

## Bundle Trust Board (Open Session) 29 July 2021

### Agenda attachments

Agenda\_Trust\_Board\_(Open\_Session)\_29\_July\_2021.docx

- 1.1 12:00 - Chair welcome, Chair update to include any apologies and Declarations of Interest  
*To welcome those in attendance and to note any apologies for absence.*
- Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.*  
*The board noted the standing declarations of interest in respect of: (If in attendance)*
- Mr Emrys Davies, Retired Member of UNITE*  
*Professor Kevin Davies, Trustee of St John Wales*  
*Nathan Holman, Member of Llannon Community Council*  
*Ceri Jackson, Trustee of the Stroke Association*
- 1.3 12:05 - Chief Executive Update  
*To receive an update from the Chief Executive*  
ITEM 1.3 CEO REPORT TO TRUST BOARD 29 JULY 2021 FINAL.pdf
- 2 STRATEGIC AND FORWARD LOOK BUSINESS
- 2.1 12:20 - Update on Electronic Patient Clinical Record (EPCR) - PRESENTATION - Andy Haywood
- 2.2 12:40 - Update from Board Strategy Group - Jason Killens  
ITEM 2.2 Trust Board Strategy Developments July 2021.docx
- 2.3 12:50 - Revised Leadership Structure For The Medical And Clinical Services Directorate - Jason Killens  
ITEM 2.3 20210720\_Clinical and Medical Directorate Leadership Restructure version 8.docx
- 3 PERFORMANCE, GOVERNANCE AND ASSURANCE
- 3.1 13:00 - Risk and Board Assurance Framework - Keith Cox  
ITEM 3.1 ES Risk Management Report Trust Board 290721.docx
- 3.2 13:10 - Monthly Integrated Quality and Performance Report - Hugh Bennett  
ITEM 3.2 MIQPR SBAR Jun 2021 TB Final.docx  
ITEM 3.2a Annex 1 MIQPR June 2021 TB.pptx  
ITEM 3.2b Background Top indicators MIQPR Dashboard June 2021.xlsx
- 3.3 13:20 - Financial Performance Month 3, 2021/22 - Chris Turley  
ITEM 3.3 Finance Report Month 3 - with Exec Summary - TB 290721 - FINAL.docx
- 3.4 13:30 - Mechanisms for assurance on guidance implementation during the recovery of services in NHS Wales - Claire Roche  
ITEM 3.4 Mechanisms for Assurance on Guidance Implementation during the Recovery of Services in NHS Wales (003).docx
- 4 CONSENT ITEMS
- 4.1 13:40 - Procedural Matters  
ITEM 4.1 Procedural Matters.docx  
ITEM 4.1a Trust Board Minutes Open 27 May 2021.docx  
ITEM 4.1b Trust Board Minutes Open 10 June 2021 v2 CT.DOCX  
ITEM 4.1c Action Log v3.docx  
ITEM 4.1d Minutes of Chairs Action Meeting 24 June 2021.docx
- 4.2 13:45 - Update from Committees  
1\ *Audit Committee*  
2\ *Finance and Performance Committee*  
3\ *Academic Partnership Committee*
- 4.3 13:55 - Minutes of Committees and link to EASC Minutes

*Audit Committee open and closed - 4 March 2021*  
*Remuneration Committee - 23 March 2021*  
*Finance and Performance Open and Closed - 13 May 2021*

*EASC Minutes link: <https://easc.nhs.wales/the-committee/meetings-and-papers/>*

ITEM 4.3 Minutes of Committees.docx

ITEM 4.3a Audit Committee OPEN Minutes 4 March 2021.doc

ITEM 4.3b Audit Minutes CLOSED Minutes 4 March 2021.doc

ITEM 4.3c Rem Com Minutes 23 March 2021 (Approved 10 June 2021).docx

ITEM 4.3d OPEN F and P Minutes 13 May 2021 v3.doc

ITEM 4.3di CLOSED F and P Minutes 13 May 2021 v2.doc

5 13:56 - 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 30 September 2021*

## **Agenda Trust Board (Open Session)**

**Date** 29/07/2021  
**Time** 12:00 – 13:58  
**Location** Via Zoom  
**Chair** Martin Woodford

### **1.1 Chair welcome, Chair update to include any apologies and Declarations of Interest**

12:00

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

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Mr Emrys Davies, Retired Member of UNITE  
Professor Kevin Davies, Trustee of St John Wales  
Nathan Holman, Member of Llannon Community Council  
Ceri Jackson, Trustee of the Stroke Association

### **1.3 Chief Executive Update**

12:05

To receive an update from the Chief Executive

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

### **2.1 Update on Electronic Patient Clinical Record (EPCR) – PRESENTATION – Andy Haywood**

12:20

### **2.2 Update from Board Strategy Group – Jason Killens**

12:40

### **2.3 Revised Leadership Structure For The Medical And Clinical Services Directorate – Jason Killens**

12:50

- 3 PERFORMANCE, GOVERNANCE AND ASSURANCE**
- 3.1 Risk and Board Assurance Framework – Keith Cox**  
13:00
- 3.2 Monthly Integrated Quality and Performance Report – Hugh Bennett**  
13:10
- 3.3 Financial Performance Month 3, 2021/22 – Chris Turley**  
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- 1. Audit Committee
  - 2. Finance and Performance Committee
  - 3. Academic Partnership Committee
- 4.3 Minutes of Committees and link to EASC Minutes**  
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- Audit Committee open and closed – 4 March 2021  
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13:56
- To consider any other business to the agenda items listed above.
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GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

**AGENDA ITEM No**

**OPEN or CLOSED**

**Open**

**No of ANNEXES ATTACHED**

**One**

## **CHIEF EXECUTIVE REPORT: 29 JULY 2021**

<b>MEETING</b>	TRUST BOARD
<b>DATE</b>	29 JULY 2021
<b>EXECUTIVE</b>	JASON KILLENS
<b>AUTHOR</b>	JASON KILLENS
<b>CONTACT</b>	Jason.Killens@wales.nhs.uk

### **EXECUTIVE SUMMARY**

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 27<sup>th</sup> May 2021. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

### **RECOMMENDATION**

That Trust Board note the contents of this report.

### **KEY ISSUES/IMPLICATIONS**

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

### REPORT APPROVAL ROUTE

The Trust Board meeting held on 29<sup>th</sup> July 2021.

### REPORT APPENDICES

An SBAR is attached.

### REPORT CHECKLIST

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

## **SITUATION**

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 27<sup>th</sup> May 2021.

## **BACKGROUND**

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

## **ASSESSMENT**

### **CHIEF EXECUTIVE**

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, AACE and EASC.
- WAST Live events continue to be scheduled on a monthly basis to inform our people of emerging issues and report on key actions taken by the Trust. They continue to be popular with our people as an effective engagement tool and provide an opportunity for our staff to ask questions directly to me and the wider Executive Management Team. WAST Live events are available as live on Facebook and Zoom and on YouTube for staff to watch at their leisure.
- I have represented the Trust at meetings of and given evidence to the Ministerial Ambulance Availability Taskforce.
- I continue to chair the NHS Wales Microsoft 365 implementation programme as part of my wider system leadership responsibilities.
- I am delighted to announce that following a competitive recruitment process Trish Mills has been appointed as the Trust's Board Secretary and will take up her post on Monday 2<sup>nd</sup> August following Keith Cox's retirement. I'm sure you will want to thank Keith for his contribution to NHS Wales and in particular to the Trust over the last 5 years. I wish Keith a long and happy retirement.
- A successful Joint Executive Team (JET) meeting chaired by Andrew Goodall was held when positive feedback was given by Welsh Government colleagues on the continued progress being made by the Trust.
- I have been proud to present a number of Chief Executive's Commendations; certificates were presented to a Tenby paramedic who saved her colleague's life, quick-thinking Port Talbot supermarket staff who delivered CPR to a customer and a pair of Aneurin Bevan University Health Board colleagues for their interventions at a car crash aftermath

## **FINANCE AND CORPORATE RESOURCES**

### **Finance**

4. The 2020/21 financial year-end audit was again conducted virtually and concluded prior to the final draft of the audited accounts being presented to Audit Committee on 3rd June. These were subsequently approved on 10th June at Trust Board. There

were no material adjustments made to the accounts between draft and the audited final version and the reported position remained as a £70k surplus. The final submission via Audit Wales to Welsh Government took place the following day and the accounts were approved by the Auditor General for Wales on 15th June and laid on 16th June.

5. A full audit of the Charitable Fund accounts will take place later this year.

6. In respect of the payment of voluntary overtime on holiday pay (Flowers case), the Welsh Partnership Forum has agreed a framework that enables WAST (and other NHS organisations) to progress towards a conclusion of this issue and it is likely that payment of all arrears for the period 1st October 2018 to March 2021 will be processed and paid in August 2021. The working assumption remains that Welsh Government will fund the Trust for any shortfall in costs for the back pay element as well as any recurrent cost. Confirmation of this assumption is being sought from Welsh Government.

7. Extensive work is ongoing around major capital investment into both infrastructure and organisational improvement projects, ensuring capital monies are correctly utilised in order to give the best value to the organisation as a whole.

8. The team along with the Planning & Performance Directorate, is continuing to develop the Value commissioning intention from the IMTP, exploring multiple methodologies for collection and reporting, to ensure that where possible the Trust is delivering the best Value to the organisation, the wider health economy and the general population of Wales.

## **Capital & Estates**

9. The following paragraphs provide a brief update on the current major projects:

10. **Aberaeron Ambulance Station** – Currently in week 17 of construction as at 5<sup>th</sup> July 2021. Works resumed week commencing 21<sup>st</sup> June after a delay due to a duck nesting on site. Although the duck only stayed for a short time, advice had been sought from an Ecologist, who explained that the bird could remain in place for 28 days before being moved.

11. There is currently a shortage of a number of materials within the construction industry and the contractor has confirmed they are not able to source the metal insulated roof sheeting from our original specification until 2022. A decision was made to change the specification for the roof to mineral felt, which is readily available and would not compromise the look of the building.

12. **Beacon House** – This project provides accommodation for the Trust's GUH Transfer Service together with the provision of suitable office accommodation for staff displaced from VPH. A Project Board has been established and initial engagement has taken place with staff to assist with space planning. Liaison continues with NWSSP and legal regarding progression of the lease, with the current proposal being for the landlord to carry out the refurbishment works. An indicative cost report has been prepared for the refurbishment which is being reviewed. ABUHB have confirmed that the availability of the interim facility has been extended until November 2021.

**13. Cardiff Area Ambulance Centre** – Currently in week 56 of construction as of the 5<sup>th</sup> July 2021 and works onsite are progressing well.

14. The contractor is currently experiencing delays in obtaining the external cladding systems, thus affecting the ability to progress some internal elements and impacting on the achievement of a 'watertight' milestone. A revised construction programme has therefore been requested. The Executive and Training Teams have been consulted and plans have been created to utilise both unallocated areas. Workshops have taken place to confirm furniture and ICT requirements and to review the risks involved.

**15. Contact First** – The proposed contractor has developed a programme of works on which costings have been developed. A draft cost report has now been issued which is currently being reviewed. A staff engagement workshop took place and positive feedback was received. Approval of design information and cost confirmation will be required in order to achieve further capital funding for the scheme and to progress to the next stage.

**16. Ruthin Ambulance Station** – The Trust continues to provide updates to work with BCUHB and has provided assurances that vacant possession can be achieved and that operational cover in the area will be maintained. Estates are continuing to liaise with Operations colleagues to identify a suitable replacement solution in the Ruthin area. Capital funding is being made available to the Trust from the BCUHB business case.

**17. Ty Elwy** - The reconfiguration works being undertaken to create an interim 111 area on the first floor of Ty Elwy have been completed and go live was achieved as anticipated on 22nd June 2021. A new Project Team has been established for the permanent ground floor solution, with the inaugural meeting held on 1st July 2021 and the first meeting was held on 19th July 2021.

18. Full communications continue to be maintained with corporate staff for the introduction of an agile working area in Ty Elwy, whereby desks will be reserved using a Teams booking system. ICT colleagues are engaged and supportive in delivering the work and an intranet page has been developed to provide staff with a detailed central point of reference for the project.

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

20. To support this strategy, Welsh Government has made £16m available to NHS Wales for decarbonisation projects and the Trust has bid for a substantial percentage of this funding to continue our decarbonisation agenda. This includes photo voltaic, biodiversity projects and importantly an electric vehicle charging network plan.

21. The new Welsh Government Decarbonisation Strategy for the NHS and the Trust's approved Environment Strategy will see a more integrated, sustainable way of working. Changes to procurement and project planning will be key to delivery and the development of a detailed action plan continues in conjunction with NHS Wales Shared Services Partnership: Facilities Services, to ensure compliance. Priority will focus on the electric vehicle charging infrastructure with the challenging timescales for the procurement of hybrid vehicles before moving to fully electric vehicles.

22. A draft delivery action plan was considered at Finance and Performance Committee on 22<sup>nd</sup> July 2021.

## **Fleet**

23. **Fleet Strategic Outline Programme (SOP) Refresh** – Work has been completed on the Fleet SOP Refresh. Re-profiling of vehicle replacements has been undertaken to take into account the reduced funding in 2020/21 (due to the response to the COVID19 pandemic) and the agreed vehicle replacements for 2021/22. The outcome of the EMS Demand & Capacity Review has influenced the Fleet SOP refresh, including the requirement for additional EA's. It has not been possible to include the potential impact of the NEPTS Demand & Capacity Review in this refresh as the detailed outcome of the review is not yet available. The progression of the South East Fleet Workshop has been identified as a priority together with the Bangor Workshop, which are aligned to the Estates SOP Refresh.

24. The Trust has received Welsh Government's scrutiny grid for the Fleet Strategic Outline Programme (SOP) Refresh which has been reviewed and responded.

25. **Vehicle Replacement Programme** - The delivery of the Vehicle Replacement Project for 2021/22 continues, a summary of the vehicles and status is outlined below:

- 44 x EMS EA chassis ordered and build slot with converter confirmed.
- 13 x NEPTS large chassis ordered, specification developed and tender for conversion is being progressed.
- 14 x NEPTS small vehicles and 4 x cars have been ordered,
- 10 x NEPTS small chassis have been ordered and a tender for conversion is being progressed.
- 1 x HART ATV (Polaris) and 1 x HART ATV (Polaris) Carrier to be purchased via the NARU framework.
- 3 x fleet electric workshop vans have been ordered.
- 1 x triage van
- 2 x large and 2 x small training vehicles have been ordered.

