

## Bundle Trust Board (Open Session) 27 May 2021

### Agenda attachments

Agenda\_Trust\_Board\_(Open\_Session)\_27\_May\_2021.docx

- 1.1 09:30 - Introduction. Welcome and Apologies for Absence  
*To welcome those in attendance and to note any apologies for absence.*
- 1.2 09:34 - Declarations of Interest  
*Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.*  
*The board noted the standing declarations of interest in respect of: **\*\* (If in attendance) \*\****  
  
*Mr Emrys Davies, Retired Member of UNITE*  
*Professor Kevin Davies, Trustee of St John Wales*  
*Nathan Holman, Member of Llannon Community Council*
- 1.3 09:35 - Chair Update  
*To receive an update from the Trust Board Chairman.*
- 1.4 09:45 - Chief Executive Update  
ITEM 1.4 CEO REPORT TO TRUST BOARD 27 MAY 2021 FINAL.DOCX
- 1.5 10:00 - Staff Experience - C Vaughan
- 2 STRATEGIC AND FORWARD LOOK BUSINESS
- 2.1 10:30 - IMTP Delivery: Strategic Transformation Programmes – Structure and Governance - R Marsh  
ITEM 2.1 Exec Summary STB Structure Board 170521 rm.docx
- 2.2 10:55 - Quality Strategy 2021 - 24 - C Roche  
ITEM 2.2 Executive Summary - Quality Strategy 2021-24.docx  
ITEM 2.2a Executive Summary - Quality Strategy 2021-24 (Annex 1).pdf
- 2.2.1 11:20 - BREAK
- 2.3 11:30 - Mental Health and Dementia Plan - C Roche  
ITEM 2.3 Executive Summary WAST Mental Health Dementia Plan 2021-24.docx  
ITEM 2.3b WAST Mental Health & Dementia Plan 2021-24 (Annex 2).pdf
- 3 PERFORMANCE, GOVERNANCE AND ASSURANCE
- 3.1 11:50 - Monthly Integrated Quality and Performance Report - R Marsh - To Follow
- 3.2 12:05 - Financial Performance Month 1, 2021/22 - C Turley  
ITEM 3.2 Finance Report Month 1 - with Exec Summary - Trust Board - FINAL.docx  
ITEM 3.2a return.pdf  
ITEM 3.2b Worksheet Finance Report Month 1.xlsx
- 3.3 12:15 - Risk and Board Assurance Framework - K Cox  
ITEM 3.3 Executive Summary Risk Management Report Trust Board 270521.docx
- 4 12:25 - QUESTIONS FROM MEMBERS OF THE PUBLIC
- 5 CONSENT ITEMS
- 5.1 12:55 - Procedural Matters  
ITEM 5.1 Procedural Matters.docx  
ITEM 5.1a Full Trust Board CLOSED Minutes 24 March 2021.docx  
ITEM 5.1ai Trust Board Minutes Open 25 March 2021 v3.docx  
ITEM 5.1b Action Log v3.docx  
ITEM 5.1c Minutes of Chairs Action Meeting 24 February 2021.docx  
ITEM 5.1ci Minutes of Chairs Action Meeting 12 March 2021.docx  
ITEM 5.1d 210504 - JD to Board Secretaries - NHS Governance and COVID-19.pdf

- 5.2 13:05 - UPDATE FROM COMMITTEES
- a. *Quest*
  - b. *Finance and Performance*
  - c. *People and Culture*
  - d. *Academic Partnership*
- ITEM 5.2a Executive Summary from Quality, Patient Experience & Safety Committee.docx
  - ITEM 5.2ai Patient Safety report for Trust Board May 2021.docx
  - ITEM 5.2b - F and P Update to Trust Board 27th May - final draft.docx
  - ITEM 5.2c 11th May 2021 PCC Chair Brief.docx
  - ITEM 5.2d APC report to May board.docx
- 5.3 MINUTES OF COMMITTEES
- ITEM 5.3 Minutes of Committees.docx
  - ITEM 5.3a OPEN P and C mins 04 February 2021.docx
  - ITEM 5.3ai CLOSED P and C mins 04 February 2021.docx
  - ITEM 5.3b QUEST OPEN MINUTES 23 February 2021.doc
  - ITEM 5.3c OPEN F and P Minutes 11 March 2021.doc
  - ITEM 5.3ci CLOSED F and P Minutes 11 March 2021 v2.doc
  - ITEM 5.3d Rem Com Minutes 8 December 2020 (Approved 23 March 2021).docx
  - ITEM 5.3di Rem Com Minutes 9 March 2021 (Approved 23 March 2021).docx
- 5.3.1 EASC Minutes
- <http://www.wales.nhs.uk/easc/committee-meetings>
- 6 13:20 - ANY OTHER BUSINESS
- To consider any other business to the agenda items listed above.*
- 7 DATE OF NEXT MEETING
- The next meeting of Trust Board will be 10 June 2021 (Annual Accounts)*

## Agenda Trust Board (Open Session)

**Date** 27/05/2021  
**Time** 9:30 – 13:25  
**Location** Via Zoom  
**Chair** Martin Woodford  
**Description**

### **1.1 Introduction. Welcome and Apologies for Absence**

9:30 To welcome those in attendance and to note any apologies for absence.

### **1.2 Declarations of Interest**

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Professor Kevin Davies, Trustee of St John Wales  
Nathan Holman, Member of Llannon Community Council

### **1.3 Chair Update**

9:35 To receive an update from the Trust Board Chairman.

### **1.4 Chief Executive Update**

9:45

### **1.5 Staff Experience – C Vaughan**

10:00

## **2 STRATEGIC AND FORWARD LOOK BUSINESS**

**2.1 IMTP Delivery: Strategic Transformation Programmes – Structure and Governance – R Marsh**  
10:30

- 2.2**                    **Quality Strategy 2021 – 24 – C Roche**  
10:55
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11:20
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13:05
- a. Quest  
                         b. Finance and Performance  
                         c. People and Culture  
                         d. Academic Partnership
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GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlaens Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>1.4</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>One</b>

## CHIEF EXECUTIVE REPORT: 27 MAY 2021

<b>MEETING</b>	TRUST BOARD
<b>DATE</b>	27 MAY 2021
<b>EXECUTIVE</b>	JASON KILLENS
<b>AUTHOR</b>	JASON KILLENS
<b>CONTACT</b>	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 25<sup>th</sup> March 2021. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

### RECOMMENDATION

That Trust Board note the contents of this report.

### KEY ISSUES/IMPLICATIONS

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

### REPORT APPROVAL ROUTE

The Trust Board meeting held on 27<sup>th</sup> May 2021.

### REPORT APPENDICES

SBAR attached

### REPORT CHECKLIST

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

## **SITUATION**

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

## **BACKGROUND**

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

## **ASSESSMENT**

### **CHIEF EXECUTIVE**

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, AACE and EASC.
- Given the nations improving pandemic position and the decreasing rates of transmission and hospitalisation, the Executive Pandemic Team (EPT) is now meeting by exception. That said, the key supporting cells continue to meet more regularly, particularly the Senior Pandemic Team. Criteria have been developed to determine when the Trust should de-escalate its pandemic response from 'Monitor' to 'Recovery'. This position is reviewed weekly, however, further improvement in key metrics are needed before the Trust can move confidently to a recovery position. An evaluation of the Trust's response to the second wave of the pandemic has begun and is expected to be completed later this month and will be reported to relevant committees and Trust Board in due course.
- WAST Live events continue to be scheduled on a fortnightly basis to inform our people of emerging issues and report on key actions taken by the Trust. They continue to be popular with our people as an effective engagement tool and provide an opportunity for our staff to ask questions directly to me and the wider Executive Management Team. WAST Live events are available as live on Facebook and Zoom and on YouTube for staff to watch at their leisure.
- I continue to chair the NHS Wales Microsoft 365 implementation programme as part of my wider system leadership responsibilities.
- The Trust is now a full member of the Association of Ambulance Chief Executives (AACE) and I continue to represent the Trust and have regular dialogue with other Chief Executive colleagues about shared challenges and areas where we can develop service improvements for our staff and patients.
- I have completed my 2020/21 PADR discussions with the Chair and I'm sure he has provided NED colleagues with feedback on our agreed outturn position and my draft objectives for the coming year.
- The expansion of 111 into BCUHB and the roll out of Contact First continues at pace. I continue to engage in the process and can report that both programmes continue to progress which will provide help to position the Trust's ambition to be a system leader and expand our patient offer.
- You will know that Keith Cox is retiring at the end of June. We wish Keith all the best for the future and acknowledge his sage advice and good company will be

missed. A recruitment process for his successor has begun and a strong field of candidates has been shortlisted.

- I am delighted to welcomed Ceri Jackson as our newly appointed Non-Executive Director and look forward to working with her as the Trust continues its improvement journey.

## **FINANCE AND CORPORATE RESOURCES**

### **Finance**

4. The revenue financial position for the 2020/21 financial year was delivered to plan (subject to ongoing audit via Audit Wales) with a reported small revenue surplus of £70k against budget. Welsh Government have received the final monthly monitoring return for the financial year based on this reported position.

5. The Financial Plan for the 2021/22 financial year was included in the WAST IMTP submission at the end of March and the revenue budget approved at the last Trust Board continues to be rolled out to budget holders. Work continues through ADLT and a savings subgroup on the identification of savings themes for the overall values identified in the financial plan for 2021/22. Regular dialogue continues with the Chief Ambulance Services Commissioner in regard to service developments and the relevant funding required.

6. Following some Month 12 movements agreed with Welsh Government, within an overall fixed funding sum, the Capital Expenditure Limit was achieved (again subject to audit), with a reported small underspend of £87.01. This allowed the Trust to maximise the value of the funds available whilst also accelerating some elements of schemes with pre-approval for 2021/22.

7. With the draft revenue surplus position of £70k being reported to Welsh Government following the Month 12 closedown, work continued during April in respect of the preparation of the Trust's draft 2020/21 Annual Accounts which were submitted on 30<sup>th</sup> April. The 2020/21 year-end audit will again be conducted virtually and commenced on 4<sup>th</sup> May 2021, with the final draft of the audited accounts due to be presented to Audit Committee on 3<sup>rd</sup> June 2021 and Trust Board on 10<sup>th</sup> June 2021 for approval, ahead of final submission via Audit Wales to Welsh Government the following day.

### **Capital & Estates**

8. The following provides a position statement on the Trust's the current major projects:

9. **Aberaeron Ambulance Station** – At the time of writing, the project is in week 9 of construction and works are progressing well. Developments to date include; all services have been disconnected, contents removed and the asbestos roof and all internal partitions and external concrete portal frame removed.

10. **Cardiff Area Ambulance Centre** – Works have progressed well and at pace over recent weeks with internal walls established and windows installed. Workshops are being arranged to confirm furniture, IT requirements and a review of risks etc.

**11. Contact First (Vantage Point House)** – A letter of intent has been issued to the preferred contractor and they are progressing with Stage 1 focusing on detailed work package planning, cost confirmation, risk review, and programme development. Design Team meetings have been scheduled and plans are being developed to enable staff to clear office space in order to progress works.

**12. Cwmbwrla Ambulance Station** – Following completion of various enabling works and the tender process, the successful contractor commenced work early March 2021. The enabling works involved the removal of asbestos, demolition of the chimney and replacement of the heating boiler and hot water cylinder. The remodel of the WC's, showers, locker rooms, offices, drainage and welfare areas (phase 1) provide fit for purpose facilities until a new Swansea Make Ready Depot is available.

**13. Beacon House** – The business case for discretionary capital to acquire Beacon House, Cwmbran (on a leasehold basis) and refurbish was approved by a Chair's Action in March 2021. This business case supports the provision of suitable estate for the Trust's Grange University Hospital service staff together with providing office space for corporate and administration staff currently based at Vantage Point House. The lease agreement process for Beacon House is progressing with due diligence, searches and surveys are all making progress. A review of resource requirements has been undertaken with project management and estates resources allocated. Discussions on the scope of the project continue regarding plans for communication, organisational change and engagement.

**14. Matrix House/New Training School** – The Training Team relocated to their new premises on the 19<sup>th</sup> April 2021 and it is hoped that the minor works will be completed by the end of this month. The official opening of the Training School took place on 25<sup>th</sup> May 2021.

**15. Matrix One** – The contractor has completed works on site and the NEPTS Team were relocated from Cefn Coed on 19<sup>th</sup> May 2021. Colleagues who are based at this site have adopted agile working practices with desks being booked to via Teams to ensure there are COVID safe processes in place.

**16. Ruthin Ambulance Station** – Betsi Cadwaladr University Health Board (BCUHB) have advised that vacant possession of the Station and the Medical Centre has been extended from the 31<sup>st</sup> March 2021 to the 30<sup>th</sup> September 2021. Operational staff utilise the Station as a Social Deployment Point (SDP) work continues to find a more permanent solution.

**17. South East Fleet Workshop** – A new site search has been completed and a building in Spring Meadow, Cardiff has been identified as a potential solution which could be progressed with an acceptable budget envelope. Welsh Government have been engaged and discussions are ongoing about funding, including the potential advance purchase of the unit from discretionary capital to secure the facility. Trust Board will be kept informed on progress made.

**18. Tŷ Elwy/Interim NHS Wales 111 Clinical Contact Centre (CCC)** - A Project Board has been established with the inaugural meeting held on the 22<sup>nd</sup> April 2021. The interim development of the CCC within half of the first floor is moving at pace and the IT team are fully engaged and supportive, ensuring time scales are met for desks to be available. Engagement has been held with corporate staff for the

introduction of agile working. The internal business case for the more permanent solution on the ground floor has also been finalised.

**19. Estates Strategic Outline Programme (SOP) Refresh** – The Estates SOP refresh has been finalised and was approved at the last Trust Board meeting. The document has been submitted to Welsh Government for review and endorsement. A review of which schemes to prioritise during 2021/2022 is being undertaken. The findings of the EMS Demand & Capacity (D&C) Review have been assessed and the findings have informed the Estates SOP refresh; the implementation of which should address operational requirements in the medium to long term. Whilst this programme of work is being implemented, there will be a requirement to develop interim, shorter term solutions for some areas from December 2021 in response to additional recruitment. Discussions around these contingency plans are being progressed and future consideration will need to be given to the outcome of the NEPTS Demand and Capacity review in due course.

**20. Facilities** – The Trust was successful in bidding for Welsh Government funding for various estates projects including; infrastructure, fire safety and decarbonisation. £350k of the £907k funding will be used to install Photo Voltaic panels (P.V) at four sites across Wales. Installation of a P.V air source heat pump to replace LPG heating and the installation of a biodiversity/ecology area at the Area Ambulance Centre, Dobshill will see the Trust move forward to meet the ambition of a carbon neutral estate.

**21. Sustainability** – The Trust has approved its first Environmental Strategy. This Strategy highlights the ongoing work, future requirements, plus a commitment to retaining the ISO14001 accreditation. The impact on the environment will be reduced with an ambition to be carbon neutral by 2030.

**22.** The new Welsh Government Decarbonisation Strategy and Action Plan for the NHS and the Trust's approved Environment Strategy will see a more integrated and sustainable way of working. Changes to procurement and project planning will be key to delivery and the development of a detailed action plan continues in conjunction with NHS Wales Shared Services Partnership (Facilities Services) to ensure compliance. Priority will focus on the electric vehicle charging infrastructure to service our new hybrid vehicles and future electric fleet.

## **Fleet**

**23.** Work has also completed on the refresh of the Fleet Strategic Outline Programme (SOP). Re-profiling of vehicle replacements has been undertaken to take into account the reduced funding provided in 2020/21 (due to the response to the pandemic) and the agreed vehicle replacement programme in 2021/22. The outcome of the EMS Demand & Capacity review has influenced the Fleet SOP refresh, including the requirement for additional Emergency Ambulances. That said, it has not been possible to include the potential impact of the NEPTS Demand & Capacity Review in this refresh as the detailed outcome of this review is not yet available.

**24.** The limited vehicle replacement programme for 2020/21 is complete. Welsh Government have confirmed the revised vehicle replacement budget for 2021/22 and the project is now underway with base chassis ordered for EMS Emergency Ambulances and NEPTS vehicles. In total 84 fleet vehicles will be replaced and the HART All-Terrain Vehicle (ATV) will undergo a refurbishment and upgrade package.

25. The strategy to decarbonise the fleet continues by replacing diesel powered NEPTS cars and fleet auxiliary vehicles with petrol hybrids and all-electric Ultra Low Emission variants.

## **STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE**

### **Planning and Transformation**

26. The Director of Strategy, Planning and Performance has continued to lead and engage both internally and externally on the strategic ambition and three year plan (IMTP) for the organisation. The plan (which incorporates an Annual Plan requirement for Welsh Government and EASC's commissioning intentions), has been approved by the Board, endorsed by EASC and submitted to Welsh Government. We await Welsh Government feedback. The Assistant Director of Strategy and Planning is leading on the process to develop the structures required to deliver transformation to realise these ambitions (an update on this is included later on the Board agenda). There are challenging timescales for some of the "must do" deliverables within the plan and the team is supporting the Strategic Transformation Board to understand conflicts in these timescales, to prioritise deliverables where required and to allocate resources accordingly.

27. Whilst finalising the transformation structure the team continues to lead and support major transformation programmes and projects including; Contact First which is live in Swansea Bay and fully rolled out in Aneurin Bevan, 111 expansion including the planned roll out in Betsi Cadwalader, Mobile Testing and the Grange University Hospital Transfer service. Progress has also been made in developing the delivery mechanisms for the NEPTS demand and capacity review, clinical transformation and mental health as well as the enabling work streams within the IMTP.

28. The team is also reviewing Health Board Annual Plans and has requested further information from Health Boards in respect of their recovery plans which may impact on WAST services. A key development is the centralisation of vascular surgery across the South East which has recently been out to public engagement. The new model is a hub and spoke model across Cardiff & Vale, Cwm Taf Morgannwg and Aneurin Bevan with the hub at UHW. The implementation timeline is being accelerated to ensure delivery of a quality and sustainable service for patients with an aim to go live in September 2021.

### **Commissioning and Performance**

29. The Commissioning & Performance Team continues to provide senior decision makers with a range of forecasting, modelling, performance reporting and programme management. In support of our pandemic response the team has been working with the Operations Directorate on Summer Planning, including forecasts and modelling for the period 21 May 2021 to 30 September 2021 (specific modelling for NEPTS is also currently being undertaken). Further modelling and mitigation planning is currently being undertaken. Later this month, the team will start the same process for Winter Planning.

30. At a strategic level, the team continues to programme manage the EMS Demand & Capacity Programme. There is a clear EASC commissioning intention to close the relief gap in 2021/22 and also to re-roster the response workforce. Our estate has been identified as a strategic barrier to the programme and the wider Strategy,

Planning and Performance team is working closely with Estates and Operations colleagues on an interim estate plan to accommodate the planned uplift in FTEs.

31. There is also significant transformation planned in the CCC/CSD this year. The Team overhauled the monthly Quality & Performance Report in Q4 and is now working on updating the Quality & Performance Framework (due to be updated by 31 July 2021). Q1 2021/22 also involves year end reporting, for example, the Annual Performance Report and JET.

32. The NEPTS Demand & Capacity Review has been reported to two sub-committees of EASC and a NEPTS Transformation Programme Board is now being established. The Team continues to actively support a number of corporate projects e.g. Contact First, Grange University Hospital, national respiratory pathway etc.

## **MEDICAL AND CLINICAL SERVICES DIRECTORATE**

### **ePCR**

33. The TerraPACE Project Board has been established and a baseline functional design and a high level technical design for the TerraPACE application have been completed. This signifies the end of the first stage of the TerraPACE Project Plan. Stage two has commenced, with the development of the application and design of interfaces into CAD, NHS Wales systems and other current Trust applications and devices.

34. Going forward, the ePCR Programme work will focus on managing the business and operational change impact that the ePCR solution will bring. This will enable the Trust to realise the maximum benefits that the new solution.

### **End of Season Flu Report**

35. The end of season flu report found that there had been an 8% increase in the uptake of the flu vaccination by staff from across all areas of the Trust, however, further improvement is needed.

36. The primary aim of the 2021-22 campaign will be to increase staff engagement with the campaign. In order for this to be achieved, opportunities to use technology will be explored and there will be a great importance on individuals to participate. By engaging with more people, it is hoped that the number of vaccinations delivered should move the Trust closer to the Welsh Government's 60% target for front line staff.

### **Delayed Handover Initial Impact Assessment**

37. At the request of the Association of Ambulance Chief Executives, during February 2021, the Clinical Audit Department undertook a randomised review of Patient Clinical Records for 50 incidents where handover delays of  $\geq 60$  Minutes were experienced. Following the review an updated report will be submitted to QUEST.

### **Macmillan**

38. Following initial funding from Macmillan Cymru to improve End of Life Care (EoLC) in the Trust, Macmillan have recently extended the project by an additional year due to the excellent work that has already been developed and implemented in the first few months of the project. This project will further increase EoLC education to staff,



referral and patient management options and undertake a national analysis of data to better understand why EoLC patients access 999 and the outcomes of doing so.

39. Objectives include:

- Develop a new education package providing WAST clinicians with better knowledge and skills to be able to provide appropriate treatment to EoLC patients.
- Introduce Just In Case (JIC) medications to front line emergency vehicles across Wales to help reduce unwanted hospital admissions and keep patients in their preferred place of care.
- Undertake a clinical audit to identify how many EoLC patients have received paramedic administered JIC medications (WAST issue or patient's own).
- Develop guidelines, provide teaching sessions and support WAST APPs to facilitate DNACPR conversations. This will initially be piloted in North Wales via the APP Rotational Model.
- Identify the number of EoLC patients that access areas of Unscheduled Care via 999 to help inform future improvement.
- Evaluate effectiveness of existing advice lines and referral options.
- Enable people near the end of their life to have a meaningful journey by facilitating the reinstatement of the Wish Ambulance, a service provided by volunteer staff in WAST with full support from the Trust.

### **Senior Paramedic Recruitment**

40. Since January, the Medical and Clinical Services Directorate's Clinical Leadership Team have been supporting the Operations Directorate with the Senior Paramedic recruitment. To date, 3 cohorts of staff have undertaken an intensive week's training with the senior clinical team. The course incorporated topics such as medicines management, ketamine theory, RISC theory and mechanical CPR amongst other high skill requirements.

41. Twenty five Senior Paramedic were initially available, however, this has been expanded by another seven positions due to the demand and capacity review additional recruitment. In collaboration with Trinity St David's University, the first two cohorts will be starting their education programme in early June. Recruitment and selection for the remaining vacancies is underway and individuals will be invited to attend a clinical assessment and formal interview.

## **WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE**

### **Human Resources**

42. March 2021 saw a decrease of sickness absence to 7.02% compared with February's figure of 7.68%. The sickness absence made up of 4.58% Long Term Sickness (LTS) and 2.44% Short Term Sickness (STS). COVID19 absences across the Trust for March 2021 was 1.69% (0.93% LTS and 0.76% STS), representing a decrease from 2.48% in February 2021. Currently the Trust has 28 staff members who are on long term sickness absence as a result of COVID19. This is a reduction of 5 since last month. These are broken down in the following areas, EMS 14, CCC 7 and NEPTS 7.

## **111 Recruitment**

43. Recruitment activity in 111, including Contact First, continues at pace with increases in establishment to support the Cwm Taf roll out bedding down and work has commenced on the TUPE transfer of Betsi Cadwaladr call handlers and nurse advisors as part of the launch of the service in North Wales.

## **Occupational Health and Wellbeing**

44. The new Employee Assistance Programme was launched on 14<sup>th</sup> March 2021 as planned and is already receiving calls and staff are accessing their online portal. Wellbeing dogs offered by South Wales Police have started visiting CCC/111NHSDW with other Welsh forces are also interested in joining in this initiative. The first 'Living Life to the Full Course' continues with plans to offer the next course to a wider section of staff. The Road to Recovery Group (Long Covid Support Group) has had 5 successful meetings with guest speakers and its membership grows. Following the success of a Menopause Café on International Women's Day, the first regular Café opened its virtual doors on 30<sup>th</sup> April 2021 to both men and women who want peer support and information.

45. The waiting time for appointments for Occupational Health has significantly improved from a peak of 3 to 4 weeks last year to less than 10 working days and the governance route for hearing surveillance has begun with a report being presented to the Quality, Safety and Wellbeing Cell.

46. Changes to the TRiM processes to become more proactive to reach staff who may have been subject to a traumatic event in the course of their work is currently being undertaken and a number of new TRiM managers have been appointed with Practitioner Refresher training about to commence.

## **Organisational Development**

47. A localised approach to staff survey analysis continues to take place throughout each directorate, with improvement themes steering responsive action plans.

48. Over the past two months work has begun to develop an Aspiring Leaders Programme. A number of colleague focus groups have been held to determine the scope and content of the programme. These will continue during May 2021 and will include further discussions with the Blue Light Academy.

49. The first Trust Leadership Advance programme commenced in April, providing space for our leaders to reflect, pause and reset following the pandemic. The programme is held over three half day workshops when delegates explore leadership, resilience to change and their own well-being and the well-being of teams.

50. A development programme for ADLT has been designed and approved and is due to commence later this month. It will include:

- A Senior Leadership Experience, a personal exploration of understanding themselves better.
- Two masterclasses with national and international speakers.

- Shadow Board Experience

## **Education and Training**

51. The last EMT recruits that will complete the 136 FTE Demand and Capacity increase in establishment for 2020/21 along with the first cohort of UCAs who form the start of the increase 2021/22 establishment are nearing completion of their training. In total the year 2 recruitment and training objective is to deliver an additionality of 127 FTEs; comprising 19.18 UCAs, 83.82 EMTs and 24.42 Paramedics.

52. These two EMS establishment increases (263) account for the first phase of the EMS Demand & Capacity review recommendations to close the relief gap. To realise the increase in the workforce, Education & Training have supported the development of 523 individuals in UCS, EMT and Paramedic roles in addition to the various unscheduled training programmes in response to COVID19.

53. An additional 4 development Instructors have moved into the final stage of the Level 4 Diploma in Emergency Response Ambulance Driving Instructors programme. To support a challenging training programme, adverts for additional Operational Driving Instructors will be published soon. The Driving Instructor development programme is scheduled to start in October.

54. During the months of March & April 11 NQPs have successfully completed their NQP Consolidation Framework and transition to Band 6. Following the success of the Clinical Instructor development programme further opportunities are being advertised for additional clinical tutors to study for the Certificate of Education and Assessor qualification.

55. Year 3 of the band 6 paramedic process commenced on 1<sup>st</sup> April 2021, with the finishing date of 31<sup>st</sup> March 2022. Year 3 will compose of a number of e-learning modules that will need to be completed by staff prior to attendance at the face-to-face learning sessions.

## **DIGITAL DIRECTORATE**

56. During the period since the last board meeting, the primary focus of the Digital Directorate has been our people and the growth of the team to meet the significant amount of delivery to come over the next 12 months and beyond. Since January we have worked hard with our colleagues in Workforce and Organisational Development to draft and match new fit for purpose job descriptions and plan out a major recruitment drive, now live, that will nearly double the size of the Directorate over the next 9 months. One of the early appointments has been the Senior Digital Programme Manager for our Electronic Patient Clinical Record (EPCR) which marks the move of programme delivery to within the digital team, whilst still led and overseen by the Executive Medical Director as SRO and the Assistant Director of Research, Audit & Service Improvement as Project Executive to retain the critical clinical leadership required. This initial recruitment drive will grow our existing structure, but in tandem we will shortly be concluding an external review into how our directorate structure needs to be shaped and scaled for our future needs. As part of a renewed drive to develop our people, since the last board, WAST has joined the British Computer Society as an organisation and we are also exploring degree level and above

opportunities that we can provide with the Welsh Institute of Digital Information (WIDI). This is the first step towards developing our directorate to be the best place for digital staff to work in Wales.

57. Moving from people to technology, there is a huge amount of delivery ongoing that will change our organisation significantly over the next year. EPCR is now in the delivery phase with over 100 front line staff signed up to test the initial app on their iPads and feedback on its usability. The project team is being recruited, with the major focus being on training and the business change that will be brought about by the move away from the Digipen solution.

58. The digital team also continue to support the delivery of the new system that will underpin the 111 service and GP Out of Hours once live. June sees the completion of work to increase the resilience and capacity of the 111 telephony system, bringing it in line with 999. It also sees work commence to deliver a new Control Room Solution (CRS) for our emergency dispatchers that will be live before winter.

59. In order to prepare our wider team to deal with the change, Digital are working with colleagues under the 'Digital Workplace' mission of our Digital Strategy, overseen by People and Culture committee to ensure that we deliver systems aligned to the needs of our people and continually train them how to use them as they develop. Apple have delivered a number of 'genius' sessions to our teams and Microsoft and our ePCR supplier will follow suit in the coming months.

60. Focus for the coming months will be on augmenting our current team with sufficient support ahead of conclusion of the recruitment drive. Once our external review is complete, we will commence design of any new structures required and develop an associated investment case where required.

## **QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE**

### **IOSH Managing Safely Course**

61. The latest IOSH Managing Safely course was delivered on 22<sup>nd</sup>, 23<sup>rd</sup>, 24<sup>th</sup> and 26<sup>th</sup> February 2021 with 10 attendees made up of Duty Operations Managers and Vocational Trainers who all successfully passed the course. There was plenty of time to answer questions about the application of learning into their operational duties. All learners found the course material applicable to their roles and benefitted from the practical risk assessment undertaken as part of the course. The feedback from the learners was very positive with all saying they would recommend the course to colleagues. Further courses are planned to be delivered on a monthly basis to accommodate the current demand from an additional 50 staff members.

### **Welsh Ambulance Services NHS Trust (WAST) Improvement and Innovation Network (WIIN) Relaunch and Planning**

62. On 4 May 2021, the Trust undertook a 'soft launch' of the WIIN Portal. A link has been published on the front page of Siren/Share point to allow colleagues to submit improvement ideas. An Improvement Co-ordinator has been successfully recruited as part of a secondment into the Medical and Clinical Directorate to manage the WIIN Portal and offer support to staff who have submitted their improvement idea. During the month of May there was extensive internal communications following the

development of a Communications Plan. A formal launch of the WIIN Portal is planned for 1<sup>st</sup> June 2021 and will focus on hospital handover delays.

63. The WIIN Business Group has now been stood up and will meet on a monthly basis to review improvement ideas, offer advice and support and seek to spread and scale improvements across the Trust. The team have developed strong governance routes for reporting of improvement ideas through to the Assistant Director's Leadership Team (ADLT) and the Strategic Transformation Board (STB). The Quality Improvement Team have recently linked in with the National Collaborative Commissioning Unit (NCCU) to strengthen links between the Trust and the Emergency Department Quality Delivery Framework (EDQDF), ensuring synergy with the WIIN process. The team are planning to re-commence the WIIN Steering Group and it is anticipated that this will re-commence during Quarter 2 2021/22. This will further enhance the governance and strengthen the strategic vision and intent of the WIIN Business Group.

### **FIT Testing Improvement Project**

64. The Trust must remain vigilant in its pandemic preparedness and over recent weeks there has been notable improvements in FIT testing provisions within the Trust. These include:

- Developing a revised FIT Testing Standard Operating Procedure.
- Training FIT testers to ensure compliance with Health and Safety Legislation and Regulations.
- The development of a comprehensive training package for FIT testers for all Respiratory Protection Equipment (RPE) used within the Trust.
- Two peer review sessions were completed by Hywel Dda University Health Board and GP Out of Hour's Service, with excellent feedback received.
- Ongoing partnership working with Betsi Cadwaladr University Health Board FIT Testing Lead which included benchmarking and sharing of best practice.
- A programme of internal peer reviews began in May 2021.
- The development of Microsoft Teams Group for FIT testers.
- Arrangements have been made for infection, prevention and control (IPC) staff to undergo British Safety Industries Federation (BSIF) accredited exams. This will ensure all internal FIT training packages comply with accredited standards.
- A discussion paper on the future Model of FIT testing has been presented to the Executive Management Team.
- The IPC Team are part of a new project with the Small Business Research Initiative (SBRI) Centre of Excellence and Welsh Government to develop type IIR face masks, FFP3 masks and powered respirator replacements. The outcome of which should conclude with a trial of products from a selection of successful suppliers.

65. The improvement work continues and as COVID19 retreats the processes and improvements now in place will provide protection and assurance for staff, patients and the Trust moving forward either for already known existing pathogens or any future emerging infection threats.

### **Peer Review of NHS 24**

66. The Directorate supported the Welsh Government and the 111 Implementation Team to undertake a Peer Review of NHS 24 (Scotland's equivalent to 111) on 27

April 2021. This included a detailed review of how the service operates clinically and operationally and was an opportunity for the Trust to benchmark its services.

### **Think 111 First**

67. Step 1 has been successfully rolled out in Aneurin Bevan University Health Board (ABUHB) and Swansea Bay University Health Board. As a result of some operational pressures during early April 2021, there was a delay in rolling out Step 2 in ABUHB. However, this has since been achieved and additional clinical staff and call handlers have been trained and are in post. Discussions continue with Cwm Taf Morgannwg Health Board to agree a go live date.

68. The Patient Experience & Community Involvement Team are supporting the engagement sessions with the public on the roll out of Think 111 First. The sessions are being coordinated through Jo Mower at the National Collaborating Commissioning Unit and the Welsh Government Delivery & Performance Division.

### **PARTNERSHIPS AND ENGAGEMENT DIRECTORATE**

69. April signalled the start of the migration of the old NHSDW intranet, Insight, to the new Office 365 platform, SharePoint. This move will enable all colleagues in the Trust access to a single platform for all internal information. Work on migrating the current WAST website to the new MURA platform also commenced. This provides us with another opportunity to further streamline our content and make it more accessible to the public. There has also been development on the current NHS 111 Wales website where there is now a new, refreshed, landing page, along with some development on the most frequently visited pages. Work on both websites is ongoing.

70. The team supported this year's Big Bang recruitment event, creating video content for a number of departments along with managing a live Q&A for students and continues to support the regular WAST Live engagement events with staff.

71. Meanwhile, the team also facilitated the launch of the milestone #WithUsNotAgainstUs campaign asking the public to treat emergency workers with respect after a rise in assaults. The Trust is leading the 12 month campaign, which is sponsored by the Joint Emergency Services Group (JESG) in Wales, on behalf of the four Welsh police forces, three fire and rescue services and the NHS in Wales.

72. There was also sensitive handling required around the sad deaths of two #TeamWAST colleagues, as well as the death of His Royal Highness The Duke of Edinburgh.

73. Given the recent Senedd elections, a watching brief has been kept in the absence of being able to conduct meetings with political stakeholders during the pre-election period. At the time of writing, while the new Welsh Government Ministers have been announced, there have been no announcements in relation to opposition spokespeople. Once these are known, invitations will be extended to meet and to reinstate our regular schedule of briefings.

74. The Trust has submitted a response to Welsh Government's "Rebalancing Care" consultation and also to its consultation on bereavement support. The Director of Partnerships and Engagement has continued to work with Welsh Government and other partners on pan-Wales recovery communications, as well as the evolving

branding and communication plans for 111 First. In addition, representation continues at three RPBs and/or their substructures across Wales, while further work is now planned around WAST's likely future application for University Trust Status, as well as the extension of its academic partnerships more generally, following a positive meeting with a Welsh Government convened panel in late March and the first formal meeting of the Trust's Academic Partnership Committee in April.

## **CORPORATE GOVERNANCE**

75. The only changes to the Board and Committee calendar since the last meeting relate to Quest Committee meetings. These meetings have each been pushed back by a few weeks in order to ensure that the meetings are better timed for the production of quality and performance data. Progress on establishing a strategic advisory group is progressing and this may impact on the timing and frequency of board development days and an update will be provided once this is clearer.

76. Although still below normal levels, the number of FOI requests received by the Trust are continuing to increase. The Trust's notice asking the public to defer, if possible, FOI requests to a later date, has now been removed and we are consequently expecting the numbers of FOI requests to return to pre-pandemic levels.

77. The numbers of corporate policies coming through for revision and renewal are again beginning to increase to normal levels. A backlog of policies for review has arisen as a consequence of the pandemic. However, these are policies for review only and would have been subject to full scrutiny and consultation when they were first introduced. It is planned that all policies will be up to date and subject to their normal review cycle by the autumn.

78. The Audit Tracker is under full review by the Assistant Director Leadership Team to ensure that Internal Audit recommendations and those made as a result of Structured Assessment reviews are addressed and completed on time. The Trust is making good progress on completing and closing recommendations and the current focus is on those high risk recommendations that are overdue. The number of recommendations on the Tracker had been reduced to 76 recommendations with a further 29 recommendations from Internal Audit reports being added following the last Audit Committee meeting in March.

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

## **OPERATIONS DIRECTORATE**

### **Pandemic Response**

80. The Trust remains in the Monitor Position of the Response Phase. The Senior Pandemic Team is beginning to scale back the frequency of meetings and preparing some of our pandemic tactics for a return to business as usual, for example, the Tactical Approach to Production is to be replaced with a business as usual crew skill matrix that reflects our pre-pandemic approach.

81. Shielding of vulnerable people on medical grounds was paused from 1st April 2021 therefore the majority of staff who were working from home on alternative duties whilst shielding have since returned to their normal duties.

82. An updated version of the Tactical Approach to Production (TAP) was issued on 9th April 2021. Also a reduction in call volumes across all Health Board areas resulted in a change of Protocol 36 level from Level 1 to Level 0 effective from 08:00hrs on 19th April 2021. Simultaneously, the Tactical Intent was amended to reflect these developments.

### **Operational Delivery Unit (ODU)**

83. Following the decision that the Operational Delivery Unit should continue to function on an ongoing basis, recruitment to permanent positions is underway.

84. Power BI (business intelligence) dashboard developments continue with over 100 users which include the National Ambulance Co-ordination Centre and Health Board partners regularly accessing the system to inform decision making. Latest iterations include mapping functionality as well as displaying the active Demand Management Plan (DMP) level, resource availability and capacity. Work is now progressing to illustrate 111 DMP levels and additional functionality in support of managing our Red performance.

85. The Trust's on-call commander rosters are now available online via Siren SharePoint pages for ease of reference.

### **EMS Duty Operations Manager (DOM) Recruitment & Induction**

86. All Duty Operation Managers (DOMs) are now in post with Senior Paramedic (SP) recruitment ending in May 2021. An additional 9 WTE band 7 posts have been secured through Demand and Capacity funding and the recruitment of these additional posts are expected to be completed before the end of May 2021. There is appetite to continue to explore ongoing developing of a DOM "talent pool" during Q2 2021-22.

### **NEPTS Demand and Capacity Review**

87. On 30th March 2021 the NEPTS Demand and Capacity report was presented to the NEPTS Delivery Assurance Group (DAG); the report and recommendations were well received. In April 2021, a brief update session was held with EASC management which focused on the high level outcomes of the review and the proposed delivery structure. The report was then to be presented to WAST Board Development but this has had to be rescheduled due to other organisational priorities. In anticipation of the approval of the review, the NEPTS management team are working with the Trust's



Planning & Performance Department to prepare the groundwork for the delivery structures.

### **NEPTS Transfer of Work**

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

### **Operations Directorate Management Structure**

89. Following initial engagement and individual discussions with the Operations Directorate Wider Leadership Group, a revised senior management structure was proposed. A consultation document was subsequently published to inform a formal consultation process, in line with the All Wales Organisational Change Policy (OCP).

90. The consultation period commenced 8th March 2021 and ended on 1st April 2021. All comments and queries received as part of the consultation have been considered and following engagement with HR colleagues and Trade Union partners, the final structure containing responses to feedback received was published on 26th April 2021.

91. One to one meetings with staff who are directly impacted by the changes have taken place ahead of the organisational announcement. All job descriptions have been developed, considered by Job Evaluation Panel and submitted for Welsh translation.

92. We now enter the implementation phase and expect this to take several months. However, we aim to have structures in and settling prior to winter pressures.

93. Weekly touchpoint meeting with HR and Trade Union partner representation will continue throughout the recruitment process.

### **Mobile Testing Units (MTUs)**

94. Phase 1 of the Welsh Reserve Mobile Testing Units (MTUs), 4 in total, is in steady state operations and the contract is due to end on 31st August 2021. The MTU teams have been deployed to 39 locations (mainly long term) across Wales and have cumulatively provided more than 17,500 confirmatory supervised Polymerase Chain Reaction (PCR) tests.

95. To support an ever evolving testing landscape in Wales the current 4 teams are trained in and delivering ETR generation that removes the constraint of Health Boards having to provide administrative support to a deployment and are trained in delivering supervised lateral flow testing (nearly 500 have been carried out) . The intent is also to develop the capability to deliver PCR testing using the DHSC Lighthouse model to further offer full flexibility to the Welsh testing effort.

96. Discussions are ongoing with the Department of Health and Social Care (DHSC), Welsh Government and the Test Trace and Protect (TTP) Service to grow the number of MTUs managed by WAST which will form phase 2 of the Programme. These discussion have been long but WG and TTP are clear that the WAST MTU service

offers a level of professionalism and flexibility unrivalled by other providers of testing services in Wales.

97. Phase 2 growth of MTU hoped to see an additional 8 Surge/Reserve MTUs established but from discussions the TUPE implications of this remain significant compared to the length of contract, and the Executive Management Team have agreed that continuing to explore phase 2 should cease for now. Colleagues at the Test, Trace and Protect (TTP) service are aware and it is known that should the service approach alter without TUPE implications that the Trust should be considered an option.

98. Positive feedback has been received regarding the MTU service and a number of the staff working within the team have been successful in securing permanent roles within other operational areas of the Trust.

### **Volunteer Strategy**

99. The Volunteering Strategy is in the process of being finalised and signed off with the aim of broader consultation commencing during National Volunteer Week (1st – 7th June 2021). The new volunteer uniform and equipment purchased will also be issued that week.

### **Rural Model**

100. A paper was presented to the Senior Operations Team on 4th May 2021 and will be presented to the Executive Management Team in due course. A meeting with Powys Health Board to discuss further collaborative approach had to be rescheduled due to colleague availability. Financial support is being sought in respect of implementation of a pilot of the rural model during 2021-22 Q2/Q3 and further dialogue with our commissioners is needed.

### **Clinical Review**

101. The clinical review continues to work on a reduced work stream programme as the organisation still sits within a preparedness state for the COVID19 pandemic. The remaining work streams will be assessed against organisational priorities throughout 2021/22.

102. The following progress has been achieved against the currently agreed objectives:

103. **Replacement of MTS** - An outline business case has been developed to replace the current MTS triage tool. A possible funding stream has been identified and the presentation of these proposals have been received by the Senior Operations Team and Executive Management Team. Work continues to progress this business case internally to present externally for funding.

104. **Clinical Leadership Structure (Practice Educators)** - Recognising that a triage system change needs to be complemented with adequate training, support, education, and monitoring, a business case has been developed to propose an effective quality and safety structure for CSD and Hear and Treat. This structure proposes the creation of a learning and development team to support high-quality clinical governance.

**105. Integrated Clinical Hub Focus on Falls** - Work continues internally and with other UK ambulance services to determine the most effective, safe, and valued response to patients who fall within the community; chiefly how these patients and those who respond to them can be supported over the phone by nurses, paramedics, and other allied health professionals.

**106. Integrated Clinical Hub Mental Health Telephone Triage** - Work continues with the Welsh Government around the use of dedicated funding for CCC based mental health practitioners across NHS 111 and 999. Building upon the pilot developed during the COVID19 response, an operating model is currently being developed, costed, and governance structures reviewed.

**107. Patient Triage and Streaming (PTaS)** - C3 remote worker module has been successfully procured, implemented onto WAST servers and tested. A PTaS standard operating procedure has been approved and is live and conversations with all Welsh Health Boards have taken place. At least three health boards have started training on the C3 system and work continues to plan the rest.

**108. NHS 111 Wales / 111 First** - The recruitment milestone for Betsi Cadwaladr University Health Board (BCUHB) 111 Service has been achieved. 111 remains on track for 'go live' in June 2021.

