Bundle Trust Board (Open Session) 28 May 2020

1 PROCEDURAL BUSINESS

1.1 09:30 - Welcome and Apologies for Absence

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

1.2 09:33 - Declarations of Interest

Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.
*The board noted the standing declarations of interest in respect of: **(If in attendance)***

Mr Emrys Davies, Retired Member of UNITE
Professor Kevin Davies, Trustee of St John Wales
Nathan Holman, Chair of the Llannon Community Council
Chantal Patel as a Member of Swansea Bay University Health Board and Chair of Swansea Bay University Health Board Clinical Ethics Committee.

1.3 09:35 - Chairman Introduction and Update

To receive an update from the Trust Board Chairman - Verbal

1.4 09:50 - Chief Executive Update

To receive an update from the Chief Executive - Verbal

1.5 10:10 - Procedural Matters

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

ITEM 1.5 Procedural Matters.docx

ITEM 1.5a Trust Board Minutes Closed 30 April 2020.pdf

ITEM 1.5ai Trust Board CLOSED Minutes 18 MAY 2020.docx

ITEM 1.5b Action Log.pdf

1.6 10:20 - Discharging Board And Committee Responsibilities during COVID - 19

To note how board and committee responsibilities have been discharged by the Trust during the Covid-19 pandemic response phase

ITEM 1.6 Covid-19 Board and Committee responsibilities(002).docx

ITEM 1.6a C3 Structure.docx

ITEM 1.6b 2020-21 Board and Committee Calendar.docx

ITEM 1.6c Guidance Note.docx

1.7 10:30 - Patient/Staff Story

Presenter: Stephen Clarke

2 STRATEGIC AND FORWARD LOOK BUSINESS

2.1 10:50 - Strategic Equality Objectives, Annual Report and Gender Pay Gap Reporting (CV)

For noting and approving

ITEM 2.1 SBAR for Equality Docs for Board May 2020.pdf

ITEM 2.1a Treating People Fairly Strategic Equality Objectives 2020 to 2024.pdf

ITEM 2.1b TPF Annual Report for 2019-20.pdf

ITEM 2.1c WAST Equality Report 2018-19 for Publishing.ods

ITEM 2.1d WAST Equality report 2019 -2020 for publishing W.ods

ITEM 2.1e Gender Pay Gap Report for snapshot data 310319 for Board May 2020.pdf

3 PERFORMANCE, GOVERNANCE AND ASSURANCE

3.1 11:10 - Planning and Performance update (RM)

*a. **2020/21 IMTP Progress Report***
To note the progress on delivery of the IMTP in light of the COVID-19 Pandemic Response

b. Monthly Integrated Quality and Performance Report - April 2020
To note and discuss the Trust's performance and improvement actions

ITEM 3.1a SBAR IMTP 202021 Q1 progress DRAFT v0.3 RM.docx

ITEM 3.1b SBAR IPR April 2020 rm.docx

ITEM 3.1bi Annex 1 - MIQPR Headline Report April 2020 rm.pptx

3.1.1 11:30 - Break

3.2 11:45 - Financial Performance (CT)

To provide the Board with an update on the financial performance of the Trust for Month 1 of the 2020/21 Financial year.

ITEM 3.2 Finance Report M01 2021 - TB 28 May 2020.docx

3.3 12:05 - Corporate Risk Register Extraordinary Quarterly Report, Quarter , 2019/20 and part Q1 2020/21 (COVID-19) (CR)

To receive and note

ITEM 3.3 SBAR Corporate Risk Register Quarterly Report Quarter 4 2019-20 (covid-19) TB.docx

ITEM 3.3a CRR Q4 19-20 (covid) TB.docx

3.4 12:25 - Covid-19 Quality Governance Special Report (CR)

For endorsement

ITEM 3.4 SBAR - COVID 19 Quality Governance Special Report TB.docx

ITEM 3.4a COVID 19 Quality Governance Special Report (Annex 1) (004).docx

4 CONSENT ITEMS

4.1 12:45 - Update from Committees

To receive any updates from Committees

ITEM 4.1a QuESt Brief for Board.docx

4.2 12:55 - Minutes of Committees

** Quality, Patient Safety and Experience Committee meeting held on 25 February 2020*
** Finance and Performance Committee meeting held on 18 March 2020*
** Remuneration Committee meeting held on 27 June 2019, 8 August 2019, 17 December 2019, 7 February 2020 and 31 March 2020*

ITEM 4.2 Minutes of Committees.docx

ITEM 4.2a QUEST OPEN MINUTES 25 February 2020.doc

ITEM 4.2b OPEN F and P Minutes 18 March 2020(i) (1).doc

ITEM 4.2c CLOSED F and P Minutes 18 March 2020(i) (2).doc

ITEM 4.2d 27 June Minutes of the Remuneration Committee.docx

ITEM 4.2e 8 August Minutes of the Remuneration Committee.docx

ITEM 4.2f 17 December Minutes of the Remuneration Committee.docx

ITEM 4.2g 7 February 2020 Minutes of the Remuneration Committee.docx

ITEM 4.2h 31 March 2020 Minutes of the Remuneration Committee.docx

4.2.1 EASC Minutes

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

5 13:00 - ANY OTHER BUSINESS

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

6 DATE OF NEXT MEETING

The next meeting of Trust Board will be on 25 June 2020

AGENDA ITEM No	**1.5**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

PROCEDURAL MATTERS

MEETING	**Trust Board**
DATE	**28 May 2020**
EXECUTIVE	**Board Secretary**
AUTHOR	**Corporate Governance Officer**
CONTACT DETAILS	**Steve Owen, 01745 532994, steven.owen2@wales.nhs.uk**

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

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

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

Minutes

1 To confirm as a correct record the minutes of closed session of the meetings of the Board held on 30 April 2020 and 18 May 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.

RECOMMENDED: That the minutes of the meeting of closed session of the Board held on 30 April 2020 and 18 May 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.

UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 30 APRIL 2020
Meeting Conducted using Skype

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Pam Hall	Non Executive Director
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Planning and Performance
Chantal Patel	University Representative
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

Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer

APOLOGIES

Damon Turner	Trade Union Partner

DRAFT

42/20 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and advised that it was a closed session of the Board and was being conducted through the medium of Skype.

Apologies were recorded from Damon Turner.

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, Nathan Holman, Chair of Llannon Community Council and Chantal Patel, member of Swansea University.

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

43/20 CHAIR INTRODUCTION AND UPDATE

The Chair noted and asked the Board to reflect on the sad passing of Geralllt Davies who had given over 25 years' exemplary service to the Trust. Furthermore, the Board reflected on colleagues currently in hospital and gave thought to their families; also noting the current difficulties and challenges being faced by Trust personnel. The Board acknowledged and recognised the efforts of all Trust staff during this difficult time.

The Chair referred to restart plans, commenting it was time to consider the recovery phase. There would be inherent challenges to these emerging plans; however as yet there was still some uncertainty at present. The Trust would also need to take into account the IMTP and consider which areas within it that could be restarted. Caution should be applied when considering this noting the challenges currently being faced by staff.

Jason Killens endorsed the Chair's comments acknowledging the extraordinary work being carried out during these unprecedented times. He added that Andrew Goodall had expressed his recognition of the efforts being undertaken by the Trust adding that it was being held in great esteem. The Trust should now take time to pause, recoup, reflect and re-focus on the next phase going forward.

The Board formally recognised and acknowledged the significant work and leadership displayed by the Chief Executive and his team.

RESOLVED: That the update was noted.

44/20 PROCEDURAL MATTERS

Minutes

The Minutes of the closed session of the Trust Board held on 26 March 2020 were confirmed as a correct record.

Use of the Trust seal

The Trust seal was used as noted; 0212 – Refurbishment of Bangor workshop was noted.

Chair's Actions

The following Chair's actions were presented for ratification:

02/2020: the procurement of NEPTS support for COVID-19 Surge Sites

03/2020: the financial spend in relation to the additional staffing schemes

04/2020: the sourcing of additional staff to meet demand within core services

05/2020: the procurement of additional Non Emergency Patient Transport Services (NEPTS) support from St John Ambulance to support discharge and transfer activity

Members discussed the above Chair's actions in further detail and were reassured by Keith Cox that detailed and robust record keeping of all the actions were maintained and clearly identified how all the decisions were made. In terms of the Minutes of the Chair's action for 7 April 2020, Keith Cox agreed to ensure that the list of attendees was accurate.

In terms of the procurement of NEPTS support for COVID-19 Surge Sites, Chris Turley gave further details regarding the decision making process.

RESOLVED: That

(1) the minutes of the meeting of the closed session of the Board held on 26 March 2020 were confirmed as a correct record;

(2) the use of the Trust Seal as described was noted; and

(3) the Chair's Actions as described were ratified.

45/20 UPDATE ON CURRENT SITUATION

Jason Killens provided the Board with an overview in which members were reminded of the timelines and actions as follows:

1. 4 February – a table top exercise to test the existing pandemic planning/resources was held. Following that a number of informal discussions ensued

2. 4 March – The pandemic response plan was formally triggered and the Command and Control structure was established

3. Subsequent changes were made to the arrangements within the existing plan; additional cells were added which included the Trade Union Partners Cell, Health, Safety and Well-being Cell, an Infection Prevention Control Cell and a Clinical Advice Cell

4. In early March, the Trust committed to stop all activity other than pandemic preparedness and response and recruitment of a minimum of 136 staff. 200 staff were re-deployed from administrative and clerical roles into other more essential duties

5. Frontline capacity had also increased with the addition of 60 defence personnel assisting

6. Clinical Contact Centre (CCC) capacity had increased across a number of sites in order to handle additional call volume

7. The modelling and planning had been based upon 40% compliance in line with the social distancing measures against 'reasonable worst case' scenarios in line with Government advice

8. It was not anticipated that the Trust would be going into the recovery phase for some time and full recovery and return to normal service may take several months

Comments

1. Were the current changes in response to Covid-19 becoming the new normal and would these changes remain in place once the Pandemic was over? Jason Killens advised this would be unlikely to continue once the Pandemic was over. However, it was anticipated that as measures were relaxed, the infection rate was likely to increase. It was not possible to accurately state at this time, which measures could be stopped and which services could be reinstated. Members were assured that whilst some form of normality had been established, they recognised that going forward, there would be circumstances requiring additional focus and would involve rapid changes

2. What was the process for determining which services were stopped and which services would resume? Jason Killens informed the Board that the Trust would formalise an agreed process in due course having considered the relevant data which was not yet available

3. Members recognised the importance of constant dialogue with health boards across Wales and the challenges in terms of the use of the field hospitals and how they would be utilised

Cell updates

Business continuity – Verbal update by Rachel Marsh

1. Initially the cell assessed which services could be curtailed and consequently, which staff could be made available to provide additional support elsewhere.

2. The Cell also liaised with individual departments to determine how many staff they would need to retain in order to operate effectively.

3. In addition, the Cell also held discussions with Fire and Rescue services asking them to provide additional support. A Memorandum of Understanding had been developed to progress this.

4. Another aspect the Cell was involved in was assisting staff in their working from home arrangements as well as finding alternative accommodation for those staff who needed to isolate away from vulnerable family members.

Comments:

Were Community First Responders (CFR) being utilised in any of the planning? Jason Killens informed the Board that the decision was taken to stop CFR's responding to calls on safety grounds. However, the Cell had looked at CFR support in the NEPTS area. Lee Brooks briefed the Board on which calls CFR's, who were not shielding, would now be allowed to respond to. Furthermore, CFR's were being considered potentially as an RRV second operative.

Logistics – PowerPoint presentation by Chris Turley

The Board was provided with an overview by Chris Turley in which his intention was to include an update on the estimated costs in terms of delivering the additional activity and work as part of the Trust's response to the pandemic.

The ongoing work of the Logistics cell had included the following key areas of achievement:

1. Rapid establishment of infrastructure capacity within CCC's. The main focus had been on call taking and the establishment of additional structure to sustain the increased volume of calls. This had included increasing training facilities across Wales.

2. PPE; the usage, modelling and procurement had been ongoing; and whilst challenging, the Cell had worked hard to establish a supply chain

3. Cost impact; the additional cost of the Covid-19 pandemic upon the Trust was still to be determined but was expected to be significant. The capital cost as of now was £656k and this mainly consisted of infrastructure; which included structural works, furniture and IT equipment

4. Revenue costs; there were several areas to consider and based on a range of assumptions, which were constantly evolving, the total additional 2020/21 revenue costs were estimated between £15m and £20m

Comments:

1. Further to a comment regarding the supply of PPE, Chris Turley reiterated that whilst this had been challenging, a robust supply chain had been secured for the Trust and the wider NHS in Wales

2. Martin Turner, Chair of the Finance and Performance Committee (F and P), advised the Board that Welsh Government had been very supportive at present although some associated costs incurred by the Trust may come under scrutiny later in the year. He assured the Board there had been excellent financial management throughout this current crisis and that the F and P Committee would

consider the financial impact in more detail and continue to provide scrutiny at its next meeting

3. Jason Killens gave an overview of the continually changing cost impact to the Trust and notwithstanding the inevitable scrutiny of costs submitted, was confident that the funds would be recovered

4. Chris Turley advised it was difficult to have an accurate figure on the total spend as there were a number of variables constantly being refreshed. He expected the Trust would recover the majority of costs although there may be some scrutiny and challenge on these.

Clinical – PowerPoint presentation by Claire Roche

In providing the update on the work being undertaken by the clinical Cell, Claire Roche drew member's attention to the following areas:

1. The Cell had three objectives: Review national guidance, provide a current clinical position and ensure timely clinical sign off in relation to Covid-19

2. The establishment of the Cell had given the Trust the ability to demonstrate how the clinical decisions were being made noting that the advice and guidance given was documented following the required due diligence. Any relevant national clinical/medical guidance documentation was also available for reference within the Cell.

3. Examples of where advice and guidance was being given included the Covid-19 symptom checker which changed on a daily basis; also staff from the 111 clinical support desk, EMS response and NEPTS were routinely invited to discuss any particular challenges

4. The Board's attention was drawn to the disparity between the advice being given by Public Health England and the Resuscitation Council (RCUK) in relation to the level of PPE being used for Level of PPE being used for cardiac compressions in the event of a cardiac arrest. Whilst PHE advised that chest compressions were not an aerosol generating procedure (AGP), the RCUK advised that they were and as such a higher level of PPE was advised. The Trust had taken the decision to adopt the RCUK approach and continue to review this on a frequent basis. Doctor Brendan Lloyd gave further details in terms of staff wearing the appropriate level of PPE when dealing with patients who required nebulising and those requiring chest compressions as part of a cardiac arrest. He further added that the Trust could produce its own advice based on the evidence it had. He emphasised that the safety of Trust Staff was paramount and gave details in terms of what level of PPE would be worn under certain circumstances

5. Members were assured that as part of the quality governance process, the Quest Committee would be able to scrutinise the role of the Clinical Cell at its next meeting through the reviewing of reports

Trade Union Partners – Verbal update by Claire Vaughan

Claire Vaughan gave an update on the work being undertaken by the TU Cell and drew attention to the following points:

1. There had been some challenging times and issues which included the overall flow of information

2. There had been concerns raised regarding PPE with positive progress now being made

3. Training compliance including face to face training was ongoing

4. CCC issues, especially with regards to social distancing were part of ongoing discussions to get resolved.

5. Liaison regarding the deployment of CFR's and the use of military and fire and rescue services assistance was ongoing with the Tactical Pandemic Team

6. Work was ongoing to mark the international workers memorial day particularly to acknowledge those members of staff who had recently passed away

7. There were currently discussions surrounding the reward and recognition of staff

Comments:

Nathan Holman welcomed the establishment of the Cell which allowed TU Partners to express and raise any points on behalf of staff. He expressed concern that there were three Cells in which the TU Partners were not directly involved in and would like to see this resolved. Claire Vaughan gave reasons as to why this was the case and it was agreed that this issue would be discussed outside of the meeting.

Health and Safety – Verbal update by Keith Cox

1. Keith Cox explained that this Cell had been set up to focus on Health and Safety (H&S) of staff as well as assisting with Risk Assessments for managers and employees and to report to the Tactical Pandemic Team on such matters

2. The Board noted that a new H&S lead had joined the Cell on secondment from Public Health Wales to assist in delivery of objectives such as patient safety

3. The key areas the Cell considered include PPE, CCC's and the safety of staff, various risk assessments and patient safety issues

Comments:

1. The Board recognised this Cell was a very useful addition especially from a TU partners perspective

2. The Cells have been of great benefit to the Trust and moving forward, what lessons and outcomes could the Trust learn from the Cells and incorporate these into everyday business? Jason Killens advised that the Trust would consider all areas which have worked well and also not worked well to see what lessons could be learned and what the Trust could expand on going forward.

Tactical Pandemic Team (TPT) – PowerPoint presentation by Lee Brooks

1. Lee Brooks gave an update on the TPT which had been holding regular meetings since 9 March 2020, including weekends; this had since been scaled back to three times per week.

2. The Resource Escalation Action Plan (REAP) remained at level three and was constantly monitored and reviewed.

3. St John ambulance and the military were now embedded as part of the Trust's response to the Pandemic

4. Several teams including the resilience and the communication teams had been fully supportive

5. In terms of production and the ability to have more capacity, Operational Research in Health had completed some modelling the results of which were provided in more detail. In essence, following the assumptions based on the modelling, an additional 1200 hours of production per week had been created; this had resulted in new crew configurations which involved military personnel

6. Attendance allowance, which was a re-framing of the winter allowance, had been extended from March and was currently in force for April and May

7. Continuing Professional Development training hours had been deferred; however the EMT conversion course would continue to be supported as much as possible

8. The staff testing for Covid-19 had improved significantly with some staff now being tested on the same day as they were being referred. Overall 627 staff had been referred for tests

9. A second operative where possible was now in place on RRV's; around 40% of RRV shifts had a second operative

10. Fit testing compliance, this had been challenging due to the different types of masks being made available which required the Fit testing process to recommence from the beginning

11. The donning and doffing compliance of PPE had been an area of focus and this was now at 73% and continued to improve. A revised training approach to this was underway

12. CCC capacity and staff had increased significantly to facilitate the spike in demand for the 111 service. There were an additional 38 clinicians and 28 more call handlers

13. Protocol 36; a specific Medical Priority Dispatch System (MPDS) triage chief complaint, was in place to deal with those presenting with breathing problems,

chest pain or flu like symptoms first. Should callers have symptoms that related to the virus they remained in that protocol

14. There had been significant activity in the NEPTS department with additional screening of patients who were being transported by the service. A number of NEPTS vehicles had been fitted with protective Perspex screens which shield the vehicle cab

15. The military had also been assisting the Trust by providing drivers and other services including the decontamination of vehicles

16. The TPT had been working closely with the Communications team to provide regular updates to staff

Performance – PowerPoint presentation by Lee Brooks

Lee Brooks gave a presentation on performance and drew attention to the following areas:

1. Production; ambulance production was recovering, RRV was down and CCC production had been satisfactory

2. The non availability of staff figure as a result of Covid-19 was fluctuating between 220 and 230 a day

3. EMS overtime had increased substantially

4. Verified demand (responding demand) had decreased; however it had begun to increase

5. The month to date daily red performance was positive and April was set to be above the 65% target

6. Amber performance for April was positive

7. 999 call answering was meeting the required target

8. Patient handover at hospitals had improved significantly over the last two months

9. The volume of NEPTS journeys were decreasing; which had been expected

10. 111 and NHS Direct calls. The monthly demand had increased substantially

11. The time taken to engage clinically with callers had greatly improved

12. Protocol 36, the Board were given a detailed explanation in terms of the protocol 36 process, an update on the volume of calls received through this system and the related conveyance rates

DRAFT

13. No send code, the figures were minimal and no adverse incidents had been recorded as a result

Comments:

1. Lee Brooks anticipated a rise in demand of Non – Covid related incidents going forward; especially as a result of Road Traffic Collisions once the lock down measures were eased

2. Job cycle time, Lee Brooks commented that the overall time would be lower as the Trust was not experiencing the lost hours at hospitals

3. In terms of non Covid related sickness, Lee Brooks advised there were indications this was decreasing

4. The Resource Escalation Action Plan was still at level three, was this still appropriate? Lee Brooks stated this was reviewed regularly and at this stage it was considered it should remain at level three

5. In terms of PPE Chris Turley assured the Board that there was at least three weeks supply of key items equipment available. Delivery of PPE to the Trust was expected soon

6. Testing, Lee Brooks explained the process in terms of testing staff which had much improved. Dr Brendan Lloyd gave an overview of the current testing process and confirmed that tests were being carried out on staff who were putting themselves forward

RESOLVED: That the updates were noted.

46/20 CORRESPONDENCE TO/FROM WELSH GOVERNMENT AND THE CHIEF AMBULANCE SERVICES COMMISSIONER

The correspondence was presented as read.

RESOLVED: That the correspondence was presented as read.

47/20 PLANS FOR RECOVERY

Jason Killens informed the Board it was anticipated that further waves of infection would occur in the months ahead, particularly when lock-down restrictions were eased. The Trust had acknowledged there would be phases of recovery and going forward the plans for recovery would need to be agile and alert to the possible changes

Rachel Marsh gave the Board a presentation in which she highlighted the following points:

1. Many programs and functions had been scaled back as a result of the pandemic. However, recruitment and training had continued and desired levels had been maintained

2. The Trust was considering the scaling up of IMTP deliverables which included the work from the EMS and NEPTs Demand and Capacity review, ePCR business case and procurement, 111 procurement, CCC clinical review Cardiff Make Ready Depot (dependent upon contractor availability), Putting Things Right and Safeguarding, work on the Grange hospital, Fleet SOP, the Digital Strategy, Computer Aided Dispatch phase three, Board, Committee and EMT meetings

3. Key considerations going forward; Lessons learned, there was a requirement to think about ability to scale up or scale down some functions within the Trust and how this would affect staff

4. A view from Commissioners to evaluate their understanding of how they saw the Trust moving forward.

5. Try to find, through the process of reflection and the scaling up of activities, the 'new normal' following the pandemic.

Comments:

1. The Covid-19 pandemic had seen a massive shift in how people work. The Digital strategy should take this into account given numbers of staff working from home etc. Andy Haywood informed the Board that a paper was being presented to EMT shortly to lay out the plans for the Trust's digital strategy taking into account the current situation

2. Members noted that at some point, the Board should have sight of the recovery plan and be clear on the continued focus on strategy. It was agreed that the Chair and CEO would discuss the Trust's strategic aspiration going forward

3. The Trust should build on the work being carried out by the Cells; which had given it the ability to change and respond swiftly to rapidly evolving circumstances

4. Jason Killens added that over the next three months, there would be elements prioritised within the IMTP which would be restarted and at some point, a recasting of the IMTP

5. What was the status of the Ambulance Task Force? Jason Killens explained it was not anticipated to restart this until such time the ability to properly focus on it became possible.

RESOLVED: That the update was noted.

Date of next meeting: 28 May 2020

UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD on MONDAY 18 MAY 2020, HELD REMOTELY VIA MICROSOFT TEAMS

PRESENT:

Martin Woodford	Chairman of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Pam Hall	Non Executive Director
Mark Harris	NEPTS General Manager South East
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
Chantal Patel	University Representative
Claire Roche	Director of Quality, Governance & Assurance
Joga Singh	Non Executive Director
Andy Swinburne	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce & OD

IN ATTENDANCE

Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer

APOLOGIES

None recorded

DRAFT

48/20 RESOLUTION TO MEET IN CLOSED SESSION

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

49/20 PROCEDURAL MATTERS

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

The declarations of Mr Emrys Davies as a former member of UNITE, Nathan Holman as Chair of the Llannon Community Council, Professor Kevin Davies as an Independent Trustee of St John Cymru and Chantal Patel as a member of Swansea University and Chair of Swansea Bay University Clinical Ethics Committee were noted by the Board.

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

50/20 CONTINUATION OF MILITARY SUPPORT

Jason Killens and Lee Brooks gave an update to the Board and explained that the Trust currently has three Military Aid to the Civil Authority (MACA) agreements with the Ministry of Defence. Jason Killens stated that these agreements had been very beneficial to the Trust, particularly around decontamination support, Ambulance driving and Support to Clinicians. However, all of the current MACA agreements were due to expire and the Trust was keen to secure a continuation of this Military support for two of these.

After seeking the views of Commissioners, Government and the Ministry of Defence, the Trust made a request for the MACA agreements to be extended for a period of six weeks. Funding for these agreements was currently being met by Welsh Government and it was estimated that the financial implications of extending the current military support could be in the region of £500k, subject to approval from Welsh Government and the MOD. It was anticipated that these costs would be covered centrally or be fully recoverable as legitimate pandemic spend. However, this could not be guaranteed at this stage and the Board should be mindful of the potential costs of extending the agreements.

Lee Brooks explained that if the extension was granted, the preference for the Trust was to keep the existing Military staff in place as this would remove the need for retraining and would also maintain the good working relationships which had been built up between Trust and Military staff. However, it was acknowledged that this may not be possible and it was for the MOD to determine which personnel were assigned to provide support.

Members received the update and raised queries over the potential £500k payments which the Trust could incur. Members noted that the previous arrangement had been covered by the interdepartmental cross charge in Welsh Government and as such, it would be reasonable to assume that this would continue. Jason Killens explained that the Trust may be considered as the ‘requesting agency’ and if so, may be expected to pay for any additional service it was requesting. However, in reality, it was unlikely that costs would fall upon the Trust as these were legitimate Covid-19 costs.

Given this, the Trust anticipated that costs would be picked up centrally by Welsh Government or alternatively, the Trust would be able to claim these costs back.

Members also queried whether the Trust had received any written or verbal support from commissioners to extend the agreements and if there was any thinking around adding Infection Prevention Control (IPC) specialists to the request given that Trust capability was both small and lacked resilience? Jason Killens confirmed that he had received verbal support for the extension of the MACA agreements and further approval would follow naturally as the arrangements went through the process of being signed off.

In response to Members queries around IPC support via the MACA, Claire Roche responded that she would be taking a paper to EMT on the 27th May to address increasing resilience in the IPC team and in addition, it is anticipated that the sickness absence in the IPC team will resolve within the next few weeks.

RESOLVED: That;

(1a) the benefit that the driver and support to the clinician role and decontamination support role undertaken by the military has had in terms of protecting service delivery was NOTED;

(1b) the EMT approved a request for a six week extension to the existing military support arrangements due to the high risk of further pandemic peaks and the requirement to implement surge capacity measures within 7 days was NOTED;

(1c) further extensions of the MACA will now be negotiated with the MOD and Welsh Government and for military assets to be deployed under the terms of the Tactical Approach to Production ref 023b 1st May 2020 was NOTED;

(1d) discussions with the MOD on moving from the current Military Planner MACA which is due to expire on May 17th, to a Military Liaison Officer (MLO) role that will not require a MACA but will assist to provide ongoing liaison between WAST and the MOD are now underway were NOTED; and

(2) having NOTED recommendations 1a – 1d above, the Trust Board APPROVED the extension of the military contracts and up to £0.5m in costs to cover the cost of the military support, in the unlikely event that costs fell to WAST and were not covered, as on the previous occasion, by interdepartmental cross charge in Welsh Government.

51/20 WAST COVID-19 OPERATIONAL PLAN QUARTER 1, 2020/21

Jason Killens and Rachel Marsh introduced the Trust's Operational Plan for the first quarter of 2020/21 which had been produced in response to the publication of the Welsh Government's Operating Framework for Quarter 1. The plan was due to be submitted to Welsh Government and Rachel Marsh welcomed any comments or amendments prior to Board approval.

The Plan detailed the systems and processes put in place by the Trust in order to respond to the current pandemic and explained how staff had worked flexibly and collaboratively to transform the way they worked in order to support and maintain core essential services.

Furthermore, the plan explained how appropriate governance arrangements were utilised to ensure quality and value for money, despite the need to respond at pace. Rachel Marsh explained that over the next few weeks the Operational Plan would shape how the Trust moves forward while continuing to respond flexibly as the pandemic progresses. Members received the Operational plan and suggested some minor amendments prior to it being submitted to Welsh Government.

Members then queried whether the Plan would require further amendments or changes as the Trust entered into Quarter 2 or whether the plan would continue in its current form, if conditions around Covid-19 remain unchanged. Rachel Marsh confirmed that some changes to the current plan were anticipated as the Trust entered into the second quarter although the plan would be largely the same as for the first subject to any changes needed to meet the evolving situation. Unless there was a significant change in circumstances, this should negate the need for the Board meet again to approve another plan.

Members commented on the quality and detail of the report and congratulated Rachel Marsh on producing such a high standard given the pressing time constraints. Rachel Marsh thanked the Board for their comments and noted the efforts and support of her team in collating the information.

RESOLVED: That submission to Welsh Government of the Operational Plan Quarter 1, 2020/21 was APPROVED.

Date of next meeting: 28th May 2020.

DRAFT

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 26 March 2020

CURRENT ITEMS

No:	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
29	84/19	21 Nov 2019	University Status application	To provide an update on the application process – timescales at 30 January Board meeting	Estelle Hitchon	Update to be provided at Board following update to People and culture Committee
30	84/19	21 Nov 2019	University Status governance process	To provide an update on TOR, Committee structure etc... at 30 January Board meeting	Keith Cox	As above
31	87/19	21 Nov 2019	IMTP 2019/20 Quarterly update	Future reports should contain a RAG rating for the action and one for what the outcome of the action was	Rachel Marsh	Next IMTP quarterly update will come to the May Board
32	87/19	21 Nov 2019	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	As above

No:	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
33	91/19	21 Nov 2019	Patient Safety Highlight Report	Further detail on the number of PTR actions still open to be expressed in future reports	Claire Roche	
34	93/19	21 Nov 2019	Revised Standing Orders	Query why HEIW not included	Keith Cox	Response due by Welsh Government
35	CLOSED SESSION 39/19	21 Nov 2019	Staff Story	Safeguarding Group to link in with the People and Culture Committee to develop the Trust's thinking, next steps and strategies around violence and aggression	Claire Roche Claire Vaughan	Update to be provided at Trust Board meeting following the next People and Culture meeting
36	28/20	26 March 2020	Pilot Nurses initiative	How was this progressing? A further and more comprehensive update would be provided at the next Board meeting.	Claire Roche	

AGENDA ITEM No	**1.6**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

Discharging Board and Committee Responsibilities During COVID-19 Response Phase

MEETING	**Trust Board**
DATE	**28 May 2020**
EXECUTIVE	**Board Secretary**
AUTHOR	**Board Secretary & Assistant Corporate Secretary**
CONTACT DETAILS	**Tel: 01745 532906** **Email: Mike.Armstrong@wales.nhs.uk**

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

REPORT PURPOSE	**To note how board and committee responsibilities have been discharged by the Trust during the Covid-19 pandemic response phase**
CLOSED MATTER REASON	**Not Applicable**

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. This paper summarises how Board and Committee responsibilities have been discharged by the Trust during the Covid-19 pandemic response phase and how arrangements will continue going forward.

BACKGROUND

2. At the Trust Board meeting on 26 March 2020, it was confirmed that the Trust's Pandemic Plan had been triggered and that this plan would determine how the Trust would manage its response to the Covid-19 pandemic. The plan called for the Trust to establish a cell structure which would ensure good governance and record keeping throughout the pandemic. The Board was also informed on where resources needed to be focussed and the consequential recruitment and redeployment of staff. The latest cell structure is attached for information at **Appendix 1**.

3. The Board also considered the consequential impact on Board and Committee business, as well as planned dates and timings of meetings. The Board recognised that meeting agendas may need to be more focussed in supporting the Trust through the pandemic but, at the same time, Board and Committees need to continue to discharge their responsibilities of scrutiny and challenge and maintaining good governance.

4. The Board concluded that all Board and Committee dates should remain in place, with the exception of the April meeting of the P&C Committee, which would be deferred to a later date. The Board also noted that the May meeting of the Audit Committee may need to be put back by one month, depending on confirmation from WG of the revised timetable for the annual accounts. The Board recognised that meetings going forward would be held electrically via skype etc. The latest Board and Committee calendar is attached at **Appendix 2.**

5. The Board also discussed the governance processes which should be put in place, should there be occasions when urgent financial approval is needed on matters which exceeded the Executives delegated financial limits. The Board considered various options, including raising the CEO's delegated limits, but concluded that the current system for Chair's Action should be used as this provided the right level of governance, control and assurance. This was on the understanding that Chair's Action meetings could be arranged at short notice.

6. Additionally, The Welsh Government issued a guidance note on 4 May 2020 to all NHS Wales organisations to assist Boards in discharging their responsibilities during the Covid-19 pandemic response phase, paying particular attention to the role of the Quality and Safety Committee and Audit Committee. This guidance note is attached as **Appendix 3**.

7. The guidance note comments that in responding to the pandemic, NHS organisations in Wales will have needed to have revised their governance

arrangements, standing down some board committees and reviewing the remit of others. It adds, that two committees which will have needed to continue to meet are the Quality and Patient Safety Committee and the Audit Committee, operating where required, through revised arrangements.

8. The guidance note states that as organisations move into the recovery and re-activation phase, it will be necessary in the interests of openness and transparency to ensure there is a log of committee activity. In doing so, the guidance note sets out some areas for the Quality and Safety Committee and Audit Committee to have discharged.

ASSESSMENT

9. In accordance with the Trust's Standing Orders, the Trust Board and Board Committees are required to meet in public. However, as a result of the public health risk linked to the Covid-19 pandemic, the UK and Welsh Government stopped public gatherings of more than two people and therefore it was not possible to allow the public to attend board and committee meetings from March 2020. Alternative arrangements are currently being reviewed with the expectation that the Board meeting on 28 May 2020 will be broadcast live.

10. Board and Committee business has, nevertheless, largely continued as usual and the following is a summary of activity throughout the Covid-19 pandemic period:

Trust Board

- The scheduled Trust Board meeting on 26 March 2020 was held in closed session and was a near normal formal Board meeting. In addition to the items mentioned above, the Board considered the 20/21 revenue budget, Demand Management Plan, Vehicle replacement BJC, Homeworking Policy, Risks and Patient Safety.
- There were additional/extraordinary Meetings of the Board held on 30 April and 18 May 2020. These meetings were called to update the Board on the current situation and to discuss recovery plans going forward. The Board also approved to continue with the military support and the Trusts Quarter1 Operational Plan.
- The Board meeting planned for 28 May 2020 will be an open meeting of the Board with a near standard agenda. The Board will be presented with quality, performance and financial reports as well as risks and the Trust's Strategic Equality Objectives.
- A further Trust Board meeting is scheduled for 25 June which will again be an open meeting of the Board which will consider a wide range of items including approval of the annual accounts. It is planned to broadcast this meeting live to an audience.
- Three Chairs' Action meetings were held on 7 April, 13 April and 17 April 2020 to deal with urgent business. This included the cost of additional NEPTS support and the cost of additional staffing to meet increased operational demand. The decisions taken during these meetings were ratified by the Trust Board on 30 April 2020.

Committees.

- **Audit Committee**. The Audit Committee meeting scheduled for 21 May 2020 was postponed until 18 June 2002. This was due to the annual accounts timetable being put back one month by WG. The June meeting will therefore involve the Committee receiving and commenting of the year end governance documents, which include the annual accounts, annual governance statement and remuneration report. The Committee will also review the Internal Audit Plan for 20/21, corporate risks and receive updates from internal and external auditors.
- **Quality, Patient Experience & Safety Committee**. The Committee met as scheduled on 12 May 2020 with a full agenda which included, patient safety, engagement & learning, safeguarding, patient pathways and Infection Prevention. In particular, a special Covid-19 report was presented to the Committee which detailed pandemic arrangements and included updates on staff well-being, sickness absences, staff & public communications, incident reporting and health & safety & risk. The Committee also had a detailed discussion on the need for an Ethics Committee, resulting from some of the issues arising during the pandemic.
- **Finance & Performance Committee**. The Committee met on 18 March and 21 May 2020 and considered the usual range of finance and performance reports, business cases, budget allocations and capital spend. The updates also included a report on Covid-19 related costs.
- **People and Culture Committee**. The Committee meeting scheduled for 21 April 2020 has now been rescheduled for 2 June 2020. The agenda will cover a variety of topics including, workforce performance & Delivery, planning for recovery and occupational health. There will also be a special Covid-19 report covering such matters as sickness absence, violence and aggression, staff wellbeing and training and education.
- **Remuneration Committee**. The Committee has met twice during the period, on 31 March and 13 April. The Committee considered papers on staff incentive schemes, operational allowances and overtime. Costs, where these exceeded delegated limits, were subsequently referred to the Board for approval.
- **Charitable Funds Committee.** The Committee is due to meet on 2 June 2020 as scheduled (last met on 13 February). The Committee will consider financial reports relating to the charitable fund scheme as well as an update on the Trust's bursary scheme. The Committee will also discuss and consider the Trust's position on raising and receiving donations for which there has been considerable interest of late.

11. In addition to the formal Board and Committee structures, NEDs have continued to engage with the Trust in a number of ways. The CEO provides regular updates, NEDs have continued with their buddying and portfolio arrangements, regular updates are provided by staff and Covid-19 bulletins and there is particularly strong links at Chair and Chief Executive level. Time was also allocated at the Board meeting on 30th April for Executives to update Board members on the roles and activities of the various pandemic cells.

Nevertheless, the Trust is continually looking at how this engagement could be improved and strengthened and comments in this respect would be particularly welcomed.

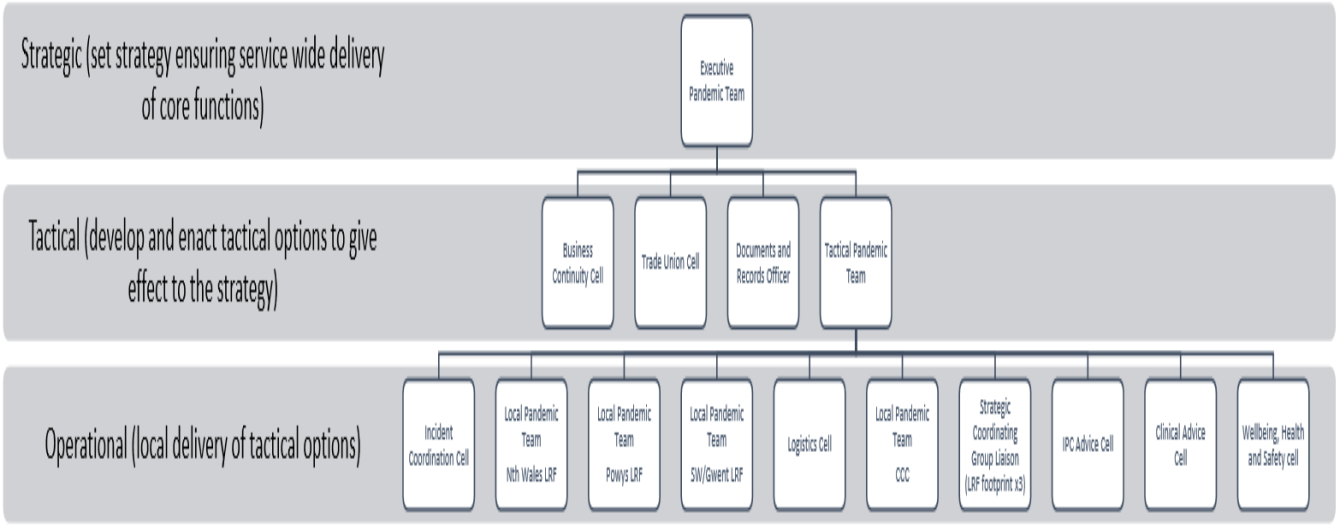
Welsh Governance Guidance Note

12. The Corporate Governance Team has reviewed the guidance note issued by Welsh Government on 4 May 2020. The guidance note lists a range of topics and reports that Health Boards and Trusts should ensure are at least considered during the Covid-19 pandemic arrangements. The guidance notes assumes that health bodies in Wales have stood down a number of their Committees and introduced other temporary governance arrangements. However, as reported above, the Trust only postponed one meeting of one Committee (ignoring Audit Committee which was moved to meet the new end year reporting timetable) and therefore the Trust's Board and Committee structures have largely remained intact and have continued to meet as per the publish programme of meetings..

13. Nevertheless, the guidance notes have been reviewed by the team and compared with Board and Committee business being presented at meetings during the pandemic period. We are able to provide assurances to the Board that the Trust has met the requirements set out by Welsh Government.

RECOMMENDATION

(1) That Trust Board notes and comments on how Board and Committee responsibilities have been discharged by the Trust during the Covid-19 pandemic response phase.


Strategic (set strategy ensuring service wide delivery of core functions)
Executive Pandemic Team
Tactical (develop and enact tactical options to give effect to the strategy)
Business Continuity Cell
Trade Union Cell
Documents and Records Officer
Tactical Pandemic Team
Operational (local delivery of tactical options)
Incident Coordination Cell
Local Pandemic Team Nth Wales LRF
Local Pandemic Team Powys LRF
Local Pandemic Team SW/Gwent LRF
Logistics Cell
Local Pandemic Team CCC
Strategic Coordinating Group Liaison (LRF footprint x3)
IPC Advice Cell
Clinical Advice Cell
Wellbeing, Health and Safety cell

	2020									2021		
	April	May	June	July	August	September	October	November	December	January	February	March
1							Board (4)		QuESt (3)	New Year BH		
2	CWG (1)		P&C (1) CF(1)									
3						Char Funds (2)						
4												Audit (4)
5										CWG (4)		
6							CWG (3)					
7				CWG (2)								
8		Early May BH				QuESt (2)			Rem Com (4)			
9												Rem Com (5)
10	Easter BH								Audit (3)			
11			Rem Com (2)								Char Funds (3)	F&P (6)
12		QuESt (1)								P&C (4)		
13	Rem Com(1)						P&C (3)					
14				P&C (2)						F&P (5)		
15						F&P (3)						
16			Board Dev (2)	F&P (2)							Board Dev (5)	
17						Audit (2)			Board Dev (4)			
18		Closed Board	Audit (1) Accts									
19								F&P (4)				
20												
21		F&P (1)										
22						Rem Com (3)	Board Dev (3)					
23											QuESt (4)	
24												
25		Spring BH	Board (2) Accts						Christmas BH			Board (7)
26								Board (5)				
27												
28		Board (1)							Christmas BH	Board (6)		
29												
30	Closed Board			Board (3)								
31					Summer BH							

APPENDIX 3

Guidance Note: Discharging Board Committee Responsibilities during COVID-19 response phase

Introduction

The NHS in Wales is currently facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by COVID-19. Alongside this is the need for organisations to balance continuing to provide and commission life-saving and life impacting essential services. As a result of the pressure placed on the NHS bodies and the Welsh Government response to managing the impact of the pandemic it has been necessary to adapt governance arrangements. The Welsh Government in its response (dated 26 March 2020) to a letter received on behalf of the Board Secretaries Group, agreed the Governance Principles that are designed to help focus consideration of governance matters over the coming weeks and months (see below).

Governance Principles:

- ***Public interest and patient safety –*** *We will always act in the best interests of the population of Wales and will ensure every decision we take sits in this context taking in to account the national public health emergency that (COVID-19) presents.*
- ***Staff wellbeing and deployment –*** *we will protect and support our staff in the best ways we can. We will deploy our knowledge and assets where there are identified greatest needs.*
- ***Good governance and risk management –*** *we will maintain the principles of good governance and risk management ensuring decisions and actions are taken in the best interest of the public, our staff and stakeholders ensuring risk and impact is appropriately considered.*
- ***Delegation and Escalation –*** *any changes to our delegation and escalation frameworks will be made using these principles, will be documented for future record and will be continually reviewed as the situation unfolds. Boards and other governing for a will retain appropriate oversight, acknowledging different arrangements may need to be in place for designated officers, deputies and decisions.*
- ***Departures –*** *where it is necessary to depart from existing standards, policies or practices to make rapid but effective decisions – these decisions will be documented appropriately. Departures are likely, but not exclusively, to occur in areas such as standing orders (for example in ow the Board operates), Board and executive scheme of delegation, consultations, recruitment, training and procurement, audit and revalidation.*
- ***One Wales –*** *we will act in the best interest of all of Wales ensuring where possible resources and partnerships are maximised and consistency is achieved where it is appropriate to do so. We will support our own organisation and the wider NHS to recover as quickly as possible from the national public health emergency that COVID-19 presents returning to business as usual as early as is safe to do so.*

- ***Communication and transparency*** *– we will communicate openly and transparently always with the public interest in mind accepting our normal arrangements may need to be adapted, for example Board and Board Committee meetings being held in public.*

The purpose of this guidance note is to assist the Board in discharging their responsibilities during this time, paying particular attention to the role of the Quality and Safety Committee and Audit Committee.

Background

NHS Boards are required to establish a number of Committees, including a Quality and Safety and an Audit Committee in accordance with the Model Standing Orders for NHS organisations in Wales.[1] In responding to the pandemic, NHS organisations in Wales have revised their arrangements, standing down some board committees and partnership forums, and reviewing the remit of others. Two committees which will continue to meet in all organisations are the Quality and Patient Safety Committee and the Audit Committee, operating where required, through revised arrangements.

Assessment of Board and Committee Roles in Responding to the Pandemic

Whilst the Quality and Patient Safety (Q&PS) and Audit Committees may operate with more focused agendas as the organisation responds to the pandemic a number of areas will still require their attention which are not directly COVID-19 related. Organisations should consider their current governance arrangements including the operation and frequency of the Board and appropriate committees.

It may be sensible for the Board to consider an integrated approach to assurance that limits the amount of management time needed, particularly on those with clinical responsibility where the impact of COVID-19 will be most felt.

As the organisation moves into the recovery and re-activation phase it will be necessary to consider the currency of previous audits and reviews as it is recognised that some services/activities will inevitably change in the long term as a result of the different ways of working that have been established. In the interests of openness and transparency it will be necessary to ensure there is a log of Committee activity pre-Crises to ensure this does not get overlooked and there is a clear audit trail.

Some areas for the Board to consider for the Q&PS Committee and Audit Committee to discharge include:

Quality and Safety Committee

Workforce and volunteers

- Safety and use of temporary staff/staff working in unfamiliar environments (including field hospitals)/with unfamiliar patient mix and use of volunteers
- Sickness absence levels/need for staff to self-isolate and impact on safer staffing
- Capacity of other non-patient areas, e.g. pathology with regard to COVID-19 and non-COVID workloads

[1] *Model Standing Orders,* Welsh Government, September 2019, http://www.wales.nhs.uk/governance-emanual/standing-orders

- Health and well-being of staff (in the absence of a Workforce Committee this may fall to the Quality and Safety Committee or the Board may decide they wish to maintain oversight of this area).

Equipment, Medicines, Supplies and Facilities Management

- Availability of appropriate PPE, its procurement, deployment, staff training, guidance and communication.
- Availability of equipment and consumables - procurement, deployment, risk assessment and training requirements , monitoring supplies and stocks,
- Medicines management - access to critical medicines, community access etc.
- Cleaning and hygiene – cleaning regimes for all areas, potential impact on other hospital acquired infections, ability of staff to shower and change as appropriate at the end of their shift etc.

Safety, Quality and Clinical Effectiveness

- Maintaining an oversight and monitoring of the organisations ability to provide/ commission essential services and agree action where there are significant risks to delivery.
- Serious incident management – to include any changes to the arrangements for reporting and managing incidents, monitoring and tracking themes as a result of COVID-19
- Responding to patient safety alerts and notices and other improvement actions needed, including any requirements from inspections in line with advice from Healthcare Inspectorate Wales and other regulatory bodies.
- Mortality reviews – maintain oversight of mortality reviews for those deaths where there may be a concern or unusual circumstances. Committees should ensure immediate 'make safes' are put in place and learning shared across the organisation in the usual way
- Triggers for clinical harm reviews of those on waiting lists – how will these be identified and will there be any change to the pre-COVID arrangements?
- Understanding position regarding the organisations clinical audit programme (Note – National Programme suspended)
- Arrangements for approving amendments to policies, procedures and protocols – how will this be managed during the phases of the response?
- How is the organisation keeping a track of the published guidance? Are there arrangements for evaluating and ensuring an appropriate response?
- Is the Committee clear regarding the expectations of staff regarding following guidance and maintaining parameters of clinical practice?
- Potential risk to patients if unable to fulfil assessment of specialling needs leading to potential increased Deprivation of Liberty concerns e.g. if clinical areas are locked to maintain patient safety.
- Ensuring that services delivered in surge facilities such as field hospitals have clear operating procedures in place and in line with the organisation's clinical/quality governance arrangements

Patient Experience

- Patient Experience and Concerns Reporting – arrangements for managing and responding during response, recovery and re-activation phases.
- Consideration of issues and concerns which may be raised by the Community Health Council.
- Impact on patients due to their ability to access essential services such as end of life and palliative care, pain control, value based decision making.
- Concerns and mitigation regarding ability to ensure Welsh language, other language and needs as a result of protected characteristics are met.
- DNACPR and ensuring its appropriate use.
- Impact on patients and their families regarding visiting policies, ability to ensure supplies of clothing and basic toiletries, provide for hygiene and nutrition needs, provide comfort towards end of life, pastoral needs etc.