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

### **Planning and Transformation**

26. The Director of Strategy, Planning and Performance is leading the Trust into the Recovery phase of the pandemic as Chair of the Business Continuity and Recovery Team (BCRT). Whilst COVID cases continue to rise, data presented to the Executive Pandemic Team allowed the Trust to move to this phase of the incident and consider how the Trust returns to a new normal. Key areas of work include our future approach to the workplace and agile working, how we support operational recovery and how we support Health Board recovery. Not all work will be undertaken within BCRT structures and a lot of recovery actions form part of our year one IMTP delivery but BCRT will maintain some oversight of the key indicators of recovery as well as considering the impact of any sustained rise in cases on the Trust.

27. The team has led on putting IMTP delivery structures in place, with four transformation programme boards established supported by enabling programmes

and work streams at directorate level. Briefings have been held with the Senior Responsible Owners and/or Executive leads to ensure clarity and consistency in delivery mechanisms and reporting. Each transformation programme board will be supported by a Planning/Transformation lead from SP&P, together with project management and administrative support. The Strategic Transformation Board continues to monitor the timescales and delivery of the IMTP and a tracker has been developed to monitor progress of each deliverable within the plan. An assurance report will be prepared for the Strategic Transformation Board setting out progress, key achievements and risks for escalation and this report will be available to Finance and Performance Committee and the Trust Board.

28. The team continues to keep apprised of Health Board recovery and service changes through established planning relationships. There is notable active engagement at a strategic level in; vascular centralisation in South Wales, thrombectomy transfer services commissioning (North and South), neonatal transfer service re-commissioning in South Wales, Hywel Dda strategic clinical services change, Cardiff and Vale strategic clinical service change, regional cancer services developments, flows of South Powys patients into Welsh Health Boards and changes to stroke services in Hereford and Worcester. The Trust has received a draft evaluation report on the first six months of the Grange University Hospital and has provided feedback ahead of the final report being published. The report is positive on the whole and provides a platform for the service going forward.

### **Commissioning and Performance**

29. The Commissioning & Performance Team continues to provide significant support to senior decision makers on performance management and improvement. A “hackathon” was held in June 2021 on EMS performance with the Director of Operations. This has identified a range of issues to investigate with a second “hackathon” taking place in July 2021. It is important that Executives are provided with good quality information in important stakeholder meetings, to aid positive discussions and outcomes regarding WAST’s ambitions. Similarly, the Team continues to work on improvements to the Integrated Quality & Performance Report for Trust Board. A key piece of work over the next two months will be the new Quality & Performance Management Framework, which is currently being drafted.

30. The Team has also completed its work on the Summer Plan. The Trust appears to be in a unique position within NHS Wales in having a tactical Summer Plan. Current demand levels (highest since December 2020) have demonstrated the need for this Plan. The Plan has been supported by forecasting and modelling and there are a range of investments e.g. St John Ambulance, boosting unit hours production, improved technology for CFRs and staff well-being schemes.

31. The team is now starting work on winter planning. Given the current levels of handover, we can expect winter to be extremely challenging. This work will include looking at core demand, COVID19, but also other respiratory illnesses that are expected to increase this winter. The Team is also undertaking a substantial range of modelling work, for example on CHARUs, the proposed Rural Performance Model and ambulance utilisation; the Trust has received very favourable feedback on its approach from a third party supplier, in comparison to other ambulance services around the world.

32. The Team is continuing to provide significant programme and project management leadership and support, in particular, on the EMS Operational Transformation Programme (what was the EMS Demand & Capacity Programme), with the Assistant Director of Commissioning & Performance now being the SRO, supported by colleagues across SP&P.

33. The Team is providing active support to the EMS Roster Project, which is a complex pan-Wales project affecting c.1,690 FTE staff. The Ambulance Care Transformation Programme is also now gaining traction, with the programme definition document largely complete and the first programme board set up. Finally, the Team continues to actively support 111 First and on-going analysis and service development for ambulance care in relation to the Grange University Hospital.

## **MEDICAL AND CLINICAL SERVICES DIRECTORATE**

### **WAST and Swansea Bay Palliative Care Paramedic Partnership**

34. The Trust and Swansea Bay University Health Board (SBUHB) have been exploring opportunities to jointly develop and trial the role of a Palliative Care Paramedic. The role would be rotational, similar to that of the Advanced Paramedic Practitioner (APP) role, whereby working time is split between operational shifts for the Trust and the Specialist Palliative Care Team (SPCT) in SBUHB. The paramedic's role within the SPCT would be predominantly community based, undertaking rapid reviews of patients post discharge, as well as responding to palliative emergencies and patients in crisis known to the SPCT. The paramedic would also at times cover the inpatient hospice setting, likely out of hours, providing support to the nursing team under the direction of a consultant in palliative medicine. SBUHB SPCT would support and facilitate training and mentorship for the paramedic in relation to palliative and End of Life Care whilst in a SBUHB setting.

35. Funding for a three-year pilot has been approved by SBUHB which is expected to commence in quarter three of 2021/22, subject to formal agreement between all partners.

### **ePCR Programme**

36. The ePCR Programme has established a Programme Board at Director Level and identified a portfolio of nineteen ePCR related projects and workstreams, to enable the Trust to achieve the benefits identified within the full Business Case. A significant amount of work is being undertaken with third party suppliers and other NHS partners to establish formal governance for commercial information sharing and security access to provide compliant business readiness foundations for the interfacing and integration activities. The Senior Digital Programme Manager commenced their post in May and expansion of the delivery team has seen the appointment of a Business Change Manager, with a Project Team Manager and Senior Project Support Officer planned to start next month. Recruitment is underway for the remaining programme delivery posts, Information Analyst and Data Warehouse Developer.

37. The TerraPACE Project within the programme, continues to progress at pace. Work is well underway in the second stage with Terrafix, to design and develop multiple interfaces into the system from simple deep links from the TerraPACE application into other Trust applications to more complex integrations with Digital Health Care Wales to enable secure sharing of digital patient records. The training



phase has commenced with planning activities and development of content for application users, internal/external portal users and service management staff. The project remains on track for delivery of the first iteration of the EMS TerraPACE solution to all Wales in November 2021, with two additional phases added to the original six. The new phases for 2021/2022 include dedicated support for the CFR form solution and development of the remaining more complex third-party integration elements; this remains in line with the original Full Business Case.

### **Senior Paramedic Update**

38. To date, four cohorts of staff have undertaken an intensive week's training with the senior clinical team. Thirty Senior Paramedic vacancies have been filled, with recruitment for the remaining two places on going. The induction course incorporates topics such as role objectives, clinical reviews, the ISCLE tool, medicines management, ketamine theory, RISC theory and mechanical CPR amongst other high skill requirements.

39. A Senior Paramedic Activity Dashboard has been developed to monitor outcomes from clinical ride outs, this will be being presented to the Clinical Quality Governance Group and QUEST.

### **Out of Hospital Cardiac Arrest Report BCUHB**

40. A report has been shared by Betsi Cadwaladr University Health Board (BCUHB) that highlights the benefits of an out of hospital cardiac arrest (OHCA) community public access defibrillator (PAD) initiative between BCUHB, WAST and the charity SADS UK from 2018 – 2021. Following recommendations to improve PAD sites and community cardiopulmonary resuscitation (CPR) training in the area, an MoU was signed between partners for a PAD Support Officer to be employed in the area to improve PAD access, CPR training, consumables management, registration of defibrillators and data collection for a 4 year period to improve the outcomes of an OHCA in North Wales. The project, which has received considerable media attention and support from various organisations, has achieved some fantastic outcomes including, but not limited to:

- Rapid management of community PAD sites after an OHCA event (figures of around only 5 of the 1,353 registered defibrillators out of action at a given time)
- An extra 502 PAD sites available to WAST, including 331 new defibrillators placed in North Wales, 105 in South, and 56 unregistered defibrillators added to the CAD system.
- Every secondary school in BCUHB catchment area with an automated external defibrillator (AED) on site.
- A 'Treasure Hunt' initiative identifying 88 non-rescue ready PADs and 114 sites where out of date consumables have been replaced.
- 667 pre-existing PAD sites' information updated on the Circuit.
- 76 OHCA events attended by the PAD Support Officer.
- Over 4,000 people received face to face (pre-pandemic) CPR training.
- Thousands of views of CPR and OHCA educational videos produced for the project.

## **Research**

41. The Head of Research and Innovation has been appointed to the NIHR HTA CET funding committee. A prestigious appointment that raises the profile of the paramedic profession within a UK wide funding body responsible for high quality research. A wide portfolio of research activity continues to be delivered by the team, including innovative work on Artificial Intelligence and drone technology. Work is ongoing to set up two large scale, multi-site research studies; RAPID2 and PARAMEDIC3.

## **WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE**

### **Human Resources**

42. May 2021 recorded an increase in sickness absence to 8.00% compared with April's figure of 7.37%. Currently the Trust has 23 staff members who are on long term sickness absence as a result of COVID-19 symptoms; 12 EMS staff, 7 CCC staff and 4 NEPTS staff. The Trust is also currently supporting 36 employees with alternative roles, redeployment and home working as a result of shielding.

43. The roll out of the 111 First service across Wales is continuing at pace, with BCU's core 111 service going live on 22nd June as planned and Hywel Dda (step 1) due to go live on 20th July. The main recruitment challenge for 111 is the ability to recruit and retain Clinical Advisors, therefore, open days are being held for all three regions for the current recruitment campaign to raise awareness of the roles and attract suitable candidates. The resource availability project to reduce overall recruitment timelines progressed in May where an internal recruitment process mapping exercise took place to review the current process and identify barriers and solutions. May 2021 also saw the launch of the new recruitment learning pages on the Trust's learning launchpad which brings together a range of tools for recruiting managers, including tips to reduce time to hire.

### **Occupational Health and Wellbeing**

44. Excellent feedback is being received about the new Employee Assistance Programme and managers are now informed of 'Active Care' service which offers intervention on the first day an employee reports absence related to stress or anxiety and/or submits a fit note stating stress or anxiety. The 'My Healthy Advantage App' includes, a mini health check utilisation and a mood tracker utilisation is also available. A 'Thrive' App has also been launched and has been downloaded to all iPads. It is an interactive tool for Mental Wellbeing and can be downloaded by all staff. Positive responses have been received from our people.

45. Wellbeing workshops continue centring on sleep, anxiety and 'Living Life to the Full'. In addition, 6 face to face drop-in sessions for CCCs in VPH and Carmarthen have been undertaken.

46. TRiM referral process have been revised so that any incident which is deemed possibly traumatic is sent in a daily report and all contacts to that incident are contacted. This has seen referrals increase and attendance at TRiM assessments increase from <1% to over 10% in 8 weeks.

47. A review of physiotherapy services has been completed and from September staff will have access to a more tailored service provider.

48. The Long COVID19 Support Group continues to grow and it has been extended to include other NHS Wales organisations and North West Ambulance Service. A Women's Health Work is also growing and a Men's Health Group was launched earlier this month.

49. Wellbeing initiatives are being rolled out across multiple sites including therapy dogs visiting CCCs. Where possible, the Well Being Team are meeting colleagues and highlighting the support services available to staff and their loved ones.

### **Leadership and Management Development**

50. The development programme for Assistant Directors Leadership Team (ADLT) commenced in May 2021. To date two successful masterclasses have taken place delivered by National and International speakers. The personal exploration of better self-understanding commenced last month and will continue through to September.

51. The localised approach to staff survey analysis continues to take place by each directorate, with improvement themes steering responsive action plans.

52. The WAST Leadership Advance continues to support our leaders at all levels with an environment to reflect, pause and reset following the pandemic. The third cohort is due to take place next month.

53. The Board Development Programme continues and work is ongoing in relation to the development of Mentoring and Coaching Guidelines and development for our Aspiring Leaders.

54. Work has also commenced in connection with developing a refreshed Leadership and Management Development strategy exploring leadership relevant to the Trust and the impact on the wider public service

### **Education and Training**

55. As at 30<sup>th</sup> June 2021, 74 paramedics have completed year three of the band six process. Staff are sent regular dates and locations to enrol to complete the year three competencies. Five learners have completed the Diploma in Emergency Response Ambulance Driving Instruction programme and have received certificates from the awarding body. Thirteen new clinical instructors have completed their induction week within the Education and train Team and are starting to support the delivery of courses while working towards their educational qualifications.

### **DIGITAL DIRECTORATE**

56. The primary focus for the Digital Directorate remains recruitment, with numerous roles advertised at the current time. Once complete, this will see a Directorate that is potentially twice the size of the team that responded to the early stages of the pandemic. Roles have been funded in support of the major programmes and projects we are delivering over the next 2 years and in tandem, work is ongoing to assess whether the growth and our people are properly supported by the current directorate structure. Any potential changes or further requirements for growth will be included in a Digital Strategic Outline Programme (SOP) planned for submission towards the end

of this year. This will also cover the planned investment required for ongoing support of our Digital Strategy.

57. We are now only months away from one of the most significant pieces of digital change that we'll deliver in the coming years with the go-live of our electronic Patient Clinical Record (ePCR). This will see all front line crews move away from the ageing Digipen solution to digital input of patient details via an iPad. New members of the programme team will be joining WAST in the next month to cover the enhanced requirement for business change, project management and implementation expertise. Over a hundred front-line staff are involved in reviewing the solution ready to go-live and WAST teams are working hard with colleagues within Digital Health and Care Wales (formerly NWIS) to ensure initial interfaces with National Systems that allow the digital exchange of information are ready in time for go-live.

58. By the date of this board, the upgrade of our 111 telephony platform will be complete. This has been a significant undertaking across numerous teams within WAST, but notably within digital, our network and telecommunications team have worked hard to deliver this alongside the go-live of the 111 service in Betsi Cadwallader University Health Board in June. This has required effort across ICT and Informatics teams to ensure all new systems are implemented and configured correctly so we can continue to report on service performance throughout transition and expansion. A similar upgrade to our 999 telephony platform is planned for later this year.

59. Despite the overall delay within the 111 Programme for delivery of the new SALUS Integrated Information Solution, which will link systems supporting systems for 111 and GP out of hours along with a host of new digital capability, WAST digital teams remain heavily involved in the programme as it progresses towards a revised testing window. With SALUS delivery delayed beyond winter 2021/22, WAST digital will be implementing a temporary work package to stabilise and further develop 111.wales.nhs in the interim to improve access and signposting for people across Wales.

60. Another large programme that has unfortunately been subject to delay, is the Control Room Solution (CRS) element of the Emergency Services Mobile Communications Programme (ESMCP) which will upgrade how we dispatch our Emergency Ambulances. Issues between the UK Ambulance Radio Programme and the nominated supplier have led to a pause of any new works and an overall delay to the programme. WAST's Operational Communications Programme (OCP) are working closely with the national team to identify a suitable new implementation date that will not adversely affect control room operations and dispatch as we move towards winter. On the broader OCP delivery, the programme team is progressing on track to deliver a Full Business Case for the replacement of the mobile data tablet that provides critical data to our crews on dispatch. The Mobile Data Vehicle Solution (MDVS) FBC is anticipated to be completed by the end of this calendar year and will see procurement of a solution that is a significant uplift to existing capability.