**109.** Sufficient Call Handling staff have also been recruited for all 111 First (Step 2) roll outs, with the exception of Cardiff and Vale. Clinician staffing levels for these further roll outs are expected to be boosted by staff transferring from BCU as part of TUPE.

**110.** The 111 Service Manager team has been increased successfully on a permanent and temporary basis to support activities and the increase in staff. 111 are part of the new Integrated Care Department and the Assistant Director of Operations, Integrated Care is now in post. Recruitment of a Principal Analyst to boost and support reporting requirements for 111 is also underway.

**111.** The new Finesse telephony system continues on track to support the service bringing a new more robust platform for the important telephony infrastructure which is key to the service.

## **NHS 111 Wales Peer Review**

**112.** Following the 111 Peer Review, in January 2021 a presentation outlining some high level benefits was presented to Finance and Performance Committee. The closure report was presented to the Finance and Performance Committee Meeting in May 2021.

**113. Interoperability Tool Kit (ITK) Roll Out** - The Interoperability Tool Kit (ITK) is an interface that enables our Computer Aided Dispatch (CAD) system to communicate with other UK Ambulance CAD systems. It allows our Clinical Contact Centres (CCC) to pass 999 call details to connected Trusts electronically and, vice versa other Trusts can also submit calls to WAST. This digital solution eliminates the requirement to relay call details by telephone. It is a very fast and efficient incident transfer process which increases the availability of CCC staff as they no longer need to telephone the other Service. In addition, as this interface is more accurate, it significantly reduces the potential for error.

114. The Trust has an ITK roll out schedule to connect to all thirteen UK Ambulance Services. We are currently connected to South Western, North Western, West Midlands and East of England Ambulance Services and testing is in progress with South East Coast Ambulance Service. All other Ambulance Services must complete a Code of Connection (CoCo) which is required by NWIS to enable firewalls to be opened between England and Wales. Once CoCo documents received to date (East Midlands, Scotland, and Northern Ireland Ambulance Services) have been approved by NWIS, the Trust's ICT Department will be able to open the firewalls. Responses are awaited from Yorkshire, North East and South Central Ambulance Services.

### **Hazardous Area Response Team (HART) Developments**

115. HART Operatives continue to be the only frontline Paramedics who can administer Ketamine and Midazolam. Since August 2020 the team has administered it a total of 20 times.

116. During 2019/20 a recruitment process commenced to increase Specialist Operations Response Team (SORT) numbers in each region from 30 to 50. However, this was suspended during the COVID19 response. In 2020/21 Q4, training restarted and as a result of this the Trust now has exceeded the required 30 and are continuing to work towards the target of 50. There are 50 CBRN (Chemical, Biological, Radiological and Nuclear) trained SORT volunteers in the SE region, 33 for North and 39 for Central & West. Further recruitment will be undertaken in the coming months.

117. In the last few years there has been further development of SORT volunteers to include Flood Response and Ambulance Intervention Team (AIT) skills. New recruits are limited to clinically capable staff in the UCS and above staff grades.

118. In 2019/20 purchase orders were placed for replacement HART secondary vehicles that are based on the National NARU specification. These vehicles are currently being configured ready to replace the older vehicles in the next few weeks. The new specification for HART vehicles is based on a Mercedes Sprinter LWB 4x4 chassis. These will work in tandem with the existing primary response vehicles. Replacement of the Incident Ground Technology will be undertaken in 2021/22 once the new specification and tendering process has been completed.

119. During the 2nd response phase to COVID19 the HART training team were utilised to support welfare for staff who were delayed at hospitals by facilitating breaks and rest periods. This activity was stood down once the Trust entered the Response Phase Monitor Position and at that point HART staff returned to their mandatory training.

120. Welsh Government has confirmed funding to replace CBRN Personal Protective Equipment (PPE) known as SR3 with the new National NextGen PPE at a cost of £103,000. Welsh Government has confirmed that this funding will be available in 2021/22 based on orders placed to commence production.

121. The EPRR team have developed a new Command Policy which was approved on 11th May 2021 and this provides the Trust with an approved process for managing our command capability to deal with significant and challenging incidents.

122. The team have also produced an Incident Response Plan that will replace the Trust's Major Incident Plan and this is scheduled to go live on 24th May 2021. This

document provides a set of principles based on national best practice and guidance allowing our commanders to utilise a suite of options to manage a significant or challenging incident. The document also includes a new Pre-determined Attendance (PDA) matrix which prescribes the number and type of assets to be sent to an incident based on numbers of patients and likely duration. Microsoft Teams workshops have been run to familiarise commanders with its content and it will be rolled out through the DOM inductions, initial command courses and command refresher courses in the coming year.

123. Additionally, we recognised that there was a risk in that some staff had not received major incident training, therefore, the EPRR team worked with On Click to produce an online training package on the WAST Learning Zone that consists of seven modules covering major incidents, railway and airport incidents, marauding terrorist attacks and chemical incidents. This is open to all staff and allows them to refresh their knowledge of major incidents as part of their CPD and gain a certificate for doing so.



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

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

## IMTP Delivery: Strategic Transformation Programmes – Structure and Governance

MEETING	Trust Board
DATE	4 <sup>th</sup> May 2021
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Strategy and Planning
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### EXECUTIVE SUMMARY

The Trust approved its Trust's Integrated Medium Term Plan (IMTP) on 26th March 2021. Since then, the Strategic Transformation Board has been developing a refreshed delivery structure as the Trust moves towards a recovery phase of the pandemic.

The purpose of this report is to advise the Board of the structure and governance/reporting arrangements for Strategic Transformation Board (STB) and the transformation programmes that it will oversee, in its dual role:

- Delivery of the IMTP to realise the Trust's strategic ambitions and EASC commissioning intentions, with an oversight of the benefits of delivery;
- On-going development of the Trust's long term strategy.

It is **RECOMMENDED** that the Board:

- **NOTES** the overarching structure and governance/reporting arrangements being put in place; and
- **NOTES** the risks highlighted in this paper.

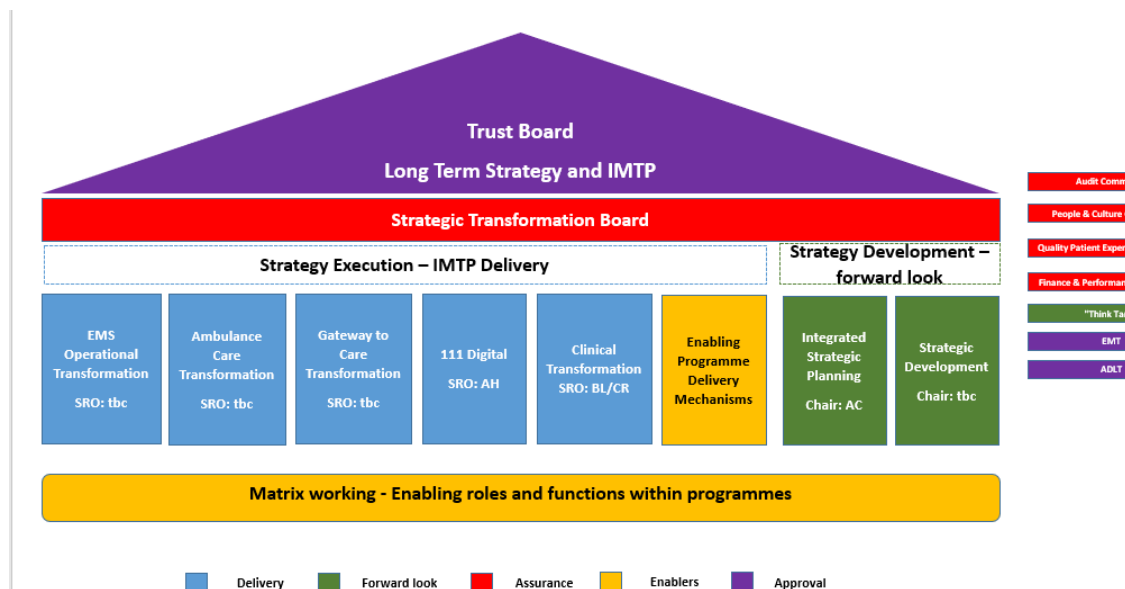
### KEY ISSUES/IMPLICATIONS

#### WG Assessment of IMTP

1. Welsh Government have indicated that they will not be formally approving plans this year. The Trust has received a short letter setting out a brief assessment of the plan which was 'positively received'. WG view was that 'this was a clear and balanced draft plan with clarity on the priorities. There was clear alignment with the EASC commissioning intentions.' Three points of further work were noted, which will be picked up at the Joint Executive Team review with WG in June.

## Delivery Structure

- Set out below is the structure of the strategic transformation programmes, as agreed by STB, to deliver the Trust's IMTP. This has been refined slightly from the structure as set out in our IMTP.



- Five transformation programme boards will be established to deliver on the "Ambitions" section of the IMTP:

- EMS Operational Transformation** – building on the existing EMS Demand and Capacity Implementation Programme Board with a clear focus on IMTP delivery and commissioning intentions for EMS.
- Ambulance Care Transformation** – incorporating NEPTS demand and Capacity Review implementation, existing transfers of work and transport solutions projects, the Transfer & Discharge commissioning intention and NEPTS CAD solution planning.
- Gateway to Care** – covering developments in NHS 111 Wales, CCC and the integration of remote clinical assessment
- Clinical Transformation** – taking forward the Clinical Strategy incorporating the existing Care Closer to Home group, mental health steering group and the ePCR programme.
- 111 Digital** – delivering on the ambitions in relation to our 111 digital platforms, and linking closely with the national urgent and emergency care structures.

- Work continues on the details of the programme and reporting arrangements for the "Enablers" and "Fundamentals" sections of the IMTP. It is expected that in most cases, existing delivery mechanisms will be utilised to avoid duplication, but some new mechanisms may be required, for example in new areas of focus such as 'Working Safely' and 'Value'.

5. Within the structure it is proposed that two further groups are set up to support STB in its “strategy development” role:
  - **Integrated Strategic Planning Group** – an ADLT led group, this will bring together Strategic Workforce Planning, the IMTP Planning Cycle, Demand and Capacity Strategy and intelligence derived from Health Board plans and legislative/policy drivers into one place. This will allow STB to receive intelligence and advice, but also delegate detailed forward thinking on key strategic questions.
  - **Strategic Development Group** – it is proposed that this group be set up to take forward the detail of strategic development coming out of STB. This will take account of the stakeholder engagement in developing and realising our strategic ambitions and will be the transition between planning and delivery of those ambitions. It will undertake the detailed work for STB on a range of strategic development opportunities, guided by the new strategy focussed Board-level group.
6. **Resourcing.** Each transformation programme board will be chaired by a Senior Responsible Owner (SRO) at ADLT or Executive level. Each board will be run using proportionate and adapted Managing Successful Programmes (MSP®) methodology and as such will require a project manager and administrator. The SRO will determine the membership of the transformation programme board but the principles of “matrix working” will apply so that there is good cross directorate and TU representation at all levels of the organisation in both the transformation programme board and its underpinning projects.
7. The transformation programme boards can also have a strategic forward look element to their agenda and the ongoing programme of work should be informed by activity across the Trust, embracing Research and Innovation and learning from WIIN projects, feeding that learning into the strategy development structure under STB.
8. The Transformation Support Office will produce an assurance report for each STB encompassing, for each transformation board:
  - IMTP Delivery;
  - Achievements;
  - Escalation of barriers and challenges for STB to unlock;
  - Remedial actions against any deviation from IMTP.

And against the IMTP as a whole:

- An overall summary of IMTP delivery (dashboard);
- Risks to delivery;
- Available information about benefits realisation.

This assurance report and the delivery dashboard will also provide assurance to Finance and Performance Committee and the Board.

9. A delivery report has not yet been compiled for this month’s Board meeting, as it is 6 weeks since the IMTP was submitted and structures set out in this report need to be put in place during quarter one. However, progress is being made on actions that need to be taken in quarter one alongside a review of



converging milestones to inform any requirement to re-prioritise deliverables throughout the year.

10. Further work is also required to set out the expected benefits and measures aligned to the deliverables in the IMTP by the end of quarter one. Therefore, reporting of IMTP delivery in quarter one initially will be similar to reports submitted last year, as the new governance and reporting arrangements are given time to establish and embed themselves.

### Risks

11. There are some risks inherent in the structure:

- **Size and scope** of each programme – each transformation programme has a significant amount of work sitting within its structure. Hence the proposal for MSP methodology to be proportionate. The transformation programme boards should seek assurance on delivery and risks for its area of responsibility. Support from planning, project and administration should ensure the SRO can focus on leading transformation without being tied up in detail.
- **Resources** to service and deliver the programmes – resources are limited, despite additional infrastructure funding built into the IMTP. Work will continue to ensure that all project supporting resources across the organisation are properly utilised and focused.
- **Competing priorities** – STB will be appraised of conflict in delivery timelines and resource availability to deliver the programmes of work in the IMTP. STB may need to re-run prioritisation exercises to direct resources accordingly.

### Recommendation

It is **RECOMMENDED** that the Board:

- **NOTES** the structure and governance/reporting arrangements;
- **NOTES** the risks highlighted in this paper.

### REPORT APPROVAL ROUTE

Strategic Transformation Board 4<sup>th</sup> May 2021.

### REPORT APPENDICES

None

### REPORT CHECKLIST

Confirm that the issues below have been considered and addressed

Confirm that the issues below have been considered and addressed

EQIA (Inc. Welsh language)	n/a	Financial Implications	n/a
Environmental/Sustainability	n/a	Legal Implications	n/a
Estate	n/a	Patient Safety/Safeguarding	n/a
Ethical Matters	n/a	Risks (Inc. Reputational)	✓
Health Improvement	n/a	Socio Economic Duty	n/a
Health and Safety	n/a	TU Partner Consultation	✓



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NHS  
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Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

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

## QUALITY STRATEGY 2021-24

MEETING	Trust Board
DATE	27 May 2021
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Assistant Director of Quality Governance
CONTACT	Jonathan Turnbull-Ross 07870 382 778 <a href="mailto:Jonathan.turnbull-ross@wales.nhs.uk">Jonathan.turnbull-ross@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

In late 2019, the Trust commenced development of a refreshed Quality Strategy to set the strategic intent for quality throughout the organisation. In February 2021, the work was paused due to the COVID-19 pandemic. The pandemic activity had led to the redistribution of staff towards core services, to fulfil service delivery over this challenging time. Over 2020/21 Quarter 3 & Quarter 4, the development of the Quality Strategy recommenced, with organisational learning from the pandemic informing its development.

The Quality Strategy 2021-24 (**Annex 1**) is aligned to the Trust's *Delivering Excellence* 2030 vision and complements the organisation's wider strategic plans and priorities. It is recognised that 'quality' is multifaceted and must embed throughout the organisation - it is not a Department or Directorate. The development of the Strategy has been informed through staff and patient experiences, and recognition of the challenges that they face.

In addition to internal influences, the Strategy has been driven by new legislative requirements for health and care organisations in Wales; the *Health and Social Care (Quality and Engagement) (Wales) Act 2020*. This places legal duties upon the Trust including, the *Duty of Quality*, the *Duty of Candour*, and engagement requirements with Wales' *Citizen Voice Body*. The Strategy provides a high-level intent on how the requirements will be ascertained.

The Strategy sets out three broad underpinning strategic themes that will shape the delivery and action framework for the Strategy:

- 1 Developing and embedding a culture of candour:
  - Supporting a learning culture
  - Enhancing knowledge, skills and professionalism across the workforce in respect of candour
- 2 Developing and embedding Quality Management Systems
  - Developing and embedding strong quality structures and governance process throughout the organisation

- Integrating quality management systems to accelerate responsiveness to quality issues.
- 3 Integrating the citizen's voice, through the development and delivery of a People and Community Network
- Enabling inclusion across our communities
  - Involving citizen's in the development of services
  - Innovating our services with citizens to meet their needs and expectations.

The document provides a high-level, succinct overview of the strategic direction. Underpinning the Strategy, a Delivery Framework and Action Plans will support tangible development and delivery against the Strategic Aims.

Successful delivery of the Strategy will require effective engagement - quality is the responsibility of every member of staff and health provider. Engagement and understanding are at the heart of developing and delivering services that are person-centred. As the organisation seeks to innovate and push boundaries in pursuit of quality care, raising to the challenge of effective engagement and partnership across Wales is key.

Cultural change and embedding of a learning through a culture of candour will present a key opportunity for improvement. However, it will require commitment and change across staff groups to effectively develop a 'no blame' and learning culture that ultimately seeks to ensure the safety of our services. It is recognised that effective cultural change will require sustained commitment over a protracted period of time.

The Quality Strategy 2021-24 provides the Trust with the high-level strategic direction in meeting the requirements of legislation and necessary quality factors for meeting our ambition of delivering excellence.

## KEY ISSUES/IMPLICATIONS

1. Legislative requirements arising from the Health and Social Care (Quality and Engagement) (Wales) Act 2020
2. A welsh language version of the document will be produced
3. Trade Union Partner engagement undertaken through the Trust Trade Union Cell
4. The Strategy provides a high-level strategic intent; significant programmes of work will be commissioned through the adoption of the Quality Strategy. Significant levels of cross-directorate 'matrix' working will be required to successfully achieve the strategic ambitions

**RECOMMENDED: That Trust Board approve the Trust Quality Strategy 2021-24**

## REPORT APPROVAL ROUTE

28 April 2021	Executive Management Team
7 May 2021	Quality, Patient Experience & Safety Committee
27 May 2021	Trust Board

## REPORT APPENDICES

**Annex 1 - Trust Quality Strategy 2021-24**

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

\*Engagement across the Trust on Strategy setting and development has identified several areas for consideration within the Delivery Framework and Action Plan, which will be developed as an output of the Quality Strategy. On these matters, there may not be a direct reference within the Quality Strategy 2021-24 document, as a public facing strategic intent document.





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Welsh Ambulance Services  
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# QUALITY STRATEGY 2021 - 24

WELSH AMBULANCE SERVICES NHS TRUST



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## 1 FOREWORD

We are delighted to present our Quality Strategy, which sets out our vision for the future of the Welsh Ambulance Services NHS Trust (WAST). This vision has been shaped through engagement with our patients, staff and key stakeholders, and places quality as a core fundamental for attaining our vision for delivering excellence.

Providing person-centred, positive experience of our services, and ensuring the highest possible standard of care is central to our purpose as a health and care organisation. Our role extends far beyond providing ambulance transport, as we deliver remote clinical advisory services, and advanced practice to enable us to provide care closer to home.

Our Quality Strategy, with its focus on continuous quality improvement and improved performance, is the thread that runs through all our services. We do this as a quality driven, clinically led organisation. Our strategy will ensure we provide high quality care and service user experience at the right time and place for our patients.

Honesty and transparency are the deep values of our organisation. In 2020, the introduction of the Health and Social Care (Quality & Engagement) (Wales) Act places a Duty of Quality and Duty of Candour upon the Trust. Our Quality Strategy will ensure we are able embrace the opportunities that arise from our Duty, and further enable involvement from members of our communities in developing our services to reach and exceed the expectations of our service users. The development of our People & Community Network will enable inclusion of a diverse range of people from communities across Wales. This will embrace the Citizen's Voice within our

organisation, ensuring we develop and deliver our services in the way our communities expect.

Our strategy highlights the importance of effective quality leadership, and management systems to enable our people to provide excellent care and experiences. We have taken steps to strengthen governance and leadership, whilst our refreshed Quality Strategy provides a further platform on which to build on our ambitions as a quality driven organisation. We will empower our people with the systems, information and leadership that they need to deliver the best possible experience for our service users. Occasionally, where things may go wrong, we will work with our people and service users to put things right; utilising our quality management systems and integrated governance to accelerate learning and ensure improvement across the Trust.

The Quality Strategy 2021-24 presents the next chapter in the Trust's quality journey. Over the past decade, the Trust has developed and evolved to meet the needs of the people of Wales. The quest for quality is continuous, and as a learning organisation seeking to continually improve, our Quality Strategy will inform all our key decisions as we strive to realise our ambition to provide consistent excellence of service.



Jason Killens  
Chief Executive



Martin Woodford  
Chair





Claire Roche  
**Executive  
Director of  
Quality and  
Nursing**

I am delighted to present our Quality Strategy, a document which sets out our vision for the future of the Welsh Ambulance Services NHS Trust (WAST). This vision has been shaped by extensive engagement with our patients, staff and key stakeholders.

This strategy builds on the Welsh Ambulance Services NHS Trust Quality Strategy 2016-2019. It is informed by the Health and Social Care (Quality & Engagement) (Wales) Act 2020, sharpening our focus on effective, safe services that ensure a positive patient outcome and experience.

It clearly sets out our commitment to, and recognition of our Duty of Quality and Candour. The Citizen Voice will be central to continually inform the quality of our services to the people of Wales.

I look forward to driving forward this strategy in partnership with all colleagues in #TEAMWAST, our partners and stakeholders, our Commissioners and not least, our patients, families and everyone who uses our services to ensure that we are "Quality Driven".



Dr Brendan Lloyd  
**Executive  
Medical  
Director**

In 2015 the Welsh Ambulance Services Trust took a hugely significant step along the journey of quality improvement when we developed our Clinical Model, introducing new Ambulance Quality Indicators to sit alongside traditional time-based targets for immediately life-threatening conditions.

I am delighted that this Quality Strategy further develops our ambition to provide care of the highest possible quality and embeds this vision at the heart of our organisation. Sitting alongside our recent Clinical Strategy, "Delivering Clinical Excellence in Wales", the Quality Strategy clearly identifies the relentless pursuit of quality as a responsibility for everyone working at WAST. Through this pursuit of quality, we will continue to ensure all aspects of the clinical care provided by WAST are taken forward in an integrated urgent and emergency care clinical operating model, based on best evidence and supported by clinical, operational and quality structures throughout the organisation.



Andy Swinburn  
**Associate  
Director of  
Paramedicine**

I am pleased to be able to contribute to the 2021-2024 Quality Strategy. In recent years, despite numerous challenges, we have seen the continued improvement in the quality of care we deliver. This strategy sets out the next steps in increasing our focus around the quality of our clinical provision and I very much welcome its introduction.

As the service develops, and its clinical and quality leadership programmes grow, it is vital that as clinicians we ensure that we all play a part in confirming the quality of care we deliver is first class. Quality incorporates many aspects of service delivery, from traditional performance measures around timely provision, through to clinical indicators and measurable patient outcomes. These are fundamental in how we look after the communities we serve. These quantitative performance measures are a vital element of delivering a clinically led service. However, it is equally important that we also ensure our patients' experience of the service matches our clinical outcomes. Therefore, ensuring both the Quality and Clinical Strategies are aligned, with focus around how we care for patients across all aspects of care needs, will be the vital next step in ensuring the people of Wales receive a world class service.

Our 2021-24 strategy recognises that Quality is more than just meeting service standards. It is way of working to provide safe, effective, person-centred, timely, efficient and equitable healthcare within a culture of learning. We recognise that there continues to be a drive across the Health and Care sector to continuously develop and improve quality of services.

Patients and service users should expect our standards to be high and for our services to meet their expectations. Our strategy is an enabler to drive service improvement to secure improved patient outcomes, experiences, and quality of our care.

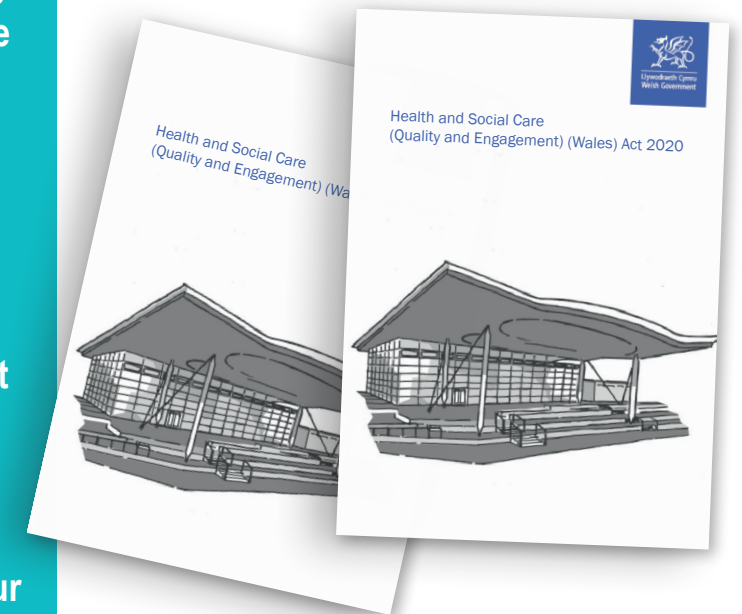
Our Quality Strategy 2021-24 builds on the journey of development of quality management within the health and care sector over many years. Everything we do is quality-driven, and quality is fundamental to ensuring the experience of our service meet expectations. Much has been achieved within the Trust through out Quality Strategy 2016-19 in elevating our focus and culture toward being a clinically led, quality driven organisation.

The Covid-19 pandemic has demonstrated the strong reflex-ability and responsiveness of the Trust to crisis situations, as well as the overwhelming public support for our services. It has also demonstrated where quality can be improved, to ensure that we achieve our Delivering Excellence vision.

Our services, along with broader NHS Wales organisations, face challenges in coordinating care across the health & care service in a timely and responsive manner. It is critical that system-wide collaboration enables quality driven decision making in our pursuit of person-centred experiences.

Underpinning our efforts to continuously improve, are new legislative requirements that support the development of our strategy. The Health and Social Care (Quality and Engagement) (Wales) Act 2020, "the Act", places further responsibility on health and care organisations in Wales to enhance quality and transparency. The legislation provides the Trust with a Duty of Quality, Duty of Candour, and establishes a Citizen Voice to enrich engagement with service users and community members.

## THE ACT – AT A GLANCE



### DUTY OF QUALITY

The duty requires the Trust to develop leadership and management systems with a view to securing improvement in the quality of services. Through continuous improvement of our services over time, ensuring that quality challenges are improved upon, we will report our learning through our annual quality report.

### DUTY OF CANDOUR

This duty will support the Trust when things go wrong in providing care or our service fails to meet expectations or the standards that they should. Through this Duty, the Trust must be honest in informing patients and their families when things do not go right, and we will be obligated to find out what went wrong; and, to make sure the same mistake does not happen again.

A culture of openness, transparency and candour is widely associated with good quality care. This must encourage learning and be achieved without apportion of blame.

### CITIZEN VOICE

The Trust will continue to work with patients and members of the community in developing our services. Through the Act, we will be obligated to engage with Wales' Citizen Voice Body, to understand service user experience and expectations of our services.



## OUR VISION FOR 2030

**Our vision is to deliver excellence across our services for our patients and service users. Our vision has been shaped by extensive engagement with our patients, staff, and key stakeholders to ensure that we provide high quality care that meets the needs and expectations of the people of Wales.**

In achieving our goal of delivering excellence, we will focus on three key areas:

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

Delivering excellence will be achieved through a persistent focus on putting experience and quality of care for our patients at the forefront.

### QUALITY-DRIVEN

It is our commitment to ensure that our services provide the highest quality of care for our patients, service users, and their carers. We are committed to improving the experience of care and seek opportunities to provide positive patient experiences through the patient journey across NHS Wales services.

Our *Delivering Excellence* vision is quality-driven and ensures our services are developed and delivered to provide:

- Person-centred care;
- Timely care;
- Efficient care;
- Safe care;
- Effective care; and,
- Equitable care.

As an NHS Wales organisation, the Trust has clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;
- Health and Care Standards; and,
- Core Commissioning Requirements.

## OUR QUALITY DOMAINS

### EQUITABLE CARE

We will ensure that the quality of service meets the needs of individuals, taking into account individual characteristics and circumstances.

### SAFE CARE

We will ensure that people using our service are protected from avoidable harm.

### EFFICIENT CARE

We will ensure that we provide the best quality care through the most efficient use of the resources available.

### TIMELY CARE

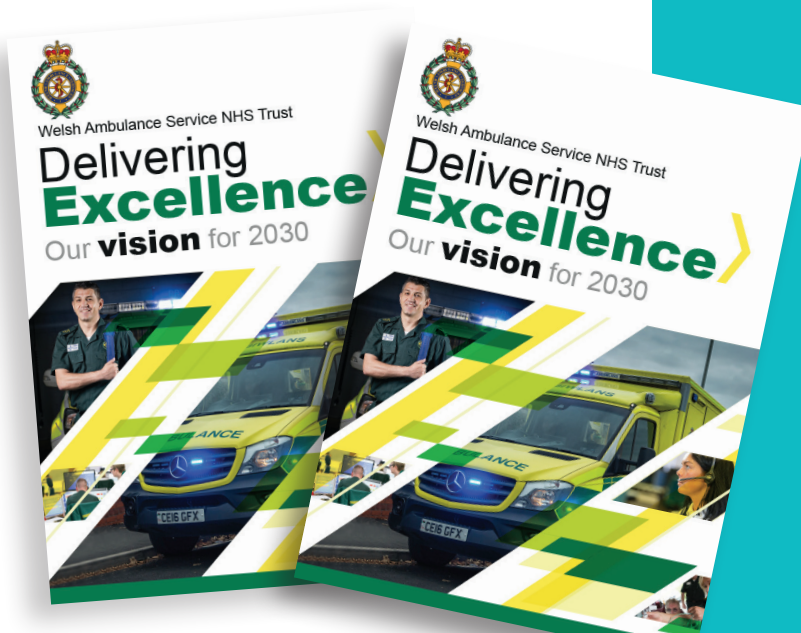
People will have timely access and response to services based on clinical need and will be actively involved in decisions about their care.

### PERSON-CENTRED CARE

Our services will respond to people's needs and choices. We want people to have a positive experience and value the services and care we provide.

### EFFECTIVE CARE

The care and treatment we provide will achieve good outcomes and will be based on the best available evidence. We will embrace opportunities to learn, grow and improve.





DEVELOPING A CULTURE OF CANDOUR

Candour: the quality of being open and honest.

We will develop and embed a culture of Candour across our workforce, to create an environment that is transparent, honest, and open to learning. We will do this in our quest to continually improve.

SUPPORTING A LEARNING ENVIRONMENT

Fundamental to fulfilling our Duty of Candour, is continuing our cultural transformation through compassionate leadership and learning. In order to achieve this, we will develop a culture across our workforce that embraces:

- Psychological safety – build on a ‘no blame’ non-punitive culture that promotes ‘speaking up’. We will destigmatise failure, and embrace honest mistakes as learning opportunities;
- Appreciation of complex clinical judgements – where our people must explore unique approaches to provide the best person-centred care;
- Openness to new approaches, perspective and learning – striving to innovate and improve, being brave and bold to develop and adopt services that meet patient expectations;
- Resources to support reflection and learning – we will embed support for our staff to ensure access to support that facilitates learning and professional development through raising a concern, challenge or issue with candour.

LEADERSHIP THAT REINFORCES LEARNING

Learning is strongly influenced by the behaviour of leaders. In developing a culture of candour, we will equip managers and leaders with time and resources to understand organisational challenges and investigate when things go wrong. This will be done through working together, attentive listening, in a non-judgemental and non-punitive manner to promote effective learning amongst our staff. In turn, this will increase transparency and honesty across our people.

We are part of a larger health and care system. Sometimes, when things go wrong it is because of ‘system-wide’ challenges. Where this happens, our leaders will act as system convenors – working with influential stakeholders to inform them of challenges our patients encounter, and promote solutions in partnership and collaboration.

ENHANCING KNOWLEDGE, SKILLS AND PROFESSIONALISM

Through our strategy, our staff will be skilled and knowledgeable in their duty of candour, as part of their service to our patients and service users. This will be achieved through education & training, as well as integrating this knowledge into day-to-day practices. This will improve staff competence and confidence in discharging their duties to patients and service users, as well as ensure supporting forums and systems are utilised.



DELIVERING LEARNING AND IMPROVEMENTS

Developing our organisational culture and embedding the Duty of Candour are critical in being open and honest with our patients and service users where our services have not met expectations, or have caused harm. We will utilise our candour to drive improvement.

Where failures or mistakes have occurred, we will embrace improvement and innovation opportunities. This will be achieved through the Welsh Ambulance Services’ Improvement & Innovation Network (WIIN). This network will adopt improvement, innovation and research methodologies to tackle challenges our patients have experienced. This will be achieved collaboratively with system partners where our challenges are collective, or transpose the patient journey of care.

In delivering this, we recognise that some challenges are uniquely complex or may take more time than others. We will be ambitious in seeking to address immediate mitigating improvement actions, whilst investing resources to develop in sustainable, longer-term solutions which may be achieved through research, or early stage technologies.

Our strategy will position Candour as a strong organisational value that will be core and influential in the practices of staff across the workforce, to ensure open and honest relationships with our patients.







## QUALITY MANAGEMENT SYSTEMS

Quality is multi-faceted, and is imperative in all areas of our organisation in order to provide excellence in patient experience and care.

### QUALITY DRIVEN

We will develop our organisational structure to ensure everything we do is quality-driven. This will enrich and empower local leaders and managers to ensure patient experiences of our service is delivered locally with excellence. This will position them to continuously monitor, take action and deliver quality improvements.

Quality is the responsibility of every member of staff. All roles and duties across the Trust contribute to the experience and safety of our services, demonstrating the importance of staff being quality driven.

### DEVELOPING STRONG GOVERNANCE & QUALITY MANAGEMENT STRUCTURES

Positioning quality throughout our organisational structure is important in integrating communication and consecutiveness of our functional teams delivering our services to our committees and Trust Board.



We will strengthen our governance structures through Board-to-Floor connections that promote cross-directorate and multi-professional working, rather than through division. We will connect local leadership teams with an over-arching support of an integrated governance group—focussed on the quality of our services and clinical care. This will receive local intelligence to monitor our quality performance, to support and establish action where improvement is required.

### ACCELERATING QUALITY RESPONSIVENESS

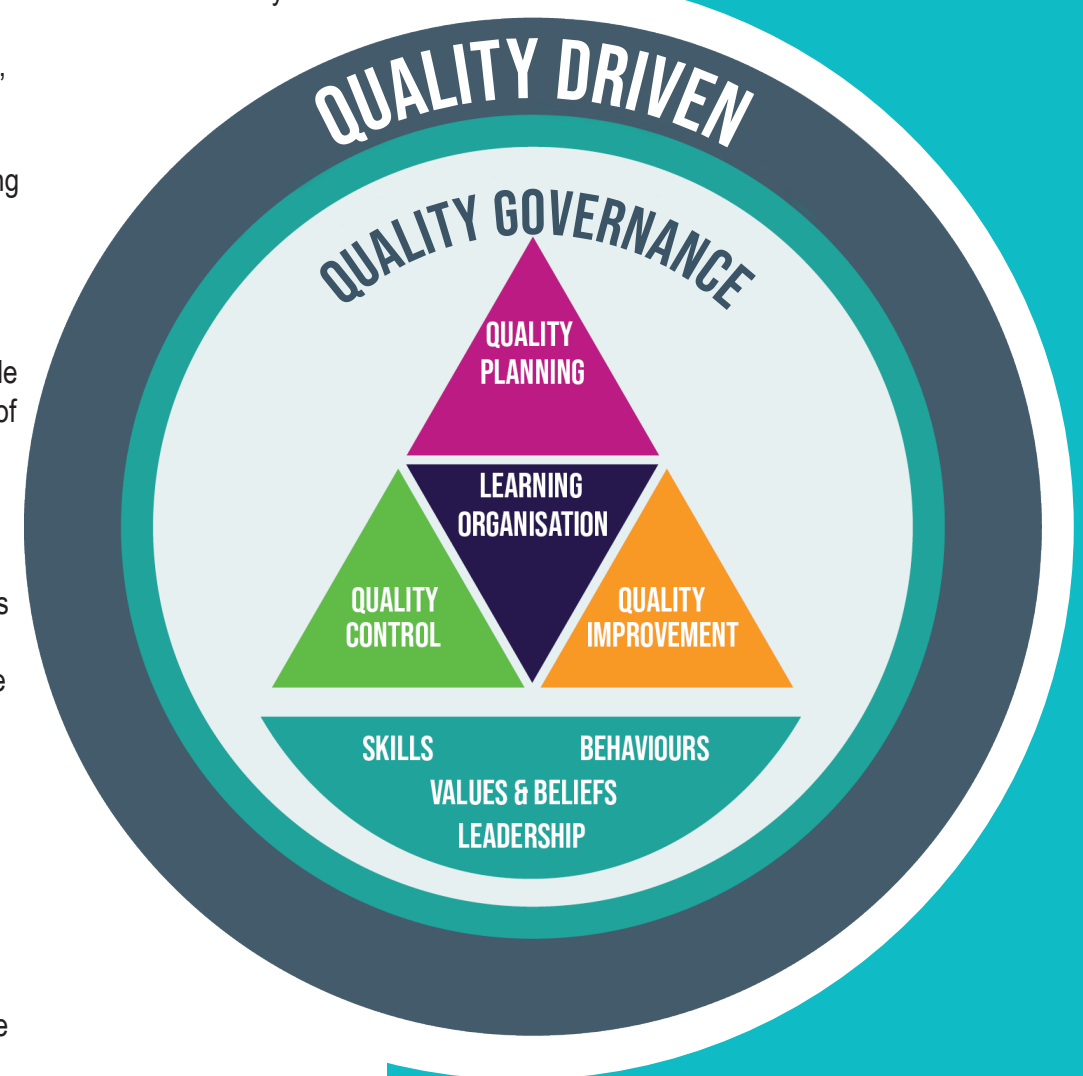
We will develop quality and performance management systems, that are responsive, reliable, and adopt a proactive approach to addressing issues and concerns. By empowering and embedding quality within functional teams, we will reduce the 'turnaround time' required in identifying, understanding, and undertaking action. By dealing with these issues locally, the quality and performance management cycle will be shorter, person-centred, and detailed to provide strong assurance of our Duty of Quality.

### INTEGRATING QUALITY MANAGEMENT

Quality is measured through the experiences of our patients and service users. We will develop systems that integrate assurance data, improvement efforts, and patient stories to provide a full picture of the quality of our services. This will be achieved through the use of our talented workforce, our commissioners, our NHS Wales partners, and trade union partners. We will provide forums in which we can work collaboratively with patients to design and develop the services the people and communities of Wales expect and require.

**Effective investment in quality management systems will prevent poor experience of care, promote accelerated learning and improvement.**

## QUALITY MANAGEMENT SYSTEMS





**INTEGRATING THE CITIZEN VOICE**

**WE WILL ENGAGE  
WITH ALL MEMBERS OF OUR COMMUNITY.  
WE WILL CREATE MEANINGFUL OPPORTUNITIES  
TO INFLUENCE AND CO-PRODUCE  
IMPROVEMENTS ACROSS OUR SERVICES.**



The Health and Social Care (Quality and Engagement) (Wales) Act 2020 strengthen the voice of citizens across health and care services in Wales.

This will be achieved by replacing Community Health Councils with a new, all-Wales Citizen Voice Body.

The Citizen Voice Body will represent the views and interests of people across health and social care. As a Trust we will actively raise awareness of the Citizen Voice Body and work closely with them.

The Citizen Voice Body will be able to:

- ask people what they think about health and social services;
- help you if you need to make a complaint about your care;
- invite volunteers to help with its work.

The Trust will be required to engage and listen to what the Citizen Voice Body says about the provision and experience of services. We will support and enable service users to be involved in the design, planning and delivery of Trust services more effectively and continuously.

**EMBEDDING THE CITIZEN VOICE:  
PEOPLE & COMMUNITY NETWORK**



**Inclusion - Involvement - Innovation**

Co-ordinated by the Patient Experience & Community Involvement (PECI) team, the development of the People & Community Network will provide a mechanism for the engagement and inclusion of patients, service users, and citizens of Wales.

The network will aim to achieve:

**INCLUSIVITY**

Establishment of the WAST 'IN network' for all Welsh citizens and community members from all backgrounds.

**INNOVATION**

Developing and innovating services around the needs of services users, prioritising on issues affecting experience and quality of care.

**INFLUENCING**

Enabling co-design and co-production of service improvements in partnership with service users and community members.

**INVOLVEMENT**

Expanding the reach into communities, including the involvement of a more diverse membership including hard to reach communities including:

- People aged 17 – 25 years of age;
- People from ethnic communities.

The People & Community Network will enable inclusion of a more diverse range of voices, ideas and experiences and enhance our visibility among different communities.





# 4 PUTTING QUALITY INTO PERSPECTIVE

## WHAT OUR PATIENTS AND SERVICE USERS SAY

We openly invite feedback from service users, patients and members of the community. All feedback, including compliments and complaints, are useful in informing where we are doing well and how we can improve our services. We recognise that our staff being able to provide kind and compassionate care is a fundamental expectation of our service. These are qualities that patients especially feel promote their dignity and exemplifies quality. Listening to people, using a language and tone that enables them to understand and feel comfortable, and being patient are also regular themes we receive relating to positive feedback on quality.

We recognise that our patients expect our staff to be able to provide exemplary, person-centred care:

“  
The ambulance crew who turned up and transported my father from the house to hospital were kind, thoughtful and professional.

“  
Thank you for the amazing assistance provided to my mother recently. They were calm, helpful, thorough and reassuring - everything you would want and need in a stressful situation.

“  
Treated my dad with dignity, respect and humour. It made him feel at ease.

“  
Thank you for giving me such wonderful service when I fell during the night. Both staff made me feel much better and helped me to get up in a dignified and respectful way.

## WHAT OUR STAFF AND VOLUNTEERS SAY



Our staff and volunteers deliver care for patients and services users across a diverse range of situations and circumstances. Sometimes, these are of the most severe and serious of nature. Our staff and volunteers strive to provide the best quality service.

The Quality Strategy will equip our staff and volunteers with the systems and skills to enable them to enhance the care they are able to provide. By providing quality expertise, closer to the frontline, in local settings – staff and volunteers will have better access to address challenges locally, and make improvement happen. Systems of quality management and governance will improve the identification of issues and problems, promoting support for resolution where it is required.

Finally, our staff and volunteers welcome opportunities for candid learning, through a transparent non-blame culture. This is important to enhance learning, professional practice and deliver continuous improvement.

# 5 OUR VISION

## OUR QUALITY VISION

DELIVERING  
EXCELLENCE  
OUR VISION  
FOR 2030

QUALITY  
DRIVEN

## OUR QUALITY DRIVERS

TO ENSURE  
SERVICES  
ARE EFFECTIVE

TO ENSURE  
SERVICES  
ARE SAFE

TO ENSURE A  
POSITIVE  
PATIENT  
OUTCOME &  
EXPERIENCE

## STRATEGIC QUALITY AIMS

### Quality Culture & Candour

Quality leadership

Knowledge, skills, & professionalism

### Quality Management Systems

Responsive, integrated Quality Management System

Integrated Clinical & Quality Governance

### Citizen Voice

A Learning Organisation

Embrace the contribution of patients & service users

## FOR MORE INFORMATION OR TO GET INVOLVED...

### Contact us:

Patient Experience & Community Involvement Team  
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1 Parc Matrix  
Swansea Enterprise Park  
Swansea  
SA6 8RE

Telephone: 01792 562900

Email: [peci.team@wales.nhs.uk](mailto:peci.team@wales.nhs.uk)

Visit us at: [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

Twitter: [@welshambulance](https://twitter.com/welshambulance)



Facebook: [Welsh Ambulance Services NHS Trust](https://www.facebook.com/WelshAmbulanceServicesNHSTrust)



Instagram: [welsh\\_ambulance\\_service](https://www.instagram.com/welsh_ambulance_service)





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Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

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

## WELSH AMBULANCE SERVICES NHS TRUST MENTAL HEALTH AND DEMENTIA PLAN 2021-24

MEETING	Trust Board
DATE	27 May 2021
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Head of Mental Health and Dementia Mental Health and Dementia Project Manager
CONTACT	Steve Clarke <a href="mailto:Stephen.Clarke@wales.nhs.uk">Stephen.Clarke@wales.nhs.uk</a> Jessica Hooper 07973 833919 <a href="mailto:Jessica.Hooper2@wales.nhs.uk">Jessica.Hooper2@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

This report summaries the Welsh Ambulance Services NHS Trust (WAST) new Mental Health & Dementia Plan, which states our priorities for improvement from 2021 to 2024. A PDF version of the Plan is attached in **Annex 1**.

