

Bundle Trust Board (Open Session) 28 January 2021

1 PROCEDURAL BUSINESS

1.1 09:30 - Welcome and Apologies for Absence

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

1.2 09:34 - 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 on the Llannon Community Council

1.3 09:35 - Chairman Introduction and Update

To receive an update from the Trust Board Chairman.

1.4 09:45 - Chief Executive Update

To receive an update from the CEO

ITEM 1.4 CEO REPORT TO TRUST BOARD JANUARY 2021 FINAL.docx

1.5 10:00 - Staff Story

2 STRATEGIC AND FORWARD LOOK BUSINESS

2.1 10:30 - IMTP Development – Update report - RM

ITEM 2.1 SBAR Developing the IMTP 2021 - 2023 Jan Board v0.2.docx

ITEM 2.1a Appendix 1 - NHS WALES ANNUAL PLANNING FRAMEWORK 2021-22 - English ATT.pdf

3 PERFORMANCE, GOVERNANCE AND ASSURANCE

3.1 10:50 - Audit Wales Annual Report - FJ

ITEM 3.1 2163A2020-21_WAST_Annual_Audit_Report_final.pdf

3.2 11:00 - Patient Safety Highlight Report - CR

ITEM 3.2 SBAR Patient Safety Highlight Report Nov-Dec 20.docx

3.3 11:10 - Wave 1 Pandemic Debrief - LB - PRESENTATION

3.3.1 11:40 - BREAK

3.4 11:50 - Financial Performance Month 9 2020/21 - CT

ITEM 3.4 Trust Board Finance Report Month 9 - with Exec Summary.docx

ITEM 3.4a Month 8 monitoring return.pdf

ITEM 3.4b Worksheet.xlsx

ITEM 3.4c Month 9 monitoring return.pdf

ITEM 3.4d Worksheet.xlsx

3.5 12:05 - Monthly Integrated Quality and Performance Report - RM

ITEM 3.5 SBAR IPR December 2020 - final RM.docx

ITEM 3.5a Annex 1 - MIQPR Top 20 Dashboard December 2020.pptx hb.pptx

3.6 12:15 - Risk and Board Assurance Framework - KC

ITEM 3.6 Executive Summary Risk Management Report Trust Board 280121.docx

4 12:25 - QUESTIONS FROM MEMBERS OF THE PUBLIC

5 CONSENT ITEMS

5.1 12:45 - Procedural Matters

ITEM 5.1 Procedural Matters.docx

ITEM 5.1a Trust Board Minutes Open 26 November 2020.docx

ITEM 5.1b Action Log.docx

5.2 12:50 - Update from Committees

- a. Finance and Performance
- b. Quest
- c. Audit

ITEM 5.2a Trust Board - update from FPC 14 Jan.docx

ITEM 5.2b - QuEST Update to Board.docx

ITEM 5.2c Audit Board Brief 280121.docx

5.3

Minutes of Committees

ITEM 5.3 Minutes of Committees.docx

ITEM 5.3a Audit Committee OPEN Minutes 17 September 2020 v 3.doc

ITEM 5.3b Audit Minutes CLOSED Minutes 17 September 2020.doc

ITEM 5.3c OPEN MINUTES quest 8 September 2020.doc

ITEM 5.3d QUEST CLOSED MINUTES quest 8 September 2020.doc

ITEM 5.3e OPEN F and P Minutes 19 November 2020 CT.doc

ITEM 5.3f CLOSED F and P Minutes 19 November 2020 CT.doc

ITEM 5.3g 22 October 2020 RemCom - Minutes For Board Approval.docx

5.3.1

EASC Minutes

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

6

12:55 - 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



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

CHIEF EXECUTIVE REPORT: 28 JANUARY 2021

MEETING	TRUST BOARD
DATE	28 January 2021
EXECUTIVE	Chief Executive
AUTHOR	Chief Executive
CONTACT DETAILS	Jason Killens – Jason.Killens@wales.nhs.uk

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

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

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
TRUST BOARD	28 JANUARY 2021	FOR INFORMATION

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 26th November 2020.

BACKGROUND

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

ASSESSMENT

CHIEF EXECUTIVE

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, AACE and EASC.
- The Executive Pandemic Team continues to meet on a weekly basis. Likewise, the various Cells established to manage the Trust's pandemic response have continued to meet in response to the second wave of the pandemic.
- 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 are popular with staff as an effective engagement tool and provide an opportunity for our people to ask questions directly to me and the wider Executive management Team. WAST Live events are available as live on Facebook and Zoom and on YouTube for staff to watch at their leisure.
- A further strategy development day was recently held to further develop the detail of the Trust's long term strategy. I look forward to bringing a final proposal to the Trust Board in the coming months.
- I was delighted to welcome 60 newly qualified UCA staff into the Trust by attending their passing out ceremony at the end of November. These additional colleagues provide additionality to our establishment of front line clinicians as recommended by the Demand and Capacity review recommendations approved by EASC. I also visited paramedic students undertaking induction training to assist the Trust during the second wave of the pandemic.
- I visited our Mobile Testing Unit deployed to undertake community testing in Merthyr Tydfil. We continue to be engaged with Welsh Government and plans are being finalised for the step in to operate 15 additional MTUs from contractors appointed by the Department of Health and Social Care. These teams will be fully funded and provide continued COVID community testing. I have present CEO Commendations to our staff and staff from partner agencies to recognise an act of exceptional bravery and clinical practice.

AWARDS AND EXTERNAL RECOGNITION

4. Since the Trust Board last met a number of our people, teams and the wider Trust have received prestigious external recognition at regional health and care awards, national health business awards and in the New Year's Honours list. I am so very proud of all our people and especially those who have received external recognition for their work and contribution across WAST. Congratulations and well done to everyone.

Western Telegraph Health Care Awards 2020

5. Robert Rees, who works within EMS Response in West Wales, received the Western Telegraph Valero sponsored 'Paramedic of the Year' award.

South Wales Argus Awards 2020

6. Two Operations colleagues were recognised; Kieran Blake's work with the Welsh Ambulance Service earned him the 'Volunteer of the Year' award and Rhys Tucker (Emergency Medical Technician) was named 'Paramedic or First Responder of the Year'.

7. Education and Training colleagues Jo Kelso, David Sullivan and Martin Mulholland were recognised in the achievement of the 'Best Innovation Award'.

Health Business Awards

8. The Trust's Fleet Team were recognised for their efforts in modernising our fleet to reduce carbon emissions in a range of areas.

New Year's Honours List

9. Five colleagues from within the Operations Directorate were recognised in the Queen's New Year's Honours List.

10. Paramedics Nich Woolf and Sharon Thorpe were awarded a British Empire Medal (BEM), while Area Manager Chris Powell has been made a Member of the Order of the British Empire (MBE). Director of Operations Lee Brooks and Ambulance Operations Manager Clare Langshaw have both been awarded the Queen's Ambulance Medal (QAM).

11. Finally, the Trust Board should note that the period since our last meeting has been exceptionally challenging for the Trust. In early December as a result of growing activity, rising abstractions and escalating handover delays resulting in patients waiting an extended period for a response in the community, the Trust declared a critical incident and shortly after moved to REAP 4 – extreme pressure. We remain at REAP 4 (as at 16/1/2021).

12. As part of our preparedness for the escalating situation across winter and as the second wave of the pandemic took hold we deployed a number of measures including, but not limited to, military and Fire and Rescue Service contingency support in the form of non-clinical emergency ambulance drivers, independent sector ambulance support, student deployment, escalation to level 2 of the pandemic call handling protocol (known as Card 36) and again ceasing non-essential activity where necessary to focus our effort and attention on our 111, NEPTS and EMS (inc. 999) patient facing services.

13. The period since early December is likely to have been our most challenging of the pandemic thus far. For a range of reasons, the second wave has differed from our experiences of the first. Taking this opportunity, I want to place on record my sincere thanks to everyone across our organisation for their sterling effort, resilience and dedication to doing what is both right and necessary throughout the pandemic but in particular during this winter period so far.

FINANCE AND CORPORATE RESOURCES

Finance

14. The Financial Management Team continue to work across the Trust to support the financial implications of the EMS and NEPTS Demand and Capacity Reviews, Grange University Hospital, Mobile Testing Units and Contact First and are embedded in programme and project structures.

15. The financial plan submitted to Welsh Government for the 2020/21 financial year as part of Quarter 3 and 4 continues to be monitored and updated in relation to the actual costs incurred against this plan. High level planning for the 2021/22 financial year has commenced as the Welsh Government allocation letter was released in late December 2020 and this will be further developed with the outcome of commissioning intentions discussions.

16. Re-alignment of the Capital programme continues to ensure maximisation of asset purchases within the reduced Capital Expenditure Limit. Following recent confirmation of additional financial support from Welsh Government, schemes previously put on hold can now progress. The objectives within the 2020/21 Finance Local Delivery Plan that were delayed due to the impact of COVID19 have been re-assessed and new delivery timelines identified. The Trust has continued to receive support from Welsh Government for a number of key capital projects including; the EPCR business case and the 111/contact first developments.

17. The Charitable Fund Accounts and Annual Report for 2019/20 were formally approved at the November 2020 Trust Board and are now in the process of receiving formal approval from the Auditor General. These will be submitted to the Charity Commission in advance of the deadline of 31st January 2021. During November 2020 the largest ever donation of £185k was received by the charity from an overseas legacy. This is to be used to purchase an emergency ambulance for use in the Aberystwyth area.

18. Key members of the financial accounts team met with Audit Wales in December to reflect on the experience of both teams from the 2019/20 audit. During January and February 2021 planning and interim audit work will commence in respect of the 2020/21 Trust Annual Accounts. Current planning assumptions are that the 2020/21 year end audit will again be conducted virtually maximising the use of available technology and building on the experiences of the 2019/20 audit.

Capital & Estates

19. There are a significant number of capital estates projects ongoing which are outlined below:

- Aberaeron Ambulance Station – This project was placed on hold in early 2020 due to the COVID19 crisis and concern about the availability of capital funding. On the 25th October 2020 the Capital Management Board agreed to progress the project, bridging the works into the next financial year. A Project Board has been established and tender process commenced. Upon receipt of the tenders a full financial analysis will take place prior to appointing the successful contractor. It is estimated the duration of this contract will be twenty weeks.
- Cardiff Area Ambulance Centre – At the time of writing, the scheme is at week 26 of construction and development on site has progressed well. Half of the building will be watertight within the next two weeks. Regular communications are provided via progress photographs published on a dedicated intranet page. Although COVID19 has affected the workforce on site, no delays have been experienced including the provision of materials. A site visit was undertaken in

December 2020 for some members of the Executive Team and it is hoped further visits can take place for members of the Project Board before the end of the financial year.

- Cwmbwrla Ambulance Station – New lockers have been provided and furniture delivered. A deep clean of the station took place in October 2020 and the minor repairs completed. The removal of asbestos from the old boiler room will commence on the 11th January 2021, which will provide much needed additional space for staff. The heating boiler and hot water cylinder have been replaced and the remainder of the heating will be part of the major contract. Several amendments were made to the main works following full consultations with Operations and Trade Union representatives. The final design and schedule of works was completed prior to Christmas. The main project is out to tender with an expectation for commencement on site mid-February 2021 and completion by May 2021. During the tender period works to demolish the chimney and fit a new section of roof will further progress, subject to conditions.
- Matrix House/Training School - Following a cost analysis and advice from the NHS Wales Shared Services Partnership Property Team, the landlord at Matrix House instructed their preferred contractor to commence works at Matrix House on 11th January 2021. There is a planned ten week programme.
- Matrix One – The tender process arranged by Lawray Architects is progressing with the aim to appoint a contractor by the end of January 2021, to begin works (5 week contract) mid-February 2021. The works will complete minor modifications required as a result of the Matrix House scheme and the decision to move to an agile working model.

20. At both Matrix House and Matrix One it is envisaged that works will be completed by the end of the financial year, with staff migrating during March and April 2021.

21. Other work being progressed include:

- COVID19 Pandemic – Quality Safety & Wellbeing (QSW) Cell is now leading the COVID19 Safer Premises Risk Assessments initially carried out at all Trust premises during June/July 2020. Significant change has occurred since June 2020 and a revised risk assessment is being prepared for the next review of risk assessments which are expected in early February 2021.
- ISO14001 – The Trust has achieved and is committed to retaining its accreditation. This assists in complying with increasingly stringent environmental legislation and mandatory environmental targets, thereby reducing our impact on the environment.
- EMS Demand and Capacity Review (D&C) – The development of the separate standalone document highlighting the impact on estates in implementing the D&C Review continues, with the current draft of this shared with FPC on 14th January, ahead of an initial informal sharing with Welsh Government colleagues. This document begins to identify the current estates capacity, constraints and possible solutions of the impact of the implementation of the EMS D&C review at a detailed level, which is then summarised on an area by area basis. Consideration will be given to some interim solutions which can be delivered to meet the shorter term recruitment timescales ahead of the longer term, permanent solutions identified in the Estates SOP.
- Estates Strategic Outline Programme (SOP) Refresh – Linked to the above, work continues on the refresh of the wider estates SOP, including a review of schemes delivered. The EMS and NEPTS Demand & Capacity Reviews are key strands which will inform future priorities and funding requirements. Clarification on estates requirements for Clinical Control Centres (CCC)

and administration functions, in particular in light of the COVID19 pandemic response will also inform the SOP refresh. It is currently proposed that the SOP refresh will be presented to Trust Board in March 2021 ahead of submission to Welsh Government.

- Grange University Hospital (GUH) Development – Interim accommodation at a former gymnasium facility at the GUH site is now in operation by the Trust. Additional works are required relating to heating, shower and kitchen facilities and the Trust continues to liaise with ABUHB to progress these. The gymnasium facility will not be available in the long term and a business case has been developed for consideration of funding options for a permanent solution.
- Phone First – The initial reconfiguration of Vantage Point House (VPH) to accommodate Phone First, including training requirements has been completed. Welsh Government funding has been confirmed which will enable the Trust to develop the estates requirements for Phone First/CCC at VPH further in order to meet infrastructure, resilience, furniture and staff welfare requirements. Scoping, survey and planning and implementation works are progressing accordingly.

Fleet

22. The following projects have been progressed by the Fleet Team:

- The Pandemic continues to impact the service, maintenance and repair of the fleet. Extra cleaning of vehicles and equipment, combined with continual dynamic risk assessments, have become normal working practise. A remedial work program is in place to reduce the risk of the virus being transmitted through aerosol generated procedures (AGP) from the saloon area of the ambulance to the cab.
- The EMS Demand and Capacity Review is a key strand for the upcoming Fleet Strategic Outline Programme (SOP) refresh. Work continues on analysing the impact on the Trust's future Fleet provision and such requirements will be included in the Fleet SOP refresh and in the subsequent annual business cases thereafter. Additional vehicles will be required above the replacement programme identified in the current fleet SOP.
- Work continues on the Fleet Strategic Outline Programme (SOP) Refresh which will need to be realigned to take into account reduced funding for 2020/2021. The EMS and NEPTS Demand & Capacity Reviews are also key strands which will inform future vehicle and funding requirements. It is proposed that the SOP refresh will be presented to Trust Board in March 2021 ahead of submission to Welsh Government. One of the objectives contained in the SOP is the progression of the South East Fleet Workshop and discussions are continuing with Welsh Government following the initial submission of the Outline Business Case.
- The 13 additional vehicles for the Grange University Hospital have been fully commissioned and are in service.
- The vehicle replacement project from vehicles funded in 2019/20 is now complete, with the exception of the four Hazardous Area Response Team (HART) vehicles due from the converter in February 2021. As Board members will be aware, the 2020/21 business case was not able to be funded by Welsh Government, therefore, vehicle replacements progressed during this financial year have been limited. At Welsh Government's invitation, a funding request to support initial vehicle replacements for 2021/22 has been submitted based on the outstanding vehicles identified for replacement in 2020/21. The Trust's future vehicle replacement requirements will then be realigned in the forthcoming Fleet SOP refresh.

- Welsh Government Energy Service (WGES) Ultra Low Emission Vehicle (ULEV) Review – has been engaged to undertake a review of the Trust's entire fleet including the vehicles with a greater than 3.5 tonne Gross Vehicle Weight, with the objective of seeking to have a fleet with zero emissions by 2030. Information is being collated from the vehicle based telematics systems and the computerised Fleet Management System. Whilst this is a significant challenge, it will also be key to delivering both the Environment Strategy and the NHS Wales Decarbonisation Strategic Delivery Plan.
- At the virtual Health Business Awards event held on 10th December 2020, the Trust was named the winner in the Transport and Logistics category. The recognition had extra significance as the Trust did not submit an application for this – they were nominated by the organisers who had monitored our progress. This included the fact that 46 of the new Toyota RAV4 Hybrid rapid response cars are now on the road across Wales, replacing some of the Trust's older diesel-powered vehicles. The mile-per-gallon of the new rapid response car will increase from around 22mpg to 31mpg, which equates to a reduction of around 125 tonnes of CO2 emitted per year. The Trust has also commissioned new and improved emergency and non-emergency ambulances, as well as a fleet maintenance electric vehicle to help with the upkeep of its new vehicles.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Planning and Transformation

23. The Director of Strategy Planning and Performance continues to lead board level discussions on delivery of the Trust's strategic ambition and the session held on 6th January will help to inform the development of the next iteration of the Trust's IMTP. The Welsh Government guidance on planning for next year has been distributed, and whilst NHS organisations are only required to develop annual plans next year the Trust will maintain the discipline of a 3 year plan with clearly articulated milestones for year 1, including the continued approach to flexible response and recovery to and from the pandemic. The team has issued internal planning guidance to executive directors and their teams and the IMTP paper on the agenda describes the approach in more detail.

24. The Planning and Transformation teams continue to lead and support service development and delivery of the current IMTP, including the EMS Demand and Capacity Review implementation programme, National Respiratory Pathways, Phone First, Mobile Testing and the Grange University Hospital Transfer Service. These key programmes underpin the role WAST has in leading and designing innovative service offers across Wales and the team has recently brought in additional project resources to support delivery in recognition of the huge demands on colleagues across the Trust over this unprecedented winter period.

25. The Grange University Hospital Transfer Service is now fully operational. Despite some initial difficulties, the team is working closely with Aneurin Bevan University Health Board to ensure the resource is being fully utilised to benefit the new system in the context of major disruption from COVID-19 demand.

Commissioning and Performance

26. The Commissioning & Performance Team have continued to provide senior decision makers with a range of forecasting, modelling, performance reporting and programme management support. In support of our pandemic response the team previously provided Trust Board with a modelled December 2020 'most likely' Red prediction of 52/53%; the actual was 53.7%. This information was used by the Trust to put in place mitigations. The EMT have requested that this forecasting and

modelling is undertaken each quarter i.e. seasonal forecasting and modelling to support seasonal planning.

27. At a strategic level, the team continues to programme manage the EMS Demand & Capacity Programme. Quarter 4 will be a critical juncture in the programme as we negotiate with the Chief Ambulance Services Commissioner on the year 2 (21/22) programme commissioning intentions and maintain a focus on delivering the year 1 benefits, in particular, the additional FTEs.

28. A significant amount of work has also been undertaken on estate and fleet planning in support of the programme.

MEDICAL AND CLINICAL SERVICES DIRECTORATE

29. Dr Brendan Lloyd, Executive Medical Director, presented to the National Association of Emergency Medical Technicians conference on our response to COVID19. This global conference was based in the USA with other Medical Directors in attendance from Switzerland, Cyprus, Lebanon and Panama.

30. The Abloy Project Team won the Best Innovation Award at the Health and Care Awards 2020 for their work on an electronic controlled drug storage system which has sped up the delivery of care. The new secure system was implemented in 2020 for controlled drugs, improving the digital infrastructure of the Trust across Wales to over 1,411 users, 86 ambulance stations and 413 vehicles during a pandemic.

31. The Directorate is leading on the Trust's 2020 Flu Campaign and following its launch 53.2% of staff have received the vaccine with 13% of staff having a vaccine for the first time.

32. The Interim Assistant Director of Research, Audit and Service Improvement and Associate Director of Paramedicine are playing a pivotal role supporting operational colleagues with piloting a new process of undertaking clinical reviews of Protocol 36 calls to ensure patient safety is maintained. Two clinical reviews are undertaken on a daily basis and since this pilot started in December, 52 clinical reviews have been completed.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

33. COVID-19 messaging remains the priority for the Communications Team, which continues to produce comprehensive weekly updates for staff and support the co-ordination of the vaccine campaign, as well as share public health messaging across its external platforms. The team continues to shape and influence the national Help Us Help You campaign which encourages the public to access NHS services appropriately, and had an integral part in the declaration of a critical incident in November and the subsequent move to REAP 4 by sharing messages with staff, stakeholders and the public alike. Publicity pre-Christmas about the re-enlistment of military support generated widespread coverage and led to half a dozen broadcast media interviews, including with Sky, BBC and Channel 5.

34. The Trust hosted its first virtual Staff Awards ceremony in November, which featured video messages from winners across Wales. There was further widespread publicity for one recipient in particular; David Moodley, a paramedic who saved a schoolboy's life on two separate occasions while off-duty.

35. The team event-managed a first of its kind virtual Christmas carol service in North Wales, and also co-ordinated activities to mark Remembrance Sunday and Control Room Week. A short film

produced to celebrate the launch of the Trust's first Digital Strategy generated positive feedback from inside and outside the organisation. As well as supporting the launch of 111 in Cwm Taf in November, the other stories to have made headlines include Accredited Centre of Excellence status for our Clinical Contact Centres and the top inappropriate calls to 999.

36. The Chief Executive's Office support team continue to work to provide direct administrative support for the various pandemic cells and wider directorate forums.

37. The Director of Partnerships and Engagement has supported the Chair and Chief Executive in a number of political briefings with opposition health spokespeople in a proactive attempt to ensure politicians are kept addressed of plans and developments in a timely fashion.

38. Significant work has been undertaken with Welsh Government to influence the shape of its winter NHS campaign, as well as working cross directorate on improvements to the 111 website.

OPERATIONS DIRECTORATE

Pandemic Response

39. On 7th December 2020, the Executive Pandemic Team made the decision to move from Monitor Position to Response Position. As a result, the Trust's Incident Command Centre (ICC) and Local Pandemic Teams (LPTs) were formally stood up with effect from Tuesday 8th December 2020.

40. The Trust's request for military assistance was approved and MACA arrangements were implemented with effect from Wednesday 23rd December 2020. The Tactical Approach to Production (TAP) has since been revised to include utilisation of military personnel, Fire and Rescue Services and second year paramedic students to maximise our response capability.

COVID-19 Staff Absences/Testing/Vaccination

41. COVID-19 related staff absences/abstractions remain high. However, the vaccine programme is currently being rolled out across Wales and it is hoped that this will help to improve the situation over the coming months.

42. Lateral Flow Device (LFD) antigen test kits were piloted in the South East region prior to a wider roll-out during January. These kits detect the presence of the COVID-19 viral antigen from a single swab sample. Lateral Flow Devices are small, handheld devices which take 5 minutes to self-administer and produce results within 30 minutes.

COVID-19 Mobile Testing Units

43. Phase 1 of the Welsh Reserve Mobile Testing Units (4 in total) are due to complete operation at the end of February 2021, however, Welsh Government and the Test Trace and Protect (TTP) Service want to extend the service. Discussions around a potential extension are at a mature stage but not yet finalised. The MTU teams have been deployed to 29 locations (mainly long term) across Wales and have cumulatively provided in excess of 15,000 confirmatory polymerase chain reaction (PCR) tests. Positive feedback has been received regarding the MTU service and a number of the team have been successful in securing permanent roles within other operational areas within the Trust.

Operational Delivery Unit (ODU)

44. The Head of Service of Operational Delivery and 5 of the 7 funded National Delivery Manager posts have been appointed. Further recruitment is ongoing for the remaining National Delivery Managers, Business Intelligence Analyst and Support Officer posts. Recruiting for temporary roles is proving to be particularly challenging adding further weight for recurring funding so full establishment can be achieved. As a result of the ongoing recruitment and additional capacity created, from mid-January 2021 the ODU will be able to start providing extended cover into the early hours of the morning.

45. The National Risk Huddle with Welsh Government and Health Board colleagues which takes place at 11:00 hours on a daily basis is now undertaken via Microsoft Teams, with particular emphasis on information sharing and risk management to support delivery of local actions in support of patient flow.

46. The next phase of development of the Power Business Intelligence application is scheduled to go live this month. This will include mapping general location of incidents and resource locations in support of improved situational awareness and demand management.

EU Transition (BREXIT)

47. The Resilience Team has completed the planning for the end of the EU Transition period on 31st December 2020. Daily reporting to Welsh Government commenced with effect from 28th December 2020.

Incident Response Plan

48. The Resilience Team is currently developing an Incident Response Plan (IRP) which will replace the Trust's Major Incident Plan. This IRP will provide commanders with a set of principles to be applied to management of challenging incidents, as opposed to a set plan which may not fit the circumstances. The IRP will reflect and support documents recently produced such as the Incident Notification Procedure, Wales Resource Escalation Action Plan (REAP) and the new Command Policy. We plan on bringing this through the governance mechanisms, including Trust Board in the coming months.

Clinical Team Leader Review

49. Progress has been made on the implementation of the new management and clinical leadership model for the Operations Directorate's Emergency Medical Service. Congratulations are extended to those staff who have been appointed to the new Duty Operational Manager (DOM) roles. The successful applicants took up post on 1st January 2021 and will be provided an induction programme to aid their transition into their new roles as soon as capacity permits.

50. During December 2020 previous Clinical Team Leaders interested in the Senior Paramedic (SP) role were offered the opportunity to book a virtual appointment with their respective Regional Clinical Lead and Andy Swinburn (Associate Director of Paramedicine) to seek further information. For staff who are not from a Clinical Team Leader background but are interested in the Senior Paramedic role, further dates will be made available in the New Year.

British Red Cross Service Provision

51. The British Red Cross Service already provides support and pastoral care for patients and staff at a number of hospitals across Wales. In view of the delays crews are experiencing at some hospital sites whilst waiting to handover patients, the British Red Cross Service has been commissioned by the Trust to build on the support it already provides to ambulance crews across Wales when staff are waiting with patients at acute hospitals sites.

52. The service will:

- Ensure that WAST crews and their patients have access to hot and cold drinks
- Ensure that WAST crews and their patients have access to food and light refreshments
- Provide practical support to patients to ensure their well-being e.g. extra blankets, pillows etc
- Liaise between patients and relatives to provide updates and reassurance
- Provide pastoral care support to patients to help reduce anxiety and distress
- Liaise between WAST crews and ED staff to provide updates and get queries answered
- Provide a listening ear to WAST crews and someone else to talk to whilst they are waiting to handover their patient to ED staff

53. On Monday 4th January 2021 this service went live at three hospital sites (Withybush, Prince Charles and Morriston), and Ysbyty Glan Clwyd on Monday 11th January 2021.

NEPTS Demand and Capacity Review

54. The NEPTS Demand and Capacity Review Group was scheduled to have its last Steering Group on 11th December 2020 where the final presentation report was to be presented to the group by ORH. Unfortunately, due to the Trust being in its highest of escalation levels (REAP 4) on 10th December 2020, the meeting had to be postponed until early January 2021. However, this delay has not affected the timings of the next steps planned for the approval of the report.

NEPTS Quality Assurance

55. NEPTS new Quality Assurance function went live in December for our call Taking staff. This Quality Assurance process has been created with two main objectives in mind; to ensure our patients receive the highest quality of service and care from their first point of contact with NEPTS and to provide a support and development process for the national call taking team.

56. The ultimate goal for this work is to ensure our call takers are happy in their roles and feel they have the necessary support network around them to help them learn, grow and succeed. We want to provide that challenge for staff to want to push themselves to the next level and we also want to ensure we recognise and celebrate outstanding effort and performance. A new recognition scheme will be launched in tandem with the Quality Assurance program to shine a light on the great work and fantastic achievements made by the team.

NEPTS Transfer of Work

57. The transfer of work was put on hold for most of this year with but is now back underway with the Powys Teaching Health Board transfer being completed in November 2020. The Powys call centre remains with Powys for now as we carry out adjustments to re-route calls. Hopefully this will be concluded swiftly and there will be an update before the switch.

58. There are now only 3 Health boards remaining to novate before WAST has full control of all Non-Emergency Patient Transport Services for Wales. This control will allow us to implement some of the innovative programmes of work that will enable better service user experience and a better working environment for colleagues across NEPTS.

Renal Transport

59. The continued work and commitment of NEPTS staff has seen renal performance continue to improve over the past two months. We have also seen a dramatic reduction in the number of late arrivals and long delays experienced by renal patients. In December 'Birthday calls' were reintroduced within our Renal Team. These calls allow us to touch base with our patients and complete a short survey with them over the telephone to establish their views on the service.

DIGITAL DIRECTORATE

60. Since the publication of the first WAST Digital Strategy 'Disruptive Excellence' at the previous Trust Board, expert consultancy has both been engaged to look at the demands placed on Digital Services within WAST and the capacity of the current team to respond to them. Part of this will look at how digital delivery and digital governance will need to be shaped and scaled to meet the ambitions of the Trust over the coming years. This will lead into the initial 'stabilisation' phase of the strategy, which also looks at ensuring key existing deliverables such as EPCR and 111 SALUS are delivered successfully. This strategic level work will continue across this year to cement the building blocks of accelerated and meaningful digital transformation.

61. However, strategic work hasn't slowed the pace of existing delivery and work has been progressing at pace across all aspects of the Digital Directorate to support COVID-19 response and wider service transformation. 111 telephony resilience has been increased with an upgrade to some of the core services with further work planned in support of national 111 rollout and the new 'contact first' service. New desktops are being installed to support call handlers and network resilience is also being improved to support the developing strategic ambitions for the 111 service. Linked to this, investment has been agreed to engage additional resource for short-term improvements to the 111.wales.nhs website to further develop it as the first point of contact for unscheduled care. The site already attracts over 6 million visits a year, which makes it a strong platform upon which to build a 'digital first' culture. In addition, ICT have continued to build and deploy hundreds of laptops and new solutions to further support remote working and increased flexibility in response to the pandemic. Developers from the Digital Directorate also notably built an electronic recording and reporting tool for staff Lateral Flow Testing in December in just over 72 hours, showing the ability to deploy capability rapidly where resource can be made available.

62. In terms of planned work, engagement continues with NWIS to ensure that the interfaces for our new EPCR solution are planned and delivered to ensure it is fully interoperable with other NHS Wales systems and capable of sharing patient data. Confirmation has been received that the new Control Room Solution for our emergency dispatchers will be installed in June, replacing our existing ICCS system. Finally, after an initial product demonstration in December, work continues with the 111 Programme as they look to ready the 111 Integration Information System (IIS) for User Acceptance Testing (UAT) in March. Engagement is also ongoing with NWIS as the body looks to transition to the new independent body, Digital Health and Care Wales (DHCW) on 1 April, which along with the recruitment of a new Chief Digital Officer for NHS Wales will bring a new level of focus and attention to the digital health agenda across Wales.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Health & Safety

63. As a result of the conclusion of the Health and Safety Improvement Plan (2018-2020), the Health and Safety Committee is leading the next steps for sustainable and continuous improvement. This was planned to be undertaken via a series of 4 engagement style workshops held over a period of 8-10 weeks to explore several areas of improvement including culture, structure, governance arrangements etc. Two initial workshops were held in November 2020, but due to high operational demand and escalation to REAP 4, further workshops will be rescheduled. The National Health and Safety Committee will be updated next month and the next steps agreed.

Quality Strategy

64. The Quality Strategy is in development and is due to be received by the Quality, Patient Experience & Safety Committee (QuEST) on 23 February 2021. This Strategy will prepare the Trust for compliance with the Health & Social Care (Quality & Engagement (Wales) Act (2020), strengthening our existing Duty of Quality and Duty of Candour to provide services that are safe, effective, efficient, person-centred, timely and equitable. The Strategy will promote the identification and development of Trust systems, culture and structure toward integrated quality management; with priority actions to mitigate risk, enhance continuous & organisational learning that is open and transparent. A key element of the Strategy is the development and implementation of a Trust Quality Management System.

Once for Wales Concerns Management System

65. The new RL Datix system, also known as the 'Once for Wales' Concerns Management System (OFWCMS), is a new approach to how NHS Health Boards and Trusts in Wales report, record, monitor, track, learn and make improvements that arise from incidents, complaints, claims, adverse outcomes, risks and events. Following an internal assessment of progress in December 2020 it was proposed that the risk associated with the implementation be assigned to the Corporate Risk Register.

66. To gain control over the key developmental requirements for the successful implementation of RL Datix, recruitment for a Project Manager was agreed to commence in January 2021, initially for a period of 3 months thus mitigating the identified risk, providing strong assurance, governance and priority areas for improvement.

Mental Health and Dementia

67. As we are now in pandemic 'Response' mode, the team is predominately focused on delivering a service in the Clinical Support Desk (CSD). However, we continue to work towards putting in place another pilot of Mental Health Practitioners on the CSD (funded by Commissioners to March 2021). We are making good progress with the delivery of a new Mental Health Plan and a new Dementia Plan and hope to share these with the relevant Committees and Trust Board during Quarter 4, accepting that pandemic duties may impact on the proposed timelines.

68. A group led by Emrys Elias (Vice Chair of Aneurin Bevan Health Board) has been set up to take forward the recommendations of the Mental Health Crisis Care Access and Conveyance Review (Welsh Ambulance Services NHS Trust is represented on this group). Separately, 3 pilots of Mental Health Practitioners working in Local Health Board's 111 Out of Hours Hubs are due to commence in January 2021.

111 Training

69. We continue to have a very busy training schedule to provide training for 111 Clinicians, Call Handlers and Receptionists. A Contact First project plan workshop held on 13 January 2021 focussed on the training plan required to manage 111 recruitment, Contact First recruitment, new software (Salus) training and the new phone system (Finesse) training will further inform the priorities for 111 training.

70. We recognise a current clinical risk in our capacity to provide coaching, supervision and continuous professional development to existing and new staff as a result of the demand for training. This has been assessed and noted on the Corporate Risk Register.

Putting Things Right

71. During December 2020 the Putting Things Right Department achieved 100% compliance for 2 day acknowledgement of concerns and 88% compliance for 30 day Tier one concerns. In addition, at the end of December 2020 there were 48 open concerns (excluding Complex Case Panel) with 8 cases in backlog. There were 3 Serious Adverse Incidents due for closure, of which 2 were assured within the timescale with 1 remaining open (in relation to an on-going HR investigation).

Safeguarding

72. Since July 2019, 111 and the Clinical Contact Centre complete all safeguarding reports electronically.

73. From July 2020 the referral app was downloaded onto personal issue iPads and staff encouraged to register an account. The period of 1 April 2020 to 31 December 2020 demonstrated a 16% increase in referrals compared to the same timeframe in 2019 (further analysis of this data could be influenced by the pandemic). The new system enables constant monitoring and early identification of peaks and trends and as the pandemic subsides this will enable the Safeguarding Team to analyse the referral data and report accordingly. To date there are 1,630 registered users across the organisation. Data gathered enables the team to identify localities with lower registration figures and discuss any issues with the managers and provide further training or assistance, if required.

Infection Prevention and Control (IPC)

74. The IPC Team continue to support the Trust in terms of providing advice and guidance for all staff in relation to the COVID19 pandemic and wider infection, prevention and control issues. Key guidance documents relating to IPC precautions and personal protective equipment (PPE) continue to be reviewed and updated regularly as new variants of the COVID19 virus emerges. The pandemic continues to provide challenges almost on a daily basis and the IPC team remains an agile team, responsive to these rapidly changing situations.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

Human Resources

75. Across the Trust, November 2020 saw an increase of sickness absence to 7.63% compared with October's figure of 6.90%. The current sickness is broken down as 4.24% LTS and 3.40% STS. STS saw an increase of 1.22%. In April 2020 3.02% of the Trust's overall absence was related to COVID19 (7.60% in total). Whilst month on month this has reduced, November reported 2.25%

which is the highest since April 2020. COVID19 absences across the Trust are made up of 0.55% LTS and 1.70% STS. This is a reduction in LTS from 0.36% in October and an increase of 0.81% for STS. The Trust currently has 3 staff members off over 90 days and 32 over 28 days but less than 89.

76. Plans are currently being developed to recruit, on board and train the additional mobile testing units in addition to the current four surge units deployed by WAST currently.

Organisational Development

77. There was a response rate of 39% to the Staff Survey and all colleagues have access to an overview of the quantitative data and the results will be presented to the next People & Culture Committee meeting. We meet with Directorate Champions on 12th January to support them in identifying key improvement themes and to acknowledge areas of positive change since the last survey. With our support, Directorate Champions will be responsible for developing and implementing their own response action plan. Moving forward, there is a plan to incorporate Trust wide findings from the All Wales Staff Survey and link them to the Colleague Survey Action Plan which was undertaken in June 2020.

78. Stamping out Racism continues to be a core message and we continue to invite staff to discuss their experiences. The staff survey results will also inform this work. The PECL team facilitated a workshop during Black History Month to discuss experiences of racism and the OD team are supporting the third AACE webinar addressing difficult and uncomfortable conversations about discrimination, racist or raciest language. The reverse mentoring project is about a third of the way through although some pairings have met less frequently due to the current situation. A midway review is planned to ascertain from both the mentors and mentees whether there are any changes we can bring in to effect immediately. The Diversity and Inclusion Steering Group is due to meet again in January and has set up a virtual EDI network to support the broad areas identified so far. Discussions are ongoing with workforce colleagues regarding ways to increase diversity in our recruitment supported by our NED Joga Singh. Ensuring that interview discussion panels are not all white or all male has been an important step. Actively noticing and discussing when groups and meetings are not diverse is also being encouraged.

Education and Training

79. With the second request for military assistance under a MACA agreement, the Team have delivered training to 62 military personnel at their barracks near Chippenham and a further 14 Combat Medical Technicians at the National Ambulance Training College. This was preceded by further training of 50+ Year 2 paramedic students to support operations during the second pandemic wave.

80. The Education and Training Team has had 3 external verification visits as part of the delivery of regulated and accredited training. These were in relation to Clinical Training (EMT, UCA and NEPTS), Driver Training (Emergency Response) and Teaching/Assessing awards (Certificate in Education and Training and Certificate in Assessing Vocational Awards). Direct claim status was awarded and retained with very positive comments on our delivery model, being used as exemplar in UK ambulance Trusts.

Occupational Health and Wellbeing

81. The Occupational Health and Wellbeing Department continues to be strengthened to meet the needs of the Trust with Lyndon Davies, Clinical lead joining the team on 13th December 2020. We

have successfully recruited a nurse and more recently an occupational health nurse, both on a fixed term contract. We are hoping to have a nurse currently employed by WAST beginning a possible redeployment with us on 11th January 2021. This increase in staff will help us ensure that turnaround times for management referrals and assessments will be completed within 10 working days and the health surveillance and immunisation campaigns will be progress this year as well as providing further coverage pan Wales.

82. Occupational Health is now beginning to see an increase in referrals for long COVID and COVID complications which is impacting upon staff members.

83. The Wellbeing Team are increasing support for CCCs and NHSDW, including weekend visits. They continue to see high demand for their services and advice especially in relation to COVID concerns. Shielding calls are recommencing as national advice for shielding has been published once again.

84. The TRiM Lead is looking to train 8 further TRiM Managers to assist and support practitioners.

85. WAST have been actively involved in supporting the Welsh Government and the wider NHS in preparation for the long hoped vaccine delivery.

COVID Immunisation Programme

86. Work continues to assist health boards to reach our colleagues to make appointments using a range of communication channels. Concurrently the Vaccination Delivery Group (VDG) Project Team have been designing and developing the vaccination programme for bringing delivery in house. It is envisaged that revaccination will need to be undertaken within a rolling twelve-month period and robust planning will be required. This will provide the Trust with capacity to vaccinate its own people and potentially other the emergency services. Protocols have been drafted to enable non-registrants to administer vaccines and the VDG are actively developing a team of vaccinators and registrant supervisors to deliver the future vaccine programmes.

CORPORATE GOVERNANCE

87. The current circumstances are causing some changes to the Board and Committee calendar. The January meeting of the People & Culture Committee has been rescheduled until early February, whilst the February meeting of the Charitable Fund Committee will be postponed until later in the month.

88. We have been notified that Audit Wales has been granted an additional 2 weeks to audit our year-end financial and governance statements. This may impact on the Audit Committee and Board meetings scheduled for May and June respectively. Again, we will keep this under review.

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

90. The Audit Tracker is under full review by the Assistant Director Leadership Team (ADLT) to ensure that Internal Audit recommendations and those made as a result of Structured Assessment reviews are addressed and completed on time. The current focus is on those high risk

recommendations that are overdue and also whether those significantly older recommendations are still valid, or whether they should be reframed or closed in agreement with Internal Audit colleagues.

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

92. During November 2020 the Trust lodged an appeal to the Welsh Language Commissioner against the Welsh Language Standards compliance requirements for the NHS 111 Wales website (formerly NHS Direct Wales) to be fully bilingual by 30 November 2020. With the focus on the role and function of the website, the Trust requires additional time to review, agree and identify investment in establishing appropriate resources for the website in terms 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 is awaiting a response from the Commissioner in relation to the appeal.

RECOMMENDATION

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



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

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

INTEGRATED MEDIUM TERM PLAN

2021/24 PLAN DEVELOPMENT

MEETING	Trust Board
DATE	28 th January 2021
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning & Performance
AUTHOR	Alex Crawford, Assistant Director of Strategy and Planning
CONTACT DETAILS	alexander.crawford2@wales.nhs.uk

CORPORATE OBJECTIVE	Long Term Strategy IMTP Pandemic Plan
CORPORATE RISK (Ref if appropriate)	The plan should address all Corporate Risks as part of a suite of assurances to the Board
QUALITY THEME	All
HEALTH & CARE STANDARD	All

REPORT PURPOSE	To provide the Board with an update regarding progress in developing the Trust's 2021/22 – 2023/24 Integrated Medium Term Plan.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	23 December 2020	To set out the proposed approach

SITUATION

1. The purpose of this report is to provide the Board with an update regarding progress to develop a 2021/22– 2024/25 Integrated Medium Term Plan (IMTP), setting out the timeline for production of the plan, the proposed format and the key considerations which drive the plan. The report also highlights, in brief, progress against the 2020/21 plans.

BACKGROUND

2. Each year, the Trust is required to undertake an annual review of its IMTP to reflect the next three year planning cycle. Whilst the Trust Board approved the 2020/21 IMTP in January 2020 and with positive feedback received from Welsh Government (WG), the plan did not receive formal ministerial approval due to the impact of the COVID-19 pandemic. Furthermore, the pace of the COVID-19 pandemic response prompted a change in the planning cycle and WG asked all NHS bodies in Wales to produce Board approved quarterly plans.
3. For 2021/22, Welsh Government Planning Guidance (appendix 1) requires the Trust to submit a one-year Annual Operating Plan. However, WG sees this as a transitional plan towards full IMTPs the following year and the guidance sets out that the plan should be set in a medium term context. Furthermore, the Trust has endeavoured throughout the pandemic to deliver its important IMTP programmes of work to maintain momentum in delivering its long term strategic ambitions.
4. This paper therefore sets out an approach which maintains a line of sight within the plan to delivery milestones in years 2 and 3, and the document will be developed as a three year plan accordingly, with a focus on year 1 operational planning within the context of COVID-19 response and recovery.
5. Whilst the plan will not be formally approved by Welsh Government, it will need to be endorsed by Commissioners to ensure funding is available to support the plan. It will also need to provide the Board with assurance that the Trust has robust plans in place for next year.
6. The deadline for submission of an Annual Operational Plan to Welsh Government is 31st March 2021.

ASSESSMENT

Baseline position

7. Throughout the pandemic, EMT (through Strategic Transformation Board - STB) and the Board have been regularly appraised on the progress of delivery against the 2020/21 milestones in the current IMTP. Despite a difficult set of circumstances significant progress has been made.
8. Finance and Performance Committee received a full progress update on 14th January 2021 which can be summarised as follows:

- Three (3) deliverables are marked as **complete (blue)**. These included the development of both the tactical seasonal and quarterly operational plans and Mobile Testing Unit programme phase 1;
 - Eleven (11) deliverables are marked as **in progress, on track (green)**;
 - Eleven (11) deliverables are marked as **in progress, off track (amber)** as some elements of the deliverable have not proceeded according to planned milestones to date. This includes Operational Delivery Unit (ODU) which has re-opened but without confirmation of a recurrent funding position and Phone First which could become green as additional project resources are now secured and full milestones established to March 2021;
 - One (1) deliverable, CAD Phase 3, requires **urgent attention (red)**.
9. Finance and Performance Committee reviewed and scrutinised the report and confirmed that good progress had been made overall, despite the significant additional workload associated with the pandemic. A full end of year report will be provided to Board in due course.

Approach to developing the IMTP

10. The broad approach to developing the plan will be as follows:

- To develop a 3 year plan with a focus on delivery in year 1 to address key issues set out in the Welsh Government planning guidance;
- The plan will be set in the context of ongoing pandemic, taking account of a workforce that has been working tirelessly to both respond to the pandemic alongside delivery of some large programmes of work. It should also take account of the “four harms” of the pandemic as set out in the WG planning guidance;
- The aim will be to reduce the burden of complex systems of work with simple messaging whilst recognising clear interdependencies within the Trust and across the wider health and care system;
- The aim will also be to bring clarity of purpose with clearly articulated ambitions and priorities across each of the Trust’s service lines, drawing from discussions at a number of strategy development sessions with Board members;
- The plan will seek to address the key risks across the organisation, including the risks to achieving the Trust’s strategic ambition and objectives;
- The plan will need to meet the needs of patients, colleagues and the wider public, taking account of the rich feedback they have given us throughout the year;
- The plan will also be evidence driven, building on the wealth of data at the Trust’s disposal and innovative approach to forecasting and modelling the impact demand, developing during the pandemic. WG will also require a Minimum Dataset (MDS) of ;
- The plan will set out how the Trust will deliver its statutory obligations and how the Trust seeks to deliver against agreed commissioning intentions, as well as considering the outputs of the ministerial taskforce to date. The Board received

the draft commissioning intentions at a previous meeting, and following feedback, these are being revised and fleshed out, with the final document expected imminently; and

- The plan will need to be financially balanced with clarity of workforce, estate, fleet and digital requirements.

11. The table below provides a high level overview of the key milestones to produce a Trust approved plan, which is endorsed by commissioners, by 31st March 2021.

Milestone / Action	Who	Comp. Date
Strategy Away Day	EMT/NEDs	6 th Jan
Receive EASC Commissioning Intentions	CASC & Planning	January TBC
Update to Trust Board	Director of SP&P	28 th Jan
Initial refresh of IMTP / Quarterly Plans	IMTP leads	29 th Jan
Develop first working draft (v0.1)	Planning	1 st Feb
Discussion on strategic ambition and broad year 1-3 deliverables	EMT/NEDs	16 th Feb
Present first draft to EMT / ADLT (v0.1) – joint planning session	Planning	18 th Feb
Update based on feedback	Planning with IMTP leads	19 th Feb
Develop second working draft	Planning with IMTP leads	28 th Feb
Review and update plan (v0.2) (share virtually with committees / key stakeholders)	Planning & ADLT	1 st March
Receive all Minimum Data Set appendices (<i>date tbc based on updated guidance from WG in January</i>)	Appendices leads	5 th March tbc
Final reviews and update plan (v0.3)	Planning & ADLT	8 th March
Formal committee review and feedback (v0.3) <ul style="list-style-type: none"> - EMT - Finance & Performance Committee - QUEST - EASC 	Planning	9 th March 11 th March 23 rd March tbc
Final amendments (v0.4) – <i>NB late report to Trust Board to be requested</i>	Planning & ADLT	24th March
Sign off plan (v0.4) <ul style="list-style-type: none"> - TU Cell - Trust Board 	Planning	16 th or 23 rd March tbc 25 th March
Submit to Welsh Government	Planning	31 st March

Engagement

12. Given the timescales for producing this plan, full engagement that is normally undertaken during the IMTP planning cycle is going to be difficult. However, the timeline sets out some of the key engagement activity to take place during the

three phases of development of the plan. The plan will incorporate the following engagement as far as possible:

- Patients, colleagues and the public

Patient engagement through the PEGI team has continued through the pandemic and the Trust is also able to draw upon the rich wealth of feedback provided through a COVID-19 colleague and patient survey, the NHS Staff Survey and the regular CEO Zoom Live sessions.

- Commissioners

Fortnightly meetings have been set up with the CASC and his team, attended by Directors of Planning, Finance and Operations to align the plan with commissioning intentions and to secure the required resources to support developments within the plan.

- Trade Unions

An initial session will be held with Trade Union partners through the TU Partnership Cell on 26th January with a review of the plan to be scheduled in March (date to be confirmed).

- Health and Care Partners

A lot of what drives the response and recovery plan in the first 12 months will be informed by the Trust's engagement through Local Resilience Forums including at Strategic and Recovery Co-ordination Groups. There will need to be a refresh of the Strategic Service Change map across Wales, as whilst some programmes have been delivered (such as the Grange University Hospital) some were paused or altered during the pandemic. The Planning and Performance Business Partners will connect with their Local Health Board partners to refresh the map where possible.

- Cross-Directorate engagement

There will need to be a clear focus on interdependencies and the enablers for each deliverable in the plan. Planning and Performance, Workforce and Finance Business Partners will be key to sharing this knowledge and the internal guidance has asked directorates to consider all enablers required.

Key Risks

13. There are a number of risks regarding successful production of a Board approved 2021/24 IMTP and annual plan for WG. These are set out (not exhaustively) in the following table:

Risk	Mitigation
Ongoing pandemic response making it difficult to describe medium term (years 2 and 3 plans).	Revisit last year's IMTP deliverables and year 2 and 3 milestones. Build on this year's quarterly plans and determine what lessons learned drive the delivery of strategic intentions. Board strategy sessions undertaken.
2021/22 commissioning intentions have not yet been finalised by CASC.	This is being mitigated by maintaining close dialogue with the CASC office and the Trust is in receipt of the 2 nd draft of Commissioning Intentions with final intentions due very shortly.
The impact of COVID-19 response on EASC subgroup meetings and the ability to test the emerging plan with commissioners.	This is being mitigated by maintaining close dialogue with the CASC office and regular "touchpoint" meetings. This is also flagged with Welsh Government as part of monthly engagement meetings with them.
Ongoing issue of internal capacity to consequently produce an agreed plan must be balanced against system wide pressure between ongoing pandemic response and the desire to see an ambitious Ambulance service IMTP.	This is being mitigated by early scoping of proposed priorities to understand the resource implications. Planning is currently an agreed priority within the context of flexible response and recovery.
Agreed funding for key elements of the plan	To mitigate this issue, the Trust's Director of Finance and Corporate Resources engages with Welsh Government Finance leads and regularly with the CASC office. The Allocation Letter has been received giving a clearer picture of available finances.

Summary

14. The Trust is developing its 2021-23 IMTP against the backdrop of the ongoing pandemic and within shortened timescales. However, it is starting from a good baseline. The IMTP will be written in the context of a 10 year Long Term Strategy that is still fit for purpose, but will focus on the tangible developments that can be made across each of its services in support of that strategy. The Trust will therefore develop a three year IMTP with clear focus on delivery in year one.
15. Year one of the plan will need significant operational focus which addresses both commissioning intentions and key issues raised within the Welsh Government Planning Guidance. The Trust will need to show how it is supporting health and care essential services, minimising the impact of the "four harms" of the pandemic. This will be balanced against recovery as well as the Trust's role in supporting the delivery of A Healthier Wales and other key legislative and policy drivers as WG seeks a transition back to full IMTPs across Wales next year.

RECOMMENDATION

16. It is recommended that the Board:

- **NOTES** the update including the timescales and potential risks to production of the plan;
- **ADVISE** of any areas of the proposed approach that the Board requires clarification on prior to submission in March or key information required to assure the Board that the plan is robust and deliverable.

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 14 December 2020

STATUS: ACTION

CATEGORY: PLANNING

Title: NHS WALES ANNUAL PLANNING FRAMEWORK 2021-22

Date of Expiry: October 2022

For Action by:

Health Boards
NHS Trusts
NHS Support Organisations
NHS Special Health Authorities

Action required by:

Planning period 2021-22

Sender: Samia Saeed-Edmonds, Planning Programme Director

HSSG Welsh Government Contact(s): Trish Harper, Deputy Director, NHS Planning Patricia.harper@gov.wales

Enclosure(s):

- Letter from Andrew Goodall
- NHS WALES ANNUAL PLANNING FRAMEWORK 2021-22

Please find attached to this Welsh Health Circular the NHS Wales Annual Planning Framework 2021-22

Dear colleagues,

At this time of year NHS organisations would be developing their three year integrated medium term plans, IMTPs. The statutory duty to produce the IMTPs emanates from the NHS (Wales) Act 2006, further enhanced by the NHS Finance (Wales) Act 2014, for health boards to 'break even' over a three year accounting period. But times are far from usual.

The Annual Planning Framework approach is a natural evolution from the quarterly planning arrangements supported in 2020-21. It would be challenging to move back to three year IMTPs immediately from what has been, and continues to be, a very fluid and changeable planning environment.

This Framework sets the Ministerial directions for the year ahead and confirms that the Ministerial priorities have not changed. It seeks to blend operational focus with cognisance of the longer term objectives set out in *A Healthier Wales*, and other legislative requirements i.e. Wellbeing of Future Generation (Wales) Act. In addition, since the beginning of the pandemic, there has also been a strong focus on the four harms that have been the key quality context within which services and care must be provided.

Developing and issuing an Annual Planning Framework for 2021-22 is an important step in recognising how to achieve balance between managing the immediate operational pressures facing us all and a focus on stabilisation and recovery. This publication comes a critical time but it is intended to be helpful to allow planning to start when it is appropriate. I expect your plans to be proportionate as I know colleagues will be supporting the immense operational effort this winter.

By adopting this approach it does not negate the statutory duties of health boards to set out their strategic objectives nor their financial responsibilities. **The expectation is for organisations to submit a board approved annual plan by 31 March 2021.**

While we need to plan, we have to be ready and able to flex plans as conditions within which we work change, often very rapidly. Officials will continue to engage with you and provide support, including the issuing of supplementary guidance, where appropriate.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'A Goodall', is positioned above the printed name.

Dr Andrew Goodall CBE



Llywodraeth Cymru
Welsh Government



NHS Wales

Annual Planning Framework

2021 – 2022

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Message from the Minister for Health and Social Services

When we issued the last NHS Wales Planning Framework in September 2019, we were looking ahead to the next three years and setting the strategic direction for the NHS in Wales. We drew on the overarching vision set out in A Healthier Wales, as our clear path for the future.

2020 has been a more challenging year than we could ever have imagined. The emergence of the COVID-19 pandemic has affected us all as individuals, particularly for those working in the health and social care sector, and as communities. It meant we had to change quickly to address the immediate issues that COVID-19 presented. We had to plan with agility to prevent harm and to save lives.

In the spring, the immediate focus was rightly on stemming the transmission rate, treating those who were sick and caring for those at the end of their life. The hard work and commitment that staff and colleagues have shown during the pandemic has been inspiring and I appreciate how much people continue to give, for some even losing family members or colleagues who worked alongside them.

We find ourselves now having to strike a balance, as we learn to live and work with COVID-19 in our midst. The 'four harms' have become our strategic framework and the need to balance the work we do to reduce that harm is critical. This is always a difficult balance to achieve. I am immensely grateful for the work that staff across both health and social care have undertaken, to ensure that we can treat not only those with COVID-19 but also look to reduce the harm caused by those waiting for diagnoses and treatment for many other essential conditions.

While we will still need to keep a tight rein on operational matters into next year, I also recognise that in order to move forward we need to plan for a longer trajectory. This NHS Wales Annual Planning Framework strikes that balance. It requires organisations to set out over the course of 2021-22 how they will manage to balance the needs of their populations, both for COVID-19 and non COVID-19 activity and seek to minimise harm, building back stronger with a route map that leads to recovery and reconstruction.

This planning framework has been purposely kept short and succinct and sets the format for what is needed next year. While we need to plan, we have to be ready and able to flex plans as conditions within which we work change, often very rapidly. I understand the challenging environment in which we are all working, but it is important that we plan together for 2021-22 to ensure we can all benefit from a strong and sustainable health and social care system and to improve outcomes for the population of Wales going forward.



A handwritten signature in dark ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething, Minister for Health and Social Services

Message from Director General Health and Social Services and NHS Wales Chief Executive

During 2020 I have never been more proud of my title of Chief Executive for NHS Wales. To have worked with and alongside so many colleagues, of all professions, who have all showed such dedication and resilience over the last nine months has been a privilege.

The COVID-19 pandemic has been all encompassing. I recognise on a daily basis the work that staff at all levels have done to help those with COVID-19, whether in the community or for those in hospital. Sadly too, we have lost patients and colleagues due to the virus but I am continually hearing powerful stories of the compassion and care that staff have shown to family and friends in this position. I want to take this opportunity to thank you all for the effort that you have made.

The challenges of this year meant we had to move swiftly to a quarterly planning process, focused on operational requirements. However, we recognise now that the response to and recovery from COVID will continue to dominate our lives, both personally and professionally over the next few years. Therefore, we must begin to plan for how we can manage this effectively and ensure that we can achieve the right balance and reduce harm across all four areas:

- Harm from COVID itself
- Harms from an overwhelmed NHS and social care system
- Harm from a reduction in non COVID activity
- Harm from wider societal actions/ lockdown

There have been requests for clarity on what the planning requirements for 2021-22 will be. Although we recognise that this publication comes at a time of critical focus with unprecedented pressures and the number of cases of COVID-19 rising in our hospitals and communities, it is intended to be helpful to allow planning preparation to start when it is appropriate to do so.

We know our workforce is our strength. We must put the health and wellbeing of staff at the heart of our plans if we are going to achieve a strong health and social care system - one that the people of Wales can respect and call on with confidence when they need it most.

It is not feasible to return immediately to the three year planning cycle, there is too much uncertainty. I expect the annual plans to be proportionate, to build on the quarterly planning frameworks we issued in 2020, through the development of succinct and realistic annual plans. I recognise that planning colleagues will want to play their part in supporting the fight against COVID-19 over the next few weeks and months. By issuing this framework, it is not my intention to distract planning teams from supporting the operational effort. When the time is right we will need to ensure appropriate building blocks are being put in place to deliver what is needed for the coming transitional year and start to move us forward beyond this.

It is important to remember that the vision and ambitions in A Healthier Wales remain sound and relevant to the planning cycle, even more so in the context of COVID-19. We must challenge the system to bring forward and deliver the transformation needed now, as well as developing new ways of working which will meet the longer term expectations of the Well-being of Future Generations (Wales) Act. The five ways of working must continue to underpin everything that we do.

It is important not to lose sight of the achievements this year the:

- amazing contribution of primary care and the developments in primary care cluster working
- rapid roll out of digital technology to care for patients
- incredible feat of establishing field hospitals in weeks
- trebling of critical care capacity for our most critically ill patients;
- partnerships with our colleagues across the whole health and social care community
- partnerships with the independent and third sector

I want to pay tribute to our critical health and care workers who have worked, and continue to work, tirelessly throughout this pandemic. I know especially now as the pressures are mounting again, we are all working to ensure that we are always aiming to improve outcomes and reduce health inequalities for those we care for.

My heartfelt thanks goes out to everyone contributing to this incredible, collective effort.

Andrew Goodall CBE

Director General and Chief Executive of NHS Wales

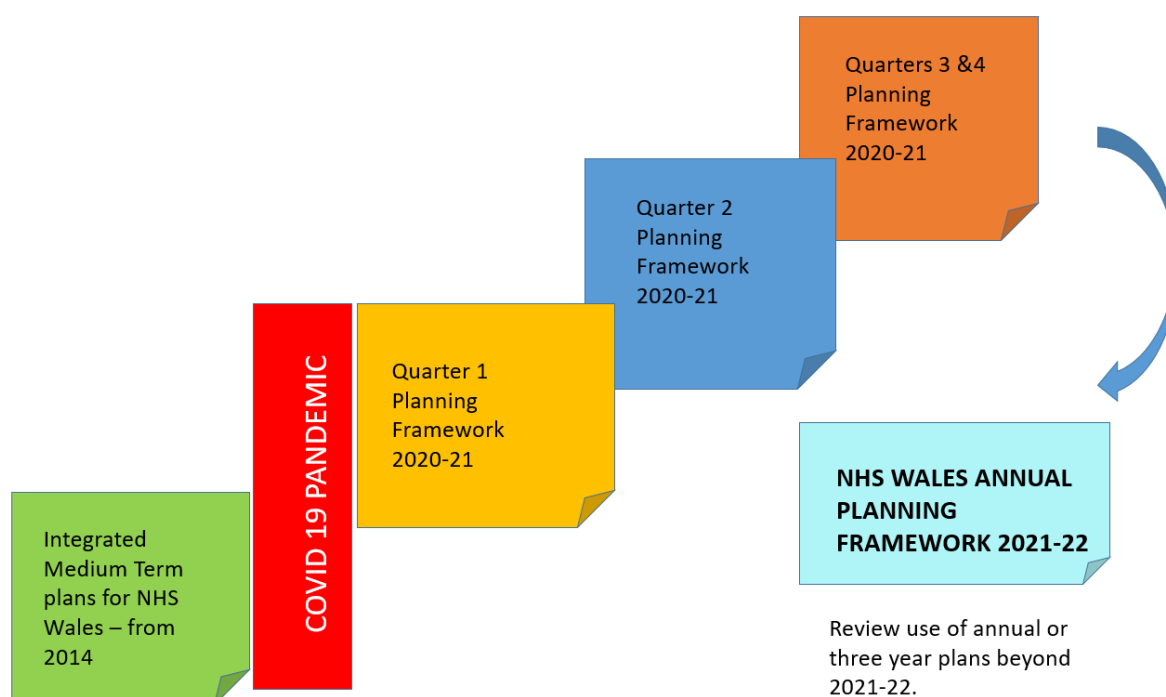


1. PLANNING FRAMEWORK 2021-2022

This framework is by necessity different from previous versions in that it requires organisations to provide an annual plan that builds on the quarterly operational planning arrangements of 2020/21. It seeks to set out short, sharp requirements for the coming year but also provide a guide for some of the longer term objectives that NHS Wales and the Welsh Government have committed to, which must not be lost sight of as we seek to build back stronger as part of medium to longer term recovery and stabilisation.

Figure 1 below sets out the trajectory of how we have moved from IMTPs over the course of the last 12 months and the plan for 2021-22.

Figure 1: Trajectory of planning frameworks



We recognise the challenge, and the unpredictable circumstances within which we are all working. As organisations you will need to be able to set out your plans succinctly and with clear evidence, with the ability to rerun planning assumptions and amend if necessary throughout the year.

This year will provide the first steps towards the reset of Integrated Medium Term Plans (IMTPs) and organisations should take the opportunity to set their annual plans within a medium term context, consistent with, and not losing sight of, their longer term ambitions, as set out in clinical services strategies.

We remain in the midst of the pandemic and while your operational focus must continue to strike the balance between COVID-19 and non COVID-19 care, we need to look ahead to stabilise the NHS and care system and build services back stronger and with more resilience going forward. Your current Q3/4 plans provide the spring board for that learning, innovation and adaption to new opportunities, models of care and workforce arrangements.

NHS Boards have ultimate responsibility and accountability for your organisational plans and actions. They must ensure that arrangements are in place to provide scrutiny and seek assurance regarding the planning arrangements within the organisation. The board may require sight of additional plans to provide them with assurance but as a minimum they must sign off the Annual Plan that is submitted to the Welsh Government by the end of March 2021.

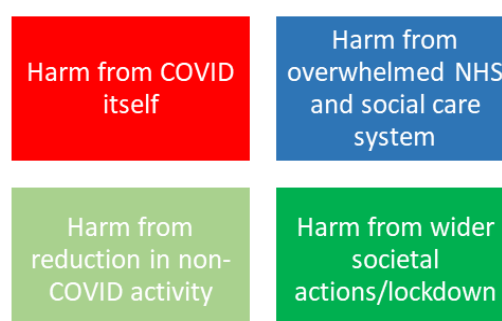
Welsh Government recognises that not all NHS organisations have the same set of responsibilities. Powys teaching Health Board, HEIW, the three NHS trusts and the four supporting organisations each have specific portfolios or organisational features which mean that the “standard” framework will need to be adapted and tailored as appropriate. It is acknowledged that Digital Health & Care Wales will be established as a Special Health Authority in April 2021.

2. CONTEXT AND PRIORITIES

COVID-19 has had a profound effect upon the delivery of NHS and social care services, as well as changing the behaviour of the general public in the way they access healthcare. However, the vision we set out in *A Healthier Wales* for seamless health and social care remains sound, with many of the new ways of working and innovative approaches introduced in response to the pandemic accelerating progress. We remain committed to delivering the transformation needed.

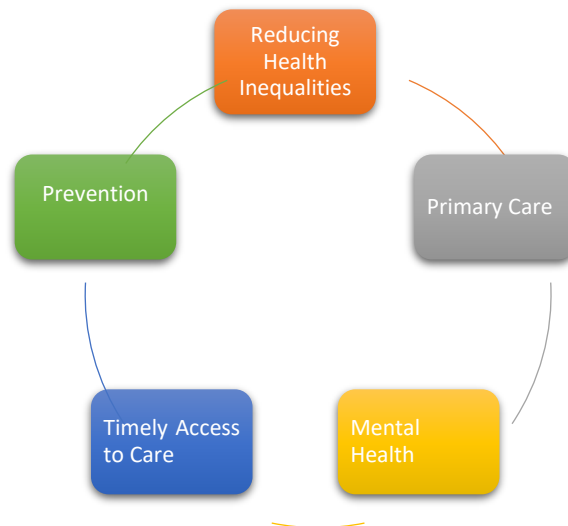
However, since the beginning of the pandemic there has also been a strong focus on the **four harms** that have been the key quality context within which services and care must be provided. Figure 2 shows the four harms.

Figure 2: The four harms



2.1 Ministerial priorities, as illustrated in Figure 3 below, remain extant, and are more critical in the light of the impact of the pandemic and in the context of the four harms.

Figure 3: Ministerial Priorities



Each Ministerial priority should be read in the context of COVID and non-COVID service planning and delivery.