61. Within Informatics, work has been ongoing to build new platforms and dashboards to display our data. Most notably, this has involved the development of a new dashboard to display performance of our 999 clinical contact centre. The solution is currently at demonstration stage, but is being developed in partnership with Operational Colleagues and a third-party partner to augment and complement our existing ODU dashboard. These key products are the first step towards us building a

more capable portal for colleagues to access the necessary intelligence and data required to continue to monitor and improve our services.

## **PARTNERSHIPS AND ENGAGEMENT DIRECTORATE**

62. June was the month we celebrated two much-valued groups of colleagues; volunteers as part of national Volunteers' Week and our service men and women past and present as part of Armed Forces Week. It was also the month that the NHS 111 Wales service went live in North Wales, the publicity for which was led by our Communications Team jointly with health board colleagues.

63. We opened nominations for the annual WAST Awards, which this year includes two new categories to mark the launch of the Trust's Volunteer Strategy. Two colleagues were recognised in the Queen's Birthday Honours List; the Trust's Associate Director of Paramedicine Andy Swinburn and NHS 111 Wales Nurse Advisor Sue Owen-Williams.

64. There was sensitive communications handling required around the death of a much-loved colleague, Emergency Medical Technician Dorian Williams. The Trust's milestone new anti-violence campaign 'With Us, Not Against Us', was progressed with an announcement about new sentencing guidelines for courts in England and Wales.

65. Work to support the Trust's recruitment campaign, specifically the recruitment of Trainee Emergency Medical Technicians pan-Wales, led to more than 700 applications for the role. A good news story about first-time parents meeting the 999 call handler who helped to deliver their baby girl over the phone became one of our highest-performing videos on Facebook ever.

## **OPERATIONS DIRECTORATE**

### **Pandemic Response**

66. The Trust has transitioned into the Recovery Phase of our pandemic response. We continue to monitor the data very closely, particularly given the emerging Delta variant, and will not hesitate to recommend a return to a Response Phase if it is needed and justified.

67. On Monday 14th June 2021, the Senior Pandemic Team (SPT) met to agree how to hand primacy to the Business Continuity and Recovery Team (BCRT), including assigning outstanding actions and risks. Whilst we remain in Recovery Phase, SPT meetings will cease. As a further consequence, the SPT discussed and agreed stand down of the Local Pandemic Teams (LPTs) with effect from 21st June 2021.

68. The SPT also discussed a further milestone, i.e. the removal of Protocol 36 from our triaging tool, and replacing this with the Emerging Infectious Diseases Surveillance (EIDS) Tool. This change was effected on 23rd June 2021. A suite of reports has been designed and is reviewed weekly by the Senior Operations Team.

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

70. Following agreement from the Commissioner that the Operational Delivery Unit should continue to support the wider unscheduled care system, recruitment to permanent positions is ongoing. The Head of Service post will be appointed shortly

as part of the Operations Directorate restructure organisational change process (OCP). There was a good response for the other ODU vacancies, the adverts for which have now all closed.

### **EMS Duty Operations Manager (DOM) & Senior Paramedic (SP) Inductions**

71. The DOM and SP induction programmes have now concluded and feedback received to-date has been positive. The new DOMs and SPs will consolidate their learning within the operational environment. We are grateful to all who contributed to each week long induction, as representatives attended from across the organisation.

### **NEPTS Transfer of Work**

72. Aneurin Bevan and Betsi Cadwaladr Health Boards ECR's transferred to WAST on 1st April 2021 along with the Call Centre elements of Cwm Taf & Powys. All has progressed smoothly and this is credited to the dedication and professionalism of all colleagues involved in this work. Only Cwm Taf ECR funding remains to transfer on 1st August 2021, subject to approvals.

73. Given the ongoing pressures of the pandemic, it has taken a concerted effort by WAST and Health Board partners to complete this work stream and keep disruption to a minimum. We can shortly begin the next phase of developing our procurement strategy and determining how the funding and resources can best be utilised to deliver services.

### **NEPTS CAD (Computerised Aided Dispatch)**

74. Extension of the existing NEPTS CAD system ('Cleric') has been approved and as detailed in the Trust's Digital Strategy, this will in future be hosted by Cleric Computer Service Ltd. This has provided an opportunity to upgrade to the system which will give greater functionality and ease of use for operators. The upgrade and change of hosting arrangements will enable a review of operator processes, data storage and system maintenance.

75. In conjunction with other WAST colleagues, the team has ensured that NEPTS' record management policy is in line with both WAST and national policies. In addition, as part of the new system training, we will be able to develop and reinforce standard operating procedures to better ensure data quality. This training will be rolled out immediately after the system is transferred which is currently on target to take place in early August 2021.

### **Operations Directorate Management Structure**

76. The Directorate remains in the implementation phase of its new management restructure. The appointments made to date are listed below:

- Assistant Director of Operations, National Operations & Support - Judith Bryce (Previously Head of Operational Support)
- Assistant Director of Operations, Integrated Care - Stephen Clinton (Previously Assistant Director of Operations for CCC)
- Assistant Director of Operations, Ambulance Care - Mark Harris (Previously Interim Assistant Director of Operations for NEPTS)

- Assistant Director of Operations, Resourcing & EMS Coordination - Interviews held on 16th June 2021, pre-employment checks are underway and an appointment will be confirmed shortly.
- Assistant Director of Operations, Emergency Medical Service - Interviews held on 17th June 2021 and the recruitment process remains ongoing. It is anticipated that an update will be provided shortly.

77. The next phase of interview and assessment for the Head of Service and Service Manager roles are expected to take place later in the coming weeks.

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

78. Phase 1 of the 4 Welsh Reserve Mobile Testing Units (MTUs) are in operation and the Trust is currently in contract extension discussions which would see the operation continue for a further 6 months beyond the 31st August 2021.

79. WAST MTUs continue to contribute to the testing needs of Wales through delivery of confirmatory supervised Polymerase Chain Reaction (PCR) testing and supervised Lateral Flow (LFD) testing and the teams continue to deliver Electronic Test Request (ETR) generation when appropriate to remove the constraint in Health Boards to provide administrative support to a deployment. The MTU teams have worked with several Health Boards to support them in developing their own localised supervised LFD testing capability and this has been greatly appreciated.

80. To date the teams have been deployed 48 times nationally (mainly long term) and have delivered 17,859 PCR tests and 780 LFD tests. With growth of WAST MTU no longer under consideration, the MTU Programme has been closed out and the focus is now solely on the steady state operation of the phase 1 teams. As planned and as part of the Operations Directorate restructure, MTU operations is transitioning over to the portfolio of the Assistant Director of Operations, National Operations and Support and this transition is well under way with the operational leadership of MTU unchanged, ensuring continuity and stability.

81. The feedback we continue to receive from across Wales remains strong and our flexibility in supporting what is a highly dynamic and ever evolving testing landscape is appreciated

### **Clinical Review**

82. The Clinical Review continues to work on a reduced work stream programme as the organisation recovers from the pandemic response. More of the remaining work streams will be brought back online over the next few months.

### **Replacement of Manchester Triage System (MTS) – Emergency Communication Nurse System (ECNS) Software**

83. The systems element of ECNS has been approved by EASC for implementation. This will see ECNS replace MTS as the clinical decision support software used by our CCC Clinicians and brings a range of system wide benefits. WAST will be the first agency in the UK to employ paramedics with the full ECNS capability. Initial discussions have begun regarding forming the implementation team.

## **Clinical Leadership Structure (Practice Education Team)**

84. Discussions remain ongoing with commissioners regarding the funding of the Practice Educators for telephone triage as part of the Clinical Support Desk. This move will ensure quality assurance processes are improved and investments in staff training, audit, and development are realised. The job descriptions for the Senior Professional Practice Educator and Professional Practice Educator will be reviewed by the job evaluation team in readiness for any funding allocation.

## **Clinical Support Desk Roster Review**

85. CSD are currently working through a rota review process. Core principles have been agreed in partnership and representatives from each CCC have been identified to join the working groups. A Joint Partnership Notice and FAQ document was shared with CSD staff on Monday 7<sup>th</sup> June 2021. The desired outcome is a CSD roster meets the demand presented to the service more effectively.

## **Patient Triage and Streaming (PTaS)**

86. Work continues to engage with all health boards to realise the benefits of the C3 remote worker module and having health board clinicians safely triage waiting patients remotely. This work has now expanded to include some community-based nursing response teams, with some health boards bidding for dedicated time within their operating models, which is positive news.

87. Hywel Dda Health Board have agreed Data Protection Impact Assessments and the Memorandum of Understanding is currently being finalised. Clinicians have been trained and are currently scheduled for a refresher ready for go live in the near future.

88. Swansea Bay Health Board are currently reviewing DPIA and MOU ready for go live and have users being set up on the system, the model in Swansea Bay will include access not only for GP services but for the community nursing teams in Swansea and Neath Port Talbot.

89. All Health Boards across Wales are engaged in this important programme with consideration of the rural healthcare model for Powys and links to SICAT in BCU and the flow centre in Aneurin Bevan.

## **Patient Experience**

90. Work started in early 2020 on a CSD patient experience survey and this is now restarting and a range of tested questions have been confirmed. Work continues between CSD and the PEI team to implement this patient experience solution and to begin understanding more about the experiences of patients being triaged when calling 999.

## **Interoperability Tool Kit (ITK) Roll Out**

91. The Interoperability Tool Kit (ITK) roll out continues to enable our Computer Aided Dispatch (CAD) system to communicate with other UK Ambulance CAD systems digitally. The Trust has a schedule to connect to all thirteen UK Ambulance Services and are currently connected to:



- South Western Ambulance Service
- North West Ambulance Service,
- West Midlands Ambulance Service
- East of England Ambulance Service
- East Midlands Ambulance Service
- Northern Ireland Ambulance Service and
- Scottish Ambulance Service

92. Testing is in progress with South East Coast Ambulance Service and London Ambulance Service with an expectation of go live shortly. Engagement continues with the outstanding Trusts (Yorkshire, North East and South Central Ambulance Services) and testing will be completed as soon as connectivity information is shared and approved by NWIS.

### **NHS 111 Wales /111 First**

93. The 111 service is now live in Betsi Cadwaladr University Health Board (BCUHB) area. Demand is high for the service and overall increased by 18%, slightly higher than the anticipated 13% increase in the Out of Hours periods.

94. Work is underway to realign our Call Handlers and Clinical Advisors to respond to this increased demand. Our new colleagues transferred successfully from BCU under TUPE and are currently in training and will be helping with the front-line demand from early August.

### **Emergency Preparedness, Resilience, Response (EPRR) and Specialist Operations**

#### **Operational and Tactical Command Course**

95. The EPRR team have started rolling out the Operational and Tactical Command course refreshers for those staff who need to do their 3 yearly requalification and are supporting new Operational and Tactical Commanders with their initial course. The team are also supporting the DOM Induction courses by providing some input on EPRR and Specialist Operations.

#### **Covid-19 Debrief – Wave 2**

96. The COVID-19 Wave 2 debrief has been completed and the report has been approved by SPT and EMT. Management responses for each recommendation will be signed off by the Senior Operations Team and progress against these actions will be managed through BCRT. The Senior Operations Team shall also utilise existing mechanisms to monitor progress of these actions.

#### **Recruitment - Operations Manager, EPRR**

97. A vacancy has been advertised for a Band 7 Operations Manager, EPRR. The post-holder will help to support the move to four service areas and provide EPRR, event and business continuity guidance to the Cwm Taf and Swansea Bay area. This post replaces the previous South East Event Officer position. The timing of this appointment is important as Wales unlocks further from COVID restrictions.

## **Enhancement of SORT**

98. The Welsh Government Health Emergency Planning Unit (WGHEPU) has received the Trust's outline business case to match the enhancement to SORT in England. We have subsequently been asked to produce a more advanced and detailed business case which, once approved internally and accepted by WGHEPU, will be presented to the Minister. Significant work has to be undertaken to be able to provide a rationale for some of the financial aspects of the proposal and we are liaising with the National (UK) Working Group to ensure that we are consistent with their planning.

## **Quarterly Risk & Threats Briefings**

99. It has been agreed with the Wales Extremism and Counterterrorism Unit (WECTU) that they will provide a quarterly threat and risk briefing to our NILO cadre and key senior leaders (subject to required security clearances) to ensure that we are kept up to date with the situation as it applies to Wales.

## **Multi-Agency Training**

100. The EPRR team is working closely with the Prepare Delivery Group (PDG) to deliver multi agency training for our Commanders where they exercise a simulated terrorist attack and have to work virtually, as they would at a forward command point (FCP) to make decisions on deployment and patient care using the JESIP principles.

101. The PDG is in the process of developing the first live 'boots on the ground' exercise in early October at the Cardiff City Stadium which will involve WAST assets and commanders to deal with a mass casualty scenario and our team are fully engaged in the development of the exercise in order to meet objectives for WAST.

102. Our command training provides an opportunity for the command level above to also get involved in the exercise aspect of the training. Operational Command courses now provide a link to a Tactical Commander to provide a realistic link to that level and also the Tactical level has a link to a Strategic Commander. This has been well received by the command teams and gives them an opportunity to undertake some valuable learning which they can utilise for their command CPD. This step has been taken to increase our frequency of exercising.

## **Trust Representation on the Welsh Government Operation Dragon Team**

103. The Trust's Head of EPRR & Specialist Operations has been invited to be a member of the Welsh Government Operation Dragon Team which manages the planning for the death of the Monarch. From this we will develop a plan to be held by the NILO cadre to be implemented if/when required.

## **Manchester Arena Inquiry Sessions**

104. The EPRR Team has recommended that Trust colleagues access the Manchester Arena Inquiry sessions available on YouTube. This provides an opportunity to understand the scrutiny that staff and commanders can anticipate in the event of having to manage a significant incident of this kind on behalf of the Trust, and how much credence is placed on training, exercising and preparedness. We anticipate

broader lessons from the enquiry and shall review and respond to this when reports are made available.

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

### **People & Community Network**

105. The Welsh Ambulance Services NHS Trust 'People & Community Network' launched on 18 May 2021. The Network is open to patients, carers, community groups or anyone with an interest in how the Welsh Ambulance Service works.

106. Anyone registering to become a member of the Trust's People and Community Network can attend meetings, take surveys and share their own experience of the Ambulance Service in order to shape the way services are delivered. Members can also take part in a range of WAST quality improvement activities as well as 'Mystery Shopper' exercises to identify where improvements can be made to the NHS 111 Wales service.