### KEY ISSUES/IMPLICATIONS

- (1) Note the internal and external consultation on the plan
- (2) Approve this version of the Plan
- (3) Note that translation into Welsh is in hand and both versions will be published simultaneously

**RECOMMENDED:** That the Committee receives this report and actions the above

### REPORT APPROVAL ROUTE

to February 2021	Internal and external discussions and consultations
18 February 2021	Mental Health & Dementia Steering Group
14 April 2021	Executive Management Team
4 May 2021	Trade Union Cell
7 May 2021	Quality, Patient Experience & Safety Committee
27 May 2021	Trust Board

### REPORT APPENDICES

**Annex 1** - SBAR

**Annex 2** - WAST Mental Health & Dementia Plan 2021-2024

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



### SITUATION

- 1 Our draft integrated Mental Health and Dementia Plan (MHDP) (**Annex 2**) sets out the Strategic and Operational Plans for improvement in the Welsh Ambulance Services NHS Trust (WAST) over the next three years. The Plan reflects the Integrated Medium Term Plan (IMTP) deliverables, but sets these out in more detail.
- 2 The Plan has been designed and developed in Portable Document Format (PDF) with images and infographics. The welsh language translation of the Plan is underway and both versions will be published at the same time, in line with Welsh Language Standards.

### BACKGROUND

- 3 WAST has two previous, relevant Plans: a Dementia Plan (2017 to 2020) and a Mental Health Improvement Plan (2017 to 2020). A detailed analysis of what has been delivered against these plans was presented to the Quality, Patient Experience & Safety (QuEST) Committee on 1 December 2020. The few outstanding actions have been carried forward to the new Plan.
- 4 The Mental Health and Dementia Teams are now integrated into one Improvement Team in WAST. The Team is directly funded by Welsh Government. Given this, and the significant overlap in agendas, it has been agreed that there would be one single Plan spanning mental health and dementia.

### ASSESSMENT

- 5 The Plan has been subject to extensive internal and external consultation. For example, the Plan has been discussed at the Trade Union Cell, the Mental Health & Dementia (MHD) Steering Group, at bespoke staff consultation sessions, with service users and carers (via the Patient Experience & Community Involvement (PECI) Team consulting with local groups), with professionals outside WAST and with the voluntary sector (mental health charity Hafal on behalf of the Wales Alliance for Mental Health).
- 6 Each group or event has helped us to fine-tune the Plan and to further align it with other parts of the organisation, and the wider mental health system.
- 7 Delivery of many of the objectives will require us to work in partnership with other parts of WAST e.g. on education (with Workforce & Organisational Development (WOD), on delivering Mental Health Practitioners (MHPs) in the Clinical Service Desk (CSD) (with Operations), with Commissioners (on funding for MHPs) and across the mental health and dementia sectors.

- 8 As we now have a robust Wellbeing Strategy in place, the focus for this Plan is now exclusively on how we will improve patient-facing care. However, the Mental Health & Dementia Team continues to work closely with Catherine Godwin, Organisational Culture & Workplace Wellbeing Lead and others in the WOD Directorate on staff wellbeing.



GIG  
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WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

# Our Mental Health and Dementia Plan **2021 - 2024**





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## Introduction

With over 30,000 contacts per year to 999 alone, the Welsh Ambulance Services NHS Trust (WAST) responds to more mental health crisis calls than any other NHS or public sector organisation. In addition to this, mental health demand in 111/NHS Direct Wales and the Non- Emergency Patient Transport Service (NEPTS) is significant.

Dementia continues to be one of the 21st century biggest healthcare challenges. We are working towards improving the experience for people living with dementia who use our services, as well as considering the impact it will have on our workforce.

This plan outlines how WAST will improve our response to people with mental health conditions and dementia between 2021-2024. This plan has been developed following continued engagement and consultation across WAST services and external stakeholders eg Hafal/Wales Alliance for Mental Health, as well as service users and carers. Within it, we set out our high level objectives and more detailed plans for improving mental health and dementia services for people across Wales of all ages who call 111 or 999.

WAST is hugely grateful to Welsh Government for their ongoing investment in improving our responses to people in mental health crisis and those affected by dementia.

## WAST in summary



## Our vision

This plan has been developed in partnership with WAST staff, Trade Union Partners, individuals accessing services, carers and with the third sector.

Ultimately, we aim to:

- be an organisation that responds appropriately to both the clinical and emotional needs of people living with mental health conditions and dementia, their carers and families
- have a skilled and effective workforce delivering better quality services with kindness and compassion, better service user experience and outcomes
- ensure that we have parity between physical and mental health, and to improve health outcomes for people of all ages with mental health conditions or dementia
- develop our partnerships, engagement and evaluation processes to ensure that we deliver high quality, informed and equitable care to Wales

## Foreword by the Chief Executive – Jason Killens

Our new Mental Health and Dementia Plan could not have come at a more important time.

We know that demand for mental health services is growing across the whole of Wales, and that supporting people with dementia to live well is one of the biggest challenges of the 21st Century. On top of all of this, the global Covid-19 pandemic has had significant and long-lasting impacts on the wellbeing of the people of Wales. Quite simply, the NHS, social care, the voluntary sector and other agencies such as the police will have to work even more closely than before if we are to respond well to the challenges ahead.



There can be no doubt of our commitment to this agenda – we have recently established our Mental Health and Dementia Programme Board that steers the delivery of this plan across our services, and seldom does a day go by without us hearing about the experiences of people who use our services, or an internal discussion about how we build on and improve our responses to people in crisis. We are hugely grateful to Welsh Government for their support to develop our Mental Health and Dementia Team, and we are now in discussion with the Emergency Ambulance Services Committee and the Chief Ambulance Services Commissioner about how we move forward with delivery of our Integrated Medium Term Plan and this plan.

I look forward to us working in close partnership across the system, and seeing the changes we make over the next three years.

A handwritten signature in blue ink, which appears to read 'Jason Killens'.

Jason Killens  
Chief Executive

## Foreword by the Executive Director of Quality, Nursing, Safety and Patient Experience – Claire Roche

We have been on an important improvement journey on mental health and dementia over the last few years. Our ambitions and our plans have grown over time, and we now have some tangible achievements under our belt. These include our fantastic mental health and dementia training offer, our work with Workforce colleagues on employee mental health and being Dementia Friendly Organisation of the Year in 2018 (and finalists in 2019) to name but a few.



Our new plan brings together the views of our staff, evidence and best practice from across the UK and beyond. Of most importance are the views of service users and carers, as well as other stakeholders. It builds on the successes from our earlier mental health and dementia plans, including the development of our Mental Health and Dementia Team, raising the voices of people with lived experience, considerable training activity and our piloting of mental health practitioners in our Clinical Support Desk. All of this work, including working in close partnership with people with lived experience and our staff, will continue and strengthen over the next three years of this plan.

We know that we have a lot of work to do to improve the outcomes and experiences of people who have a mental health condition and/or dementia who contact our services, be it through 111, 999 or our Non-Emergency Patient Transport Service. This plan will set us on course for a step-change in this.

I'm proud of the work WAST has done already in this area, and am really excited to see what the next three years brings.

A handwritten signature in cursive script that reads "C Roche".

Claire Roche  
Executive Director of Quality & Nursing



## Our Commitment

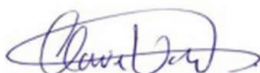
Nearly all mental health calls to 999 (and many to 111) are for or from someone in a crisis. Many of these people will have thoughts of suicide or self-harm, and some will have acted on these thoughts. Additionally, a lot of people who call us for physical health issues may also have a mental health condition. For example, people with long-term physical health conditions like rheumatoid arthritis are two to three times more likely to have a mental health condition like depression and anxiety than the rest of the population. Cardiovascular disease and diabetes are also risk factors for the development of mild cognitive impairment, as well as Alzheimer's Disease and vascular dementia. Many callers to 999 will be calling about a physical health issue eg a fall, but may also have dementia or a mental health condition. All of this means that we have to respond appropriately to people in crisis, and also think about mental health and dementia when people call us about physical health issues too. That requires us to work in an integrated way to meet the needs of callers to 111 and 999.

We are setting ourselves some ambitious goals in our mental health and dementia plan. Many of these goals will require us to take a whole system approach, and to commit to working in partnership with other healthcare providers like Local Health Boards (LHBs) and the third sector. Whilst we have consulted with many people with lived experience of dementia, we will do more to hear their voices, and those of people who have mental health conditions as we move towards delivery of this plan.

It will also mean that every part of WAST will need to take action to improve our services for people with mental health conditions and dementia. We collectively agree to ensure that mental health conditions and dementia are treated with parity across all of our services.



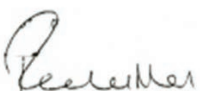
Claire Roche  
Executive Director of Quality  
& Nursing



Claire Vaughan  
Executive Director of  
Workforce & OD



Dr. Brendan Lloyd  
Executive Medical Director /  
Interim Deputy CEO



Rachel Marsh  
Director of Strategy,  
Planning and Performance



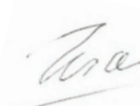
Christopher Turley  
Executive Director of Finance  
and Corporate Services



Lee Brookes  
Director of Operations



Andy Haywood  
Director of Digital Services



Keith Cox  
Board Secretary



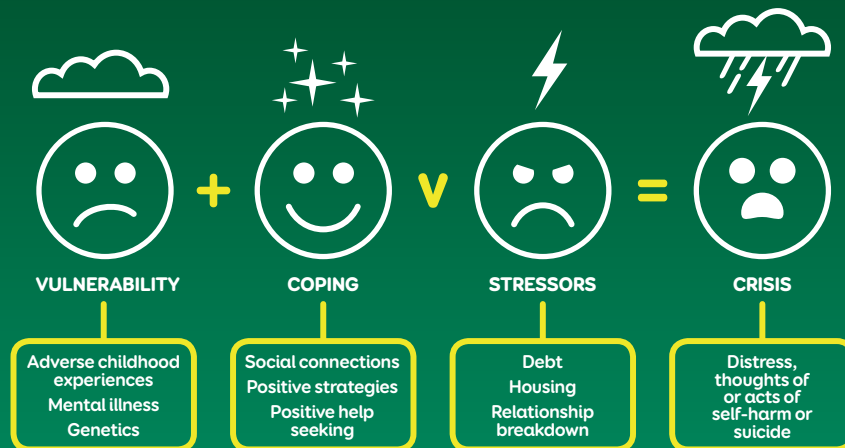
Estelle Hitchon  
Director of Partnership and  
Engagement



Jason Killens  
Chief Executive



## What is a Mental Health Crisis?



**Anyone can have a crisis - if your ability to cope is over-topped by more stressors than you can handle**

A crisis is a situation where an individual's ability to cope is overwhelmed by a single stressor or multiple stressors such as bereavement, debt, housing issues or other events. Our ability to cope with stressors is shaped by many different things, including biological, psychological and social factors. Some people may be more prone to crisis eg those who experience multiple adversities in early childhood or people with a severe and enduring mental illness.

Crises can be avoided by using positive coping strategies such as self-soothing, problem solving, connecting with others and help-seeking, or made worse by others including consuming alcohol or non-prescribed drugs, or self-harm.

Some people have built in risk factors for crisis, which could be caused by high levels of stress hormones whilst in the womb or in the first two years of life. Others have higher social vulnerability because of loneliness, isolation, worklessness, or lack of purpose.

However, anyone can end up in a mental health crisis.

Any member of staff who needs help for themselves or a colleague should access our #WASTkeptalking portal where they can find all of the mental health resources available to you, face to face and online. For more information, the WAST Wellbeing Strategy can be accessed on our staff intranet page.



## Working towards equity

In Wales and across the UK, some groups experience greater difficulty in accessing health services than others eg people from Welsh speaking communities, people with sensory loss; and some groups have poorer mental health than others eg people from ethnically diverse communities, Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) people. Indeed, some of these same groups also have poorer outcomes and experiences when they do access healthcare.

### Inequalities in Mental Health: The Facts

#### Determinants

There are many determinants in our lives which influence our mental health; from positive parenting and a safe place to live, to experiencing abuse, oppression, discrimination, or growing up in poverty.

Determinants of mental health interact with inequalities in society, putting some people at a far higher risk of poor mental health than others.



Men and women from **African-Caribbean communities in the UK** have **higher rates of post-traumatic stress disorder and suicide risk** and are more likely to be **diagnosed with schizophrenia**



People who identify as **LGBTQ+** have **higher rates of common mental health problems and lower wellbeing** than heterosexual people, and the gap is **higher for those under 35 and over 55 years of age**.



**Children and young people with a learning disability** are **three times** more likely than average to have a **mental health problem**

Women are **ten times** as likely as men to have experienced extensive **physical and sexual abuse** during their lives: of those who have, **36%** have **attempted suicide**, **22%** have **self-harmed** and **21%** have **been homeless**



Children from the **poorest 20%** of households are **four times** as likely to have **serious mental health difficulties** by the age of 11 as those from the wealthiest 20%



"Patients are the most important thing in what we all strive to do our best for"

WAST Clinician, 2020

## Working towards equity (continued)

Our equality strategy “Treating People Fairly” sets out our approach to improving outcomes for all of the people of Wales, and how we will achieve our commitment to the Public Sector Equality Duty. Some key objectives in the strategy are:

### By 2024...

... we will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.

### By 2024...

... we will take action to increase awareness and tackle key equalities issues that may arise from a person’s ‘protected characteristics’ to ensure our services, our culture and our people understand and are responsive to the needs of all.

“Treating People Fairly” includes a specific action to “work in partnership to improve our understanding of the experience of mental health service users, and also of those living with dementia”.

Inequality is complex, multi-factorial and entrenched in many ways, and it is only through working together, under the stewardship of our equality strategy, Equality Impact Assessment and Welsh Language Strategy that we will begin to reduce inequality and improve outcomes and experience. Inequality is an important dimension in every key deliverable in this plan.





## Emerging from the Covid-19 pandemic

As this plan is published in 2021, Wales is just emerging from its third lockdown of the global Covid-19 pandemic. It is well reported that the pandemic, and the measures taken to combat it, have and will continue to impact on people's mental health for years to come. We have seen a large decrease in people's psychological wellbeing compared to pre-Covid-19 levels. Issues such as social isolation and financial stress, as well as people experiencing major Covid-19 symptoms (and 'long Covid') have all taken a toll on the wellbeing of the people of Wales. During the pandemic, people who already had mental health conditions were more than four times more likely to be distressed compared to those without one. Public Health Wales is anticipating increases in alcohol deaths and in mental health conditions across the board, and expects some of these effects to last for up to a decade.

People affected by dementia have been amongst those hit the hardest by the pandemic. From the high death rate in care homes, to significant cognitive decline in people who live in isolation and the pressures on unpaid carers, the pandemic has had a severe impact. There has been evidence of a surge in loneliness and isolation, and some people have reported a decline in concentrating, memory loss, agitation and stress/depression.

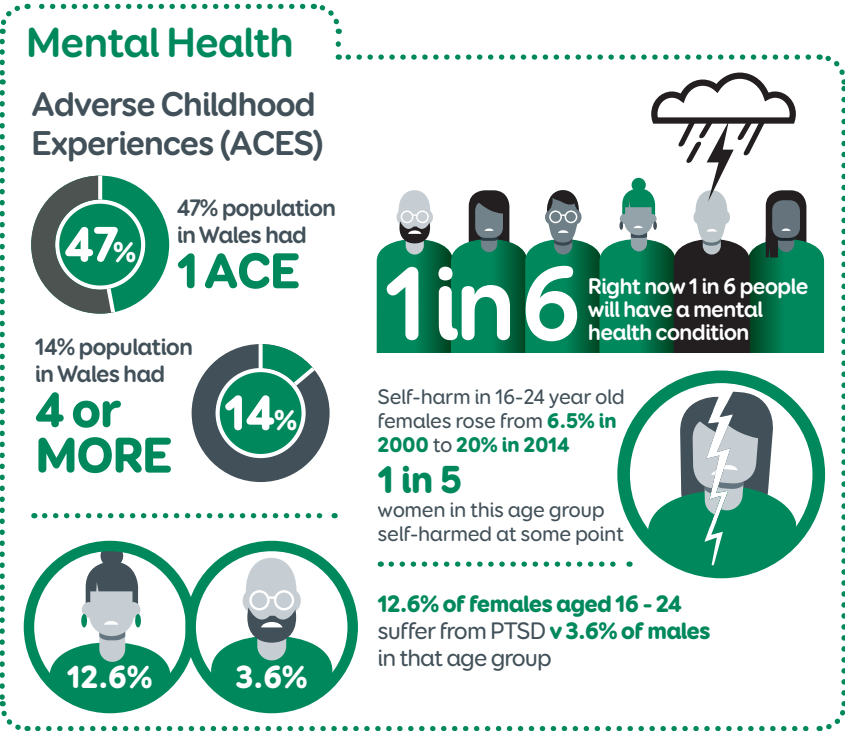
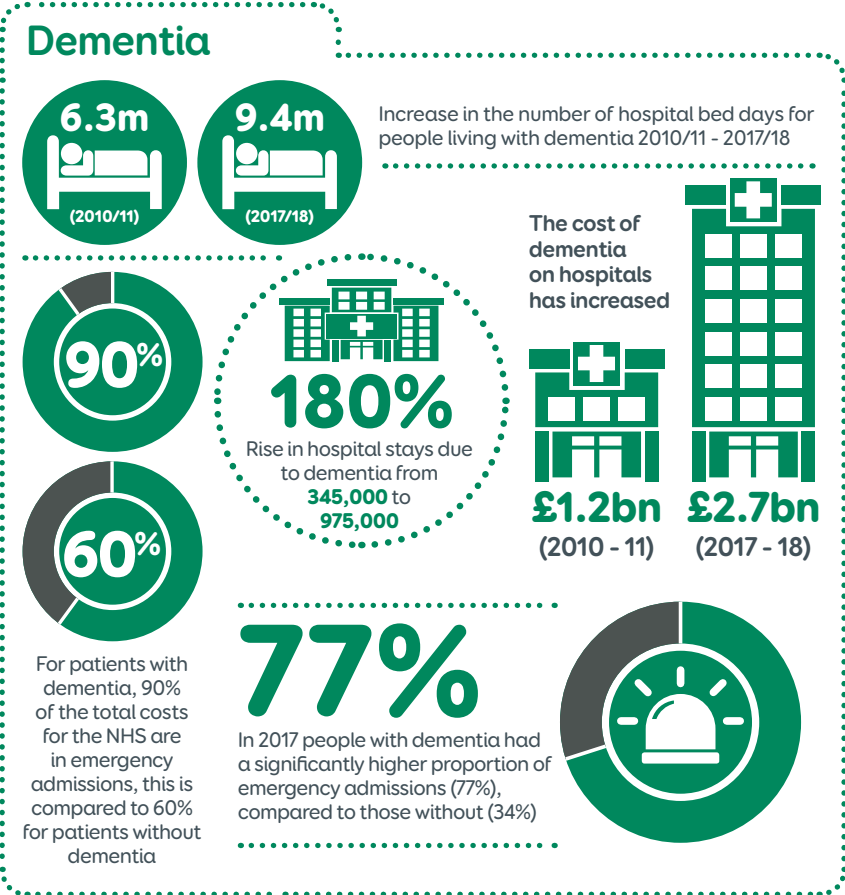
“

“The biggest benefit was to the patient as they were speaking to a specialist who understood their mental health condition and needs, and then signposted them to the most appropriate pathway”

WAST Clinician on having Mental Health Practitioners supporting during the pandemic, 2020

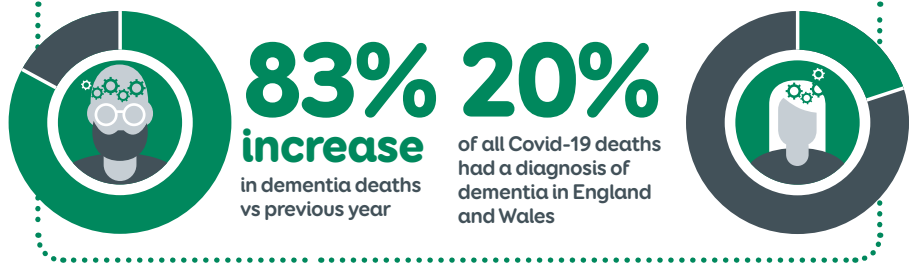


Pre-pandemic



During Pandemic

Dementia



Mental Health

The data show high levels of psychological distress during the COVID-19 pandemic, with around 50% of the population reporting clinically significant levels of psychological distress:



Post Pandemic

We are now facing a period of considerable uncertainty. The challenging circumstances in the economy will impact on us all. Younger people whose education has been disrupted might experience challenges to their life chances. Growing unemployment will impact on mental health and wellbeing, and isolation will have lasting effects for older people.

## Connecting with other work across Wales

This plan is clearly aligned with a number of other NHS Wales and Welsh Government documents and strategies including:

### [A Healthier Wales](#)

The Welsh Government's long-term plan for health and social services in Wales sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness. A Healthier Wales' 'Quadruple Aim' is to deliver an inclusive, engaged, sustainable, flexible and responsive workforce in health and social care, which is reflected in this plan.

### [Together for Mental Health](#)

Together for Mental Health (T4MH) is a cross-Government Strategy setting out goals for improving mental health and mental health services in Wales. It is the first Mental Health Strategy that covers all ages; children and young people, adults of working age and older people. In addition to being a plan for all ages T4MH has also adopted a focus on early intervention.

### [The Dementia Action Plan for Wales](#)

The action plan is a result of working with and listening to a wide range of stakeholders. It is ambitious, person-centred and was developed with people living with dementia, their families and carers as equal partners. This is an approach we have adopted throughout our own work in both mental health and dementia.

### [The Crisis Care Concordat for Wales](#)

The Concordat is a shared statement of commitment, endorsed by senior leaders from organisations that are most involved in responding to and supporting people of any age who experience a mental health crisis.. The Concordat sets out the ways in which partner agencies should work together to deliver a high-quality response to this group of people who require assessment and/or intervention. This approach is reflected under the 'partnerships' section of the plan.

### [Beyond the Call](#)

This report into crisis care in Wales estimated that around 100,000 people end up in a crisis in Wales each year. It recommended that 111 become the first point of contact for people in a crisis, and we are working with Welsh Government and others on implementation of this recommendation (which is included in our delivery plan).

### [Older People's Framework](#)

WAST's Mental Health and Dementia team have been consulted and informed throughout the development of the Older People's Framework to ensure that mental health and particularly dementia are considered.



## Connecting with other work across Wales (continued)

### Welsh Language Standards

In line with the Welsh Language Standards and the Welsh Language Measure (2011), we recognise the importance of delivering all parts of the plan in both Welsh and English including but not limited to the plan itself, training and education for staff and engagement with service users who communicate through the medium of Welsh.

### More Than Just Words

Welsh Government's original strategic framework for Welsh language services in health, social services and social care, launched in 2012, has led to a number of improvements which help ensure Welsh speakers receive health, and social care services in their first language.

### WAST Digital Strategy

This strategy has been developed to ensure that WAST can deliver on its existing digital ambitions, whilst also creating the environment to embrace digital change and transform our services to deliver excellent patient care.





## Our Priorities for 2021 - 2024

We have worked together to identify three key priority areas for us to focus on over the next three years of this plan.



### People

Improving the skills knowledge and values required in our **people** to support individuals who have a mental health condition or dementia



### Practice

Ensuring that people receive best **practice** in the timely and appropriate triage, care, support, advice or information for their mental health condition or dementia



### Partnerships

Service users are partners in all of our work and internal and external **partnerships** are consistently built and maintained

**Delivery of these three priorities will help us on our journey to delivery of our vision for mental health and dementia in WAST. The next section goes into more detail on these three areas.**



**"These priorities - people, practice and partnerships will be really positive moving forward"**

**The Mentor Ring Cardiff and the Vale Representative, 2021**

## People

Improving the skills, knowledge and values required in our people to support individuals who have a mental health condition or dementia



Objectives	Deliverables
01. People with a mental health, substance misuse or dementia condition receive a capable and compassionate response from the WAST workforce	<p>Continue to build on our existing E-Learning modules - listen to staff needs and evidence from across the UK and build more evidence based, relevant, interesting and accessible modules - in both English and Welsh</p> <p>Build podcasts, webinars, seminars and masterclasses for frontline staff on dementia, mental health, crisis care and substance misuse</p> <p>Roll out Suicide First Aid (SFA) across the organisation with a priority for frontline staff, with the aim of delivering SFA to at least 50% of the frontline workforce by the end of 2022, and 75% by 2024</p> <p>Continue to roll out a range of dementia learning including role specific, e-learning modules with the aim of delivering dementia learning to at least 50% of the workforce by the end of 2022, and 75% by 2024</p> <p>Develop tailored training and seminars specific to job role eg emergency medical technicians, paramedics, nurses- to focus on implementation of skills in practice</p> <p>Work with the National Ambulance Training College, UK Ambulance Services and others to develop our offer, and to ensure coherence with the rest of training in WAST and beyond</p> <p>We will strengthen the requirement for mental health education within university courses, and enable and facilitate our people to undertake post-registration courses in mental health that would strengthen our capability and capacity within our clinical workforce</p>
02. Newly qualified paramedics will enter the workforce skilled and confident in managing mental health conditions and dementia	<p>Continue to work closely with Swansea University on the curriculum and syllabus for the BSc in Paramedic Practice</p> <p>Deliver agreed content on the BSc in Paramedic Practice in partnership with Swansea University</p>
03. Nurses, paramedics, social workers, police officers and others will have the opportunity to develop their crisis care practice	<p>Design and delivery of advanced practice module/ programme on crisis mental health care</p>



"It's important to listen to carers when planning services and promote carer friendly practices"

Cardiff and Vale Mental Health Forum BAME Group Representative, 2020

## Practice

Patients receive person centred, timely and appropriate triage, care, support, advice or information for their mental health or dementia condition or crisis



Objectives	Deliverables
04. People receive timely and appropriate triage/care/advice/information for their crisis or mental health/dementia condition when they phone 111 or 999	<p>Using our partnership model, we will develop a response model bringing together practice wisdom and the best available evidence that sets out how we will respond to people who call 999 or 111 in a mental health or dementia crisis</p> <p>We will ensure that our workforce reflect the needs of our service users, through recruitment and retention of mental health practitioners with specialist knowledge relevant to our populations eg older people, children and young people, people who misuse substances etc</p> <p>We commit to undertaking case studies each quarter to capture patient experience in order to measure this objective; which will include reviewing the appropriateness and effectiveness of the service provided.</p>
05. We will reduce the conveyance rate to emergency departments of people in mental health and dementia crisis who call 999, ensuring that they are signposted safe and effective alternatives where warranted	<p>We will recruit and train mental health practitioners to deliver high quality 'hear and treat' services to people who call 111 and 999</p> <p>We will improve our 'hear and treat' outcomes for people who call 999 in a mental health/dementia crisis</p> <p>We will support, clinically supervise, deliver ongoing learning and audit for mental health practitioners working in 'hear and treat' roles</p> <p>Mental health practitioners will work across 111/999 clinical teams to triage/assess the majority of mental health and dementia calls to 999 and 111</p> <p>We will gather further evidence on the safety/efficacy of mental health practitioners triage/assessment of callers to 999 and 111 in crisis</p> <p>We will establish the volume and acuity of mental health and dementia calls to our services</p>

Practice (continued)	
Objectives	Deliverables
06. People receive timely and appropriate care/advice/information for their crisis or mental health or dementia when they are seen by an ambulance crew	<p>We will establish a set of tools for people in 'see and treat' roles to use to assess/triage/support people in crisis</p> <p>We will establish the evidence for a specialist mental health and dementia 'see and treat' service to 999 callers where this would add value</p> <p>We will proactively engage with service users in our training and development work</p> <p>We will increase engagement at and visits to a range of dementia and mental health related groups</p> <p>We will establish the optimal configuration for dementia friendly ambulance environments</p>
07. People receive timely and appropriate care/advice/information for their crisis or mental health condition from a mental health practitioners working in a 'see and treat' role	<p>We will pilot the utility, safety and/or efficacy of advanced interventions such as nurse prescribing for people in mental health crisis or who have dementia</p> <p>We will pilot follow-up telephone calls to some callers to 111 and/or 999, where there is evidence that this may improve outcomes and safety eg children and young people</p> <p>We will explore the potential for piloting the Distress Brief Intervention programme with one local authority area, LHB or other footprint</p> <p>We will scope our pathways development work for mental health and dementia</p>
08. Build on our existing digital offer to people around physical and mental health	<p>We will design and deliver more symptom checkers for mental health and dementia on the NHS Wales 111 website</p> <p>We will redesign and then monitor web visits to NHS Dementia Guide in partnership with colleagues from across WAST and Wales</p> <p>We will review our existing work on crisis prevention app and decide on next steps with Swansea University/ Accelerate Programme</p> <p>We will work in partnership with the Trust's digital leads to develop and maintain appropriate and relevant digital resources for staff and service users including a range of signposting resources which are available across Wales.</p> <p>We will explore how best to develop a mental health and dementia dashboard for WAST, to improve the collection, analysis and distribution of data, which will inform all of our work.</p>



**"It is great that there is more training planned regarding mental health for Welsh Ambulance staff"**

**Older Person's Dementia Group Representative, 2021  
Group Representative, 2020**

## Partnerships

Individuals who use our service, blue light partners and relevant private and third sector organisations (including social care) are partners in all of our work and mental health and dementia is on a par with physical health in WAST



Objectives	Deliverables
09. Maintain and build upon our visibility at national mental health and dementia forums, and links with other national frameworks	<p>We will continue to reliably attend key mental health and dementia forums and influence stakeholders, including the National Mental Health Network Board (and sub-groups) the Dementia National Group, the National Crisis Care Concordat, Together for Mental Health Partnership Board amongst others</p> <p>We will take proactive steps to influence our Public Health Plan including work on risk reduction and Making Every Contact Count</p> <p>We will work with Welsh Government and National Collaborative Commissioning Unit to design a National Mental Health Conveyancing Service for Wales</p>
10. Maintain and build upon our visibility at LHB-level mental health and dementia forums	<p>We will support operational leaders to attend LHB or regional meetings with data, advice and briefing to ensure that they feel well supported on the mental health or dementia agenda and can share issues for advice</p> <p>We will ensure that the dementia team have effective relationships with relevant partnerships by attending relevant forums and network meetings</p>
11. Involve service users and carers in our work	<p>We will endeavour to co-deliver training with service users where this will add value</p> <p>We will support continuous engagement with relevant networks through the Patient Experience and Community Involvement (PECI) team</p> <p>We will ensure that the patient voice is strong through storytelling and sharing patient, carer and family experiences</p> <p>We will work collaboratively with the Peci team to maximise benefits of the Trust's community network</p>
12. Involve blue light partners and relevant third sector organisations in our work	<p>We will work in partnership with police forces, to share data, analysis and raise/listen to any concerns and work towards solutions</p> <p>We will build our relationships with mental health triage teams in all police forces, and work towards a network of mental health /dementia telephone triage providers</p> <p>We will work with the Peci team to support continuous engagement with third sector representatives</p>

Partnerships (continued)	
Objectives	Deliverables
13. Work towards parity between physical and mental health across all WAST services	We will work with all parts of WAST to ensure that mental health and dementia are included in their Integrated Medium Term Plan (IMTP) commitments
14. Ensure staff voices are heard in our work	<p>We will engage well with Trade Union Partners and staff across WAST to ensure they can influence our work and we hear their views through the mental health steering group</p> <p>We will develop a communications and engagement plan in partnership with the communications team</p> <p>We will work towards staff from all parts of the organisation being represented in our work and well versed on developments</p> <p>We will work with the WAST Innovation and Improvement Network to deliver or support Quality Improvement projects</p> <p>We will explore the potential for each directorate to have a mental health and dementia advocate to ensure that mental health and dementia are embedded in our agendas</p>
15. Work with partners to develop mobile urgent care services as an integral part of the wider urgent and emergency care system	We will develop a specialist mental health 'see and treat' offer for consideration by commissioners

“

“We are sending people to hospital who probably don't need to go, and we know that may not be the best place for people with mental health problems”

WAST Clinician on further training for Mental Health and Dementia, 2020

## How we will work

There are seven key enablers which will help us to achieve our long term vision. These include:

- **Building our dashboard**  
Collecting and publishing valuable and appropriate data, analysis and insights that help to change practice
- **Being visible**  
Contributing to forums across WAST and Wales
- **Leading our agenda**  
We will provide exceptional clinical leadership on this agenda to the organisation
- **Quality Improvement**  
We will use QI methodology to deliver improvement projects
- **Project management**  
We will continue to build on Agile DSDM to ensure that we deliver projects on time
- **Collaboration**  
We will work in partnership across WAST and Wales to make things better for the public
- **Co-production**  
We will do nothing about people without them





## Governance

This plan is complex and requires us to work together. Delivery of this plan will be overseen by our Mental Health and Dementia Programme Board, and our key priorities for mental health and dementia are set out in the Trust's IMTP.

We also have a Mental Health and Dementia Steering Group which provides a forum for staff to contribute to the development of our plan and projects.

Delivery and progress is also reported to the Quality Steering Group, and the Quality and Patient Experience Committee of the Trust Board, as well as to both commissioners and Welsh Government.

We are excited to work with individuals who use our service, our broad range of partners and our workforce to achieve the outcomes set out in this plan, and ultimately, improve the experiences of everyone accessing and using our services.

We hope that you are as excited about this plan, and its potential to deliver improvement for the people of Wales, as we are. If you would like to join in the discussion with us, or if you would like more information, then please email the Mental Health & Dementia Team at:

**[AMB\\_MentalHealth@wales.nhs.uk](mailto:AMB_MentalHealth@wales.nhs.uk)**





## References

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- Public Health Wales Trust (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population.  
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## Connecting with other work across Wales

- A Healthier Wales  
**[A healthier Wales: long term plan for health and social care | GOV.WALES](#)**
- Together for Mental Health  
**[Together for mental health: our mental health strategy | GOV.WALES](#)**
- The Dementia Action Plan for Wales  
**<https://gov.wales/sites/default/files/publications/2019-04/dementia-action-plan-for-wales.pdf>**
- The Crisis Care Concordat for Wales  
**[wales-crisis-care-concordat-national-action-plan-2019-2022.pdf \(gov.wales\)](#)**
- Beyond the Call  
**<https://gov.wales/sites/default/files/publications/2020-12/beyond-the-call.pdf>**
- Older People's Framework  
**[\(Pending publication\)](#)**
- Welsh Language Standards  
**[FOI release: Welsh Language Standards | GOV.WALES](#)**
- More Than Just Words  
**[More than just words \(wales.nhs.uk\)](#)**
- WAST Digital Strategy  
**[261120-WAST Digital Strategy-Final.pdf \(wales.nhs.uk\)](#)**



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NHS Trust



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Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>3.2</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## Financial Performance as at Month 1 – 2021/22

<b>MEETING</b>	Trust Board
<b>DATE</b>	27th May 2021
<b>EXECUTIVE</b>	Executive Director of Finance
<b>AUTHOR</b>	Navin Kalia / Ed Roberts
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

### EXECUTIVE SUMMARY

This paper will present to the Board the first Financial Performance Report of the 2021/22 financial year, the reported position as at Month 1 (April 2021), and for completeness includes a summary of the year 2020/21 year-end financial position (subject to audit), the full detail of which was presented to the Finance & Performance Committee on 13<sup>th</sup> May 2021.

The Board is asked to scrutinise, comment and receive assurance on the financial position and 2021/22 outlook and forecast of the Trust.

### KEY ISSUES/IMPLICATIONS

Key highlights from the report for the Board to note are:

- The delivery of all Trust statutory financial duties for the 2020/21 financial year, subject to ongoing audit by Audit Wales;
- The Trust is reporting a small revenue surplus (£5k) for Month 1 2021/22;
- The Trust is forecasting to breakeven for the 2021/22 financial year;
- Capital expenditure is forecast to be fully spent in line with plans;
- Risks are detailed in the paper.

### REPORT APPROVAL ROUTE

- EMT – 12<sup>th</sup> May 2021 - verbal updates on the Month 1;
- F&PC – 13<sup>th</sup> May 2021, detailed paper on draft 2020/21 year end position and presentation on the Month 1 2021/22 position was provided;
- Trust Board – 27<sup>th</sup> May 2021 – to receive, note and seek assurance.

## REPORT APPENDICIES

The full Month 1 Finance Performance Report is attached, along with appendices providing the Board with the detailed financial monitoring returns provided to WG, as is required.

## 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 1 2021/22**

#### **INTRODUCTION**

1. This report provides the Trust Board with a summary update on the revenue financial performance of the Trust as at 30<sup>th</sup> April 2021 (Month 1 2021/22), along with an update on the 2021/22 capital programme. Both of these were also presented in summary to the Finance & Performance Committee (FPC) meeting held on 13th May 2021.
2. This paper also includes for completeness, a summary of the 2020/21 financial year end, a detailed paper for which was also presented to the last meeting of the FPC.

#### **SUMMARY OF 2020/21 MONTH 12 FINANCIAL POSITION**

3. Before focussing on the 2021/22 financial year, it is important for the Board to also receive formally the current draft 2020/21 financial year position of the Trust, which is currently subject to on going audit by Audit Wales. This is as follows:
  - The Trust reported a small revenue surplus £0.070m for the 2020/21 financial year (subject to audit);
  - This includes a total of £13.9m of unavoidable costs incurred as a result of the Covid-19 pandemic, which has been fully funded by Welsh Government (WG);
  - Capital expenditure was fully spent in line with revised year end plans, fully agreed with WG and full delivery of the WG set Capital Expenditure Limit (CEL);
  - All other statutory financial targets were met;
  - Draft accounts for the 2020/21 financial year were submitted to WG and Audit Wales, as per the required timetable, on 30<sup>th</sup> April 2021. These are now subject to an ongoing audit with the draft audited accounts due to be presented to Audit Committee on 3<sup>rd</sup> June 2021, ahead of final presentation to Trust Board for approval at a separate meeting of the Board on 10<sup>th</sup> June, for final submission via Audit Wales to WG by the deadline this year of 11<sup>th</sup> June 2021.
4. A full detailed paper on the Month 12 / draft 2020/21 financial year end financial position was received by the FPC on 13<sup>th</sup> May 2021, along with an accompanying separate detailed paper on the year end capital programme and delivery of the Trust's CEL.

## 2021/22 FINANCIAL YEAR

### BACKGROUND

5. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2021/22 year to date** (1<sup>st</sup> April 2021 – 30<sup>th</sup> April 2021) are that:
  - The cumulative revenue financial position reported is a small **underspend against budget of £0.005m**. 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 £0.337m have been achieved against a year to date target of £0.448m, thus a slight **under achievement to date against the phasing plan set at the opening of the financial year**, however this shortfall is included within the assumed income from WG for costs arising from COVID-19;
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.4% for the number, and 99.0% of the value** of non-NHS invoices paid within 30 days.
6. The risks stated in the Welsh Government Monitoring Return at Month 1 are set in line with the submitted Annual Plan and IMTP. Accepting that it is early in the new financial year, as we go through the financial year these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place.
7. In addition to the risks at the planning stage, it is also key at this early stage of the financial year to continue to highlight to the Board the current position, funding assumptions and spend being committed for a number of schemes for which formal funding sources and funds flow via the Commissioner have yet to be fully identified, many of these being schemes being led by the Trust for the wider NHS Wales system (e.g. ODU / 111 First) and for which a clear steer remains for the Trust to continue with these developments and subsequent expenditure, for which full additional funding is assumed. This is discussed in a bit more detail later within this paper.

### REVENUE FINANCIAL PERFORMANCE

8. The table below presents an overview of the financial position for the period 1<sup>st</sup> April 2021 to 30<sup>th</sup> April 2021.

Revenue Financial Position for the period 1st April - 30th April 2021				
	Annual Budget	Year to date		
	£000	Budget £000	Actual £000	Variance £000
Income	-246,252	-19,002	-18,993	9
Expenditure				
Pay	181,380	13,869	13,760	-109
Non-pay	49,907	3,886	3,981	95
Total pay & non-pay expenditure	231,287	17,755	17,741	-14
Depreciation & Impairments / interest payable & receivable	14,965	1,247	1,247	0
Total	0	0	-5	-5

## Treatment of Covid-19 spend

9. Due to the Covid-19 pandemic, the Trust has recorded additional unavoidable spend in the Month 1 position totalling **£0.437m**, of which **£0.077m** are pay costs, **£0.248m** of non-pay costs and **£0.112m** within some areas of unachieved savings. This is in line with, and in some cases less than, that suggested in the submitted financial Annual Plan within the IMTP, for which broad support has been received. Full additional funding for this is therefore assumed to cover these costs, as was the case in 2020/21.
10. A summary of the Covid-19 revenue costs reported in the Month 1 financial position are therefore shown in the table below, included an update of the full year forecast:

	YTD £000	FYF £000
Total Pay	77	902
Total Non Pay	248	3,857
Non Delivery of Savings	112	336
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>437</b>	<b>5,095</b>

## Income

11. Reported Income against the initial budget set to Month 1 shows a shortfall of **£0.009m**. The small shortfall is in relation to other non-patient income.

## Pay costs

12. Overall, the total pay variance at Month 1 is an underspend of **£0.109m**.
13. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.077m**.

## Non-pay Costs

14. The overall non-pay position at Month 1 is an overspend of **£0.095m**, this was due to overspends on fleet maintenance costs, fuel and Taxis.
15. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 1 totalled **£0.248m**. Areas of additional spend included:



- Clinical and General Supplies, Rent, Rates and Equipment - £0.032m;
- PPE - £0.049M;
- Health care services provided by other NHS Bodies - £0.133m;
- Cleaning Standards - £0.034m

## Savings

16. Our 2021/22 financial plan identified that a minimum of **£2.800m** of savings and cost containment measures were required to achieve financial balance in 2021/22. However as part of the initial annual planning process, due to on-going COVID-19 pressure, it was indicated that the Trust may not be able to identify and deliver on all of this, with an initial prudent estimate of **c£1.4m** of savings potentially being unachievable in year. However following extensive work, this has now been substantially reduced to a potential under achievement of savings of **£0.336m**.
17. As included within the annual planning process it is assumed that this shortfall in savings will be full funded by WG, as a legitimate non-recurring unavoidable cost of the pandemic.

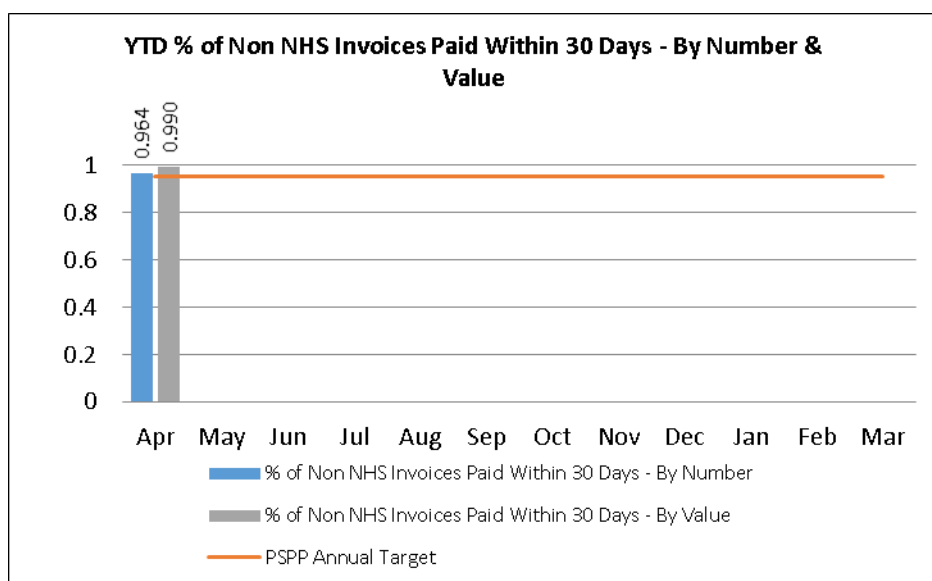
## Financial Performance by Directorate

18. Whilst there is a small surplus reported at Month 1 there are a few variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. These are fairly minor in nature but will continue to be closely monitored.