➤ **Prevention**

As we look ahead, it is more important than ever to embrace wider prevention opportunities that can make an impact on reducing all four harms.

How we address the range of operational and logistical challenges that are currently apparent, including the challenges of mass vaccination and maintaining health screening, will underpin how effectively we are able to move forward as healthy and resilient communities.



Preventative approaches to all physical and mental health and wellbeing will ultimately avoid escalation of conditions and illness and **we must consider opportunities now that will support future generations and inform future service provision.**

The Obesity strategy *Healthy Weight, Healthy Wales* is one example of how we can fundamentally change health and wellbeing in the future. [Healthy Weight Healthy Wales Strategy](#)

We have sadly learned throughout this public health crisis that those with underlying conditions have suffered disproportionately. **Learning from COVID-19 should therefore provide foundations for the implementation of this and other preventative initiatives.**

➤ **Reducing health inequalities**

Ministers are committed to reducing health inequalities and to achieve a fairer Wales in every aspect of our society. This has been underpinned by landmark legislation such as the *Wellbeing of Future Generations (Wales) Act* and the *Socio-economic Duty* coming into force in March 2021.

The pandemic has polarised a number of issues and none more starkly than health inequalities. This has manifested in a number of ways including the variation in some services provision across Wales that is compounded by the inverse care law. Areas with higher deprivation levels have been disproportionately affected by COVID-19. **These are difficult challenges but ones that must be confronted in plans in terms of understanding outcomes for patients, delivery of services, and reducing variation in provision.**

Reducing the disproportionate affects and harm on Black, Asian and Ethnic Minority people, vulnerable groups and those with learning disabilities is already a component of NHS plans, driven by the greater understanding that has emerged during the last 9 months. This is not only an issue now - **it must promote a way of considering and risk assessing staff and patients, understanding their care needs to ensure equity, safety and wellbeing is assured.**

➤ **Primary and community care**

The COVID-19 pandemic has required primary and community care to respond rapidly in order to minimise the spread of infection and allow services to cope during a surge of cases. It has also seen new ways of working at the front line and provided the opportunity to think radically and innovatively about how services should be delivered and these changes implemented swiftly. Of particular note, are the changes in access and excellent examples of cluster working. This has been seen across general practice, dental, optometry and pharmacy. These developments are consistent with the Primary Care Model for Wales.

Further, there has been increasing recognition across the system of the role that primary care can play within an innovative and responsive health and care system. This year has seen exciting developments on urgent primary care within the

overall urgent and emergency pathway work. The developing work with the Planned Care Programme is another example of taking the opportunity to rebalance the system.

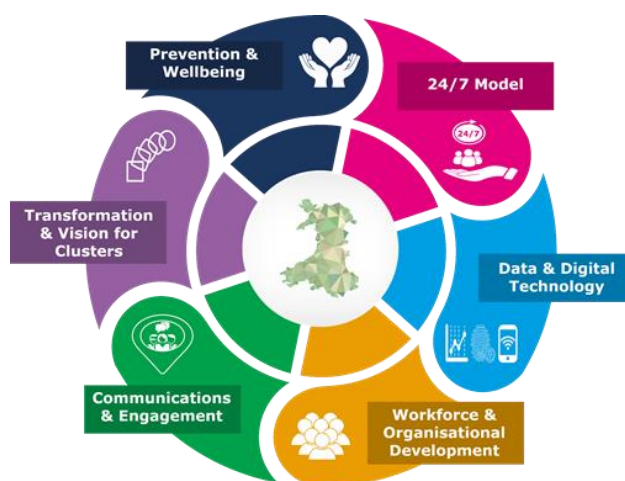
Last year's planning round saw the first co-ordinated approach to IMTPs planning at cluster and health board level. Building on this and the learning from the pandemic, **the plans for 2021-22 need to reflect an ambition and specific actions to build infrastructure and capacity across primary and community care at cluster and pan-cluster level, so that the aim of care close to home in Wales can be realised. This continues and cluster annual plans are to be completed by 31 January 2020 in time to underpin health board annual plans.**

Health board plans should consider how to rebalance funding, workforce and other resources to support primary and community care.

In support of local action to increase the capacity of primary and community care and new models of seamless care, the Strategic Programme for Primary Care remains the All-Wales Primary Care response to *A Healthier Wales*. It has been refreshed to reflect the pandemic, balancing the emergency response needed with planning for subsequent quarters and beyond.

There are six work streams as illustrated in Figure 4 below, with a number of key priority areas which include the delivery of essential services; management of COVID-19 patients; care homes; rehabilitation; step up/step down community services; and urgent primary care.

Figure 4: the six work streams for the Primary Care Model for Wales



The Planning Framework supports this approach and **there is an expectation on NHS organisations that their plans should demonstrate how their primary, community and secondary care services will be integrated.**

➤ Timely access to services

It is important to acknowledge the scale of change in terms of what health services have been able to provide since the beginning of 2020. When we paused routine services in March to focus on caring for COVID-19 patients, it was to prevent an overwhelming of the NHS that we had seen elsewhere in other previously stable health systems.

Re-establishing essential services while caring for COVID-19 patients remains difficult and has resulted in a marked reduction in activity and a significant increase in backlogs of patients waiting for treatments.

We know that new models of care offer opportunities to reshape some services. Value Based Health Care, alongside the development of the National Clinical Framework, will help drive efficiency and effectiveness. However, the scale of this challenge cannot be underestimated and **it will need our collective efforts, clinical expertise, innovation and investment to rebalance service provision for those needing the full range of NHS services.**

There is a need to ensure that clinical zones are safe for both those suffering from COVID-19 and those patients which present with other conditions. For COVID-19 patients, a consistent treatment response must be delivered through the application of the national guideline [COVID-19 Guidelines](#)



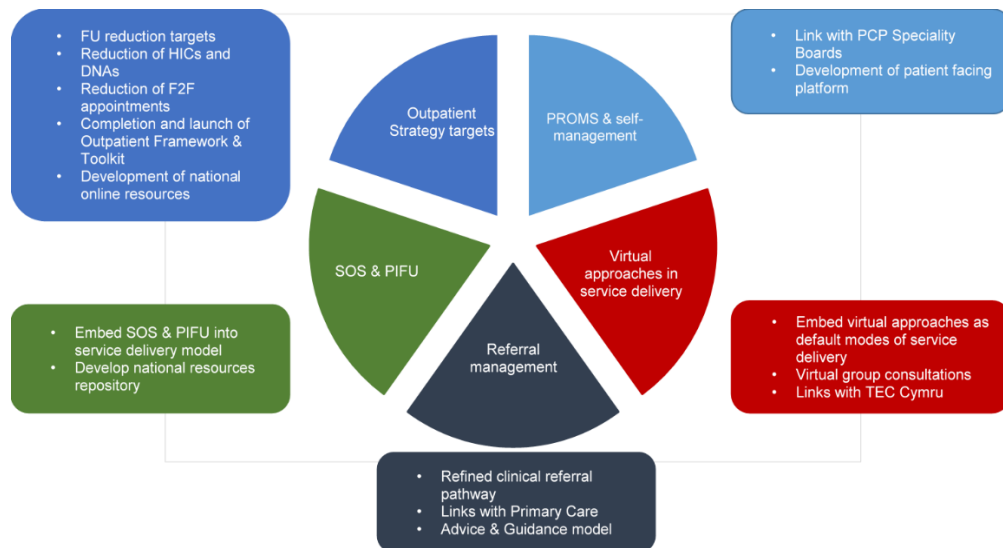
The NHS in Wales must ensure equity and improved access to services, whether at local community level or in acute hospital settings. In line with *A Healthier Wales*, increasingly people can expect to access the majority of the services they need at or close to home and only have to travel to hospital for services which can only safely be provided in a hospital.

Organisations must utilise the improvement opportunities offered by the **national programmes**, for example planned care and outpatient transformation, unscheduled care, endoscopy, critical care, mental health, primary care, value and efficiency. The national programmes have been developed to support local action to deliver sustainable, accessible, cost-effective and efficient services at or as close to home as possible, the need for which has been exacerbated by the pandemic. Working across the patient pathway, organisations must maintain a clear focus on efficiency, consistency, collaboration and quality.

The programmes are developing whole system approaches to encourage a proactive, prudent and value based health and social care environment. Further, it is increasingly recognized that patients need to take a more active role in their own healthcare management and be fully integrated into the decision making process. To ensure the efficacy of this patient-centred, self-managed model of care, it is increasingly important that primary and secondary care work together to build models and pathways that support this.

The overarching National Planned Care Programme & Outpatient Transformation has five key deliverables, which are modernising and transforming the way planned care services are delivered, as shown in Figure 5 below.

Figure 5: National Planned Care Programme & Outpatient Transformation key deliverables



Transforming the way we deliver Outpatients in Wales: A three year strategy and action plan 2020 to 2023, is supporting the way in which the NHS and Welsh Government are working in collaboration to develop new models of care delivery. This strategy is providing alternatives to the traditional routine follow-up appointment. <https://gov.wales/outpatient-services-strategy-and-action-plan-2020-2023>

In terms of urgent unscheduled care, the NHS is becoming an increasingly complex place to navigate for both public and professionals, with multiple access points.

Providing alternatives to emergency admission to a hospital bed for people who would benefit from remaining at home is a crucial part of modernising the NHS in Wales. However, there is considerable variation across Wales in achieving this. There remains significant opportunity to improve delivery in this respect through integration and collaboration, using the six goals for urgent and emergency care as a framework and prioritising elements of the emerging Welsh Access model for urgent and emergency care.

Plans should evidence commitment and compliance with the national programmes and provide assurance on what actions are being taken. Areas of non-compliance must be highlighted including the remedial actions adopted.

Plans should consider collaborative, innovative and strategic solutions, supra-regionally, regionally and locally to offer radically different options for the delivery of timely services.

➤ **Mental health**

Mental health services have been improving across all areas in Wales and it remains a Welsh Government priority to ensure parity with physical health. However, the pandemic has had a negative impact on mental wellbeing, increasing levels of anxiety amongst the population, particularly associated with tighter restrictions and the socio-economic impact, as well as affecting health and care staff.

Mental health services are recognised as ‘essential’ services **and the NHS must plan to meet the changing health needs through demand and capacity modelling during the pandemic and in the longer-term recovery of mental health services. Services also need to ensure that any changes to service models are clearly communicated to service users and their communities.**

The *Together for Mental Health Delivery Plan* has been refreshed, strengthened and reissued to reflect those actions that have needed to be accelerated due to the pandemic and to set out new cross government actions and investment to respond to the wider socio-economic impacts. [Together for Mental Health - Delivery Plan 2019-22](#)

This focuses on protective and preventative actions, as well as children and young people’s mental health and emotional well-being, which should be echoed in annual plans.

2.2 Other priority areas include:

➤ **Decarbonisation**

Recognition of the Welsh Government’s commitment to decarbonisation is also required. Plans should begin to reflect the milestones that need to be achieved in order to respond to climate change and achieve the goal of being carbon neutral by 2030.

➤ Social partnership

The development of a Social Partnership Act (being taken forward by the Minister for Housing and Local Government) recognises the importance of a working partnership of equality between government, trade unions and a wide range of partners. This will not only impact on people using the NHS, but also on the workforce. It will establish a legal framework within which public procurement in the NHS will ensure ethical employment practices, and achieve better socio-economic outcomes. Organisations should be mindful of this direction of travel in their longer term planning. Further information on this legislation will be provided as it becomes available.

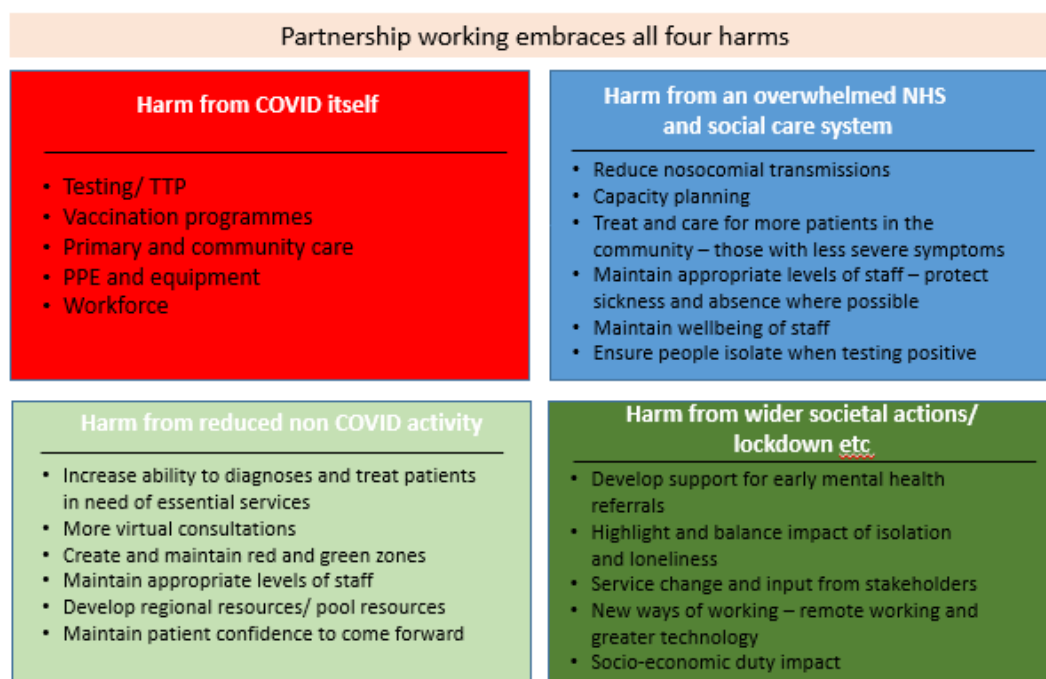
3. WHAT DOES THIS MEAN/REQUIREMENTS IN PLANS

There is a **need to develop strong plans that make progress both with strategic ambitions, recovery and annual delivery requirements.**

Plans should be clear about what actions will be taken to address Ministerial priorities locally and regionally, both to make inroads into the most pressing issues during the coming year but also provide the foundations for delivery and solutions that will be needed beyond 2021-22.

Figure 6 below shows the link between the four harms and key areas where action will be needed. This is not an exhaustive list but provides a guide to the areas that the annual plan should address.

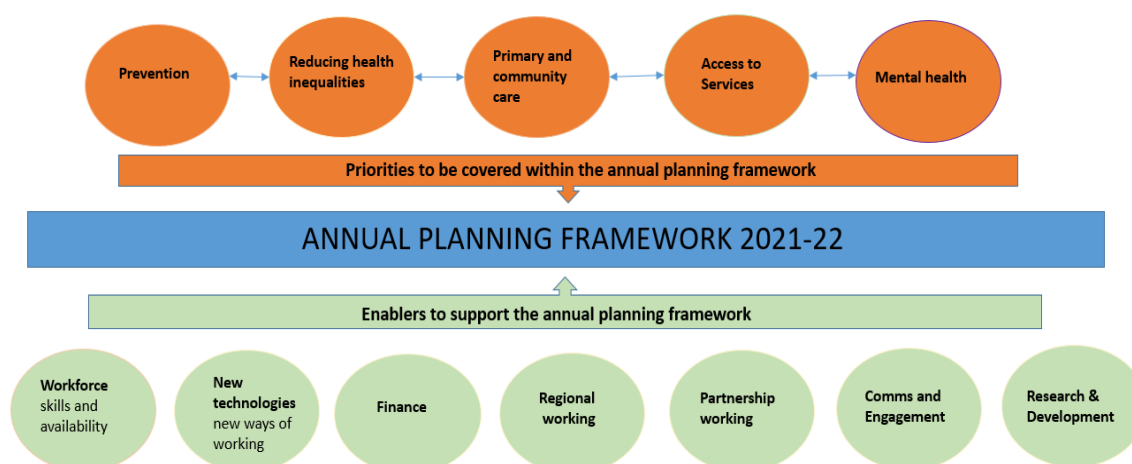
Figure 6: Four Harms and priority areas for 2021-22 plans



4. ENABLERS

Figure 7 below illustrates both the priorities that Plans need to address and the enablers that will support implementation.

Figure 7: Priorities and enablers for the Annual planning Framework 2021-22



4.1. Workforce

Workforce engagement planning and flexibility have been paramount during the pandemic but it has exposed the need for a joined up, common and clear understanding of organisational workforce detail to underpin plans and increase resilience going forward. Health Education and Improvement Wales (HEIW) are leading on this engagement and the longer term *Workforce Strategy for Health and Social Care in Wales* that will set direction and requirements for this work. [Workforce Strategy for Health & Social Care](#)

The framework recognises the need to protect staff and patients and will look for assurance that recommendations submitted to Welsh Government to address the socio-economic and environmental risks impacting ethnic minorities communities are addressed in the plans. [Complex and long-standing disadvantages exposed by coronavirus pandemic report](#)

The impact of the pandemic on staff and the ongoing challenges of providing care over the coming year will mean a continued need for enhanced and active support to ensure their well-being and safety.

4.2 New technologies and ways of working

These are key enablers of transformational change. Digital and data systems and applications can provide a shared platform for safe and effective joint working between organisations. They can support care models that work directly with patients.

New opportunities such as “attend anywhere” video consultation across primary, community and secondary care and monitoring of patients with specific health conditions from their home or care home will be assessed to determine their impact, particularly on those who live in rural areas. The lack of a fibre optic infrastructure in some rural communities may make it difficult for this particular group to access virtual clinics and medical advice, which in turn, could potentially have a negative impact upon their health.

The framework recognises the need to build on the progress made with new technologies and new ways of working for example, virtual consultations and the support that needs to be put in place to support some patients and staff to undertake these throughout 2021-22.

4.3 Finance

The Welsh Government’s draft budget for 2021-22 will be published later than in previous years due to the delay in the UK Government’s Comprehensive Spending Review. Welsh Government will work with NHS Directors of Finance to provide advice, resource planning assumptions, and guidance as soon as information becomes available. This does not preclude organisations from continuing to develop their overall plans within reasonable assumptions and scenarios.

The resource planning assumptions will provide an interim resource planning context to enable organisations to develop their own planning assumptions and scenarios. It is anticipated that details of organisation’s financial allocations will be provided in the 2021-22 allocation letter which will be issued in early 2021.

4.4 Regional working

As health board service planning has matured and sub-specialisation of treatment has progressed, more specialist and tertiary services are increasingly planned and delivered from one site at health board or regional levels, and occasionally at supra-regional levels.

Some specialist services have become fragile due to workforce limitations or rising demand and therefore lack resilience. NHS Wales must keep pace with changes to clinical standards and the need to address fragile services or risk delivering worse patient outcomes compared to our international comparators.

Regional approaches are now critical to increasing capacity, stabilisation and recovery, given the impact of the pandemic in both exposing fragile services and also on essential and routine services. Health boards are required to identify service risks and consider opportunities for closer working in order to improve the quality and resilience of services and patient outcomes.

4.5 Partnership working

Partners across sectors should be engaged proactively throughout plan development to ensure that an integrated, whole system approach is taken, aligning with other plans as needed, to take account of social care requirements, including Cluster plans, Regional Partnership Board Area Plans, Care Home Action Plans and Public Services Board Well-being Plans.

NHS organisations must demonstrate the effectiveness of their collective partnership working. This is even more important in terms of reset and recovery following such a time of uncertainty and challenge. Plans must make clear the implications for, and commitments of, individual NHS organisations in delivering jointly agreed priorities.

4.6 Comms and engagement

Organisations must have effective mechanisms in place to engage with stakeholders, including service users and carers, staff, the Community Health Council, partners and the wider public.

All plans for service change must be grounded in evidence, informed and shaped by effective collaborative arrangements with patients, carers, clinicians, staff, local communities and wider partners.

Consideration will also be needed on how the information and plans for 2021-22 are communicated with the public, including those personally affected and awaiting treatment. To help allay these concerns and respond to enquiries, it will be necessary to have a robust communication and engagement plan in place.

4.7 Research and Development

The pandemic has clearly illustrated the centrality of research and evidence to health and care in Wales, and their importance to decision making at every level in the health and care system. Ending the pandemic relies fundamentally on research delivering solutions to diagnosis, treatment and prevention.

NHS organisations should continue to support the substantial platform of COVID-19 research underway across Wales, and undertake priority urgent public health studies, as part of the Government response to effectively treating and preventing the virus.

As a result of the pandemic, non-COVID research has been severely impacted. As NHS Wales prepares for 2021/22, in tandem with the restoration of routine clinical services, NHS organisations should work closely with Health and Care Research Wales and set out plans for the recovery and resilience of non-COVID research, much of which is essential to the treatment and care of patients in the short and long term.

5. STATUTORY REQUIREMENTS

Alongside the priorities and enablers, there are a number of statutory requirements that the planning framework must address. Some of the statutory requirements are listed below – this is not exhaustive but these are the main areas of focus. Boards will need to seek assurance regarding compliance with legislation.

- Legal duty – organisations must produce a plan and meet their financial responsibilities for scrutiny by Audit Wales, and if necessary provide additional evidence as required.
- COVID-19 requirements - [Coronavirus legislation and guidance law](#)
Organisations need to consider and reflect the COVID-19 regulations that have been developed and issued.
- Socio-economic Duty – ‘go live’ 31 March 2021 - [Socio-economic duty](#) The overall aim of the duty is to deliver better outcomes for those who experience socio-economic disadvantage. Organisations need to ensure their plans respect the requirements of the duty.
- EU transition - [EU Transition preparing Wales](#)
Organisations will need to consider the impact of the EU Exit and the impact on supply lines and workforce both for COVID-19 activity and essential services.
- Social Services & Wellbeing (Wales) Act 2014 [Social Services & Wellbeing \(Wales\) Act](#) and the [Social Care Wales hub](#)
- Nursing Levels (Wales) Act 2016 - statutory guidance [Nurse staffing levels \(Wales\) Act](#)
- Regulation and Inspection of Social Care (Wales) Act 2016 [Regulation & Inspection of Social Care in Wales Act](#) and the [Social Care Wales hub - Regulation and Inspection](#)
- Wellbeing of Future Generations (Wales) Act 2016 [Wellbeing of Future Generations Act](#) and the [Future Generations Guidance](#)
- Health and Social Care (Quality and Engagement) (Wales) Act 2020 [Health & Social Care Quality & Engagement Act](#)
- Equality Act 2010 [Equality Act](#)
- Health & Safety at Work etc Act 1974 and associated legislation. [Health& Safety at Work etc Act](#)

6. TIMELINE, FORMAT AND PROCESS

Figure 8 below sets out the timetable for the production and submission of Plans. **The deadline for all Board approved submissions is 31 March 2021.**

Figure 8: Timetable for the Annual Planning Framework 2021-22

- Planning Framework issued to NHS Wales – December 2020
- NHS Wales to review and plan over winter 2020
- Engagement with stakeholders – January/ February 2021
- Plans submitted to Welsh Government - 31 March 2021
- Review and consideration of risks - April / May 2021

The Welsh Government will not be assessing the plans submitted in order to make recommendations to Welsh Ministers for approval. The plans will however, be reviewed using the framework as the main criteria along with other evidence.

In this transitional year, the intention is to continue with the delivery measures set out in the 2020-21 Delivery Framework (subject to slight amendments to be confirmed early 2021). During 2021-22, the delivery framework will be redeveloped to create a set of outcomes measures, reflecting the current work on the single integrated outcomes framework. The intention of the new measures is to demonstrate how patients and populations are better off through the delivery of services, and allowing a different balance across our traditional services.

➤ **Minimum data set**

In addition, building on the experiences of Quarter 3 and 4, a Minimum Data Set (MDS) is once again going to support the development of the annual plans. While it is acknowledged that the toolkit is work in progress, the MDS consolidates the data assumptions from the plans and existing reporting into one data set. Using this information, the Welsh Government is able to draw conclusions nationally and inform strategic decision making.

The intelligence and insight afforded by the MDS will inform the identification of risks and opportunities. The MDS toolkit provides a data triangulation between workforce, planned service activity and finance. It provides assurance and clarity to underpin the narrative plans and how risks will be mitigated.

The MDS now replaces the 'Annex C' templates from previous years as the mandatory data submission.

There is an expectation that plans will be developed proportionately, building on the quarterly plans from 2020-21, and that the MDS will support this development. As planning must be dynamic in the current climate, it is recognised that some change to the data is inevitable over the course of the year.

➤ **Governance**

There remains the need for plans to have been considered via normal governance structures, ensuring appropriate scrutiny and assurance of the full board in an open and transparent manner.

In addition to their role in the approval of plans, Boards must consider their corporate and quality governance arrangements to ensure the identification and analysis of risks and the robustness of assurance arrangements to inform their decision making and commitments and being sighted on any issues that emerge during implementation. Welsh Government will expect each organisation's internal mechanisms to provide visible and robust assurance to the Board on delivery and any necessary corrective action.

There must be clear read across from plans to the relevant risk registers, which will highlight quality, workforce, financial and service risks.

The board assurance framework must clearly articulate sources of assurance which will help to triangulate information and identify areas which require particular focus.

Organisations must be able to demonstrate how they have liaised with partner and supporting organisations such as HEIW, Welsh Health Specialist Services Committee, Emergency Ambulance Services Committee, Welsh Ambulance Services Trust, Public Health Wales, Velindre, NHS Wales Shared Services Partnership, and NHS Wales Informatics Service (Digital Health & Care Wales to be established as a Special Health Authority in April 2021) to ensure that commissioned work is funded, and that there is read across between organisational plans.

Plans for the NHS supporting organisations need to be approved by their own relevant governing body or their joint committees in a timely manner and in advance of individual health board or trust Boards approving their own plans. Joint priorities and funding decisions must be agreed and confirmed, and then reflected in the jointly agreed plans.

➤ **Engagement and Monitoring arrangements**

All health boards and trusts must deliver their plan commitments. Organisations can expect the Welsh Government to monitor, performance manage and hold them to account through a range of meetings and actions throughout the year.

Mechanisms will include:

- Standard returns
- Submission of board and committee planning updates
- Integrated Quality, Planning and Delivery meetings - the previous Quality & Delivery meetings have traditionally focused more on performance, and the Planning meetings have focused on the IMTPs, these will be brought together into a new combined, more streamlined format. This will enable Welsh Government colleagues to engage with health boards and NHS trusts to discuss, challenge and assess their ability to deliver quality services within the policy guidance and statutory obligations set by Welsh Government
- Specific meetings to discuss particular variations from plan or quality standards
- Regular communication and feedback processes for dialogue between NHS finance teams, Finance Delivery Unit and Welsh Government officials
- Joint Executive Team (JET) meetings to include progress against plan delivery
- Organisations in higher levels of escalation can expect significantly increased engagement, meetings and scrutiny from Welsh Government

The creation of an NHS Wales Executive function will have implications for the way performance is directed, managed and scrutinised. Over the coming months the NHS will be kept informed of developments.

Annual Audit Report 2020 – Welsh Ambulance Services NHS Trust

Audit year: 2019-20

Date issued: January 2021

Document reference: 2163A2020-21

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report summarises the findings from my 2020 audit work at the Welsh Ambulance Services NHS Trust (the Trust) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Trust, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 This year's audit work took place at a time when public bodies were responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Given its impact, I re-shaped my planned work programmes by considering how to best assure the people of Wales that public funds are well managed. I considered the impact of the current crisis on both resilience and the future shape of public services and aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. All on-site audit work was suspended whilst we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on the delivery of some of my planned audit work but has also driven positive changes in our ways of working.
- 4 The delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of new considerations for financial statements arising directly from the pandemic. The success in delivering to the amended timetable reflects a great collective effort by both my staff and the Trust's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 At the onset of the pandemic I suspended the publication of some performance audit reports nearing completion, reflecting the capacity of audited bodies to support remaining fieldwork and contribute to the clearance of draft audit outputs. I have also adjusted the focus and approach of some other planned reviews to ensure their relevance in the context of the crisis. New streams of work have been introduced, such as my review of the Test, Trace and Protect programme, and my local audit teams have contributed to my wider COVID-19 learning work.

- 6 This report is a summary of the issues presented in more detailed reports to the Trust this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2020 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2020 Audit Plan and how they were addressed through the audit.
- 9 This report was presented in draft to the Audit Committee on 3 December 2020 and a final version is included in the papers of the Trust Board meeting on 28 January 2021. We strongly encourage the Trust to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank the Trust's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 11 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Trust's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to the impact of a Ministerial Direction issued on 18 December 2019, instructing the Permanent Secretary of the Welsh Government to fund NHS clinical staffs' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year.
- 12 I identified no material financial transactions within the Trust's 2019-20 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2019-20 accounts.
- 13 The Trust achieved financial balance for the three-year period ending 31 March 2020. The Trust has an approved three-year plan in place. As there were no issues which warranted highlighting, no substantive report was placed on the Trust's accounts.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 14 My programme of Performance Audit work has led me to draw the following conclusions:
- the Trust has maintained generally effective governance arrangements during its response to COVID-19 including a focus on quality; however, it could make further improvements in terms of recording of decisions and risk management;
 - the Trust has effective financial controls and reporting arrangements, although expenditure in relation to COVID-19 poses a risk to financial balance during 2020-21;
 - the Trust has developed responsive operational plans which consider the resources required and are routinely monitored and reported, alongside continued development of other key strategic plans; and
 - the Trust demonstrates a clear commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.
- 15 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 16 This section of the report summarises the findings from my audit of the Trust's financial statements for 2019-20. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 17 My 2020 Audit Plan set out the financial audit risks for the audit of the Trust's 2019-20 financial statements. **Exhibit 4** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.
- 18 My responsibilities in auditing the Trust's financial statements are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2019-20 financial statements

- 19 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Trust's internal controls (as relevant to my audit), however, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts relating to the impact of the Ministerial Direction issued on 18 December 2019. I also brought an issue to the attention of officers and the Audit Committee.
- 20 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Trust's Audit Committee on 18 June 2020 and subsequently to the Trust Board on 25 June 2020. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	There are no misstatements identified in the accounts, which remained uncorrected.
Corrected misstatements	There were initially misstatements in the accounts that have now been corrected by management.
Other significant issues	I placed an Emphasis of Matter paragraph in my audit report to draw attention to disclosures in Note 24 of the accounts relating to the impact of the Ministerial Direction issued on 18 December 2019, instructing the Permanent Secretary of the Welsh Government to fund NHS clinical staffs' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year.
Other significant issues	As part of the audit, we estimated that £3.4 million of Assets Under Construction (AUC) were brought forward on 1 April 2019 and remained as AUC as at 31 March 2020. We have received a reasonable explanation from officers explaining the rationale for holding these assets as AUC throughout the financial year. However, we will issue a recommendation in a separate report to the Trust emphasising the need to regularly monitor the levels of its AUC to ensure assets are operationalised as soon as possible and the risk of obsolescence is minimised.

- 21 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Trust's financial position at 31 March 2020 and the return was prepared in accordance with the Treasury's instructions.
- 22 My separate independent examination of the Charitable Funds Accounts is complete, we did not identify any issues that needed to be reported to the Trustees. The Accounts are to be agreed by the Trust Board on 26 November 2020 following which we will sign our Independent Examiners Report in December 2020.

Regularity of financial transactions

- 23 I identified no material financial transactions within the Trust's 2019-20 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2019-20 accounts.
- 24 The Trust's financial transactions must be in accordance with the authorities that govern them. It must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Trust does not have the powers to receive or incur.
- 25 The Trust achieved financial balance for the three-year period ending 31 March 2020. The Trust has an approved three-year plan in place. As there were no issues which warranted highlighting, no substantive report was placed on the Trust's accounts.
- 26 I have the power to place a substantive report on the Trust's accounts alongside my opinions where I want to highlight issues. I did not issue a substantive report on accounts because the Trust met both of its financial duties and there were no other issues warranting report.
- 27 The Trust maintained its track record in achieving financial balance in 2018-19 and reported a surplus of £45,000. The Trust met its financial duties to break even over the rolling three-year period 2017-2020 and to have an approved integrated medium-term plan (IMTP) for the period 2019-20 to 2021-22.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 28 I have a statutory requirement to satisfy myself that the Trust has proper arrangements in place to secure efficiency, effectiveness and economy in the use of resources. I have undertaken a range of performance audit work at the Trust over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively and economically; and
 - reviewing the effectiveness of the Trust's counter-fraud arrangements.
- 29 My conclusions based on this work are set out below.

Structured assessment

- 30 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they responded to the next phase of the COVID-19 pandemic. The key focus of the work was on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations where these related to important aspects of organisational governance and financial management especially in the current circumstances.
- 31 The structured assessment grouped our findings under three themes:
- governance arrangements;
 - managing financial resources; and
 - operational planning: to support the continued response to the pandemic balanced against the provision of other essential services.

Governance arrangements

- 32 My work considered the Trust's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic. My work found that **the Trust has maintained generally effective governance arrangements during its response to COVID-19 including a focus on quality; however, it could make further improvements in terms of recording of decisions and risk management.**
- 33 The Trust and its Board have worked well to sustain the organisation's business while responding to COVID-19. The Trust was able to build upon its existing Pandemic Plan in its response, establishing a command structure to make fast and informed decisions. Each of the Board's Committees have met to oversee key aspects of the Trust's response to COVID-19 as well as usual operating arrangements. In addition, the Board recently approved the establishment of a new Committee to strengthen its partnership arrangements with universities and other key partners. Information flows effectively from the Trust's Executive team to the Board, although there is scope to improve recording of information on the COVID-19 decision log. There is a collegiate approach between Executive and Non-Executive Directors and the Trust is committed to reflecting and identifying lessons from the pandemic. The Trust has good arrangements for overseeing the quality and safety of its services, including changes made in response to COVID-19, and it is improving its approach to managing risk.

Managing financial resources

- 34 I considered the Trust's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial

performance. I found that **the Trust has effective financial controls and reporting arrangements, although expenditure in relation to COVID-19 poses a risk to financial balance during 2020-21.**

- 35 The Trust's arrangements for managing financial resources remain effective. It met its financial duties to break even over the three-year rolling period 2017-18 to 2019-20. The Trust continues to forecast breakeven in 2020-21, although achieving financial balance is reliant on achieving ambitious savings targets and receiving additional income for COVID-19 expenditure. The Trust has continuing strong financial controls and provides clear information on financial performance for Board scrutiny and oversight. However, in relation to COVID-19 there is scope to improve sign-off processes for expenditure within the command structure and to strengthen controls for additional payments to staff. There are also recommendations from our 2019 Structured Assessment which remain outstanding due to the Trust pausing work in relation to audit recommendations during the pandemic. Revised dates for progressing previous recommendations were considered by the Audit Committee in September 2020.

Operational Planning

- 36 My work considered the Trust's progress in developing and delivering quarterly operational plans to support the ongoing response to COVID-19 and to provide other essential services and functions in line with Welsh Government planning guidance. At the time of our work, the focus was on essential services with the aim of restoring normal and routine activities when it is safe and practicable to do so. My work found that **the Trust has developed responsive operational plans which consider the resources required and are routinely monitored and reported, alongside continued development of other key strategic plans.**
- 37 The Trust has quickly developed responsive operational plans that meet Welsh Government requirements. It has identified the resources it needs to deliver the plans, including an increased and flexible workforce. The Trust is assessing the risk to its workforce and making changes to support its staff. It has also undertaken regular and effective internal communication and introduced new ways to support staff wellbeing. Strategic plans have been developed with engagement from internal and external stakeholders, including trade unions and its commissioners. The Trust is developing its approach to organisational recovery including a review of strategic actions and has reinstated arrangements for the delivery and reporting of its strategic performance from July 2020.

Effectiveness of counter-fraud arrangements

- 38 In June 2019, I published an [overview for the Public Accounts Committee](#) describing counter-fraud arrangements in the Welsh public sector. My team then undertook a more detailed examination across a range of Welsh public sector bodies to examine how effective counter-fraud arrangements are in practice and to

make recommendations for improvement. In July 2020 I published Raising Our Game – Tackling Fraud in Wales setting out a summary of my findings and seven 'key themes' that all public bodies need to focus on in raising their game to tackle fraud more effectively.

- 39 Whilst this work was not included in the Trust's audit plan, I also published an additional report setting out the Trust's specific arrangements for preventing and detecting fraud. I found that **the Trust demonstrates a clear commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.**

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Trust in 2020.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June
Opinion on the Financial Statements	June
Performance audit reports	
Structured Assessment 2020	September
Effectiveness of counter-fraud arrangements	September
Other	
2020 Audit Plan	March

Exhibit 3: performance audit work still underway

There are a number of performance audits that are still underway at the Trust. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Test, Track and Protect	December 2020
Unscheduled care	Phase 1 – February 2021 Further work to be included as part of 2021 plan.
Quality Governance arrangements	June 2021

Appendix 2

Audit fee

The 2020 Audit Plan set out the proposed audit fee of £151,618 (excluding VAT). My latest estimate of the actual fee, is in keeping with the fee set out in the outline.

Appendix 3

Financial audit risks

Exhibit 4: financial audit risks

My 2020 Audit Plan set out the financial audit risks for the audit of the Trust's 2019-20 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	My audit team will: <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for biases; and• evaluate the rationale for any significant transactions outside the normal course of business.	The work was carried out as proposed. We did not identify any issues.
Impact of COVID-19 The COVID-19 national emergency may see a significant delay in the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers, eg around estimates and valuations, may be compromised leading to an increased	We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and make arrangements to monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.	The Trust managed the potential impact of COVID-19 on the preparation of the financial statements well and submitted them to Welsh Government in advance of the deadline. It is of considerable testament to the accounts team there was no change to the quality of the financial statements or supporting working papers

Audit risk	Proposed audit response	Work done and outcome
<p>incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>		<p>we received for audit when compared to prior years.</p>
<p>A number of changes have taken place to the senior management team and non-executive directors during the financial year. There is a risk that these changes are not correctly disclosed within the Trust's Remuneration Report.</p>	<p>My audit team will undertake early audit work on the completeness and accuracy of the Trust's Remuneration Report. We will also seek appropriate assurances from the Trust's Remuneration Committee who intend to review the Trust's draft Remuneration Report before it is presented to us for audit.</p>	<p>The work was carried out as proposed. We did not identify any issues.</p>
<p>NHS Trusts have a financial duty to break even over a three-year rolling period. Although the Trust is forecasting a break-even position for year-end, this duty increases the risk that management judgements and estimates included in the financial statements could be biased in an effort to achieve the financial duty. Where the Trust fails this financial duty, I will place a substantive report on the financial</p>	<p>My audit team will focus its testing on areas of the financial statements which could contain reporting bias such as judgements and estimates.</p>	<p>The work was carried out as proposed. We did not identify any issues.</p>

Audit risk	Proposed audit response	Work done and outcome
statements highlighting the failure.		
On 18 December 2019 the First Minister issued a formal Ministerial Direction to the Permanent Secretary requiring her to implement a 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff.	We are considering the accounting treatment and audit implications of the direction (the first in Wales since 1999) in conjunction with the NAO who are currently addressing the same issue in NHS England.	<p>The work was completed as proposed.</p> <p>The Trust included additional disclosure within Note 24 of the financial statements in respect of this issue and we included an emphasis of matter in our audit report drawing attention to this.</p>
Our initial audit plan included reference to the expected introduction of IFRS 16 - Leases in 2020-21. This has now been deferred until 2021-22.	My team will continue to keep the position under review.	We reviewed the Trust's arrangements for IFRS 16 and confirm that good progress has been made. The Trust is well placed for the implementation of the new accounting standard.



Audit Wales

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



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

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

EXECUTIVE DIRECTOR OF QUALITY AND NURSING PATIENT SAFETY HIGHLIGHT REPORT

MEETING	Trust Board
DATE	28 January 2021
EXECUTIVE	Executive Director of Quality & Nursing
AUTHOR	Head of Patient Safety, Concerns and Learning
CONTACT DETAILS	Darryl Collins 07825541506 Darryl.collins@wales.nhs.uk

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

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

WHERE	WHEN	WHY
Executive Management Team	20 January 2021	For information, discussion and noting
Trust Board	28 January 2021	For information, discussion and noting

PATIENT SAFETY/PUTTING THINGS RIGHT		
	Nov 2020	Dec 2020
Patient Safety Incidents		
Catastrophic	4	39
Major	4	4
Moderate	4	7
Minor	17	23
No Harm / Hazard	179	203
Unconfirmed	25	74
Total	233	350
Formal concerns received (excluding Complex Case)		
Total Received	55	44
Total Closed	66	47
2 Day Acknowledgment %	96%	100%
30 Day response %	78%	88%
Ombudsman		
Cases Received	3	3
Cases Closed	5	2
Reports Received	2	1
Coroners		
Information request	67	47
Identified as Interested Party	0	0
Staff attended	0	1
Regulation 28 issued	0	0
Response to Regulation 28 in 56 working days	2	0
Response to Regulation 28 outside 56 working days	0	0
Serious Adverse Incidents (SAIs) by reporting date		
Serious Case Incident Forums held	4	7
Serious Case Incident Forums cases	21	44
WAST SAIs reportable to Delivery Unit	5	8
Incidents reported via the Joint Investigation Framework	5	19
SAI closures submitted	2	2
% of SAIs assured (60 days)	100% (6)	67% (2 from 3)
SAIs closed by WG/DU	13	2
Claims		
Personal Injury - Received	4	1
Personal Injury - Closed	0	4
Clinical Negligence - Received	0	1
Clinical Negligence - Closed	0	1
Road Traffic Collision & Damage to Property - Received	23	22
Road Traffic Collision & Damage to Property - Closed	29	19

SETTING THE CONTEXT FOR THIS PERIOD

- 1 During this period the NHS system, as a whole, has been under unprecedented pressure with challenges in relation to staffing, demand and severe hospital delays across all sites but particularly within the South East region.
- 2 On the 3 December 2020 a Critical Incident was declared in response to the severe pressures across the South East region. The Incident Command Cell (ICC) was 'stood up' which outlined the Strategic and Tactical intent to reduce these pressures, with Demand Management Plan 5 (DMP) implemented and the other 2 areas of Wales also experiencing significant pressures.
- 3 On 7 December 2020 the Executive Pandemic Team (EPT) moved the Trust from monitor position to response position with effect from 8 December 2020. This enabled the Trust to initiate actions to manage the increase in COVID-19.
- 4 On 10 December the Trust witnessed an extra-ordinary day in relation to the escalating position and the risks to patients waiting for a response in their communities. Early indications demonstrated a number of key factors:
 - (i) A gap between verified and attended incidents as a consequence of utilising the Demand Management Plan (DMP), advising callers that an ambulance would not be available to be dispatched. The previous day illustrated almost 1400 verified incidents vs 800 responded incidents (just under);
 - (ii) Notification to handover delays in 3 key areas:
 - An increase in the trend on patients waiting more than 60 minutes;
 - An increase in the average patient wait time to access secondary care; and,
 - A step up in the daily lost hours with 1752hrs being lost in the first 3 days of this week.
 - (iii) Mid-afternoon activity illustrated 216 incidents polling, with the potential on the declaration of a critical or major incident.
- 5 Following this, the Trust escalated to Resource Escalation Action Plan (REAP) 4 subsequent to a review by the Senior Operations Team (SOT). This level of escalation still remains in force.
- 6 The Operational Delivery Unit (ODU) and the 'On call' Teams continue to review the DMP in line with specific triggers (1-3) and, following the risks to patient safety, the DMP levels have fluctuated between 4-6 at points in time, which have resulted in some 'no sends' to patients relative to the level.
- 7 During November and December 2020, the Trust's verified incidents were 78,352, compared to 87,574 for the same period last year. For the same periods, 111 call volumes were 102,568 and 94,254 respectively.
- 8 From the total of verified incidents above, the following can be extrapolated:
 - (i) Red – 5,412 compared to 6,098;
 - (ii) Amber – 53,685 compared to 58,438; and,

- (iii) Green – 17,538 compared to 20,757.
- 9 Overall total verified incident demand saw a 10.5% reduction in November and December 2020 compared to the same period the previous year.
 - 10 The Trust lost a total of 20,945 hours to notify to handover delays across November and December. It should be noted that this is a significant increase when compared to 15,711 hours lost in September and October 2020.
 - 11 Red performance has been on a downward trend and in November was at 59.5% and December at 53.7%. This performance percentage was lower than the same periods in 2019, 61.4% and 62.0% respectively. However, during November and December 2020, the number of patients attended in the Red category was 5,412 compared with 6,098 in 2019. December saw the largest variation with 2,850 Red responses in 2020 compared to 3,178 in 2019, which is a decrease of 10.3%.
 - 12 Amber median performance during November and December was 46 minutes (36 minutes) and 1 hour 3 minutes (48 minutes) respectively. The 95th percentile was 4 hours 39 minutes (4 hours 27 minutes) and 6 hours and 43 minutes (5 hours 48 minutes) respectively. The figures in brackets are for the same period in 2019.

SITUATION

- 13 This Patient Safety Highlight Report covers the period 1 November - 31 December and also provides a retrospective analysis of data for the same period last year in key areas.
- 14 This Report will specifically focus on key issues surrounding patient safety and Putting Things Right (PTR), providing assurance to the Executive Management Team (EMT) and Trust Board on monitoring arrangements and learning.
- 15 Please note that the data contained within this Report is accurate at the time of reporting. Data may be subject to change as incident case types may be regraded during the investigation process.

BACKGROUND

- 16 The purpose of this Patient Safety Highlight Report is to provide an update to the EMT and Trust Board on the key information in relation to:
 - (i) Patient Safety Incidents;
 - (ii) Concerns;
 - (iii) Political and Ombudsman;
 - (iv) Coroners;
 - (v) Serious Adverse Incidents (SAIs); and,
 - (vi) Claims.
- 17 It also identifies themes and trends emerging from our concerns and SCIF portfolios, providing assurance on the progress, learning and implementation of

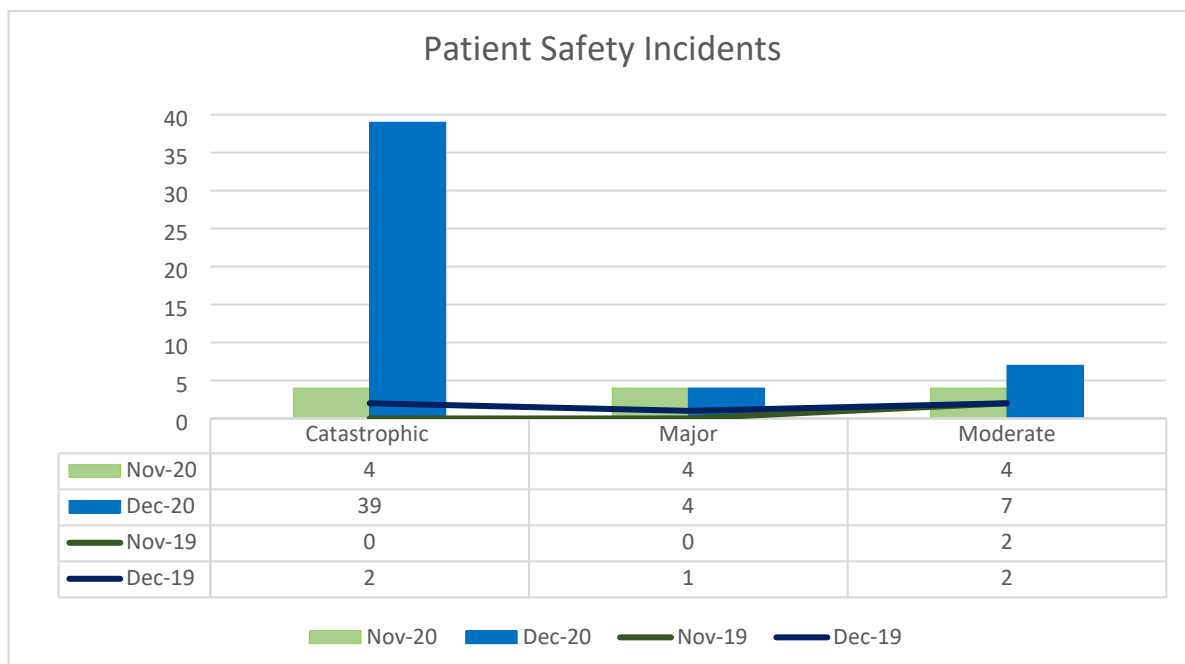
corrective action plans against these. Within this report there is a new section that specifically relates to clinical learning (Appendix A).

- 18 The Trust's quarterly Quality Assurance Report is presented to the Quality, Patient Experience and Safety Committee (QuESt) to monitor and measure the emergent trends from quality data and information in relation to the Health & Care Standards and Commissioning Core Requirements.

ASSESSMENT

Patient Safety Incidents

- 19 During this period a total of 583 patient safety incidents were reported, 233 in November and 350 in December. All incidents with harm grading of moderate, severe or catastrophic are reviewed weekly by the Patient Safety Team prior to final upload to the National Reporting and Learning System (NRLS). It must be noted that the harm grading may change subject to the conclusion or outcome of any investigation.
- 20 The 583 incidents reported demonstrate an increase when compared to the same period in 2019/20, where 429 incidents were reported. In addition to this, 7 incidents were reported in 2019/2020 with 62 being reported in 2020/2021 with an initial harm grading of moderate to catastrophic. The Systems Information Team (DATIX) are currently undertaking an analysis of this increased reporting to identify if this is an improved reporting position post individual issue iPad.
- 21 During this period 283 Patient Safety incidents were closed, of which 158 in November and 125 in December.
- 22 From the incidents that were reported in November, 83 have been closed (47 November, 36 December) and of those reported in December, 56 have been closed within this month.
- 23 The chart below illustrates a comparison between November/December 2019/2020 and 2020/2021, outlining the grading following an initial review by the Patient Safety Team.



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

24. Key Definitions:

- Early Resolution - 2 day Key Performance Indicator (KPI) (previously an On the Spot concern);
- Local Resolution - Although dealt with under the regulations they do not require a formal regulation letter of response. Local resolution can be achieved by telephone, email or a face to face meeting. The spirit of the regulations must be followed and the complainant must be satisfied with the response;
- Formal - This requires a formal regulation letter of response, as required under the regulations. These are signed off by the Chief Executive Officer, following Quality Assurance of the investigation and letter. The KPI is 75%, which requires the closure of the response letter.

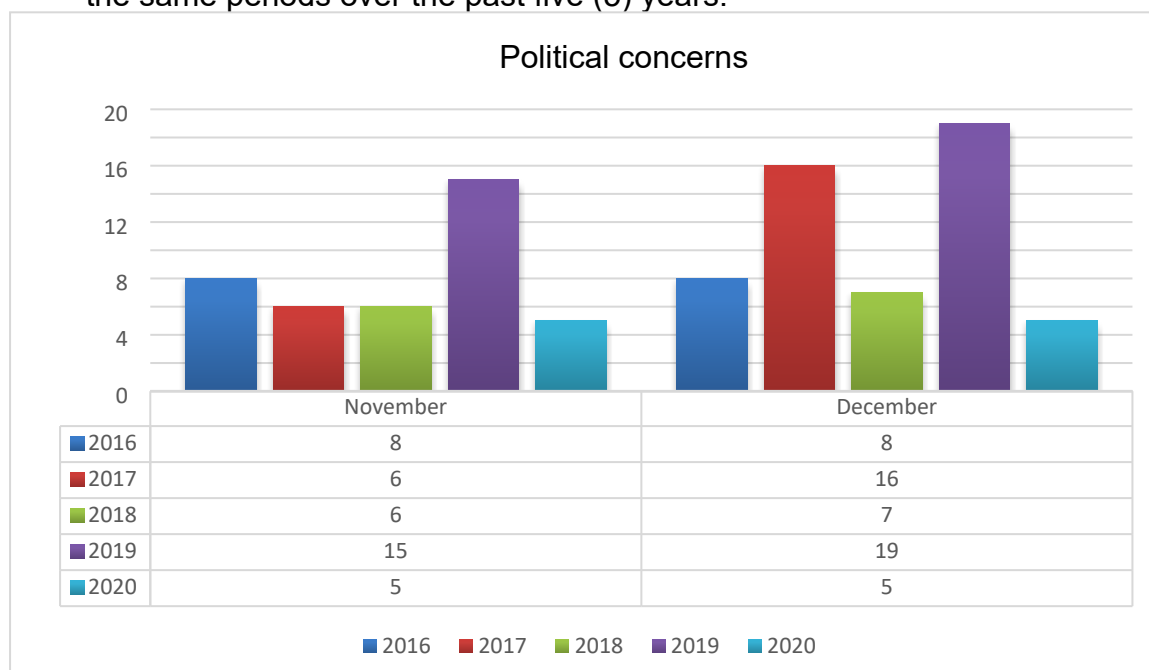
25. The PTR Department has witnessed a reduction in the volume of formal concerns received in this reporting period (n=99) compared to the previous reporting period where 138 were received. In addition, this compares favourably when paralleling to the same period in 2019/2020, where 184 concerns were received.

26. At the end of December there were 48 open concerns awaiting a response (excluding Complex Case Panel), with 8 in backlog, compared to the end of October where there were 50 open concerns and 7 in backlog.

27. During this reporting period the 2 day acknowledgement performance was 96% and 100% (84% and 90%), with the 30 day target achieving 77% and 88% (75% and 84%) respectively. The figures in brackets are for the previous reporting period) and equates to an increase of 11% on the 2 day acknowledgement and 3% on the 30 day target.

Political and Ombudsman Investigations

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



29. During this reporting period the Trust received 10 political concerns, all of which relate to the timeliness of the Trust's emergency response. However, there are markedly fewer concerns being raised via elected members during this reporting period, compared to that of the same period in 2019.
30. At the end of December there were 7 political concerns still under investigation (excluding Complex Case Panel cases).
31. There are 7 cases being considered by the Complex Case Panel, which are being progressed under the Redress Regulations.
32. There are currently 8 open Ombudsman cases, with all information having been shared with the Ombudsman. During the reporting period 3 final reports have been received from the Ombudsman.
33. One report requires the Trust to pay compensation due to the maladministration of the complaint handling and in a different case the Trust has made the offer to pay an ex-gratia amount due to the delay in responding to a complainant (in order to avoid the need for a full investigation by the Ombudsman's office).

Coroner's activity

- 31 The level of requests from Coroner's Courts has sharply increased to unprecedented levels in the months identified in the preceding report and also in the period covering this report. This increase is expected to continue during 2021 and can be explained by the fact that Coroner's Courts have started to address the backlog of requests caused by the lockdowns earlier in 2020. Many of these involve requests for multiple statements and will potentially evolve into Interested

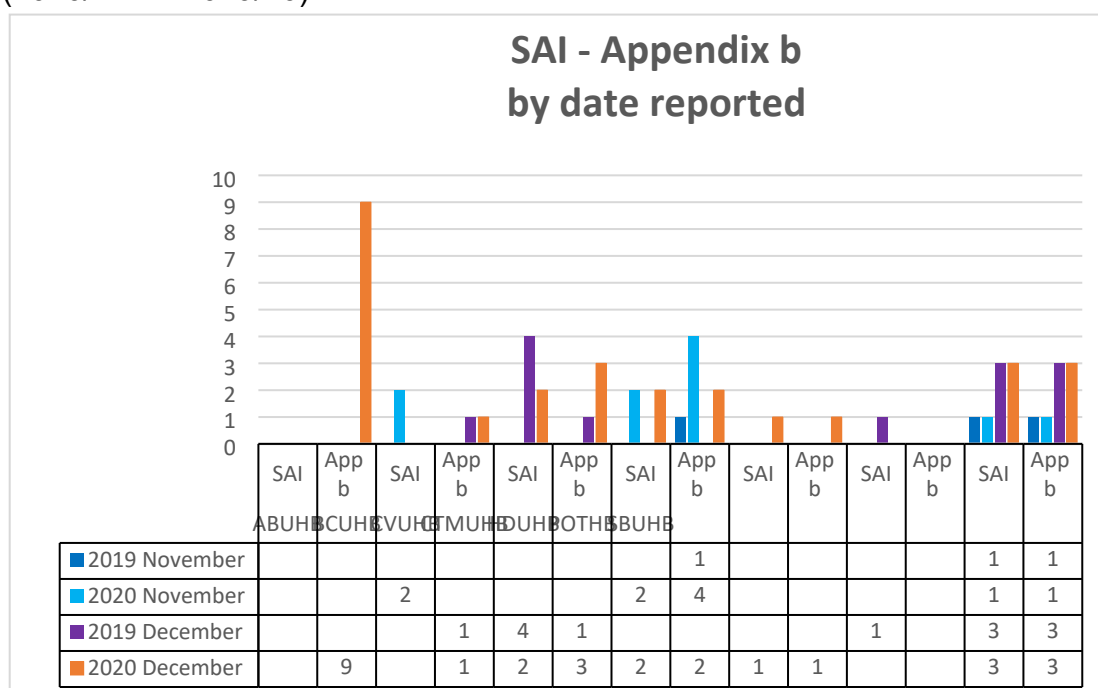
Party (IP) inquests and possibility for staff to attend Inquests, which are continuing to be heard both in person and remotely. This may present a potential issue with loss of operational capacity in 2021 if demand caused by COVID-19 persists.

- 32 There were 2 Inquests held within this reporting period (November), in which WAST was identified as an IP. The first was the death of RB who sustained a traumatic head injury on a remote mountain bike track in Pontypool. The family issues related to delay in WAST attending but noting the difficulties presented by the remote location and identified lessons learned, the Coroner outcome was one of accidental death.
- 33 The second was the death of SD in the Swansea Bay area, in relation to the delay in diagnosis of an aortic dissection, on the part of WAST and the Health Board. The coroner acknowledged that this diagnosis was a very difficult and rare and that it was reasonable for our crew and the ED/Cardiology Doctors to have attributed other causes. The Inquest concluded with a narrative verdict to that effect.
- 34 No Regulation 28 reports were received in this reporting period, however there were 2 response letters issued in November 2020 in respect of Regulation 28 reports issues previously. The first related to ABUHB in respect of failure in estimating the likely ambulance arrival time (WAST) and problems associated in respect of delays (Joint). Despite making contact with ABUHB in relation to this PoFD, WAST provided a sole response.
- 35 The second was in relation to a delayed response to a patient suffering a stroke with the Coroner outlining their concerns to the appropriateness of the 'grading' within the Amber category, whether a time target should be set and the question surrounding additional resources.
- 36 Both of these Regulation 28s have been responded to within the 56 day period.
- 37 The Legal Services current position in relation to inquests are:
 - (i) 170 inquest matters open, of which;
 - (ii) 152 were requests for information;
 - (iii) 4 staff attending;
 - (iv) 13 Interested Party; and,
 - (v) 1 Regulation 28 (please refer to appendix A – Medical and Clinical Directorate).

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

38. Following the notification in October in relation to the SI reporting process being managed by the NHS Wales Delivery Unit (DU), the Head of Patient Safety, Concerns and Learning alongside DU colleagues have agreed a process for the notification of incidents where the primary causal factor is in relation to hospital handover delays. The agreed process now follows that the DU will be also be notified alongside the respective Health Board via the Appendix b submission, with the Health Board deciding on the SI reporting and investigation.

39. The DU will also maintain a separate log to correlate the Appendix B submissions from WAST and the SI notifications shared by the Health Boards. Where these have been identified the DU will also notify WAST into the acknowledgement to the Health Board (SI reference number).
40. The chart below provides a comparison between the volume of SAIs and Appendix b referrals within the same reporting period of the previous year (2020/21 Vs 2019/20).



41. The Patient Safety Team are now utilising the additional weekly SCIF to manage the increased volumes. During this reporting period, 11 SCIFs were convened with 65 new cases being discussed, compared to the same period last year where 7 SCIFs were convened discussing 42 cases.
42. From the 65 cases discussed 13 have been reported as SAIs to the DU (5 November and 8 December), with 23 cases being referred under Appendix b to the respective Health Board (5 November and 18 December). From the 19 reported in December, 9 of these occurred within the Aneurin Bevan University Health Board area.
43. In comparison to the same reporting period last year, there has been an increase of 4 SAIs reported by the Trust, with 16 more incidents referred to the Health Boards under Appendix b. This highlights the escalating position in relation to hospital handover delays.
44. Each of the 13 cases reported by the Trust as SAIs to the DU within this period were reviewed to identify the overarching high-level themes, which were:
- Call categorisation (6);
 - Clinical assessment and/or treatment (4);
 - Missed allocation (2); and

- Public Access Defibrillator issue (1).
45. During this reporting period there were 9 SAIs due for closure, with 8 being closed within the 60 working day timeframe. Of the 8 that were assured within the timeframe, 4 were assured in this period and 4 in the previous reporting period. The 1 SAI remains open due to this being investigated under the Disciplinary Policy.
 46. In addition to this, the WG and DU have closed 15 SAIs within this period (13 November and 2 December).

Legal Claims

47. Personal Injury Claims have remained consistent with the period covered in the preceding report. In November, there were three Employer's Liability Claims arising from workplace stress, patient moving & handling and being struck by a falling object inside the ambulance as a result of a road traffic collision (RTC).
48. There was also a Public Liability claim caused by an injury sustained by a patient at the time of boarding an ambulance.
49. Clinical Negligence Claims received are slightly lower than the previous reporting period, which may be explained by COVID-19 and the build up to the Christmas period meaning Solicitors being slower in proceeding with initial instructions from clients. It may be the case that this number is expected to return to higher levels in the early months of 2021. The single claim received in December related to a patient allegedly being dropped due to inappropriate use of a hoist.
50. There has been a significant increase in Road Traffic Accident/Damage to property claims. While there were 2 and 6 claims in the previous two months, 23 and 22 claims were received in November and December respectively. This increase may be explained by adverse weather conditions and increased winter demand issues during the 2 months covered by this report. The 2 most common sub-type of claim were damaged wing mirror and reversing.

Appendix A

Key achievements and learning

51. This appendix outlines the key achievements and learning from our investigations and focusses upon 2 key areas.

Clinical Contact Centre

38	Following a patient safety incident, it became apparent that the system was not followed by a Health Board to inform WAST to place a warning on the CAD. Following a meeting this has been rectified whereby WAST are alerted to high risk patients.
39	All EMDs have been issued 3 courses (supplied by the International Academy of Emergency Dispatch) in relation to burns. This follows the case in North Wales.
40	A reminder to EMDs to note the following in relation to 'caller conveying the patient' <ul style="list-style-type: none">• The destination hospital;• Patient Name and date of birth;• To provide worsening advice; and,• To record the exclusions for taking cancellation requests.
41	Following presentation at SCIF, learning has been reinforced surrounding the correct process for address searching and verification.
42	The reinforcement of Post-Dispatch Instructions (where appropriate in relation to long responses) that the caller is not expected to wait outside for the ambulance.
43	<p>An internal audit was undertaken by the CCC MPDS auditors in October 2020 (where the code generated ineffective breathing). The study was carried out in all three CCCs with the findings below:</p> <p>Sample size (n=92) High compliance - 38 (41%) Compliant - 16 (17%) Partial compliance - 11 (12%) Low compliance - 9 (10%) Non-compliant - 18 (20%)</p> <p>The following high level themes and trends were identified:</p>

	<ul style="list-style-type: none"> • Overcoding (11) – generated a Red response when an Amber response was deemed more appropriate. • Incorrect Chief Complaint (13) - primarily EMDs not selecting Protocol 36 as per COVID guidelines. • Missed shunts to alternative protocols (2)
44	A coaching bulletin has been issued in relation to informing callers on defibrillator codes.

Clinical and Medical Directorate

45	Clinical Notices issued November 29/2020 - Tranexamic Acid PGD 30/2020 - Antimicrobial use 31/2020 - Pre-Alert guidance 32/2020 - Expired Drug Bins 33/2020 - Re-audit to measure appropriate administration of anticonvulsants in children 34/2020 - Grange University Hospital opening
46	Clinical Notices issued December 35/2020 – Strategic deployment of Tenecteplase in response to reduced use 36/2020 – PCR tagging for suspected or confirmed COVID-19 patients 37/2020 – Condition codes on patient clinical records re-audit (2019) 38/2020 – NICE Guidance – managing the long term effects of COVID-19 (<i>in draft</i>)
47	Regulation 28 An escalation process following the Coroner’s Regulation 28 has been drafted and sense checked with Field Operations, CCC and the Clinical teams. This was presented at the Medical and Clinical Services Directorate Business meeting and then to the Senior Operations Team. At this meeting, further revisions were recommended to align with the new leadership structures in 2021 and presently the process is still in draft.

52. The following table represents a ‘snapshot’ of the Clinical reviews undertaken within this reporting period and outlines the Themes and Trends associated with those. At this time some of these may still be under investigation or scrutiny.

Clinical reviews by Health Board	Number	Trends
Aneurin Bevan	11 (including 2 DATIX Reviews)	Improvement in documentation required Improvement in clinical decision making required ECG recognition requiring improvement CPG/JRCALC guidance not followed Good practice crew supported Policy not followed
Betsi Cadwaladr	3	Clinical practice and treatment
Cardiff and Vale	14	Drug administration Clinical practice
Cwm Taf	4 (including 10 DATIX reviews)	Clinical practice Communication between GP services and paramedics required improvement Patient handover and COVID-19 issues
Hywel Dda	3	Pathways Treatment Inadequate vehicle checks
Powys	3	Clinical practice
Swansea Bay	5	Clinical practice

RECOMMENDED that the Trust Board,

(1) Receives this report for information, discussion and noting.

EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required for this report.

REPORT CHECKLIST

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



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

AGENDA ITEM No	3.4
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

Financial Performance as at Month 9 – 2020/21

MEETING	Trust Board Meeting
DATE	28 January 2021
EXECUTIVE	Executive Director of Finance
AUTHOR	Executive Director of Finance
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

To present to the Board the Financial Performance Report as at Month 9 (December), 2020/21.

The Board is asked to scrutinize, comment and receive assurance on the financial position of the Trust.

KEY ISSUES/IMPLICATIONS

Key Highlights from the report which the Board may wish to note are:

- The Trust is forecast to breakeven for the 2020/21 financial year;
- There is currently a small underspend on revenue costs;
- WG has now confirmed full recovery of Covid-19 related costs;
- Capital expenditure is in line with plans;
- Risk of deviation from forecasts are considered to be very low;
- Planning and interim audit work for the 2020/21 accounts are already underway;
- Detailed planning on 2021/22 financial plan now in progress.