Capacity

- Ability to meet demand of COVID and patients requiring essential services
- Status and utilisation of surge capacity
- Plans for use during response, recovery and re-activation phase.
- Status of life saving and life enhancing services
- Performance split between COVID- and non-COVID patients.

Annual Reporting

- Agree Annual Quality Statement for approval by the Board before 30 September 2020.
- Receive Annual Putting Things Right Report
- Receive information regarding annual reports/programmes which have been suspended (e.g. National Clinical Audit Programme) and arrangements for receiving exception reports if required.

**Decision Making and Delegation of Powers/Risk Management and Assurance*
See below in Audit Committee Section. The Q&PS Committee will need to consider matters which fall within their Terms of Reference and decision making powers.

Audit Committee

Annual Reporting

Revised timescales were issued in the Welsh Government letter dated 26 March 2020 (see References section below). This will inform the work of the Committee during the annual reporting period.

- Review and recommend the annual accounts for adoption and approval by the Board
- Review the Annual Governance Statement to ensure it is an accurate reflection of the position for 2019/20 and up to the date of approval, prior to signature by the Chief Executive/Accountable Officer – ensure the impact of the need to respond to COVID-19 is clear.
- Review the Remuneration Report and recommend for approval by the Board
- Review the Annual Report and accountability statements in accordance with revised timetable issued by Welsh Government and recommend for approval by the Board

Note: Whilst it is for each organisation to agree the level of assurance required and content of reports consideration should be given to the potential impact of diverting resources to prepare reports which will add limited value to the response, recovery and reactivation of services.

Internal Audit
The Chair may benefit from holding a discussion with the Head of Internal Audit and Board Secretary to help inform the activity of the Committee during the response, recovery and reactivation phase. The Committee will be required to:

- Receive the Annual Audit Opinion of the Head of Internal Audit and Annual Internal Audit Report which will inform the Annual Governance Statement
- Assess the status of the Annual Internal Audit Plan 2019/20 and the potential impact on the 2020/21 Plan
- Review and agree a revised plan for 2020/21 with the Head of Internal Audit. This will need to remain fluid as it is not clear at this stage when the programme will be able to commence or what revisions will be required to cover both supporting recovery and reflecting the revised risk profile of the organisation.
- Agree the arrangements for tracking internal audit actions during the period. The Committee may wish to focus on:
    - Reports which received a Limited Assurance or No Assurance Rating
    - Actions assessed as high priority where the "action by date" has passed
- As the organisation moves into the recovery and reactivation phase consider whether previous reports and resulting actions still remain relevant
- Assess whether any decisions/ways of working which were established during the response phase would benefit from an Internal Audit Review to provide assurance to the organisation.

Audit Wales
As indicated for Internal Audit it is suggested that Chair holds a discussion with the Audit Wales Partner and Board Secretary to inform the activity of the Committee during the response, recovery and reactivation phase. Annual Reports and Structured Assessment reports for 2019 were published before the COVID-19 pandemic was declared. The Auditor General for Wales has advised on the Audit Wales website[2] that whilst delivering his statutory responsibilities, he wants to ensure that audit work does not have a detrimental impact on audited bodies and their staff at a time when the public service is stretched and focused on more important matters.
Arrangements will be put in place to ensure delivery of the statutory end of year duties in accordance with the revised accounting timetable.

*Risk Management and Assurance**
Although the Committee should not be directly involved in the process of risk management, the organisation's risk management system will underlie the assurance

[2] https://www.audit.wales/news/covid-19

system and the Committee needs to review the risk management processes in exercising its functions in relation to this system of assurance[3].

- It is likely that the organisations risk appetite will be higher than in the pre-crises phase to ensure the organisation is able to respond effectively and at pace. This may be evidenced in the speed that decisions have been arrived at for example.
- The Committee should seek assurance that risks have been assessed and evidenced transparently including disproportionate impact on other areas.
- What level of assurance is available from external sources for the risks and what is the level of confidence that can be gained from this as it is likely their programmes have also been impacted? Is there confidence in the sources of internal assurance during this time to help mitigate against the impact on sources of external assurance?
- As the organisation moves into the recovery and reactivation phase it will be necessary to further consider the risk appetite and tolerance of the organisation. Whilst accepting that it unlikely to be appropriate to revert back to the position before the pandemic it is important to ensure that any changes have been considered and agreed by the Board and arrangements are in place to manage appropriately.

*Decision Making and Delegation of Powers**
The Governance Principles recognise there may be changes to the delegation and escalation frameworks, together with departures from existing standards, policies or practice to make rapid but effective decisions. They also recognise the need to document such departures for future record and to ensure their continual review as the situation unfolds.

- Committee has a role to consider any variation in Standing Orders, approving these where it considers appropriate and providing a formal report to the Board.
- Assess robustness of the arrangements for recording decisions and arrangements for ensuring business continuity if individuals are not able to discharge their responsibilities.
- Receive information regarding any variation from Schemes of Delegation/Organisational Policies and Procedures/Standard Operating Procedures

* Note –The Audit Committee together with the Quality and Patient Safety Committee will have a role in advising the Board regarding the appropriateness of this risk management arrangements, decision making and the delegation of powers.

Financial Control and Management
The HFMA have published COVID-19 Financial Governance Considerations[4] which advises of areas which will require consideration such as review of scheme of

[3] Welsh Government Audit Committee Handbook , June 2012, http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf

[4] COVID-19 Financial Governance Considerations, Healthcare Financial Management Association (HFMA), https://www.hfma.org.uk/docs/default-source/publications/covid19-financial-governance-implications.pdf?sfvrsn=0

delegation, authorised signatory arrangements, coding of expenditure etc. The Audit Committee will have a role in:

- Receiving information on the changes to control procedures and delegations which have been necessary to ensure the organisation is able to respond
- Receiving information relating to the arrangements for recording any deviations
- Receiving information regarding these deviations – this may be a list of contracts entered into which have not been subject to the full procurement controls
- Review losses and special payments
- Assurance that there where appropriate legal advice has been sought prior to entering into agreements

Counter Fraud
The Local Counter Fraud Specialist (LCFS) is the main point of contact and will advise regarding reports which should be received by Audit Committees during this time.

The fraud threat posed during emergency situations is higher than at other times and organisations should put in appropriate controls to mitigate where possible.

The UK government are issuing information regarding safeguards which should be put in place[5] and alerts are also being issued in Wales

The Audit Committee should consider the arrangements for undertaking post-event assurance to look for fraud and ensure access to fraud investigation resources. This should be undertaken as soon as practicable and the Committee should receive the findings.

Recommendation
NHS organisations should consider the information and guidance provided in this document to inform the arrangements for their Board Committees during the COVID-19 response phase. They will also need to consider the relevance as they move into the recovery/reactivation phase.
Further guidance will be issued if required.

References
COVID-19 Financial Governance Considerations, Healthcare Financial Management Association (HFMA), https://www.hfma.org.uk/docs/default-source/publications/covid19-financial-governance-implications.pdf?sfvrsn=0

Fraud control in Emergency Management:COVID-19 UK Government response, Government Counter Fraud Function, https://www.gov.uk/government/publications/fraud-control-in-emergency-management-covid-19-uk-government-guide

[5] Fraud control in Emergency Management:COVID-19 UK Government response, Government Counter Fraud Function, https://www.gov.uk/government/publications/fraud-control-in-emergency-management-covid-19-uk-government-guide

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COVID-19: Operational guidance for maintaining essential health services during an outbreak, World Health Organisation, 25 March 2020, https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak

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

Strategic Equality Objectives, Annual Report and Gender Pay Gap Reporting

MEETING	**Board**
DATE	**28th May 2020**
EXECUTIVE	**Director of WOD**
AUTHOR	**OD Manager (Equality)**
CONTACT DETAILS	**Jane Poulter**

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	**All**
HEALTH & CARE STANDARD	

REPORT PURPOSE	**To meet the Trust's Strategic Equality Reporting and Strategic Requirements.**
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. This SBAR identifies our requirements to publish our Gender Pay Gap Information, our Strategic Equality Plan and Objectives, our Employment Information and our Annual Treating People Fairly Equality Report. This year owing to the situation with COVID-19 we have been granted an extension to the timeline for publishing these documents as it was recognised by the Commission for Equality and Human Rights that Public Sector organisations had other priorities to deal with.

BACKGROUND

2. As part of the requirements of the Public Sector Equality Duty, a listed body in Wales must publish:

- **An annual equality report – 31st March every year**
- **Employment Information – 31st March every year**
- **A Strategic Equality Plan (and any revisions) – April 2nd every four year (2020)**
- **Strategic Equality Objectives – April 2nd every four years (2020)**
- **Gender Pay Gap Snapshot Data.**

3. This SBAR relates to these documents.

4. The Annual Equality Report: Treating People Fairly 2019-20 is a look back on some of the actions we have taken over the last year towards meeting our 2016-20 Strategic Equality Objectives.

5. Our Employment data and Gender Pay Gap Snapshot Data are taken from ESR Information as a snapshot and cannot be amended. Owing to the delay caused by COVID-19 we are able to publish 2019 and 2020 Employment Information from 31st March for the respective years.

6. Our Strategic Equality Plan and Objectives are produced every four years. These will run from April 2020 to March 2024. Annual Plans and reports will fall underneath this.

ASSESSMENT

7. The Strategic Equality Plan and Objectives have been consulted on both internally across the Trust and externally with our stakeholders. This is a four year plan with objectives spread over the four year period.

8. Discussions will take place across the Directorates about developing action plans to meet these objectives across the 4 year timeframe. It is recognised there may be some slippage / reviewing of some of the Year 1 objectives owing to disruptions caused by COVID-19.

9. A series of metrics are currently being developed so that we can monitor progress against these objectives over the 4 years period of this Strategic Equality Plan.

10. These documents will be translated and put on the Trust website.

RECOMMENDATION

4. That Board note the contents of this report and ‘sign off’ these documents.

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Treating People Fairly

Our Strategic Equality Plan 2020-2024

Welsh Ambulance Service NHS Trust

FOREWORD

Croeso! Welcome!

Jason Killens
Chief Executive

Martin Woodford
Chair

As Chair and Chief Executive of the Welsh Ambulance Services NHS Trust we are delighted to present our *Treating People Fairly 2020 – 2024 Strategy.* This is our strategy for improving, celebrating and promoting equality, inclusion, fairness and human rights throughout everything we do.

We have called it *Treating People Fairly* to reflect our aim; to treat everyone fairly regardless of who you are, your background or circumstances. We want to lead the way as an exemplar employer for diversity, equality, inclusion, and fairness. This strategy, building on progress and momentum from the previous strategy, sets out how we intend to do this over the next four years to cultivate a diverse and inclusive workforce and culture where:

- Diversity and individual difference are celebrated and valued; and where our people are enabled to realise their full potential, to flourish and make a positive contribution in the delivery of care.

- Our understanding of our people and of the communities we serve is improved and used to inform how we better meet their needs; where we take an intersectional lens to our equality, diversity and inclusivity work where appropriate.

- Our leaders are inclusive, culturally aware and see beyond the need for compliance, to recognising the value and benefits that a diverse workforce can bring to improving access to and the quality of health care, to patient satisfaction and increased innovation.

- There is ownership, involvement and engagement from all sections of our workforce and our communities in the design and delivery of our services to ensure they are accessible and fit for the future.

The delivery of our strategic equality objectives is a major influencing factor in developing the culture here at the Welsh Ambulance Services NHS Trust. It under pins our behaviours, improvements to our services, and is a critical enabler to delivering the ambitions of our *Being Our Best: Our People and Culture Strategy 2019 – 2022*, alongside our long term strategic ambitions set out in our *Delivering Excellence: A Vision for 2030*, and ultimately our vision of being a leading ambulance service providing the best possible care.

We look forward to collaborating and working in partnership with our staff, citizens, commissioners and other key stakeholders and groups across health and social care, public sector and beyond to achieve the ambitions and commitments set out in this strategy.

Diolch yn fawr.

INTRODUCTION

Shwmae. Hello.

Claire Vaughan

Executive Director - Workforce &
OD and organisational lead for Equality, Diversity and Inclusion.

Joga Singh

Non Executive Director

As the Executive Director and Non-Executive Director with the lead for Equality, Diversity and Inclusion across the Welsh Ambulance Service, this is our opportunity to share with you why we believe it is so important that we make greater progress towards achieving our strategic equality objectives over this next four years.

As an organisation and #TeamWAST we want to work more effectively with our people and the public to enable them to recognise, understand and value difference and the positive impact that diversity brings. We want everyone to understand that this is not just about compliance (with the Public Sector Equality Duty), or a problem to be solved, or even just because we feel a moral and ethical obligation to do something to tackle injustice. It is all these things and more. We firmly believe this is about showing leadership at all levels of the organisation and throughout the health and social care system. This is about doing what's right for our people and for our public.

The evidence shows that leading for diversity plays an important role in: enhancing an organisation's reputation, its ability to recruit and retain the best people for the job, improving productivity, creating even better educational experiences for all, enhancing creative thinking and innovation, and importantly, to delivering even better patient-centred care.

And so, we are committed to improving engagement and actively connecting with our people across the Trust and with our diverse communities and under-represented and disadvantaged groups, to deliver our strategic objectives. Through this, we aim to help build a mutual understanding of needs and how we can improve the experience of our people, and create better, fairer access to high quality, safe and inclusive care, achieving better (clinical and non-clinical) outcomes for all.

We look forward to sharing with you our plans for the next few years, and reporting on our progress along the way.

Diolch. Thank you.

WHO WE ARE

We are a team of over 3,700 people serving the 3.1 million people of Wales, along with the invaluable support of approximately 1,300 Community First Responders (CFR's), over 200 Volunteer Car Drivers who transport patients from their homes to hospital appointments and back again, and many other types of volunteers such as our knitters, who each year knit 1,000s of teddies in their spare time to give to children who travel on our ambulances.

Whether we work in the frontline emergency vehicles, non-emergency patient transport services, in our clinical contact centres, our NHS Direct/111 team, our corporate and support services or in volunteer roles, we all work towards the same goal, which is getting the best possible care for our patients and public. We all play a significant role to fulfil our purpose and meet our vision.

Everyone in our team is different, we all come from different backgrounds and all have different experiences in life – and that is something to be proud of. This diversity is a strength and helps us build as an organisation to be effective and responsive at what we do. It adds value in building towards achieving our vision and delivering our purpose the best we can.

See how to become part of our volunteer team here: http://www.ambulance.wales.nhs.uk/en/96

WHAT DO WE WANT TO ACHIEVE AND HOW WILL WE DELIVER OUR OBJECTIVES?

Through our guiding principles, we are committed to delivering improvements against five key strategic objectives:

OBJECTIVE 1 **By 2024, we will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.**

OBJECTIVE 2 **By 2024, we will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.**

OBJECTIVE 3 **By 2024, we will take action to increase awareness and tackle key equalities issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all.**

OBJECTIVE 4 **By 2024, we will take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop, and grow for all.**

Our key aim is to ensure people are treated (in the non-clinical sense) how they want to be treated. That our commitments are embedded and underpin the delivery of our Integrated Medium Term Plan and Locality Development Plans to ensure its design, development, delivery and ownership is localised to reflect the local diversity of our communities across Wales.

We will ensure our Treating People Fairly strategy and objectives are delivered through:

- Providing leadership, direction and motivation at all levels
- Ensuring and helping our people to understand their responsibilities and ensure good governance
- Enabling through the creation of delivery and steering groups and driving our organisation to deliver these objectives
- Receiving, reviewing, scrutinising and publishing regular reports on our progress

Supporting us in this work and ensuring energy and leadership across our organisation will be our *Treat Me Fairly Delivery Group*, who are people with a passion for creating diverse and inclusive workplaces and services. You can find updates on our progress here.

THE POLICY CONTEXT

There are a number of national strategy and policy drivers which have shaped our thinking and the design of our strategic objectives. These include *Wellbeing of Future Generations Act*, *A Healthier Wales*, the *Health and Social Care (Quality and Engagement) (Wales) Bill 2019* and *A More Equal Wales*, all of which set out to enable transformational change required to deliver closer integration, a culture of continuous improvement, and a more equal, fair and a healthier Wales.

In 2018, the Equality and Human Rights Commission (EHRC) also published the ***Is Wales Fairer? Report*** – A comprehensive review of how Wales is performing on equality and human rights. This report provides valuable evidence, insights and recommendations that will support us to reduce inequality in our services and throughout Wales. Within the report there are 7 challenges to meet to become a more equal Wales. As an organisation striving to become an exemplar employer, we have a moral obligation to ensure we can identify and develop things that meet these challenges.

Public Sector Equality Duty - The General and Specific Duty
As a public body, we have a responsibility to ensure we consider how we can positively contribute to a fairer society through advancing equality and good relations between all in our day to day activities and the design of our policies and services.

When making decisions and delivering services we must have due regard to:

- Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

As well as the general duty, we have a responsibility to meet the specific duties. The specific duties set out steps that we must take in order to demonstrate we are meeting and supporting better performance of the general duty. The Specific Duties underpin the General Duty. These can be found here alongside more information on the public sector equality duty: https://www.equalityhumanrights.com/en/publication-download/essential-guide-public-sector-equality-duty-overview-listed-public-authorities

Who are we referring to when we talk about those individuals with a protected characteristic?
It is against the law to discriminate against someone because of:

- Age
- Disability
- Gender reassignment
- Race, Religion or belief
- Gender
- Sexual orientation
- Pregnancy & maternity
- Marriage and civil partnership

You can find out more about each characteristic here:
https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

What do we mean by 'intersectionality'?
Alongside equality, diversity and inclusivity, we recognise that individuals normally don't just have a single characteristic. The interconnected nature, or intersectionality, of these people with multiple characteristics might combine to create unique modes of discrimination or different barriers or experiences to those of people with just one or different characteristics. You can learn more about intersectionality here.

The Trust aims to take a more intersectional approach to understanding our equality, diversity and inclusivity data and priorities where appropriate.

Consultation Journey
At the start of our journey, we consulted on four themes (cultural leadership, valuing individuality, being well, and participation and ownership) alongside information to what goes well, what could be done better and where the opportunities were. We had great feedback about the themes which we recognised and through the process they have evolved and become our guiding principles. When we consulted on our draft objectives, there was great feedback on the number of them alongside some of the language. These have also evolved to become the 4 key objectives for our strategy you see in this document - with high level actions of our strategic equality plan sitting underneath.

INTRODUCING OUR STRATEGIC EQUALITY OBJECTIVES AND STRATEGIC EQUALITY PLAN

We understand that every community and area in Wales is unique, and to reflect this our Trust Strategic Equality objectives are broad so that each local team in Wales can focus and identify what is important for their communities. They can then develop the things they need to do to meet our objectives and take ownership. Importantly, these local actions will feed into and form part of our Integrated Medium Term Plan and local delivery plans to ensure it is at the forefront of our thinking and design.

We have reviewed the strategic context and progress made from our 2016-20 Strategic Equality Objectives and the lessons we have learned. We have also spoken to our people in the various roles they do, our volunteers and members of the public to ask their views, thoughts, and opinions on how we can improve, as well as what they thought about our draft objectives. All of this information has informed the development of our strategic equality objectives for 2020-2024. Under each strategic equality objective there are some high level actions which make up our strategic equality plan, to which we can build upon as we progress. Underneath each list of actions, there is also an indicative measurement of how we intend to review performance.

OBJECTIVE 1

By 2024 we will continue to learn about, celebrate, and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.

Each person in #TeamWAST is equally different in their own unique way, this diversity is a strength and is something to celebrate. We all have different backgrounds, experiences, abilities, and skills and collectively, this makes us stronger.

We feel it is important to ensure everyone feels equally valued - no matter who or where they are. If we want people to enjoy being part of our team and to encourage those to join our team, we need to ensure inclusion, value, and respect are at the heart of everything we do. As an ambitious employer of choice, we must take every opportunity to enhance, celebrate, and champion our diversity and our pride in doing so, in whatever way we can.

ACTIONS

- Promote a culture of inclusivity and develop leaders who understand and value the benefits of a diverse and inclusive culture.
- Celebrate and promote equality, diversity and inclusion through participation in events such as Pride, through awareness raising communications, Board discussion and other engagement activities.
- Promote the Trust as an employer of choice with external accreditation/recognition such as the Stonewall Workplace Equality Index, becoming a Disability Confident and an Age Positive Employer.
- Strengthen our Equality and Fairness Steering Group and existing networks and representatives, creating more opportunities for shared learning, increased understanding and best practice.
- Develop a reverse mentoring network to ensure equality is at the forefront of thinking and improvement in people.

MEASUREMENT INDICATOR

Our position on the Stonewall Workplace Equality Index and being a Disability Confident and Age Positive employer.

OBJECTIVE 2

By 2024 we will take action to maximise health opportunities and strengthen the voice of all citizens to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.

Wales is a mixture of diverse communities with different needs and cultures, and the communities we serve are all different in their own unique ways. It is important that we learn and understand more about our communities and the public to identify ways to improve our services and people's experiences, and a key part of that is the citizen voice. We recognise that we do not have all the answers and we value the unique insights our people, patients and communities bring when looking at improving our services, as they see things we don't. It has become clear that across WAST, we think this is important, but we can be and do better to enable and strengthen the diversity and inclusion of our citizen voices in all that we do.

We also want to ensure we enable everyone in Wales has the opportunity to maximise their health. We cannot do this alone but working in partnership and involving people from those communities we can understand their needs and work towards maximising health opportunities. We must work to ensure peoples diverse and different needs are at the forefront of design principles as everyone should be able to access our services, no matter who they are. We have work to do to ensure our people fully understand the need to prioritise equality considerations and how to do this in order to design services that enables equity of access to all.

ACTIONS

- Work in partnership to strengthen the voice of all citizens and improve access to information and services in a variety of different formats and languages, including meeting our Welsh language commitments.
- Strengthen process and develop skills across the service to undertake equality impact assessment effectively and embed this approach further into our future planning and decision making process to ensure everyone's needs are considered.
- Develop networks to regularly reach out and connect us with diverse communities, disadvantaged and underrepresented groups to promote trust and improved understanding of their needs and of the Trust's services.
- Work in partnership to improve our understanding of the experience of mental health service users, and also of those living with dementia.

MEASUREMENT INDICATOR

Usage levels and satisfaction rates of our multi-channel access points (such as Language line, the SMS text 999 service and the online have your say service).

OBJECTIVE 3

By 2024 we will take action to increase awareness and tackle key equalities issues that may arise from a person's 'protected characteristics' to ensure our services, our culture, and our people understand and are responsive to the needs of all.

We know the majority of LGBT people (82%) who had experienced a hate crime did not report it (Stonewall 2017), whilst those with protected characteristics are far more likely to suffer from some form of abuse in their life. As a public body, but also an organisation forged in care and compassion, we have a duty to support people and help to prevent such abuses. We will not tolerate any form of abuse .

In order to look at ways we can support the needs of our people and the public, we recognise we must learn and understand more about them, their background and what truly matters to them. We acknowledge that everyone has more than one protected characteristic, and must ensure this intersectionality amongst people is understood and any impact they may face is minimised. This means working to ensure those with different needs are at the forefront of design principles.
We also want our workplace to be free from bullying, harassment, discrimination and victimisation and for our people to feel supported by each other and us as an organisation. That also means standing up for what is right and providing frameworks to do so, especially in regards to hate crime and all types of violence and abuse.

ACTIONS

- Work in partnership to increase awareness, reduce and prevent the incidence of all types of abuse, violence, and hate crime including domestic abuse and honour based violence.
- In partnership, raise awareness amongst our workforce of inequalities in access to care and treatment between people with different backgrounds and characteristics and what they can do to improve the experience of these patient groups
- Improve the quality, understanding, accessibility and reporting of our equalities monitoring data, information and stories to show how we are doing in progressing towards delivery of our strategic equality objectives, and inform future action planning.
- Provide training to and share stories with our people so that they are equipped to support and meet the different needs of those they interact with on a day to day basis.
- Identify and review any gender pay gap and any other pay gaps, understand the reasons for them and develop action plans to enable us to work in partnership to address these differences.

MEASUREMENT INDICATOR

The total number of reported incidents, and the reporting on datix vs un-reporting in staff survey of incidents rate, and percentage of people completing equality and diversity section on ESR. Also, in regards to the pay gap: The Median and medium difference in our Gender Pay Gap published annually.

OBJECTIVE 4

By 2024 we will take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop, and grow for all.

As part of our vision for 2030 and aims of our people and culture strategy, we want to be recognised and renowned as being an exceptional place to work, develop, volunteer and grow. We want our people to be able to advocate for diversity, equality, involvement and fairness and articulate the benefits and value this brings. It is also important that we take into account what matters to people and provide the opportunity to address this.

We believe that a workforce that better reflects the diversity within our communities is key, and you have told us this is something you believe in too. We want everyone to feel able and enabled to apply to join #TeamWAST, and to have fair opportunity, whether that's being recruited to paid or unpaid roles, changing jobs, seeking promotion or accessing training.

We understand that applicants from different sections of our communities find it difficult to connect with the language and 'NHS speak' of our job descriptions and traditional methods of developing recruitment material; and often they do not see themselves in our jobs or images. There is a need to review our practices to ensure we do not miss out on the richness and value of a diverse workforce.

ACTIONS

- Work in partnership to widen participation and access to education, jobs and volunteering opportunities across the Trust for individuals from diverse backgrounds, cultures and identities.
- Review our recruitment strategy and approach to ensure that applicants from a diverse range of backgrounds are encouraged, supported and able to apply and be successful.
- Refresh our organisational values and behaviours, to promote inclusive behaviours, promote greater respect, foster good relations and tackle unwanted workplace practices such as inappropriate banter.
- Improve access to spiritual care across our organisation and explore what this might look like in future.

MEASUREMENT INDICATOR

Within our staff survey – the number of people that enjoy working for us or would recommend people work for us (dependent upon the design of the survey). Within our Recruitment data – the number of people of different characteristics who apply, get shortlisted, and are recruited.

APPENDIX – ACTION PLAN

ACTIONS

YEAR 1

1. Strengthen process and develop skills across the service to undertake equality impact assessment effectively and embed this approach further into our future planning and decision making process to ensure everyone's needs are accounted for..

2. Celebrate and promote equality, diversity and inclusion through participation in events such as Pride, through awareness raising communications, Board discussion and other engagement activities.

3. Develop networks to regularly reach out and connect us with diverse communities, disadvantaged and underrepresented groups to promote trust and improved understanding of their needs and of the Trust's services.

4. Improve the quality, understanding, accessibility and reporting of our equalities monitoring data, information and stories to show how we are doing in progressing towards delivery of our strategic equality objectives, and inform future action planning.

YEAR 2

1. Develop a reverse mentoring network to ensure equality is at the forefront of thinking and improvement in people

2. Strengthen our Equality and Fairness Steering Group and existing networks and representatives, creating more opportunities for shared learning, increased understanding and best practice.

3. Work in partnership to increase awareness and reduce and prevent the incidence of all types of abuse, violence and hate crime.

4. Promote the Trust as an 'employer of choice' working in partnership to widen participation and access to education, jobs and volunteering opportunities for individuals from diverse backgrounds, cultures and identities.

5. Review our recruitment strategy and approach to ensure that applicants from a diverse range of backgrounds are encouraged, supported and able to apply and be successful.

YEAR 3

10. In partnership, raise awareness amongst our workforce of inequalities in access to care and treatment, and staff experience between people with different backgrounds and characteristics and what they can do to improve the experience of these patient groups.

11. Refresh our organisational values and behaviours, to promote inclusive behaviours, promote greater respect, foster good relations and tackle unwanted workplace practices such as inappropriate banter.

12. Improve access to spiritual care across our organisation and explore what this might look like in future.

13. Promote a culture of inclusivity and develop leaders who understand and value the benefits of a diverse and inclusive culture.

YEAR 4

14. Promote the Trust as an employer of choice with external accreditation/recognition such as the Stonewall Workplace Equality Index, becoming a Disability Confident and an Age Positive Employer.

15. Work in partnership to strengthen the voice of all citizens and improve access to information and services in a variety of different formats and languages, including meeting our Welsh language commitments.

16. Identify and review any gender pay gaps and the reasons for them and develop action plans to enable us to work in partnership to address these differences.

17. Work in partnership to improve our understanding of the experience of mental health service users, and also of those living with dementia.

18. Provide training and share stories with our people so that they are equipped to support and meet the different needs of people.

We would like to thank you for taking the time to read about our Strategic Equality Objectives and Plan.

We welcome all comments or questions on all aspects of this strategy and plan, such as: what it contains or what is not clear about what we intend to do.

If you would like to comment, know more about the work, or how to get involved please contact:

Patient Experience and Community Involvement Team
Welsh Ambulance Services NHS Trust
Matrix One
Northern Boulevard
Swansea Enterprise Park
Swansea
SA6 8RE
Tel: 01792 311773
Email: peci.team@wales.nhs.uk

This Strategy is available in Welsh HERE

This Strategy can also be made available in alternative formats and languages. Please contact the details above to request.

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

TREATING PEOPLE FAIRLY 2016-20

Annual Report

2019 - 2020

OUR BEHAVIOURS

I WILL BE KIND, CARING AND COMPASSIONATE

I WILL ASK AND LISTEN

I WILL BE HONEST AND OPEN WITH MYSELF AND OTHERS

I WILL BE MY BEST, TOGETHER WE CAN BE BETTER

I WILL OWN MY DECISIONS

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Foreword

Welcome to our Treating People Fairly Annual Report 2019-20, which will be the last one that relates to our Strategic Equality Plan 2016-20. We are delighted to share some of the things we have been doing over the last year to support our Strategic Equality Objectives. We are pleased with how things have progressed, and we are proud to share this.

This update covers how we have worked and supported communities across Wales as well as helping develop the Welsh Ambulance Services NHS Trust as a fairer and more diverse place to work. Within this update, we are pleased to share some of our work with specific communities across Wales as well as continuing to strive to create an environment where, ***regardless of background or circumstances:***

- each patient and carer is provided with a high quality service which meets their needs as an individual, and
- every colleague has the opportunity to achieve their full potential.

We continue to focus on becoming an organisation that is moving from treating people how *we want to treat them* to one that treats people how *they want to be treated*.

It's also important that, as an organisation and as individuals, we achieve a better balance between valuing people and valuing processes. *Treating People Fairly* is important to us. It not only sets out our approach to delivering the Equality Act, but also supports our response to other key areas of legislation including the Welsh Language, Wellbeing of Future Generations and Social Services and Wellbeing Acts. It has been designed as a working strategy, one which is largely developed, owned and delivered at the local level by local teams working in our different communities across Wales.

We hope you will enjoy reading about the progress made so far, and encourage you to let us know what you think via the contacts to be found at the end of this report.

Martin Woodford
Chair

Jason Killens
Chief Executive

Introduction

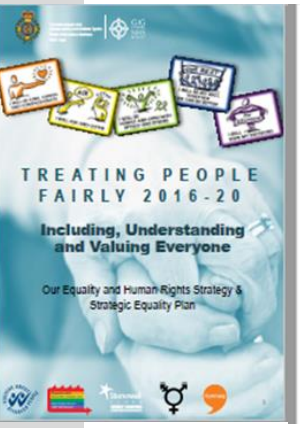
This annual report covers the period April 19- March 20 and covers some of the key pieces of work that have helped us to deliver Trust's Treating People Fairly which is our Strategic Equality Plan (SEP) which has covered the period 2016-20.

This is the Welsh Ambulance Services NHS Trust story which captures what we are doing to meet our Strategic Equality Objectives (SEOs).

Our 2016-20 Strategic Equality Objectives can be summarised as:

- Dignity and Respect
- Involvement and Engagement
- Working for Us
- Being Safe
- Being Healthy and Choosing Well

Our local and corporate actions were designed to help achieve these objectives.



In the first quarter of 2020 we have been working across the Trust, in consultation with our stakeholders to develop our 2020-24 Treating People Fairly Strategic Equality Objectives. We have learnt a great deal during the last four years and have tried to capitalise on this learning to inform not only how we have developed these objectives but also on how we will be able to evidence progress going forward.

Our 2020-24 Treating People Fairly Strategic Equality Objectives will be published in April 2020 and will be the focus of our attention for the next four years. This document can be found on our Trust's internet site www.ambulance.wales.nhs.uk or by clicking here.

Headline News

Gender Pay Gap Data:

In 2019 WAST's Gender Pay Gap snapshot data showed an improvement in the median hourly rate for women within the Trust but this is still lower than for men. Our Gender Pay Gap Data is available on the Trust's website or by clicking here. Going forward into next year we will be starting to look at what other pay gaps may exist within the organisation along with what we can be doing to mitigate against these.

Working with colleagues across the UK Ambulance Services:

WAST continues to work with colleagues across the UK Ambulance Sector to progress the Equality, Diversity and Inclusion Agenda through involvement in the **National Ambulance Diversity Forum**, **National Ambulance BME Forum** and the **National LGBT Network**. Involvement across the sector allows for benchmarking and sharing of best practice and provides key learning opportunities for colleagues through attendance at National Diversity Workshops, National BME Forum's and National LGBT Network's annual conferences.

Colleague Engagement:

The Treating People Fairly agenda continues to be an intrinsic part of staff welcome days, of which we did 26 within this year, the Team Leader Development Program and the annual Being Out Best Day. These engagement opportunities allow colleagues to explore what we mean by Treating People Fairly, what this means for them in their role and what they can do to support this agenda. It also helps colleagues become familiar with the ever evolving language around different protected characteristics.

Patient Engagement and Community Involvement Team (PECI):

The PECI team continue to lead on the public facing aspects of Treating People Fairly through focused public engagement sessions. During 2019-20 the PECI team has been involved in numerous events marking Learning Disability Week, Dementia Action Week, Carers Week, Sensory Loss Awareness Month and Mental Health Awareness Week to name but a few. They also continue to work with schools and young people to build on their Promises to Children and Young People along with leading on campaigns such as 'Shoctober' and 'Restart a Heart' which aims to teach school aged children about using 999 services appropriately and teaching lifesaving skills.

Dignity Champions:

We have re-launched our Dignity Champion campaign where staff sign up and pledge to uphold our new core Dignity Principles:
Role Model: be a good role model, treat others with respect, particularly those less able to stand up for themselves;
Stand Up: Stand up and challenge disrespectful behaviour rather than tolerate it;
Speak Out: Speak up about dignity to improve the way services are delivered;
Influence: influence and inform colleagues, cascading learning to others;
Listen: Listen to and understand the views and experiences of patients, service users and colleagues.

Our Stories: Gender

Gender:

As a Trust we publish our **Gender Pay Gap snapshot data** each year. The snapshot data is taken from the 31st March of each year. Gender pay gap reporting became a requirement for some organisations, both public and private sector, from 6 April 2017

In line with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers need to publish the following information:

- Mean gender pay gap in hourly pay;
- Median gender pay gap in hourly pay;
- Proportion of males and females in each pay quartile.

The 2019 snapshot data shows that within WAST the female mean hourly rate is 4.7% lower than the male one. In other words when comparing mean hourly rates, women earn 95p for every £1 that men earn. Women's median hourly rate is 8.9% lower than men's. In other words when comparing median hourly rates, women earn 91p for every £1 that men earn.

Our Gender Pay Gap workforce data also shows that the number of female staff as a percentage of the whole decreases in the higher pay quartiles.

Developing our female workforce to help close this gap over time:

Development:

A number of female colleagues have taken part in a range of different leadership and development opportunities throughout the year including Academi Wales Summer School and Springboard Programmes. 10 female Team Leaders have also taken part in our internal Team Leader Development Programme across this year.

Mentorship:

On International Woman's Day on the 8th March 2020 our Director of Partnerships and Engagement, Estelle Hitchon started the conversation about the importance of mentorship in supporting our aspiring female colleagues by offering to mentor three women over the next three months to help them in their personal and professional development.

This mentorship conversation will continue over the coming months as we look to introduce a diversity and inclusion reverse mentoring scheme where senior leaders may be matched with colleagues who are different to them to create an opportunity for both parties to learn from each other.

#remarkablepeople

2019-20 has seen the launch of our ***#remarkablepeople*** focus groups. These focus groups have been an opportunity for staff who identify as having a disability to get around the table and discuss their experiences of working for WAST and what we could do differently to support both our existing colleagues with disabilities but also any new staff that might join our organisation. We look forward to the continuation of these over the next year.

Learning Disabilities

There have been a great deal of exciting developments across our work with our learning disability communities. Our Learning Disability Community Champions continue to support us in many areas of this work, be it in helping us to develop our easy read resources that explain about different areas of our service, what happens when you phone us, what happens during an assessment and what equipment our staff use. We have also had a learning disability patient story presented by one of our volunteer learning disability community champions, Neil at Trust Board.

Another of our champions, David Llewelyn has produced a series of characters and comic Strips which sensitively address issues such as bullying, hate crime and assault on ambulance staff.

This comic strip, Rainbow Shooting Star broaches the subject of discrimination against people in the LGBT+ community and was used as part of our LGBT+ history month communications.

Sensory Loss

Colleagues were delighted to be named overall winners in the Action on Hearing Loss Cymru Wales Service Excellence Award as well as going on to win the People's choice award in May. This was fitting recognition for the dedication of our 5 BSL learners who passed their Level 1 BSL exam in 2019.

Faith

This year has seen the development of a Volunteer Chaplaincy Pilot in WAST's Hywel Dda area. Whilst this pilot is in its infancy it is envisaged that it will provide another level of well being support for colleagues as the Chaplain can provide support and a listening ear irrespective of the faith or denomination of the member of staff. It is hoped that the learning from this pilot will help inform how we proceed in this area across the Trust.

Our Stories: BAME

BAME

The **National Ambulance BME Forum** held their second National Conference during Black History Month in October. Colleagues from WAST were amongst the delegates from ten UK ambulance services who were invited to #TalkAboutRace . Feedback from this conference has been very good and we are hoping that more colleagues will be able to attend next year when it is being held in Wales.

In November Jennifer Izekor from the Diversity and Inclusion training organisation Above Different delivered a workshop on Cultural Leadership to colleagues from across the Trust. We were joined at this event, where we explored what Cultural Leadership means and how important it is to meet the challenges of managing a modern workforce, by colleagues from South Wales Fire and Rescue Service and South Wales Police.

Our Patient Engagement and Community Involvement team have continued to support all aspects of WAST's Equality, Diversity and Inclusion Agenda. Some prime examples of the work they do has already been mentioned in the Disability section but we would also like to recognise the work that they have undertaken this year across our BAME communities but especially with Syrian Refugees and Female Asylum Seekers and their children.

Syrian Communities

Two engagement events with Syrian Refugee families have been held where families were introduced to our services and how to access them using Language Line, there were also practical workshops on choking, CPR, Defibrillators and the use of the recovery position. These families were also able to help us by giving us feedback on our plans to produce a Welcome Pack for refugee families arriving in Wales.

Female asylum seekers and their children

Following from a request from the Ethnic Minority Youth Support Team (EYST) we held an event specifically for female asylum seekers and their children. This was a fun learning opportunity for the adults and children alike where they were able to find out about our services and how to use them appropriately but also to have a look inside the back of an ambulance and learn about CPR and other life-saving skills.

PECI have also attended a number of community engagements events including the Cardiff MELA, the Grangetown hub annual safety week event, and the Minority Ethnic Communities Health Fair.

Our Stories: LGBT+

WAST continue to participate in the **Stonewall Workplace Equality Index.** This allows us as a participating employer to demonstrate our work across 10 areas of employment policy and practice. Staff from across the organisation also have the opportunity to complete an anonymous survey about their experiences of diversity and inclusion at work within WAST.

The scores we receive enabling us to understand what's going well and where we need to focus our efforts going forward. This process helps us benchmark with other organisations across the UK and the NHS and identify actions that we need to take to support our Lesbian, Gay, Bisexual and Transgender colleagues within our service.

Pride Events

Colleagues from WAST took part in a number of Pride events across Wales, the largest being in Cardiff in August 2019, where we not only took part in the parade with our Pride liveried Ambulance but also had a stall in the 'marketplace' where we engaged with people on a variety of subjects from how to use our services, how to feedback on our services and the different range of jobs available within the organisation.

National Ambulance LGBT Forum Conference

Colleagues from across the organisation attended this year's National Ambulance LGBT Conference held in Birmingham. This conference was supported by Association of Ambulance Chief Executives and this year had a theme of Intersectionality. Speakers talked about faith, disability, gender and ethnicity through an LGBT+ lens.

The National Ambulance LGBT forum supports local networks with lots of tools and resources to support LGBT colleagues and their organisations. Their website is: www.ambulancelgbt.org

Welsh Language

In May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011. As a result of this the Trust has started to implement actions for compliance with its Statutory Compliance Notice from the Welsh Language Commissioner.

As a result of this the Trust has set up a Welsh Language Standards intranet page where staff can access Quick Guides on compliance with the standards. We also thrilled that we now have Welsh Language accounts for Facebook and Twitter :

Facebook: https://www.facebook.com/Ymddiriedolaeth-GIG-Gwasanaethau-Ambiwlans-Cymru-108980307126445/?modal=admin_todo_tour

Twitter: https://twitter.com/Ambiwlans_Cymru

Our WAST Corporate website has been redeveloped and is fully bilingual.

https://www.ambulance.wales.nhs.uk/default.aspx?lan=cy

Staff also continue to access the free 'Work Welsh' 10 hour online taster courses that was introduced back in 2018 with over 150 colleagues taking advantage of this to date.

In order to recognise staff who have helped to promote the Welsh Language and improve bilingual provision in healthcare, a new Welsh Language Award was amongst the categories for the 2019 Staff Awards.

This award was presented to an individual in terms of their impact made to patients, colleagues or the wider community. The award was won by Llinos Jones, Interim Senior Nurse Advisor within NHS Direct Wales who offered her services in her own time to provide a clinical teaching session for a group of Welsh learners. Llinos developed a session that was suitable for Welsh learners and that was set to a level that was appropriate to the students language level. This session allowed students to learn in a safe environment that allowed them to question Llinos about medical terms or assessment techniques. Congratulations and Thank you Llinos.

Our Learning and Next Steps

We continue to try to learn from every interaction that we have with our communities and colleagues to help develop and embed Treating People Fairly.

What does dignity mean to you?

How was your experience using 999?

What is it like working for us?

Colleagues' experiences and Patient Stories are key to informing what we do and how we do it whilst helping us maintain a focus on the real issues that people are facing with regards to finding out about services, accessing or using our services, overcoming barriers and / or stigma and what it is like to work or volunteer for us as an organisation. We are looking forward to gathering more of these experiences and stories over the next year so that we can continue to be challenged, stay up-to-date and learn from our communities.

We also benefit from our on going engagement and joint activities with colleagues from across NHS Wales, the UK Ambulance Services, other Welsh Emergency Services and the wider voluntary and public sector across Wales.

Working closely with colleagues from the National Ambulance BME Forum (twitter: @NatAmbBME) and National Ambulance LGBT Staff Network (www.ambulancelgbt.org / twitter: @NatAmbLGBTUK) helps to support our own staff through sharing of best practice, networking and learning opportunities though attendance at conferences and national workshops. These national networks also provide advice, guidance and support on how we can develop our own internal staff networks further to realise the benefits that staff networks can bring not only for individuals but also for us as an organisation.

Our Strategic Equality Objectives for 2020-24:

April 2020 sees the launch of the next iteration of WAST's Treating People Fairly Strategic Equality Plan and Objectives. This is our strategy for improving, celebrating and promoting equality, inclusion, fairness and human rights throughout everything we do and will be our focus for the next four years.

We recognise that as every community in Wales is different, different approaches may be required to meet their different needs, we also recognise that within our organisation we have over 3500 staff and numerous volunteers who are all uniquely individual so we need to account for this into our considerations.

Treating People Fairly 2020-24 builds on the progress and momentum from the previous strategy and sets out what we intend to do to cultivate a diverse and inclusive workforce and culture where:

- Diversity and individual differences are celebrated and valued; and where our people are enabled to realise their full potential, to flourish and make a positive contribution in the delivery of care.

- Our understanding of our people and of the communities we serve is improved and used to inform how we better meet their needs; where we take an intersectional lens to our equality, diversity and inclusivity work where appropriate.

- Our leaders are inclusive, culturally aware and see beyond the need for compliance, to recognising the value and benefits that a diverse workforce can bring to improving access to and the quality of health care, to patient satisfaction and increased innovation.

- There is ownership, involvement and engagement from all sections of our workforce and our communities in the design and delivery of our services to ensure they are accessible and fit for the future.

Over the last quarter of 2019-20 we have been working hard to consult both internally and externally on what our priorities should be and how best we should include these within our objectives. This has consultation has included surveys and face to face discussions with both staff and stakeholders and we would like to thank everybody for their involvement in shaping our strategy and we look forward to working with you to deliver it over the next four years.

Help us to Treat People Fairly

This is an invitation for you to engage with us as we establish strong supportive relationships with you and local communities and encourage staff to demonstrate the behaviours that will enable us to be our very best.

At the heart of our organisation we have a set of core behaviours that we are committed to for each of us to live:

We ask you in return to:

- work with us as we try to do our best
- make allowances for the fact that we cannot do everything straightaway
- get involved by sharing your experiences; feedback and suggestions
- support us through volunteering and future career development and;
- contribute to making this happen

If you would like to respond to this document or know more please contact us at:

peci.team@wales.nhs.uk

Facebook

Welsh Ambulance: www.facebook.com/welshambulanceservice
NHS Direct Wales: www.facebook.com/NHSDirectWales

Twitter

@WelshAmbPIH
@NHSDirectWales
@WelshAmbulance

How was your experience with us?

