertake an independent review of the accounts as opposed to a full audit due to resource constraints. The Audit fee has been amended to reflect this.

ASSURE

(Detail here any areas of assurance the Panel has received)

4. Audit Wales confirmed they had undertaken an independent review of the Charitable Fund Accounts with no areas of concern identified.

RISKS

Risks Discussed: Issues had been identified with the online recruitment advert for the consultancy post, therefore it was agreed to extend the deadline by one week.

New Risks Identified: None

COMMITTEE AGENDA FOR 17 JANUARY 2022 MEETING (PUBLIC)

1. Charitable Funds Annual Report and Accounts 2020/21	2. Audit Wales Report (verbal)	
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COMMITTEE ATTENDANCE 2021/22

Name	June 21	Aug 21	Nov 21	Jan 22	Feb 22
Kevin Davies (c)					
Bethan Evans					
Emrys Davies					
Ceri Jackson					
Chris Turley					
Lee Brooks					
Claire Vaughan		A Challenger			
Keith Cox					
Trish Mills					
Hugh Parry					
Gareth Price					

	Attended
	Deputy attended
	Apologies received
	No longer member
	Not previously invited



FINANCE AND PERFORMANCE COMMITTEE REPORT TO PUBLIC TRUST BOARD

This report provides the Board with key escalation and discussion point at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	27 th January 2022
Committee Meeting Date	20 th January 2022
Chair	Emrys Davies

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. Progress against the **2021/22 Integrated Medium Term Plan (IMTP)** was reviewed and delays against the plan noted for the following:
 - Implementation of the new 111 system with Salus delivery slipping until at Oct/Nov 2022.
 - This also impacts on delivery of new interactive services to the 111 website via Salus.
 - It was noted that the development of the quality strategy implementation plan is advancing, with the Quality, Patient Experience and Safety Committee (QuEST) reviewing the plan at its February meeting.

The Board is alerted to slippage against the plan for these items, however the Committee was assured remedial plans are in place and that there is confidence that those plans marked as amber will be completed in year.

The Committee commended the organisation for the substantial number of projects which have been completed during a challenging and pressured year.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. The Committee received the **Operational Update** as a standing agenda item. This report provides helpful context for the Committee in its oversight role for performance. The revision of the academy response model was noted as was its impact.
3. The **Quality and Performance Management Framework** is on track to be presented to a Board development session on 18th February and onward to this Committee and QuEST in March.
4. The Committee was updated on progress, themes, opportunities and challenges for the **2022/25 IMTP**. A Board development session will be held on 18th February to further inform members ahead of Board approval on 24th March.
5. A Board development session was held in November on **Decarbonisation and Sustainability** where the opportunities and challenges on this topic were presented. The Committee was updated on progress with the Trust's response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan 2021-23 and our participation in the WG National Programme for Climate Change and Decarbonisation for Health and Social Care. The Committee heard of the progress with fleet transition



to ULEV vehicles, and of the Flintshire AAC site's progress towards its goal to be our first Net Zero Carbon facility to be realized. This important agenda will feature in the 2022/25 IMTP.

ASSURE

(Areas of assurance the Committee has received)

6. The Board has the full **Month 9 Financial Report** before it for this Board meeting, however key items the Committee noted included that the Trust is on forecast to deliver financial balance by the end of the financial year, with capital expenditure forecast to be fully spent and the cumulative year to date revenue financial position reporting a small underspend against budget of £0.051m. Directorate level budgets and remaining risks against the financial position were reviewed and it was noted that planning and interim audit work is underway for the 2021/22 Trust annual accounts, with that audit being conducted virtually. The closed session of the meeting received an update on the developing financial plan for 2022/23, which will also be discussed with the Board in closed session.

The full capital allocation for the 2022/23 fleet replacement programme has been supported by Welsh Government in the full amount of £15.1m, and the funding from Welsh Government for the purchase of the new site for the SE Wales fleet workshop has been approved, with completion on the purchase of the site in Merthyr Tydfil required to take place before the end of March 2022.

7. The Committee reviewed the December 2021 **Monthly Integrated Quality and Performance Report** (MIQPR) which is also before the Board for this meeting. The Committee noted:
- (a) Actions to improve 999 and 111 call answering performance, which include additional recruitment to expand capacity with the result that January's performance is expected to be improved. Demand on the service has been significant recently with the result that the capacity of the telephony has been increased on two occasions.
 - (b) The actions to improve ambulance response times were noted to include increases in capacity, efficiency measures and demand management. The teams were commended for the ability recruit the additional 127 staff who are planned to be in place by May 2022.
 - (c) Ambulance Care performance is having a positive impact on patient experience, but the Committee will continue to monitor possible capacity issues.
 - (d) Handover lost hours are at unprecedented high levels, having a knock-on effect to red performance due to unavailability of resources. This remains a priority in the IMTP for 22/25 and the Committee noted that whilst it is not included in Ministerial priorities for 22/23, other priorities are aimed at having improving flow in the system will impact WAST favorably.

Issues of performance related to PADR and Ombudsman cases were referred to the People and Culture Committee and QuEST respectively to take a closer look, and it was noted that QuEST is monitoring the significant number of national reportable incidents. The Committee will take a deep dive into performance related to the Trust's 'shift left' ambition at the next meeting.

RISKS

Risks Discussed: The corporate risk register for the risks in the remit of the committee were reviewed. Risk ID 100 will be reviewed to ensure the risk is appropriately described. Risk related to the financial position and IMTP were also reviewed.

New Risks Identified A new risk (Risk ID 458) has been developed 'Confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning'. This is undergoing assessment and will be presented to the Committee in March 2022.



COMMITTEE AGENDA FOR 30 NOVEMBER 2021 MEETING (PUBLIC)

1. Operations quarterly report	2. Quality and performance framework Update	3. Financial position for month 9
4. Monthly integrated quality and performance report	5. Integrated medium term plan progress report	6. Integrated medium term plan planning update
7. Risk management and board assurance framework	8. Internal audit tracker report	9. Decarbonisation update
10. Value based healthcare	11. Deep dive on performance	

COMMITTEE AGENDA FOR 30 NOVEMBER 2021 MEETING (PRIVATE)

1. 111 Salus implementation update	2. Update on business case submitted to Welsh Government	AOB - 2022/23 financial position
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Name	13 May 21	22 Jul 21	23 Sep 21	18 Nov 21	20 Jan 22
Emrys Davies					
Bethan Evans					
Ceri Jackson					
Joga Singh					
Lee Brooks					
Rachel Marsh					
Chris Turley					
Trish Mills					
Keith Cox	Julie Boalch	Julie Boalch			
Nathan Holman TU					
Robert Morgan TU					
Gareth Price TU					

	Attended
	Sent Deputy
	Apologies
	No longer member



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AGENDA ITEM No	18
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

PUBLIC TRUST BOARD

MEETING	Trust Board
DATE	27 th January 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Standing Orders require that the Board approves its annual plan of Board business by March each year.
2. The 2022/23 schedule of dates for the Board, its Committees, Chairs Working Group and Board Development has been based around the pattern of meetings established for the current year, and takes into account:
 - Charitable Funds Committee increasing to quarterly meetings given the revised strategy that will be developed during 2022/23;
 - All other Committees retaining their current meeting frequency;
 - Open and closed Board sessions held on same day;
 - When appropriate and Covid secure, Board meetings in person to alternate between a venue in the South and in the North (noting a hybrid solution is being developed);
 - When appropriate and Covid secure, Board Development days held in person the day prior to Board. This will assist members who travel and allow them to stay overnight, particularly when meetings are held in the North;
 - All meetings are assumed to commence at 9.30am; and
 - Reports should be as timely as possible when reporting to Committees which meet quarterly.

RECOMMENDATION - That the Trust Board approves the schedule of dates for 2022/23 Board and Committee meetings and notes the long-term ambition to align dates for key Committees to the Board.

REPORT APPROVAL ROUTE	
1. 24 th November 2021 – Executive Management Team 2. 10 th December 2021 – Chairs Working Group	
REPORT APPENDICES	
1. Annex 1 – SBAR 2. Annex 2 – Proposed 2022/23 Dates	

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

2022/23 BOARD AND COMMITTEE DATES

SITUATION

1. The Trust Board is requested to consider the forward plan of dates for the 2022/23 meetings of the Board, its Committees, Board Development sessions, and Chairs Working Group.

BACKGROUND

2. The Standing Orders require that the Board approves its annual plan of Board business by March each year. The plan of Board business includes the meeting dates, venues, and coverage of business activity during the year, taking account that ordinary meetings will be held at regular intervals. The annual plan should also include meetings of any advisory groups of the Board i.e., the Local Partnership Forum.
3. Board Committees are established to support the Board with its oversight responsibilities to hold the executive to account, provide challenge, monitor compliance, and seek assurance that strategy and performance are on track; and its stewardship role to guide and shape strategy, foster innovation, and creativity, develop the culture, values and ethics of the Trust, and responds to a changing environment.
4. Therefore, the dates on which meetings of the Board Committees are set should complement Board meetings so that oversight and scrutiny, particularly of key Committees, can take place as close as possible to the Board meeting, allowing for timely assurance and escalations from the Committees.
5. The spread of meetings should be cognisant of the time commitment of the Non-Executive Director members of the Board, and a complimentary annual plan should be developed for the sub-committees which are established by each Board Committee.

ASSESSMENT

6. During 2021/22 the Board set scheduled meetings bi-monthly, with an additional meeting in May prior to the AGM. The Finance and Performance Committee also meets bi-monthly in the weeks prior to the Board. All other committees meet quarterly, with the exception of the Charitable Funds Committee which is scheduled to meet three times in 2021/22. From October 2021 Board development sessions moved from bi-monthly to monthly.
7. The alignment of the Finance and Performance Committee to the Board meeting timetable allows the Committee to provide assurance and escalations to the Board in a timely way in relation to metrics, data, risks, and information within their remit.

The intention is to replicate this for the People and Culture, and the Quality, Patient Safety and Experience (QuEST) Committees, which currently meet quarterly. An assessment of this will take place during 2022/23 following more in-depth reviews of the Committees and development of their cycles of business to ensure additional meetings are planned in a way which enhances assurance and is not overburdensome.

8. Effectiveness reviews will provide an opportunity to narrow Committee terms of reference (but possibly also increase remits), build cycles of business, review membership and commitment time, and gain clarity on sub-committees. This, coupled with the mapping of assurance, drawing out duplications and gaps, and alignment with the quality and performance management framework and wider governance structures, will set the foundation for the Committees to move over time to a schedule of dates which is more aligned to the Board meetings.
9. Considering the significant work needed to carry this out, the meeting schedule for 2022/23 has been largely replicated from the 2021/22 to provide consistency and to allow dates to be set in diaries as soon as possible. This appears at Annex 2 and takes into account:
 - Charitable Funds Committee increasing to quarterly meetings given the revised strategy that will be developed during 2022/23;
 - All other Committees retaining their current frequency of meetings;
 - Open and closed Board sessions held on same day;
 - When appropriate and Covid-secure, Board meetings in person to alternate between a venue in the South and in the North (noting a hybrid solution is being developed);
 - When appropriate and Covid-secure, Board Development days held in person the day prior to Board. This will assist member who travel and allow them to stay overnight, particularly when meetings are held in the North;
 - All meetings are assumed to commence at 9.30am; and
 - Reports should be as timely as possible when reporting to Committees which meet quarterly.
10. The Local Partnership Forum meeting dates have not yet been added to the schedule pending a review of their terms of reference and operating arrangements.

RECOMMENDATION - That the Trust Board approve the schedule of dates for 2022/23 Board and Committee meetings and note the long-term ambition to align dates for key Committees to the Board.

Welsh Ambulance Services NHS Trust
Board and Committee Meetings 2022/23

	2022									2023		
	April	May	June	July	August	September	October	November	December	January	February	March
1									Audit			
2		May Day	Spring BH							New Year BH		Audit
3			Platinum Jubilee BH									
4												
5												
6				Char Funds		P&C	Rem Com					
7	Char Funds		Audit (Accts)	CWG			CWG		Rem Com			Rem Com
8	CWG		Rem Com							Char Funds (Accts)	QuEST	
9												
10		P&C					Char Funds	QuEST				
11					QuEST							
12		QuEST										
13			BOARD (Accts)							CWG		
14				AGM				F&P				
15	Good Friday					Audit			Board (IMTP)			
16		F&P								F&P		
17										Academic		
18	Easter Monday			F&P								
19				Academic		F&P						
20												F&P
21											P&C	
22			Board Dev									
23								Board Dev			Board Dev	
24								BOARD (Nth)				
25		Board Dev					Academic			Board Dev		
26	Academic	BOARD (Sth)							Boxing Day	BOARD/BoT (Sth)		
27				Board Dev			Board Dev		Christmas BH			
28	Board Dev			BOARD (Nth)		Board Dev						
29					Summer BH	BOARD (Sth)		P&C				Board Dev
30												BOARD (Nth)
31												
Total	5	5	3	7	0	5	6	4	3	7	2	5

Notes:

Open and Closed Board meetings on same day

All meetings to start at 9.30am

Board meetings to alternate in the south (Cardiff MRD) and the north (Ty Elwy)

Charitable Funds Committee increased to quarterly meetings



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AGENDA ITEM No	19
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	

TRUST SEAL

MEETING	Trust Board
DATE	27 January 2022
EXECUTIVE	Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

The Trust Board is asked to note the affixing of the Trust Seal on 7 December 2021 for the following three documents:

- HM Land Registry Transfer of part of registered title(s) from WAST to Betsi Cadwaladr University Health Board.
- Lease Renewal at Aberdare Ambulance Station
- Lease Renewal at Caernarfon Ambulance Stations

Recommended: That the Trust Board is requested to note the use of the Trust seal as described.

KEY ISSUES/IMPLICATIONS

Not applicable

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

Not applicable

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Y	Financial Implications	Y

Environmental/Sustainability	Y	Legal Implications	Y
Estate	Y	Patient Safety/Safeguarding	Y
Ethical Matters	Y	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	Y	TU Partner Consultation	Y



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AGENDA ITEM No	20
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

MINUTES OF COMMITTEES

MEETING	Trust Board
DATE	27 January 2022
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide an update on the work of the Trust's Committees. The Board is asked to receive this report and to formally adopt the Minutes of the Committees.

Recommended: That the Minutes of Committees as appended are formally received and adopted.

KEY ISSUES/IMPLICATIONS

The Board is to note that a number of actions and/or recommendations outlined in the Minutes of these Committees have already been progressed.