REPORT APPROVAL ROUTE

The Month 9 Finance Performance was presented to and considered by the Finance and Performance Committee on 14 January 2021. The main points to note were:

- The Committee noted that, due to meeting timing, the year to date financial performance was provided via a presentation to Committee, with the detailed reporting being provided to Trust Board via this report;
- The Committee noted the financial position at Month 9;
- Assurances were sought that Capital spend will be on plan by year-end given that only around half of the budget had been spent so far. This was confirmed, although there were other projects which could be funded in the event of unexpected slippage between now and the year end. Further assurance was sought that other projects were from the Trust's list of priorities. This was provided and would more than likely include the acceleration of planned 2021/22 spend in any event;
- The Committee sought clarification around the Covid-19 spend and the consequences if the Trust exceeded any current forecast WG agreed amount. It was confirmed this was very unlikely to happen, with current forecast costs now much less than that included with the Q3 / Q4 plan submission to WG, on which a confirmed funding value had been based. Should this materialise however, the Trust would seek further WG approval.
- The position regarding annual leave provision was clarified and the Committee commented on the additional pressure on the Trust of staff taking carried forward leave on top of their normal annual leave entitlement.
- The Committee sought assurances that the 2021/22 financial plan will be considered by the Committee prior to being presented to Board.

REPORT APPENDICIES

The Full Month 9 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 9 2020/21**

INTRODUCTION

1. This report provides the Trust Board with a summary update on the revenue financial performance of the Trust as at 31st December 2020 (Month 9), along with an update on the 2020/21 capital programme. Both of these were also presented to the Finance & Performance Committee (FPC) meeting held on 14th January 2021.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2020/21 year to date** (1st April 2020 – 31st December 2020) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.037m**. The year end forecast for 2020/21 is a balanced position, set against a small number of remaining (low) risks in achieving this;
 - In line with the financial plans that supported the submitted IMTP for this financial year, gross savings of £3.460m have been achieved against a year to date target of £3.405m, thus a slight **over achievement to date against the phasing plan set at the opening of the financial year**.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.5% for the number, and 98.2% of the value** of non NHS invoices paid within 30 days.
3. The main financial risk remaining now at this stage of the financial year continues to be in relation to the outcome of the current appeal against the ruling in relation to the payment of holiday pay on voluntary overtime. However, as previously reported to Board, this is a national issue with an NHS Wales wide solution being required for any additional in year cost pressures this may generate, on top of that already allowed for on the balance sheet.
4. It is pleasing however to be able to report to Board that the risk around the balance of funding for unavoidable costs incurred this financial year as a result of the COVID-19 pandemic has now been removed following the written confirmation from Welsh Government (WG) during Month 9 that all such costs will be funded. An additional risk has been added this month in relation to funding for the Personal Injury Benefit Scheme, with a further review to be undertaken in month 10; however with this being more technical in nature, and discussions in relation to this frequently held with WG colleagues, this is also considered a low risk

REVENUE FINANCIAL PERFORMANCE

5. The table below presents an overview of the financial position for the period 1st April to 31st December 2020.

Revenue Financial Position for the period 1st April - 31st December				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-226,353	-166,770	-167,044	-274
Expenditure				
Pay	160,540	118,345	118,544	199
Non-pay	48,775	35,503	35,498	-5
Total pay & non-pay expenditure	209,315	153,848	154,042	194
Depreciation & Impairments / interest payable & receivable	17,038	12,922	12,965	43
Total	0	0	-37	-37

Treatment of COVID-19 spend

- Due to the COVID-19 pandemic, the Trust has recorded additional unavoidable spend in the cumulative Month 9 position totalling £10.101m, of which £5.924m are pay costs, £4.365m of non-pay costs and £0.271m within some areas of unachieved savings targets. This has then been offset by an element reduced expenditure, compared to what would have been incurred without the pandemic, of £0.459m. Confirmation was received during Month 9 that all such incurred and forecast unavoidable "COVID-19 costs" would be funded and the Trust is now invoicing WG direct for the costs incurred to date.
- A summary of the COVID-19 revenue costs reported in the Month 9 financial position is therefore as per the table below:

	Month 9 (December 20) £000
Total Pay	5,924
Total Non-Pay	4,365
Non Delivery of Savings	271
Expenditure Reductions	-459
Overall	10,101

8. Ahead of this, the Trust had already invoiced WG on their request for the unavoidable pay costs incurred during the first wave of the pandemic, for Months 1 to 3, which totalled £2.143m.
9. Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £11.733m. Even at this stage of the financial year, the continuing response to the pandemic over the next few months is still largely unknown, forecast costs will continue to be reviewed monthly therefore but are clearly sensitive to the changing impact of the Trust's required response. We continue to keep both our Commissioners and WG fully sighted on any significant movement to the above current estimate of full year costs.

Income

10. Reported Income against the initial budget set to Month 9 shows a surplus of £0.274m. The surplus is due to VAT reclaims in excess of budget, this has offset somewhat the reduction in income from sporting events cover seen this financial year.

Pay costs

11. Overall, the total pay variance at Month 9 is a small overspend of £0.199m.
12. As noted above, unavoidable COVID-19 related pay costs incurred and accrued to date amounts to £5.924m, a summary of which is as follows:
 - Overtime costs to support UHP - £1.556m and this includes initiatives relating to payments for attendance allowance to operational staff earlier in the financial year, hours in excess of normal averaged overtime, overtime to Band 8 staff and payment of overtime to those in corporate functions who worked excess hours supporting COVID activities;
 - Students / Returners - £0.557m who worked on bank contracts;
 - Salary recharge costs for Fire and Rescue staff estimated at £0.192m;
 - Additional staff utilised to support 111 and 999 costs (Call Handlers, Clinicians etc) £0.833m;
 - Staff who increased contracted hours on a temporary basis and those who had temporary increases in grading and supported pandemic cells and agency costs £0.296m.
 - A current estimate, based in an agreed all Wales methodology, of estimating the financial impact of an additional Covid-19 related annual leave accrual £2.490m.

Non-pay Costs

13. The overall non-pay position at Month 9 is again a very small overspend of £0.038m, this was due to overspends on fleet maintenance costs, staff uniforms, medical supplies and services that were offset by underspends on Taxis, Fuel and Ambulance Car Services.
14. As again noted above, COVID-19 related additional unavoidable non pay expenditure incurred and accrued to Month 9 totalled £4.365m. Areas of additional spend included:

- Transport - £1.359m, which includes procuring private providers to support NEPTS and Health Board field hospitals and surge sites, and also extended use of St John Ambulance Cymru provision to support EMS;
- PPE, IPC and Clinical Supplies - £2.165m. Whilst significant levels of PPE have been provided to the Trust through the NHS Wales supply chain via NWSSP, given the nature of our services, levels of additional PPE have also had to be sourced locally;
- Project Management and Consultancy support - £0.142m;
- Telephony Costs - £0.062m from additional costs of 111 call volume;
- Rent & Utilities - £0.165m from extended 111 and 999 areas;
- Other areas included general equipment, cleaning and uniforms.

Savings

15. Our 2021/22 financial plan identified that a minimum of £4.3m of savings and cost containment measures were required to achieve financial balance in 2020/21. £3.460m of savings have been delivered between 1st April and 31st December 2020 against a profiled year to date target of £3.405m.
16. As detailed above, included within the savings is a shortfall of £0.271m which is attributable to the impact of COVID-19 pandemic, this is now offset by overachievement on some schemes resulting in a small year to date overall overachievement on savings of £0.055m against the phasing plan set at the opening of the financial year.

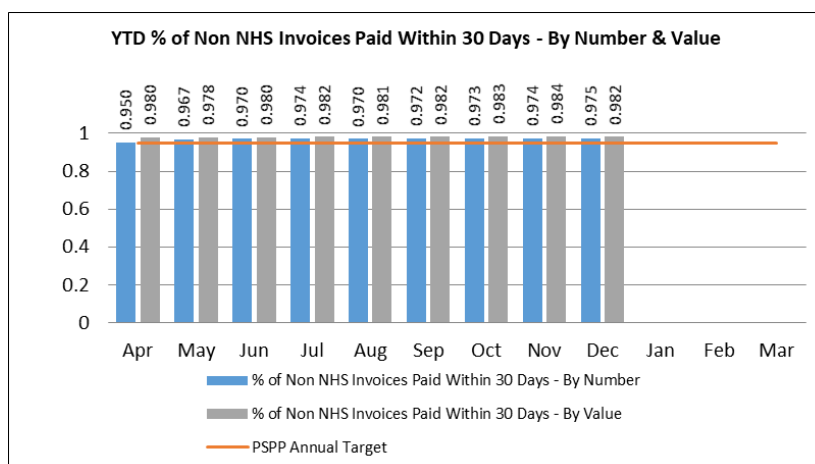
Financial Performance by Directorate

17. Whilst there is a small surplus reported at Month 9 there are a few variances between Directorates as shown in the table below when compared to the budgets set at the outset of the financial year. As previously reported to Board and Finance & Performance Committee, the treatment of centralising gross unavoidable costs as a result of the COVID-19 pandemic, to allow for consistent detailed analysis and reporting of this as required in our monthly financial monitoring returns to WG, through the "Trusts reserves" line, whilst then obviously only reporting the net funding coverage for this through this line too, results in a presented overspend here, which is offset against a resulting presentational underspend elsewhere, predominantly in the Operations Directorate line. As noted above, this net difference is currently £0.459m which makes up the majority of the offset variances reported against these two areas in the table below.

Financial position by Directorate @ 31st December				
Directorate	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Operations Directorate	116,749	84,922	84,397	-525
Chief Executive Directorate	1,778	1,285	1,251	-34
Board Secretary	307	226	204	-23
Partnerships & Engagement Directorate	641	463	435	-28
Finance and Corporate Resources Directorate	13,834	10,099	10,297	198
Planning and Performance Directorate	717	520	513	-7
Quality, Safety and Patient Experience Directorate	3,798	2,748	2,620	-128
Digital Directorate	9,230	6,386	6,294	-92
Workforce and OD Directorate	3,790	2,726	2,640	-86
Medical & Clinical Services Directorate	2,638	1,915	1,950	35
Trust Reserves	20,899	14,147	14,730	583
Trust Income (mainly WHSC)	-174,380	-125,435	-125,367	68
Overall Trust Position	0	-0	-37	-37

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

18. Public Sector Payment Policy (PSPP) compliance up to Month 9 was 97.5% against the 95% WG target set for non-NHS invoices by number and 98.2% by value.



CAPITAL

19. At Month 9 the Trust's current approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2020/21 is £14.876m. To date there has been £7.063m of Capital expenditure incurred. Whilst this may seem low against the total spend expected, this is in line with our plans at this stage of the year with continual monitoring of expenditure levels ongoing to ensure full delivery of the funding provided by the year end. Any changes to the mix of schemes through which this will be achieved will be reported through the relevant governance mechanisms, including potentially in conjunction with WG. Finance and Performance Committee also discussed this in some detail at its meeting on 14th January 2021, where further assurances on the delivery of the Trust's CEL in full by the end of March 2021 were sought and provided.

20. Included within the £7.063m are £0.937m worth of Capital cost as a result of the COVID-19 pandemic, for which the Trust has now also had confirmation from WG that this is being fully funded.

21. Below is therefore a summary of the current capital position.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP - Control Room Solution	7	119
111 Integrated Information Solution	433	900
COVID-19 Digital Devices	160	160
COVID-19 DPIF	162	180
COVID-19 Digipens	129	129
COVID-19 Working from home	351	351
Phone First - ICT	103	500
Electronic Patient Clinical Records	0	216
WAST Cardiff MRD	1,101	3,428
COVID-19 Estates	135	137
Phone First Estates	7	500
Provision of Mobile Clinical Solution Unit	531	537
EMS Comms 19-20	114	138
RRV Conversion 19-20	216	214
RRV Comms 19-20	81	101
NEPTS Large Renault Master (Double Wheelchair) Conversion 19-2	78	44
NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20	(1)	6
Specialist (HART) Personnel Carrier Conversion 19-20	14	14
Specialist (HART) Personnel Carrier COMMS 19-20	(1)	17
Urgent Care Services Vehicle (Grange project) - Conversion	512	512
Urgent Care Services Vehicle (Grange project) - Chassis	0	10
Urgent Care Services Vehicle (Grange project) - Comms	48	195
Urgent Care Services Vehicle (Grange project) - Equipment	74	427
Sub Total	4,255	8,835
Discretionary:		
I.T.	246	792
Equipment	2,194	2,717
Statutory Compliance	0	0
Estates	198	2,205
Other	170	280
Unallocated Discretionary Capital	0	168
Sub Total	2,808	6,162
Total	7,063	14,997
Less NBV reinvested	0	(121)
Total Funding from WG	7,063	14,876

RISKS AND ASSUMPTIONS

22. The financial risks continue to be assessed monthly, and as we move into the last quarter of the financial year, we will be further reviewing these to ensure that the level of likelihood is assessed along with the financial value, with as above a number of these now wither able to be removed or having fully mitigations plans. These are also then quantified as part of our monthly submissions to WG.
23. Non delivery of Saving Plans/CIP's is still included as a risk in these returns, 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, as at month 9 this remains at £0.350m.
24. A previous financial risk around Winter Pressures has now been removed in line with the proposal around the funding assumed within the Q3/Q4 plans, that activities will only be undertaken once funding is confirmed.
25. The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.653m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2020. A Court of Appeal date is still awaited in connection with this issue. No accruals are included within the 2020/21 position at present but we have included a medium rated risk of £1.000m in connection with this, noting as above that this is an NHS Wales wide issue, national discussions on which therefore also continue with WG colleagues.
26. An additional risk has been added in Month 9, this relates to funding for the PIBS scheme. The value of this risk equates to the current full year forecast of £1.860m for costs associated with this scheme. Funding for this scheme has always previously been provided by WG on a matched annual basis, and this is assumed again this financial year. This is also supported by ongoing correspondence and dialogue with WG colleagues and a further review of this scheme's provision/forecast will be undertaken during Month 10, which will take into account recent information received and its results will be shared and incorporated into the Month 10 position. Given the more technical nature of this cost, the history of match funding being provided and the ongoing involvement of WG colleagues in the detail of this, it is considered a low risk, but one that is technically a risk until the final financial values are confirmed and match funding received.

WELSH GOVERNMENT MONTHLY MONITORING RETURNS

27. As is required by Welsh Government, **Appendices 1, 2, 3 and 4** provide the Board with copies of the Monthly Monitoring Return narrative and tables for Month 8 and Month 9.

2020-21 YEAR END AND SHIFT IN FOCUS TO 2021-24 FINANCIAL PLANNING

43. As we head towards the end of the last quarter of the financial year, the finance function will be focussing on the following priorities for the organisation:

2020-21 Year end accounts & audit work

44. Planning and interim audit work is now ongoing in respect of the 2020/21 Trust Annual Accounts. There is an emphasis on frontloading as much work as possible.
45. Current planning assumptions are that the 2020/21 year-end audit will again be conducted virtually maximising the use of technology and building on the experiences of the 2019/20 audit.

2021-22 Financial Plan & IMTP 2021-24

46. The focus of the teams operationally and financially is to produce the detailed financial plan for 2021/22 that underpins the IMTP for 2021-24 and as can be appreciated, the 2021/22 financial plan production will be impacted significantly, as across the entire NHS, by the pandemic.
47. Following the issuing of the NHS Wales 2021/22 planning guidance and the NHS Wales Allocation Letter and discussions at a recent all Wales Directors of Finance 2021/22 financial planning meeting, the broad expectations are highlighted as below:

External Timelines 2021/22 financial plan

48. Organisations to submit a draft 2021/22 financial plan to the Finance Delivery Unit (FDU) by mid-February.
49. A three-way discussion (between Welsh Government / FDU and Health Boards/Trusts) to be held in late February 2021 (similar to that which the organisation engaged with post the 2020/21 Q3 / Q4 submission).
50. As expected the financial plan for 2021/22 will need to include as a minimum any carried forward underlying financial position; a baseline uplift position for the coming financial year in terms of income and expenditure movements; our current assumptions in terms of the continuing impact COVID-19 and anything we can forecast financially currently as a result of any recovery phase; full year effect of investments, income levels, and any savings & efficiencies required.

Internal WAST Timelines IMTP 2021-24

51. Only a 1-year financial plan has been requested to be submitted to WG / FDU, however, in line with the rest of the current planning ongoing, we will be looking to produce as much as we can a 3-year plan.
 - Financial Plan & IMTP 2021-24 incorporating a 3-year financial plan, 1st draft due 29th Jan.
 - Financial Plan & IMTP 2021-24 2nd draft due 28th Feb.
 - Financial Plan & IMTP 2021-24 will be presented to the Finance & Performance Committee for sign off 11th March or at a specifically arranged session as required prior to presentation and sign off at Trust Board.
 - Financial Plan & IMTP 2021-24 submission to the Trust board for sign off 25th March, ahead of 31st March 2021 deadline.

RECOMMENDED that the Board:

- **Notes the Month 9 revenue and capital financial position and performance of the Trust as at 31st December 2020;**
- **Notes the Month 8 and Month 9 Welsh Government monitoring return submission included within Appendix 2-5 below (as required by WG).**
- **Notes the Financial Plan & IMTP 2021-24 plan and submission dates externally and internally.**



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Martin Woodford

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

11th December 2020

Your ref: WAST\m08\ajh\al-w

Dear Andrea

Re: NOVEMBER 2020 (MONTH 8 2020/21) MONITORING RETURN

Please find attached the Monitoring Returns for November 2020.

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

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

The Trust's performance against financial targets for Month 8 2020/21 is as follows:-

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

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

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

Month 8 also includes an income assumption to offset the significant net additional unavoidable revenue costs incurred by WAST in its planning and response to COVID-19. The year to date value now stands at £7.727m, as shown in Table B3. Welsh Government previously advised WAST to invoice them for the pay costs only incurred in Months 1 to 3 and this value was £2.143m. The balance of funding to cover the remaining costs is therefore

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwlans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

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

Ffôn/Tel
01633 626262

assumed within the Trust's current reported year to date financial position, and following discussions with WG as part of the Month 06 / Q3/Q4 financial review discussions held on 6th November 2020 it was confirmed that this assumption was sound and I understand that formal confirmation of additional funding to support this is due imminently.

The resulting reported performance at Month 8 as per Table B is therefore a small year to date under-spend against budget of £0.037m, after allowing for the above COVID-19 funding assumption.

The reported total pay variance against plan as at Month 8 is a overspend of £0.124m. As per Table B3 the COVID-19 pay related costs to Month 8 totaled £3.373m.

The non-pay position at Month 8 is a reported overspend of £0.001m, although this is made up of underspends on Taxis, Fuel and Ambulance car services, offset by overspends on fleet maintenance costs, staff uniforms, medical supplies, and services.

Income at Month 8 shows a surplus of £0.162m due to VAT reclaim in excess of budget, this has offset somewhat the deduction in income from Sporting events cover.

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

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

2. Movement (Table A)

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

Table A has now been adjusted for the profit on disposal of assets, this is shown on line 19 as a reduction of £0.140m this is due to delay in the sale of HM Stanley site.

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

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

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

3. Risk (Table A2)

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

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

The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.653m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2020. A Court of Appeal decision is still awaited in connection with this issue. No accruals are included within the 2020/21 position at present but we have included a medium rated risk of and additional £1.0m in connection with this.

The Trust included a risk as at month 3 around the balance of funding for COVID-19 costs (excluding pay costs for Month 1 to 3 as reference previously). Following the discussion with WG at the Q3/Q4 review meeting we were pleased to hear confirmation that funding for this should be received, however as we are yet to receive funding, the Trust has held the risk to ensure consistent reporting.

4. Monthly Profiles (Table B)

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

It should also be noted that following the Q3/Q4 exercise some of the previously forecast (worst case) unavoidable costs relating to the pandemic have not yet materialised, and some of the developments and schemes for which funding needs to be confirmed upfront have either not yet been approved, or have seen some approval delays, and therefore have not yet moved forward with the pace previously anticipated and in other cases some of the previous key assumptions have now been updated. This has all resulted in a revised full year forecast cost being lower than previously stated, therefore the assumed income / expenditure has reduced by circa £8.865m, the bulk of this is explained by the table below, with further detail in relation to the current full year forecast of unavoidable costs as a result of COVID-19 also included in section 7 below. **(Action Point 6.1).**

Major Income/Expenditure Adjustment	Month 7 PLAN '£000	Month 8 PLAN '£000	Variance '£000
COVID Related Schemes			
NEPTS External Providers (Field Hospital)	800	350	- 450
UCA Support (St J)	500	416	- 84
UHP increased to 106.5%	2,980	1,729	- 1,251
Matched Income			
Phone First	3,673	1,350	- 2,323
111 increases	300	-	- 300
MTU (additional 15)	6,319	2,512	- 3,807

As can be seen, the two areas of the biggest movement currently are as follows:

- Contact / Phone First, where as at M6/7, Q3/4 plan submission, this was being planned on a potential start date in November / December (in terms of real additionality) and an additional staffing requirement as initially projected and worked through with the 111 Programme Team. This has now moved forward significantly over the last couple of weeks, with a revised timeline for introducing this service, in phases (Phase 1 of which actually results in initially no assumed increase in call volume to 111) over the coming months. The total estimated number of additional staff to eventually provide the full service across Wales has also seen a reduction, in particular in relation to call handlers. The cost impact of all this is still being finalised, but this will now undoubtedly see reduced costs this financial year from that previously estimated a couple of months ago. The full year recurring cost of this service will still be fairly significant however, albeit again reduced from that previously shared with Commissioners, the 111 Programme Team, etc due to the reduced numbers of call handlers now forecast to be required;
- Mobile Testing Units – where the number and timescales for which the Trust may now be requested to provide these regularly gets updated and, when compared to the that expected at the time of submitting the Q3 / Q4 plan, significantly reduced.

As previously noted, none of these changes impact on the current year to date or forecast reported financial position of the Trust, with the agreement in relation to the vast majority, if not all, of these additional in year developments being that the Trust will only seek to recover the actual costs it eventually incurs. This has been the approach

agreed, and in many cases, insisted upon by the Commissioner or whoever is confirming the funding to the Trust (e.g. in the case of the MTUs, the DHSC).

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

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

5. Ring Fenced Funding (Table B)

Following a discussion between Jillian Gill and yourself on 30 November 2020, it is clear that the discrepancy between the November Non Cash schedule and the M7 Monitoring Return was due to issues that arose on the agreement of funding for Covid-19. Approval for all elements of Covid-19 schemes has now been received and I can now confirm that the strategic funding line has been amended to agree to both the approved and unapproved lines within the November Non Cash Schedule being a total of £3.834m for the financial year. **(Action Point 7.6)**

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

Agency costs for Month 8 totalled £0.087m. The current percentage of agency costs against the total pay figure is 0.6%, this is to cover vacancies and to provide additional cover in relation to COVID-19. The Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table has now been updated and includes revised forecasts of the likely costs, however it should be noted that this is only a forecast and is subject to change **(Action Point 7.1)**

7. COVID-19 (Table B3)

A summary of the year to date COVID-19 costs displayed in Table B3 and cumulatively reported in the Month 8 financial position are provided below:

	Month 8 (November 20) £000	Funding received to date £000
Total Pay	3,373	2,143
Total Non-Pay	4,542	
Non Delivery of Savings	271	
Expenditure Reductions	-459	
Overall	7,727	2,143

At Month 8 there is still a remaining funding requirement of £5.584m based on incurred costs and £8.638m based on the current forecasted costs to the end of the financial year (see below).

As previously noted, the Month 8 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £10.781m which is reduction from the figures submitted in Q3/Q4 plan, as with above the table below explains the difference. As we are aware the future response to this pandemic is unknown, but these forecasts have been updated as per the demand profiling based on the latest intelligence, the additional costs we have had to incur to date and pressures we see coming through to us as a direct result of impacts within HBs (e.g. in relation to transport support potentially

required to field hospitals, of which none has been needed as yet). These forecast costs will continue to be reviewed on a monthly basis but are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward. Funding will of course only be required for the eventual actual net costs incurred.

	£m
COVID FORECAST YEAR SPEND REPORTED M7 20/21	12.697
COVID FORECAST YEAR SPEND REPORTED M8 20/22	10.781
Reduction	1.916
Analysed By	
Reduction in NEPTS Support required for Field Hospitals	0.450
Reduction in UCA Support by external providers	0.084
Reduction in costs to over produce Unit Hour Production	1.251
Reduction in anticipated spend on PPE for November 20	0.081
Reversal of Accrual for 111 call charges as invoices now received	0.050

To note there is still **one main exclusion** from the costs in Table B3 and these are PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to NHS Wales organisations. Estimated costs in relation to support provided by the Military under MACA (Military Aid to Civil Authorities) arrangements were included in Month 2 and 3 and have since been identified separately in Table B3. To note no invoices have been received by WAST to date but it is my understanding that WG have been sent these direct for payment. If this is the case then this accrual may need to be reversed. Also to note WAST may be requesting future MACAs to support our operational delivery.

In response to the specific query raised last month (**Action Point 6.3**) re transport costs of £0.1m in each of the final 5 months, this is in relation to the expected St John additionality detailed as part of the Q3/Q4 submission. The additional £0.800m was referenced in our Q3/Q4 submission and was in relation to NEPTS support requested for field hospitals (**Action Point 7.2**). As noted in the above table, this value has been refined in this M8 return, due to no calls on this as yet from HBs, and reduced by £0.450m to £0.350m.

In regards to the Annual leave accrual due to COVID 19 (**Action Point 7.3**), as at M8 WAST is not currently anticipating any significant increase in annual leave carried forward at year end and hence the value on its balance sheet is adequate as WAST continues to apply its standard policies around this area. As WAST enters a further 'response' stage to the pandemic this area will be monitored on a monthly basis if policies are reviewed or changed to support our resourcing requirements.

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

For Month 8 the Trust is reporting planned savings of £3.097m and actual savings of £3.116m, thus a small overachievement of plan. The Trust is forecasting to achieve savings of £4.300m against the plan of £4.300m during the financial year. The Trust is currently forecasting to overachieve on other saving lines and as previously mentioned and is assuming funding for the COVID-19 shortfall as detailed within Table A, in order to breakeven as forecasted.

Whilst savings have continued to be achieved during the pandemic, excluding the aforementioned shortfall, it is anticipated that the ability to achieve previously planned saving will reduce somewhat especially in light of the reduction in capital funding. Fleet savings as an example will be harder to achieve as vehicles, which would have been replaced, are being kept on the road longer incurring much higher revenue costs.

9. Income/Expenditure Assumptions (Tables D and E)

These are set out in Tables D and E.

Non EASC income assumptions are in line with additional services provided by WAST, however as these are yet to all be signed off, these are included on line 2, in the anticipated section however at present there is no known risks to say these services will not be provided to the level currently budgeted.

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance.

WHSSC / EASC and WAST continue to meet to reconcile income / expenditure assumptions between our organisations but due to timing issues for the release of funding for approved CASC developments there continues to be a reconcilable element that will be present in the MMR returns and hence will appear again in Month 8. For Month 8 WASTs income assumptions total £172.741m which will be higher than WHSSC by £2.049m. Both organisations are aware of the reconcilable items and values and these are as follows

- The CASC has confirmed funding in relation to the residual balance required to fulfil the full recruitment identified in the Demand and Capacity review up to a value of an additional £1.5m. This value is currently included as planned income by WAST but a full year forecast of this project will be undertaken with actual values agreed prior to Month 9 reporting;
- The CASC has confirmed funding to a maximum of £0.3m for the Operational Delivery Unit (ODU) and £0.150m for temporary mobile cleaning / decontamination site. Current forecast estimates show full use of this allocation and hence both values are included as planned income by WAST, and
- There is a small element of £0.099m in relation to ARRP regarding funding flows between EASC and WAST (**Action Point 7.4**)

The Trust can confirm receipt of the funding for the months 1 to 3 COVID pay costs, this income has now been moved within Table E1 (**Action Point 7.5**)

10. Healthcare agreements and Major Contracts

Invoices for WAST's LTA/SLA with other NHS Wales organisations have been raised and to date no major issues have been received. As above, discussion will continue with EASC via our commissioning arrangements.

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

The Statement of Financial Position has been completed for Month 8.

The Trust can confirm at Month 8 that there is 1 invoice over 11 weeks, this is being actively chased, and the Trust can confirm the query on this invoice has now been resolved.

12. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance

MONTHLY CASHFLOW FORECAST 2020-21													
	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	28	23	22	27	25	19	27	25	27	27	27	27	304
Other Non NHS Income	82	93	35	202	40	33	66	45	100	100	100	100	996
Pensions Agency	0	0	0	0	0	0	0	0	30	0	0	0	30
Vat Refund	182	521	234	0	262	591	204	0	632	400	200	150	3,376
Risk Pool Refund	0	52	0	338	0	0	0	5	0	0	0	0	395
Total	292	689	291	567	327	643	297	75	789	527	327	277	5,101
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	30	0	0	0	0	0	0	0	0	0	30
Pensions / Retirements	0	0	0	0	0	0	0	127	0	0	0	0	127
Total	0	0	30	0	0	0	0	127	0	0	0	0	157

Details of 'Other' receipts and 'Other' payments as shown within lines 7 and 15 of Table G are shown above.

13. Public Sector Payment Compliance (Table I)

This has been completed for Quarter 2. Work continues internally to improve the NHS payment performance during 2020/21.

14. Capital (Tables I and K)

The capital tables have been completed in accordance with the guidance.

Following discussion with the WG Capital team, it has been agreed and signed off by the Minster that the previously declared slippage can be utilised to fund the GUH additional vehicles circa £1m in this financial year with a further £1m being provided next financial year. The 2020-21 funding is to replace the chassis and equipment previously purchased by the Trust for the 2020-21 builds. It has also been confirmed that the £1m utilised from this year's slippage will be re-provided in 2021-22 to the Trust to complete the All Wales capital projects.

Following a request from WG to "fix" the CEL at the end of October, a number of adjustments are currently reflected within the revised capital table figures.

Included within the 2020-21 spend are a number of schemes which have previously been reported to WG which have arisen purely as a result of the COVID-19 outbreak, these are recorded separately. Following discussions with WG Capital team a funding letter has been received by the Trust.

15. Committee to receive Financial Monitoring Return

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its Committees.

The Month 8 Financial Monitoring Return will be presented to the next Finance and Performance Committee on 14th January 2021.

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

16. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc

cc:

Mr M Woodford, Chairman
Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	NOV 20
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR NOV 20 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Welsh Ambulance Trust

Period : Nov 20

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	37	0

Period : Nov 20

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2 New Cost Pressures - as per 3 year plan (Negative Value)	-16,424	-300	-16,124	-16,124
3 Opening Cost Pressures	-16,424	-300	-16,124	-16,124
4 Welsh Government Funding (Positive Value)	0	0		
5 Identified Savings Plan (Positive Value)	4,300	0	4,300	4,300
6 Planned Net Income Generated (Positive Value)	6,024	0	6,024	6,024
7 Planned Accountancy Gains (Positive Value)	0	0	0	0
8 Planned Profit / (Loss) on Disposal of Assets	300	300	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10 LTA/SLA inflation	5,800	0	5,800	5,800
11 Planning Assumptions still to be finalised at Month 1	0	0		
12 IMTP / Annual Operating Plan	0	0	0	0
13 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
14 Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	-271	0	-271	
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	271	271	0	0
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0	0	0	0
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	-140	-140		
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
21 Additional In Year Welsh Government Funding (Positive Value)	0	0		
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	10,781	10,781		
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-10,969	-10,969		
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	459	459		
25 Slippage on Planned Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive)	0	0		
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 WRP	-312	-312		
28 Adjustment re saving schemes prior months	0	0		
29 Additional VAT reclaim	181	181		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	271	-271	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,644	-10,749	-16,424
3	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,644	-10,749	-16,424
4													0	
5	385	576	430	386	337	342	333	310	308	305	304	286	3,097	4,300
6	467	276	422	467	515	510	519	542	544	547	598	616	3,719	6,024
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8												300	0	300
9												0	0	0
10	483	483	483	483	483	483	483	483	483	483	483	483	3,867	5,800
11													0	0
12	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	42	42	-67	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	-107	-30	-38	-48	-48	0	0	0	0	0	0	0	-271	-271
15	0	-19	-4	23	97	51	72	-41	-50	-46	-43	-41	180	0
16	0	0	0	0	0	50	30	30	41	40	40	40	110	271
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19												-140	0	-140
20													0	0
21													0	0
22	1,437	1,698	1,992	993	488	494	364	261	728	775	775	776	7,727	10,781
23	-1,455	-1,890	-2,037	-974	-440	-494	-364	-261	-728	-775	-775	-776	-7,915	-10,969
24	125	222	83	29	0	0	0	0	0	0	0	0	459	459
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	11	12	12	10								-45	45	0
27					-85	-88	-90				-49		-263	-312
28	0	19	4	-23									0	0
29								33	7	4		137	33	181
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	3	4	3	1	4	4	4	14	-10	-10	-10	-7	37	

Table A1 - Underlying Position

This table needs completing monthly from Month: 6

This Table is currently showing 0 errors

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

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

Welsh Ambulance Trust

Period : Nov 20

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Overtime on Holiday pay	(1,000)	Low
13	Non-funding of COVID-19 costs	(8,638)	Low
14	Non delivery of saving plans/CIP	(350)	Low
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(9,988)	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(9,988)	
38	Best Case Outturn Scenario	0	

Welsh Ambulance Trust

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 3

Period : Nov 20

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Capital Donation / Government Grant Income	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	2,822	2,879	2,907	2,927	2,921	2,923	2,870	2,937	2,816	2,816	2,816	2,817	23,186	34,451
4	WHSSC Income	Actual/F'cast	12,898	13,788	13,329	12,534	13,908	14,363	13,648	14,409	15,970	15,970	15,970	15,973	108,877	172,760
5	Welsh Government Income (Non RRL)	Actual/F'cast	1,579	1,749	2,046	1,120	532	526	512	305	803	850	850	851	8,369	11,723
6	Other Income	Actual/F'cast	1,075	422	663	1,484	1,183	155	1,371	1,006	982	2,688	2,688	1,435	7,359	15,152
7	Income Total		18,374	18,838	18,945	18,065	18,544	17,967	18,401	18,657	20,571	22,324	22,324	21,076	147,791	234,086
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Provided Services - Pay	Actual/F'cast	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	14,277	16,103	15,749	14,743	105,095	165,967
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,316	3,428	3,319	3,044	3,085	3,086	3,396	3,247	4,306	4,239	4,603	4,386	25,921	43,455
12	Secondary Care - Drugs	Actual/F'cast	52	36	34	19	32	39	41	38	30	25	25	25	291	396
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Other Private & Voluntary Sector	Actual/F'cast	733	720	854	414	369	413	418	543	550	550	550	550	4,464	6,664
17	Joint Financing and Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	60	59	176	118	97	(223)	127	48	55	55	55	55	462	682
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	(5)	0	0	0	0	0	0	0	0	0	0	0	(5)	(5)
21	Total Interest Payable - (Trust Only)	Actual/F'cast	18	17	18	18	18	17	18	(79)	5	6	6	6	45	68
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	1,244	1,244	1,244	1,706	1,360	1,359	1,407	1,366	1,366	1,366	1,366	1,368	10,930	16,396
23	AME Donated Depreciation\Impairments	Actual/F'cast	0	0	0	0	659	0	(36)	0	0	0	0	0	623	623
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast	0	(5)	(13)	(8)	(8)	(10)	2	(30)	(8)	(10)	(20)	(50)	(72)	(160)
26	Cost - Total	Actual/F'cast	18,371	18,834	18,942	18,064	18,540	17,963	18,397	18,643	20,581	22,334	22,334	21,083	147,754	234,086
27	Net surplus/ (deficit)	Actual/F'cast	3	4	3	1	4	4	4	14	(10)	(10)	(10)	(7)	37	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28. Actual YTD surplus/ (deficit)	37	
29. Actual YTD surplus/ (deficit) last month	23	
30. Current month actual surplus/ (deficit)	14	
		Trend
31. Average monthly surplus/ (deficit) YTD	5	▲
32. YTD /remaining months	9	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	93
34. Year to Date Trend Scenario	56

C. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
35	Baseline Provider Depreciation	Actual/F'cast	1,244	1,244	1,244	1,706	1,360	830	878	811	811	811	811	812	9,317	12,562
36	Strategic Depreciation	Actual/F'cast						529	529	555	555	555	555	556	1,613	3,834
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		1,244	1,244	1,244	1,706	1,360	1,359	1,407	1,366	1,366	1,366	1,366	1,368	10,930	16,396
41	AME Donated Asset Depreciation	Actual/F'cast													0	0
42	Impairments	Actual/F'cast					659		(36)						623	623
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	0	659	0	(36)	0	0	0	0	0	623	623

D. Accountancy Gains

[illegible][illegible]

Welsh Ambulance Trust

Period : Nov 20

This Table is currently showing 0 errors

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 3

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	2,225	2,277	2,186	2,015	2,073	2,257	2,006	2,066	2,368	2,396	2,395	2,394	17,105	26,658
2	Medical & Dental	136	77	(52)	(4)	(7)	(33)	(36)	100	0	0	0	0	181	181
3	Nursing & Midwifery Registered	830	780	846	846	880	712	768	792	898	925	910	992	6,454	10,179
4	Prof Scientific & Technical	8	8	8	8	8	8	8	8	8	8	8	8	64	96
5	Additional Clinical Services	4,565	4,703	4,879	4,676	4,688	4,974	5,006	5,187	5,459	5,816	5,654	5,564	38,678	61,171
6	Allied Health Professionals	5,031	5,314	5,279	5,060	5,130	5,203	5,118	5,205	5,369	6,771	6,596	5,594	41,340	65,670
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	158	176	164	152	156	161	154	152	175	187	186	191	1,273	2,012
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	14,277	16,103	15,749	14,743	105,095	165,967

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	14,277	16,103	15,749	14,743	105,095	165,967
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	14,277	16,103	15,749	14,743	105,095	165,967

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	32	52	33	25	28	(4)	17	30	27	27	27	27	213	321
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered			14	8	14	16	15	16	3	3	3	3	83	95
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services					7	16	4	5	1	1	1	1	32	36
6	Allied Health Professionals			18	14	36	43	42	36	36	36	36	36	189	333
7	Healthcare Scientists													0	0
8	Estates & Ancillary	12	16	7	5	4	6	4	0	0	0	0	0	54	54
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	44	68	72	52	89	77	82	87	67	67	67	67	571	839

11	Agency/Locum (premium) % of pay	0.3%	0.5%	0.5%	0.4%	0.7%	0.6%	0.6%	0.6%	0.5%	0.4%	0.4%	0.5%	0.5%	0.5%
----	---------------------------------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

C - Agency / Locum (premium) Expenditure

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

REF	REASON	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Vacancy	13	14	16	5	15	6	18	29	27	27	27	27	116	224
2	Maternity/Paternity/Adoption Leave	3	1											4	4
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)	13	6	24	18	47	43	46	41	40	40	40	40	238	398
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19	15	47	32	29	27	28	18	17	0	0	0	0	213	213
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	44	68	72	52	89	77	82	87	67	67	67	67	571	839

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)												
2	Establishment & Bank Additional Hours:												
3	Administrative, Clerical & Board Members	126	109	58	0	10	9	0	0	0	0	0	0
4	Medical & Dental												
5	Nursing & Midwifery Registered	18	0	0	0	0	0	0	0	0	0	0	0
6	Prof Scientific & Technical												
7	Additional Clinical Services	141	206	158	101	56	32	38	35	200	200	200	200
8	Allied Health Professionals	121	176	119	87	45	25	38	35	200	200	200	200
9	Healthcare Scientists												
10	Estates & Ancillary	3	2	2	0	0	0	0	0	0	0	0	0
11	Sub total Establishment & Bank Additional Hours	407	492	336	187	110	66	76	69	400	400	400	400
12	Agency:												
13	Administrative, Clerical & Board Members	0	32	17	19	22	28	18	17	0	0	0	0
14	Medical & Dental												
15	Nursing & Midwifery Registered												
16	Prof Scientific & Technical												
17	Additional Clinical Services												
18	Allied Health Professionals												
19	Healthcare Scientists												
20	Estates & Ancillary	16	15	15	10	5	0	0	0	0	0	0	0
21	Sub total Agency	16	47	32	29	27	28	18	17	0	0	0	0
22	Returners (Provide WTE to the right):												
23	Administrative, Clerical & Board Members												
24	Medical & Dental												
25	Nursing & Midwifery Registered												
26	Prof Scientific & Technical												
27	Additional Clinical Services												
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary												
31	Sub total Returners	0	0	0	0	0	0	0	0	0	0	0	0
32	Students (Provide WTE to the right):												
33	Medical & Dental												
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services	54	113	155	95	95	32	0	0	15	15	15	15
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	Sub total Students	54	113	155	95	95	32	0	0	15	15	15	15
41	Other Temp Staff (Provide WTE to the right):												
42	Administrative, Clerical & Board Members	32	107	112	100	52	40	27	8	48	47	48	47
43	Medical & Dental												
44	Nursing & Midwifery Registered	0	0	7	7	0	0	0	0	0	0	0	0
45	Prof Scientific & Technical												
46	Additional Clinical Services	82	14	30	25	5	5	(6)	105	5	5	5	5
47	Allied Health Professionals	31	36	40	0	0	13	0	0	0	0	0	0
48	Healthcare Scientists												
49	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
50	Sub total Other Temp Staff	145	157	189	132	57	58	21	113	53	52	53	52
51	Other (specify below and in narrative)												
52													
53													
54													
55													
56	TOTAL ADDITIONAL PAY EXPENDITURE	622	809	712	443	289	184	115	199	468	467	468	467

[illegible]

B - Non Delivery of Planned Savings Due To C19

B - Non Delivery of Planned Savings Due To C19		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Enter as Positive values												
111	Non Delivery of Planned Savings (due to C19)												
	Non Delivery of Finalised (M1) Savings	107	30	38	48	48	0	0	0	0	0	0	0
113	Non delivery of Savings Assumed but not finalised at M1												
114	TOTAL NON DELIVERY OF PLANNED SAVINGS	107	30	38	48	48	0	0	0	0	0	0	0

C - Planned Operational Expenditure Cost Reduction Due To C19

[illegible]

D - Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

[illegible]

Period : Nov 20

Total YTD		Forecast	
£'000		year-end position £'000	
311		311	
0		0	
18		18	
0		0	
764		1,564	
643		1,443	
0		0	
7		7	
1,743		3,343	
153		153	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
61		61	
214		214	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
544		604	
0		0	
0		0	
0		0	
544		604	
478		668	
0		0	
14		14	
0		0	
260		280	
120		120	
0		0	
0		0	
872		1,082	
0		0	
0		0	
0		0	
0		0	
3,373		5,243	

A - WTE of New Staff

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22	Returns:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	Administrative, Clerical & Board Members												
24	Medical & Dental												
25	Nursing & Midwifery Registered												
26	Prof Scientific & Technical												
27	Additional Clinical Services												
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary												
31	Sub total Returns	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	Students:												
33	Medical & Dental												
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services	22.00	46.00	63.00	39.00	39.00	13.00	0.00	0.00	6.00	6.00	6.00	6.00
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	Sub total Students	22.00	46.00	63.00	39.00	39.00	13.00	0.00	0.00	6.00	6.00	6.00	6.00
41	Other Temp Staff:												
42	Administrative, Clerical & Board Members	10.00	33.00	35.00	31.00	16.00	12.00	8.00	2.00	15.00	15.00	15.00	15.00
43	Medical & Dental												
44	Nursing & Midwifery Registered												
45	Prof Scientific & Technical												
46	Additional Clinical Services	16.00	3.00	6.00	5.00	1.00	1.00	-1.00	21.00	1.00	1.00	1.00	1.00
47	Allied Health Professionals	8.00	9.00	11.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00
48	Healthcare Scientists												
49	Estates & Ancillary			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50	Sub total Other Temp Staff	34.00	45.00	52.00	36.00	17.00	16.00	7.00	23.00	16.00	16.00	16.00	16.00

A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

[illegible]

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast	
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
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	235	362	288	231	231	235	228	203	199	198	198	202	2,012	2,808		2,808	0		
11		Actual/F'cast	128	320	247	211	219	269	189	180	183	126	136	141	1,763	2,349	75.05%	2,349	0	111	2,238
12		Variance	(107)	(42)	(41)	(20)	(12)	34	(39)	(23)	(16)	(72)	(62)	(61)	(249)	(459)	(12.35%)	(459)	0		
13	Pay	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,086	1,492		1,492	0		
14		Actual/F'cast	150	207	141	149	167	174	246	119	116	173	165	144	1,353	1,951	69.35%	1,951	0	160	1,791
15		Variance	0	(7)	(1)	(6)	61	67	141	12	7	66	59	60	267	459	24.60%	459	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	385	576	430	386	337	342	333	310	308	305	304	286	3,097	4,300		4,300	0		
20		Actual/F'cast	278	527	388	360	386	443	435	299	299	299	301	285	3,116	4,300	72.47%	4,300	0	271	4,029
21		Variance	(107)	(49)	(42)	(26)	49	101	102	(11)	(9)	(6)	(3)	(1)	19	0	0.60%	0	0		
22	Variance in month		(27.78%)	(8.46%)	(9.70%)	(6.61%)	14.64%	29.46%	30.63%	(3.45%)	(2.83%)	(1.97%)	(0.89%)	(0.25%)	0.60%						
23	In month achievement against FY forecast		6.47%	12.26%	9.02%	8.37%	8.98%	10.30%	10.12%	6.95%	6.95%	6.95%	7.00%	6.63%							

Table C1- Savings Schemes Pay Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000							
1	Changes in Staffing Establishment	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,086	1,492		1,492	0			
2		Actual/F'cast	150	207	141	149	167	174	246	119	116	173	165	144	1,353	1,951	69.35%	1,951	0	160	1,791	
3		Variance	0	(7)	(1)	(6)	61	67	141	12	7	66	59	60	267	459	24.60%	459	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	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	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	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	0		
13	Changes in Bank Staff	Budget/Plan	0	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	0		
16	Other (Please Specify)	Budget/Plan	0	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	0		
19	Total	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,086	1,492		1,492	0			
20		Actual/F'cast	150	207	141	149	167	174	246	119	116	173	165	144	1,353	1,951	69.35%	1,951	0	160	1,791	
21		Variance	0	(7)	(1)	(6)	61	67	141	12	7	66	59	60	267	459	24.60%	459	0			

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

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

Full-Year Effect of Recurring Savings
£'000
0
0
0
2,509
1,791
0
4,300

Full-Year Effect of Recurring Savings
£'000
1,791
0
0
0
0
0
0
0
1,791

Full-Year Effect of Recurring Savings
£'000
0
0
0
0
0
0

Table C3 - Tracker

		E'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	385		575	430	386	337	342	333	310	308	305	304	286	3,097	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	278		527	388	360	386	393	405	299	258	259	261	245	3,006	4,029	0	4,029	271	4,300
	Variance	(107)		(49)	(42)	(26)	49	51	72	(41)	(50)	(46)	(43)	(41)	(91)	(271)	0	(271)	271	0
	In Year - Plan	0		0	0	0	0	50	30	30	30	30	22	20	110	212	212	0	0	0
	In Year - Actual/Forecast	0		0	0	0	0	50	30	30	41	40	40	40	110	271	271	0	0	0
	Variance	0		0	0	0	0	0	0	0	11	10	18	20	0	59	59	0	0	0
	Total Plan	385		576	430	386	337	392	363	340	338	335	326	306	3,207	4,512	212	4,300	0	4,300
	Total Actual/Forecast	278		527	388	360	386	443	435	299	299	299	301	285	3,116	4,300	271	4,029	271	4,300
Total Variance	(107)		(49)	(42)	(26)	49	51	72	(41)	(39)	(36)	(25)	(21)	(91)	(212)	59	(271)	271	0	
Income Generation	Month 1 - Plan	467		276	422	467	515	510	519	542	544	547	598	616	3,719	6,024	0	6,024	0	6,024
	Month 1 - Actual/Forecast	467		276	422	467	515	510	519	542	544	547	598	616	3,719	6,024	0	6,024	0	6,024
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0		0	0	0	0	0	0	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	467		276	422	467	515	510	519	542	544	547	598	616	3,719	6,024	0	6,024	0	6,024
	Total Actual/Forecast	467		276	422	467	515	510	519	542	544	547	598	616	3,719	6,024	0	6,024	0	6,024
Total Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accountancy Gains	Month 1 - Plan	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	Month 1 - Plan	852		852	852	852	852	852	852	852	852	852	902	902	6,816	10,324	0	10,324	0	10,324
	Month 1 - Actual/Forecast	745		803	810	827	901	903	924	811	802	806	859	861	6,725	10,053	0	10,053	271	10,324
	Variance	(107)		(49)	(42)	(26)	49	51	72	(41)	(50)	(46)	(43)	(41)	(91)	(271)	0	(271)	271	0
	In Year - Plan	0		0	0	0	0	50	30	30	30	30	22	20	110	212	212	0	0	0
	In Year - Actual/Forecast	0		0	0	0	50	30	41	30	40	40	40	40	110	271	271	0	0	0
	Variance	0		0	0	0	0	0	0	0	11	10	18	20	0	59	59	0	0	0
	Total Plan	852		852	852	852	852	902	882	882	882	882	924	922	6,926	10,536	212	10,324	0	10,324
	Total Actual/Forecast	745		803	810	827	901	953	954	841	843	846	899	901	6,835	10,324	271	10,053	271	10,324
Total Variance	(107)		(49)	(42)	(26)	49	51	72	(41)	(39)	(36)	(25)	(21)	(91)	(212)	59	(271)	271	0	

Welsh Ambulance Trust

Period : Nov 20

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,124	233	5,357
2	Aneurin Bevan University	9,964	164	10,128
3	Betsi Cadwaladr University	5,722	62	5,784
4	Cardiff & Vale University	3,931	714	4,645
5	Cwm Taf Morgannwg University	2,071	5	2,076
6	Hywel Dda University	4,538	51	4,589
7	Powys	1,159	0	1,159
8	Public Health Wales	0	46	46
9	Velindre	1,153	20	1,173
10	NWSSP	0	0	0
11	NWIS	0	0	0
12	Wales Ambulance Services			0
13	WHSSC	0	0	0
14	EASC	170,277	2,464	172,741
15	HEIW	0	550	550
16	NHS Wales Executive	0	0	0
17	Total	203,939	4,309	208,248

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
10	52	62
0	209	209
280	78	358
11	22	33
0	38	38
0	117	117
0	43	43
7	11	18
1,376	776	2,152
0	0	0
0	0	0
		0
0	0	0
0	0	0
0	0	0
0	0	0
1,684	1,346	3,030

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Nov 20

Table E - Resource Limits

1. BASE ALLOCATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:										
2 Total Confirmed Funding					0					

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11					0					
12					0					
13					0					
14					0					
15					0					
16					0					
17					0					
18					0					
19					0					
20					0					
21					0					
22					0					
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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	

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morganwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	NWIS £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact and date item first entered into table
1	Agreed full year income	5,279	10,073	5,763	4,407	2,074	4,572	1,159	31	0	1,166	0	0	367	2,143	171,920	0		208,955	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall														(2,367)				(2,367)	Per August submission
3	DEL Non Cash Depreciation - Strategic														3,702				3,702	Per August submission
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														623				623	Per August submission
8	AME Non Cash Depreciation - Impairment Reversals																	13,099	13,099	Non contracted income Q3/Q4 assumptions
9	Non contracted Income	78	55	21	238	2	17	0	15	0	7	0	0	183		821	0		1,436	M1 - None contracted income
10	COVID-19 Anticipated Revenue														8,638				8,638	Mth 1 reply letter
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	5,357	10,128	5,784	4,645	2,076	4,589	1,159	46	0	1,173	0	0	550	12,739	172,741	0	13,099	234,086	

Welsh Ambulance Trust

Period : Nov 20

This table needs completing monthly from Month: 6
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 20 £'000	Closing Balance End of Nov 20 £'000	Forecast Closing Balance End of Mar 21 £'000
Non-Current Assets			
1 Property, plant and equipment	87,680	82,472	86,524
2 Intangible assets	5,133	3,938	3,341
3 Trade and other receivables	536	536	500
4 Other financial assets	0	0	0
5 Non-Current Assets sub total	93,349	86,946	90,365
Current Assets			
6 Inventories	1,556	1,549	1,500
7 Trade and other receivables	9,086	11,212	9,086
8 Other financial assets	0	0	0
9 Cash and cash equivalents	24,582	13,594	326
10 Non-current assets classified as held for sale	246	246	0
11 Current Assets sub total	35,470	26,601	10,912
12 TOTAL ASSETS	128,819	113,547	101,277
Current Liabilities			
13 Trade and other payables	27,523	13,203	2,531
14 Borrowings (Trust Only)	1,970	2,270	2,667
15 Other financial liabilities	-	-	-
16 Provisions	7,293	11,004	7,000
17 Current Liabilities sub total	36,786	26,477	12,198
18 NET ASSETS LESS CURRENT LIABILITIES	92,033	87,070	89,079
Non-Current Liabilities			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	2,667	1,059	1,059
21 Other financial liabilities	0	0	0
22 Provisions	9,554	6,228	10,232
23 Non-Current Liabilities sub total	12,221	7,287	11,291
24 TOTAL ASSETS EMPLOYED	79,812	79,783	77,788
FINANCED BY: Taxpayers' Equity			
25 General Fund	0	0	0
26 Revaluation Reserve	9,712	9,562	9,712
27 PDC (Trust only)	76,309	76,309	74,285
28 Retained earnings (Trust Only)	(6,209)	(6,088)	(6,209)
29 Other reserve	0	0	0
30 Total Taxpayers' Equity	79,812	79,783	77,788

	Opening Balance Beginning of Apr 20	Closing Balance End of Nov 20	Closing Balance End of Mar 21
EXPLANATION OF ALL PROVISIONS			
31 Clinical Negligence	1,977	2,729	2,729
32 Personal Injury and special payments	1,788	1,882	1,882
33 Personal Injury-PIBS	10,101	10,075	10,075
34 Defence legal fees and other administration	312	374	374
35 Pensions-other staff PIBS	92	86	86
36 Restructurings	0	0	0
37 Other	2,577	2,086	2,086
38			
39			
40 Total Provisions	16,847	17,232	17,232

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
843
3
0

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

	£'000	£'000	£'000
44 Capital	9,381	1,209	500
45 Revenue	18,142	11,994	2,031

ANALYSIS OF CASH (opening, current & closing)

	£'000	£'000	£'000
46 Capital	9,381	1,209	50
47 Revenue	15,201	12,385	276

Welsh Ambulance Trust

Period : Nov 20

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)	1,895	3	225	2,227	888	17	843	0	2,114	1,335	1,503	2,560	13,610
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations	16,004	16,025	15,460	15,624	21,593	15,688	16,435	17,572	19,513	21,953	21,953	22,175	219,995
6	Short Term Loans - Trust only													0
7	PDC - Trust only	0	0											0
8	Interest Receivable - Trust only	5	0	0	0	0	0	0	0	0	0	0	0	5
9	Sale of Assets	0	5	13	8	8	10	(2)	32	50	50	50	65	289
10	Other - (Specify in narrative)	292	689	291	567	327	643	297	75	789	527	327	277	5,101
11	TOTAL RECEIPTS	18,196	16,722	15,989	18,426	22,816	16,358	17,573	17,679	22,466	23,865	23,833	25,077	239,000
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	12,416	13,089	13,526	13,225	12,859	13,332	13,346	13,258	15,250	15,250	15,250	15,166	165,967
18	Non Pay Expenditure	4,727	5,114	4,093	4,685	4,386	3,559	4,258	4,457	9,139	9,139	9,139	9,137	71,833
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only	868											269	1,137
21	Capital Payment	1,810	3,739	1,500	993	1,166	2,655	883	646	6,204	3,172	1,132	262	24,162
22	Other items (Specify in narrative)	0	0	30	0	0	0	0	127	0	0	0	0	157
23	TOTAL PAYMENTS	19,821	21,942	19,149	18,903	18,411	19,546	18,487	18,488	30,593	27,561	25,521	24,834	263,256
24	Net cash inflow/outflow	(1,625)	(5,220)	(3,160)	(477)	4,405	(3,188)	(914)	(809)	(8,127)	(3,696)	(1,688)	243	
25	Balance b/f	24,582	22,957	17,737	14,577	14,100	18,505	15,317	14,403	13,594	5,467	1,771	83	
26	Balance c/f	22,957	17,737	14,577	14,100	18,505	15,317	14,403	13,594	5,467	1,771	83	326	

Welsh Ambulance Trust

Period : Nov 20

Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	90.7%	-4.3%	92.7%	-2.3%		-95.0%		-95.0%	91.7%	-3.3%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	90.4%	-4.6%	86.1%	-8.9%		-95.0%		-95.0%	88.5%	-6.5%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.0%	3.0%	98.5%	3.5%		-95.0%		-95.0%	98.2%	3.2%	98.0%	3.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	97.0%	2.0%	97.3%	2.3%		-95.0%		-95.0%	97.2%	2.2%	97.0%	2.0%

10 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
	PROMPT PAYMENT OF INVOICE PERFORMANCE													
5	% of NHS Invoices Paid Within 10 Days - By Value		49.6%		74.5%						49.6%		75.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		65.2%		63.9%						65.2%		75.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		53.7%		86.0%						53.7%		75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		56.5%		54.1%						56.5%		75.0%	

Welsh Ambulance Trust

Period : Nov 20

This Table is currently showing 0 errors

Table I - 2020-21 Capital Resource / Expenditure Limit Management

£'000 14,660
Approved CRL / CEL issued at : 3/12/20

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	13	13	0	119	119	0
2	Cardiff MRD	832	832	0	3,428	3,428	0
3	111 Integrated Information Solution	239	239	0	800	800	0
4	C19 - 19.20 Return of Vehicles Slippage	463	463	0	534	534	0
5	C19 - 19.20 Return of 111 Slippage	49	49	0	100	100	0
6	C19 - Digital Devices	160	160	0	160	160	0
7	COVID-19 DPIP	162	162	0	180	180	0
8	Provision of Mobile Clinical Solution Unit	0	0	0	537	537	0
9	GUH - WAST Patient Transfer Arrangements	21	21	0	1,144	1,144	0
10	COVID-19 Requirements - Tranche 4	615	615	0	617	617	0
11	111 / contact first service at WAST Vantage Point House Clinical Contact Centre.	0	0	0	1,000	1,000	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	2,554	2,554	0	8,619	8,619	0
	Discretionary:						
43	I.T.	347	347	0	784	784	0
44	Equipment	1,954	1,954	0	2,717	2,717	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	198	198	0	2,213	2,213	0
47	Other	164	164	0	327	327	0
48	Sub Total	2,663	2,663	0	6,041	6,041	0

	Other Schemes:						
49	Re investment of NBV	0	0	0	121	121	0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	Sub Total	0	0	0	121	121	0
70	Total Expenditure	5,216	5,216	0	14,781	14,781	0
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0
	Donations:						
77				0			0
78	Sub Total	0	0	0	0	0	0
	Asset Disposals:						
79	Nelson	0	0	0	121	121	0
80	Disposal of Vehicles and equipment	0	0	0	0	0	0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	Sub Total	0	0	0	121	121	0
91	Technical Adjustments			0			0
92	CHARGE AGAINST CRL / CEL	5,216	5,216	0	14,660	14,660	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(9,444)			0	

Welsh Ambulance Trust

YTD Months to be completed from Month:	4
Forecast Months to be completed from Month:	6

Period : Nov 20

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile														YTD £'000	Total £'000	Risk Level
	Schemes:		Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000					
1	ESMCP – Control Room Solution	A WILLIAMS	119	119	0	0	0	0	0	0	13	0	106	0	0	0	13	119	Low		
2	Cardiff MRD	R DAVIES	3,428	3,428	4	0	0	4	141	142	262	279	1,100	950	546	0	832	3,428	Low		
3	111 Integrated Information Solution	A WILLIAMS	800	800	16	18	16	21	19	32	69	48	225	200	136	0	239	800	Low		
4	C19 - 19.20 Return of Vehicles Slippage	D HOLMES	534	534	0	0	143	70	149	88	0	13	71	0	0	0	463	534	Low		
5	C19 - 19.20 Return of 111 Slippage	A WILLIAMS	100	100	0	49	0	0	0	0	0	0	51	0	0	0	49	100	Low		
6	C19 - Digital Devices	A WILLIAMS	160	160	0	160	0	0	0	0	0	0	0	0	0	0	160	160	Low		
7	COVID-19 DPIF	A WILLIAMS	180	180	0	0	0	0	0	0	162	0	18	0	0	0	162	180	Low		
8	Provision of Mobile Clinical Solution Unit	E ROBERTS	537	537	0	0	0	0	0	0	0	0	175	162	100	100	0	537	Low		
9	GUH - WAST Patient Transfer Arrangements	D HOLMES	1,144	1,144	0	0	0	0	0	0	4	17	850	273	0	0	21	1,144	Low		
10	COVID-19 Requirements - Tranche 4	E ROBERTS	617	617	0	0	0	0	0	0	0	615	2	0	0	0	615	617	Low		
11	111 / contact first service at WAST Vantage Point House Clinic	A WILLIAMS / R DAVIES	1,000	1,000	0	0	0	0	0	0	0	0	500	500	0	0	0	1,000	Low		
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		5,619	5,619	20	227	159	95	309	262	510	972	3,098	2,085	782	100	2,554	8,619			
Discretionary:																					
35	I.T.	A WILLIAMS	784	784	106	93	205	121	31	61	15	(285)	350	87	0	0	347	784	Low		
36	Equipment	D HOLMES	2,717	2,717	18	26	40	574	61	1,005	171	59	400	200	100	63	1,954	2,717	Low		
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low		
38	Estates	R DAVIES	2,213	2,213	84	147	34	87	(29)	1	(10)	(116)	1,000	750	200	65	198	2,213	Low		
39	Other	E ROBERTS	327	327	3	24	14	41	3	22	88	(31)	50	50	31	32	164	327	Low		
40	Sub Total		6,041	6,041	211	290	293	823	66	1,069	264	(373)	1,800	1,087	331	160	2,663	6,041			
Other Schemes:																					
41	Re investment of NBV	R DAVIES	121	121	0	0	0	0	0	0	0	0	0	0	0	121	0	121	Low		
42																	0	0			
43																	0	0			
44																	0	0			
45																	0	0			
46																	0	0			
47																	0	0			
48																	0	0			
49																	0	0			
50																	0	0			
51																	0	0			
52																	0	0			
53																	0	0			
54																	0	0			
55																	0	0			
56																	0	0			
57																	0	0			
58																	0	0			
59																	0	0			
60																	0	0			
61	Sub Total		121	121	0	0	0	0	0	0	0	0	0	0	0	121	0	121			
62	Total Capital Expenditure		14,781	14,781	231	517	452	918	375	1,351	774	599	4,898	3,172	1,113	381	5,217	14,781			

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Feb 21)	£'000	£'000	£'000	£'000	
1	Nelson	N/A	N/A	2020-21	121	185	8	56	
2	Disposal of Vehicles and equipment	N/A	N/A	2020-21	0	104		104	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				121	289	8	160	

Welsh Ambulance Trust

Period : Nov 20

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	NET FINANCIAL CHANGE	A	B	C	D
1	Retained surplus/(deficit) for period			0	37
2	Depreciation	14,947	16,396	1,449	10,930
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments		623	623	623
5	Net gain/loss on disposal of assets		(160)	(160)	(72)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		281	281	72
8	Other Income (specify)			0	
9	APPLICATION OF FUNDS				
10	Capital Expenditure	(14,660)	(14,781)	(121)	(5,216)
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	7
13	Current assets - Trade and other receivables			0	(2,126)
14	Current liabilities - Trade and other payables			0	(14,320)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	385
17	Sub total - movement in working capital	0	0	0	(16,054)
18	NET FINANCIAL CHANGE	287	2,359	2,072	(9,680)
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital	(1,137)	(2,359)	(1,222)	0
20	Net change in temporary borrowing	850		(850)	300
21	Change in bank deposits and interest bearing securities			0	10,988
22	Net change in finance lease payables			0	(1,608)
23	TOTAL EXTERNAL FINANCE	(287)	(2,359)	(2,072)	9,680

[illegible]

Invoices paid since the end of the month

Total outstanding as per MR submission date	3,238.97	0.00
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Welsh Ambulance Trust

Period : Nov 20

Table N - General Medical Services
Table to be completed from Q2

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast	Variance
	LINE NO.	£000's	£000's	Outturn £000's	£000's
Global Sum	1				
MPIG Correction Factor	2				
Total Global Sum and MPIG	3				0
Quality Aspiration Payments	4				
Quality Achievement Payments	5				
Quality Assurance Improvement Framework (QAIF)	6				
QAIF (In hours Access)	7				
Total Quality	8				0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0
Total Enhanced Services (To equal data in section A Line 96)	12		0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0
Premises (To equal data in section C Line 138)	14				0
IM & T	15				0
Out of Hours (including OOHDF)	16				0
Dispensing (To equal data in Line 154)	17				0
Total	18	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's
Learning Disabilities	19				0
Childhood Immunisation Scheme	20				0
Mental Health	21				0
Influenza & Pneumococcal Immunisations Scheme	22				0
Services for Violent Patients	23				0
Minor Surgery Fees	24				0
MENU of Agreed DES					
Asylum Seekers & Refugees	25				0
Care of Diabetes	26				0
Care Homes	27				0
Extended Surgery Opening	28				0
Gender Identity	29				0
Homeless	30				0
Oral Anticoagulation with Warfarin	31				0
TOTAL Directed Enhanced Services (must equal line 9)	32		0	0	0

National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's
INR Monitoring	33				0
Shared care drug monitoring (Near Patient Testing)	34				0
Drug Misuse	35				0
IUCD	36				0
Alcohol misuse	37				0
Depression	38				0
Minor injury services	39				0
Diabetes	40				0
Services to the homeless	41				0
TOTAL National Enhanced Services (must equal line 10)	42		0	0	0

Local Enhanced Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's
ADHD		43				0
Asylum Seekers & Refugees		44				0
Cardiology		45				0
Care Homes		46				0
Care of Diabetes		47				0
Chiropody		48				0
Counselling		49				0
Depo - Provera (including Implanon & Nexplanon)		50				0
Dermatology		51				0
Dietetics		52				0
DOAC/NOAC		53				0
Drugs Misuse		54				0
Extended Minor Surgery		55				0
Gonaderlins		56				0
Homeless		57				0
HPV Vaccinations		58				0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		59				0
Learning Disabilities		60				0
Lithium / INR Monitoring		61				0
Local Development Schemes		62				0
Mental Health		63				0
Minor Injuries		64				0
MMR		65				0
Multiple Sclerosis		66				0
Muscular Skeletal		67				0
Nursing Homes		68				0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69				0
Osteopathy		70				0
Phlebotomy		71				0
Physiotherapy (inc MT3)		72				0
Referral Management		73				0
Respiratory (inc COPD)		74				0
Ring Pessaries		75				0
Sexual Health Services		76				0
Shared Care		77				0
Smoking Cessation		78				0
Substance Misuse		79				0
Suturing		80				0
Swine Flu		81				0
Transport/Ambulance costs		82				0
Vasectomy		83				0
Weight Loss Clinic (inc Exercise Referral)		84				0
Wound Care		85				0
Zoladex		86				0
		87				0
		88				0
		89				0
		90				0
		91				0
		92				0
		93				0
		94				0
TOTAL Local Enhanced Services (must equal line 11)		95		0	0	0
TOTAL Enhanced Services (must equal line 12)		96		0	0	0

GENERAL MEDICAL SERVICES
Operating Expenditure

LHB Administered	Section B	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's
Seniority		97				
Doctors Retainer Scheme Payments		98				
Locum Allowances consists of adoptive, paternity & maternity		99				
Locum Allowances : Cover for Sick Leave		100				
Locum Allowances : Cover For Suspended Doctors		101				
Prolonged Study Leave		102				
Recruitment and Retention (including Golden Hello)		103				
Appraisal - Appraiser Costs		104				
Primary Care Development Scheme		105				
Partnership Premium		106				
Supply of syringes & needles		107				
Other (please provide detail below, this should reconcile to line 128)		108				
TOTAL LHB Administered (must equal line 13)		109				0

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

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

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

Memorandum item					
Enhanced Services included above but in dispute with LMC (TOTAL)	147				
Enhanced Services included above but not yet formally agreed LMC	148				

GENERAL MEDICAL SERVICES
Dispensing

Dispensing Data	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)					
Dispensing Doctors	149				
Prescribing Medical Practitioners - Personal Administration	150				
Dispensing Service Quality Payment	151				
Professional Fees and on-cost					
Dispensing Doctors	152				
Prescribing Medical Practitioners - Personal Administration	153				
TOTAL DISPENSING DATA (must equal line 17)	154				0

Year to Date
£000's
0

0

0

[illegible]

£000's
0

£000's
0

£000's
0

£000's
0

--

Year to Date
£000's

0

Welsh Ambulance Trust

Period : Nov 20

Table O - General Dental Services

Table to be completed from Q2

Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services inc WHC/2015/001	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Martin Woodford

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

14th January 2021

Your ref: WAST\M09\ajh\al-w

Dear Andrea

Re: DECEMBER 2020 (MONTH 9 2020/21) MONITORING RETURN

Please find attached the Monitoring Returns for December 2020.