107. The Patient Experience & Community Involvement (PECI) Team are managing the administration of the Network and are engaging with communities to build a network for all people from all backgrounds that will be truly representative of the communities the Trust serves.

### **Sensory Loss**

108. British Sign Language is recognised as a language in its own right by the Welsh Government. There are also a number of legislative requirements requiring the Trust to provide accessible services to all.

109. From engagement sessions with the deaf community on 'Think 111 First' and a series of patient experience sessions on WAST, a single point of contact for people with hearing loss was raised as key to allowing clear, consistent services and digital support for people with hearing loss to remotely access urgent and emergency care services through Contact/Phone First. Also the need for services and enablers (including video relay services) to be accessible 24/7 to British Sign Language users with consistent communications and support to be available across out of hour's providers and finally, to improve online accessibility of information on the NHS 111 Wales website.

110. We have extended 'ReciteMe', an assistive use technology toolbar allowing visitors to customise the page in a way that works best for them, to the whole of the website. To improve access the Trust has been part of the national emergency SMS service for a number of years. The emergency SMS service lets people who are deaf (and those who are hard of hearing and speech-impaired) send an SMS text message to the UK 999 service where it is passed to the police, ambulance, fire rescue, or coastguard. By sending an SMS message to 999 people can call for help, plus people can also download the Relay UK app to access help. The Trust has introduced 'Interpreter Now' within its PEGI team, Putting Things Right and Non-Emergency Patient Transport Service booking services, and it is also available through NHS 111 Wales. To address the provision of an online 'live' interpreter facility within the Clinical Contact Centres (999) require the input of external services and the Trust and BT are undertaking a feasibility study.

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

111. The WIIN portal re-launched on the 1 June 2021 with a specific focus on the Hot Topic of hospital handover delays. Since the launch, the WIIN Business Group along with colleagues from the Communications Team, have been actively engaging with colleagues to encourage the submission of improvement ideas. A new 'Your Voice Counts' form was developed to simplify the process of submission ideas and from the 1 June - 5 July 2021, 64 colleague submissions were received. The WIIN Business Team have met twice during June to begin the process of reviewing, scoring and making sense of the ideas before sharing with key contacts across the organisation.

## **Connecting Communities - Research, Innovation, Improvement and Collaboration (RIIC) Network**

112. The RIIC Network Lead continues to advance the research, innovation and improvement agenda with his value-based and prudent approach to connecting communities through social prescription, reducing our demand profile by promoting social resilience. Wales has a higher percentage of older people than any other part of the UK and is reported to have 25.3% of its older population suffering with loneliness and 26.9% socially isolated according to data from the Cognitive Function and Ageing Study. Isolation and loneliness are now considered the most significant issues facing the older population in Wales (Co-operatives UK & British Red Cross, 2016; Health, Social Care and Sport Committee, 2017). This exciting programme of work is described as 'connecting communities' and aims support the development of a social prescribing model which promotes sustainable and transformational partnerships with industry, Social Services, Public Health Wales, and the Voluntary, Community and Social Enterprise sector. The physical and psychological benefits associated with social integration and community connection, as evidenced by the literature, is clear. This provides a baseline for WAST to make every contact count through proactive and sustainable support initially focusing on non-injury fall patients, identified as socially isolated and/or suffering with loneliness, by reconnecting them with their communities. This, in turn, could enhance community well-being and resilience whilst reducing the incidence of demand for health and social care for this vulnerable cohort. Social prescribing would promote crisis prevention and investing to save opportunities that enabled patients to remain within their community, avoiding unnecessary secondary care referral; consonant with shift-left modelling.

## **National Incident Reporting in NHS Wales**

113. Phase 1 of the National Patient Safety Incident Reporting Policy (Welsh Government, May 2021) comes into effect, relating to the individual reporting of the most serious incidents which occur in healthcare. Phase 2 of the Policy will come into effect in the coming months, focussing on new ways of national reporting, including thematic reporting of healthcare incidents.

114. The NHS Wales Delivery Unit is leading a collaborative process and engaging all NHS Health Boards and Trusts in Wales to deliver a plan to implement the Policy.

## **Working Safely Programme**

115. The draft Health and Safety Transformation Plan was developed in Quarter 3 of 2020/21. It was subsequently presented at the National Health and Safety Committee,

Trade Union Cell and Assistant Directors Leadership Team Meetings. It has since been recognised that an overarching holistic approach with other divisions with overlapping health and safety responsibilities is required, and as such has been rebranded as the 'Working Safely' Programme and incorporated into the Trusts Integrated Medium Term Plan.

116. The 'Working Safely' Programme ethos was presented and well received at the National Health and Safety Committee on 2 July 2021 and it was agreed that a Programme Group would be established within Quarter 2 of 2021/22 with an objective of 'promoting and installing a culture of working safely throughout the Trust'.

117. An options appraisal for resourcing the Working Safety Programme is to be presented at Executive Management Team on 3 August 2021.

### **Blue Light App**

118. A new innovative children's gaming app launched on the 15 July 2021. Targeted predominately at children aged 7-12 years, it aims to educate young people on what to do in an emergency and provide an insight into how the ambulance service responds to calls. The Blue Light Hub app has 4 games:

- A quiz game - which asks players about using 999 wisely, calling 999, our uniforms, equipment and vehicles.
- 999 - which educates on what happens when the emergency phone system is used.
- Dress Up - which familiarises users with all the different uniforms they may encounter on their NHS journey.
- Dispatch - which helps users understand how resources such as ambulances are utilised.

### **Award Nomination: Patient Experience**

119. The Patient Experience Network National Awards are the first and only awards programme to recognise best practice in patient experience across all facets of health and social care in the UK. Now in its 11th year, we are delighted to have been shortlisted for the award for Engaging and Championing the public. We look forward to the PEN conference in September when the winner of the award will be announced.

## **CORPORATE GOVERNANCE**

120. The Corporate Governance Team have had a number of meetings and briefings with the new incoming Board Secretary, Trish Mills, as the team support and help prepare her for when she formally joins the Trust on 2nd August 2021

Progress on establishing the Board Strategy Group is progressing (update included on the agenda) but this may impact on the timing and frequency of board development days and an update will be provided once this is clearer.

121. The number of FOI requests received by the Trust are continuing to increase and are back to pre-pandemic levels. The numbers of corporate policies coming through for revision and renewal are again beginning to increase to normal levels. A backlog of policies for review has arisen as a consequence of the pandemic. However, these are policies for review only and would have been subject to full scrutiny and

consultation when they were first introduced. It is planned that all policies will be up to date and subject to their normal review cycle by the autumn.

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

123. During November 2020, the Trust lodged an appeal with the Welsh Language Commissioner against the Welsh Language Standards compliance requirements for the NHS 111 Wales website (formerly NHS Direct Wales) to be fully bilingual by 30 November 2020. With the focus on the role and function of the website, the Trust requires additional time to review, agree and identify investment in establishing appropriate resources for the website in terms on Welsh Language translation and on wider governance arrangements for hosting public health information/advice online from NHS/Social Care and Public Health services in Wales and the wider UK. The Trust has now received a response from the Commissioner confirming that the appeal has been declined. Communication with the Commissioner will continue with the view to determine what the Trust can achieve by when.

## **RECOMMENDATION**

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



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

<b>AGENDA ITEM No</b>	<b>2.2</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	

## Developing the Trust's Strategy

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 <sup>th</sup> July 2021
<b>EXECUTIVE</b>	Rachel Marsh- Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Rachel Marsh – Director of Strategy, Planning and Performance
<b>CONTACT</b>	Rachel.marsh3@wales.nhs.uk

### EXECUTIVE SUMMARY

To update the Board on the establishment of a Board level Strategy Group, and the work that is continuing in regard to developing and implementing our longer term strategy and strategic ambitions.

**RECOMMENDED:**

That the Board:

- Notes the ongoing strategy development work and confirms it is content with the unfolding arrangements and direction of travel.

### KEY ISSUES/IMPLICATIONS

The development and implementation of organisational strategy is one of the Board's most important functions. The Trust developed and approved its long-term strategy 'Delivering Excellence' in 2019. A series of shorter-term actions and deliverables which started to move the organisation towards these longer-term ambitions were articulated within its two subsequent Integrated Medium Term Plans.

Whilst the COVID-19 pandemic has clearly been very disruptive to many elements of the Trust's plans nevertheless it has also quickened progress in some areas. It has also provided a real sense of urgency across the system in terms of improving the urgent and unscheduled care system for the benefit of patients as organisations seek to recover and reset.

Work commenced at an Executive level in early 2021 to consider how our long-term strategy could be articulated more clearly through the lens of a patient journey, and a number of discussions have taken place with commissioners in relation to how our service can be transformed. There is a real sense of collaborative agreement on the direction of travel, with all partners working together to identify how patients can be supported to get the right service in the right place every time.

In developing its long-term strategy through 2017-19, the Trust undertook substantial engagement both internally and externally, and established a long term strategy task and finish group to oversee the work. There is a recognition that the development of strategy must be a dynamic process, an on-going conversation, and that we need to continually engage to win hearts and minds. With this in mind, a Board level Strategy Group has been established to ensure that strategic thinking and development is strengthened within the organisation.

The purpose of this group is to

- To oversee the process;
- Set out a framework for development and delivery of a strategy;
- Ensure engagement with a wide group of players (including Board).

At present, the group is chaired by Martin Turner, Non-Executive Director, with membership including:

- Martin Woodford, Chair,
- Jason Killens, Chief Executive
- Bethan Evans, Non-Executive,
- Kevin Davies, Non-Executive Director,
- Rachel Marsh, Director of Strategy and Planning,
- Andy Swinburn, Associate Director of Paramedicine
- Estelle Hitchon, Director of Partnerships and Engagement

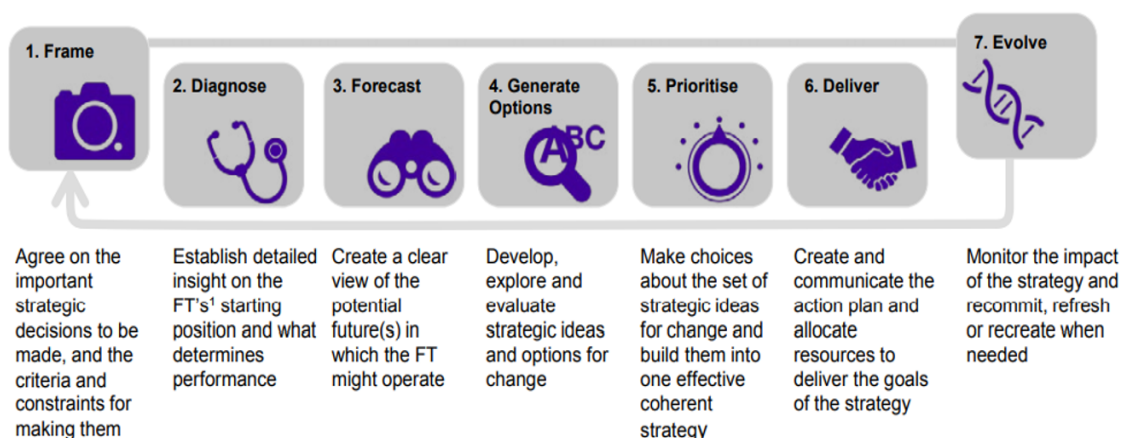
The group will be supported by members of the Strategy, Planning and Performance Directorate.

It is important to note that, whilst this group will help to oversee the strategy development process, it is the Board collectively who will debate and finally agree our strategic direction, and that in doing so, we will want to bring in people from across the organisation, external partners, and players from the wider environment (e.g. digital experts, local authorities) to assist us in our thinking.

The group has met twice to date, and will work to develop the framework within which the Trust operates. Consideration is being given to using an adapted version of the framework adopted in England as set out below.

### The seven-stage framework of strategy development for foundation trusts

The seven stages of strategy development are introduced in more detail below





There is a clear recognition however that, as described above, there is an urgency within the wider system and a momentum building behind change and transformation, and we are therefore seeing longer term and ongoing engagement and strategic developments being undertaken **in parallel** with taking action in the short and medium term which is in line with our emerging thinking to support patient care.

Whilst the work is in its early stages, some key next steps include:

- Engagement: internal discussions with staff are being planned through a series of autumn roadshows
- Partnership: two health boards have expressed an interest in developing more detailed plans collaboratively, which in particular will support the Trust in understanding how we can align our national thinking with the local services provided by health boards.
- Capacity: additional clinical and planning resources have been secured to support this work, and the process of recruitment is in train
- Capacity: a small strategy development group will be established to support the work of the Board level Strategy Group, made up of people and trade unions across the organisation and potentially drawing in thinking from outside to ensure that we remain agile to different ways of thinking and solutions.

Further papers will be presented in due course to the Board to describe the progress being made.

#### REPORT APPROVAL ROUTE

**Trust Board 29<sup>th</sup> July 2021**

#### REPORT APPENDICES

**None**

#### REPORT CHECKLIST

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



Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>2.3</b>
<b>OPEN or CLOSED</b>	
<b>No of ANNEXES ATTACHED</b>	

## REVISED LEADERSHIP STRUCTURE FOR THE MEDICAL AND CLINICAL SERVICES DIRECTORATE

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 July 2021
<b>EXECUTIVE</b>	Chief Executive
<b>AUTHOR</b>	Jason Killens
<b>CONTACT DETAILS</b>	Jason.Killens@wales.nhs.uk

<b>CORPORATE OBJECTIVE</b>	
<b>CORPORATE RISK (Ref if appropriate)</b>	
<b>QUALITY THEME</b>	
<b>HEALTH &amp; CARE STANDARD</b>	

<b>REPORT PURPOSE</b>	To proposed revised leadership arrangements for the Medical and Clinical Services Directorate
<b>CLOSED MATTER REASON</b>	

## REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Trust Board		For approval

## SITUATION

1. This paper proposes a revised senior clinical leadership structure for the Medical and Clinical Services Directorate which will provide the Trust with strengthened clinical leadership and a strategic focus for the further development of our paramedic workforce and their affiliated professional groups; namely EMTs and ACAs together with the necessary seniority and influence to realise our strategic ambition.
2. The new structure, subject to approval today, would introduce a fulltime Director of Paramedicine whilst retaining a part time Executive Medical Director. Line management of the existing Clinical Directorate structures would transfer to the Director of Paramedicine in full with a refocused Executive Medical Director post focused externally and across NHS Wales securing clinical support for the changes that are necessary to how we provide services to enable delivery of our strategic ambition.