If you would like to give feedback on this document or any aspect of your experience of using the Welsh Ambulance Service email us at peci.team@wales.nhs.uk
or visit our website
www.ambulance.wales.nhs.uk

Welsh Ambulance Service Trust Employer Equality Report Data 2018-2019

Summary: Employer Equality Report Data 2018-2019

Notes: Figures include Substantive Staff
Percentages are based on the total headcount (3452 Substantive staff) used for the report
Data is based on headcount as at 31 March 2019

Source: Welsh Ambulance Services Trust
Contact:
Updated: 06/08/2019

You may use and re-use this data free of charge in any format or medium, under the terms of the Open Government License:

http://www.nationalarchives.gov.uk/doc/open-government-licence

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 1 - Gender

Substantive Staff

Gender	Headcount	%	FTE
Female	1,508	43.7	1346.65
Male	1,944	56.3	1864.06
Total	**3,452**	**100.0**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 2 - Age Band

Substantive Staff

Age Band	Headcount	%	FTE
<=20 Years	12	0.35	11.49
21-25	149	4.32	141.99
26-30	299	8.66	286.71
31-35	341	9.88	321.46
36-40	326	9.44	298.02
41-45	487	14.11	463.58
46-50	573	16.60	543.64
51-55	556	16.11	523.74
56-60	458	13.27	413.98
61-65	204	5.91	172.63
66-70	42	1.22	30.61
>=71 Years	5	0.14	2.86
Total	**3,452**	**100.00**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 3 - Disability

Substantive Staff

Disability Flag	Headcount	%	FTE
No	2,377	68.9	2201.23
Not Declared	735	21.3	695.59
Prefer Not To Answer	8	0.2	7.23
Unspecified	209	6.1	193.95
Yes	123	3.6	112.72
Total	**3,452**	**100.0**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 4 - Ethnicity

Substantive Staff

Ethnic Group	Headcount	%	FTE
A White - British	1,861	53.91%	1727.67
B White - Irish	18	0.52%	17.04
C White - Any other White background	18	0.52%	18.43
C2 White Northern Irish	1	0.03%	1.00
C3 White Unspecified	82	2.38%	76.93
CA White English	79	2.29%	72.73
CB White Scottish	7	0.20%	7.00
CC White Welsh	743	21.52%	684.55
CFWhite Greek	2	0.06%	2.00
CK White Italian	1	0.03%	1.00
CY White Other European	3	0.09%	1.83
D Mixed - White & Black Caribbean	4	0.12%	3.80
E Mixed - White & Black African	1	0.03%	0.60
F Mixed - White & Asian	3	0.09%	3.00
G Mixed - Any other mixed background	2	0.06%	2.00
GF Mixed - Other/Unspecified	2	0.06%	2.00
H Asian or Asian British - Indian	6	0.17%	3.23
J Asian or Asian British - Pakistani	1	0.03%	1.00
K Asian or Asian British - Bangladeshi	3	0.09%	2.64
L Asian or Asian British - Any other Asian background	1	0.03%	1.00
N Black or Black British - African	2	0.06%	1.07
R Chinese	1	0.03%	0.61
S Any Other Ethnic Group	2	0.06%	1.78
SE Other Specified	2	0.06%	2.00
Z Not Stated	607	17.59%	575.81
Grand Total	**3,452**	**100.00%**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Religion

Substantive Staff

Religious Belief	Headcount	%	FTE
Atheism	601	17.41	563.81
Buddhism	7	0.20	6.60
Christianity	1,554	45.02	1430.66
Islam	3	0.09	2.64
Not Disclosed	1,014	29.37	953.70
Other	269	7.79	251.31
Sikhism	3	0.09	1.00
Unspecified	1	0.03	1.00
Grand Total	**3,452**	**100.00**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 6 - Sexual Orientation

Substantive Staff

Sexual Orientation	Headcount	%	FTE
Bisexual	28	0.81	25.31
Gay or Lesbian	81	2.35	78.65
Heterosexual or Straight	2,560	74.16	2368.70
Not Disclosed	781	22.62	736.60
Other sexual orientation not listed	1	0.03	0.47
Unspecified	1	0.03	1.00
Grand Total	**3,452**	**100.00**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 7 - Marital Status

Substantive Staff

Marital Status	Headcount	%	FTE
Civil Partnership	53	1.54	50.80
Divorced	254	7.36	233.65
Legally Separated	45	1.30	41.06
Married	1,756	50.87	1610.68
Single	972	28.16	918.97
Unknown	332	9.62	319.99
Unspecified	21	0.61	19.76
Widowed	19	0.55	15.80
Total	**3,452**	**100.00**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 8 - Nationality

Substantive Staff

Nationality	Nationality Group	Headcount	%	FTE
Australian	Rest of the World	2	0.06	2.00
British	UK	2,437	70.60	2258.06
Cypriot	EU	1	0.03	1.00
Dutch	EU	1	0.03	0.41
English	UK	4	0.12	3.43
Finnish	EU	1	0.03	1.00
German	EU	1	0.03	0.61
Hungarian	EU	1	0.03	0.80
Irish	EU	12	0.35	11.40
Italian	EU	1	0.03	1.00
New Zealander	Rest of the World	1	0.03	1.00
Northern Irish	UK	1	0.03	1.00
Polish	EU	3	0.09	3.00
Welsh	UK	78	2.26	75.42
	Unspecified	908	26.30	850.58
Grand Total		**3,452**	**100.00**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 10 - Length of Service in Current Employment

Substantive Staff

Length of Service Band	Headcount	%	FTE
<1 Year	403	11.67	360.56
1<5 Years	1,042	30.19	947.38
5<10 Years	479	13.88	446.06
10<15 Years	513	14.86	473.95
15<20 Years	479	13.88	458.52
20<25 Years	202	5.85	196.91
25<30 Years	171	4.95	166.92
30+ Years	163	4.72	160.40
Total	**3,452**	**100.00**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 11 - Flexible Working Pattern

Substantive Staff

Flexible Working Pattern	Headcount	%	FTE
Other Flexible Working	2	0.06	1.60
Unspecified	3,450	99.94	3209.11
Grand Total	**3,452**	**100.00**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 12 - Employee Category

Substantive Staff

Employee Category	Headcount	%	FTE
Full Time	2,735	79.23	2729.00
Part Time	717	20.77	481.71
Grand Total	**3,452**	**100.00**	**3210.71**

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Table 13 - Employee Category / Gender

Substantive Staff

	Female	Male
Part Time	13.85	6.92
Full Time	29.84	49.39

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Number of Staff in the Welsh Ambulance Services Trust as at 31/03/19

Assignment Category

Substantive Staff

Assignment Category	Headcount	%	FTE
Fixed Term Temp	57	1.65	53.17
Non-Exec Director/Chair	7	0.20	5.00
Permanent	3,388	98.15	3152.54
Grand Total	**3,452**	**100.00**	**3210.71**

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Data Adroddiad Cydraddoldeb Cyflogwr Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru 2019-2020

Crynodeb: Data Adroddiad Cydraddoldeb Cyflogwr 2018-2019

Nodiadau: Mae'r ffigyrau cyffredinol yn cynnwys aelodau staff parhaol
Mae'r canrannau'n seiliedig ar y cyfanswm pennau (3643 o staff parhaol) a ddefnyddir ar gyfer yr adroddiad
Mae'r data'n seiliedig ar y pennau a gyfrifwyd ar 31 Mawrth 2020

Ffynhonnell: Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru
Cyswllt: Vi.Corlett@wales.nhs.uk
Diweddarwyd: 31/03/2020

Gallwch ddefnyddio ac ailddefnyddio'r data hwn yn rhad ac am ddim ar unrhyw fformat neu gyfrwng, yn unol â thelerau'r Drwydded Llywodraeth Agored:

http://www.nationalarchives.gov.uk/doc/open-government-licence

Cynnwys

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Tabl 3 - Anabledd
Tabl 4 - Ethnigrwydd
Tabl 5 - Credoau Crefyddol
Tabl 6 - Cyfeiriadedd Rhywiol
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Dynion a Menywod yn y Gweithlu

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Tabl 13 - Categori Dynodiad

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 1 - Rhywedd

Staff Parhaol

Rhywedd	Nifer	%	CALl
Benywaidd	1,640	45.0	1450.63
Gwrywaidd	2,003	55.0	1914.51
Cyfanswm	**3,643**	**100.0**	**3365.14**

Yn ôl i'r dudalen Gynnwys

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 2 - Band Oedran

Staff Parhaol

Band Oedran	Nifer	%	CALI
Iau nag 20 oed	22	0.60	19.35
21-25	174	4.78	164.72
26-30	313	8.59	292.32
31-35	400	10.98	371.89
36-40	335	9.20	307.68
41-45	459	12.60	436.07
46-50	597	16.39	567.29
51-55	567	15.56	532.50
56-60	488	13.40	439.57
61-65	235	6.45	194.15
66-70	47	1.29	35.62
Hŷn na 71 oed	6	0.16	3.99
Cyfanswm	**3,643**	**100.00**	**3365.14**

Yn ôl i'r dudalen Gynnwys

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 3 - Anableddau

Staff Parhaol

Anabledd	Nifer	%	CALI
Na	2,607	71.6	2397.91
Heb ei ddatgan	675	18.5	638.16
Gwell gen i beidio ag ateb	9	0.2	8.77
Heb ei nodi	204	5.6	182.39
Oes	148	4.1	137.91
Cyfanswm	**3,643**	**100.0**	**3365.14**

Yn ôl i'r dudalen Gynnwys

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 4 - Ethnigrwydd

Staff Parhaol

Grŵp Ethnig	Nifer	%	CALI
Gwyn - Prydeinig	1,861	53.91%	1727.67
Gwyn - Gwyddel/Gwyddeles	18	0.52%	17.04
Gwyn - Unrhyw gefndir Gwyn arall	18	0.52%	18.43
Gwyn - Gogledd Iwerddon	1	0.03%	1.00
Gwyn - heb ei nodi	82	2.38%	76.93
Gwyn - Saes/Saesnes	79	2.29%	72.73
Gwyn - Albanwr/Albanes	7	0.20%	7.00
Gwyn - Cymro/Cymraes	743	21.52%	684.55
Gwyn - Groegwr/Groeges	2	0.06%	2.00
Gwyn - Eidalwr/Eidales	1	0.03%	1.00
Gwyn Ewropeaidd Arall	3	0.09%	1.83
Cymysg - Gwyn a Du Caribïaidd	4	0.12%	3.80
Cymysg - Gwyn a Du Affricanaidd	1	0.03%	0.60
Cymysg - Gwyn ac Asiaidd	3	0.09%	3.00
Cymysg - Unrhyw gefndir cymysg arall	2	0.06%	2.00
Cymysg - Arall/Heb ei nodi	2	0.06%	2.00
Asiaidd neu Asiaidd Prydeinig - Indiaidd	6	0.17%	3.23
Asiaidd neu Asiaidd Prydeinig - Bangladeshaidd	3	0.09%	2.64
Asiaidd neu Asiaidd Prydeinig - Pacistanaidd	1	0.03%	1.00
Asiaidd neu Asiaidd Prydeinig - Unrhyw gefndir Asiaidd arall	1	0.03%	1.00
Du neu Ddu Prydeinig - Affricanaidd	2	0.06%	1.07
Tsieineaidd	1	0.03%	0.61
Unrhyw grŵp ethnig arall	2	0.06%	1.78
Arall, wedi'i nodi	2	0.06%	2.00
Heb ei ddatgan	607	17.59%	574.81
Cyfanswm	**3,452**	**100.00%**	**3210.71**

A White - British	2,140
B White - Irish	21
C White - Any other White background	30
C2 White Northern Irish	1
C3 White Unspecified	79
CA White English	73
CB White Scottish	6
CC White Welsh	680
CF White Greek	2
CY White Other European	3
D Mixed - White & Black Caribbean	5
E Mixed - White & Black African	2
F Mixed - White & Asian	4
G Mixed - Any other mixed background	6
GF Mixed - Other/Unspecified	2
H Asian or Asian British - Indian	6
J Asian or Asian British - Pakistani	2
K Asian or Asian British - Bangladeshi	2
L Asian or Asian British - Any other Asian background	1
R Chinese	1
S Any Other Ethnic Group	2
SE Other Specified	1
Unspecified	17
Z Not Stated	557
Total	**3,643**

Yn ôl i'r dudalen Gynnwys

58.74%	1976.91
0.58%	19.40
0.82%	29.15
0.03%	1.00
2.17%	74.31
2.00%	66.98
0.16%	6.00
18.67%	622.55
0.05%	2.00
0.08%	2.41
0.14%	5.00
0.05%	1.40
0.11%	3.48
0.16%	6.00
0.05%	2.00
0.16%	4.80
0.05%	2.00
0.05%	1.28
0.03%	1.00
0.03%	0.61
0.05%	2.00
0.03%	1.00
0.47%	7.20
15.29%	526.66
100.00%	**3365.14**

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Crefydd

Staff Parhaol

Cred Grefyddol	Nifer	%	CALI
Anffyddiaeth	601	17.41	563.81
Bwdhaeth	7	0.20	6.60
Cristnogaeth	1,554	45.02	1430.66
Islam	3	0.09	2.64
Heb ei ddatgelu	1,014	29.37	953.70
Arall	269	7.79	251.31
Sikhiaeth	3	0.09	1.00
Heb ei nodi	1	0.03	1.00
Cyfanswm	**3,452**	**100.00**	**3210.71**

Atheism
Buddhism
Christianity
Hinduism
Islam
Judaism
Not Disclosed
Other
Sikhism
Unspecified
Total

Yn ôl i'r dudalen Gynnwys

664	18.23	621.55
5	0.14	4.48
1,651	45.32	1512.70
2	0.05	1.48
4	0.11	2.96
1	0.03	1.00
990	27.18	928.27
307	8.43	283.31
3	0.08	2.00
16	0.44	7.40
3,643	**100.00**	**3365.14**

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 6 - Cyfeiriadedd Rhywiol

Staff Parhaol

Cyfeiriadedd Rhywiol	Nifer	%	CALl
Deurywiol	40	1.10	37.01
Hoyw neu Lesbiaidd	84	2.31	80.75
Heterorywiol neu Syth	2,768	75.98	2551.48
Heb ei ddatgelu	735	20.18	688.51
Cyfeiriadedd rhywiol eraill heb eu rhestru	1	0.03	1.00
Heb ei nodi	15	0.41	6.40
Cyfanswm	**3,643**	**100.00**	**3365.14**

Yn ôl i'r dudalen Gynnwys

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 7 - Statws Priodasol

Staff Parhaol

Statws Priodasol	Nifer	%	CALI
Partneriaeth Sifil	57	1.56	52.27
Wedi ysgaru	271	7.44	246.19
Wedi gwahanu'n gyfreithiol	46	1.26	42.98
Priod	1,844	50.62	1682.51
Sengl	1,066	29.26	1001.09
Anhysbys	318	8.73	304.78
Heb ei nodi	20	0.55	17.39
Gweddw	21	0.58	17.94
Cyfanswm	**3,643**	**100.00**	**3365.14**

Yn ôl i'r dudalen Gynnwys

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 8 - Cenedligrwydd

Staff Parhaol

Cenedligrwydd	Grŵp Cenedligrwydd	Nifer	%	CALI
O Awstralia	Gweddill y Byd	2	0.06	2.00
O Brydain	DU	2,437	70.60	2258.06
O Gyprus	UE	1	0.03	1.00
O'r Iseldiroedd	UE	1	0.03	0.41
O Loegr	DU	4	0.12	3.43
O'r Ffindir	UE	1	0.03	1.00
Almaenwr	UE	1	0.03	0.61
O Hwngari	UE	1	0.03	0.80
O Iwerddon	UE	12	0.35	11.40
O'r Eidal	UE	1	0.03	1.00
Seland Newydd		1	0.03	1.00
O Ogledd Iwerddon	DU	1	0.03	1.00
O Wlad Pwyl	UE	3	0.09	3.00
O Gymru	DU	78	2.26	75.42
	Heb ei nodi	908	26.30	850.58
Cyfanswm		**3,452**	**100.00**	**3210.71**

Yn ôl i'r dudalen Gynnwys

Afghan
Australian
British
Canadian
Cypriot
English
Finnish
French
German
Greek
Hungarian
Indian
Iranian
Irish
Italian
New Zealander
Northern Irish
Polish
Welsh
Total

Rest of the World	1	0.03	0.32
Rest of the World	2	0.05	2.00
UK	2,735	75.08	2510.97
Rest of the World	1	0.03	0.48
EU	1	0.03	1.00
UK	4	0.11	4.00
EU	1	0.03	1.00
EU	1	0.03	1.00
EU	2	0.05	1.61
EU	2	0.05	2.00
EU	2	0.05	1.44
Rest of the World	1	0.03	1.00
Rest of the World	1	0.03	0.32
EU	10	0.27	10.00
EU	1	0.03	1.00
Rest of the World	1	0.03	1.00
UK	1	0.03	1.00
EU	4	0.11	4.00
UK	102	2.80	98.29
Unspecified	770	21.14	722.71
	3,643	**100.00**	**3365.14**

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 10 - Hyd Gwasanaeth yn y Swydd Bresennol

Staff Parhaol

Band Hyd Gwasanaeth	Nifer	%	CALI
Llai nag 1 flwyddyn	422	11.58	367.92
1<5 mlynedd	1,136	31.18	1026.10
5<10 mlynedd	575	15.78	532.18
10<15 mlynedd	451	12.38	416.15
15<20 mlynedd	513	14.08	491.70
20<25 mlynedd	211	5.79	203.07
25<30 mlynedd	178	4.89	173.52
30+ blynedd	157	4.31	154.51
Cyfanswm	**3,643**	**100.00**	**3365.14**

Yn ôl i'r dudalen Gynnwys

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 11 - Patrwm Gweithio Hyblyg

Staff Parhaol

Patrwm Gweithio Hyblyg	Nifer	%	CALl
Gweithio Hyblyg Arall	2	0.06	1.60
Amhenodol	3,450	99.94	3209.11
Cyfanswm	**3,452**	**100.00**	**3210.71**

Condensed Hours Working
Other Flexible Working
Unspecified
Total

Yn ôl i'r dudalen Gynnwys

1	0.03	1.00
3	0.08	2.40
3,639	99.89	3361.74
3,643	**100.00**	**3365.14**

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 12 - Categori Cyflogai

Staff Parhaol

Categori Cyflogai	Nifer	%	CALl
Amser Llawn	2,812	77.19	2810.00
Rhan-amser	831	22.81	555.14
Cyfanswm	**3,643**	**100.00**	**3365.14**

Yn ôl i'r dudalen Gynnwys

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Tabl 13 - Categori Cyflogai / Rhywedd

Staff Parhaol

	Benywaidd	Gwrywaidd
Rhan-amser	15.29	7.52
Amser llawn	29.73	47.46

Yn ôl i'r dudalen Gynnwys

Nifer Aelodau Staff yn Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru ar 31/03/20

Categori Dynodiad

Staff Parhaol

Categori Dynodiad	Nifer	%	CALI
Dros Dro am Gyfnod Penodol	82	2.25	77.17
Cadeirydd/Cyfarwyddwr Anweithredol	8	0.22	7.00
Parhaol	3,553	97.53	3280.98
Cyfanswm	**3,643**	**100.00**	**3365.14**

Yn ôl i'r dudalen Gynnwys

Welsh Ambulance Services NHS Trust Gender Pay Gap Data for Reporting

1.0 Introduction

1.1 The gender pay gap reporting obligations are outlines in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Governments website.

1.2 It is important to recognise and understand that the Gender Pay Gap differs from Equal Pay. Equal Pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. Agenda for Change Job Evaluation ensures that the job and not the post holder is evaluated, so equal pay is assured.

1.3 Gender Pay Gap is the difference between the average earnings of men and women across as organisation, expressed relative to men's earnings.

1.4 This data is provided as an annual snapshot that needs to be published by the following March.

2.0 WASTs Snapshot data on 31 March 2019

2.1 Women's mean hourly rate is 4.7% lower than men's.

2.2 In other words when comparing mean hourly rates, women get paid 95p for every £1 that men get paid.

2.3 Women's median hourly rate is 8.9% lower than men's.

2.4 In other words when comparing median hourly rates, women get paid 91p for every £1 that men get paid.

3.0 About mean and median

3.1 The mean hourly rate is the average hourly wage across the entire organisation so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

3.2 The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and taking the hourly wage of the person in the middle; so the median gender pay gap is the difference between women's median hourly wage (the middle paid woman) and men's median hourly wage (the middle paid man.)

4.0 Quartile Data

4.1 Quartile 1: Lower quartile (lowest paid)
45.1% of the lower quartile are women.

4.2 Quartile 2: Lower middle quartile
49.6% of the lower middle quartile are women.

4.3 Quartile 3: Upper middle quartile
39.1% of the upper middle quartile are women.

4.4 Quartile 4: Upper quartile (highest paid)
35.9% of the top quartile are women.

4.5 Pay quartiles are calculated by splitting all employees in organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

4.6 No bonuses were paid.

5.0 Trend over time

5.1 When comparing 2019 snapshot data with 2018 snapshot data we can see a reduction in the difference in Women's mean hourly rate from being 5.3% lower than men's to 4.7% and Women's median hourly rate from 11.2% to 8.9%. However when considering the data over three years the improvement is less marked. Overall it is clear that we still need to understand what is causing this gap and consider what we can do to reduce / eliminate this gap going forward.

	2017	2018	2019
Women's mean hourly rate as % lower than men's.	3.9%	5.3%	4.7%
Women's mean hourly rate for every £1 that men get paid.	96p	95p	95p
Women's median hourly rate as % lower than men's.	10.3%	11.2%	8.9%
Women's median hourly rate for every £1 men get paid.	90p	89p	91p

6.0 Next Steps

6.1 Within our Strategic Equality Plan 2020-2024 we have a specific action focusing on our Gender Pay Gap and Pay Differences reporting.

A more detailed action plan will sit underneath this which include specific actions around the best practice themes recommended by NHS Employers of explicitly looking at the following areas to see how they can have a positive impact on our Gender Pay Gap:

I. Branding / Communication / Transparency
II. Recruitment and Promotion Practices
III. Maternity and Paternity and Parental Leave Policies
IV. Wellbeing and Retention
V. Supporting Female Staff
VI. Data Analysis.

We will also undertake further benchmarking and sharing of best practice across the UK ambulance sector.

7.0 Conclusion

7.1 The gap in both our mean and median pay, shows that there is more work to be done. Whilst we do not have an equal pay issue we will take steps to reduce our pay gap and continue to explore best practice across the sector and beyond.

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

2020/21 IMTP PROGRESS REPORT

MEETING	Trust Board
DATE	28th May 2020
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Strategy and Planning
CONTACT DETAILS	alexander.crawford2@wales.nhs.uk

CORPORATE OBJECTIVE	N/A
CORPORATE RISK (Ref if appropriate)	Various re IMTP funding and delivery
QUALITY THEME	All
HEALTH & CARE STANDARD	All

REPORT PURPOSE	To note the progress on delivery of the IMTP in light of the COVID-19 Pandemic Response
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. The purpose of this paper is to:

- Update Trust Board on the progress on priority areas of the Integrated Medium Term Plan (IMTP) which was approved by Trust Board on 30th January 2020; and
- Describe the Welsh Government (WG) approach to Quarterly Operational Planning whilst the flexible response to the pandemic is in place, and set out how this will drive a review of and potential changes to the delivery of the IMTP.

BACKGROUND

2. WAST submitted its Trust approved IMTP to WG on 31st January 2020, following Emergency Ambulance Services Committee (EASC) approval on 28th January and a letter of support from the Chief Ambulance Services Commissioner.

3. The IMTP set out a refreshed set of deliverables for 2020/23, aligned to the Trust's Long Term Strategy, with clear delivery mechanisms and timescales. The IMTP builds upon the progress of the 2019-22 IMTP and responds to what our patients and colleagues told us was important to them, as well as setting out our commitment to A Healthier Wales and the EASC commissioning intentions.

4. An evaluation of the year end position in relation to the 2019-22 IMTP has been developed but not yet scrutinised internally or with Welsh Government (Q4 IMTP reporting was stood down) due to the onset of the COVID-19 pandemic and the move to a response phase. The status of deliverables at year end will need to be taken into account in the recovery planning phase described later in this paper.

5. Informal feedback from Welsh Government suggested that our 2020-23 IMTP was approvable, however Ministerial approval was not received prior to the outbreak of the pandemic.

6. Whilst there was a clear commitment to delivery of all IMTP milestones for 2020/21, Strategic Transformation Board highlighted, at its meeting on 26th February 2020, twelve key deliverables (the "top 12) that required particular focus and resourcing. These priority areas were:

- Transform the EMS service in line with the Demand and Capacity Review outcomes, increasing numbers of front line staff, & working to achieve internal & system-wide efficiency improvements
- Deliver a range of performance improvements throughout the EMS service in line with Commissioning Intentions
- Develop and Implement a [workforce] Wellbeing Strategy
- Engage with Aneurin Bevan UHB on the implementation of the Clinical Futures Strategy & opening of The Grange University Hospital
- Develop a Digital Transformation Strategy
- Procure and implement a Welsh Ambulance Services NHS Trust Electronic Patient Clinical Records (ePCR)

- Progress priorities of the Estates SOP for the next 3 years.
- Implement an Integrated Clinical Hub
- Prepare for the Health & Social Care (Quality & Engagement) (Wales) Bill
- Continue the Transformation of NEPTS
- Work collaboratively with Health Boards to provide care closer to people's home and reduce the number of patients who need to be taken to emergency departments
- Fully embed the 111 service across Wales

7. At the outset of the COVID-19 Pandemic, the Business Continuity Cell worked with Directorates to review their key service functions and IMTP priorities to establish what was considered essential, and thus needed to continue during the pandemic, and what could be stepped down to allow resources to focus on supporting the Trust's Core Services (as defined in the Pandemic Strategy and Tactical Intent). The table below sets out the review of the top 12 priorities and the ability of the organisation to progress each deliverable.

"Top 12" IMTP Priorities	**R – delay/push back A – would like to do G – must do**
Demand and Capacity review Implementation Programme	
Deliver a range of performance improvements throughout the EMS service in line with the Commissioning Intentions	
Develop and Implement WOD strategies	
Grange University Hospital Transport Solution	
Develop a Digital Transformation Strategy	
Procure and Implement ePCR	
Progress priorities of the Estates SOP for the next 3 years.	
Implement an integrated clinical hub	
Prepare for the Health & Social Care (Quality & Engagement) (Wales) Bill	
Continue the Transformation of the NEPTS	
Care Closer to Home and Reducing Conveyance to ED	
Fully embed the 111 service across Wales	

8. As the response to the pandemic has progressed and in preparation for both a period of flexible response and transition to eventual recovery, a further review was undertaken in April to measure progress against our original business continuity intentions and to ascertain the actual support available for the "top 12" deliverables. Whilst the intention was to continue to progress as much of the IMTP as possible, in reality some of deliverables considered "green" above had been paused as corporate support was required to establish the infrastructure required to respond to the pandemic.

9. It is important to note that one of the highest priority areas for both the Trust and commissioners, the recruitment of 136 additional WTE frontline staff, has continued to progress well with dedicated project management and Human Resources support, but other elements of programme have been paused.

10. Trust Board reviewed and noted at its meeting on 30th April 2020 a list of IMTP priorities and corporate functions which Executive Directors would seek to start to progress and scale back up as the organisation starting planning for recovery. This was refined and agreed between EMT and Assistant Directors (ADLT) at a meeting on 4th May. These are set out below:

- **EMS D & C Review**: recommence work on the **efficiency improvement** workstreams in addition to the progress made on the recruitment & training project;
- Respond to major service changes in health boards, such as the opening of the **Grange University Hospital** in Aneurin Bevan Health Board (ABUHB). The Trust has established an internal project group to work with ABUHB on this important programme, with opening potentially being brought forward to Autumn 2020;
- Step up planning for the **electronic Patient Care Record** (ePCR) system due to replace the Digipen system early in 2021 and the implementation of the approved new **integrated 111 / OoHs IT system**;
- Continue work on **major capital schemes** such as the Cardiff MRD, Matrix House, Aberaeron, and Pembroke Dock. There is a dependency in a number of these schemes on contractors who have also temporarily ceased operations as a result of the pandemic;
- Complete **CCC Clinical** and **NEPTS Demand & Capacity Reviews**, both of which are critical to continuing the transformation of these key services, taking account of key infrastructure and workforce changes brought about during the pandemic response;
- Secure resources to **replace over 100 vehicles in our fleet** through the submitted 2020/21 fleet replacement BJC, and refresh fleet plans for future via a further refresh of our WG endorsed Fleet SOP
- Scale back up crucial functions including **Putting Things Right and Safeguarding**;
- Develop and approve a **Digital Strategy**, building on the work which has been done at pace during the pandemic response; and
- Put the **Operational Delivery Unit** on a permanent footing, evaluating the benefits secured to date and gaining longer term commissioner support.

11. Central to the delivery of the IMTP are our people and, whilst not explicit in this list of priorities, the health, wellbeing and welfare of colleagues across all areas of the Trust is of paramount importance. There has been extensive progress on a Health and Wellbeing Strategy, with support mechanisms such as occupational health, counselling and TRiM in place. Organisational Development has also focussed on developing an approach and guidance to support colleagues to readjust post COVID-19 with an emphasis on compassionate leadership as we plan for recovery following the pandemic response.

ASSESSMENT

12. The following table sets out progress made during the pandemic response against the priorities set out in paragraph 10.

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
Transform the EMS service in line with the **Demand and Capacity Review** outcomes, increasing numbers of front line staff, & working to achieve internal & system-wide efficiency improvements.	▪ Establish a comprehensive implementation programme, including agreement of an Implementation Plan (March 2020) ▪ Make a substantial contribution to closing the relief gap with a minimum of additional 136 WTEs in post by 31 Mar-2021 ▪ Deliver year 1 efficiencies as agreed as part of the implementation plan ▪ Understand resource availability impact on Fleet and Estate		Further detail below in paragraphs 14-18. This is a fundamental programme of work for the Trust and commissioners and to date 57% of the required recruitment and training has been undertaken.
Engage with Aneurin Bevan UHB on the implementation of the Clinical Futures Strategy & opening of **The Grange University Hospital**	▪ Develop implementation plan for go live.		The Health Board is considering accelerating plans for opening, and the majority of acute hospital services could be delivered in the new hospital from Autumn 2020. Weekly project team meetings have been established internally and collaboratively with ABUHB and the commissioner's office. The models of transport provision and CCC arrangements are not yet agreed, and these urgently need to be finalised and funding secured in order that a recruitment and training plan can be established to deliver the requirements.
Procure and implement a Welsh Ambulance Services NHS Trust **Electronic Patient Clinical Records (ePCR)**	▪ Complete Full Business Case and seek approval from Welsh Government for funding ▪ Commence procurement of preferred ePCR solution ▪ Complete implementation of ePCR core scope		Work on this project was paused for a few weeks at the start of the response to the pandemic, but has now been picked back up and work is progressing apace. The ePCR tender documents have been completed and will go for final sign off to the Project Board on 27th May with the intention to go to tender on 1st June 2020. A procurement plan has been endorsed by the EMT and a contract briefing paper has been submitted to the Welsh Government's Finance Minister.

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
			The mini competition procurement process will take 8 weeks from Invitation to Tender during which time the Outline Business Case (OBC) will continue to be developed into a Full Business Case (FBC). The FBC will then go through the Trust's internal governance for endorsement before submission to the Welsh Government. The Trust's authority to enter into a commercial contract with an ePCR supplier is dependent upon approval of the FBC and funding from Welsh Government which will be made clear at the outset of the Trust's Tender exercise.
Fully embed the 111 service across Wales	▪ **Roll Out of 111 into Cwm Taf Morgannwg University Health Board (UHB)** ▪ Review of estates capacity & secure to support full roll out including a permanent Ty Elwy solution ▪ **Complete procurement of 111 National System** ▪ Explore options to undertake an externally validated Demand and Capacity Review across the whole 111 service		111 roll out into Cwm Taf was scheduled for spring 2020, pending confirmation from Cwm Taf. The full roll out did not take place. However, the staff have been recruited and with some preparation are able to support a go live in Cwm Taf. A new date is yet to be determined. BCU and Cardiff & Vale were are scheduled for rollout after the procurement of the new 111 system. The IMTP stated that the original implementation of the 111 system was due to commence from March 2021, following conclusion of system procurement. A contract has been signed with Capita and workshops have commenced to develop the scope of the new integrated system. There have been delays due to force majeure for COVID-19 and a new date will be agreed with the supplier as soon as initial planning is complete – this is likely to be Autumn 2021 for most Health Board areas.

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
			WAST is now confirmed as contracting authority and recruitment of internal staff to support the programme will be commencing in the immediate future. An internal Demand and Capacity review was completed by Shared Services and Finance lead for 111 in collaboration with the service. This work has been concluded for demand purposes however further work is ongoing to reassess clinical workforce requirements in the light of COVID-19 and emerging models for urgent care and ensuring there is sufficient estate capacity for full rollout and future COVID-19 related (and other) surges in demand.
Progress priorities of the **Estates SOP** for the next 3 years.	▪ Full Business Case approved for South East Fleet Workshop ▪ Development of business case for relocation of Bangor Fleet Workshop ▪ Develop OBC for Swansea MRD Replacement ▪ Develop and implement plan for our CCC in North Wales including expansion and utilisation of remaining space in Ty Elwy		The Estates SOP is being reviewed in light of the EMS D&C review recommendations, and this is ongoing currently. The Estates SOP Delivery Group is due to meet on 26th May 2020 and will consider some of the early analysis from the review and will aim to set timescales for further development of the SOP. Cardiff MRD, South East Workshops OBC and Matrix House works were delayed due to COVID-19, and recommencement of the work is subject to contractors and landlord respectively. The work on MRDs and stations in Swansea, Pembroke and Aberaeron have been delayed due to COVID-19. The design and specification of the vacant space at Ty Elwy had been prepared prior to the pandemic plan being invoked. Options are currently been costed for further discussion. This will be further influenced by the progression of the CCC strategy in North Wales to ensure

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
			best fit for the remaining space on the ground floor, which in itself will need to be considered in the light of COVID-19.
Implement an **integrated clinical hub**	▪ Development of project plan and delivery infrastructure. ▪ Development of business cases for service change in response to the 25 recommendations within the CCC Clinical Review. ▪ Implementation of key recommendations for year 1		COVID-19 has driven work to temporarily scale up the capacity and remote working capability within the Clinical Service Desk. The work to implement the findings of the CCC Clinical Review had not fully commenced prior to the Trust invoking its Pandemic plan and therefore limited progress had been made on achieving the recommendations to date. The learning from the COVID-19 response phase will need to be considered and factored into the implementation of the review's recommendations. Project Management support is available from the Transformation Support Unit when the programme is re-established.
Continued Transformation of the NEPTS	▪ Complete the **NEPTS Demand and Capacity Review** and develop an Implementation Plan		The main risk to a timely project completion is the availability of detailed NEPTS call data. Weekly project meetings recommenced on Friday 15th May 2020 to pick up outstanding queries from the data collection phase. New project timelines will be discussed and agreed at a project meeting on 29th May.
Fleet Strategic Outline Plan (SOP)	• There is not a specific deliverable on the Fleet SOP but the IMTP ambition was to replace 112 vehicles across EMS, NEPTS and HART in line with both the EMS Demand and Capacity review and Environmental Sustainability deliverables.		An initial 2020/21 Business Justification Case (BJC) has been submitted to WG in March 2020. The plan remains to deliver 112 new vehicles. A refreshed SOP to be developed during 2020 will take into account impacts of the EMS D&C review and Grange University Hospital (especially from 2021/22 onwards).
Prepare for the Health & Social Care (Quality & Engagement) (Wales) Bill Scaling up PTR and Safeguarding	▪ Preparing the organisation for the Bill becoming an Act		The roll out of the Docworks Safeguarding reporting process for EMS was delayed during the pandemic

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
	Key issues to emerge during COVID-19 were the capacity and resilience of **Safeguarding and Putting Things Right**, so the update focusses on these areas in this report.		response; awaiting all staff to return to their substantive posts to recommence. In order to meet the recommendations set out in the Intercollegiate Document there is a need to strengthen and enhance capacity and capability to deliver safeguarding training, this will be progressed as we move into the Recovery phase post COVID-19. The PTR Team are continuing to prioritise potential SAIs and Grade 3 and above concerns where there is a potential that harm has occurred. As a result of pandemic, the trust are yet to be notified of when the Quality Bill is to become law. However we are planning for the impact on PTR arrangements within the Trust, particularly around Duty of Candour and patient experience. The Trust is progressing with a Once for Wales approach and this will have an impact on the capacity required to deliver these requirements, and there is a need to review and ensure resilience within the Datix team going forward.
Develop a Digital Transformation Strategy	Develop an approved Trust Digital Transformation Strategy and Strategic Outline Programme		The Director of Digital post is now established within the Trust. Learning from the initial wave of the COVID-19 pandemic response has been captured in a draft paper which has been considered by EMT. This will inform an outline strategy that will be presented to Trust Board for discussion at the end of June.
Fully Implement new regional escalation arrangements (Q1/2)	▪ Fully Implement new regional escalation arrangements (Q1/2) including finalization of		The Trust has established an Operational Delivery Unit (ODU) to support system wide flow in line with the System

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
including finalization of sustainable resource requirements	sustainable resource requirements ▪ Evaluate new arrangements (Q2/3) in collaboration with the NCCU, make recommendations for improvement to EASC and initiate updated arrangements before winter 20/21 ▪ Develop plans with Health Board colleagues in advance of winter to support flow through hospitals and reduce hospital handover delays		Leadership ambition set out in the Long Term Strategy and within this IMTP deliverable. The ODU now operates daily 08:00-00:00 during the week and 08:30-20:30 at weekends. The core function has been established with clear direction for further development that supports the Welsh health care system. It co-ordinates the daily regional Risk and Safety Huddles, identifying risks to service delivery for the system and seeks agreement for regional escalation. There is a daily focus on the utilisation of resources and maximising the ability to respond to appropriate calls. Regular interaction has been maintained with WG Head of Unscheduled care, who is sighted on progress. A meeting with the Commissioner is being expedited to discuss longer term benefits and funding arrangements.

Key
Red - Urgent Attention Required
Amber – In progress, off track
Green – In progress, on track

Delivery of the EMS Demand and Capacity programme

13. The continuation of the recruitment and training plan to deliver a minimum of an additional 136 WTE in the EMS workforce by March 2021 has continued as a priority alongside the response to the COVID-19 pandemic. This is on top of recruitment to cover normal turnover, so that in total, 571 people will need to be recruited and trained this year.

14. Despite the challenges presented by the pandemic, the Trust has continued to make strong progress with regard to recruiting and training staff and remains on target, with 57% of the additional workforce requirement delivered. Aligned with this, the organisation successfully held the first virtual Big Bang recruitment event for Newly Qualified Paramedics, which consisted of a live Facebook event within a closed group, pre-recorded videos from key stakeholders and virtual interviews held via Microsoft Teams. The Trust has also successfully recruited colleagues to UCS positions in line with the recruitment plan through a virtual recruitment process.

Recruitment and Training Plan

Totals 2020/21

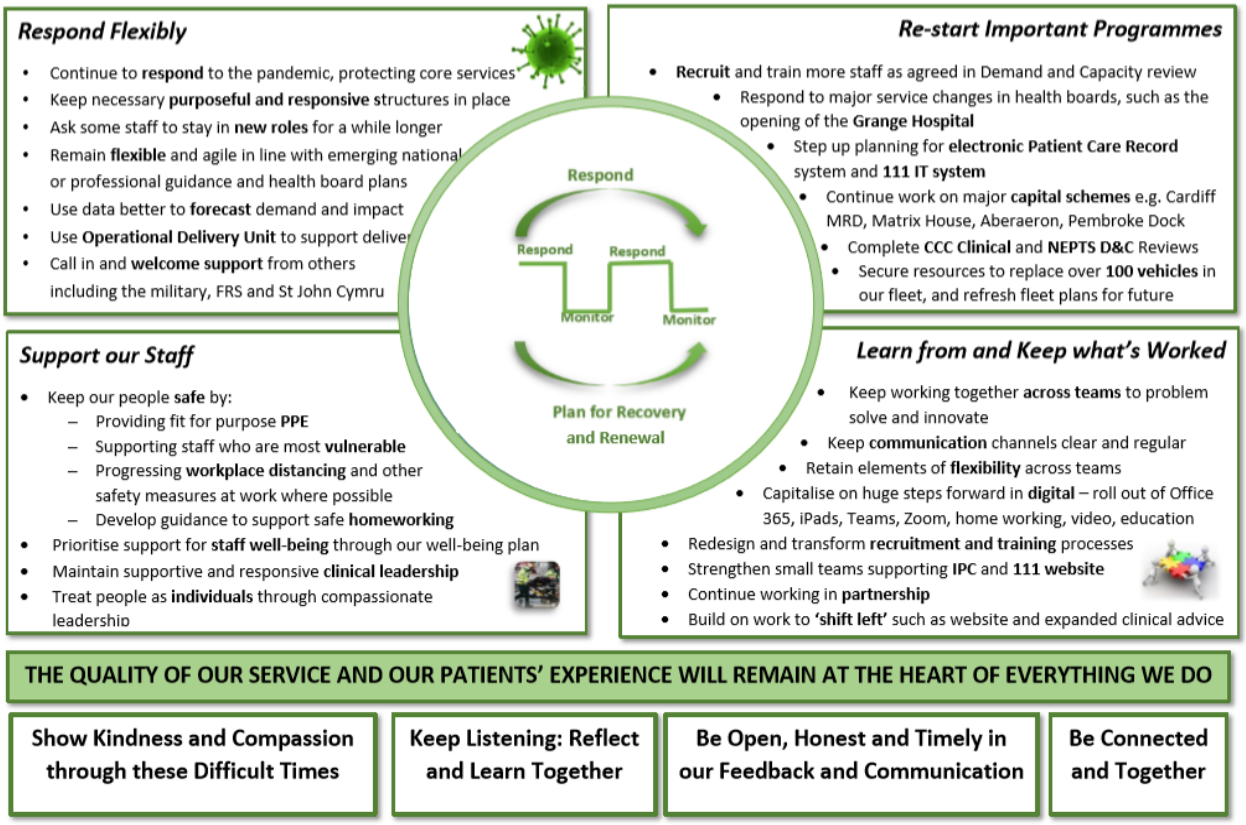
Role	Planned	Recruited	In training	Delivered	Cumulative R&T	This is % of Ask	Additionality secured	Additionality required
UCS	223	54	26	53	133	59.64%	34.00	22.10
EMT	250	12	58	6	76	30.40%	5.00	102.40
Para	98.5	106	0	9.41	115.41	117.17%	1.28	11.50
	571.5	**172**	**84**	**68.41**	**324.41**	**56.76%**	40.28	**136.00**

15. The Trust also responded quickly to the escalating COVID-19 situation to accelerate education delivery plans. Delivery of the first digital and distance EMT course is well underway, with 58 colleagues undertaking study to progress from UCS to EMT positions. Through the implementation of a virtualised turnkey solution, learning is now taking place via a combination of live streamed, interactive lectures, collaborative virtual sessions, small group work and self-directed study alongside highly managed practical assessment sessions. Despite apprehension at the start, feedback from the cohort has been extremely positive, with colleagues quoting greater flexibility, efficiency and an ability to learn and progress at an individual pace. Work is now underway to develop a purpose-built space at the new Matrix House premises to expand and develop virtual delivery strategies and applications.

16. The utilisation of technology and need to work very differently has shown real innovation, enabling us to continue to deliver some of our key services despite the challenges of our current context.

17. Finalising the remaining recruitment and training of staff is not without risk including the impact of the need to staff the Grange Hospital transport solution and recruitment of suitable candidates for UCS who hold C1 or Provisional C1 and C1 Test. The availability of people who meet this essential criteria is diminishing and a solution will need to be developed over the coming weeks.

Operational Planning Framework during COVID-19



18. The Welsh Government has published an Operational Framework for Q1 and has required all health organisations to submit an operational plan. The WAST plan was approved by Board on the 18th May 2020 and submitted to Welsh Government the same day.

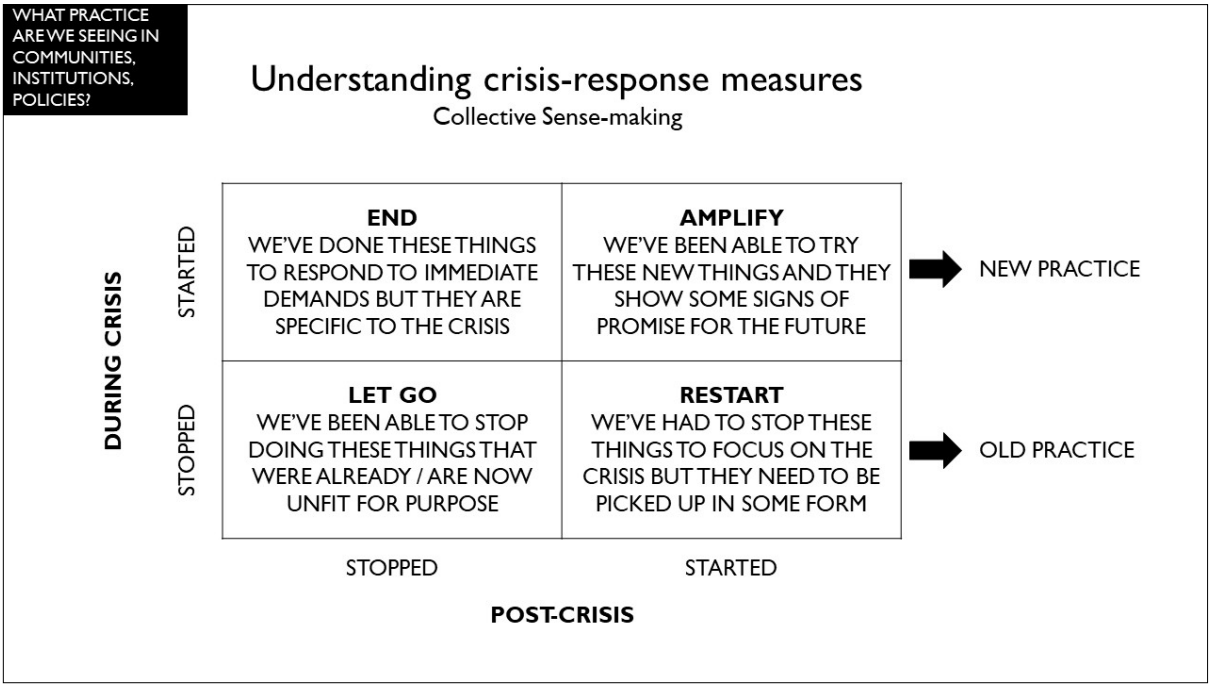
19. The heart of the Trust's Operational Plan for Q1 and its approach for a flexible recovery from COVID-19 is set out in the visual framework above. It is anticipated that there are likely to be a series of response and monitoring phases over many months in which COVID-19 activity increases and subsides again. Concurrent recovery planning and activity will take place and our level of escalation and response will vary according to the prevailing circumstances. The Business Continuity and Recovery cell is co-ordinating the planning processes required to implement this framework and this will drive how the organisation develops its operational and medium term plans once full recovery has been achieved.

20. Therefore, what we learn during the flexible recovery phase will have a bearing on the delivery of our original IMTP. We have already identified the major programmes that need to restart, but our learning from what has worked during the pandemic response phase will be crucial to informing the rest of the IMTP in terms of what we need to deliver, by when and through what mechanism.

21. The whole of the IMTP will be kept under review over the coming weeks as part of the recovery planning process, and where there is capacity to undertake work on some of the other priorities, this will be agreed by EMT. In the coming weeks, a global review will be undertaken on the status of the IMTP for 2020/21 to assess progress and to identify where plans need to be amended in the light of the ongoing pandemic. The aim is to have information returned to inform any adjustments to IMTP delivery by mid-June and an update will be given at the next Board meeting.

22. A key focus for how we re-frame the actions that will deliver our IMTP will include an assessment of what has changed as a result of the pandemic. The Trust is currently working on a series of debriefs and learning opportunities to gather intelligence that will help inform the reframing of these actions.

23. The approach the Trust will take will be informed, in part, by the RSA Lab Collective Sense Making Methodology show in the diagram below, which will allow us to consider what should continue and what should be stopped, in close consultation and agreement with our commissioners. The benefits, longer term impacts and potentially unintended consequences of actions taken to date will need to be properly evaluated over time and will develop into a combined progress and benefits tracker to ensure that we are delivering in line with original or refreshed timescales and what we are doing has a positive impact on patients, colleagues and stakeholders in the medium to long term.



Source: https://www.thersa.org/contentassets/007f26fb853f4f118994b819b658b331/understanding-crisis-response-measures.pdf

Summary

24. The Trust's IMTP has remained a key component of planning during the pandemic. However, understandably, the level of resource required to support core services during the response phase to date has meant that programmes of work to deliver the IMTP had

to be scaled down temporarily. Whilst there has been progress on the recruitment of the additional 136 WTE staff as part of the EMS Demand and capacity programme, the progress in other areas of the plan has slipped. The aim over the coming weeks will be to bring delivery back on track where possible, based on an updated set of milestones and actions against each deliverable.

RECOMMENDATION

25. The Board is asked to:

- Note the progress made on key IMTP deliverables in Q1 to date, in light of the COVID-19 pandemic response.
- Note the approach to flexible recovery planning which will inform any changes to the milestones and actions required to deliver our IMTP, with a fuller review to be brought back to the June Board meeting.

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

MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– April 2020

MEETING	Trust Board
DATE	28th May 2020
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Kerri Hitchings – Commissioning and Performance Manger
CONTACT DETAILS	kerri.hitchings3@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 note and discuss the Trust's performance and improvement actions
CLOSED MATTER REASON	Not applicable.

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	28 May 20	Consideration

SITUATION

1. The purpose of this report is to provide a single report which details the Trust's performance against key quality and performance indicators for April 2020.

2. Please note, this version of the report has been reduced to focus on the top 10 indicators only during the current COVID-19 pandemic period and narrative updates have not been sought from colleagues currently engaged in the COVID-19 response

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 publically to account on in terms of our quality and performance metrics and form the basis of the metrics used in this report.

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. The latest quarter (Oct 2019 – Dec 2019) was published on 30 January 2020. Monthly information is published by Welsh Government on Red and Amber performance. http://gov.wales/statistics-and-research/ambulance-services/?lang=en. Future publications of the AQIs are currently on hold due to the Trust's focus on the COVID-19 pandemic.

5. The main body of this report for consideration is included as **Annex One**, which includes a dashboard of the top indicators and subsequent pages dedicated to each indicator with analysis. Annex Two and Annex Three which would also normally be included with this report, have not been included for this iteration of the report due to the current focus on the COVID-19 pandemic. Future versions will also be updated to reflect the 2020/21 IMTP outcome measures, once work on the IMTP can resume.