REPORT APPROVAL ROUTE

Approved via the relevant Committees:

REPORT APPENDICES

Minutes of Committees:

- 16 September 2021 – Audit Committee
- 21 September 2021 - Academic Partnership Committee
- 18 November 2021 - Finance and Performance Committee

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

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 16 September 2021 VIA TEAMS

PRESENT :

Martin Turner	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE :

Julie Boalch	Head of Risk and Corporate Governance
David Butler	NWSSP
Helen Higgs	Head of Internal Audit NWSSP
Emma Giles	Audit Lead (Health), Audit Wales
Jill Gill	Financial Accountant
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Catharyne Punyer	Investigation Supervising Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Chris Turley	Executive Director of Finance and Corporate Resources
Carl Window	Counter Fraud Manager

APOLOGIES:

Lee Brooks	Director of Operations
Judith Bryce	Assistant Director of Planning
Claire Roche	Director of Quality and Nursing
Paul Seppman	Trade Union Partner

18/21 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and advised that it was being audio recorded.

Declarations of Interest

The standing declaration of interest of Mr Emrys Davies as a former member of UNITE

was recorded.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting held on 3 June 2021 were confirmed as a correct record.

Action Log

The Committee considered the action log:

Number 62, Risk Register Development guide and Risk Management Strategy. Update provided by Julie Boalch. Action Closed

Number 69, Risk Management to include additional narrative on assurance. Update provided by Julie Boalch. Action Closed

Number 70, Process for closing older recommendations on the tracker. Update provided by Julie Boalch. Action Closed

Number 71, Limited assurance audit for ICT disaster receiver. The Finance and Performance Committee were now monitoring this action. Action Closed.

Number 72, In depth review of the long outstanding recommendations on the tracker. Update provided by Julie Boalch. Action Closed

Number 73, Additional narrative on the progression for closing recommendations. Update by Julie Boalch. Action Closed

RESOLVED: That

- (1) the Minutes of the Audit Committee's open and closed sessions held on 3 June 2021 were confirmed as a correct record;**
- (2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded; and**
- (3) the actions referred to in the action log were considered and actioned as necessary.**

19/21 INTERNAL AUDIT REPORTS

Helen Higgs presented an overview of the Internal Audit Progress report and advised the Committee of the following highlights:

1. Six reports had been delivered and were included on the Agenda; they consisted of one substantial assurance and five reasonable assurances.
2. Also included on the agenda was the 2020/21 Fire safety report which was a limited assurance.

3. There were currently eight audit reviews in progress.

Individual audit reports:

Fire Safety (Limited assurance)

David Butler, in providing an overview, explained that a full review on the corporate assurances and a management arrangements in terms of Fire Safety had not been conducted since 2016.

The current review had taken into account previous reviews however it was noted that due to Covid there had been reduced visits to stations by audit teams.

The audit considered the following:

1. Certain aspects from the follow up review.
2. The control framework; only minor amendments to the policy were required.
3. Governance arrangements and central monitoring and reporting; in terms of governance, roles had been allocated. With regards to reporting there was a requirement to introduce regular, consistent and structured methods.
4. Local arrangements; several issues were noted included the need for further training. It was noted that work was ongoing to develop a health and safety transformation plan.
5. Overall, there had been a total of 13 recommendations, two were high, 10 medium and one low.

Comments:

1. Members queried which area of the Trust was responsible for progressing the recommendations. Chris Turley explained that the overall responsibility in delivering the fire safety of the Trust was managed through his portfolio.
2. The Committee recognised the review was based on a selection of areas in North Wales and queried why a selection from other areas was not considered? David explained that of the three areas selected two were from the North and one from the South. He added that the Wrexham site was deliberately chosen as it was a joint facility shared with the fire service
3. In terms of joint facilities how would the Trust ensure the appropriate contractual agreements with the relevant partners were in place going forward? Chris Turley advised this would be developed as part of the management action plan to obtain clarity on arrangements.
4. Chris Turley commented that the recommendations would be tracked and monitored through the Fire safety Group and updates reported to the Executive Management Team. It was noted that as part of providing assurance to the Committee, further analysis from the Finance and Performance Committee on the recommendations would be reported back to the Audit Committee in due course.

5. In terms of timescales for completing the recommendations, Chris Turley advised there were varying timescales for completion; noting that the high priority recommendations would be completed as quickly as possible. Chris Turley advised that an update on the completion of recommendations would be provided at the next meeting; adding that the vast majority would be completed by November 2021.

Osian Lloyd gave an overview of the following reports:

Financial Planning & Budgetary Control (Reasonable assurance) – the purpose of the review was to assess the financial planning process and arrangements and effective management of budgetary control through the IMTP. This was a positive report with a reasonable assurance rating based on two medium priority findings and three low priority findings. The two medium priority findings concerned the irregularity of the budget meetings and contained a low level of notes to evidence those meetings and the approval review of oracle users. The three low priority findings related to; recording of review dates on policy and procedure, authorisation signatory limits and finding and Director sign off of the annual budget.

Chris Turley commented that revised Standing Financial Instructions and Standing Orders would be going to the Board in January – probable completed by February

NEPTS Procurement – (Reasonable assurance) – the purpose of this audit was to assess the systems in place for the management of NEPTS procurement and the application of the 365 response framework. This was a positive with two medium priority findings and seven low priority findings. The medium priority findings related to: formal assurance was not being received that all providers on the 365 platform had submitted monthly returns and implementation of the advisories tracker 365 response. The main theme from the low priority findings concerned the refining of current processes.

Comments.

Was the process used by NEPTS sufficient for other providers and could it be adopted by other third party providers. Chris Turley agreed to liaise with the Operations Directorate to consider whether this process could be adopted elsewhere.

Mobile Testing Unit (MTU) (Substantial Assurance) The purpose of this report was to provide assurance on the information governance arrangements and the appropriateness of staff on the MTU's. The substantial assurance was based on two low priority findings; maintaining an ICT asset register and tracking the changeover of shifts.

Comments:

The Committee were pleased to see this report given the pace needed to implement it, a note of thanks was recorded to the team involved.

Role of the Advanced Paramedic Practitioner (APP) (Reasonable Assurance) – This review had been deferred from the 2019/20 programme. The purpose of the report was to assess whether APP's were being used in an effective way to support patients care and outcomes. This was a positive report with a reasonable assurance rating based on one high and two medium priority findings. Evidence was found to support that the use of

APP's does significantly reduce the need to convey patients to hospital; however the full potential was yet to be realised. A number of APPs were interviewed, one of the themes raised was a lack in the potential support and guidance available to them; the Trust was currently developing initiatives to address this. The other finding involved the formal lessons learned exercise which had not yet been undertaken.

Comments:

1. Rachel Marsh briefed the Committee on her meeting with Welsh Government and the Commissioner in which the APP programme was discussed and looked positive going forward.
2. Following a question in terms of APP's development reviews, Duncan Robertson updated the Committee on progress from a North Wales perspective. Rachel Marsh briefed the Committee that from a line manager perspective APP's fell under the Operations Directorate. Furthermore the impact of APP's would be reported as a metric in future reports at EMT level. It was agreed that Duncan Robertson
3. It was agreed that Duncan Robertson would consider how to align the reporting from a clinical effectiveness perspective and from an HR perspective in respect of PADR's and not to duplicate them

Service Management (Reasonable Assurance)- The purpose of this report was propose was to provide assurance that a process was in place to ensure IT services were provided in a secure and efficient manner. This was a reasonable assurance based on one high, three medium and three low priority findings. The high rating was based on the fact that although the service desk was operating well, structural framework was not fully in place, the provision of services and level of support had not been agreed with the user department and no process for problem management existed.

Comments:

In terms of management response to the high priority, was the deadline of August 2022 correct? Helen advised it was a long process and that Internal Audit were content with the deadline.

Integrated Medium Term Plan (Reasonable Assurance) The purpose of the report was to assess the approach taken to develop the quarterly planning and returns. There were no significant issues identified. Overall this was at the high end of the reasonable assurance. This was based on one medium priority finding and two low findings. The medium priority finding related to the reinstatement of the strategic planning group to oversee the development of the IMTP. The two low findings related to: the inclusion of fuller outline of actions and the benefits of outcome measurements.

Comments:

Rachel Marsh advised that medium priority action has already been completed.

The Committee was at a loss to understand why the review had not been given a substantial assurance rating. It would be useful to have examples of improvement practice going forward.

RESOLVED: That the reports were noted.

20/21 AUDIT WALES REPORTS – PERFORMANCE AUDIT WORK

Emma Giles presented the report as read and drew attention to the following:

1. The audit of the 2020/21 Charitable Funds financial statement was currently being undertaken.
2. The structured assessment to inform the annual audit letter was currently in draft and would be presented at the December Audit committee meeting.
3. Quality governance fieldwork was ongoing with a report being presented at the December Audit Committee meeting
4. In terms of the unscheduled care system phase one audit work, Emma advised the Committee on timelines of completion

Comments

The Committee expressed their wish to have a clear understanding on the timelines in respect of the potential completion dates for phase one of the unscheduled care system Review.

RESOLVED: That the update was noted.

21/21 AUDIT RECOMMENDATION TRACKER

Julie Boalch presented the report to the Committee and drew their attention to the following areas:

1. A deep dive had recently been undertaken by the Assistant Directors Leadership Team (ADLT) into all the outstanding recommendations from the 2018/19 and 2019/20 financial years. Following this work, it had resulted that the recommendations contained within the Personal Safety Violence & Aggression Report (19/20) and the Appropriately Equipped Paramedics Report (19/20) would be closed from the tracker with the endorsement of the Head of Internal Audit.
2. The four recommendations that remained open from 2018/19 were in respect of the Trade Union release time review; this was expected as the follow up review had been deferred on two occasions. Work was underway to address this which included the development of a refreshed TU facilities agreement. The ongoing work would be monitored by the People and Culture Committee.
3. There were currently six recommendations that were overdue; four from 2018/19, one from 2019/20 and one from 2020/21 financial years. Details of which were provided by Julie Boalch.
4. Realistic timeframes in terms of completing recommendations continued to be set and the tracker was still receiving significant attention to ensure that all recommendations were dealt with within the agreed period.

Comments:

The Chair of the People and Culture Committee, Paul Hollard, briefed the Committee on its discussion concerning the Trade Union release time review.

RESOLVED: That the Audit Committee:

Members received assurances on the contents of the report; specifically relating to:

- a) The audit recommendation activity since the last Audit Committee in June 2021.**
- b) The Trust's proposals to address the recommendations with the inclusion of revised completion dates described within the audit tracker.**
- c) Endorsed the proposal to close 8 recommendations from 2019/20 as part of the deep dive into older recommendations.**

22/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills provided brief details of the programme of planned work which included a strategy refresh and a risk appetite statement development.

Julie Boalch gave a brief overview of the report drawing the Committee's attention to the Trust's two highest scoring risks; ID 223 and ID 224.

1. It was noted that ADLT had undertaken several deep dive on risks ID 223 and 224 which was reported to the EMT and the Quest Committee.

Work was underway to articulate the each of the risk descriptions; the outcome of which would be reported to the Board in due course.

Comments:

1. The Committee noted that the impact of risks ID 223 and 224 on staff was subject to a risk review.
2. The Chair reminded Members that the Audit Committee maintained its responsibility as the oversight Committee whilst recognising that the relevant Committee/Team dealt with the detail of risks.
3. Trish Mills advised the Committee that part of the Audit Committee's remit was to ensure the overall framework was robust; noting that the risks were owned separately
4. The Chair of the Finance and Performance Committee, Emrys Davies, stated that whilst each Committee considered the risks relevant to them, there was nothing, apart from the Minutes, that Audit Committee was specifically briefed on. Trish Mills added that this would be factored into the BAF going forward.
5. Julie Boalch added that even though risks ID 223 and 224 were assigned to Quest,

they were considered at the other Committees for further scrutiny and oversight given they are the Trust's highest scoring risks.

6. Chris Turley assured the Committee that through ADLT, the EMT were considering the risks on a frequent basis.

RESOLVED: That Members received assurances on the contents of the report; specifically:

- a) **The risk management activity during the period; and**
- b) **Received and commented on the BAF report.**

23/21 LOSSES AND SPECIAL PAYMENTS REPORT

Chris Turley gave an overview of the net losses and special payments for the period 1 April 2021 to 31 July 2021. He added that it had been of real value that elements of losses and special payments had been the subject of deep dives which looked at any themes, trends, lessons learnt, improvements etc...

RESOLVED: That the Losses and Special Payments for this period were received.

24/21 LOSSES AND SPECIAL PAYMENTS REPORT – DEEP DIVE CLINICAL NEGLIGENCE CLAIMS

Cate Punyer explained that as an enhancement to the regular Losses and Special payments report a separate report be presented which looked at a particular area in more detail.

There were currently, within this financial year, 14 clinical negligence claims and was a reflection of the work suspended due to Covid.

The themes, trends and any learning continued to be areas which were within the known risk areas.

It was recognised that 55% of the clinical negligence would already, to some degree, have been investigated in the Trust.

Comments:

1. The Committee welcomed the report and were reassured there were no particular pattern/themes evolving.
2. Following a comment requesting more detailed information, Cate advised that for the next cycle of reports the themes and trends and any lessons learned would be analysed in more detail.
3. It would be useful to be made aware of any staff training received to substantiate any learning following a case. Cate advised the Committee that as part of future reports any respective training would be illustrated.

4. The Committee noted that the next report would focus on details relating to Personal injury to staff

RESOLVED: That the Committee considered the contents of the report.

25/21 CLIMATE CHANGE RISK: A GOOD PRACTICE GUIDE FOR AUDIT AND RISK ASSURANCE COMMITTEES

Chris Turley provided further information in respect of the guide which was primarily, at this stage, for the Committee to note.

He added there was significant work being undertaken to ensure the Trust's compliance with climate change which was predominantly being overseen by the Finance and Performance Committee. The work included how the Trust could refresh the Fleet strategy to accommodate the requirements of a decarbonisation sustainability climate change impact. The action plan would be complex and detailed and would have a financial burden on the Trust. Going forward, there would be a requirement for a Board Development session to consider climate change in more detail

Emrys Davies provided the Committee with further information on the overall impact on the Trust adding that it was important to understand the aims and objectives of Welsh Government.

Comments:

The Committee recognised the significant importance of climate change noting that the Board would be required to consider and establish a framework to develop the associated risks and where it should be situated in the organisation going forward.

RESOLVED: That the update was noted.