Directorate	Financial position by Directorate @ 30th April			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Operations Directorate	123,246	9,649	9,607	-42
Chief Executive Directorate	1,801	148	147	-0
Board Secretary	314	25	24	-0
Partnerships & Engagement Directorate	679	55	55	0
Finance and Corporate Resources Directorate	14,398	1,205	1,249	44
Planning and Performance Directorate	701	58	55	-3
Quality, Safety and Patient Experience Directorate	4,065	345	329	-16
Digital Directorate	10,667	732	729	-3
Workforce and OD Directorate	3,975	180	186	6
Medical & Clinical Services Directorate	2,627	153	150	-3
Trust Reserves	30,517	1,322	1,334	12
Trust Income (mainly WHSC)	-192,990	-13,870	-13,869	0
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-5</b>	<b>-5</b>

## PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

19. Public Sector Payment Policy (PSPP) compliance up to Month 1 was **96.4%** against the **95%** WG target set for non-NHS invoices by number and **99.0%** by value.



## CAPITAL

20. At Month 1 the Trust's current approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2021/22 is **£34.826m**. This includes **£28.575m** of All Wales Approved schemes and **£6.251m** for Discretionary schemes.
21. As we are in the early stages of the financial year the discretionary programme and resulting budgets are only now being set. A further update on the status of this can be provided at the Board meeting, including following what is expected to be additional approvals made between the drafting of this paper and the meeting of the Trust Board on 27<sup>th</sup> May.
22. To date, as at Month 1, the Trust has expended **£0.376m** against the All Wales capital scheme budget of **£28.575m**.

## RISKS AND ASSUMPTIONS

23. The risks included within the Month 1 position include the risks highlighted as part of the 2021/22 Annual Plan submitted to WG.
24. Under achievement of savings have been included as low risk taking into consideration that whilst the Trust has a detailed savings plan in place, these savings could be at risk if the nation experiences a third wave or a new variant of the virus emerges resulting in plans being placed on hold. Whilst it is hoped that should this be the case further non delivery of savings could be recognised as an unavoidable cost of the pandemic, at this stage this could not necessarily be guaranteed.
25. A re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.761m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2021. A Court of Appeal date is still awaited in connection with this issue. No accruals are included within the 2021/22 position at present but we have included a medium rated risk of £1.000m in connection with this, noting

that this is an NHS Wales wide issue, national discussions on which therefore also continue with WG colleagues with a continuing expectation that any material cost impact of this over and above that already held will be additionally funded.

26. As in previous years a risk has been included in relation to Winter pressure, this has currently been recorded as a medium risk however as the Trust moves through the financial year it is hoped that plans can be implemented to ensure that any future pressures can be fully supported financially by the Commissioner.
27. As noted above, it is however key for the Board to continue to receive updates relating to the schemes within the Trust supported IMTP that relate to funding differences between the Trust's current core income assumptions for 2021/22 and that which the Commissioner has available from health board spending plans. Whilst these amounts are agreed in principle, and are included within the income assumption of the Trust monitoring return, the items detailed below are currently recorded as "non-contracted" by the Commissioner, therefore the Trust has included these as a low risk pending full confirmation of the relevant funding sources.
28. As in previous financial years, the expectation remains that we will continue to recover the income to offset the eventual actual cost incurred for these in year, and this has been assumed within the Month 1 financial position.

	£m
<b>c. Neo Natal Extension</b>	
Extension of Neo Natal Transport Provision to 24/7	0.1
<b>d. Operational Delivery Unit</b>	
2021/22 - as per business case June 2020 with updated costs	0.8
<b>e. MRD Singleton</b>	
2021/22 full year estimate	0.2
<b>f. Respiratory Pilot</b>	
2021/22 full year estimate	0.1
<b>2021/22 developments with current estimate of 2021/22 values</b>	
Phase 2 D&C - estimate	2.6
Contact / Phone First - estimated revenue costs	5.0
Corporate Infrastructure Costs - proposed 2021/22 phasing	1.2
<b>Included as Non-contracted income</b>	<b>10.1</b>

29. The table above now includes an update of the estimated annual costs for each of these this financial year, which is now some c£2m less than that estimated within the IMTP, predominantly due to updated assumptions in terms of some start dates for a number of elements within these, resulting in non-recurring slippage this financial year. Assurances have continued to be provided from the CASC that funding to support the costs incurred, on an actual cost recovery basis, for each of these will be made available to the Trust as we move through the financial year. Individual and separate correspondence for each has also been sent to the CASC to seek to crystallise this, which aligns to the overarching support provided by the CASC to the Trust's 2021-24 IMTP and the underlying financial plan contained within it, including as part of his attendance at our Trust Board when the plan was approved. The relevant finance teams continue to be in constant contact to seek to ensure that the funding sources and mechanisms

for this spend is identified as soon as possible, alongside the agreed required recharging mechanism(s).

## **WELSH GOVERNMENT MONTHLY MONITORING RETURNS**

30. As is required by Welsh Government, **Appendices 1 and 2** provide the Board with copies of the Monthly Monitoring Return narrative and tables for Month 1.

### **RECOMMENDED that the Board:**

- **Notes** and gains **assurance** in relation to the Month 1 revenue and capital financial position and performance of the Trust as at 30<sup>th</sup> April 2021 and;
- **Notes** the Month 1 Welsh Government monitoring return submission included within Appendices 1-2 below (as required by WG)

**Appendix 1 attached**

**Appendix 2 attached**



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NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans 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

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

14<sup>th</sup> May 2021

Your ref: WAST\M12\ajh\al-w

Dear Andrea

**Re: APRIL 2021 (MONTH 1 2021/22) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for April 2021.

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

In line with our submitted draft 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 1 2021/22 is as follows:-

### 1. Actual Year to Date 21/22 (Tables A, B & B2)

Income assumptions reflect those agreed within the draft 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 will include:-

- The nationally made available 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2021/22 pay award costs, and
- 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.

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](http://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



Month 1 2021/22 also continues to include an income assumption to offset the net additional unavoidable revenue costs incurred by WAST in its planning and continuing response to COVID-19. The year to date COVID-19 value stands at £0.437m as shown in Table B3.

The resulting reported performance at Month 1 as per Table B is therefore a very small under-spend against budget of £0.005m, after allowing for the above COVID-19 funding assumption.

The reported total pay variance against plan as at Month 1 is an underspend of £0.109m. As per Table B3 the COVID-19 pay related costs in Month 1 totaled £0.077m.

The non-pay position at Month 1 is a reported overspend of £0.095m, this is made up of overspends on fleet maintenance costs, fuel and Taxis. As per Table B3 the COVID-19 non pay related costs in Month 1 totaled £0.214m.

Income at Month 1 shows a small underachievement of £0.009m. This included the assumption of funding for the COVID expenditure (including an element of non-delivery of savings) of £0.437m – see below.

## **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.

The Trust would like WG to note that in the submitted Annual plan the assumption was that, due to the continuing response to the COVID-19 pandemic, the Trust was unlikely to be able to fully engage effectively with operational colleagues in order to develop fully deliverable savings plans; however over the past few months the team has been able to develop further savings opportunities which has reduced the forecasted saving shortfall from £1.4m to £0.336m. These newly developed plans are reflected within Table C3, which in turn has resulted in line 8 of the Movement table now reflecting the Trusts revised saving plan, therefore instead of line 3 showing £5.000m as per the AOP the Trust has amended this figure to the £6.400m as per the original assumed required "COVID funding", this does not affect the bottom line assumption of breakeven.

This forecasted reduction in funding is then shown in line 24.

## **3. Risk (Table A2)**

Understandably this early in the financial year, the risks reported in Table A2 are still being fully assessed, however at present it is considered that there are no high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain full apprised of such risks and any mitigating actions.

Non delivery of a remaining element of the Saving Plans/CIP's has been included as a low risk and this is included due to the inability to proceed with some schemes as the organisation has been responding and focusing on COVID 19 activities. Although as noted above further progress in this area is now being seen.

The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.761m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2021. A Court of Appeal decision is still awaited in connection with this issue. No accruals are included on the balance sheet for 2021/22, but we have included a medium rated risk of £1.0m in connection with this. However, it is also noted that a more central accrual for this was being made by WG in 2020/21 which again should further offset any additional costs in this regard.

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.

Included within the table is a low risk of non-funding of developments, the income is currently shown in EASC month 1 Table D return however it is shown under the non-contracted element, a breakdown of this is shown in section 8 below.

The Trust has now removed the risk on the COVID funding originally included within the AOP of £6.400m - this is on the assumption as stated above that this is included within funding to be received from WG. I would appreciate it if this approach could be further confirmed now in due course.

#### 4. Monthly Profiles (Table B)

This table has now been completed in full, and in accordance with the guidance.

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

Agency costs for Month 1 totalled £0.035m. The current percentage of agency costs against the total pay figure is 0.3%, this is to cover vacancies. 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, as noted above the planned under achievement of saving has reduced considerably and this is factored within the table.

#### 7. Saving Plans (Table C, C1, C2 & C3)

For Month 1 the Trust is reporting planned savings of £0.448m and actual savings of £0.337m, this under achievement is in relation to COVID as detailed above and is included within the B3 COVID-19 table.

#### 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 variances, whilst the teams are working extremely hard to agree the income and expenditure values, work will remain on-going until the details can be fully worked through; currently the income figures in Table D agree however there are elements which EASC are currently classifying as “Non-contracted” which equate to an updated annual value of circa £10.1m, the detail of which is shown in the table below, and which relate to schemes for which the Trust is either continuing or commencing spend in line with agreements made with the CASC.

	£m
<b>c. Neo Natal Extension</b>	
Extension of Neo Natal Transport Provision to 24/7	0.1
<b>d. Operational Delivery Unit</b>	
2021/22 - as per business case June 2020 with updated costs	0.8
<b>e. MRD Singleton</b>	
2021/22 full year estimate	0.2
<b>f. Respiratory Pilot</b>	
2021/22 full year estimate	0.1
<b>2021/22 developments with current estimate of 2021/22 values</b>	
Phase 2 D&C - estimate	2.6
Contact / Phone First - estimated revenue costs	5.0
Corporate Infrastructure Costs - proposed 2021/22 phasing	1.2
<b>Included as Non-contracted income</b>	<b>10.1</b>

Assurances have continued to be provided from the CASC that funding to support the costs incurred, on an actual cost recovery basis, for each of these will be made available to the Trust as we move through the financial year. Individual and separate correspondence for each has also been sent to the CASC to seek to crystallise this, which aligns to the overarching support provided by the CASC to the Trust's 2021-24 IMTP and the underlying financial plan contained within it, including as part of his attendance at our Trust Board when the plan was approved. As above the teams continue in constant contact to seek to ensure that the funding sources and mechanisms for this spend is identified as soon as possible, alongside the agreed required recharging mechanism(s).

On top of all this, any further developments which the Trust may be seeking to progress, including anything else suggested as such within the IMTP, will again only be progressed when a detailed line of sight to a funding source is known.

## **9. Healthcare agreements and Major Contracts**

Invoices for WAST's LTA/SLA with other NHS Wales organisations have been raised and no major issues have been received. The Trust is engaging with NHS Wales organisations to ensure SLA are in alignment to plans and confirm that we will advise WG of the sign off by the 11th June 2021 per the requirements **(Action Point 12.2)**

## **10. Statement of Financial Position and Aged Welsh NHS Debtors (Table F & M)**

The Statement of Financial Position is not required for Month 1.

At Month 1 there are no invoices over 11 weeks.

## **11. Cash flow (Table G)**

The cash flow is not required as part of the month 1 submission.

## **12. Public Sector Payment Compliance (Table I)**

This table is not required until month 3. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through 2021/22. **(Action Point 12.1)**

## **13. Capital (Tables I and K)**

The capital tables are not required for Month 1.

## **14. 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 1 Financial Monitoring Return will be presented to Trust Board on 27<sup>th</sup> May 2021.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return contain Chris Turley, Director of Finance & Corporate Resources and Jason Killens, Chief Executive.

## **15. Other Issues**

There are no other matters of major significance to draw to your attention at this stage.

If you would like to discuss any matter included in this monitoring return letter or attached tables please do not hesitate to contact me.

Yours sincerely



Chris Turley  
Executive Director of Finance & Corporate Resources



Jason Killens  
Chief Executive

Enc

cc:

Mr M Woodford, Chairman

Non-Executive Directors Executive Directors

## VALIDATION SUMMARY 2021-22

Your organisation is showing as :	<b>WELSH AMBULANCE TRUST</b>
Period is showing :	<b>APR 21</b>
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
<b>TOTAL ERRORS FOR YOUR APR 21 RETURN IS</b>	<b>YOUR RETURN HAS ZERO ERRORS</b>



# Welsh Ambulance Trust

Period : Apr 21

## Summary Of Main Financial Performance

### Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	5	0

## Period : Apr 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)	-6,400	0	-6,400	-6,400
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	0	0	0	0
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	6,400	0	6,400	6,400
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 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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 Value)	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	-336	0	-336	-336
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)	-1,305	-1,305		
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)	1,641	1,305	336	336
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 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>	

[illegible]

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	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Welsh Ambulance Trust

Period : Apr 21

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	<b>Opportunities to achieve IMTP/AOP (positive values)</b>		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	<b>Total Opportunities to achieve IMTP/AOP</b>	0	
	<b>Risks (negative values)</b>		
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	Under achievement of Savings	(1,400)	Low
13	Holiday pay accrual	(1,000)	Medium
14	Winter pressures	(500)	Medium
15	Non contracted EASC income	(10,146)	Low
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	<b>Total Risks</b>	(13,046)	
	<b>Further Opportunities (positive values)</b>		
27			
28			
29			
30			
31			
32			
33			
34	<b>Total Further Opportunities</b>	0	
35	<b>Current Reported Forecast Outturn</b>	0	
36	<b>IMTP / AOP Outturn Scenario</b>	0	
37	<b>Worst Case Outturn Scenario</b>	(13,046)	
38	<b>Best Case Outturn Scenario</b>	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 :

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	3,135	3,135	3,135	3,135	3,135	3,135	3,135	3,135	3,135	3,135	3,138	3,348	37,836
4	WHSSC Income	Actual/F'cast	13,862	16,272	16,272	16,272	16,272	16,272	16,272	16,272	16,272	16,272	16,272	16,275	13,862	192,857
5	Welsh Government Income (Non RRL)	Actual/F'cast	450	510	510	511	510	510	511	510	510	511	510	511	450	6,064
6	Other Income	Actual/F'cast	1,333	742	742	742	742	742	742	742	742	742	742	742	1,333	9,495
7	Income Total		18,993	20,659	20,659	20,660	20,659	20,659	20,660	20,659	20,659	20,660	20,659	20,666	18,993	246,252
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	13,955	14,096	15,515	15,854	15,520	15,293	15,453	15,304	15,528	15,499	15,496	13,760	181,273
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,109	4,866	4,724	3,306	2,967	3,300	3,529	3,368	3,382	2,793	2,822	2,334	3,109	40,500
12	Secondary Care - Drugs	Actual/F'cast	34	35	35	35	35	35	35	35	35	35	35	35	34	419
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	534	534	534	534	534	534	534	534	534	534	534	774	6,648
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	65	64	65	65	64	65	65	64	65	65	64	65	65	776
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	2	3	3	3	3	3	3	35
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,246	1,244	14,930
23	AME Donated Depreciation/Impairments	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	134	500	500	1,000	0	2,134
25	Profit/Loss Disposal of Assets	Actual/F'cast	(1)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(1)	(463)
26	Cost - Total	Actual/F'cast	18,988	20,659	20,659	20,660	20,659	20,659	20,660	20,659	20,659	20,660	20,659	20,671	18,988	246,252
27	Net surplus/ (deficit)	Actual/F'cast	5	0	0	0	0	0	0	0	0	0	0	(5)	5	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28 . Actual YTD surplus/ (deficit)		5
29. Actual YTD surplus/ (deficit) last month		0
30. Current month actual surplus/ (deficit)		5
31. Average monthly surplus/ (deficit) YTD	Trend	5
32. YTD /remaining months		0

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		60
34. Year to Date Trend Scenario		60

### C. DEL/AME Depreciation & Impairments

[illegible]

#### D. Accountancy Gains

[illegible]

#### E. Committed Reserves & Contingencies

[illegible]







# Welsh Ambulance Trust

Period : Apr 21

YTD Months to be completed from Month:	1
Forecast Months to be completed from Month:	1

**This Table is currently showing 0 errors**

### Table B2 - Pay Expenditure Analysis

### A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	2,140	2,169	2,199	3,100	3,131	3,113	3,127	3,128	3,135	3,134	3,133	3,127	2,140	34,636
2	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Nursing & Midwifery Registered	871	890	901	880	900	893	880	891	880	895	894	874	871	10,649
4	Prof Scientific & Technical	8	8	8	8	8	8	8	8	8	8	8	8	8	96
5	Additional Clinical Services	5,885	5,954	5,975	6,387	6,542	6,287	6,174	6,247	6,174	6,284	6,267	6,296	5,885	74,472
6	Allied Health Professionals	4,701	4,755	4,833	4,963	5,093	5,040	4,927	5,000	4,927	5,028	5,018	5,001	4,701	59,289
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	155	179	180	177	180	179	177	179	177	179	179	190	155	2,131
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	13,760	13,955	14,096	15,515	15,854	15,520	15,293	15,453	15,304	15,528	15,499	15,496	13,760	181,273

### Analysis of Pay Expenditure

[illegible]

**B - Agency / Locum (premium) Expenditure**

- Analysed by Type of Staff

[illegible][illegible]**C - Agency / Locum (premium) Expenditure**

## - Analysed by Reason for Using Agency/Locum (premium)

[illegible]

## Welsh Ambulance Trust

**This Table is currently showing 0 errors**

**Table B3 - COVID-19 Analysis**

**A - Additional Expenditure**

[illegible]

[illegible]

[illegible]



A7	Other (Additional costs due to C19) enter as positive value - actual/forecast											
172	Provider Pay (Establishment, Temp & Agency)											
173	Administrative, Clerical & Board Members											
174	Medical & Dental											
175	Nursing & Midwifery Registered											
176	Prof Scientific & Technical											
177	Additional Clinical Services	29	80	80	80	80	80					
178	Allied Health Professionals	48	85	85	85	85	85					
179	Healthcare Scientists											
180	Estates & Ancillary											
181	Students											
182	Other (only use with WG Agreement & state SoCNE/I line ref)											
183												
184												
185												
186	Sub total Other C-19 Provider Pay	77	165	165	165	165	165	0	0	0	0	0
187	Primary Care Contractor (excluding drugs)											
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income											
189	Primary Care - Drugs											
190	Secondary Care - Drugs											
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line	32	83	83	84	83	83	84	84	83	83	84
192	Provider - Non Pay - PPE	49	150	150	150	150	150	150	150	150	150	150
193	Healthcare Services Provided by Other NHS Bodies	133	135	135	135	135	135					
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS											
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS											
196	Non Healthcare Services Provided by Other NHS Bodies											
197	Continuing Care and Funded Nursing Care											
198	Other Private & Voluntary Sector											
199	Other Private & Voluntary Sector - Private Hospital Providers											
200	Joint Financing and Other (includes Local Authority)											
201	Other (only use with WG Agreement & state SoCNE/I line ref)											
202												
203												
204												
205												
206	Sub total Other C-19 Non Pay	214	368	368	369	368	368	234	234	233	233	234
207	TOTAL OTHER C-19 EXPENDITURE	291	533	533	534	533	533	234	234	233	233	234
208	PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)	766	766	767	767	766	767	233	234	234	233	234
209	MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE	475	233	234	233	233	234	(1)	0	1	0	0
210	TOTAL ADDITIONAL EXPENDITURE DUE TO COVID	325	566	567	567	566	567	267	267	267	266	268
211	PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)	799	799	801	800	799	801	266	267	268	266	268
212	MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE	474	233	234	233	233	234	(1)	0	1	0	0

**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	678	679	567	566	567	267	267	267	266	266	268
-----	--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

#### 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
		£'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	799	799	801	800	799	801	266	267	268	266	266	268
		0	0	0	0	0	0	0	0	0	0	0	0
242	MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19	(362)	(121)	(122)	(233)	(233)	(234)	1	0	(1)	0	0	0
243	TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19	437	678	679	567	566	567	267	267	267	266	266	268

[illegible]

Period : Apr 21

[illegible]

0	0
0	0

[illegible]

0	0
0	0





0	0
0	0
0	0
0	0
29	429
48	473
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
77	902
0	0
0	0
0	0
0	0
32	949
49	1,699
133	808
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
214	3,456
291	4,358

766	6,000
475	1,642

325	4,759
-----	-------

799	6,400
474	1,641

Total YTD £'000	Forecast year-end position £'000
0	0
112	336
0	0
112	336

Total YTD £'000	Forecast year-end position £'000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

Total YTD £'000	Forecast year-end position £'000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

437	5,095
-----	-------

Total YTD £'000	Forecast year-end position £'000
799	6,400
(362)	(1,305)
437	5,095

0	0
---	---



Table C - Identified Expenditure Savings Schemes (Excludes Income Generation &amp; 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 YTD variance as %age of YTD	Assessment		Full In-Year forecast	
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				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
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
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
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Non Pay	Budget/Plan	224	217	214	117	94	50	45	41	40	44	42	53	224	1,181		1,181	0		
11		Actual/F'cast	115	105	102	117	94	100	90	41	40	44	42	53	115	943	12.20%	943	0	0	943
12		Variance	(109)	(112)	(112)	0	0	50	45	0	0	0	0	0	(109)	(238)	(48.66%)	(238)	0		
13	Pay	Budget/Plan	224	202	152	145	112	96	124	120	113	111	112	108	224	1,619		1,619	0		
14		Actual/F'cast	222	208	154	134	101	84	113	108	102	99	100	96	222	1,521	14.60%	1,521	0	0	1,521
15		Variance	(2)	6	2	(11)	(11)	(12)	(11)	(12)	(11)	(12)	(12)	(12)	(2)	(98)	(0.89%)	(98)	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
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total	Budget/Plan	448	419	366	262	206	146	169	161	153	155	154	161	448	2,800		2,800	0		
20		Actual/F'cast	337	313	256	251	195	184	203	149	142	143	142	149	337	2,464	13.68%	2,464	0	0	2,464
21		Variance	(111)	(106)	(110)	(11)	(11)	38	34	(12)	(11)	(12)	(12)	(12)	(111)	(336)	(24.78%)	(336)	0		
22	Variance in month		(24.78%)	(25.30%)	(30.05%)	(4.20%)	(5.34%)	26.03%	20.12%	(7.45%)	(7.19%)	(7.74%)	(7.79%)	(7.45%)	(24.78%)						
23	In month achievement against FY forecast		13.68%	12.70%	10.39%	10.19%	7.91%	7.47%	8.24%	6.05%	5.76%	5.80%	5.76%	6.05%							

Table C1- Savings Schemes Pay Analysis

			Month												Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast	
			1	2	3	4	5	6	7	8	9	10	11	12				Green £'000	Amber £'000	non recurring £'000	recurring £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar							
			£'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
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Variable Pay	Budget/Plan	224	202	152	145	112	96	124	120	113	111	112	108	224	1,619		1,619	0		
5		Actual/F'cast	222	208	154	134	101	84	113	108	102	99	100	96	222	1,521	14.60%	1,521	0	0	1,521
6		Variance	(2)	6	2	(11)	(11)	(12)	(11)	(12)	(11)	(12)	(12)	(12)	(2)	(98)	(0.89%)	(98)	0		
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total	Budget/Plan	224	202	152	145	112	96	124	120	113	111	112	108	224	1,619		1,619	0		
20		Actual/F'cast	222	208	154	134	101	84	113	108	102	99	100	96	222	1,521	14.60%	1,521	0	0	1,521
21		Variance	(2)	6	2	(11)	(11)	(12)	(11)	(12)	(11)	(12)	(12)	(12)	(2)	(98)	(0.89%)	(98)	0		

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

			Month												Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast	
			1	2	3	4	5	6	7	8	9	10	11	12				Green £'000	Amber £'000	non recurring £'000	recurring £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar							
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000							
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		

Full-Year Effect of Recurring Savings
£'000
0
0
0
943
1,521
0
2,464

Full-Year Effect of Recurring Savings
£'000
0
1,521
0
0
0
0
1,521

Full-Year Effect of Recurring Savings
£'000
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	448	419	366	262	206	146	169	161	153	155	154	161	448	2,800	0	2,800	0	2,800
	Month 1 - Actual/Forecast	337	313	256	251	195	184	203	149	142	143	142	149	337	2,464	0	2,464	0	2,464
	Variance	(111)	(106)	(110)	(11)	(11)	38	34	(12)	(11)	(12)	(12)	(12)	(111)	(336)	0	(336)	0	(336)
	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	448	419	366	262	206	146	169	161	153	155	154	161	448	2,800	0	2,800	0	2,800
	Total Actual/Forecast	337	313	256	251	195	184	203	149	142	143	142	149	337	2,464	0	2,464	0	2,464
	Total Variance	(111)	(106)	(110)	(11)	(11)	38	34	(12)	(11)	(12)	(12)	(12)	(111)	(336)	0	(336)	0	(336)
	Net Income Generation	Month 1 - Plan	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
	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	448	419	366	262	206	146	169	161	153	155	154	161	448	2,800	0	2,800	0	2,800
	Month 1 - Actual/Forecast	337	313	256	251	195	184	203	149	142	143	142	149	337	2,464	0	2,464	0	2,464
	Variance	(111)	(106)	(110)	(11)	(11)	38	34	(12)	(11)	(12)	(12)	(12)	(111)	(336)	0	(336)	0	(336)
	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	448	419	366	262	206	146	169	161	153	155	154	161	448	2,800	0	2,800	0	2,800
	Total Actual/Forecast	337	313	256	251	195	184	203	149	142	143	142	149	337	2,464	0	2,464	0	2,464
	Total Variance	(111)	(106)	(110)	(11)	(11)	38	34	(12)	(11)	(12)	(12)	(12)	(111)	(336)	0	(336)	0	(336)

## Welsh Ambulance Trust

Period : Apr 21

Table D - Income/Expenditure Assumptions

### Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,614	57	5,671
2	Aneurin Bevan University	12,606	164	12,770
3	Betsi Cadwaladr University	5,765	62	5,827
4	Cardiff & Vale University	3,961	714	4,675
5	Cwm Taf Morgannwg University	2,408	5	2,413
6	Hywel Dda University	5,035	52	5,087
7	Powys	1,243	0	1,243
8	Public Health Wales	17	46	63
9	Velindre	932	24	956
10	NWSSP	0	0	0
11	DHCW	0	321	321
12	Wales Ambulance Services			0
13	WHSSC	0	0	0
14	EASC	192,792	0	192,792
15	HEIW	0	335	335
16	NHS Wales Executive	0	0	0
17	<b>Total</b>	<b>230,373</b>	<b>1,780</b>	<b>232,153</b>

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	99	99
0	44	44
64	31	95
930	776	1,706
0	0	0
944	0	944
		0
0	0	0
0	0	0
0	0	0
0	0	0
<b>3,156</b>	<b>1,348</b>	<b>4,504</b>

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Apr 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	



Welsh Ambulance Trust

Period : Apr 21

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000
1	Agreed full year income	5,614	12,606	5,765	3,961	2,408	5,035	1,243	17		932	0	0	0	969	192,792	0		231,342
	Details of Anticipated Income																		
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0
3	DEL Non Cash Depreciation - Strategic																		0
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																		0
8	AME Non Cash Depreciation - Impairment Reversals																		0
9	Total COVID-19 (see below analysis)														5,095				5,095
10	Non contracted income	57	164	62	714	5	52	0	46		24	0	321	335		0	0	8,035	9,815
11																			0
12																			0
13																			0
14																			0
15																			0
16																			0
17																			0
18																			0
19																			0
20																			0
21																			0
22																			0
23																			0
24																			0
25																			0
26																			0
27																			0
28																			0
29																			0
30																			0
31																			0
32																			0
33																			0
34																			0
35	Total Income	5,671	12,770	5,827	4,675	2,413	5,087	1,243	63	0	956	0	321	335	6,064	192,792	0	8,035	246,252

ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE				WG Contact, date item first entered into table and whether any invoice has been raised.
	Allocated £'000	Anticipated £'000	Total £'000	
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		401	401	
42 PPE			0	
43 Private Providers			0	
44 Urgent & Emergency Care			0	
45 Provider pay		902	902	
46 Provider Non-pay		3,456	3,456	
47 Non delivery of Saving due to COVID		336	336	
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	0	5,095	5,095	

WG Contact, date item first entered into table and whether any invoice has been raised.

See below analysis

Non contracted income



Welsh Ambulance Trust

Period : Apr 21

This table needs completing monthly from Month: 3  
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Apr 21 £'000	Forecast Closing Balance End of Mar 22 £'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment			
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	0	0	0
<b>Current Assets</b>			
6 Inventories			
7 Trade and other receivables			
8 Other financial assets			
9 Cash and cash equivalents			
10 Non-current assets classified as held for sale			
11 Current Assets sub total	0	0	0
12 <b>TOTAL ASSETS</b>	0	0	0
<b>Current Liabilities</b>			
13 Trade and other payables			
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions			
17 Current Liabilities sub total	0	0	0
18 <b>NET ASSETS LESS CURRENT LIABILITIES</b>	0	0	0
<b>Non-Current Liabilities</b>			
19 Trade and other payables			
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 Non-Current Liabilities sub total	0	0	0
24 <b>TOTAL ASSETS EMPLOYED</b>	0	0	0
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund			
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 <b>Total Taxpayers' Equity</b>	0	0	0

	Opening Balance Beginning of Apr 21	Closing Balance End of Apr 21	Closing Balance End of Mar 22
<b>EXPLANATION OF ALL PROVISIONS</b>			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40 <b>Total Provisions</b>	0	0	0

ANALYSIS OF WELSH NHS RECEIVABLES (current month)

41 Welsh NHS Receivables Aged 0 - 10 weeks
42 Welsh NHS Receivables Aged 11 - 16 weeks
43 Welsh NHS Receivables Aged 17 weeks and over

£'000
0
0
0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)

	£'000	£'000	£'000
44 Capital	0	0	0
45 Revenue	0	0	0

ANALYSIS OF CASH (opening, current & closing)

	£'000	£'000	£'000
46 Capital	0	0	0
47 Revenue	0	0	0

**Welsh Ambulance Trust**

Period : Apr 21

**This Table is currently showing 0 errors**

**This table needs completing monthly from Month: 2**

Table G - Monthly Cashflow Forecast

[illegible]

**Welsh Ambulance Trust**

Period : Apr 21

Table H - PSPP

**This table needs completing on a quarterly basis**  
**NOTE: Data to 1 decimal place**

### 30 DAY COMPLIANCE

30 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
	PROMPT PAYMENT OF INVOICE PERFORMANCE													
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%

## 10 DAY COMPLIANCE

[illegible]

# Welsh Ambulance Trust

Period : Apr 21

This Table is currently showing 0 errors

Table I - 2021-22 Capital Resource / Expenditure Limit Management

£'000  
Approved CRL / CEL issued at :

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				0			0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			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	0	0	0	0	0	0
	Discretionary:						
43	I.T.			0			0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other			0			0
48	Sub Total	0	0	0	0	0	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	0	0	0		0	0	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				0				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		0	0	0
91	Technical Adjustments			0				0
92	CHARGE AGAINST CRL / CEL	0	0	0		0	0	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		0				0	

**Welsh Ambulance Trust**

YTD Months to be completed from Month:	2
Forecast Months to be completed from Month:	2

Period : Apr 21

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
	Schemes:		Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1																	0	0	
2																	0	0	
3																	0	0	
4																	0	0	
5																	0	0	
6																	0	0	
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	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	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Discretionary:																		
35	I.T.																0	0	
36	Equipment																0	0	
37	Statutory Compliance																0	0	
38	Estates																0	0	
39	Other																0	0	
40	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	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		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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						463		463	
2								0	
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				0	463	0	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 : Apr 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	<i>NET FINANCIAL CHANGE</i>	A	B	C	D
1	Retained surplus/(deficit) for period			0	
2	Depreciation			0	
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments			0	
5	Net gain/loss on disposal of assets			0	
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals			0	
8	Other Income (specify)			0	
9	<i>APPLICATION OF FUNDS</i>				
10	Capital Expenditure			0	
11	Other Expenditure			0	
	<i>MOVEMENTS IN WORKING CAPITAL</i>				
12	Inventories			0	
13	Current assets - Trade and other receivables			0	
14	Current liabilities - Trade and other payables			0	
15	Non current liabilities - Trade and other payables			0	
16	Provisions			0	
17	Sub total - movement in working capital	0	0	0	0
18	<b>NET FINANCIAL CHANGE</b>	0	0	0	0
	<i>EFL REQUIREMENT TO BE MET BY</i>				
19	Increase in Public Dividend Capital			0	
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	
22	Net change in finance lease payables			0	
23	<b>TOTAL EXTERNAL FINANCE</b>	0	0	0	0

[illegible]

Invoices paid since the end of the month		
--	--	--

Total outstanding as per MR submission date	0.00	0.00
---	------	------

Welsh Ambulance Trust

Period : Apr 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
	LINE NO.	£000's	£000's	£000's	£000's
Global Sum	1				
MPIG Correction Factor/Practice support payment	2				
<b>Total Global Sum and MPIG</b>	3				0
Quality Aspiration Payments	4				
Quality Achievement Payments	5				
Quality Assurance Improvement Framework (QAIF)	6				
QAIF (In hours Access)	7				
<b>Total Quality</b>	8				0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0
<b>Total Enhanced Services (To equal data in section A Line 96)</b>	12		0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0
Premises (To equal data in section C Line 138)	14				0
IM & T	15				0
Out of Hours (including OOHDF)	16				0
Dispensing (To equal data in Line 154)	17				0
<b>Total</b>	18	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's
Learning Disabilities	19				0
Childhood Immunisation Scheme	20				0
Mental Health	21				0
Influenza & Pneumococcal Immunisations Scheme	22				0
Services for Violent Patients	23				0
Minor Surgery Fees	24				0
<b>MENU of Agreed DES</b>					
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
<b>TOTAL Directed Enhanced Services (must equal line 9)</b>	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
<b>TOTAL National Enhanced Services (must equal line 10)</b>	42		0	0	0

<b>Local Enhanced Services</b>	<b>A (iii)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
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
<b>TOTAL Local Enhanced Services (must equal line 11)</b>		<b>95</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL Enhanced Services (must equal line 12)</b>		<b>96</b>		<b>0</b>	<b>0</b>	<b>0</b>

**GENERAL MEDICAL SERVICES**  
**Operating Expenditure**

<b>LHB Administered</b>	<b>Section B</b>	<b>LINE NO.</b>	<b>WG £000's</b>	<b>Current Plan £000's</b>	<b>Forecast £000's</b>	<b>Variance £000's</b>
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				
<b>TOTAL LHB Administered (must equal line 13)</b>		<b>109</b>				<b>0</b>

Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110				
CRB checks	111				
GP Locum payments	112				
LHB Locality group costs	113				
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114				
Primary Care Initiatives	115				
Salaried GP costs	116				
Stationery & Distribution	117				
Training	118				
Translation fees	119				
COVID vaccination payments to GP practices	120				
	121				
	122				
	123				
	124				
	125				
	126				
	127				
<b>TOTAL of Other Payments (must equal line 108)</b>	<b>128</b>				

Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's
Notional Rents		129				
Actual Rents: Health Centres		130				
Actual Rents: Others		131				
Cost Rent		132				
Clinical Waste/ Trade Refuse		133				
Rates, Water, sewerage etc		134				
Health Centre Charges		135				
Improvement Grants		136				
All other Premises (please detail below which should reconcile to line 146)		137				
<b>TOTAL Premises (must equal line 14)</b>		<b>138</b>				<b>0</b>

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's
	139				
	140				
	141				
	142				
	143				
	144				
	145				
<b>TOTAL of Other Premises (must equal line 137)</b>	<b>146</b>				

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
<b>Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)</b>					
Dispensing Doctors	149				
Prescribing Medical Practitioners - Personal Administration	150				
Dispensing Service Quality Payment	151				
<b>Professional Fees and on-cost</b>					
Dispensing Doctors	152				
Prescribing Medical Practitioners - Personal Administration	153				
<b>TOTAL DISPENSING DATA (must equal line 17)</b>	<b>154</b>				<b>0</b>



<b>Year to Date</b>
<b>£000's</b>
<b>0</b>

0

0


[illegible]

£000's
0



£000's
0

£000's
0

£000's
0

--

Year to Date
£000's



0
---

Welsh Ambulance Trust

Period : Apr 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	



<b>AGENDA ITEM No</b>	<b>3.3</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## **RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT**

<b>MEETING</b>	Trust Board
<b>DATE</b>	27 <sup>th</sup> May 2021
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Corporate Governance Manager
<b>CONTACT</b>	Julie Boalch, 01633 626251, <a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### **EXECUTIVE SUMMARY**

1. The purpose of the report is to provide the Trust Board with a composite report containing the Trust's Corporate Risks, which are aligned to the strategic themes on the Board Assurance Framework (BAF).

#### **RECOMMENDATION:**

2. **Members are asked to receive assurances on the contents of the report; specifically relating to:**
  1. **The risk management activity since the last Trust Board in March 2021.**
  2. **The changes to existing Corporate Risk scores, oversight, and management.**
  3. **Receive and comment on the BAF report.**

### **KEY ISSUES/IMPLICATIONS**

3. The ADLT reviewed the existing and proposed new corporate risks at regular intervals during the period.
4. Furthermore, principal risks assigned to the following Committees were considered during this period for scrutiny and strategic oversight.
  - a) **Quality, Safety & Patient Experience Committee** (7<sup>th</sup> May 2021).
  - b) **People & Culture Committee** (11<sup>th</sup> May 2021)
  - c) **Finance & Performance Committee** (13<sup>th</sup> May 2021).

### **REPORT APPROVAL ROUTE**

5. The report has been submitted to:
  - ADLT – 26<sup>th</sup> April 2021

REPORT APPENDICIES	
6.	An SBAR report is attached to this Executive Summary.
7.	A short summary table describing each of the 17 Corporate Risks is contained in Appendix 1.
8.	The BAF Report is detailed in Appendix 2.

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

## RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

### SITUATION

- 1 The purpose of this report is to provide the Trust Board with a composite report containing the Trust's Corporate Risks, which are aligned to the strategic themes on the Board Assurance Framework (BAF), in addition to describing key internal and external controls, what the gaps are and where and how management and the Board receive its assurances.
- 2 A short summary table describing the risk management activity covering the period 5<sup>th</sup> March 2021 to 6<sup>th</sup> May 2021.
- 3 A 'live' review of each of the Corporate Risks is available through the electronic Datix Register.

### BACKGROUND

- 4 The Governance Team are working with the Assistant Directors Leadership Team (ADLT) to streamline the reporting of Corporate Risks through the mechanism of the BAF report alongside the electronic Datix Risk Register.
- 5 The ADLT reviewed the existing and proposed new Corporate Risks at regular intervals during the last quarter.
- 6 Furthermore, principal risks assigned to the People & Culture, Finance & Performance and the Quality, Safety & Patient Experience Committees in May 2021 for strategic oversight.
- 7 The full CRR and BAF will be presented and discussed at the Audit Committee on the 3<sup>rd</sup> June 2021.
- 8 This report provides a platform to demonstrate how the Trust is continually improving its risk maturity in sourcing and controlling risks, in addition to providing strong internal and external assurances over the lifespan of the Risk Management Strategy & Framework 2018/21.

### ASSESSMENT

#### Corporate Risks

- 9 The Trust's Corporate Risks have been closely aligned to each of the strategic themes and the BAF incorporates the Trust's Corporate Risks as at 6<sup>th</sup> May 2021; 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 due to pressure in the unscheduled care system and the emergence of long handover delays at Hospital Emergency Departments.
- 11 One risk has been de-escalated to the Digital Directorate Risk Register for

management and removed from the Corporate Risk Register. This is **Risk ID 88** *Continued Availability of Digital Pens* which has reduced in score from 8 to 4 given that a 12 months extension to the contract has been awarded to allow time for the new ePCR solution to be implemented.

- 12 Four Risks have been de-escalated to the Quality, Safety & Patient Experience Directorate Risk Register for management and removed from the Corporate Risk Register.
- 13 These are **Risk ID 315** *Inability to confirm CoVID + status through workplace exposure in order to complete RIDDOR in a timely manner*, and **Risk ID 217** *Cleanliness in Ambulance Stations*. Both of which were reported to the last Committee as having reduced in score.
- 14 In addition to **Risk ID 351** *Increased transmission of CoVID due to not wearing medical masks in trust vehicles* and **Risk ID 322** *Lack of compliance with statutory Health & Safety regulations relating to competent fit testers*. Both of which sit underneath the overarching Corporate **Risk ID 199** *Compliance with Health & Safety Legislation*.
- 15 One risk has been closed during this quarter: **Risk ID 151** *Business Continuity for Recording Digital Patient Clinical Records*. This carried a score of 20; however, now that the Digipen contract extension that has been signed off this means that the business continuity element of this risk (as described) has been mitigated. The ePCR programme is in progress and due to roll-out in November 2021.
- 16 **Risk ID 109** *Resource availability (revenue and capital) to deliver the organisations IMTP* has reduced in score from 12 to 8 based on the strong support from EASC in relation to revenue.
- 17 Having undertaken a cleanse of Datix two risks have been assigned to the Finance & Performance Committee having previously been allocated to Trust Board. These are **Risk ID 229** *Impact of proposed Brexit on service delivery* currently scoring a 6 and **Risk ID 100** *Failure to collaborate and engage with EASC on developing ambitions and plans for WAST* with a current score of 12.
- 18 No new risks have been recommended for inclusion on the CRR.
- 19 The refreshed BAF report is included in Appendix 2 and work continues across the Trust to further align sources of assurance against each of the Corporate Risks in addition to identifying gaps in controls and assurances.

#### Sources of Assurances

- 20 The BAF report is separated into nine tabs; these contain the nine strategic aims and reference the key deliverables as set out in the Trust's IMTP for 2020-23, particularly those which have been deemed a priority during the pandemic recovery phase and actions described in the Trust's operating plans.