ASSESSMENT

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

7. A full assessment of the top indicators is included in **Annex One**, including key improvement actions; however, for this version of the report not all improvement actions have been updated either because they have been suspended since the start of the CoVID-19 response or a decision has been taken not to chase the relevant function for information due to their focus on CoVID-19. For those actions that are in response to the COVID-19 pandemic, a specific update has been added to Annex One.

111 and NHSDW

8. **NHSDW website visits increased by 233%** in the last quarter (February 2020 to April 2020), compared to the same period last year. **There were 805,402 NHSDW unique website visits in April 2020 and 1,630,239 in March 2020, compared to 422,566 in February 2020**. The significant increase in visits was attributable to the launch of the new Coronavirus Symptom Checker launched promptly in reaction to the current COVID-19 pandemic and the initial Government advice for anyone with COVID-19 symptoms to access the symptom checker via the NHSDW website for further advice.

9. **111 call demand increased significantly in March 2020.** This increase was also due to the current COVID-19 pandemic and early Government advice for the public the contact 111 if they had symptoms of the virus. This message was replaced by advice to use the new NHSDW website Coronavirus Symptom Checker and therefore the service saw a **decrease in calls in April 2020 to 52,263;** however, this demand was still high for the time of year.

10. The **percentage of 111 Offered Calls Abandoned after 60 Seconds** increased in March and April 2020 with the onset of Covid-19 pressures. March 2020 performance peaked at 43.3% abandoned as demand rose by 223.8% compared to March 2019. April improved to to 13.4% as demand begun to decrease, however this is still higher than the normal expected rate for call abandonment in 111 services which is circa 2%.

11. The performance of 111 calls receiving a timely response to start their definitive clinical assessment also remains a challenge, with the exception of the highest priority calls, P1CT, the others, P2CT and P3CT are still not meeting the 90% target. Improvements have been seen through May 2020 however, which will be reflected in the next performance report.

12. Urgent measures were put in place to increase the 111 call taking capacity to cope with the increased COVID-19 demand, with 14 additional call takers and 24 additional clinicians sourced temporarily. This is in addition to the recruitment already underway and was sourced via agency, fixed terms contracts and through the redeployment of staff throughout WAST.

Hear & Treat

13. **Hear & Treat performance has declined during the COVID-19 pandemic period**, compared with performance in recent months, and the total volume of calls taken through this route has decreased significantly. The Clinical Service Desk (CSD) and NHSDW (Hear & Treat) achieved 6.5% in March 2020 and 8.4% performance in April 2020.

14. 1,374 ambulances were stopped in April 2020, compared to 3,412 in April 2019. This reflects the decrease in the total 999 calls in April as “normal” demand during the pandemic period has fallen.

15. The decreased performance in March 2020 at 6.5% was impacted by the increased calls relating to COVID-19. In particular, there was a significant pressure on NHSDW/111 at this time as outlined above, removing their ability to support with hear & treat calls. In March

2020, only 0.8% of hear & treat was by NHSDW/111, this rate would normally be c. 3.5% - 4.0%.

Verified Demand

16. In March 2020 the total verified incident demand was 37,726. In April 2020 verified incident demand reduced to 32,655, with 6,177 incidents related to CoVID-19 (Card-36) demand. Card-36 went live on 02 April 2020.

Red Performance

17. Red performance achieved the 65% target in April, the percentage of emergency responses to Red incidents within 8 minutes was 67.7%, an improvement compared to 64.5% in March. In April 2019, performance was 70.3%.

18. Red 95th percentile performance has fluctuated over the pandemic period, improving in April 2020 to 16 minutes and 42 seconds compared to 17 minutes and 14 seconds in March 2020 and 15 minutes 57 seconds in February 2020. In April 2019, the 95th percentile response time was 16 minutes and 32 seconds.

19. Red Demand has seen a decrease in April 2020 to 1,897 calls from 2,620 in March 2020. Despite this decrease, overall year on year there has still been an 18% increase. The previous increase is largely attributable to a change in application of the MPDS which has increased the number of breathing difficulties calls being categorised as Red incidents. This occurred before the COVID-19 pandemic period. The decrease in Red demand in the last two months is reflected across all of the prioritisation categories with Total Verified Demand in April 2020 decreasing by 18% when compared with the same period last year. Further detailed activity data can be found on page 14 of Annex One.

20. Despite the reduction in Red demand during this unprecedented time of the COVID-19 pandemic, there have been key factors that have affected Red performance, in particular, the prioritising of EA production over RRV production, resulting in lower levels of RRV resources than would normally be the case. This along with no contribution from CFRs and UFRs has affected our ability to respond to Red calls.

21. A full assessment of Red performance and the actions being taken can be found on **page 7 of Annex One**.

Amber Performance

22. Amber performance has improved significantly in the last few months, particularly in April 2020. Amber 65th and 95th percentile response times have had the best performance in April 2020 we have seen for over two years, with Amber Median also at similar levels. Amber 95th percentile in April 2020 was 02 hours and 08 minutes compared to April 2019 at 03 hours 07 minutes. Amber 65th percentile in April was 35 minutes compared to 43 minutes in April 2019. Amber Median was 24 minutes compared to 28 minutes in April 2019.

23. The improvement in Amber performance during the pandemic period has been supported by a number of factors: the focus on resourcing has been on EA production over RRV production; Amber demand has decreased by 15% in April 2020 compared to April 2019; and the number of hours lost to notification to handover delays at hospital in April 2020 decreased by 78% compared to the same period last year, as demand for A&E during the pandemic has also significantly decreased; this is from decreases of both Ambulance conveyances (see section below) and walk-ins to A&E by the public. All of these factors result in higher levels of EA availability to respond to Amber calls.

Conveyance

24. **Conveyance to Major EDs decreased in April 2020**. The Trust conveyed 13,444 patients to major emergency department (EDs) in April 2020, compared to 18,622 in the same period last year. Conveyance to Major EDs as a proportion of total verified incidents has also improved; April 2020 was 41.17% compared to 51.15% in April 2019. 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, pathways and conveyance to non-major EDs. The target for this indicator is a reduction trend.

25. April 2020 also saw a significant step up in the number of incidents treated at scene; and an improvement in the number of incidents referred to an alternative provider.

Notification to Handover Delays

26. **Lost hours from notification to handover delays improved significantly again in April 2020**; 1,929 lost hours compared to 5,673 in March 2020 and 8,766 in April 2019. This is a result of reduced activity during the pandemic period at A&E as ambulance conveyances decrease, general hospital activity decreases and walk-ins to A&E by the public also decrease as people are choosing to stay away from using emergency services during this unprecedented time. It is unclear how the publics' behaviour will continue through the pandemic; however, early indications suggest that A&E attendances are beginning to increase through May 2020.

Resources

27. Emergency Ambulance Unit Hours Production (UHP) saw an increase to 100% in April 2020 from 90% in March. The improved position is a result of prioritisation EA production over RRV production in response to the current COVID-19 pandemic; however, the result is a significant decrease in RRV production in April.

28. Monthly abstractions from the rosters have a big impact on UHP. In April, total abstractions stood at 31% compared to 35% in March and 29% in February. The highest proportion was annual leave at 9%, however this is lower than normal due to the pandemic lockdown measures.

29. Sickness abstractions increased in April 2020 as the level of sickness increased across the Trust. April 2020 sickness saw in-month increase to 7.68% from 7.51% in March 2020, 6.42% in February 2020 and 6.8% in April 2019.

30. Decreases were seen across the other abstraction areas, such as training; however, the benefit of these were offset by the additional COVID-19 abstraction (ex. Sickness) as some staff are required to self-isolate, accounting for 5.6% of abstractions in April. The abstractions were covered by a mix of relief (18.18%) and overtime (12%). The remaining gap explains the shortfall in UHP across all vehicles. In addition, 6,103 hours were provided by the Armed Forces and students.

Concerns Response Time

31. The **response to concerns within 30 days** was 68% in April compared to 54% in March 2020 and 62% in February 2020 and therefore still not achieving the 75% target, despite improvements being put in place to improve compliance. This measure is closely linked to handover and response times as the majority of concerns have related to timeliness to respond across the whole system, therefore collaboration with other health boards is essential going forward. Despite the improvement in response times and handover delays in the last month, there will be a time lag in the response to concerns.

Finance & Performance Committee Scrutiny

32. A full performance report was not submitted to the F&P Committee in May, however, the Committee considered and reviewed data within the most recent COVID-19 data pack, which includes data on a number of key performance indicators. The F&P Committee noted that full reports would be recommenced for the next meeting. It was agreed that a session would be arranged to take NEDS on the committee through the indicators in more detail to allow for greater understanding, particularly for those new to the organisation. It was also agreed that further consideration was required on the indicators that the F&P committee would review in detail.

Conclusion and Forward Look

33. As we move through the period of uncertainty due to the COVID-19 pandemic we have seen and are expecting further impacts on all areas of the Trust's performance. The biggest impact was on 111/NHSDW performance. Wales moved through the first peak of the pandemic in early April, with the number of confirmed COVID-19 cases and the number of COVID-19 verified incidents now beginning to decrease. It is not yet clear, if and when a second peak may occur.

34. A Collaborative Forecasting & Modelling Group has been created in response to the pandemic and will co-ordinate, plan and deliver forecasts and modelling in response to CoVID-19 and the emerging into a new business as usual. The Group will provide an operational/tactical focus during the CoVID-19 response and will not replace existing business as usual arrangements, post CoVID-19.

35. The Group is currently developing the most accurate forecast for COVID-19 incidents in conjunction with our current total “normal” demand forecast to model what this means for our frontline resourcing requirements. This group is linked to the WG National Modelling Forum, the Welsh Modelling Collaborative and Optima.

RECOMMENDATION

The Board is asked to:-

- **Note and discuss** the performance outlined in the April Monthly Integrated Quality and Performance Report.

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Monthly Integrated Quality and Performance Report

April 2020

SECTION 1 - MONTHLY INDICATORS
TOP INDICATORS DASHBOARD

Themes	No.	Top 10 Monthly Indicators	Lead Director	Target 2019/20	Baseline Position (2018/19)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	2 Year Trend	RAG
Our Goal - *Delivering Excellence*																				
Provide the right care in the right place, wherever and whenever it is needed	1	Number of hits to the NHSDW website	DQSPE	Improvement trend	3,696,770	296,222	293,461	364,768	397,017	441,412	421,774	442,937	417,566	420,251	476,887	422,566	1,630,239	805,402		G
	2	Call Volumes to NHSDW	DoO	Combined Improvement trend	243,840	19,555	18,863	17,721	17,894	17,370	15,507	15,864	15,661	19,120	15,393	16,335	32,031	20,734		G
		Call Volumes to 111	DoO		277,395	33,450	31,170	28,891	28,625	33,079	36,089	35,648	40,009	55,245	38,903	40,079	103,285	52,263		
	3	% of calls ended following WAST telephone assessment (hear & treat)	DoO	12.0%	7.8%	8.6%	8.2%	8.7%	8.5%	8.3%	8.6%	8.8%	9.0%	10.4%	9.3%	8.2%	6.5%	8.4%		R
	4	% of verified incidents that were conveyed to major Eds	MD	Reduction Trend	48.60%	51.15%	47.78%	46.59%	50.52%	46.77%	46.25%	45.76%	44.50%	40.87%	45.65%	47.14%	41.15%	41.17%		G
Our Strategic Enablers																				
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	5	% of emergency response to red incidents arriving within 8 minutes	DoO	65%	75.1%	70.3%	70.2%	72.5%	69.3%	69.0%	68.4%	66.3%	61.4%	62.0%	66.0%	67.8%	64.5%	67.7%		A
		Red 95th percentile	DoO	Reduction Trend	00:15:25	00:16:32	00:16:03	00:16:04	00:16:38	00:16:54	00:16:57	00:17:17	00:18:06	00:19:12	00:17:39	00:15:57	00:17:14	00:16:42		A
	6	Amber 95th percentile	DoO	Reduction Trend	02:38:42	03:06:52	02:41:39	02:51:56	03:05:12	03:26:29	03:28:25	04:03:30	04:27:59	05:48:22	03:39:00	03:13:35	04:29:50	02:08:01		A
		Amber 65th percentile	DoO	Reduction Trend	00:37:00	00:42:45	00:40:32	00:41:04	00:45:21	00:47:34	00:48:26	00:52:36	00:59:13	01:17:17	00:49:34	00:45:51	01:01:14	00:34:30		A
		Amber Median	DoO	Reduction Trend	00:24:11	00:27:53	00:26:42	00:26:53	00:29:33	00:30:52	00:30:50	00:33:10	00:36:36	00:48:03	00:31:20	00:29:47	00:38:28	00:23:50		A
	7	Number of lost hours following handover to clear over 15 minutes	DoO	Improvement trend	11,282	1,062	947	644	342	283	300	327	338	395	411	340	303	314		G
	8	% of concerns that received a response (reg 24, or interim Reg 26) within 30 days timeframe	DQSPE	75%	46%	63%	55%	33%	29%	44%	66%	91%	71%	61%	61%	62%	54%	68%		R
		% Serious adverse incidents assured within the agreed WG timeframe	DQSPE	90%	33%	0%	20%	50%	0%	66%	75%	75%	100%	100%	0%	0%	0%	0%		R
	9	Emergency Ambulance unit hours production	DoO	95%	92.8%	95%	92%	91%	89%	86%	88%	90%	92%	91%	98%	92%	90%	100%		G
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	DWOD	6.3%	7.14%	6.80%	6.26%	6.24%	6.65%	7.55%	7.12%	7.32%	6.93%	7.33%	7.16%	6.42%	7.51%	7.68%		R

FPC

INDICATOR 1 – Number of Hits to NHSDW Website
2019/20 Target – Improvement Trend

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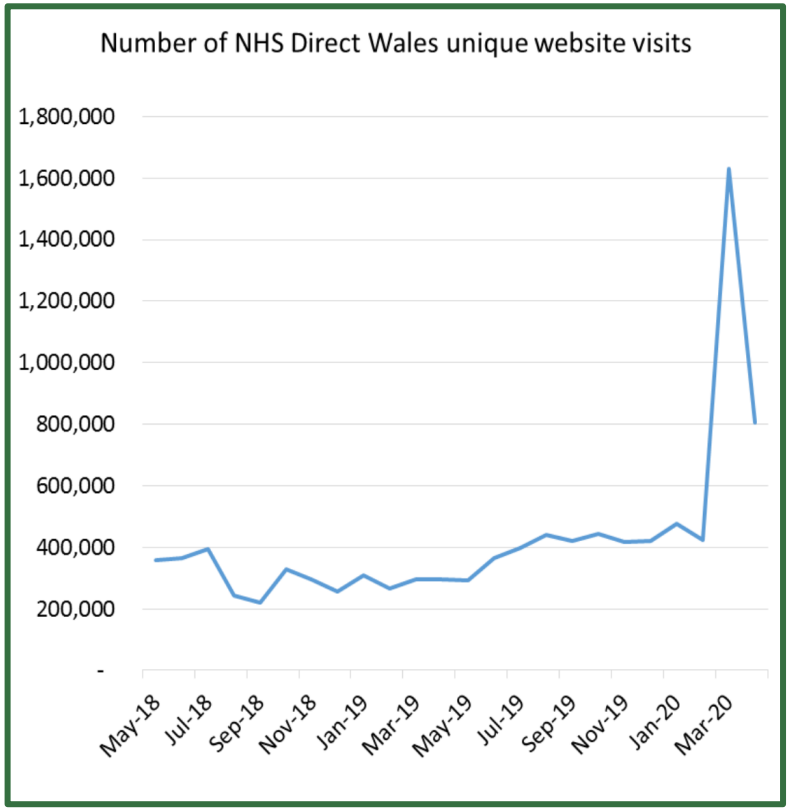


Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Develop a Digital transformation strategy	Mar-20	The development of the Digital Transformation Strategy has been closed and rolled over for completion in 2021. Director of Digital commenced on 20 January 2020 and will be key in taking forward developing the Strategy in 2021.	CLOSED
Develop access to services online and through internet application	Mar-20	COVID-19 Symptom Checker created and live for March 2020. Directory of Services has been redesigned and completed. Significant uplift in use of website driven by pandemic.	Not assessed
Utilise video and other technologies to enhance the way our services are accessed	Mar-20	Board approval for Apple iPads to be purchased for all front line staff has been agreed. Migration of staff to 0365 in progress with pilot group of APP's given tablets to test new features of 0365 and deployment of applications using the Microsoft Intune Mobile Device Management (MDM) system. On hold due to CoVID-19 response.	Not assessed
Other Improvement Actions			
Continue to improve website through addition of new symptom checkers - Four to be added to NHSDW Website	Mar-20	From early February 2020, as news started to be conveyed to the public about Covid-19 the team was originally requested to signpost people from the NHSDW website to the PHW website for Covid-19 information. However, as the pandemic and public advice gathered pace and cases were confirmed with Covid-19 in Wales the PECI team, in collaboration with clinical and web development colleagues, developed an in-house Covid-19 symptom checker, signposting the public away from 111 and encouraging them to go online to support operational demand. This was supported by social media and media activity secured corporately to reinforce the message to the public. Wider work on website development on hold with focus on CoVID-19.	Not assessed
Promotion of the NHSDW website	Continuous	PECI Team continue to promote the website and its features as part of our community engagement and business as usual.	Not assessed

Analysis

There were 805,402 NHSDW unique website visits in April 2020 and 1,630,239 in March 2020, compared to 422,566 in February 2020. The significant increase in visits was attributable to the launch of the new Coronavirus Symptom Checker launched promptly in reaction to the current pandemic and the initial Government advice for anyone with COVID-19 symptoms to access the symptom checker via the NHSDW website for further advice. In March 2020, the most viewed pages were: Coronavirus symptom checker (727,255 visits); cough symptom checker (251,213); symptom checker homepage (200,453); and generally unwell symptom checker (193,989). In March 2020, 60.53% were accessed by females and the largest proportion of viewers by age fell in the 25-34 years old band, 30.54%. This trend is consistent with previous months. (Please note we do not currently have this detailed information for April 2020).

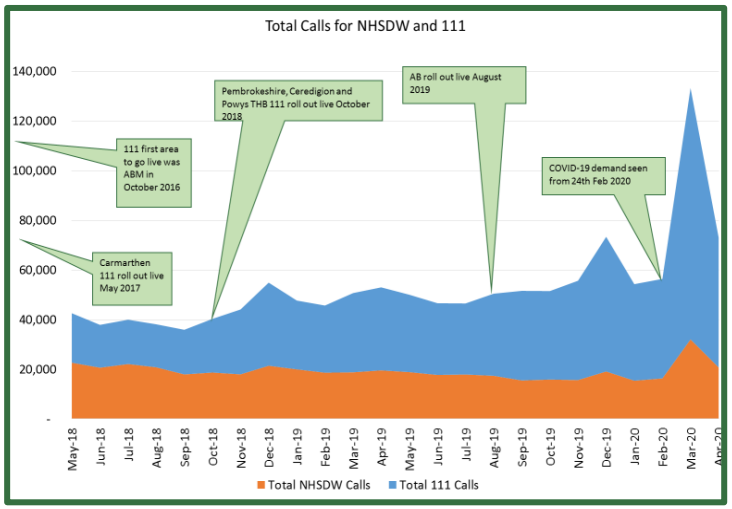
Visits to the website for the last quarter, (February 2020 to April 2020) recorded were 2,858,207 compared to 858,586 visits in the same period last year, an increase of 1,999,621 which equates to 233%. The target is an improvement trend.

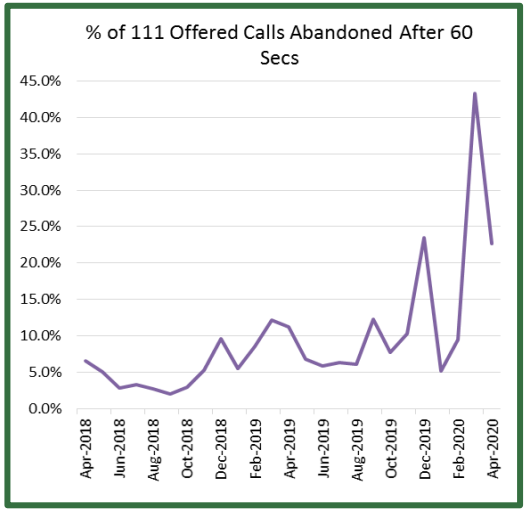
It is recognised that development is required to improve the ways of measuring the impact of this service. This was reviewed in 2019/20 and the outcome was an action to explore the establishment of a new indicator to report monthly on the top symptom checks used, how many visits to the page, the number of completed assessments and of those not completed, the % of the symptom check that was completed to enable trends to be built. In 2019/20 further discussions were on hold due to higher priority work taking precedence. This will be reviewed in 2020/21 when services return to normal.

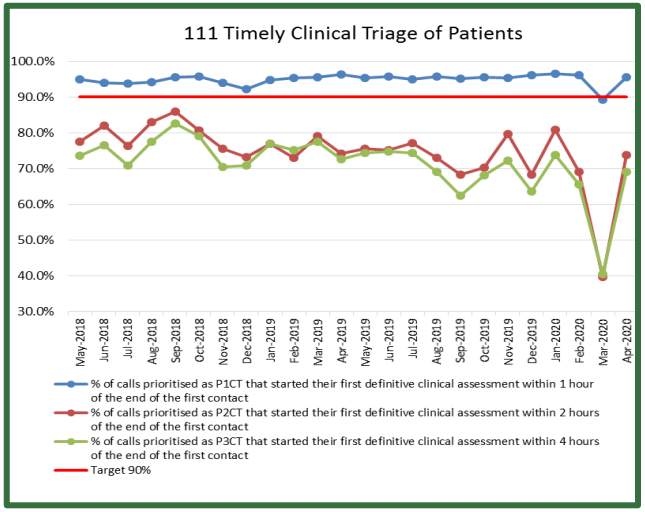
FPC

INDICATOR 2 – Call Volumes to NHS Direct Wales (NHSDW) and 111 as a combined total to increase
2019/20 Target – Combined Improvement Trend

G







Analysis

111 call demand increased significantly in March 2020, 103,285 calls compared to 40,079 in February 2020 and 30,900 in March 2019, due the current COVID-19 pandemic and early Government advice for the public the contact 111 if they had symptoms of the virus. This message was replaced by advice to use the new NHSDW website Coronavirus Symptom Checker and therefore the service saw a decrease in calls in April 2020 to 52,263, however this demand was still high for the time of year.

111 was rolled out to All Wales as the main contact number for the service however the full 111 service was not rolled out to all areas. Plans to complete the full roll-out across Wales will be re-assessed in light of the current pandemic.

NHSDW call demand continues to decrease overall, however the service also saw a spike in demand in March and April following the pattern of 111 due to the current pandemic. Despite the increase in the last two months, there has been a year on year decrease of 7.0%. 111 telephony overall demand continues to increase as the service is rolled out and due to the current pandemic. There has been a year on year increase of 79.4%. Overall, the volume of 111 and NHSDW calls has increased as per target.

The 111 call abandonment rate is on an upwards trend. March 2020 performance peaked at 43.3% as demand rose by 223.8% compared to March 2019. April decreased to 13.4% as demand begun to decrease. The normal expected rate for 111 services is c.2%. The high abandonment rate is caused by lack of capacity to meet demand.

The **highest priority calls, P1CT, continue to provide a timely response**, starting their definitive clinical assessment within 1 hour of the end of first contact, with the exception of a decrease in March 2020 at 89.3% as demand soared, the target is 90%. The lower priority calls, P2CT and P3CT, continue to be below the 90% target for providing a response within 2 hours and 4 hours respectively. However, to date in May, further improvements have been noted.

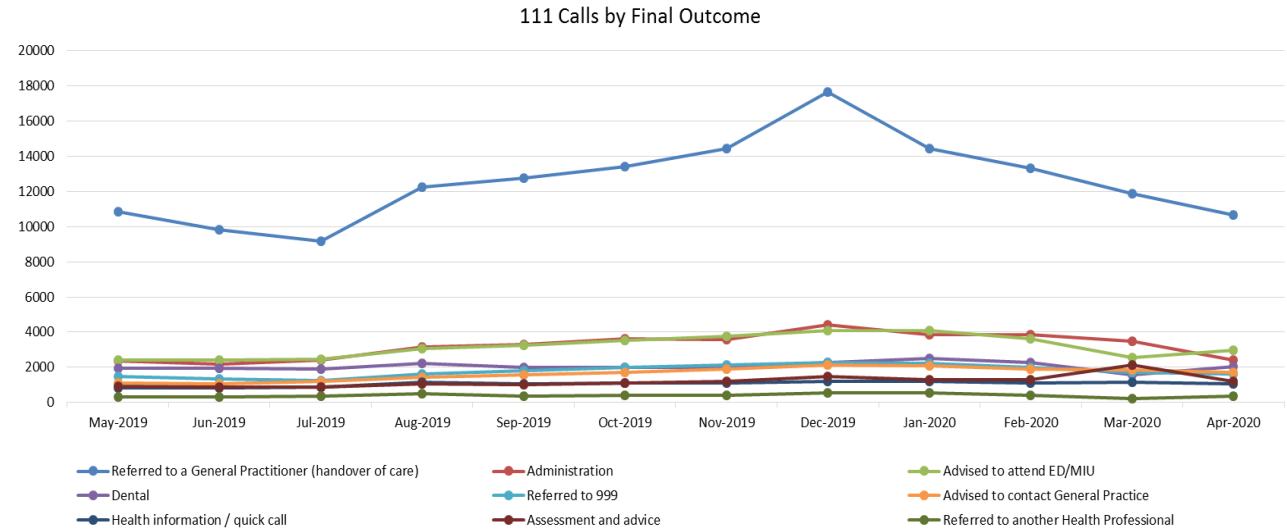
Improvement Actions

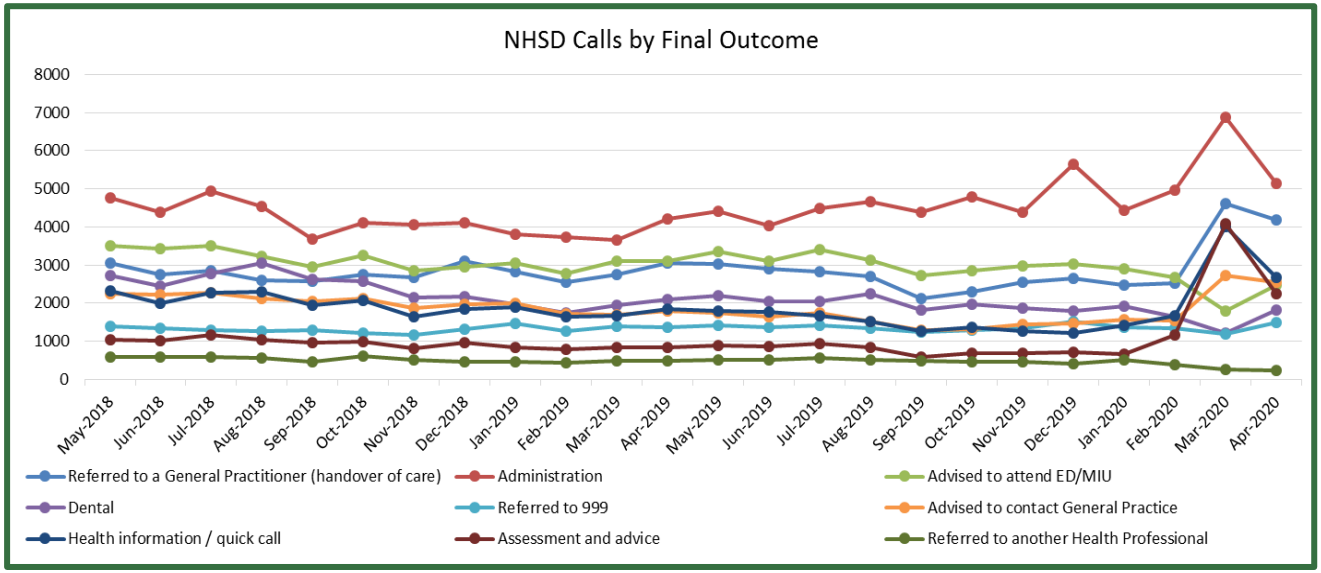
IMTP Deliverable	Completion Date	Progress Update	RAG
Complete rollout of 111 service across Wales	2020/21	The 111 number has been rolled out across Wales in March in response to the COVID-19 Pandemic, however this is for the number only, the full 111 service roll-out is still to take place. Theses roll-outs will now need to be re-assessed in light of the current Pandemic.	Not assessed
Other Improvement Actions			
Recruitment Plans for Paramedics and Band 5 nurses to NHSDW	Ongoing	In response the current pandemic 24 Clinicians (111/NHSDW) have currently been sourced to improve capacity temporarily. There is still a requirement to improve capacity on a permanent basis.	Not assessed
Review of 111 demand and capacity	TBC	The review of demand and capacity for both 111 and NHSDW services was concluded in 2019/20 with agreement reached for the revised call taker numbers. Recruitment has commenced to secure the increased staffing numbers required. Temporary call taker capacity has also been sourced via agency and re-deployment of a large number of WAST staff in response to the COVID-19 Pandemic. 14 call takers and 24 clinicians have been recruited to date. A WAST Forecasting & Modelling Group has been formed to develop the "most likely" COVID-19 and total demand forecast for WAST to determine if further recruitment is needed for all areas frontline of the Trust, this work is ongoing.	Not assessed

FPC

INDICATOR 2 – Call Volumes to NHSDW and 111 as a combined total to increase continued
2019/20 Target – Combined Improvement Trend

G





Analysis

Following on from the previous 111 and NHSDW slide, the 111 WG standards set out a defined list of common final outcomes to report as call volumes. This is intended to allow an understanding of the most common outcomes for patients presenting the service and to be able to compare trends and similarities both within HBs, and between HBs. This will assist in planning future services.

For the purpose of this report, both the 111 and NHSDW call volumes have been split by final outcome for the purpose of understanding both services within WAST.

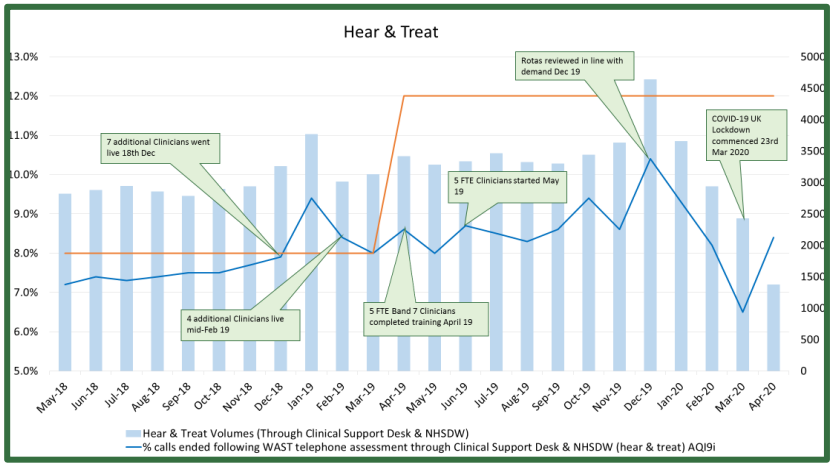
The most significant final outcome for 111 calls is consistently **Referral to a General Practitioner (GP) (handover of care).** The next two top outcomes in April 2020 were calls advised to attend ED/MIU accounting for 12.4% and administration, which are calls ended non-clinically, such as caller not wishing to proceed, call aborted, call duplicated, etc. accounting for 10.1% of calls. The remaining outcomes in order of volume accounted for: dental (8.5%); advised to contact GP (7.2%); referred to 999 (6.7%); assessment and advice (5.0%); health information/quick call (4.3%); and referred to another Health Professional (1.4%).

Final outcomes for NHSDW see a wider variety between the different dispositions. The top final outcome for NHSDW is consistently Administration accounting for 22.6% in April 2020. The remaining outcomes, in order of volume of calls accounted for would normally see advised to attend ED/MIU however reflecting the current pandemic the referral to GP has taken over as the second top outcome. The outcomes are: referred to GP (handover of care) (14.1%); advised to attend ED/MIU (10.9%); dental (8.0%); health information/ quick call (11.7%); advised to contact GP (11.1%); referred to 999 (6.5%); assessment and advice (9.8%); and referred to another Health Professional (1.0%).

FPC

INDICATOR 3 – % of calls ended following WAST telephone assessment (HEAR & TREAT)
2019/20 Internal Target – 12% Commissioning Intention – increasing volumes

R



Analysis

The **Clinical Service Desk (CSD) and NHSDW (Hear & Treat)** achieved 8.4% performance in April, compared to 6.5% in March and 8.6% in April 2019. The internal performance target for 19/20 was 12%, but this target is no longer in place.

1,374 ambulances were stopped in April 2020, compared to 3,412 in April 2019, a considerable decline in actual volume of hear and treat but not in percentage terms. This reflects the decrease in the total 999 calls in April as "normal" demand during the pandemic period has fallen.

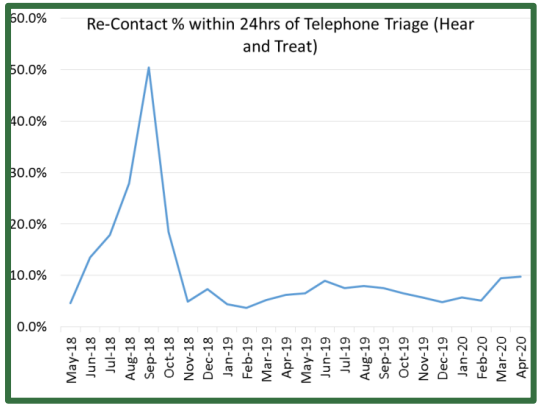
The decreased performance in March 2020 at 6.5% was impacted by the increased calls relating to COVID-19. These calls take a long time to manage, reducing hear and treat time. The decrease was also a result of the significant pressure on NHSDW/111, removing their ability to support with hear & treat calls. In March 2020 only 0.8% of hear & treat was by NHSDW/111, this rate would normally be c. 3.5-4%.

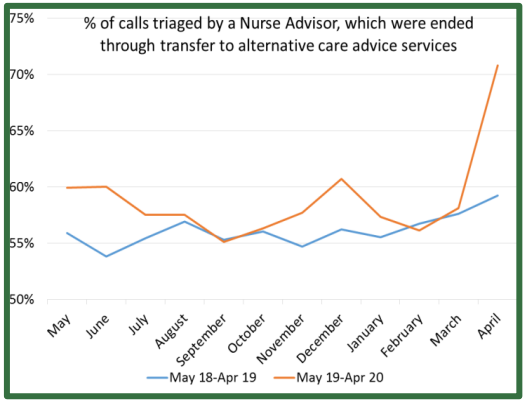
The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated considerably over the last two years, the peak in September 2018 at 50.4% was a result of one frequent caller who was taken through our frequent caller process, resulting in the re-contact rates to return to normal levels. Levels have risen slightly in the last two months to 9.5% in March and 9.8% in April 2020.

The percentage of calls ended through transfer of alternative care advice services has been on a increasing trend, with a significant increase in April 2020.

Improvement Actions

Key Imp. Actions	Completion Date	Progress Update	RAG
Additional Clinicians for the CSD	Jun-19	The original action was complete in 2019/20 however in reaction to the COVID-19 pandemic, an additional 17 CSD Clinicians have been sourced through redeployment of paramedics, some agency and some fixed term hires.	C.
Full cross-directorate Clinical Review of the Clinical Contact Centre Functions.	Oct-19	Completed 2019/20	C.
Winter Planning (Welfare Calls and C3 Remote Working)	Oct-19	CSD Remote Working is now live with ICT capability to be implemented to support working from home during the COVID-19 Pandemic.	Not assessed
Review of activity flows	TBC, within 2019/20	This is now complete. No timelines are currently set for the implementation of the review recommendations due to awaiting agreement of resources.	C.
Review of CSD Rosters	Dec-19	Completed - CSD rosters reviewed to allow capacity to be re-aligned to demand.	C.
Review of MPDS Codes passed to NHSDW for H&T Triage	TBC	**Not updated due to CoVID-19).**	Not assessed

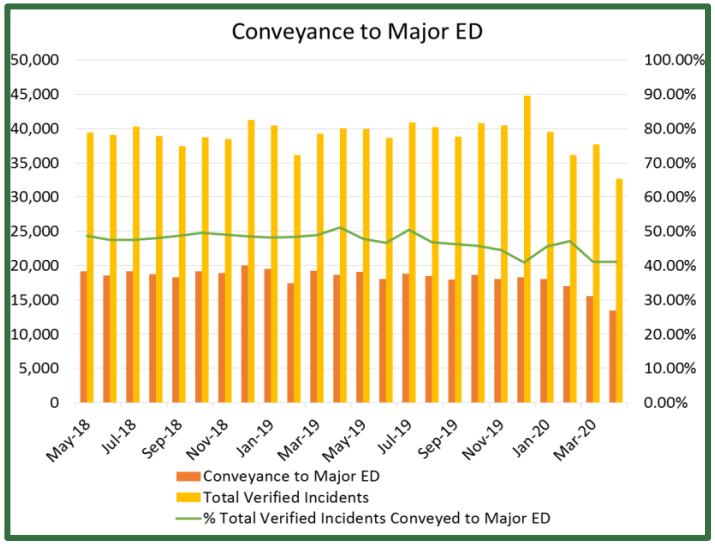




FPC

INDICATOR 4 – % of verified incidents that were conveyed to Major ED
2019/20 Target – Reduction Trend

G



Analysis

The Trust conveyed 13,444 patients to major emergency department (EDs) in April 2020, compared to 18,622 in the same period last year. The graph above demonstrates that proportions conveyed have improved in recent months as conveyance to hospital has reduced during the current COVID-19 pandemic. Overall the average rate year on year has improved compared to the previous year, for the last 12 months, April 20 to May 19 the average rate is 45.35%, compared to the same period the previous year which had a rate of 48.70%.

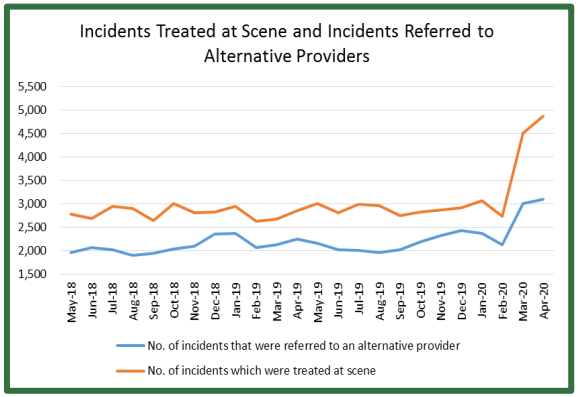
This indicator (it is not a formal measure at this time) captures the impact of all "shift left" activity, for example hear & treat, see & treat, pathways and conveyance to non-major ED's. The target for this indicator is a reduction trend.

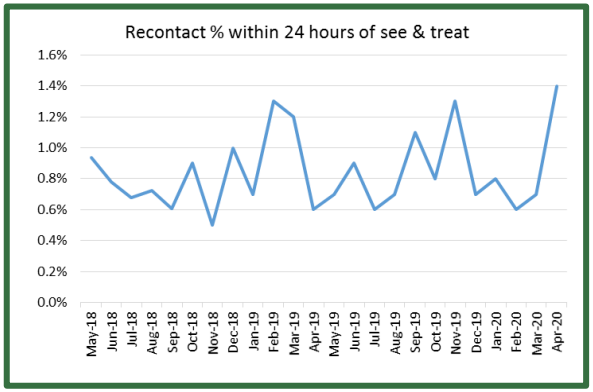
March and April saw significant increases in the numbers referred to an alternative provider or treated on scene. This will need to be investigated further in terms of whether this s COVID related, or can be sustained into the future.

The percentage of see & treat incidents that re-contact the service within 24 hours remains low.

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Continue expansion of APP role (If funded and agreed with Commissioner)	Sep-19	Further to the 24 Advanced Paramedic Practitioners started at 3 Universities in Sep-19 (undertaking 2 shifts per week within WAST and/or Primary Care, funding through HEIW has allowed for us to offer individuals who have expressed interest in pursuing advanced clinical practice, who currently do not have the academic qualifications, the opportunity to attend university to study bridging modules at level 6 and 7. There were 33 successful applicants following interview, commencing study in January 2020. A paper was submitted to EASC Management Group in January 2020 to explore the further expansion of APPs into Primary Care **(work on hold due to COVID 19).**	Not assessed
Evaluate & implement APP/non-medical prescribing framework	Mar-20	6 Paramedic Prescribers have now completed the programme. Prescription pads have been printed and issued to all prescribers to allow for the practice to commence within WAST (albeit this has already been happening within the primary care setting through the rotational model). An additional cohort of 5 Student Paramedic Prescribers commenced in September 2019. **(work on hold due to CoVID-19).**	Not assessed
Develop new pathways with Health Boards	Baseline assessment and review Sept-19. Introduction of new pathways Oct – March 20.	A Clinical Pathways Engagement Workshop was held by WAST in Dec 19 that prioritised the development of a national respiratory (COPD) pathway, with a commitment to develop and roll out direct admission pathways into Ambulatory Care and also a national Mental Health pathway. A Respiratory Pathway has been developed and launched on the 27th January in Aneurin Bevan Health Board with a detailed evaluation due to take place after 8 weeks, prior to scaling up across Wales. Work has been on hold due to COVID 19	Not assessed





OUR STRATEGIC ENABLERS

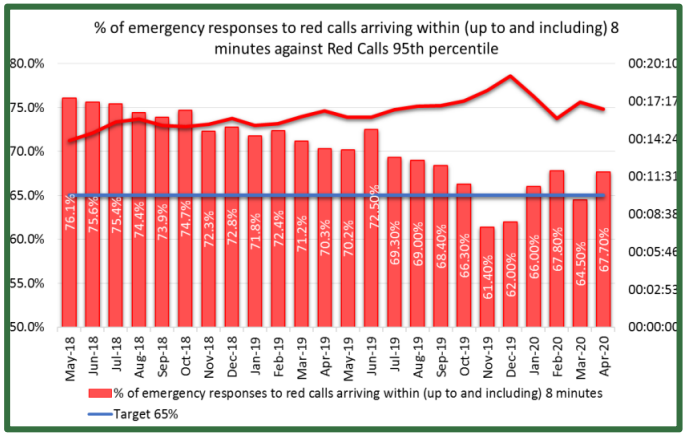
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPEREINCE TO OUR PATIENTS AND OUR CORE SERVICES

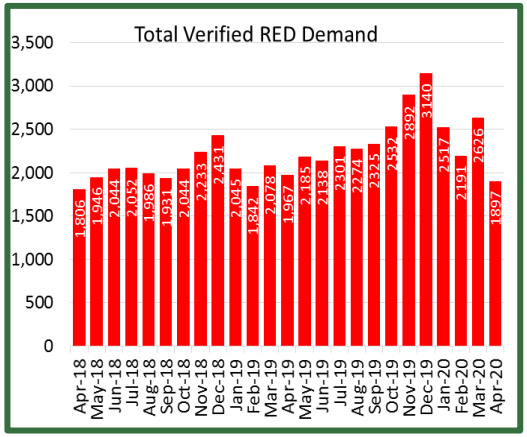
FPC CI

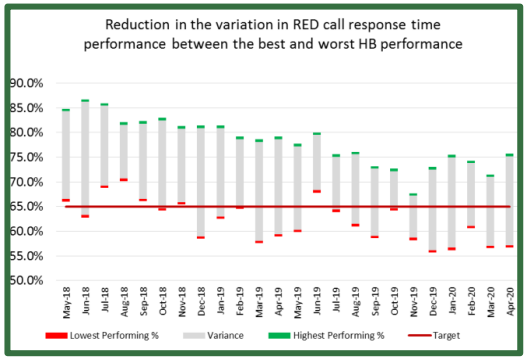
INDICATOR 5 – RED % of Emergency Responses to Red Calls Arriving within 8 minutes to Improve and Red 95th Percentile

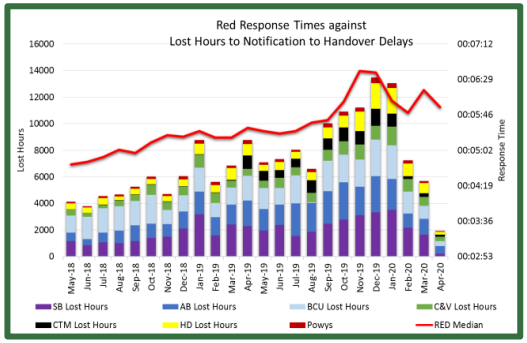
2019/20 Target – 65% and Red 95th Percentile reduction trend

65% A 95th A









Analysis

Red performance has further improved in April 2020, achieving the 65% target at an all Wales level (67.7%). Performance has been gradually declining over the last 12 months, due to increases in demand and reduction in number of running calls.

The three main determinants of Red performance are Red demand, unit hours produced and handover lost hours. However during this unprecedented time of the COVID-19 pandemic there have been other factors that have largely affected red performance. The focus on resourcing has been on EA production over RRV production, resulting the lower levels of RRV resources that would normally be the resource available to quickly respond to Red calls. This along with no contribution from CFR and UFR's has affected the ability to respond to red calls, this is particularly an issue for the more rural areas of Hywel Dda and Powys which have seen poor red performance in April 2020.

Red demand increased by 18% overall year on year, despite the recent decrease in April 20 as our total normal demand has decreased since the start of the pandemic period in March 2020. The increase in is largely attributable to a change in application of the MPDS which has increased the number of breathing difficulties calls being categorised as Red incidents.

The 65% target was not achieved by 3 HB in April 2020, Cwm Taf Morgannwg achieved 63.6%, Hywel Dda achieved 56.7% and 64.6% in Powys. Red 95th percentile has been on a gradual worsening trend over the two years displayed, however there have been improvements in recent months in line with the 65% 8 minute performance.

Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Red Improvement Plan	Weekly updates ongoing, Mechanism to cease enhanced performance management is yet to be agreed with NCCU.	**Plan not being managed at this time due to CoVID-19).**	Not assessed
Weekly Performance Demand and Capacity Review meeting	Weekly ongoing	Meetings superseded by weekly calls with CASC during COVID period which has included discussion on performance	Not assessed
Immediate Release Requests Process Revision – agreed with NHS Wales Medical Directors	Aug-2019	The revised process has allowed improved accuracy of reporting from 30th July – data on request.	COMPLETE

Other Improvement Actions (not updated due to CoVID-19)

Due to the deterioration in Red performance, the Trust moved into enhanced performance management via the NCCU and as a result of an instruction to do so from Welsh Government. Red performance is being closely monitored, with the current improvement focus being on overproducing on RRV unit hours, more effective deployment of existing resource, incident upgrades and overnight performance.

The F&P Committee considered a 'deep dive' into Red performance at its July 2019 meeting. The committee spent considerable time scrutinising the report and were comfortable the right actions were being undertaken. Further discussions were held at the Quality and Delivery meeting, and additional actions have been implemented. Increased focus on job cycle / mobilisation times to move Red 9 to Red 8.

A review of the WAST 2018/19 National Winter Plan has also been completed, in particular, the extra activity (planned hours) from a substantial range of initiatives that will impact on winter (some via IMTP deliverables), some specific to Winter Plan. There is also a specific festive period winter plan for the Christmas and New Year period. As a result of the increase in red demand, the Academy will be working with us to ensure we are effectively implementing their advice.