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

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

The Trust's performance against financial targets for Month 9 2020/21 is as follows:-

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

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

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

Month 9 also includes an income assumption to offset the significant net additional unavoidable revenue costs incurred by WAST in its planning and response to COVID-19. The year to date value now stands at £10.101m (included in this figure is £2.490m for the holiday pay accrual as per WG guidelines to include in COVID costs), as shown in Table B3. Welsh Government previously advised WAST to invoice them for the pay costs only incurred in

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwlans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

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

Ffôn/Tel
01633 626262

Months 1 to 3 and this value was £2.143m. The balance of funding to cover the remaining costs is therefore assumed within the Trust's current reported year to date financial position. Confirmation was received during M9 that COVID costs would be funded and WAST will arrange for costs already incurred to be invoiced to WG shortly.

The resulting reported performance at Month 9 as per Table B is therefore a small year to date under-spend against budget of £0.037m, after allowing for the above COVID-19 funding assumption.

The reported total pay variance against plan as at Month 9 is an overspend of £0.199m. As per Table B3 the COVID-19 pay related costs to Month 9 totaled £5.924m, this includes £2.490m in respect of the Annual Leave accrual which is discussed further below in point 7.

The non-pay position at Month 9 is a reported overspend of £0.038m, although this is made up of underspends on taxis, fuel and ambulance car services, offset by overspends on fleet maintenance costs, staff uniforms, medical supplies, and services.

Income at Month 9 shows a surplus of £0.274m due to VAT reclaim in excess of budget, this has offset somewhat the reduction in income from sporting events cover.

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

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

2. Movement (Table A)

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

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

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

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

3. Risk (Table A2)

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

The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.653m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2020. I understand that there is movement in the settlement of this and that WG are coordinating meetings in the near future. No accruals are included within the 2020/21 position at present but we have included a medium rated risk of an additional £1.0m in connection with this but based on the assumption that previous years accruals have been fully funded by WG, any change to the methodology and hence accruals are assumed as cost neutral in the 2020/21 financial plan.

The Trust included a risk from month 3 around the balance of funding for COVID-19 costs (excluding pay costs for Month 1 to 3 as referenced previously). Following the confirmation during M9 that COVID costs will be funded we have now released this risk.

An additional risk has been added to Table A2 in Month 9, this relates to funding for the PIBS scheme. The value of this risk equates to the current full year forecast of £1.860m for costs associated with this scheme. Funding for this scheme is provided by WG on a matched annual basis. This is supported by ongoing correspondence between Jillian Gill and Jackie Salmon. A further review of this scheme's provision/forecast will be undertaken during Month 10 which will take into account recent information received and its results will be shared with Jackie Salmon and incorporated into the Month 10 position.

With regards to the annual leave accrual due to COVID 19, in accordance with Welsh Government instructions, the current anticipated increase of £2.490m is included within the forecast year-end position and anticipated income to match this is included within Table E1. This has not been raised as a new risk however formal confirmation of the funding has not yet been received.

4. Monthly Profiles (Table B)

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

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

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

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

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

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

The revised full year forecast for DEL Depreciation for 2020/21 now stands at £16.396m with additional funding of £1.467m being required. In respect of AME Impairments funding of £0.623m is now required.

With regards to the annual leave accrual due to COVID 19, in accordance with Welsh Government instructions, the anticipated increase of £2.490m is included within the forecast year-end position in Table B and also within Table B3; anticipated income to match this is included within Table E1 (line 12).

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

Agency costs for Month 9 totalled £0.083m. The current percentage of agency costs against the total pay figure is 0.5%, this is to cover vacancies and to provide additional cover in relation to COVID-19. The Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table has now been updated and includes revised forecasts of the likely costs, however it should be noted that this is only a forecast and is subject to change.

7. COVID-19 (Table B3)

A summary of the year to date COVID-19 costs displayed in Table B3 and cumulatively reported in the Month 9 financial position are provided below:

	Month 9 (December 20)	Funding received to date
	£000	£000
Total Pay (exc Annual Leave)	3,434	2,143
Total Non - Pay	4,365	
Non Delivery of Savings	271	
Expenditure Reductions	- 459	
	7,611	2,143
Annual Leave Accrual	2,490	
Overall	10,101	2,143

At Month 9 there is still a remaining funding requirement of £7.958m based on incurred costs (including Annual Leave, of £2.490m) and £9.590m based on the current forecasted costs to the end of the financial year (see below).

As previously noted, the Month 9 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £11.733m which is an increase from the figures submitted in the Q3/Q4 plan (due to the addition of the annual leave holiday accrual as requested by WG), the table below explains the difference. As we are aware the future response to this pandemic is unknown, but these forecasts have been updated as per the demand profiling based on the latest intelligence, the additional costs we have had to incur to date and pressures we see coming through to us as a direct result of impacts within HBs (e.g. in relation to transport support potentially required to field hospitals, of which none has been needed as yet). These forecast costs will continue to be reviewed on a monthly basis but are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward. Funding will of course only be required for the eventual actual net costs incurred. In addition, at Month 9 the anticipated effect on annual leave has been included, this is explained further below.

COVID FORECAST YEAR SPEND REPORTED M8 20/21	10.781
COVID FORECAST YEAR SPEND REPORTED M9 20/21	11.733
Increase	-0.952
Analysed By	
Reduction in NEPTS Support required for Field Hospitals	0.200
Reduction in MH Support in CCC	0.028
Reduction in costs to over produce Unit Hour Production	0.978
Addition of Annual Leave Accrual	-2.490
Removal of MACA Accrual	0.300
Reduction in anticipated spend on PPE / IPC for December 20	0.032

To note there is still **one main exclusion** from the costs in Table B3 and this relates to PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to NHS Wales organisations.

As noted in the M8 response e-mail from you, in that WG are paying invoices for the MACAs (Military Aid to Civil Authorities) directly, WAST has removed the previous accrual of £0.3m from its COVID forecast. **(Action Point 8.1)**

During phase 2 of the COVID response WAST are again utilising the military and assumes that WG are also picking up costs for these MACAs direct and hence no expenditure is included in COVID projections. WAST would be grateful if this could be confirmed by WG.

With regards to the annual leave accrual due to COVID 19, as at M9 WAST have, as requested by the Welsh Government, undertaken a full review of this area using the methodology agreed by TAG on an all Wales basis. Using the applied methodology, a total forecast provision for year-end has been arrived at of £3.578m. This compares to the provision for annual leave at 31 March 2020 of £1.088m, an increase therefore of £2.490m. In accordance with Welsh Government instructions, the anticipated increase of £2.490m is included within the forecast year-end position in Table B and also within Table B3 (line 52); anticipated income to match this is included within Table E1 (line 12).

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

For Month 9 the Trust is reporting planned savings of £3.405m and actual savings of £3.460m, thus a small overachievement of plan. The Trust is forecasting to achieve savings of £4.300m against the plan of £4.300m during the financial year. The Trust is currently forecasting to overachieve on other saving lines and as previously mentioned is assuming funding for the COVID-19 shortfall as detailed within Table A in order to breakeven as forecasted.

9. Income/Expenditure Assumptions (Tables D, E and E1)

These are set out in Tables D, E and E1.

Non EASC income assumptions are in line with additional services provided by WAST, as these are yet to all be signed off these are included on line 9 in the anticipated section. At present however there are no known risks indicating that these services will not be provided to the level currently budgeted.

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance.

WHSSC / EASC and WAST continue to meet to reconcile income / expenditure assumptions between our organisations but due to timing issues for the release of funding for approved CASC developments there continues to be a reconcilable element that will be present in the MMR returns and hence will appear again in Month 9. For Month 9 WAST's income assumptions total £171.993m which will be higher than WHSSC by £1.3m. Both organisations are aware of the reconcilable items and values and these are as follows:-

- The CASC has confirmed funding in relation to the residual balance required to fulfil the full recruitment identified in the Demand and Capacity review which is now forecast to be £0.750m. This value is currently included as planned income by WAST and will be further refined as the year closes;
- The CASC has confirmed funding to a maximum of £0.3m for the Operational Delivery Unit (ODU), £0.150m for temporary mobile cleaning / decontamination site and £0.018m for Respiratory Pilot Project. Current forecast estimates show full use of this allocation and hence all values are included as planned income by WAST, and
- There is a small element of £0.099m in relation to ARRP regarding funding flows between EASC and WAST

There are also further developments agreed by EASC for which financial values are currently being worked through in respect of the following. To note these are not currently in WAST income expectations and will be included in M10:-

- Non-Emergency Patient Transport Support to Health Boards during winter period;
- Mental Health Clinicians in Clinical Contact Centres;
- Remote Worker (CAD), and
- Interim rest break policy, if implemented.

With regards to the annual leave accrual due to COVID 19 discussed above, in M9 anticipated income of £2.490m is included to match this within Table E1 (line 12).

The 'other' income in Table E1 has now been moved from the AME line onto one of the available free text lines. At Month 9 this is now reported with a value of £9.849m. This income relates predominantly to a variety of items that are not specifically captured within Table D such as HART £2.4m, Mobile Testing Unit funding (DoH) £2.1m and Airwave funding £1.0m, the balance is made up of a large number of other smaller income sources. **(Action Point 8.2)**

10. Healthcare agreements and Major Contracts

Invoices for WAST's LTA/SLA with other NHS Wales organisations have been raised and to date no major issues have been received. As above, discussion will continue with EASC via our commissioning arrangements.

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

The Statement of Financial Position has been completed for Month 9.

The Trust is pleased to confirm at Month 9 that there are no invoices over 11 weeks.

12. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance

MONTHLY CASHFLOW FORECAST 2020-21	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	28	23	22	27	25	19	27	25	22	27	27	27	299
Other Non NHS Income	82	93	35	202	40	33	66	45	31	101	100	100	928
Pensions Agency	0	0	0	0	0	0	0	0	21	0	0	0	21
Vat Refund	182	521	234	0	262	591	204	0	594	400	200	150	3,338
Risk Pool Refund	0	52	0	338	0	0	0	5	0	0	0	0	395
Total	292	689	291	567	327	643	297	75	668	528	327	277	4,981
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	30	0	0	0	0	0	0	0	0	0	30
Pensions / Retirements	0	0	0	0	0	0	0	127	0	0	0	0	127
Total	0	0	30	0	0	0	0	127	0	0	0	0	157

Details of 'Other' receipts and 'Other' payments as shown within lines 7 and 15 of Table G are shown above.

13. Public Sector Payment Compliance (Table I)

This has been completed for Quarter 3. Work continues internally to improve the NHS payment performance during 2020/21.

14. Capital (Tables I and K)

The capital tables have been completed in accordance with the guidance.

Following discussion with the WG Capital team, it has been agreed and signed off by the Minister that the previously declared slippage can be utilised to fund the GUH additional vehicles circa £1m in this financial year with a further £1m being provided next financial year. The 2020-21 funding is to replace the chassis and equipment previously purchased by the Trust for the 2020-21 builds. It has also been confirmed that the £1m utilised from this year's slippage will be re-provided in 2021-22 to the Trust to complete the All Wales capital projects.

Included within the 2020-21 spend are a number of schemes which have previously been reported to WG which have arisen purely as a result of the COVID-19 outbreak, these are recorded separately. Following discussions with WG Capital team a funding letter has been received by the Trust.

15. Committee to receive Financial Monitoring Return

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its Committees.

The Month 9 Financial Monitoring Return will be presented to the next Trust Board on 28th January 2021.

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

16. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc

cc:

Mr M Woodford, Chairman
Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	DEC 20
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR DEC 20 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Welsh Ambulance Trust

Period : Dec 20

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	37	0

Period : Dec 20

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2 New Cost Pressures - as per 3 year plan (Negative Value)	-16,424	-300	-16,124	-16,124
3 Opening Cost Pressures	-16,424	-300	-16,124	-16,124
4 Welsh Government Funding (Positive Value)	0	0		
5 Identified Savings Plan (Positive Value)	4,300	0	4,300	4,300
6 Planned Net Income Generated (Positive Value)	6,024	0	6,024	6,024
7 Planned Accountancy Gains (Positive Value)	0	0	0	0
8 Planned Profit / (Loss) on Disposal of Assets	300	300	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10 LTA/SLA inflation	5,800	0	5,800	5,800
11 Planning Assumptions still to be finalised at Month 1	0	0		
12 IMTP / Annual Operating Plan	0	0	0	0
13 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
14 Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	-271	0	-271	
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	271	271	0	0
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0	0	0	0
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	-140	-140		
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
21 Additional In Year Welsh Government Funding (Positive Value)	0	0		
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	11,733	11,733		
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-11,921	-11,921		
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	459	459		
25 Slippage on Planned Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive)	0	0		
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 WRP	-312	-312		
28 Adjustment re saving schemes prior months	0	0		
29 Additional VAT reclaim	181	181		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	271	-271	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,644	-12,093	-16,424
3	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,644	-12,093	-16,424
4													0	
5	385	576	430	386	337	342	333	310	308	305	304	286	3,405	4,300
6	467	276	422	467	515	510	519	542	544	547	598	616	4,263	6,024
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8												300	0	300
9													0	0
10	483	483	483	483	483	483	483	483	483	483	483	483	4,350	5,800
11													0	0
12	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	42	42	-75	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	-107	-30	-38	-48	-48	0	0	0	0	0	0	0	-271	-271
15	0	-19	-4	23	97	51	72	-41	-5	-59	-66	-50	175	0
16	0	0	0	0	0	50	30	30	41	40	40	40	151	271
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19												-140	0	-140
20													0	0
21													0	0
22	1,437	1,698	1,992	993	488	494	364	261	2,374	581	525	526	10,101	11,733
23	-1,455	-1,890	-2,037	-974	-440	-494	-364	-261	-2,374	-581	-525	-526	-10,289	-11,921
24	125	222	83	29	0	0	0	0	0	0	0	0	459	459
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	11	12	12	10								-45	45	0
27					-85	-88	-90				-49		-263	-312
28	0	19	4	-23									0	0
29								33	-28	15	21	140	5	181
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	3	4	3	1	4	4	4	14	0	-12	-12	-13	37	

Table A1 - Underlying Position

This table needs completing monthly from Month: 6

This Table is currently showing 0 errors

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

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

Welsh Ambulance Trust

Period : Dec 20

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Overtime on Holiday pay	(1,000)	Low
13	Non delivery of saving plans/CIP	(350)	Low
14	PIBS funding	(1,860)	Low
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(3,210)	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(3,210)	
38	Best Case Outturn Scenario	0	

Welsh Ambulance Trust

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 3

Period : Dec 20

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	0	0	0	0	0	0	0	0	0	0	0	0
2	Capital Donation / Government Grant Income	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	2,822	2,879	2,907	2,927	2,921	2,923	2,870	2,937	2,885	2,896	2,896	2,896	26,071	34,759
4	WHSSC Income	Actual/F'cast	12,898	13,788	13,329	12,534	13,908	14,363	13,648	14,409	14,653	16,173	16,173	16,174	123,530	172,050
5	Welsh Government Income (Non RRL)	Actual/F'cast	1,579	1,749	2,046	1,120	532	526	512	305	2,420	718	566	566	10,789	12,639
6	Other Income	Actual/F'cast	1,075	422	663	1,484	1,183	155	1,371	1,006	1,784	1,067	1,302	2,165	9,143	13,677
7	Income Total		18,374	18,838	18,945	18,065	18,544	17,967	18,401	18,657	21,742	20,854	20,937	21,801	169,633	233,125
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Provided Services - Pay	Actual/F'cast	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	15,940	14,588	14,367	15,309	121,035	165,299
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,316	3,428	3,319	3,044	3,085	3,086	3,396	3,247	3,069	4,177	4,481	4,402	28,990	42,050
12	Secondary Care - Drugs	Actual/F'cast	52	36	34	19	32	39	41	38	40	39	39	39	331	448
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Other Private & Voluntary Sector	Actual/F'cast	733	720	854	414	369	413	418	543	1,231	632	632	632	5,695	7,591
17	Joint Financing and Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	60	59	176	118	97	(223)	127	48	148	68	68	69	610	815
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	(5)	0	0	0	0	0	0	0	0	0	0	0	(5)	(5)
21	Total Interest Payable - (Trust Only)	Actual/F'cast	18	17	18	18	18	17	18	(79)	6	6	6	5	51	68
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	1,244	1,244	1,244	1,706	1,360	1,359	1,407	1,366	1,366	1,366	1,366	1,368	12,296	16,396
23	AME Donated Depreciation/Impairments	Actual/F'cast	0	0	0	0	659	0	(36)	0	0	0	0	0	623	623
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast	0	(5)	(13)	(8)	(8)	(10)	2	(30)	(58)	(10)	(10)	(10)	(130)	(160)
26	Cost - Total	Actual/F'cast	18,371	18,834	18,942	18,064	18,540	17,963	18,397	18,643	21,742	20,866	20,949	21,814	169,496	233,125
27	Net surplus/ (deficit)	Actual/F'cast	3	4	3	1	4	4	4	14	0	(12)	(12)	(13)	37	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28. Actual YTD surplus/ (deficit)		37
29. Actual YTD surplus/ (deficit) last month		37
30. Current month actual surplus/ (deficit)		0
31. Average monthly surplus/ (deficit) YTD	Trend	4
32. YTD /remaining months		12

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		37
34. Year to Date Trend Scenario		49

C. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	DEL															
35	Baseline Provider Depreciation	Actual/F'cast	1,244	1,244	1,244	1,706	1,360	830	878	811	811	811	811	812	10,128	12,562
36	Strategic Depreciation	Actual/F'cast						529	529	555	555	555	555	556	2,168	3,834
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		1,244	1,244	1,244	1,706	1,360	1,359	1,407	1,366	1,366	1,366	1,366	1,368	12,296	16,396
	AME															
41	Donated Asset Depreciation	Actual/F'cast													0	0
42	Impairments	Actual/F'cast					659		(36)						623	623
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	0	659	0	(36)	0	0	0	0	0	623	623

D. Accountancy Gains

[illegible][illegible]

Welsh Ambulance Trust

Period : Dec 20

YTD Months to be completed from Month:	1
Forecast Months to be completed from Month:	3

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	2,225	2,277	2,186	2,015	2,073	2,257	2,006	2,066	2,516	2,395	2,354	2,395	19,621	26,765
2	Medical & Dental	136	77	(52)	(4)	(7)	(33)	(36)	100	(176)	0	0	0	5	5
3	Nursing & Midwifery Registered	830	780	846	846	880	712	768	792	970	879	862	1,018	7,424	10,183
4	Prof Scientific & Technical	8		8	8	8	8	8	8	10	8	8	8	74	98
5	Additional Clinical Services	4,565	4,703	4,879	4,676	4,688	4,974	5,006	5,187	6,414	5,598	5,436	5,545	45,092	61,671
6	Allied Health Professionals	5,031	5,314	5,279	5,060	5,130	5,203	5,118	5,205	6,004	5,520	5,520	6,152	47,344	64,537
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	158	176	164	152	156	161	154	152	202	188	186	191	1,475	2,040
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	15,940	14,588	14,367	15,309	121,035	165,299

Analysis of Pay Expenditure

[illegible]

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	32	52	33	25	28	(4)	17	30	33	30	30	30	246	336
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered			14	8	14	16	15	16	21	20	20	20	104	164
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services					7	16	4	5	29	25	25	25	61	136
6	Allied Health Professionals			18	14	36	43	42	36	0	0	0	0	189	189
7	Healthcare Scientists													0	0
8	Estates & Ancillary	12	16	7	5	4	6	4	0	0	0	0	0	54	54
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	44	68	72	52	89	77	82	87	83	75	75	75	654	879

11	Agency/Locum (premium) % of pay	0.3%	0.5%	0.5%	0.4%	0.7%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
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C - Agency / Locum (premium) Expenditure

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

[illegible]

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)												
2	Establishment & Bank Additional Hours:												
3	Administrative, Clerical & Board Members	126	109	58	0	10	9	0	0	0	0	0	0
4	Medical & Dental												
5	Nursing & Midwifery Registered	18	0	0	0	0	0	0	0	0	0	0	0
6	Prof Scientific & Technical												
7	Additional Clinical Services	141	206	158	101	56	32	38	35	11	100	100	100
8	Allied Health Professionals	121	176	119	87	45	25	38	35	11	100	100	100
9	Healthcare Scientists												
10	Estates & Ancillary	3	2	2	0	0	0	0	0	0	0	0	0
11	Sub total Establishment & Bank Additional Hours	407	492	336	187	110	66	76	69	22	200	200	200
12	Agency:												
13	Administrative, Clerical & Board Members	0	32	17	19	22	28	18	17	0	0	0	0
14	Medical & Dental												
15	Nursing & Midwifery Registered												
16	Prof Scientific & Technical												
17	Additional Clinical Services												
18	Allied Health Professionals												
19	Healthcare Scientists												
20	Estates & Ancillary	16	15	15	10	5	0	0	0	0	0	0	0
21	Sub total Agency	16	47	32	29	27	28	18	17	0	0	0	0
22	Returners (Provide WTE to the right):												
23	Administrative, Clerical & Board Members												
24	Medical & Dental												
25	Nursing & Midwifery Registered												
26	Prof Scientific & Technical												
27	Additional Clinical Services												
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary												
31	Sub total Returners	0	0	0	0	0	0	0	0	0	0	0	0
32	Students (Provide WTE to the right):												
33	Medical & Dental												
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services	54	113	155	95	95	32	0	0	13	15	15	15
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	Sub total Students	54	113	155	95	95	32	0	0	13	15	15	15
41	Other Temp Staff (Provide WTE to the right):												
42	Administrative, Clerical & Board Members	32	107	112	100	52	40	27	8	20	47	48	47
43	Medical & Dental												
44	Nursing & Midwifery Registered	0	0	7	7	0	0	0	0	0	0	0	0
45	Prof Scientific & Technical												
46	Additional Clinical Services	82	14	30	25	5	5	(6)	105	6	5	5	5
47	Allied Health Professionals	31	36	40	0	0	13	0	0	0	0	0	0
48	Healthcare Scientists												
49	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
50	Sub total Other Temp Staff	145	157	189	132	57	58	21	113	26	52	53	52
51	Other (specify below and in narrative)												
52	Annual Leave Accrual									2,490			
53													
54													
55													
56	TOTAL ADDITIONAL PAY EXPENDITURE	622	809	712	443	289	184	115	199	2,551	267	268	267

B - Non Delivery of Planned Savings Due To C19

B - Non Delivery of Planned Savings Due To C19		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Enter as Positive values												
111	Non Delivery of Planned Savings (due to C19)												
112	Non Delivery of Finalised (M1) Savings	107	30	38	48	48	0	0	0	0	0	0	0
113	Non delivery of Savings Assumed but not finalised at M1												
114	TOTAL NON DELIVERY OF PLANNED SAVINGS	107	30	38	48	48	0	0	0	0	0	0	0

C - Planned Operational Expenditure Cost Reduction Due To C19

[illegible]

D - Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Negative values													
Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)													
126													
127													
128													
129													
130													
131													
132													
133													
134													
135													
136	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)	0	0	0	0	0	0	0	0	0	0	0	0
137	NET EXPENDITURE DUE TO Covid-19	1,437 0	1,698 0	1,992 0	993 0	488 0	494 0	364 0	261 0	2,374 0	581 0	525 0	526 0

Period : Dec 20

Total YTD	Forecast year-end position
£'000	£'000
311	311
0	0
18	18
0	0
775	1,075
654	954
0	0
7	7
1,765	2,365
153	153
0	0
0	0
0	0
0	0
0	0
0	0
61	61
214	214
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
557	602
0	0
0	0
0	0
557	602
493	640
0	0
14	14
0	0
266	281
120	120
0	0
0	0
898	1,055
2,490	2,490
0	0
0	0
5,924	6,726

A - WTE of New Staff

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22 Returns:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23 Administrative, Clerical & Board Members												
24 Medical & Dental												
25 Nursing & Midwifery Registered												
26 Prof Scientific & Technical												
27 Additional Clinical Services												
28 Allied Health Professionals												
29 Healthcare Scientists												
30 Estates & Ancillary												
31 Sub total Returns	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32 Students:												
33 Medical & Dental												
34 Nursing & Midwifery Registered												
35 Prof Scientific & Technical												
36 Additional Clinical Services	22.00	46.00	63.00	39.00	39.00	13.00	0.00	0.00	5.00	6.00	6.00	6.00
37 Allied Health Professionals												
38 Healthcare Scientists												
39 Estates & Ancillary												
40 Sub total Students	22.00	46.00	63.00	39.00	39.00	13.00	0.00	0.00	5.00	6.00	6.00	6.00
41 Other Temp Staff:												
42 Administrative, Clerical & Board Members	10.00	33.00	35.00	31.00	16.00	12.00	8.00	2.00	6.00	15.00	15.00	15.00
43 Medical & Dental												
44 Nursing & Midwifery Registered												
45 Prof Scientific & Technical												
46 Additional Clinical Services	16.00	3.00	6.00	5.00	1.00	1.00	-1.00	21.00	1.00	1.00	1.00	1.00
47 Allied Health Professionals	8.00	9.00	11.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00
48 Healthcare Scientists												
49 Estates & Ancillary			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50 Sub total Other Temp Staff	34.00	45.00	52.00	36.00	17.00	16.00	7.00	23.00	7.00	16.00	16.00	16.00

A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

[illegible]

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast	
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
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	235	362	288	231	231	235	228	203	199	198	198	202	2,210	2,808		2,808	0		
11		Actual/F'cast	128	320	247	211	219	269	189	180	201	149	159	165	1,964	2,437	80.59%	2,437	0	111	2,326
12		Variance	(107)	(42)	(41)	(20)	(12)	34	(39)	(23)	2	(49)	(39)	(37)	(246)	(371)	(11.14%)	(371)	0		
13	Pay	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,195	1,492		1,492	0		
14		Actual/F'cast	150	207	141	149	167	174	246	119	143	137	119	111	1,496	1,863	80.30%	1,863	0	160	1,703
15		Variance	0	(7)	(1)	(6)	61	67	141	12	34	30	13	27	301	371	25.20%	371	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	385	576	430	386	337	342	333	310	308	305	304	286	3,405	4,300		4,300	0		
20		Actual/F'cast	278	527	388	360	386	443	435	299	344	286	278	276	3,460	4,300	80.47%	4,300	0	271	4,029
21		Variance	(107)	(49)	(42)	(26)	49	101	102	(11)	36	(19)	(26)	(10)	55	0	1.61%	0	0		
22	Variance in month		(27.78%)	(8.46%)	(9.70%)	(6.61%)	14.64%	29.46%	30.63%	(3.45%)	11.80%	(6.23%)	(8.46%)	(3.40%)	1.61%						
23	In month achievement against FY forecast		6.47%	12.26%	9.02%	8.37%	8.98%	10.30%	10.12%	6.95%	8.00%	6.65%	6.47%	6.42%							

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 £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000							
1	Changes in Staffing Establishment	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,195	1,492		1,492	0		
2		Actual/F'cast	150	207	141	149	167	174	246	119	143	137	119	111	1,496	1,863	80.30%	1,863	0	160	1,703
3		Variance	0	(7)	(1)	(6)	61	67	141	12	34	30	13	27	301	371	25.20%	371	0		
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,195	1,492		1,492	0		
20		Actual/F'cast	150	207	141	149	167	174	246	119	143	137	119	111	1,496	1,863	80.30%	1,863	0	160	1,703
21		Variance	0	(7)	(1)	(6)	61	67	141	12	34	30	13	27	301	371	25.20%	371	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 £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000							
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		

Full-Year Effect of Recurring Savings
£'000
0
0
0
2,597
1,703
0
4,300

[illegible][illegible]

Table C3 - Tracker

This Table is currently showing 0 errors

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	385	576	430	386	337	342	333	310	308	305	304	286	3,405	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	278	527	388	360	386	393	405	269	303	246	238	236	3,309	4,029	0	4,029	271	4,300
	Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	(5)	(59)	(66)	(50)	(96)	(271)	0	(271)	271	0
	In Year - Plan	0	0	0	0	0	50	30	30	30	30	22	20	140	212	212	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	50	30	30	41	40	40	40	151	271	271	0	0	0
	Variance	0	0	0	0	0	0	0	0	11	10	18	20	11	59	59	0	0	0
	Total Plan	385	576	430	386	337	392	363	340	338	335	326	308	3,545	4,512	212	4,300	0	4,300
	Total Actual/Forecast	278	527	388	360	386	443	435	299	344	286	278	276	3,460	4,300	271	4,029	271	4,300
	Total Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	6	(49)	(48)	(30)	(85)	(212)	59	(271)	271	0
	Month 1 - Plan	467	276	422	467	515	510	519	542	544	547	598	616	4,263	6,024	0	6,024	0	6,024
Income Generation	Month 1 - Actual/Forecast	467	276	422	467	515	510	519	542	544	547	598	616	4,263	6,024	0	6,024	0	6,024
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	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	467	276	422	467	515	510	519	542	544	547	598	616	4,263	6,024	0	6,024	0	6,024
	Total Actual/Forecast	467	276	422	467	515	510	519	542	544	547	598	616	4,263	6,024	0	6,024	0	6,024
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Plan	852	852	852	852	852	852	852	852	852	852	902	902	7,668	10,324	0	10,324	0	10,324
	Month 1 - Actual/Forecast	745	803	810	827	901	903	924	811	847	793	836	852	7,572	10,053	0	10,053	271	10,324
	Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	(5)	(59)	(66)	(50)	(96)	(271)	0	(271)	271	0
Total	In Year - Plan	0	0	0	0	0	50	30	30	30	30	22	20	140	212	212	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	50	30	30	41	40	40	40	151	271	271	0	0	0
	Variance	0	0	0	0	0	0	0	0	11	10	18	20	11	59	59	0	0	0
	Total Plan	852	852	852	852	852	902	882	882	882	924	922		7,808	10,536	212	10,324	0	10,324
	Total Actual/Forecast	745	803	810	827	901	953	954	841	888	833	876	892	7,723	10,324	271	10,053	271	10,324
	Total Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	6	(49)	(48)	(30)	(85)	(212)	59	(271)	271	0

Welsh Ambulance Trust

Period : Dec 20

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income	Non Contracted Income	Total Income
		£'000	£'000	£'000
1	Swansea Bay University	5,124	233	5,357
2	Aneurin Bevan University	9,964	164	10,128
3	Betsi Cadwaladr University	5,722	62	5,784
4	Cardiff & Vale University	3,931	714	4,645
5	Cwm Taf Morgannwg University	2,071	5	2,076
6	Hywel Dda University	4,538	51	4,589
7	Powys	1,159	0	1,159
8	Public Health Wales	0	46	46
9	Velindre	1,153	20	1,173
10	NWSSP	0	0	0
11	NWIS	0	0	0
12	Wales Ambulance Services			0
13	WHSSC	0	0	0
14	EASC	169,529	2,464	171,993
15	HEIW	0	643	643
16	NHS Wales Executive	0	0	0
17	Total	203,191	4,402	207,593

Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
£'000	£'000	£'000
10	52	62
0	209	209
280	78	358
11	22	33
0	38	38
0	117	117
0	43	43
7	11	18
1,376	776	2,152
0	0	0
0	0	0
		0
0	0	0
0	0	0
0	0	0
0	0	0
1,684	1,346	3,030

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Dec 20

Table E - Resource Limits

1. BASE ALLOCATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:										
2 Total Confirmed Funding					0					

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11					0					
12					0					
13					0					
14					0					
15					0					
16					0					
17					0					
18					0					
19					0					
20					0					
21					0					
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56 Total Anticipated Funding	0	0	0	0	0		0	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	0	0	0	0	0		0	0	0	
58 Anticipated Resources Per 2. above	0	0	0	0	0		0	0	0	
59 Total Resources	0	0	0	0	0		0	0	0	

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morganwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	NWIS £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact and date item first entered into table
1	Agreed full year income	5,299	10,087	5,769	4,467	2,075	4,576	1,159	35	0	1,168	0	0	482	2,143	171,377	0		208,636	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall														(2,367)				(2,367)	Per November submission
3	DEL Non Cash Depreciation - Strategic														3,834				3,834	Per November submission
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														623				623	Per August submission
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9	Non contracted Income	58	41	16	179	1	13	0	12	0	5	0	0	161		616	0		1,101	M1 - None contracted income
10	COVID-19 Anticipated Revenue														7,100				7,100	Mth 1 reply letter
11	Non contracted Income - Other																	9,849	9,849	Non contracted income including Q3/Q4 assumptions
12	Annual leave accrual due to COVID-19														2,490				2,490	John Evans -M9 All Wales action via TAG
13	PIBS funding														1,860				1,860	Jackie Salmon - M9
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	Total Income	5,357	10,128	5,784	4,645	2,076	4,589	1,159	46	0	1,173	0	0	643	15,683	171,993	0	9,849	233,125	

Welsh Ambulance Trust

Period : Dec 20

This table needs completing monthly from Month: 6
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 20 £'000	Closing Balance End of Dec 20 £'000	Forecast Closing Balance End of Mar 21 £'000
Non-Current Assets			
1 Property, plant and equipment	87,680	82,984	86,740
2 Intangible assets	5,133	3,789	3,341
3 Trade and other receivables	536	536	500
4 Other financial assets	0	0	0
5 Non-Current Assets sub total	93,349	87,309	90,581
Current Assets			
6 Inventories	1,556	1,549	1,500
7 Trade and other receivables	9,086	19,199	9,086
8 Other financial assets	0	0	0
9 Cash and cash equivalents	24,582	10,957	326
10 Non-current assets classified as held for sale	246	246	0
11 Current Assets sub total	35,470	31,951	10,912
12 TOTAL ASSETS	128,819	119,260	101,493
Current Liabilities			
13 Trade and other payables	27,523	18,965	2,417
14 Borrowings (Trust Only)	1,970	2,107	2,667
15 Other financial liabilities	-	-	-
16 Provisions	7,293	11,118	7,000
17 Current Liabilities sub total	36,786	32,190	12,084
18 NET ASSETS LESS CURRENT LIABILITIES	92,033	87,070	89,409
Non-Current Liabilities			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	2,667	1,059	1,059
21 Other financial liabilities	0	0	0
22 Provisions	9,554	6,228	10,346
23 Non-Current Liabilities sub total	12,221	7,287	11,405
24 TOTAL ASSETS EMPLOYED	79,812	79,783	78,004
FINANCED BY: Taxpayers' Equity			
25 General Fund	0	0	0
26 Revaluation Reserve	9,712	9,562	9,712
27 PDC (Trust only)	76,309	76,309	74,501
28 Retained earnings (Trust Only)	(6,209)	(6,088)	(6,209)
29 Other reserve	0	0	0
30 Total Taxpayers' Equity	79,812	79,783	78,004

	Opening Balance Beginning of Apr 20	Closing Balance End of Dec 20	Closing Balance End of Mar 21
EXPLANATION OF ALL PROVISIONS			
31 Clinical Negligence	1,977	2,740	2,740
32 Personal Injury and special payments	1,788	1,999	1,999
33 Personal Injury-PIBS	10,101	10,075	10,075
34 Defence legal fees and other administration	312	360	360
35 Pensions-other staff PIBS	92	86	86
36 Restructurings	0	0	0
37 Other	2,577	2,086	2,086
38			
39			
40 Total Provisions	16,847	17,346	17,346

ANALYSIS OF WELSH NHS RECEIVABLES (current month)

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

£'000
2,579
48
0

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

	£'000	£'000	£'000
44 Capital	9,381	1,148	500
45 Revenue	18,142	17,817	1,917

ANALYSIS OF CASH (opening, current & closing)

	£'000	£'000	£'000
46 Capital	9,381	1,148	50
47 Revenue	15,201	9,809	276

Welsh Ambulance Trust

Period : Dec 20

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)	1,895	3	225	2,227	888	17	843	0	47	3,420	1,503	2,560	13,628
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations	16,004	16,025	15,460	15,624	21,593	15,688	16,435	17,572	16,558	22,496	22,760	22,892	219,107
6	Short Term Loans - Trust only													0
7	PDC - Trust only	0	0											0
8	Interest Receivable - Trust only	5	0	0	0	0	0	0	0	0	0	0	0	5
9	Sale of Assets	0	5	13	8	8	10	(2)	32	174	14	15	12	289
10	Other - (Specify in narrative)	292	689	291	567	327	643	297	75	668	528	327	277	4,981
11	TOTAL RECEIPTS	18,196	16,722	15,989	18,426	22,816	16,358	17,573	17,679	17,447	26,458	24,605	25,741	238,010
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	12,416	13,089	13,526	13,225	12,859	13,332	13,346	13,258	13,522	15,550	15,550	15,626	165,299
18	Non Pay Expenditure	4,727	5,114	4,093	4,685	4,386	3,559	4,258	4,457	4,657	10,524	10,524	10,527	71,511
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only	868											53	921
21	Capital Payment	1,810	3,739	1,500	993	1,166	2,655	883	646	1,905	5,941	2,419	721	24,378
22	Other items (Specify in narrative)	0	0	30	0	0	0	0	127	0	0	0	0	157
23	TOTAL PAYMENTS	19,821	21,942	19,149	18,903	18,411	19,546	18,487	18,488	20,084	32,015	28,493	26,927	262,266
24	Net cash inflow/outflow	(1,625)	(5,220)	(3,160)	(477)	4,405	(3,188)	(914)	(809)	(2,637)	(5,557)	(3,888)	(1,186)	
25	Balance b/f	24,582	22,957	17,737	14,577	14,100	18,505	15,317	14,403	13,594	10,957	5,400	1,512	
26	Balance c/f	22,957	17,737	14,577	14,100	18,505	15,317	14,403	13,594	10,957	5,400	1,512	326	

Welsh Ambulance Trust

Period : Dec 20

Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	90.7%	-4.3%	92.7%	-2.3%	86.9%	-8.1%		-95.0%	90.5%	-4.5%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	90.4%	-4.6%	86.1%	-8.9%	93.3%	-1.7%		-95.0%	90.0%	-5.0%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.0%	3.0%	98.5%	3.5%	98.3%	3.3%		-95.0%	98.2%	3.2%	98.0%	3.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	97.0%	2.0%	97.3%	2.3%	98.1%	3.1%		-95.0%	97.5%	2.5%	97.0%	2.0%

10 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
	PROMPT PAYMENT OF INVOICE PERFORMANCE													
5	% of NHS Invoices Paid Within 10 Days - By Value		49.6%		74.5%		45.0%				58.0%		75.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		65.2%		63.9%		52.9%				60.9%		75.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		53.7%		86.0%		81.9%				72.8%		75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		56.5%		54.1%		50.3%				53.4%		75.0%	

Welsh Ambulance Trust

Period : Dec 20

This Table is currently showing 0 errors

Table I - 2020-21 Capital Resource / Expenditure Limit Management

£'000 14,876
Approved CRL / CEL issued at : 22/12/20

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	7	7	0	119	119	0
2	Cardiff MRD	1,101	1,101	0	3,428	3,428	0
3	111 Integrated Information Solution	384	384	0	800	800	0
4	C19 - 19.20 Return of Vehicles Slippage	502	502	0	534	534	0
5	C19 - 19.20 Return of 111 Slippage	49	49	0	100	100	0
6	C19 - Digital Devices	160	160	0	160	160	0
7	COVID-19 DPIP	162	162	0	180	180	0
8	Provision of Mobile Clinical Solution Unit	531	531	0	537	537	0
9	GUH - WAST Patient Transfer Arrangements	634	634	0	1,144	1,144	0
10	COVID-19 Requirements - Tranche 4	615	615	0	617	617	0
11	111 / contact first service at WAST Vantage Point House Clinical Contact Centre.	110	110	0	1,000	1,000	0
12	Electronic Patient Clinical Records	0	0	0	216	216	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	4,255	4,255	0	8,835	8,835	0
	Discretionary:						
43	I.T.	246	246	0	792	792	0
44	Equipment	2,194	2,194	0	2,717	2,717	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	198	198	0	2,205	2,205	0
47	Other	170	170	0	327	327	0
48	Sub Total	2,808	2,808	0	6,041	6,041	0

	Other Schemes:						
49	Re investment of NBV	0	0	0	121	121	0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	Sub Total	0	0	0	121	121	0
70	Total Expenditure	7,063	7,063	0	14,997	14,997	0
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0
	Donations:						
77				0			0
78	Sub Total	0	0	0	0	0	0
	Asset Disposals:						
79	Nelson	0	0	0	121	121	0
80	Disposal of Vehicles and equipment	0	0	0	0	0	0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	Sub Total	0	0	0	121	121	0
91	Technical Adjustments			0			0
92	CHARGE AGAINST CRL / CEL	7,063	7,063	0	14,876	14,876	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(7,813)			0	

Welsh Ambulance Trust

YTD Months to be completed from Month:	4
Forecast Months to be completed from Month:	6

Period : Dec 20

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme:		Project Manager	In Year Forecast		Capital Expenditure Monthly Profile													YTD £'000	Total £'000	Risk Level
	Schemes:	Min. £'000		Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000					
1	ESMCP – Control Room Solution	A WILLIAMS	119	119	0	0	0	0	0	0	13	0	(6)	112	0	0	7	119	Low		
2	Cardiff MRD	R DAVIES	3,428	3,428	4	0	0	4	141	142	262	279	269	1,250	550	527	1,101	3,428	Low		
3	111 Integrated Information Solution	A WILLIAMS	800	800	16	18	16	21	19	32	69	48	145	200	216	0	384	800	Low		
4	C19 - 19.20 Return of Vehicles Slippage	D HOLMES	534	534	0	0	143	70	149	88	0	13	39	32	0	0	502	534	Low		
5	C19 - 19.20 Return of 111 Slippage	A WILLIAMS	100	100	0	49	0	0	0	0	0	0	0	51	0	0	49	100	Low		
6	C19 - Digital Devices	A WILLIAMS	160	160	0	160	0	0	0	0	0	0	0	0	0	0	160	160	Low		
7	COVID-19 DPIF	A WILLIAMS	180	180	0	0	0	0	0	0	162	0	0	18	0	0	162	180	Low		
8	Provision of Mobile Clinical Solution Unit	E ROBERTS	537	537	0	0	0	0	0	0	0	0	531	6	0	0	531	537	Low		
9	GUH - WAST Patient Transfer Arrangements	D HOLMES	1,144	1,144	0	0	0	0	0	0	4	17	613	273	237	0	634	1,144	Low		
10	COVID-19 Requirements - Tranche 4	E ROBERTS	617	617	0	0	0	0	0	0	0	0	615	0	2	0	615	617	Low		
11	111 / contact first service at WAST Vantage Point House Clinic	A WILLIAMS / R DAVIES	1,000	1,000	0	0	0	0	0	0	0	0	110	500	390	0	110	1,000	Low		
12	Electronic Patient Clinical Records	A WILLIAMS	216	216	0	0	0	0	0	0	0	0	0	150	66	0	0	216	Low		
13																	0	0			
14																	0	0			
15																	0	0			
16																	0	0			
17																	0	0			
18																	0	0			
19																	0	0			
20																	0	0			
21																	0	0			
22																	0	0			
23																	0	0			
24																	0	0			
25																	0	0			
26																	0	0			
27																	0	0			
28																	0	0			
29																	0	0			
30																	0	0			
31																	0	0			
32																	0	0			
33																	0	0			
34	Sub Total		8,835	8,835	20	227	159	95	309	262	510	972	1,701	2,594	1,459	527	4,255	8,835			
	Discretionary:																				
35	I.T.	A WILLIAMS	784	784	106	93	205	121	31	61	15	(285)	(101)	350	188	0	246	784	Low		
36	Equipment	D HOLMES	2,717	2,717	18	26	40	574	61	1,005	171	59	240	360	100	63	2,194	2,717	Low		
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low		
38	Estates	R DAVIES	2,213	2,213	84	147	34	87	(29)	1	(10)	(116)	0	1,200	475	340	198	2,213	Low		
39	Other	E ROBERTS	327	327	3	24	14	41	3	22	88	(31)	6	140	0	17	170	327	Low		
40	Sub Total		6,041	6,041	211	290	293	823	66	1,089	264	(373)	145	2,050	783	420	2,808	6,041			
	Other Schemes:																				
41	Re investment of NBV	R DAVIES	121	121	0	0	0	0	0	0	0	0	0	0	100	21	0	121	Low		
42																	0	0			
43																	0	0			
44																	0	0			
45																	0	0			
46																	0	0			
47																	0	0			
48																	0	0			
49																	0	0			
50																	0	0			
51																	0	0			
52																	0	0			
53																	0	0			
54																	0	0			
55																	0	0			
56																	0	0			
57																	0	0			
58																	0	0			
59																	0	0			
60																	0	0			
61	Sub Total		121	121	0	0	0	0	0	0	0	0	0	0	100	21	0	121			
62	Total Capital Expenditure		14,997	14,997	231	517	452	918	375	1,351	774	599	1,846	4,644	2,322	968	7,063	14,997			

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Feb 21)	£'000	£'000	£'000	£'000	
1	Nelson	N/A	N/A	2020-21	121	185	8	56	
2	Disposal of Vehicles and equipment	N/A	N/A	2020-21	0	104		104	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				121	289	8	160	

Welsh Ambulance Trust

Period : Dec 20

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	NET FINANCIAL CHANGE	A	B	C	D
1	Retained surplus/(deficit) for period			0	37
2	Depreciation	14,929	16,396	1,467	12,296
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments		623	623	623
5	Net gain/loss on disposal of assets		(160)	(160)	(130)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		281	281	248
8	Other Income (specify)			0	
9	APPLICATION OF FUNDS				
10	Capital Expenditure	(14,876)	(14,997)	(121)	(7,063)
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	7
13	Current assets - Trade and other receivables			0	(10,113)
14	Current liabilities - Trade and other payables			0	(8,558)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	499
17	Sub total - movement in working capital	0	0	0	(18,165)
18	NET FINANCIAL CHANGE	53	2,143	2,090	(12,154)
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital	(921)	(2,143)	(1,222)	0
20	Net change in temporary borrowing	868		(868)	137
21	Change in bank deposits and interest bearing securities			0	13,625
22	Net change in finance lease payables			0	(1,608)
23	TOTAL EXTERNAL FINANCE	(53)	(2,143)	(2,090)	12,154

	Period:
11 weeks before end of Dec 20 =	15 October 2020
17 weeks before end of Dec 20 =	03 September 2020

[illegible]

Invoices paid since the end of the month		
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Total outstanding as per MR submission date	48,277.00	0.00
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Welsh Ambulance Trust

Period : Dec 20

Table N - General Medical Services
Table to be completed from Q2

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance
	LINE NO.	£000's	£000's	£000's	£000's
Global Sum	1				
MPIG Correction Factor	2				
Total Global Sum and MPIG	3				0
Quality Aspiration Payments	4				
Quality Achievement Payments	5				
Quality Assurance Improvement Framework (QAIF)	6				
QAIF (In hours Access)	7				
Total Quality	8				0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0
Total Enhanced Services (To equal data in section A Line 96)	12		0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0
Premises (To equal data in section C Line 138)	14				0
IM & T	15				0
Out of Hours (including OOHDF)	16				0
Dispensing (To equal data in Line 154)	17				0
Total	18	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services	Section A (i)	LINE NO.	£000's	£000's	£000's	£000's
Learning Disabilities		19				0
Childhood Immunisation Scheme		20				0
Mental Health		21				0
Influenza & Pneumococcal Immunisations Scheme		22				0
Services for Violent Patients		23				0
Minor Surgery Fees		24				0
MENU of Agreed DES						
Asylum Seekers & Refugees		25				0
Care of Diabetes		26				0
Care Homes		27				0
Extended Surgery Opening		28				0
Gender Identity		29				0
Homeless		30				0
Oral Anticoagulation with Warfarin		31				0
TOTAL Directed Enhanced Services (must equal line 9)		32		0	0	0

National Enhanced Services	A (ii)	LINE NO.	£000's	£000's	£000's	£000's
INR Monitoring		33				0
Shared care drug monitoring (Near Patient Testing)		34				0
Drug Misuse		35				0
IUCD		36				0
Alcohol misuse		37				0
Depression		38				0
Minor injury services		39				0
Diabetes		40				0
Services to the homeless		41				0
TOTAL National Enhanced Services (must equal line 10)		42		0	0	0

Local Enhanced Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's
ADHD		43				0
Asylum Seekers & Refugees		44				0
Cardiology		45				0
Care Homes		46				0
Care of Diabetes		47				0
Chiropody		48				0
Counselling		49				0
Depo - Provera (including Implanon & Nexplanon)		50				0
Dermatology		51				0
Dietetics		52				0
DOAC/NOAC		53				0
Drugs Misuse		54				0
Extended Minor Surgery		55				0
Gonaderlins		56				0
Homeless		57				0
HPV Vaccinations		58				0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		59				0
Learning Disabilities		60				0
Lithium / INR Monitoring		61				0
Local Development Schemes		62				0
Mental Health		63				0
Minor Injuries		64				0
MMR		65				0
Multiple Sclerosis		66				0
Muscular Skeletal		67				0
Nursing Homes		68				0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69				0
Osteopathy		70				0
Phlebotomy		71				0
Physiotherapy (inc MT3)		72				0
Referral Management		73				0
Respiratory (inc COPD)		74				0
Ring Pessaries		75				0
Sexual Health Services		76				0
Shared Care		77				0
Smoking Cessation		78				0
Substance Misuse		79				0
Suturing		80				0
Swine Flu		81				0
Transport/Ambulance costs		82				0
Vasectomy		83				0
Weight Loss Clinic (inc Exercise Referral)		84				0
Wound Care		85				0
Zoladex		86				0
		87				0
		88				0
		89				0
		90				0
		91				0
		92				0
		93				0
		94				0
TOTAL Local Enhanced Services (must equal line 11)		95		0	0	0
TOTAL Enhanced Services (must equal line 12)		96		0	0	0

GENERAL MEDICAL SERVICES
Operating Expenditure

LHB Administered	Section B	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's
Seniority		97				
Doctors Retainer Scheme Payments		98				
Locum Allowances consists of adoptive, paternity & maternity		99				
Locum Allowances : Cover for Sick Leave		100				
Locum Allowances : Cover For Suspended Doctors		101				
Prolonged Study Leave		102				
Recruitment and Retention (including Golden Hello)		103				
Appraisal - Appraiser Costs		104				
Primary Care Development Scheme		105				
Partnership Premium		106				
Supply of syringes & needles		107				
Other (please provide detail below, this should reconcile to line 128)		108				
TOTAL LHB Administered (must equal line 13)		109				0

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

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

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

Memorandum item					
Enhanced Services included above but in dispute with LMC (TOTAL)	147				
Enhanced Services included above but not yet formally agreed LMC	148				

GENERAL MEDICAL SERVICES
Dispensing

Dispensing Data	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)					
Dispensing Doctors	149				
Prescribing Medical Practitioners - Personal Administration	150				
Dispensing Service Quality Payment	151				
Professional Fees and on-cost					
Dispensing Doctors	152				
Prescribing Medical Practitioners - Personal Administration	153				
TOTAL DISPENSING DATA (must equal line 17)	154				0

Year to Date
£000's
0

0

0

[illegible][illegible]

[illegible]

0

Year to Date
£000's

[illegible]

£000's
0

£000's
0

£000's
0

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Year to Date
£000's

0

Welsh Ambulance Trust

Period : Dec 20

Table O - General Dental Services
Table to be completed from Q2
Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services inc WHC/2015/001	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	



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

AGENDA ITEM No	3.5
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY and PERFORMANCE DASHBOARD –December 2020

MEETING	Board
DATE	28 th January 2021
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance / Nicola Quiller – Commissioning & Performance Officer
CONTACT DETAILS	Hugh.bennett2@wales.nhs.uk nicola.quiller@wales.nhs.uk

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

REPORT PURPOSE	To provide senior decision makers in the Trust with an integrated dashboard (demand, patient safety and performance) focused on the “vital few” key metrics.
CLOSED MATTER REASON	Not applicable.

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Director of SP&P and AD C&P	25 th Jan 2021	Sign Off
Trust Board	28 th Jan 2021	Consideration

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (demand, patient safety and performance) focused on the “vital few” key metrics. This report is for **Dec-20**.
2. Please note, this version of the report includes an update for the Clinical Indicator measures to Sep-20. The next reporting point was due to be Jan-21; however, due to technical issues and challenges related to the COVID-19 pandemic, the clinical indicator Ambulance Quality Indicators (AQIs) will not be included in the AQI pack due to be released on 27 Jan-21. It also contains a partial update for NEPTS data/updates due to the non-requirement for a formal publication of these indicators during the current COVID-19 pandemic period.

BACKGROUND

3. The Emergency Ambulance Services Committee (EASC) commissioning intentions (based on the Ambulance Quality Indicators (AQIs)) and the Welsh Government Delivery and Outcomes Framework (which in turn informs the Welsh Government Balanced scorecard) form the basis of the Trust's performance indicators. The Framework and the commissioning intentions represent what the Trust is held publicly to account on in terms of our quality and performance metrics and form the basis of the metrics used in this report. EASC is supported the Chief Ambulance Services Commissioner (CASC) and the National Collaborative Commissioning Unit (NCCU).
4. The Emergency Medical Services (EMS) AQIs are published quarterly by the Emergency Ambulance Services Committee (EASC) on their website; <http://www.wales.nhs.uk/easc/ambulance-quality-indicators>. Monthly information is published by Welsh Government on Red and Amber performance. <http://gov.wales/statistics-and-research/ambulance-services/?lang=en>. The publication of the AQIs (and WG release) was suspended through CoVID-19 pandemic to date; however, reporting has now resumed with retrospective publication in Nov-20 and publication of quarter 3 on 27 Jan-21.
5. The report is split into the following parts:-
 - A **narrative Assessment** of Dec-20's quality & performance, starting from paragraph 6 below;
 - **Forecasting & Modelling** (paragraph 53 onwards);
 - **Feedback from committees** (paragraph 58 onwards);
 - **Exceptions** (paragraph 61 onwards);
 - **Report development and Performance Management Framework** (paragraph 62 onwards);
 - **Conclusions and recommendations** (paragraph 64 onwards); and
 - **Annex 1 – Top 20 Dashboard**.

ASSESSMENT

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

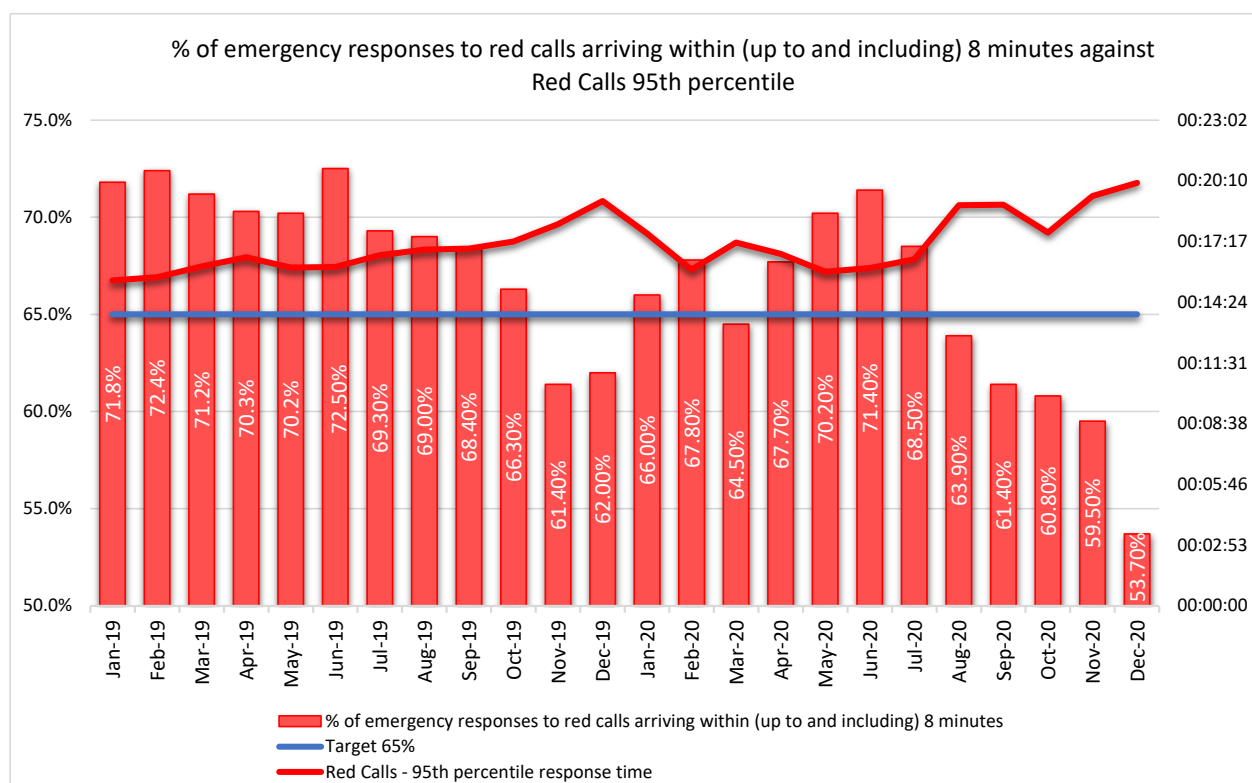
CoVID-19

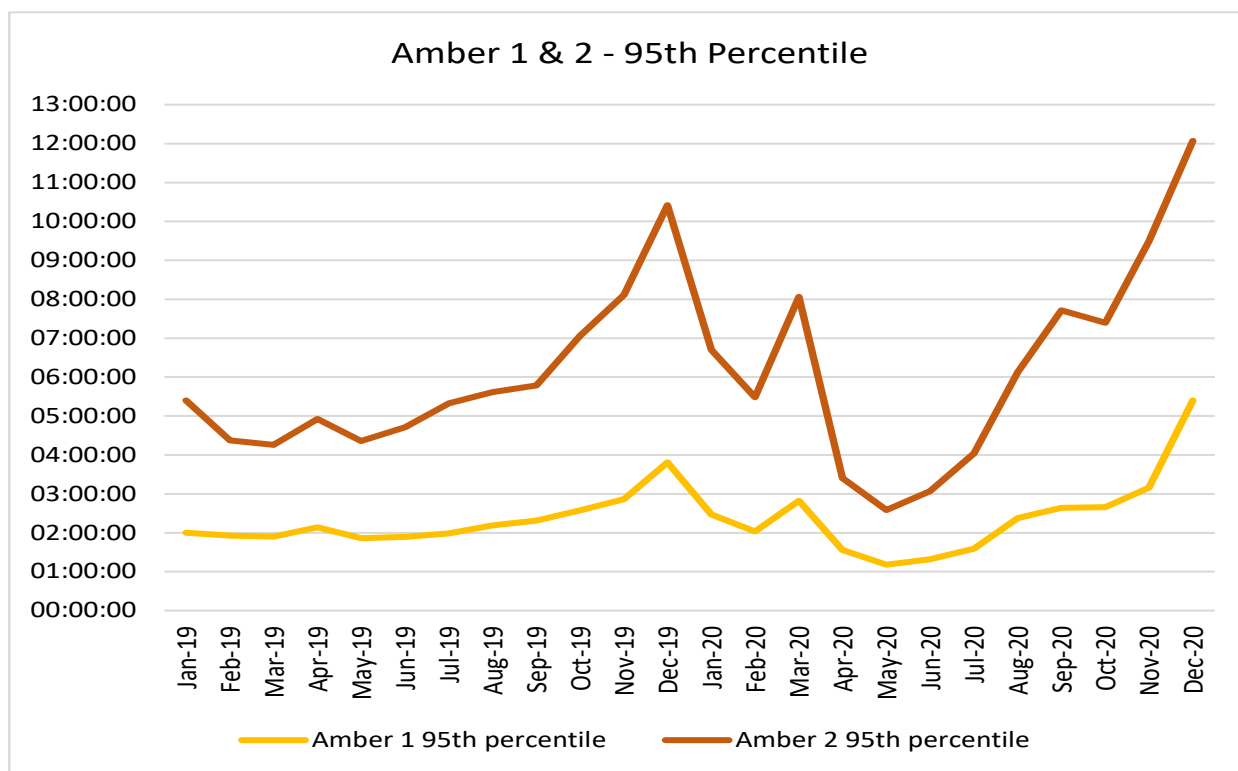
7. The Trust is tracking CoVID-19 and related metrics through its weekly CoVID-19 Intelligence Pack. In early Sep-20 a **significant spike in the number of confirmed CoVID-19 infected cases** across Wales started to be seen (actual positive tests). There was also a spike in 111 call demand; however, there was no material change in 999 call volumes, Emergency Medical Service (EMS) response or conveyance. The impact of the second wave on the roster abstractions has been significant (see paragraph 39 onwards). **In Dec-20 5,573 incidents (or 180 incidents per day) related to CoVID-19 (Card-36)** demand, compared to 4,160 in Nov-20 (or 139 incidents per day).

Quality, Patient Safety & Patient Experience

Patient Response Times in the Community

8. **The Red 8-minute target was not achieved in Dec-20.** The percentage of emergency responses to Red incidents within 8 minutes was 53.7%, 95% of calls received a response within 20 minutes. Amber response times are also of significant concern as they continued to lengthen in December. The Amber One median percentile in Dec-20 was 1 hour compared to 48 minutes in Dec-19. The Amber 1 95th percentile was five hours and 24 minutes Dec-20 (compared to three hours and 48 minutes in Dec-19).