**RECOMMENDED:**

- 21 Members are asked to receive assurances on the contents of the report; specifically:**
- a) The risk management activity during the period.**
  - b) The changes to existing Corporate Risk scores, oversight, and management.**
  - c) Receive and comment on the BAF report.**

## Appendix 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	<b>25 (5x5)</b>	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	<b>25 (5x5)</b>	Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	<b>20 (5x4)</b>	Finance and Performance Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	<b>20 (4x5)</b>	Audit Committee; Quality, Patient Experience and Safety Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	<b>20 (5x4)</b>	Quality, Patient Experience and Safety Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	<b>16 (4x4)</b>	People and Culture Committee
225	On-call CCA ability to cover 24/7 command (CRR62)	Business Continuity	Operations Directorate	<b>16 (4x4)</b>	People and Culture Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Finance & Corporate Resources	<b>16 (4x4)</b>	Finance and Performance
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	<b>15 (3x5)</b>	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
109	Resource availability (revenue and capital) to deliver the organisations IMTP	Service Developments	Planning and Performance	12 (3x4)	Audit Committee; Finance and Performance Committee
139	Non delivery of financial balance	Statutory Duties	Finance and Corporate Resources	12 (3x4)	Finance and Performance Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	12 (3x4)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical & Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
343	Failure to undertake tactical seasonal planning (winter, now every season)	Service Delivery	Planning and Performance	8 (2x4)	Finance and Performance Committee
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	6 (2x3)	Finance and Performance Committee

## Appendix 2 – Board Assurance Framework

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
223	<p>Unable to attend patients in community who require See &amp; Treat (CRR58)</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> OPERATIONS</p>	20 4x5  QTR 2 19/20	25 5x5  QTR 4 20/21	10 2x5  QTR 2 19/20	<p><b>Last reviewed on Datix: 28/04/21</b></p> <ol style="list-style-type: none"> <li>Welsh Government target that ambulance handover at ED will be no longer than 15 minutes.</li> <li>Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments.</li> <li>REAP (Resource Escalation Action Plan) and Demand Management Plan in place.</li> <li>Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.</li> <li>Alternative pathways in place.</li> <li>Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111).</li> <li>Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles).</li> <li>Demand Management Plan</li> <li>Operational Delivery Unit (ODU)</li> </ol>		<ol style="list-style-type: none"> <li>Deep Dive x2 Risks - QUEST Presentation.</li> <li>Significant Incident Presentation September 2019.</li> <li>Significant Incident Debrief - 17 Oct 2020</li> <li>Seasonal Plan (Winter and Summer) &amp; supported by forecasting and modelling.</li> <li>Regional Escalation Protocols - Establishment of Operational Delivery Unit (ODU) in WAST.</li> <li>Regional Escalation UHB Indicators.</li> <li>REAP/DMP tested on scenario based exercise (30/09/20).</li> <li>D&amp;C Programme additionality (108 FTEs, on target for 136 FTEs).</li> <li>Memorandum of Understanding in place.</li> <li>Demand Management Plan (DMP) and clinical review of no sends (DMP 4 and above)</li> <li>Significant incident 3/12/20 SBAR and debrief</li> <li>Extended hours of opening in ODU and recruitment to commence imminently.</li> <li>Tactical Approach to Production (TAP)</li> <li>One additional UCS capacity in place by SJC through existing MOU agreed by EMT for 6mths Apr-Sept21.</li> <li>Duty Operations Managers (DOMs) appointed and induction commencing May 2021. Senior Paramedics recruitment &amp; induction also underway.</li> <li>Weekly review of the impact of hospital waits data shared with COO group</li> <li>Red immediate release request refusals now being recorded on Datix</li> <li>Datix of all handover delays over 6hrs</li> <li>HIW undertaking a review of patient experience as a result of handover delays</li> </ol>	2

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
224	Patients delayed on ambulances outside A&E Depts (CRR57)  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> OPERATIONS	20 4x5	25 5x5	10 2x5	<b>Last reviewed on Datix: 28/04/21</b>  1. Welsh Government target that ambulance handover at ED will be no longer than 15 minutes. 2. Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments. 3. REAP (Resource Escalation Action Plan) and Demand Management Plan in place. 4. Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans. 5. Alternative pathways in place. 6. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111). 7. Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles). 8. Demand Management Plan 9. Operational Delivery Unit (ODU)		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 for a sustained period throughout Dec20 into mid Jan21. 11. Extended hours of opening in ODU and recruitment to commence imminently. 12. Tactical Approach to Production (TAP) 13. One additional UCS capacity in place by SJC through existing MOU agreed by EMT for 6mths Apr-Sept21. 14. Duty Operations Managers (DOMs) appointed and induction commencing May 2021. Senior Paramedics recruitment & induction also underway. 15. Weekly review of the impact of hospital waits data shared with COO group 16. Red immediate release request refusals now being recorded on Datix 17. Datix of all handover delays over 6hrs 18. HIW undertaking a review of patient experience as a result of handover delays	4

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
244	Impact on EMS CCC service delivery due to estates constraints  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE <b>DIRECTORATE:</b> OPERATIONS	20 5x4  QTR 3 19/20	20 5x4  QTR 4 20/21	6 2x3  QTR 4 19/20	<b>Last reviewed on Datix: 15/04/21</b> 1. Full review of CCC room configuration completed. 2. CCC Management team prioritise how the space is used on each shift to align it to priorities associated with safe service delivery.		1. Risk Assessments have been undertaken on all three sites. 2. VPH Reconfiguration plans in progress 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. 5. Use of Ty Elwy in North Wales for 111	3
199	Compliance with Health & Safety legislation  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> QUALITY, SAFETY & PATIENT EXPERIENCE	20 4x5  QTR 2 19/20	20 4x5  QTR 4 20/21	10 2x5  QTR 4 20/21	<b>Last reviewed on Datix: 13/04/21</b> 1. Leadership and direction set by Executive Management Team and Interim Head of risk and H&S. 2. Health and safety Governance structure (National Health and Safety Committee Meeting and Regional Meeting held in Q3& Q4 2020/2021. 3. Structure and arrangements currently under review with view of implementation Q1 2021/22. 4. Health and safety policy and topic specific policies and procedures. 5. Health and Safety mandatory training 6. IOSH health and Safety training for Managers and Leaders. 7. IOSH Managing Safely re-established March 2021. 8. Programme for IOSH training for SMT and Execs under development view of implementation Q1 2021/22. 9. Local H&S Inspections (COVID secure inspections undertaken) 10. Rolling programme of H&S Review visits - (temp suspended to COVID). 11. Rolling programme of inspections to be developed for 2021/22. 12. Health and Safety improvement plan actions incorporated into draft H&S Transformation Plan. 13. Local risk assessments 14. Workplace Risk assessments prioritised rolling programme in place, monitored at SPT meetings. 15. Interim Head of H&S secondment ceases on 20 May 21. 16. Two H&S Coordinators fixed term contracts cease on 30 June 2021		1. Internal Audit Reports 2. External Audit Reports 3. HSE Visits / Inspections 4. Local Authority Inspections 5. Rolling programme of H&S Review visits 6. Health and Safety improvement plan 7. Monitored through Health & Safety Committee, QuEST, EMT and ADLT. 8. 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. 9. HSE CoVID Learning Report / Trust position report.	8

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
316	<p>Increased risk of personal injury claims citing COVID exposure</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> QUALITY, SAFETY &amp; PATIENT EXPERIENCE</p>	20 5x4	20 5X4	12 3x4	<p><b>Last reviewed on Datix: 13/04/21</b></p> <ol style="list-style-type: none"> <li>RIDDOR Investigation Tool trailed with developments undertaken to undertake amendments to accommodate 111 and strengthen Corporate investigation criteria.</li> <li>Amendments made to tool January 2021 to incorporate MRD, MTU and include vaccination information.</li> <li>Group established to investigate backlog of cases.</li> <li>Central coordinator assigned to manage retrospective cases.</li> <li>Operational staff members appointed to assist with completion of COVID Investigation tools.</li> <li>Shielded staff member appointed and trained to review COVID investigations</li> </ol>	<ol style="list-style-type: none"> <li>Quality of investigation is reliant on handler training /resource and availability of information.</li> <li>Challenging in investigating retrospective cases.</li> <li>Volume of cases proves challenging in obtaining sufficient quality of investigations.</li> <li>Challenging in confirmation regarding point of exposure.</li> </ol>	<ol style="list-style-type: none"> <li>Outbreak Management SOP</li> <li>SBAR Trust Cleaning Provision Options V5 Oct 30 19</li> <li>IPC Policy reviewed and updated</li> <li>Competencies for Fit Testing on ESR</li> <li>IPC Group feeds into QUEST</li> <li>IPC Improvement Plan and monitoring</li> <li>Pandemic Plan</li> </ol>	8

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
160	High Sickness Absence Rates  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> PEOPLE & CULTURE COMMITTEE <b>DIRECTORATE:</b> WORKFORCE & OD	16 4x4  QTR 1 19/20	16 4x4  QTR 4 20/21	12 3x4  QTR 4 19/20	<b>Last reviewed on Datix: 22/04/21</b> 1. Sickness Absence Policy. 2. Sickness Action plan. 3. Health and Wellbeing Strategy. 4. Operational Workforce Recruitment Plans. 5. Roster Review & Implementation. 6. Monthly performance review meetings. 7. Reported at ET, FRC, Board.		1. Weekly drop in workshops for anxiety, trauma, wellbeing and discussing mental health awareness have been taking place since the first wave of the pandemic 2. 'Living Life to the Full Workshops' due to commence in the next month. 3. Additional support is being provided to managers to support employees off due to COVID-19 and returning from shielding from the OH and wellbeing team. 4. Flu campaign 5. Records Analysis 6. Additional resource allocated from Ops 7. Proactive management of long term sickness cases 8. Workforce performance reports 9. Exec Team discussion 10. Integrated Quality & Performance report 11. Flu immunisation uptake reports 12. Redeployment policy in review 13. Flu campaign and plan (EMT Sept 17) 14. Occupational Health Report - transfer of records (EMT Sept 17) 15. Sickness deep dive May 2018 analysing sickness hotspots 16. Sickness Audit Tool refreshed to monitor management of both long and short term sickness 17. Task and Finish group to refresh industrial injury process 18. Task and Finish group to refresh long term sickness absence termination 19. Sickness Improvement Plan - FRC June 2018 20. Bursary Schemes 21. CPD 52 hours for EM 22. Welfare and Wellbeing Service 23. Resource Availability Jan 2020 24. COVID-19 Action Cards on intranet for staff 25. DASH Resource Availability Update 10 09 2020_v1.xlsx 26. Discussions with Welsh Government	5



Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
							27. IA review of Sickness Absence Follow up (18/19) 28. IA review of Health & Care Standards 29. IA review of Corporate Governance 30. IA review of CPD Management (Sept 18) 31. IA review of Volunteer Car Drivers Governance (Sept 18) 32. IA review of Trade Union Release Time (18/19) 33. IA review of Whistleblowing/Raising Concerns (18/19) 34. IA review of Appropriately Equipped Paramedics (18/19) 35. IA review of Research & Dev Gov Structure (18/19) 36. IA review of Personal Injury Claims Management (18/19)	

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
225	<p>On-call CCA ability to cover 24/7 command (CRR62)</p> <p><b>ASSIGNED TO:</b></p> <p><b>COMMITTEE:</b> PEOPLE &amp; CULTURE COMMITTEE</p> <p><b>DIRECTORATE:</b> OPERATIONS</p>	16 4x4	16 4x4	8 2x4	<p><b>Last reviewed on Datix: 28/04/21</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>Trust 'Command Policy'</li> <li>Trust 'Incident Response Plan'</li> </ol>		<ol style="list-style-type: none"> <li>Gold - strategic robust rota in place.</li> <li>Exec on call rota assessed at EMT - 12th Sept 18.</li> <li>Commanders trained on competency assessed courses using National. Occupational Standards which they have to adhere to through CPD.</li> <li>Exec on call rota assessed at EMT - 12th Sept 18.</li> <li>Roster Reviews - procurement of external supplier (Dec-20) National courses for Commanders On Call Task and Finish Group.</li> <li>Minutes from the On Call Task and Finish Group.</li> <li>Conversion courses for EMTs.</li> <li>North and South East Tactical Rotas in place.</li> <li>First and second cohorts of DOMs recruited and induction arranged for May21. Senior Paramedic induction is also underway (Apr21).</li> <li>Senior manager on duty capacity increased through the ODU, who will be trained as Tactical Commanders</li> <li>Trust 'Command Policy'</li> <li>Trust 'Incident Response Plan'</li> </ol>	6
311	<p>Failure to manage the cumulative impact on estate of the EMS Demand &amp; Capacity Review, the NEPTS Review and GUH.</p> <p><b>ASSIGNED TO:</b></p> <p><b>COMMITTEE:</b> FINANCE &amp; PERFORMANCE</p> <p><b>DIRECTORATE:</b> FINANCE &amp; CORPORATE RESOURCES</p>	16 4x4	16 4x4	8 2x4	<p><b>Last reviewed on Datix: 20/01/21</b></p> <ol style="list-style-type: none"> <li>Estates SOP Delivery Group.</li> <li>EMS D&amp;C Programme Board.</li> <li>NEPTS D&amp;C Review.</li> <li>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 &amp; Performance.</li> </ol>		<ol style="list-style-type: none"> <li>Development of the refreshed Estates SOP is progressing, good engagement with Operational colleagues. Further engagement with EMT planned in March and onward to F&amp;P and Trust Board for approval and onward to WG.</li> <li>A detailed programme has been developed by the Estates team for the staff increases identified within the D&amp;C data and subsequent megasheet.</li> <li>Further resources have been agreed to commence the delivery of the programme as part of the Capital and Estates team.</li> </ol>	9

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
201	Trust Reputation  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> PEOPLE & CULTURE COMMITTEE <b>DIRECTORATE:</b> PARTNERSHIPS & ENGAGEMENT	15 3x5  QTR 2 19/20	15 3x5  QTR 4 20/21	10 2x5  QTR 4 20/21	<b>Last reviewed on Datix: 17/04/20</b> 1. Regular engagement with senior stakeholders, namely, Minister, senior Welsh Government officials, commissioners, elected politicians, and NHS Wales organisational system leaders. 2. Programme of media engagement including challenging of reporting to ensure accuracy and media liaison to ensure relationships developed with key media. 3. Appointment of Head of External Communications in October 2019 supports efforts to engage media and stakeholders. 4. Board approved Engagement Framework (July 19) focuses on a range of actions to manage reputation. 5. Engagement Framework delivery plan developed to specify discrete actions and forms basis of monitoring.		1. Quarterly reports to Trust Board 2. Forward reputational look items in EMT 3. Horizon scanning 4. Engagement Delivery Plan Framework (qtrly to Board) 5. Ad hoc board updates to reflect incidents 6. Board updates - comms in real time to inform members - daily updates 7. Revised Engagement Framework / Delivery Plan April 2019	6
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE <b>DIRECTORATE:</b> OPERATIONS	15 3x5  QTR 3 19/20	15 3x5  QTR 4 20/21	2 2x1  QTR 3 19/20	<b>Last reviewed on Datix: 15/04/21</b> 1. Demand Management Plan. 2. REAP. 3. National EOC Resilience Plan. 4. Clinical remote working. 5. Outbreak Management SOP 6. Virtual CAD in place (phase 2) 7. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts		1. Senior manager on duty capacity increased through the ODU 2. 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. 3. Increased cleaning provision has been provided as a result of recent outbreaks especially within the CCC environment although not solely at CCC buildings. 4. Management teams are also reinforcing the principals social distancing, cleanliness, temperature testing and masking.	4
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE <b>DIRECTORATE:</b> PLANNING & PERFORMANCE	12 3x4  QTR 1 19/20	12 3x4  QTR 4 20/21	8 2x4  QTR 3 20/21	<b>Last reviewed on Datix: 30/04/21</b> 1. EASC/WAST Forward Plan. 2. EASC Management Group (replacement for PDEG/JMAG). 3. Monthly catch up between CASC/CEO. 4. Collaboration on specific projects e.g. Amber Review, EMS D&C Programme Board. 5. There is also now a monthly CASC Assurance Quality & Delivery meeting. 6. A two weekly "touch point" meeting for the commissioning intentions/IMTP has been introduced in Jan-21. 7. Collaborative Programme Board for EMS D&C and one being established for Ambulance Care (NEPTS).		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	4

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
109	Resource availability (revenue and capital) to deliver the organisations IMTP  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE <b>DIRECTORATE:</b> PLANNING & PERFORMANCE	12 3x4  QTR 1 19/20	8 2x4  QTR 4 20/21	4 1x4  QTR 2 19/20	<b>Last reviewed on Datix: 09/04/21</b> 1. EASC governance structure whereby the performance and wider scrutiny of the organisations IMTP delivery and proposed funding requirements are discussed. 2. Strategic Transformation Board oversight of delivery 3. Discretionary capital planning group. 4. Finance and Performance sub committee. 5. FRC Executive group.	1. Discretionary capital planning group and the process by which internal revenue and capital business cases are produced and submitted for scrutiny whilst in existence needs to be more robust	1. IA review of IMTP (19/20) 2. IA review of Performance Management LDPs (18/19)	9
139	Non delivery of financial balance  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE AND AUDIT COMMITTEE <b>DIRECTORATE:</b> FINANCE & CORPORATE RESOURCES	12 3x4  QTR 1 19/20	12 3x4  QTR 4 20/21	8 2x4  QTR 4 20/21	<b>Last reviewed on Datix: 03/02/21</b> 1. Financial reporting to EFG & FPC, policies in respect of financial management. 2. Regular engagement with commissioners of our services. 3. Ensuring good governance and compliance with Trust Standing Orders. 4. Welsh Government Reporting. 5. Regular review of savings targets via ADLT.		1. Discretionary capital planning group 2. IA review of Fuel Spend (19/20) 3. IA review of Discretionary Capital (19/20) 4. IA review of Lessons Learned from Losses & Special Payments (18/19)	9
283	EMS Demand and Capacity Review Implementation Programme  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE <b>DIRECTORATE:</b> PLANNING & PERFORMANCE	16 4x4  QTR 4 20/21	12 3x4  QTR 4 20/21	8 2x4  QTR 2 20/21	<b>Last reviewed on Datix: 30/04/21</b> 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. 8. Agree funding from EASC for 21/22 recruitment and training programme with possible further uplift.		1. D&C Programme Board highlight report and Minutes 2. Executive Programme Review undertaken on 18 Jan-21.	

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
303	<p>Delayed initiation of chest compressions (resuscitation)</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> MEDICAL &amp; CLINICAL</p>	15 3x5	10 2x5	10 2x5	<p><b>Last reviewed on Datix: 24/02/21</b></p> <ol style="list-style-type: none"> <li>Ready available PPE: ease of access.</li> <li>Repeated and regular communication to staff via written and broadcasts/ videos/ podcasts.</li> <li>Clarity of guidance to staff (infographic).</li> <li>Communication to caller via CCC call handler regarding BLS.</li> <li>Clinical Cell will review frequently and amend guidance if required.</li> <li>Patient safety incidents will be monitored and reported via EPT/TPT.</li> <li>Dissemination of a process for rapidly donning PPE disseminated.</li> </ol>	<ol style="list-style-type: none"> <li>We are advising staff to don level 3 PPE before attending the incident. The likelihood of a crew needing to don level 3 PPE should airway management be required is high and therefore there would inevitably be a time delay should the crew arrive in level 2 PPE and then need to retreat to don level 3 PPE.</li> </ol>	<ol style="list-style-type: none"> <li>Operational performance appears to be improving in recent weeks, mitigating the impact of donning PPE.</li> <li>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)</li> <li>Existing guidance from RCUK still current and not been amended.</li> <li>Now rapid donning process has been disseminated this now has the potential to improve the speed at which PPE can be donned.</li> <li>The evidence of performance is reported through to Senior Pandemic Team.</li> </ol>	4
343	<p>Failure to undertake tactical seasonal planning (winter, now every season)</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE &amp; PERFORMANCE <b>DIRECTORATE:</b> PLANNING &amp; PERFORMANCE</p>	16 4x4	8 2x4	8 2x4	<p><b>Last reviewed on Datix: 30/04/21</b></p> <ol style="list-style-type: none"> <li>Seasonal Planning lead (AD Response and AD Commissioning &amp; Performance).</li> <li>Annual review of winter (workshop this year due to CoVID-19).</li> <li>Forecasting of daily demand.</li> <li>Modelling of winter scenarios.</li> <li>Development of seasonal initiatives (to attract stakeholder funding)</li> <li>Winter scenario exercise and seasonal plan using headings provided by WG.</li> <li>Summer Planning being undertaken with expected go live of 21 May-21, supported by forecasting and modelling.</li> </ol>		<ol style="list-style-type: none"> <li>WAST Winter Plan Final</li> <li>ADLT Monitoring</li> <li>SD Letter to CEOs - Winter Delivery Funding</li> <li>Annex A - reporting arrangements - winter delivery milestones</li> <li>Template for USC Winter Monies</li> <li>Summer Planning Group</li> </ol>	9
229	<p>Impact of proposed Brexit on service delivery</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE &amp; PERFORMANCE <b>DIRECTORATE:</b> OPERATIONS</p>	12 3x4	6 2x3	8 2x4	<p><b>Last reviewed on Datix: 28/04/21</b></p> <ol style="list-style-type: none"> <li>A separate Brexit Risk Register has been developed detailing all the mitigated risks and the control on place.</li> <li>This is regularly monitored by the Executive management team and has been considered by the Trust Board in March 2019 and will be further considered Sept 2019.</li> <li>Due to the delay of the EU Exit to December 31st 2020 this will need to be reconsidered again, however the risks change to now include a) resurgence of COVID-19 and impacts on infrastructure; b) winter pressures; c) seasonal flu; d) severe weather.</li> </ol>		<ol style="list-style-type: none"> <li>SBAR on implications of Brexit - 28th Jan 2019</li> <li>SBAR on Risk Assessment for Brexit - 28th Jan 2019</li> <li>Brexit Risk Register under review</li> <li>EU exit plan v3.2 December</li> <li>EU Transition reporting template</li> <li>D20 BRAG reporting (now by exception – Apr21)</li> </ol>	6



<b>AGENDA ITEM No</b>	<b>5.1</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>4</b>

## PROCEDURAL MATTERS

<b>MEETING</b>	Trust Board
<b>DATE</b>	27 May 2021
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Steve Owen
<b>CONTACT</b>	Steven.owen2@wales.nhs.uk

## EXECUTIVE SUMMARY

The report is to confirm as a correct record the Minutes of the Board meeting held on 24 and 25 March 2021 and other procedural matters as required shown below.

- a. **Minutes of the Board meeting** held on 24 March 2021 (closed) and 25 March 2021 (open) (Attached)
- b. **Action Log.** To consider the Action Log (Attached)
- c. **Trust Seal** – The Trust seal was used on the following occasions: Number 0222, Refurbishment of works to Matrix and number 0223, refurbishment to Aberaeron ambulance station
- d. **Chairs Action Minutes**, Minutes of the Chairs Actions held on 24 February and 12 March 2021 (Attached)
- e. **Covid-19 Governance Arrangements** - The Board may wish to note the attached letter from Welsh Government which announces that NHS bodies in Wales can stand down their interim Covid-19 governance arrangements where it is reasonable to do so. In practice, this has little impact on the Trust as we did not stand down any of our Committees nor change or relax our scheme of delegations. The Board will be aware that during the pandemic period there were some additional Board meetings, a handful of Committee dates were rearranged, some agendas were more focussed on the pandemic emergency and we did hold a number of additional Chair's Actions, some of which were at short notice. However, by and large, the Board and Committee business calendar continued as normal.

The attached letter also makes mention of learning from the Covid experience and we have already seen a number of sources of learning, e.g.

internal and external audit reviews, peer groups etc. We plan to hold a discussion on Covid learning and what more, if anything, the Trust needs to do, at our next Board Development day in June.

**RECOMMENDED: That**

- (1) the Minutes of the Trust Board meetings held on 24 and 25 March 2021 be confirmed as a correct record;**
- (2) the action log be considered;**
- (3) the use of the Trust seal as described be noted;**
- (4) the Minutes of Chairs actions as described be endorsed. ;**
- (5) to note the Covid-19 governance arrangements.**

**KEY ISSUES/IMPLICATIONS**

None

**REPORT APPROVAL ROUTE**

Not Applicable

**REPORT APPENDICES**

- 1. Minutes of Trust Board meeting 11 March 2021
- 2. Action Log
- 3. Chairs actions minutes 24 February and 12 March 2021
- 4. Covid-19 governance arrangements

**REPORT CHECKLIST**

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





**UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH  
 AMBULANCE SERVICES NHS TRUST BOARD ON THURSDAY 24 MARCH 2021,  
 HELD REMOTELY VIA MICROSOFT TEAMS**

**PRESENT:**

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Julie Boalch	Corporate Governance Manager
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Trish Gaskell	Trust Solicitor
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Hugh Parry	Trade Union Partner
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Planning and Performance
Claire Roche	Director of Quality, Governance & Assurance
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce & OD

**IN ATTENDANCE**

Jeff Prescott	Corporate Support Officer
Steve Owen	Corporate Governance Officer

**APOLOGIES**

Keith Cox	Board Secretary
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## **01/21 RESOLUTION TO MEET IN CLOSED SESSION**

Representatives of the press and other members of the public were excluded from the meeting having regard to the confidential nature of the business to be transacted in accordance with the requirements of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960.

## **02/21 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and informed Members that the meeting was being audio recorded.

The declarations of Mr Emrys Davies as a former member of UNITE, Nathan Holman, Councillor on the Llannon Community Council and Professor Kevin Davies as an Independent Trustee of St John Cymru were noted by the Board.

**RESOLVED: That the standing declarations as described above were NOTED.**

## **03/21 TRUST BOARD OPEN AGENDA – 25 MARCH 2021**

The Chair introduced the agenda items which were being considered for discussion at the upcoming Open Trust Board meeting on 26 March 2021. Following consideration from Members, the agenda items and running order were agreed.

**RESOLVED: That the agenda for the Open session of the Trust Board meeting on 26 March 2021 was AGREED.**

\*Joga Singh left the meeting.

## **04/21 AUTHORITY TO SETTLE HIGH VALUE CLAIMS (FJ & CS)**

Trish Gaskell presented two clinical negligence claims to the Board and sought authority to settle both cases. In the case FJ, Board approval was required to settle both the claim and costs. In the case of CS, the claim had already been settled and authority was only required to settle the Claimants costs.

Trish Gaskell gave a detailed overview of both claims including advice from Counsel and explained that authority to settle the claims would represent a saving for the Trust against Claimants costs' in relation to the claim as these would accrue additional interest until full settlement was provided.

Members received the papers and noted that the claims had previously been discussed by the Executive Management Team and Non-Executive Directors. Members further noted that the advice and recommendations from Counsel were very clear and were therefore happy to give authority to settle the claims.

## **RESOLVED: That**

- (1) In the case of FJ, the Trust makes an admission of liability and settles the Claimants' claims at the Joint Settlement Meeting on 29 March 2021 up to a ceiling of £200,000.00, and makes a payment on account of costs up to £60,000 and;**
- (2) In the case of CS, the Trust makes a further payment on account of Claimant's legal costs of £32,000 and negotiates Claimant's costs to a maximum further sum of an additional £65,000 which makes a cumulative authority of £185,000**

\*Joga Singh returned to the meeting.

## **05/21 ROSTER REVIEW**

Rachel Marsh introduced the Roster Review paper and sought Board approval for the appointment of a third party to act as the change agent on the project. The report explained how the Trust had tendered for a change agent to support the EMS Roster Review Project which in turn, formed part of the EMS Demand & Capacity Programme.

Rachel Marsh stated that the report had previously been discussed by both the Finance and Performance Committee and Executive Management Team with a number of further questions being raised. These questions had been addressed and the report was now ready to come before the Board.

As part of the Trust's established EMS Demand & Capacity Programme, a review undertaken by Operational Research in Health (ORH) had identified re-rostering the Response workforce as an area in which the Trust could improve efficiency. In addition, ORH had identified other benefits of re-rostering with potential improvements in patient safety/experience and reduced community based waiting times.

However, re-rostering was a complex area and additional assistance would be required. Therefore, in order to achieve this, a third party had been identified which would enable the Trust to set up the project, access specialist expertise and access specialist roster design software to implement the complex and sensitive process. Given this, Members acknowledged that the Trust would not be able to do this alone and would require the help of an external partner.

Consequently, a procurement process was completed during quarter 3 and quarter 4 2020/21 with the Executive Management Team receiving a detailed project initiation document in February 2021. This included a detailed cost/benefit analysis for the project where EMT approved in principle the appointment of a third party. The report estimated potential savings for the Trust that would result from re-rostering. It was noted that these savings would be more than sufficient in covering the initial expenditure laid out in procuring these services and therefore made good financial sense.

The identified third party, Working Time Solutions (WTS) had a proven and strong track record of working with other UK ambulance services and private sector companies on roster redesign. Feedback from other UK ambulance services was requested, with respondents providing very positive assessments.

Members received the report and discussed the potential benefits that re-rostering would bring. Members noted that the re-rostering was not only necessary, but vital if the Trust was to achieve the aims and objectives identified as part of the wider demand and capacity review. It was believed that the work had the potential to increase overall efficiency across the entire service and while it was difficult to quantify the actual real world effects, estimates suggested that this could represent a benefit to productivity that would be equivalent to recruiting as many as seventy additional FTE staff. Following further brief discussions around implementation and feedback, Members voted to approve WTS as the change agent.

**RESOLVED: That the appointment of WTS as the change agent for the Response roster review project was APPROVED.**

## **06/21 FLEET STRATEGIC OUTLINE PROGRAMME – REFRESH 2021**

Chris Turley introduced the Fleet Strategic Outline Programme 2021 refresh (SOP). The SOP was a Welsh Government requirement from the Trust and had previously been endorsed by the Finance and Performance Committee for progression to Trust Board.

The paper outlined the process undertaken to review the current SOP which, following a refresh in late 2018, now reflected on delivery of year 2 (2019/20) and year 3 (2020/21), the development of the recently approved Business Justification Case, for which funding had now been confirmed for year 4 (2021/22) along with plans for the remaining years 5 (2022/23) to 10 (2027/28).

The report explained the primary purpose of the SOP which was to:

- Set the direction of travel and seek approval for the strategic context and approach to the delivery of a fit for purpose fleet service;
- Facilitate the speedy production of subsequent business cases for a proactive vehicle replacement programme;
- Facilitate strategic and collaborative planning for the development of an integrated fleet maintenance and make ready approach across Wales;
- Link the Fleet and Estate strategies to give a clear vision of the future, and detail the vision for Fleet development for the next ten years and the required spend.

Following the report, Chris Turley sought approval of the SOP from the Board in order for the onward submission to Welsh Government to take place. If agreed, this was to happen by the end of March 2021 for consideration and endorsement.

Members received the report and noted the work which had been undertaken to review and refresh the Fleet Strategic Outline Programme. Members also noted that the approach being proposed was both pragmatic and reasonable as the situation around demand and capacity was an ever evolving picture and allowances may need to be made in any future SOP for adjustments and changes, should these be required.

Chair of the Finance and Performance Committee, Emrys Davies confirmed that the SOP had been discussed and scrutinised by Members of that Committee and full support had been given. Following this, Board Member also gave their full support for the Fleet Strategic Outline Programme refresh to be submitted to Welsh Government.

**RESOLVED: That**

- (1) the work undertaken to review and refresh the Fleet Strategic Outline Programme and the outcome was NOTED, and**  
**(2) the Fleet Strategic Outline Programme refresh was APPROVED and submission to Welsh Government was SUPPORTED.**

**07/21 ESTATES STRATEGIC OUTLINE PROGRAMME – REFRESH 2021**

Chris Turley presented the Estates Strategic Outline Programme (SOP) refresh and explained how the SOP had previously been considered and endorsed by both Executive Management Team on 8th March 2021 and the Finance and Performance Committee on 11th March 2021 before being shared more widely within the Trust through the Trade Union Cell, Estates SOP Delivery Group and Capital Management Board.

The report set out the process undertaken to review the current SOP and demonstrated a significant shift change in the capital programme to deliver estates improvements. The report acknowledged that delivery of this would require additional resources and support from across the whole Trust and outlined an ambitious capital programme in the region of £107m over 10 years to 2031.

The SOP took into consideration a wide range of factors such as the EMS Demand & Capacity Review implications, agile working, CCC/111 requirements and the impacts of the Covid-19 pandemic. This showed a significant shift in cultural and environmental circumstances since the 2017 refresh and these factors had since been taken into consideration within the refresh and re-prioritisation exercises.

The report recognised that this would be a challenging and ambitious programme of delivery from year 1 of the programme. Therefore, the key milestones of the SOP had been incorporated within the Trust's 2021/24 IMTP.

Following the presentation, Chris Turley sought Trust Board approval of the SOP Refresh and explained that if approved, the SOP would be submitted to Welsh Government by the end of March 2021 for consideration and endorsement.

Members received the report and noted the detail, scale, quality and thoroughness it provided, Members also observed that although the SOP set out the Trust's aims for the next ten years, these weren't necessarily set in stone and contained an element of flexibility which would allow them to adapt in order to meet the Trust's future Estates' needs.

Members also noted the challenges which the Trust had faced, and would continue to face as a result of enforced changes brought about by the Covid-19 Pandemic. These had far reaching impacts upon the Trust's Estates' management with consideration having to be given to social distancing requirements, building capacity, remote working, resilience and business continuity.

Finally, Members observed that the ongoing situation around remote or home working would need to be continually monitored to ensure that the Trust's staff enjoyed a good and healthy work/life balance. These home working arrangements had now been in place for a full year and although these had so far proved successful, some employees may wish to return to Trust premises rather than working from their homes.

**RESOLVED: That**

**(1) the work undertaken to review and refresh the SOP and the outcome was NOTED.**

**(2) the resulting re-prioritised capital programme was NOTED.**

**(3) the high level risks associated with successful programme delivery were NOTED.**

**(4) the SOP refresh document and supporting annexes were APPROVED, and;**

**(5) the submission of the SOP refresh to Welsh Government, as now required and ahead of any future and further individual Estate business cases for the Trust was SUPPORTED.**

**Date of next meeting: TBC**

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 25 MARCH 2021**  
**Meeting Conducted via Zoom**

**PRESENT:**

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director and Vice Chair
Bethan Evans	Non Executive Director
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Planning and Performance (Part)
Hugh Parry	Trade Union Partner
Claire Roche	Executive Director of Quality and Nursing
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce & OD

**IN ATTENDANCE**

Cory Davies	Communications Officer
Baptiste Fesselet	Chief Ambulance Services Commissioner (Part)
Stephen Harrhy	Partners in Healthcare Lead
Leanne Hawker	Welsh Language Officer
Melfyn Hughes	
Isobel Jones	Business and Quality Manager
Alison Kelly	Community Health Council
Malcom Latham	Planning and Performance Support Officer
Melanie O'Connor	Corporate Governance Officer
Steve Owen	Corporate Governance Officer
Jeff Prescott	Business Manager
Lisa Trounce	
Emma Wainwright	Head of Communications
Rachel Watling	Senior Education and Development Lead
Kevin Webb	
Joseph Wilday	

## **BSL Interpreters**

Rachel Williams  
Hannah Wilson

### **17/21 WELCOME AND APOLOGIES FOR ABSENCE**

#### **Welcome and apologies**

The Chair welcomed all to the meeting and advised that it was an open session of the Board; it was being conducted through the medium of Zoom and broadcasted on Facebook.

#### **Apologies**

None received

#### **Declarations of interest**

The standing declarations of interest were formally recorded in respect of:

Professor Kevin Davies, Independent Trustee of St John Cymru, Emrys Davies, retired member of Unite, and Nathan Holman, Member of the Llannon Community Council

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

### **18/21 CHAIR INTRODUCTION AND UPDATE**

The Chair informed the Board of the recent meetings he had attended and the activities he had undertaken in his role as Chair over the last two months:

1. There had been two Board workshops in which the Trust's long term strategic aspirations were considered
2. Held meetings with key NHS partners including the collaborative leadership forum
3. Met with other NHS Chairs across Wales in which several issues were discussed including the issue of hospital handover delays and how this could be resolved
4. Discussed the possibility of enhancing collaboration going forward with the Chair and Chief Executive of Cardiff and Vale Health Board
5. Continued regular dialogue with Senedd Members and politicians; in particular, met with councillors and Senedd Members in the Gower area to discuss the issues surrounding volunteers and co-responders



6. Attended the Board of the Community Health Council in which the Trust's plans for the future were discussed
7. In terms of maintaining the internal focus, the WAST live sessions had continued through Facebook, and continued to meet with Trade Union Partners on a monthly basis

The Chair paid tribute to all staff in their efforts to sustain the issues and challenges arising from the pandemic over the last year

**RESOLVED: That the update was noted.**

**19/21**

## **CHIEF EXECUTIVE UPDATE**

Prior to his update, Jason asked that a time of reflection be given to all those who had lost their lives as a result of the virus during the past year.

In providing his update, the Chief Executive drew attention to the following:

1. A St David's Award which recognised excellence, was awarded to the Trust for its part in looking to identify new methods of cleaning ambulances throughout the pandemic
2. Several large capital programmes were underway which were running concurrently with 10 ongoing station refurbishments. A note of thanks was recorded to the Estates team for their ongoing endeavours in this regard
3. The EMS 999 international conference was hosted by WAST this week; it had been promising to reflect on the great progress made over the last decade
4. The EPCR programme was due for service wide roll out in the Autumn
5. Cymru High Acuity Response Vehicle (CHARU). This programme would maximise clinical care and ensure the consistent delivery of critical care requirements across the whole of Wales
6. Duty Operations Manager; progress had been made in terms of recruitment for this new role
7. NEPTS – transfer of work. The programme continued to progress well and it was anticipated that the final health board would be completed in the near future
8. 111/Contact First. It was noted that the roll out of 111 in North Wales would be live in the summer of 2021; this had been accelerated by approximately 12 months.

Comments:

Following a query in terms of how the Trust had sustained its activity over the last year Jason explained that in the main, all actions in the Trust had stopped to provide a focus on the pandemic during Wave one. During Wave two, the Trust continued

with some key activities including recruitment. As the new financial year commences, the Trust had taken some choices in terms of its planning and would be adding further capacity over the next 12 months

**RESOLVED: That the update was noted.**

## **20/21 PATIENT STORY**

Prior to the story Claire Roche advised that at the time of this particular incident the whole NHS system was under extreme pressure, particularly in the South East of Wales. The story involved a Mr McTaggart who sustained a fall last November and had waited several hours for an ambulance to arrive.

The Board were shown a video illustrating the difficult experience of a patient and the subsequent long wait for an ambulance. In the video the patient concerned, Mr McTaggart and his wife shared their experience with the Board. The main points from the film were described below.

Mr McTaggart explained that on a Saturday evening last November around 6pm whilst walking in Chepstow, he caught his foot on a kerb and fell over. He was in pain and had struggled to move. His wife and some passers-by had managed to lift him up and sat him on a nearby wall. His wife called for an ambulance and after around an hour and a half later there had been no response from the ambulance service. In the meantime a taxi had pulled up and the driver offered assistance and explained that he could not take them to hospital but would get him home which was about a two minute drive.

Once home they managed to get Mr McTaggart to the doorway of the house under the porch and from there called for the ambulance again, the time was now about 7.45pm. The call taker advised that he should be nil by mouth and not to be given any painkillers.

The wait continued and his wife called again, it was about 10.15pm and this time it was the South West ambulance service. The call taker advised that a clinician would call back to assess the situation and within 10 minutes the call taker called back to say that unfortunately the clinician would not be calling after all.

At 00.50pm Mrs McTaggart called the ambulance service who advised that they would try and send an ambulance; during this time it transpired that WAST were trying to contact the family. At this stage Mr McTaggart was in extreme pain and discomfort with a suspected broken hip.

At around 5.15am the ambulance crew arrived and provided excellent and professional care; they took him to hospital where he was operated on the same day.

Claire Roche advised that the Trust had been in communication with the family following the incident. She expressed her thanks to them for sharing their personal experience with the Trust. Claire added that the video would be shared with health board colleagues.

## Comments:

1. What can the Trust learn and do differently to improve the outcome of situations like this? Claire Roche advised Members of the positive efforts undertaken by the Trust to address the issues highlighted by this incident and to improve the overall patient experience going forward. She added that this incident occurred during a time of overwhelming demand on the service. The Trust was continually learning, monitoring and reviewing not only from the patients' outlook but also from a clinical perspective. Dr Brendan Lloyd added that the Trust was considering the hydration and analgesia aspects and was reviewing the call taker script.
2. In terms of the call taker's script, Claire advised this would also be considered in conjunction with reviewing the falls response model. The advice not to eat or drink is scripted within the Medical Priority Dispatch System, a licensed product that triages incidents. Lee Brooks gave further information regarding the compliance of the script adding that the organisation was recognised as a Centre of Excellence for how the medical triage system was applied and that the call taker could only act upon the information given at the time.
3. Jason Killens added that the waiting time endured by Mr McTaggart was totally unacceptable and apologised for this delay. He added that the Trust was seeking to improve its response times and patient outcome and gave details of the implementation plans in place to address incidents of this kind.
4. Was it the Trust's responsibility to care for patients whilst waiting for an ambulance? Claire Roche explained that any cases where it was felt there was a shared responsibility this was communicated to the relevant health board.

The Board looked forward to seeing the follow up work in terms of the falls response model, handover delays and call taker scripts.

**RESOLVED: That the staff story was noted.**

**21/21**

## **WAST INTEGRATED MEDIUM TERM PLAN 2021 - 2024**

Jason Killens explained that this was a three year plan and was being presented to the Board for approval to submit to Welsh Government on 31 March 2021.

Rachel Marsh gave an overview of the plan and reminded the Board of the actions that had been taken to implement, assemble and development the plan.

In terms of highlights to note from the report the following was drawn to the Board's attention:

1. The plan had been built upon the long term strategy framework with the ambition to deliver excellence in all fields

2. 111/999 call answering and clinical assessment; improve and develop these services going forward aiming for better call answering services and improved patient experience
3. Emergency Medical Service Response. Continue to deliver on the demand and capacity programme. Improve in other areas such as; implementing a new model for rural services and implementation of the electronic patient care record. Going forward this would lead to improvement in ambulance response time, improved patient experience and minimise the number of patients being taken to Emergency Departments
4. Non Emergency Patient Transport Services – the transformation programme continued along with evaluating transport from the recently opened Grange University hospital. The overall aim was for improved timeliness, easier booking arrangements and an improved patient experience
5. Supporting plans and strategies; these included engaging with staff post Covid, implementing the Quality Strategy and delivering year one of the Digital Strategy. These and other aspects would not have been possible without the collaboration of Welsh Government and other stakeholders and partners
6. Risks in terms of delivering the plan included; securing stakeholder support, insufficient capacity to deliver some programmes of work, impact of Covid-19 and increases in demand. Rachel gave details in terms of how the Trust would be mitigating against these and other risks going forward.
7. A note of thanks was acknowledged to the team and others involved in the production of the IMTP

## **Financial Plan**

Chris Turley gave an overview of the financial aspects in respect of the IMTP and drew attention to the following points:

1. Current assumed income of £242.7m and current planned expenditure of £245.5m leaving a savings efficiency productivity requirement of £2.8m
2. Key income assumptions, the majority would be funded by EASC which was £194.7m. The vast majority of this related to committed or continuing expenditure of the Trust
3. It should be noted that EASC's current confirmed available funding from health boards was £182.7m which was a £12m difference. The Chief Ambulance Services Commissioner would continue to support the delivery of the items, which included the cost of Contact First, within the £12m on a cost recovery basis
4. Savings requirement – the Board were given details in terms of how this would be delivered through workforce efficiencies, Estates waste management and fleet efficiencies amongst other schemes

5. Capital 2021/22 – Current Approved Limit was £35.652m. Plans were being developed at pace for other aspects of the Trust's future capital requirements, especially from an estates perspective
6. Financial risks – No financial plan was risk free – a number of risks were highlighted to the Board, including; the planned increase in EASC income as the plan was predicated on this, and availability of capital funding
7. A note of thanks was recorded for the team involved in preparing the financial aspect of the plan

#### Comments by Stephen Harray:

The Chief Ambulance Services Commissioner, Stephen Harray commented that the alignment of the finances reflected within the plan had been adhered to with the relevant due diligence. He added there had been constructive conversations with WAST colleagues noting that the overall process had been conducted very well. The commissioning intentions were clearly illustrated and reflected within the plan.

He added that the plan was in three parts, the core ambulance service, the 111 element of that and was reassured that alignment of the IMTP and the 111 was not duplicated. The third element was around business cases adding that the role of the urgent and emergency care board would be important, particularly around the contact first initiative.

In terms of the finances, he encouraged the Trust to continue to spend as required on the schemes highlighted, which were either continuing into, or due to commence early in, the new financial year, minimising the risks as necessary adding that the costs would be recovered going forward through the necessary business cases or agreed recovery on an actual cost basis.

This was an important year for the Trust in terms of putting some of the modernisation plans into practice; recognising the opportunities with the 'reset' as a consequence of coming out of the pandemic

He publicly thanked the Board and staff in the professional and caring way they had responded during the pandemic which was a credit to the Trust

#### Other Comments

The Chair and Vice Chair assured those in attendance that the Board had seen several iterations of the plan prior to its submission for approval today; noting that drafts of the plan had been given due diligence and scrutiny by the relevant Committees

Was there a plan to combine the digital strategy and video consultation? Rachel added it was part of the plan; Andy Haywood explained that this was being considered and gave more detail of how it would be implemented

Does the report contain sufficient detail to persuade stakeholders to support the propositions going forward? Stephen Harray advised that the digital strategy and the introduction of the EPCR would be really important going forward. Rachel

Marsh added that further work on several key metrics in relation to performance was being undertaken

The Chair remarked that going forward the plan was more aligned in addressing the casual factors of issues such as hospital handover delays and working in a more collaborative manner with health board colleagues

Stephen Harrhy added that the urgent and emergency care national programme was being strengthened and refreshed, this would enhance services going forward

The full support of Stephen Harrhy for the plan was critical and he was publicly thanked by the Board for his help and assistance throughout

### **Initial Revenue Budget for 2021/22**

The Chair also brought Board members attention to the separate paper providing the Board with an initial 2021/22 revenue budget for the Trust. Building on the detail within the financial plan within the IMTP this provided more detail on how this was to be translated into detailed delegated revenue budgets.