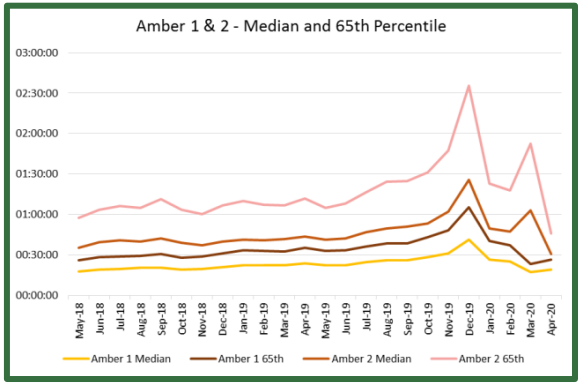
OUR STRATEGIC ENABLERS

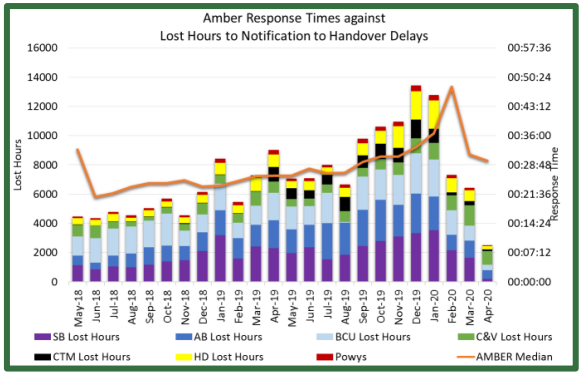
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

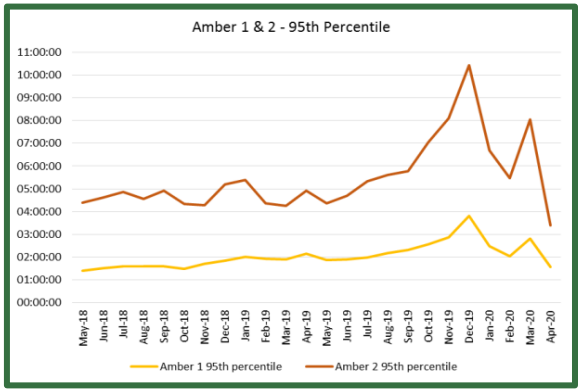
FPC CI

INDICATOR 6 – amber MEDIAN, 65th Percentile and 95th Percentile to Reduce across all Health Board Areas
2019/20 Target – Reduction Trend

A





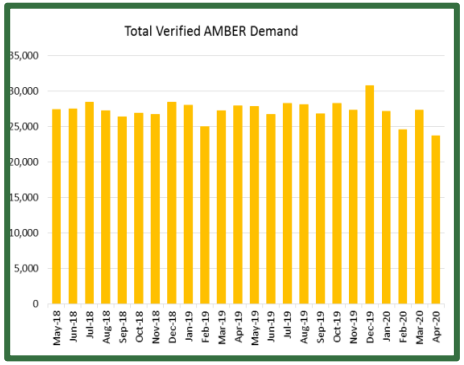


Analysis

Amber performance has improved significantly in the last few months and particularly in April 2020. Amber 65th and 95th percentile response times have had the best performance in April 2020 we have seen for over two years, with Amber Median also at similar levels. The target is a reduction trend. Verified Amber demand has also decreased during the unprecedented pandemic period as our total normal demand has also decreased. This is despite 85% of COVID-19 incidents being categorised as Amber.

In April 2020, there were 17 patients waiting over 12 hours, a significant decrease compared to 227 in March and 125 in February.

There is significant correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the middle graph to the left of this page. The number of hours lost to notification to handover delays in April decreased to 1,929 as demand for A&E during the pandemic has also significantly decreased. This compares to 8,766 hours in the same period last year. Further information on handover delays can be found on slide 10.



Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Implement the recommendations of the Amber Review	Nov-19	Programme closed and superseded by EMS Demand & Capacity Review Programme and Ambulance Availability Taskforce.	C
Roll out the Trusts Falls Framework	Mar-20	**Not updated due to CoVID-19).**	Not assessed
Other Key Improvement Actions	**Completion Date**	**Progress Update**	**RAG**
Demand and Capacity Review	Nov-19	A programme board has been established and is meeting every three weeks. The projects in this programme have been suspended due to CoVID-19 with the exception of the recruitment and training project which is ahead of target. The Grange hospital is a separate project, outside of this Review's programme, but remains a key consideration due to the impact on recruitment and training.	GREEN
Actions to reduce the very longest waits	Ongoing	**Not updated due to CoVID-19.** However, long waits have reduced signifcantly	Not assessed
Work with HBs to support unscheduled care system to reduce hospital handover	Ongoing	Whilst responsibility for this lies with HBs, Trust is working closely with them on improvements. Two key initiatives have been agreed with EASC: working with our partner of choice, St John Cymru Wales, to increase the Trust's unscheduled care service capacity and help backfill the lost hours from handovers through expanded St John Cymru Wales cover over the next 12 months: an additional 10 shifts per day, starting 04 Nov-19; and the utilisation of patient co-horting at key acute hospital sites where handover delays are particularly prominent to improve handover of WAST patients and provide care under WAST supervision to the point of handover to the hospitals, thereby freeing up WAST colleagues to respond to patients in the community. Further information on the impact of the cohorting sites can be found on slide 10.	COMPLETE

FPC CI

INDICATOR 7 – Number of hours lost due to *Handover to clear* delays over 15 minutes
2019/20 Target – Reduction Trend

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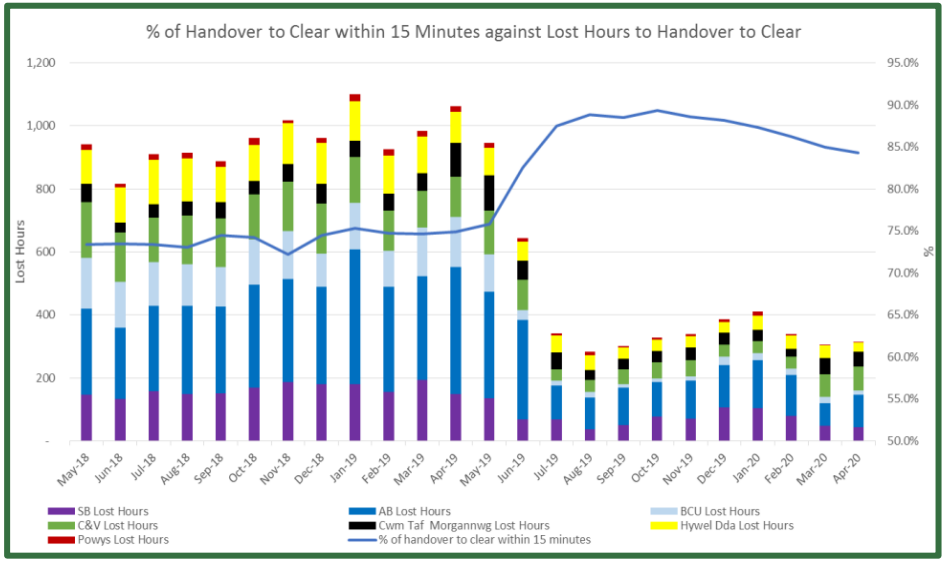
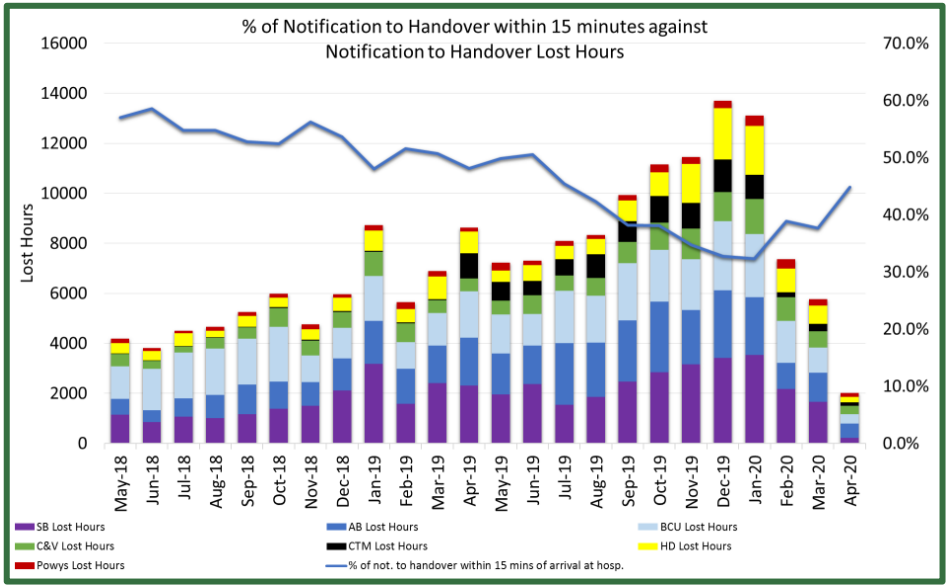




Analysis

***Handover to clear* delays have reduced and are now stable. 4,944 hours were lost** in the last 12 months, period May 2019 to April 2020, compared to 10,094 hours in the same period last year. In April, a total of 314 hours were lost to handover to clear delays. A significant improvement compared to the previous year where there were 1,062 lost hours in April 2019.

The **percentage of handover *to clear* within 15 minutes** of transfer of patients to hospital staff was 84.3% in April 2020, compared to 74.9% in April 2019. The target is a reduction trend.

105,225 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 69,153 in same period two years ago (May-18 to Apr-19). 1,929 hours were lost in April 2020, 78% decrease compared to 8,766 in April 2019.

The improvements in notification to handover delays can be seen in all 7 Health Boards in April 2020 compared to the previous month. This significant decrease is a result of decreased demand in A&E departments across Wales during the COVID-19 pandemic as public are avoiding using the service, mirroring the decrease in "normal" demand WAST has also experienced during the pandemic. This has had significant positive impacts on WAST performance, particularly Amber response times as can be seen on slide 9.

Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Handover to Clear Imp. Plan	Oct-19	Action plan in place has been delivered. Improvements in Handover to Clear have been realised.	COM.
Implementation of Dual PIN	Aug-19	All sites are now live with the new dual pin process. 1-1's are taking place with AOMs leading.	COM.
Patient Cohorting	Feb-20	Patient cohorting was implemented at Princess of Wales Hospital, Royal Gwent Hospital and Ysbyty Glan Clwyd to allow the release of EAs and reduce the lost hours due to handover delays. Analysis (above) shown that this improved the handover lost hours in February 2020, with the exception of YGC. In April 2020, handover lost hours were very low and therefore cohorting arrangements not required.	COM.

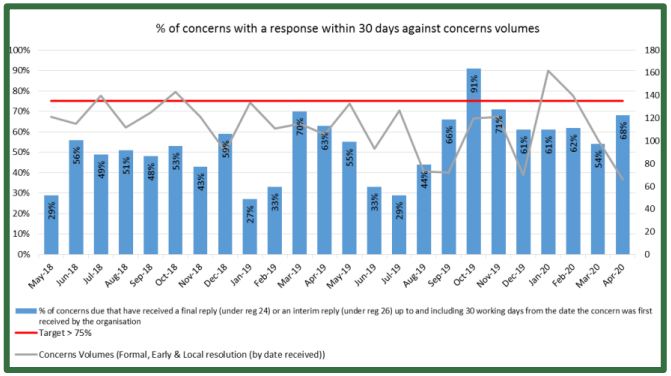
OUR STRATEGIC ENABLERS

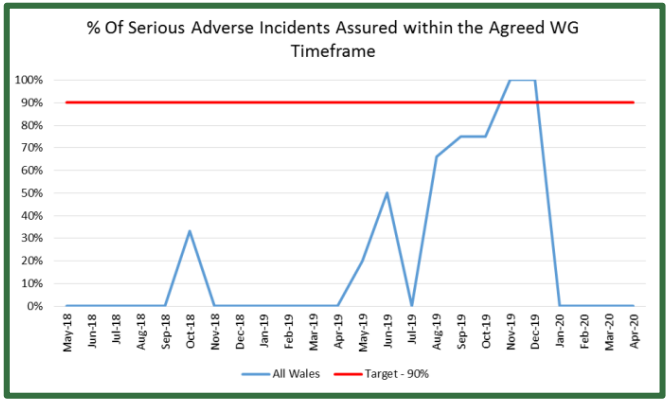
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

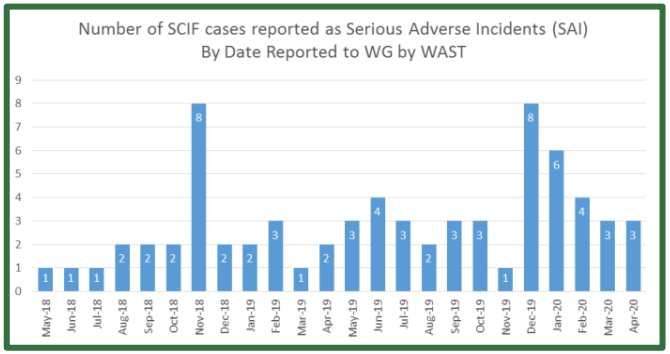
QUEST

INDICATOR 8 – % of concerns that received a final response under regulation 24 within 30 days; and % of serious incidents assured within agreed timescales

R







Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Winter Planning 2019/20	Sep-19	The 2019/20 winter plan period has now finished and under normal arrangements a review of the winter period would have been undertaken. 2019/20 winter planning activity has been has been suspended due to CoVID-19, but consideration is now being given to how we plan for winter 2020/21 with CoVID-19 in the system.	GREEN
Creation of a Patient Safety & Experience Learning & Monitoring Group (PSELMG).	Complete	Meetings are established on a monthly basis, drawing together learning opportunities from across the Trust, as well as from external sources such as neighbouring services.	COMPLE TE
Introduce training & opportunity to resolve a larger proportion of concerns received "at source"	Complete	We have introduced in line with WG recommendations a new concerns process. We are still learning from this new process, and are constantly reviewing how this is operating within PTR and through all Directorates.	COMPLETE
Redesign Investigation report templates & provide mechanism for earlier patient / family contact.	Complete	All investigation templates have been revised and sent out to all staff within the organisation who have responsibility for investigating concerns.	COMPLE TE
Integration of approved paragraphs into part-automated response letters.	Complete	All paragraphs have been reviewed and updated to reflect current the current climate.	COMPLE TE
Reconfigure Serious Incident Process.	Mar-20	**Nnot updated due to CoVID-19).**	Not Assessed
Implementation of Serious Incident Joint Investigation Framework	Complete	The framework is approved and meetings have been held with each individual HB and WAST to discuss the use of the framework and joint expectations. These meetings have been productive with a clear plan and agreed actions going forward. A review of the framework has concluded that the process is working well.	COMPLETE

Analysis

The **percentage of responses to concerns** increased slightly in April to 68% compared to 54% in March and 62% in February. Performance for April has not achieved the 75% target, despite improvements being put in place to increase in compliance. The number of total concerns for April (66) decreased when compared to February (101).

0% of Serious Adverse Incidents were assured within the agreed WG timeframe in all months since December 2019 to April 2020, this was also the case in the same period last year.

There were 5 SCIF forums held in February 2020, during which 28 cases were discussed, 3 of these cases were reported to WG. Of the remaining 25 incidents, 3 of these were passed to Health Boards as Serious Incident Framework ' Appendix B' incident referrals.

There were 3 SAI's reported to WG within this reporting period. Compared to 3 reported in the previous month (Mar 2020), this an increase when compared to the same reporting period of the previous year (Apr 2019), where 2 SAIs were reported to WG. Year on year the overall volumes of SAIs are on an increasing trend. The sharp increase in December/January is concerning and has been linked to the significant delays across the system, the decrease in February supports this as handover delays come down and response times begin to improve.

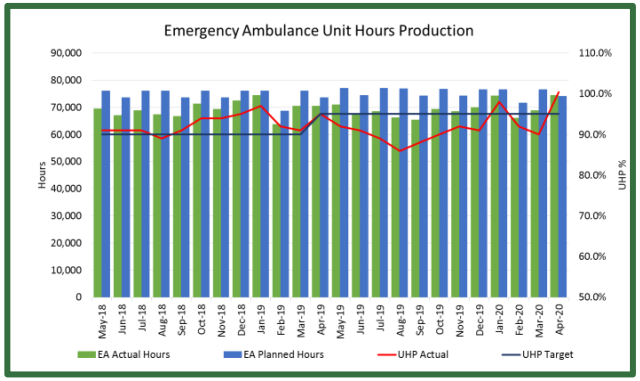
OUR STRATEGIC ENABLERS

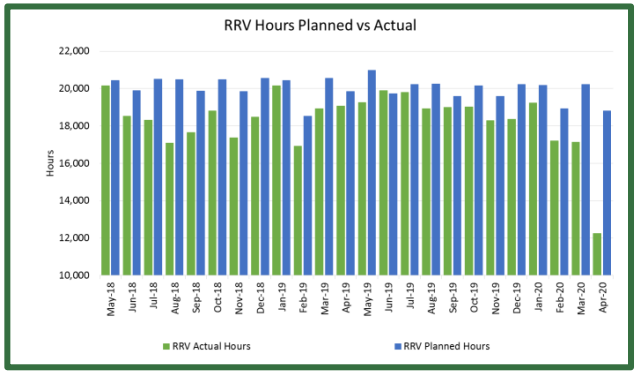
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

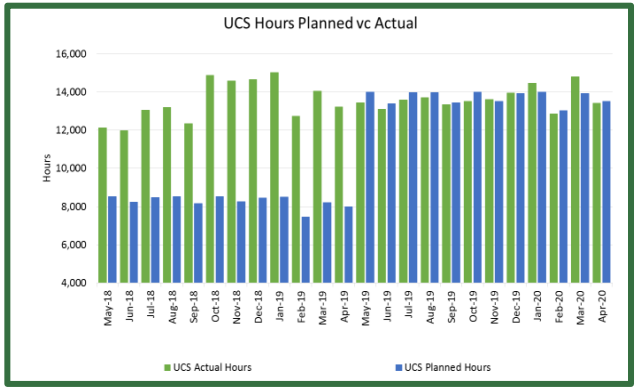
PCC CI

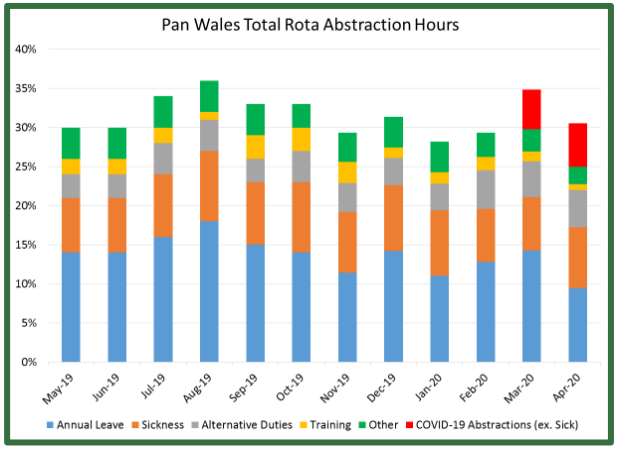
INDICATOR 9 – Emergency Ambulance Unit Hours Production
2019/20 Target – 95%

G









Analysis

Emergency Ambulance Unit Hours Production (UHP) saw an increase to 100% in April 2020 from 90% in March. The improved position is a result of prioritisation EA production over RRV production in response to the current COVID-19 pandemic. However the result is a significant decrease in RRV production in April. The actual emergency ambulance hours available over the last two years is at a stable level overall despite in month fluctuations. Linked to this are the actual hours available of UCS and RRV crews. UCS actual hours are on an upward trend.

It has been agreed with the NCCU that a 95% target for RRV and EA UHP would be acceptable as an interim measure however this was identified as a stretching target by the Demand & Capacity Review with the relief gap.

Monthly abstractions from the rosters have a big impact on UHP. These are included in the graph above. In April, total abstractions stood at 31% compared to 35% in March and 29% in February. The highest proportion was annual leave at 9%, however this is considerably lower than normal due to the pandemic lockdown measures.. Decreases were also seen across the other areas, such as training. These were offset by the additional COVID-19 abstraction (ex. Sickness) as some staff are required to self-isolate, accounting for 5.6% of abstractions in April. The abstractions were covered by a mix of relief (18.18%) and overtime (12%). The remaining gap explains the shortfall in UHP across all vehicles. In addition, 6,103 hours were provided by Military and Students.

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Deliver an improvement in resource availability levels	Mar-20	**'Programme on hold due to CoVID-19).**	Not assessed
Other key Improvement Actions	**Completion Date**	**Progress Update**	**RAG**
Reduce vacancy levels through Big Bang events	Annually	The 20/21 EMS Recruitment & Training Plan has been finalised and is being reported to the EMS Demand & Capacity Programme Board each month (this has continued to meet during CoVID-19 and recruitment and training has continued). Recruitment levels ahead of target.	GREEN
Roster reviews	Sep-20	The Roster Review project for AB and CTM has now completed its work and the project team has been closed.	COMPLETE
New Resource Dashboard	Continuous	Allows staff and managers to redistribute resources appropriately to ensure that we maximise actual against planned unit hours of production. UHP clock in operation daily by Resource and Ops Teams, it is being used on a weekly basis by Senior Ops to review against forecasted demand; ongoing work supported by HI and Cardiff University MSc Projects will support further development.	GREEN

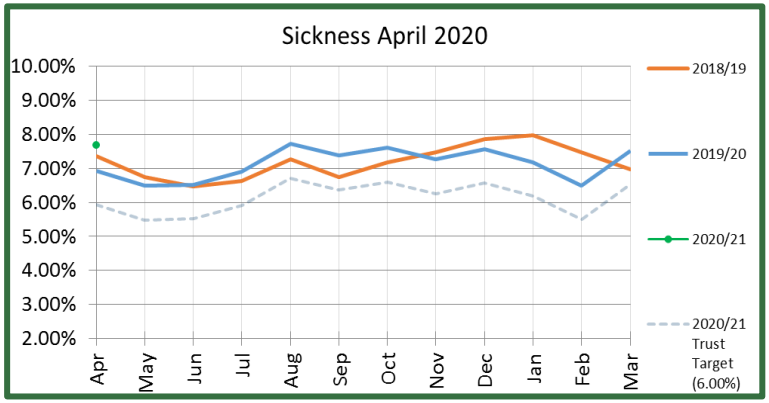
OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

PCC CI

INDICATOR 10 – % Sickness Absence for All Staff
2019/20 Target – 6.3% (SOME DATA TO MARCH 2020 ONLY)

R

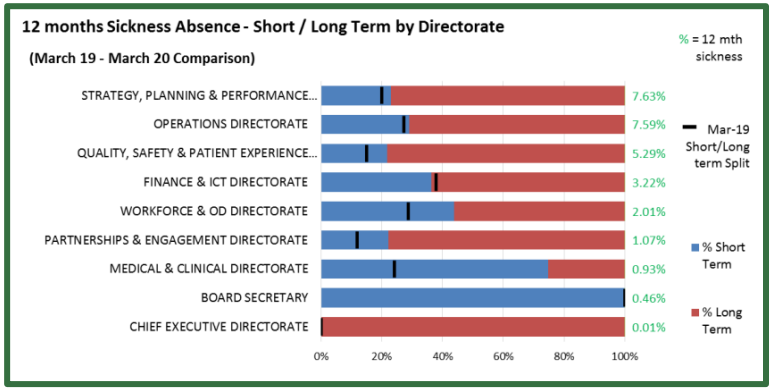


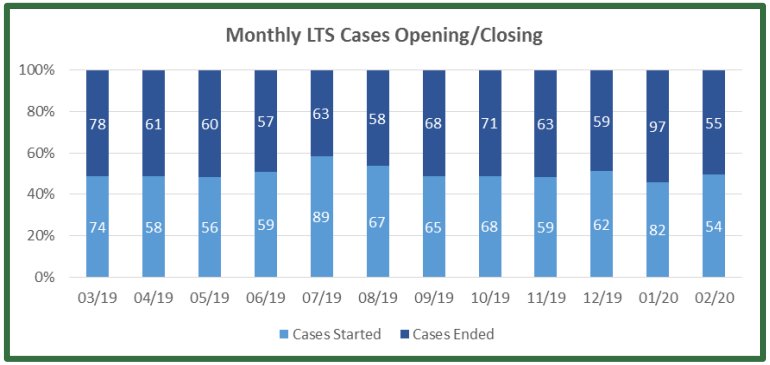
Analysis

The April 2020 in-month sickness rate was 7.68% compared to 7.51% in March 2020 and 6.8% in April 2019. The following data is only available for March. The rolling 12-month Sickness rate in March was 7.13% which is an increase of 0.05% from February and a reduction of 0.06% compared to March last year. The in-month figure for March 2020 increased by 1.15% compared to February. This is an increase of 0.62% compared to refreshed March 2020 figures. In-month Long-term sickness decreased by 0.36% from last month; a decrease of 1.06% compared to March 2019. The average length of all cases closed in March decreased by 4.29 days compared to February and was 16.67 days lower than the March 2019 average.

Monthly LTS Cases Opening/Closing graph – Feb 2020 Data

Average working days lost per FTE	
16.25 days	
Rolling 12 month Absence %	
7.13%	
Long Term	**Short Term**
5.13%	1.99%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.08%	1.12%





Improvement Actions (not updated due to CoVID-19).

IMTP Deliverable	Completion Date	Performance Update	RAG
Approve & implement a HWB strategy	Apr-20	Not updated due to CoVID-19).	Not assessed
Other Key Improvement Actions	**Completion Date**	**Progress Update**	**RAG**
Improve resources to support line managers	Ongoing	Not updated due to COVID	not assessed
Address shortfalls in Occupational Health Service	Dec-19	Not updated due to COVID	Not assessed
Implement actions to address short term absence	Dec-19	Not updated due to COVID	Not assessed
Monthly review of all LTS cases	Ongoing	Not updated due to COVID	Not assessed

SECTION 2 - ACTIVITY DASHBOARD

SECTION 4: WAST Activity Dashboard														
Description	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	2 Year Trend
[redacted]	19,555	18,863	17,721	17,894	17,370	15,507	15,864	15,661	19,120	15,393	16,335	32,031	20,734	
[redacted]	33,450	31,170	28,891	28,625	33,079	36,089	35,648	40,009	54,245	38,903	40,079	103,285	52,263	
[redacted]	1,278	2,257	2,487	2,534	2,732	2,712	2,707	2,481	2,828	2,605	2,390	2,357	2,477	
[redacted]	41,531	40,793	40,133	43,471	43,015	41,839	44,678	44,846	51,818	42,104	38,049	43,474	33,145	
[redacted]	6,701	6,915	6,280	7,121	6,649	6,573	6,895	6,240	3,548	6,711	6,025	5,247	4,351	
[redacted]	3,412	3,280	3,334	3,463	3,321	3,295	3,438	3,630	4,639	3,656	2,926	2,424	1,374	
[redacted]	40,042	39,954	38,645	40,861	40,230	38,776	40,786	40,481	44,812	39,543	36,115	37,726	32,655	
[redacted]	1,967	2,172	2,138	2,301	2,274	2,325	2,532	2,892	3,140	2,517	2,191	2,620	1,897	
[redacted]	27,956	27,684	26,765	28,250	28,085	26,814	28,265	27,319	30,814	27,149	24,612	27,192	23,753	
[redacted]	9,937	9,916	9,565	10,101	9,689	9,502	9,973	10,081	10,660	9,724	9,184	7,756	7,005	
[redacted]	2,854	3,007	2,805	2,988	2,958	2,740	2,822	2,871	2,907	3,072	2,729	4,500	4,867	
[redacted]	15,480	15,687	14,812	15,197	14,947	14,831	15,718	15,202	15,717	16,851	15,935	15,008	12,839	
[redacted]	18,622	19,089	18,008	18,817	18,447	17,934	18,661	18,018	18,318	18,053	17,023	13,444	13,444	
[redacted]	64,958	68,403	63,843	71,464	65,344	64,537	70,758	65,876	61,228	68,848	63,342	53,905	29,782	
[redacted]	3,970	4,185	3,825	4,719	4,832	4,149	4,587	4,609	4,707	-	-	-	-	
[redacted]	28,705	30,660	29,211	33,133	28,929	30,471	34,108	30,781	25,406	-	-	-	-	
[redacted]	17,809	18,693	16,998	17,882	17,948	16,670	17,753	17,119	17,699	-	-	-	-	
[redacted]	4,873	5,260	4,668	5,498	4,851	4,051	4,249	3,912	4,102	-	-	-	-	
[redacted]	2	3	4	3	2	3	3	1	8	6	4	3	3	
[redacted]	106	133	93	127	73	72	120	121	70	162	140	101	66	
[redacted]	138	149	175	189	125	125	113	136	126	117	100			

AGENDA ITEM No	**3.2**
OPEN or CLOSED	**OPEN**
No of APPENDICES (ANNEXES) ATTACHED	**4**

FINANCIAL PERFORMANCE AS AT MONTH 01 2020/21

MEETING	**TRUST BOARD**
DATE	**28th May 2020**
EXECUTIVE	**Director of Finance & Corporate Resources**
AUTHORS	**Jason Collins / Ed Roberts**
CONTACT DETAILS	**Chris Turley Tel 01633 626201 Chris.Turley2@wales.nhs.uk**

CORPORATE OBJECTIVE	**IMTP priorities**
CORPORATE RISK (Ref if appropriate)	**CRR42, CRR45 & CRR46**
QUALITY THEME	
HEALTH & CARE STANDARD	**2.1, 2.4, 3.1**

REPORT PURPOSE	**To provide the Board with an update on the financial performance of the Trust for Month 1 of the 2020/21 Financial year.**
CLOSED MATTER REASON	**N/A**

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	20th May 2020	To note (via detailed briefing)
F&PC	21st May 2020	To note (via PowerPoint presentation)
Trust Board	28th May 2020	To note

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 1 2020/21

SITUATION

1. This summarised report provides the Trust Board with an update on the financial performance of the Trust as at 30th April 2020 (Month 1), with a more detailed report attached as ***Appendix 1***.

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 - 30th April 2020) are that:

   - The cumulative revenue financial position reported is a small **underspend against budget of £0.003m, assuming funding for the additional costs incurred in month as a result of COVID-19.** The forecast for 2020/21 assumes at present a balanced position, however this is the assumed position against a set of risks discussed later on in this paper, also it is only one month's performance;

   - In line with the financial plans that support the **approved IMTP** gross savings of £0.278m have been achieved against a year to date target of £0.385m, thus a slight **under achievement against plan, this however relates to impacts of COVID-19**;

   - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 95% for the number, and 98% of the value** of non NHS invoices paid within 30 days.

3. The main financial risks remain the outcome of the current appeal against the ruling in relation to the payment of holiday pay on voluntary overtime, non-delivery of saving targets, winter pressure costs and the of course the continuing assumptions in relation to the costs being incurred as a result of the COVID-19 pandemic.

ASSESSMENT

Revenue financial position

4. Due to the COVID-19 pandemic, the Trust has recorded additional spend in the Month 1 position totalling £1.437m, £0.622m of pay costs, £0.833m of non-pay, £0.107m of unachieved savings targets and savings on fuel of £0.125m. It is assumed in this financial position that this will be fully funded by income via WG / EASC.

Income

5. Reported Income against the initial budget set to Month 1 shows a favourable variance of £0.012m. The position includes additional income from both EMS response and NEPTS, however due to the COVID-19 pandemic there has been no recoveries for coverage of sporting events.

Pay costs

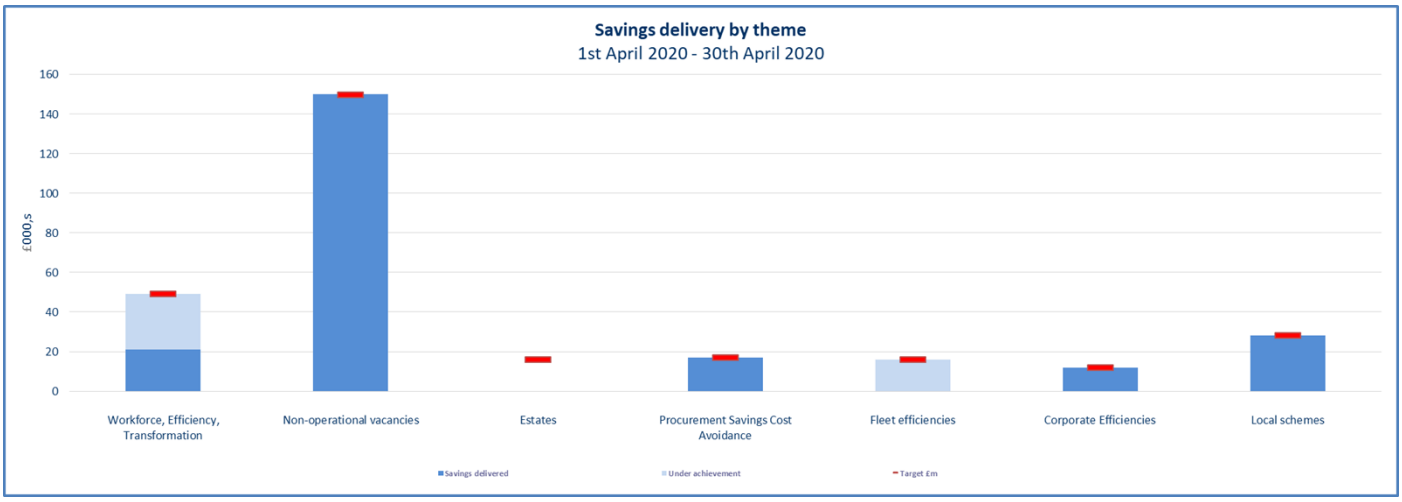
6. Overall, the total pay variance at Month 1 is an under-spend of £0.082m. A high level of pay savings are reported in the majority of corporate functions due to funded vacancies. However, this was offset somewhat by overspends in the NEPTS and Medical and Clinical Services Directorate of £0.011m and £0.024m respectively.

Non-pay Costs

7. The non-pay position at Month 1 is an adverse variance of £0.091m, this is attributed to a number of factors including overspend on Fleet Maintenance, staff uniforms, medical supplies and services and some un-achievement on saving schemes. This has been somewhat offset by fuel underspend, due to reduced forecourt prices, in addition to Taxi and Travel & Subsistence underspends.

Savings

8. Our financial plan identifies that a minimum of £4.3m of savings and cost containment measures will be required to achieve financial balance in 2020/21. £0.278m of savings have been delivered between 1st April and 30th April 2020 against a target of £0.385m, however as mentioned above this underachievement is attributable to COVID-19 and the position currently assumes this shortfall will be funded from WG. Performance by scheme is demonstrated in the graph below.



Capital

9. At Month 1 the Trust's current approved Capital Expenditure Limit (CEL) for 2020/21 is £13.726m. To date there has been £0.233m of Capital expenditure incurred which is in line with our plans at this stage of the year.

10. A paper was taken to Finance and Performance Committee on the 21st May 2020, to note and agree the carried forward cost commitments from the 2020/21 to allow these schemes to be completed as planned. The Committee also received an update on the progress of developing the prioritised capital programme for 2020/21, given recent circumstances. It is hoped this will be able to be progressed now as soon as possible.

Public Sector Payment Policy (PSPP)

11. Public Sector Payment Policy (PSPP) compliance up to Month 1 was 95% against the 95% WG target set for non-NHS invoices by number and 98.0% by value.

RECOMMENDED That the Trust Board:

- **Note the Month 1 revenue and capital financial position and performance of the Trust as at 30th April 2020;**

- **Note the Month 1 Welsh Government monitoring return submissions include with Appendix 1 below (as required by WG).**

APPENDIX 1

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 1 2020/21

INTRODUCTION

1. This paper provides the Board with a detailed update on the financial performance of the Trust as at 30th April 2020 (Month 01).

2. The Month 1 revenue financial position has a small **underspend against budget of £0.003m, after assuming funding for the new revenue costs associated with the COVID-19 pandemic**. The forecast for 2020/21 remains a balanced position, however this is the assumed position given the risks discussed later on in this paper and noting this is only based on one month's performance.

FINANCIAL PERFORMANCE YEAR TO DATE

Revenue position

2. The table below presents an overview of the financial position for the period 1st to 30th April 2020.

Revenue Financial Position for the period 1st April - 30th April

	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-214,359	-18,362	-18,374	-12
Expenditure				
Pay	155,911	13,036	12,954	-82
Non-pay	43,409	4,073	4,161	88
Total pay & non-pay expenditure	199,320	17,109	17,115	6
Depreciation & Impairments / interest payable & receivable	15,039	1,253	1,256	3
Total	**0**	**0**	**-3**	**-3**

Summary of Key areas of variance

Revenue position

12. Due to the COVID 19 pandemic the Trust has recorded additional spend in the Month 1 position totalling £1.437m, £0.622m of pay costs, £0.833m of non-pay, £0.107m of unachieved savings targets and savings on fuel of £0.125m. It is assumed in the financial position that this will be fully funded by income via WG / EASC. The above has been reflected within the detail below.

Income

13. Reported Income against the initial budget set to Month 1 shows a favourable variance of £0.012m. The position includes additional income from both EMS response and NEPTS, however due to the COVID-19 pandemic there has been no recoveries for coverage of sporting events.

Pay costs

14. Overall, the total pay variance at Month 1 is an under-spend of £0.082m. A high level of pay savings are reported in the majority of corporate functions due to funded vacancies. However, this was offset somewhat by overspends in the NEPTS and Medical and Clinical Services Directorate of £0.011m and £0.024m respectively.

15. COVID related pay costs incurred and accrued amounted to £0.622m and are as follows:

    - Overtime - £0.396m. This included initiatives relating to payment for attendance allowance to operational staff, 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 in April 20 supporting COVID activities.
    - Student Paramedics - £0.054m who worked on bank contracts.
    - Salary recharge costs for training Fire and Rescue staff estimated at £0.082m.
    - Additional staff utilised to support 111 and 999 costs (Call Handlers, Clinicians etc) £0.063m.
    - Staff who increased contracted hours on a temporary basis and those who had temporary increases in grading and supported pandemic cells and agency costs £0.027m.

Non-pay Costs

16. The non-pay position at Month 1 is an adverse variance of £0.091m, this is attributed to a number of factors including overspend on Fleet Maintenance, staff uniforms, medical supplies and services and some un-achievement of saving schemes. This has been somewhat offset by fuel budgets underspend due to reduced forecourt prices, taxi and Travel & Subsistence underspends.

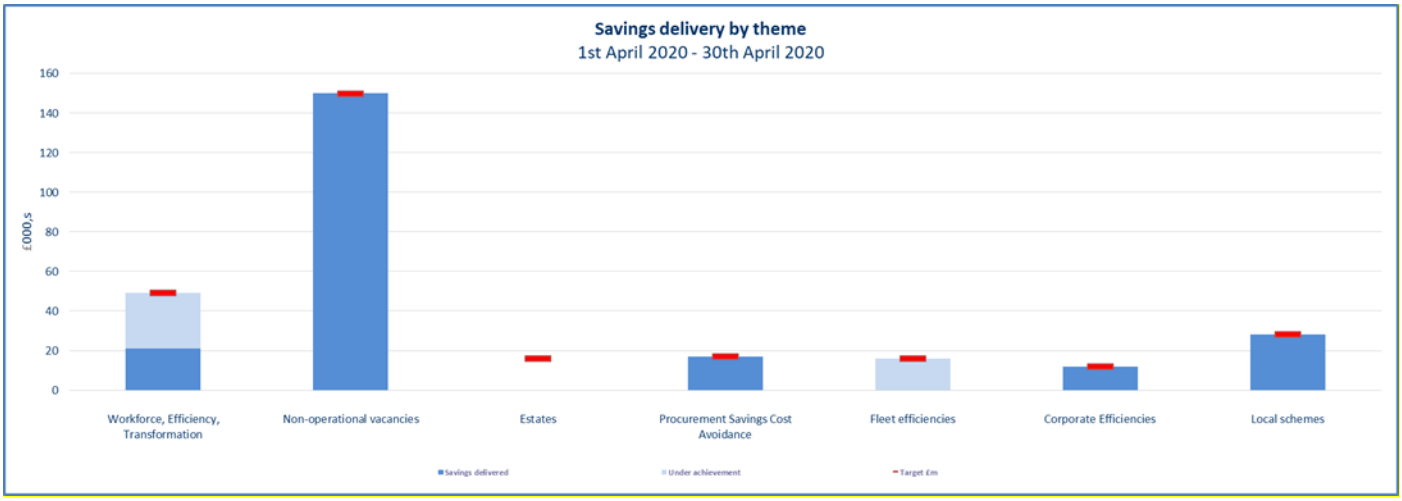
17. COVID related additional non pay expenditure incurred and accrued for Month 1 totalled £0.833m. Areas of additional spend included:

    - Transport - £0.340m and included procuring private providers to support NEPTS and field and surge sites and also extended use of St Johns provision to support EMS.
    - PPE, IPC and Clinical Supplies - £0.242m.
    - Project Management and Consultancy support - £0.095m provided via Lightfoot, ORH and Optima.
    - Telephony Costs - £0.040m from additional costs of 111 call volume.
    - Rent & Utilities - £0.033m from extended 111 and 999 areas.
    - Other areas included general equipment, cleaning and uniforms.

Savings

18. Our financial plan for 2020/21 identifies that a minimum of £4.300m of savings and cost containment measures would be required to achieve financial balance. £0.278m of savings have been delivered during Month 1 against a target of £0.385m. As detailed above this shortfall

of £0.107m is attributable to the impact of COVID-19 pandemic, and the Trust has assumed this will be covered by additional funding from WG as part of coverage for the net cost impact of the COVID-19 outbreak; however as this is yet to be confirmed this is currently reported as a shortfall from plan. Performance by scheme is demonstrated in the graph below.



- Workforce, efficiencies and transformation has achieved savings / cost containment of £0.021m for the financial year, against a target of £0.049m;

- Through management of non-operational vacancies £0.150m has been saved which agrees to the target to date;

- The saving target set for Fleet Efficiencies were not realised in Month 1. No savings have been achieved against the plan of £0.016m;

- Overall, £0.012m has been delivered against a target of £0.012m within corporate efficiencies;

- There are a number of local schemes, which have delivered to plan for Month 1 achieving savings of £0.028m.

Financial Performance by Directorate

19. Whilst there is a small surplus reported at Month 1 there are a number of variances between directorates as shown in the table below.

20. It should also be noted that the report now reflects the re-alignment of the Directorates, with Fleet now moving from the Operational Directorate into the Finance and Corporate Resources Directorate along with Estates moving from Planning and Performance. ICT and Heath Informatics have moved from Finance into the Digital Directorate.

	Financial position by Directorate @ 30th April			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Directorate				
Operations Directorate	113,197	8,784	8,539	-245
Chief Executive Directorate	1,738	145	146	1
Board Secretary	307	26	26	1
Partnerships & Engagement Directorate	641	50	50	-0
Finance and Corporate Resources Directorate	13,154	1,123	1,198	75
Planning and Performance Directorate	689	57	55	-3
Quality, Safety and Patient Experience Directorate	3,756	290	288	-1
Digital Directorate	9,120	760	750	-10
Workforce and OD Directorate	3,770	314	306	-8
Medical & Clinical Services Directorate	2,554	213	225	12
Trust Reserves	22,504	1,242	1,418	175
Trust Income (mainly WHSSC)	-171,429	-13,004	-13,004	-0
Overall Trust Position	**0**	**0**	**-3**	**-3**

21. There are variances within each of the Directorates. These are considered in the tables and narrative below.

Operations

	Breakdown of Financial position for Operations @ 30th April			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-37,204	-3,547	-3,553	-7
Pay	128,900	10,658	10,591	-68
Non Pay	21,501	1,672	1,501	-171
Total	**113,197**	**8,784**	**8,539**	**-245**

22. Income variance is due to ad hoc recharges to NHS organisations for both EMS and NEPTS additional responses.

23. Pay variances relate to vacancies including managerial, and administrative. Operational pay savings are partly offset by expenditure in non-pay for services provided by voluntary services and external suppliers.

24. Non-Pay variances includes fuel costs which was due to reduced forecourt prices during the month and for travel costs and taxis.

25. The table below provides detail of how this translates against individual budget areas.

	Breakdown of Financial position for Operations @ 30th April			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Operational Budgets				
Operational Directorate Management and Support	2,157	194	202	8
Operations Directorate - Resilience/Business Continuity	681	-415	-424	-9
Operations Directorate - Ambulance Response	85,423	7,080	6,949	-131
Operations Directorate - CCC	21,906	1,796	1,753	-43
Deputy Director of NEPTS	3,030	129	59	-71
Total Operations budgets	**113,197**	**8,784**	**8,539**	**-245**

Corporate budgets

	Breakdown of Financial position for Corporate @ 30th April			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-2,127	-191	-214	-23
Pay	20,169	1,629	1,612	-17
Non Pay	17,851	1,539	1,647	108
Total	**35,894**	**2,978**	**3,045**	**67**

26. The directorate level table presented in paragraph 20 provides the detail in relation to the financial position of each of the corporate directorates. To note, the majority are underspent and however in totality are reporting a combined overspend of £0.067m. As mentioned above this is mainly in relation to overspend associated with fleet maintenance and underachievement of savings schemes.

Trust Reserves / Depreciation and Other

	Breakdown of Financial position for Reserves, Depreciation & Other I &E @ 30th April			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-3,433	-1,620	-1,602	18
Pay	6,842	747	751	3
Non Pay	19,095	2,115	2,269	154
Total	**22,504**	**1,242**	**1,418**	**175**

27. The income position above includes income relating to paramedic refresher training together with Permanent Injury Benefit Scheme funding from the Welsh Government.

28. Non pay overspends include underachievement of savings plans and net impact of COVID 19 treatment of the fuel reduction.

Treatment of COVID-19 spend

29. The summary of the COVID-19 revenue costs reported in the Month 1 financial position are as per the table below:

	Month 1 (April 20) £000
Total Pay	622
Total Non-Pay	833
Non Delivery of Savings	107
Expenditure Reductions	-125
Total	**1,437**

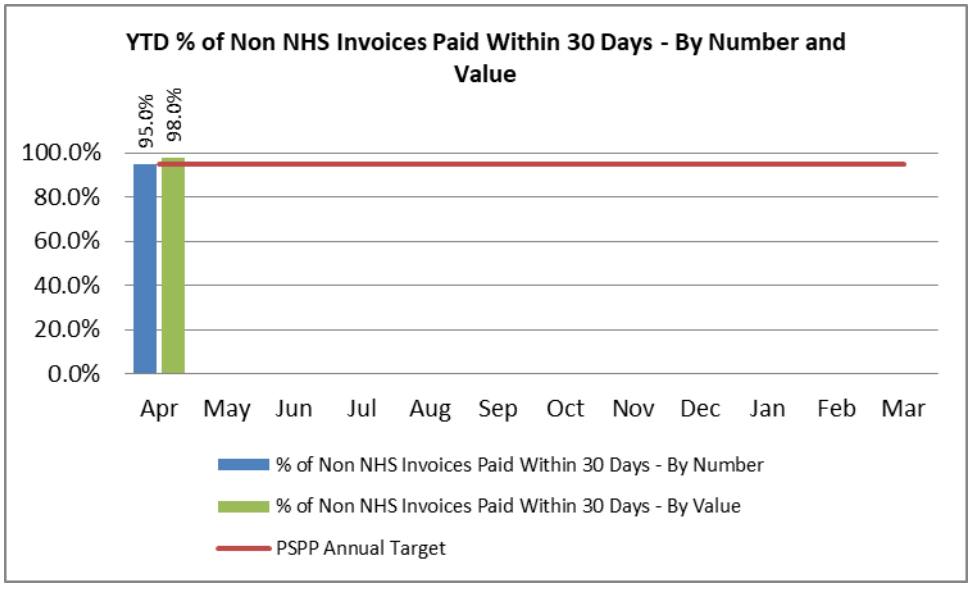
30. As previously noted, the Month 1 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

31. Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £10.811m and this is consistent with that included in WASTs COVID 19 Operational Plan 2020/21 submission, recently provided to Welsh Government. As Board members will be aware, the future response to this pandemic is unknown and although the revised Quarter 1 forecast costs should be reasonably robust the estimated costs for the remainder of the year will be subject to ongoing review and are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward. Many of the detailed cost estimates that underpin this have been expressed as monthly costs, with the actual full 2020/21 costs therefore being dependent on how many months these will continue to be required for. Currently this generally assumes many of these are needed until at least July / August 2020 – if not, the actual costs will be less, if required longer (or are needed to be stood back up again later in the financial year) costs are likely to be greater than currently estimated. Hence these costs will continually need to be refined.

32. To note there are two main exclusions from the costs included in the position, these are PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to NHS Wales organisations, and any costs in relation to support provided by the Military under MACA (Military Aid to Civil Authorities) arrangements as it is assumed these will be covered direct by Welsh Government.

Public Sector Payment Policy (PSPP)

33. Public Sector Payment Policy (PSPP) compliance up to Month 1 was 95% against the 95% WG target set for non-NHS invoices by number and 98.0% by value. This is demonstrated in the graph below.



Capital

34. The Trust's detailed capital expenditure by project is shown at ***Appendix 2***. At Month 1, the Trust's current approved Capital Expenditure Limit (CEL) is £13.726m.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP - Control Room Solution	0	563
111 Integrated Information Solution	16	1,800
111 Telephony System	0	100
COVID-19 Digital Devices	0	160
WAST Cardiff MRD	4	4,528
EMS Comms 19-20	0	138
RRV Comms 19-20	0	101
NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20	0	6
Specialist (HART) Personnel Carrier COMMS 19-20	0	17
C19 - 19.20 Return of Vehicles Slippage (Conversion)	0	273
Sub Total	**20**	**7,685**
Discretionary:		
I.T.	108	0
Equipment	18	0
Statutory Compliance	0	0
Estates	84	0
Other	3	0
Unallocated Discretionary Capital	0	6,041
Sub Total	**233**	**6,041**
Total	**233**	**13,726**
Less NBV reinvested	0	0
Total Funding from WG	**233**	**13,726**

35. To date there has been £0.233m of Capital expenditure incurred which is in line with our plans at this stage of the year.