Date of Next Meeting: 2 December 2021



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 21 SEPTEMBER 2021 VIA TEAMS

PRESENT :

Kevin Davies	Non Executive Director and Chair
Paul Hollard	Non Executive Director
Martin Turner	Non Executive Director

IN ATTENDANCE :

Andrew Challenger	Assistant Director, Professional Education & Training
Estelle Hitchon	Director of Partnerships and Engagement (Part)
Caroline Jones	Corporate Governance Officer
Trish Mills	Board Secretary
Duncan Robertson	Assistant Director of Research, Audit & Service Improvement

APOLOGIES

Claire Vaughan	Director of Workforce and OD
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09/21 WELCOME AND INTRODUCTION

The Chair welcomed the Board Secretary to her first meeting of the Committee and advised that it was being audio recorded.

Declarations of Interest

The standing declaration of interest of Professor Kevin Davies being an independent Trustee of St John Ambulance Cymru was recorded.

RESOLVED: That

(1) the standing declaration of interest in respect of Professor Kevin Davies being a trustee of St John Ambulance Cymru was recorded.

10/21 MINUTES OF THE PRVIOUS MEETING

The minutes of both the open and closed meetings held on 27th April 2021 were approved as a correct record.

11/21 DIRECTOR OF PARTNERSHIPS AND ENGAGEMENT UPDATE ON ACTION LOG

Link in with sub groups/focus groups

The Director of Partnerships and Engagement updated the committee by confirming she

had written out to a group of colleagues with an interest, to determine if a group or individual approach was the preferred option. Individual conversations have been had with some staff members, with the content of those conversations reflected in the revised document.

TU Representation

The Director confirmed she was meeting with TU partners later in the day, however asked the Committee to recognise that with the pressures the service was currently facing, that TU views on representation would need to be sought.

EMT had also discussed recent Trust pressures together with any actions that may need to be taken. However, it was recognised that the submission was imminent and should not be suspended.

Different Models HE/FE/Apprenticeship Models

Whilst reference to this was made within the document, the Director informed members that she had not had an opportunity to catch up with the Director of Workforce and OD and therefore, this was still to be worked through.

The considerable inroads that WAST had made working with an FE college to deliver the apprenticeship model for EMT apprentices, which had brought significant income into the Trust, was highlighted.

The Committee went on to discuss linking what the Trust was doing academically with FE and HE, and the need to demonstrate the research innovations that have also been taking place. Looking at future researchers and how they could be supported on their journey towards PhD postdoctoral research. Noting that the PhD isn't the end product, it is a pathway to research opportunities, methodologies and their application to problems.

The enthusiasm that came from all Welsh universities in applying to deliver the paramedic science degree was overwhelming and HEIW went through a tender process with Swansea continuing in South Wales and Wrexham Glyndwr achieving it in the North, however other universities who put strong applications in were keen to work with WAST in future.

Engage with HEIW/ draft letter/invitation to HE institutions/Paper for TB

Noting the conversation that had already taken place, work was still continuing with HEIW.

The Trust had been notified by Swansea University of an award which had been won for the collaboration work of their paramedic team and WAST. Part of Swansea Academy of Learning and Teaching.

The Chair wrote to the Chief Executive of Universities Wales, the umbrella body for universities in Wales, in the summer setting out the opportunity to join WAST on its journey and be an advocate for the broader HE sector. No response to date had been received and the Director of Partnerships and Engagement agreed to follow this up. If no response was received by 1 November, consideration on how best to frame this in the university trust status submission would be needed, although it was recognised that there had been willingness from individuals to represent the sector, albeit a few years ago.

Members discussed the current links that could be referenced and felt that the ambition of where the Trust would like to be could be worked up under "next steps". With the possibility of engaging with someone from University Wales as the umbrella organisation

initially until it was clear from which areas the Trust wanted representation.

RESOLVED: That

- 1) the Director of Partnerships and Engagement follow up the letter to Universities Wales;**
- 2) the submission be updated as outlined above.**

12/21 TRUST UNIVERSITY STATUS SUBMISSION TO WG

Following on from the initial baseline document, which was reviewed and well received by WG colleagues in March, the paper presented today, was an updated extension based on support and direction received from WG.

It was likely that the 1 November would be set for WAST to present to WG colleagues, however the submission date for the assessment was 30 September, recognising that any further feedback received from colleagues at the Trust Board meeting or WG would need to be incorporated into the final document.

Focus was on getting the submission approved and who would be representing WAST at the panel meeting in November. There would be approximately six members on the WG Panel, most of whom were present at the meeting in March, so the calibre of team asking the questions was known.

Whilst the strategic element was noted, there was a need for “people on the ground” to be involved such as Andrew Challenger, Jo Kelso, Nigel Rees and Jonathan Turnbull-Ross. Members also welcomed involvement from staff who were delivering the service not only higher level strategic staff.

The Chair was concerned that the panel may ask for a specific example of contemporary innovation, EPCR together with the virtual EMT programme were recognised as good areas of focus.

Matrix working throughout the pandemic was relied upon, and as the Trust looks to formalise some of the arrangements internally, a view to where some of those things fit structurally would be required. Matrix working could be reviewed as an opportunity and not a risk.

It was highlighted that there would be a requirement for how or who would drive this forward, as Trust status would be subject to revalidation. Members also recognised that while there was a need for the submission to be clinically led, there were other career pathways within WAST such as management, leadership, finance, telephone triage (to name a few) also to be considered.

Another suggested area of focus was demonstrating how the Trust has worked with industry in the design of its vehicles as well as with other private sectors.

Revisions to the wording around university representation on the Board was requested, with confirmation that the expectation was for representation to be at Committee level and not at Trust Board.

Members agreed that further amendments would be made to the paper before being presented to Trust Board on 30 September, with the caveat that it may be subject to further amendments following any additional comments received from WG, with authority

provided to make such amendments. The final draft would then be circulated to members, with the presentation work ongoing behind the scenes.

RESOLVED: That revisions be made to the assessment following discussion, together with any further comments received from WG or following Trust Board, prior to submission to WG.

13/21 ANY OTHER BUSINESS

The Board Secretary queried whether a highlight report would be required for Trust Board next week. Members agreed that the sbar covering the submission would provide sufficient detail for Trust Board members on this occasion.

Members agreed to utilise the meeting scheduled in October, for a run through of the presentation prior to 1 November, with an additional meeting of the Committee being set for early December.

RESOLVED: That an additional meeting of the Committee be scheduled in December.

14/21 DATE OF NEXT MEETING:

26 October 2021

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 18 November 2021 VIA TEAMS

Chair: Emrys Davies

PRESENT :

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Corporate Governance (Items 10 and 11 only)
Lee Brooks	Director of Operations
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources

64/21 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. He added that the meeting was quorate. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Ceri Jackson as a Trustee of the Stroke Association was noted.

Minutes

The minutes of the open and closed sessions held on 23 September 2021 were considered by the Committee and agreed as a correct record.

Action Log

The action log was considered:

Action Number: 39/21 IMTP – Deep Dive on risks. Item on Agenda, action closed.

Action Number 61/21: Decarbonisation and Sustainability, Consider whether individual staff objectives on environmental actions could be included in PADR's. Remain on Action log

RESOLVED: That

(1) the Minutes of the open and closed meeting held on 23 September 2021 were

confirmed as a correct record;

(2) the declaration of interests as stated were noted; and

(3) the action log was considered and updated as described.

65/21 OPERATIONS QUARTERLY REPORT

Lee Brooks, prior to presenting his report, advised the Committee that the Senior Pandemic Team was now meeting twice a week.

In terms of the update the Committee's attention was drawn to the following:

1. The consequences of Military Aid to Civilian Authorities (MACA) was having a positive effect on the Trust's performance. The current MACA was due to expire on 30 November 2021 and an extension to this had been requested.
2. The Committee were updated on other measures to improve performance as the Trust moved in to the winter period. Most of these would be deployed across December, January and also into February.
3. In terms of the Non Emergency Patient Transfer Service (NEPTS), the transfers of work had all been completed.
4. Seasonal planning had been completed which included a winter exercise.
5. In terms of 999 call pick-up performance the Trust had faced some real challenges over the last couple of months. All ambulance services across the UK were experiencing extreme challenges in terms of responsiveness to 999 volume. The data collected by BT regarding long waits and transfers to other services to answer, had shown that WAST was performing as one of the best in the UK.

Comments:

1. In respect of Volunteers was the Trust content that the appropriate Personal Protective Equipment and Covid and Flu vaccinations were in place? Lee Brooks confirmed that from a PPE perspective the relevant training and equipment had been provided. In terms of the Covid vaccination there had been a very high rate of uptake, however in respect of the flu vaccination, although volunteers had access, it was too early to provide a categorical response. Lee Brooks gave an update on current Community First Responder (CFR) development which included the pending business case in relation to the use of analgesia on patients for pain relief.
2. In terms of the application to extend military support beyond 30 November, unless it was resolved by 25 November, the Chair would be raising this at the next Board meeting.

RESOLVED: That the Committee noted the update.

66/21 FINANCIAL PERFORMANCE AS AT MONTH 7 2021/22

The Committee received a detailed paper on the financial performance as at month seven by Chris Turley. Members' attention was drawn to the following key headlines:

1. The Trust was still on forecast to deliver financial balance by the end of the financial year; noting some of the risks and assumptions as identified in the report.
2. In terms of revenue, it was now expected that, for the rest of the financial year, a fixed quantum of funding will be provided for all known developments, based on the Trust's estimate of spend. This is still to be confirmed.
3. With regards to Capital, on top of the already agreed schemes, Welsh Government (WG) had requested details of any additional schemes and ideas that could be used from the allocation of available slippage. These schemes as detailed in the report had already been submitted and received approval.
4. The Committee was asked to note that the WG invoice for WAST's contribution to the NHS Wales Shared Services Partnership (NWSSP) Welsh Risk Pool (WRP) risk sharing element of £0.374m, had been received and will now be paid. This has been included in the Board approved budget at the outset of the financial year.

Comments:

1. With regards to the Covid spend, would it be funded should it increase significantly? Chris Turley explained he was confident, should there be any unexpected costs these would be met by WG.
2. Members were very pleased to see the informal approval for the purchase of Mannequins. The Chair asked for further detail regarding the numbers of mannequins required. Full details would be provided in the subsequent Board approval required for this expenditure, now that funding had been confirmed. .
3. The Committee referred to the variations in spend in each Directorate noting that some were quite high. Chris Turley provided the Committee with a brief explanation and agreed to provide more detail in the next report.
4. Following a query from Ceri Jackson in respect of the Trust's estate, in particular, why conditions varied across Wales. Chris Turley agreed to discuss with Ceri Jackson separately.
5. Members acknowledged and thanked the Team for their work in maintaining financial balance.

RESOLVED: That the Committee;

- (1) noted and gained assurance in relation to the Month 7 revenue and capital financial position and performance of the Trust as at 31 October 2021 and;**
- (2) noted the Month 6 & 7 Welsh Government monitoring return submissions included within Appendices 1- 4 (as required by WG)**
- (3) formally noted the requirement to pay the invoice relating to NWSSP WRP risk sharing element of £0.374m, as contained within the base budget for 2021/22 approved by the Trust Board on 25 March 2021.**

Rachel Marsh in presenting the report drew attention to the following:

1. Call answering times. Answering times for 999 calls continued to present challenges through an increase in demand. Delays in answering 111 calls also continued. Several measures were being developed to improve the call answering performance; this included the recruitment of more staff.
2. Ambulance response times continued to be below that expected and mitigating initiatives were being implemented to improve this performance.
3. Ambulance Care Performance had improved in particular with renal patients and their arrival times for appointments. Due to the increase in demand and to comply with social distancing measures, additional temporary funding had been received to increase Ambulance Care capacity.
4. In terms of response to Concerns this had fallen to 47% against a target of 75%.
5. The Emergency Ambulance Unit Hours Production was at 91% in October and had improved; this was due in essence to the military support that commenced in October.
6. Staff abstractions continued to be high, a large proportion owing to staff sickness. Several measures were in place which continued to support staff.
7. Post production lost hours (PPLH); EMS had lost of total of 17,180 PPLH, there were several reasons for this, the biggest loss, 40%, had been attributed to staff returning to base for a meal break. There is currently a health warning on this data, and this is being explored.
8. One of the Trust's ambitions, Hear and Treat which was designed to convey less people to hospital had increased to 9.7% in October, this was against a benchmark of 10.2%.
9. The number of hours lost when handing over patients at emergency departments stood at 18,212 in October, against a target of 5,000. This extreme level was unprecedented and the Trust continued to raise the issue with EASC.

Comments:

1. Has the Trust considered the impact of staff fatigue and have measures been implemented to address this? Lee Brooks explained that the Trust was receptive to the issues and advised that further work which included looking at shift patterns and other initiatives were ongoing.
2. The Committee accepted that poor performance in several indicators highlighted the extreme pressure on the Trust and was having a detrimental outcome on patients. Attention was drawn to the care bundle for STEMI outcomes. Lee Brooks advised that the Trust was completely alert to the issues highlighted and following discussions at the Senior Operations Team held a view this was more likely to documentation rather than clinical practice and activity through the Senior Paramedics to drive improvement has been requested. The ePCR solution will be particularly helpful in this regard.
3. Members were pleased to hear of the initiatives that were starting to make an impact and asked whether further improvements were able to be forecasted going forward and what were the confidence levels, and potential impacts for WAST reputation? Rachel

Marsh explained the difficulties and challenges in predicting future performance and reassured the Committee that further analysis would be conducted to clarify what could be predicted. Lee Brooks added that regarding reputation, reporting of the pressure and impacts for ambulance was balanced and had captured causes with general recognition that the issues were NHS wide.

4. The Chair noted the positive actions in the report and it was agreed to refer to Quest and the People and Culture Committees for them to conduct a detailed review in to people well-being impacts related to the issues highlighted.

RESOLVED: That the Committee considered the Aug/Sep 21 Integrated Quality and Performance Report and actions being taken and determined whether:

- a) the report provided sufficient assurance;
- b) whether further information, scrutiny or assurance was required, or
- c) further remedial actions were to be undertaken through Executives.

68/21 DRAFT QUALITY AND PERFORMANCE ACCOUNTABILITY MANAGEMENT FRAMEWORK

Rachel Marsh presented the Committee with a PowerPoint presentation and drew their attention to the following highlights:

1. The purpose of the framework was to develop an integrated approach and to establish a shared understanding about what was to be achieved.
2. Within the framework there were five building blocks; setting objectives, developing a set of performance measures and targets, implementing assurance and review tools, enabling ownership and accountability and providing resources and educational supporting. The Committee were shown further details of each of the five building blocks with an explanation in terms of how each one would be implemented.
3. Rachel added that the framework would be reviewed formally every three years and would be presented to the Trust Board in March 2022.
4. This framework would formally integrate quality and performance and formalise many of the improvements that had been made with previous iterations of the framework.