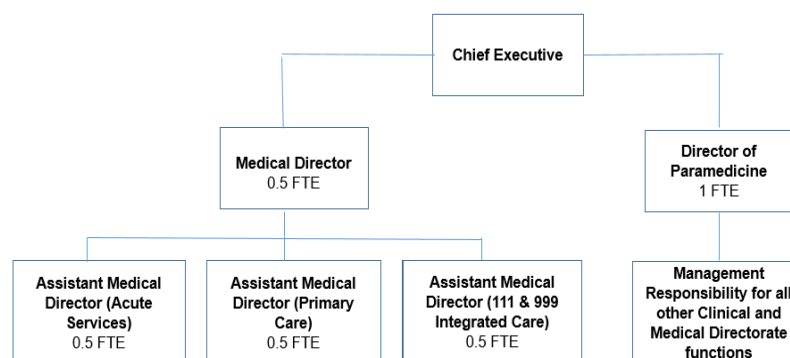
## BACKGROUND

3. Dr Brendan Lloyd, Interim Deputy Chief Executive and Executive Medical Director, has given notice that he will retire on 31<sup>st</sup> December 2021. Dr Lloyd has led the transformational change for our clinical offer to patients and the wider unscheduled care system during his 6 years in post which includes the implementation of a new response model based on clinical need. This ground breaking model has since inspired similar changes being adopted by other ambulance services in the UK and beyond.
4. Dr Lloyd's decision to retire has prompted a review of our current senior clinical leadership arrangements and how they can be strengthened given the Trust's expanding role in the unscheduled care system and its ambitious Long Term Strategy. This will drive the direction of the Trust's development in the longer term which will require dynamic, credible, innovative and disruptive senior clinical leadership capacity and focus that is geared towards the progression and increasing autonomy of the paramedic profession as it continues its journey of maturity two decades after professional registration.
5. Success in realising our ambition resides in stakeholder engagement, clinical innovation and disruptive transformation. Over the last three years we have built a skilled, credible and stabled leadership team which when augmented with additional senior clinical leadership capacity, as set out in this proposed new clinical structure, will guide and influence those necessary individuals and groups across NHS Wales and beyond, enabling us to become the 'Gateway to Unscheduled Care' in Wales.
6. Within the NHS, Allied Health Professionals (of which paramedics form a part) are the third largest clinical professional group. However, ambulance services are unique in their makeup with paramedics and affiliated roles (EMT, ACA) being the significantly largest group. Until recent years, leadership of the paramedic profession within ambulance services has been reliant on other professions such as medicine and nursing. Whilst the leadership provided from these wider clinical roles has done much to enrich the quality and clinical effectiveness of service provision there remains a necessity to ensure that leadership of our largest professional group is provided by individuals who have the experience and clinical insight developed through a commensurate background.
7. This paper sets out proposals to refresh, strengthen and enhance our senior clinical leadership which can further develop our clinical offer, developing and supporting the delivery of our strategic ambition as we increasingly transition to being the 'Gateway to Unscheduled Care'

across Wales. WAST will be a mobile provider of healthcare in our communities whilst delivering excellence in emergency medical services offering our patients and service users the right care, first time, every time – making every contact count.

## ASSESSMENT

8. In recent months the Chief Executive has held discussions with the Chair, Non-Executive Directors and Executive Directors about options for strengthening the clinical leadership within the Trust. It is recognised that the Trust's ambition to be a leading modern ambulance service and its broadening contribution to the unscheduled care system will require additional and different capacity to that we have today to provide the necessary transformative senior clinical capacity and capability to realise our ambition.
9. The paramedic profession has developed significantly over the last 40 years and the care offered in the out-of-hospital environment is unrecognisable from that delivered in the late 1980's. Professional registration and the move to high education at the beginning of the 21st century have proved key milestones in the professions journey to maturity.
10. As a large and growing employer of paramedics, the Trust has an instrumental part to play in assisting the profession to grow. Playing a part in the professions development will not only ensure that our clinicians develop in a manner that allows greater opportunity to fulfil our future organisational ambitions but will also play a vitally important part in ensuring the Trust can attract and retain paramedics by being seen to act as a forward thinking, engaged employer who seeks to deliver improved patient care through the effective leadership of its clinicians.
11. The Trust has already stated its desire to play a much greater role in the emergency and urgent care setting and to do this will require influential and effective clinical leadership at all levels. Therefore, strengthening the organisation's senior clinical leadership through a clinical triumvirate of Paramedicine, nursing and medicine will enable the objective of pushing the organisation forward in a manner which ensures all our clinicians have recognisable senior clinical leadership from within their professional group, shaping our future service delivery.
12. During the development of this proposal it was confirmed that the Trust's establishment orders provide for two specified executive posts to be included as part of the Trust Board. These are the Chief Executive and Executive Director of Finance. Therefore sufficient flexibility exists to enable the Trust to build a team at Trust Board level with the skills and experience necessary to meet its new and future challenges within and across the unscheduled care system.
13. Therefore, the proposed future structure of the Medical and Clinical Directorate is illustrated below:



14. The structure will provide strengthened senior clinical leadership and a strategic focus for the further development of our paramedic workforce and their affiliated professional groups. The creation of a Director of Paramedicine will underline the organisation as an ambulance service leader in the United Kingdom, promoting the interests of our largest clinical staff group and ensuring our organisational objectives are communicated and the profession engaged. Line management responsibility for the existing Medical and Clinical Services Directorate will transfer in full to report into the Director of Paramedicine.
15. Likewise, the Trust will continue to have Board level leadership from an Executive Medical Director engaged on a fractional appointment of no more than 0.5 FTE, supported by 3 Assistant Medical Directors also engaged on fractional appointments, with defined responsibilities aligned to the Trust's key stakeholder groups and the safe delivery of its clinical services. A Public Health portfolio will also be reflected in the revised structure and this will be allocated to the most suitably qualified and experienced doctor.
16. Dr Brendan Lloyd will return from his retirement with effect from 1 January 2022 for a period of 18 months as Executive Medical Director on a 0.5 FTE basis and will be focused externally and across NHS Wales securing clinical support for the changes that are necessary to how we provide services to enable the delivery of our strategic ambition. Working with the team of Assistant Medical Directors, Dr Lloyd and future post holders will design, develop and deliver innovation and transformative new clinical pathways enabling all our clinicians to operate at the edge of their scope of practice.
17. The new structure will be subject to an external recruitment process save for the post of Assistant Medical Director Acute Care as a long term secondment already exists to this post.
18. The proposed structure, if endorsed by Trust Board today, will be subject to a job evaluation exercise with a starting point assumption that the Director of Paramedicine is appointed at a salary of c£110,000 (pro rata) per annum and the Assistant Medical Directors are appointed on A4C Band 8d (pro rata). The total cost of the revised structure, including on costs, is estimated to be c£380k which compares favourably to the current cost / budget set for the existing full time Executive Medical Director, Associate Director of Paramedicine and Assistant Medical Director, which is £342k. Depending on the outcome of the recruitment process for the proposed new posts therefore, the likely additional annual cost of this change is c£80k. Provision for this will be made within the Trust's financial plan for 2022/23 onwards, with any cost impact in the current financial year expected to be fairly minimal and therefore manageable within this existing budget set.
19. Informal feedback on the draft structure has been sought from the Director General of NHS Wales and the Chief Medical Officer, both of whom are content with the proposal, subject to the views of the Trust Board.
20. Discussions have also been held with the Chief Executive of the College of Paramedics and the Allied Health Professional leads for NHS Wales and NHS England who have welcomed the proposed change of structure as it will provide greater focus and leadership for the development of the paramedic profession.

## **RECOMMENDATION**

21. That Trust Board approve the revised structure for the Medical and Clinical Services Directorate including the creation of the post of Director of Paramedicine and associated adjustments to the Executive Medical Director post.



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

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

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 <sup>th</sup> July 2021
<b>EXECUTIVE</b>	Keith Cox, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk and Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### **EXECUTIVE SUMMARY**

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

#### **RECOMMENDATION:**

2. **Members are asked to receive assurances on the contents of the report; specifically relating to:**
  - a) The risk management activity since the last Trust Board in May 2021.
  - b) Receive and comment on the BAF report.

### **KEY ISSUES/IMPLICATIONS**

3. The ADLT reviewed the existing and proposed new corporate risks at regular intervals during the period.
4. Furthermore, principal risks assigned to the following Committees were considered during this period for scrutiny and strategic oversight.
  - a) **Quality, Safety & Patient Experience Committee** (7<sup>th</sup> May 2021).
  - b) **People & Culture Committee** (11<sup>th</sup> May 2021)
  - c) **Audit Committee** (3<sup>rd</sup> June 2021)
  - d) **Finance & Performance Committee** (22<sup>nd</sup> July 2021).

### **REPORT APPROVAL ROUTE**

5. The report has been considered by:
  - ADLT – 15<sup>th</sup> July 2021

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

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

## RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

### SITUATION

- 1 The purpose of this report is to provide the Trust Board with a composite report containing the Trust's Corporate Risks, which are aligned to the strategic themes on the Board Assurance Framework (BAF), in addition to describing key internal and external controls, what the gaps are and where and how management and the Board receive its assurances.
- 2 A short summary table describing the risk management activity covering the period 7<sup>th</sup> May 2021 to 22<sup>nd</sup> July 2021.
- 3 A 'live' review of each of the Corporate Risks is available through the electronic Datix Register.

### BACKGROUND

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

### ASSESSMENT

#### Corporate Risks

- 9 The Trust's Corporate Risks have been closely aligned to each of the strategic themes and the BAF incorporates the Trust's Corporate Risks as at 22<sup>nd</sup> July 2021; these have been extracted from the Datix E-Risk module.
- 10 **Risk ID 223** and **Risk ID 224** remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and the emergence of long handover delays at Hospital Emergency Departments. Each of these risks have been subject to a deep dive by the ADLT on 19<sup>th</sup> July 2021.



- 11 In addition, the ADLT have considered in detail **Risk ID 244** *Impact on EMS CCC service delivery due to estates constraints* and **Risk ID 245** *Inability to maintain safe and effective services during a disruptive challenge due to insufficient capacity in EMS CCCs* with the recommendation made to the EMT that the scores remain the same despite some additional controls being put in place.
- 12 No Corporate Risks have closed, been de-escalated to Directorate Registers, escalated to the Corporate Register nor reduced or increased in scores during this reporting period.
- 13 The refreshed BAF report is included in Appendix 2 and work continues across the Trust to further align sources of assurance against each of the Corporate Risks in addition to identifying gaps in controls and assurances.

#### Sources of Assurances

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

#### **RECOMMENDED:**

- 15 **Members are asked to receive assurances on the contents of the report; specifically:**
  - a) **The risk management activity during the period.**
  - b) **Receive and comment on the BAF report.**

## Appendix 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	<b>25 (5x5)</b>	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	<b>25 (5x5)</b>	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	<b>20 (4x5)</b>	Audit Committee; Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	<b>20 (5x4)</b>	Finance and Performance Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	<b>20 (5x4)</b>	Quality, Patient Experience and Safety Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	<b>16 (4x4)</b>	People and Culture Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Finance & Corporate Resources	<b>16 (4x4)</b>	Finance and Performance
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	<b>15 (3x5)</b>	People & Culture Committee
245	Inability to maintain safe & effective services during a disruptive challenge due	Service Delivery	Operations Directorate	<b>15 (3x5)</b>	Finance & Performance Committee

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
	to insufficient capacity in EMS CCCs.				
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST.	Service Developments	Planning and Performance	12 (3x4)	Finance and Performance Committee
139	Non delivery of financial balance	Statutory Duties	Finance and Corporate Resources	12 (3x4)	Finance and Performance Committee
225	On-call CCA ability to cover 24/7 command (CRR62)	Business Continuity	Operations Directorate	12 (3x4)	People and Culture Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	12 (3x4)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical & Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
109	Resource availability (revenue and capital) to deliver the organisations IMTP	Service Developments	Planning and Performance	8 (2x4)	Audit Committee; Finance and Performance Committee
343	Failure to undertake tactical seasonal planning (winter, now every season)	Service Delivery	Planning and Performance	8 (2x4)	Finance and Performance Committee
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	6 (2x3)	Finance and Performance Committee

## Appendix 2 – Board Assurance Framework

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
223	<p>Unable to attend patients in community who require See &amp; Treat (CRR58)</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> OPERATIONS</p>	<p>20 4x5</p> <p>QTR 2 19/20</p>	<p>25 5x5</p> <p>QTR 1 21/22</p>	<p>10 2x5</p> <p>QTR 2 19/20</p>	<p>Last reviewed on Datix: 14/05/21</p> <ol style="list-style-type: none"> <li>1. Welsh Government target that ambulance handover at ED will be no longer than 15 minutes.</li> <li>2. Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments.</li> <li>3. REAP (Resource Escalation Action Plan) and Demand Management Plan in place.</li> <li>4. Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.</li> <li>5. Alternative pathways in place.</li> <li>6. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111).</li> <li>7. Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles).</li> <li>8. Demand Management Plan</li> <li>9. Operational Delivery Unit (ODU)</li> </ol>		<ol style="list-style-type: none"> <li>1. Deep Dive x2 Risks - QUEST Presentation.</li> <li>2. Significant Incident Presentation September 2019.</li> <li>3. Significant Incident Debrief - 17 Oct 2020</li> <li>4. Seasonal Plan (Winter and Summer) &amp; supported by forecasting and modelling.</li> <li>5. Regional Escalation Protocols - Establishment of Operational Delivery Unit (ODU) in WAST.</li> <li>6. Regional Escalation UHB Indicators.</li> <li>7. REAP/DMP tested on scenario based exercise (30/09/20).</li> <li>8. D&amp;C Programme additionality (108 FTEs, on target for 136 FTEs).</li> <li>9. Memorandum of Understanding in place.</li> <li>10. Demand Management Plan (DMP) and clinical review of no sends (DMP 4 and above)</li> <li>11. Significant incident 3/12/20 SBAR and debrief</li> <li>12. Extended hours of opening in ODU and recruitment to commence imminently.</li> <li>13. Tactical Approach to Production (TAP)</li> <li>14. One additional UCS capacity in place by SJC through existing MOU agreed by EMT for 6mths Apr-Sept21.</li> <li>15. Duty Operations Managers (DOMs) appointed and induction commencing May 2021. Senior Paramedics recruitment &amp; induction also underway.</li> <li>16. Weekly review of the impact of hospital waits data shared with COO group</li> <li>17. Red immediate release request refusals now being recorded on Datix</li> <li>18. Datix of all handover delays over 6hrs</li> <li>19. HIW undertaking a review of patient experience as a result of handover delays</li> </ol>	2