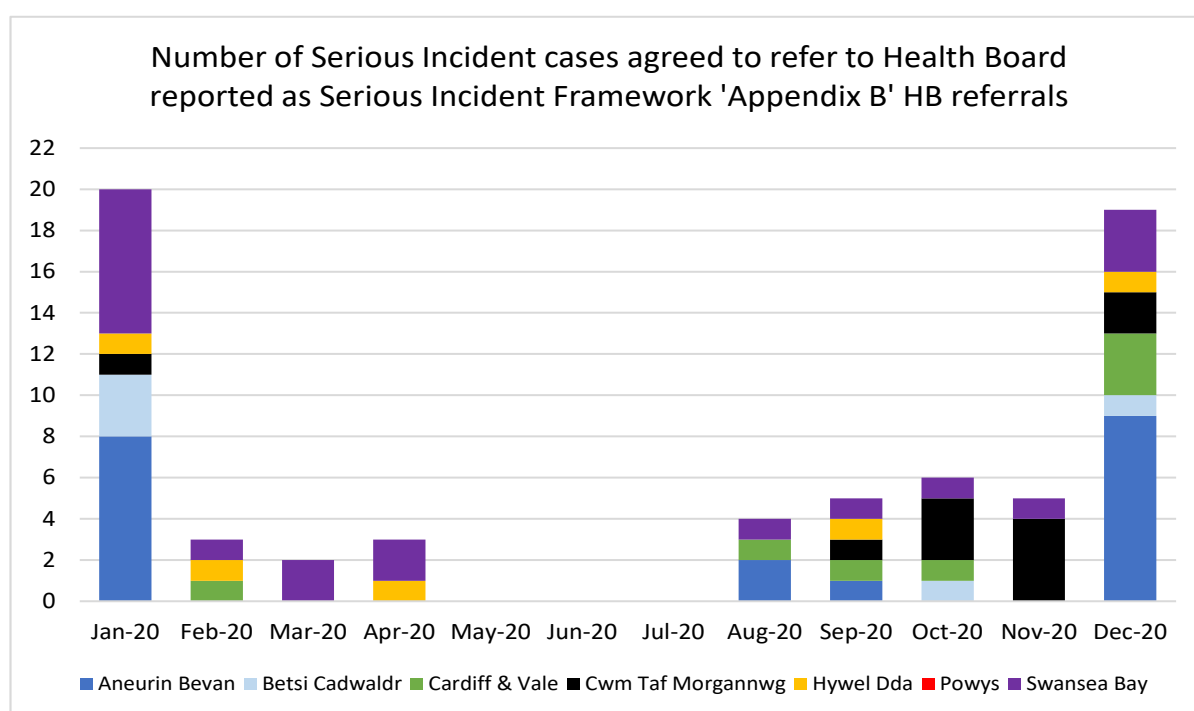
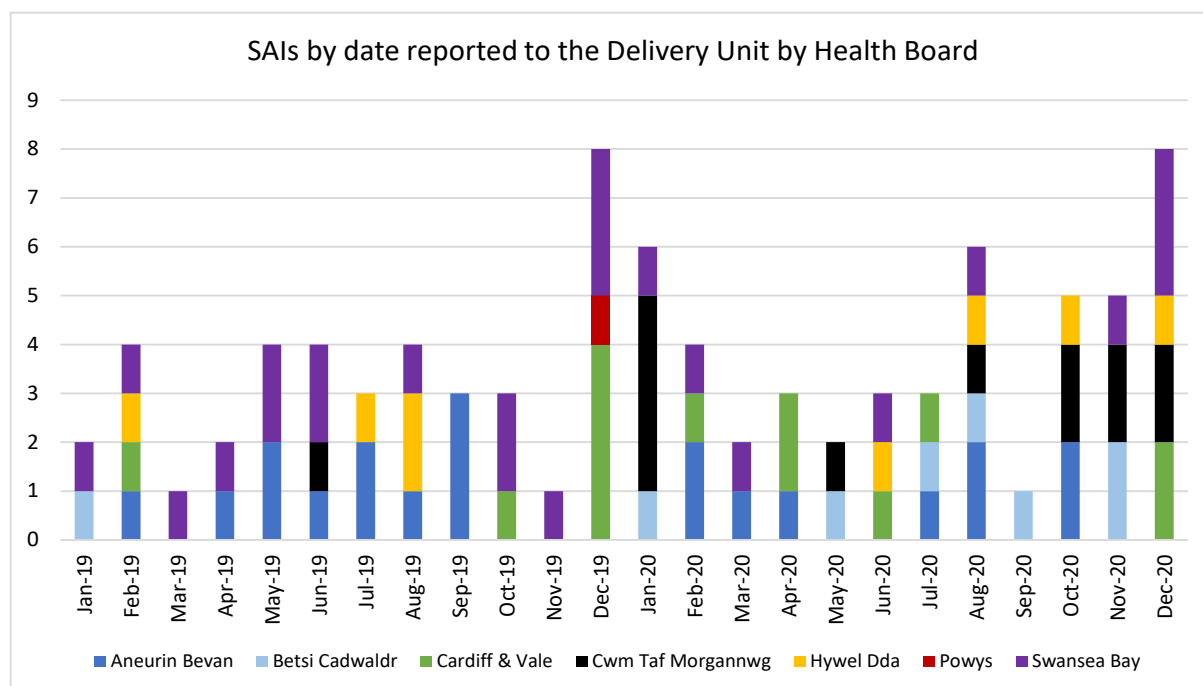


9. The Trust also continues to monitor the longest patient responses. The table below shows the number of patients who have had to wait for 12 hours or over. In Dec-20 there were **606 patient waits for an ambulance of 12 hours or over**. There is a clear correlation between handover lost hours increasing and longest waits increasing, for example in May-20 there were only three 12 hour and over waits; handover lost hours in May-20 were 1,900 compared to 11,708 in Dec-20.

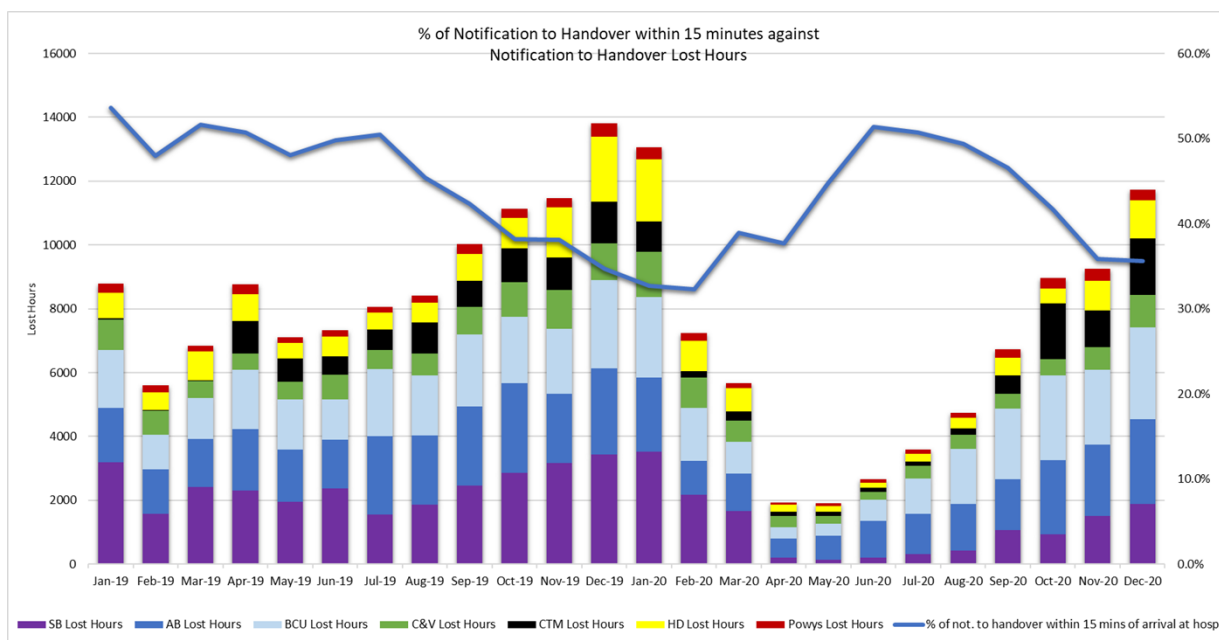
Patient Waits in Hours over 12 Hours																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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10. These long response times impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from Nov-20 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board.
11. There were seven Serious Case Incident Forums (SCIFs) held in Dec-20, during which 44 cases were discussed, **eight of these cases were reported to the Delivery Unit as Serious Adverse Incidents (SAIs)** and **nineteen were passed to Health Boards as**

Serious Incident Framework 'Appendix B' incident referrals as part of the joint investigation framework.



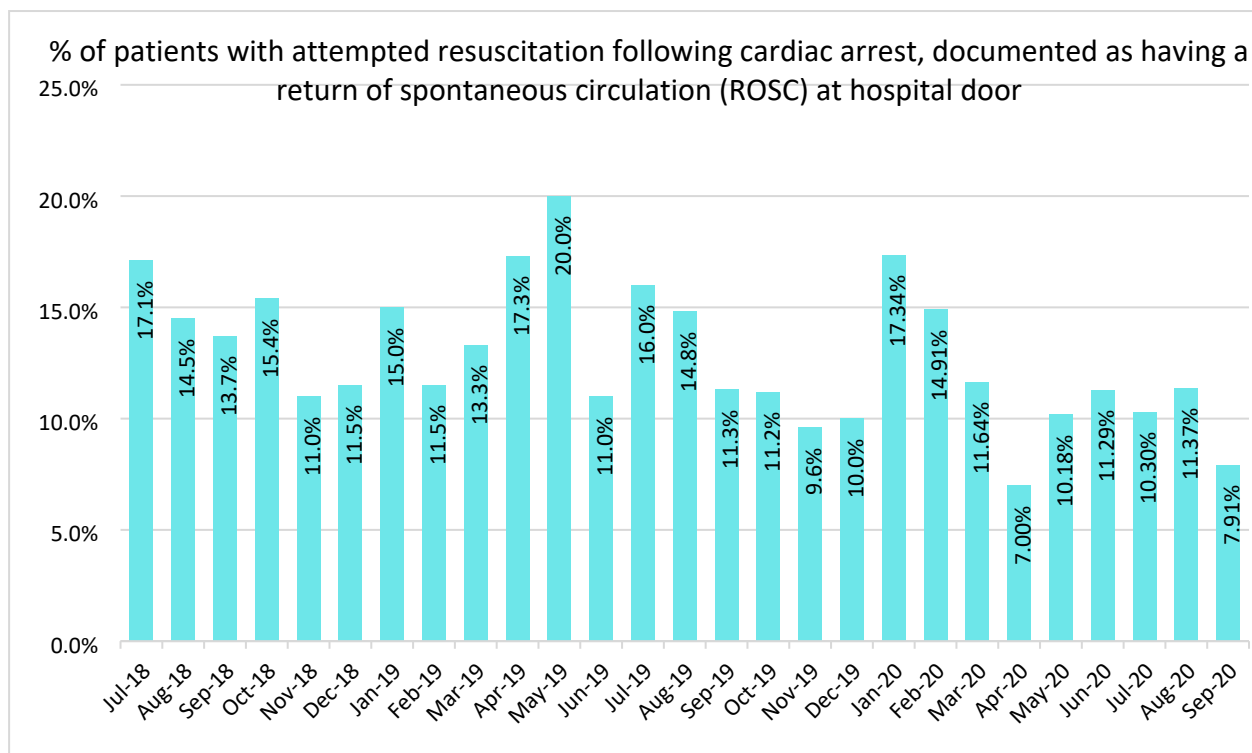
12. Whilst there are many factors affecting response times, which are described later in this report, one of the factors outside WAST's control is the number of ambulances that have to wait longer than 15 minutes to transfer patients into secondary care at Emergency Departments (EDs). The graph below shows the number of ambulance hours that are lost outside EDs which, if released earlier would have reduced patient waits in the community. The number of handover lost hours is now building up again to pre-CoVID-19 levels. The Significant time has been spent by all Executives and non Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister.



13. The **response to concerns** within 30 days increased to 88% in Dec-20, **above the 75% target** compared to 78% in Nov-20 and 84% in Oct-20.

Clinical Outcomes

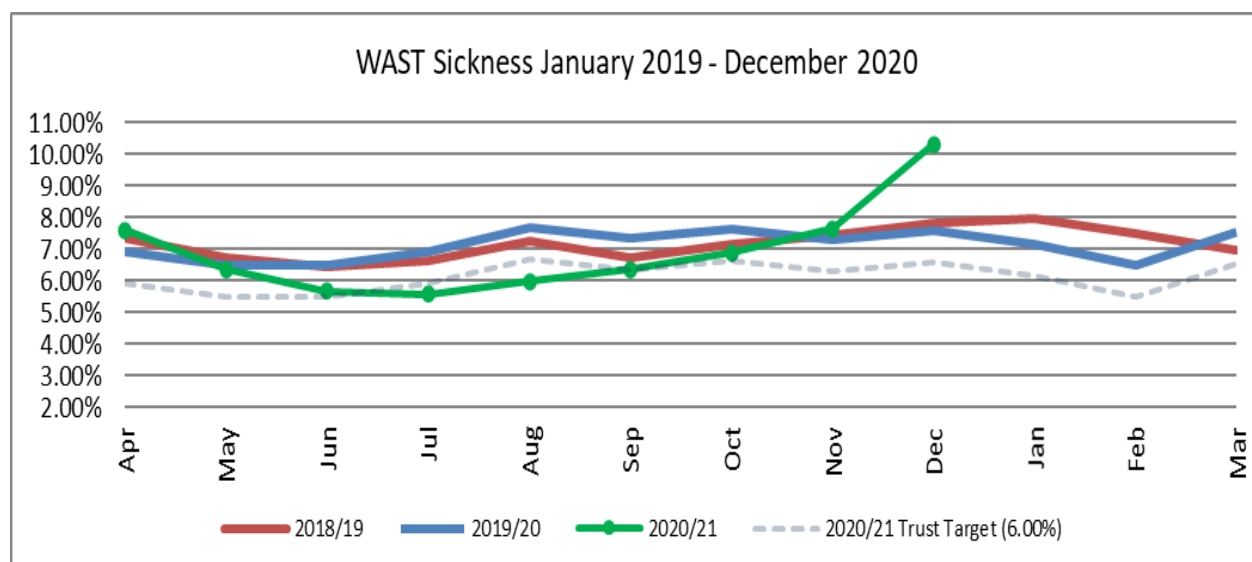
14. Currently, the Trust reports on eight clinical indicators, seven of which have a commissioning intention of 95%, the exception being the return of spontaneous circulation (ROSC) indicator.
15. Of the seven, three achieved the 95% in the period Jul-20 to Sep-20 (Quarter 2), three others were above 80%. The ST segment elevation myocardial infarction (STEMI) indicator is an area of concern achieving less than 80% through quarter 2. These percentages refer to the application of a whole bundle of care. For each of the individual elements the percentage compliance is consistently above 86%. Targeted improvement work is required to improve consistency, which will improve care bundle reporting.
16. The percentage of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door was 7.91% in Sep-20 (11.37% Aug-20 and 10.30% Jul-20). Rates of ROSC are complex and determined by a number of factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation. Further work is being undertaken on actions that could be taken to improve the ambulance service contribution to this patient outcome indicator, including modelling being undertaken by ORH to determine effect of additional rapid response vehicles (Cymru High Acuity Response Units). These specialist RRV resources could target all Reds and selected Amber calls to bring an enhanced skill set and clinical leadership to calls such as cardiac arrest. A similar scheme was implemented in Scotland which demonstrated an uplift in ROSC and survival discharge. Further consideration of this potential action will be undertaken as part of IMTP planning.



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

Staff Well-Being

19.The in-month sickness absence figure for December 2020 was **10.32%**, an increase of 2.69 percentage points from last month and also an increase of 3.14 percentage points on the same period last year. A key area of focus is the sickness abstraction from the Response rosters and an important benchmark in the EMS Demand & Capacity Programme. This is different measure of sickness i.e. abstraction from roster v. contractual hours, and is significantly higher (see below).



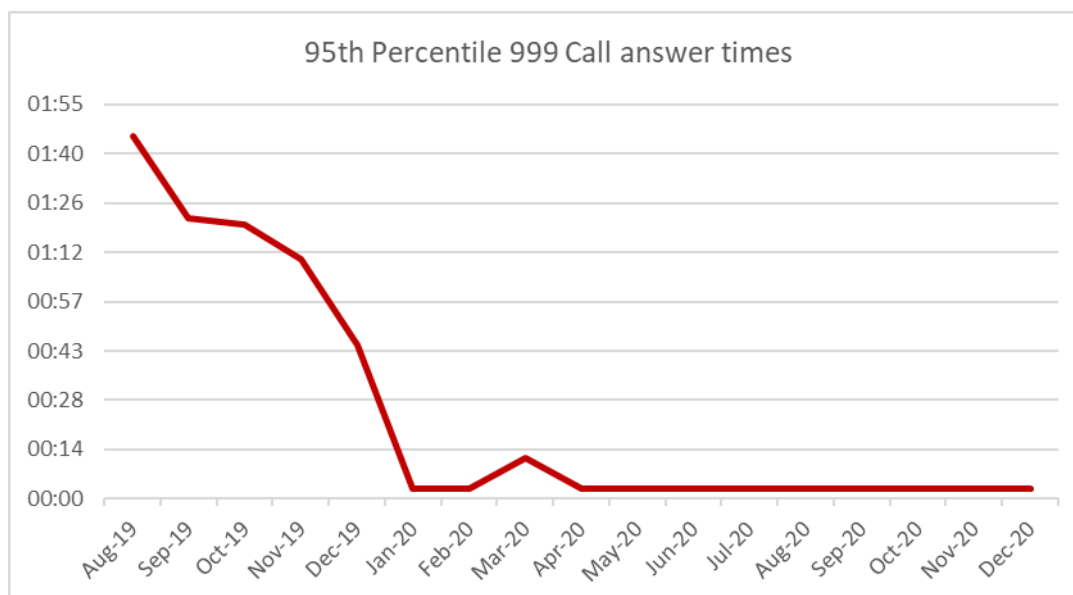
20. The Trust has appointed a Consultant Clinical Psychologist as Organisational Culture and Workplace Wellbeing Lead, which is enabling an increased focus on staff well-being. A **Health & Well-being Strategy** was presented to Board in Q3 and the Lead is working with the Operations Directorate on well-being actions to support the Trust's tactical seasonal (winter) plan.
21. The Trust is responsible for **three patient flows (journeys)** within the unscheduled and scheduled care systems: the 999 Emergency Medical Services, the 111 Service (with the NHSD service transitioning to 111) and the Non-Emergency Patient Transport Service (NEPTS). **These patient flows are now looked at in turn.**

EMS Performance

22. EMS is the main 999 service provided by the Trust.
23. The main measure of performance is the Red (immediately life threatening) incident response time of 8 minutes. The Welsh Government target is to respond to 65% of Red incidents in 8 minutes.
24. Another important measure is Amber (serious, but not immediately life threatening) response time. There is no target for this measure, but an ambition to improve Amber performance, in particular, the Amber 1 median to 18 minutes (EMS Demand & Capacity Programme Dec-24 benchmark).
25. The speed of answering the initial 999 call is also a key metric that patients and stakeholders are interested in (the EMS Demand & Capacity Programme benchmark is for 90% of calls to be answered in less than five seconds).

999 Call Answering Performance

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



Red Performance

27. As outlined above, Red performance did not achieve the 65% target in Dec-20. There was also significant health board level variation with only one (Cardiff & Vale (68.9%)) of the seven health board areas achieving the 65% target.

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

- **Demand:** Red demand has increased significantly over the last 2 years. This is a major contributing factor in relation to performance. Comparison of demand in 2020 compared to 2018 shows demand is up by c500 calls per month, which is around a 25% increase. For other categories of calls, demand is now returning to pre-CoVID-19 levels. Demand graphs are shown below.
- **The number of Response hours produced:** whilst varying month on month, the number of hours that WAST has produced has stayed broadly static over the last 2 years. Over the last year, on average, 112,000 hours have been produced each month. Over the same period, a further 7,400 hours would have been needed to be produced to reach 100% UHP (i.e. to staff 100% of rosters); however, there was a big increase in Oct-20, attributed to additional investment following the EMS Demand & Capacity Review; however, 110,226 hours were produced in Dec-20, so this increase has not yet been sustained, but it is difficult to evaluate the impact of the additional investment during a pandemic period with high abstractions and a focus on protecting conveying resource over RRVs. The number of hours we produce is dependent on a number of factors including:
 - Funded establishment: this has now started to increase following additional funding this year via EASC and the EMS Demand & Capacity Programme and is on target for achieving the 136 FTE additionality for year one of the programme);
 - Overtime take-up: this has varied and has tended to be higher when incentives or higher payments are made;
 - Sickness levels: these have been high for a number of years, but reduced significantly over the first wave of the pandemic period, although they have now

risen significantly as we have moved into the winter period (see paragraph 19 above); and

- Other abstractions (alternative duties, training, annual leave etc.), with CoVID-19 abstractions other than sickness likely to remain for some time (again, see paragraph 39).

- **The number of hours lost each month due to hospital handover delays.** The EMS Demand & Capacity Programme benchmark is the 18/19 levels (worst in class and an international outlier). 11,708 hours were lost in Dec-20, compared to 6,038 in Dec-18.
- Specific factors affecting Red performance:
 - As a result of the pandemic staff are required to don **level 3 PPE** for all Red calls which is taking between 3-6 minutes based on a number of timed audits. This is a significant factor when trying to achieve an 8 minute target.
 - During the pandemic, Emergency Ambulance (EA) production has been prioritised over RRV production, in order to protect conveying resource; and
 - Community First Responders (CFRs) were not deployed at the start of the pandemic due to a need for Level 3 (L3) PPE training, for example the CFR contribution to Red performance was in Apr-20 was only 2.44%, but has now recovered to 5.06% in Dec-20, compared to 4.32% in Dec-19. This improvement is due to the roll out of training and PPE kit to CFRs which is 95% complete.

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

- Maximising/ increasing hours produced up to and beyond 100% UHP (circa additional 7,000 hours a month);
- Working with partners to reduce hours lost at hospital; and
- Reducing or defraying activity through increasing hear and treat and see and treat rates, what is referred to as "shift left".

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

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

- **EMS Demand and Capacity Review programme** – this programme is on track, is fully funded via EASC (2020/21), and is designed to deliver an additional 136 FTE by the end of Mar-21. Each month over the winter will see an increase to the bottom line number of staff available (establishment) to fill rosters;
- Additional UCS resource has been commissioned from **St. John Cymru**;
- Additional support has been sought from ambulance trained **Fire and Rescue Services** and **Military** personnel.

32. On 15 Sep-20 the Trust received a **letter from Welsh Government** which has triggered the requirement for another specific Red Improvement Plan. This plan was submitted to the CASC and elaborates on the points above including supporting forecasting and modelling

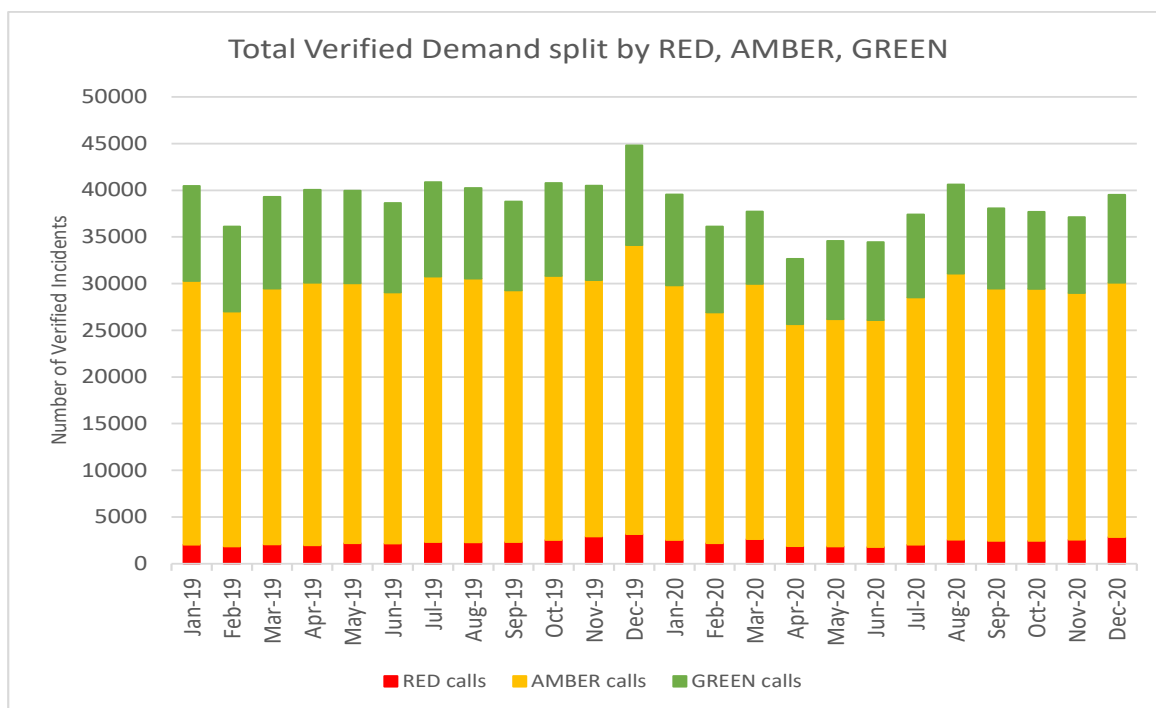
(see Forecasting & Modelling section below). Whilst submitted the focus in recent months has been on the pandemic response rather than this plan.

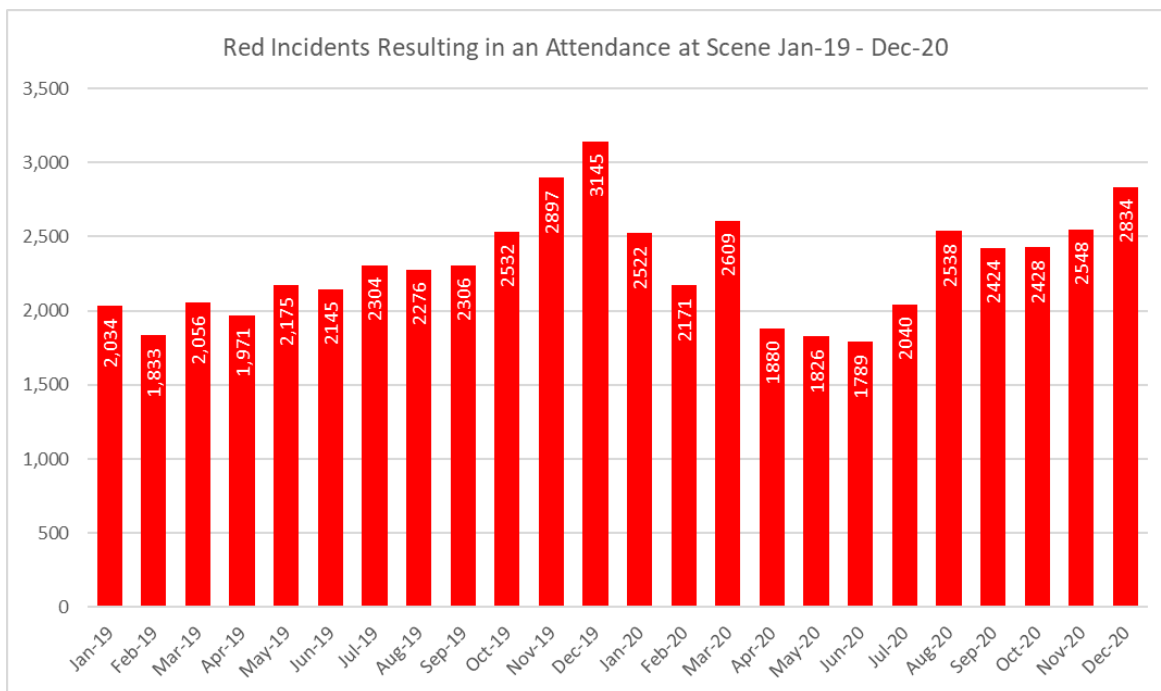
Amber Performance

- 33.** The EMS Demand & Capacity Programme has a **performance benchmark for Amber 1 median of 18 minutes** (this is predicated on delivery of the programme by Mar-25 with an interim benchmark of 35 minutes in Mar-22). In Dec-20 the Amber 1 median was 1 hour, compared to 42 minutes in Nov-20.
- 34.** The improvement actions for Amber are consistent with those detailed for Red in paragraph 31 above along with the criticality of reducing handover lost hours and releasing ambulance resource to respond to patients in the community.

Demand

- 35.** In Dec-20 total verified incident demand increased to 39,524 compared to 37,111 in Nov-20. There was a significant suppression of in EMS demand in the first wave of CoVID-19. Whilst this suppression had reduced over time total EMS demand in Dec-19 was 44,812. The current performance and patient safety problems the Trust is facing are essentially capacity related and not caused by the volume of demand.
- 36.** As outlined above, Red demand has seen a particular increase (17% higher in Dec-20 compared to Dec-18 levels), linked to a change in application of MPDS relating to breathing difficulties calls.

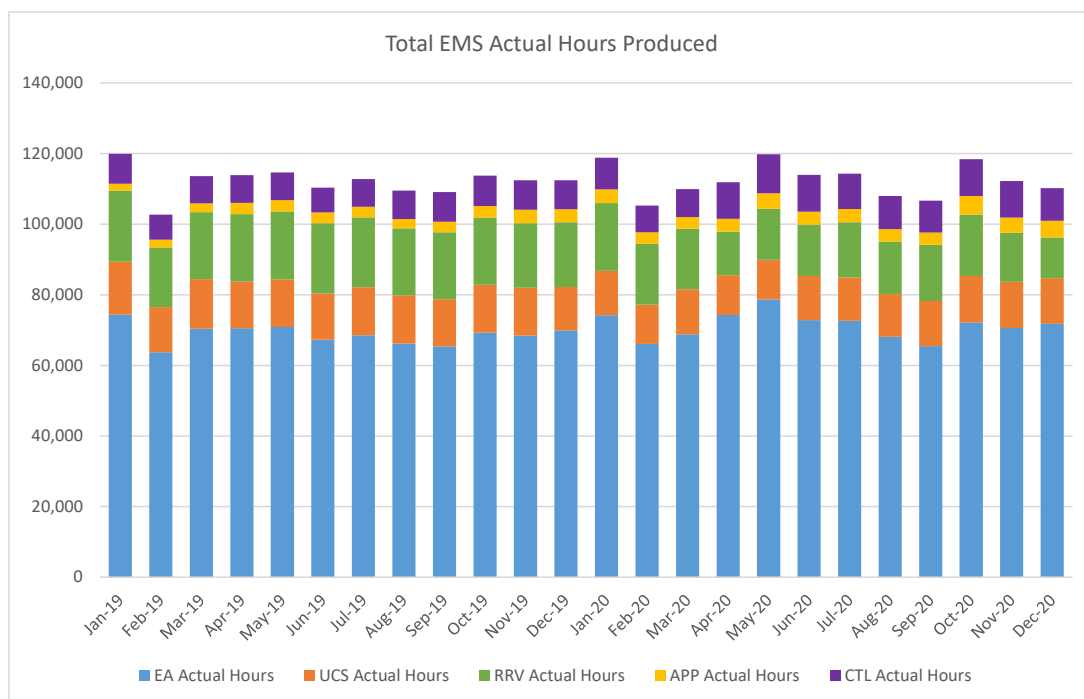




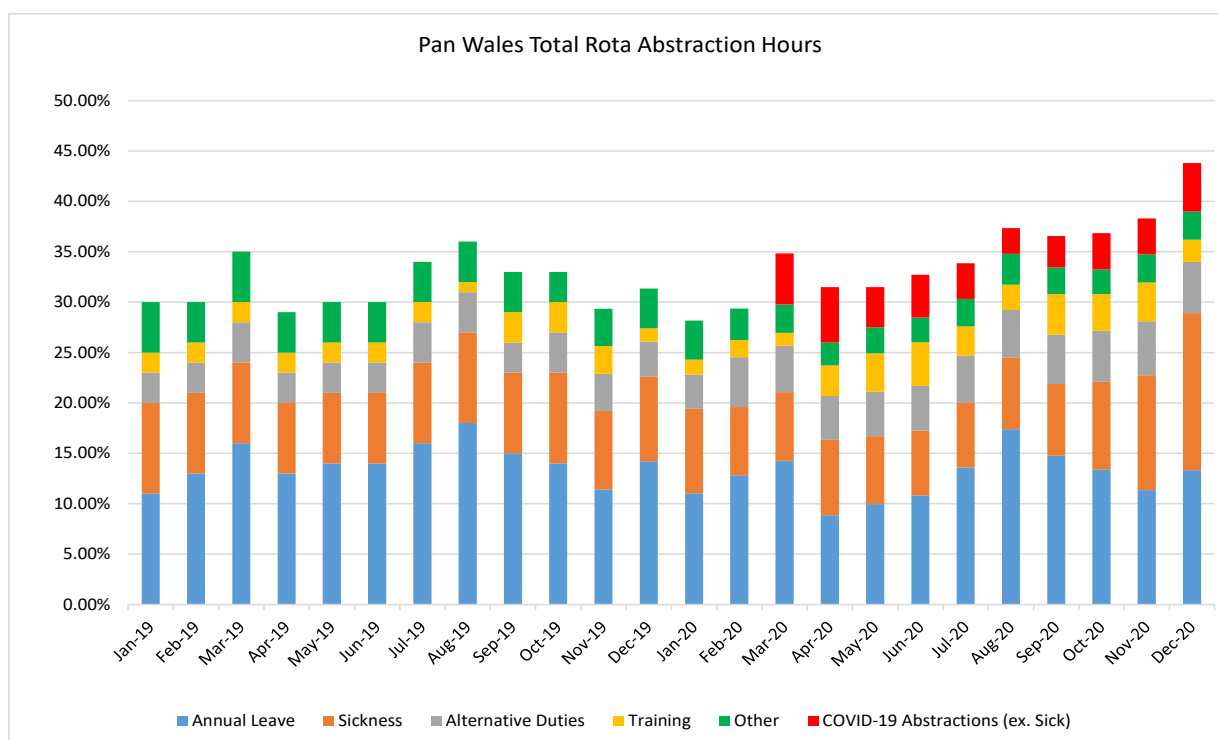
37. 2020 demand is difficult to interpret due to CoVID-19. The EMS Demand & Capacity Programme is based on a forecast year on year increase of 2.3% (2018/19 baseline). 2019/20 demand was 2.67% higher than 2018/19 i.e. above forecast. Due to the increase in Red demand (and handover lost hours being 96% above benchmark and its consequent impact on Red performance, the Trust is currently re-modelling the Dec-21 position in the EMS Demand & Capacity Programme – results expected 15 Jan-21 – the results have now been received, were initially considered by the CEO and a number of Execs on 18 Jan-21 with further consideration required as part of the commissioning intentions/planning process for 2021/22).

Ambulance Hours Produced (and lost)

38. **Emergency Ambulance Unit Hours Production (UHP) was 94% in Dec-20** compared to 95% in Nov-20. EA UHP is an important measure, often a focus for Welsh Government and an important metric during our pandemic response, when we aim to protect our conveying capacity. The EMS Demand & Capacity Review has an EA UHP 95% benchmark, once the relief gap is closed in Mar-22. Whilst the EA UHP benchmark was almost delivered the RRV UHP was 57% (compared to 70% in Nov-20 and a benchmark of 95%) as the Trust sought to protect its conveying capacity by prioritising EA production over RRV production; this is a key reason for Red performance being so low, alongside the high Red demand and high handover lost hours. The total hours produced is a key metric for patient safety. In Dec-20 the Trust produced 110,226 hours.

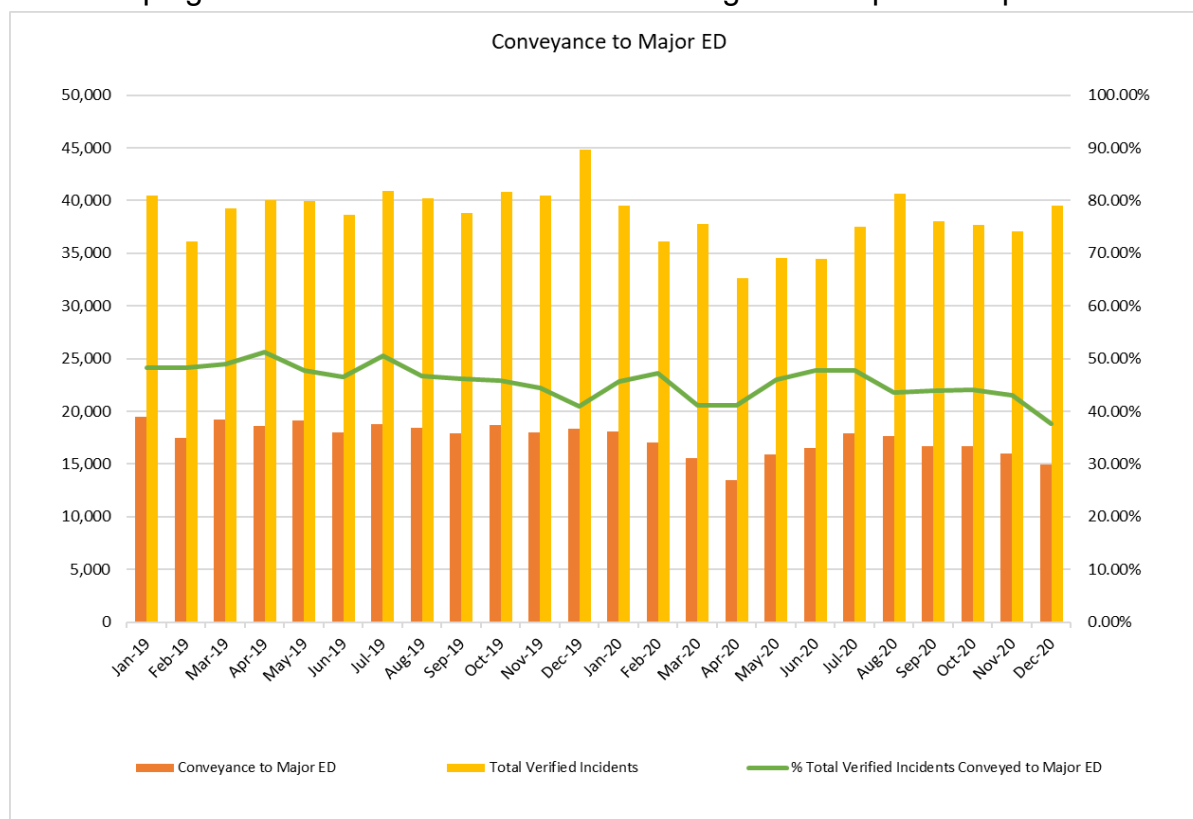


39. Monthly abstractions from the rosters are key to managing the number of hours we produce. In Dec-20, total abstractions stood at nearly 44%. This compares to a benchmark set in the Demand & Capacity Review of 30%. The highest proportion was sickness at 15% and annual leave at 13%. The annual leave figure is consistent with seasonal trends; however, sickness abstractions are higher than previous years and it is expected CoVID-19 is associated with this (note: GRS and ESR report different figures, the former rostered and the latter contractual). The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. The resumption of the Resource Availability Project (within the EMS Demand & Capacity Programme) is key to improving this overall metric under normal conditions.



Shift Left

- 40.** EMS shift left activities include: use of 111/NHSD rather than calling 999, hear & treat, see & treat, the use of pathways and conveyance to hospital destinations other than major EDs (in all cases, where it is clinically safe and appropriate to do so).
- 41. Hear & Treat performance improved in Dec-20**, compared with performance in recent months, and the total volume of calls taken through this pathway has increased significantly. The Clinical Service Desk (CSD) and NHSDW (Hear & Treat) achieved a combined rate of 12.1% in Dec-20 and 11.4% performance in Nov-20. The EMS Demand & Capacity Review identified a benchmark of 10.2%, so achieving 12.0% means the Trust **exceeded the benchmark**.
- 42. The percentage of patients conveyed to EDs decreased i.e. improved, compared to the same period last year.** In Dec-20 conveyance to EDs as a proportion of total verified incidents was 38% (compared to 41% in Dec-19). **This is the first time the level of conveyance has been under 40%.** Over the last 12 months, the average rate was 44%, compared to 47% the 12 months prior, which is good news. This indicator (it is not a formal measure at this time) captures the impact of all “shift left” activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Demand & Capacity Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. Initial scoping work on this transformative modelling will take place in quarter four.



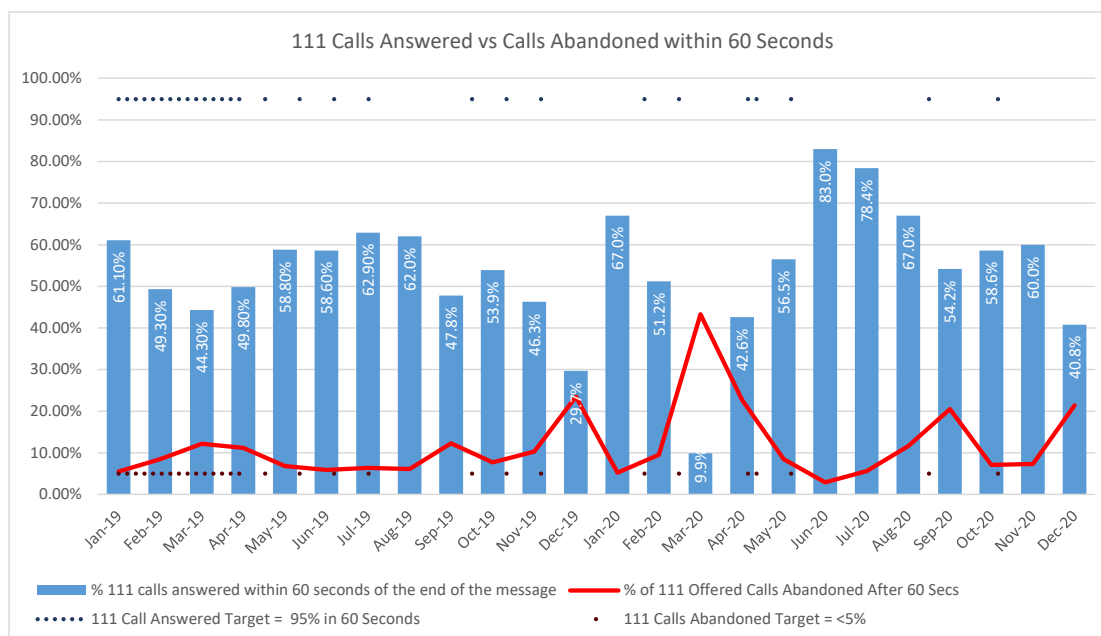
- 43.** WAST is also engaged in a number of programmes across the unscheduled care system which are designed to shift left including: the National Respiratory Work Programme, Contact First, Consultant Connect and the Trust has provided EASC with a proposal to

expand the CSD through the winter period to support a potential uplift in psychiatric calls this winter, which has now been supported. Contact First went live in AB on 15 Dec-20 with early information on its impact on ED demand being positive and initial findings show that circa 60% of patients are being diverted to a non-ED or MIU setting following referral to the Aneurin Bevan Clinical Hub. Encouragingly circa 505 of patients are accessing care within the recently established Urgent Primary Care Centre (UPCC) helping to reduce flow and capacity challenges in ED. Work is ongoing to launch the service in Swansea Bay in Feb 20; Cwm Taf Morgannwg in Mar-20 and Hywel Dda in Apr-20. Aligned to this, preparations are ongoing to launch the full service in each of these Health Boards throughout the end of Q4 and into Q1 of 2021/22.

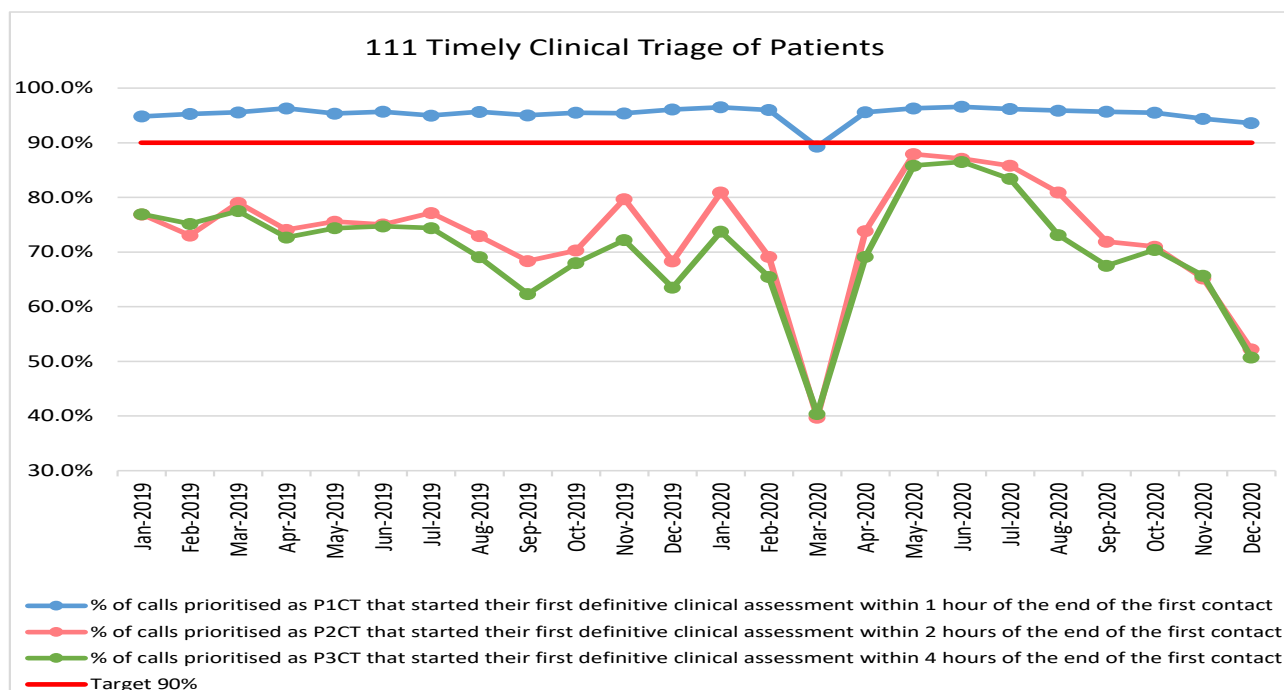
111 and NHSDW Performance

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

45. Dec-20 saw a significant **increase (worsening) in 111 call abandonment rates (21.4%)**. The target for 111 call abandonment is 5%. The number of 111 Receptionist staff in post has been doubled since mid-Sep-20, from 8 per weekday to 16, however call demand increased notably in Dec-20. In addition, following conclusion of an internal 111/NHDS demand and capacity review, the increase in call taker posts have now been recruited into, with several agency and redeployed staff accepting permanent posts. Further recruitment is ongoing to increase call taking numbers.



46. The performance of **111 calls receiving a timely response to start their definitive clinical assessment also remains a challenge, except for the highest priority calls**. For lower category calls, we are not meeting the 90% target.



NEPTS Performance

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

- CoVID-19 saw a significant drop in patient transport activity. Levels have begun to increase, but they have not recovered to pre-CoVID-19 levels;
- CoVID19 abstractions and social distancing has been challenging, but NEPTS has seen a continued improvement in key areas of service delivery particularly discharge and transfer. Enhanced services have improved with some tailing off in recent months, but an improvement again in Oct-20;
- **Social distancing means that the number of patients than can be transported per journey has reduced, which has a significant impact on NEPTS capacity;**
- In the first wave there was a significant reduction in outpatient transport activity, which meant that the impact of CoVID-19 on NEPTS capacity could be offset by the reduced demand;
- NEPTS capacity is also adversely affected by other CoVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on; and
- NEPTS continues to liaise closely with the commissioning process through NEPTS Delivery & Assurance Group and recent presentations to the EASC Management Group and EASC (Sep-20).

48. 67.2% of core journeys arrived within 30 minutes (+/-) of their appointment time in Dec-20; 80% of enhanced renal journeys arrived within 30 minutes prior to their appointment time in Oct-20; and 58% of enhanced oncology journeys arrived within 30 minutes prior to their appointment time.

49. As we move through a second wave another key consideration for NEPTS (and EMS) is the **transport requirements for the field hospital sites** (currently estimated at nine across Wales). Five were open in Dec-20; however, if all 10 were to open the transport requirements would be significant and NEPTS would not be able to service the transport

needs due to the reduction in their capacity as above. The following actions have been agreed:-

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

50. For the last bullet, monies were forthcoming from Welsh Government to support this action. The National Collaborative Commissioning Unit also supported the Trust on this. The impact of field hospitals is currently being monitored weekly and reported to Senior Pandemic Team weekly. A recent focus has also been the impact of the opening up of the mass vaccination centres. A letter was sent from the CASC (within input from the Trust) to all health board COOs and Directors of Planning on early engagement with the Trust on the transport implications of these centres.

51. In addition, CoVID-19 is altering the flow out of hospitals with hospitals attempting patient discharges in the early evening, which is leading to push backs from the Trust as our rosters are not designed to meet this new demand.

52. Finally, the NEPTS Demand & Capacity Review is now largely complete with the Review due to come to Board Development in due course for consideration. The Review includes a range of performance parameters, which can be built into this report. There is considerable complexity to NEPTS from a forecasting and modelling perspective (more so than EMS); it is anticipated that the Review will lead to a transformation programme for NEPTS similar to the EMS Demand & Capacity Programme (subject to Board agreement with this proposition).

Forecasting & Modelling

53. This report has previously reported modelled outputs for Dec-20. The modelling has recently been updated to reflect revised assumptions e.g. EA UHP etc. and a revised forecast (including an updated CoVID-19 forecast). As reported previously the modelling clearly identified performance that was concerning for patient safety. The modelling also predicted the application of the Demand Management Plan (DMP).

Scenario	Simulated EA utilisation	RED % < 8 mins	RED % < 9 mins	RED % < 10 mins	AMBER1 median	AMBER2 average
Worst Case V4 - December 2020						
Normal	Simulation not finished - infinite queueing					
HCP demand removed (= DMP4)	76%	52%	57%	63%	64 minutes	384 minutes
HCP & GREEN demand removed (= DMP5)	74%	53%	58%	64%	55 minutes	289 minutes
Most Likely V4 - December 2020						
Normal	69%	56%	62%	67%	35 minutes	148 minutes
HCP demand removed (= DMP4)	67%	58%	63%	68%	33 minutes	123 minutes
HCP & GREEN demand removed (= DMP5)	65%	60%	65%	70%	31 minutes	105 minutes
Reference: December 2019						
Historical	N.A.	60%	66%	71%	43 minutes	195 minutes
Simulated	70%	61%	67%	72%	38 minutes	189 minutes

- 54.** The WAST CEO shared the initial forecast and modelling for Dec-20 with key stakeholders (CASC, health boards and Welsh Government). The modelling has essentially turned out to be accurate as the DMP has been applied to level 6 (Red and Amber 1 patients). A detailed presentation was given by WAST at the Dec-20 EASC management group on the DMP and its application. The Trust is currently chasing an updated CoVID-19 forecast and the Forecasting & Modelling Group is on standby to interpret this information into a WAST context, re-forecast and re-model a position for Q4.
- 55.** The actual Red performance for Dec-20 was 53.7%, so the forecast and modelling was considered accurate. An evaluation has been completed and this seasonal forecast/modelling will be now be undertaken each quarter.

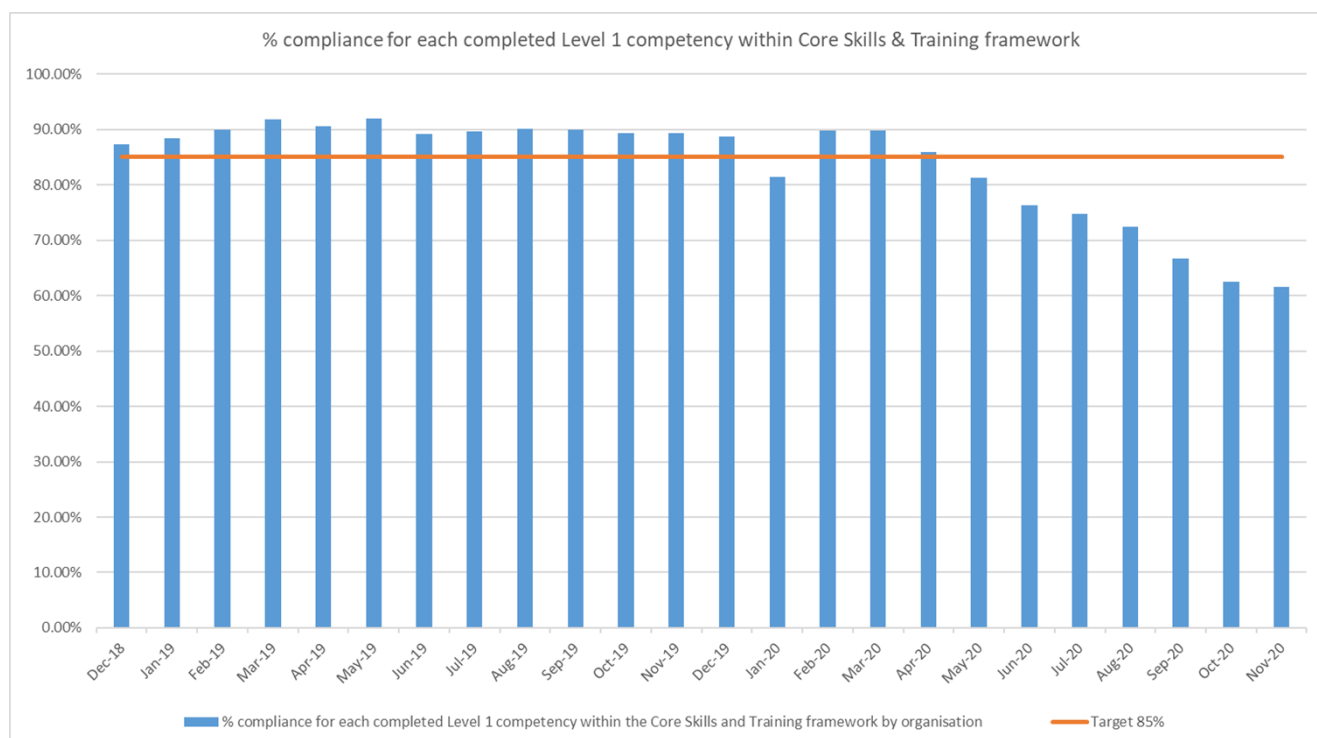
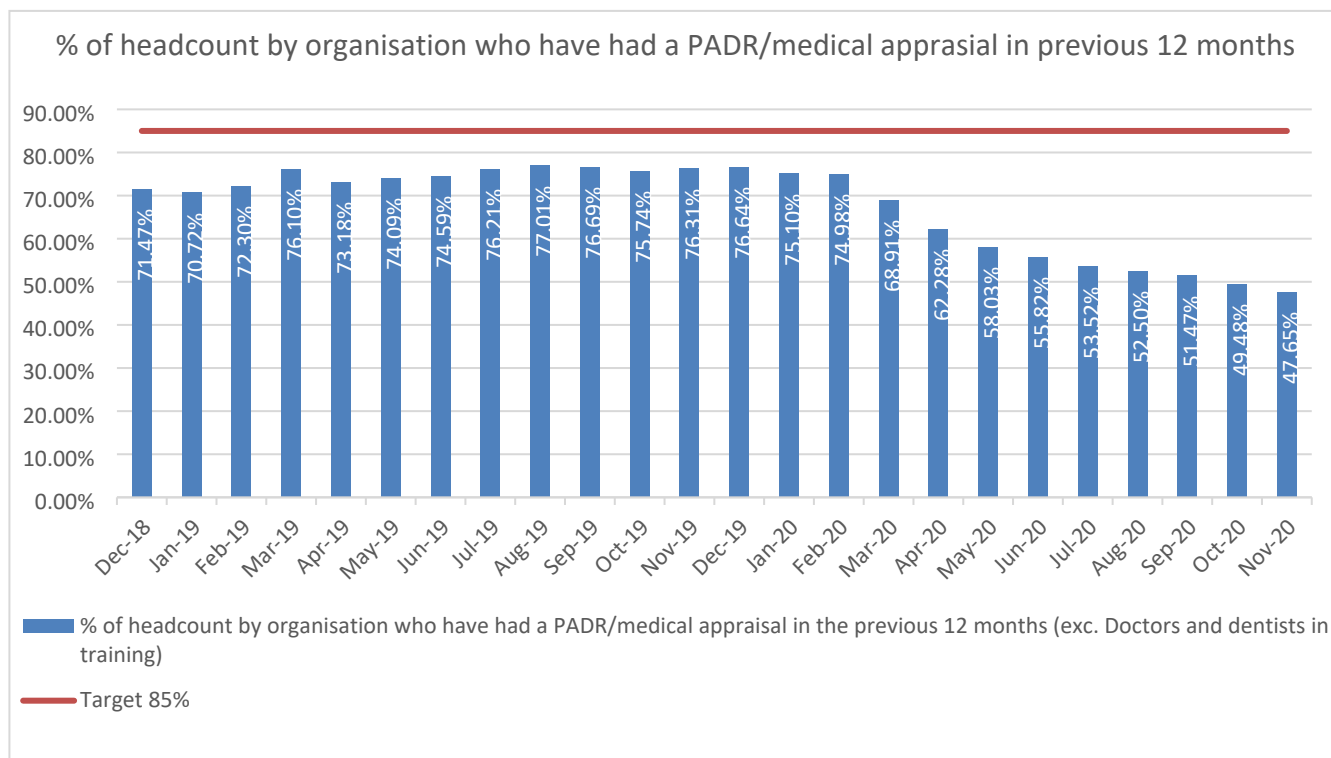
Committee Feedback

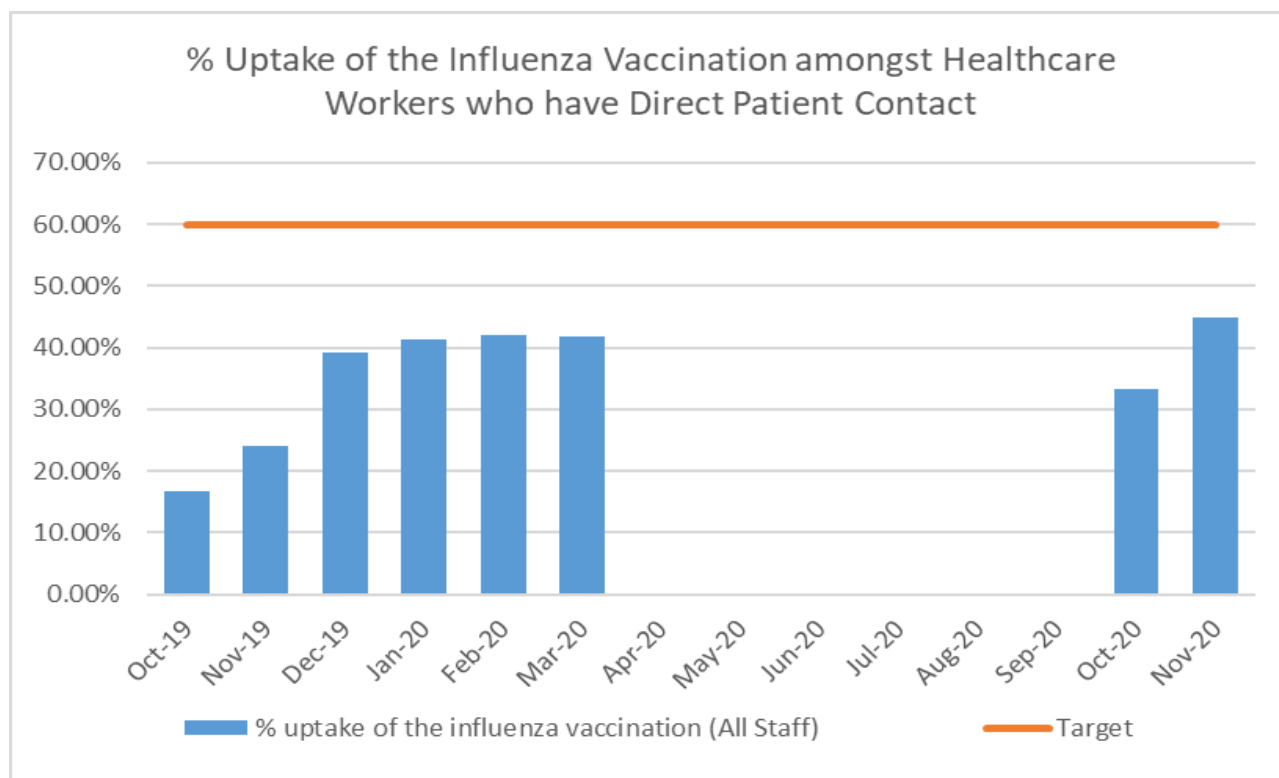
Jan-21 Finance & Performance Committee (Nov-20 & Dec-20 data)

- 56.** A detailed review of the Trust's performance was undertaken by means of the Integrated Quality and Performance Report for November / December 2020. Some areas of concern were noted by members, including current Red performance, the lengths of wait in the community for an ambulance response, the levels of Serious Adverse Incidents and the Return of Spontaneous Circulation (ROSC) clinical indicator; however in many cases these were a consequence of the severe pressure the system and Trust has been under during this period, and the impact of other factors on the Trust's resources, including hospital handover delays. Good areas of performance were noted in 999 call answering performance, Hear and Treat levels and work continuing to be progressed in order to further increase available capacity.

Exceptions

57. The Top 20 Dashboard concentrates on the “vital few” patient safety and performance metrics for senior decision-makers. By agreement, the Commissioning & Performance Team review all the indicators on which the Trust is held to account and reports, by exception, any indicators that are a problem via this report. The following are reported as exceptions this month.





Report Development and Performance Management Framework

58. Two meetings have been held with the three committee chairs and the Director of Strategy, Planning & Performance and the Assistant Director Commissioning & Performance. The report has been shorted to a “Top 20” and other feedback from the chairs has been built into the report. Further work will be undertaken, in particular, shortening the narrative report for the Mar-21 Board, which should conclude this development.
59. The Performance Management Framework was due to be reviewed in 2019/20; however, this was delayed due to the focus on the EMS Demand & Capacity Review which was a higher priority. Work did start in Q4, but was then stopped (with agreement) as part of the pandemic response. An interim update of the existing Performance Management Framework will be brought forward to Mar-21 Board, with further development work being undertaken in 2021/22 subject to the pandemic response. This will allow the IPR to be seen in the broader context of how the organisation monitors delivery against its plans and strategies.

Conclusion and Forward Look

60. The Oct-20 quality and performance metrics plus the tactical forecasting and modelling undertaken for the tactical seasonal (winter) plan both indicated that **patient safety could be compromised this winter**.
61. The Trust shared this information with the system and acted early on this information and focused on maximising EA production and buying in extra UCS capacity via St John Ambulance. As a result the Trust did successfully protect conveying capacity in Nov-20 and Dec-20. The Trust also maintained CCC call answering performance. It is also clear that the Trust has good processes in place for the operational management of demand and

capacity and system oversight (DMP and Operational Delivery Unit). The Trust is also making good progress on closing the EMS Response relief gap. There is also good evidence of “shift left” e.g. hear & treat and see & treat, and the lowest conveyance into ED ever recorded by the Trust. The Trust has suffered from two significant drains on capacity; high abstractions (which has reduced our ability to deliver the required levels of RRVs) and high handover lost hours. As the vaccination programme starts to take effect and the Trust starts to move out of pandemic the Trust may be able to address the high abstractions and deliver the required levels of UHP for RRVs (and deliver the other efficiencies in the EMS Demand & Capacity Programme), although noting that it is unclear what the long term effects of the pandemic will be on staff. Handover lost hours are not within the Trust’s ability to control (we can influence it through reduced conveyance and improved discharge), but will need a system solution if the unscheduled care system in Wales is to deliver an acceptable level of patient care in the emergency ambulance care pathway. The impact of Contact First will be an important consideration here.

62. A strong managerial focus within the Trust in order to protect our services and mitigate the impact on patient safety remains key for quarter 4.