**RESOLVED: That the Board approved the IMTP including the 2021/22 financial plan, for submission to Welsh Government on 31 March 2021, subject to any minor amendments borne out of discussion. The Board also approved the initial revenue budget for 2021/22**

## **22/21 PATIENT SAFETY HIGHLIGHT REPORT: January 2021 – February 2021**

Claire Roche gave an overview of the report and drew attention to the following areas:

1. During this period the Trust had responded to over 70k incidents and received almost 95k calls relating to 111
2. There had been a reduction in cases being categorised as catastrophic
3. The two day compliance target to acknowledge formal concerns in January was 97% and in February was 100%
4. The 30 day response to formal concerns was 75% in January and 69% in February. This had been the first time in a while that it had fallen below the 75% target. This was due in the main to a number of cases being required to go through a formal complex investigative process
5. An extraordinary scrutiny panel was convened in February; following this a report was submitted to the Quest Committee. Details discussed included the high level of patient safety incidents and several learning points were gleaned from a particularly serious case in North Wales. Several actions had emanated from the scrutiny panel which were being addressed and monitored going forward; the themes, trends and priorities for improvement from this will be reported to Board through the Quest Committee as part of an aggregated review. The Chair of the Quest Committee Bethan Evans added that the

aggregated review would give Quest Committee the opportunity to learn from the emerging themes and trends

6. A total of 72 cases had been discussed at Serious Case Incident Forums (SCIF). The vast majority were categorised as patient safety incidents

Comments:

1. Clarity was sought in terms of the investigations process and how immediate actions were identified. Claire Roche explained that SCIFs were conducted on a weekly basis and should any actions be immediately identified they would be escalated as required. The patient safety learning and monitoring group scrutinised this process very closely as part of the governance process
2. A query arose as to why in the table relating to clinical reviews by health board and why the action for the Cwm Taf health board was blank. Andy Swinburn explained that this particular review was still under investigation

**RESOLVED: That the report was received for information, discussion and noting.**

23/21

## **MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Rachel Marsh reminded the Board that the report was still being refined adding that Members had the opportunity to direct further scrutiny on a particular subject to the relevant committee.

In terms of the report Members' attention was drawn to the following areas:

1. 111 call answering times; the abandonment rate in February was lower than 5% however there was significant variability across Wales. It was noted that recruitment for an additional 86 call handlers was well underway and this would allow for the abandonment rate to be kept low
2. An initial forecast had been undertaken to consider whether the red response target of 8 minutes would be met in April taking into account Covid; it was anticipated that the target would be achieved
3. In terms of workforce, the number of hours being produced had improved significantly.
4. Hear and Treat rates after 999 calls were increasing; 8.2% in Feb 2020 compared to 9.2% in February 2021, a positive step for the Trust
5. The Trust were conveying less patients to ED; 44% in January 2021 compared to 52% in January 2017. Further work was ongoing to improve this figure
6. Handover lost hours; these had improved from the same position last year, 6,155 hours lost in February 2021 compared to 7,232 in February 2020

Comments:

1. The Chair of the Finance and Performance Committee Emrys Davies, welcomed the report and noted that the report captured more relevant detail on the key issues that should be focussed on going forward
2. Members expressed concern in terms of staff sickness and how it would be managed going forward. Claire Vaughan advised that the situation was being monitored through the People and Culture Committee and gave an overview of the initiatives and active discussions in place to address the sickness rates. This included the effects of long Covid
3. In terms of handover delays and post production lost hours, how were these being monitored and scrutinised. Rachel Marsh explained that the Trust worked collaboratively with health boards and the Chief Ambulance Services Commissioner in addressing the handover delays. In terms of post production lost hours, Rachel explained that efforts to address this was a priority, albeit not entirely in the Trust's gift, adding that the Trust was working in partnership with Trade Union colleagues to resolve
4. Lee Brooks commented that military support was ending on 31 March 2021 and their assistance to the Trust was duly noted and had been greatly appreciated.

**RESOLVED: That**

**(1) the Trust's February 2021 Integrated Quality and Performance Report and actions being taken were considered and determined whether:**

- a) the report provided sufficient assurance;**
- b) further information, scrutiny or assurance was required e.g., deep dive, referral to relevant committee; or**
- c) further remedial actions to be undertaken through Executives.**

**24/21 FINANCIAL PERFORMANCE MONTH 11**

Chris Turley explained that the report provided the Board with a summary update on the revenue financial performance as at Month 11. The Board noted that the Finance and Performance Committee had recently received an update on the Trust's financial position

The Board's attention was drawn to the following areas:

1. The Trust continued to broadly breakeven month on month, with a small year to date reported surplus of £65k;
2. The Trust was forecast to breakeven for the 2020/21 financial year;
3. Welsh Government (WG) had now confirmed full recovery of Covid-19 related costs, which had been invoiced direct;



4. Capital expenditure was forecast to be fully spent in line with updated plans and the WG set Capital Expenditure Limit;
5. Risk of deviation from forecasts at this stage of the financial year were now considered to be very low;
6. The planning and interim audit work for the 2020/21 accounts was continuing; details of the submissions date for the annual accounts was given

**RESOLVED: That**

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

**25/21**

**RISK AND BOARD ASSURANCE FRAMEWORK**

The Board Secretary Keith Cox gave an overview of the report reminding the Board of the process of risk evaluation through Committees and the overarching monitoring through the Audit Committee. He drew attention to the following highlights from the report:

1. There were two high risks on the register which related to patients waiting both in the community and outside ED's
2. Four risks had been de-escalated from the Corporate Risk Register (CRR); these were around RIDDOR reporting, cleanliness in ambulance stations, Fit testing and masks in Trust vehicles. These risks will continue to be monitored via the Quality Directorate register
3. One risk had been closed; this related to the transfer service for Aneurin Bevan health board
4. No new risks had been added the CRR

**Comments**

1. The Chair added that the risks had been drawn out from other reports on the Agenda
2. Keith added that risks were scrutinised in more detail at Committee level in relation to those risks which were relevant to them

**RESOLVED: Members received assurances on the contents of the report; specifically relating to:**

- (1) the risk management activity since the last Trust Board in January 2021;**

- (2) the changes to existing Corporate Risk scores, oversight, and management; and
- (3) received and commented on the BAF report.

## **26/21 IMPACT OF UK WITHDRAWAL FROM THE EUROPEAN UNION/EUROPEAN SINGLE MARKET**

Estelle Hitchon reminded the Board that The United Kingdom left the Single European Market on December 31, 2020, marking the end of the transition period following the UK's exit from the European Union on January 31, 2020.

The exit from the European Single Market on December 31, 2020 had not resulted in any issues of note, largely as a result of extensive local and national planning. The overall Impact on the Trust had been relatively minimal and the Trust would continue to report to Welsh Government as required.

### **RESOLVED: That**

- (1) the Board noted the contents of the report;
- (2) the Board noted that no further reports on this matter were scheduled. Any further update e.g. the stepping down of reporting to Welsh Government, would be provided verbally; and
- (3) the Board formally recorded its thanks to the Head of Resilience and the wider Brexit Planning Group for their efforts in operationally managing the process of planning for the impact of the UK's withdrawal from the European Union on the Welsh Ambulance Service, particularly given other pressures introduced by the Covid-19 pandemic.

## **27/21 QUESTIONS FROM MEMBERS OF THE PUBLIC**

Estelle Hitchon advised the Board of the following questions advising that any questions raised by staff would be addressed at the next WAST live event:

1. Several observations were raised from the Community Healthcare Council's (CHC) perspective and the questions and issues they received from the public in relation to delays they were experiencing. Lee Brooks advised that there were processes in place which checked on the welfare of patients who were waiting for an ambulance response. However when demand was high this could be more challenging. He added that pilots had been undertaken elsewhere in the UK of providing estimated arrival times. Lee reflected it was beneficial to hear sharing this would assist patients determine what may be in their own interest and hoped that his team would be able to develop and use this.
2. Reassurance was sought in terms of the actions being taken in minimising delays. Lee Brooks reflected that the meeting had already discussed impacts and actions regarding this topic and referred to one of the Trust's work

streams, the Operational Delivery Unit, which by next year would enhance the Trust's capacity and coverage.

3. In terms of GP and primary care Dr Brendan Lloyd advised that the Trust was working closely with GP's and maintained robust links with primary care. Any issues raised through primary care relevant to the Trust were being addressed.

**RESOLVED: That the questions were noted and where applicable an answer provided.**

## **28/21 PROCEDURAL MATTERS**

The following procedural matters were brought to the Board's attention:

The Chair provided an overview of the items discussed at yesterday's closed session of the Board which included;

1. Two high value claims
2. Appointment of a third party to implement the Demand and Capacity review
3. Considered the Estates and Fleet Strategic Outline Plans which contained potentially commercially financial details

### **Minutes**

The minutes of the open session of the meeting of the Board held on 28 January 2021 were confirmed as a correct record.

### **Action Log – No actions**

### **Use of the Trust Seal**

Since the last Trust Board meeting, the Trust seal was used as follows:

- a. Updated lease for Cwmbran ambulance station
- b. Transfer of title relating to Bassaleg Mortuary from Newport City Council

### **Committees Terms of Reference (TOR)**

The Board considered the amended TOR for each of its Committees and it was confirmed that the Board were content to agree the TOR

### **Chairs Action**

Details were given by Keith Cox, the full Minutes would be provided at the next Board for ratification. These related to a Chairs Action on 24 February relating to additional accommodation in the Cwmbran area and the second one held on 12 March which related to the extension of the digipen contract

**RESOLVED: That**

- (1) the items as described were discussed at the closed session of the Board were noted;
- (2) the Minutes of the Open Trust Board meeting held on 28 January 2021 were confirmed as a correct record;
- (3) there were no actions on the log;
- (4) the use of the Trust seal as described was noted;
- (5) the amended Terms of Reference (TOR) and operating arrangements for its Board Committees as set out in Annex 3 were approved; and
- (6) the Chairs Action Minutes from 24 February 2021 and 12 March 2021 would be provided at the next meeting.

## **29/21 COMMITTEE UPDATES**

Updates to the accompanying Executive Summaries were given on the People and Culture, Finance and Performance, Quest and Audit Committees by the respective Chairs where applicable

### **People and Culture:**

1. There was significant progress around the vaccination programme
2. Staff survey results and the ongoing actions were being monitored on a regular basis
3. In terms of the People and Culture strategy, the priorities for the coming year had been agreed

### **Quest:**

The Chair advised that a full and varied agenda was discussed at the meeting, many of the key issues had already been mentioned at Board.

### **Audit**

1. Noted that Internal Audit and Audit Wales colleagues had been very supportive
2. Audit Tracker and risk management framework had been discussed in detail

### **Finance and Performance**

1. A Peer review of the 111 service was conducted
2. Approved transfer of NEPTS services from Aneurin Bevan and Betsi Cadwaldr health boards
3. Approved the Vehicle disposal policy

**RESOLVED: That the updates were noted and received.**

## **33/21 MINUTES OF COMMITTEES**

The Minutes of the following Committees were presented for endorsement:

- a. 13 October 2020: People and Culture Committee
- b. 1 December 2020: Quest Committee
- c. 3 December 2020: Audit Committee
- d. 14 January 2021: Finance and Performance Committee

**RESOLVED: That the above minutes from the meetings as described were received and endorsed.**

## **31/21 ANY OTHER BUSINESS**

The Board endorsed their thanks to the specific teams involved in being recognised for the St David's award for their work in partnership with other organisations in achieving a rapid sanitisation solution for the Trust.

**Date of next meeting: 27 May 2021**

**WELSH AMBULANCE SERVICES NHS TRUST**  
**TRUST BOARD ACTION LOG FOLLOWING MEETING ON 25 March 2021**

**CURRENT ITEMS**

<b>No:</b>	<b>Minute Ref</b>	<b>Date Raised</b>	<b>Subject</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Status/Due date</b>
41	20/21	25 March 2021	Patient Story Video (Mctaggart)	Confirmation that Video has been shared with Health Board colleagues	Claire Roche	Completed - video shared with Director of Quality & Nursing at Aneurin Bevan University Health Board for dissemination. CR also attended ABUHB Quality and Safety Operational Group on the 11 <sup>th</sup> May to share 2 patient stories from the ABUHB area.
42	20/21	25 March 2021	Actions from Patient story (Mctaggart)	Update on details of follow up work in respect of the falls response model, handover delays and call taker scripts	Claire Roche	<u>Fall Response Model</u> - Falls Framework currently under review to extend to Frailty Assessment (Level 2 Falls Response service) <u>Handover delays</u> - Focus on improvement with handover delays at Emergency Ambulance Services Commissioner Committee, Chief Ambulance Services Commissioner Quality and Delivery Meetings and multiple communication channels at Executive Level with Health Boards. <u>Call Taker Scripts</u> <b>(i) Analgesia</b> - Regional Clinical Lead from the Medical Directorate is preparing a paper on the effectiveness of a new medication that could be used by the Falls Team. This assessment will be submitted to sub-committee level if it is felt there are clinical opportunities. <b>(ii) Nil by mouth</b> - Guidance has been issued and this continues to be monitored and reviewed
43	29/21	25 March 2021	Chairs Actions Minutes	Minutes of recent Chairs Actions (24 Feb and 12 Mar) to be included on next Board agenda	Keith Cox	On Agenda  27 May 2021

## **Minutes of Chairs Action Meeting**

**24 February 2021 (Via Teams)**

Present:	Martin Woodford (MW)	Trust Chairman
	Keith Cox (KC)	Board Secretary
	Emrys Davies (ED)	Non-Executive Director
	Kevin Davies (KD)	Non-Executive Director
	Paul Hollard (PH)	Non-Executive Director
	Jason Killens (JK)	Chief Executive
	Chris Turley (CT)	Executive Director Finance and Corporate Resources

### **LONG TERM ACCOMMODATION REQUIREMENTS FOR INTER-SITE TRANSFER STAFF IN THE ANEURIN BEVAN UHB AREA PLUS ALTERNATIVE ACCOMODATION FOR PARTS OF VANTAGE POINT HOUSE**

1. **JK** informed those present that the meeting was to consider approval of a business case for the long term accommodation requirements in the Aneurin Bevan UHB (ABUHB) area, for the additional staffing employed as a result of the transfer service now being provided following the opening of the Grange University Hospital (GUH) and the confirmation of WAST as the chosen provider for inter-hospital transfers, together with additional accommodation required for displaced staff at VPH. The estimated capital cost of this case is c£950k and therefore requires Board level approval.
2. Significant developments and changes have been undertaken over the last 12 months, and are ongoing, to significantly change the shape and use of VPH in Cwmbran, to increase the occupancy needed for CCC / 111 services and to accommodate the additional staff required to deliver the Contact First solution for NHS Wales. This was supported by an up to £2m capital funding approval from WG, following a mini business case approved by Trust Board on 11 November 2020. In doing so it has resulted in alternative accommodation being required for a range of corporate and administration staff previously based in VPH.
3. EMT agreed that VPH should now be considered a CCC / 111 / Operational Trust facility with minimal corporate staff located on the premises. This will therefore require alternative office accommodation for displaced corporate staff to be found, preferably in close proximity to VPH. The solution therefore previously being progressed in terms of the additional operational staff as a result of the opening of GUH, and the additional space available within the preferred option for this would therefore now be ideal for this.
4. Site visits/inspections were undertaken by Operations, Estates and NWSSP – SES and were appraised on a site by site basis against the agreed functional content. Consideration was given to a range of criteria and the options were considered for their ability to implement quickly. Some potential buildings needed refurbishment or adaptations and were multi-occupancy facilities which was not considered suitable. A key consideration was location and access, and the Beacon House site,

located on Llantarnam Business Park was considered the ideal location as it was close to VPH, within two miles of GUH and under five miles to the Royal Gwent Hospital.

5. The Trust applied for and was successful in receiving capital funding of up to £2m for the initial capital costs of delivering the Contact First service. The Trust has currently only drawn down £1m of this in the 2020/21 financial year. Discussions could be further progressed with Welsh Government to seek to draw down remaining elements of this in 2021/22. Some of this funding could legitimately be used to fund the capital costs for Beacon House, especially the element that relates specifically to staff being displaced from VPH.
6. **KD** was pleased with the question and answers that were provided as part of the discussion and agreed that discounting some of the options was the correct thing to do and highlighted the need for a review of the Estates Strategy.
7. **CT** confirmed that the refurbishment of the building would remain flexible to allow for changes in the service being provided to GUH, should this be the case in two to three years. He also added that the Cwmbran ambulance station lease is now on an annual basis to allow for changes there if they were needed in the future.
8. **CT** also commented on the refresh of the estates strategic plan to come forward in March noting the enhanced resilience in terms of future needs with the addition of Beacon House.
9. **ED** confirmed there were no objections from members of the Finance & Performance Committee and was content to support it. He requested the need for environmental issues to be addressed as part of the refreshed estates case.
10. **PH** was also in support of the proposal.
11. **MW** noted the 40 week lead time which **CT** went on to explain. The current landlord had approximately 8-10 weeks work to do prior to WAST being able to take occupancy. **CT** confirmed he had been to see the property which was currently vacant. The building had a central entry point with two significant halves, which could be used for GUH and corporate staff. **CT** was expecting work to take between 20-25 weeks to complete.
12. It was noted that any corporate and admin staff who may need to return to an office base prior to completion of Beacon House would need to be found some temporary accommodation.
13. **CT** confirmed that the Board approval was being sought due to the level of capital spend and highlighted to members that whilst he was confident WAST would receive the additional funding, a contingency plan was in place should WG funding not materialise, from both a capital and revenue perspective.
14. **MW** confirmed he was content with the proposal as outlined.



15. Members noted the content of the business case and supporting paper and approved the business case to acquire and fit out Beacon House, William Brown Close, Cwmbran.

**Name of Executive Director requesting Chair's Action:**

**Signature of Executive Director:**.....

**Names of two Non Executive Directors who have been consulted\*\***

1) Name: Emrys Davies (NED) I approve/do not approve\* the proposed action outlined above.

Comments if any:

Signed..... Date: .....

2) Name: Bethan Evans (NED) I approve /do not approve\* the proposed action outlined above.

Comments if any:

Signed..... Date: .....

**Chairman's Signature**

I approve/do not approve\* the proposed action outlined above

Signed..... Date:.....

Martin Woodford

Comments if any:

**Chief Executive's Signature**

I approve /do not approve\* the proposed action outlined above

Signed..... Date: .....

Jason Killens

Comments if any:

## Minutes of Chairs Action Meeting

12 March 2021 (Via Teams)

Present:	Martin Woodford (MW)	Trust Chairman
	Keith Cox (KC)	Board Secretary
	Emrys Davies (ED)	Non-Executive Director
	Kevin Davies (KD)	Non-Executive Director
	Andy Haywood (AH)	Director of Digital Services
	Paul Hollard (PH)	Non-Executive Director
	Jason Killens (JK)	Chief Executive

### DIGI PEN EXTENSION

1. MW opened the meeting by explaining that papers included key questions and answers raised to date. The reason for the meeting was to provide the business justification for the business critical extension of the Digipen contract to ensure service continuity ahead of EPCR delivery
2. AH updated members on the current position. WAST is due to deploy a new Electronic Patient Clinical Record (EPCR) by the end of 2021. The contract for the current method of recording patient data, 'Digipen' is due to expire on 30 March 2021. Without an extension of the Digipen contract, WAST will have to revert to purely paper patient records until EPCR is implemented.
3. AH outlined the options available to the Trust and informed members that the report had been updated following consideration at the F&P Committee.
4. **Option A** – Revert to purely paper patient records. This option has been discounted, due to the business change required and the catastrophic impact a complete loss of any digital patient data would have on the NHS Wales system, particularly during the current pandemic, where the availability of timely patient data is more critical than ever.
5. **Option B** – Further extend the contract for Digipen for a further 12 months with Vodafone, providing service continuity for WAST and NHS Wales whilst the new EPCR solution is delivered.
6. The cost of the extension to WAST over the term of the agreement including VAT at 20% is **£591,884**. Should funding fail to be secured from alternative routes, the revenue cost of the contract will need to be built into the Trust's financial plan and budget setting for 2021/22.
7. WAST has received a proposal for a contract extension from the Digipen supplier which must be rapidly approved, with an agreed funding route(s) in order to ensure service continuity, particularly in discharging WAST's responsibility to record and share patient data in the face of the current COVID-19 pandemic.

8. The WAST EPCR will replace the Digipen, with a realistic go-live date of November 2021. The overlap of EPCR and Digipen contracts should be sufficient.
9. **ED** – confirmed the paper had been reviewed at the F&P Committee and the main comments being around the Trust's reputation should staff have to go back to using paper and the impact this would have on clinical audit. It was also noted that a considerable amount of money had been spent disposing of manual records. F&P members were content to recommend to the Chair's Action the proposal to extend.
10. **JK** – referenced the initial cost was in the region of £8-£10 million, which the Trust could not afford and a capital request was made. In asking for this amount, one of the conditions was work the Trust undertook. Noting now the cost is significantly less due to decisions the Board took.
11. **PH** – noted that if some of the cost was already in the budget, it would be good to know the actual additional cost. He also asked if the delay and potential contribution issue had been broached with Ivan to reduce the claim on contingency. **JK** confirmed it is roughly an ask of £400k
12. **AH**- confirmed there were lots of competing asks for next year and he was looking to balance it with what the Trust was looking to bid for this year. **PH** referenced the new special Health Authority that commences in April and asked if the Trust could get something in writing before April. He asked members to support AH with his continued dialog with WG.
13. **KD** – noted the ambition for EPCR to be brought forward if possible and questioned what the lead time for training was in order to acquire full utilisation as soon as possible.
14. **AH** – confirmed there was a three month lead time and that currently a small testing group were trialling version one and that the Trust was looking to broaden the testing group. He highlighted that there was a risk around NWIS and integration but stressed this was not a hard dependency in order for it to go live.
15. **MW** – asked if AH was content with the commercial reasonable endeavours terms. AH confirmed that whilst there was no contractual SLA written down. Vodafone had committed to support the extension.

**Resolved that the Chair's Action:**

- 1) **Approved** the 12 month extension of the Digipen contract at a value of **£591,884** including VAT, in order to complete the procurement in time;
- 2) **Approved the use of a Single Tender Waiver** for procurement, noting the lack of competition available; and
- 3) **Supported AH in his dialog with WG for funding support.**



**Name of Executive Director requesting Chair's Action:**

**Signature of Executive Director:**.....

**Names of two Non Executive Directors who have been consulted\*\***

1) Name: Emrys Davies (NED) I approve/do not approve\* the proposed action outlined above.

Comments if any:

Signed..... Date: .....

2) Name: Bethan Evans (NED) I approve /do not approve\* the proposed action outlined above.

Comments if any:

Signed..... Date: .....

**Chairman's Signature**

I approve/do not approve\* the proposed action outlined above

Signed..... Date:.....

Martin Woodford

Comments if any:

**Chief Executive's Signature**

I approve /do not approve\* the proposed action outlined above

Signed..... Date: .....

Jason Killens

Comments if any:



To: Board Secretaries and Directors of Corporate Governance – Local Health Boards, NHS Trusts and Special Health Authorities  
Committee Secretaries – Welsh Health Specialised Services Committee, Shared Services Partnership Committee and Emergency Ambulance Services Committee

4 May 2021

Dear Colleague

### **NHS Governance and COVID-19**

I am writing further to my letters of 26 March 2020 and 27 May 2020 regarding the agreed governance principles adopted in response to the COVID-19 pandemic. The report of the Auditor General for Wales *'Doing it Differently, Doing it Right'* acknowledged how the NHS was governed differently whilst responding to the pandemic and outlined a number of improvements, suggesting that some should be evaluated and retained as organisations recover. This work will support the action in the NHS Governance Improvement Plan - *To identify governance lessons that can be learnt from the response to COVID-19 and developing ways of ensuring these are captured and embedded within systems and practice.*

Further information on taking forward the delivery of the Improvement Plan will be shared with you soon.

One area highlighted in the Auditor General's report related to virtual meetings. As advised previously it is important for organisations to ensure this is appropriately resourced to mitigate and fulfil the requirements of the Public Bodies (Admission to Meetings) Act 1960. I hope the learning and developments of virtual solutions are being considered fully going forward and benefits are realised including accessibility for the public. There is also the need to consider how virtual meetings have led to a reduction in travel and the potential benefits in helping to deliver your organisations obligations under the *NHS Wales Decarbonisation Strategic Delivery Plan*.

I understand from discussions with Welsh Government colleagues that Board Secretaries have collectively advised governance arrangements have returned to a more normal state with committees initially stood down now meeting.

I am therefore writing to formally acknowledge the governance principles agreed in my letter of 26 March 2020 are now of limited relevance and can be withdrawn where they refer specifically to actions required to respond to the pandemic.

I would also like to advise of the withdrawal of the *Guidance Note : Discharging Board Committee Responsibilities during COVID-19 response phase* as this is no longer of relevance.

Finally, I would once again like to thank you for your continued efforts in ensuring high standards of governance during these very challenging times and the continual evolution to deliver improved governance. The report of the Audit General for Wales is a testament to you all.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jo-Anne Daniels', written in a cursive style.

Jo-Anne Daniels  
Director – NHS Governance and Test Trace and Protect

**Copy:** Chairs, Local Health Boards, NHS Trusts and Special Health Authorities,  
Welsh Health Specialised Services Committee, Shared Services  
Partnership Committee and Emergency Ambulance Services  
Committee  
Chief Executives, Local Health Boards, NHS Trusts and Special Health  
Authorities  
Sian Lewis, Managing Director, Welsh Health Specialist Services Committee  
Stephen Harry, Chief Ambulance Services Commissioner  
Neil Frow, Managing Director, NHS Wales Shared Services Partnership  
Dr Andrew Goodall, Director General and NHS Wales Chief Executive, Welsh  
Government





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<b>AGENDA ITEM No</b>	<b>5.2a</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## UPDATE FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE - 7 May 2021

<b>MEETING</b>	Trust Board
<b>DATE</b>	27 May 2021
<b>EXECUTIVE</b>	Director of Quality & Nursing
<b>AUTHOR</b>	Director of Quality & Nursing
<b>CONTACT</b>	Claire Roche, <a href="mailto:Claire.Roche2@wales.nhs.uk">Claire.Roche2@wales.nhs.uk</a> , 07870 382720

### EXECUTIVE SUMMARY

The purpose of this report is to provide the Trust Board with a summary of the items discussed at the meeting of the Quality, Patient Experience and Safety Committee (QuEST) held on 7 May 2021.

**RECOMMENDED: That the report from the Quality, Patient Experience & Safety Committee meeting on 7 May 2021 be noted**

### KEY ISSUES/IMPLICATIONS

- The Quality Strategy 2021-2024 was received and recommended to Trust Board.
- The Mental Health and Dementia Plan was received and recommended to Trust Board
- The Committee heard a patient story relating to a long wait for an ambulance in the community and continue to be concerned by poor patient experience of long waits. This is reflected in the fact that Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25

### REPORT APPROVAL ROUTE

Not applicable as providing a summary of items discussed at Committee itself

### REPORT APPENDICES

**Annex 1** - SBAR Quality, Patient Experience & Safety (QuEST) Committee sets out the key issues discussed at the QuEST Meeting of 7 May 2021.

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

## ANNEX 1

### SITUATION

- 1 Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the Quality, Patient Experience & Safety Committee Meeting held on 7 May 2021.

### BACKGROUND

- 2 The reporting and assurance arrangements in place detail that the Committee Chair shall:
  - Report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
  - Bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
  - ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant Committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

### ASSESSMENT

- 3 Set out below for Board attention are the key issues discussed at the QuEST:
  - 3.1 **Patient Story:** The Committee heard about Tony's experience, which provoked a lengthy discussion, given the impact that his story created. Tony is a young man who whilst in a gym, working out with friends experienced a serious injury to his knee. Tony shared how waiting for an ambulance in extreme pain was both physically and psychologically distressing.
  - 3.2 **Patient Experience:** People are consistently waiting a long time for to receive the care that they need from us albeit, when we arrive, the feedback from patients is nearly always highly positive about the 'excellent' care received. Patient story

and recommendations to be shared to take forward recommendations that will provide people with a good experience from the point of initial contact through to provision of care.

- 3.3 **Patient Experience & Community Involvement Highlight Report (Quarter 4):** Attention drawn to the need to provide accessible services (including those services/pathways the Trust refer patients onto) specifically for those individuals who are deaf and whose first language is British Sign Language. Feedback received suggest that we can improve upon accessibility to our Website.
- 3.4 **Monthly Integrated Performance Report:** Received a revised Integrated Quality & Performance Report which contains 28 key indicators at a highly summarised level and demonstrate how the Trust is performing across four integrated areas of focus: Our Patients (Quality, Safety and Patient Experience), Our People, Finance and Value, Partnerships and System Contribution.

Indicators will need to be seen in the wider context of a revised Quality and Performance Management Framework, which is currently being developed and will be finalised by the end of July 2021. This Framework is likely to have a number of components, one of which will relate to the use of metrics and indicators across all areas and levels of the organisation to demonstrate progress towards our strategic objectives and goals as well as to point to areas where improvement is required. The Framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at Locality level. Within this Report, it was again apparent that 'Handover Lost Hours' continue to be a concern for Committee members.

- 3.5 **Quarterly Quality Assurance Report:** Trust's Quarterly Quality Assurance Report covering the reporting period January - March 2021, providing its position against the Commissioning Core Requirements and NHS All Wales Health & Care Standards (2015) was received by Committee. It was noted that the Director of Quality and Nursing and the Director of Strategy and Planning will lead the development of Quality and Performance metrics, leading to the maturity of this Report and the Integrated Performance Report.
- 3.6 **Patient Safety Highlight Report (Quarter 4):** Committee received the Patient Safety Highlight Report for Quarter 4 2020/21, noting that Trust Board had previously received a Patient Safety Report for January and February 2021. Committee will now receive a quarterly Patient Safety Report for assurance and scrutiny. A summary of key issues will be highlighted to Trust Board. As a result, Trust Board will receive an additional, separate summary paper from QuEST specifically related to this matter.
- 3.7 **Quality Strategy:** The Committee were delighted to receive a presentation on the Trust's new Quality Strategy 2021-2024, which will provide a clear framework for us to operate within. The Committee discussed this at length and agreed to forward specific comments to Officers in advance of it being disseminated to

Trust Board at their next meeting. The Committee recommends the new Strategy to Trust Board.

- 3.8 **Committee Assurance Report:** Committee received an updated position on the 5 Corporate Risks allocated to QuEst for oversight. Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and the emergence of long handover delays at Hospital Emergency Departments.
- 3.9 **Internal Audit Tracker Report:** Committee received a progress report providing an up to date position in relation to the outstanding recommendations from Internal Audit.
- 3.10 **Health Inspectorate Wales (HIW) Emergency Medical Services Clinical Contact Centre Patient Safety Review:** The Committee received a progress report on the updated Action Plan. This sets out that of the 44 actions, 30 are complete, 11 are in progress and 3 have not yet commenced. The Plan submitted to HIW reflects the extension of 8 actions as approved by this Committee at our last meeting. Papers were submitted to the Committee for assurance and to act as our update on continuing activity against the Action Plan.
- 3.11 **Receptionist PDSA Evaluation Findings:** The Committee received a report detailing the evaluation of the use a Receptionist in 111. The evaluation drew out a number of conclusions on the contribution of the model both within a COVID-19 context and beyond to performance, patient experience and patient safety.
- 3.12 **Mental Health & Dementia Plan:** The Committee reviewed the new Mental Health and Dementia Plan which states our priorities for improvement from 2021 to 2024. The Plan was well received and minor amendments have been made following fruitful discussion. The Plan appears as an agenda item for Trust Board today for approval.
- 3.13 **Operations current/Forward Look:** The Committee received a comprehensive report from the Director of Operations detailing a summary update of Quarter 4 2020/21 and current priorities and immediate plans.
- 3.14 **Policies noted:** Adverse Incident Reporting Policy



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<b>AGENDA ITEM No</b>	<b>5.2ai</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

**PATIENT SAFETY HIGHLIGHT REPORT  
UPDATE FROM QUALITY, PATIENT EXPERIENCE & SAFETY  
COMMITTEE - 7 May 2021**

<b>MEETING</b>	Trust Board
<b>DATE</b>	27 May 2021
<b>EXECUTIVE</b>	Director of Quality & Nursing
<b>AUTHOR</b>	Head of Patient Safety, Concerns and Learning
<b>CONTACT</b>	Darryl Collins 07825541506 <a href="mailto:Darryl.collins@wales.nhs.uk">Darryl.collins@wales.nhs.uk</a>

**EXECUTIVE SUMMARY**

The purpose of this report is to provide the Trust Board with a summary of the scrutiny of the Patient Safety Highlight Report discussed at the meeting of the Quality, Patient Experience and Safety Committee (QuEST) held on 7 May 2021.

**RECOMMENDED: That this summary from the Quality, Patient Experience & Safety Committee meeting on 7 May 2021 be noted**

**KEY ISSUES/IMPLICATIONS**

- (i) Reduction in compliance with 30-day formal response (Putting Things Right) to 70% in February
- (ii) Reduction in cases initially being categorised as Catastrophic from previous report
- (iii) Extraordinary Scrutiny Panel outcome

**REPORT APPROVAL ROUTE**

Not applicable as providing a summary of items discussed at Committee itself.

**REPORT APPENDICES**

**Annex 1** - Patient Safety Highlight Report: Quarter 4 2020/21: Summary from QuEST

**REPORT CHECKLIST**

<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)	Yes	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	Yes
Estate	N/A	Patient Safety/Safeguarding	Yes

Ethical Matters	Yes	Risks (Inc. Reputational)	Yes
Health Improvement	Yes	Socio Economic Duty	N/A
Health and Safety	Yes	TU Partner Consultation	Yes

## ANNEX 1

### SITUATION

- 1 Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides a specific and bespoke update from the Quality, Patient Experience & Safety Committee Meeting held on 7 May 2021 related to the Patient Safety Highlight Report.
- 2 The Patient Safety Highlight Report was previously presented to Trust Board on 25 March 2021 containing information and data covering 1 January - 28 February 2021. Since that time the report has been updated to include information and data from March 2021 also.
- 3 Due to the inclusion of March data, there may be some quantitative change due to case types changing.

### BACKGROUND

- 4 The Report focussed specifically on key issues surrounding patient safety and concerns, providing assurance to the Board on monitoring arrangements and learning.

### ASSESSMENT

- 5 The report was presented at the Committee by the Head of Patient Safety, Concerns and Learning and outlined the following key areas:
  - Putting Things Right (PTR) concerns Tier 1 position
  - Serious Case Incident Forum (SCIF) activity
  - Serious Adverse Incident position
  - Coroners activity
  - Claims
  - Organisational learning
  - Extraordinary Scrutiny Panel
- 6 Following the presentation of the Report and further discussion and assurance, the report was accepted by the Committee.
- 7 An Extraordinary Scrutiny Panel was convened on 8 February 2021 which specifically focussed on the following key areas:

- Review of the Terms of Reference
- Joint Investigation Framework
- Review of patient safety incidents from December
- Case discussion on a significant case in North Wales
- SBAR in relation to ineffective breathing

8 Following presentation of the above, the Report was accepted at The Extraordinary Scrutiny Panel, with agreement on the below points:

- Consider the purpose of the Scrutiny Panel to identify learning and how this is being implemented across the Trust
- The production of an Aggregated Review as approved by Executive Management Team
- Future reports presented to Trust Board contain and offer assurances on the categorisation of incidents.



<b>AGENDA ITEM No</b>	<b>5.2b</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

**UPDATE FROM FINANCE AND PERFORMANCE  
COMMITTEE MEETING – 13 May 2021**

<b>MEETING</b>	Trust Board Meeting
<b>DATE</b>	27 <sup>th</sup> May 2021
<b>EXECUTIVE</b>	Finance and Corporate Resources
<b>AUTHOR(S)</b>	Steve Owen / Chris Turley
<b>CONTACT</b>	Chris.turley2@wales.nhs.uk

**EXECUTIVE SUMMARY**

To present to the Board a summary of the items discussed at the meeting of the Finance and Performance Committee (FPC) held on 13<sup>th</sup> May 2021.

**RECOMMENDED: That the report from the Finance and Performance Committee meeting on 13<sup>th</sup> May 2021 be noted.**

**KEY ISSUES/IMPLICATIONS**

Key issues discussed at the FPC on 13<sup>th</sup> May 2021, and in particular the issues that the Committee agreed needed to be highlighted to the Board were as follows:

- Financial Performance as at Month 12 / draft year end position 2020/21, both capital and revenue;
- Financial Position as at Month 1 2021/22;
- Key items from within the Monthly Integrated Quality and Performance Report;
- Operations Quarterly Report, including updates on DOM and SP recruitment;
- 111 Peer Review Closure Report
- A Sustainability and Decarbonisation Update, including noting of additional funding being made available to the Trust for 2021/22

**REPORT APPROVAL ROUTE**

Not applicable as providing a summary of items discussed at Committee itself.

**REPORT APPENDICIES**

None



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

# WELSH AMBULANCE SERVICES NHS TRUST

## TRUST BOARD

### UPDATE FROM THE FINANCE & PERFORMANCE COMMITTEE MEETING HELD ON 13 MAY 2021

#### OPEN SESSION

1. The following provides a brief summary of the key items discussed at the Open meeting of the Finance & Performance Committee on 13 May 2021, and the key highlights Committee members agreed needed to be presented to Trust Board:
2. **Financial Performance as at Month 12 2020/21 / draft 2020/21 year end position**
  - The Trust was reporting a small revenue surplus (£70k) for the 2020/21 financial year, subject to audit;
  - This included a total of £13.9m of unavoidable costs incurred as a result of the Covid-19 pandemic, funded by Welsh Government. This value includes the cost and account treatment of the staff bonus payment announced by the Minister for Health and Social Services in March 2021;
  - Draft accounts for the 2020/21 financial year were submitted to WG and Audit Wales, as per the required timetable, on 30<sup>th</sup> April 2021; with the final audited accounts to be presented to Audit Committee on 3<sup>rd</sup> June 2021 and Trust Board on 10<sup>th</sup> June 2021 for final approval, ahead of submission the following day.
  - The Trust achieved its 2020/21 Capital Expenditure Limit (CEL) of c£16.3m (subject to Audit);
  - The Committee noted the capital pre-commitments brought forward into the 2021/22 financial year.
3. **Financial Position As At Month 1 2021/22**
  - Spend patterns continued in the expected way, the revenue financial position was a small underspend of £0.005m;
  - Forecast for 2021/22 is one of breakeven;
  - Gross savings of £0.337m has been achieved against a target of £0.448m;
  - Covid-19 spend continued to support elements of response and for month one was £437k, forecast for the year was around £5.095m and this was again expected to be funded by WG. It was noted that NEPTS spend in particular could be subject to variation based on the health board Covid recovery plans, and that some modelling to assess this was being commissioned.
4. **Monthly Integrated Quality and Performance Report.** Rachel Marsh updated the Committee on the latest position on performance and drew attention to the following points:
  - Call answering: 999 answering times were excellent. However 111 call answering performance, measured by call abandonment rates, had deteriorated in April;
  - Ambulance response times had declined in April. There had been an increase in patient demand and an increase in hours lost at ED's;
  - Response Abstractions: Abstraction levels significantly reduced in April 2021, although sickness levels remain high. Sickness abstractions were 8.43% in April 2021 (benchmark 5.99%);
  - Sickness absence; The Trust's overall sickness percentage was 7.02%;

- The hear and treat rates after 999 calls were improving, 9.3% in March this year compared to 6.5% in March 2020.

5. **Operations Quarterly Report.** Lee Brooks drew attention to the following:

- The Trust was proceeding on the permanent recruitment of the roles in the Operational Delivery Unit;
- There was good progress with the implementation of the role of Duty Operations Managers;
- The transfers of work for NEPTS were almost complete; Cwm Taf Morgannwg Health Board still required completion;
- The Audit report in relation to CCC performance management. A reasonable assurance outcome was received.

6. **111 Peer Review Closure Report.** The Committee noted that the actions within the plan had been completed and received the formal closure report.

7. **Sustainability and Decarbonisation Update.** Chris Turley provided the Committee with a brief update on this, including updating on funding received from WG for the 2021/22 financial year to progress elements of this and confirmed a detailed action plan will be presented to the next meeting of FPC.

**CLOSED SESSION**

8. Following on from the Open session of the F&PC was a shorter closed meeting where a number of items were considered, due to commercial sensitivities. The following items were discussed:

9. **Initial Capital Programme 2021/22, including business cases for:**

- 111 / Contact First provision for staff accommodation into the ground floor of Ty Elwy, and
- The potential advance purchase of a site for the new preferred option for the SE Wales Fleet workshop solution.

10. **999 Remote Clinical Triage - Support systems, Quality and Safety. An outline business case**

11. In all cases FPC recommended that Trust Board approve these



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<b>AGENDA ITEM No</b>	<b>5.2c</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

**Committee Report to Board:**  
***People and Culture Committee (11<sup>th</sup> May 2021)***

<b>MEETING</b>	Trust Board
<b>DATE</b>	27 May 2021
<b>EXECUTIVE</b>	Executive Director of Workforce and OD
<b>AUTHOR</b>	Claire Vaughan - Executive Director of Workforce and OD
<b>CONTACT</b>	Claire.vaughan@wales.nhs.uk

**EXECUTIVE SUMMARY**

Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to the Board on their activities. The People and Culture Committee ('the Committee') function is to provide assurance to the Board of the Trust's leadership arrangements, of behaviours and culture, training, education and development, equality, diversity and inclusion and Welsh Language agendas, and of action taken to address/mitigate identified risks and progress audit recommendations which fall within its purview. This paper provides an update of discussions from the most recent People and Culture Committee meeting held on 11<sup>th</sup> May 2021.

The Board is asked to:

- **RECEIVE and ACCEPT** this report as assurance that the Committee has reviewed the status of key (relevant) risks and has been apprised of plans and actions designed to move the Trust forward in delivery of its strategic people objectives.

**KEY ISSUES/IMPLICATIONS**

This report provides an overview of discussions held at the 11<sup>th</sup> May 2021 People and Culture Committee meeting.

**REPORT APPROVAL ROUTE**

**Trust Board 27 May 2021**

**REPORT APPENDICES**

**Appendix 1: SBAR**

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

## Appendix 1: SBAR

### SITUATION

1. Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update on discussions at the People and Culture Committee meeting held on 11<sup>th</sup> May 2021.

### BACKGROUND

2. The Trust's People and Culture Committee was established in April 2019 and is chaired by Paul Hollard, Non-Executive Director. The purpose of the People and Culture Committee is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the NHS in Wales. It will also consider actions taken to address/mitigate identified risks and progress audit recommendations which fall within its purview.

### ASSESSMENT – SUMMARY FROM COMMITTEE

3. At its meeting on 11<sup>th</sup> May 2021, the following matters were considered and discussed:
  - **Director of Workforce and OD Update:** The Executive Director of Workforce and OD provided Committee members with an overview of recent activity undertaken by the Team, particularly highlighting the extremely positive feedback received in relation to recent revalidation of WAST's Gold Corporate Health Standard, and relocation of the Education and Training Team from Cefn Coed to Matrix House. The Committee also commended the continued progress in relation to the recruitment and training associated with the EMS Demand and Capacity Programme.
  - **Committee Assurance Framework:** The Committee was provided with an overview of the key people and culture risks and issues under its purview and

a more detailed consideration of a number of risks as specific agenda items, including job evaluation and recruitment of urgent care staff (see below). The Committee also took assurance from progress against delivery of Internal Audit recommendations, with members' attention drawn to the TU Facilities Agreement actions, and the broader discussions now taking place across the Trust on strengthening and re-setting partnership relationships and supporting arrangements.