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
224	<p>Patients delayed on ambulances outside A&amp;E Depts (CRR57)</p> <p><b>ASSIGNED TO:</b></p> <p><b>COMMITTEE:</b> QUEST</p> <p><b>DIRECTORATE:</b> OPERATIONS</p>	20 4x5	25 5x5	10 2x5	<p><b>Last reviewed on Datix: 28/06/21</b></p> <ol style="list-style-type: none"> <li>1. Welsh Government target that ambulance handover at ED will be no longer than 15 minutes.</li> <li>2. Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments.</li> <li>3. REAP (Resource Escalation Action Plan) and Demand Management Plan in place.</li> <li>4. Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.</li> <li>5. Alternative pathways in place.</li> <li>6. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111).</li> <li>7. Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles).</li> <li>8. Demand Management Plan</li> <li>9. Operational Delivery Unit (ODU)</li> </ol>		<ol style="list-style-type: none"> <li>1. CEO letters to Health Boards.</li> <li>2. CEO to CEO meetings.</li> <li>3. Ambulance Task Force.</li> <li>4. Medical Director/ COO/Nurse Directors meetings.</li> <li>5. Visits to HB Quality Committees.</li> <li>6. Joint Investigation Framework.</li> <li>7. Deep Dive x2 Risks - QUEST Presentation (Feb20).</li> <li>8. Regional Escalation Protocols - Establishment of Operational Delivery Unit (ODU) in WAST.</li> <li>9. Demand Management Plan (DMP) and clinical review of no sends (DMP 4 and above)</li> <li>10. Significant incident declared on 03/12/20 as a result of whole system pressure and escalation to REAP 4 for a sustained period throughout Dec20 into mid Jan21.</li> <li>11. Extended hours of opening in ODU and recruitment to commence imminently.</li> <li>12. Tactical Approach to Production (TAP)</li> <li>13. One additional UCS capacity in place by SJC through existing MOU agreed by EMT for 6mths Apr-Sept21.</li> <li>14. Duty Operations Managers (DOMs) appointed and induction commencing May 2021. Senior Paramedics recruitment &amp; induction also underway.</li> <li>15. Weekly review of the impact of hospital waits data shared with COO group</li> <li>16. Red immediate release request refusals now being recorded on Datix</li> <li>17. Datix of all handover delays over 6hrs</li> <li>18. HIW undertaking a review of patient experience as a result of handover delays</li> </ol>	4

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
199	<p>Compliance with Health &amp; Safety legislation</p> <p>ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY &amp; PATIENT EXPERIENCE</p>	20 4x5	20 4x5	10 2x5	<p><b>Last reviewed on Datix: 29/06/21</b></p> <ol style="list-style-type: none"> <li>Leadership and direction set by Executive Management Team and Head of risk and H&amp;S.</li> <li>Health and Safety Governance structure (National Health and Safety Committee Meeting and Regional Meeting held in Q3&amp; Q4 2020/2021.</li> <li>Structure and arrangements reviewed with view of implementation Q2 2021/22.</li> <li>Health and safety Policy and topic specific policies and procedures.</li> <li>Health and Safety mandatory training</li> <li>IOSH health and Safety training for Managers and Leaders.</li> <li>IOSH Managing Safely re-established March 2021.</li> <li>Programme for IOSH Leading Safely training for SMT and Execs under development view of implementation Q1 2021/22.</li> <li>Local H&amp;S Inspections (COVID secure inspections undertaken)</li> <li>Rolling programme of H&amp;S Review visits -(temp suspended to COVID).</li> <li>Rolling programme of inspections to be developed for 2021/22.</li> <li>Health and Safety improvement plan actions incorporated into draft H&amp;S Transformation Plan. Plan presented at TU Cell, National HS Committee,</li> <li>Local risk assessments (COVID)</li> <li>Workplace Risk assessments prioritised rolling programme in place, monitored at SPT meetings.</li> <li>RA facilitation workshops held in May &amp; June to assess scope of Ra/SOPS required for EMS and NEPTS activities.</li> <li>Two H&amp;S Coordinators fixed term contracts cease on 31 August 2021.</li> <li>Serious incident investigation template developed.</li> <li>Working Safely paper presented at EMT on 16.06.21</li> <li>Head of H&amp;S appointed 18.06.21</li> </ol>		<ol style="list-style-type: none"> <li>Internal Audit Reports</li> <li>External Audit Reports</li> <li>HSE Visits / Inspections</li> <li>Local Authority Inspections</li> <li>HSE Covid Learnings Report / Trust Position Report</li> <li>Working Safety Report presented to EMT on 16/06/21</li> <li>Rolling programme of H&amp;S Review visits</li> <li>Health and Safety improvement plan</li> <li>Monitored through Health &amp; Safety Committee, QuEST, EMT and ADLT.</li> <li>Health &amp; Safety Committee received a draft review of the Health &amp; Safety Improvement Plan for initial approval. Due to be presented to EMT for final approval.</li> <li>HSE CoVID Learning Report / Trust position report.</li> <li>Local Risk Assessments</li> <li>Health &amp; Safety mandatory training</li> <li>IOSH Health &amp; Safety Training for managers</li> </ol>	8
244	<p>Impact on EMS CCC service delivery due to estates constraints</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: OPERATIONS</p>	20 5x4	20 5x4	6 2x3	<p><b>Last reviewed on Datix: 14/05/21</b></p> <ol style="list-style-type: none"> <li>Full review of CCC room configuration completed.</li> <li>CCC Management team prioritise how the space is used on each shift to align it to priorities associated with safe service delivery.</li> </ol>		<ol style="list-style-type: none"> <li>Risk Assessments have been undertaken on all three sites.</li> <li>VPH Reconfiguration plans in progress</li> <li>Temporary capacity 2nd floor Llangunnor</li> <li>Logistics cell review</li> <li>Use of the major incident room to facilitate social distancing in Bryn Tyrion</li> <li>5. Use of Ty Elwy in North Wales for 111</li> </ol>	3

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
316	<p>Increased risk of personal injury claims citing COVID exposure</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> QUALITY, SAFETY &amp; PATIENT EXPERIENCE</p>	20 5x4	20 5X4	12 3x4	<p><b>Last reviewed on Datix: 07/07/21</b></p> <ol style="list-style-type: none"> <li>RIDDOR Investigation Tool trailed with developments undertaken to undertake amendments to accommodate 111 and strengthen Corporate investigation criteria.</li> <li>Amendments made to tool January 2021 to incorporate MRD, MTU and include vaccination information.</li> <li>Group established to investigate backlog of cases.</li> <li>Central coordinator assigned to manage retrospective cases.</li> <li>Operational staff members appointed to assist with completion of COVID Investigation tools.</li> <li>Shielded staff member appointed and trained to review COVID investigations</li> <li>Volume of cases challenging for staff to undertake a thorough investigation during periods of high operational demands.</li> <li>Operational central coordinator appointed in Jan 2021 to coordinate backlog of retrospective cases.</li> <li>Several changes in designated coordinators and support teams throughout Q4 20.21 - Q2 2021/22</li> </ol>	<ol style="list-style-type: none"> <li>Quality of investigation is reliant on handler training /resource and availability of information.</li> <li>Challenging in investigating retrospective cases.</li> <li>Volume of cases proves challenging in obtaining sufficient quality of investigations.</li> <li>Challenging in confirmation regarding point of exposure.</li> </ol>	<ol style="list-style-type: none"> <li>Outbreak Management SOP</li> <li>SBAR Trust Cleaning Provision Options V5 Oct 30 19</li> <li>IPC Policy reviewed and updated</li> <li>Competencies for Fit Testing on ESR</li> <li>IPC Group feeds into QUEST</li> <li>IPC Improvement Plan and monitoring</li> <li>Pandemic Plan</li> </ol>	8

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
160	High Sickness Absence Rates  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> PEOPLE & CULTURE COMMITTEE <b>DIRECTORATE:</b> WORKFORCE & OD	16 4x4  QTR 1 19/20	16 4x4  QTR 1 21/22	12 3x4  QTR 4 19/20	<b>Last reviewed on Datix: 30/06/21</b> 1. Sickness Absence Policy. 2. Sickness Action plan. 3. Health and Wellbeing Strategy. 4. Operational Workforce Recruitment Plans. 5. Roster Review & Implementation. 6. Monthly performance review meetings. 7. Reported at ET, FRC, Board.		1. Weekly drop in workshops for anxiety, trauma, wellbeing and discussing mental health awareness have been taking place since the first wave of the pandemic 2. 'Living Life to the Full Workshops' due to commence in the next month. 3. Additional support is being provided to managers to support employees off due to COVID-19 and returning from shielding from the OH and wellbeing team. 4. Flu campaign 5. Records Analysis 6. Additional resource allocated from Ops 7. Proactive management of long term sickness cases 8. Workforce performance reports 9. Exec Team discussion 10. Integrated Quality & Performance report 11. Flu immunisation uptake reports 12. Redeployment policy in review 13. Flu campaign and plan (EMT Sept 17) 14. Occupational Health Report - transfer of records (EMT Sept 17) 15. Sickness deep dive May 2018 analysing sickness hotspots 16. Sickness Audit Tool refreshed to monitor management of both long and short term sickness 17. Task and Finish group to refresh industrial injury process 18. Task and Finish group to refresh long term sickness absence termination 19. Sickness Improvement Plan - FRC June 2018 20. Bursary Schemes 21. CPD 52 hours for EM 22. Welfare and Wellbeing Service 23. Resource Availability Jan 2020 24. COVID-19 Action Cards on intranet for staff 25. DASH Resource Availability Update 10 09 2020_v1.xlsx 26. Discussions with Welsh Government	5



Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
							27. IA review of Sickness Absence Follow up (18/19) 28. IA review of Health & Care Standards 29. IA review of Corporate Governance 30. IA review of CPD Management (Sept 18) 31. IA review of Volunteer Car Drivers Governance (Sept 18) 32. IA review of Trade Union Release Time (18/19) 33. IA review of Whistleblowing/Raising Concerns (18/19) 34. IA review of Appropriately Equipped Paramedics (18/19) 35. IA review of Research & Dev Gov Structure (18/19) 36. IA review of Personal Injury Claims Management (18/19)	
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH.  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE <b>DIRECTORATE:</b> FINANCE & CORPORATE RESOURCES	16 4x4  QTR 2 20/21	16 4x4  QTR 1 21/22	8 2x4  QTR 2 20/21	<b>Last reviewed on Datix: 17/02/21</b> 1. Estates SOP Delivery Group. 2. EMS D&C Programme Board. 3. NEPTS D&C Review. 4. GUH Programme Team and development of a "mega" s/sheet that is combining all the information into the total cumulative impact on estate (and fleet), led by AD Commissioning & Performance.	1. Formal approval, team capacity to deliver, which is being addressed through OCP (by Sept?)	1. Development of the refreshed Estates SOP is progressing, good engagement with Operational colleagues. Further engagement with EMT planned in March and onward to F&P and Trust Board for approval and onward to WG. 2. A detailed programme has been developed by the Estates team for the staff increases identified within the D&C data and subsequent megasheet. 3. Further resources have been agreed to commence the delivery of the programme as part of the Capital and Estates team.	9

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
201	Trust Reputation  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> PEOPLE & CULTURE COMMITTEE <b>DIRECTORATE:</b> PARTNERSHIPS & ENGAGEMENT	15 3x5  QTR 2 19/20	15 3x5  QTR 1 21/22	10 2x5  QTR 4 20/21	<b>Last reviewed on Datix: 09/07/20</b> 1. Regular engagement with senior stakeholders, namely, Minister, senior Welsh Government officials, commissioners, elected politicians, and NHS Wales organisational system leaders. 2. Programme of media engagement including challenging of reporting to ensure accuracy and media liaison to ensure relationships developed with key media. 3. Appointment of Head of External Communications in October 2019 supports efforts to engage media and stakeholders. 4. Board approved Engagement Framework (July 19) focuses on a range of actions to manage reputation. 5. Engagement Framework delivery plan developed to specify discrete actions and forms basis of monitoring.		1. Quarterly reports to Trust Board 2. EMT discusses "reputational forward" look fortnightly at formal EMT 3. Horizon scanning 4. Engagement Delivery Plan Framework (qtrly to Board) 5. Ad hoc board updates to reflect incidents 6. Board updates - comms in real time to inform members - daily updates 7. Quarterly Board reports monitoring progress against Engagement Framework deliver plan from November 19 (identified as good practice by internal audit and believed to be unique in Wales) 8. Risk register reviewed by Heads of Comms, Assistant Corporate Secretary and Director at directorate business meeting	6
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE <b>DIRECTORATE:</b> OPERATIONS	15 3x5  QTR 3 19/20	15 3x5  QTR 1 21/22	2 2x1  QTR 3 19/20	<b>Last reviewed on Datix: 02/06/21</b> 1. National EMS CCC Business Continuity Plan. 2. Clinical remote working. 3. Single instance CAD allowing virtualisation 4. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts	1. Business Continuity plans would create a small amount of additional surge capacity in the short term but would be insufficient should any one CCC be unavailable for more than 2 hours.	2. Senior manager on duty capacity increased through the ODU 3. Business continuity plans and outbreak management SOP activated during recent Covid-19 outbreaks in North Wales ( EMS and 111); resilience and Trust's ability to maintain service upheld. 4. Increased cleaning provision has been provided as a result of recent outbreaks especially within the CCC environment although not solely at CCC buildings. 5. Management teams are also reinforcing the principals social distancing, cleanliness, temperature testing and masking.	4

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
100	<p>Failure to collaborate and engage with EASC on developing ambitions and plans for WAST</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE &amp; PERFORMANCE <b>DIRECTORATE:</b> PLANNING &amp; PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 1 21/22</p>	<p>8 2x4</p> <p>QTR 3 20/21</p>	<p><b>Last reviewed on Datix: 30/04/21</b></p> <ol style="list-style-type: none"> <li>1. EASC/WAST Forward Plan.</li> <li>2. EASC Management Group (replacement for PDEG/JMAG/ NEPTS DAG, 111 engagement and Mental Health engagement - with NCCU and HBs).</li> <li>3. Monthly catch up between CASC/CEO.</li> <li>4. Collaboration on specific projects e.g. Amber Review, EMS D&amp;C Programme Board.</li> <li>5. There is also now a monthly CASC Assurance Quality &amp; Delivery meeting.</li> <li>6. A two weekly "touch point" meeting for the commissioning intentions/IMTP has been introduced in Jan-21.</li> <li>7. Collaborative Programme Board for EMS D&amp;C and one being established for Ambulance Care (NEPTS).</li> </ol>		<ol style="list-style-type: none"> <li>1. EASC Management Group agendas and minutes.</li> <li>2. CASC Assurance Q&amp;D agendas and minutes.</li> <li>3. EMS D&amp;C PB agenda and minutes.</li> <li>4. Ambulance Care (NEPTS) programme governance map</li> <li>5. NEPTS DAG agenda and minutes</li> <li>6. 111 First Programme docs</li> <li>7. Correspondence with the IMTP on 111 roll out</li> <li>8. Cases for investment.</li> </ol>	4
139	<p>Non delivery of financial balance</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE AND AUDIT COMMITTEE DIRECTORATE: FINANCE &amp; CORPORATE RESOURCES</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 1 21/22</p>	<p>8 2x4</p> <p>QTR 4 20/21</p>	<p><b>Last reviewed on Datix: 09/06/21</b></p> <ol style="list-style-type: none"> <li>1. Financial reporting to EFG &amp; FPC, policies in respect of financial management.</li> <li>2. Regular engagement with commissioners of our services.</li> <li>3. Ensuring good governance and compliance with Trust Standing Orders.</li> <li>4. Welsh Government Reporting.</li> <li>5. Regular review of savings targets via ADLT.</li> </ol>		<ol style="list-style-type: none"> <li>1. Discretionary capital planning group</li> <li>2. IA review of Fuel Spend (19/20)</li> <li>3. IA review of Discretionary Capital (19/20)</li> <li>4. IA review of Lessons Learned from Losses &amp; Special Payments (18/19)</li> </ol>	9