RECOMMENDATION

The committee is asked to: -

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



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Monthly Integrated Quality and Performance Report

December 2020

Annex 1 – Top 20 Dashboard

www.ambulance.wales.nhs.uk



@welshambulance



welshambulance

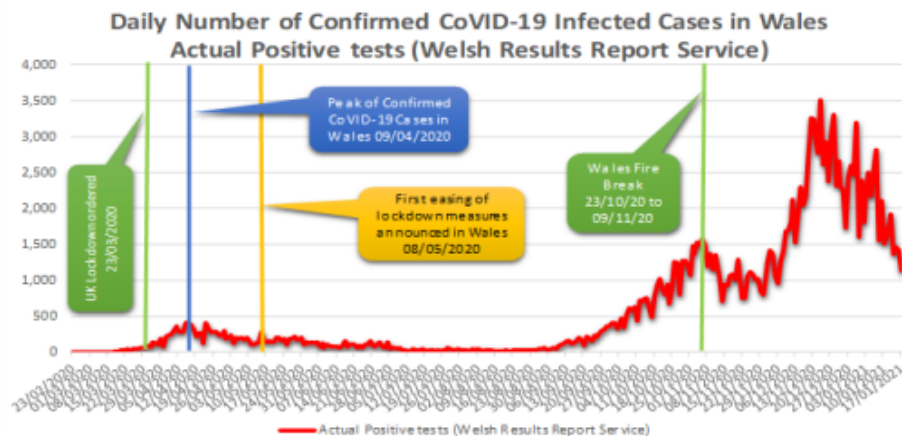


INDICATOR 1 – CoVID-19 Activity

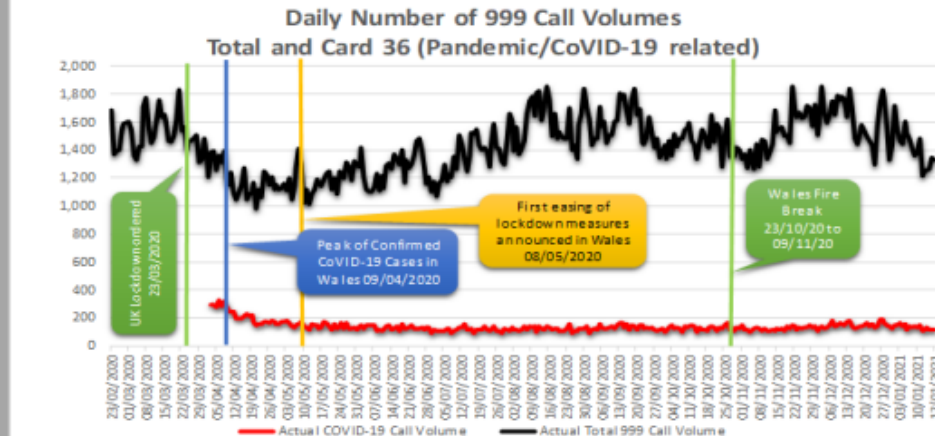
Responsible Officer: Rachel Marsh

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

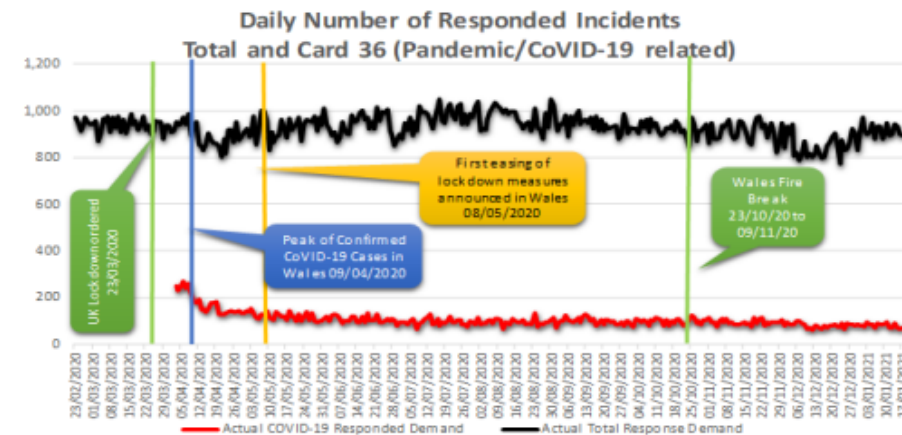
CONFIRMED INFECTED COVID-19 CASES



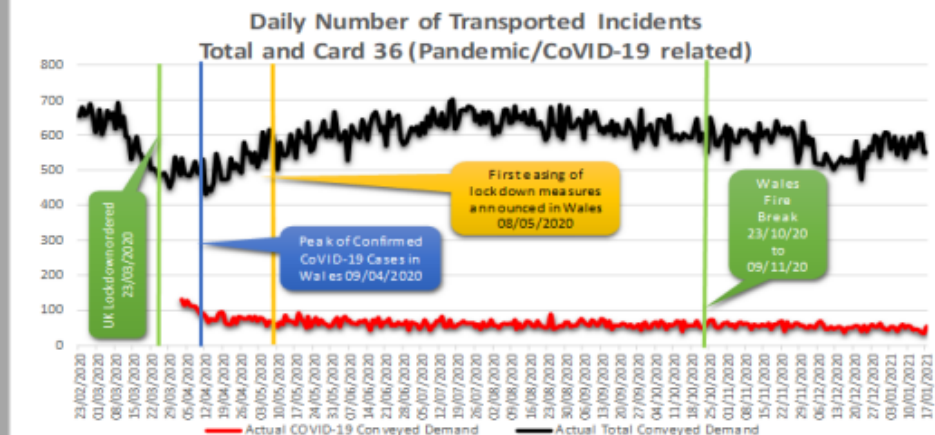
999 CALL VOLUME



RESPONDED DEMAND



TRANSPORTED DEMAND



INDICATOR 2 – RED (Immediately Life Threatening) Performance

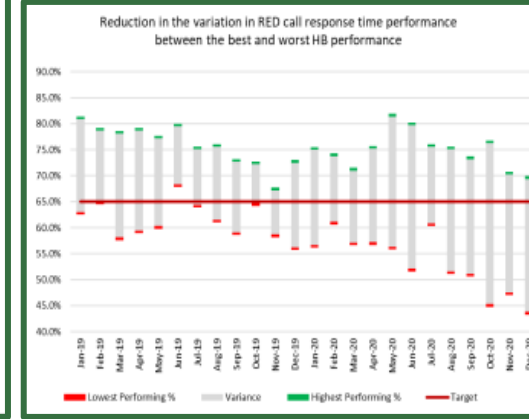
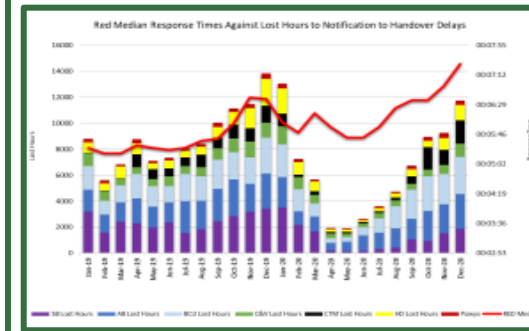
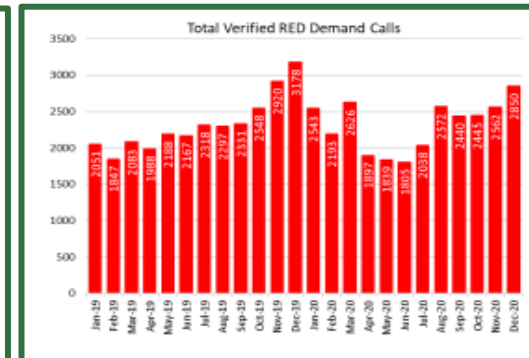
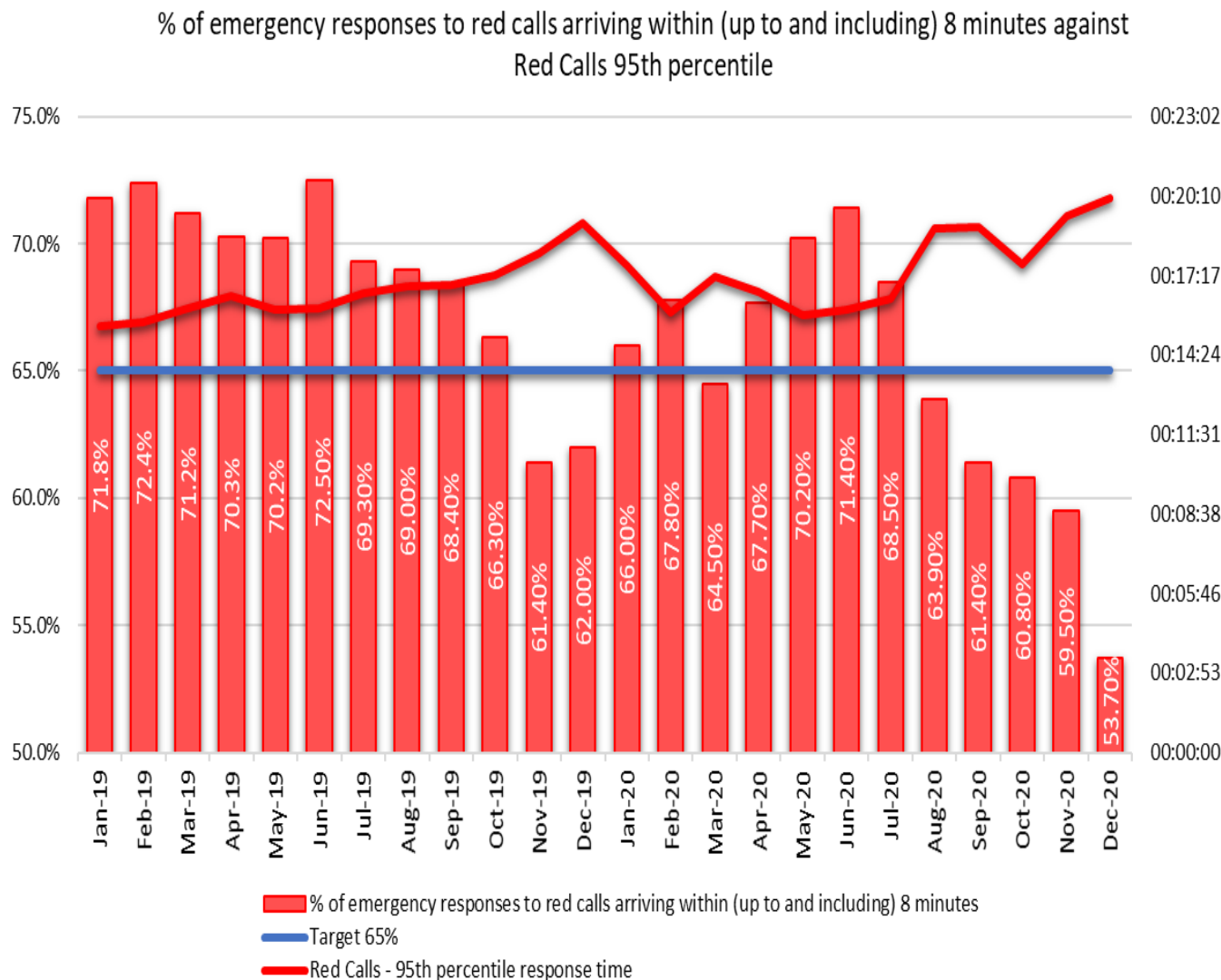
65%

95%

R

R

Responsible Officer: Lee Brooks





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Quality, Patient Safety & Patient Experience

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

CI

QUEST

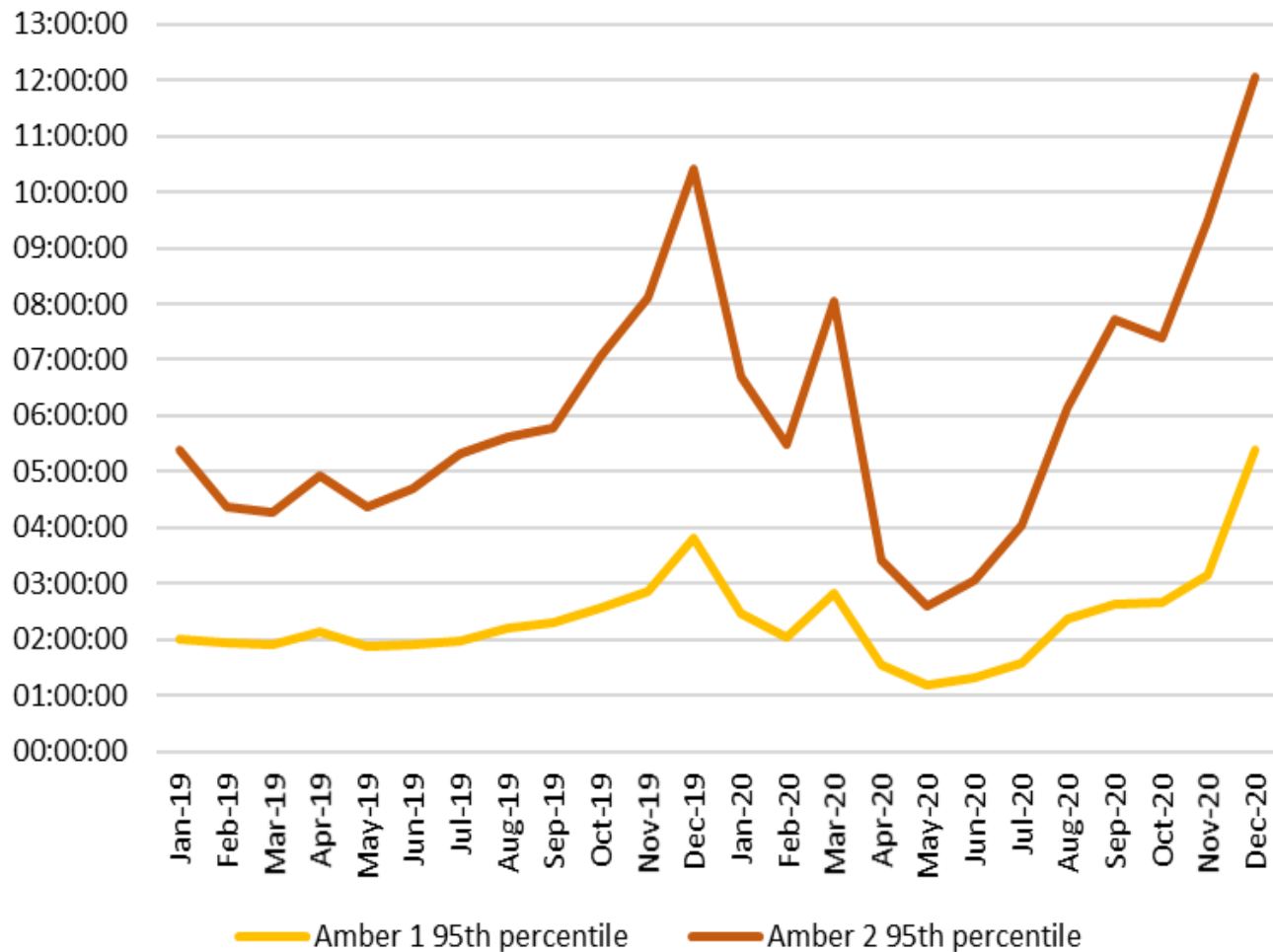
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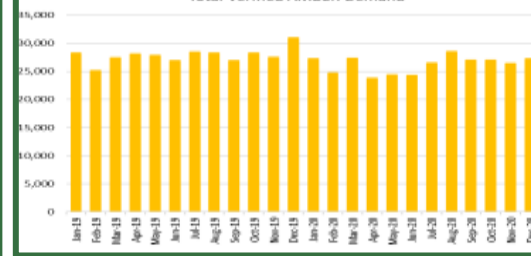
INDICATOR 3 – Amber (Serious, but not immediately life threatening) Performance

Responsible Officer: Lee Brooks

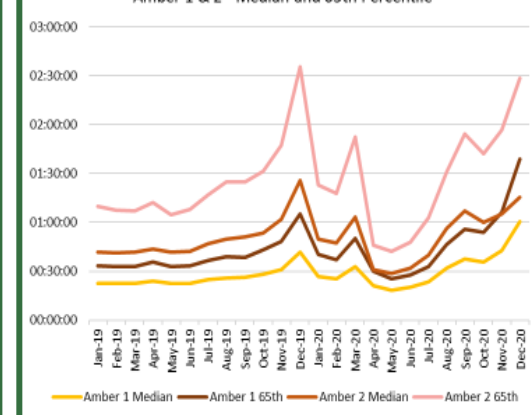
Amber 1 & 2 - 95th Percentile



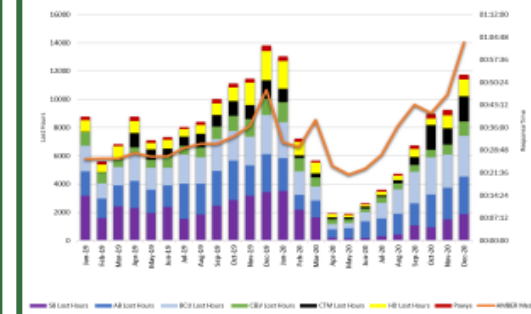
Total Verified AMBER Demand



Amber 1 & 2 - Median and 65th Percentile



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



INDICATOR 4 – Patient Waits 12 Hours and Over

Responsible Officer: Claire Roche

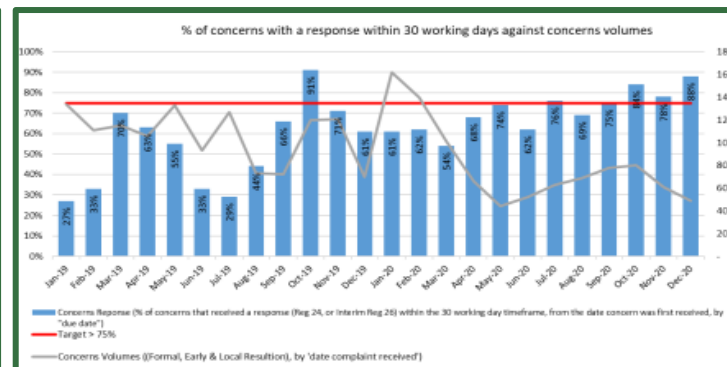
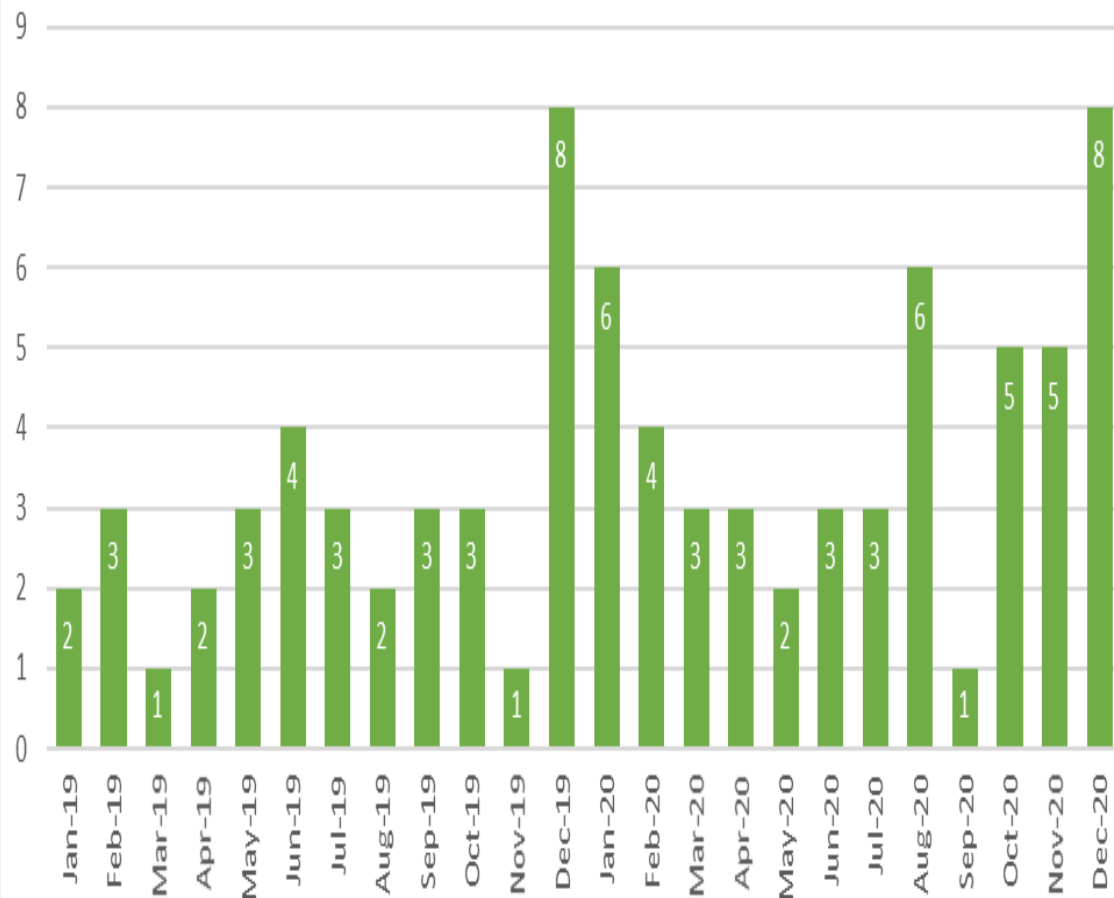
Patient Waits in Hours over 12 Hours																									
Month	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	Grand Total	
Jan-20	50	44	40	36	34	32	16	15	8	7	7		2		4										295
Feb-20	39	23	20	10	10	9	7	1	1		2	1	1	1											125
Mar-20	52	49	43	23	15	15	11	9	2	2	1	1	3		1										227
Apr-20	6	1	1	2	2	2	3																		17
May-20	2		1																						3
Jun-20	2		1	2																					5
Jul-20	7	6	5	1	1			2		1															23
Aug-20	30	25	30	22	9	10	13	2	1	3	1	2													148
Sep-20	49	59	42	35	25	21	16	13	6	3	1	1		1		1	1	1							275
Oct-20	46	39	38	27	15	21	13	9	4	1	4	3	1		1	1	2						1		226
Nov-20	76	56	58	34	43	21	12	11	5	5	3	2	4	1											331
Dec-20	109	78	69	68	66	45	46	28	29	18	20	9	12	1	1	2	3	1			1				606
Grand Total	468	380	348	260	220	176	137	90	56	40	39	19	23	4	7	4	6	2	0	0	1	0	1		2281



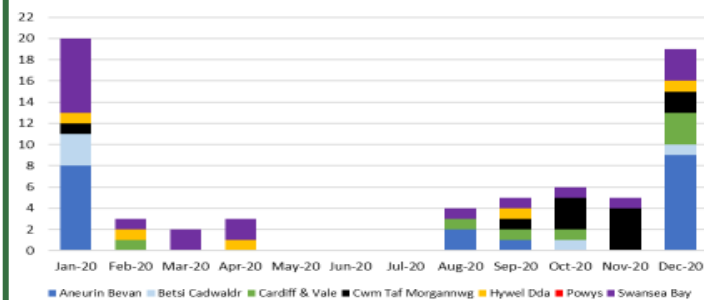
INDICATOR 5 – Patient Serious Adverse Incidents, Patient Concerns and Patient Harm

Responsible Officer: Claire Roche

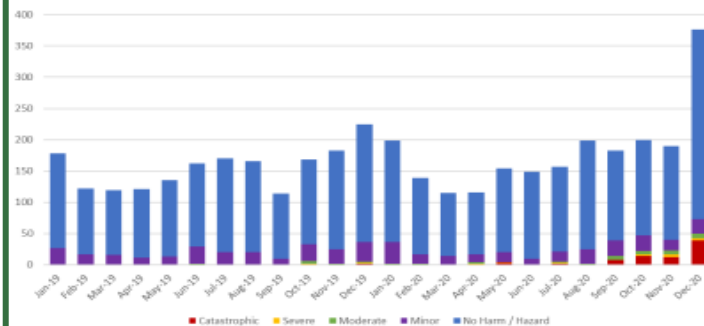
Number of SCIF cases reported as Serious Adverse Incidents (SAI) By Date Reported to the Delivery Unit by WAST



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



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





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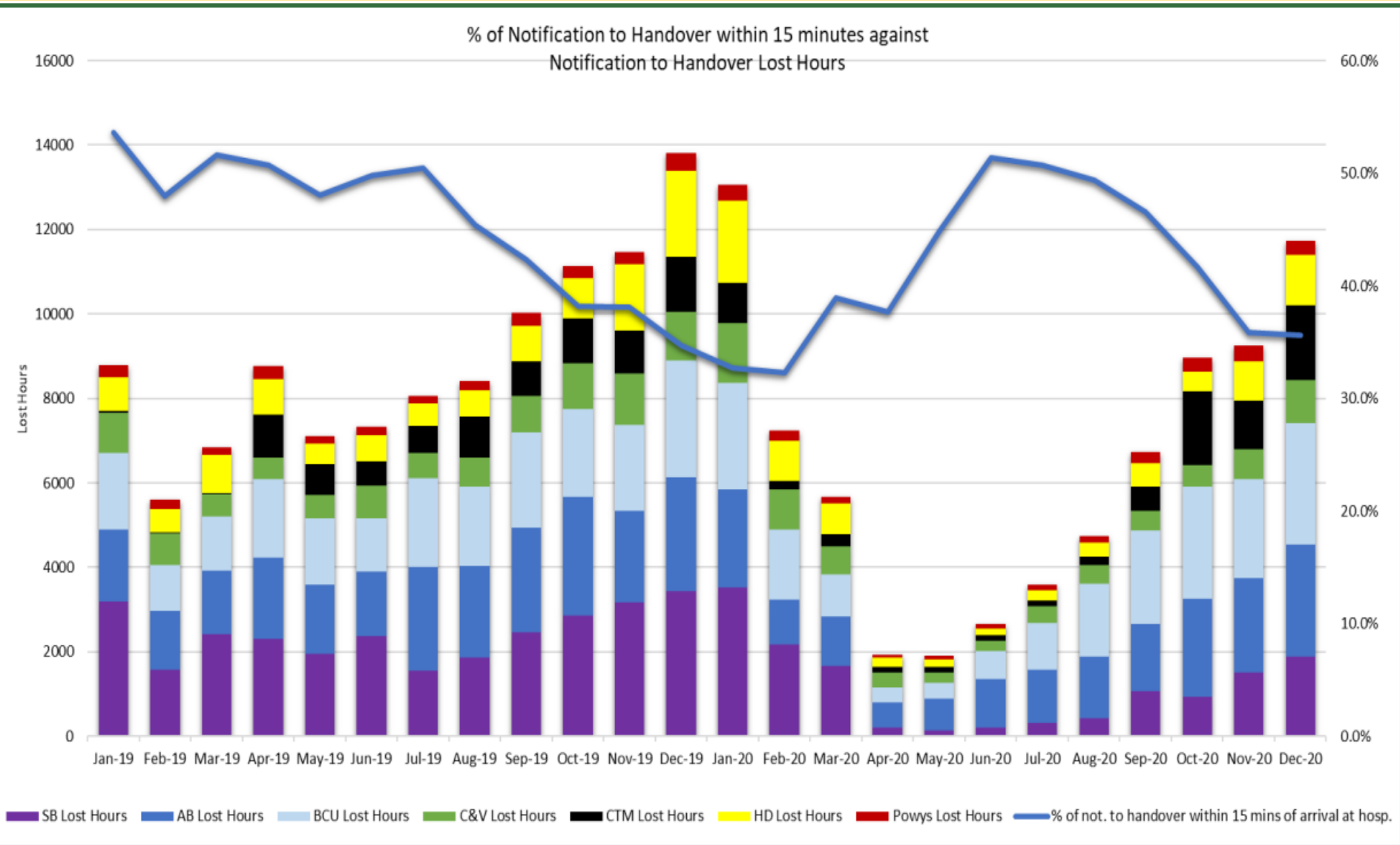
QUEST

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INDICATOR 6 – Handover

R

Responsible Officer: Health Boards

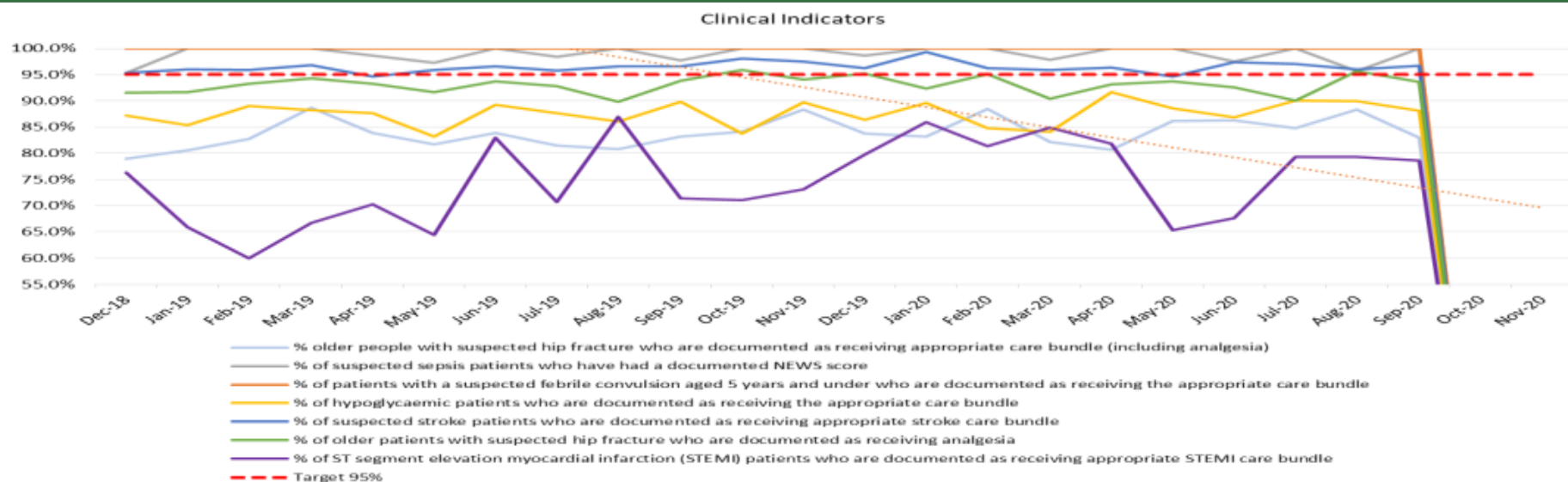
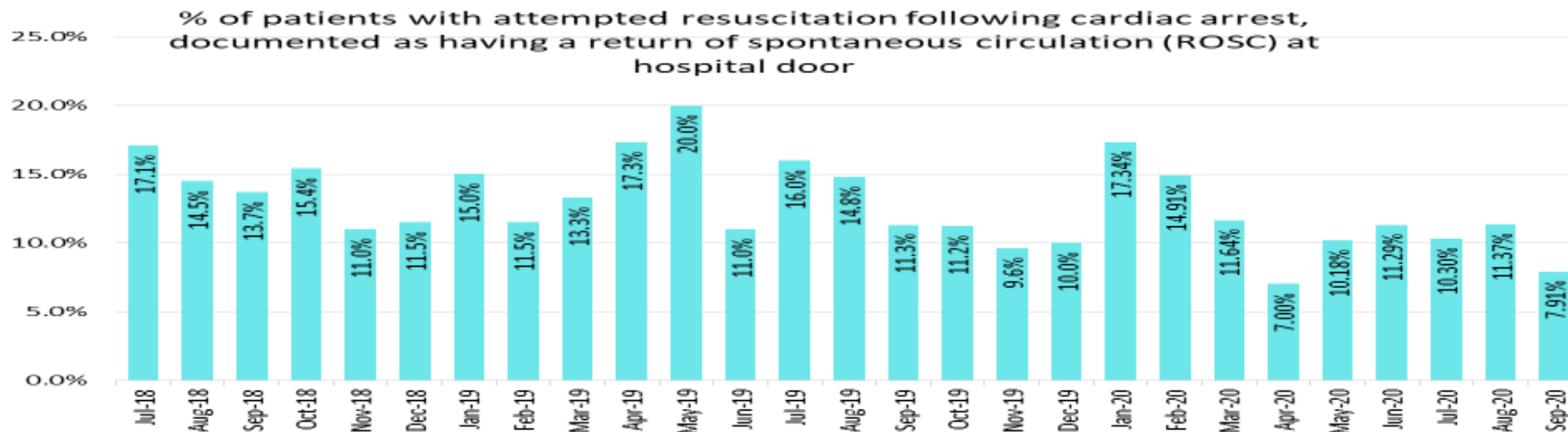




INDICATOR 7 – Return of Spontaneous Circulation (and other clinical indicators)

Responsible Officer: Brendan Lloyd

**September 2020 Position

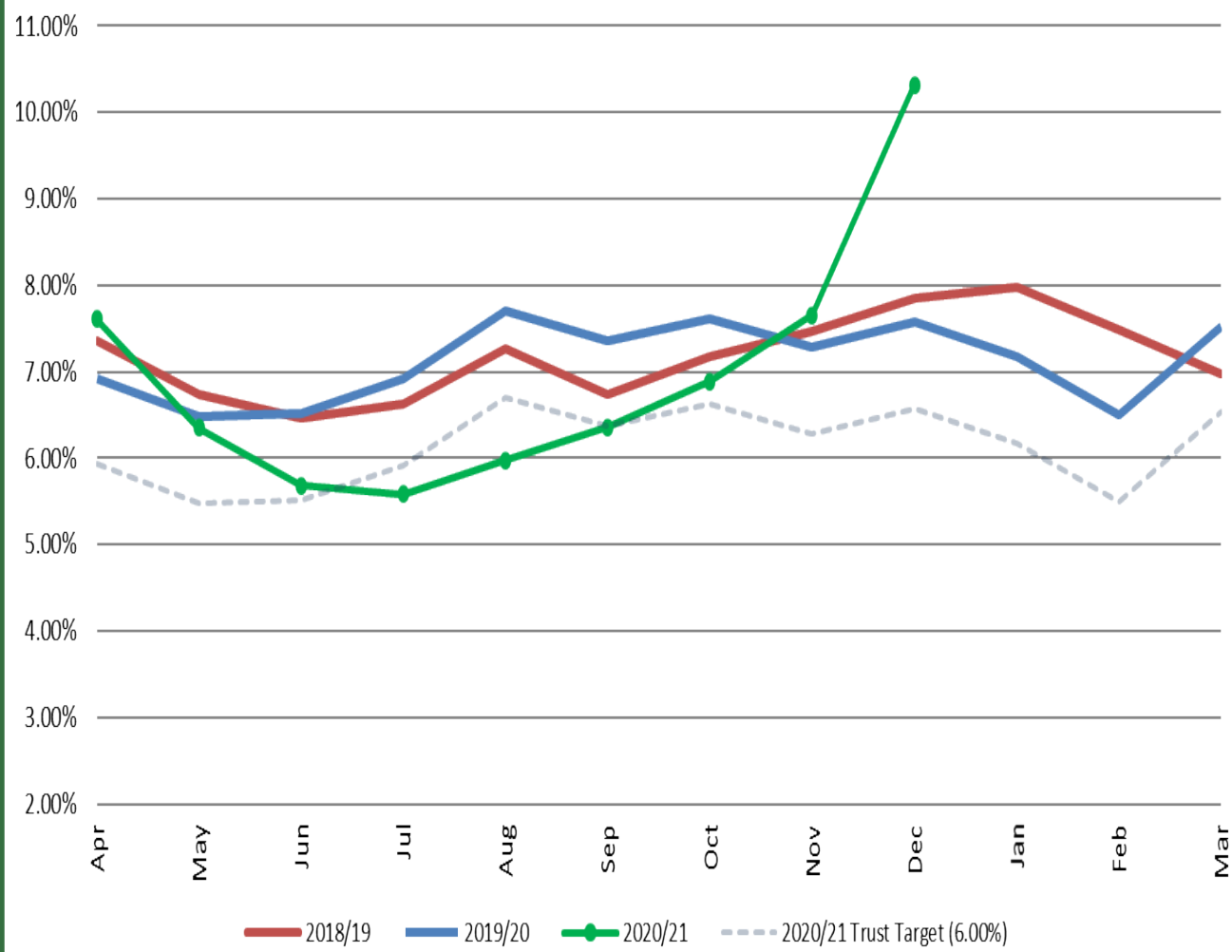




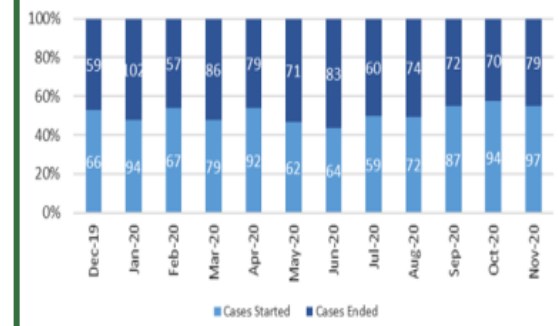
Responsible Officer: Claire Vaughan

INDICATOR 8 – Sickness Absence

WAST Sickness Absence January 2019 - December 2020

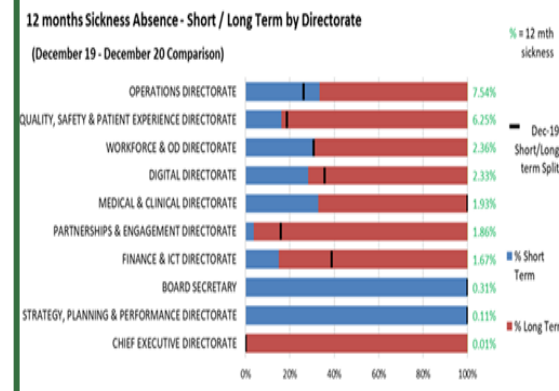


Monthly LTS Cases Opening/Closing



December 2020 Absence

Average working days lost per FTE	
23.53 days	
Single month Absence %	
10.32%	
Long Term	Short Term
5.44%	4.88%
Mental Health (S10 Stress/Anxiety)	Other MSK (excluding Back)
1.93%	0.90%





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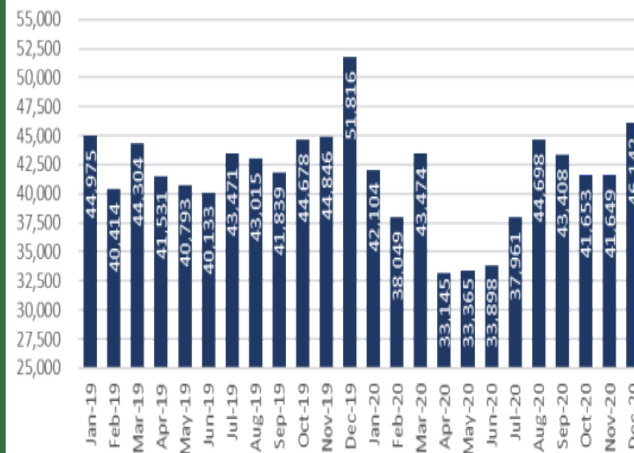
INDICATOR 9 – 999 Call Answer Times

Responsible Officer: Lee Brooks

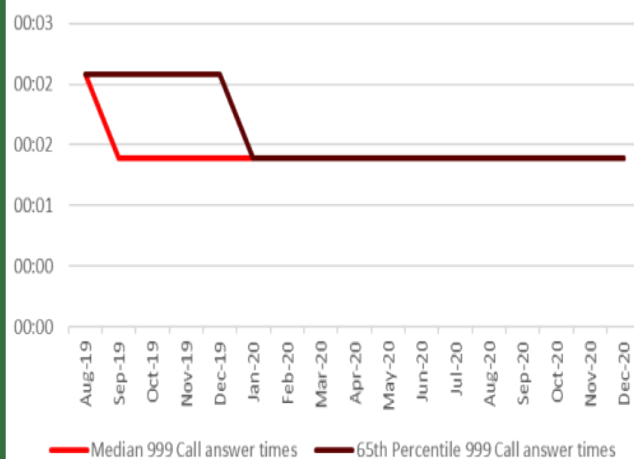
95th Percentile 999 Call answer times



999 Call Volumes



Median & 65th Percentile 999 Call Answer Times





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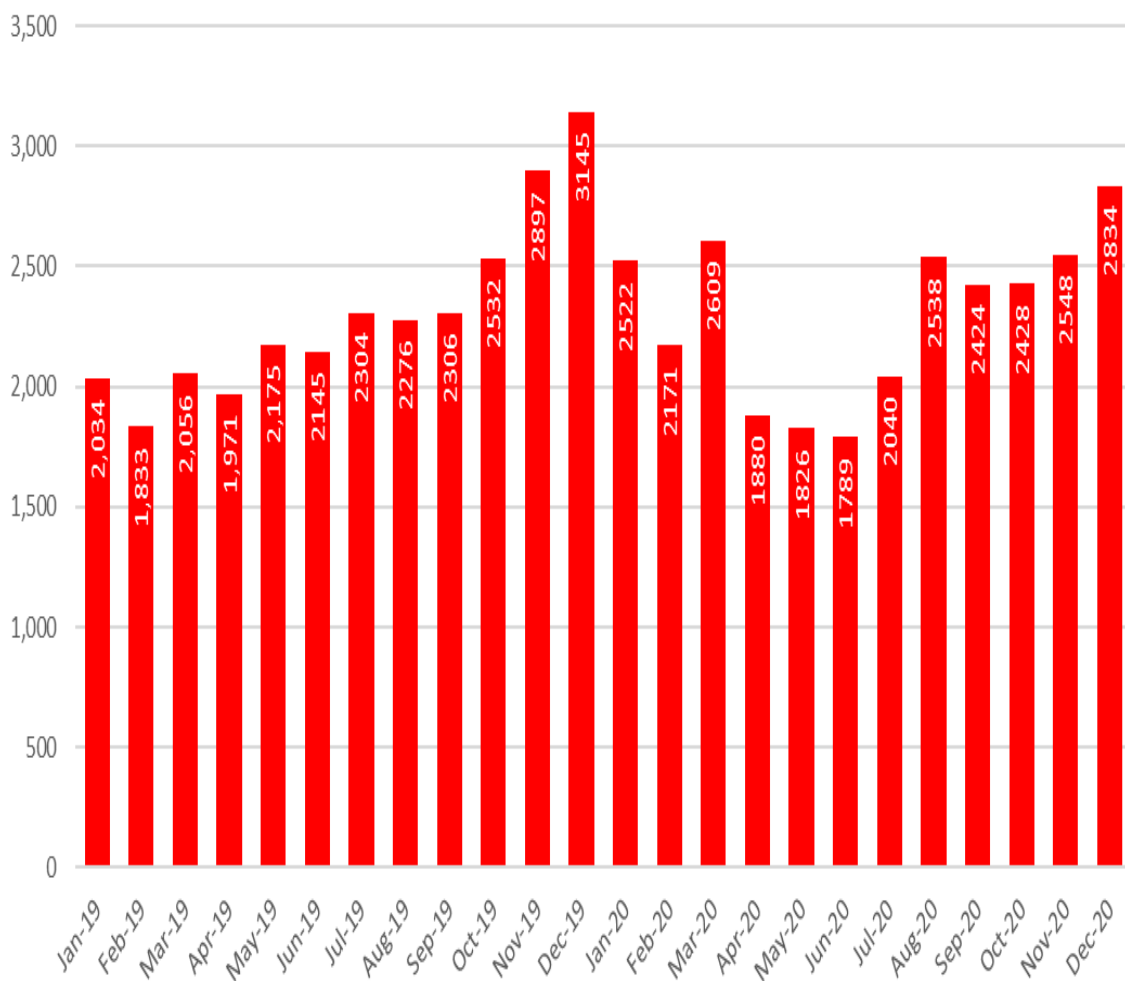
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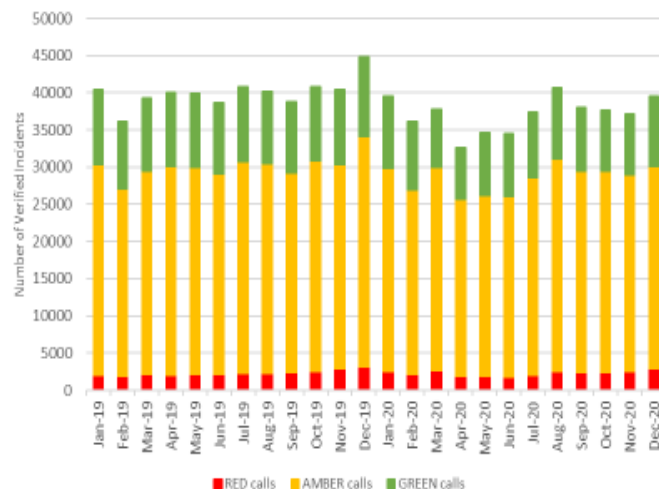
INDICATOR 10 – EMS Demand

Responsible Officer: N/A

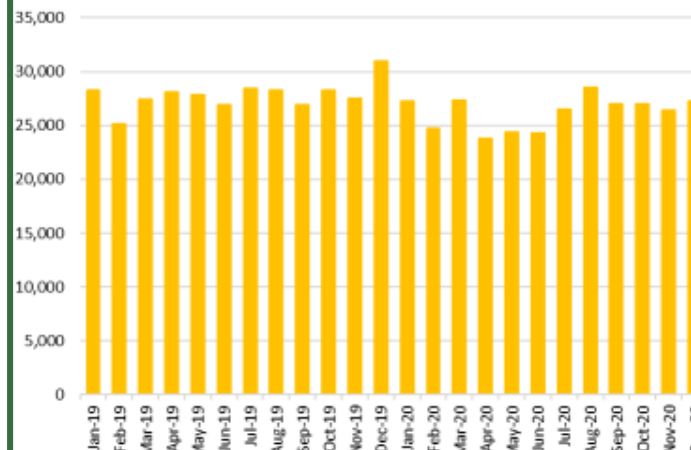
Red Incidents Resulting in an Attendance at Scene Jan-19 - Dec-20



Total Verified Demand split by RED, AMBER, GREEN



Total Verified AMBER Demand

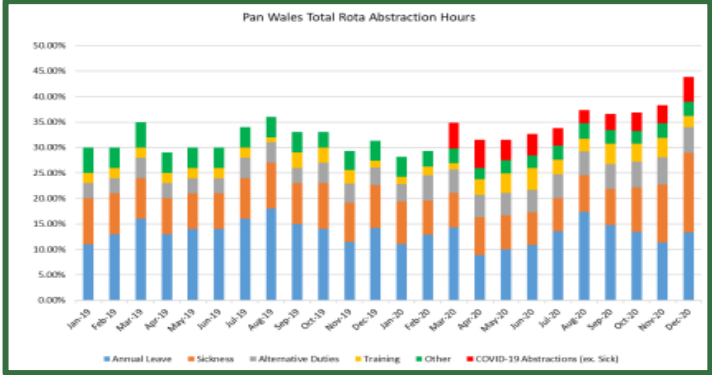
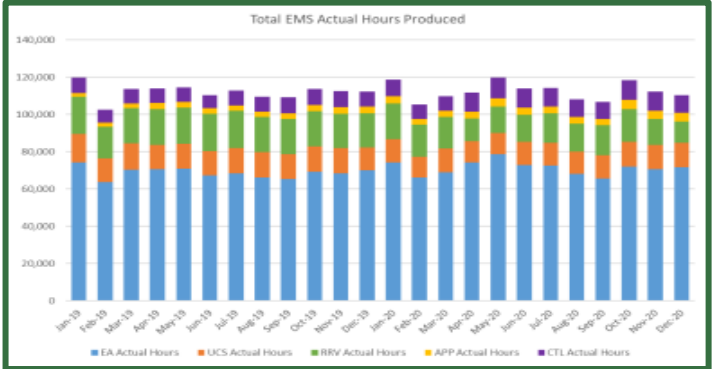
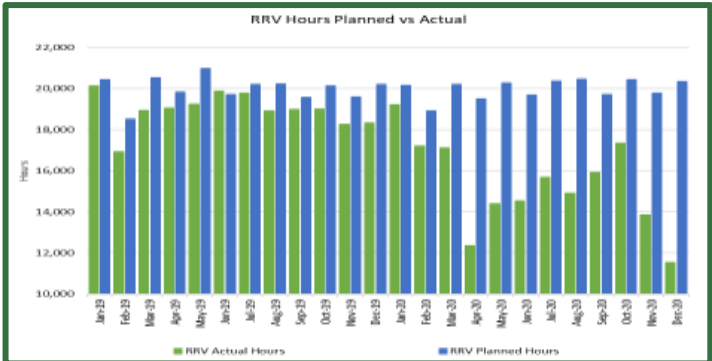
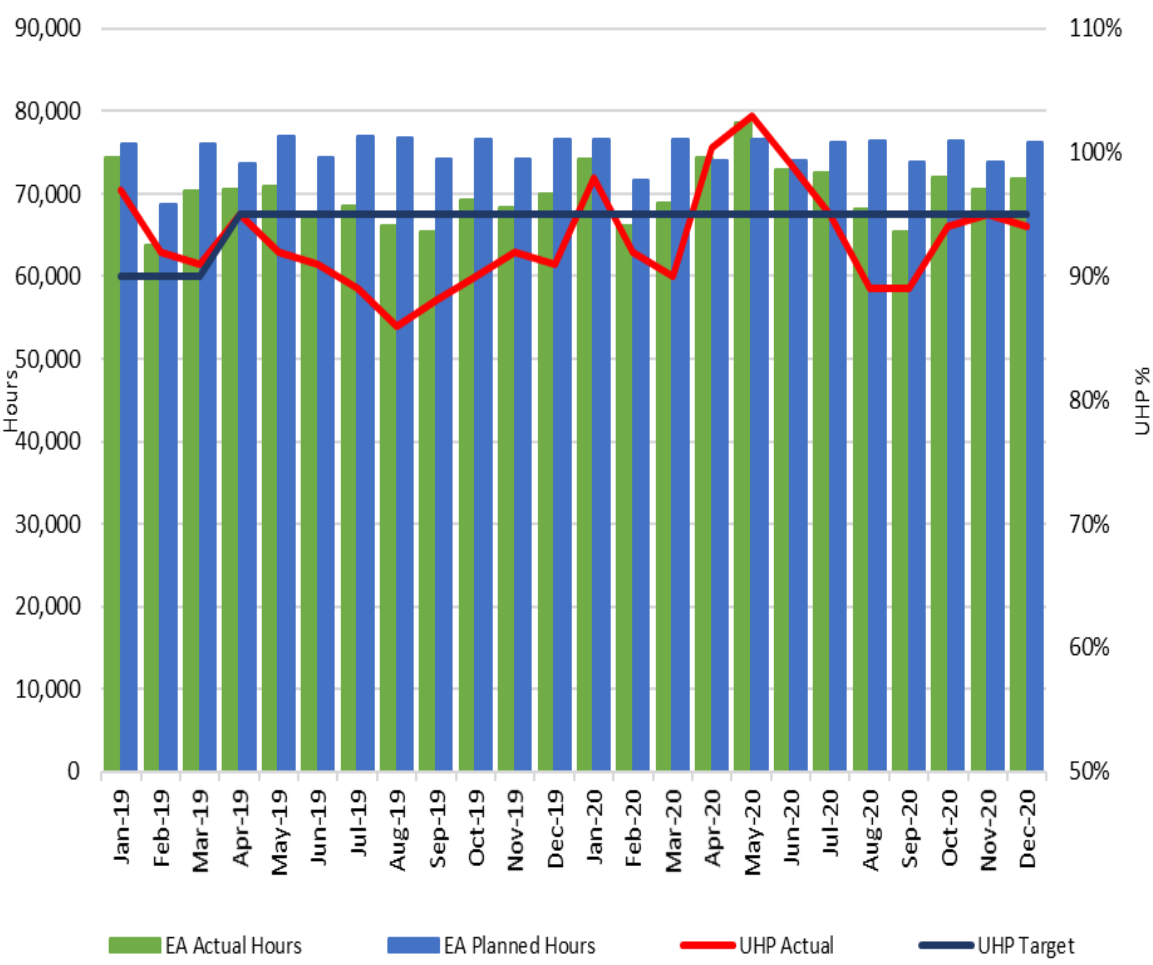


INDICATOR 11 – Ambulance Production

A

Responsible Officer: Lee Brooks

Emergency Ambulance Unit Hours Production





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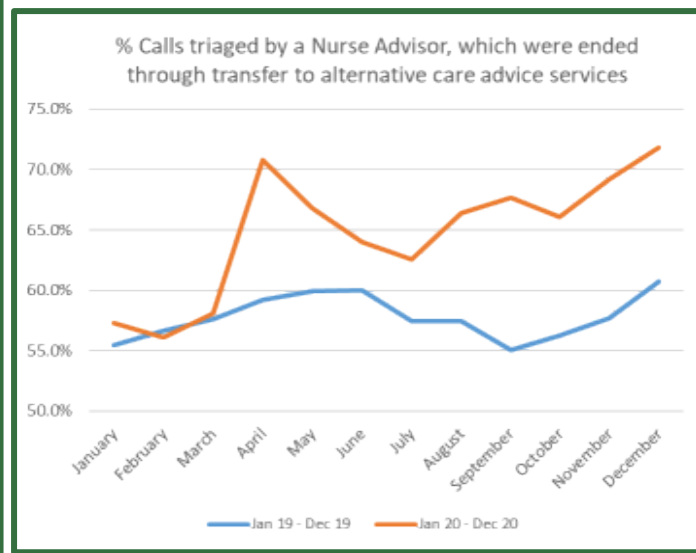
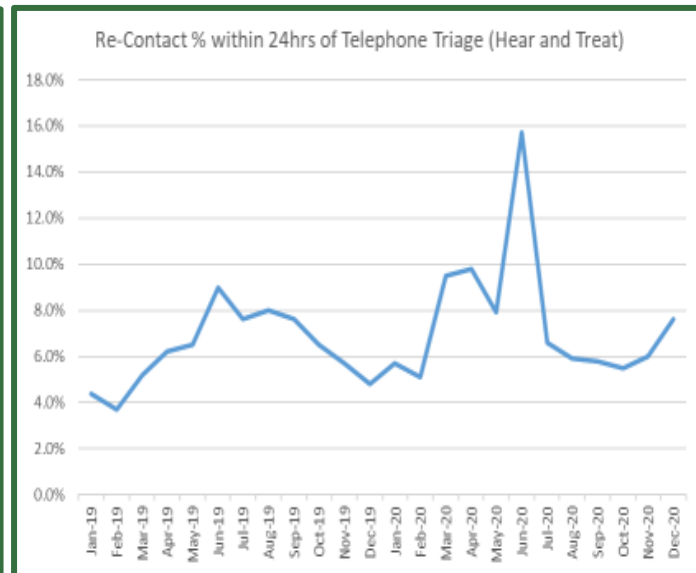
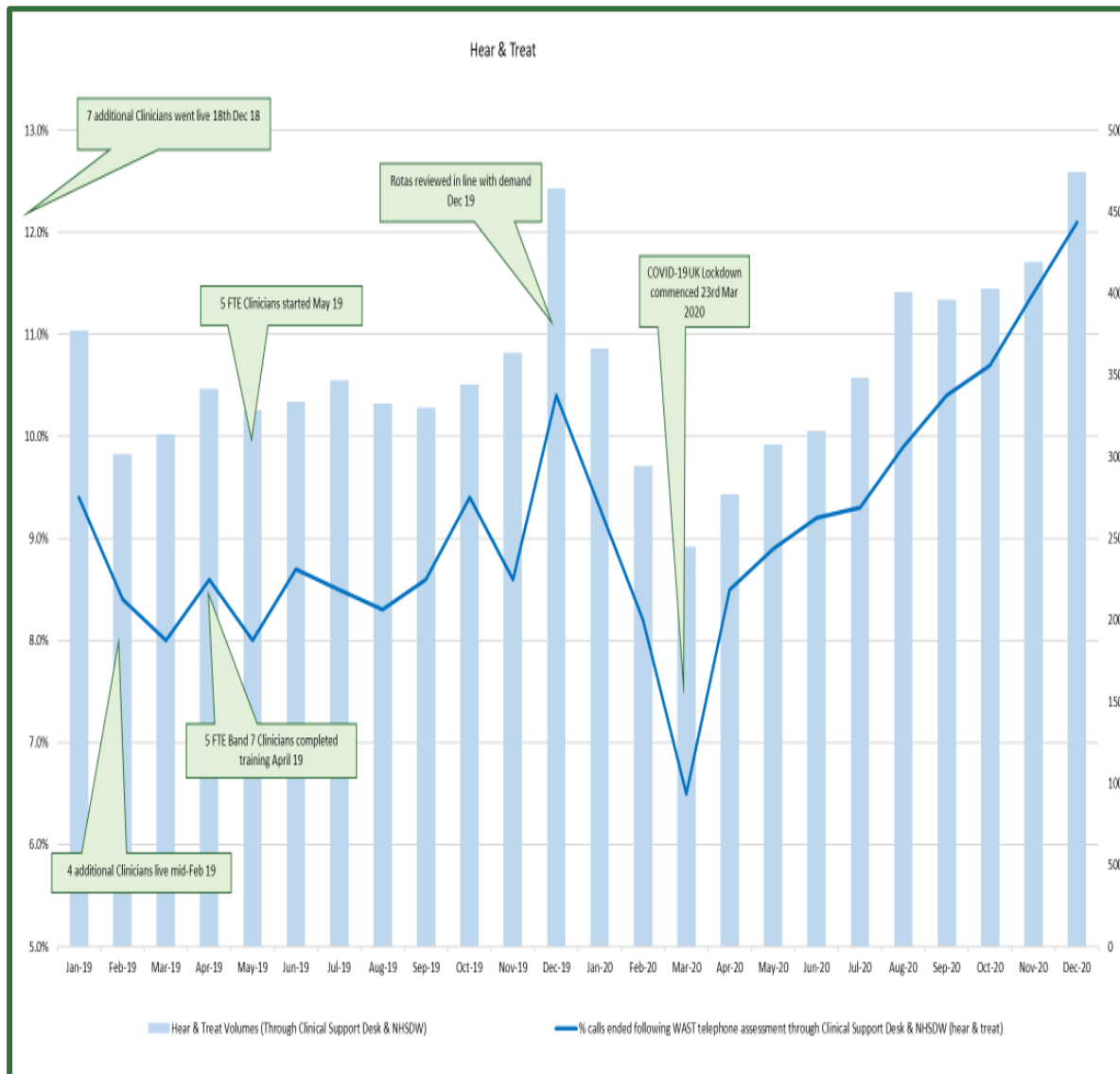
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INDICATOR 12 – Hear & Treat

G

Responsible Officer: Lee Brooks





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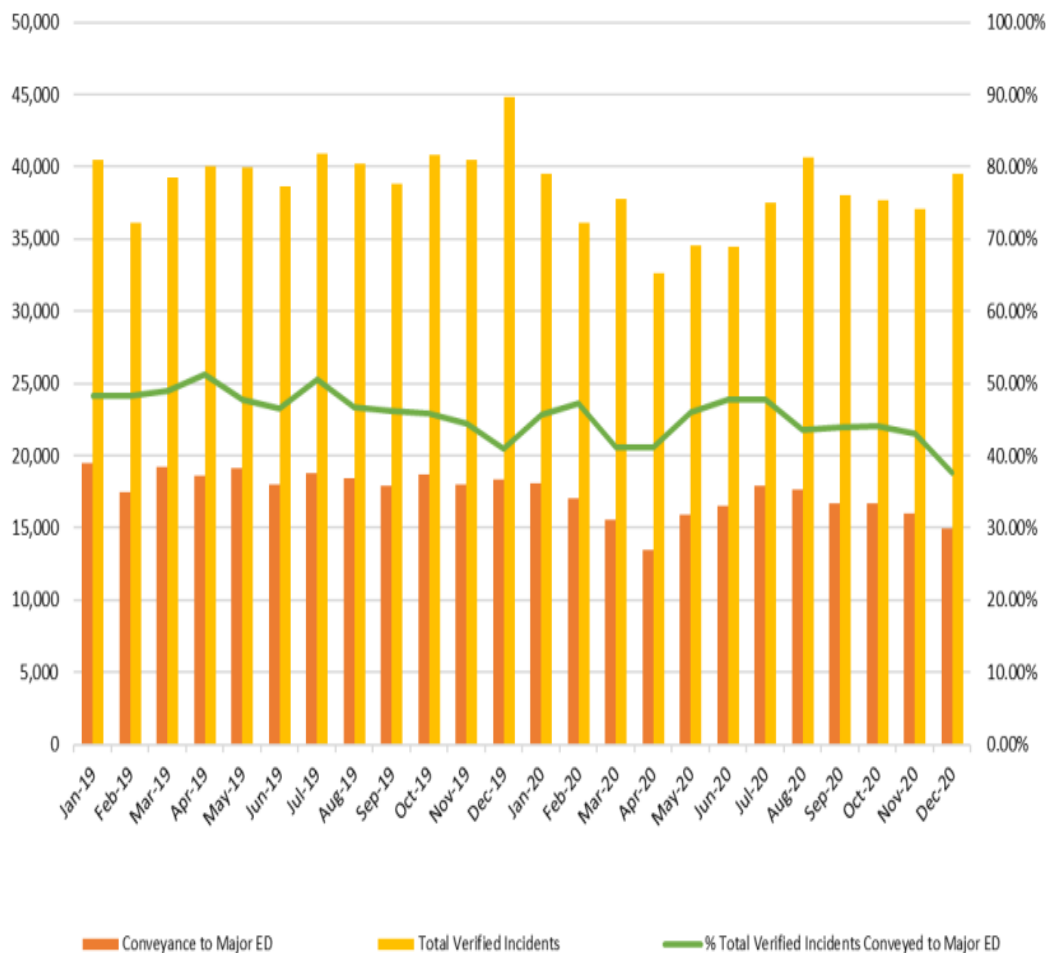
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INDICATOR 13 – Conveyance to ED

G

Responsible Officer: Brendan Lloyd

Conveyance to Major ED



Recontact % within 24 hours of See & Treat



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





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111 & NHSDW Performance

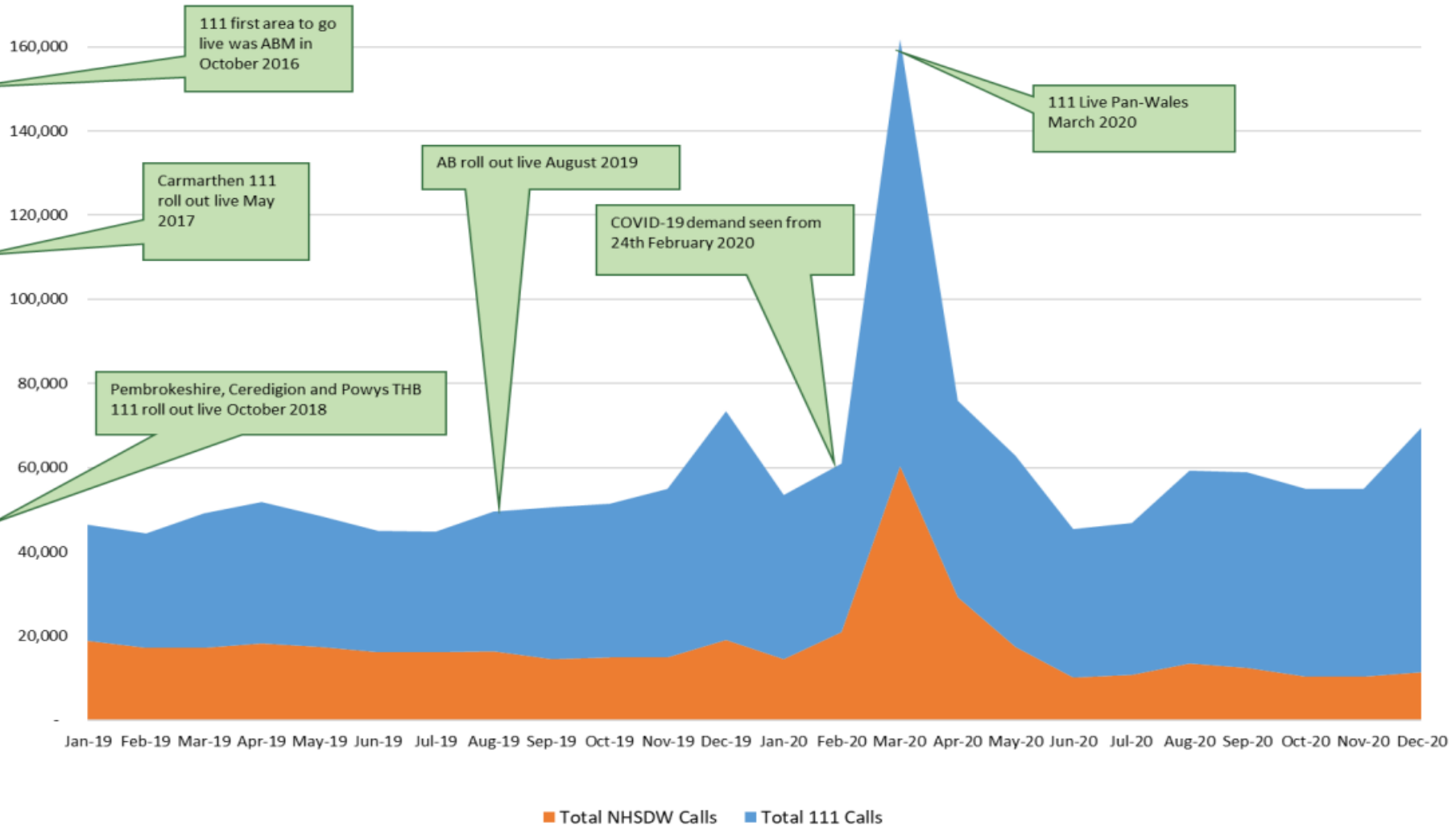
FPC

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INDICATOR 14 – Total Calls for NHSDW and 111

Responsible Officer: N/A

Total Calls for NHSDW and 111





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111 & NHSDW Performance

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INDICATOR 15 – 111 Call Answering/Abandoned Performance