Comments:

1. Members welcomed the ambitious and positive framework recognising there would be challenges in its delivery.
2. The Committee supported the framework and advised that communication to staff in terms of the delivery was vital to its success and subsequent benefit to patients.
3. The Chair added that the biggest challenge would be the change from a command and control organisation to a bottom led up organisation. In terms of reporting on progress he advised that Rachel Marsh consider which Committee would receive updates

RESOLVED: That the update was noted.

69/21 INTEGRATED MEDIUM TERM PLAN (IMTP) 2021-2024 - PROGRESS REPORT

The Committee noted the update from Rachel Marsh who drew attention to the key highlights:

1. There were two actions due in quarter 1 and quarter 2 which required urgent attention (Red); developing a business case to support level two falls response model and implementation of the new 111 system.
2. Welsh Government had issued a letter which asked the Trust to ensure that WAST Board was assured on the delivery of its annual plan. These issues were being developed through the Trust's assurance report.
3. Through the Strategic Transformation Board (STB), the Trust had prioritised the deliverables within the IMTP which included those which were being paused.
4. The NHS Wales Planning Framework had been published and the Trust was required to submit a Board approved IMTP to WG by 28 February 2022.

Comments:

1. In respect of the red rated actions, what level of risk was there in these delays? In respect of the falls response model, Rachel Marsh explained that the risk was to the safety of individual patients adding that progress was being made in collaboration with Betsi Cadwaladr Health Board in the North. Members noted that the delays with 111 would be discussed in the closed session of the meeting.
2. Was it possible in respect of actions in progress (amber) to include a date of forecasted completion? Rachel Marsh explained that the STB reviewed this detail.
3. In respect of the letter from WG, in particular the risks associated with the handover issues at the Grange Hospital was there any further comment? Rachel Marsh explained this referred to the issues during the bedding in process. The handover issues were still in existence and any risks associated continued to be monitored regularly, not only at the Grange but also at other hospitals.

RESOLVED: That the Committee;

- (1) noted the IMTP Delivery Assurance Report and headlines highlighted in the executive summary;**
- (2) advised of any further information required to assure the Board around IMTP delivery; and**
- (3) delays with 111 would be discussed in the closed session of the meeting.**

70/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The report was presented as read by Julie Boalch who drew the Committee's attention to the following areas:

1. There were 10 corporate risks assigned to the Committee for oversight. There has been minimal activity of these since the last meeting.

2. Work was continuing in the way in which the Trust could improve the methods in which it articulated risk going forward. In order to support this work the request for an additional risk officer was being proposed at the next Audit Committee meeting.

Comments:

1. In respect of Risk 343 (failure to undertake tactical seasonal planning), was this the correct description of the risk? Julie Boalch agreed for the description of the risk to be reviewed at the Assistant Directors Leadership Team (ADLT). Lee Brooks added that this risk had recently been lowered from a score of 12 to 8.
2. Risk 331, impact around impact on estates, has it been reviewed since February? Julie Boalch advised it had been reviewed recently at ADLT and explained it would be updated accordingly.
3. Julie Boalch further added that as soon as the Once for Wales Datix module was implemented, dates would be updated automatically.
4. Trish Mills commented that risks 343 and 229 were now below the target and queried whether they could be closed. The Chair asked that a process for closure be provided to the Committee at its next meeting.

RESOLVED:

1. The Committee received assurances on the report and specifically:

- a) noted and discussed the contents of the report; and
- b) highlighted any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.

71/21 INTERNAL AUDIT TRACKER REPORT

Julie Boalch presented the report as read and highlighted the following

1. There were 72 recommendations assigned to the Committee for oversight, of these 8 were high priority with 3 overdue and continued to receive close scrutiny. Revised completion dates had been proposed.
2. The two longest overdue recommendations from 2019/20 related to the Information Systems Security Leavers reasonable review and both had received revised completion dates of March 2022.
3. In terms of the four limited assurance recommendations, two were overdue and were expected to be completed by April 2022.

Comments

The Committee acknowledged the report and recognised the work involved in clearing the longer overdue risks.

RESOLVED: That the Committee;

- (1) noted the contents of the report;

- (2) considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC, and
- (3) agreed any specific items that the Committee wished to see raised to Senior Management and Audit Committee.

72/21 DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley updated the Committee on several areas from the report which included:

1. The Committee were reminded of the details at the last Board Development day in which an agreed list of the next steps/actions were discussed.
2. ISO14001 continued to be complied with; the Committee noted that the External Audit had been completed on 22 September 2021.
3. Further updates would continue to be presented at Committee going forward.

Comments:

1. The Committee made reference to the Board Development session and were pleased to see the progress being made in this area.
2. ISO140001, the Chair urged for wider involvement in respect of developing the actions required.

RESOLVED: That the Committee noted the update.

73/21 VALUE BASED HEALTHCARE – VERBAL UPDATE

1. Chris Turley updated the Committee on work that was being progressed, notwithstanding the inherent challenges due to the pandemic.
2. One aspect of the current work was the development of a more detailed costing system.
3. It was also noted that the Steering group which managed this would start to meet on a bi-monthly basis.
4. Members noted that this item would be kept on the Agenda for future meetings.

Comments:

1. Rachel Marsh advised the Committee that value based healthcare continued to be a strong theme from the Commissioners perspective

RESOLVED: That the Committee noted the update.

74/21 KEY MESSAGES TO BOARD

The Chair advised the Committee that the following items would be reported to the Board.

1. The risk around ongoing military support.
2. NEPTS transfer was complete.
3. Seasonal planning was ongoing.
4. The Trust was in financial balance.
5. A fixed funding for the remainder of the year was being agreed with the Commissioner.
6. There was good governance arrangements around Fleet.
7. The Covid costs to date were covered.
8. There were some systems improvements due with 111 and 999 call handling.
9. Currently there was a 38% conveyance rate.
10. EASC actions – some actions were being referred to other Committees; how to look after staff welfare etc...
11. The Quality Performance Framework was in development.
12. IMTP updates - Prioritisation of actions due to Covid.
13. Value based health care and the ongoing work.
14. Sustainability and Decarbonisation update.

RESOLVED: That the Key Messages was noted

Date of next meeting: 20 January 2022

CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 4 NOVEMBER 2021 VIA TEAMS

PRESENT:

Kevin Davies	Chairman & Non Executive Director
Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Jill Gill	Financial Accountant
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Non Executive Director
Trish Mills	Board Secretary
Chris Turley	Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce and OD
Caroline Jones	Corporate Governance Officer

APOLOGIES:

Hugh Parry	TU Partner
Gareth Davies	TU Partner

21/21 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and noted apologies from TU partners.

22/21 DECLARATIONS OF INTEREST

The standing declarations below were noted:
Professor Kevin Davies - Trustee of St John Ambulance Cymru;
Emrys Davies - A retired member of Unite; and
Ceri Jackson – Stroke Association Trustee

RESOLVED: That the standing declarations as described above be NOTED.

23/21 MINUTES OF PREVIOUS MEETING

The Minutes of 26 August 2021 were approved subject to the removal of the Director of Workforce and OD from the attendance list.

RESOLVED: That the minutes, subject to the amendment above, be approved.

24/21 ACTION LOG

The committee noted that action 15/21a relating to the scope for the consultancy work appeared as an agenda item. Action ref 17/21, a summary of the bids applications had been circulated therefore both of the above could be closed.

The Director of Finance and Corporate Resources updated members on the bid to NHS Charities Together, confirming that dialogue was ongoing to ensure the bid was structured appropriately.

Action 18/21 was not yet due, however the Board Secretary confirmed that discussions had commenced looking at how the Bursary and Bids Panels could align.

25/21 STRATEGIC REVIEW OF WELSH AMBULANCE SERVICES NHS TRUST CHARITY: SPECIFICATION

The Director of Partnerships and Engagement reminded members of the decision to seek a strategic review of the charity's mission and purpose. The paper set out the specification for a short term consultancy post, allowing members the opportunity to comment on it.

Members requested that risks should be incorporated within the document, to include but not limited to: staff perspective should there be a change in strategic direction, reputational risk, together with compliance of the regulatory frameworks.

Members also noted that whilst it was hoped that work would be concluded by the end of March 2022, it was more important that the quality of the review be considered, even if this necessitated the appointment exceeding the initial three month period.

The Director agreed to keep the Committee updated with progress at its next meeting or via email should the timing of updates not align with Committee dates.

Whilst members discussed the timing of the post going out to advert, it was agreed that the post should be advertised as soon as practicable.

RESOLVED: That the scope to secure an experienced person to undertake the strategic review, be approved.

26/21 UPDATE ON THE CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS FOR 2020/2021

The Chair began with some background to how the Committee had discussed the possible audit options in depth over a number of meetings, resulting in a request to Audit Wales for a full audit of the 2020/2021 accounts to be undertaken, which had been recommended to the Board.

The Director of Finance and Corporate Resources confirmed that the meeting had been convened, in anticipation that members would be reviewing the fully audited accounts for the 2020/21 period, prior to seeking the full trustee approval of the Board at the end of the month. He confirmed that the draft accounts were presented today, as presented to Audit Wales. He also referenced the challenges faced by Audit Wales and confirmed they were working together to comply with the Charity Commission's requirements to file the accounts by the 31 January 2022, with a further additional meeting of the Committee scheduled for 17 January 2022 ahead of a January Trust Board meeting. At the request of Audit Wales, the Trust did explore the potential to extend the deadline for submission with the Charity Commission, however it was confirmed that this would not be possible.

Michelle Phoenix from Audit Wales started by querying why a full audit had been requested, as the size of the Charity fell well within the limits for an independent review. She went on to explain that the full audit would come under the international standards of auditing that must be complied with. Audit Wales would have to provide an opinion on whether the accounts were true and fair and that they complied with the accounting disclosures required by the Charities Commission which would involve a significant amount of additional work.

She confirmed that timescales were tight and that there would be no issue in completing an independent review, as had been done in previous years, in order to meet the Charity Commission deadline. Whilst statutory deadlines were being adhered to, the full audit was not a requirement and therefore not included within the plan. Michelle further confirmed that a guarantee could not be given that the full audit work would be completed within the timescale to meet the deadline of the Charity Commission, allowing members sufficient time to review and approve the accounts ahead of the 31 January.

Audit Wales were unable to quantify either time or an exact fee until work had begun in looking at documentation, supporting evidence, policies and procedures. Michelle confirmed they were content to defer the full audit until the following year and asked members if that would be acceptable.

Members expressed concern with not being compliant with filing of accounts, and further explained that the full audit had been requested in line with the strategic review together with gaining the assurance that would be achieved from a full audit.

Michelle Phoenix left the meeting to allow members to discuss the available options.

The Director of Finance and Corporate Resources confirmed that it was not unreasonable for the Committee to request a full audit and it showed good governance. He did however query the additional assurances the Committee would gain from a full audit.

With Audit Wales unable to guarantee the completion of the full audit within the timescale together with considering the risk to the Trust's reputation of filing the accounts late, it was agreed that an independent review would be the best option for the 2020/2021 accounts, with a Audit Wales being aware that a full audit of

the 2021/2022 accounts is to be incorporated into the audit plan for submission by January 2023.

Any comments on the annual report would be welcomed by the Financial Accountant.

RESOLVED: That

- 1) an independent review of the charitable accounts for 2020/2021 be undertaken in order to comply with the Charity Commission deadline of 31 January 2022;**
- 2) Audit Wales incorporate a timely, full audit of the charitable accounts for 2021/2022; and**
- 3) any comments on the annual report and accounts be forwarded to the Financial Accountant.**

27/21 PURCHASE OF AN AMBULANCE FROM CHARITABLE FUNDS

The Director of Finance and Corporate Resources confirmed that a legacy bequeathed to the Trust for the purchase of an Emergency Ambulance, essentially for Aberystwyth station, had been progressed. Conversations had taken place with executors, who were content with the way forward for the use of the vehicle.

The Committee were asked to approve the £185,000 spend of the legacy fund with an additional vehicle being incorporated into the wider capital programme for the purchase of fleet vehicles.

The Director confirmed that any recurring costs would be borne by the Trust.

Members suggested that within the strategic review of the Charitable Fund, consideration to manage the expectation of people wishing to donate should be taken into account going forward.

RESOLVED: That the spend of £185,000 for the purchase of an Emergency Ambulance as per the bequeathed legacy, be approved.

28/21 BIDS PANEL DELEGATED AUTHORITY

The Board Secretary's report set out the timeline for the Trust's Standing Orders to be reviewed and approved. In doing so, this provided a timely opportunity to reflect clearly, the current delegated limits from the Charitable Funds Committee to the Bids Panel. It was noted that the current terms of reference for the Bids Panel purported to give the panel unlimited delegated authority for approval of bids, and it was agreed that this was not the intention. The intention is that the Charitable Funds Committee would retain authority to approve bids over £50,000.

The amendments to both the Terms of Reference and the Standing orders would provide clarity on the limit which the Panel to approve bids. It was noted that with the increase in the charitable funds balances it was hoped that there would be an increase in bids both in volume and quantum.

The Committee approved the amendment of the wording within the Terms of Reference and Standing Orders authorising the Panel to approve bids for the utilisation of charitable funds up to £50,000.

RESOLVED: That the Terms of Reference together with the Scheme of Delegation, be amended to authorise the Bids Panel to approve bids for the utilisation of charitable funds up to £50,000.

29/21 BIDS PANEL ESCALATION AND ASSURANCE REPORT

The Board Secretary presented the escalation and assurance report from the Bids Panel. The report confirmed that bids of over £21,500 had been approved at the last meeting, noting that an element of that was for a defibrillator for a Community First Responder Team, whose funds were held by the Trust.

Members welcomed the style and format of the report and especially welcomed the support of the Wellbeing merchandise for staff during these difficult times.

RESOLVED: That

- 1) the escalation and assurance report be received;**
- 2) the approval of spend at the October meeting of the Bids Panel, be noted.**

30/21 BIDS PANEL MINUTES

The minutes of the Bids Panel meeting held on 7 October 2021 were received by the Committee.

31/21 ANY OTHER BUSINESS

32/21 KEY MESSAGES FOR BOARD

- 1) The discussion around the auditing of the Charitable Funds accounts be highlighted to Trust Board.**
- 2) The purchase of the Emergency Ambulance be publicised both via the communications team and at Trust Board.**
- 3) The wellbeing merchandise fully supported through these difficult times.**

33/21 Date of next meeting: 17 January 2022



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

AGENDA ITEM No	21
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

NHS WALES JOINT COMMITTEE UPDATE REPORT

MEETING	Trust Board
DATE	27 January 2022
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.

Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.

This report provides an update to Trust Board in respect of the following recently held meetings:

- Emergency Ambulance Services Committee (EASC) meeting of 7 September 2021.
- Welsh Health Specialised Services Committee (WHSSC) meeting of 7 September 2021 and 11 January 2022
- NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 12 October 2021.

The minutes, agendas and additional reports from EASC, NWSSP and WHSSC meetings are available from each Committee's websites via the following links

<https://easc.nhs.wales/> <https://whssc.nhs.wales/> <https://nwssp.nhs.wales/>

RECOMMENDED: That

1. the Minutes in respect of recent EASC, WHSSC and NWSSP meetings are received.

KEY ISSUES/IMPLICATIONS

Not Applicable

REPORT APPROVAL ROUTE

Not Applicable

REPORT APPENDICES

Annex 1: Minutes of the Emergency Ambulance Services Committee meeting of 7 September 2021.

Annex 2: Minutes of the Welsh Health Specialised Services Committee (WHSSC) meeting of 7 September 2021

Annex 3: Minutes of the NHS Wales Shared Services Partnership Committee meeting of 12 October 2021.

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed

Confirm that the issues below have been considered and addressed

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



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
7 SEPTEMBER 2021 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer (in part)	Chief Executive, Powys Teaching Health Board PthB
Stuart Walker	Medical Director, Cardiff and Vale CVUHB
Steve Moore (in part)	Chief Executive, Hywel Dda HDdUHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Clare Williams	Deputy Director of Planning, Cwm Taf Morgannwg CTMUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Richard Baxter	Project Manager, EASC Team (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/51	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p> <p>The Chair welcomed Clare Williams, Deputy Director of Planning from Cwm Taf Morgannwg University Health Board, Stuart Walker from Cardiff and Vale University Health Board and Roshan Robati, Senior Programme Advisor for Unscheduled Care, from Betsi Cadwaladr University Health Board to their first meeting of the EAS Joint Committee.</p> <p>The Chair thanked Len Richards in his absence for his sustained contribution to the Committee's work and wished him every success in his new role.</p>	Chair
EASC 21/52	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Jo Whitehead and Gill Harris (BCUHB), Paul Mears and Linda Prosser (CTMUHB) Len Richards, Mark Hackett and Steve Ham.</p>	Chair
EASC 21/53	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	Chair
EASC 21/54	<p>MINUTES OF THE MEETINGS HELD ON 13 JULY AND 20 JULY 2021</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 13 July and 20 July 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meetings held on 13 July and 20 July 2021. 	Chair
EASC 21/55	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 21 /42 Roadmap for the system service response Members noted that further discussion was required for the key design principles to be developed. An update would be provided at the next meeting.</p> <p>EASC 21/43 Emergency Department Quality and</p>	EASC Team

	<p>Delivery Framework An update of the work to be developed had been circulated to Members and the action was closed.</p> <p>EASC 21/43 Commissioning for Value programme An update on progress would be provided at the next meeting.</p> <p>EASC 21/27 Ministerial Ambulance Availability Taskforce Members noted that the Minister had requested that the work of the Taskforce to develop a modern ambulance service should continue but now as a Commissioner-led Taskforce</p> <p>EASC 21/26 Committee Effectiveness Members discussed whether training for new Members would be helpful and decided that a formal process would not be required. The Chair offered Members the opportunity of commenting outside of the meeting and reiterated the offer that individual discussions with the Chair and Committee Secretary would always be available to all Members.</p> <p>The Chair raised personal concerns in relation to being the only independent representative at the Committee and also raised the importance of the patient voice and how the EASC could facilitate a more inclusive approach. No formal proposals were made but this would be an ongoing issue for discussion.</p> <p>The Chair agreed to work with the Committee Secretary to ensure that progress would be made in all areas of the action log.</p> <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>EASC Team</p> <p>CASC</p> <p>Chair and Committee Secretary</p>
EASC 21/56	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 21/57	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>In presenting the report, Chris Turner explained that he had attended the Swansea Bay University Health Board meeting with the Chief Ambulance Services Commissioner on 19 August 2021 as part of the annual attendance at health boards across Wales. Members noted that a different approach had been taken to try and have more dialogue with</p>	

	<p>Board members regarding their local area. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust had also attended the meeting. Members noted that a helpful discussion had taken place with good feedback received. The Chair offered all Members the opportunity of shaping the local sessions to have as much meaningful discussion as possible with individual health boards.</p> <p>Members also noted that the Chair's end of year appraisal had also taken place. The Chair had been joined by the Chief Ambulance Services Commissioner during the second part of the session with the Minister and discussions had taken place in relation to the current issues, injecting pace into solutions and the importance of the ongoing action plan. The Chair explained that it was a different type of appraisal with a broad ranging discussion related to ambulance services and the place of those services within the Urgent and Emergency Care context across Wales.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 21/58	<p>FOCUS ON – Performance and Improvement</p> <p>An important and focused discussion took place on performance and improvement as the current position was judged to be unsustainable. Members noted that there was no single answer to the whole system problem. Issues discussed included:</p> <ul style="list-style-type: none"> • Needing to use the forecast position and match resources accordingly • Refreshing the work of ORH in relation to the Emergency Medical Services Demand and Capacity Review, noting the increased number of red calls from 5% to 10% • Further specific work on utilisation • High levels in the use of the Demand Management Plan • Potential harm to patients • Patients self-presenting at emergency departments not having received the right pre-hospital care and timeliness of some specific treatments for their conditions • Patient flow across the system and ensuring safe, effective and timely discharges • The management of risk within the community and the identification and mitigation of clinical risks • WAST had the only Demand Management Plan within the NHS Wales system and the need to identify key risks and impacts of this approach • Need to develop a joined-up escalation plan approach 	

	<p>across NHS Wales to involve health board operational teams as well as the clinical executives to manage clinical risk within localities</p> <ul style="list-style-type: none"> • Need to ensure a system wide approach undertaken for the whole patient pathway • Must use the opportunity to forecast and predict demand to match resources as best as possible • Needing to provide different and specific services within communities for common issues like falls and mental health and wellbeing matters • Important to have primary care information for whole system approach and for the 111 Service. <p>Summary: 3 key areas</p> <ol style="list-style-type: none"> 1. Capacity 2. Demand Management 3. Efficiency. <p>Following discussion, the CASC undertook to develop an urgent action plan which would be agreed with EASC Members before recommendations were formalised and implemented. The action plan had subsequently been developed and sent out for comment.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the discussion 	
EASC 21/58	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harray highlighted the following key items:</p> <ul style="list-style-type: none"> • Non-Emergency Patient Transport Services (NEPTS) – services at Cwm Taf Morgannwg University Health Board (CTMUHB) would now be transferred to the Welsh Ambulance Services NHS Trust (WAST) on 1 October and would then be in line with all other health boards in Wales • NEPTS Delivery Assurance Group had discussed the additional support required as part of the reset programme in view of the impact on NEPTS resources as a result of the Covid 19 pandemic. This included vehicles now used as single occupancy for patient safety reasons. <p>One composite request for interim financial support had been made for NHS Wales to the Welsh Government and it was anticipated that this would secure the additionality required and could also include private provider provision.</p> <ul style="list-style-type: none"> • Following discussion at the EASC meeting with the Minister for Health and Social Services on 20 July 2021, an action 	

	<p>plan had been developed and this had been further refined following the appraisal meeting in August with the Chair of EASC and the Chief Ambulance Services Commissioner (CASC) in relation to EASC priorities.</p> <ul style="list-style-type: none"> • The Ministerial Ambulance Availability Taskforce had been stepped down although the Members had agreed, at the request of the Minister, to be part of the ongoing Commissioner-Led Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and could be developed. • Handover delays had increased to an average of 490 hours a day lost during August 2021; this had contributed to the need for WAST to raise the level of their Demand Management Plan in response. • WAST would consider over recruiting emergency medical technicians to provide additional capacity within the system, although the training requirements would need to be met, and the actual costs identified, in order to obtain EASC formal support. <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. 	
EASC 21/59	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received.</p> <p>Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:</p> <ul style="list-style-type: none"> • Rising Covid19 related activity; rising “abstractions” for the emergency medical services; increasing pressure on services • The last month was the second worst month ever for patients waiting for ambulance response – over 500 people waited 12 hours or more; this was a significant and worrying development • Post-production lost hours – an important efficiency for WAST to deliver (in line with the ORH EMS Demand and Capacity Review) which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. Members noted a series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement with the staff side and trade unions at WAST. • NEPT service levels back to 70% of the pre pandemic 	

	<p>levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use.</p> <p>Members RESOLVED to: NOTE the WAST provider report.</p>	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 21/60	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received. In presenting the report Stuart Davies noted the current break-even position and highlighted the stable position of the 100% balanced plan.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 21/61	<p>EASC SUB GROUP MINUTES</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group – 24 June 2021 • NEPTS Delivery Assurance Group 8 June 2021 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
EASC 21/62	<p>EASC GOVERNANCE</p> <p>The EASC Governance report was received. In presenting the report Gwenan Roberts gave an overview of the work to complete the review of the Standing Orders.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The Memorandum of Agreement had been updated in line with Standing Orders • The Hosting Agreement, this was last reviewed in November 2018 – no areas of concern were identified • The Draft Memorandum of Understanding with the Welsh Government Officials was received and further discussions would take place, it was last discussed in 2016 • The update on work to complete all of the requirements in the Standing Orders including the Standing Financial Instructions and the Scheme of Delegation and Schedule of Powers which are all interlinked. • Two specific areas of non-compliance with the Standing Orders relating to the time papers sent out to Members and also that Sub Group chairs should not normally be a member of the EASC Team were noted. Members supported the variance from the Standing Orders in 	CASC

	<p>relation to these two matters and noted that this would be raised at the host body Audit and Risk Committee.</p> <p>The EASC Risk Register was received. Members noted that all risks had been comprehensively reviewed by the EASC Team in August 2021 and the two risks related to performance against targets for the red and amber categories had been raised from 16 to 20.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the sections of the Model Standing Orders for EASC: Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government • APPROVE the risk register • NOTE the governance arrangements for the EASC. 	
EASC 21/63	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members noted that a comprehensive annual plan would be received at the next meeting in line with the requirements within the Standing Orders.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	CASC
Part 4. OTHER MATTERS		ACTION
EASC 21/64	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/65	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 9 November 2021 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 07 September 2021 via MS Teams

Members Present:

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB (part meeting)
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Sian Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB
Linda Prosser (for Paul Mears)	(LP)	Director of Strategy & Transformation, Cwm Taf Morgannwg UHB
Stuart Walker (for Len Richards)	(SW)	Medical Director, Cardiff & Vale UHB

Apologies

Iolo Doull	(ID)	Medical Director, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Jason Killens	(JK)	Chief Executive Officer, WAST
Rob Nolan	(RN)	Director of Finance, Commissioning & Strategy Betsi Cadwaladr UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Len Richards	(LR)	Chief Executive Officer, Cardiff & Vale UHB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

Observers

Simon Dean	(SD)	Welsh Government (WG)
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Minutes:

Michaela Henderson	(SMH)	Corporate Governance Officer, WHSSC
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The meeting opened at 09:30hrs

Min Ref	Agenda Item
JC21/036	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair welcomed Sian Morgan, Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory as a guest speaker for agenda item 2.1.</p> <p>The Chair noted a number of Deputies were attending on behalf of their Chief Executive Officers as noted above.</p> <p>The Chair reminded Members that the purpose of the Joint Committee was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each Member works in the wider interest.</p>
JC21/037	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC21/038	<p>1.3 Declarations of Interest</p> <p>The Joint Committee noted the standing declarations, and there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC21/039	<p>1.4 Unconfirmed Minutes of the Meeting Held 13 July 2021</p> <p>The minutes of the Joint Committee meeting held on the 13 July 2021 were received and approved as a true and accurate record of the meeting.</p>
JC21/040	<p>1.5 Action Log & Matters Arising</p> <p>The action log was received and Members noted that the following items were on the agenda for discussion:</p> <ul style="list-style-type: none"> JC21/002 Neonatal Transport Service for South and Mid Wales

	<ul style="list-style-type: none"> JC21/003 Thoracic Surgery Strategic Outline Case JC21/005 COVID-19 Period Activity Reports Months 1 & 2 2021-22, concerning recovery plans, and JC21/006 Future New Services <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the action log and agree to close the completed actions.
JC21/041	<p>2.1 All Wales Genetics Service Improvement</p> <p>Members received an informative presentation from Sian Morgan (SMg), Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory (AWGL).</p> <p>The Chair advised that Stuart Davies (SD) was the WHSSC Executive Lead for the genetics service. SD introduced the presentation by reminding Members that he had presented to the Joint Committee two years ago, just as WHSSC had embarked on the genomic strategy.</p> <p>SD reported that the work SMg was going to present would prepare the ground for a number of important initiatives that the genomics service would be involved in including advanced therapeutic medicinal products and new treatments available for many cancers with a genetic link.</p> <p>Members discussed the future of cancer services, noted the further increases in capacity and development that would be needed over the next two to three years and thanked SMg for the informative presentation.</p> <p>ACTION: It was agreed the presentation slides would be circulated to Members.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the presentation.
JC21/042	<p>2.2 Report from the Chair</p> <p>The Chair's report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous Joint Committee meeting.</p> <p>The Joint Committee noted:</p> <ul style="list-style-type: none"> that the Chair had undertaken a Year End Appraisal Review 2020-2021 with the Minister for Health & Social Services, that no Chair's actions had been taken since the last meeting, the Integrated Governance Committee (IGC) meeting held on the 10 August 2021,