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
225	On-call CCA ability to cover 24/7 command (CRR62)  ASSIGNED TO: COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: OPERATIONS	16 4x4  QTR 2 19/20	12 3x4  QTR 1 21/22	8 2x4  QTR 1 21/22	<b>Last reviewed on Datix: 28/06/21</b> 1. Rotas are produced weekly and circulated organisationally. The Duty Operational Manager (DOM) / Senior Paramedic (SP) recruitment and induction will include command training and subsequent operational command on the rota. Following the training, exercising will be arranged to test the effectiveness of commanders. 2. Trust 'Command Policy' 3. Trust 'Incident Response Plan'		1. Gold - strategic robust rota in place. 2. Exec on call rota assessed at EMT - 12th Sept 18. 3. Commanders trained on competency assessed courses using National. Occupational Standards which they have to adhere to through CPD. 4. Exec on call rota assessed at EMT - 12th Sept 18. 5. Roster Reviews - procurement of external supplier (Dec-20) National courses for Commanders On Call Task and Finish Group. 6. Minutes from the On Call Task and Finish Group. 7. Conversion courses for EMTs. 8. North and South East Tactical Rotas in place. 9. First and second cohorts of DOMs recruited and induction arranged for May21. Senior Paramedic induction is also underway (Apr21). 10. Senior manager on duty capacity increased through the ODU, who will be trained as Tactical Commanders 11. Trust 'Command Policy' 12. Trust 'Incident Response Plan'	6
283	EMS Demand and Capacity Review Implementation Programme  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE	16 4x4  QTR 4 20/21	12 3x4  QTR 1 21/22	8 2x4  QTR 2 20/21	<b>Last reviewed on Datix: 30/04/21</b> 1. Implementation Programme Board firmly established. 2. Executive SRO in place. 3. Programme Manager and programme support office functioning. 4. Programme documentation in place and developing. 5. Clear links to EASC Management Group and EASC. 6. Ambulance Availability Taskforce restarted. 7. Programme budget. 8. Agree funding from EASC for 21/22 recruitment and training programme with possible further uplift.		1. D&C Programme Board highlight report and Minutes 2. Executive Programme Review undertaken on 18 Jan-21.	

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
303	<p>Delayed initiation of chest compressions (resuscitation)</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> MEDICAL &amp; CLINICAL</p>	15 3x5	10 2x5	10 2x5	<p><b>Last reviewed on Datix: 14/06/21</b></p> <ol style="list-style-type: none"> <li>Ready available PPE: ease of access.</li> <li>Repeated and regular communication to staff via written and broadcasts/ videos/ podcasts.</li> <li>Clarity of guidance to staff (infographic).</li> <li>Communication to caller via CCC call handler regarding BLS.</li> <li>Clinical Cell will review frequently and amend guidance if required.</li> <li>Patient safety incidents will be monitored and reported via EPT/TPT.</li> <li>Dissemination of a process for rapidly donning PPE disseminated.</li> </ol>	<ol style="list-style-type: none"> <li>We are advising staff to don level 3 PPE before attending the incident. The likelihood of a crew needing to don level 3 PPE should airway management be required is high and therefore there would inevitably be a time delay should the crew arrive in level 2 PPE and then need to retreat to don level 3 PPE.</li> </ol>	<ol style="list-style-type: none"> <li>Operational performance appears to be improving in recent weeks, mitigating the impact of donning PPE.</li> <li>Switching back on of GoodSam App which will increase the number of provider available to respond in a timely manner (albeit L3 PPE still required)</li> <li>Existing guidance from RCUK still current and not been amended.</li> <li>Now rapid donning process has been disseminated this now has the potential to improve the speed at which PPE can be donned.</li> <li>The evidence of performance is reported through to Senior Pandemic Team.</li> </ol>	4
109	<p>Resource availability (revenue and capital) to deliver the organisations IMTP</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: PLANNING &amp; PERFORMANCE</p>	12 3x4	8 2x4	4 1x4	<p><b>Last reviewed on Datix: 16/07/21</b></p> <ol style="list-style-type: none"> <li>EASC governance structure whereby the performance and wider scrutiny of the organisations IMTP delivery and proposed funding requirements are discussed.</li> <li>Strategic Transformation Board oversight of delivery</li> <li>Set up Transformational Boards</li> <li>Gap analysis of capacity being undertaken by each transformation board</li> <li>Focus on product delivery with aligned resources</li> <li>Discretionary capital planning group.</li> <li>Finance and Performance sub committee.</li> <li>FRC Executive group.</li> </ol>	<ol style="list-style-type: none"> <li>Discretionary capital planning group and the process by which internal revenue and capital business cases are produced and submitted for scrutiny whilst in existence needs to be more robust</li> <li>Enabling workforce (projects, WOD etc.) capacity to lead and support delivery</li> </ol>	<ol style="list-style-type: none"> <li>IA review of IMTP (19/20)</li> <li>IA review of Performance Management LDPs (18/19)</li> <li>STB governance map</li> <li>Transformation programme documentation</li> </ol>	9
343	<p>Failure to undertake tactical seasonal planning (winter, now every season)</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE &amp; PERFORMANCE <b>DIRECTORATE:</b> PLANNING &amp; PERFORMANCE</p>	16 4x4	8 2x4	8 2x4	<p><b>Last reviewed on Datix: 30/04/21</b></p> <ol style="list-style-type: none"> <li>Seasonal Planning lead (AD Response and AD Commissioning &amp; Performance).</li> <li>Annual review of winter (workshop this year due to CoVID-19).</li> <li>Forecasting of daily demand.</li> <li>Modelling of winter scenarios.</li> <li>Development of seasonal initiatives (to attract stakeholder funding</li> <li>Winter scenario exercise and seasonal plan using headings provided by WG.</li> <li>Summer Planning being undertaken with expected go live of 21 May-21, supported by forecasting and modelling.</li> </ol>		<ol style="list-style-type: none"> <li>WAST Winter Plan Final</li> <li>ADLT Monitoring</li> <li>SD Letter to CEOs - Winter Delivery Funding</li> <li>Annex A - reporting arrangements - winter delivery milestones</li> <li>Template for USC Winter Monies</li> <li>Summer Planning Group</li> </ol>	9

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
229	Impact of proposed Brexit on service delivery  <b>ASSIGNED TO:</b> <b>COMMITTEE:</b> FINANCE & PERFORMANCE <b>DIRECTORATE:</b> OPERATIONS	12 3x4  QTR 2 18/19	6 2x3  QTR 1 21/22	8 2x4  QTR 3 20/21	<b>Last reviewed on Datix: 28/06/21</b> 1. A separate Brexit Risk Register has been developed detailing all the mitigated risks and the control on place. 2. This is regularly monitored by the Executive management team and has been considered by the Trust Board in March 2019 and will be further considered Sept 2019. 3. Due to the delay of the EU Exit to December 31st 2020 this will need to be reconsidered again, however the risks change to now include a) resurgence of COVID-19 and impacts on infrastructure; b) winter pressures; c) seasonal flu; d) severe weather.		1. SBAR on implications of Brexit - 28th Jan 2019 2. SBAR on Risk Assessment for Brexit - 28th Jan 2019 3. Brexit Risk Register under review 4. EU exit plan v3.2 December 5. EU Transition reporting template 6. D20 BRAG reporting (now by exception – Apr21)	6

#### Strategic Aim Key

1	Help Patients and Staff to Stay Healthy
2	Help Patients More Easily Access our Services at the Right Time
3	Provide the Right Care in the Right Place, Wherever and Whenever it is Needed
4	Continue to Provide the Best Possible Care, Outcomes and Experience to Our Patients
5	Enable Our People to Be the Best They Can Be
6	Whole System Partnership and Engagement
7	Ensure the Design and Infrastructure of the Organisation are at the Forefront of Innovation and Technology
8	Quality at the Heart of Everything We Do
9	Value and Efficiency in Everything We Do



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

<b>AGENDA ITEM No</b>	<b>3.2</b>
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	1

## MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – June 2021

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 July-21
<b>EXECUTIVE</b>	Rachel Marsh – Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Commissioning and Performance Officer
<b>CONTACT</b>	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Nicola.Quiller@wales.nhs.uk">Nicola.Quiller@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **Jun-21** (with the exception of Workforce where May-21 data is provided).

### RECOMMENDATION

Trust Board is asked to:-

- **Consider** the Jun-21 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) the report provides sufficient assurance;
  - b) whether further information, scrutiny or assurance is required, or
  - c) further remedial actions to be undertaken through Executives.



## KEY ISSUES/IMPLICATIONS

### **Overview**

Mar-21 Trust Board received a revised Integrated Quality & Performance Report which contains 28 key indicators at a highly summarised level and demonstrated how the Trust is performing across four integrated areas of focus:

- Our Patients (Quality, Safety and Patient Experience);
- Our People;
- Finance and Value; and
- Partnerships and System Contribution.

These four areas of focus broadly correlate with the Quadruple aims set out in 'A Healthier Wales'.

Five of the indicators are in development and no data is available at this time.

These indicators need to be seen within the wider context of a revised Quality & Performance Management Framework, which is currently being developed and will be drafted by the end of Jul-21. This Framework is likely to have several components, one of which will relate to the use of metrics and indicators across all areas and levels of the organisation to demonstrate progress towards our strategic objectives and goals as well as to point to areas where improvement is required. The Framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at locality level.

There are on-going discussions between several Non-Executive Directors and the Director of Strategy, Planning & Performance, as well as with the Executive Management Team on these issues.

### **Our Patients – Quality, Safety and Patient Experience**

**Call answering and clinical call back (safety):** The speed at which we are able to answer a 999 or 111 call or provide a clinical call back is a key safety measure. 999 answering times remain excellent. 111 call answering performance, measured by call abandonment rates, deteriorated in Jun-21, falling outside the 5% target. Actions to improve this and to enable the Trust to meet its target include the recruitment of a significant number of additional call handlers. There are now 199 FTE call handlers in post and operational which represents an (agreed) over-recruitment. Numbers of clinicians in post remain slightly below the number required, which means that we are not able to meet our call back times for lower priority categories. Demand in recent weeks has been greater than forecast, and a presentation was given to the 111 Programme Board on actions that are now being taken in the short term and medium term. Finance and Performance Committee have requested a deep dive into the 111 service at their September meeting.

**Ambulance response (safety / patient experience):** Red and Amber response times have increased in Jun-21 due to an increase in patient demand, increase in hours lost at hospital and marginally lower production. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

- Recruitment of an agreed, funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme (action to be completed by end of Mar-22). This will close the relief gap and allow the Trust to deliver 95% of UHP more consistently (subject to abstraction rates);



- Development and pilot of a Rural Response Model to reduce variation in performance across Wales, with an initial focus on Powys. A series of worked up options will be sent to the commissioner in the next week.
- Work on a range of workforce proposals aimed at increasing capacity and efficiency. This programme of work is likely to take 3 to 4 months of negotiations and performance study before agreement and subsequent implementation.

The Trust has activated its Summer Plan (21 May-21 to 30 Sep-21). The plan is supported by forecasting and modelling which has predicted Red performance in a range 55% to 61% (for the pre-summer holiday phase of the plan). Related to this work, a deep dive into the performance data is on-going, via a series of “hackathons” to understand the current barriers to meeting the 65% Red target. The Summer Plan does include a series of funded mitigations to boost performance, but these are proving insufficient against the level of demand, abstractions and handover. Further forecasting, modelling and planning will now start for winter planning, which is expected to be the most challenging yet.

Finance and Performance Committee received a detailed presentation at its July meeting on the red response times deep dive which included actions now being taken. The Committee were assured at the level of information available and utilised by the organisation to drive understanding and action, and acknowledged the complexity of the system in which we operate which impacts on these response times

**Ambulance Care (formally NEPTS) (Patient Experience):** performance was above target for enhanced renal patient arrivals prior to appointment in Jun-21; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels. As the system “re-sets” the Trust anticipates a situation where Ambulance Care demand returns or surpasses previous levels; this coupled with reduced capacity caused by social distancing could mean that Ambulance Care will have insufficient capacity to service patient demand. The Trust has recently undertaken tactical forecasting and modelling to aid forward planning for this potential scenario. This information has been shared with commissioners and a request has been made to explore securing additional capacity.

**SAIs / Concerns Response:** The Trust reported 4 serious adverse incidents (SAIs) to the Delivery Unit in Jun-21, compared to 1 in May-21; and 7 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 4 in May-21. Complaint response times declined to 63% and therefore failed to achieve the target (75%).

### **Our People (Workforce resourcing, experience and safety)**

**Hours Produced:** 111,096 EMS ambulance unit hours were produced in Jun-21. The emergency ambulance production (UHP) was 92% in Jun-21 against a benchmark of 95%. The focus of protecting conveying capacity (EA capacity) at the expense of rapid response vehicles (RRVs) recently ended as the Trust moved into the recovery phase of its pandemic plan. This has meant the Trust has started to see an increase in RRV hours, with UHP 84% in Jun-21, however this is lower than 89% in Apr-21. We still have a way to go to meet the 95% target for RRVs. Military aid has now ceased and has had an impact (reduction in hours), but the Trust continues to recruit additional staff in line with the EMS Operational Transformation Programme and is on target to close the relief gap in 2021/22.

**Response Abstractions:** Abstraction levels increased in Jun-21, with sickness levels remaining high. In Jun-21 the response roster abstractions was 39.69% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 10% in Jun-21 (benchmark 5.99%) the highest since Sept-20. This is clearly a major factor in the Trust's ability to increase its overall hours production.

**Trust Sickness absence:** The Trust's overall sickness percentage (May-21) was 7.90%. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers. (Jun-21 update not available for reporting)

**Staff training and PADRs:** PADR compliance and Stat / Mand training compliance are below target. This has been impacted on by the pandemic. The Learning and Development Team will continue to utilise Siren using the #WASTMakeltHappen tagline to reinvigorate My Learning on ESR to improve compliance rates for Corporate staff.