36. A paper was taken to Finance and Performance Committee on the 21st May 2020, to note and agree the carried forward cost commitments from the 2020/21 to allow these schemes to be completed as planned. The Committee also received an update on the progress of developing the prioritised capital programme for 2020/21, given recent circumstances. It is hoped this will be able to be progressed now as soon as possible.

37. It is hoped therefore that a detailed paper will be presented to Trust Board at the June meeting to request approval for the 2020/21 discretionary capital programme.

Risks and assumptions

38. The risks for the financial year are still being fully assessed, however at present there are no high likelihood risks that the Trust is aware of and as we move through Month 2 we will review the risks to ensure that the level of likelihood is assessed along with the financial value.

39. Non delivery of Saving Plans/CIP's has been included as a low risk and this is included due to the inability to proceed with some schemes as the organisation has been responding and focusing on COVID 19 activities.

40. 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 £1.0m in connection with this.

41. Given the pressures the Trust felt last winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.

42. The total quantum of funding for addressing COVID-19 across Wales remains fluid and, in some cases, uncertain. There is a risk that the Trust's total operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential overspend against the planned and forecast outturn for 2020/21. Along with other organisations in NHS Wales, examples of mitigating actions to manage this risk include:

    - Grip and control
        - Financial modelling and forecasting is co-ordinated on a regular basis;
        - Financial reporting to Welsh Government (and CASC) on local costs incurred as a result of COVID-19 to inform central and local scrutiny, feedback and decision-making;
        - Oversight arrangements in place at Board level and through the Committee structures

    - Exploring alternative funding sources
        - Trust funding arrangements, including confirmed additional support from Welsh Government and Commissioners;
        - Potential to explore funding arrangements through the Regional Partnership Board and Local Authority partners.

Welsh Government Monthly monitoring returns

43. As is required by Welsh Government, ***Annexes 3 and 4*** provide the Board with copies of the Monthly Monitoring Return narrative and tables for Month 1.

Appendix 2

Capital Programme - 2020/21

	2020-2021 Planned Expenditure	2020-2021 Expenditure To Date	2020-2021 Expected Final Cost
	£'000	£'000	£'000
Non-Discretionary Capital 20/21			
ICT AWCP			
ESMCP - Control Room Solution	563	-	563
111 Integrated Information Solution	1,800	16	1,800
111 Telephony System	100	-	100
COVID-19 Digital Devices	160	-	160
Total ICT AWCP	**2,623**	**16**	**2,623**
Estates 20/21			
WAST Cardiff MRD	4,528	4	4,528
TOTAL Estates 20/21	**4,528**	**4**	**4,528**
Fleet 2019/2020 BJC			
EMS Comms 19-20	138	-	138
RRV Comms 19-20	101	-	101
NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20	6	-	6
Specialist (HART) Personnel Carrier COMMS 19-20	17	-	17
C19 - 19.20 Return of Vehicles Slippage (Conversion)	273	-	273
TOTAL Fleet 19/20	**534**	**-**	**534**
Non-Discretionary Capital TOTAL	**7,685**	**20**	**7,685**

Funded from Discretionary Capital 2019/20			
Fleet Other 2019/20 - 8810			
NEPTS 4x4 (replacement of lease NEPTS)	-	1	-
Fleet Other 8810 - TOTAL	**-**	**1**	**-**
Fleet 2019/2020 BJC			
Project Cost 19-20	-	11	-
Total FLEET	**-**	**11**	**-**
ICT Projects - 8830			
2020-21 Projects			
ICT COVID-19 costs	-	105	-
2019-20 Projects			
CRS - ESMCP	-	2	-
Qliksense Delivery Support	-	2	-
Clinical Audit	-	3	-
ICT Projects - 8830 TOTAL	**-**	**108**	**-**
Estates Projects - 8840			
2019-20 Projects			
Estates top slice:			
Bryn Tirion– Repairs and Improvements	-	3	-
Improvements and Refurbishments at Llanwrst Ambulance Station	-	23	-
Install Door Access systems and Staff ID cards – Pilot	-	5	-
ALBOY Estates Installation	-	1	-
Estates COVID-19	-	49	-
Cardiff Make Ready Depot FBC Fees	-	1	-
2018-19 Projects			
Snowdon House - Replacement mechancial servicers	-	1	-
Estates Projects- 8840 TOTAL	**-**	**84**	**-**
Equipment - 8820			
2019-20 Projects			
OHCA Improvement Plan	-	10	-
Cycle Medical Response expanded into ABHB area	-	15	-
EPI Shuttles	-	1	-
Equipment - 8820 TOTAL	**-**	**6**	**-**
Project Support Costs - salary paid from capital	**-**	**3**	**-**
Discretionary Capital 2019/20 TOTAL	**-**	**213**	**-**
Non-Discretionary Capital Total	**7,685**	**20**	**7,685**
Discretionary & Non-Discretionary TOTAL	**7,685**	**233**	**7,685**
Unallocated Discretionary Capital (incl NBV proceeds)	6,041	0	6,041
Unapproved/Overspend Schemes	-	0	0
CAD underspend	-	0	0
TOTAL CAPITAL PROGRAMME	**13,726**	**233**	**13,726**

Appendix 3

Monitoring Return
WAST month 01 202

Appendix 4

2020-21 Reduced
Combined MMR MTI

AGENDA ITEM No	**3.3**
OPEN or CLOSED	
No of ANNEXES ATTACHED	**1**

CORPORATE RISK REGISTER EXTRAORDINARY QUARTERLY REPORT QUARTER 4, 2019/20 part Q1 2020/21 (COVID-19)

MEETING	Trust Board
DATE	28 May 2020
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Alison Kelly Business and Quality Manager
CONTACT DETAILS	Alison Kelly 07990 085096 Alison.kelly4@wales.nhs.uk

CORPORATE OBJECTIVE	Quality at Heart
CORPORATE RISK (Ref if appropriate)	DATIX 199 (QSPE Directorate Risk Register)
QUALITY THEME	Governance, Leadership & Accountability; Safe Care
HEALTH & CARE STANDARD	2.1

REPORT PURPOSE	To receive and note
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	6 May 2020	To receive and approve
QUEST	12 May 2020	For oversight of risks relating to Quality and Safety
Trust Board	28 May 2020	To receive and note. (NB: risks have been further updated since QUEST 12.05.2020)

SITUATION

1 The Corporate Risk Register Quarterly Report for Quarter 4, 2019/20 (**Annex 1**) is presented to Trust Board 28 May 2020.

2 This Quarterly Report is an extraordinary report as a result of the global Covid-19 pandemic.

3 As a result of the Covid-19 pandemic and the requirement for the Trust to enact its Pandemic Plan, the Assistant Director Leadership Team has ceased its usual business and has been unable to discharge its responsibility for the assessment and recommendations on risks.

4 As a result, on this occasion the Executive Management Team was requested to note one new risk on the CRR: Risk 303 and consider the de-escalation of Risk 69. Risk 303 was agreed to sit on the CRR and risk 69 agreed to de-escalate to the Quality Directorate Risk Register.

5 The report was subsequently presented at QUEST as the first committee to sit following approval at EMT and in the absence of the Audit Committee

6 Since QUEST, a number of risks have undergone an assessment and therefore this report provides an up to date report of risks currently sitting on the Corporate Risk Register

BACKGROUND

7 As previously discussed, the Corporate Risk Register is now not dependent on score but considered against the significance of the risk to the whole organisation, the assurance of the controls in place to mitigate the risk and whether the risk requires oversight by the Trust Board via the Board Assurance Framework (BAF).

ASSESSMENT

8 **Annex 1** details those risks that have been reviewed and assessed as risks requiring admission on the Corporate Risk Register.

9 These risks will be included on the Board Assurance Framework.

10 In summary:

- Seventeen risks are recorded on the Corporate Risk Register.
- One new risk has been assessed and has been approved for inclusion on the Corporate Risk Register (303)
- One risk has been approved for de- escalation to the Directorate Risk Register (DATIX 69)
- Two risks have significantly reduced their score (223 and 224), however remain on the Corporate Risk Register at present.
- No new Corporate Risks have escalated from Directorate Risk Registers

RECOMMENDED: That Trust Board receives and notes the Corporate Risk Register.

QUALITY 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	All
Estate	All
Health Improvement	All
Health and Safety	All
Financial Implications	All
Legal Implications	All
Patient Safety/Safeguarding	All
Risks	All
Reputational	All
Staff Side Consultation	Yes

Welsh Ambulance Services NHS Trust Corporate Risk Register: Extraordinary Report Quarter 4, 2019/20 and part Quarter 1 2020/21 (Covid -19)

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1. Purpose

The purpose of this report is to provide the Executive Management Team, Board Committees and the Trust Board with an updated overview for Quarter 4 of corporate risks, current control measures, assurance on controls, gaps in controls and assurances and planned actions/improvements for Quarter 1 of 2020/21.

The Welsh Ambulance Services NHS Trust is committed to implementing the principles of good governance. Managing risk is a key Organisational responsibility to achieve the Trust's strategic and operational objectives. As such it is seen as an integral part of the Trust's governance arrangements and supports the assurance of the effectiveness of the Trust's system of internal control given in the Annual Governance Statement.

The Risk Management Strategy and Framework 2018/21 approved at the Trust Board in July 2018 is a key reference document for the Corporate Risk Register Report. A revised Risk Management and Framework 2018/21 has been updated in light of new processes and was submitted to the Quality, Experience and Safety Committee (QuESt) in Quarter 4.

2. Corporate Risk Register Quarterly Report – Extraordinary Report Quarter 4 (COVID -19 PANDEMIC) (2019/20) Overview

During Quarter 4 2019/20, the global Covid-19 pandemic outbreak has interrupted our normal risk management processes and governance infrastructure. This report is therefore not the usual Quarter 4 report and is being submitted to the Executive Management Team on the 6th May 2020. Please note that the usual review at the Assistant Director Leadership Team has not taken place during the Covid-19 pandemic and the enacting of our Trust Pandemic Plan.

3. New/escalated risks in Quarter 4 (2019/20)

There is one new risk included on the Corporate Risk Register: Risk 303; delayed initiation of chest compressions (resuscitation)

4. Transferred Risks

There are no risks which have transferred during Quarter 3, 2019/20

5. Closed/de-escalated risks

There is one risk to be considered for de-escalation: Risk 69; Lack of preparedness for infectious disease

6. Monitoring arrangements

Key to the achievement of the strategic objectives is the combined effectiveness of the Risk Management and Performance Management Frameworks. Local discussion, review and approval of the Directorate Risk Registers occurs at Directorate Business Meetings ahead of the Assistant Directorate Leadership Team Meeting. The Assistant Directors subsequently report to the Executive Management Team, who agree the Corporate Risk Register. The risks owned by the Directorate link back and inform the local planning process.

Please note that not all risks on the Corporate Risk Register have undergone a full review as a result of the Covid -19 pandemic. This is noted against the risks below and these will be prioritized for review in Quarter 1 2019/2020.

7. a) Risk Profile

There are currently 17 risks on the Corporate Risk Register that reflect the Risk Profile. The charts below demonstrates the current corporate risks according to score, open Corporate Risks by Directorate and open Corporate Risks by Category.

LIKELIHOOD						
	5				2	
	4				4	
	3				3	5
	2					3
	1					
		1	2	3	4	5
	IMPACT/CONSEQUENCE					

b) Summary list of current Corporate Risks

CORPORATE RISK REGISTER: Summary					
RISK ID	**RISK**	**RISK CATEGORY**	**DIRECTORATE**	**CURRENT RISK SCORE**	**COMMITTEEE**
151	Business continuity for recording digital patient clinical records	Business Continuity	Medical and Clinical	**20 (4x5)**	Finance and Performance Committee
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	**10 (5x2)**	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Depts (CRR57) (Previously described as Patients unable to access secondary care)	Quality & Safety	Operations Directorate	**10 (5x2)**	Quality, Patient Experience and Safety Committee
69	Lack of preparedness for infectious diseases	Quality &Safety	Quality, Safety &Patient Experience	**10 (5x2)**	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
78	Tire 1 Compliance for Formal Concerns	Quality & Safety	Quality, Safety & Patient Experience	**20 (4x5)**	Quality, Patient Experience & Safety Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	**16 (4x4)**	People and Culture Committee
217	Cleanliness in Ambulance Stations (CRR27)	Quality & Safety	Operations Directorate	**16 (4x4)**	Quality, Patient Experience and Safety Committee
88	Continued Availability of Digital Pens	Quality & Safety	Finance and ICT	**16 (4x4)**	Finance and Performance Committee
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	**15 (5x3)**	Trust Board
303	delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical and Clinical	**15 (5x3)**	Quality, Patient Experience and Safety Committee
166	Staff are currently not being able to access Vaccines for Preventable diseases in a timely manner	Quality & Safety	Workforce and Organisational Development	**15 (5x3)**	People and Culture Committee

199	Health and Safety	Statutory Duties	Quality, Safety & Patient Experience	**15 (5x3)**	Audit Committee; Quality, Patient Experience and Safety Committee
139	Non delivery of financial balance	Statutory Duties	Finance and ICT	**15 (5x3)**	Finance and Performance Committee
100	Commissioning resistance to long term vision and expectations	Service Developments	Planning and Performance	**12 (4x3)**	Audit Committee; Trust Board
109	Resource availability (revenue and capital) to deliver the organisations IMTP	Service Developments	Planning and Performance	**12 (4x3)**	Audit Committee; Finance and Performance Committee
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	**12 (4x3)**	Trust Board

8. Corporate Risks: Detailed Summary

Current Corporate Risks (excluding newly escalated risks)										
RISK ID	**RISK**	**RISK CATEGORY**	**DIRECTORATE**	**RISK RATING INITIAL**	**RISK RATING Q3 19/20**	**RISK RATING CURRENT**	**RISK RATING TARGET**	**TARGET DATE**	**RISK REGISTER**	**Updates on Q4 Position**
151	Business continuity for recording digital patient clinical records	Business Continuity	Medical and Clinical	**16**	**20**	**20 (4x5)**	**4**	30/04/2020	CRR	**Directorate Comments** Last reviewed 15/4/20. Draft findings of in-Risk has been raised as part of ePCR project prioritisation at the Business Continuity Cell. Work has been suspended on the ePCR project due to the main resources leading on the procurement and business case being re-deployed or unavailable as a result of the COVID-19 arrangements currently being implemented. In particular due to NWSSP resource, ICT resource, Medical resource and finance resource. Meeting has been arranged for 17.04.20 with the Project Sponsor to plan commencing the ePCR project work again to reduce this risk. Risk rating remains.
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	**20**	**25**	**10**	**10**	30/09/2019	CRR	**Directorate Comments** Updated 20.05 2020: Since Covid-19 Pandemic response was instigated within the Trust, additional resources have been deployed in line with the Tactical Approach to Production (TAP). This has enabled resources to be deployed in a different priority and approach, and has channelled the deployment of additional resources such as CFRs as 2nd operatives on RRVs and the utilisation of Y2 students.

										Additionally two mutual aid MACA arrangements with the Military have instigated additional support for both driving and decontamination of vehicles. The driving task has increased the availability of resources through split crewing. Further the commencement of the POD at Royal Gwent hospital from Friday 22nd May staffed by agency paramedics will increase resource and reduce the turnaround times for crews outside hospital. Further, the deployment of Protocol 36 has reduced the requirement for an immediate response for some patients presenting with priority symptoms. Coupled with a reduction in verified demand, there has been a reduction in hospital delays from more than 13,000 hours lost outside hospitals across Wales in January 2020 to less than 2,000 in April 2020. However, due to the extraordinary nature of the pandemic, it is difficult to anticipate the impact on demand in future months and a review of this risk in one month is advised.
224	Patients delayed on ambulances outside A&E Depts (CRR57) (Previously described as Patients unable to access secondary care)	Quality and Safety	Operations Directorate	**20**	**25**	**10**	**10**	31/03/2020	CRR	**Directorate Comments** Reviewed 20.05.2020**:** Since Covid-19 Pandemic response was instigated within the Trust, additional resources have been deployed in line with the Tactical Approach to Production (TAP). This has enabled resources to be deployed in a different priority and approach, and has channeled the deployment of additional resources such as CFRs as 2nd operatives on RRVs and the utilisation of Y2 students. Additionally two mutual aid MACA arrangements

										with the Military have instigated additional support for both driving and decontamination of vehicles. The driving task has increased the availability of resources through split crewing. Further the commencement of the POD at Royal Gwent hospital from Friday 22nd May staffed by agency paramedics will increase resource and reduce the turnaround times for crews outside hospital. Further, the deployment of Protocol 36 has reduced the requirement for an immediate response for some patients presenting with priority symptoms. Coupled with a reduction in verified demand, there has been a reduction in hospital delays from more than 13,000 hours lost outside hospitals across Wales in January 2020 to less than 2,000 in April 2020. However, due to the extraordinary nature of the pandemic, it is difficult to anticipate the impact on demand in future months and a review of this risk in one month is advised.
69	Lack of preparedness for infectious diseases	Quality and Safety	Quality, Safety and Patient Experience	**20**	**20**	**10 (5x2)**	**10**	30/09/2019	CRR	**Directorate Comments** Last Reviewed 20/3/20 - Re-assessed in light of significant activity since beginning of January 2020. Re-assessed by the Director of Quality and Nursing 1. Collation of PPE Asset Register All PPE equipment and disposables are accounted for and recorded at Local level. This is a joint undertaking by Local teams, equipment team and the IPC team. In the current climate, the LPTs and TPTs are receiving updates of levels of stock and its location

										2. Collation Fit testing trainers Significant numbers of Fit testers are now trained. The IPC team are recording centrally names of Fit testers and their locations 3. Action Plan for training and Fit testing staff - advice from Public Health Wales is that staff require review only if there is a change e.g. beard, weight gain/loss Fit Testing Compliance 86%. ~reachfortherazor has encouraged staff to shave beards and many staff are doing this. Further correspndance is being sent to those staff who have not yet chosen to do this. Availbility of FFP3 respiratory protective masks internationally has meant that we have sourced alternative masks. This is requiring the re-FIT test of our staff. However, there are robust plans in place to make this happen in short time frame. 4. Costing for training and new equipment and for available PPE suits for staff Paper presented to TB on the 6th January to approve the purchase of over 400 versaflo hoods. Approved. Donning and Doffing training has been provided across the Organisation as well as educational videos and regular updates to staff. Re-assessed in light of significant activity since beginning of January 2020. Re-assessed by the Director of Quality and Nursing 1. Collation of PPE Asset Register All PPE equipment and disposables are accounted for and recorded at Local level. This is a joint undertaking by Local teams, equipment

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303	Delayed initiation of chest compressions (resuscitation)	Quality and safety	Medical and Clinical	**15**	**-**	**15 (5x3)**	**10**	22.12.2020	CRR	1) As a result of the Covid-19 global pandemic, personal protective equipment (PPE) is required when performing resuscitation in the event of a cardiac arrest. 2) The PHE advice (informed by NERVTAG) is that cardiac compressions alone are NOT an AGP. This advice is endorsed by PHW 3) The UK resus council advice is that cardiac compressions ARE an AGP 4) Level 3 PPE is required in the event of undertaking an AGP 5) As a result of the opposing views and guidance from PHE and UK Resus Council, a paper was presented at EPT 22.04.2020 to agree that WAST would recommend that where crews are called to a cardiac arrest, level 3 PPE is worn. The rationale for this is: a) we have a duty to our staff as responsible employers to protect them from harm. as there is disparity in advice, we are being cautious to ensure that we protect our staff and ensure they don level 3 PPE b) in the out of hospital setting, it is reasonable to assume that any resuscitation will require the management of the airway and therefore require level 3 PPE as a result and therefore it would be impractical to commence resuscitation attempts and then withdraw to don PPE. As a result of this position, there is a risk that our response to patients who require chest compression (as part of resuscitation) will be affected by the need to don level 3 PPE. Any

										delay in our response may adversely affect the patient. CONTROLS: 1. Ready available PPE: ease of access 2. repeated and regular communication to staff via written and broadcasts/ videos/ podcasts 3. Clarity of guidance to staff (infographic) 4. Communication to caller via CCC call handler regarding BLS 5> Clinical Cell will review frequently and amend guidance if required 6. Patient safety incidents will be monitored and reported via EPT/TPT Internal assurance on controls: Moderate; We are advising staff to don level 3 PPE before attending the incident. The likelihood of a crew needing to don level 3 PPE should airway management be required is high and therefore there would inevitably be a time delay should the crew arrive in level 2 PPE and then need to retreat to don level 3 PPE. External assurance on controls: Weak; Opposing positions on the status of cardiac compressions being an AGP from PHE/ Nervtag compared with RCUK remain Risk will be reviewed frequently and no more than 4 weekly. **Recommended for CRR**
225	On-call CCA ability to cover 24/7 command (CRR62)	Business Continuity	Operations Directorate	**16**	**16**	**16 (4x4)**	**8**	01/01/2019	CRR	**Directorate Comments** Reviewed 29.04.2020 CTL Review is one of the priority work-streams identified by EPT for when the Organisation

										commences recovery period following pandemic, moving towards business as usual.
78	Tier 1 Compliance to Formal Concerns	Quality and Safety	Quality, Safety and Patient Experience	**16**	**16**	**20 (4x5)**	**12**	31/10/2020	CRR	**Directorate Comments** Last Reviewed: 16/4/20 In view of the pandemic coronavirus it is likely that the risks identified above will become greater as staff may be required to perform other duties during the course of the pandemic/may incur increased sickness thus reducing the Trusts ability to comply with the regulations. This includes staff within the department, and staff within the wider WAST, such as Locality Managers with reduced capacity to investigate, ISOs within the CCC being redeployed into call handling and NEPTs potentially being redeployed to assist EMS.
160	High Sickness Absence Rates	Resource Availability	Workforce and Organisational Development	**16**	**16**	**16 (4x4)**	**12**	31/03/2020	CRR	**Directorate Comments** Last Reviewed: 19/4/20 The management of sickness absence continues and currently with the focus on supporting colleagues affected by COVID-19 either as a result of them having the infection, symptoms, vulnerable or having to self-isolate/shielding. Wellbeing calls are being undertaken by the OH health & wellbeing team as well as managers. The HR team have also been undertaking welfare calls to staff currently on long term sickness (non-covid related). Regular reports/data are being provided to EPT on sikness // absence related to covid-19.

217	Cleanliness in Ambulance Stations (CRR27)	Quality and Safety	Operations Directorate	**16**	**16**	**16 (4x4)**	**8**	31/03/2021	CRR	Reviewed 20.05.2020. No change identified to this risk.
88	Continued Availability of Digital Pens	Quality and Safety	Finance and ICT	**16**	**16**	**16 (4x4)**	**8**	13/09/2019	CRR	This risk has not had an assessment during the Covid 19 pandemic. Risk will be assessed and monitored during Q1 2019/20
201	Trust Reputation	Stakeholders Relationships	Partnerships and Engagement	**15**	**15**	**15 (5x3)**	**10**	31/03/20101	CRR	Last Reviewed: 17/4/20 The risk remains the same during the COVID19 pandemic as there is potential for negative coverage should our people contact the media over sensitive issues such as PPE. That said, the risk will be re-evaluated once we are through the current pandemic as there may be scope for reducing the rating.
166	Staff are currently not being able to access Vaccines for Preventable Diseases in a timely manner	Quality and Safety	Workforce and Organisational Development	**15**	**15**	**15 (5x3)**	**10**	31/03/2020	CRR	Last Reviewed: 19/4/20 PGD's have now been reviewed and allow for the addition of allied health professionals to support immunisations. The paramedic within OH is completing appropriate training to develop skills to support this action. Update of OH COHORT 10 database will allow for improved data collection. WAST OH service is now a member of the Health at Work network enabling the service to access guidance/protocols and support from national experts. OH nurses now have monthly OHP (doctor supervision) for guidance on complex cases. OH nurse provision has increased with the addition of an OH nurse lead, which will enable a increase in clinical resource.

199	Health and Safety	Statutory Duties	Quality, Safety and Patient Experience	**15**	**15**	**15 (5x3)**	**10**	31/07/2020	CRR	Last Reviewed: 20/4/20 New Business partner structure in H&S implemented as of the 2nd March 2020. H&S Business partners allocated to core OPS functions and Corporate Directorates. During the Covid-19 outbreak and the instigation of the WAST Pandemic Plan, a H&S cell has been established. This consists of the H&S team, the Well-Being team, the Occ Health and IPC teams and H&S TU partners.The cell is responsible for advising the TPT and EPT of key H&S and staff well-being matters. Interim Head of H&S commenced in post on the 16.04.2020 to support the Head of H&S function due to sickness absence. The rationale for this decision is to ensure stability and strong leadership during the Covid-19 pandemic. Recomending that the Score of the rsik remain the same at present as while significant steps have been made with the re-organistion of the team to support the Trust's core business, the impact of Covid 19 presents significant challenges for the Trust.
139	Non delivery of financial balance	Statutory Duties	Finance and ICT	**12**	**12**	**15 (5x3)**	**8**	31/03/2020	CRR	Last Reviewed: 21/4/20 There is increased financial uncertainty in connection with full recovery of costs of COVID 19 pandemic.
100	Commissioning resistance to long term vision and expectations	Service Developments	Planning and Performance	**12**	**12**	**12 (4x3)**	**9**	30/09/2019	CRR	Reviewed 19.05.2020 The NCCU are represented on the EMS D&C Programme (see separate risk). The NCCU are represented on the NEPTS D&C Programme.

										There is now a monthly Quality & Delivery meeting between the NCCU/WAST, with an extensive amount of information supplied and covered. There is now a regular WAST Provider Report to each EASC. The EASC Management Group is functioning much better than its predecessors. Amber Review WAST project team closed. Further work is required on an EASC forward plan and EASC development sessions, but that is more dependent on the NCCU.
109	Resource availability (revenue and capital) to deliver the organizations IMTP	Service Developments	Planning and Performance	**12**	**12**	**12 (4x3)**	**4**	1/4/20	CRR	Reviewed 19.05.2020 Ongoing COVID19 response requires a refresh and reframing of IMTP deliverables and the actions, funding etc. required to deliver. Therefore ratings remain unchanged at this stage.
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	**12**	**12**	**12 (4x3)**	**8**	31/10/19	CRR	This risk has not had an assessment during the Covid 19 pandemic. Risk will be assessed and monitored during Q1 2019/20

9 Implementing the Risk Management Strategy & Framework 2018/21

No	Steps for 2019/20 include:	Progress/Commentary
1.	Linkage to the Board Assurance Framework Strategic Themes; **Quarter 1**	**Completed and Closed**
2.	Revised risk management governance process: **Quarter 1**	**Completed and Closed**
3.	All Directorate Risk Registers transferred to Electronic Risk Register**: Quarter 2**	**Completed and Closed**
4.	Update to Risk Management Strategy 2018/21 to reflect new processes and Guidance document published; **Quarter 1**	**Completed and Closed**
5.	Evaluation of mandated fields in Datix to include Internal and external Controls assurance rating: **Quarter 3**	**Completed and Closed**
6.	All Local Risk registers transferred to E Risk Register/ All risks recorded on E Risk; **Quarter 4**	**Requires assessment during Q1**

Appendix A: Risk Matrices

Impact / Consequence Score (severity levels) and examples of descriptors					
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 Days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaint/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ Organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key Aim/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for	Uncertain delivery of key Aim/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale	Non-delivery of key aim/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff

			mandatory/key training		
				No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public Confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business Aims/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key Aims not met	Incident leading >25 per cent over project budget Schedule slippage Key Aims not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key Aim/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key aim/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

		environment			

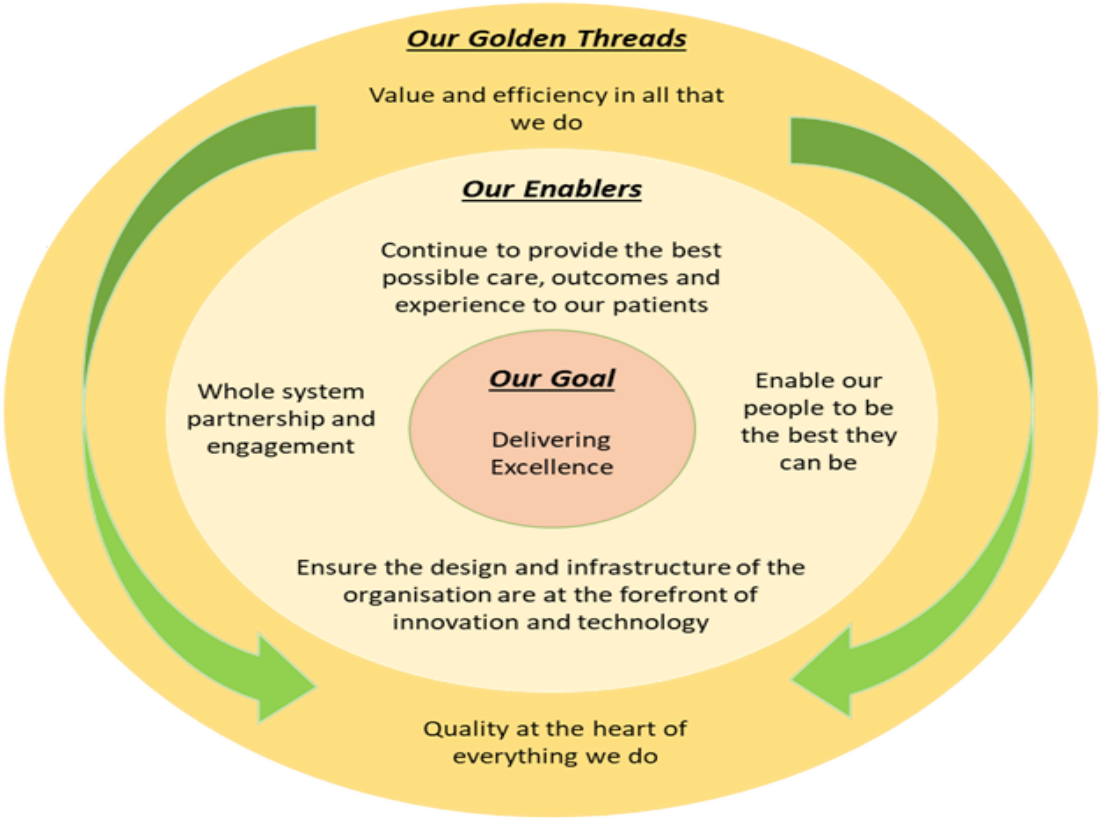
Likelihood / Probability					
Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	May occur in exceptional circumstances, simple process, no previous incidence of non-compliance.	Do not expect it to happen/recur but could at some time. Less than 25% chance of occurring.	Might happen or recur occasionally. 25-50 % chance of occurring; Previous audits / reports indicate non-compliance; Complex process; impacting factors outside control of organisation.	Will probably occur/recur; 50-75% chance of occurring; impacting factors outside of the control of the organisation.	Can be expected to occur in most circumstances; more than 75% chance of occurring; impacting factors outside of the control of the organisation.

Risk scoring = Impact /Consequence x Likelihood					
RISK SCORING MATRIX:	**LIKELIHOOD SCORE:**				
	1	**2**	**3**	**4**	**5**
IMPACT/CONSEQUENCE SCORE:	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

- /

Appendix B: Our Goal, Golden Threads and Enablers

The Board Assurance Framework Strategic Themes reflect our organisational goal of 'Delivering Excellence', our two golden threads of "Quality at the heart of all we do" and 'value and efficiency in all that we do' and our four enablers as described below:



Appendix C: Board Assurance Framework Strategic Themes

The Board Assurance Framework Strategic Themes are as follows:

- Delivering Excellence - help patients and staff to stay healthy;
- Delivering Excellence - Help patients more easily access our services at the right time;
- Delivering Excellence - Provide the right care in the right place, wherever and whenever it is needed;
- Continue to provide the best possible care, outcomes and experience to our patients in our core service;
- Whole system partnership and engagement;
- Support our people to be the best they can be;
- Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology;
- Quality at the heart of everthing we do; and
- Value in everything we do

Appendix D: Mapping the Health & Care Standards (2015), NHS Wales Delivery Framework (2017/18), our Board Assurance Strategic Themes and underpinning Core Requirements of the Commissioning Quality & Delivery Framework

Health & Care Standards Quality Theme	**NHS Wales Delivery Framework**	**WAST Board Assurance Framework Themes (revised 2019)**	**Ambulance 5 step model**	**Non-Emergency Patient Transport (NEPTS)** Step 1 Help me choose Step 2 Answer my request Step 3 Coordinate my journey Step 4 Pick me up Step 5 Take me to my destination
Staying Healthy	People in wales are well informed to manage their own physical and mental health.	**Delivering Excellence - help patients and staff to stay health** **Whole System partnership and engagement** **Quality at heart**	**Step 1- Help me choose**	**Service Requirements** **Step 1**. Care Standard 1 & 3. **Step 2.** Care Standard 6
Safe Care	People in wales are safe and protected from harm and protect themselves from known harm	**Delivering Excellence - Help patients more easily access our services at the right time** **Delivering Excellence - Provide the right care in the right place, wherever and whenever it is needed** **Whole System partnership and engagement** **Quality at heart**	**Core requirement 6** Safety	**Core requirements** **CR6.** Safety

Effective Care	People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful.	**Value in everything we do** **Whole System partnership and engagement** **Delivering Excellence - Help patients more easily access our services at the right time** **Delivering Excellence - Provide the right care in the right place, wherever and whenever it is needed** **Whole System partnership and engagement** **Quality at heart**	**Core requirement 3** Equity **Core requirement 4** Clinical care	**Service Requirements** **Step 1:** Care Standard 1 **Step 2:** Care Standard 6 **Step 3:** Care Standards 7 and 10 **Step 4:** Care Standards 11, 12 and 13 **Step 5:** Care Standards 15 and 16 **Core requirements** **CR3** Equity **CR4** Patient Care
Dignified Care	People in Wales are treated with dignity and respect and treat others the same.	**Whole System partnership and engagement** **Quality at heart**	**Core requirement 2** Patient experience & satisfaction	**Service Requirements** **Step 4:** Care standard 11 and 13 **Step 5:** Care Standard 15 **Core requirements** **CR2** Patient experience **CR3** Equity **CR4** Patient Care
Timely	People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care.	**Quality at heart** **Delivering Excellence - Help patients more easily access our services at the right time** **Delivering Excellence - Provide the right care in the right place, wherever and whenever it is needed** **Value in everything we do**	**Steps 1 – 5** Ambulance Quality Indicators* (*recognising that these do cut through all the other themes)	**Service Requirements** **Step 3.** Care Standard 10 **Step 4.** Care Standard 13 **Step 5.** Care Standard 15 and 17 **Core requirements** CR1. Governance **CR2.** Patient experience **CR3.** Equity

Individual	People in Wales are treated as individuals with their own needs and responsibilities.	**Whole System partnership and engagement** **Quality at heart**	**Core requirement 2** Patient experience & satisfaction **Core requirement 3** Equity	**Service Requirements** **Step 1.** Care Standard 3 **Step 2.** Care Standard 5 and 6 **Step 4.** Care Standards 11, 13 & 14 **Step 5.** Care Standard 15 and 17 **Core requirements** **CR3** Equity
Staff & Resources	People in Wales can find information about how their NHS is resourced and make use of them.	**Quality at heart** **Support our people to be the best they can be**	**Core requirement 5** staffing	**Service Requirements** **Step 1.** Care Standards 1& 3. **Step 2:** Care standard 5 **Core requirements** **CR5.** Staffing
Governance Leadership & accountability	The provision of high quality, safe and reliable care is dependent on good governance and leadership,	**Quality at heart** **Delivering Excellence - Help patients more easily access our services at the right time** **Delivering Excellence - Provide the right care in the right place, wherever and whenever it is needed** **Value in everything we do** **Whole System partnership and engagement** **Support our people to be the best they can be**	**Core requirement 1** Governance	**Service Requirements** **Step 1.** Care Standard 2. Step 2: Care Standard 6 Step 3: Care Standard 7, 8, 9, 10 **Step 4.** Care Standard 12 **Core requirements** **CR1.** Governance **CR5.** Staffing **CR6.** Safety

AGENDA ITEM No	**3.4**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**1**

COVID-19 QUALITY GOVERNANCE SPECIAL REPORT

MEETING	Trust Board
DATE	28 May 2020
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Head of Quality Assurance
CONTACT DETAILS	Caroline Miftari 07970 406447 Caroline.miftari@wales.nhs.uk

CORPORATE OBJECTIVE	All
CORPORATE RISK (Ref if appropriate)	All
QUALITY THEME	Referenced in Quality Assurance Report
HEALTH & CARE STANDARD	All

REPORT PURPOSE	For endorsement
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Quality, Patient Experience and Safety Committee	12 May 2020	For endorsement
Trust Board	28 May 2020	For Information

SITUATION

1 The Covid-19 Quality Governance special report outlines how the Trust has maintained and discharged its responsibility for quality, continuing to focus on patient safety, patient experience and the health, safety and wellbeing of our people.

BACKGROUND

2 The 2019-20 Coronavirus Pandemic was first identified in Wuhan, Hubei, China in December 2019 and a Pandemic was declared by the World Health Organisation on 11 March 2020.

3 Anticipating the declaration of a Pandemic the Trust activated its Pandemic Plan on 4 March 2020.

ASSESSMENT

4 In the weeks leading up to signing off the Trust Pandemic Strategy and enacting the Pandemic Plan, the Trust held regular discussions at Executive Management Team on the unfolding Global crisis and the role that the Welsh Ambulance Service would be required to play. This was communicated by Directors to their teams through a variety of mediums.

5 To continue to deliver excellence and high quality care through the Covid-19 Pandemic period the Chief Executive signed off the Executive Pandemic Strategy on Wednesday 4 March 2020. The Executive Management Team subsequently formally enacted the Trust Pandemic Plan for the Management of a Pandemic Outbreak.

6 The Trust's COVID 19 Pandemic Plan focuses on delivering six core functions; Clinical Contact Centres, Ambulance Response, Fleet, ICT, Resource Centres and Supply Chain.

7 This report was presented to the Quality, Patient Experience and Safety Committee (QuEST) on the 12 May 2020 and at the request of the Non-Executive Directors is presented for information to the Trust Board today.

RECOMMENDED: That Trust Board discuss and note the Report.

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	Not Applicable
Estate	Not Applicable
Health Improvement	Throughout the document
Health and Safety	Page 19, 20, 21
Financial Implications	Not Applicable
Legal Implications	Page 17, 18
Patient Safety/Safeguarding	Pages 10 - 16; Pages 31 - 32
Risks	Page 34
Reputational	Not Applicable
Staff Side Consultation	Not Applicable

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Welsh Ambulance Services NHS Trust

Quality Governance during the Covid-19 Pandemic: Special Report

May 2020

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Foreword

From our Executive Director of Quality & Nursing

The Covid-19 Pandemic has presented us all, our families, our friends and our communities with the most unexpected and greatest of challenges. Not least, this has been a challenging time for NHS Wales. The events of the pandemic have instigated some of the largest-scale transformative change across our health and care sector that we have ever experienced.

I am proud of the Welsh Ambulance Services NHS Trust in rising to this challenge; for endeavouring to ensure the safety of our patients and our colleagues first and foremost in all we have done. Our teams have demonstrated their absolute commitment to our purpose, seeking to resolve some of the most difficult issues of our time, working in partnership across the Trust and the wider system of NHS Wales. Together, we have achieved a collective approach to problem solving.

Throughout the continuing pandemic, the Organisation has embraced learning and sought to address key challenges head on with innovation & creativity. This has required compassionate, open and honest leadership. It has also required us to work with existing partners more and new partners, such as our Military colleagues.

This special report aims to provide an overview of our response to the Covid-19 pandemic and provide assurance on our commitment to quality throughout. Whilst this pandemic has not ended, we must be open and ready to respond again to future peaks when our patients, communities, and our health system need us to be effective, timely and safe in everything we do.

This has been the most difficult of times, we have lost colleagues during the COVID-19 pandemic and many of our staff will have experienced their own family bereavements. May I take this opportunity to thank each and every one of our staff, partners and volunteers for their exceptional commitment to their colleagues and to the people and communities of Wales.

CRoche

Claire Roche
Executive Director of Quality & Nursing
Welsh Ambulance Services NHS Trust

Introduction

The Covid-19 Quality Governance Special Report outlines how the Trust has maintained and discharged its responsibility for quality, aligning its response to deliver excellence and high quality care during the Pandemic. Ensuring Health & Care Standards and Core Commissioning requirements are achieved and patient care and care of staff remains at all times safe, effective, efficient, timely, dignified and person centred.

Background

The Coronavirus (SARS-COV-2) Pandemic was first identified in Wuhan, Hubei, China in December 2019 and a Pandemic was declared by the World Health Organization on the 11th March 2020.

The UK Government and Devolved Nations responded to the Pandemic declaration by initiating clear public health messages on hand washing, subsequently increasing preventative actions to social distancing measures, shielding of vulnerable individuals and National lock down Instructions.

Public Health Wales (PHW) who protect and improve health and well-being and reduce health inequalities for the people of Wales, have continued to work closely with UK Government, Devolved Nations and NHS England to support decision making within NHS Wales and the Trust during the Pandemic. Therefore whilst Covid-19 guidance has been issued by NHS England on the Government UK website, there has been a cohesive partnership between the key stakeholders to produce the guidance.

Anticipating the declaration of a Pandemic the Trust activated its Pandemic Plan on the 4th March 2020.

Pandemic Plan and Governance Framework

In the weeks leading up to signing off the Trust Pandemic Strategy and enacting the Pandemic Plan, the Trust held regular discussions at Executive Management Team on the unfolding global crisis and the role that the Welsh Ambulance Service would be required to play. This was communicated by Directors to their teams through a variety of mediums.

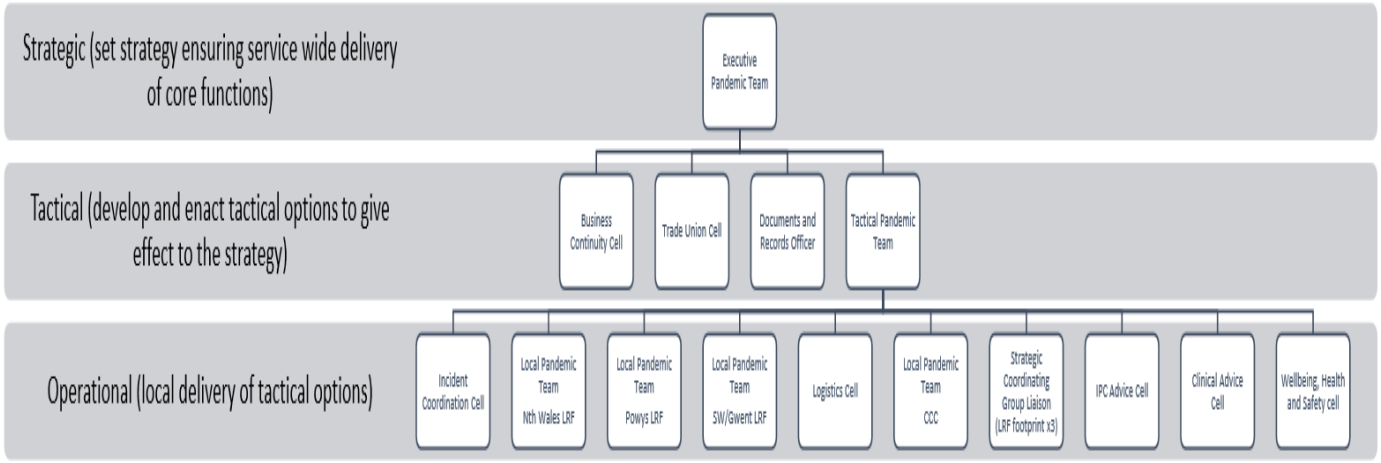
To continue to deliver excellence and high quality care through the Covid-19 Pandemic period the Chief Executive signed off the Executive Pandemic Strategy on Wednesday 4th March 2020. The Executive Management Team subsequently formally enacted the Trust Pandemic Plan for the Management of a Pandemic Outbreak.

Enacting the Trust Pandemic Plan changed the structure, communication and response of majority of the Trust to effectively and efficiently manage the delivery of core functions which the Trust is commissioned to provide. This ensured delivery of services in alignment with Health & Care Standards and Core Commissioning requirements in the context of the emerging situation. This has been a large scale organisational transformation delivered within short period of time.

Pandemic Structure

Figure 1 outlines the Covid-19 National Command, Control and Coordination Structure to deliver the Trust's six core functions; Clinical Contact Centres, Ambulance Response, Fleet, ICT, Resource Centres and Supply Chain. Our focus upon our core functions ensures that the Trust effectively provides Leadership and Governance and direct intelligence, risks and communications coming in from the NHS Wales Pandemic structure, whilst learning from any challenges opportunities and risks coming from the Trust's front line.

Figure 1: Welsh Ambulance Services NHS Trust Covid-19 National Command, Control and Coordination (C3) Structure April 2020



Communication and Engagement capability have been embedded into the Executive Pandemic Team, Tactical Pandemic Team and the Incident Coordination Cell. It should be noted that the initial Pandemic Structure implemented has changed taking into account lessons learnt that outlined the requirement for different cells and/ or terms of reference. This outlines how the Trust has embed organisational learning at pace to reduce risk and enable innovation.

Trust Pandemic Plan Meeting frequency and Terms of Reference

All parts of the Pandemic Structure have terms of reference and meeting frequency outlined, these are attached to the report for reference. The terms of reference provide assurance to the Executive Team and Board that there are robust frameworks in place for the management of business and mitigation of risk. However this is not without significant challenge to enable effective, efficient and timely shared decision making/learning. As such the Pandemic Structure has evolved since its inception to take account of this.

All Trust actions are monitored through the Pandemic planning and response hierarchy; Twice weekly Executive Pandemic Team meeting chaired by the CEO; Daily Tactical Pandemic Team meetings chaired by the Director of Operations; Business Continuity Cell chaired by our Director of Planning; Logistics Cell chaired by our Director of Finance, Clinical advice cell, Trades Union Cell, 4 x Local Pandemic Teams. Review of actions being managed through a Common Recognised Information Picture (CRIP) process; Reporting daily through Local Resilience Forums (LRF) mechanisms to inform the Welsh Government BRAG reporting requirement.

Please refer to Appendix 1-7 for further details.

Common Recognised Information Picture (CRIP)

CRIPs have been a standard agenda item on each of the Pandemic Cells agenda as outlined in the Pandemic structural chart. The function of which is to accurately record any items for discussion and action at another cell. This has ensured speed of action, response to matters of business and mitigation of risk.

Information Governance with home working

The Trust has supported home working for all staff where this has been feasible to do and provided all the required information technology to meet the COVID-19 Government legislative requirements. The information governance team together with the Information & Communications Technology (ICT) team have ensured that the Trust still meets its requirements under General Data Protection Requirements (GDPR).