- **Job Evaluation:** The Deputy Director of Workforce and OD apprised Committee members of work undertaken to date in response to the recent limited assurance internal audit on the Job Evaluation function and provided a summary of associated ongoing improvement actions. The Committee noted the ongoing capacity risks surrounding job evaluation, and the progress being made to mitigate the position. Further, the Committee sought reassurance of the positioning the JAQ Lite piloted approach with colleagues in NHS Employers and the national JE Group, of the impact of this on the outcome of those posts affected, and agreed to receive a further update at the next People and Culture Committee meeting.
- **Recruitment:** The Committee received an update regarding ongoing recruitment activity, including an update of emerging challenges arising in terms of a diminishing pool of suitable applicants for future UCS posts as a result of C1 licencing requirements. Discussions touched on potential longer term solutions to mitigate these risks, including a potential change to vehicle type and weight and the cost versus benefits of the Trust seeking to pay for C1 licencing outright in future, and implications.
- **Policies:** The Committee received the Trust's new *Command Policy (updated in light of revised national guidance and learning from recent events)*, *All NHS Wales Special Leave Policy*, *All NHS Wales Recruitment and Retention Payment Protocol* and *All NHS Wales Respect and Resolution Policy* with a recommendation that they be approved for implementation following progression through the Trust's formal policy review route. On the latter, the Executive Director of Workforce & OD reminded the Committee of the origins of this particular policy; which was developed in response to a sustained level of bullying and harassment reported through the NHS Wales Staff Surveys, and designed to encourage individuals to take 'active responsibility' for their relationships in the workplace, to promote respect and early resolution of workplace tensions. The Committee approved these policies for introduction.
- **Committee Review:** The Board Secretary provided a verbal update on the proposed review of the People and Culture Committee, which will be conducted virtually, and agreed to report the results of the review at the September Committee meeting.
- **Operations Quarterly Report:** Lee Brooks, Director of Operations, provided an overview of the Operations Quarterly Report. Highlights included:
  - Progress on the restructure of the Operations Directorate;

- Proposals to modernise of working practices and need for an alternate approach with broader engagement;
  - Development of the Volunteer Strategy and plans to introduce volunteer uniforms;
  - Delivery of Marauding Terrorist Attack (MTA) training.
- **Workforce Performance Scorecard:** The March 2021 scorecard was presented to the Committee, with particular attention drawn to:
    - Reduction of sickness absence levels and the reduction in the number of staff absent with long COVID and continued focus on delivery of actions designed to support individuals' wellbeing;
    - The addition of Job Evaluation metrics;
    - Plans to address the continued reduction in PADR rates to ensure all staff have the opportunity for a 1-1 meeting to discuss wellbeing and performance matters; *and*
    - Plans to add Health and Wellbeing metrics in relation to number of management referrals, use of wellbeing services, OH clearances, vaccinations and health surveillance.
- **Strategic Equality Objectives (SEOs) Update:** The Assistant Director, Inclusion, Culture and Wellbeing provided a progress update in relation to delivery of the Trust's SEOs, with particular attention drawn to WAST's response to the recently published AACE Stamp Out Racism promises, success of the Reverse Mentoring scheme, establishment of the Inclusion Network and celebration of Neurodiversity and the Trust response to the barriers in recruitment and progression of those from diverse communities. We have already partnered with Swansea University to carry out a project to research barriers to accessing paramedicine involving community outreach. We also have a Bitesize leadership session relating specifically to barriers for women accessing senior roles in paramedicine.
- **Gender Pay Gap Report:** The Committee received the 2021 Gender Pay Gap report, providing a summary of the snapshot gender pay gap data as at 31<sup>st</sup> March 2021. The committee was pleased that the gap had reduced slightly from last year and recognised that the SEO agenda would support a continued reduction.
- **Behaviours Refresh:** The Committee received a presentation from Jonathan Stott and Jill Williams at Honne, commissioned to design and deliver a Trust wide exercise to refresh organisational behaviours. The Committee was advised of the planned approach and methodology to be applied, the breadth of the conversation expected across the Trust, the concerns and challenges of the approach. The update was warmly received by Committee members as an exciting and timely opportunity to engage in a conversation with the workforce on behaviours, noting the links to issues such as bullying, inclusion, banter discussed earlier in the meeting. The Committee advised of the importance of 'framing' the conversation appropriately to ensure engagement across our workforce and to maximise the expected returns on investment.
- **Digital Strategy – Workforce Enablers:** The Director of Digital Services presented outline plans regarding the digital workforce elements and opportunities within the recently approved Digital Strategy, making a

commitment to apprise the Committee of specific plans in relation to workforce management / data, workforce training / development, innovation and OD / culture at the September meeting.

- **Partnership Working – Annual Report:** The Deputy Director of Workforce and OD provided attendees with an overview of key areas of activity undertaken in partnership through the Trade Union Partner (TUP) Cell during the last 12 months. Committee members felt this was a great report that demonstrated robust partnership working despite recent challenges and formally thanked colleagues and TUPs for their continued support.

#### **RECOMMENDED:**

The Board is asked to:

- **RECEIVE and ACCEPT** this report as assurance that the Committee has reviewed the status of key (relevant) risks and has been apprised of plans and actions designed to move the Trust forward in delivery of its strategic people objectives.





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<b>AGENDA ITEM No</b>	<b>5.2d</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## UPDATE FROM ACADEMIC PARTNERSHIP COMMITTEE – 27 APRIL 2021

<b>MEETING</b>	Trust Board Meeting
<b>DATE</b>	27 May 2021
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Corporate Governance Officer
<b>CONTACT</b>	<a href="mailto:keith.Cox@wales.nhs.uk">keith.Cox@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

To present to the Board a summary of the items discussed at the meeting of the Academic Partnership Committee held on 27 April 2021.

**RECOMMENDED: That the report from the Academic Partnership Committee meeting on the 27th April 2021 be noted.**

### KEY ISSUES/IMPLICATIONS

None

### REPORT APPROVAL ROUTE

Not applicable as providing a summary of items discussed at Committee itself.

### REPORT APPENDICIES

None

### REPORT CHECKLIST

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

**UPDATE FROM ACADEMIC PARTNERSHIP COMMITTEE  
27<sup>th</sup> APRIL 2021**

**SITUATION**

Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the Academic Partnership Committee meeting held on 27<sup>th</sup> April 2021.

**BACKGROUND**

The Academic Partnership Committee is chaired by Kevin Davies and meets on a quarterly basis. This meeting was the first formal meeting of the Committee and therefore had limited attendance.

**ASSESSMENT**

**Summary from the Committee meeting**

A range of topics were covered; these included:

**Committee Purpose.**

Whilst it was recognised that obtaining university status for the Trust was a clear objective, this wasn't the sole purpose of the Committee. The Trust needed to broaden its partnership working with not just universities, but also the wider higher education sector and to take forward its commitment to broaden its contribution to creating and developing knowledge and innovation. Opportunities should be open to all staff, not just medical staff, and the Trust would look to explore the value of the apprenticeship model.

**Committee Membership and Attendance**

The membership of the Committee has been confirmed as the Chair and two other Non-Executive Directors. However, it was recognised that, given the wide remit of the Committee, there would be a high internal demand for attendance and the Committee would need to manage this. Establishing a smaller core group and inviting others depending on the topic under discussion was considered as an option, as was linking into and making full use of existing management sub-groups. It was recognised some governance mapping of these sub-groups will be necessary. The Committee felt it was important to ensure there was regular Trade Union representation.

External representation (i.e. from academia) was discussed in the closed session of the Committee (see note below).

## **Feedback from Meeting with Welsh Government**

The Chair and officials attended a meeting with the Welsh Government to discuss the Trust's application for university status. A baseline position had already been submitted to the Welsh Government so that officials there had an understanding of where the Trust was in terms of academic partnership working. It was felt the meeting went well and the Welsh Government officials were positive about the Trust's current position. They considered the Trust was unique and we should take full advantage of this when submitting the final application. The Trust is waiting to receive the final criteria details from Welsh Government which we should have in time for the submission deadline in September 2021.

## **CLOSED SESSION**

The Committee met under a closed session to discuss how the Trust should go about identifying and selecting academic partners to work with. This should not be just universities but the wider academic community and should not necessarily be restricted to Wales. The Committee recognised that there is likely to be a lot of interest from the academic community in working with WAST and it would be difficult to work with manageable numbers but at the same time have a good cross selection of partners. The Committee being clear about its objectives was important and would help identify partners. It was agreed officials should consult with HEIW and HEW and also learn how others have approached this, recognising of course WAST is an all Wales organisation.

## **RECOMMENDATION**

**That the report from the Academic Partnership Committee meeting on 27 April 2021 be noted.**



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

<b>AGENDA ITEM No</b>	<b>5.3</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>7</b>

## MINUTES OF COMMITTEES

<b>MEETING</b>	Trust Board
<b>DATE</b>	27 May 2021
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Steve Owen
<b>CONTACT</b>	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:

- 4 February 2021, People and Culture Committee
- 23 February 2021, Quest Committee
- 11 March 2021, Finance and Performance Committee
- 8 December 2020 and 9 March 2021, Remuneration 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

**UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE  
MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON  
04 FEBRUARY 2021**

**Chair: Paul Hollard**

**PRESENT:**

Paul Hollard	Non Executive Director and Chair
Keith Cox	Board Secretary
Chris Turley	Director of Finance and Corporate Resources
Alex Crawford	Assistant Director of Strategy and Planning
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Joga Singh	Non Executive Director
Angela Roberts	Trade Union Partner
Lee Brooks	Director of Operations
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Andrew Challenger	Assistant Director, Professional Education & Training
Sharon Thorpe	Trade Union Partner
Sarah Davies	Workforce and OD Business Manager
Andy Swinburn	Associate Director of Paramedicine
Paul Seppman	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Helen Watkins	Deputy Director of Workforce and OD
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Jeff Prescott	Corporate Support Officer

**APOLOGIES:**

Claire Roche	Director of Quality and Nursing
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**01/21 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Claire Roche.

## **02/21        DECLARATIONS OF INTEREST**

The standing declaration of Professor Kevin Davies as Independent Trustee of St John Cymru was recorded.

**RESOLVED: That the declaration as described above was RECORDED.**

## **03/21        MINUTES OF PREVIOUS MEETING**

The Minutes of the Open and Closed meetings held on 13 October 2020 were considered and agreed as a correct record.

**RESOLVED: That the Minutes of the meetings held on 13 October 2020 were AGREED.**

## **04/21        DIRECTOR OF WORKFORCE & OD UPDATE**

Claire Vaughan updated the Committee on developments within the Workforce & OD Directorate since the last meeting. Highlights included:

- The recognition of efforts by staff in the Education and Training Department who had been awarded the Best Innovation Award in the South Wales Argus Health and Care Awards ceremony held on 29th December 2020.
- HEIW taking responsibility for apprenticeships with the Trust being invited to the sit on the Steering Group, helping to shape and direct progression mechanisms that improved the skills of the workforce. Within the Trust, Apprenticeships had continued to grow with 46 Emergency Medical Technicians commencing training in January 2021, many of which had progressed from Non-Emergency Patient Transport Service and Urgent Care Service roles.
- The reverse mentoring programme continued to be well received. However, given the current service pressures, many people had only been able to meet once or twice. Despite this, the feedback had been very positive with Mentee's finding the programme to be very beneficial, providing a platform for rich, diverse and helpful discussions which will help shape the Trust's thinking and planning moving forward.

Members received the update and noted the benefits of the apprenticeship scheme, in particular how it offered those who had come through non-traditional education routes the opportunity to enter into meaningful employment.

**RESOLVED: That the update was NOTED.**

Lee Brooks introduced the Operations Quarterly Report and updated Members on various developments within the Directorate. Key areas highlighted to Members included:

- The CTL review which was progressing well following negotiations facilitated by ACAS. The Trust had reached and finalised an agreement regarding the future of the CTL position with trade union members voting to accept the agreement. Following this, Meetings with staff in existing Clinical Team Leader roles were undertaken in November 2020 to discuss the new Duty Operational Manager (DOM) and Senior Paramedic (SP) roles and to ascertain the preferences of individuals.
- The British Red Cross provision which provided support and pastoral care for patients and staff at a number of hospitals across Wales. In view of the delays crews were experiencing at some hospital sites whilst waiting to handover patients, the British Red Cross Service had been commissioned by the Trust to build on the support it already provided (through its Emergency Department services) to ambulance crews across Wales when staff are waiting with patients at acute hospitals sites.
- New Years Honors which had seen five colleagues from within the Operations Directorate of the Trust being recognised in the Queen's New Year's Honours List. These were Paramedics Nich Woolf and Sharon Thorpe who were awarded the British Empire Medal, Chris Powell Area Manager for NHSDW/111 who had been made a Member of the Order of the British Empire, Director of Operations Lee Brooks and Clare Langshaw, an Ambulance Operations Manager for Resilience who had both been awarded the Queen's Ambulance Service Medal (QAM)
- Seasonal Planning for Summer 2021 had been discussed and potential pressures on the service had been identified. A number of frontline staff had a build up of accrued annual leave which would either need to be taken prior to the start of the 2021/22 Financial Year or alternatively carried forward into the next financial year. An additional option for staff to sell leave back to the Trust was available for staff members who could demonstrate that they were unable to take leave.
- Operational Delivery Unit - The Head of Service of Operational Delivery, plus 5 of the 7 funded National Delivery Managers had been appointed. Further recruitment is ongoing for the remaining National Delivery Managers, Business Intelligence Analyst and Support Officer posts.

Members received the report and asked about the current status of the CTL review. Andy Swinburn informed members that CTL's had been asked to express their preference for either the Duty Operational Manager or Senior Paramedic roles. Following this, a number of staff in the CTL role expressed a desire to become a Senior Paramedic. 16 applications were made with 7 of these successfully demonstrating they met the criteria. Remaining candidates would be required to demonstrate further learning before being considered for the roles.



Members then discussed the build up of annual leave and noted the importance of ensuring staff were able to get time away from work in order to have a sufficient break as this was important from both a physical and mental health perspective. Staff should be encouraged to take leave wherever possible to reduce the risk of fatigue and burnout.

Members then discussed the Operational Delivery Unit (ODU) and expressed concerns over the delays and uncertainty with the unit. Members felt that delays in establishing the ODU would likely impact upon staff who were on temporary contracts as well as impacting the Trust's future ability to respond to operational pressures.

Finally, Members noted the benefits of the British Red Cross provision which had provided much needed comfort and support to staff and patients experiencing long delays outside hospitals. Members also offered congratulations to those whose hard work and professionalism had been recognised in the New Years Honors list.

**RESOLVED: That the update was NOTED.**

## **06/21      WORKFORCE PERFORMANCE SCORECARD REPORT**

Helen Watkins introduced the Workforce Performance Scorecard Report providing an overview of the identified key trends and improvement actions. In particular, the report included an outline of the impact of Covid-19 on the workforce and the support available through HR, Occupational Health and Wellbeing services.

The report also recognised the impact of the pandemic on the Trust's ability to conduct and complete PADRs. Consequently, the Executive Management Team had approved a revised approach up until March 2021, focussing on the well-being of staff. This was in response to the pressures associated with the Covid-19 pandemic and PADRs not taking place which accounted for the further reduction in compliance reported in the previous month. Light touch PADRS and Wellbeing 1-1 conversations were now taking place.

Members noted the reduction in PADR compliance rates and acknowledged the very difficult and challenging circumstances which had led to the fall in numbers. However, Members also recognised the value and importance of one to one time between managers and staff, especially in a time where the service is under increasing pressures. Given this, Members were pleased to see that steps had now been taken to ensure that staff would receive a light touch PADR focussing on the well-being of Trust employees.

**RESOLVED: That the report was NOTED.**

**SAFEGUARDING THE MENTAL WELLBEING OF #TEAMWAST**

Dr Catherine Goodwin outlined the existing and planned provision to ensure mental health difficulties were discussed, identified and addressed within Welsh Ambulance Services NHS Trust. Increasingly reports were emerging forecasting the long term impact of the COVID-19 pandemic on the NHS workforce as a whole, as a result of overwhelming sustained demand.

The workforce had now been working under this pressure for nearly a year, both those on the frontline and those in support functions. Consequently, Occupational Health and Wellbeing Services were reporting an increase in demand and this was expected to increase over the coming months.

As a result, the Trust had taken steps to ensure that these issues were being addressed. In addition to the Trust's current mental health provisions such as TRiM, additional services were being put in place to enhance the mental health and well-being of staff. These included:

- Health for Health Professionals (HHP), a Welsh Government funded service that has been expanded to include all NHS staff in Wales.
- In house clinical psychology expertise for complex mental health difficulties, including complex trauma.
- All TRiM practitioners were invited to attend updated training so they were aware of moral injury and would be competent in discussing this with their peers.
- The Mental Health team had provided train the trainer training for Suicide First Aid and this was being rolled out throughout the organisation with the Occupational Health and Wellbeing Teams completing this training in January 2021.
- A member of the wellbeing team had completed additional training in working with trauma and would be developing their skills in this area with support from the clinical psychology team. In addition, Both members of the wellbeing team had completed Living Life to the Full Training and were now able to deliver this workshop package on line or in person.
- The Trust had been allocated four places to attend the REACT train the trainer training with the main aim being for managers to feel confident having a conversation about mental health.

Dr Catherine Goodwin then showed Members a video presentation in which Aled Davies, brother of Gerallt Davies, who sadly passed away from Covid-19 shared his experiences and talked about the impact this had had upon himself, his family and his work.

Following the report and video presentation, Members placed on record their gratitude and appreciation to Aled Davies for sharing his experience in what was a very difficult and challenging time.

Members then noted the very positive and proactive work being done in order to provide sufficient mental health and well-being support to staff. However, it was also noted that although the Trust was taking steps to ensure the good health of staff, the scale of the issue may not yet be fully known and the full impacts of the strains being placed on the workforce may only be seen several months down the line.

Given this, Members were pleased to see the Trust's commitment and investment in the Occupational Health and Wellbeing teams and the important work they do.

**RESOLVED: That the report was NOTED.**

## **08/21      RESPONSE TO LONG COVID**

Dr Catherine Goodwin informed Members of the emerging issues to do with 'long Covid' which was the term used to describe the effects of Covid-19 that continue for weeks or months beyond the initial illness. Dr Goodwin's report showed that it was becoming increasingly evident that those who had contracted the virus were at risk of experiencing longer term symptoms and side effects. More details of how people were affected by Long Covid was still emerging, but research suggested around one in five people who test positive for Covid-19 have symptoms for five weeks or longer. For around one in ten people, they may last 12 weeks or longer.

According to data collected up to December 18th 2020 from the Trust's Electronic Staff Record (ESR), 94 colleagues had been unable to return to work after the advisory 10 day isolation period and remained absent indefinitely. Following this, the Health and Wellbeing Strategy the Wellbeing Team would be raising awareness and increasing support for colleagues experiencing the symptoms of Long Covid by considering the following actions:

- Run a number of supportive group discussion sessions through Microsoft Teams, led by different clinicians (Clinical Psychologist, Physiotherapist etc).
- Produce an infographic to raise awareness on Long Covid and share helpful resources and then follow this up with latest advice/guidance.
- HR and Wellbeing/OH colleagues would discuss what reasonable adjustments might look like for Long Covid sufferers.
- Develop a short workshop for Managers to improve their understanding of the issue and share best practice.
- Continue to review levels of absence linked to Covid and assess if interventions are appropriate.
- Where possible, link in with other NHS Employers with a view to sharing ideas and navigating through this new challenge together.

Members received the report and queried whether other ambulance Trust's from around the UK had experienced the effects of long Covid upon their workforce and whether any learning could be shared in order to gain a greater understanding of the condition.

**RESOLVED: That developments in order to ensure the long term impact of the pandemic and recovery from COVID-19 were NOTED and SUPPORTED.**

**09/21**

## **COVID-19 VACCINATION PROGRAMME UPDATE**

Claire Vaughan reported on the Covid-19 Vaccination Programme and the difficult and challenging work undertaken so far by the Vaccine Delivery Group (VDG). The report explained how the VDG had convened in late August 2020 with the remit to offer the Covid-19 vaccination to all eligible staff on a Trust wide basis. The report then outlined the various internal and external activities that the group had conducted and highlighted some of the key risks, issues and decisions over the project which were designed to ensure that Trust staff were included in the all Wales roll out of Covid 19 vaccines. Claire Vaughan placed on record her thanks and admiration to all those involved in the VDG and recognised the immense scale of work they had achieved.

At the time of reporting, 73% of patient facing staff and 72% overall of frontline staff had now received the first dose of the vaccination. Efforts were continuing to ensure all other eligible staff were vaccinated although it was recognised that not all staff would be able to receive the vaccination due to medical reasons or through personal choice.

Following the report, Members stated that they were reassured by the report and the numbers of staff who had received the vaccination. Members queried why some staff were choosing not to be vaccinated if they had no medical reason and wondered whether misinformation about the vaccine may have played a part in this?

Estelle Hitchon recognised the importance of clear messaging around the vaccine as well as providing correct, unbiased and honest information in order to educate those who may have reservations about receiving the vaccine. This would enable staff to make an informed choice. Should staff still choose to decline the vaccination, this should be considered as an informed decision to decline rather than a refusal.

**RESOLVED: That the progress and work of the VDG, the key risks and issues faced and the reporting / governance arrangements in place were NOTED.**

**STAFF SURVEY UPDATE**

Dr Catherine Goodwin gave a presentation on the recent staff survey which outlined the key findings and next steps for the Trust. The survey showed that 76.1% of staff who took part were enthusiastic about their jobs and 77.1% were proud to tell people they worked for the organisation. 84.1% said they were happy to go the extra mile at work and 73% felt that people they worked with treated them with respect.

However, there were also areas of concern for the Trust with respondents reporting incidents of bullying, harassment and abuse. Results showed that these incidents occurred in various settings with the majority of abusive behaviour coming from members of the public although incidents of this nature were also reported against colleagues and managers.

Other areas of improvement identified in the survey included communication, management and improved training & development. The main suggestions for improvement from staff who were surveyed were:

- Managers to listen more.
- More focus on staff wellbeing.
- Putting an end to bullying & harassment.
- Increased professionalism and positive behaviours

Following the presentation, Members noted the work which was still to be done in order to tackle any incidents of bullying and harassment within the workplace. Members noted that this had previously been reported in earlier surveys and had been identified as an area of improvement for the Trust. Therefore, Members felt that it was vital to continue recognising and taking steps to tackle this sort of behaviour with further work needed to understand why this was happening and how this could be resolved.

However, this issue aside, Members were pleased to see the very positive findings of the survey with the overwhelming majority of staff reporting that they were happy in their work. Finally, Members noted that the survey was conducted in the midst of the Covid-19 Pandemic when pressure upon the service was at its peak. Given this, it was possible that the results of the survey may have been influenced by the pressures which would have been acutely felt by those completing the survey.

**RESOLVED: That the staff survey update was NOTED.**

**OUR PEOPLE AND CULTURE STRATEGY: LOOK AHEAD AT YEAR 3**

Claire Vaughan gave a presentation on the Trust's People and Culture strategy, looking back at what had been delivered in 2020/21 as well as looking ahead to the priorities identified for 2021/22, the capacity to deliver these and the risks and constraints that the organisation may encounter.

Key strategic objectives of the People and Culture Strategy included the organisation being:

- Healthy – Allowing everyone to enjoy a long, healthy, happy and productive (working) life.
- Engaged - Being recognised and renowned as an exceptional place to work, volunteer, develop and grow.
- Sustainable & Agile - Design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long term strategy.
- Well Led - Develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust

The presentation went into greater detail on how the Trust would set about achieving each of the stated objectives along with a number of 'Big Ticket' items that were contained within each of the objectives. This showed that although much had been achieved, there was still a large and significant amount of work for the Trust to undertake in order to achieve the aims set out in the strategy.

Members received the presentation and noted that the objectives were clear, well defined and relevant to the organisation while demonstrating strong and compassionate leadership. However, it was also clear that a great deal of work still lay ahead if all of these were to be attained.

Claire Vaughan acknowledged that much work remained to be done and praised the highly skilled and capable team which had helped to produce the People and Culture strategy thus far, noting that they remained driven and motivated to complete such a fundamental piece of work.

Members then discussed the role of the Committee in supporting staff and how it could help deliver the measured and inclusive approach set out in the strategy. Members expressed their support of the 'Big Ticket' items set out in the strategy, noting that the manner in which these would be achieved and implemented would be determined through partnership discussions between senior management and Trade Union partners.

**RESOLVED: That the People and Culture Strategy along with the implementation of the 'Big Ticket' items were SUPPORTED.**

## **12/21 COMMITTEE ASSURANCE FRAMEWORK**

Claire Vaughan introduced the Committee Assurance Framework report, highlighting the key aspects of the developing People and Culture Committee Assurance Framework for the Committee's attention. These included:

- **Sickness Absence:** The Trust had continued to report increased absence rates overall, including for Covid-19 related absence reasons.
- **On-Call CCA Ability to Cover 24/7 Command:** Linked to the review of the CTL role, which had been a long standing issue and risk for the Trust.
- **Impact of 'long Covid' on the workforce:** it was becoming increasingly evident that those who contracted the virus were at risk of experiencing longer term symptoms and side effects.
- **Audit Recommendations:** The People and Culture Committee were asked to maintain an overview of progress made against all outstanding/open internal audit recommendations in the workforce management domain.
- **IMTP Delivery:** The Committee would regularly review progress towards delivery of the Trust's People and Culture Strategy objectives and IMTP deliverables.

Members received the report and noted the key aspects which were brought to the Committees attention. Members recognised the importance of the items raised within the report and discussed the possibility of moving the Committee Assurance Framework higher on the agenda in order to allow for improved reporting and scrutiny.

**RESOLVED: That the report was NOTED.**

## **13/21 AUDIT RECOMMENDATIONS – PROGRESS SUMMARY**

Helen Watkins provided an overview of the assessed deliverability of Internal Audit reports and associated recommendations with relevance to the People and Culture Committee. This was to enable the Committee to be sighted on the recommendations and be aware of the current status of the agreed actions and potential risks to delivery. Internal audits which were of particular interest to Committee included:

- Health Board Areas / Station Review follow-up
- Personal Safety Violence and Aggression
- Staff Engagement and Communication
- Trade Union Release Time
- Drivers' Medicals
- Short term sickness absence

Members received the report and queried the ongoing issue around drivers' medicals? Helen Watkins and Andrew Challenger informed Members that discussions were taking place and work was being undertaken to finalise the overarching policy for drivers' medicals. Therefore, a target date of 1<sup>st</sup> April 2021 had been set for revisions to the Driving at Work policy to be completed and approved.

**RESOLVED: That the report was NOTED.**

## **14/21 TU FACILITIES AGREEMENT UPDATE**

Helen Watkins gave an overview of the Trade Union Release Internal Audit report and associated recommendations, making Members aware of the current status of the agreed actions and potential risks to delivery.

The report showed that after discussions with individual TUP's, Senior Operations Managers, a member of the Finance team, and the Head of Resources, a review of local practices had been undertaken, and work had progressed in partnership with TUPs to develop a standardised document to formally request and record facility time.

This proposal was discussed with TUP's and a short two-week trial of the process with a number of TUP's across the Trust was agreed to enable initial testing of the documentation. Feedback from the trial would be reviewed and the learning would be applied with a view to implementing the process.

Following the report, Members noted the proposed process by which TUP's would formally request and record facility time and from a governance perspective, queried the signing off of the process and where it would go for final approval before implementation? Helen Watkins stated that at present, the focus was on testing the process and ensuring its suitability and effectiveness before moving on to becoming a formally recognised process. However, should the trial prove successful, the process would be encapsulated within the Facilities agreement.

**RESOLVED: That the report was NOTED.**

## **15/21 TU CELL QUARTERLY UPDATE**

Helen Watkins gave the TU Cell Quarterly update to Members and highlighted some the key areas of activity which have been undertaken in partnership through the Trade Union Partner Cell. The report explained how the Cell had been established as part of the partnership working response to Covid-19 and had met regularly throughout the pandemic in place of the Welsh Ambulance Service Partnership Team (WASPT).



The report recognised the important contribution of Trade Union Partners during this time and noted the key achievements which had been made over this very difficult and challenging period. Members received the report and acknowledged the contributions of TU colleagues.

**RESOLVED: That the contribution of TU Partners was RECOGNISED and the report was NOTED.**

## **16/21 VIOLENCE AND AGGRESSION POLICY**

Claire Vaughan introduced the Violence and Aggression Policy to Members and sought approval of the policy by the People and Culture Committee. Members confirmed the route by which the policy had come before the Committee before voting to approve the policy for immediate implementation by the Trust.

**RESOLVED: That the Violence and Aggression Policy was APPROVED.**

## **17/21 ISSUES TO BE RAISED AT BOARD**

The Chair noted that many of the items raised at the People and Culture Committee may warrant further scrutiny at Board. Therefore, these would be discussed with Claire Vaughan prior to deciding which of these would be taken forward.

**RESOLVED: That further discussions were required in order to determine which issues may be raised at Board.**

## **18/21 ANY OTHER BUSINESS**

The Chair discussed the frequency and timing of the Committee and queried whether the dates upon which the Committee meets could be altered in order to bring it more in line with meetings of Trust Board. In addition, the Chair noted the Committee review process used by other Committees and expressed a desire to adopt this process for the People and Culture Committee.

**Date of Next Meeting: 11 May 2021**

**UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE  
MEETING (CLOSED SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON  
04 FEBRUARY 2021**

**Chair: Paul Hollard**

**PRESENT:**

Paul Hollard	Non Executive Director and Chair
Chris Turley	Director of Finance and Corporate Resources
Claire Roche	Director of Quality and Nursing
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Angela Roberts	Trade Union Partner
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Sharon Thorpe	Trade Union Partner
Sarah Davies	Workforce and OD Business Manager
Andy Swinburn	Associate Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Paul Seppman	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Helen Watkins	Deputy Director of Workforce and OD
Andrew Challenger	Assistant Director, Professional Education & Training
Jeff Prescott	Corporate Governance Officer

**APOLOGIES:**

Keith Cox	Board Secretary
Claire Roche	Director of Quality and Nursing

**01/21 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was closed to members of the public and was being audio recorded. Apologies were recorded from Keith Cox and Claire Roche.

**02/21 DECLARATIONS OF INTEREST**

The standing declaration of Professor Kevin Davies as Independent Member of St John Cymru was recorded.

**RESOLVED: That the declaration as described above was RECORDED.**

## **03/21      REPORT ON 4 MONTH+ SUSPENSIONS**

Helen Watkins provided the Committee with a report on staff suspensions which had lasted longer than four months in duration along with an overview of cases which had been lodged at Employment Tribunals against the Trust. The report showed that there were currently no employees who had been on suspension for over four months under the Disciplinary policy within the Trust and that there were currently three cases which had been lodged with an Employment Tribunal against the Trust.

Members received the update and noted the progress in ensuring that there were currently no members of staff who had been suspended for more than four months.

**RESOLVED: That the contents of the report were NOTED.**

## **04/21      ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting: Tuesday 11 May 2021**

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 23 FEBRUARY 2021 VIA TEAMS**

**Chair handed over from Emrys Davies to Bethan Evans during the meeting**

#### **PRESENT:**

Emrys Davies	Non Executive Director and Chair
Bethan Evans	Non Executive Director and Chair
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director

#### **IN ATTENDANCE:**

Hugh Bennett	Head of Planning and Performance
Julie Boalch	Corporate Governance Manager (Part)
Lee Brooks	Director of Operations (Part)
Nikki Harvey	Head of Safeguarding Part)
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Stephen Johnson	Patient Safety/Clinical Manager
Dr Brendan Lloyd	Executive Medical Director
Steve Owen	Corporate Governance Officer
Catharyne Punyer	Investigation Manager
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Claire Roche	Executive Director of Quality and Nursing
Gareth Thomas	Patient Experience and Community Involvement Manager
Nicola White	Head of Risk, Health and Safety

#### **OBSERVERS**

Peter Allen	Community Health Council
Joseph Wilton	Health Inspectorate Wales

#### **APOLOGIES**

Craig Brown	Trade Union Partner
Darryl Collins	Head of Patient Safety, Concerns and Learning
Rachel Marsh	Director of Strategy and Planning
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

#### **01/21 PROCEDURAL MATTERS**

The Chair welcomed everyone to the meeting. Attendees were advised that the meeting

was being audio recorded. He referred the Committee to his standing declaration as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales.

*A moments silence was held in respect of the late Alan Haigh whose funeral was today and for other colleagues who had also passed away due to Covid-19; Gerallt Davies MBE, Paul Teesdale and Kevin Hughes*

## **Minutes**

The minutes of the meeting held on 1 December 2020 were confirmed as a correct record subject to a minor amendment to the title of Duncan Robertson

## **Action Log**

The action was considered:

Action number 34. This related to how ethics would be considered at EMT, Committees and Trust Board. Claire Roche advised the committee that a revised SBAR in the form of an Executive Summary which would allow authors to reference any ethical issues, was being trialled and would be standard business in the near future. Action Closed.

Action number 35. Deep dive on risks relating to ambulance delays. The action was being dealt with under Item 1.4 on the agenda, and was subsequently closed.

## **Non Executive Directors Meeting – 1 December 2020**

The Chair, Emrys Davies gave an overview of the meeting and the actions being undertaken to address the issue of ambulance delays both in the community and at hospitals.

Claire Roche added that the levels of delay were consistently being monitored across Wales in all Health Boards. Clarity was sought on what information the Committee required in terms of the delays going forward. The Chair advised it would be useful to be presented with information on the monitoring as it currently stood and with some enhanced monitoring in terms of how the Health Boards were implementing the actions as endorsed by the Minister. Wendy Herbert added that the patient experience was included as part of the monitoring process.

## **Chair Handover**

At this stage of the meeting, the Chair was handed over to Bethan Evans. Prior to handing over, Emrys Davies recorded his thanks and appreciation for all those who have been involved in this Committee. Members thanked Emrys Davies for his outstanding commitment in chairing the Committee for the past several years.

## **RESOLVED: That**

- (1) the Minutes of the Open meeting held on 1 December 2020 subject to the minor alteration as described were approved;**
- (2) the standing declaration of the Chair, Mr Emrys Davies as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales was noted;**
- (3) consideration was given to the Action Log as described above;**

- (4) the independent action by Quest Neds and the wider NED team was noted and that a period of monitoring was required to evaluate any improvement actions that emerged was also noted; and**
- (5) the Quest Committee Chair handover from Emrys Davies to Bethan Evans was acknowledged and supported and thanks were recorded for the outgoing Chair Emrys Davies.**

## **02/21 PATIENT STORY**

Prior to the video being played, Leanne Hawker highlighted the main issues raised by Karen which revolved around the lack of joined up thinking with all parts of the community and the different types of services provided; particularly in relation to her late mother

Members noted that in the case of Karen's Mother she had multiple and complex health issues and had been dependant on a wide range of services

During the video Karen explained that due to her late mother's ill health there had been several occasions over the past few years in which she (Karen) had to call on the services of the Trust. The reasons for calling the Trust related largely to strokes and falls, Karen's mother also had dementia. On the whole the experiences had been very positive and the way the paramedics treated her mother was excellent.

In the video Karen recounted several times when her mother required the use of the Trust and below are some of those occasions in more detail.

Last January, Karen's mother fell at Abergavenny leisure centre and it was obvious that she had sustained an injury to her hip. She laid on the floor, with a member of the leisure centre staff supporting her, in excess of two hours until an ambulance arrived. These had been very anxious times for her mother.

On another occasion, Karen's mother had fallen and had injured her shoulder. Karen rang for an ambulance only to be told that one wasn't available at the time and the advice was to take her to the hospital themselves. On arriving at the hospital Karen noted there were two Trust ambulances outside the A and E which appeared to be empty.

A further episode whereby Karen's mother had severe pain in her upper back resulted in taking her to the GP. The GP advised that her mother required an urgent x ray and suggested she be taken home and call for an ambulance.

Whilst Karen, as her mother's carer was obviously aware of all her health issues and the complicated drugs regime, was able to manage her NHS care. Unfortunately there were elderly people who would not have the ability and means to access the services they required and would therefore call the ambulance service.

Karen hoped that this story would enable the Trust to make decisions that would enable the service provided to elderly people more efficient and navigable.

### **Comments:**

1. Members recognised that in the situation where patients do not have the benefit of a carer to navigate them through the NHS system to cater for their individual needs, there appeared to be no case management process in place

2. The Committee noted that the system was far too complex and as part of the strategy going forward there should be a way for patients to call for example 111 and from there the patient would be managed to ensure they were guided to the relevant pathway. This would require the whole NHS system to work collaboratively
3. Whilst there were some negative points raised in the story, the Trust should not lose sight of the positive stories

### **Patient Story Diagram**

Leanne Hawker gave an update on Anna's story which centred around the Trust's inability to respond due to the system pressures at the time. Some of the outcomes from this story included an increase in communication via digital and non-digital platforms around the pressures on the Trust and guiding people to other services that could help. There was also a drive to increase publicity on directing members of the public to the NHS symptom checker

Dr Brendan Lloyd commented that in this particular case there would have been more benefit to contact the Out of Hours GP as there did not appear to be, on the face of it, a 999 response required.

The Committee noted that the communications team were strengthening the message to the general public in respect of when to call 999

**RESOLVED: That the patient story and the patient story diagram was noted.**

## **03/21 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) HIGHLIGHT REPORT**

Leanne Hawker gave an overview of the report and drew attention to the following points:

1. The majority of compliments received related to Emergency Medical Staff
2. 51 online events have taken place; feedback from the public has shown that there has been an increase in mental health issues
3. A mental health symptom checker was being developed and was near completion
4. Development of the WAST people and Community network which would be pivotal in developing the quality strategy
5. A 'once for Wales patient experience reporting tool' was being implemented; it was planned for roll out in the near future. This would allow for a more robust and seamless system of capturing the patient experience

Comments:

1. The Committee welcomed the report noting that during the pandemic, engaging with the public had been very different with the PEGI team having to be more versatile and innovative, which was commended
2. In terms of messaging would there be an opportunity to use the post vaccination time (15 minutes) to highlight and engage with the public on different aspects of the NHS. Leanne Hawker agreed to explore this suggestion further. Joseph Wilton (HIW)

advised that this kind of approach would be trialled by HIW going forward

3. Members were encouraged to see the Trust's involvement in the national dementia project

**RESOLVED: That**

- (1) the Highlight Report for release to the Patient/Public Network and external stakeholders was approved; and**
- (2) the actions being taken forward were supported and noted.**

**04/21 MONTHLY INTEGRATED PERFORMANCE REPORT**

Hugh Bennett gave a brief overview of the report and drew attention to the following areas:

1. Stressed the point that Health Boards should be held to account regarding handover delays
2. On the whole demand for this January was slightly lower when compared with January 2020
3. In terms of the EMS demand and capacity; it was expected that the relief gap would be closed in the near future giving rise to 263 additional front line staff by the end of the next financial year
4. There was progress with NEPTS following the demand and capacity review
5. 111 was not achieving the level of performance as expected

**Comments:**

1. In terms of the Contact First roll out, clarification was sought on the date. Hugh Bennett explained that roll out was for this year; adding that more information on Contact First would be reported to the Board. Wendy Herbert updated the Committee with the existing activity and statistics in terms of Contact First from several of the Health Boards perspective
2. Staff sickness and absence, was the assumption realistic? Hugh advised this had been as a result of the pandemic; it was constantly being monitored. Lee Brooks commented that figures were lower through February
3. NEPTS conveyance, were there any issues with timings? Hugh Bennett explained that the current modelling recommended that the patients overall day was longer than it should be as patients would be ready earlier than their pick up time. There was no indication that patients' treatment time was being shortened.
4. Dr Brendan Lloyd updated the Committee on the Return of Spontaneous Circulation (ROSC) data and the factors that affected the response times. The Trust's cardiac arrest and resuscitation processes were being developed
5. The Committee acknowledged the dramatic decrease in terms of the 12 hour waits
6. Pleasing to see that 15 mental health practitioners were being introduced into 111 and the Clinical Service Desk



**RESOLVED: That the Trust's integrated quality and performance report and actions being taken was considered**

## **05/21 QUARTERLY QUALITY ASSURANCE REPORT**

Claire Roche gave an overview of the report which was under the context of being in high levels of escalation throughout.

Attention was drawn to the following key areas:

1. A noticeable improvement in flu vaccination rates, 57% of staff had been vaccinated by the end of November
2. The Symptom checker had been accessed over 500k times during this period
3. There were over 82% of frontline staff the have been vaccinated against Covid-19; the Trust will be working with Health Boards to target areas for improvement
4. Once for Wales concerns management system; during the summer months the Trust will be migrating its relevant data to this system
5. High scoring risks – 224 and 223 both related to system delays; these will continue to be assessed and monitored through the applicable directorates
6. An update on the Serious Case Incident Forums and Serious Adverse Incidents reported were given
7. In terms of the performance in responding to concerns and complaints, the 75% target was maintained and exceeded
8. A quality and governance Committee had been established during the pandemic in order to maintain and strengthen the clinical governance procedures and structures

Comments:

1. Clarity was sought in terms of the flu vaccination figures; Hugh Bennett confirmed that the figure in the IPR was frontline staff only
2. Self-assessment strength of control, how were these determined as such? Claire Roche advised these were assessed subjectively; which effectively decided how assured the Trust was, similar to risk assessment scores. Claire Roche added that the IPR and this report should be combined going forward. Claire Roche agreed to provide an update at the next meeting in terms of how to combine the reports

**RESOLVED: That the Committee discussed the Report and levels of assurance provided ahead of onward reporting to Trust Board by the Chair.**

## **06/21 PERSONAL INJURY CLAIMS ARISING FROM ROAD TRAFFIC COLLISIONS (RTC) – DEEP DIVE 2018 - 2020**

Cate Punyer provided an overview of the report and drew attention to the following points:

1. It was noted there was a reduction in the numbers of RTCs throughout the years

2. The introduction of CCTV and tracking devices in ambulances had allowed the Trust to be more robust when dealing with potential claims
3. An increase in staff to deal with these claims has led to cases being dealt with more proficiently
4. In terms of the 47 cases that were scrutinised during this period, 2 were patients on board an ambulance, 6 from staff and 39 from third parties.
5. The Committee noted that details of claims were shared with the Health and Safety team

Comments:

Members noted that any learning from road traffic accidents was shared with the appropriate department

**RESOLVED: That the update was noted.**

## **07/21 COMMITTEE ASSURANCE REPORT - RISKS ALIGNED TO QUEST**

Julie Boalch presented the report as read and highlighted the following;

1. Nine corporate risks were currently assigned to the Committee for oversight
2. Two new risks had been assessed for inclusion; ID 322 (Registered Fit testers) and ID 351 (wearing of masks in vehicles)
3. Two risks had been decreased in score; 315 (Covid status confirmation) and ID 217 (Cleanliness in ambulance stations)
4. The two highest risks remain as ID 223 and ID 224 which both related to delays

Comments:

1. Regarding risk ID 351, what was the evidence surrounding this new risk? Nicola White explained there had been a lot of circumstantial evidence to support this risk in addition to the difficulties and challenges in terms of policing the wearing of masks. Lee Brooks suggested it would be useful to look at the risk tools
2. Lee Brooks referred to risk ID 322 and updated the Committee in terms of the mitigation actions being undertaken regarding the risk
3. Claire Roche added there was a time lag in the reporting of risks, in particular to risk 322. This risk assessment should be re-visited with an update at the next meeting

**RESOLVED: That**

- (1) the contents of the report was received and discussed; and**
- (2) any specific aspects or concerns that need to be raised to EMT and/or Audit Committee on 4 March 2021 were raised.**

## 08/21 HEALTH AND SAFETY UPDATE REPORT

Claire Roche updated the Committee on the following points:

1. Recognised that the Health and Safety Committee had not met as frequently as possible, but it remained at the forefront of the Trust's objectives
2. The Health and Safety improvement plan has now been evaluated; any actions from this would be highlighted in the Health and Safety transformational plan
3. An inspection had been conducted at Vantage Point House which had been very positive; a small number of recommendations were being monitored and fully implemented by the outbreak management team
4. The Violence and aggression policy has now been approved, adding there was zero tolerance with assaults on staff

Comments:

1. There were a large number of staff impacted by Covid, what were the Trust's measures to address any long term issues? Claire Roche advised an initial review would be undertaken to establish whether there was a moderate to high probability of Covid being contracted during work. Should this initial assessment prove to give rise to a moderate to high probability, then a further and much more detailed review into their work activities would be conducted. The Trust was expecting further advice from the Health and Safety Executive (HSE) in terms of taking a pragmatic approach to managing Covid. Members noted that the People and Culture Committee would receive an update on the impact of long Covid at its next meeting.
2. In terms of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Lee Brooks advised the Committee that from 187 risk assessment tools being completed 12 required RIDDOR. However there were still 560 risk assessment tools outstanding, and these were being completed at a rate of 20-25 per week
3. Workplace risk assessments, Lee Brooks advised that these should be reviewed and a priority programme should be implemented going forward
4. Lee Brooks added that the decision to implement the outbreak management tool which had been utilised in identifying clusters had been extremely judicious
5. Claire Roche added that the pandemic had given rise to several challenges in terms of the RIDDOR process and had been a steep learning curve for all those involved

**RESOLVED: That the Committee noted the information within the report and received assurance that the Trust was actively working towards a mature health and safety culture.**

## 09/21 CLINICAL CONTACT CENTRE - CLINICAL REVIEW UPDATE

Lee Brooks provided an overview of the report and gave further details on the following points:

1. The programme board met on 17 December 2020 where a review of the 15 objectives in the context of easing some aspects to support the response to the pandemic was

undertaken

2. The Emergency Communication Nurse System (Lowcode) business case was endorsed by the programme board and had been submitted to the Senior Operations Team for approval
3. Funding had been approved for the Remote Worker solution which would allow for the implementation plan to be progressed. GP's would commence their training on this system throughout February
4. Mobilisation of the Major Trauma Desk within the Clinical Contact Centre had been completed with an active desk now situated in Vantage Point House.