	<ul style="list-style-type: none"> • that discussions with Welsh Government (WG) and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member (IM) Remuneration, following on from the recommendation outlined in the Audit Wales report "Committee Governance Arrangements at WHSSC were continuing, and that a report was due to be presented to the NHS Wales Chairs group in October 2021, • the Chair had written to JC members concerning the confidentiality of JC papers and it had been agreed that in future all Joint Committee "In –Committee" Reports will be shared with the NHS Wales Board Secretaries group, • a request had been received from the Chair of the NHS Wales Chairs group for the NHS Wales Board Secretaries group to review the reporting and accountability arrangements at WHSSC and the Emergency Ambulance Services Committee (EASC). <p>Sian Lewis (SL) emphasised the importance of ensuring that the Terms of Reference for the review of WHSSC and EASC were very clear, in particular in relation to where the resulting report would be sent for consideration and what the position would be if the report set out different or conflicting recommendations to the recent Audit Wales Governance Report. Judith Paget (JP) advised that it would be useful to understand what the concerns were which had led to the request for the review, and that the NHS Wales CEO group were unaware of the planned review. JP requested that the matter be discussed with the CEO group and the Chair agreed that it might be helpful.</p> <p>ACTION: Judith Paget (JP) to discuss the NHS Wales Chairs group request for a review of the reporting and accountability arrangements for WHSSC and EASC with the NHS Wales CEO group.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC21/043	<p>2.3 Report from the Managing Director</p> <p>The Managing Director's report was received and the Managing Director gave an update on relevant matters undertaken since the previous Joint Committee meeting.</p> <p>The Joint Committee noted:</p> <ul style="list-style-type: none"> • That the NHS Wales Shared Services Partnership (NWSSP) Internal Audit (IA) Team had undertaken a review of the Cancer & Blood Commissioning Team within WHSSC and given an assessment rating of "substantial assurance", building on the previous "substantial assurance" rating awarded to the Women & Children's Commissioning Team; and

	<ul style="list-style-type: none"> The WHSS Team had started preparation for the COVID-19 Inquiry and that Kevin Smith, former Committee Secretary, had agreed to return and undertake that piece of work. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.
JC21/044	<p>2.4 Commissioning Future New Services for Mid, South and West Wales</p> <p>The Commissioning Future New Services for Mid, South and West Wales was received and members were requested to consider requests received from the NHS Wales Collaborative (Collaborative) for WHSSC to commission:</p> <ul style="list-style-type: none"> Hepato-Pancreato-Biliary Services; The Hepato-Cellular Carcinoma (HCC) MDT and; to develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service; and to also consider a request from the CEOs of SBUHB and C&VUHB on behalf of the Collaborative to commission a spinal services operational delivery network (ODN) on behalf of the six HBs in Mid, South and West Wales. <p>SL advised that the JC were being asked to support that a request be submitted to the commissioning HB's seeking approval of delegated commissioning authority to WHSSC.</p> <p>Members noted that the Committee Secretary at WHSSC had liaised with the Board Secretaries at Cardiff and Vale UHB and at Swansea Bay UHB to confirm the most appropriate governance pathway. It was agreed that the decision needed to be formally taken through the Joint Committee to seek support for the change but that final approval was required from each of the commissioning HBs. WHSSC would submit a formal report to individuals HBs for inclusion on their September Board agendas for a final decision to be made.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the requests received from the Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery; Support the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; Support that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;

	<ul style="list-style-type: none"> • Support in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC; • Support a request to commissioning Health Boards (HBs) for approval of delegated commissioning authority to WHSSC as described above; • Note that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and • Approve that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards (HBs) in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.
JC21/045	<p>2.5 WHSSC - Workforce Capacity</p> <p>The WHSSC workforce capacity report was received and members noted the requests and proposals received for WHSSC to undertake new work related to services currently commissioned through HBs or services which are new to Wales; the workload challenges related to services currently commissioned through WHSSC; the range of opportunities to address the workload challenges through further development of the WHSS Team (WHSST) workforce; and the request for support to take forward requests for additional investment.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • WHSSC had been formed in 2010 and that it had matured significantly since its original purpose of providing a light touch to commissioning specialised services, focusing on planning and contracting; • There had been significant internal model modernisation, but without any increase above inflation in direct running costs (DRC) from the HBs; • Requests for WHSSC to commission new services were being received against the background of increasing demand for the support for existing services and expectations around delivery of commissioned specialised services; • Benchmarking data provided in the report was favourable to an increase in DRC; • The WHSS Team was already working with Health Technology Wales (HTW) and funding was being sought from WG to fund Project manager posts, • WHSSC had investigated opportunities to spend to save, and were exploring ongoing efficiencies with internal staff and utilising internal slippage funds,

- It had been proposed that a cross charge against the running cost allocation for the expanded Quality Assurance Improvement Service (QAIS) Team and Care Home Team portfolios of the NCCU for increased finance support be requested,
- Despite exploitation of the opportunities described above there will remain a significant gap in the WHSSC workforce in delivering the planned commissioning activities, and that it was proposed that a 5.9% uplift to the WHSSC running cost budget be submitted within the 2022-2023 Integrated Commissioning Plan (ICP), which was equivalent to a 0.03% uplift against the total commissioning allocation.

The Joint Committee acknowledged the WHSSC workload pressures and agreed that, if new services were to be commissioned by WHSSC, it would also be appropriate to look at which services were no longer considered specialised, such as interventional cardiology and some elements of plastic surgery, which might be repatriated to HBs. SL advised that previously Management Group (MG) had not expressed an appetite for repatriating interventional cardiology.

KP advised that other areas were also under consideration including plastic surgery and JP requested that a proactive approach be made on plastic surgery. Sîan Harrop-Griffiths (SHG) informed Members that SBUHB had already started engaging with the WHSS Team on repatriating some plastic surgery services.

Members discussed the process for considering if services were specialised and agreed that conversations needed to take place at Management Group before being presented to Joint Committee for consideration.

ACTION: WHSST to proactively engage with MG regarding the services currently commissioned by WHSSC, which would merit being commissioned locally at HB level and to review the current WHSSC portfolio of specialised services to determine if any should be removed from the specialised services commissioning list and return to Health Boards to commission.

The Joint Committee resolved to:

- **Note** the requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales;
- **Note** the workload challenges related to services currently commissioned through WHSSC;
- **Note** the opportunities for increasing WHSST capacity which have already been exploited;

	<ul style="list-style-type: none"> • Support the request to Welsh Government (WG) for funding for additional project management support; • Support the request to recharge the National Collaborative Commissioning Unit (NCCU) for increased finance support; • Support the inclusion of an increased DRC requirement in the 2022-2023 Integrated Commissioning Plan (ICP).
JC21/046	<p>2.6 Recovery Planning – Quality and Outcome Improvement for Patients</p> <p>The presentation on Recovery Planning – Quality and Outcome Improvement for Patients was received and Karen Preece (KP) advised that WHSSC had received recovery plans from Cardiff and Vale, Swansea Bay and Betsi Cadwaladr UHBs and they were being discussed through individual Service Level Agreement (SLA) meetings.</p> <p>Members noted the areas of risk and that consideration was being given to identifying alternative providers for particularly challenging areas, although it would be preferable to use current providers. KP advised that there was a need to revisit the discussions from the Joint Committee's equity workshop in May 2021, and that there was a requirement to undertake a gap analysis to determine residual waiting list positions. WHSSC will continue to monitor progress and performance and report to MG monthly and to JC bi-monthly.</p> <p>Stuart Walker (SW) requested that the slides were shared as they would be useful to reflect the WHSSC perspective back to teams and aid discussions. SW said that it is important that recovery discussions are being held in a cooperative and consensual manner between HBs and WHSSC. KP advised that the usual route was via the Service Level Agreement (SLA) meetings but that a discussion between WHSSC and its main providers would be helpful to see how there could be collective support and to find NHS Wales solutions. It was agreed that a tripartite executive team meeting would be organised.</p> <p>SD advised that WHSST needed further detail on how the allocation that HBs had received from Welsh Government was being utilised within specialist service provision</p> <p>Linda Prosser (LP) raised questions concerning (i) the number of people potentially affected by recovery plan issues by HB and (ii) what support was being provided to patients on waiting lists, and made a strategic observation as to the standalone status of many of the NHS England facilities already in recovery. In response KP advised that activity reports were being presented to Management Group and Joint Committee on a regular basis and that WHSST could only take assurance from the HBs during SLA meetings that</p>

patients on the waiting lists were being dealt with appropriately including the use of harm reviews by providers. She also confirmed that the risks were captured on the WHSSC commissioning risk register. SD noted the WHSS Team could provide the HB with a detailed snapshot of current waiting list positions and composition by HB but that it would not be possible to project that information forward and match it to HB recovery plans as the plans received so far were not sufficiently detailed.

KP agreed to bring a report to a future JC meeting.

ACTION: It was agreed that a written report as to the assurances being provided by HBs to WHSSC in terms of waiting list patients would be provided to a future Joint Committee meeting.

SHG provided members with an assurance that it was SBUHB's expectation that they would deliver and recover as much as possible in 2021-22 and that Mark Hackett, CEO had given an absolute commitment that it would be a priority for SBUHB to deliver contracted LTA levels as a provider from 2022-23 onwards.

Carol Shillabeer (CS) noted, and other members agreed, that it was important to maintain flexibility in pathways and that serious consideration should be given to the key issue of switching patients to alternative providers who can provide swifter access to treatment, including those in NHS England, if that would ensure more timely access to services for the patient.

Members discussed the UK Government announcement concerning an additional £5.4 billion of funding over the next 6 months to support the NHS COVID-19 response and help tackle waiting lists, noted that discussions were being held within WG on HB spending of phase 1 and 2 monies and noted that there was a need to act swiftly to consider the optimum level of outsourcing that could be provided to support HB recovery plans.

JP advised that the burden of care for waiting list patients could often fall on family members and other carers for a long period of time and that support for carers was an issue ABUHB were considering at a local level; and that the amalgamation of recovery plans with both tertiary and secondary care providers and the subsequent impact on how patients move through the pathway was an important consideration and should be discussed at Management Group.

ACTION: Members agreed the amalgamation of recovery plans with both tertiary and secondary providers that impact how patients move through the pathway would be added to a future MG agenda.

	<p>Ian Phillips (IP) highlighted the longer term areas of significant risk and harm and queried the distinction between COVID-19 issues and pre-existing capacity issues and how they affected recovery rates. KP responded by saying that pre the COVID-19 pandemic, benchmarks and baselines were in place that helped to flag risk areas and underlying capacity gaps in some services. The current challenge related to the backlogs and how long they would potentially take to clear.</p> <p>The Chair invited observer Simon Dean (SD) to address the meeting. SD noted Members' concerns regarding timely and equitable access to services and asked WHSST and HB representatives to provide him with early notification of any concerns to enable WG to consider and address them.</p> <p>Members agreed that if a decision was taken to use alternative providers it would be important to include the current provider in discussions and approach the whole pathway in a cooperative and collaborative way.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC21/047	<p>2.7 Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022</p> <p>The report informing the Joint Committee of the major trauma priorities for in year use of underspend and the resource plan for 2022 was received and members noted the current activity and performance of the Major Trauma Network, the current risks identified in the Network, the resources within the Network and how these were currently being utilised, and which sought support for underspends identified across the Network within this financial year to be used on a non-recurrent basis to address priorities identified by the Network which would be included in the Integrated Commissioning Plan (ICP).</p> <p>Members discussed:</p> <ul style="list-style-type: none"> • utilising the non-recurrent underspend across the network for priorities rather than solely in the major trauma centre, • the issues in the report and requested that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by MG and that they should have delegated authority on the matter, • accepted the principle that if the MG agreed to use the underspend within major trauma that this resource would be used across the Network; • which areas they wished to support for inclusion in the ICP and requested that further work be undertaken by MG

	<p>regarding the relative priority of the proposals compared to other proposals in the plan and that their recommendations are included within the ICP for consideration by the Joint Committee</p> <p>A number of members of the committee emphasised the importance of ensuring that decision related to the funding of the Major Trauma Service be considered alongside other service priorities.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Discuss the issues in the report; • Discuss and the areas being considered for inclusion in the Integrated Commissioning Plan (ICP) for 2022; • Agree that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by MG and that in principle this resource could be used across the Network, and • Agree that a report on the Major Trauma Service proposals submitted for inclusion in the ICP should be presented to MG and that the relative priority of the proposals compared to other proposals in the plan should be considered. The recommendations arising from the consideration should be included within the ICP for consideration by the Joint Committee.
JC21/048	<p>2.8 Review of Neonatal Cot Capacity and Neonatal Tariff</p> <p>The review of the neonatal cot capacity and neonatal tariff report was received and members noted the update on the number of neonatal intensive care and high dependency cots commissioned across the south Wales region, and the review of cot capacity in light of the high number of capacity transfers carried out by the transport and the neonatal tariff.</p> <p>KP advised that the issues had been discussed with the Maternity and Neonatal Board and that they had been requesting that a review be undertaken for some time, and welcomed the review.</p> <p>CS advised that she supported the review and that was important to gain an understanding on the current position.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Support the proposed programme of works; • Support the objectives of the review; • Support the planned methodology for demand and capacity modelling; and • Support the timelines for completion of review.