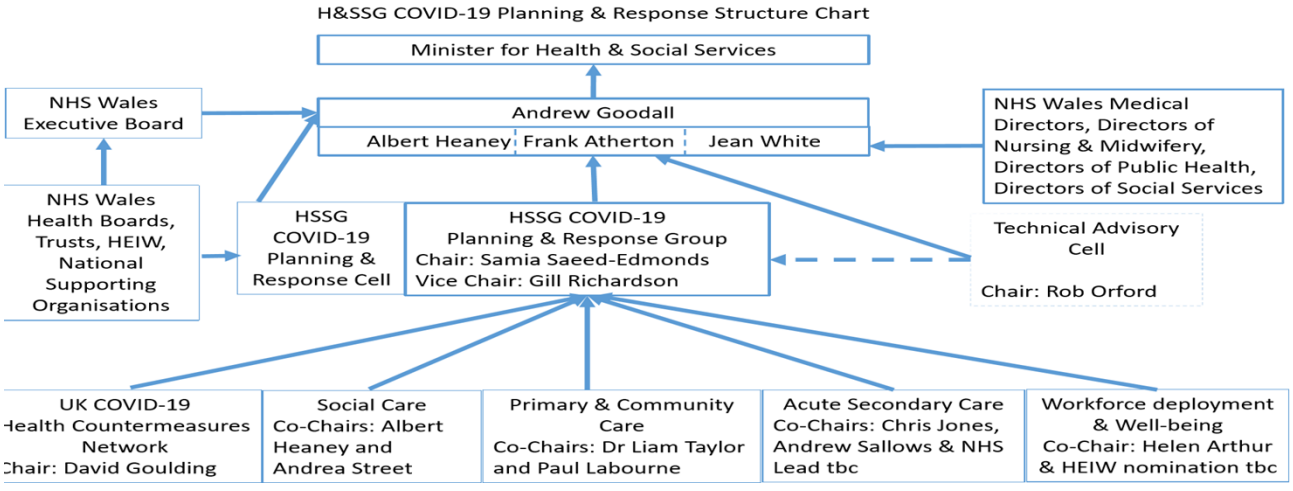
Infection Prevention and Control Team (IPC)

In addition to the formal Pandemic Structure outlined in figure 1, it was identified that the current IPC Team required additional support in order to provide resilience and timely expert advice to the Trust's Pandemic Teams and Cells. This included assisting informed decision making in respect of Covid-19. The function and importance of the IPC contribution during this period has been recognised by the Trust, and a formal IPC Advisory Cell will commence 4th May 2020.

NHS Wales and Social Services Covid-19 Planning and Response Group

To support the Welsh NHS & Social Care response to the Covid-19 Pandemic the Welsh Government initiated a Governance & Leadership structure outlined in Figure 2. The Trust Medical Director and Executive Director for Quality & Nursing have actively engaged in relevant forums, providing feedback as well as providing intelligence to the Trust Executive Pandemic Management Team.

Figure 2. Diagram illustrating NHS Wales and Social Care Governance Structure.



National External Support

Effective dynamic management and delivery of high quality care during the Pandemic requires a high degree of collaboration with key stakeholders as new information, intelligence and learning is received into the Trust ensuring high levels of Quality Governance. Key Stakeholders include;

Public Health Wales

Public Health Wales have played a pivotal role in providing advice and guidance to NHS Wales and the Trust, sharing intelligence, providing expert advice and best practice guidance. Examples of this include Public Health Wales, Welsh Government and the Trust forming a Communications Group initially meeting daily, now three times per week. Public Health Wales have also met with the Trust and Health Boards bi-weekly and chair a Strategic Support Group every Friday where the Trust is represented by the Head of Resilience.

Welsh Government also chair a HSSG Planning and Response Group bi-weekly where the Head of Resilience represents the Trust. The WG HSSG Planning Group has a Tactical Planning cell that provides information through a representative who sits on the Scientific Advisory Group for Emergencies (SAGE), and ongoing predictions based on actions to mitigate and flatten the Covid-19 curve.

National Safeguarding Group (NASaG)

The Trust Head of Safeguarding chairs the National Safeguarding Advisory Group to share best practice, raise concerns or mitigate risks. Intelligence is shared within the Trust through a variety of mediums. The Group have met weekly throughout the Pandemic and escalated concerns through the Association of Ambulance Chief Executives (AACE) subgroup for quality, governance and risk.

UK Ambulance Groups

a) Association of Ambulance Chief Executives (AACE) - The CEO has held regular meetings with counterparts across the UK ambulance services.

b) National Ambulance Service Medical Directors (NASMeD) - The Trust Medical Director has attended the twice weekly NASMed Group meetings and provided intelligence on Covid-19 to the relevant cell within the Trust Pandemic Structure.

c) Lead Paramedic Group - The Trust's Associate Director of Paramedicine has attended the twice weekly Lead Paramedic Group and provided intelligence on Covid-19 to the relevant cell within the Trust Pandemic Structure.

d) Quality Governance and Risk Directors Group (QGARD) - The Executive Director for Quality & Nursing has attended extraordinary meetings with QGARD providing intelligence on Covid-19 to the relevant cell within the Trust Pandemic Structure.

e) National Ambulance Infection Prevention & Control Group (NASIPC) - Intelligence on Covid-19 set by Public Heath England, Chief Medical Officer and Devolved Nations has been reviewed by the group who have met ad hoc and weekly, depending on need. The Infection Prevention and Control Lead for the Trust is an active member of the group.

Business Continuity & Expansion of Front line Services

The Trust anticipated unprecedented levels of activity during the Pandemic, developing plans to facilitate resilience within six critical core functions of the Trust; Clinical Contact Centres including NHSDW and 111, Ambulance Response including NEPTs, Fleet including make ready (decontamination) depots ,ICT including Health Informatics, Resource Centres, and Supply Chain including the provision and procurement of Personal Protective Equipment. Ensuring mandated services are delivered within the Core Commissioning requirements and Health and Care standards.

To facilitate the Pandemic Management Plan and Business Continuity Plans each Directorate activated their respective Business Continuity Plan using a cross organisational approach to identify and facilitate staff transfers to high risk/volume areas. This has meant that all Trust business not relating to the core six functions has been paused and staff redeployed into the core six functions, where possible. To support the expectation of unprecedented levels of patient clinical care, either via telephone triage or patient facing contact, and mitigate potentially high staff sickness levels, clinicians (including both paramedics and nurses) have been asked to return to the frontline to support. This has included those recently retired within the last three years, by the Government.

The Trust has worked to ensure that quality governance standards have remained in place, despite the need for delivery at pace to secure extra resources.

Clinical Contact Centres (including NHSDW and NHS 111)

Nursing staff who have returned to the Trust to help have either been placed on the temporary Nursing Midwifery Council Register (NMC) where their registration may have lapsed, whilst others are still within their 3year period. The key areas where nursing staff have been placed are the clinical contact centre and 111 telephone triage.

The NMC have extended the temporary register further and have allowed those who have lapsed in the last 4 or 5yrs to re-join (extended from 3yrs on 17 April 2020). The clinicians are undertaking a shortened induction course and whilst quality governance standards have remained in place there are risks, including clinical risks with this type of reduced training plan; this has been detailed in risk assessments undertaken for this training.

Non-clinical staff have also been redeployed from other Trust functions to undertake a short training course to support 111 call handling duties.

Ambulance Response (including non-emergency patient transport)

<u>Returning Paramedics</u>

Two Paramedic staff who have previously worked for the Trust have returned to practice. They are being utilised as Emergency Medical Technicians and therefore there is no requirement for registration with Health and Care Professions Council (HCPC).

Non-Emergency Patient Transport staff (NEPTS) have also moved to support front line Emergency Medical Staff and some elements of Out Patients Clinics have been put on hold nationally during the Pandemic.

Military

The Trust submitted three Military Aid to the Civil Authority (MACA) requests, which is a process for requesting military assistance to support normal services that are overwhelmed. The MACA requests were approved by the CEO, the Trust have worked in parallel with the Ministry of Defence (MOD) Joint Regional Liaison Officer (JRLO) to write the request. The MACA requests were submitted to the JRLO and through the Civil Contingencies team in Welsh Government, ultimately the request has to be approved by the Welsh First Minister and also at Ministerial level in UK Government.

There were three requests submitted using the Joint Decision Model (JDM), first was a request for a Military Planner to work with the Trust, the remaining requests were for ambulance driving support and ambulance decontamination support. All three requests for support were granted.

The Executive Management Team have been leading the deployment of the Military to support the Trust operations within Emergency Medical Services. No Disclosure & Barring Service (DBS) (covered by WG) or occupational health assessments have been undertaken. The Trust has trained and deployed the Military into suitable functions outlined in the MACA.

Currently, one Major in a Military Planner capacity sits on the Tactical Pandemic Team; initially for 28 days and has been extended for up to another 28 days. One Captain has worked with the Trust to manage the deployment of 60 soldiers for the ambulance driver task for an initial 8 week deployment; these are split into 15 in North, 15 in Central & West, and 30 in South, supporting operational EMS crews as drivers and clinical assistants. One Major is working with the Trust to manage the deployment of 60 soldiers for the decontamination task for an initial 6 week deployment to us supporting development of a third Make Read Depot (MRD) site in West Wales, enhancing hours at Wrexham and Tredegar MRDs and providing key hospital based vehicle decontamination after movement of suspected Covid-19 patients.

In respect of maintaining Governance, the training been provided by Trust training staff, day to day deployment for drivers has been undertaken through regional resource and Local Pandemic Teams, decontamination tasks have been overseen by the Head of Operations and Locality Managers across Wales linking in with Lead for Make Ready Depot.

The MACAs remain under review on the basis that their presence gives us time to seek a contractual civilian option to do this so the MOD assets can be stood down.

Fire & Rescue

The Trust had agreement from the Fire Services to provide staff to support ambulance provision as drivers, this is being done on a voluntary basis and not mandated so actual numbers that this will provide are not yet available. The agreement allows fire service staff to withdraw their support with 7 days' notice which also has the potential to disrupt plans.

The Trust have not deployed the Fire and Rescue Service at this point. Clarity is being confirmed on what level of training/vetting Fire & Rescue Service personnel undertake so to assess what additional needs may be required.

Fleet (including Make Ready Depot teams)

The fleet function has worked tirelessly to ensure the Trust have enough availability of fleet, maximising the use of that available, minimise the amount of time fleet is off the road, accelerating commissioning of new vehicles, and converting some of the NEPTS vehicles for infectious patient transportation.

Staff from other functions within the Trust have also supported the decontamination function of vehicles in addition to the Military colleagues.

Information, Communication and Technology (ICT) including Health Informatics

The advent of the Covid-19 pandemic has driven Digital Transformation across WAST at pace, to ensure colleagues are connected and able to effectively work. The WAST ICT Department has risen to the challenge, increasing overtime working by 400% on this time last year in some areas to support. Work to date has included:

- End to end delivery of a 40 seat 111 call centre in VPH from concept to live service within 2 weeks.
- Relocating of the 111 desks in Ty Elwy to allow for social distancing.
- Delivery of an additional 4 positions for 111 call taking in Ty Elwy.
- Delivery of 15 new 111 training positions at Matrix One.
- Delivery of 2 x 10 seat training facilities at VPH.
- Configuration and deployment of a new Fortigate VPN solution to reduce our dependency on the stretched national VPN system, allowing users to work from home with improved performance and security. The solution was designed and deployed in 2 weeks.
- Configuration and delivery of 80 new laptops received in March enabling home working for CSD and 111 clinicians, as well as other essential workers. All of which were prioritised by the business continuity and logistics cell.
- Configuration of another 200 laptops that arrived in April to meet other requests for laptops which again will firstly be for clinical requirements and then other requests that have come in to ICT via the amb_homeworking@wales.nhs.uk email address.
- Work is ongoing to set up an additional 35 999 EMS positions in VPH.
- Work is also ongoing to setup an additional 10 CSD positions in VPH.
- Accelerated rollout of Office 365 across the whole organisation, with 995 users migrated in a single week in March. Support for the rollout saw the number of service calls double from the same time last year.
- Configuration and delivery of Microsoft Teams across the entire organisation.
- Work is continuing to support 170 Blackberry users to get them new phones which are required as part of the Office 365 migration.
- Developing a solution to allow users of the NMA Lite to carry on using the application once migrated to Office 365.
- Kitting out new vehicles with Airwave solutions.
- Applying additional security measures to allow users to work from home securely.
- Making changes to the CAD systems to support changes required by new working practices as a result of Covid-19.

ICT has also seen an unprecedented increase in calls to the ICT service desk, which on some days has been an increase of over 500% on what would normally be expected. To counter this extra resource has been redeployed into the service desk to assist in call taking, which included training the staff and providing additional equipment to allow them to work from home.

To safeguard the ICT team some have been working from home and others have been provided secure locations to work from to provide minimum contact with others.

Resource centres for managing staff rotas and absence

The demands on the resource department for managing staff rotas, leave, sickness, household isolation and shielding have been significant in adapting to Covid-19 and meeting the requirement to uplift staffing levels in all four functions of the Trust: Emergency Medical Response (EMS) , Emergency Medical Staff Clinical Contact Centre (EMS CCC), NHSD Wales 111 and Non Urgent Patient Transport staff (NEPTS).

Challenges have been present in implementing new processes in line with the change in the Trusts Tactical Approach to staffing levels bringing on board Military, Fire Rescue Staff and Student Paramedics. There has however been a positive collaborative approach working with Operational Managers in EMS Response, EMS CCC, 111 and NEPTS along with Workforce and Organisational Development (WOD), Training, Planning and Performance, Fleet, Clinical and Trade Unions (TUPs) to work through these issues on a Pan Wales basis.

WAST operational workforce has brought challenges in terms of an initial spike in sickness, leave, household isolation and/or shielding rates due to absence but have also been exceptional in terms of their availability to support production by the cancelling of leave and uplift in overtime.

The increased administrative workload within the Resource Team Pan Wales has been significant, experiencing an increased call and email volume across all four Trust sites with staff and management queries relating to staffing levels and absence and sometimes as a voice to listen to staff concerns and anxieties. The redeployment of staff to support the team has been successful in terms of the staff this has also presented challenges in being able to train and support those staff.

Reporting requirements have also significantly increased and as the knowledge of the reporting capabilities within the Trust rostering systems GRS (Trust rostering system for emergency Ambulances and Rapid Response Vehicles) and Shift Track (rostering system for NHSDW and 111) is limited to the 4 Managers and partly to 3 Supervisors progression of a Resource Dashboard and support from HI to automate reporting would be advantageous.

The resource team have been outstanding in adapting to some very short notice changes and ensuring resources have been maintained and uplifted in terms of staffing levels.

Supply chain including Personal Protective equipment (PPE) procurement and provision

Through the Logistics Cell, which has met daily, often including weekends, a key focus has been placed on both the ability to model future usage of key aspects of PPE (against a varying backdrop and environment of changing demand forecasts and PPE guidance), alongside ensuring as much as possible the supply chain flowing into the Trust for such items is maintained. This has included using a model of usage expected for some key aspects of PPE and feeding this into the national picture via Welsh Government and NWSSP to ensure as much as possible that the Trust's demands are factored into the national requirement. Alongside this has been some increases in local procurement as well as donations received and a social media campaign to encourage local and national manufacturers to provide items of key PPE for the Trust.

Covid-19 Clinical Decision Process

The rapid pace of clinical decision making within the context of Covid-19 has required strong governance to ensure collective, well informed decision making to provide assurance to the Board.

An example of the complex clinical decisions facing the Trust include recent publications from central and devolved governments and the Resuscitation Council (UK) have illustrated a stark difference in opinion on a specific clinical intervention and whether it constitutes an Aerosol Generating Procedure (AGP). Cardio-Pulmonary Resuscitation (CPR) consists of three distinct elements; airway management, ventilation and chest compressions. Airway management and ventilation are agreed AGPs. However, this disagreement relates to the performance of chest compressions.

To facilitate effective and safe informed decision making the Executive Pandemic Team were presented with an SBAR report outlining the above, detailed background and assessment and the view to take a cautious approach in protecting our frontline clinicians and support the position that chest compressions may be an AGP and should not be undertaken in anything other than Level 3 PPE.

Infection Prevention and Control

In January 2020, the IPC Team were monitoring the events being reported in Wuhan, China in respect of COVID-19. The Team were influential in informing and altering members of the Trust as to the possible impact of the spread of this infectious disease upon the Trust.

As the pandemic event evolved, it was identified that the IPC Team required further support in order to ensure provision of an IPC advisory service to the Trust.

The IPC Team was supported by additional colleagues redeployed from Departments across the Trust, with various skills including IPC, project management, and operational experience. Substantively, 2 whole time equivalent (WTE) staff maintain the IPC function; at the height of the pandemic 9 staff formed the COVID-19 IPC Team. Some of these staff have subsequently been redeployed to their substantive roles, or into other core functions as the pandemic evolved.

The Interim Assistant Director for Quality Governance and the Interim Head of IPC have led the Team, including daily Team Meetings to address arising issues expeditiously. This has ensured that IPC advice has been provided to relevant Trust Pandemic Teams and Cells; including the commencement of the IPC Advisory Cell in May 2020.

The IPC Team have contributed to the Ambulance Services National IPC Advisory Group, which have provided guidance on the development of IPC and Personal Protective Equipment (PPE) matters in the ambulance setting. The pandemic has presented opportunities for organisational learning which will be incorporated into future planning for the Trust's IPC Team.

The Trust have provided Education and Training to staff regarding Covid-19 Personal Protective Requirements to ensure staff and patients are protected. The Trust has also recently introduced Versaflo Respiratory Protective Equipment for use by staff; whilst there has been supply chain challenges in securing these products, staff utilising these devices must be competent in its use and attended the face-to-face Versaflo training session.

In the preceding weeks up to the pandemic, the Trust rolled out Red Level PPE Donning & Doffing training. This was delivered using a face-to-face train the trainer cascade training model. This training equipped

colleagues with knowledge of the equipment, including how to apply and remove the protective equipment safely. Throughout the pandemic, UK PPE guidance changed, which led to a change of PPE terminology (Covid-19 PPE Level 2/3). This categorisation of required PPE was determined on the basis of each clinical scenario – and whether an Aerosol Generating Procedure (AGP) would be undertaken. The Trust has published a series of materials to inform staff of the terminology changes and PPE requirements, as guidance has changed. This has included posters, interactive virtual sessions (e.g. Facebook live/Zoom), executive informational video and demonstrational videos.

Infection, Prevention & Control (IPC) and Personal Protective Equipment (PPE)

The IPC Team have aimed to provide the Trust with advice and guidance, tailored to the COVID-19 situation. This is important to ensure staff confidence and compliance in IPC & PPE standards and expectations.

Throughout the evolution of the pandemic, information and guidance has changed from central bodies (Public Health England/Public Health Wales). This is due to new learning of the disease, and the prevalence within the community.

The Trust has ensured that provision of training in PPE use has been made available. 'Red Level PPE' training was rolled out across the Trust in a cascaded, Train the Trainer Model. This included the use of donning and doffing of PPE, which is of high importance for maintaining of staff safety. This has enabled the delivery of training at pace, with complementary training videos/visual aids use to re-inforce learning and key messages.

Fit testing is a process of assessment of a staff member in use of a filtered face piece (FFP3) mask. These masks must be fit tested prior to use in the operational setting. The Trust has provided Fit Testing which is recorded on the Electronic Staff Record (ESR). Efforts have been enhanced to ensure staff compliance in Fit Testing, which have been required on all variants of FFP3 masks. As government pandemic stocks have been utilised across NHS organisations, new models of masks have been introduced into the Trust; all staff have require Fit Testing prior to use, presenting logistical challenge to the Trust.

The Trust has used a variety of communication methods to inform, educate and remind staff of PPE standards and/or advice of amendments to guidance. The Trust has published videos, posters, aide memoirs, action cards, as well as Executive led 'live' informational sessions. These have enabled the Trust's Management Team to have open communication with all colleagues across the organisation, in which PPE, IPC and clinical matters have been of high priority.

Infection Prevention and Control: Learning from Incidents

In order to ensure organisational learning throughout the pandemic, the IPC Team has worked with the Datix Manager to perform daily reports on incoming incidents, to ensure learning can be captured and mitigating actions taken quickly.

A weekly, more detailed report is used to inform Trust Teams and Cells of themes and trends identified; action against these issues has been promoted through the pandemic structure.

Improvement & Innovation: Ambulance Sanitisation

The IPC Team, supported by members of the Quality Improvement Team, have led a research call to identify alternative approaches to rapid sanitisation of ambulance vehicles. This project has been run through the Small Business Research Initiative (SBRI) Centre of Excellence, hosted by Betsi Cadwaladr University Health Board (BCUHB). The project has been funded by the Welsh Government, with additional support provided through the Ministry of Defence (MOD) Defence and Security Accelerator Programme.

Over 200 responses to the research call were received, with 14 selected for assessment at MOD Porton Down by the Defence Science and Technology Laboratory (DSTL). Three applicants to the call were invited to conduct a demonstration in a Welsh Ambulance Services NHS Trust (WAST) Emergency Medical Service (EMS) vehicle.

An Evaluation Report is being produced to inform the Trust of the effectiveness of these technologies in rapid sanitisation. This will inform recommendations for the Trust to consider for implementation.

Improvement & Innovation: Adenosine Triphosphate Testing

During the pandemic, the Trust has procured and received Adenosine Triphosphate (ATP) swabbing equipment that will allow for quantitative analysis of cleanliness. ATP Testing is a widely used in healthcare and food industry. The Trust will implement a Quality Assurance Programme for cleanliness which will provide detailed insight into cleaning processes and effectiveness. This will enhance our ability to direct improvement efforts appropriately.

ATP Testing has been deployed using a model for improvement (PDSA) to generate learning on potential solutions for the cleaning of equipment. This has increased organisational learning on effective products and cleaning methods. Furthermore, the ATP Testing equipment will be rolled out across the Trust to ensure the cleanliness of vehicles and Trust sites.

The work of the IPC Team throughout the pandemic has involved working through challenging issues, many of which have been experienced across the NHS. De-brief of the pandemic period will enable organisational reflection, in turn promoting recommendations and action to ensure further resilience of the Trust's IPC function, and embedment of IPC knowledge & responsibilities across the organisation.

Covid-19 Incident Reporting (Datix)

To date staff have continued to report Patient Safety Incidents and Non Patient Safety Incidents via Datix. The process for investigating and managing the incident remains the same.

To identify areas of concern, trends and themes in real time the Information and Intelligence Manager has reviewed all Covid-19 related incidents on a daily basis as they are reported (not on closure following investigation by Locality Mangers which may give rise to a different perspective and learning) with support from a safeguarding manager on redeployment under business continuity protocol.

Emerging Themes and Trends are also captured as part of the daily Covid-19 briefing and weekly report, under the followng categories:

- Communication & Clinical Assessment Issue
- Personal Protective Equipment Issue
- Hospital Issues
- Other

The Daily Datix complied briefings are shared by the Information & Intelligence Manager with a number of individuals/groups within the Trust to ensure visability, action and risk mitigation.

A full review of clinical and non clinical related Covid-19 incidents will accompany this report. A summary of the findings are;

The first adverse incident relating to Covid-19 was reported on 30 January 2020, and a total of 209 Covid-19 related adverse incidents have been reported since the start of the pandemic**.**

Incident volumes peaked during the 3-week period from 15 March 2020 - during this time, roughly half of all adverse incidents being reported related to Covid-19. Since 05 April 2020, this has fallen to just under one third.

This reporting spike was driven primarily by changes to the operational environment in response to Covid-19 - evolving hospital admission procedures, communication issues between EMS CCC and Ops relating to Covid-19screening, and PPE issues. These have now largely reduced as issues have been addressed and new ways of working become normalised.

A third of Covid-19 adverse incidents have been issues within the wider healthcare system – hospitals, community GP/nursing, care homes - primarily relating to hospital referral and admission delays, communication and staffing/infrastructure issues.

The majority of Covid-19 incidents relate to EMS Operations (70%), followed by NEPTS Operations (10%) and NHSDW/111 (9%). One adverse incident has been reported in relation to military personnel (not reported directly on their behalf), with no incidents relating to Fire & Rescue or other volunteer personnel.

The highest levels of Covid-19-related incidents have been reported in the BCUHB area, followed by Swansea Bay and Hywel Dda.

Overall volumes of adverse incidents have remained broadly stable, but with some evidence of a reducing reporting trend developing and of geographic variation compared to the equivalent period last year. This extent to which this can be attributed to operational pressures (not able to report) and/or changes to the wider operational environment (fewer ‘business as usual' incidents to report due to lockdown env ironment) is unclear at this point in time.

Of the 209 Covid-19 related adverse incidents that have been reported since the start of the pandemic, 38% have been investigated and closed whilst 62% remain in process.

Clinical Governance

A Clinical Advisory Cell (CAC) has been established to provide advice to the Tactical Pandemic Team (TPT) and the Executive Pandemic Team (EPT). It is jointly chaired by the Executive Director for Quality and Nursing and the Medical Director. The CAC will provide senior clinical advice to the Trust for all clinical matters relating to the Covid-19 pandemic. The CAC objectives are:

- Review and consider national guidance on clinical matters relating to covid-19 pandemic
- Provide a position on clinical matters relating to Covid-19
- Ensure that Clinical sign off for specific Trust activities relating to Covid -19 are undertaken in a timely manner.

The Clinical advisory cell has been essential during this period of time to ensure that there is due diligence when providing clinical advice and guidance. The CAC provides advice for all settings of the Organisation, including:

- 111 service including the Symptom Checkers
- NEPTS
  Occupational Health
- EMS

As COVID-19 is a new virus, guidance has changed frequently and there remain inconsistencies with advice from national bodies. This has been particularly challenging with regard to cardiac compressions and whether these are considered to be an Aerosol Generating Procedure (AGP). Whilst Public Health England and NERVTAG (New and Emerging Respiratory Virus Threats Advisory Group) advise that cardiac compressions are not an AGP, the Resuscitation Council of the United Kingdom (RCUK) state that they are indeed an AGP.

The CAC has been central to debating this and considering the evidence and the rationale for our guidance. This is important as the level of personal protective equipment (PPE) used by our staff during a resuscitation is informed by whether the intervention of cardiac compressions is an AGP or not.

We concluded that in the absence of a consensus of opinion, we have a duty to our staff to air on the side of caution and provide guidance that the PPE required for an AGP is worn at all times during resuscitation. As a result, we have ensured that this decision was escalated to the Executive Pandemic Team and Trust Board. We have also ensured that this has had a full risk assessment and is recorded on our Corporate Risk Register (DATIX RISK 303). We have also established a COVID-19 Resuscitation Task and Finish Group, led by our Associate Director for Paramedicine to address the challenges faced with timely response to patients requiring resuscitation versus the need to don PPE suitable for AGP and to ensure we have a long term solution to adequately protect the rescuer whilst optimising patient outcomes.

Health & Safety and Risk

The Trust established a Health & Safety and Wellbeing Cell, tasked to provide an advisory forum to ensure the robust consideration of health and safety for staff and patients within the organisation. Focussing on the safety of our staff is an essential consideration for the organisation throughout the pandemic. It is recognised that as well as the physical health of our staff, the physiological impact and stressors of the event will impact on the wellbeing of our people. The Health & Safety and Wellbeing Cell has undertaken a significant amount of work to ensure the wellbeing strategy and plans for our staff will ensure they are able to be their best.

Additionally, the cell has undertaken numerous risk assessments on challenging areas to ensure the organisation is well considered and advised in decision making capacities and forums.

Furthermore, the Trust is developing a position statement based on regulation requirements regarding recording RIDDOR incidents relating to Covid-19. Work is ongoing to ensure external recommendations can be implemented into practice and framed by the position statement, and support material is available to Trust managers.

Risks continue to be monitored and updated through the Corporate Risk Register, as well as the undertaking of rapid local risk assessments to establish actions, often in the dynamic situations in which Covid-19 has created.

Quality Assurance, Reporting and Monitoring

The Trust continue to maintain and report throughout Covid-19 against sources of quality assurance, for instance mortality reviews, PRUDIC, complex case management, serious case incident forums, corporate risk register, themes and trends of incidents, claims and concerns reported over Datix system.

To reduce/eliminate the potential for transmission of healthcare associated infections during the Pandemic and ensure staff and public safety two reports have been issued on a daily basis; Fit Testing Compliance and Personal Protective Wallet for all patient facing staff. The importance of this is to ensure that the Trust can identify any areas of concern where either staff cannot wear the Face Filter Protection (FFP3) mask and therefore require an alternative and that all staff have access to the most appropriate personal protective equipment held in personal PPE wallets. The daily reports are sourced from the Electronic Staff Record (ESR) and cover Emergency Medical Services and Non-Urgent Patient Transport (NEPTS). The reports are circulated by the Interim Head of Infection Prevention and Control via email to staff groups and relevant meetings.

One particular challenge during the Pandemic period has been the differing models/designs of FFP3 masks due to stock availability. Whilst they provide the same function, they are slightly different in design, this has meant staff need to be re Fit Tested on each model of FFP3 mask.

Innovation and Organisation Learning

The Trust is also currently scoping out potential new and innovative cleaning systems for ambulance fleet to reduce decontamination time whilst maintaining vehicle cleanliness standards; this project has been run with the support of Welsh Government and the Ministry of Defence. To support this the Trust is also commencing the expansion of cleanliness testing (a process of rapidly measuring actively growing microorganisms through detection of adenosine triphosphate (ATP)) post decontamination/cleaning of vehicles to assess compliance, providing a quantitative quality assurance mechanism.

There also many other innovations that have been taking place; for example redesign of training, job redesign in Clinical Contact Centre (CCC), process redesign in CCC, image and video production for information dissemination, redesign of volunteering roles, 3D printing of PPE and tools to assist staff, inter-department/matrix styles of working, and adoption of computer software.

Additionally, our mental health and dementia team has sourced, trained and deployed additional mental health professionals to work on the Clinical Support Desk. The aim has been to find alternatives to ambulance

conveyance, to reduce pressure on other clinicians and to deliver better outcomes for the public. This pilot service is now up and running and is already helping to reduce pressures within the system. Evaluation of this pilot will follow.

Well-being & Sickness and absence during Covid-19

The Trust has developed a Covid-19 Wellbeing Strategy which has been signed off by the Executive Management Team. The aim is to support staff through the Pandemic and beyond.

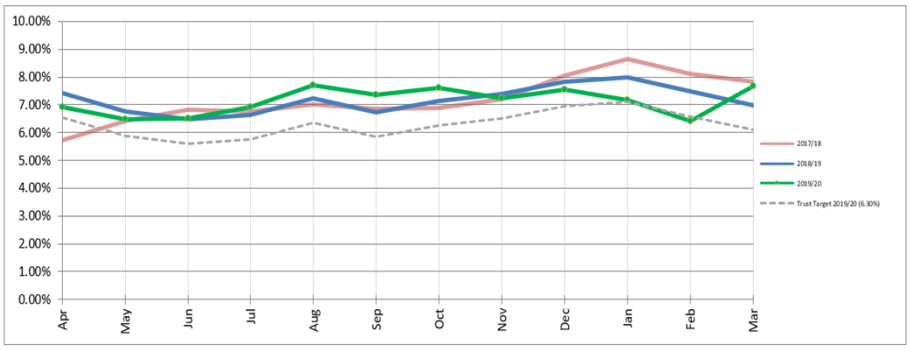
Sickness absence figures (ESR) are reported daily into Welsh Government as well as the Internal Incident Coordination Cell, via the Health Informatics Team. A breakdown of Covid-19 absences relating to symptoms, self-isolating and shielding are provided to EPT on a weekly basis. As of 30th April 2020 the Trust reported that 3.34% of staff absent were due to Covid-19.

To ensure that contact is maintained with staff members that are currently on long term absence welfare calls are being undertaken by HR representatives and in some areas this is also being supported by managers.

Figure 3 (Below): Line graph of the Trust's sickness absence rate.

WAST Sickness Absence

Reported Absence Year	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Cumulative	
2017/18	5.73%	6.42%	6.82%	6.77%	7.01%	6.87%	6.90%	7.19%	8.06%	8.66%	8.12%	7.83%	7.20%	
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Cumulative	
2018/19	7.41%	6.77%	6.48%	6.62%	7.25%	6.72%	7.13%	7.38%	7.85%	7.98%	7.47%	6.97%	**7.17%**	
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Cumulative	Variance
2019/20	6.92%	6.48%	6.52%	6.91%	7.71%	7.37%	7.60%	7.24%	7.54%	7.17%	6.43%	7.67%	**7.14%**	-0.03%



Cumul Variance 17/18 to 18/19	-0.03%
Cumul Variance 18/19 to 19/20	-0.03%

Covid-19 Staff and Public Communication

During such unprecedented times it is paramount to maintain high levels of communication across all staff groups to maintain staff wellbeing and ensure their ability to undertake their roles that they have been recruited or redeployed to do. Regular Covid-19 general update bulletins have been sent out on a daily basis to all staff via email and also available on the intranet site on a specific Covid-19 page.

The CEO also sends out a weekly briefing and holds weeks zoom calls with staff, access to these is via an open access approach and scheduled times published on Siren/email. These have been well received and greatly assisted in shaping culture and maintaining top-bottom communication. These have been supported by executive video briefing that have been produced on specific topics .i.e. Director of Nursing and Consultant Paramedic on Personal Protective Equipment (PPE).

Information has also been shared with the Public to ensure that where possible they understand why our staff are wearing personal protective equipment. Further information and support has also been uploaded to the Trust website on symptom checkers.

Our Public and Community Involvement Team have also worked to ensure equity across the population in terms of information by making sure the Trust have information that meets British Sign Language requirements. The PECI team have also played a huge role in ensuring symptom checkers for the public are current and on the Trust website.

Appendix 1 Executive Pandemic Team Membership

Jason Killens	Chief Executive	JK
Brendan Lloyd	Medical Director and Deputy Chief Executive (Interim)	BL
Estelle Hitchon	Director of Partnerships and Engagement	EH
Chris Turley	Director of Finance and Corporate Resources	CT
Lee Brooks	Director of Operations	LB
Keith Cox	Board Secretary	KC
Claire Vaughan	Director Workforce and Organisational Development	CV
Rachel Marsh	Director of Strategy, Planning and Performance	RM
Claire Roche	Director of Quality & Nursing	CR
Andy Haywood	Director of Digital Services	AH
Andy Swinburn	Associate Director of Paramedicine	AS
Mark Harris	Assistant Director of NEPTS (Interim)	MH
Also in attendance		
Chris Simms	Head of Resilience	CS
Lois Hough	Head of Communications	LH
Jonathan Jones	Assistant Corporate Secretary (Chief Executive's Office)	JJ

Appendix 2 Welsh Ambulance Services NHS Trust Pandemic Strategy

GIG CYMRU NHS WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Welsh Ambulance Service NHS Trust Pandemic Strategy

It is the intention of WAST to respond to and manage the ongoing pandemic in a way which promotes and saves life, reduces humanitarian suffering and is compatible with the vision and values of WAST. This will be achieved through effective coordination, planning and leadership.

The Executive Pandemic Team will:

1. Maintain public confidence and minimise the impact of the pandemic by ensuring that WAST is responding effectively to the incident.
2. Ensure that the WAST response is coordinated and integrated with the wider health and responding agencies.
3. Maintain effective capacity management within the Emergency and Non-Emergency Services, and the Clinical Contact Centres, by
    a) Assessing and identifying any gaps in the response capability of the organisation for dealing with the pandemic.
    b) Identification and request for mutual aid.
4. So far as is practicable, take all reasonable measures and employ all appropriately identified control measures to safeguard and protect the Health, Safety and Wellbeing of all our people consistent with the requirements of Health and Safety and other relevant Legislation.
5. Ensure public messages are coordinated with other agencies and partners.
6. Ensure all internal communications and messages are coordinated within the Trust.
7. Ensure effective Business Continuity and Recovery arrangements are in place across the organisation and review where necessary.
8. Provide support and representation at Strategic Co-ordination Groups (SCGs) and Tactical Co-ordination Groups (TCGs) where appropriate.
9. Ensure the creation, maintenance and safe storage of well-documented, auditable plans and decision logs for the pandemic at all levels of command.
10. Review this strategy every week.

Signature: [signature] (Chief Executive Officer)

Date: 4/3/20. Time: 1557hrs.

Appendix 3- Welsh Ambulance Service NHS Trust Tactical Pandemic Team

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

Welsh Ambulance Service NHS Trust Tactical Pandemic Team

It is the intention of the WAST Tactical Pandemic Team (TPT) to support the execution of the Pandemic Strategy as signed by the Chief Executive Officer.

The TPT will:

1. Protect and preserve life by ensuring a co-ordinated approach with internal and external stakeholders.
2. Mitigate the impact on operational service delivery, the public and wider heath economy.
3. Maintain situational awareness and assess and mitigate risk utilising the Joint Emergency Services Inter-operability Principles (JESIP).
4. Ensure all resources available to the Trust are deployed in an efficient and effective manner, so as to maximise patient safety and experience, whist minimising risk. To take practicable and reasonable action to prioritise our response to patients in most need. The top critical functions are agreed as:
    a. CCC including NHS Direct Wales, 111 and NEPTS Control
    b. Resource Centre
    c. Ambulance Response including NEPTS
    d. Fleet and Make Ready
    e. ICT including reporting elements of HI
    f. Supply Chain
5. Ensure that actions comply with the requirement of legislation, policy and procedure.
6. Continually assess the impact of action plans using the Joint Decision Model.
7. Make and record decisions.
8. Maintain channels of communication across the team and with our stakeholders.
9. Return to a state of normality as expediently and safely as practicable.
10. Provide a clear command structure to support the operational response.
11. Ensure staff and volunteer wellbeing/welfare.
12. Support the preparation and dissemination of any public messages as required.
13. Provide debriefing and capture best practice and learning.
14. Periodically, as required, review this tactical intent.

Signature L-BROOKS. (Director of Operations)
Date: 14/4/20. Time: 09.30

Appendix 4- Welsh Ambulance Trust Business Continuity Cell

BUSINESS CONTINUITY CELL – Covid19

Welsh Ambulance Services NHS Trust

TERMS OF REFERENCE – March 2020

AIM

The Business Continuity Cell (BCC) will be a subgroup of the Executive Pandemic Team (EPT), chaired by the Director of Strategy, Planning and Performance.

OBJECTIVES AND FUNCTIONS OF THE SUB GROUP:

The BCC's objectives will be to:-

Make recommendations to the EPT and TPT on a well-defined set of options that will initially maintain core functions and / or deal with the 'Emergency' and thus aid the restoration of normality. Core activities have been agreed as follows:-

- CCC, including NHSDW & 111 and NEPTs control;
- Resource Centre;
- Ambulance Response, Inc. NEPTs and Make Ready;
- Fleet;
- ICT (Inc. reporting elements of HI);
- Supply Chain.

The BCC will prioritise personnel, resources and services to protect core activities using known Business Impact Analysis (BIA).

Prepare recommendations that deal with recovery in 'the immediate', short term (less than 8 hrs), medium term (less than 24 hrs) and long term (greater than 24 hrs).

MEMBERSHIP

The Chair should be a member of the Executive Pandemic Team:

The Business Continuity Cell will comprise of the following. Nominated deputies for each of these key posts will also be required.

Director of Strategy, Planning and Performance (CHAIR)	Rachel Marsh
Director of Digital (Dep Chair)	Andy Haywood
Operations Rep / NHS Direct	Bob Tooby
Resilience Officer – Business Continuity	Nia Hughes
Risk Manager	Rob Mason
Human Resources Manager	Sara Williams
NEPTS	Karl Hughes
Asst Director of Strategy and Planning	Alex Crawford
Asst Director of Quality, Safety and Patient Experience	Wendy Herbert
TU Rep	TBC
Admin support	Kerrie Lines

RESPONSIBILITIES OF THE GROUP

The BCC on behalf of EPT or TPT, will formally task various parts of the Trust to assist in maintaining critical services or the 'return to normality'. It is vitally important to ensure that EPT and TPT is appraised of any such tasking that may have been initiated in order to prevent duplication. It will be necessary to record these tasks within the BCC Log and for Trust departments to maintain a full audit trail and decision log relating to each individual tasking.

Each department in receipt of a tasking must ensure that the BCC is updated on a regular basis and always in good time for any notified EPT/TPT meetings.

FREQUENCY OF MEETINGS

The BCC will initially meet weekly or as necessary or as directed by EPT and will work to an agenda, record minutes, actions and decisions, maintaining close liaison with EPT/TPT, who may be dealing with wider issues.

Appendix 5- Logistic Cell Terms of Reference

LOGISTICS CELL – Covid19

Welsh Ambulance Services NHS Trust

TERMS OF REFERENCE – March 2020

AIM

The Logistics Cell (LC) will be a subgroup of the Executive Pandemic Team (EPT) /Tactical Pandemic Team (TPT) chaired by the Director of Finance. The logistics cell will ensure the continuity of fuel, consumable equipment and other critical supplies.

OBJECTIVES AND FUNCTIONS OF THE SUB GROUP:

The LC's objectives will be to:

- Review, make recommendations and ensure logistical preparedness of the Trust providing the EPT/TPT with a well-defined set of options that will maintain core functions and /or deal with the 'Emergency' and thus aid the restoration of normality as quickly as possible.

- The LC will prioritise personnel, resources and services to protect core activities. Core activities have been agreed as follows:-

    - CCC, including NHSDW & 111 and NEPTs control;
    - Resource Centre;
    - Ambulance Response, Inc. NEPTs and Make Ready;
    - Fleet;
    - ICT (Inc. reporting elements of HI);
    - Supply Chain.

- Prepare recommendations that deal with recovery in the 'immediate', short term (less than 8hrs), medium term (less than 24hrs) and long term (greater than 24hrs).

- Monitor and record expenditure and costs accrued in responding to the pandemic, in order to recover any costs incurred if funds are made available by the Welsh Government.

MEMBERSHIP

The Chair should be a member of the Executive Pandemic Team:

The Logistic Cell will comprise of the following. Nominated deputies for each of these key posts will also be required.

Executive Director of Finance (CHAIR)	Chris Turley
Executive Director of Quality & Nursing (Dep Chair)	Claire Roche
Operations Rep	Tony Crandon
National Fleet Manager	David Holmes
Clinical Equipment and Procurement Manager	Jonathan Wilson
Procurement Team Member	Ian Emptage/Sian Owens
Administrative Support - Loggist	Sue Gillard PA to Director of Finance
Finance Manager	Jason Collins
TU Rep	Damon Turner

	Gareth Price
ICT Rep	Aled Williams
Estates Rep	Richard Davies

RESPONSIBILITIES OF THE GROUP

The LC on behalf of EPT, will formally task various parts of the Service to assist in maintaining the critical services (previously identified) or the 'return to normality'. It is vitally important to ensure that EPT is appraised of any such tasking that may have been initiated in order to prevent duplication and for the receiving departments to maintain a full audit trail and decision log relating to each tasking and a comprehensive log relating to the whole event.

Each department in receipt of a tasking must ensure that the LC is updated on a regular basis and always in good time for any notified NPT meeting.

The LC will coordinate the provision of consumable stockpiles held by Welsh Government making arrangements with Shared Services for Trust resupply and replenishment in order to maintain frontline clinical services.

The LC will ensure sufficient fuel exists within internal tanks and that **additional** '*most frequently used'* vehicle parts are procured and readily available.

FREQUENCY OF MEETINGS

The LC will initially meet weekly or as necessary or as directed by TPT and will work to an agenda, record minutes, actions and decisions, maintaining close liaison with EPT/TPT, who may be dealing with wider issues.

Appendix 6-Trade Union Partnership Cell

Welsh Ambulance Service NHS Trust Pandemic Strategy – Trade Union Partnership Cell

Terms of Reference

Introduction

The Trust is committed to working in partnership and our trade union partners will play an important role representing the voice of our people within discussions and decision making, supporting effective planning and co-ordination of resources and logistics and good leadership of WAST during its response to a pandemic situation.

As a result we have created our Trade Union Partnership Cell to provide a central forum to bring the representatives from the Trust's Pandemic Planning Groups together with our Lead Trade Union partners from the four recognised WAST Trade Unions – Unite, Unison, RCN and GMB.

Purpose

The Cell, jointly chaired by the Chair or Secretary of Trade Union Partners and the Executive Director of Workforce & OD will:

1. support and enable consistent and timely sharing and sense making of information across the four recognised trades unions and lead trade union partners, and
2. enable discussion and a representative view from all trades unions to be gathered and fed back to each group via a single representative (regardless of trades union affiliation) to facilitate timely and effective decision making.

Frequency of Meetings

The Trade Union Partnership Cell will meet as frequently as necessary, subject to the exigencies of the service, and timing will be as determined by the Joint Chairs.

Proposed Membership:

Lead Trade Union Partners from RCN, Unison, GMB and Unite

Executive Director of Workforce & OD

Director of Operations

Deputy Director of Workforce & OD

Associate Director of Paramedicine

Head of Human Resources

Head of Internal Communications

Management Representatives from the other pandemic groups to be identified and agreed – particularly the Business Continuity and Logistics Cells.

Other

Note there will also be a place for a trade union representative in the following Trust Pandemic response groups:

- The Logistics Cell
- The Business Continuity Cell
- The Partnership and Engagement Cell (Communications)

However it has been agreed by the EMT that the nature of the of the highly sensitive information and certain decision making required at the Executive Pandemic Group and Tactical Pandemic Group makes it inappropriate to place a trade union partner in these groups.

13 03 2020

Appendix 7- Clinical & IPC Advisory Cell

CLINICAL AND IPC ADVISORY CELL – Covid19

Welsh Ambulance Services NHS Trust

TERMS OF REFERENCE – March 2020

AIM

The Clinical and IPC Advisory Cell (CIPCC) provides advice to Tactical Pandemic Team (TPT) and the Executive Pandemic Team (EPT). It is jointly chaired by the Executive Director for Quality and Nursing and the Medical Director. The CIPCC will provide senior clinical advice to the Trust for all clinical matters relating to the Covid-19 pandemic. In particular, the clinical requirements for IPC will be addressed at this cell.

OBJECTIVES AND FUNCTIONS OF THE SUB GROUP:

The HSWAC objectives will be to:

- Review and consider national guidance on clinical matters relating to Covid-19 pandemic
- Provide a position on clinical matters relating to Covid-19
- Ensure that Clinical sign off for specific Trust activities relating to Covid -19 are undertaken in a timely manner.

MEMBERSHIP

The Chair will be the Executive Director for Quality and Nursing and the Medical Director. The CIPCC will comprise of the following. Nominated deputies for each of these key posts will also be required.

Executive Director of Quality and Nursing	Claire Roche
Medical Director	Brendan Lloyd
Associate Director Paramedicine	Andy Swinburn
Assistant Director Quality Governance	Jonathan Turnbull-Ross
Administrative Support - Loggist	Debbie Young

FREQUENCY OF MEETINGS

The CIPCC will initially meet daily or as necessary or as directed by TPT/EPT and will work to an agenda, record minutes, actions and decisions, maintaining close liaison with EPT/TPT.

Quality, Patient Experience & Safety Committee Briefing

12 May 2020

Patient Experience, Public and Stakeholder Engagement (January - March 2020)	Total number of visits to the website was **2,551,320** an increase of 99% compared to previous quarter. The Covid-19 symptom checker launched on 6th March and used 1,000,019 occasions. Support has been given to the Trust's IPC team in the development/design of a number of information resources and information has been produced by the Trust's Communication team providing official stats on the Trusts response to the pandemic with a number of interviews and clips facilitated for mainstream and social media conveying important messages for the public. Covid-19 information has been made available in easy read, BSL and audio. A ChatBot automated service is in development in line with the Trust's Covid-19 symptom checker, it will be available soon via the NHSDW website and Facebook page. This new facility will provide alternative access channels and provide the same clinical information and guidance to users.
Covid-19 Quality Governance Special Report	The report was presented to the committee detailing the high-level activities that have enabled the operational response & delivery to Covid-19. The report highlighted several areas of innovation and organisational learning that have been noted throughout this transformation period.
IPC Sumary Report Covid-19	The report detailed activities undertaken by the Trust to strengthen provision and reach of IPC across the organisation. A number of resources have supported this important function throughout this time, which has enhanced functional delivery. Considerations for future action will ensure IPC resilience and improve processes & provision across the Trust.
A summary of PTR functions during the current pandemic	During the Pandemic it was agreed through the Executive Pandemic Team (EPT) that a number of core functions through PTR cease or be limited in their functionality. **Serious Adverse Incident Investigations** (SAIs) – The Trust is continuing to identify and investigate SAI's. **Responding to Complaints / Tier One Target** – The Trust was required to maintain a core function in order to be able to respond to complainants. The Directorate has developed a COVID-19 template providing a standard response to complainants. The content of this letter has been agreed by the Executive Director for Quality and Nursing and the Chief Executive. This will ensure that the Trust does not build up a backlog of Concerns, which they may not recover from following de-escalation of the Pandemic Flu Plan. **Datix** - The Datix system is crucial in identifying those cases which need to be investigated further as SAIs and quickly reacting to incidents in relation to Covid-19. As such it is crucial the function will be maintained. **Coroner Activity** – The Trust has maintained its activity in relation to the Coroner and Ombudsman. It will also need to maintain its legal requirements in responding to claims/RTCs etc. albeit at a reduced capacity. The Trust will also write to the Coroners across Wales in order to minimise/prevent staff being summoned to court and request that witness statements will suffice. This letter has already been approved by the Chief Executive and shared with the Coroners (Please see embedded). **Complex Case Panel** – This panel is continuing to meet in a virtual environment, and is crucial in ensuring that we continue to investigate those cases where there is a potential of a breach of duty and therefore a qualifying liability in tort.
CRR Extraordinary Quarterly Report, Quarter 4, 2019/20 Covid-19	The Corporate Risk Register Extraordinary Report for Quarter 4 of 2019/20 (Covid-19) was presented to the Committee and will be submitted to Trust Board.
Safeguarding Summary Report - Covid-19	The roll out of the Docworks safeguarding reporting process for EMS was delayed during our pandemic response; awaiting all staff to return to their substantive posts to recommence this work. It has been agreed by Executive colleagues that in line with the recommendations set out in the Intercollegiate Document to strengthen and enhance the safeguarding capacity and capability to deliver training, this will be progressed post the pandemic.