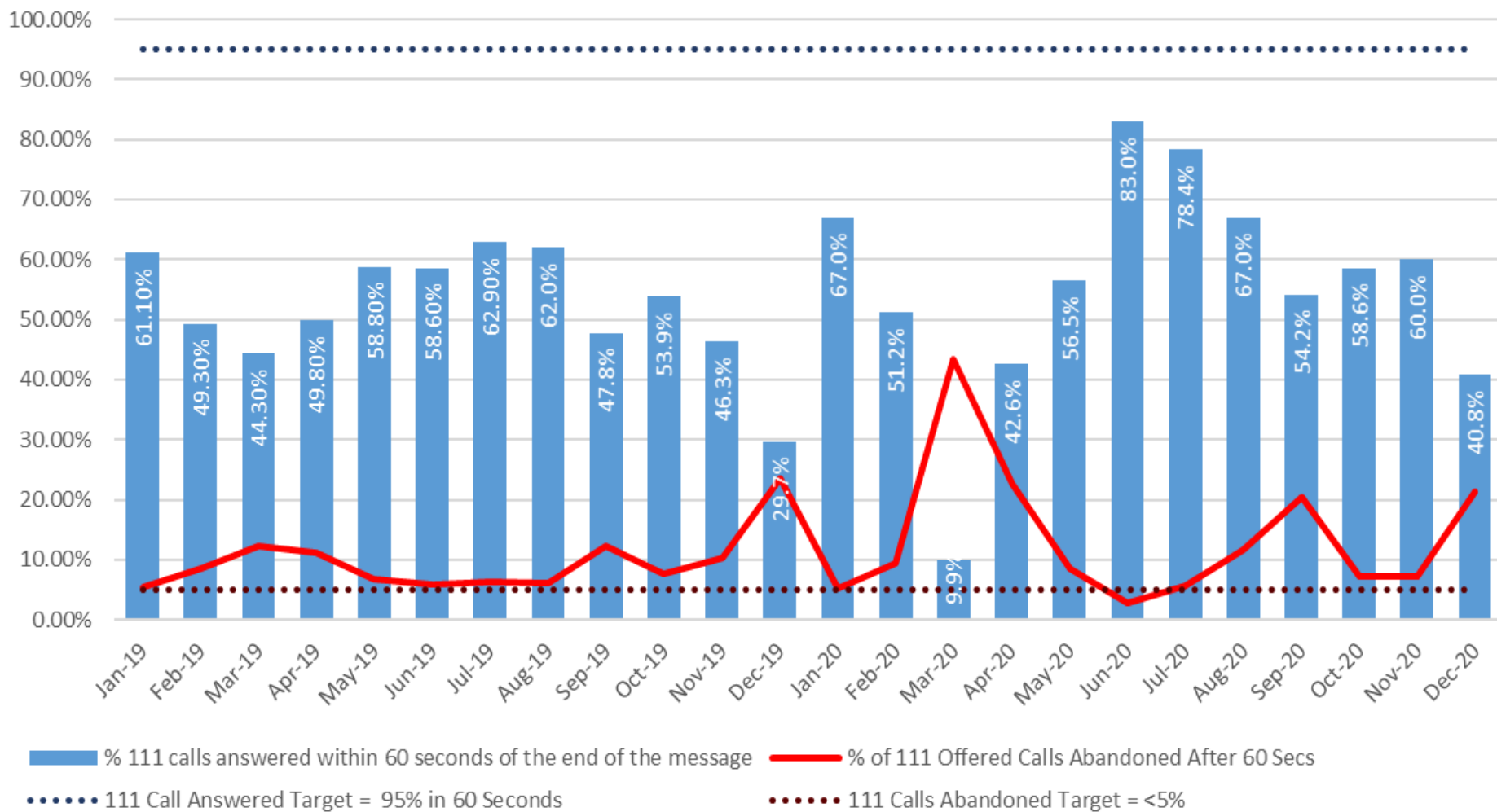
Answered Abandoned

R

R

Responsible Officer: Lee Brooks

111 Calls Answered vs Calls Abandoned within 60 Seconds





INDICATOR 16 - 111 Clinical Assessment Start Time Performance

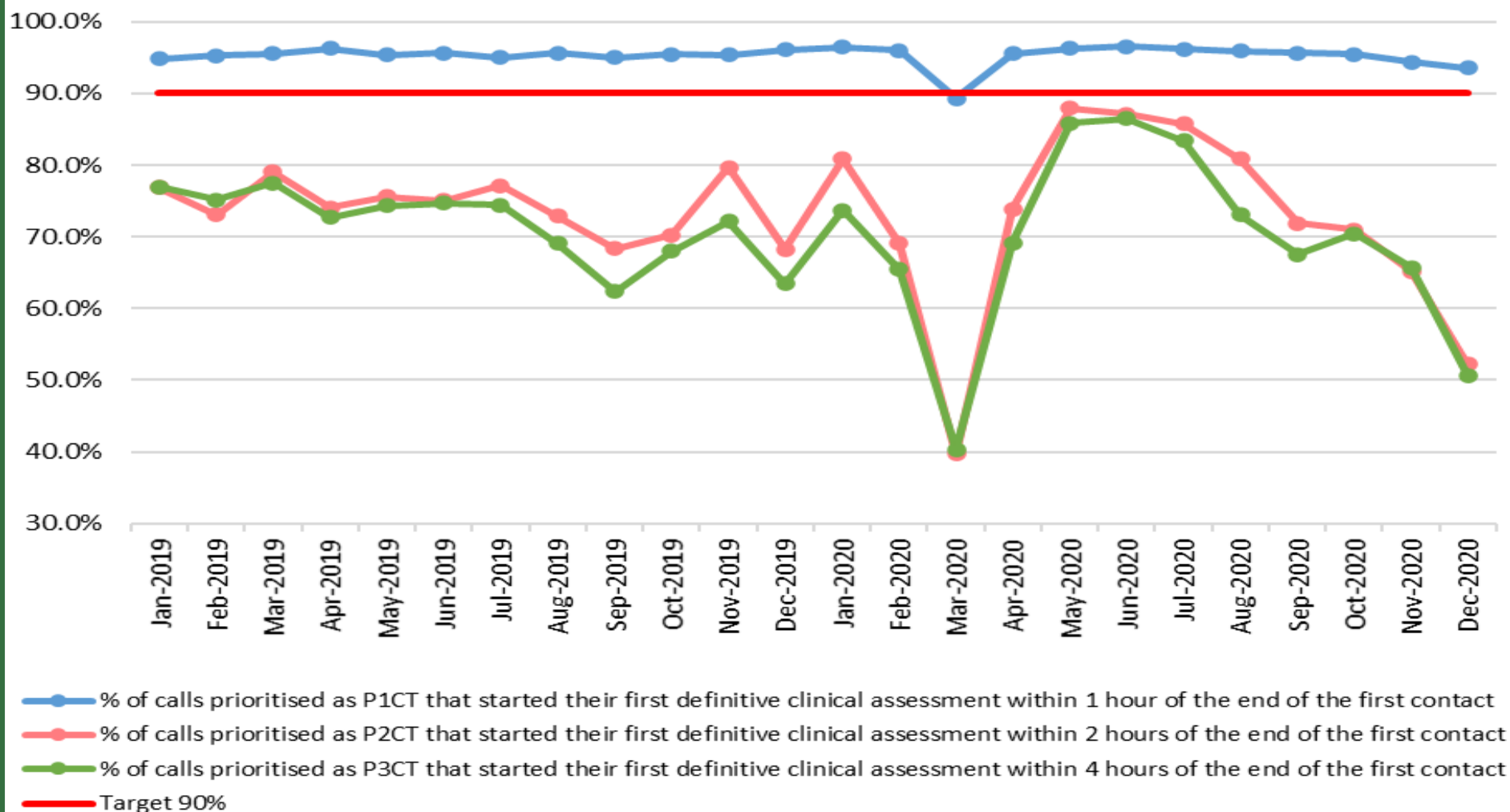
P1CT
G

P2CT
R

P3CT
R

Responsible Officer: Lee Brooks

111 Timely Clinical Triage of Patients





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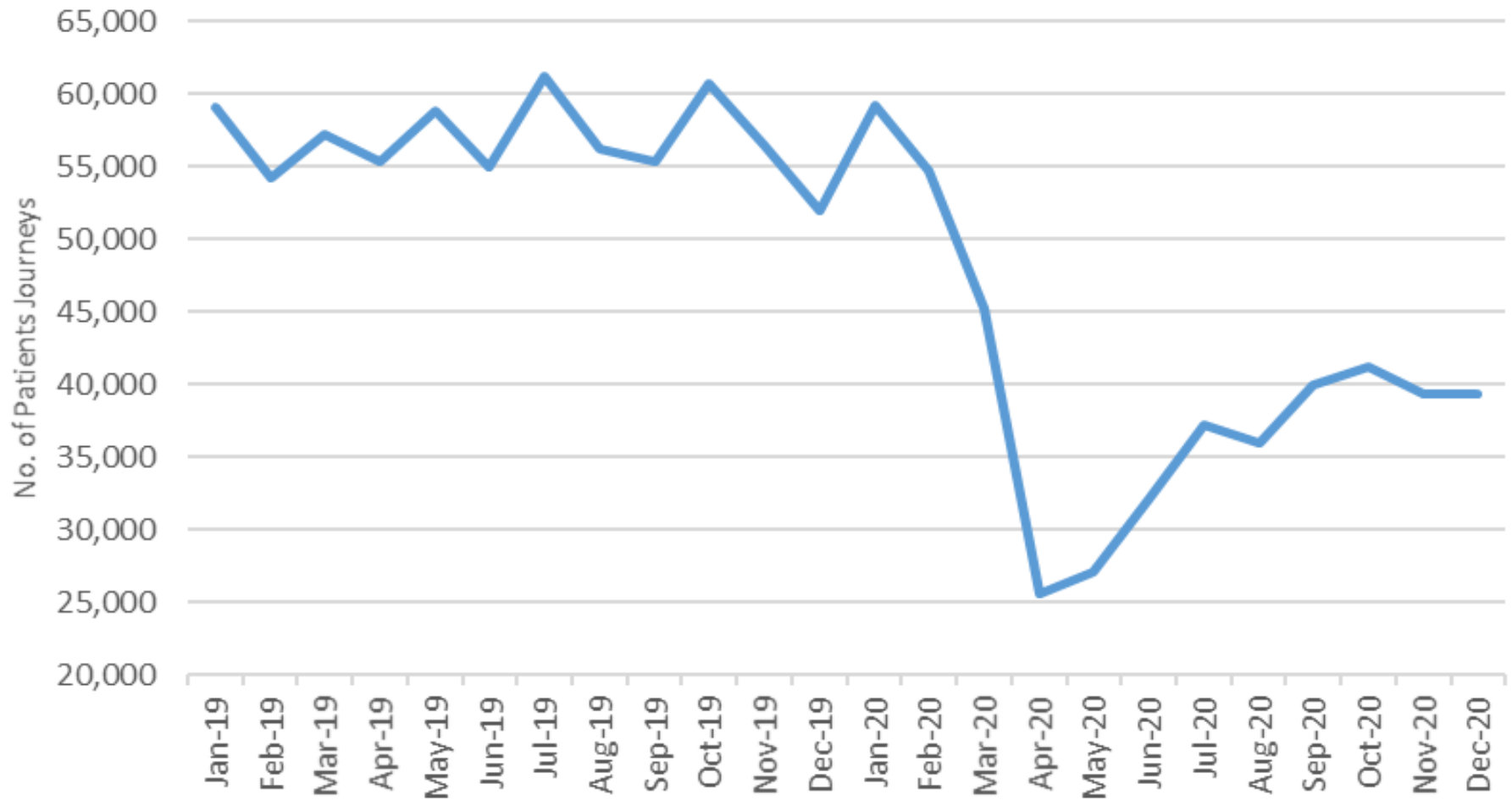
NEPTS Performance

FPC

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

INDICATOR 17 - NEPTS Demand

NEPTS Patient Journeys





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NHS Trust

NEPTS Performance

FPC

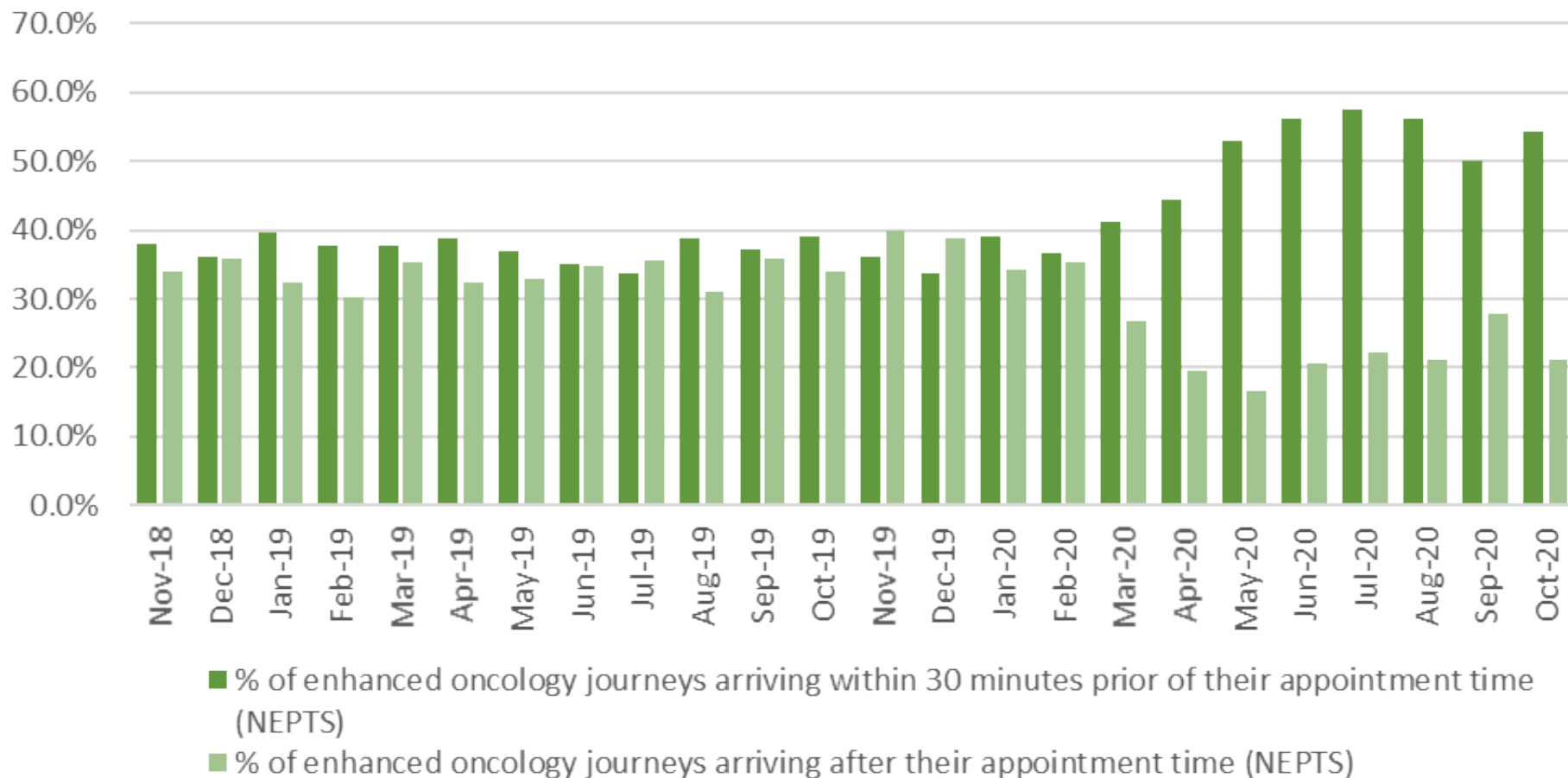
PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

INDICATOR 18 - Oncology Inward Arrivals Performance

**Next Reporting Nov-20 – Jan-20

TBD

% Of Enhanced Oncology Journeys - Arrival Times (NEPTS)





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Welsh Ambulance Services
NHS Trust

NEPTS Performance

FPC

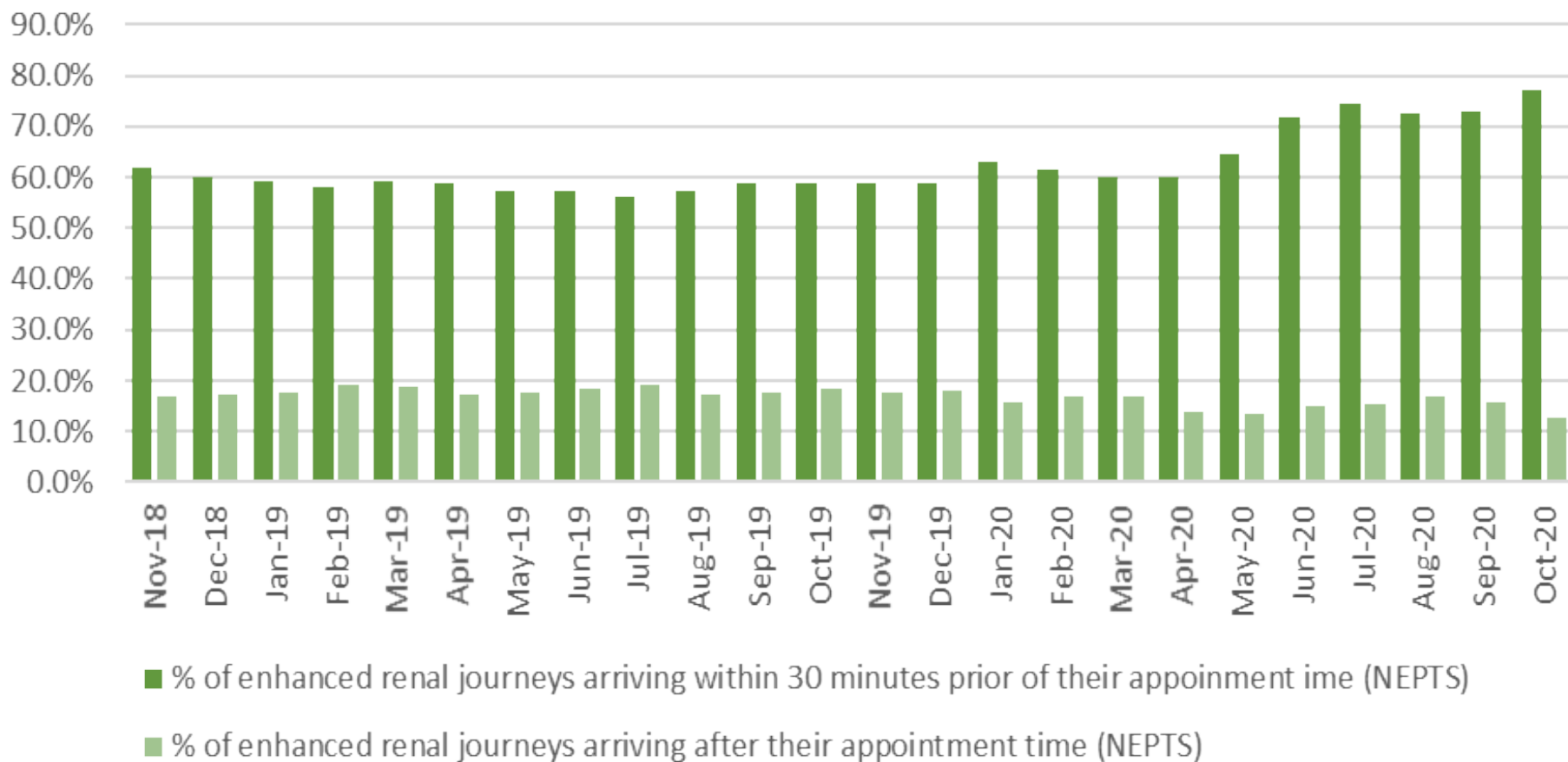
PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

INDICATOR 19 - Enhanced Renal Inward Arrivals Performance

**Next Reporting Nov-20 – Jan-20

TBD

% Of Enhanced Renal Journeys - Arrival Times (NEPTS)





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NEPTS Performance

FPC

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

INDICATOR 20 - NEPTS Core Journeys Inward Arrivals Performance

**Next Reporting Nov-20 – Jan-20

TBD

% Core Journeys Arriving (NEPTS)





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AGENDA ITEM No	3.6
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	28 th January 2021
EXECUTIVE	Board Secretary
AUTHOR	Corporate Governance Manager
CONTACT	Julie Boalch, 01633 626251, Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

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. 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 and the inclusion of two new risks on the Register.
 - c) 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 last quarter and made recommendations to the Executive Management Team (EMT) on the 18th January 2021 in relation to the Corporate Risk Register (CRR) as described below.
4. **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 long handover delays at Hospital Emergency Departments.
5. Two risks have reduced in score; **Risk ID 139** which has decreased from 15 to 12 and **Risk ID 229** which has decreased from 9 to 6.
6. Two new risks have been assessed by ADLT and recommended for inclusion on the CRR; these are **Risk ID numbers 283 and 322**; a summary of these is included in the CRR extract detailed in appendix 1.

7. One risk has transferred from the Operations Directorate to Finance & Corporate Resources, this is **Risk ID 217** with a current score of 16.
8. The EMT considered these recommendations at the meeting on 20th January 2021, approved the changes to the scores, the transfer of risk between Directorates and the addition of two new risks onto the CRR as described above.
9. Furthermore, principal risks assigned to the following Committees were considered during this period for scrutiny and strategic oversight.
 - a) **Finance & Performance Committee** (14th January 2021). Assurances were received on the report.
 - b) **Quality, Safety & Patient Experience Committee** (1st December 2020). Members welcomed the new style presentation of Corporate Risks and the BAF report. It was concluded that the Committee Non-Executive Directors would meet to discuss the impact of the deep dive on **Risk ID numbers 223 and 224** and consider what further action to take.

REPORT APPROVAL ROUTE

10. The report has been submitted to:
 - ADLT – 18th January 2021
 - EMT – 20th January 2021
 - Trust Board – 28th January 2021

REPORT APPENDICIES

11. A short summary table describing each of the 23 Corporate Risks is contained in Appendix 1 for Board Members review and assurance.
12. The BAF Report is detailed in Appendix 2 for Members to receive assurances against each of the Trust's nine strategic aims, and 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.

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

Appendix 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
151	Business continuity for recording digital patient clinical records	Business Continuity	Medical and Clinical	20 (5x4)	Finance and Performance Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	20 (5x4)	Finance and Performance Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee
199	Organisation not in compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
225	On-call CCA ability to cover 24/7 command (CRR62)	Business Continuity	Operations Directorate	16 (4x4)	People and Culture Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	16 (4x4)	People and Culture Committee
217	Cleanliness in Ambulance Stations (CRR27)	Capital Development & Estates	Finance & Corporate Resources	16 (4x4)	Finance and Committee

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
182	Significant risk to planning for the transfer service for Aneurin Bevan due to opening earlier impacting on recruitment & fleet	Service Developments	Planning and Performance	16 (4x4)	Finance and Performance
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Planning & Performance	16 (4x4)	Finance and Performance
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	15 (3x5)	Trust Board
315	Inability to determine source of CoVID status through workplace exposure in order to complete RIDDOR in a timely manner	Quality & Safety	Quality, Safety & Patient Experience	15 (5x3)	Quality, Patient Experience and Safety Committee
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Operations Directorate	15 (3x5)	People and Culture Committee
322 (NEW)	Lack of compliance with statutory Health & Safety regulations relating to competent registered fit testers	Statutory Duties	Quality, Safety & Patient Experience	15 (3x5)	Quality, Patient Experience and Safety Committee
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST	Service Developments	Planning and Performance	12 (3x4)	Audit Committee; Trust Board
139	Non delivery of financial balance	Statutory Duties	Finance and ICT	12 (3x4)	Finance and Performance Committee

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	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
283 (NEW)	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	12 (3x4)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical & Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
88	Continued Availability of Digital Pens	Quality & Safety	Digital Directorate	8 (2x4)	Finance and Performance Committee
343	Failure to undertake tactical seasonal planning (winter)	Service Delivery	Planning and Performance	8 (2x4)	Finance and Performance Committee
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	6 (2x3)	Trust Board



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AGENDA ITEM No	5.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

PROCEDURAL MATTERS

MEETING	Trust Board
DATE	28 January 2021
EXECUTIVE	Board Secretary
AUTHOR	Corporate Governance Officer
CONTACT DETAILS	Steve Owen, 01745 532994, steven.owen2@wales.nhs.uk

CORPORATE OBJECTIVE	N/A
CORPORATE RISK (Ref if appropriate)	N/A
QUALITY THEME	N/A
HEALTH & CARE STANDARD	N/A

REPORT PURPOSE	To confirm as a correct record the Minutes of the Board and other procedural matters as required.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

Minutes

- 1 To confirm as a correct record the minutes of the open meeting on 26 November 2020

Matters arising

- 2 To deal with any matters arising from those minutes not dealt with elsewhere on this agenda. In addition, the Trust Board Action Log is attached for consideration.

Non-Executive Director (NED) Committee Membership Effective From 1 January 2021

3. The table below sets out the NED arrangements from 1 January 2021 and will be reviewed when a new NED comes into post. These arrangements will leave the Trust covering the vacant Finance and Performance role on rotation, whilst Charitable Funds will have one vacancy.

	ACADEMIC	AUDIT	CHARITABLE FUNDS	FINANCE AND PERFORMANCE	PEOPLE AND CULTURE	QUEST	REMUNERATION
CHAIR	Kevin Davies	Martin Turner	Kevin Davies	Emrys Davies	Paul Hollard	Emrys Davies	Martin Woodford
NEDs	Paul Hollard	Emrys Davies	Bethan Evans	Bethan Evans	Kevin Davies	Kevin Davies	Kevin Davies
	Martin Turner	Paul Hollard	Emrys Davies	Joga Singh	Bethan Evans	Bethan Evans	Joga Singh
		Joga Singh	Vacant	Vacant	Joga Singh	Paul Hollard	Martin Turner
QUORUM	2	2	2	2	2	2	2
NOTES			Vacancy to remain until new NED appointed.	Other NEDs will be invited on rotation to cover the vacancy.		Bethan to Chair from 1 April 2021. Emrys to remain as a Committee Member.	

Use of the Trust Seal

4. Since the last Trust Board meeting, the Trust seal was used for the following:
 - a. Transfer of Title of Nelson Ambulance station to United Welsh Housing Association Limited
 - b. Renewal of lease relating to Unit 1a, Spring Meadow Business park, Rumney, Cardiff between Sunflower UK logistics Propco and WAST

RECOMMENDED: That

- (1) the minutes of the open session of the Board held on 26 November 2020 be confirmed as a correct record and consideration be given to any matters arising, together with the actions set out in the action log;
- (2) the NED Committee membership as detailed above be approved; and
- (3) the use of the Trust seal as described be noted.

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 26 NOVEMBER 2020
Meeting Conducted via Zoom

PRESENT:

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

IN ATTENDANCE

Dr Catherine Goodwin	Organisational Culture and Workplace Wellbeing Lead
Leanne Hawker	PIH Lead
Lois Hough	Head of Communications
Naomi Machin	Communications Officer
Kim Tovey	Senior OD Manager
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer
Rachel Watling	Head of Communications
Paul Cooke	
Will Corbet	
Ben Grace	
Ray Jones	
Malcolm Latham	
Stephen Sims	

BSL Interpreters

Hannah Wilson
Rachael Davies

108/20 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and advised that it was an open session of the Board; it was being conducted through the medium of Zoom and broadcasted on Facebook. In particular he welcomed Hannah Wilson and Rachael Davies from the British Sign Language who would be interpreting the meeting

Apologies

No apologies recorded

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.

109/20 CHAIR INTRODUCTION AND UPDATE

The Chair informed the Board that he and the Chief Executive had been involved in a number of the Association of Ambulance Chief Executive meetings. These meetings had been a great opportunity to share information across all other ambulance services across the UK.

The Board were also advised of the NHS Confederation meeting he attended in England which had looked into what had been learned from the pandemic and again reciprocally sharing the learning and understanding.

From an internal perspective, the Board had continued to monitor, review and consider its strategy and to focus on the effectiveness of the Board going forward.

He and the Chief Executive had also been involved in a range of meetings which focussed on the current pressures within the Trust. He added that he had personally met with each Health Board Chair in Wales and discussed the issue of hospital handover delays at great length.

RESOLVED: That the update was noted.

Prior to the update, Jason Killens congratulated all those who had been involved in the 111 service being made live earlier this week in the Cwm Taf Morgannwg University Health Board area; the fifth Health Board in Wales to do so. Furthermore a note of thanks was recorded for all staff involved with the recent opening of the Grange University Hospital in Cwmbran

In providing his update he drew the Board's attention to the following areas:

1. The restructure of the Clinical Team Leader role had now been agreed and it expected to be implemented from January 2021
2. The Grange University Hospital (GUH) as previously mentioned has now successfully opened. The Trust's involvement was in connection with the dedicated transfer of patients. Rachel Marsh updated the Board in terms of the planning process which would involve around 72 additional patient transfers per day. In order to enable this service going forward, funding of approximately £5m had been secured. In terms of an operational perspective Lee Brooks informed the Board that during the period 15-17 November, 123 patients had been relocated mainly from the Nevill Hall and the Royal Gwent Hospitals to the GUH.
3. Dr Brendan Lloyd updated the Board on the UK and Euro Navigator Conference which he had recently attended alongside Lee Brooks and Andy Swinburn. Positive feedback had been received from the host, (the International Academies of Emergency Dispatch (IAED)) regarding the Trust's presentation, the subject of which was how the Trust was managing the pandemic and in particular how the Trust utilised protocol 36 (the mechanism used by call takers to manage calls which were specifically Covid related)
4. Lee Brooks informed the Board that in October 2020, the Trust had submitted its reports to the IAED in respect of the prioritisation system used in the Trust's clinical contact centres. Following review of these reports, the Trust achieved a 'Good Standing' accreditation for Quarter three 2020. The Board noted the work in attaining this high standard and congratulated all those involved, especially the Emergency Medical Dispatchers, in maintaining this high consistency of best practice, particularly during this challenging period.
5. Equality, diversity and inclusion. Jason Killens referred to the recent NHS Wales staff survey from which it was hoped to garner their feedback on any issues they may have within the workplace.

Comments:

In terms of mental health, Members sought further information on the Mental Health Practitioner pilot scheme. Jason Killens advised the Board that during the winter period, mental health clinicians would be situated in the EMS control room. The Trust was also considering in conjunction with the mental health access review, to secure further mental health professionals; thereby enhancing the support to mental health patients.

RESOLVED: That the update was received and noted.

111/20 PATIENT STORY

Claire Roche presented the patient story which related to Fiona who cared for her father. Fiona's father was suffering with vascular dementia and Alzheimer's

Members were shown a video in which Fiona related to an occasion when her father became very ill and she had to call the ambulance service.

On arrival, the ambulance crew attended to her father in a very professional and compassionate manner treating him as person. Fiona was kept advised of her father's condition by the crew who listened to her as she explained her father's wishes. Thankfully her father did not need to go to hospital

Being a carer, Fiona explained the mental and emotional stress involved. She added that treating the carer and patient as people made an immense difference to her and her father's experience whilst under the care of the ambulance service.

Comments:

Claire Roche informed the Board that today was world carers' day and felt that the story was very appropriate. She added that following a recent carers' survey which had been extended to staff, and the feedback received, had illustrated that the pandemic had impacted greatly on the mental health and wellbeing of carers. In terms of staff, the situation was similar and they had reported increased pressure. There had also been an increase in safeguarding issues in the community.

A member of the public commented that it had been a heart-felt story and a valuable reason to continue with the Trust's mental health well-being pilot scheme

Members asked if the Trust could learn from any feedback received from the crew. Claire Roche stressed the importance of learning from these stories and going forward, suggested that future staff and patient stories could be integrated as one experience

The Board noted that the Trust was linking carers and staff who were carers as part of its consultation on the national plan for carers

It would be useful to understand how young carers were managing and how crews were learning from this. Claire Roche informed Members that as part of the new quality strategy the Trust was establishing a new network and building on its engagement with the public including young persons

Andy Swinburn added that it was pleasing to see some of the Band six competencies of the crew being drawn out in this story

RESOLVED: That the patient story was noted.

112/20 HEALTH AND WELL BEING STRATEGY

Claire Vaughan informed the Board that the development of the WAST Health and Wellbeing Strategy 2019-2023 had been delayed due to the pandemic adding that a first draft was presented at the Executive Management Team and People and Culture Committee in June and July 2020 respectively

Members were briefed on the five key objectives in the strategy and Claire Vaughan outlined how these would be implemented.

The strategy had been consulted on widely and the feedback had been particularly positive and supportive.

There had been some concern raised by Trade Union partners about whether the Trust could deliver on the promises and ambitions. Claire Vaughan added that collaboration with TU partners would continue to ensure delivery was met and this would be monitored and reviewed through an annual implementation plan with agreed priorities

The Board also recognised that a communications plan would be developed to share the new Strategy across the wider organisation

Comments:

Members recognised the excellent work of Dr Catherine Goodwin, who had been instrumental in developing the strategy

The Board welcomed the breadth of the strategy which not only embraced all staff currently in service but also post-employment

From a TU perspective the strategy was welcomed and noted that it addressed several concerns that had previously been raised and looked forward to working in partnership

Jason Killens added that the strategy would further enhance support for all staff and improve the care given to patients

RESOLVED: That the Health and Well Being strategy was reviewed and approved.

113/20 DIGITAL STRATEGY

Andy Haywood explained that the WAST Digital Strategy had been developed with input from across the Trust and the wider system in order to guide that change.

The Board were shown a video that gave an overview of several digital initiatives the Trust was using and projects that were due to be implemented. This included:

1. Expansion and roll out of 111
2. The Coronavirus symptom checker was now live on the website
3. Chatbot technology (an alternative method of accessing the ambulance service)
4. Consultant Connect, an application based platform used to enable ambulance crew to link in with hospitals
5. What Three Words (an application that provides coordinates for a 3 metre squared area and the GPS coordinates)

6. Individual iPads for crews giving them access to e mails etc... whilst on the road
7. Virtual events using Teams and Zoom etc.
8. Electronic Patient Record

In terms of the strategy being able to realise its full potential, the following set of principles should be followed:

1. To empower all users to be able to do more and ensuring any digital changes were user friendly
2. To ensure access for all, for example the use of British Sign Language
3. Respect and deliver value from the data
4. It is on an all Wales collaborative process, a need to ensure that systems were compatible throughout Wales with other organisations
5. Deliver a sustainable change going forward

In order to drive this digital change the Trust will implement four key missions based on the following; the digital patient, the digital workplace, intelligence through data and digital foundations. At all times the patient remains the highest priority.

In terms of delivering the strategy this would be implemented through three phases:

1. Stabilise; this would include reviewing some of the key risks and mitigate against them
2. Optimise; part of this phase would be looking at aligning the strategy across all of the Trust's plans
3. Sustain; this would also involve working with patients and NHS Wales to transform the delivery of unscheduled care

Comments:

1. The Chair of the Finance and Performance (F and P) Committee informed the Board that the strategy had recently been presented to them. One of the key points from the discussion was that the Committee felt it was important to keep testing the strategy to confirm it was delivering on the ambitions within it and must add value.
2. The Board welcomed the strategy noting if it was going to succeed the necessary resources would be required. Andy Haywood added that modelling was underway in order to consider the number of staff required to enable successful delivery of the strategy
3. Claire Vaughan commented that the workforce team were totally on board with the strategy and were focusing on the digital workplace
4. In terms of the quality perspective, Claire Roche welcomed the strategy adding that it seamlessly intertwined with the Quality Strategy
5. It was important to embrace the strategy going forward and to harness the technological advances within it both from a patient and staff perspective

6. Could the Trust enable deaf people to connect with the ambulance service? Andy Haywood advised that aside from the BSL solution there were other initiatives such as automatic transcription during a meeting which he would look into

Members fully endorsed and supported the strategy noting it was a fantastic opportunity to improve the delivery of care to the community and to totally transform the workplace and develop and support staff more effectively

RESOLVED: That the Board approved the digital strategy, with a commitment to review and refresh annually from this date forward.

114/20 DRAFT COMMISSIONING INTENTIONS: 2021/22

Rachel Marsh explained that the purpose of this update was to provide the Board with an analysis of the draft emergency medical service (EMS) Emergency Ambulance Services Committee (EASC) 2021/22 commissioning intentions.

These intentions have been reviewed and the Commissioners had set out a new approach underpinned by a set of six strategic intentions:

1. Seize the opportunities afforded by the welsh clinical response model and the five step EMS pathway
2. Optimise the availability of front line resources to meet demand
3. Deliver maximum productivity from the Trust's resources
4. Taking a value based approach towards service delivery
5. Reducing and preventing harm outcomes
6. Collaborating with the Commissioners to deliver services that contributed to the wider healthcare system

EMT have welcomed this approach and would be providing feedback to the Commissioner to enable further discussion to mould the final intentions. It was expected that final commissioning intentions would be presented to EASC at its next meeting in January 2021.

It should be noted that effective delivery of these intentions were reliant upon, in some cases, a positive partnership with health boards

Comments:

1. The Board recognised the critical importance of system wide collaboration across the NHS in Wales for this to thrive
2. Members sought clarity on which intentions were wholly the responsibility of the Trust. Rachel Marsh explained how the performance framework in Health Boards differed from the Trust's
3. It would be beneficial to align the scrutiny and monitoring process in terms of the metrics, once agreed, with the Commissioners and the Trust
4. Dr Brendan Lloyd commented that whilst Advanced Paramedic Practitioners (APPs) were not explicitly mentioned as part of the intentions, he gave an overview of how APP's had been working with primary care colleagues to reduce

conveyance rates and the reduction of harm to patients. He further advised that the work of APP's and clinical audit would be presented to Commissioners next year

5. A query arose as to whether this was the right approach in terms of developing the Trust on a strategic level. Rachel Marsh explained the Trust was hoping to align its long term strategy in line with the Commissioners strategy.

RESOLVED: That

- (1) the revised approach to commissioning intentions was noted; and**
- (2) any additional comments and feedback was noted in framing the ongoing discussions with Commissioners.**

115/20 IMTP PROGRESS ASSURANCE FRAMEWORK

Rachel Marsh reminded the Board the Trust had submitted its Board approved IMTP to WG on 31 January 2020, following Emergency Ambulance Services Committee (EASC) approval on 28 January and a letter of support from the Chief Ambulance Services Commissioner

Despite positive informal feedback, the IMTP was not approved by the Minister for Health and Social Services prior to the implementation of the national pandemic response. Instead, during the pandemic response, Welsh Government required that all NHS bodies in Wales submitted Board approved quarterly Operational Plans.

Rachel Marsh presented the report as read adding that progress had been positive, especially with some of the larger key initiatives.

The report had been presented to the recent Finance and Performance Committee who had noted the excellent progress in spite of the pandemic

The Board recognised the laudable progress, given the disruption, but should remain vigilant to the potential of a third wave of the pandemic.

RESOLVED: That

- (1) the update provided on progress of the IMTP in 2020/21 to date was noted; and**
- (2) the risks to delivery for the remainder of 2020/21 for which there were mitigations in the quarterly operational plan set out in appendix 2 was noted.**

116/20 PATIENT SAFETY HIGHLIGHT REPORT: SEPTEMBER 2020 – OCTOBER 2020

Claire Roche presented the report as read and drew the Board's attention to the following areas:

1. There had been a total of 77,559 verified incidents
2. The number of 111 calls received was 72,528

3. There had been 430 patient safety incidents reported; WG had been notified of 12 serious adverse Incidents. This was an increase from the previous year. The Trust was analysing the figures to understand any themes/trends
4. 138 concerns had been received; the two day acknowledgement in September was 84% and 90% in October. The 30 day response was 75% in September and 84% in October
5. The Trust lost a total of 15,711 hours to handover delays across September and October. It should be noted that this was a significant increase on Q2 2020/21, with 2,942 hours lost in November to date. As a result of this a total of 11 incidents were escalated to health board colleagues
6. Members noted that the next report would include a section on the themes and trends for learning as a result of clinical incidents
7. The Board also noted that the scrutiny of incidents was being carried out by the Operational Delivery Unit

Members recognised that hand over delays were a significant contributory factor in being able to respond in a timely manner

The Chair of the Quest Committee updated the Board on their efforts in addressing the issue of hand over delays; adding that the scrutiny panel which conducted incident monitoring and review, and had stopped meeting during the pandemic, was expected to reconvene.

RESOLVED: That the Trust Board received the report for information, discussion and noting.

117/20 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh explained that the purpose of the report was to update the Board on the Trust's quality and performance against key indicators for October 2020. This report had been presented at the recent F and P committee meeting.

In terms of highlights from the report Rachel Marsh drew attention to the following:

1. Both red and amber response performances were below the prescribed target. Red demand had increased significantly over the last two years and was a major contributing factor in relation to performance. A comparison of demand in 2020 compared to 2018 showed demand was up by c500 calls per month, which was around a 25% increase. For other categories of calls, demand was now returning to pre-COVID levels. Jason Killens commented that the additional time required by crew to don PPE was one of the factors affecting performance
2. One of the main areas of concern and focus was the unacceptable level of hospital handover delays throughout Wales
3. The percentage of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door was 7.91% in Sep-20 (11.37% Aug-20 and 10.30% Jul-20). A deep dive analysis

into why this metric had fallen in performance from the previous year was being monitored through the Quest Committee

4. It was noted that 98.5% of 999 calls were answered within 6 seconds in Oct-20. There was a clear upward trend in 999 call answering performance from Q3 2019/20. This improvement was due to a combination of; forecasting of call demand, effective rostering to the demand and an increased capacity.
5. Emergency Ambulance Unit Hours Production (the number of hours of ambulances being made available) was recorded as 94% in Oct-20 compared to 89% in Sep-20; this was against a benchmark figure of 95% as illustrated in the EMS Demand & Capacity Review. The total hours produced was a key standard of measure for patient safety.

Comments:

1. The Chair of the F and P Committee, Martin Turner, gave an overview of the discussion at that Committee; the main area of concern was the problem with handover delays. He added that Welsh Government needed to be constantly made aware of this issue
2. Concern was expressed in regard to the 226 patients who had waited longer than 12 hours for an ambulance response. Jason Killens added that the Trust would send the most appropriate response to the sickest patient first and often, patients with less serious conditions do, regrettably, wait for longer than would be expected. He put on record his personal apology to all those affected by these long waits. He gave details of the initiatives the Trust was implementing to reduce these delays and to improve the situation including the collaboration with health boards
3. The Board noted the positives from the report including the response to 999 call answering and the increase in hear and treat rates

The Chair reiterated the main concern was the timeliness of response to patients in the community which were influenced by the ongoing unacceptable handover delays.

RESOLVED: That the Trust's Oct-20 integrated quality and performance report and actions being taken were considered by the Board.

118/20 RISK AND BOARD ASSURANCE FRAMEWORK (BAF)

- 1 Keith Cox explained that the purpose of this report was to provide the Trust Board with a composite report containing the Trust's Corporate Risks, which were aligned to the strategic themes on the Board Assurance Framework (BAF), in addition to describing key internal and external controls, what the gaps were and where and how management and the Board received its assurances.
- 2 The Risk Management portfolio transferred to the Board Secretary from the Executive Director of Quality and Nursing on 1 November 2020, for a period of six months. In terms of risks the following details were provided:
 - a. Currently there were 20 risks on the Corporate Risk Register

- b. three risks had increased in score, four risks had reduced in score and three new risks had been added
- 3 Keith Cox referred to the BAF which detailed how the Trust was managing the risks and illustrated the controls in place to mitigate the risks thereby giving the relevant assurance to the Board

Comments

1. Regarding the risks relating to long delays, was it given the same exposure at health boards and was it on their risk registers? Keith Cox advised that some health boards had captured it on their register; he added he was still in the process of receiving confirmation from the other health boards.
2. Trust reputation, why was this scored as a high risk? Estelle Hitchon explained there was a general feeling across the whole of the NHS that reputation was dwindling and with Covid and the approaching winter pressures, it was unlikely to improve in the near future. Estelle added there were several external factors which impacted upon the Trust in which it had limited control. Going forward into early 2021 the risk would be reviewed and it was hoped that it could be decreased.

RESOLVED: That Members received assurances on the contents of the report; specifically:

1. the risk management activity during the period;
2. the changes to existing Corporate Risk scores and the inclusion of three new risks on the Register; and
3. received and commented on the BAF report.

119/20 FINANCIAL PERFORMANCE MONTH 7 AND CAPITAL PROGRAMME UPDATE

Chris Turley explained that the report provided the Board with a summary update on the revenue financial performance as at 31 October 2020 (Month 7), along with a more detailed update on the 2020/21 capital programme. Both of these were also considered in some detail at the Finance & Performance Committee meeting held on 19 November 2020.

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

1. The cumulative revenue financial position reported was a small underspend against budget of £0.023m, assuming funding for the additional costs incurred as a result of COVID-19. Confirmation of the funding was expected early next week
2. Due to the COVID-19 pandemic, the Trust had recorded additional spend in the Month 7 position totalling £7.466m, £3.174m of pay costs, £4.480m of non-pay, £0.271m of unachieved savings targets. This had been offset somewhat by reduced expenditure of £0.459m. Following discussions with WG at the Q3 / Q4 review meeting the Trust was awaiting formal confirmation of the funding.

3. In terms of the capital programme, Chris Turley informed the Board that as at Month 7 the Trust's current approved WG set Capital Expenditure Limit (CEL) for 2020/21 was £13.043m. To date there had been £4.618m of capital expenditure incurred, which was in line with current plans. Included within the £4.618m were £0.864m worth of capital cost as a result of the pandemic, for which confirmation had been received from WG that this was being fully funded.
4. Chris Turley added that some schemes which had been paused due to the pandemic were being restarted; this had resulted in funding being committed from the next financial year. A new scheme had emerged during the year which involved estates and accommodation and was predominantly in connection with the new Grange University Hospital. Given the value, formal Board approval would be required once details were finalised

Comments:

1. The Chair of the F and P Committee outlined the details of the discussion held at that Committee in terms of the financial performance and were content to commend the report for the Board.
2. Had there been any progress on the appeal for holiday pay and voluntary overtime? Chris Turley added the issue was still ongoing and was being led by one of the English ambulance Trust's; WAST were in constant discussion with WG and Members were assured that an agreed approach in terms of the financial costs involved had been implemented

RESOLVED: That

- (1) the Month 7 revenue financial position and performance of the Trust as at 31 October 2020 was noted;**
- (2) the updates in relation to the Trust's capital programme, including the detailed update on the discretionary capital plan, paying particular attention to the Board approval assumptions set out in paragraphs 32 and 33 were noted; and**
- (3) the Board were assured that the appropriate due diligence, in terms of the capital funding process in particular, had been followed.**

120/20

UNITED KINGDOM'S EXIT FROM THE EUROPEAN UNION: AN UPDATED RISK REGISTER

Estelle Hitchon updated the Board on the Trust's engagement in the current Brexit process from an NHS Wales perspective.

In terms of Brexit risks pertinent to the Trust there were at this time, no additional risks that had not already been accounted for and no current risks that had been escalated.

Of note, what the Trust had gleaned from its learning during the pandemic had given rise to additional issues to consider for Brexit.

Comments:

In terms of stockpiling levels e.g. fuel, was the figure in line with other health boards and ambulance trusts? Estelle advised the amount was in line with other organisations.

RESOLVED: That the Board noted the work undertaken to re-assess and address any risks inherent in the ending on 31 December 2020 of the United Kingdom's "Brexit" transition period.

121/20 STRATEGIC EQUALITY OBJECTIVES (MID-YEAR REVIEW)

Claire Vaughan updated the Board on the activities since the approval of the refreshed set of strategic equality objectives.

Despite the disruption of the Pandemic, progress towards delivery of the objectives was being made in several areas including patient engagement.

Highlights from the report included:

1. Funding was now available to increase staff resource in the workforce team
2. The Diversity and Inclusion Steering group had now met on two occasions since Covid restrictions had eased with colleagues championing six broad areas – Race, LGBTQ+, Women, Disability, Age and Welsh Culture
3. The Reverse Mentoring scheme has now commenced with seven Directors participating in the pilot project which was due to finish in April. Once complete, it will be evaluated and reported to the People and Culture Committee; there has already been positive feedback on the scheme from participants
4. A proposal from the Patient Experience and Community Involvement team to develop the iN-Network which aimed to achieve inclusivity, innovation, influencing and involvement had been supported by management.
5. Jason Killens updated the Board on the Trust's involvement with the Association of Ambulance Chief Executives (AACE) in their commitment to stamp out racism

Comments

The Board welcomed the report, noting the challenges it presented adding it may be beneficial for the Trust's Chaplain to attend future Board meetings

RESOLVED: That the Board noted the report and supported promotion of the AACE promises to stamp out racism.

122/20 CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2019/20

Chris Turley explained that one of the roles of the Board was that as Trustees of the charity and as such would receive the accounts on an annual basis.

The draft Trust Charity Annual Report and Accounts were presented to the Charitable Funds Committee (CFC) on 3 September 2020. Since then, the Audit Wales (AW) team had undertaken an independent examination of the Annual Report and Accounts. There

were some aspects of the Annual Report that had been incorporated following feedback from AW

In terms of the accounts £28k had been received from income and donations with £53k being spent on a range of welfare items. Plans were in place to spend the residual balance along with any increases during the year

The Board recognised that the Charity's financial situation as a going concern should be confirmed by the Trustees; and should be made as a joint decision when approving the accounts.

Comments:

The Chair of the Charitable Funds Committee, Professor Kevin Davies added that it was an ambition, in terms of the scrutiny and due diligence of accounts, that they became part of a central accounting system, in line with other organisations.

RESOLVED: That

- (1) the Trust Board approved the Trust Charity Annual Report and Accounts for 2019/20 and that the Trustees confirmed their assessment of the Charity's financial situation as a going concern, prior to submission to the Charity Commission by the prescribed deadline of 31 January 2021; and**
- (2) a note of thanks was recorded for Jill Gill and her team in producing an excellent set of accounts.**

123/20 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon advised the Board of the following questions:

1. How clear was the Trust being on the availability of the 111 Non -Emergency phone service in North Wales, other than Covid related enquires? Rachel Marsh explained that the roll out of the service was on a health board basis, with Betsi Cadwaladr University Health Board being one of the last to go live. There was still further work to consider on the viability of an earlier roll out. Chris Turley added that part of the issue had been the requirement to test the robustness of the underlying technical equipment to support the system. Estelle Hitchon added that whilst the Trust was the provider of the 111 service, a Programme Board that supported the implementation would take the decision in terms of the full roll out of the service. Jason Killens commented that several stakeholders/organisations were involved in the delivery of the 111 service; the Trust being the principal front end call handling service and the providers of the initial clinical advice. The national implementation programme had representatives from health boards, GP's and other stakeholders. Although it was not in the gift of the Trust it was hopeful that the planned go live date could be brought forward.
2. Face coverings were clearly an issue for the deaf community; when was it likely for the Trust to start using clear masks? Claire Roche advised that a practical solution was being considered going forward.

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

124/20 PROCEDURAL MATTERS

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

Minutes

The minutes of the closed session of the meeting of the Board held on 17 August 2020, the open and closed sessions held on 1 October 2020 and the closed sessions held on 16 October and 11 November 2020

Action Log

The Trust Board Action Log was considered:

Action number: 32 Amber review - Within the narrative, list the actions that other organisations were responsible for and a separate list for the Trust's actions. To remain on log

Action number 39: Estelle Hitchon gave an update on the survey which had been conducted in respect of the attendance at virtual board meetings. Headline figures were, 64% knew that board meetings were held in public on a digital platform. The majority who had attended were interested in the future plans of the Trust. One of the suggestions from the survey was to consider holding meetings on different days/times. Discussions at meetings should be kept to a minimum and there should be more stories from the staff's perspective. Action Closed

Estelle Hitchon informed the Board that another survey would be conducted in the coming months.

Board and Committee Calendar – 2021/22

The 2021/22 calendar of Board and Committee meetings was attached for the Board's approval. Keith Cox advised that dates were submitted in advance and were in line with the previous year's dates. Going forward, as the open and closed sessions would in the future be on different days, a separate meeting for the closed would need to be considered and it was agreed this would be discussed outside of the Board

Use of the Trust Seal

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

- a. Building contract for Cardiff Make Ready Depot, between John Weavers (contractors) and WAST
- b. Licence for alterations relating to Unit B5, Porthmadog Business Park between Welsh Ministers and WAST

Chair's Action: Authority to settle a claim

A Chair's action dated 23 October 2020 gave authority to settle a damages claim commencing with a starting point of £618,023 raising to a maximum of £772,529. The Minutes of the meeting were attached for ratification.

RESOLVED: That

- (1) the minutes of the Trust Board meetings as described above were confirmed as a correct record subject to adding the declaration of interest in respect of Nathan Holman for the closed minutes and consideration was given to any matters arising, together with the actions set out in the action log;**
- (2) the 2021/22 calendar for Board and Committee meetings was approved;**
- (3) the use of the Trust seal as described was noted; and**
- (4) the Chair's Action as described above was ratified.**

123/20 COMMITTEE UPDATES

Updates to the accompanying SBARs were given on the People and Culture Committee and the Finance and Performance Committee

RESOLVED: That the updates were noted and received.

124/20 MINUTES OF COMMITTEES

The Minutes of the following Committees were presented for endorsement

1. People And Culture Committee held on 14 July 2020
2. Finance And Performance Committee held on 15 September 2020

RESOLVED: That the above meetings were received and endorsed.

125/20 ANY OTHER BUSINESS

The Chair advised Members that this was Pam Hall's, Non Executive Director, last Board meeting as she was stepping down at the end of December 2020.

On behalf of the Board he thanked Pam for her outstanding contribution and commitment to the Trust; not only as Chair of the Audit Committee but also her support on the numerous projects she was involved with over the past several years. The Board wished her well for the future.

Date of next meeting: 28 January 2021

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 26 November 2020

CURRENT ITEMS

No:	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status/Due date
32	87/19	21 Nov 2019 And 28 May 2020	IMTP 2019/20 Quarterly update	Amber review - Within the narrative, list the actions that other organisations were responsible for and a separate list for the Trust's actions.	Rachel Marsh	This will be included once normal reporting measures are re-established
39	116/20	26 November 2020	Patient Safety Highlight Report	Next report would include a section on the themes and trends for learning as a result of clinical incidents	Claire Roche	28 January 2021



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

Update from Finance & Performance Committee – 14th January 2021

MEETING	Trust Board Meeting
DATE	28 January 2021
EXECUTIVE	Executive Director of Finance
AUTHOR	Executive Director of Finance
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

To present to the Board a summary of the items discussed at the meeting of the Finance & Performance Committee held on 14th January 2021

KEY ISSUES/IMPLICATIONS

As agreed by the Committee at the end of the meeting on 14th January 2021, key highlights which Committee members wished to provide to the Board, and the wider organisation, following the discussions were as follows:

- A presentation was provided on the Trust's financial performance to Month 9 (December 2020) of the 2020/21 financial year. The Trust continues to head for a balanced financial position at year end and is maintaining a balanced run rate month on month. The main, albeit low, financial risk previously reported throughout the financial year has now been removed, with Welsh Government confirming funding for the unavoidable costs the Trust has had to incur as a result of the Covid-19 pandemic;
- A detailed review of the Trust's performance was undertaken by means of the Integrated Quality and Performance Report for November / December 2020. Some areas of concern were noted by members, including current Red performance, the lengths of wait in the community for an ambulance response, the levels of Serious Adverse Incidents and the Return of Spontaneous Circulation (ROSC) clinical indicator; however in many cases these were a consequence of the severe pressure the system and Trust has been under during this period, and the impact of other factors on the Trust's resources, including hospital handover delays. Good areas of performance were noted in 999 call answering performance, Hear and Treat levels and work continuing to be progressed in order to further increase available capacity;

- An update on delivery against deliverables within the IMTP approved by Trust Board in January 2020 was provided, with excellent progress demonstrated against a range of these, despite the obvious impact of the Covid-19 pandemic. On top of this it was also noted that in addition to the existing deliverables within the IMTP, further programmes of work had been introduced in year which included (but are not limited to): Mobile testing for Covid-19, continuation of the Operational Delivery Unit and delivery of a tactical seasonal plan. The one “red” deliverable currently off track, relating to further developments in terms of the Computer Aided Dispatch system was explored in more detail, where it was noted that the delay was more of a financial risk than a service delivery one, but that this would get back on track as soon as we were able. Committee members also sought assurances of delivery against a number currently rated “amber” deliverables. The plan for the upcoming planning round in terms of WG expectations for 2021/22 were also noted, including the Trust’s ambition to continue to present more of a three year plan, which the Committee will receive in March, ahead of formal sign off at the March Trust Board;
- The Committee also received the latest Operations Quarterly Report, covering items including updates in relation to Mobile Testing Units, Operational Delivery Unit recruitment, former CTL review and the upcoming report in terms of NEPTS Demand and Capacity;
- Some items of governance were also reviewed in some detail – this included:
 - Corporate Risks and sections of the Board Assurance Framework relevant to the Committee, and
 - An analysis of the current Internal Audit recommendations tracker for items relevant to the Committee; this included a “live” view of the current status of a number of items on the tracker, which were being reported as now overdue. Assurance was provided against a significant number of these in that they were either now due for formal closure ahead of the next Audit Committee, or robust mitigations were in place against the risks identified as part of the Internal Audit review in the first place.
- Finally, an update was received on the ongoing action plan agreed following a peer review of the 111 service undertaken during the summer of 2019. It is expected that all actions will be completed and a closure report, highlighting benefits from the delivery of these actions, will now be able to be presented to the next meeting of the Committee.

Date of next Committee meeting – 11 March 2021

RECOMMENDATION

1. **That the report from the Finance and Performance Committee meeting on 14 January 2021 be noted.**

REPORT APPROVAL ROUTE
N/A 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	YES
Environmental/Sustainability	NA	Legal Implications	NA
Estate	YES	Patient Safety/Safeguarding	YES
Ethical Matters	NA	Risks (Inc. Reputational)	YES
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	YES	TU Partner Consultation	NA



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AGENDA ITEM No	5.2b
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

Update from Quality, Patient Experience and Safety Committee (QuEST) - 1 December 2020

MEETING	Trust Board Meeting
DATE	28 January 2021
EXECUTIVE	Board Secretary
AUTHOR	Board Secretary
CONTACT	keith.Cox@wales.nhs.uk

EXECUTIVE SUMMARY

To present to the Board a summary of the items discussed at the meeting of the Quality, Patient Experience and Safety Committee (QuEST) held on 1 December 2020.

KEY ISSUES/IMPLICATIONS

Set out below for Board attention are the key issues discussed at the QuEST meeting of 1 December 2020.

Quality Strategy: The Assistant Director of Quality Governance provided a presentation. Highlights included:

- An overview of The Health and Social Care (Quality and Engagement) (Wales) Act 2020 is a key influence in the ambition and direction for the Strategy.
- The Quality Strategy will ensure compliance with the Duty of Quality, the Duty of Candour, and the Citizen's Voice.
- Duty of Quality: the Trust must consider how any changes have an effect on people and how changes will improve health services.
- Duty of Candour: when things go wrong the Trust will be obliged to find out why they happened and achieve this without the apportionment of blame.
- The Citizen's voice: this gives the public the ability for involvement in service developments and provide direction for improvement.
- Structure and Systems: this includes how to integrate quality management and how to empower staff further. There is a need to develop governance structures to improve the link between the Committee and frontline services.
- Quality Leadership and Culture: develop further a culture of patient and staff safety through awareness and education.

Demand Management Plan (DMP): The Director of Operations updated the Committee and advised on the occasions the DMP had been utilised. Further work was underway to assess the impact for patients and debrief some of the initial use of higher levels. It was expected that any learning would be incorporated into a revision of the plan. It was noted that a revised version of the Plan would be forthcoming.

Quarterly Quality Assurance Report: A redesigned report, including a smaller suite of high level quality metrics was presented. Attention was drawn to:

- Risks due to or relating to COVID are presented within the report. These are being managed internally, particularly in relation to Personal Protective Equipment (PPE).

- Two Notifications of Contravention have been received from the HSE with both issues addressed and lessons have been learned (one relating to prolonged PPE use in 2019, and one regarding a Sharps injury - the Sharps Policy formed part of Committee papers for approval).
- A new process has been introduced for Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR). Datix in relation to staff injury are being reviewed by the Health & Safety Team on a weekly basis.
- Hospital handover delays remain a concern and are being reported/escalated through Health Board Reports. This will be a focus area for the newly appointed Head of Quality Improvement.

Mental Health Development: The Head of Mental Health and Dementia updated the Committee that:

- Both the Mental Health Improvement Plan (MHIP) and Dementia Plan are due to conclude at the end of 2020. The MHIP and DP illustrate the challenges of meeting the needs of people with a mental health crisis and/or dementia the actions that will improve their outcomes and experience,
- A Mental Health Portal has been developed and accessed by the equivalent of 80% of the WAST workforce
- Six Mental Health E-learning Modules have been developed and over 800 users have completed at least one module to date
- Pathways are in place to improve the dementia journey
- Mental Health and dementia now has a consistent visibility both internally and externally
- Further work is required to understand how to identify people who have a dementia diagnosis early on in the initial 999 call. Further issues for consideration include the conveyance of service users who have been detained under the Mental Health Act.
- The Mental Health Practitioners Piloting scheme in the Clinical Support Desk during phase 1 of the pandemic (March - June 2020) has demonstrated considerable benefits including a 20% hear, treat and discharge rate and avoiding ambulances in 50% of psychiatric calls

Deep dive into ID223 & ID224 on the Corporate Risk Register: The Director of Operations provided a presentation in relation to the two risks which both currently score 25:

- Risk 223: Unable to attend to patients in the community who require See and Treat services
- Risk 224: Patients unable to access secondary care assessment and treatment (Patients being delayed on the back of ambulances outside Accident and Emergency)

The Committee's attention was drawn to the following points:

- The risks of delayed handovers which cause patient harm as a result of several issues including delay to definitive care and increased risk of developing a pressure sore injury. There was also a loss of dignity in some cases, with patients being confined to an ambulance for a long period of time. In addition, there would inevitably be patient and staff safety issues arising, which was negatively impacting quality and financial cost to the Trust.
- 9,000 lost hours during October 2020 due to hospital handover delays (the Trust are anticipating similar figures for November 2020).
- During November 2020, there were 29 declined requests for an immediate release from an Emergency Department (ED) to attend life threatening calls.
- On an all Wales basis, 981 patients waited more than an hour to access the ED.
- For the week commencing 23 November 2020, the average wait on an All Wales basis for an ambulance to access an ED was 1 hour 2 minutes. For the recently opened Grange University Hospital, this increased to 1 hour 40 minutes.
- Within the amber category, there were incidents of delays of over 24 hours to provide a response.

- There is correlation between increased handover delays and lost hours due to staff returning to base for a break.
- Two examples were provided to the Committee:
 - A 91 year old patient had fallen and was classed as a low acuity call. It was 32 hours before the patient accessed the ED (this included a 10 hour wait outside the ED in an ambulance)
 - A 61 year old patient who was reported as struggling to breathe waited for almost an hour outside the ED and went into cardiac arrest on the ambulance. Fortunately there was a positive outcome for the patient
- The views of staff who face these situations were shared with the Committee
- The Operational Delivery Unit (ODU) remains in place for 12 hours a day and provides a consistent dialogue with Health Boards to seek plans for a resolution.
- The ODU has utilised the Regional Escalation Protocol in order to divert ambulances away from and to other Health Board areas.

Following the presentation and the content of the discussion, Non-Executive Directors were concerned and determined to meet independently to take this forward.

RECOMMENDATION

1. That the report from the Quality, Patient Experience and Safety Committee (QuEst) meeting on 1 December 2020 be noted.

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



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AGENDA ITEM No	5.2c
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

Committee Report to Board Audit Committee

MEETING	Trust Board
DATE	28 th January 2021
EXECUTIVE	Keith Cox, Board Secretary
AUTHOR	Julie Boalch, Corporate Governance Manager
CONTACT DETAILS	Tel: 01633 626251 Julie.Boalch@wales.nhs.uk

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

REPORT PURPOSE	To provide an update the Board from the Audit Committee meeting held on 3 rd December 2020
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to the Board on the activities of the Committee. This paper, therefore, provides an update from the Audit Committee meeting held on the 3rd December 2020.

SUMMARY FROM AUDIT COMMITTEE

2. The Audit Committee, which meets quarterly, covered a range of topics. This included:

Committee Terms of Reference

3. The Audit Committee Terms of Reference (ToR) and operating arrangements were presented for annual review. Following discussion relating to Membership of the Committee, it was agreed that the ToR would be discussed at the Chairs Working Group meeting on the 5th January 2021 and then recirculated to Members for approval.

2020/21 Internal Audit Plan

4. The Deputy Head of Internal Audit provided an overview of 3 Internal Audit reports from the 2020/21 plan as follows:
 - Safeguarding Referral Process – Reasonable assurance
 - Short Term Sickness Absence Management – Reasonable assurance
 - Cardiff Make Ready Depot – Reasonable assurance
5. It was noted that the 2020/21 plan was on track and the Head of Internal Audit will be able to deliver an end of year opinion.
6. A discussion took place regarding the Trade Union Release Time Follow Up audit and it was agreed that this would be deferred to the 2021/22 audit plan; however, the Chair of Committee suggested the audit may form part of a wider review.

Audit Wales Reports

7. Members received the Audit Wales update report and were advised that the fieldwork for the Unscheduled Care Review will commence early 2021. Fflur Jones advised that the Annual Audit report received by Committee in draft was due be presented as a final report to Trust Board in January 2021.

Risk Management Board Assurance Framework (BAF)

8. A summary report of the Corporate Risk Register and activity during the previous quarter was presented to Members who acknowledged this was the same report presented to Trust Board in November 2021. In addition, Members received the BAF report for assurance.

Audit Recommendation Tracker

9. The Committee received a position statement in relation to the outstanding recommendations on the audit tracker and noted the management's approach to address the high and overdue priority recommendations. It was noted that the Assistant Director Leadership Team review the tracker on a regular basis and it was agreed that a return to 'live' presentation of recommendations would be undertaken going forward.

Losses and Special Payments

10. The total net Losses and Special Payments report was presented to Committee in line with Standing Orders. The report described the period 1st April 2020 to 31st October 2020 with payments that amounted to £0.100 million, after receipt of refunds for spend incurred via the Welsh Risk Pool.

Closed Session of Audit Committee

11. The Committee met under a closed session to discuss updates relating to the Counter Fraud Progress Report covering the period 1st September 2020 – 30th November 2020 alongside a tender update report and single tender waiver requests.
12. Full minutes from this Committee meeting will be presented to the Board in due course. The next meeting of the Audit Committee will be held on the 4th March 2021

RECOMMENDATION

13. That the report from the Audit Committee meeting on the 3rd December 2020 be noted.



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AGENDA ITEM No	5.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

MINUTES OF COMMITTEES

MEETING	TRUST BOARD
DATE	28 January 2021
PRESENTED BY	Trust Board Chairman
AUTHOR	Board Secretary
CONTACT DETAILS	Keith Cox, 01633 626221, Keith.Cox2@wales.nhs.uk

CORPORATE OBJECTIVE	N/A
CORPORATE RISK (Ref if appropriate)	N/A
QUALITY THEME	N/A
HEALTH & CARE STANDARD	N/A

REPORT PURPOSE	To formally receive the Minutes of Committees
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

MINUTES OF COMMITTEES

1. The Trust's Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance and following the review of structures undertaken by the Board in March 2015, the following bodies were established:

- Audit Committee
- Charitable Funds Committee
- *Finance and Resources Committee (Now disbanded)*
- Quality, Patient Experience and Safety Committee
- Remuneration Committee
- Welsh Ambulance Services Partnership Team

Following the disbandment of the Finance and Resources Committee in January 2019, two new Committees were formed:

- Finance and Performance Committee
- People and Culture Committee

2. The purpose of this report is to provide an update on the work of these bodies, the detail for which is listed below and appended are the relevant Minutes. The Board is asked to receive this report and to formally adopt the Minutes of the Committees. The Board are reminded that the Chairman at its meeting on 4 June 2015 proposed that only confirmed Minutes of Committees should be presented to the Board. This was formally accepted by the Board. As a result of this a number of actions and or recommendations outlined in the Minutes of these Committees have already been progressed.
3. The following Committee Minutes which have been approved by the relevant Committee are included in the supporting papers for adoption and noting by the Board:

AUDIT COMMITTEE

The Minutes of the Audit Committee meeting held on 17 September 2020 are attached. The Chair of the Committee, Martin Turner wishes to reassure the Board that:

- (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

4. QUALITY, PATIENT SAFETY AND EXPERIENCE COMMITTEE

The Minutes of the Quest Committee meeting held on 1 September 2020 are attached. The Chair of the Committee, Emrys Davies wishes to reassure the Board that:

- (iii) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

- (iv) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

5. FINANCE AND PERFORMANCE COMMITTEE

The Minutes of the Finance and Performance Committee meeting held on 19 November 2020 are attached. The Chair of the Committee, Emrys Davies wishes to reassure the Board that:

- (v) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (vi) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

6. PEOPLE AND CULTURE COMMITTEE

No meeting held since last Trust Board meeting

7. REMUNERATION COMMITTEE

The Minutes of the Remuneration Committee meeting held on 22 October 2020 are attached. The Chair of the Committee, Martin Woodford wishes to reassure the Board that:

- (vii) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (viii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

8. CHARITABLE FUNDS COMMITTEE

No meeting held since last Trust Board meeting.

RECOMMENDED: That the Board endorse the above minutes.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 17 SEPTEMBER 2020 VIA TEAMS

PRESENT :

Pam Hall	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director
Joga Singh	Non Executive Director
Martin Turner	Non Executive Director

IN ATTENDANCE :

Julie Boalch	Corporate Governance Manager
Judith Bryce	Assistant Director of Operations
Keith Cox	Board Secretary
Wendy Herbert	Assistant Director of Quality and Nursing
Helen Higgs	Head of Internal Audit NWSSP
Fflur Jones	Performance Audit Lead (Health), Audit Wales
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Steve Owen	Corporate Governance Officer
Paul Seppman	Trade Union Partner
Chris Turley	Director of Finance and Corporate Resources
Carl Window	Counter Fraud Manager

APOLOGIES:

Claire Roche	Director of Quality and Nursing
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19/20 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and advised that it was being audio recorded.

Declarations of Interest

The standing declaration of interest of Mr Emrys Davies as a former member of UNITE was recorded.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting held on 18 June 2020 were confirmed as a correct record.