JC21/049	<p>2.9 Commissioning of Inherited White Matter Disorders Service (IWMDs)</p> <p>The Commissioning of Inherited White Matter Disorders Service (IWMDs) report was received and members noted the development of a new Highly Specialised Service in NHS England for an Inherited White Matter Disorders Service (IWMDs), and which sought approval from the Joint Committee that WHSSC commissions the service for the population of Wales.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • Inherited White Matter Disorders (IWMD's), are a group of rare genetic disorders which delay or slow motor development NHS England have confirmed their intent to commission a specialised diagnostic and management service for inherited white matter disorders, for both children and adults. Based on the available evidence, and the emerging 4 nation's position on this, it is proposed that Wales also formalises its commissioning intent for this patient cohort, • it was recommended that WHSSC formally commission this small highly specialised service allowing easier access for the population of Wales. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDs) in NHS England; and • Approve the commissioning of the service for the population of Wales.
JC21/050	<p>2.10 Syndrome without a Name (SWAN) Service Pilot</p> <p>The Syndrome Without a Name (SWAN) report was received and members noted the request to ratify the commissioning of a 2 year pilot of a Syndrome Without a Name (SWAN) service further to WHSSC receiving a request from WG.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • WG had agreed to a Rare Diseases Implementation Group (RDIG) proposal to establish a Syndrome Without a Name (SWAN) service, • Funding is to be provided for a 2 year pilot and commissioned by WHSSC, the outcomes of which will inform a longer term commissioning proposal to be considered via WHSSC Integrated Commissioning Planning processes, • The main aim of the SWAN service will be to reduce the burden of the "diagnostic odyssey" experienced by patients, which is a key action identified by the RDIG, • The project will include the establishment of a Task and Finish Group to develop the outcome measures and pilot

	<p>evaluation criteria. An evaluation of the pilot will take place 18 months after commencement,</p> <ul style="list-style-type: none"> • In order to use the evaluation of the pilot to inform the ICP for 2024/25, the pilot will need to commence in January 2022 and the review will take place in June 2023, • As a significant proportion of the anticipated cohort will be paediatric patients, the intention is to request that Cardiff and Vale University Health Board (CVUHB), host the pilot as provider of tertiary paediatric services. <p>SD advised that the funding had agreed by WG and that the only resource implication for consideration was if there was a need to go beyond the initial 2 year funding phase.</p> <p>LP queried if the evaluation would include an ability to evaluate what resource was currently being deployed and how streamlining could help more effective use of resource. KP responded that this would be considered as part of the evaluation process.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the request from Welsh Government (WG) for WHSSC to commission a 2 year pilot for a Syndrome Without a Name (SWAN) service; • Ratify the commissioning of the pilot; and • Approve the intention to request that CVUHB hosts the pilot.
JC21/051	<p>2.11 Commissioning Assurance Framework (CAF)</p> <p>The Commission Assurance Framework (CAF) and the suite of accompanying appendices were received for final approval.</p> <p>Carole Bell (CB) provided an update and members noted that:</p> <ul style="list-style-type: none"> • the Integrated Commissioning Plan (ICP) 2021-2022 was presented to the Joint Committee on 09 March 2021, • a final draft of the ICP was considered and approved by Joint Committee at the Extraordinary Meeting on 16 February 2021, and that Section 13 of the ICP outlined that a new Commissioning Assurance Framework (CAF) would be introduced in 2021-2022 which would be supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement & Experience Framework. <p>CS queried if the Management Group were being utilised to support the development of new activities, in addition to the WHSSC Quality & Patient Safety Committee, and CB responded that the CAF and supporting documents had been developed through a series of workshops and that MG members were in attendance at those workshops to ensure an evidence led approach.</p>

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the Commissioning Assurance Framework (CAF); • Approve the Performance Assurance Framework; • Approve the WHSSC Escalation Process; • Approve the Patient Experience & Engagement Framework; and • Note the Risk Management Strategy which was approved by the Joint Committee in May 2021.
JC21/052	<p>2.12 Results of Annual Committee Self-Assessment 2020-2021</p> <p>The results of the Annual Committee Self-Assessment were received and members noted that:</p> <ul style="list-style-type: none"> • To ensure effective governance the Joint Committee are required to undertake an annual committee self-assessment exercise in accordance with the provisions of the Standing Orders, • The progress made against the action plan from the 2019-20 exercise had been positive and all of the actions had been completed, • For the 2020-2021 assessment, unfortunately due to COVID-19 the workshop approach adopted in 2020 could not be repeated, so the request for feedback was circulated to members via email in June 2021, • The survey achieved a 29% response rate, equating to 19 responses, the majority of which were positive • The Integrated Governance Committee considered the feedback in August and noted the low response rate and suggested that this could be attributed to operational pressures impacting on the ability to run actual workshops, and the impact on the time commitments of individual members arising from the pandemic, • Going forward the comments and themes from the self-assessment will be incorporated into an action plan and progress will be monitored through the IGC, • The Welsh Renal Clinical Network (WRCN) didn't participate in the exercise as they were participating in a "healthy boards" workshop programme facilitated by Academi Wales. <p>JE advised that the IGC had considered the results of the self-assessment and sources of evidence from the broader assurance framework and were assured that WHSSC have a number of tools in place which already provide assurance on committee effectiveness, and felt that the overall findings of the self-assessment provided an assurance that the governance arrangements and Committee structure in place were effective, and that the Committees were effectively supporting the Joint Committee in fulfilling its role.</p>

	<p>Members noted that the next self-assessment will be undertaken in April 2022 to coincide with the end of financial year reporting requirements of the Annual Governance Statement (AGS).</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the completed actions within the Committee Effectiveness Action plan 2019- 2020; • Note the results of the Annual Committee Effectiveness Survey 2020-2021, and the action plan for 2020-2021, to be progressed via the Integrated Governance Committee; and • Receive assurance that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.
JC21/053	<p>2.13 Sub-Committee Annual Reports 2020-21</p> <p>The Sub-Committee annual reports for the Welsh Renal Clinical Network (WRCN) 2020-2021 and Individual Patient Funding Request (IPFR) Panel 2020-2021 were received.</p> <p>SL noted that the IPFR Panel report identified issues related to quoracy of the panel and the need to review the terms of reference.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Sub-Committee Annual Reports 2020-21.
JC21/054	<p>3.1 COVID-19 Period Activity Report Month 3 2021-22</p> <p>The COVID-19 period activity report for month 3 was received.</p> <p>Members noted the scale of the decrease in activity levels during the peak COVID-19 period, and whether there were any signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.</p> <p>SD advised that there was no real change in trends with NHS Wales recovery activity still behind that of NHS England but noted that some of the core NHS Wales speciality activities were starting to recover. Members noted that whilst activity continued to strongly recover in both NHS England and NHS Wales, the waiting list profiles detailed in the report continued to show an increase of patients waiting over 52 weeks and that, therefore, it would be important to get strong and agreed profiles from Welsh providers in particular to recover the waiting list position.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the report.

JC21/055	<p>3.2 Financial Performance Report Month 4 2021-22</p> <p>The Financial Performance for Month 4 2021-2022 was received.</p> <p>Members noted that the financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £4,804k. The under spend predominantly relates to the English SLAs block framework and releasable reserves from 2020/21 provisions. There is a partial cost pressure offset with the over spend in IPFR and Mental Health due to high Children and Adolescent Services (CAMHS) out of area (OAA) activity and complex LD patient placements.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position.
JC21/056	<p>3.3 Corporate Governance Matters</p> <p>The Corporate Governance matters report was received and members noted the corporate governance matters arising since the previous meeting.</p> <p>Members noted that this was a new report which would feature as a standing item on the agenda going forward to provide assurance to the Joint Committee on corporate governance matters.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC21/057	<p>5.3 Reports from the Joint Sub-Committees</p> <p>The Joint Sub-Committee reports were received as follows:</p> <p>i. Audit and Risk Committee Assurance Report</p> <p>The Joint Committee noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 17 August 2021.</p> <p>ii. Management Group</p> <p>The Joint Committee noted the core briefing documents from the meetings held on the 15 July 2021 and the 19 August 2021.</p> <p>iii. Quality & Patient Safety Committee</p> <p>The Joint Committee noted the Chairs report from the meeting held on the 10 August 2021. Members noted the services at level 4 of the WHSSC escalation/de-escalation process.</p> <p>iv. Integrated Governance Committee</p> <p>The Joint Committee noted the Chairs report from the meeting held on the 10 August 2021.</p>

	<p>v. Individual Patient Funding Request Panel (IPFR) The Joint Committee noted the Chairs report from the meetings held in August 2021.</p> <p>vi. Welsh Renal Clinical Network (WRCN) The Joint Committee noted the Chairs report from the meeting held on the 4 August 2021.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the content of the reports from the Joint Sub-Committees.
JC21/058	<p>4.1 Any Other Business</p> <ul style="list-style-type: none"> • Risk Management Workshop - JE advised that a risk management workshop has been arranged with the Corporate Directors Group on the 16 September 2021 in order to review the existing risks and horizon scan for potential new risks, members noted that the updated Corporate risk assurance framework (CRAF) will be presented to the IGC in October and to the Joint Committee in November 2021.
JC21/059	<p>4.2 Date and Time of Next Scheduled Meeting The Joint Committee noted that the next scheduled meeting would take place on 9 November 2021 via MS Teams.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC21/060	<p>4.3 In Committee Resolution The Joint Committee made the following resolution:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".</p>

Chair's Signature:

Date:

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 11 JANUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on 11 January 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1.0 Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- **Ty Llewellyn Medium Secure Unit** - The assurance review undertaken by the National Collaborative Commissioning Unit (NCCU) Quality Assurance Service in the Ty Llewellyn Male Medium Secure Unit at Betsi Cadwaladr University Health Board (BCUHB) and the future requirement for an action plan from the Health Board; and
- **System Resilience and the Local Options Framework Impact – Weekly Reporting** - As a consequence of challenges in achieving quoracy, linked to COVID-19 operational pressures at Health Board (HB) level, and the recent letter from Mrs Judith Paget CEO of NHS Wales suggesting NHS bodies step down any non-essential meetings, the panel have returned to the process previously adopted during the start of the pandemic to ensure business continuity. The full IPFR Panel meeting will be stood down for January 2022, and the Chair's action arrangement outlined in the Terms of Reference (ToR) will be used, strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative. Therefore, the strengthened Chair's Action option for Panel decisions will be used during January 2022 instead of the full Panel. Members **noted** that an update report will be presented to the Joint Committee on 18 January 2021.

Members **noted** the report.

2.0 Integrated Commissioning Plan (ICP) 2022-2025

Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval and were requested to approve its submission to Welsh Government (WG) in line with the requirements set out in the WG Planning Guidance.

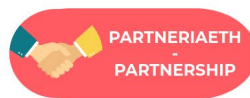
Members noted that:

- In November 2021 the Joint Committee (JC) had requested that an extraordinary JC meeting be held on 11 January 2022 to approve the WHSSC Integrated Plan (ICP) ahead of Health Board (HB) Integrated Medium Term Plans (IMTP's) being submitted to Boards for approval;
- The Management Group (MG) met on 6 December 2021 and were advised that it may be necessary for MG to convene an ad hoc meeting in early January 2022 for further discussion of the ICP once the HBs had received their financial allocation letters from Welsh Government (WG) and that they would contact the WHSS team with any issues arising from the allocation letters as required; and
- Following the December meeting no formal contact had been received from any MG members to request an ad hoc meeting, however informal feedback had been received from some HBs advising that they may not be in a position to provide final sign off of the ICP at present as they were still working on their own IMTPs.

Members **discussed** the challenges for HBs related to the allocation letter and the increasing levels of uncertainty regarding the recovery position and the risks that this posed. Members **noted** that HBs were still working through their own plans and may not be able to commit to fully approving the ICP at this point, and agreed that the ICP be approved in principle subject to further work being completed with the MG to further explore the risk appetite and specifically the potential for further financial slippage that could reduce the increase needed for the first year of the ICP whilst maintaining a prudent view of the recurrent position. The WHSSC team indicated that the potential for further slippage had already been identified by the team and would be shared in advance. The areas for risk appetite review include the time lag estimated for new developments to fully account for manpower shortages and recovery rate uncertainty, recognising that some new developments may need to be brought on more quickly than others. The scale of the potential reduction in the year 1 requirement was indicated to be a reduction to circa 5.11% from the current 6.57%.

Members (1) **Approved** the Integrated Commissioning Plan (ICP) 2022-2025 **in principle** as the basis of the information to be included in the Health Board IMTP's, and **agreed** to refer the ICP back to the

Management Group meeting on 20 January 2022 for further discussion on the financial allocation and tables, and that a special extraordinary JC meeting be scheduled in February 2022 to formally approve the plan in readiness for submission to Welsh Government by the end of February deadline.





VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NHS WALES SHARED SERVICES PARTNERSHIP

MINUTES OF MEETING HELD TUESDAY 12 OCTOBER 2021

14:00 - 16:00

Meeting held virtually via Microsoft Teams

Part A - Public

ATTENDANCE	DESIGNATION	
INDEPENDENT MEMBERS:		
Martin Veale (Chair)	Chair & Independent Member	
Gareth Jones (GJ)	Independent Member	
ATTENDANCE	DESIGNATION	ORGANISATION
Neil Frow (NF)	Managing Director	NWSSP
Margaret Foster (MF)	NWSSP Chair	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
Carly Wilce (CW)	Corporate Services Manager	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance	NWSSP
James John (JJ)	Head of Internal Audit	NWSSP
Sophie Corbett (SCo)	Deputy Head of Internal Audit	NWSSP
Gareth Price (GP)	Personal Assistant	NWSSP
Nigel Price (NP)	Local Counter Fraud Specialist	Cardiff and Vale UHB
Lauren Fear (LF)	Director of Corporate Governance	Velindre
Matthew Bunce (MB)	Director of Finance	Velindre
David Burrigge (DB)	Audit Lead	Audit Wales
Clare James (CJ)	Audit Director	Audit Wales
Andrew Strong (AS)	IM&T Audit Specialist	Audit Wales

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Opening Remarks <ul style="list-style-type: none"> It was noted that Jan Pickles' term of office as an Independent Member had come to an end. A replacement exercise to replace her is currently underway. <i>Welcome to James Johns, new Internal Audit lead for NWSSP, David Burrigge & Clare James, Audit Wales and Matthew Bunce, Velindre NHS Trust.</i> As this meeting would be Mrs Margaret Foster, NWSSP's Chair's last meeting MV expressed his thanks to the Chair for her continued contribution and commitment at the Audit Committee over the past eight years. All members wished her well and good luck for the future. 	Verbal Noting
1.2	Apologies <ul style="list-style-type: none"> Apologies were received from Steve Wyndham, Audit Wales and Steve Ham, Velindre NHS Trust. 	Verbal Noting
1.3	Declarations of Interest <ul style="list-style-type: none"> None received to date. 	Verbal Noting
1.4	Minutes of Meeting held on 29 June 2021 <ul style="list-style-type: none"> The minutes of the meeting held in June 2021 were AGREED as a true and accurate record of the meeting with exception to some minor amendments noted 	

Item		Action
	by AB which were Linsay Payne's attendance and there was a financial dating error in 6.1 of the minutes relating to the financial accounting period. CW will amend and update accordingly.	CW
1.5	Matters Arising from Meeting on 12 June 2021 <ul style="list-style-type: none"> All matters arising are complete or on the agenda. 	
2.0	NWSSP Update NF provided an update to members on key developments within NWSSP since the last Committee, including: <ul style="list-style-type: none"> Members of the NWSSP SLG met with Welsh Government at the end of July as part of the formal Joint Executive Team (JET process). In particular NWSSP were able to highlight the influence and contribution they have had on <i>A Healthier Wales</i> and how NWSSP will play their part in supporting Health Boards and Trusts as they plan to recover and continue to respond to the pandemic. The Welsh Government team reflected on NWSSP performance during the last 12 months and were pleased that NWSSP was able to reach beyond traditional boundaries in a supportive manner with a clear focus on problem solving. In particular they highlighted not only 'what' had been achieved but the consistent 'can do' attitude, positive behaviours, and high levels of competency of our staff across a wide range of services. The milestone of 1 billion items of PPE supplied to NHS Wales, and the Social Care and wider Primary Care sectors was recently reached. A revised PPE strategy had been developed with a requirement to reduce stockholdings of the main items of PPE to a minimum of 16 weeks as requested by Welsh Government. Further work is being undertaken on storage requirement options over the next few months. The Temporary Medicines Unit was recently subject to a MHRA inspection which resulted in a very positive outcome with only minor issues identified. A further inspection will be undertaken towards the end of the year to support the granting of a Special Licence. The team continue to work on the development of alternative products which should improve quality, produce time savings within Health Boards, with increased value-for-money. However, for the time being, the priority and key focus remains on supporting the Vaccination Programme. Professor Tracy Myhill MBE has now been appointed as the replacement for Margaret Foster in her role as Chair of NWSSP. She will commence her duties on 1 December. The recruitment process generated some very strong applications which was pleasing. Professor Malcolm Lewis has also retired as Medical Director and Ruth Alcolado has been appointed to this role. 	
3. EXTERNAL AUDIT		
3.1	Audit Wales Update CJ presented the latest Audit Wales update on current and planned work. All 2021 audit work is now complete, and two reports are provided later on the agenda. The 2022 work programme will commence shortly, and it was noted that discussions had already commenced with NWSSP management in respect of the stock-taking arrangements. The Committee were pleased to note that this matter was being addressed early to avoid the issues experienced in the audit of the 2020/21 financial accounts.	
3.2	Audit Wales Management Letter DB presented the Audit Wales Management Letter which was very positive with no significant issues identified. A small number of recommendations to improve internal process were outlined in the report.	