AGENDA ITEM No	**4.2**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**7**

MINUTES OF COMMITTEES

MEETING	**TRUST BOARD**
DATE	**28 May 2020**
PRESENTED BY	**Trust Board Chairman**
AUTHOR	**Board Secretary**
CONTACT DETAILS	**Keith Cox, 01633 626221, Keith.Cox2@wales.nhs.uk**

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

REPORT PURPOSE	**To formally receive the Minutes of Committees**
CLOSED MATTER REASON	**N/A**

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

MINUTES OF COMMITTEES

1. The Trust's Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance and following the review of structures undertaken by the Board in March 2015, the following bodies were established:

   - Audit Committee
   - Charitable Funds Committee
   - *Finance and Resources Committee (Now disbanded)*
   - Quality, Patient Experience and Safety Committee
   - Remuneration Committee
   - Welsh Ambulance Services Partnership Team

   Following the disbandment of the Finance and Resources Committee in January 2019, two new Committees were formed:

   - Finance and Performance Committee
   - People and Culture Committee

2. The purpose of this report is to provide an update on the work of these bodies, the detail for which is listed below and appended are the relevant Minutes. The Board is asked to receive this report and to formally adopt the Minutes of the Committees. The Board are reminded that the Chairman at its meeting on 4 June 2015 proposed that only confirmed Minutes of Committees should be presented to the Board. This was formally accepted by the Board. As a result of this a number of actions and or recommendations outlined in the Minutes of these Committees have already been progressed.

3. The following Committee Minutes which have been approved by the relevant Committee are included in the supporting papers for adoption and noting by the Board:

AUDIT COMMITTEE

4. The Committee meeting scheduled for 21 May 2020 (Minutes of 5 March 2020 would have been approved) now postponed to 18 June 2020.

5. **QUALITY. PATIENT SAFETY AND EXPERIENCE COMMITTEE**

   The Minutes of the Quality, Patient Safety and Experience Committee meeting held on 25 February 2020 are attached. The Chair of the Committee, Emrys Davies wishes to reassure the Board that:

   (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

   (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

6. **FINANCE AND PERFORMANCE COMMITTEE**

The Minutes of the Finance and Performance Committee meeting held on 18 March 2020 are attached. The Chair of the Committee, Martin Turner wishes to reassure the Board that:

(iii) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

(iv) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

7. **PEOPLE AND CULTURE COMMITTEE**

The Committee meeting scheduled for 21 April 2020 (Minutes of 10 March 2020 would have been approved) now postponed to 2 June 2020.

REMUNERATION COMMITTEE

8. The Minutes of the Remuneration Committee meeting held on 27 June 2019, 8 August 2019, 17 December 2019, 7 February 2020 and 31 March 2020 are attached. The Chair of the Committee Martin Woodford wishes to reassure the Board that:

(v) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

(vi) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

RECOMMENDED: That the Board endorse the above minutes.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 25 FEBRUARY 2020 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC LINKS TO ST ASAPH AND CONWY HOUSE

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:

Lee Brooks	Director of Operations (Part)
Craig Brown	Trade Union Partner
Corey Davies	Patient Experience Coordinator
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality, Nursing and Patient Experience
Alison Kelly	Business and Quality Manager (Via VC)
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Strategy, Planning and Performance (Part)
Caroline Miftari	Head of Quality Assurance
Nick Morgan	Trade Union Partner (Via VC)
Steve Owen	Corporate Governance Officer
Claire Roche	Director of Quality and Nursing
Gareth Thomas	Patient Experience Community Manager

OBSERVERS:

Peter Allen	Aneurin Bevan Community Health Council
Urvisha Perez	Wales Audit Office

APOLOGIES

Mark Harris	NEPTS General Manager

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 also Professor Kevin Davies as a Trustee of St John Wales.

Minutes

The Minutes of the Open meeting held on 26 November 2019 were confirmed as a correct record.

Matters Arising

The Committee were updated by Gareth Thomas in respect of the flagging policy with people who had a learning disability. The policy was, following further changes, out for consultation and should be ratified within the next two months.

Action Log

None recorded

RESOLVED: That

(1) the Minutes of the Open meeting held on 26 November 2019 were confirmed as a correct record; and

(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.

02/20 PATIENT STORY

The Committee were shown a video which looked at how an Emergency Medical Technician, Amy, who had qualified recently in the use of basic sign language communicated with a patient, Ivy, who was deaf.

During the video, Ivy's carer commented that he was very impressed Amy could use sign language and this enabled Ivy to remain calm during the whole experience. Gareth Thomas explained the fact that as Amy could use sign language, this had made a massive difference to the patient's overall experience.

The Committee recognised there still remained a challenge for deaf patients to access the emergency services. However, Gareth Thomas explained that recent visits to the deaf community by the Patient Experience and Community Involvement team had been encouraging. The Trust continued to improve the services it provided to the deaf community in their access to the emergency services.

As an aside to the story, Members recognised there had been a significant uptake in the number of staff learning Basic Sign Language.

Comments:

Members were keen to understand whether a form of visual access was being made available to deaf people. Gareth Thomas explained that the 111 service was trialling an application which would give access to that service; he was exploring the possibility of a similar tool being made available specifically for the deaf community.

Dr Brendan Lloyd informed the Committee that NHS Wales Informatics Service were looking into a form of face time technology; however there was an ongoing issue with personal security.

Did the Trust capture details of whether the addresses of patients had a particular sensory loss? Gareth Thomas explained that as part of the flagging policy, due to be active

imminently, there was a section which picked up social needs and that would flag up any sensory loss.

Patient Diagram update:

Leanne Hawker gave the Committee an update as follows:

In terms of carers within the Cwm Taf area, the Trust had included details of the services it provided from a carers perspective within a recently published document which was made available to the Cwm Taf community.

Members recognised that the patient tracker was a useful tool to monitor progress especially with involving cross boundary working.

RESOLVED: That the patient story and the patient tracker update was noted.

03/20 Dementia Film for International Conference

Members were shown a video which considered how the Trust could not only recognise people with dementia but also to respond appropriately.

Part of the video looked at how the Trust applied certain techniques to keep the patient calm during the whole experience of being taken to hospital.

The Trust was currently rolling out specific training to all front line staff in order to raise awareness of dementia and ensure the needs of people living with the condition were met.

During the video a dementia sufferer recounted their personal experience with the Trust. They said it had been obvious that the staff who attended had been appropriately trained in dealing with dementia and this had been a great help to them and their family.

The video showed groups of people living with dementia visiting the Clinical Contact Centre and also to ambulance stations.

Comments:

Claire Roche advised the Committee that the video had intended to be shown in Singapore; however due to the current situation (Coronavirus) the conference had been postponed.

The Committee recorded a note of thanks to Alison Johnstone and her team recognising the work undertaken with dementia sufferers across Wales.

RESOLVED: That the video was viewed.

04/20 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT HIGHLIGHT REPORT

Leanne Hawker gave an overview of the report and drew the Committee's attention to the following:

a. Visits to NHS Direct Wales website – this continues to rise significantly, the most popular area being the symptom checkers

b. A tool was being developed which would enable the Trust to record with greater

accuracy the patient experience across Wales; the data being collected would allow the Trust to improve the overall patient experience going forward

Comments:

The Committee noted and discussed the benefits that the new data collection tool would have on patients in Wales.

RESOLVED: That

(1) the Highlight Report for release to the Patient/Public Network and external stakeholders was approved; and

(2) the actions being taken forward were noted and supported.

05/20 QUARTERLY QUALITY ASSURANCE REPORT – QUARTER TWO

Caroline Miftari in presenting the report drew the Committee's attention to the following:

a. Infection prevention control – a significant amount of work has been undertaken in light of the coronavirus.

Claire Roche added that the Trust was focused on ensuring that its' preparedness in terms of infection prevention for the potential impact of the coronavirus was well organised.

Comments:

Clarification was sought in respect of the number of failed attempts in accessing the Directory of Services. Caroline Miftari agreed to provide further explanation at the next meeting.

Caroline Miftari added that work was ongoing to consider which relevant metrics should be reported to the Committee

RESOLVED: That the report and levels of assurance provided ahead of onward reporting to the Board was discussed.

06/20 MONTHLY INTEGRATED PERFORMANCE REPORT

Rachel Marsh explained that the full report was presented to Quest for information but of particular note for the Committee was the performance indicator which related to concerns.

Members recognised that there had been an increase in the number of concerns received, and also the complexity of the concerns. Wendy Herbert stated that the response rate to concerns had improved from the same period last year.

The Committee were further informed that as from this year, the Trust was dealing purely with concerns relating to it; the other aspects of concern were being handed to the relevant health board.

Wendy Herbert updated the Committee on the actions currently being taken to address the concerns to ensure they were responded to in a timely fashion. This included adding extra resources in to the Clinical Contact Centre in order to refine the quality assurance process.

Comments:

The Chair commented that now was the ideal opportunity to see what else the Trust could do to improve the overall concerns process.

It was queried whether there was a method to identify the common causation factor in relation to concerns. Rachel Marsh added that this information could be established through a deep dive and agreed to consider this going forward. Furthermore Wendy Herbert suggested in terms of triangulating data to determine a common correlation, the newly formed Patient Safety Concerns and Learning and Monitoring Group were presented with reports which could be used to map data.

Claire Roche reiterated that the majority of concerns related to timeliness to respond across the whole system; collaboration with other health boards was essential going forward.

The Committee discussed in more detail in terms of how the Trust could improve its response to concerns and it was agreed this would be considered by the Executive Management Team.

RESOLVED: That the update was noted and discussed.

07/20 ANNUAL QUALITY STATEMENT (AQS) – VERBAL UPDATE

Leanne Hawker explained this was the last year the AQS would be written under the guidance of previous years. The publication of the AQS was required by 29 May 2020.

Members noted the update and recognised that the appropriate support was to be given going forward.

RESOLVED: That the update was noted.

08/20 DRAFT QUALITY STRATEGY – VERBAL

Claire Roche commented that work was ongoing to ensure that the Quality Strategy aligned with the Clinical Strategy adding that the Quality Strategy was on track to be presented to the Committee in May 2020.

RESOLVED: That the update was noted.

09/20 LEARNING DISABILITY DELIVERY PLAN

Leanne Hawker explained that the Trust's engagement with individuals with learning disabilities, support services, agencies that represent them and local communities across Wales, had focused on providing equitable access to information as well as improving people's experiences of accessing and using the Trust.

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

a. The Patient Experience & Community Involvement (PECI) Team have been gathering evidence to better understand the support needed for people with learning disabilities, including support for carers.

b. The Team has also developed a Learning Disability Delivery Plan that supported the policy context behind the Improving Lives Programme.

Following a discussion, the Committee noted that as part of the Learning Disability Delivery Plan volunteering opportunities were available and it was agreed that Claire Roche would liaise with Claire Vaughan to raise this at the People and Culture Committee.

RESOLVED: That the delivery plan was approved and support of the actions being taken forward was noted.

10/20 CARERS ENGAGEMENT AND EXPERIENCE SURVEY

Leanne Hawker advised the Committee that this survey would now be run annually.

The main theme from the survey was that even though they were experiencing long waits, the service being provided was excellent.

One of the main actions going forward from the survey was to work with colleagues across the health, social care and voluntary sector to enable carers to have an Emergency Care Plan in place.

The Committee were disappointed to note the lack of care plans and queried how the Trust could influence an improvement on the number of patients with care plans which ordinarily was not in the Trust's remit, for example through the Regional Partnership Board.

RESOLVED: That the findings of the survey were noted and the actions being taken forward were supported.

11/20 CORPORATE RISKS ALIGNED TO QUEST

Wendy Herbert presented the report as read.

The Committee noted there were six corporate risks aligned to the Committee.

Claire Roche added that risk number 69, the Trust's preparedness for Infection Prevention Control, under the current circumstances had undergone significant and robust planning to mitigate against the potential spread of the Coronavirus.

Members recognised the work being undertaken by the relevant teams in terms of the active management of the Trust becoming a risk enable organisation.

RESOLVED: That the risks aligned to the Committee were noted and discussed.

12/20 DEEP DIVE ON CORPORATE RISKS – RELATING TO HOSPITAL DELAYS

Lee Brooks presented the Committee with a deep dive update on the following risks which from an operational perspective related to hospital delays:

a. Patients unable to access secondary care assessment and treatment (Patients being delayed on the back of ambulances outside Accident & Emergency)

b. Unable to attend to patients in the community who required see and treat services

Lee Brooks drew the Committee's attention to the following:

a. Both the media and the general public had a very good understanding of the overall system issues; in terms of the Trust's engagement with the media they appreciated

that the Trust's position was fundamentally not all of its own making

b. The causes of why the demand was exceeding capacity were highlighted and these included: deficit in Band 6 paramedics completing the required competencies, insufficient staff for crewing and failure of GP Out of hours service to ensure adequate GP cover

c. Consequences of demand exceeding capacity included: Increased number of SAIs, increased risk of work related staff absence and decreased ability of operational staff to finish their shift on time

d. The risks associated with delayed handovers could also cause patient harm, reduced patient dignity, have a financial impact, cause damage to the Trust's reputation and have an impact on staff

e. The current controls in place to mitigate the risks included: Dual PIN which was improving handover to clear at hospital, development of alternative pathways and the progression of Band 6 competencies

f. Recent Initiatives: Some of these initiatives were; improved demand forecasting, establishment of a Winter co-ordination cell, additional pool cars and the cohorting at various hospitals which was proving to be a success

g. The number of lost hours was decreasing on a significant basis which had a positive effect on the red performance

Comments:

Members discussed in further detail whether it would be feasible to include details of those cases in the amber category which were reached in 12 minutes and it was agreed that this would be included in future Integrated Performance reports.

Dr Brendan Lloyd briefed the Committee on the latest figures regarding the release of ambulances from hospitals noting there was significant variation across health boards.

RESOLVED: That the update was noted.

13/20 SHOCTOBER EVALUATION REPORT

The report was presented by Leanne Hawker who advised the Committee of the following:

a. There were areas of the administration process which required further strengthening especially around safeguarding procedures

b. Feedback from schools has revealed that they want to receive more interactive learning going forward

The Committee noted the report and recognised that the Non Executive Directors should continue to support the teams.

RESOLVED: That the report was noted and the work of the teams involved was acknowledged.

14/20 RESTART A HEART EVALUATION

The report was presented as read.

Comments:

Dr Brendan Lloyd provided the Committee with further details on the initiatives and projects which involved the Trust giving CPR training to students at secondary schools across the UK.

RESOLVED: That the report was noted and the work of the teams involved was acknowledged.

15/20 DELIVERING CLINICAL EXCELLENCE STRATEGY

Dr Brendan Lloyd explained that the Trust's Delivering Clinical Excellence Strategy was a single document, representing the clinical work that will be undertaken in the next five years, 2020 to 2025.

This document articulated the medium term Trust wide clinical strategy, demonstrating how clinical professions would be working together, using the principles within the Quality Framework to develop the Trust's clinical operations to achieve its long term vision.

Following the Committee review and engagement process, the strategy will be developed and professionally formatted to ensure a clearly articulated vision for the reader. The final version will be submitted for approval to the Trust Board.

Comments:

Members would liaise directly with the author, Stephanie Harris, regarding any minor amendments.

Claire Roche commented that this strategy would be aligned in terms of the clinical aims with the quality strategy.

Following a query regarding frequent callers and the high proportion of demand from care homes in terms of how this demand could be reduced, Dr Brendan Lloyd advised that the ongoing work in this area was proving to be successful.

RESOLVED: That

(1) the clinical direction in the current draft of the Delivering Clinical Excellence Strategy was reviewed (final edits required before 3rd March);

(2) the Delivering Clinical Excellence Strategy to be considered for approval by Trust Board on 26 March 2020 was endorsed.

16/20 OPERATIONS CURRENT/FORWARD LOOK – INCLUDING NEPTS

Lee Brooks presented the report as read. He highlighted the following for the committee's attention:

a. consultation on the change of the NEPTS directorate had now concluded; NEPTS was now part of the operations directorate. The transfers of work from health boards continue, Aneurin Bevan will transfer on 1 April 2020 and Powys was due to transfer on 1 June 2020

Members suggested that further work could be done to recognise the efforts by Community First Responders. Lee Brooks added that extra awards would be considered for all volunteers across the Trust at the next staff awards ceremony.

An update was asked on the Business case regarding homeworking. Lee Brooks advised that the purchasing of the required equipment had been authorised and until that was received no firm timeline could be provided.

RESOLVED: That the update was noted.

17/20 ITEMS FOR NOTING/APPROVAL

a. Regulation 28 Report to Prevent Future Deaths - Paul Mclean (Deceased)

b. Medicines Management Policy

c. Consent to Examination & Treatment Policy

d. Aseptic Non Touch Techniques Policy

e. Non Medical Prescribing Policy

f. Risk Management Strategy and Framework 2018/2021 Review

g. Risk Register Development Guide

h. Personal Injury Claims Internal Audit Report

i. Review of Quality Governance arrangements at Cwm Taf

RESLOVED: That the above reports were noted and policies approved and where appropriate further information was provided.

18/20 ITEMS FOR THE BOARD

The Chair advised that the following items would be brought to the Board's attention:

a. Commend the dementia video
b. Improvement Cymru and the impact on the wider performance
c. Clinical Strategy
d. Carers engagement and how to influence the wider impact through regional partnership forums
e. Approval of policies

Date of Next Meeting: 12 May 2020

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 18 MARCH 2020 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC FROM TY ELWY, ST ASAPH BUSINESS PARK, ST ASAPH

Chair: Martin Turner

PRESENT :

Martin Turner	Non Executive Director
Emrys Davies	Non Executive Director (Via Skype)
Joga Singh	Non Executive Director

IN ATTENDANCE:

Lee Brooks	Director of Operations
Mark Harris	Interim Deputy Director NEPTS (Via Skype)
Rachel Marsh	Director of Strategy Planning and Performance
Steve Owen	Corporate Governance Officer (Via Skype)
Chris Turley	Director of Finance and Corporate Resources

APOLOGIES

Bethan Evans	Non Executive Director

11/20 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 was noted.

Minutes

The minutes of the meeting held on 23 January 2020 were considered by the Committee and agreed as a correct record.

Action Log

The Committee considered the action log:

RESOLVED: That

(1) the Minutes of the open and closed meetings held on 23 January 2020 were confirmed as a correct record;

(2) the action log was discussed and the actions therein were implemented; and

(3) the declaration of interest as stated was noted.

12/20 OPERATIONS UPDATE

Lee Brooks advised the Committee of the additional work and meetings being undertaken in light of the Coronavirus pandemic. This included the establishment of three local pandemic teams; being based in the North, Central and West and South East.

One of the main attentions had been on NHS DW which had seen a significant increase in demand. He advised that the average waiting time now for a call to be answered by a 111 call handler was in the region of 90 minutes. Courses to train new 111 staff were commencing next week which would entail two days in the classroom and two days on the floor.

As of today there were 168 staff in self isolation. Notwithstanding this, the utilisation of resource was better than it was expected to be. In terms of when/if schools closed plans were in place to mitigate this scenario.

In terms of red emergency response the month to date figure was around 65%. The Committee noted that the Trust was taking overflow calls from the London Ambulance Service (LAS); one in five calls were from the LAS.

Comments:

The Committee discussed the issue of managing the public's expectations; the implications that would arise if callers tried to call 111 which was being overwhelmed, and couldn't get through, and called 999 instead.

Following a query in terms of the use of Community First Responders, Lee Brooks advised that a risk assessment was currently being done as to their role; he added there would come a point when they would not be deployed.

Lee Brooks added that organisations including St John and the military were being considered to provide relevant support going forward.

RESOLVED: That the update was noted.

13/20 FINANCIAL POSITION AS AT MONTH 11 - 201920

Chris Turley presented the report as read.

Members recognised that extra costs (both capital and revenue) was having to be spent to support the Trust during the current pandemic. For example the cost of utilising extra floor space within Vantage Point House.

The Committee also noted that there would be other additional costs; significantly with the extra staffing cost of the 111 service. The Committee supported this and noted that any other costs, as a direct impact of Covid 19 that were not included within the budget. Such costs would be separately reported on in future with an expectation that additional funding would be made available, where required, to support such cost pressures. It was noted that this was more likely to be the case moving into 2020/21.

RESOLVED: That

(1) the Month 11 revenue and capital financial position and performance of the Trust as at 29th February 2020 was noted; and

(2) the Months 10 and 11 WG monitoring return submissions were noted.

15/20 2020/21 REVENUE BUDGET

Chris Turley presented the report advising the Committee that it was due to be presented and approved at the Board next week.

The report set out an analysis in terms of how the proposed balanced financial plan for 2020/21 within the previously Board approved IMTP was translated into delegated budgets.

Chris Turley added that it was a balanced plan and budget and assumed a level of cost pressures as identified within the IMTP but also needed to be considered in the current climate. As such, at present the budget includes no costs as a result of Covid 19; however this would change going forward, when funding sources for the additional cost of the pandemic are clearer.

Members raised the following point:

In terms of risk the financial impact of Covid 19 should be reflected for the Board's attention. This would be strengthened before the budget paper was presented to Board for final approval.

RESOLVED: That the initial 2020/21 revenue budget was recommended for approval by the Trust Board.

16/20 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh gave an overview of the report; advising that under the current circumstances future reports will be reflected to show the impact of Covid 19.

Members discussed the cohorting arrangements in hospitals noting there was a variation in terms of performance in one of the locations. Rachel Marsh explained that whilst performance was not working as well in one of the locations, it was still stable and was not making the hospital handover delays worse. An evaluation of the cohorting was being conducted which would reveal whether cohorting was value for money.

RESOLVED: That the update was noted.

Date of Next Meeting: 14 May 2020

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CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (CLOSED SESSION) HELD ON 18 MARCH 2020 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC FROM TY ELWY, ST ASAPH BUSINESS PARK, ST ASAPH

Chair: Martin Turner

PRESENT :

Martin Turner	Non Executive Director
Emrys Davies	Non Executive Director (Via Skype)
Joga Singh	Non Executive Director

IN ATTENDANCE:

Andrea Davies	Project Manager (Part) (Via Skype)
Mark Harris	NEPTS General Manager
Rachel Marsh	Director of Planning and Performance
Steve Owen	Corporate Governance Officer (Via Skype)
Chris Turley	Director of Finance and Corporate Resources

APOLOGIES

Bethan Evans	Non Executive Director

03/20 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded everyone that the meeting was being audio recorded.

Apologies were received from:

Bethan Evans

The following declarations of interest were recorded: Mr Emrys Davies, retired member of Unite.

RESOLVED: That the declarations of interest as stated and apologies were noted.

04/20 2020/21 VEHICLE REPLACEMENT BUSINESS JUSTIFICATION CASE

Chris Turley gave the Committee an overview of the BJC which had been developed in line with the Trust's ten year programme as illustrated within the Trust's Strategic Outline Programme; an investment of £13.103m in order to purchase 112 operational vehicles was required.

It was planned that the BJC be submitted to Board for approval next week with subsequent

submission to Welsh Government.

Andrea Davies added that as part of the due diligence process and to ensure expediency of this submission to WG it had been proposed that at this time an SOP refresh was not required – however this would be progressed over the next few months, primarily focussing on impacts of the latest ORH D&C review.

Members considered the BJC in further detail and raised the following:

Were there sufficient vehicles in line with staff recruitment over the coming year? Chris Turley explained that it was more likely that extra vehicles would be required from 2021/22 onwards which would be in line with the demand and capacity review. Current proposed staffing increases were for relief capacity gaps so the fleet to support these rotas should be currently be available.

He added that the implementation of the demand and capacity review would call for an increase in the number of staff and supporting infrastructure going forward, including a likely change in mix of vehicles in the future.

The Committee supported the recommendation of approval of the BJC by the Trust Board at its meeting next week.

RESOLVED: That

(1) the development of the 2020/21 BJC was in line with the Fleet SOP which had previously been approved was noted;

(2) the work undertaken to review and confirm vehicle requirements for 2020/21 was noted;

(3) progression of the 2020/21 BJC to the Trust Board for approval and subsequent submission to WG was approved; and

(4) the plans for a future Fleet SOP refresh which will consider the impact of the 2019 Demand & Capacity Review and any other operational requirements was noted.

05/20 ANY OTHER BUSINESS

Following a query in terms of discretionary capital Chris Turley advised that the initial 2020/21 capital plan would now be presented to F&P Committee and Trust Board in May.

In terms of 2019/20, the Trust was on track to balance its capital programme, but there would be some spend relating to Covid19 - some of which the Trust may get some funding from WG.

In the meantime, the Chair of F&P Committee agreed to be sighted on any spend that would ordinarily be taken through FPC, although the Chief Executive Officer did also have a delegated limit of £250k.

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MINUTES OF THE CLOSED SESSION OF REMUNERATION COMMITTEE HELD ON 27 JUNE 2019

PRESENT:

Members: Martin Woodford (MW), Trust Board and Remuneration Committee Chair
Pam Hall (PH), Non-Executive Director
Martin Turner (MT), Non-Executive Director

In attendance: Keith Cox (KC), Board Secretary
Jason Killens (JK), Chief Executive
Damon Turner (DT), Trade Union Partner
Claire Vaughan (CV), Director of Workforce and OD

11/19 Welcome and Apologies for Absence

11.01 **MW** welcomed everyone to the meeting and explained that there had been an open invitation for all Non-Executive Directors to attend. Therefore, all Non-Executive Directors in attendance were recorded for the Minutes as Members of the Committee.

11.02 Apologies for absence were noted from Emrys Davies, Kevin Davies, Paul Hollard and Nathan Holman.

12/19 Declarations of Interest

12.01 No declarations of interest were received by the Committee Chair.

13/19 Minutes of Remuneration Committee Meeting of 28 March 2019

13.01 The Minutes of the meeting held on 28 March 2019 were confirmed as a correct record.

14/19 Appointment and Remuneration of Trust Vice-Chair

14.01 **KC** reminded the Committee that Standing Orders enabled the Trust to appoint one of its Non-Executive Directors to act as Vice-Chair. **KC** explained that the role of Trust Vice-Chair was not currently a statutory requirement but that Welsh Government had drafted legislation to address the inconsistencies between Health Boards and Trusts in respect of the role.

14.02 **KC** further explained that whilst the appointment of the Vice-Chair was a decision of the Trust Chair, Remuneration Committee had the remit to agree the time commitment and remuneration for the role.

14.03 Members were informed that the position of Vice-Chair was last considered by the Remuneration Committee in April 2018 at which time it was agreed to increase the Vice-Chair's time commitment from four paid days per month to seven paid days per month. **KC** added that the Committee agreed at that time that the daily remuneration for the Vice-Chair should increase from the standard Non-Executive Director daily rate of £195, to a daily rate of £223. **KC** explained that this had been based on the time commitment and remuneration of the Vice-Chair at Powys Teaching Health Board, whose independent members received the same remuneration as the Trust's Non-Executive Directors.

14.04 Members agreed that the Vice-Chair time commitment and remuneration as set out in paragraph 14.03 above, were based on sound and reasonable facts and that these should continue.

14.05 With regards to the Vice-Chair appointment, **KC** explained that following the resignation and departure of Helen Birtwhistle from the Trust in October 2018, there had been a period where no formal Vice-Chair arrangements had been in place. **KC** added that Kevin Davies had, however, been covering these extra duties in the interim with no additional or enhanced payments.

14.06 **MW** explained that he had spoken to Trust Non-Executive Directors on the need to formalise the Vice-Chair arrangements and that following these discussions had agreed that Kevin Davies formally assume the role of Vice-Chair. Remuneration Committee members unanimously supported the decision and in recognising the interim arrangements set out above, agreed that the start date for salary payment be backdated to 1 April 2019.

14.07 Members noted that the arrangements set out above would need to be reviewed once the proposed legislation on Vice-Chairs in NHS Trusts (see para 14.01) comes into effect or when the Vice-Chair's term of office as a Board member comes to an end (December 2022), whichever is sooner.

RESOLVED: That

(1) the appointment of Kevin Davies as Vice-Chair was **NOTED** with a backdated salary start date of 1 April 2019
(2) the Vice-Chair time commitment of seven paid days per month was **AGREED**;
(3) the Vice-Chair daily rate of £223 per day was **AGREED**; and
(4) the arrangements be **REVIEWED** once the proposed legislation on Vice-Chairs in NHS Trusts comes into effect, or until Kevin Davies' term of office as a Board member comes to an end, whichever is sooner.

15/19 Non Executive Director Appointment – Progress Update

15.01 **MW** updated the Committee on discussions with Welsh Government on the process to recruit to the Trust's three Non-Executive Director vacancies. **MW** explained that a vacancy advertisement had been prepared, discussed and agreed with Welsh Government and that there was an expectancy that the vacancies would be advertised by Welsh Government in the near future.

15.02 Members noted the progress to date and discussed the need for the Trust to have an active role in the recruitment process and for this to supplement the formal Welsh Government procedures.

15.03 The Committee discussed how the timeline for the Non Executive Director appointments would overlap with the recruitment process for the Director of Quality and Nursing, and Director of Digital Transformation, and requested **CV/KC/EH** to prepare a communications plan for staff and stakeholders to explain what is happening and why.

RESOLVED: That

(1) the progress update on the Non Executive Director appointments was **NOTED**.

16/19 Senior Managers Remuneration

16.01 **CV** explained that 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.

16.02 The paper presented to the Committee confirmed the salary details for each member of the Executive Management Team and when each of the posts were last evaluated under the Welsh Government's Job Evaluation for Senior Posts (JESP) scheme. It also provided a look across the salaries of Executive and Director posts across NHS Wales for comparison purposes.

16.03 The Committee explored the variances in the comparator information and expressed concern on implications to the Trust for future Director recruitment. Members noted however, that following agreement by Trust Board (December 2018) of revised Management Team portfolios, that amended job descriptions had been prepared for the Director of Finance and Resources and for the Director of Strategy, Planning, and Performance, and that these would be sent to Welsh Government in the near future for job evaluation (JESP) – see also Minute 19/19 Executive Portfolio Changes.

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**.

17/19 Recruitment Plan – Executive Director of Quality and Nursing

17.01 **CV** reminded Members that at the March 2019 meeting, the Committee had requested an update on the recruitment and selection process to be followed to appoint to the substantive Executive Director of Quality and Nursing post which becomes vacant on 31 December 2019 following the retirement of the current post holder.

17.02 **CV** explained that the recruitment and selection process would be managed internally by the Trust's Workforce and OD Directorate and that this would take somewhere between 8 and 10 weeks, end to end, from the date of advertisement.

17.03 Based on the launch of the search process in mid July 2019 the selection process would be undertaken during the first week of September. **CV** explained that successful conclusion of the selection process before the 6 September 2019 could reasonably be expected, this to be followed by a notice period of around 12 weeks for the successful candidate to take up post. **CV** added that the aim is for the new substantive post holder to be in post by the start of December 2019 to enable handover prior to the current post holder's retirement.

17.04 With regards to the assessment and interview process, **CV** explained that it was proposed to follow that used for the Chief Executive and Director of Operations appointments, which was run over a two day period to allow candidates time to demonstrate their suitability for the role through a robust and rigorous selection process.

17.05 Members noted that Welsh Government would be involved in the recruitment process and supported the decision to manage the process internally.

RESOLVED: That

(1) the recruitment process and timeline laid out for the appointment of a substantive Executive Director of Quality and Nursing was **NOTED.**

18/19 Director of Digital Services Remuneration

18.01 **JK** reminded the Committee that Trust Board in December 2018 had approved the creation of a new Director of Digital Services post as part of the Executive Management Team.

18.02 **JK** explained that a new job description for the post had been submitted for evaluation (JESP) and that Welsh Government had recently confirmed that the post had been scored at JESP point 10.

18.03 **JK** briefed that the post would be advertised in August 2019 following consultation on changes to Executive Team portfolios resulting from creation of the new role (see Minute 19/19 below).

18.04 Members noted and supported the use of external consultants in the recruitment process.

RESOLVED: That

(1) the salary for the Director of Digital Services with effect from June 2019 was **NOTED** and **APPROVED**

19/19 Executive Portfolio Changes

19.01 **JK** updated the Committee on changes to the draft Management Team portfolios that were agreed by Trust Board in December 2018 and explained that staff consultation on the revised organisation structures was imminent.

RESOLVED: That

(1) the progress update on the Executive Director portfolio changes was **NOTED**.

20/19 Any Other Business

20.01 There were no further items of business.

21/19 Date of Next Meeting

21.01 The date of the next scheduled meeting was agreed as being 26 September 2019. Executive Team and Non Executive PDRs were noted as items of business for the meeting (**CV**)

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MINUTES OF THE CLOSED SESSION OF REMUNERATION COMMITTEE HELD ON 8 AUGUST 2019

PRESENT:

Members: Martin Woodford (MW), Trust Board and Remuneration Committee Chair
Emrys Davies (ED), Non-Executive Director
Pam Hall (PH), Non-Executive Director
Paul Hollard (PHo), Non-Executive Director
Martin Turner (MT), Non-Executive Director

In attendance: Mike Armstrong (MA), Assistant Corporate Secretary
Nathan Holman (NH), Trade Union Partner
Brendan Lloyd (BL), Deputy Chief Executive
Helen Watkins (HW), Assistant Director of Workforce and OD

22/19 Welcome and Apologies for Absence

22.01 **MW** welcomed everyone to the meeting and explained that there had been an open invitation for all Non-Executive Directors to attend. Therefore, all Non-Executive Directors in attendance were recorded for the Minutes as Members of the Committee.

22.02 Apologies for absence were noted from Kevin Davies, Jason Killens, Damon Turner and Claire Vaughan (CV).

23/19 Declarations of Interest

23.01 The declarations of Emrys Davies as a former member of UNITE and of Nathan Holman as Chair of the Llannon Community Council were noted.

24/19 Remuneration of Executive Director of Finance & Corporate Resources and Director of Strategy, Planning and Performance

24.01 **HW/BL** explained the background and outcome to the recent JESP evaluation by the Welsh Government on the Executive Director of Finance and Corporate Resources and Director of Strategy, Planning and Performance job descriptions. **HW** stated that this had resulted in an uplift of salary banding for both posts:

24.02 **HW** explained that the Committee was being asked to approve the salary bands for the two posts and to note the intention to advertise both posts for substantive appointment on or around 14 August 2019. Members were informed in the covering report that the process would be managed in-house, and that both posts would be advertised via the Health Service Journal (and possibly also NHS jobs).

24.03 Members supported the JESP banding outcome of both posts but asked **HW** to clarify the budget implications to the Trust in meeting the increased salary costs. On this matter, **HW** explained that each of the posts would be advertised with their respective pay band and that the actual appointment salary within the pay band would be determined during the recruitment process. **HW** confirmed that this approach had been agreed with Welsh Government.

24.04 With regards to paragraph 24.03, the Committee in supporting the job evaluation outcomes, commented on the variances in bandings for Finance and Strategy Director posts across NHS Wales. In particular, the Committee noted the significant variance in pay bands with regards to Strategy, Planning and Performance. Members recognised however, that these variances reflected the diverse range of duties, budget and management responsibilities covered within the remit of Strategy and Performance across NHS Wales.

24.05 In approving the salary recommendations set out above, Members revisited the senior managers remuneration table presented to the Committee in June 2019 (see Minute 16/19) and observed that some Executive Directors (voting Board Members) were paid less than other non-voting Directors and requested that further collective work be undertaken to address these inconsistencies. **MW** stated that this issue had been discussed previously with the Chief Executive who supported this approach.

24.06 The Committee requested that **HW/CV** provide a progress update on the recruitment process for both posts (along with the Director of Quality and Nursing vacancy that had already been advertised) at the next meeting of the Committee on 26 September 2019. In doing so, Members asked **HW** to clarify any implications to the Director of Operations job description and pay band given the transfer of management of the Fleet function to the Director of Finance and Corporate Resources.

RESOLVED: That

(1) the salary for the Executive Director of Finance and Corporate Resources was **NOTED** and **APPROVED;**
(2) the salary for the Director of Strategy, Planning and Performance was **NOTED** and **APPROVED;** and
(3) the intention to advertise both posts for substantive appointment on or around the 14 August 2019 was **NOTED**.

25/19 Date of Next Meeting

25.01 The date of the next meeting was noted as being 26 September 2019.

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NHS Trust

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MINUTES OF THE CLOSED SESSION OF REMUNERATION COMMITTEE HELD ON 17 DECEMBER 2019

PRESENT:

Members: Martin Woodford (MW), Trust Board and Remuneration Committee Chair
Emrys Davies (ED), Non-Executive Director
Kevin Davies (KD), Non-Executive Director
Pam Hall (PH), Non-Executive Director
Paul Hollard (PHo), Non-Executive Director

In attendance: Keith Cox (KC), Board Secretary
Nathan Holman (NH), Trade Union Partner
Jason Killens (JK), Chief Executive
Damon Turner (DT), Trade Union Partner
Helen Watkins (HW), Assistant Director of Workforce and OD

26/19 Welcome and Apologies for Absence

26.01 **MW** welcomed everyone to the meeting and explained that there had been an open invitation for all Non-Executive Directors to attend. Therefore, all Non-Executive Directors in attendance were recorded for the Minutes as Members of the Committee.

26.02 Apologies for absence were noted from Claire Vaughan, Director of Workforce and OD (CV).

26.03 **MW** stated that this meeting had been called at short notice by the Chief Executive to discuss a specific matter and that there were no further procedural or agenda items to be considered.

27/19 Introduction of Exceptional Operational and Attendance Allowances

27.01 **JK** explained that the purpose of the item was to seek Remuneration Committee approval for the introduction of short term and time limited allowances to provide additional operational capacity to meet forecasted additional seasonal demand, to mitigate exceptional hospital handover delays and to ensure patient safety was maintained. **JK** explained that Remuneration Committee approval was required on this matter as the proposed payment allowances were outside of the NHS Agenda for Change terms and conditions.

27.02 **JK** stated that as part of the Trust's winter resource planning, a number of key dates had been identified where additional capacity was required to meet forecasted additional seasonal demand. In consultation between Trust management representatives and trade union partners, the following two initiatives were planned:

- Exceptional Operational Allowance: to be available on identified high priority days.
- Attendance Allowance: payable for undertaking a number of additional shifts during the above period.

27.03 **JK** explained the details that underpinned each of the allowances and stated that both would be applicable to staff in NEPTS, NEPTS Control, EMS, UCS, CCC, NHSDW and 111.

27.04 **JK** estimated that the two initiatives would provide the Trust with a 10% increase in overtime capacity at a cost £184,000 for the period 18 December 2019 to 10 January 2020. **JK** added that it might be necessary to extend the Attendance Allowances to some, or all, of the remainder of the winter period concluding 31 March 2020. If required, this would incur further monthly costs of £82,000 in January 2020, £74,000 in February 2020 and £78,000 in March 2020.

27.05 **JK** explained that whilst the costs stated above (27.04) had not been included in the Trust's planned spending commitments, he had received written confirmation from the Chief Ambulance Service Commissioner that the financial implications of the allowances would be fully funded.

27.06 Members raised a number of questions with regards to the detailed working arrangements of the two allowances and requested that a small number of changes be made to the wording in the original SBAR report that had been submitted to the meeting. **JK** confirmed that the revised wording would be incorporated into all staff briefing notes arising on this matter.

27.07 Additional comments from Members concerned clarification on issues regarding potential conflicts with the UK government's working time directive and as to whether the Welsh Risk Pool had been consulted on the proposals. With regards to the working time directive, **JK** reassured Members that the Trust's Resource team fully comply with all directive requirements each day and that this would continue as a routine matter. **JK** commented that the Welsh Risk Pool had not been consulted on this matter to date and Members requested **KC** to do so as a matter of urgency.

27.08 Subject to no objections being received from the Welsh Risk Pool (27.07), Members agreed the resolutions as set out below.

RESOLVED: That

(1) the introduction of the Exceptional Operational Allowance and Attendance Allowances as described in the Chief Executive's report be **APPROVED**; and

(2) the decision to extend the Attendance Allowance and the identification of future qualification dates are delegated to the Director of Operations in consultation with the Chief Executive, subject to Welsh Risk Pool endorsement and that any material changes come back for consideration to Remuneration Committee, be **APPROVED.**

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

DRAFT

MINUTES OF THE CLOSED SESSION OF REMUNERATION COMMITTEE HELD ON 7 FEBRUARY 2020

PRESENT:

Members:	Martin Woodford (MW), Trust Board and Remuneration Committee Chair Pam Hall (PH), Non-Executive Director Joga Singh (JS), Non-Executive Director
In attendance:	Keith Cox (KC), Board Secretary Nathan Holman (NH), Trade Union Partner Jason Killens (JK), Chief Executive Damon Turner (DT), Trade Union Partner Claire Vaughan (CV), Director of Workforce and OD

01/20 Welcome, Apologies for Absence and Decelerations of Interest

01.01 **MW** welcomed everyone and explained that this meeting had been called to discuss a specific matter and that there were no further agenda items to be considered. **JK/CV** explained that Remuneration Committee approval was required on this matter as the proposed payments associated with the business item were outside of NHS Agenda for Change terms and conditions.

01.02 Apologies for absence were noted from Martin Turner, Non-Executive Director.

01.03 It was noted under declarations of interest that Trade Union partners had been involved in the task and finish group whose option appraisal work underpinned the report being presented to the Committee.

02/20 Proposed Trial: Payment of Primary Rest Breaks When Crews Are Delayed At Morriston Hospital

02.01 **JK** explained that the purpose of the item was to seek Remuneration Committee approval for a small trial to test the payment of primary rest breaks for day shift periods when crews were delayed off-loading or clearing at Morriston Hospital during or after their meal break window.

02.02 **JK** stated that it was anticipated that this payment would incentivise staff to take their rest break at hospital, as opposed to at their base station, and that as a result the crew would not return to base for a rest break. This in turn

would put back into the system a considerable amount of current post-production lost hours.

02.03 **JK** explained the terms, conditions and management arrangements behind the trial and informed Members that the cost of the trial would be met by the Trust and this was estimated at £10,225. **JK** added that an evaluation report would be produced at the end of the exercise, which if proof of concept was confirmed, would be taken forward with the Emergency Ambulance Services Commissioner as part of his regular performance and budget discussions.

02.04 With regards to staff consultation to date, Members noted that Trade Union partners had been part of the task and finish group and that while they had engaged with and supported the proposal, they did not wish for the proposed trial to be undertaken in partnership. Whilst understanding the financial constraints underpinning the trial, **DT/NH** commented that their preference was for a national trial rather than one centred on Morriston Hospital.

02.05 Responding to questions from Committee Members, **JK/CV** acknowledged that the proposed trial, focussed solely on Morriston Hospital, could result in staff grievances from those excluded from the exercise and that the report did not fully address this issue.

02.06 Following a review of the risks and benefits to the Trust of the proposed trial, Members requested **JK/CV** to develop costings for a national pilot based on the Morriston Hospital trial methodology presented to the Committee. There was consensus that this be shared with Emergency Ambulance Services Commissioner for budgetary support, not only to the pilot but to also for a full rollout (subject to proof of concept).

02.07 Given the discussions set out in Minute 02.06 above, Committee members agreed that a decision could not be reached at the present time.

RESOLVED: That

(1) the Committee **declined to agree** the proposed trial at Morriston Hospital but rather requested the Chief Executive to prepare a financial model for an all Wales trial, and for this to be discussed with the Emergency Ambulance Services Commissioner with the objective of securing funding both for the pilot and, subject to the exercise providing proof of concept, to ongoing application across the Trust.

(2) The Committee **agreed** to meet quickly again on this matter subject to approval from the Commissioner to the funding matters set out above**.**

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Welsh Ambulance Services
NHS Trust

DRAFT

MINUTES OF THE CLOSED SESSION OF REMUNERATION COMMITTEE HELD ON 31 MARCH 2020

PRESENT:

Members: Martin Woodford (MW), Trust Board and Remuneration Committee Chair
Pam Hall (PH), Non-Executive Director
Joga Singh (JS), Non-Executive Director

In attendance: Keith Cox (KC), Board Secretary
Nathan Holman (NH), Trade Union Partner
Jason Killens (JK), Chief Executive
Damon Turner (DT), Trade Union Partner
Claire Vaughan (CV), Director of Workforce and OD

03/20 Welcome, Apologies for Absence and Declarations of Interest

03.01 **MW** welcomed everyone and explained that the meeting had two main items of business. Firstly, to receive the 2019/20 salary schedule of senior managers, and secondly to consider a proposal for a remuneration framework to enable the Trust to recognise the additional staff effort to meet demands arising from the COVID-19 pandemic.

03.02 Apologies for absence were noted for Martin Turner, Non-Executive Director.

03.03 The standing declaration of interest of Nathan Holman as Chair of Llannon Community Council was noted.

04/20 Minutes and Action Log

04.01 The Minutes of the Remuneration Committee meetings held on 27 June 2019, 8 August 2019, 17 December 2019 and 7 February 2020 were confirmed as correct records.

04.02 In reviewing the Action Log, all matters were considered as being closed with the exception of the one action from the meeting of 7 February 2020. This concerned developing costings for a national pilot from the Morriston Hospital rest breaks trial. **JK** reported that this work had been delayed due to more pressing work demands but that the matter would be returned to when COVID-19 pressures eased. Members agreed to retain the matter as an open item on the Action Log.

05/20 Remuneration Schedule Executive Directors and Senior Staff

05.01 **KC**/**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, they introduced a report that confirmed the salary details for each member of the Executive Management Team and when each of the posts were last evaluated under the Welsh Government's Job Evaluation for Senior Posts (JESP) scheme.

05.02 **KC/CV** explained that the figures quoted in the report presented to Members reflected the nationally agreed 2% consolidated pay uplift for employees that was effective from 1 April 2019. Whilst this uplift had been applied to all pay scales for individuals holding executive and senior posts, Members were informed that some senior staff of the Trust were on individually negotiated spot rates. **KC** explained that where these staff were in post before 1 April 2019, the 2% pay uplift had also been applied.

05.03 Following questions from Members, **CV** confirmed that the pay scales presented in the Committee report reflected the revised (2019/20) portfolios of the Finance and Corporate Resources Directorate, and the Strategy, Planning and Performance Directorate. **JK** added that the remit of Deputy Chief Executive had been rolled forward beyond the 31 March 2020 date stated in Appendix 1 of the report and that it would remain with the Medical Director through to 30 June 2020 at which point the responsibility would be reviewed.

05.04 **MW** stated that he had been notified by **JK** during the meeting of a typographical error in Appendix 1 and that this would need to be amended ahead of any future usage of the salary schedule.

RESOLVED: That

(1) the current salary and pay banding for each of the Executive Management Team members and the criteria applied to the 2% uplift for those staff on a individually negotiated spot rates was **NOTED**.

06/20 Overtime Payments and Exceptional Duty Allowance

06.01 In presenting the report that sought approval from Members for the introduction of a remuneration framework for Trust staff as a result of the COVID-19 pandemic, **JK** stated that in the last 24 hours differential advice had been received from Welsh Government and the NHS Employers with regards to the scheme proposed by the Trust.

06.02 **JK/CV** briefed Members on the varying opinions and proposed that further consultation be undertaken with Welsh Government and NHS Employers to ascertain a way forward on this matter.

06.03 Members supported the proposal for further consultation with Welsh Government and NHS Employers, and following scrutiny of the proposed remuneration framework, registered their support of the scheme as presented to the meeting. As part of the scrutiny, Members questioned **JK/CV** as to the constitutional powers of the Trust to proceed with the scheme and sought value for money assurance with regards to the budgetary implications of the remuneration framework.

06.04 Members agreed to reconvene the Committee once **JK/CV** had completed the discussions as set out above. **MW** agreed to brief all other Non-Executive Directors of the Trust of the discussions of the meeting.

RESOLVED: That:

(1) the Committee was **unable to approve** at this time:

a) the introduction of overtime arrangements for staff in pay bands of up to and including Band 7 at double time, and staff in pay bands 8a and 8b at time and a half.

b) the introduction of an Exceptional Duty Allowance for staff in pay bands 8c and above.