**RESOLVED: That the update of progress made against the Clinical Review programme to date was noted.**

## **10/21 CLINICAL AUDIT PROGRAMME UPDATE/ACTION TRACKER 2020/21 QUARTER 3**

Dr Brendan Lloyd introduced the report in which he reported that due to the pandemic, the programme had been suspended for several months with minimal progress being made on audits.

Duncan Robertson updated the Committee in the following areas:

1. Of the 11 audits in the programme, five had been completed, five were back on track and one was being re-audited
2. In terms of the tracker, the Committee were updated on progress
3. Going forward, audit work would be conducted on the Electronic Patient Clinical Record

Comments:

Paul Hollard advised the Committee that he attended Medical and Clinical Services meetings and gave assurance that details of clinical audits were discussed

Claire Roche added that the Trust's audit work was shared with external organisations including the Quality Directors Group

**RESOLVED: That the Q3 Programme and Action Tracker update and efforts to progress these during the ongoing Covid-19 pandemic was noted.**

## **11/21 HEALTH INSPECTORATE WALES EMSCCC PATIENT SAFETY REVIEW**

Lee Brooks explained that the purpose of the report was to provide a summary and overview of the progress made on the actions agreed in response to the Health Inspectorate Wales EMS Clinical Contact Centre patient safety review.

Progress on the actions was ongoing and of the 20 actions due completion by the end of Quarter three, six remained outstanding

Lee Brooks added that a pragmatic review had been undertaken in respect of those actions due in quarter four and an extension was being sought on the following:

- i. Action 8.3 iN Network extension requested until Q1 21/22
- ii. Action 12.1 CCC reconfiguration extension requested until Q4 21/22
- iii. Action 17.1 EMS CCC Training roles extension requested until Q1 21/22
- iv. Action 17.3 HEIW programme extension requested until Q2 21/22
- v. Action 19.1 PADR process extension requested until Q1 21/22
- vi. Action 21.1 Estates Strategy extension requested until Q4 21/22

The Committee recognised both the challenges and opportunities that had emerged during the pandemic; specifically on the latter the different ways of working going forward

**RESOLVED: That**

- (1) the updates provided were noted and the Committee agreed to the closure of the actions detailed in this paper and in the appended tracker; and**
- (2) the proposed extension to delivery dates for actions with low confidence of delivery as detailed above was approved.**

**12/21 SAFEGUARDING ANNUAL REPORT 2019 - 2020**

The report was presented by Nikki Harvey who drew the Committee's attention to the following points:

- 1. Data has shown that there has been a rise in referrals of children aged 11-15
- 2. Overall the referrals for children has increased over the last two years, from 1,593 to just under 2,000
- 3. In terms of adults, safeguarding referrals for those aged 80 and over were the highest category
- 4. With regards to staff training the Trust was 95% compliant with safeguarding training for children and 94% compliant with adults
- 5. An update on referrals to the Local Authority for Domestic abuse and sexual violence both in children and adults was given

Comments:

Members noted that the safeguarding strategic steering group had recently considered and endorsed the report.

The Committee welcomed the report and were pleased to see that staff training compliance was very high and also noted the increase in the number of WAST generated referrals

**RESOLVED: That the Committee considered the Annual Report and continued to support its progress for approval by the Trust Board.**

**13/21 PROTOCOL 36 LEVEL 2 CLINICAL REVIEWS – SUMMARY REPORT 9 DECEMBER 2020 – 20 JANUARY 2021**

Dr Brendan Lloyd informed the Committee that on 9 December 2020, the decision was

made to move the pandemic level for the Medical Priority Dispatch System (MPDS) protocol 36 (Pandemic flu – covid) to level 2.

At Pandemic level 2 there were protocol 36 codes that are stopped as 'no send' regardless of the Demand Management Plan level. As part of governance process, two of these calls stopped under P36 level 2 were being randomly audited.

Duncan Robertson gave an overview of the results of the audit which had been undertaken to confirm correct governance and safety was followed in terms of the no send decisions from a clinical perspective.

During December, the two codes 36A02B and 36A03B were the subject of a focused audit review. To date 148 calls coded under these 2 codes had been audited

The clinical reviews had identified 41 of the no sends as low risk, 25 as medium risk, 12 as high risk and 8 as no risk.

From the data provided by the CCC team, of the 12 incidents highlighted as high risk, 5 were non-compliant with the call audit. This would require further analysis as some of the cases may be a customer care issue, i.e. how the call was handled, as opposed to being something catastrophic within the coding system

Two of the calls had been identified as requiring a subsequent face to face ambulance response, however they were not immediately life-threatening

Dr Brendan Lloyd emphasised that the Trust could only review and audit the information it held. There were limitations at present, for example patient outcome data. This would improve once the EPCR was in place. He stressed it was important to note that the Trust was unable to measure the number of patients who were seriously ill and received a timely response due to the protocol being in place. The audit has revealed that patients did not come to harm because of the no-send.

#### Comments

The biggest challenge for the Trust would be to ascertain whether patients followed the advice being given and how could the Trust research further in this area.

Lee Brooks added that the Committee should receive the report in the context of the situation at the time.

#### **RESOLVED: That**

- (1) the content of the report was noted; and**
- (2) when the organisation steps down to REAP 2 or below, a team consisting of representatives from the CCC, Medical and Clinical Services Directorate and QPSE should meet. The aim would be to capture the learning from this exercise, to map out the whole process and resources used, to recommend improvements to the current process and identify any additional resources required. Completion of such a review would assure the Trust that stepping up levels within Protocol 36 was being monitored for risk of harm. The aim would be to formalise the whole process for future use.**

## **14/21 EXTRAORDINARY SCRUTINY PANEL REPORT**

1. Stephen Johnson explained that an Extraordinary Scrutiny Panel was convened on 8 February 2021 to discuss and provide assurance on the emergent trends, themes and learning from a number of key areas.
2. Significant concerns had been raised from the Non-Executive Directors in relation to the 39 'catastrophic' incidents recorded in December. A high level summary was provided in relation to the 39 incidents providing assurance that these had been reviewed in detail and all had been investigated following the production of a report.
3. It was highlighted, following these discussions, that the action plan be shared with the Non-Executive Directors to provide assurance that learning was being implemented across the Trust.
4. A number of learning actions have been undertaken and completed to improve this position. These were comprehensively listed within the report

### **Comments:**

Claire Roche added that the EMT were monitoring the issues raised and ensuring the actions would be implemented. Furthermore the next patient safety report to the Board would contain information relating to the initial classification of the incidents which may not be the final classification

### **RESOLVED: That**

- (1) the Extraordinary Scrutiny Panel report was noted;**
- (2) the production of an aggregated review as approved by EMT, similar to the paper produced in relation to the winter of 2017/2018 was noted. This would inform any immediate learning and improvements to be undertaken, with the findings advising winter planning for 2021/2022 was also noted; and**
- (3) future reports presented to Trust Board contained and offered assurances, in particular where incidents were categorised as Catastrophic initially but have not been fully investigated was agreed.**

## **15/21 OPERATIONS CURRENT/FORWARD LOOK**

Lee Brooks presented the report as read.

The Chair acknowledged and congratulated all the staff who had recently received awards

## **16/21 ITEMS FOR NOTING/APPROVAL**

### **Despatch Cross Reference (DCR) Table Management Policy**

Dr Brendan Lloyd gave an overview and an explanation of the policy.

The policy was approved.

### **Information Risk Policy**

The policy was based on all Wales guidance, had been given the due diligence process

and was approved

### **Confidentiality Code of Conduct Policy**

The policy was based on all Wales guidance, had been given the due diligence process and was approved

### **Putting Things Right Policy**

The policy was based on all Wales guidance, had been given the due diligence process and was approved

### **WAST Annual meeting with Research and Development Division (RDD) Welsh Government**

The report was presented for noting and an overview by Duncan Robertson was given.

The purpose of the meeting was for the Trust to provide its position statement on the research and innovation portfolio. Feedback and advice from the meeting included that the Trust should develop a research strategy and further develop its connections with Higher Education institutes

### **Critical Incident South East Wales – 3 December 2020**

Lee Brooks presented the report for noting which provided assurance as to why the critical incident had been declared and how the escalation of the Demand Management Plan unfolded. Details of the sequence of events were included in the report. A debrief has been completed which gave rise to several learning points that would be taken forward onto the joint learning platform and progress monitored by the Senior Operations Team

**RESOLVED: That the above were approved and noted where applicable.**

### **14/21 Key Messages for the Board**

1. Scrutiny panel feedback
2. Safeguarding Annual Report
3. Health and Safety, to include RIDDOR reporting
4. Health Inspectorate Wales patient safety review, approved extension to some of the delivery dates
5. Several policies approved
6. Critical incident – 3 December 2020
7. Protocol 36 review

**Date of Next meeting: 20 April 2021**



## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 11 MARCH 2021 VIA TEAMS**

**Chair: Emrys Davies**

### **PRESENT :**

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director

### **IN ATTENDANCE:**

Julie Boalch	Corporate Governance Manager
Stephen Clinton	Assistant Director of Operations
Mark Harris	Assistant Director of Operations NEPTS (Part)
Andy Haywood	Director of Digital Services
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Director of Strategy Planning and Performance
Steve Owen	Corporate Governance Officer
Chris Powell	Area Manager for NHSDW/111 CCC Operations (Part)
Angela Roberts	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Helen Watkins	Deputy Director of Workforce and OD

### **Apologies**

Lee Brooks	Director of Operations
Nathan Holman	Trade Union Partner

## **11/21 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of was noted.

### **Minutes**

The minutes of the open and closed sessions held on 14 January 2021 were considered by the Committee and agreed as a correct record.

### **Action Log**

The action log was considered:

Number 61: IPR Deep dive on a subject to be determined. The Committee recognised the

work being undertaken in terms of the metrics which would be discussed later on the agenda. To remain on the log.

Number 62 – Operational Delivery Unit. The relevant information was on the agenda. Action closed

Number 63 – IMTP – On agenda , action closed

Number 64 - Red cross evaluation – update was on the log, action closed

Number 65 – NEPTS survey, the Quest Committee would now manage this action, action closed

### **Review of committee effectiveness**

The Chair reminded Members that a questionnaire had been sent to Non-Executive Directors, Executive Directors and Trade Union Partners who attended the Finance and Performance Committee on a regular basis.

The results were shared and it was noted that the Committee's effectiveness was still on track and generally where it wanted it be.

The main recommendations that initially required work were the performance metrics and how to improve the Committee's insight into the Estates. It was agreed that the Chair would discuss the latter with the Director of Finance and Corporate Resources going forward.

In terms of other issues going forward the Trust should consider having more concise and easier to read reports.

### **RESOLVED: That**

- (1) the Minutes of the open and closed meeting held on 14 January 2021 were confirmed as a correct record;**
- (2) the declarations of interest as stated were noted;**
- (3) the action log was considered; and**
- (4) the review of committee effectiveness was considered and Members were content with the approach going forward.**

## **12/21 FINANCIAL PERFORMANCE AS AT MONTH 11 2020/21**

The Committee was briefed by Chris Turley on the latest available financial performance as at month 11 by way of a Powerpoint presentation. He added that a full report would be presented to the Board later in the month. Members' attention was drawn to the following key headlines:

1. The cumulative revenue financial position reported was a small underspend against budget of £0.065m, after allowing for the funding for the additional costs incurred as a result of Covid -19 which had now been confirmed

2. The forecast for 2020/21 was one of a minimum of breakeven
3. In line with the financial plans that supported the IMTP, gross savings of £4.028m had been achieved against a year to date target of £4.014m
4. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.5% for the number, and 98.2% of the value of non NHS invoices paid within 30 days
5. A breakdown of the financial performance by each directorate was given
6. In terms of the Covid-19 revenue costs at month 11 this was £9.926m
7. As far as any risks were concerned, which were all low, details were provided which included details of the Flowers case which was linked to holiday pay and overtime costs
8. Members were also updated on the capital spend to date; £10.131m against a budget of £16.211m and were provided assurances in terms of delivering this at year end within the Welsh Government (WG) set Capital Expenditure Limit
9. The draft 2021/22 budget setting paper would be presented to the Board on 25 March 2021

Comments:

1. Could assurance be given that the Covid-19 spend would still be funded by Welsh Government going forward? Chris Turley explained that his discussions with WG had suggested that any future unavoidable costs related to Covid-19 would be funded
2. In terms of the Flowers case and the financial impact it may have on the Trust, was funding for this guaranteed? Chris Turley advised that this case impacted on an all Wales NHS issue and that verbal agreement from WG had been given this would be funded
3. The Committee acknowledged the report and looked forward to seeing the 2021/22 budget plan

**RESOLVED: That the update and the Month 11 revenue and capital financial position and performance of the Trust was noted.**

**13/21**

**111 PEER REVIEW ACTION PLAN BENEFITS REALISATION**

The Committee were given a presentation by Chris Powell on the review undertaken in July 2019. The action plan contained 20 recommendations and 30 actions had been developed from those recommendations. The aim was to complete the actions 31 March 2021. The main points drawn to the Committee's attention were:

1. 27 actions had now been completed
2. One of the main recommendations had been to complete the development of the

QlikSense dashboards; this amongst other benefits had been to provide a reporting platform for new developments. i.e. Contact First

3. In terms of clinical developments – the increase in clinical autonomy has enabled staff to be more empowered. This has had a positive impact on staff retention
4. Demand and Capacity review – this had enabled the Trust to drive and manage the current workload more effectively
5. Staff engagement – there has been an increase in engagement and visibility which has been demonstrated through visits to 111 sites by NED and Executive Directors
6. Going forward, the Peer review action plan will be completed by end of March 2021 with a closure report to the next meeting

Comments:

1. Members welcomed the positive report and were assured that there was sufficient staff to cope with the demand
2. Following a comment regarding staff engagement through platforms such as Facebook and the positive impact it had; Andy Haywood updated the Committee in terms of the digital strategy and the initiatives which were intended to streamline the corporate communications going forward
3. The Committee noted that the framework provided better treatment for the public and supported the Trust's ambition to expand the 111 service going forward.

**RESOLVED: That the presentation was noted.**

## **14/21 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Rachel Marsh updated the Committee on the latest position on performance and drew attention to the following areas:

1. There had been an improvement in Amber performance with the longest waits for patients reducing significantly
2. There had been improvements in the lost hours which related to hospital handover delays
3. Staff sickness absence levels were higher in January than December and was an issue for the Trust going forward, noting that this related in the main to Covid-19
4. The number of Emergency Ambulance hours produced in January had been the highest level for the past two years; the support of external partners had contributed to this improvement
5. In January there had been an improvement in the 111 call abandonment rates and it was expected this would further improve going forward

Comments:

1. The Committee acknowledged there were a lot of improvements and positives in the

report and the overall trend going forward was an improving one.

2. Pleasing to see the long waits for patients over 12 hours had reduced significantly
3. In terms of PADR's – were the one to one well-being meetings, instead of the PADRs, still happening and were not included within the PADR statistics? Helen Watkins advised that the conversations continued to take place and confirmed that all of these meetings had not been captured for data purposes
4. Eight Minute response time – was the fact that staff required PPE caused an effect on the response times. Steve Clinton advised that the availability of the resources to respond had increased significantly which had enable the Trust to meet the performance target adding that the PPE requirement had not changed
5. Vaccination rates – Helen Watkins commented that the number of frontline staff vaccinated was in the region of 80%
6. Rachel Marsh added that more focused information on Conveyance rates and Hear and Treat rates would be included in the next update

**RESOLVED: That the Committee considered the December 2020 integrated quality and performance report and actions being taken.**

## **15/21 WAST INTEGRATED MEDIUM TERM PLAN 2021-2024**

Rachel Marsh gave a broad summary of the report and drew attention to the following key areas:

1. The plan was to be an annual plan and act as a transition to full IMTP planning cycle in 2021 for next year's plan
2. There should be a strong focus around recovery including staff wellbeing, however the focus of the guidance was very much around Health Board recovery of planned care activity
3. Several factors which would influence the plan included; learning from and recovering from the pandemic and the Trust's own strategic ambition
4. The plan cannot succeed without significant collaboration with other partners
5. Performance expectations; during the year the Trust would use data and intelligence as the vehicle to forecast demand and performance in all areas of service and refine into a clear and concise narrative. Furthermore, a performance management framework was expected to be developed by the end of July 2021. It should also be noted that sickness absence levels will be difficult to model and forecast with any level of certainty as a result of the ongoing pandemic
6. Risks to delivery; This was an ambitious plan, some of the key risks included; insufficient capacity to deliver the programmes of work and the unforeseen increases in demand on the service
7. The plan will be subject to further refinement prior to submission

Comments:

1. Will there be any duplication from today's meeting carried over to the IMTP board session tomorrow. Rachel Marsh explained that the broader issues would be discussed at Board.
2. The Committee recognised there was the correct balance between recovery and transformation and the Trust was clearly understanding and taking lessons forward
3. It could be a useful exercise to understand what the Trust wants and what the Commissioner wants in terms of the metrics. Rachel Marsh added that the performance management framework would illustrate the expectations of the external stakeholders taking into account the metrics
4. Staff wellbeing – in terms of Long Covid the Committee recognised this would have an impact on the Trust going forward. Helen Watkins commented that a lot had been learnt during the pandemic adding this was now a great opportunity to understand the designing of the workforce going forward
5. In terms of risks the securing of stakeholder support was notably the one that would have the biggest impact should it be unsuccessful was there a contingency plan

### **Draft Financial plan**

Chris Turley presented the Committee with details of the plan and drew attention to the following areas in which he gave more information:

1. Summary financial plan 2021/22; Total planned income was £242.7m and the gross expenditure was expected to be £245.5m
2. Income and Expenditure assumptions 2021/22; the majority of income would be from EASC via the Commissioning arrangements which was £194.6m. Other income would be from Health Boards which would include NEPTS contracts and also funding for the 111 service from the 111 programme board. In terms of costs, these included the unavoidable costs as a result of the pandemic e.g. PPE and cleaning costs
3. Savings requirement 2021/22; The Trust was currently working to a figure in the region of £2.5m - £3m. The current themes for savings included Workforce efficiencies and travel and subsistence
4. Summary of financial risks 2021/22; In terms of risks the key ones were: Covid-19 related costs and confirmation from EASC for the income levels that had been assumed from them. The Trust was still awaiting the formal response and approval to the financial plan from EASC
5. Capital Plan 2021/22: The current approved limit was £35.652m which consisted of £5.825m discretionary funding and All Wales Capital funding of £29.827m

Comments:

1. What was the timescale in receiving confirmation of funding from EASC? Chris Turley explained that exact confirmation was unknown at this stage but would expect something in the very near future

2. In terms of savings when was it likely the Trust would have a better understanding of the additional savings required – Chris Turley expected to know more by the end of May in terms of how this would be delivered

**RESOLVED: That the Committee**

- (1) Noted the progress made to developing this year's IMTP;**
- (2) Endorsed the IMTP subject to final minor amendments and proof reading for sign off at Trust Board on 25<sup>th</sup> March 2021 and**
- (3) Noted the draft financial plan.**

## **16/21 SPECIALIST OPERATIONS KEY PERFORMANCE INDICATORS**

Steve Clinton presented the report as read noting it was a regular report presented to the Committee for noting.

Comments

The Chair commented that the format of the report was difficult to follow in places.

**RESOLVED: That the report was noted**

## **17/21 TRANSFER OF NON-WAST WORK TO WAST – ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

Mark Harris provided the Committee with an update and sought approval to transfer non-WAST Non-Emergency Patient Transport Service (NEPTS) work from Aneurin Bevan UHB to WAST. The paper detailed the process undertaken in preparation to transfer the work, and the development of a transfer document.

The report had been approved by the Senior Operations Team and the Executive Management Team and the Committee had been delegated responsibility from the Board to approve transfers of work from Health Boards to WAST.

Following approval from the Committee, it was proposed the transfer of work from Aneurin Bevan UHB to WAST would complete on 01 April 2021.

Comments:

Following a query in terms of TUPE and finance, Mark Harris advised that from a TUPE employee perspective there were no known implications, in terms of finance there was always an element of risk however the governance process was robust enough to ensure the finances had been given the necessary due diligence

**RESOLVED:**

- (1) the approach outlined within the report was endorsed; and**
- (2) approval to proceed with the transfer if Non-WAST work from ABUHB to WAST was given.**

## **18/21      TRANSFER OF NON-WAST WORK TO WAST – BETSI CADWALADR UNIVERSITY HEALTH BOARD**

1. Mark Harris provided an update and sought support/approval to transfer Non-WAST Non-Emergency Patient Transport Service (NEPTS) work from Betsi Cadwaladr UHB to WAST. The paper detailed the process undertaken in preparation to transfer the work, and the development of a transfer document.
2. The paper had been approved already by Senior Operations Team and the Executive Management Team. The Committee had delegated responsibility from Board to approve transfers of work from Health Boards to WAST.
3. Following approval from the Committee, it was proposed the transfer of work from BCUHB UHB to WAST would complete on 01 April 2021.

**(1) the approach and content outlined within the report was noted; and**

**(2) approval to proceed with the transfer of Non-WAST work from Betsi Cadwaladr University Health Board to WAST was given.**

Comments:

Further clarification was sought regarding Withybush Call Centre in its provision of additional support to BCUHB which covered extended operating hours. Mark Harris explained this had been on a “pro gratis” agreement and that the Withybush call-centre was now moving under the control of Hywel Dda UHB. It had therefore been agreed that funding would be provided for 2.5 Whole Time Equivalents

## **19/21      COMMITTEE ASSURANCE REPORT**

Julie Boalch presented the report as read adding that the report gave the Committee an opportunity to review the Corporate risks and sections of the Board Assurance Framework relevant to the Committee. In terms of update the following was brought to the Committee’s attention in respect of the nine risks associated with the Committee for oversight:

Since the last update one risk had been transferred from the planning and performance directorate into the finance and corporate resources directorate, one risk had been closed and one risk transferred across from the People and Culture to this Committee. No new risks had been assessed that were relevant to the Committee for inclusion on the Corporate Risk Register

**RESOLVED: That**

**(1) the contents of the report was noted; and**

**(2) any specific areas or concerns that needed to be raised to Senior Management and/or Audit Committee were highlighted.**

## **20/21      INTERNAL AUDIT TRACKER**

Julie Boalch explained that purpose of the report was to provide the Committee with a



general overview and a position statement in respect of recommendations made resulting from internal audit reviews. In terms of detail the Committee were informed of the following:

1. The tracker continues to be reviewed by the Assistant Directors Leadership Team
2. There were 107 recommendations on the tracker, 49 assigned to this committee for oversight
3. In terms of progress, 60 recommendations had been completed with 37 related directly to this Committee
4. With regards to those recommendations overdue, eight were directly assigned to the Committee, five were medium priority and three were low. The Committee were pleased to note that all high priority overdue recommendations had been completed within the period.
5. One recommendation was outstanding from 2018/19 with the remainder spread over remaining from 2019/20 and 2020/21
6. In terms of the 13 high priority recommendations, 12 had been completed with one not yet due

Comments:

The Committee noted the good progress and going forward there should be a focus on those recommendations with Limited Assurance.

**RESOLVED: That**

- (1) the contents of the report and following a “live” presentation of the tracker at the FPC meeting on 11 March 2021 was noted;**
- (2) the Trust’s proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates, specifically focussing on those relevant to FPC was considered, and**
- (3) any specific items that the Committee wishes to see raised to Senior Management were agreed.**

## **21/21 VEHICLE DISPOSALS POLICY**

Chris Turley gave assurance that the policy, a refresh of the existing policy, had been through the relevant governance and due diligence.

The Committee noted the policy had been through the relevant process and approved the policy

**RESOLVED: That the vehicle disposals policy was approved.**

## **22/21 KEY MESSAGES TO BOARD**

The Chair advised that the Board would be updated on the following:

1. Performance report and expectation to break even
2. 111 review
3. IMTP update
4. Transfers from NEPTS
5. Vehicle disposal policy

**Date of next meeting: 13 May 2021**

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (CLOSED SESSION) HELD ON 11 MARCH 2021 VIA TEAMS**

**Chair: Emrys Davies**

### **PRESENT :**

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director

### **IN ATTENDANCE:**

Hugh Bennett	Head of Planning and Performance (Part)
Stephen Clinton	Assistant Director of Operations
Andy Haywood	Director of Digital Services (Part)
Navin Kalia	Deputy Director of Finance and Corporate Resources
Dr Brendan Lloyd	Executive Medical Director (Part)
Rachel Marsh	Director of Strategy Planning and Performance
Steve Owen	Corporate Governance Officer
Angela Roberts	Trade Union Partner (Part)
Chris Turley	Executive Director of Finance and Corporate Resources
Helen Watkins	Deputy Director of Workforce and OD

### **APOLOGIES**

Lee Brooks	Director of Operations
Nathan Holman	Trade Union Partner

### **01/21 PROCEDURAL MATTERS**

The Chairman welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite was noted.

**RESOLVED: That the declaration as described above and apologies were noted.**

### **02/21 EXTENSION OF DIGI-PEN CONTRACT**

Andy Haywood explained that the Trust was due to deploy a new Electronic Patient Clinical Record (EPCR) to all operational staff by the end of 2021. The contract for the current method of recording patient data, 'Digipen' was due to expire on 30 March 2021.

Andy Haywood gave details of the costs involved adding that the one time extension would be valid until March 2022.

Comments:

Following a query in terms of costs of the overall EPCR solution and had there been any savings, Chris Turley explained there had been some cost reductions from the initially submitted business case to WG, although these were capital savings as opposed to the revenue costs that will now be incurred as a result of the required digipen contract extension.

Dr Brendan Lloyd commented he was reasonably confident that the current Digipen system would be suitably efficient until the EPCR commenced. He added that reverting back to paper for patient records would be problematic and would not be a feasible option.

Dr Brendan Lloyd gave further details in terms of delivery of the EPCR and was confident it would be within the timelines as stated

**RESOLVED: That the Committee**

- (1) recommended that Trust Board approved the 12 month extension of the Digipen contract, via a Chair's action in order to complete the procurement in time;**
- (2) endorsed the use of a Single Tender Waiver for procurement, noting the lack of competition available; and**
- (3) acknowledged the consequences of not signing the agreement by 30 March 2021 when the current Digipen contract expired.**

**04/21 EMS RESPONSE ROSTER REVIEWS – (APPOINTMENT OF THIRD PARTY AND PROJECT BUDGET) – EMS DEMAND & CAPACITY PROGRAMME**

Hugh Bennett explained that the Committee was being asked to support the appointment of a third party to act as the change agent on the EMS Roster Review Project prior to submission for closed Board approval.

He added that as part of the EMS Demand & Capacity Programme, there would be significant cost avoidance with re-rostering. It was a major undertaking and by using a third party enabled the Trust to set up the project to succeed, access specialist expertise, access specialist roster design software and it would bring an independent third party to the complex and sensitive process.

Chris Turley gave the Committee comprehensive details of the costs involved and how these were being treated, including that which could be charged as capital spend in 2020/21 and which included the revenue and internal costs which were being captured as part of the 2021/22 costs of EMS D&C implementation

Comments:

1. Following a query in terms of the licensing and software, Hugh Bennett explained in detail how this would be implemented going forward

2. The Committee recognised the logistical challenges involved and sought assurance that implementation was consistent across Wales. Hugh Bennett confirmed that the third party had developed several core principles which would be adhered to going forward.

**RESOLVED: That the appointment of the Third Party as described as the change agent for the response roster review project was supported and subsequently recommended for Trust Board approval.**

**05/21      UPDATE ON 2020/21 CAPITAL PROGRAMME – AS AT MONTH 10 (JANUARY 2021)**

Chris Turley updated the Committee on the current capital position in terms of both the All Wales Capital Programme (AWCP) schemes and those funded from the Trust's discretionary capital funding.

He added that currently there was some slippage in respect of some of the schemes and gave the Committee details the reason for this and how it would be managed for schemes which straddled the upcoming financial year end.

Comments:

The Committee noted the update and the Chair suggested going forward it would be prudent to minimise where possible the accelerated spend being incurred in the early part of 2021/22 and complete the planned work.

**RESOLVED: That**

- (1) the current capital expenditure and unallocated budget was noted;**
- (2) the revised profile of spend for a number of schemes, including those which will now continue into 2021/22 was noted and;**
- (3) the proposed management for dealing with these as part of the 2020/21 financial year end and delivery of the Welsh Government set Capital Expenditure Limit was noted.**

**06/21      FLEET STRATEGIC OOUTLINE PLAN (SOP) REFRESH**

Chris Turley gave an overview of the process which had been undertaken to refresh the Strategic Outline Plan.

The Committee noted that the SOP was linked in with the estates SOP and the refresh of both was run in parallel.

Chris Turley further advised the Committee of several factors which should be taken into consideration and these included; annual vehicle replacements and fleet maintenance

The Committee were also given an overview of the new developments emerging from the external environment which included the decarbonisation agenda that would inevitably have an impact on the SOP

**RESOLVED: That**

- (1) the work undertaken to review and refresh the SOP and the outcome was noted; and**
- (2) the Committee supported the Trust Board's submission of this SOP refresh to Welsh Government.**

**07/21**

## **ESTATES STRATEGIC OUTLINE PLAN - REFRESH**

Chris Turley presented the Committee with an overview and drew attention to the following points:

1. The SOP had been developed in 2017 and an initial refresh had been planned to be completed in 2020
2. It supported the entirety of the Trust's estate and set out the strategic direction for the next 10 years
3. An outline of the refresh process was given which included engagement with stakeholders
4. There were several factors affecting the refresh included but not limited to; training requirements, fleet requirements and the impact of Covid
5. An outline of the work programme which illustrated the ongoing projects was provided
6. The Committee were given details of the key points in terms of outcomes noting it would be challenging and ambitious; it also would take into account the social distancing measures should they continue
7. Details of the costs involved for the next ten years noting it would be refreshed periodically were shown
8. There would be associated risks and the Committee were shown details; these included availability of the capital funding and availability of external resources

### **Comments**

1. In terms of risks and especially should the appropriate capital funding not be forthcoming were there alternative plans – Chris Turley explained there would be short term solutions, i.e. to lease buildings for example, however that would incur revenue costs
2. Would there be sufficient and relevant resource to managing and delivering the programmes going forward? Chris Turley advised this would be the case and gave further details
3. In terms of management arrangements in place to respond to the challenges were the skills and capacity in place and balanced against the savings required? Chris Turley explained there was flexibility in the SOP to ensure this
4. The Committee suggested that further consideration should be given to the assumptions regarding staff homeworking in terms of a staff survey and how that would affect the estates requirements. Chris Turley gave further details in

terms of agile working and how estates was impacted

5. A delivery group would be welcome as when the funds were received, the Trust would need to move at pace

**RESOLVED: That the Committee**

- (1) noted the work undertaken to review and refresh the SOP and the outcome;**
- (2) noted the resulting re-prioritised capital programme;**
- (3) noted the risks associated with successful programme delivery;**
- (4) supported onward submission of the SOP refresh to Trust Board for approval; and**
- (5) supported the submission of the SOP refresh to WG, as now required and ahead of any future and further individual estate business cases for the Trust.**

**Date of Next Meeting: 13 May 2021**

**MINUTES OF THE CLOSED SESSION OF  
REMUNERATION COMMITTEE HELD ON 8 DECEMBER 2020  
VIA TEAMS**

**PRESENT:**

**Members:** Martin Woodford (MW), Trust Board and Remuneration Committee Chair  
Pam Hall (PH), Non Executive Director  
Joga Singh (JS), Non Executive Director  
Martin Turner (MT), Non Executive Director

**In attendance:** Craig Brown (CB), Trade Union Partner  
Keith Cox (KC), Board Secretary  
Nathan Holman (NH), Trade Union Partner  
Jason Killens (JK), Chief Executive  
Claire Vaughan (CV), Director of Workforce and OD

**27/20 Welcome, Apologies for Absence and Declarations of Interest**

27.01 **MW** welcomed everyone to the meeting. There were no apologies for absence.

27.02 The declaration of interest in respect of **NH** as a Member of Llannon Community Council was noted.

**28/20 Minutes, Action Log and Matters Arising**

28.01 The Minutes of the Remuneration Committee meeting held on 22 October 2020 were confirmed as a correct record.

28.02 The Remuneration Committee Action Log was reviewed and the five actions stated on the log were agreed by the Committee as closed.

28.03 In closing the action for Minute 14.03 Committee Business Plan 2020/21, Members noted that this would be updated as required and reported as a procedural matter to future meetings of the Committee. With regards to the action for Minute 24.02 VERS Application, Members confirmed that as requested at the meeting on 22 October 2020, compulsory redundancy costs had been provided by **CV** and therefore the Committee had received assurance that the VERS application demonstrated value for money to the Trust.

**29/20 Senior Staff Secondments**



- 29.01 **CV** reported that there were currently four senior staff on secondment from the Trust and informed Members that all the secondments had been approved by the relevant Director and/or Chief Executive for the purpose of individual professional development and career progression. **CV** explained that NHS secondments played an important role in the development of individuals as system leaders and in the future succession planning for the Trust and the wider health and care system.
- 29.02 **CV** explained the background and purpose of each secondment and clarified the process that would follow if an individual failed to secure a substantive post elsewhere before the end of their secondment, and where the Trust was unable to offer a return to the substantive post and/or to a post of a similar level. Members were informed of the “Restriction of Public Sector Exit Payments Regulations 2020 (SI 2020/1122)” that came into force across the United Kingdom on 4 November 2020 and **CV** explained the potential exit liability costs for each secondment. Members were assured that ‘worst case’ costs had been included in the Trust’s financial planning processes.
- 29.03 Members thanked **CV** for the report and expressed support for the continued use of ‘positive’ secondments by the Trust, and requested that an annual report of senior staff secondments be brought to the Committee.

**RESOLVED: That**

- 1) the position, including potential future financial risk, in respect of several senior staff currently on secondment from the Trust was noted.**

**30/20 Executive Team Salaries – Updated Benchmarking Report**

- 30.01 **JK** presented to Members information on how the Trust’s Executive Management Team salaries compared to counterparts across other UK ambulance services and highlighted the comparative position for each Director. As part of the presentation, **JK** explained the impact of the Trust’s planned expansion over the next 12 months on its position in the comparator organisation table. This would move the Trust into the middle (median) range of UK ambulance services. Members accepted this as an important point of principle with regards to Executive Team remuneration.
- 30.02 As added background to the comparative data, **JK** and **CV** explained the control mechanisms for Executive and Director salaries within NHS Wales and the remuneration ‘principles and methodology’ applied by Welsh Government. In addition, Members were informed of the autonomy English Ambulance Services had to set their own salary levels and the parameters that underpinned that flexibility.
- 30.03 Members thanked **JK** and **CV** for the report and requested both to leave the meeting to prevent any personal conflict of interest during the detailed discussions to follow.
- 30.04 In reviewing the UK ambulance data, Members noted that the Trust sat in the bottom quartile for the majority of the reported Executive Team posts and that for two positions the Trust paid the least of all comparators (see Minute 30.01

above). With regards to the Welsh NHS job evaluation scheme, Members commented that this appeared to favour size and scale of an organisation and failed to fairly recognise the complex, demanding roles and accountability of the roles undertaken by the Trust's Executive Management Team.

30.05 Members commented that, recognising that the Trust does not appoint staff solely from NHS Wales or UK Ambulance Services, the weak comparative salaries offered by the Trust could have a detrimental effect on recruitment and retention of senior managers, especially given the expanded and planned changed role of the organisation. The Committee recognised however, that further work on both the comparative position of the Trust and knowledge of the Welsh Government remuneration control mechanisms was required before final conclusions could be reached but accepted in principle that where practicable Executive Team salaries should be pitched in the median range of comparator organisations.

30.06 Following consideration of a number of review options, it was agreed by the Committee that **MW** and **KC** be tasked to move this matter forward. **MW** and **KC** were charged with scoping an assignment for an independent review of Executive salaries, drawing together all relevant comparative data and taking account of the wider policy context e.g. Welsh Government framework for Executive salaries. This review to be conducted in Quarter 4 and needed to be commensurate in value for money terms. Trade Union partners commented of the need to be mindful of how the outcome from the review might be viewed by frontline staff.

**RESOLVED: That**

- 1) the content of the benchmarking report was noted, and
- 2) actions to address concerns raised in the benchmarking report were agreed.

**31/20 Remuneration Committee – Terms of Reference Review**

31.01 **KC** explained that Standing Orders required all Board Committees to complete an annual review of their terms of reference and presented to the Committee the operating arrangements that were approved by Board in May 2019.

31.02 Members identified two issues with regards to Section 4 Membership for reporting to the Chairs Working Group on 5 January 2021:

- Amend Chair of the Remuneration Committee from Non Executive Director to Trust Board Chairman (Paragraph 4.1)
- Amend Paragraph 4.2 so that the Chairman of the Audit Committee is a permanent member of the Remuneration Committee and not limited to attend for VERS applications.

31.03 Following comments and questions from Members, **KC** confirmed that in future years the terms of reference documents presented to the Committee would include 'tracked' details of previous text changes, and that the £50k Welsh Government delegated approval stated in paragraph 3.1 for VERS applications remained valid.

**RESOLVED: That**

- 1) as required by Standing Orders, the Committee's terms of reference and operating arrangements were reviewed.**

**32/20 Any Other Business**

32.01 There were no other items of business

**33/20 Date of Next Meeting**

33.01 The next scheduled meeting of the Remuneration Committee was confirmed as 9 March 2021.

**MINUTES OF THE CLOSED SESSION OF  
REMUNERATION COMMITTEE HELD ON 9 MARCH 2021  
VIA TEAMS**

**PRESENT:**

**Members:** Martin Woodford (MW), Trust Board and Remuneration Committee Chair  
Kevin Davies (KD), Non Executive Director  
Joga Singh (JS), Non Executive Director  
Martin Turner (MT), Non Executive Director

**In attendance:** Keith Cox (KC), Board Secretary  
Jason Killens (JK), Chief Executive  
Hugh Parry (HP), Trade Union Partner  
Claire Vaughan (CV), Director of Workforce and OD

**01/21 Welcome, Apologies for Absence and Declarations of Interest**

01.01 **MW** welcomed everyone to the meeting. There were no apologies for absence.

01.02 The declaration of interest of Kevin Davies as an Independent Trustee of St John Cymru was noted. It was noted that as Members of the Executive Management Team (EMT), **KC**, **JK** and **CV** had personal interests with regards to the proposals concerning Director annual leave entitlements and sell back of leave 2020/21, but this was not considered to be sufficient for exclusion from the Committee's discussions.

**02/21 Director Annual Leave Entitlements and Sell Back of Leave 2020/21**

02.01 **CV** explained that all Directors (and CEO) are entitled to 33 days annual leave plus eight bank holidays (pro rata) and that throughout the Covid-19 pandemic, the Trust had been consistent in its messaging about the health and wellbeing benefits of taking leave. However many Directors had substantial amounts of leave outstanding, having been prevented from taking leave through having to make themselves available to work and lead the organisation throughout the pandemic response.

02.02 Members were informed that under normal circumstances it was at the discretion of the Chief Executive (Chair for CEO) to allow Directors to carry forward up to five days annual leave. However, in light of the impact of the pandemic, the NHS Wales Welsh Partnership Forum had issued a joint statement in February 2021 on the importance of booking and taking annual leave. Within this statement was the provision for up to 20 days outstanding

leave (pro rata for part time staff) [to] be carried forward into the next (2021/22) annual leave year. **CV** explained that it was understood that this applied to all staff.

02.03 **CV** informed Members that the Trust offered a localised facility for staff to sell back up to ten days excess annual leave in exceptional circumstances and that Directors are not expressly excluded nor included within that provision at present. On this matter, Members noted that the recently issued NHS Wales WPF statement did not address the issue of selling back excess leave; that ability remained at the discretion of individual Health Boards and Trusts.

02.04 Members were informed that the matter of allowing Directors to carry over up to 20 days annual leave and the option to sell up to ten of these days back to the Trust was considered by the EMT at its meeting on the 10 February 2021. Recognising that the Trust needed to maximise leadership presence to deliver recovery, reset and transformation, EMT had concluded the best approach to minimise the problem for this and future years was to allow Directors to access the provision to sell back up to ten days excess leave entitlement in line with the rest of the organisation.

02.05 **CV** explained that as this was not something routinely done within the NHS in Wales, there were currently no specific requirements for the separate disclosure of such costs within the extant NHS Wales annual accounts guidance through the Manual for Accounts. **CV** added that whilst the actual costs of doing so in this financial year were not a significant issue for the Trust, there was a need to be transparent in the reporting of this matter. As such, the impact on any payments received by any Director would be included in the 2020/21 Remuneration Report.

02.06 In discussing the proposals, Members sought assurance that all Trust staff had been informed of the 2020/21 provision for leave carry forward and requested further clarification from **JK/CV** on the local provision to sell back excess leave (see Minute 02.03). **JS** reminded the Committee that there was a statutory requirement for all staff to take 28 days annual leave (including bank holidays) (pro rata for part time staff) and that any buy back of excess leave by the Trust needed to take this into account

02.07 With regards to the 2020/ 21 leave carry forward, **JK** informed Members that a staff briefing note had been issued to staff on 5 March 2021. **CV** explained that the selling back of excess annual leave had been in place in the Trust for seven years and added that a review of the local provision would be undertaken in 2021/22. **HP** stated that the provision to sell back excess annual leave was not unique to the Trust and was in place across other UK ambulance services.

02.08 On the basis that the statutory annual leave requirement (see minute 02.06) was met, the Committee supported the recommendations of the report.

#### **RESOLVED: That**

- 1) the proposal that Directors may sell back to the Trust up to ten days of their 2020/21 annual leave entitlement with the approval of the Chief Executive or Chair as appropriate was SUPPORTED.**

- 2) any leave carried over (a maximum of 20 days in total, including any days sold within that maximum) and/or sold back to the Trust will be reported along the lines as outlined in paragraph 12 of the report to the Committee was NOTED.

#### **03/21 Any Other Business**

03.01 There were no other items of business.