Item		Action
	<p>GJ raised a query relating to Procurement contracts approval arrangements mentioned in the main body of the Management Letter. Contracts over £1m require Welsh Government approval prior to award, but Audit Wales identified that due process had not been followed in respect of a Public Health Wales contract. However, AB was able to clarify that as part of PHW's response to the Covid-19 pandemic, some contracts were awarded prior to receiving formal WG approval. In view of supply chain issues and other restrictions, such as US sanctions and global demand and allocations, it was necessary for PHW to urgently secure the testing platforms and associated consumables required to protect the Welsh population. PHW fully engaged with WG officials who were kept informed of the issues and challenges at every stage, which were acknowledged and documented. Retrospective approvals were obtained for compliance and transparency purposes.</p> <p>AB noted a minor error in paragraph 11 of the Management Letter. DB agreed to amend and reissue the report to the members following the meeting.</p>	DB
3.3	<p>Review of Nationally Hosted Systems</p> <p>AS presented the Nationally Hosted NHS IT Systems follow up review which covered NHAIS, Oracle, and ESR. The report was generally positive but identified some existing controls that could be further strengthened. All recommendations made have been accepted.</p> <p>AB highlighted that the Oracle update had been postponed in July 2021 due to a number of issues being identified during the extensive testing programme that had been put in place. The upgrade was now progressing and was scheduled to be completed in mid-October. NF confirmed that the NHAIS system is still supported, but some issues are starting to arise concerning hosting equipment, as an urgent upgrade is needed.</p> <p>The report would be shared with HB & Trusts to include for information at Audit Committees.</p>	
4. INTERNAL AUDIT		
4.1	<p>Internal Audit Position Statement</p> <p>JJ presented the latest Internal Audit Position Statement together with an overview of other activity undertaken since the previous meeting. Two audits have been completed relating to Laundry Services and Student Awards Services follow up and are included later on the agenda. The review of IT services is nearing completion and planning has commenced on audits of Payroll, P2P, Procurement, Salary Sacrifice and Stores.</p> <p>MV asked if the 2021-22 work plan will be completed as scheduled. JJ confirmed that this is always a challenge but that he was confident that it would be completed on time.</p>	
4.2	<p>Internal Audit Reports</p> <p>The following internal audits were presented to the Audit Committee for consideration.</p> <p>Employment Services</p> <p>SCo presented the Employment Services Internal Audit report which is the last report from the 2020/21 audit plan, and which achieved reasonable assurance. The review highlighted one high level and one medium recommendation for implementation relating to the risk register and sickness recording. MV noted that the KPIs in some areas are not being met. SCo confirmed that a wider piece of work is ongoing regarding KPIs, but some are not within the gift of NWSSP to implement. AB confirmed that a deep dive into KPIs had been undertaken at the recent SLG, with a particular focus on Employment Services. The additional demands on Employment Services were noted due to significant numbers of additional staff being recruited by Health Boards to respond to and recover from COVID, together with the added complexities of dealing with the COVID bonus and recent pay awards. GJ noted that the high-risk recommendation was due by 30 September and asked</p>	

Item		Action
	<p>whether this had been implemented. PS acknowledged this and highlighted that recommendations are added to the Corporate Tracker following the Audit Committee meeting at which the report is presented, and that therefore unfortunately he was unaware of the status of this action.</p> <p>He would endeavour to establish the up-to-date position on the recommendation and report back at the next Committee. However, going forward the procedure would now change to ensure that agreed actions are added to the Tracker as soon as the report is finalised.</p> <p>Laundry Service Review</p> <p>The overall objective of the Laundry review was to determine a baseline position for the new national Laundry Services hosted by NWSSP. Three of the five Laundries transferred to NWSSP April 2021, with remaining sites migrating at the start of October. The audit was focused on the Swansea Laundry and achieved a rating of Reasonable Assurance with six medium priority and three low risk recommendations for implementation. The majority of the risks identified will be addressed as part of the All-Wales Laundry Programme of works.</p> <p>Student Awards</p> <p>The purpose of the follow up review of Student Award Services was to assess progress against the actions arising from an audit undertaken earlier in the year. The review confirmed that three of the recommendations previously raised had been fully addressed whilst two were partially implemented, with one new recommendation raised. The audit confirmed that some progress had been made in addressing the concerns raised in the original audit although there were still two high priority recommendations outstanding. The Committee highlighted the need to address these outstanding recommendations as a matter of priority and requested that a further update was provided at the next Audit Committee.</p>	PS/CW
4.3	<p>Quality Assurance and Improvement Programme 2020-21</p> <p>SC presented the 2020/21 Quality Assurance and Improvement Programme report, reminding the Committee that this was a requirement of the Public Sector Internal Audit Standards. As part of the programme SC reviewed a sample of approximately 10% of the total audits undertaken in-year covering all organisations audited across NHS Wales to ensure the quality of the file. The findings from his review were largely positive, with just a small number of minor points noted.</p> <p>The report also covers the Internal Audit Quality Assurance Framework and again demonstrated how this had been complied with. There were a small number of areas identified for further development. The report also summarised performance via client satisfaction surveys and achievement of KPIs which were all largely positive. Regular meetings are held, and presentations given, to the Board Secretaries and the Audit Committee Chairs to ensure that any areas for improvement can be identified and addressed. Finally, the recent Audit Wales external audit confirmed that Internal Audit work could be relied upon for the purposes of their audits.</p> <p>The report would be shared with other Audit Committees, and the Board Secretaries, following its endorsement.</p> <p>The Audit Committee ENDORSED the Quality Assurance and Improvement Programme Report 2020-21.</p>	
5. COUNTER FRAUD		
5.1	<p>Counter Fraud Position Statement</p> <p>NP presented the Counter Fraud Position Statement providing an update as to progress made with the work plan. A total of 29 days has thus far been completed for Shared Services, with no ongoing investigations. The service has been impacted this year by the long-term sickness of the Counter Fraud Manager who will not be returning to the post, due to ill health. The team are currently recruiting a new investigator.</p>	

Item		Action
5.2	<p>Counter Fraud Annual Report 2020-21</p> <p>NP presented the 2020-21 Counter Fraud Annual report to the Committee. The report reviews Counter Fraud activity over the period and highlights the difficult year due to COVID and staffing issues. The team have however been proactive and particularly in delivering Counter Fraud training to staff, with 14 Fraud Awareness sessions delivered to over 200 staff.</p> <p>The Committee NOTED the 2020/21 Annual Report.</p>	
5.3	<p>Counter Fraud Annual Workplan 2021-22</p> <p>NP presented the 2021-22 Counter Fraud Annual workplan to the Committee. The total number of days designated to NWSSP is 75 due to available resource. However, it is recognised that the growth in NWSSP in terms of both size and complexity means that this level of days is now insufficient. Until further staff can be recruited, the C&V team will focus on proactive work, and particularly the continuation of fraud awareness sessions, and any investigative work will be picked up by Counter Fraud Services Wales, with support from Internal Audit.</p> <p>The Audit Committee APPROVED the 2021-22 work plan on the basis set out above.</p>	
5.4	<p>Raising Our Game Action Plan</p> <p>PS provided the Committee with an update as to the latest developments regarding the Raising our Game Action Plan. The Plan was produced in response to the Audit Wales review of Counter Fraud services across the Welsh Public Sector, and was originally brought to the April 2021 Audit Committee, with an agreement that it would come back to the Committee on a six-monthly basis. The Action Plan is reviewed at the quarterly meetings of the Counter Fraud Steering Group and the areas that remain a key focus are LCFS resource, training, and data analytics.</p>	
6. GOVERNANCE, ASSURANCE AND RISK		
6.1	<p>NWSSP Audit Committee Annual Report 2020-21</p> <p>MV presented the 2020-21 Audit Committee Annual Report to the Committee. Despite a challenging year, no meetings of the Committee were cancelled with all meetings held via TEAMS. The report outlines the areas reviewed during the year and the results of all audit activity, which saw no audits rated as either limited or no assurance, and the vast majority of audit actions implemented within agreed timescales. The Head of Internal Audit Opinion provided a rating of reasonable assurance and the report highlighted that a characteristic of the Committee's work and its related meetings has been the willingness of all parties to raise issues, acknowledge shortcomings and put forward positive suggestions to help bring about meaningful improvements to services, systems, and day-to-day working practices.</p>	
6.2	<p>Audit Committee Effectiveness Survey</p> <p>CW presented the Audit Committee Effectiveness Survey. The anonymised survey was undertaken to obtain feedback from Committee members on performance and potential areas of development and was issued to all members in July 2021. Although the number of responses was reduced from previous years, the responses received were very positive with no significant areas to address.</p>	

Item		Action
6.3	<p>Covid-19 Expenditure report</p> <p>LP presented the latest Covid-19 Expenditure report to the Committee. Key points to note were that the increased delegation limits introduced for Covid-19 have now reverted back to pre-Covid limits with effect from 1 October 2021. PPE expenditure as of 31 August 2021 totalled £13.171m with a full year forecast spend of £32.024m.</p> <p>A large number of items of PPE have been donated to India and Namibia, to help those countries respond to the virus. While the amounts donated will therefore need to be written off stock values, Welsh Government will fund the donations.</p> <p>LP highlighted that the teams involved in administering the PPE had recently won a Finance Wales Award and had also been highly commended in the UK Public Finance Awards.</p> <p>Questions were asked as to how a greater proportion of the spend on PPE could be redirected to Welsh companies. LP and AB stated that significant use was made of Welsh suppliers during the pandemic, particularly with regards to hand sanitisers and face visors. A PPE Framework contract has recently been let which has seen around 90 suppliers submit bids including a number of Welsh manufactures / suppliers. NWSSPs strategy going forward was to make greater use of Welsh suppliers going forward to support the Foundational Economy and provide a more resilient supply chain.</p>	
6.4	<p>Stock Report</p> <p>AB presented a Stock Management Arrangements paper to the Committee. Due to the need to originally hold 24 weeks of stock of all items of PPE, due to the twin threats of COVID and BREXIT, the total stock currently held is valued at over £87m compared to £3m to £m in normal times. Whilst the latest PPE Plan reduces the required minimum stockholding down to 16 weeks this will take some time to achieve. As a consequence, stock is stored over both a number of NWSSP sites and with three external providers. The report details the stock taking arrangements in place for each stockholding. All NWSSP Stores operate a Warehouse Management System (WMS) to record and check stock levels, and two of the external sites have their own inventory management systems. These produce a monthly stockholding report which is reconciled to the NWSSP Inventory System. Monthly visits to these stores are undertaken by NWSSP staff who perform random stock checks. The remaining external supplier does not have an Inventory Management System so NWSSP staff undertake monthly physical stock checks and reconcile the results to the NWSSP Inventory System. Additionally, there are a number of Governance Groups in place to oversee the arrangements and as previously mentioned Internal Audit will shortly be undertaking a review of these arrangements.</p> <p>It was also highlighted that discussion were ongoing with Audit Wales to enable them to undertake their year-end stocktaking arrangements.</p>	
6.5	<p>Governance Matters</p> <p>AB presented the Governance Matters paper, providing the Committee with contracting activity from 22 June 2021 to 3 October 2021. The report summarises that:</p> <ul style="list-style-type: none"> ○ There have been no departures from the Standing Orders; ○ NWSSP have let 18 contracts during the reporting period; ○ On an All-Wales basis, 64 contracts have been let of which 32 were at briefing stage, 23 were at ratification stage and 9 were extensions against contracts; ○ There have been no declarations made as to gifts, hospitality, and sponsorship during the reporting period; and • NWSSP have submitted a nil return to Welsh Government in respect of the quarterly update on limited and no assurance reports for Internal Audits. 	CW

Item		Action
	MV raised a query regarding contract Item 29 detailed in Appendix B, All Wales Activity. CW would obtain contracting information and share with MV following the meeting.	
6.4	Assurance Mapping PS presented updated Assurance Maps for each of the Directorates and main teams in NWSSP. The Maps are presented annually to Audit Committee and generally reflect that sufficient assurances are in place for the inherent risks faced by each Directorate or Team. Maps have additionally been completed for Laundry Services this year and will be completed for other new services such as the Single Lead Employer and the Medical Examiner Service.	
6.5	Corporate Risk Register PS presented the Corporate Risk Register and advised that there remains one red risk relating to the upgrade to the NHAIS system. Connectivity issues with the system have now been addressed and the go-live date is now planned for 1 April 2022.	
6.6	Tracking of Audit Recommendations PS presented the tracker containing 239 recommendations, of which 230 were implemented, three were not yet due, one is not within NWSSP's gift to implement leaving five recommendations outstanding. Three of these relate to the Student Awards Service where the audit report was received earlier on the Committee agenda. Of the remaining two, one relates to Accounts Payable and one to Payroll. In all cases, the actions agreed are multi-layered and good progress has been made in addressing the majority of the agreed actions. It is anticipated that all five actions should be closed by the date of the next Committee.	
7. ITEMS FOR INFORMATION		
7.1	The following reports were received for information: <ul style="list-style-type: none"> • Audit Committee Forward Plan 2021-22; • PPE Winter Plan; • NAO Best Practice Climate Change; and • Freedom of Information Annual Report 2020/21. 	
8. ANY OTHER BUSINESS		
8.1	Any Other Business <ul style="list-style-type: none"> • No matters raised 	
DATE OF NEXT MEETING: Tuesday, 25 January 2022 from 14:00-16:00 via Teams		