Matters Arising

The following action was to be added to the action log: Counter fraud, presentation on the national benchmarking to be presented at a future meeting of the Audit Committee

Action Log

The Committee considered the action log:

Action Number: 52, Review of audits, item to be closed, on agenda

Action Number: 53, Identify external reports, item to be closed, on agenda

Action Number: 54, Losses and Special payments trends and themes, item to be closed, on agenda

Action Number: 56, Clarification on employment contracts, item being monitored through the People and Culture Committee, item to be closed. Update was provided by Paul Hollard

Action Number: 62, Risk register development guide. Update was provided by Wendy Herbert, further work to be conducted with an update at the next meeting

Action Number: 64, Case study on tenders, item presented at the last Finance and Performance Committee, to be closed

Action Number: 65, Counter Fraud annual report and plan – remain on the action log

RESOLVED: That

(1) the Minutes of the Audit Committee's open and closed sessions held on 18 June 2020 were confirmed as a correct record;

(2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded; and

(3) the actions referred to in the action log were considered and actioned as necessary.

20/20 INTERNAL AUDIT REPORTS

Helen Higgs presented the progress report as read, and drew the Committee's attention to the following areas:

1. Several audit reviews were in progress with three that had been finalised and were on the agenda
2. Follow up reviews were being finalised on various audits and would be presented at the next meeting, these were: Appropriately equipped paramedics, cleaning standards, vehicle hire and drivers' medicals

The following audits were presented to the Committee:

Governance Arrangements during the Covid-19 Pandemic – Advisory report

Osian Lloyd explained that this review had been requested by the All Wales Finance Directors Group to consider and assess the Trust's governance arrangements during the pandemic. On the whole this was a positive report

The review covered many areas which included:

1. Board and Committee meetings; these continued to operate with agendas being streamlined to focus on Covid -19
2. Scheme of reservation and delegation and decision making; no amendments were required. The command and control cell structure was in line with the Trust's pandemic plan. This structure allowed for the necessary decisions to be processed quickly. The Trust should review the way it records decisions and supporting justification / information in order to ensure that they be sufficiently logged and reported
3. Financial systems and processes: no amendments required to SFIs / FPCs. COVID-19-related expenditure has flowed through the existing cost centre hierarchy in the normal way and subsequently transferred to a single COVID-19 cost centre controlled by the Finance Manager. It was noted that the savings target for 2019/20 had been achieved
4. COVID-19 Expenditure: COVID-19-related expenditure and planned operational expenditure cost reductions have been reported via the monthly monitoring returns to Welsh Government. Additional funding yet to be agreed by the Welsh Government, representing a significant financial risk.
5. Budget and savings: COVID-19 expenditure was reported to the Finance and Performance Committee. Expenditure incurred in month 12 2019/20 was absorbed by the year-end pre-COVID-19 surplus. The savings target was achieved for 2019/20. The impact of COVID-19 on savings plans for 2020/21 was reported via the monthly monitoring returns
6. Risk management, this had been reviewed in the context of Covid-19. It was noted the regular reporting of risks to Committee's would be demonstrated through Committee Assurance Frameworks
7. Annual accounts and reporting were submitted in line with the required timelines
8. Workforce, re-deployment of staff to support in other areas and a call to arms had proved to be very successful. Variation to pre-employment checks. Cases noted where senior managers had received payment for both the % allowance and itemised overtime hours in June
9. Partnership arrangements; the Trust actively attended and was represented on several strategic coordinating groups. Additional support had been sourced from the MOD, fire service and other external agencies
10. Charitable Funds, it was noted that donations continued to be received
11. Information Governance, control measures had been implemented to mitigate the emerging risks

Helen Higgs added that Internal Audit were not asking for an official management response; the Trust were being asked to monitor the recommendations and lessons to be learned within it.

Comments:

12. Keith Cox welcomed the positive report appreciating there was still some learning to be done noting that the comments and recommendations were helpful. He added that the recommendations would be monitored and reviewed as part of the Trust's audit tracker
13. Chris Turley endorsed the comments made by Keith Cox adding that the lessons learned and the areas of improvements needed were to be implemented on a rapid basis going forward.
14. The Committee suggested that the recommendations within the report could be cross referenced with other recommendations on the tracker
15. It was noted that the draft report on the all Wales position would be published shortly and that the Trust would be able to benefit from any best practice learning

Environmental Sustainability – no assurance rating

Osian Lloyd explained that this review was undertaken to ensure that the Environmental Sustainability report within the Trust's annual report complied with WG's minimum reporting requirements

The observations and recommendations within the review were accepted and agreed by management

It was noted that one medium priority finding had been raised in relation to timescales in terms of completion of the report, this finding has since been closed.

Comments

16. Members welcomed the report and thanked those who had worked on it to achieve a positive outcome.
17. The Committee noted that the Environmental strategy would be presented to the Board on 1 October for approval

Annual Quality Statement – no assurance rating

Osian Lloyd explained that the review considered whether the Trust was compliant with the requirements of the AQS guidance as published by WG

It was noted that the final version of the AQS had been approved at a recent Quest meeting and that significant progress had been made this year

Comments

18. It was recognised that the collaborative work of the Quality Steering Group and the Assistant Directors Leadership Team had given rise to more consistent support throughout the process of collating information

19. Wendy Herbert reiterated the above comments adding that the coordination of the activity required to complete the report had been less challenging than in previous years

RESOLVED: That the updates and reviews were noted

21/20 EXTERNAL AUDIT REPORTS

Fflur Jones provided a general overview of Audit Wales' update report which highlighted:

1. Update on current work and the planned dates of completion for those areas which included the Charitable Funds financial statements
2. The Auditor General had received letter from Jason Killens, in his capacity as Chair of the Joint Emergency Services Group and as CEO of the Trust to consider deferring the review of Emergency Services
3. Unscheduled care review, work was progressing with the data analysis element of the work still being developed
4. Fflur Jones gave details of two virtual good practice exchange workshops that were taking place in the near future

Comments:

In terms of the scope of audits being underway, it was agreed that for accuracy purposes, the Charitable Funds be amended to read 'review'

1. Counter Fraud Effectiveness report

Fflur Jones explained that the Auditor General and the national report required NHS bodies to ensure their counter fraud arrangements met the required standards and criteria.

It was a positive report and the three proposals for improvement within it had been discussed and agreed with management; the Committee noted the management response.

Comments:

1. Carl Window gave assurance that the points had been acknowledged and were already included within the counter fraud plan
2. The Committee recognised the significant improvement in respect of the progress with counter fraud

3. Members urged the importance of developing counter fraud training for staff recognising the benefits of it going forward
4. In terms of the management response was the date of September 2020 realistic? Carl Window advised this was an ambitious target and would reconsider the timescales going forward

Structured Assessment

Fflur Jones advised that the structured assessment had been undertaken earlier this year, with a focus on the response to Covid-19.

There were three areas that were considered when compiling the report; Governance, financial governance and planning.

It was a positive report which highlighted how the Trust responded to the pandemic with promptness meeting the criteria in its existing pandemic plan and how it adjusted and adapted the plan to meet the demands of the pandemic.

There were good arrangements for overseeing the quality and safety of its services including changes made in response to Covid-19. There were ongoing improvement in terms of how the Trust managed risk. It was also noted that the Trust continued to meet its financial duty of break even. The latter being reliant on achieving a number of savings targets and receiving the additional income in respect of Covid-19

The report also recognised that there continued to be regular and effective internal communication with staff and had introduced new methods to support staff wellbeing

There had been no further specific recommendations as a result of the work carried out on the structured assessment this year.

The Committee thanked Fflur Jones for the comprehensive reports.

RESOLVED: That the updates were noted.

22/20 NEPTS FOLLOW UP REPORT

The report was presented to the Committee for information.

Comments:

1. The transfer of services in the Betsi Cadwaladr Health Board area had been significantly delayed and it was understood this may be partly due to where the responsibility sat within that health board. It was anticipated that with the new leadership this position would improve
2. The Committee welcomed the report, recognised the lessons to be learned from it, and were pleased to see the level of detail from the Trust's perspective

RESOLVED: That the report was noted.

23/20 BOARD ASSURANCE FRAMEWORK (BAF)

Keith Cox explained that due to the pandemic work the BAF had been paused and consequently there had had been no activity on it during the period 5 March to 30 July 2020

During this period, however, the Board regularly received the Corporate Risk Register, which was a key element of the Board Assurance Framework, at a time when reporting on progress towards meeting the strategic aims would have detracted from the reports on handling the emergency pandemic

The BAF had in the meantime been revised to reflect the new structure in terms of strategies and goals. The Committee noted that the BAF would be presented to the Board on 1 October. Going forward the new risks would be mapped out within the BAF

Comments:

1. In terms of the risk regarding patients being delayed on ambulances outside A and E departments it was queried as to where this should be managed in terms of governance? Members discussed in detail noting that it was originally on the risk register and brought up the following points:
 - a. It was a significant risk that spanned across a number of directorates. During Covid-19 hand over delays had not been an issue. However during the last two months this had not been sustained in some health board areas
 - b. It was suggested that the consequences of the delays be analysed in order to ascertain the underlying issues affecting both the patients and staff. Wendy Herbert informed the Committee that she had recently chaired a Serious Case Incident Forum in which two Serious Adverse Incidents had been transferred back to the health board concerned as the root cause was the handover delay. It was agreed to change the narrative of the risk to be rephrased as to what the actual risks were.

Members were keen to see further engagement with health board colleagues to acknowledge and address the issue of hospital handover delays. Judith Bryce explained that from an operational perspective there was daily dialogue with counterparts at all health boards to address the hand over delay. Members recognised that with the implementation of the 111 phone first initiative, some of the burden at A and E could be lessened

Following further detailed discussion, it was agreed that the Trust required more evidence and intelligence on individual cases to influence health boards going forward.

Wendy Herbert advised the Committee that several regulation 28, prevention of future deaths reports, had been issued to the Trust which explicitly stated that the patients could have potentially survived had they not been in the back of an ambulance outside A and E. This could be used as part of the evidence to influence health boards who also receive a copy of the report.

RESOLVED: That

- (1) the Audit Committee received and commented on the BAF report ahead of submission to Trust Board on 1 October 2020; and**
- (2) the Board be updated with the Committee's discussion in terms of the risk associated with hand over delays.**

24/20 AUDIT RECOMMENDATION TRACKERS

Julie Boalch advised the Committee that as a consequence of key staff being redeployed due to the CoVID-19 pandemic there was no activity in respect of the audit recommendation tracker during the period 5 March 2020 to 30 June 2020; however, a full and thorough review of each recommendation had been undertaken in preparation for the meeting and Members were provided with the following highlights:

1. There were a total of 129 current internal audit recommendations on the tracker; 60 being added as a result of 8 audit reports presented to the March Audit committee meeting.
2. There were four recommendations from the 2017/18 audit plan, 11 from the 2018/19 audit plan and the remainder, 114 from the 2019/20 audit plan
3. In terms of priority level of the 129, 29 were low, 60 were medium and 40 were high
4. In terms of the current status of the 129, 12 were overdue, 99 were not yet due (accepting that the extension of 6 months in line with the pandemic plan had been agreed) and 18 had been completed
5. There were additional tabs on the tracker which included the Health Inspectorate Wales report, overseen by Quest the Covid review and a new tab detailing other external reports

Comments:

1. In terms of the NEPTS recommendation from 2017/18, were the timescales realistic? Judith Bryce advised that the Finance and Performance Committee were monitoring this recommendation and it was noted that the timescales had been delayed to March 2021 which was more realistic
2. The Committee recognised it was important to maintain progress on the audit recommendations within the tracker and acknowledged the work undertaken by Julie Boalch to achieve this

RESOLVED: That

- (1) the contents of the report were noted; and**
- (2) the Trust's proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates were**

considered.

25/20 AUDIT RECOMMENDATION ANALYSIS

Pam Hall informed the Committee that this report was linked to a Committee action on the action log.

Julie Boalch presented the report advising the Committee that an analysis describing the comparative data from the 2017/18 and 2018/19 financial years of the completed recommendations had been undertaken

There were a total of 94 recommendations made in 2017/18 with 90 completed to date and 4 remained outstanding.

In 2018/19 there were 144 recommendations made in total with 133 completed to date and 11 remained outstanding.

The Committee noted that the realistic timeframes for completion provided at the time of the audit were in the most part observed.

Comments:

1. The Committee noted the extensive work undertaken to compile the report and noted significant improvement on addressing recommendations year on year
2. In terms of the high priority rated recommendations that were outstanding were they linked to the risk register? Julie Boalch explained that a section of the tracker contained details of whether recommendations were attributed to a risk register.

RESOLVED: That the Committee noted the contents of the report.

26/20 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 APRIL 2020 TO 31 AUGUST 2020

Chris Turley presented the report which detailed the Losses and Special Payments made during the five months from 1st April 2020 to 31st August 2020.

He reminded Members that as discussed at previous meetings, further details to support some of the key areas, themes and any trends and lessons learnt in such payments were planned to be brought to Committee, through a series of “deep dives”. This would be able to be jointly reviewed by Audit Committee members and those of the Quality, Patient Experience and Safety Committee,

The first such of these focussed on Road Traffic claims. It provides a much more detailed review of claims and resulting payments in this area, over a number of financial years and was therefore much wider than the transactional period routinely presented to the Audit Committee in terms of the actual payments made in the period since the last Committee meeting.

Wendy Herbert explained that as described by Chris Turley this first report looked at losses and special payments from the perspective of damage to property through Road

Traffic Incidents

Wendy Herbert further explained that the report considered high level themes and trends assuring the Committee that the Trust was learning from this and trying to implement positive changes going forward.

Comments:

1. Members welcomed the report noting this was now an opportunity to consider areas it could try and prevent, through driver training to reduce further accidents and also reduce costs
2. It may be prudent to link in with other agencies such as the highway authorities to consider what other lessons could be learned
3. The Committee suggested it would be useful that timescales for issues to be rectified be incorporated going forward
4. In terms of incidences by health board it would be helpful that future reports contained information that were proportionate by the number of vehicles/journeys
5. The Committee saw this as an opportunity to raise public awareness when in the presence of emergency vehicles and how to react when under those circumstances

Going forward, it was agreed that further deep dives would be provided on the following:

1. Personal injury as a result of a road traffic accident
2. Personal injury claims
3. Clinical negligence claims

RESOLVED: That

- (1) the losses and special payments report for the period; and**
- (2) the deep dive analysis on RTC's was noted.**

27/20 RISK MANAGEMENT REPORT

Wendy Herbert gave an overview of the report explaining that the register was transitioning to an electronic risk register.

In terms of the governance process, the Assistant Directors Leadership Team have ownership of the register and review it on a monthly basis. EMT approve the risks to be included on the Corporate Risk Register

Since the last Audit Committee meeting two risks had been deescalated and were either removed or were added to the relevant directorate register. Two risks were escalated to a higher score and three new risks had been added to the CRR. Members were given further details on each of those risks

Comments:

1. Chris Turley updated the Committee on the two new risks that had been added and advised that they had been discussed in detail at the last Finance and Performance Committee meeting. In terms of the Grange University Hospital Members noted that the solution in terms of the fleet funding had been agreed by Welsh Government
2. One of the new risks, 245, Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs. Has this been considered at the People and Culture Committee? Paul Hollard explained that due to the timing of the Committee it had not yet been discussed. Judith Bruce added that this risk would be monitored regularly and updated the Committee in terms of Covid testing for staff
3. Following a query in terms of progress on project risks generally, Wendy Herbert advised that ongoing work had been conducted by the business continuity and recovery cell specifically around projects. This item was to remain on the action log.

The Committee welcomed this method of reporting noting the ease of accessibility for Members to view the Corporate Risk Register

RESOLVED: That the Audit Committee notes the risk management activity since the Audit Committee in June and notes the changes to existing corporate risks and the inclusion of three new risks.

RESOLUTION TO MEET IN CLOSED SESSION

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

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk

Date of Next Meeting: 3 December 2020

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE CLOSED MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 17 SEPTEMBER 2020 VIA TEAMS

PRESENT :

Pam Hall	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director
Joga Singh	Non Executive Director
Martin Turner	Non Executive Director

IN ATTENDANCE:

Keith Cox	Board Secretary
Fflur Jones	Performance Audit Lead (Health), Audit Wales
Wendy Herbert	Assistant Director of Quality and Nursing
Ossian Lloyd	Internal Audit
Steve Owen	Corporate Governance Officer
Paul Seppman	Trade Union Partner (Part)
Chris Turley	Director of Finance and Corporate Resources
Carl Window	Counter Fraud Manager

APOLOGIES:

Lee Brooks	Director of Operations
Claire Roche	Director of Quality and Nursing

08/20 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and advised that it was being audio recorded. The standing declaration of interest in respect of Mr Emrys Davies being a retired member of UNITE was noted

RESOLVED: That the declaration of interest as described was recorded.

09/20 COUNTER FRAUD PROGRESS REPORT

Carl Window advised the Committee that the Counter Fraud Progress Report covered the period 1 June 2020 – 31 August 2020. He gave a summary of the work conducted to date by the Local Counter Fraud Specialist (LCFS) in accordance with Welsh Government directions.

Furthermore the report gave details of ongoing and future Counter Fraud work against the approved work plan, and aimed to inform the Committee of any relevant sanctions that may

have been applied as an outcome to investigations.

In terms of highlights, Carl provided the following and expanded in further detail:

1. Strategic Governance - Reference was made to The Audit Wales tackling fraud report and its contents
2. Inform and Involve – Education and awareness, 10 guidance bulletins had been issued covering several aspects of fraud. Several potential learning opportunities had been identified
3. Prevent and Deter – Eight fraud alerts had been received and actioned
4. Hold to Account – There were 24 ongoing cases. During the period two had been closed with five new referrals being received. In terms of the ongoing cases, Carl gave updates on several of them

Comments

Members welcomed the comprehensive report and noted the significant progress in tackling fraud

Following a query in terms of staff leaving the Trust and still having access to WAST premises, Carl advised there were effective measures in place to prevent access

RESOLVED: That the Counter Fraud progress report was acknowledged and accepted by the Committee.

10/20 TENDER UPDATE REPORT AND SINGLE TENDER WAIVE REQUESTS

Chris Turley provided an update on tenders issued and awarded during the period together with a summary of single tender waivers approved.

He added that activity during this time had been quieter than normal, with no tenders awarded and only one single tender waiver approved. The Committee was also asked to note that, during the period there were no other contract extensions.

In terms of the one single tender waiver, the Committee were provided with further information by Chris Turley.

Comments:

The Committee discussed the supporting documentation and how that could be accessed more readily going forward

RESOLVED: That members of the Committee were invited to comment on the information provided and noted the contents of the report: and

- (1) It was noted that three new tenders were issued during this period but that no tenders were awarded during this timeframe, and
- (2) It was noted that one request to waive SFIs were issued and accepted during

the period.

Date of next meeting: 3 December 2020

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 8 SEPTEMBER 2020 VIA TEAMS

PRESENT:

Emrys Davies	Non Executive Director and Chair
Bethan Evans	Non Executive Director
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE:

Hugh Bennett	Head of Planning and Performance
Lee Brooks	Director of Operations (Part)
Darryl Collins	Head of Patient Safety, Concerns and Learning
Cory L Davies	Patient Experience and Community Involvement Coordinator
Leanne Hawker	Head of Patient Experience and Community Involvement
Alison Kelly	Business and Quality Manager
Dr Brendan Lloyd	Medical Director
Fiona Maclean	Service User Experience Manager
Nicki Maher	Head of Health Informatics and Data Protection Officer (Part)
Nick Morgan	Trade Union Partner
Steve Owen	Corporate Governance Officer
Claire Roche	Director of Quality and Nursing
Jonathan Turnbull-Ross	Assistant Director of Quality Governance (Part)

OBSERVERS

Joseph Wilton	Health Inspectorate Wales
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29/20 PROCEDURAL MATTERS

The Chair welcomed everyone to the meeting with a special mention for Joseph Wilton from Health Inspectorate Wales and Jonathan Turnbull-Ross in his new position as the Assistant Director of Quality Governance. Attendees were advised that the meeting was being audio recorded. He referred the Committee to his standing declaration as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales.

Minutes

The Minutes of the Open meeting held on 12 May 2020 were confirmed as a correct record.

Action Log

Action Number 29: Clarity on number of failed attempts – Directory of Services - Claire Roche updated the Committee advising them it was part of a wider scheme of work, marked as completed

Action Number 31: IPR, EMT to consider how to improve the response to Concerns - Hugh Bennett provided an initial update, further update to be given at next Quest meeting

Action Number 32: Carers engagement and experience survey – Claire Roche advised this action had been completed

Action Number 33: Ethics Committee benchmarking exercise. Action closed. New Action added; Number 34; an implementation plan was to be raised to consider how ethics were considered at EMT, Committee and the Board.

RESOLVED: That

- (1) the Minutes of the Open meeting held on 12 May 2020 were confirmed as a correct record;**
- (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; and**
- (3) consideration was given to the Action Log as described above.**

30/20 PATIENT STORY

Fiona Maclean introduced the story which focused on the Trust's engagement with children and young persons (CYP) in the Community. The Patient Experience and Community Involvement (PECI) had developed a strong foundation and process for engaging with schools to educate about when and how to call 999, however the team wanted to ensure that this vital information was relayed to all children, including those who were home educated.

Following meetings/contact with two chairs of different home educated groups (Swansea & Barry) it was agreed that the team would meet the CYP on an informal basis and go along in uniform with equipment to meet the children, play with them and allow the children to become familiar with the Trust's uniform and equipment. One of the first children to approach the team was Matilda. Matilda was nine years old and was born with microcephaly, a condition which caused learning difficulties, seizures and problems with the heart. The Committee were shown a video in which Matilda and her mother gave their feedback and experience. Matilda's mother explained that the visit from the Trust had given Matilda more confidence when in a hospital environment making the appointments less stressful for her.

Following on from Matilda's story, Fiona explained that the Trust was due to launch its seven important checks information resource which was specifically aimed at children and would contain details of the ambulance equipment.

Fiona added that the team was linking in with other health boards to consider how it could share its engagement learning with children going forward.

The Committee thanked Fiona and her team for the story and the professional video noting that the latter was available through you tube.

RESOLVED: That the patient story was noted.

31/20 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT HIGHLIGHT REPORT

Leanne Hawker gave an overview of the report and drew the Committee's attention to the following:

1. All references to NHS Wales had now changed to NHS DW Wales
2. There had been a significant increase to website visits; mainly due to the demand with the Covid symptom checker
3. Contribution from the PEGI team had been exceptional during this period
4. Online engagement events had increased significantly, particularly with vulnerable groups. Feedback from these events had highlighted several concerns

Comments;

1. Claire Roche reiterated the comments made by Leanne in terms of the exceptional contribution from the PEGI team. She added that going forward the Trust should now embrace the digital technology and consider ways to work more effectively and differently
2. The Committee welcomed the carers survey which had been undertaken in August and were keen to see the feedback once available
3. How successful was the online disability learning event that was recently conducted? Leanne advised the Committee that the feedback from the attendees had been very positive and a complete success. Going forward, and due to exceptional demand, several other events would be held
4. In terms of the other online engagement events and the numbers attending, was it restricted to a particular forum or geographical area? Leanne explained that the events had and would continue to be varied both from a participants perspective and geographically
5. How was the Trust addressing the point where people were avoiding using the service due to Covid? The Committee were advised by Leanne that this issue was being discussed with WG; the Trust's Communications Team were liaising with WG and combining the positive message as part of the winter plan in protecting the NHS
6. How much work was the Trust doing with Public Health Wales in terms of conveying messages to the public and were the illustrations completed in house? In terms of the illustrations these were completed in house, Leanne added that the Trust had a good relationship with Public Health Wales; there was a communications plan in force which ensured the public were updated on a regular basis

The Committee recognised the significant work undertaken by the PEGI team under the current circumstances

RESOLVED: That the Committee noted and supported the actions being taken forward.

32/20 QUARTERLY QUALITY ASSURANCE REPORT

Jonathan Turnbull-Ross gave an overview of the report which was presented in a themed approach provided against key priority areas:

- a. Leadership and accountability
- b. Patient and community engagement
- c. Quality of Care
- d. Our people

Members attention was drawn to the following key areas:

1. Fit testing for masks had been a significant challenge; going forward, the Trust was considering other respirators which did not require fit testing
2. An Infection Prevention Control course was being developed specifically targeting the learning from Covid
3. Rapid ambulance sanitisation – this had led to a series of trials which were currently underway
4. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations reporting (RIDDOR); a new process had been developed in order to manage these occurrences more effectively
5. Working from home – a revised Display Screen Equipment module had been issued to staff to ensure their safety and to discover what their requirements were
6. Going forward the report would be more streamlined and contain more pertinent points regarding delivery; also he added that the quality strategy was being developed further

Comments:

1. In terms of safeguarding issues and the rise in violence and aggression against staff, was the trend continuing? Jonathan Turnbull-Ross advised that this information was actively being monitored and would be available for the next reporting period.
2. The Committee recognised the challenges particularly around responses, and were pleased to see the improvement and development with Infection Prevention Control
3. Consideration should be given in terms of communicating a more simplified version of the report to the Trust
4. In terms of quarter one report in respect of the 30 day average response to concerns it was noted that this figure should read 68%. Darryl Collins advised the Committee of further amendments to the report in terms of the two day acknowledgement

RESOLVED: That the Committee discussed the Report and levels of assurance provided ahead of onward reporting to Trust Board by the Chair.

33/20 MONTHLY INTEGRATED PERFORMANCE REPORT

Hugh Bennett gave an overview of the report which covered the July period and highlighted the following, where applicable August figures were given verbally:

1. Demand and capacity reviews on 111 and NHS D had given rise to an increase in call taker posts
2. 111 performance for the highest priority calls was above target and was an improvement from previous reporting periods
3. Hear and treat performance had achieved 9.3% against a target of 10.2%.
4. August demand was very high compared to previous years
5. Amber performance had decreased slightly from the previous year
6. The Red performance target was achieved in July, however in August it fell slightly below the target. Detailed work was ongoing to identify and monitor areas where there was variation
7. Conveyance of patients to A and E had slightly increased during July
8. The hand over delay of patients to A and E were consistent with last year which was very high
9. Staff sickness rates were at their lowest (5.5%) for three years
10. The response to Concerns within 30 days was at 76% and was above target
11. In terms of NEPTS, performance was generally moving in the right direction. In view of the social distancing measures in place, some critical modelling has been undertaken to cater for the potential increase in demand
12. Recruitment, this was continuing at pace to reduce any vacancy gaps

Hugh Bennet added that the system was gradually returning to normal albeit with Covid measures still in place. There were some underlying performance issues Hywel Dda and Powys health boards which the Trust was addressing through re-modelling based on the information received from Welsh Government.

A robust winter plan was being developed which would include an updated Resource Escalation Action Plan including a range of winter initiatives and exercise scenarios.

Furthermore the demand and capacity review programme was being reorganised in liaison with the Commissioner. In addition, a significant amount of work was being carried out linked to the estate strategic outline plan

Comments:

1. What was the probable cause of the spikes in conveying patients to hospital? Hugh Bennet agreed to investigate this area further
2. In terms of the downward trend in the completion of staff development reviews (PADR), was this likely to continue through the winter period? Paul Hollard agreed that the People and Culture Committee would review this issue going forward. Claire Roche added that during the pandemic the Trust recognised the completion of PADR's was a challenge
3. Was there any indication as to the impact of the imminent opening of the major trauma

network in South Wales on the Trust's resources and ability to respond in a timely manner? Dr Brendan Lloyd advised that at this stage it was unknown as to what the impact would be, however he anticipated it would be relatively minimal.

RESOLVED: That the report was noted and approved.

34/20 ANNUAL QUALITY STATEMENT

The Chair remained the Committee that the Board had delegated approval on behalf of the Trust Board.

Leanne Hawker informed the Committee that the Trust was required to publish an AQS that was written first and foremost for the public. Within the AQS, information should demonstrate to the public how it was delivering quality, safe, and effective patient centred services to the people of Wales.

Originally, Trusts were informed that the AQS should be published no later than 29 May 2020, in line with the annual accounting and reporting timetable. However as a consequence to the COVID-19 pandemic publishing dates were deferred to 30 September 2020.

Leanne was pleased to report that the cooperation from the nominated 'leads' from each Directorate in the provision of information and evidence was exceptional.

Comments:

The Committee welcomed the report and noted that the recommendations from Audit and Assurance services had been minimal which was a reflection on the excellent report. A note of thanks was recorded for Leanne and her team in the production of the report.

RESOLVED: That

- (1) QuEST Committee received and approved the Annual Quality Statement 2019/20 on behalf of the Trust Board; and**
- (2) A note of thanks was recorded for Leanne and her team and all the directorates involved**

35/20 INFORMATION GOVERNANCE (IG) ANNUAL REPORT

Nicki Maher presented the report to the Committee and drew their attention to the following areas:

1. The Information Governance structure had been strengthened with the recruitment of two Data Protection Compliance Manager appointments
2. 29 Data Protection Impact Assessments (DPIAs) have been completed under the General Data Protection Act
3. Three IG related policy and procedure documents had been progressed to publication
4. There was an 89.76% Mandatory Training compliance for IG modules across the Trust
5. The NHS Wales IG toolkit (C-PIP) performance had increased to 96.4%

6. An additional 27.81% subject access requests from the previous year had been handled and 100% compliance had been achieved within the 30 day target
7. Zero concerns had been raised with the Information Commissioner's Office (ICO)
8. There had been no Serious Adverse Incidents in relation to Information Governance.

Members were encouraged to see that the team had been strengthened and noted that the Trust was leading on the progression with office 365 roll out.

RESOLVED: That

- (1) the progress made in key areas outlined within this cover paper and within the IG Annual Report was received and noted; and**
- (2) the Information Governance Annual Report accompanying this cover paper to be tabled at a future Trust Board meeting was endorsed.**

36/20 HEALTH INSPECTORATE WALES (HIW) – UPDATE

Joseph Wilton updated the Committee by way of a PowerPoint presentation and highlighted the following areas:

1. Throughout 2019/20, the main issues were handover delays and community waiting times delays and waiting times
2. A review of the Clinical Contact Centres had been undertaken in February 2020 of which the findings would be published separately to the annual report; this was expected by the end of September
3. The review also considered how staff in the CCC's were resourced, trained and supported

Comments

1. Were HIW having similar discussions with health boards across Wales? Joseph advised this was the case and stated that they would be subjected to higher levels of scrutiny
2. In terms of the local review, was this being reconsidered by HIW? Joseph did not have the relevant information to hand and agreed for questions to be submitted to him by e mail for a more comprehensive answer

RESOLVED: That the update was noted

37/20 ROAD TRAFFIC COLLISIONS (RTC) – THEMES AND TRENDS

Claire Roche advised the Committee that this report focussed particularly on the financial implications as a result of RTC's and supplemented the losses and special payments report that was presented at Audit Committee

Future papers will address the other Claims areas that make up losses, namely:

1. Personal Injury relating to Road Traffic Incidents
2. Personal Injury Claims

3. Clinical Negligence Claims

There had been a total of 267 cases and table 2 and 3 of the paper illustrated the splits between function and Health Board area. The majority of incidents involved EMS vehicles (75%). The analysis had shown that the highest number of incidents occurred on a Wednesday; the reason for this was not yet known

Attention was drawn to the more higher value claims and how they were being defended and minimised

Going forward the Trust intended to implement more effective learning and build upon the work already in place by carrying out the following:

1. Adjusting Datix (data capture software) to capture the kind of data included within the attached paper.
2. Being active to ensure that data collection need was reflected in the Once for Wales system.
3. Explore the benefits to the Trust of specific case management software, in terms of savings.
4. Improved information for the public regarding how to contact the Trust and information regarding how it dealt with claims
5. Explore the possibility of offering car hire, to reduce losses, specifically in relation to credit car hire.

Comments

1. Do blue light partners have a similar pattern in terms of incidents and was there a correlation between the police and the Trust? Claire Roche agreed to consider this for future reports going forward.
2. How were these incidents reported back and factored into the driver training plans? Claire Roche advised that these incidents were reported to health and safety colleagues within the Trust in which a representative from driver training was in attendance
3. How does the Trust extract specific learning from the incidents? Lee Brooks agreed to take this into the next senior operations team meeting and this would provide Audit Committee with the relevant assurance

The Committee welcomed the report and would like to see future reports containing details of specific areas

RESOLVED: That the Committee noted and discussed the report.

38/20 OPERATIONS CURRENT/FORWARD LOOK

Lee Brooks presented the quarter one report as read and updated the Committee on current information as follows:

1. There has been an improvement with hand over times at hospitals, however this will be short-lived

2. Military support had now concluded; this had been well received by all those involved
3. The Trust was continuing to experience a heightened loss of ambulance availability
4. Operational Delivery Unit, the Trust has continued to provide staff into the unit but with reduced hours
5. Assistance from partners continues albeit scaled back – This included St John and the Fire Service
6. All the Local Pandemic Teams have now concluded and have been stood down. The Tactical Pandemic Team concluded at the end of August, and was replaced by the Business Continuity and Recovery Cell.
7. Work was continuing in terms of preparing for the opening of the Grange University Hospital and the Trust's commitment
8. Red performance month (September) to date was currently at 60%; this was being closely monitored

Members discussed in detail in terms of how the Trust could personalise the impact of hospital delays and include this detail in the narrative when reporting to the public and consider more from the patient's perspective.

The Chair added that it would be useful to know and understand the outcome of the patients who had endured the long delays which would assist the Trust in any learning

The Committee noted that the Trust Chair was discussing this subject with Chairs of other health boards

RESOLVED: That the update was noted.

39/20 POLICIES

Infection Prevention & Control Policy

The above policy was approved.

- (1) That the revisions made to the IPC Policy version 1.3 were accepted and approved; and**
- (2) That version 1.4 would be available for staff as the updated IPC Policy in line with the HSE recommendations.**

40/20 ANY OTHER BUSINESS

The Chair advised it was time for the Committee's annual review. Members and the core participants would be sent an e mail asking for comments on the following questions to be returned to Steve Owen by 30 September 2020

What is the effectiveness of the Committee?

What can be done better?

What can be done less?

Furthermore, the Chair announced that Bethan Evans had agreed to be Vice Chair of the Committee with immediate effect

RESOLVED: That

- (1) Members of the Committee respond to questions as above no later than 30 September 2020; and**
- (2) It was noted that Bethan Evans was formally appointed as Vice Chair of the Committee with immediate effect**

41/20 Key Messages for the Board

The Committee noted that the Chair would update the Board on the following points

1. Annual reports
2. Patient engagement
3. Work with Public Health Wales and re-branding of 111
4. Level of concern around patient safety with delays and a potential second spike of the pandemic

Date of Next meeting: 1 December 2020

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE CLOSED SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 8 SEPTEMBER 2020 VIA TEAMS

PRESENT:

Emrys Davies	Non Executive Director and Chair
Bethan Evans	Non Executive Director
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE:

Hugh Bennett	Head of Planning and Performance
Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Nick Morgan	Trade Union Partner
Steve Owen	Corporate Governance Officer
Claire Roche	Director of Quality and Nursing

OBSERVERS

Joseph Wilton	Health Inspectorate Wales
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01/20 PROCEDURAL MATTERS

The Chair welcomed everyone to the meeting and 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.

RESOLVED: That 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.

02/20 HEALTH INSPECTORATE WALES (HIW) – EMS CLINICAL CONTACT CENTRE PATIENT SAFETY REVIEW

Lee Brooks advised the Committee that the patient safety review was in relation to the EMS CCC. The principle objective of the review was to assess how patients were managed by the EMS Clinical Contact Centres (EMSCCC) encompassing the period from the time the call was received through to an operational response arriving with the patient.

The purpose of the report for the Committee was to summarise the key themes and findings of the report and provide the agreed action plan.

There were 27 recommendations in the report, 18 had actions against them which were predominantly for the EMSCCC but also included support / lead from other areas namely, Workforce and Organisational Development and Medical Directorate. In total there were 35 actions to be carried out in the action plan. Highlights included

- a. Improving information awareness for decision making and improved audit of processes.
- b. Public education campaigns on the use of the Ambulance Service
- c. Strengthening the delivery of EMSCCC training
- d. Actions to support the reduction of Hospital Handover Delays across the Trust and communicating the actions and discussions to staff

He assured the Committee that the action plan would be used to monitor progress, noting that most of the actions were forward looking. There were no concerns or issues in terms of risks at this stage.

Comments

Members asked that if the report was not ready by 1 October it would be helpful to understand HIW's intention to publish and alert the Trust once this was known. Joseph Wilton agreed to inform the Trust of an accurate estimate when it would be published. Members were informed by Joseph that the publication date was due on 30 September 2020.

RESOLVED: That

- (1) the Quality Patient Experience and Safety Committee (QUEST) received and noted the contents of the report and;**
- (2) the outcome action plan and include ongoing progress monitoring as part of audit action governance arrangements was noted and discussed.**

03/20 HSE NOTICE OF CONTRAVENTION

Claire Roche gave the Committee an explanation as to why the report was being reported in the closed session.

Two notices of contravention had been received from the HSE.

In terms of the first notice this was in relation to a late RIDDOR report. The member of staff involved had been in full PPE for a significant amount of time as a result of a hospital handover delay. The second notice was in relation to a needle stick injury sustained by a member of staff.

Claire Roche advised the Committee of the work carried out in relation to the two notices. This addressed the immediate actions and as a result a number of actions had been taken.

The Trust had since ensured that recent guidance received from the Chief Medical officer in relation to the wearing of PPE in hot weather has been communicated to staff

Claire Roche made reference to a letter which had been sent from the Chief Executive to other health board CEO's expressing concern regarding handover delays

The process for reporting RIDDOR had been revised since the incident to ensure they were reported in a more timely manner

Comments:

1. Were all the other policies in the particular risky areas up to date? Claire advised a review would be undertaken on policies to ensure they were up to date
2. Was there a way to recognise that the reporting of the RIDDOR was late? Claire Roche advised that RIDDOR reporting has since improved with a robust process now in place to recognise late reporting.
3. The Trust must continue to monitor the actions regarding Health and Safety issues going forward. Claire Roche gave an overview of the Health and Safety measures in place, which included the implementation of the Health and Safety cell as part of the pandemic plan. Going forward the Trust has recognised these contraventions have given rise to a driver for change in a positive manner.

RESOLVED: That the Quality, Experience and Safety Committee acknowledged the report

Date of Next meeting: 1 December 2020

UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 19 NOVEMBER 2020 VIA TEAMS

Chair: Martin Turner

PRESENT :

Martin Turner	Non Executive Director
Bethan Evans	Non Executive Director
Emrys Davies	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Corporate Governance Manager (Part)
Andy Haywood	Director of Digital Services
Nathan Holman	Trade Union Partner
Rachel Marsh	Director of Strategy Planning and Performance (Part)
Steve Owen	Corporate Governance Officer
Chris Turley	Director of Finance and Corporate Resources
Helen Watkins	Assistant Director of Workforce

APOLOGIES

Lee Brooks	Director of Operations
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44/20 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Mr Nathan Holman, Member of the Llannon Community Council was noted.

Minutes

The minutes of the open and closed sessions held on 15 September 2020 were considered by the Committee and agreed as a correct record.

Action Log

The Action log was considered:

Number 60: IMTP, A further update on final outcome of the prioritisation with progress against the priorities will be brought to the next Finance and Performance Committee meeting in November 2020. Rachel Marsh advised that details were in the report being considered at Committee. Item to be closed.

Number 61: MIPR, Report to be more refined with a deep dive on a subject to be decided offline with Rachel Marsh and the NED's. Item to remain on action log for next meeting, 14 January 2021.

Number 62: Operational Delivery Unit (ODU), Clarity was sought on the governance and formal reporting of the ODU. Rachel Marsh updated the Committee in terms of the governance process and it was agreed that the action would be reframed. Details of Governance procedure in terms of the ODU to be provided at the next meeting.

Terms of Reference

The Committee considered the current Terms of Reference (TOR) and provided comments for future review; following two minor amendments in terms of job titles that had changed since the last version, were recommended to the Board in January 2021 for approval.

Comments:

Chris Turley mentioned that for future iterations of TOR, there should be consideration of more detail in terms of Value based Healthcare and outcome measures. This will need some further discussion for future versions of this and did not affect the current TOR.

Martin Turner advised that offline discussions would take place with Committee members in terms of how to manage the planning and strategy component in the TOR, again, this did not affect the current TOR.

RESOLVED: That

- (1) the Minutes of the open and closed meeting held on 15 September 2020 were confirmed as a correct record;**
- (2) the declarations of interest as stated were noted; and**
- (3) the Committee Terms of Reference were approved subject to the minor changes as described.**

45/20 FINANCIAL PERFORMANCE AS AT MONTH 7 2020/21

The Committee was briefed by Chris Turley on the latest available financial performance as at month seven. He advised that the Trust was continuing to deliver a flat run rate with a break even position; which was based on the assumption that all Covid-19 costs would be covered from WG central funds.

In terms of the unavoidable Covid-19 related costs these would continue to be identified as a financial risk, albeit a low one, until funding was confirmed; which was expected soon. Welsh Government had recently confirmed in writing to the Trust that the assumptions being made in their reported year to date and forecast financial positions in relation to Covid-19 committed spend were sound.

Comments:

Members recognised the slight potential risk in terms of receiving the Covid-19 funding but were assured by Chris Turley's comments that the funding would be forthcoming and supported the presentation to the Board next week.

RESOLVED: That

- (1) the Month 7 revenue and capital financial position and performance of the Trust as at 31st October 2020 was noted; and**
- (2) the Month 6 and Month 7 Welsh Government monitoring return submissions included with Appendix 1 (as required by WG) were noted.**

46/20 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – September and October 2020

Rachel Marsh updated the Committee on the latest information in which the following key performance figures were noted which included; the number of calls to 111 had increased significantly; red performance was 60.8% in October, the Amber 95th percentile was just over four hours; in October 3,945 incidents (or 127 incidents per day) related to CoVID-19 (Card-36) demand, compared to 3,916 in Sep-20; there were 226 patient waits for an ambulance of 12 hours or over.

The Committee were advised on some of the actions being undertaken to improve red performance which included; increasing capacity and, reducing activity through hear and treat.

In terms of EMS 999 calls, there was a real improvement in the time that calls were being answered which was in recognition of the significant improvements being made in the call centre environment.

In terms of NEPTS, the Committee noted that utilisation levels had dropped as a result of not being able to carry as many patient to social distancing measures.

Rachel added that a key issue was the number of hours and capacity lost with ambulances waiting outside A and E which severely impacted on the Trust's ability to respond to patients in a timely manner.

The Committee considered in detail the impact of ambulance capacity being lost outside Emergency Departments and the overall service pressures; recognising that Executives were escalating the issue appropriately at the relevant levels across Wales, and in particular supported the approach of outlining and emphasising the impact on individual patients.

Members noted that the number of EMS hours produced had increased, however there still remained high staff abstraction levels included staff sickness. Rachel Marsh assured Members that mitigating actions were being taken to monitor this and to ensure that staff who were unable to undertake their normal roles were being utilised as effectively as possible elsewhere within the Trust.

Following a comment in terms of the 226 patients who had waited over 12 hours, Rachel Marsh agreed to reflect on this in more detail and to understand the impact they have had on the Trust; and to report back once information was collated.

In response to a question regarding attempted resuscitation following a cardiac arrest in terms of the Return of Spontaneous Circulation (ROSC) and why it was at its lowest figure for over two years, Rachel Marsh advised that this would possibly be best suited for discussion at the Quest Committee. Nathan Holman added that the pandemic had caused an effect on the Trust's ability to reach the patient in a timely manner, for example the added issue of staff donning the required personal protective equipment.

The Committee also recognised the efforts being made to increase and sustain the call handling answer times and also on responding to concerns in a timely manner.

Members noted that the Quest Committee would be discussing in further detail the impact of the hand over delays from their perspective.

Furthermore it was agreed that the issue of the overall service pressures in terms of this Committee's viewpoint would be reported at Trust Board.

RESOLVED: That the Committee considered the Trust's Sep/Oct-20 quality and performance report and the actions being taken.

47/20 UPDATE ON IMTP

Rachel Marsh presented the report as read adding that good progress was generally being made on the key deliverables. Key points noted were: Major Trauma Network has gone live. Grange University Hospital has now opened; EMS D&C Programme remains on track with funding now agreed for remaining posts in year 1; and the Estates and Fleet SOP have been updated.

Comments:

Following a question regarding the prioritisation of the Executives workload, Rachel Marsh commented that EMT focussed on the longer term deliverables whilst simultaneously delivering the tactical objectives; with a constant review on the right balance of these.

Was it the Trust's intention to bid for a shared mental health desk? Rachel Marsh advised there were ongoing discussions at EMT in this regard going forward.

Members discussed at which Committee the Dementia plan should be presented in detail and it was agreed it would be the Quest Committee; in terms of the process, F and P would continue to monitor

RESOLVED: That

- (1) the update provided on progress of the IMTP in 2020/21 to date was noted;**
- (2) the risks to delivery for the remainder of 2020/21 was noted; and**
- (3) any specific areas of the plan for further scrutiny at future Committee meetings would be highlighted going forward.**

48/20 OPERATIONS QUARTERLY REPORT (Q2)

In the absence of Lee Brooks, Chris Turley referred the Committee to the report which gave an update them on several Covid-19 related topics; response, plan and Mobile Testing Units. Also there was an update on CFR's in terms of their PPE training and compliance. Updates were also given on the 111 phone first and the NEPTs demand and capacity review.

Comments:

In terms of the response phase monitoring position, was the Trust comfortable with the position? Chris Turley provided assurance that the response phase position was reviewed

at least once a week at Executive Pandemic Team meetings, and this included a detailed review of the data, activity, demand impacts as a result of the pandemic, etc.

With regards to CFP PPE compliance, especially the 51% for SE, was there any progress? Chris Turley advised this would be referred to Lee Brooks to comment on and provide assurance to the Committee

RESOLVED: That the update was noted.

49/20 SPECIALIST OPERATIONS KEY PERFORMANCE INDICATORS

The report was presented to the Committee for information and noting.

RESOLVED: That

- (1) the information that was supplied to Welsh Government on a quarterly basis and that the Resilience Team were continuously looking at ways to improve the quality and subjective nature of the current reporting processes was noted; and**
- (2) the data comparison information and also the development areas relating to HART and SORT were noted.**

50/20 111 PEER REVIEW

The Committee were updated on the progress of the peer review action plan. It was noted that four actions had been completed since the last update.

It was agreed that it would be useful for the Committee to receive a presentation on benefits delivered at the point the plan is submitted for closure.

The Committee discussed the roll out of “core” 111 and how this could be accelerated for the rest of Wales. Chris Turley added there were ongoing discussions with the 111 Programme Director regarding this; in particular with regard to Betsi Cadwaladr University Health Board and Cardiff and Vale University Health Board

RESOLVED: That the update was noted

51/20 DISRUPTIVE EXCELLENCE - WAST DIGITAL STRATEGY

Andy Haywood provided the Committee with a power point presentation and drew their attention to the following key areas expanding on each one in more detail:

1. Who was the Digital Strategy for?
2. Principles of the strategy; Empower all users , ensure access for all, deliver sustainable change, and delivering value on an all Wales basis
3. How the Trust was going to drive change through digital technology
4. The existing vision of the strategy and what it must enable
5. Any digital change would operate within the five step models
6. The Different phases of delivering the digital transformation

Comments:

Following a question regarding the interoperability of the Trust's digital software with others in the health sector, Andy Haywood advised Members of ongoing pilots and schemes which would enable the ability to share compatible information.

Members recognised that the training of staff was absolute key to the success of the strategy going forward.

Following a detailed discussion on the benefits for staff and patients, the Committee recommended the strategy for approval to the Board. Furthermore, Members commented on and welcomed the easy to read layout.

Members highlighted the issue of 111 roll out across all Wales and how this would be running in parallel with NHS DW going forward. Andy Haywood commented that the Trust was considering the best solution prior to communicating to the general public.

The Committee recognised that not all digital users would be technically savvy; Andy Haywood gave examples in terms of how any issues would be addressed

In terms of the Welsh language translations Andy Haywood commented that there was a capability to simultaneously translate, for example in Teams, which was being further refined prior to roll out.

RESOLVED: That the Committee approved this Strategy for submission to Trust Board on 26 November 2020 for final approval.

52/20 FLEET AND ESTATES STRATEGIC OUTLINE PROGRAMME REFRESH

Chris Turley reminded the Committee that Strategic Outline Programmes (SOPs) were currently in place for both the fleet and estates requirements across the Trust. The Estates SOP outlined the vision for the Trust's estate development plans for a ten-year period commencing in 2017, requiring a capital investment estimated in the region of £90m.

The Fleet SOP detailed the vision for the Trust's fleet for a ten-year period commencing 2018, requiring a capital investment in the region of £152m. Both SOPs were approved at Trust Board and subsequently endorsed by Welsh Government (WG).

Whilst providing a 10 year vision, it was always the intention for such SOPs to be routinely updated. A refresh of the Fleet SOP was undertaken and completed in late 2018. Work on a refresh of the Estates SOP was undertaken in 2019 but not completed.

Chris Turley advised the Committee in terms of the work thus far in terms refreshing the SOPs. It was noted that there will no doubt be risks associated with full delivery of the SOPs due to availability of capital and resources, particularly for the Estates SOP.

The next steps were to review the status of delivery against the SOPs and incorporate the findings of the EMS Demand and Capacity review. Detailed refreshes of both SOPs were due to come through both Committee and Board in January 2021.

Comments:

The Committee noted the impact to the Trust of new cars and vans powered wholly by

petrol and diesel not being sold in the UK from 2030.

In terms of the environmental impact on the Trust's estate. Chris Turley assured the Committee this was being monitored and where applicable and feasible, was being addressed. The refreshed Estates SOP will provide further details.

RESOLVED: That

- (1) the content of the SBAR were noted;**
- (2) the work completed to date to consider the refresh exercises for both Fleet and Estates SOPs was noted; and**
- (3) the commitment to submit revised SOPs to the Finance and Performance Committee in January 2021 for endorsement, with a view to submit to Trust Board in the same month was noted.**

53/20 EMERGENCY OPERATIONS DEMAND MANAGEMENT POLICY

Julie Boalch provided the Committee with details of the due diligence process undertaken for the policy to reach its current stage.

Following a discussion regarding some aspects within the policy, it was approved by the Committee.

The Committee gave some thought in terms of including ethical considerations within SBARs and policies going forward. Julie Boalch agreed to discuss the further implications of this with the Board Secretary

RESOLVED: That the policy was approved.

54/20 COMMITTEE ASSURANCE REPORT

Julie Boalch introduced the report which jointly illustrated the Corporate Risk Register and sections of the Board Assurance Framework of those risks assigned to the Committee

The Committee noted that there were currently eight Corporate risks linked to the Committee, details of these were provided in more detail. Since the last update, one risk had been decreased in score and two new risks had been added to those relevant to the Committee.

Comments:

Following a query in terms of the risk that had been decreased (ID 88, availability of Digital Pens), Julie Boalch provided the Committee with the mitigations and actions by the Trust that had caused the reduction

Members sought clarity on the review of risks, Julie Boalch advised Members that the risks were reviewed on a regular basis and gave details of the process involved. Chris Turley added that the Executive Management Team reviewed the risks and risk scores on a frequent basis

RESOLVED: That

- (1) the contents of the report was discussed and noted; and**
- (2) any specific aspects or concerns that needed to be raised to EMT and / or Audit Committee on 3rd December 2020 were raised.**

55/20 INTERNAL AUDIT TRACKER

Julie Boalch presented the report as read and reported that 46 recommendations had been assigned to the Committee for oversight, 19 were overdue, 11 had been completed and 16 were not yet due. The Committee were given further details on the assurance process.

Comments:

Who determines which risks were assigned to the Committee? Chris Turley advised that, depending on the recommendations for each audit report, a Lead Director was nominated and following that a designated Officer would be nominated to deliver the particular action

How many of the 19 recommendations that were overdue had a high priority attached to them? Julie Boalch explained that for future reports details of this could be highlighted in the description. For the next meeting it was agreed that Julie Boalch would present the report on screen and provide further explanation if required.

RESOLVED: That

- (1) the contents of the report and following a “live” presentation of the tracker at the FPC meeting on 19th November was noted;**
- (2) the Trust’s proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates, specifically focussing on those relevant to FPC were considered;**
- (3) the recommendations relating to the 2019/20 Limited Assurance rated reports that are due to be followed up as part of this year’s plan were considered; and**
- (4) any specific items that the Committee wished to see raised at Audit Committee on 3rd December 2020 was agreed.**

Date of Next Meeting: 14 January 2021

UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (CLOSED SESSION) HELD ON 19 NOVEMBER 2020 VIA TEAMS

Chair: Martin Turner

PRESENT :

Martin Turner	Non Executive Director
Bethan Evans	Non Executive Director
Emrys Davies	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE:

Lee Brooks	Director of Operations
Nathan Holman	Trade Union Partner
Rachel Marsh	Director of Strategy Planning and Performance
Steve Owen	Corporate Governance Officer
Chris Turley	Director of Finance and Corporate Resources
Helen Watkins	Assistant Director of Workforce
Keith Williams	Head of Operational Communications Programme (Part)

53/20 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Mr Nathan Holman, Chair of the Llannon Community Council was noted.

RESOLVED: That the declarations as described above were noted.

54/20 NEPTS EXTERNAL TRANSPORT PROVIDER CONTRACTS NOVATED TO WAST

Lee Brooks briefed the Committee of a Single Tender Waiver procurement route for NEPTS external transport provider contract that had novated to the Trust as part of the National Transfer of Work Programme.

Members noted that the Executive Management Team (EMT) had considered the paper and approved the single tender waiver approach. The required papers would be signed by the Chief Executive accordingly.

Lee Brooks was confident that the timescales as described in the report in terms of re-tendering could be met.

RESOLVED: That

- (1) the Committee noted Chief Executive approval of the single tender waiver; and
- (2) depending on the status of other contracts at the time of novation, further single tender waivers may be required was noted.

55/20 TRANSFER OF NON-WAST NEPTS WORK TO WAST – POWYS TEACHING HEALTH BOARD

Lee Brooks advised the Committee that the purpose of the report was to provide an update and seek support/approval to transfer Non-WAST Non-Emergency Patient Transport Service (NEPTS) work from Powys Teaching Health Board to WAST. Following approval from the Committee, it was proposed the transfer of work from Powys THB to WAST would complete on 1 December 2020.

It should be borne in mind there were some actions currently in motion that required completion before the Powys THB call centre transfer of work took place, details of these were provided by Lee Brooks.

After a brief discussion the Committee approved the approach noting that it had been delegated the appropriate spending authority by the Board

RESOLVED: That the Committee approved the approach and content outlined within the report to proceed with the transfer of Non-WAST work from Powys THB to WAST.

56/20 MOBILE DATA VEHICLE SOLUTION (MDVS) OUTLINE BUSINESS CASE – ADDENDUM

Andy Haywood introduced the report in which he stated that the purpose was to secure support from the Committee for submitting an Outline Business Case Addendum to Welsh Government for the Emergency Services Mobile Communications Programme (ESMCP); ahead of the full business case

Keith Williams further updated the Committee on several key elements within the addendum which included:

1. ESMCP would deliver a replacement critical communications capability that would replace the current Airwave solution which is at the end of its technological life
2. It would also deliver an ecosystem of critical communications services with Public Safety Communications Services (PSCS) functions
3. This Addendum sets out a disaggregated procurement approach and illustrates the changes in the latest cost model to those used to inform the Outline Business Case submitted to Welsh Government in March 2018 with a total projected programme lifetime cost of £32.3M (excluding VAT and Deprecation) which was an increase of £11.7M

Comments:

In terms of coverage would this resolve the issue in the Powys area for example? Keith Williams explained that coverage extenders were being situated to address the issue in rural areas.

Andy Haywood added that the scheme was funded directly by Welsh Government and in essence was an early warning for WG in order for them to have the funding in place.

Was there a life expectancy issue with the kit that was being purchased? Andy Haywood advised that the replacement schedule was planned within the business case.

Was the equipment transportable? Keith Williams explained that it could be removed from the vehicle for maintenance etc.

Chris Turley confirmed to the Committee, as assumed for all aspects of the UK wide ESMCP programme, that the plan was for funding to flow from the Home Office through to Welsh Government to enable funding to be made available to the Trust for this, with no unfunded additional costs to the Trust.

RESOLVED:

- (1) the disaggregated approach and assumptions highlighted within this addendum as mitigation to ESMCP delays were noted.**
- (2) formal submission of the MDVS Addendum to Welsh Government as an indication of a future investment was supported.**
- (3) the Addendum makes no assumption of budget availability other than to identify costs as described within the report was noted; and**
- (4) the Operational Communications Programme Team will commence writing a Full Business Case in order to develop the detailed investment in this financial year was noted.**

57/20

DETAILED UPDATE ON 2020/21 CAPITAL PROGRAMME

Chris Turley updated the Committee on the Trust's 2020/21 capital programme, including proposals for updating the prioritisation of discretionary capital spend to the end of the financial year.

The update included work which had been progressed since the June Trust Board meeting where revised proposals in relation to the 2020/21 discretionary capital programme were approved. An update was also given in relation to the All Wales Capital Programme schemes funded separately to the Trust by Welsh Government.

The Trust's discretionary capital funding allocation from Welsh Government for 2020/21 was in the region of just over £6m, and this included a small element of funding brought forward by WG due to slippage towards the end of 2019/20 as a result of COVID-19.

The Trust was now in a position to further update its 2020/21 discretionary capital programme, and commit further spending in this financial year up to c£1.3m. Several schemes which as at June 2020 were not able to be afforded were now being able to be progressed

The Committee recognised there was a requirement to ensure that all schemes prioritised were able to be progressed for delivery quickly, and in line with the strategic priorities of the organisation. Christ Turley made reference to a table in the report which set out the proposed re-prioritised remaining discretionary capital programme for 2020/21, for consideration/endorsement by Finance and Performance Committee and final approval, if required by November Trust Board.

RESOLVED:

- (1) the content of the SBAR was noted;**
- (2) the updated position against the previously approved 2020/21 discretionary capital programme was noted;**
- (3) the proposed updated programme set against the remaining funding available was considered and endorsed;**
- (4) the updated 2020/21 discretionary capital programme proposals for approval by Trust Board in November 2020, noting that this would approve the spend for all included schemes with the exception of the GUH estates solution, which would be subject to a separate business case in due course was recommended; and**
- (5) the update in relation to the all Wales Capital programme funded schemes was noted.**

58/20 INTERIM FLEET 2021/22 UPDATED INTERIM BUSINESS JUSTIFICATION CASE

Chris Turley outlined the content of the report which was to update the Committee on the vehicle replacements proposed for 2021/22

WG recently requested that the Trust urgently reviewed and advised of its potential initial requirements for 2021/22 so that it could be considered earlier than usual, and hopefully prioritised for 2021/22 All Wales Capital Programme funding.

This advanced approval would significantly reduce the risk of the Trust not receiving any specific capital funding for the fleet replacement programme again in the next financial year, and for which WG have indicated that potentially £10.5m capital could be available to the Trust for vehicle replacements in 2021/22.

Members were reminded that the preferred way forward as detailed in the current WG endorsed SOP was to replace all vehicles at the end of their asset life, during that financial year and smooth the overall age profile of the Trust's fleet.

The Committee were content to recommend approval for submission to the Board subject to clarity in terms of, dependent upon the exact funding received from Welsh Government, a reprioritisation might be required

RESOLVED: That

- (1) the status of the vehicle replacement programme for 2020/21 was noted;**
- (2) the expedited work undertaken to review the vehicle requirements for 2021/22**

which may assist in obtaining advanced approval of AWCP funding in 2021/22 was noted;

- (3) the resulting updated interim fleet replacement BJC for submission to Trust Board and recommending it approval and subsequent submission to WG was endorsed (*Noting that the Trust Board had already approved the initial 2020/21 BJC*)
- (4) the work is ongoing to refresh the Fleet SOP where further consideration will be given to the impact of the D&C Reviews was noted; and
- (5) authority was delegated for the Fleet SOP Delivery Group to prioritise the vehicles within the resulting resource envelope, depending on the funding received from WG and reported back to Committee.

Date of Next Meeting: 14 January 2021

**MINUTES OF THE CLOSED SESSION OF
REMUNERATION COMMITTEE HELD ON 22 OCTOBER 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

20/20 Welcome, Apologies for Absence and Declarations of Interest

- 20.01 **MW** welcomed everyone to the meeting. There were no apologies for absence.
- 20.02 The declaration of interest in respect of Nathan Holman as Chair of Llannon Community Council was noted.

21/20 Minutes, Action Log and Matters Arising

- 21.01 The Minutes of the Remuneration Committee meeting held on 11 August 2020 were confirmed as a correct record subject to the settlement value of c£184k being stated in Minute 16/20.
- 21.02 With regards to Minute 16/20, **CV** informed Members that Welsh Government support for the exit settlement for the former Executive Director of the Trust, as set out in the papers to the Committee on 11 August 2020, had been received and the employee had left the Trust.
- 21.03 Following a question from **PH** with regards to Minute 16/20, **CV** was requested to bring to the next Remuneration Committee meeting, details of Trust senior staff (those who fall within the remit of the Committee) who are currently on secondment from the organisation, highlighting where relevant, any associated risks to the Trust.
- 21.03 The Remuneration Committee Action Log was reviewed. The action concerning Minute 14.01 was agreed as completed. Further information was requested from **KC** with regards to the annual plan of business (Minute 14.03) and it was agreed to retain this as an open Action Log item.

22/20 PADR Assurance Report

- 22.01 **JK** explained that this year the annual timetable for the Executive Management Team objective setting and the performance appraisal cycle had been interrupted as a consequence of the Covid-19 pandemic. **JK** informed Members that many business processes were suspended during the pandemic, and that this had included the regular Executive Team one to one meetings, the outturn 2019/20 PADR meetings and objective setting for 2020/21. Members noted however, that while the performance management meetings were necessarily suspended, the Executive Management Team had met at least twice a week since March 2020 to make important organisational and pandemic decisions, and that other meetings between the Chief Executive and individual Executive Directors had also taken place to plan, discuss and resolve business issues.
- 22.02 **JK** explained that in step with the Trust moving through the pandemic phases, regular one to one meetings with Executive Team members recommenced in May 2020 and that during these meetings the Executive Team's objectives outturn position for 2019/20 were agreed and closed. **JK** reported that he was satisfied that all Executive Directors had exceeded the minimum requirements for their role.
- 22.03 **JK** reported that he had met with **MW** on 13 July 2020 to discuss and agree the successful completion of Chief Executive's 2019/20 objectives and that they had also met on 18 September 2020 to agree 2020/21 objectives. Both documents were shared and discussed with the Committee. With regards to the completion of the 2020/21 objectives, **MW** added that he had provided written feedback to **JK** on his performance and that this would be shared with Non-Executive Directors.
- 22.04 **JK** informed Members that meetings have been arranged between himself and the Executive team to finalise individual objectives for 2020/21.
- 22.05 Members welcomed the report and unanimously stated their support and appreciation to the Chief Executive and the Executive Directors for delivering a high quality service in a period of exceptional uncertainty.

RESOLVED: Remuneration Committee NOTED that:

- 1. The pandemic response had delayed the Executive Director's performance appraisal cycle for 2019/20 and objective setting for 2020/21.**
- 2. The Executive Directors' objective outcomes for 2019/20 had been approved.**
- 3. The Chief Executive was satisfied that all Executive Directors had exceeded the minimum requirements for their role.**
- 4. The Chairman had agreed the outturn position for the Chief Executive's objectives for 2019/20 and objectives for 2020/21.**

23/20 Executive Team Salaries – Benchmark Review

- 23.01 **CV** reminded Members that the Remuneration Committee was responsible for providing advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government. In support of this duty, **CV** introduced a report that confirmed the salary details for each member of the Executive Management Team, when each of the posts were last evaluated under the Welsh Government's Job Evaluation for Senior Posts (JESP) scheme, and illustrated how the Trust's salaries compared to those paid by other NHS Wales organisations.
- 23.02 Members welcomed the report as a preliminary introduction to the subject of benchmarking senior staff salary levels but agreed that further information was needed on how the Trust compares not only with NHS Wales organisations but also with other UK Ambulance Services and other providers of services that fall within the remit of the Trust (e.g. NHSDW, 111). **CV** agreed to bring an updated benchmarking report to the next scheduled meeting of the Committee (8 December 2020)

RESOLVED: That

- 1. the current salary and pay banding for each of the Executive Management Team members and the position across NHS Wales was CONSIDERED and NOTED.**

24/20 Voluntary Early Release Severance (VERS) Application

- 24.01 **CV** explained that a request for Voluntary Severance, utilising the framework of the Voluntary Early Release Scheme (VERS), had been received from [REDACTED]. The voluntary request was supported by **CV** as the Executive Director of Workforce and Organisational Development, and by the Executive Director of Finance and Corporate Services. **CV** explained that as the cost of the application was less than £50k, this matter did not require Welsh Government approval.
- 24.02 Members questioned how the VERS costs presented in the report compared with those that would be incurred through compulsory redundancy and concurred that a decision on the application could not be made until this information was available. **CV** agreed to obtain the compulsory redundancy costs and to share these with Members. Members agreed that subject to the VERS costs being less than the compulsory redundancy costs (this to include associated management time costs) that the application from [REDACTED] was supported. Members additionally agreed that the application would need to be returned to the Committee if the VERS value for money case could not be proved.
- 24.03 Alongside consideration of the application of [REDACTED], the Committee questioned the level of knowledge of the VERS scheme across the Trust. **CV** agreed to review how the scheme is shared to staff through the Trust's intranet site and to update as required.

RESOLVED: That

- 1. subject to value for money being confirmed, the offer of a voluntary settlement, under the framework of VER, for [REDACTED] was SUPPORTED, based on a termination date of 30 November 2020.**
- 2. the agreed payments under a VER scheme were classed as 'ex gratia' payments and therefore must be managed in accordance with the losses and special payments procedure detailed in the Welsh Office Health Department document, Manual of Guidance (Wales), produced in December 1998, was NOTED**

25/20 Any Other Business

25.01 There were no other items of business

26/20 Date of Next Meeting

26.01 The next scheduled meeting of the Remuneration Committee was confirmed as 8 December 2020.