## **Finance and Value**

**Financial Balance:** The Trust's year to date (YTD) expenditure to budget position is 100% i.e., balance.

**Post-production lost hours:** EMS Response lost 12,026 post-production lost hours (PPLHs) in Jun-21, compared to 9,046 hours to handover and 111,096 hours produced. Some of the PPLHs will be lost due to unavoidable reasons, but there is scope for efficiency improvement here linked to the modernisation agenda.

**New indicators:** the Trust is looking to develop indicators of value and efficiency over the coming months, for example around EMS utilisation and 111 hand-offs.

## **Partnerships/ System Contribution**

**Shift left:** Much of our work as a Trust relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **hear and treat** rates after 999 calls (10.5% in Jun-21, compared to 9.2% in Jun-20). Achieving the benchmark of 10.2%, for the first time since Dec-20. Further work is planned to identify how these rates can be improved and subsequently maintained further. A proposal is currently being finalised to secure resources for additional mental health practitioners in our clinical support desk, which would increase hear and treat rates and improve patient outcomes and service for callers with mental health concerns. The Trust **conveyed** 40% of patients to emergency departments in Jun-21, compared to an average of 44% and lowest recorded of 38% (Dec-20). There has been a sustained improvement trend in this indicator. Further work will be undertaken in 2021/22 on "optimising conveyance" linked to an EASC commissioning intention, the 2021/22 Integrated Medium Term Plan and feedback from the Medical & Clinical Services Directorate.

**Handover lost hours:** The 2021/22 EASC commissioning intentions includes an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of c.5,000 hours. 9,059 hours were lost in Jun-21, compared to 2,650 in Jun-20 and 7,325 in Jun-19, an increase and therefore worsening picture. The Trust will continue to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement

programmes such as the EDQDF. The level of handover is a good indicator of overall system pressures and a guide to what the Trust may experience in the winter. Current handover levels do suggest we are likely to experience the most challenging winter yet.

REPORT APPROVAL ROUTE	
<b>Date</b>	<b>Meeting</b>
22 Jul-21	F&P Committee
29 Jul-21	Trust Board

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust

# Monthly Integrated Quality & Performance Report

June 2021

Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Jun-21	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience					
111 Abandoned Calls	< 5%	11.00%	12.4%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	93.4%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	00:03		G
999 Red Response within 8 minutes	65%	63.6%	60.6%		A
Red 95th percentile	00:14:00	00:17:59	00:19:53		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	15.30%		G
Stroke Patients with Appropriate Care	95%	95.83%	97.20%		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	83.80%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	79%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	70%		R
Serious Adverse Incidents reports (SAI)	-	4	4		R
Concerns Response within 30 Days	75%	75%	63%		R

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	May-21	Jun-21	2 Year Trend	RAG
Our People						
EMS Abstraction Rate	29.91%	37.00%	37%	40%		R
Hours Produced for Emergency Ambulances	95%	96.0%	96%	92%		A
Sickness Absence (all staff)	5.99%	7.30%	7.90%	-		R
Frontline CoVID-19 Vaccination Rates	TBD	TBD	3,705	4,334		TBD
Statutory & Mandatory Training	>85%	83.1%	78.52%	78.62%		R
PADR/Medical Appraisal	>85%	52%	63.19%	-		R
Ambulance Response FTEs in Post	1700	1702	1585	1587		G
CCC, NHSDW/111 & NEPTS FTEs in Post	TBD	1117	1489	-		TBD
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric (Indicator Development)	TBD	TBD				TBD
Post-Production Lost Hours	Reduction Trend	8747	11,542	12,026		TBD
111 Hand Off Metrics (Indicator development)	TBD	TBD				TBD
Partnerships / System Contribution						
111 Consult and Close (indicator Development)	TBD	TBD				TBD
999 Hear & Treat	10.2%	9.9%	9.7%	10.7%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	29.34%	44.46%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	9,099	9,046		R

**In-Month RAG Indicators =**

Green: Performance is at or has exceeded the target (Indicates no action is required)

Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))

TBD: Status cannot be calculated (To Be Determined)







# CoVID-19 Activity

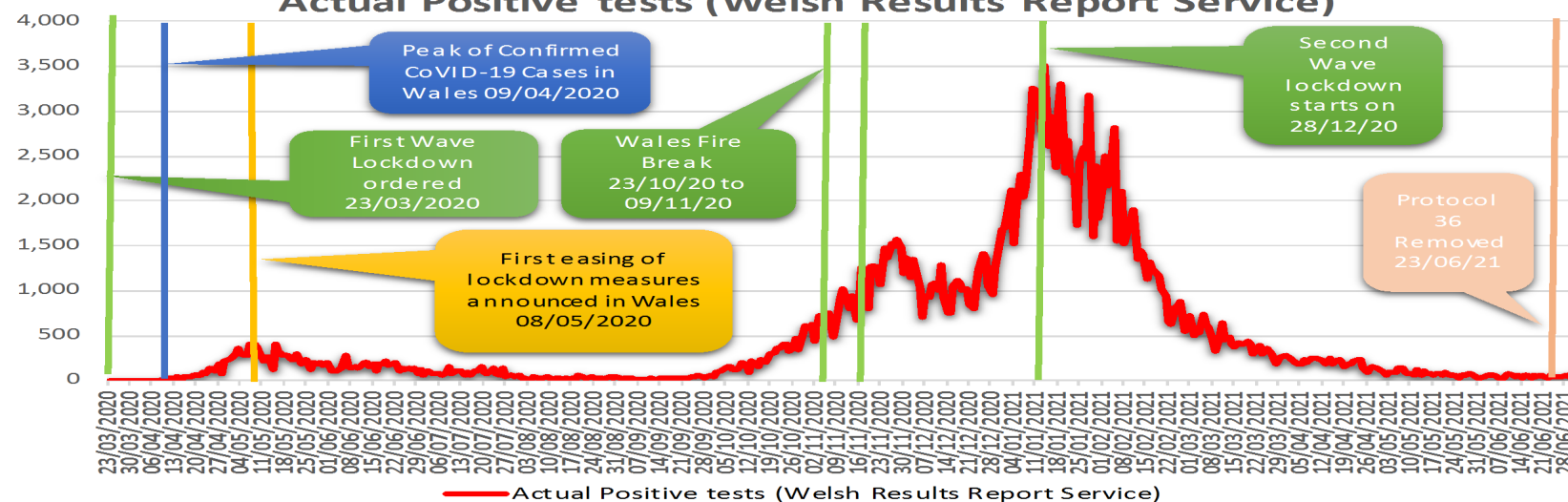
FPC

QUEST

WALES DAILY CONFIRMED CoVID -19 CASES & WAST ACTUAL DEMAND (TOTAL AND CoVID-19 - **CARD 36 LIVE FROM 02/04/20 - CEASED 23/06/21**)

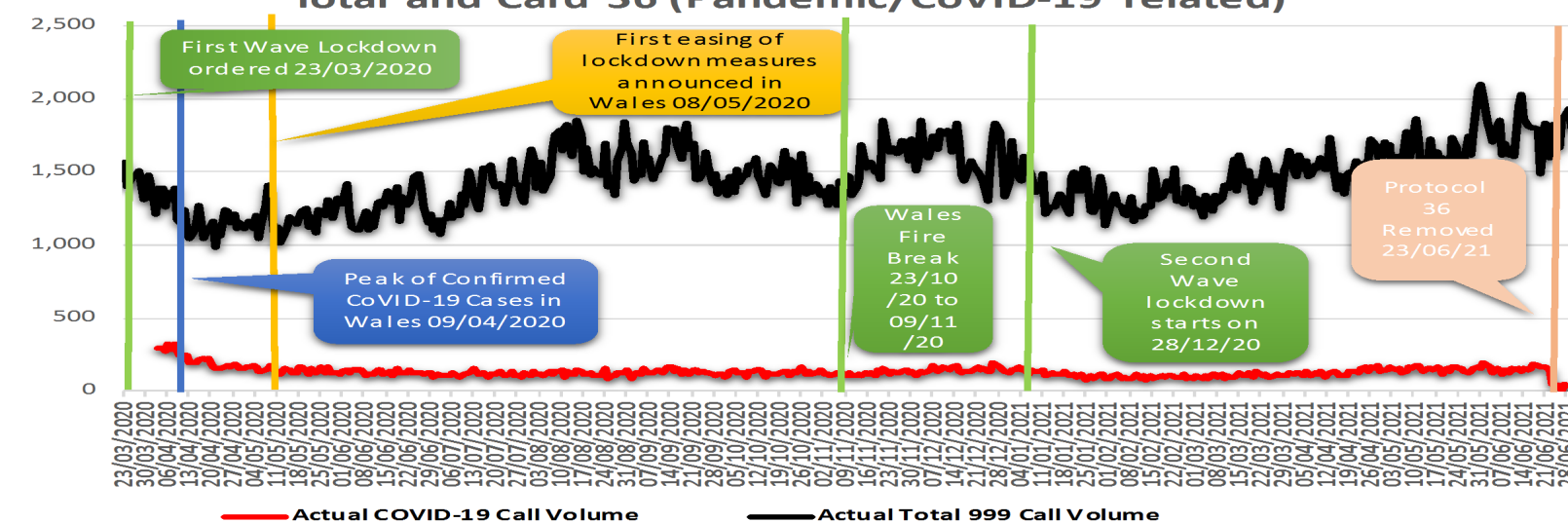
## CONFIRMED INFECTED COVID-19 CASES

Daily Number of Confirmed CoVID-19 Infected Cases in Wales  
Actual Positive tests (Welsh Results Report Service)



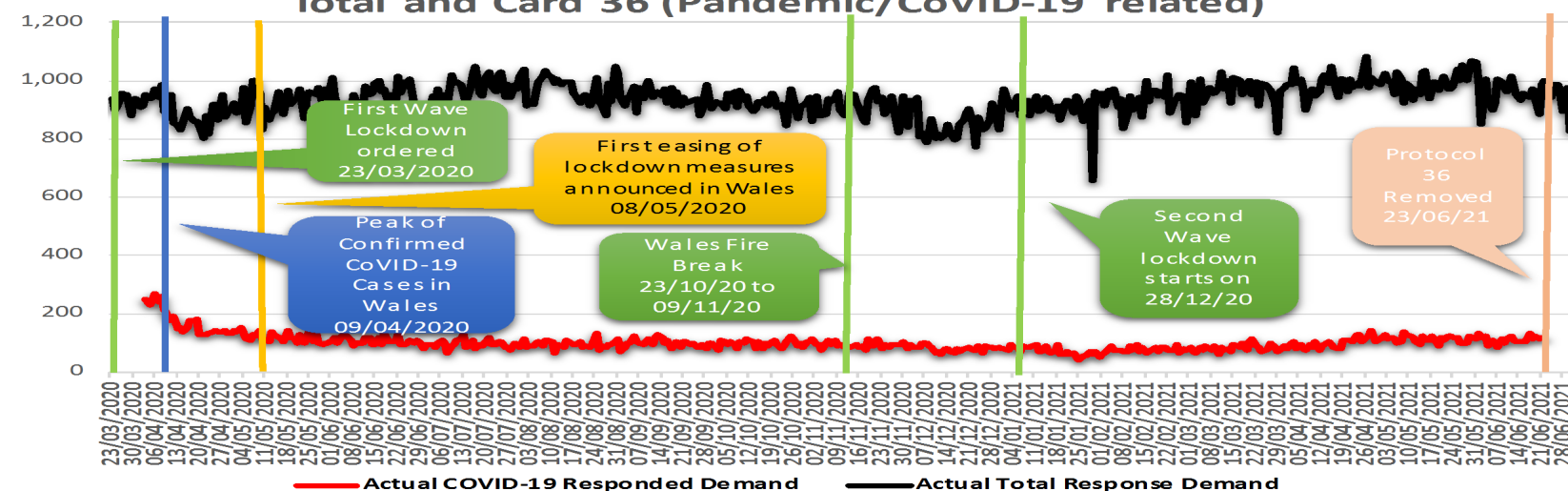
## 999 CALL VOLUME

Daily Number of 999 Call Volumes  
Total and Card 36 (Pandemic/CoVID-19 related)



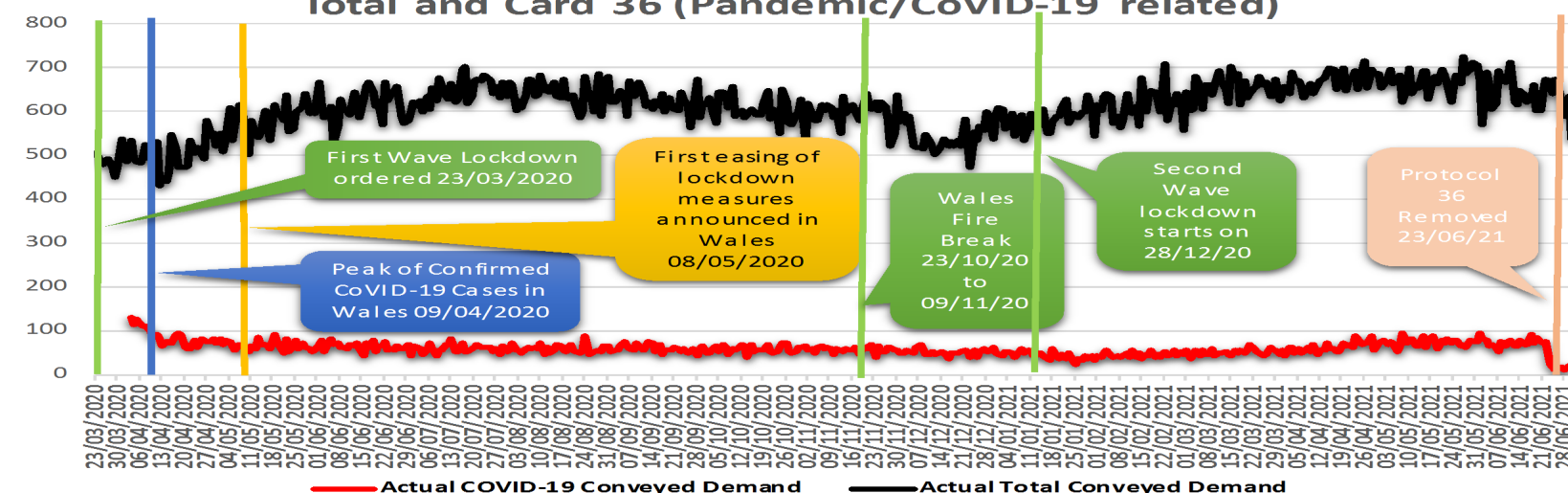
## RESPONDED DEMAND

Daily Number of Responded Incidents  
Total and Card 36 (Pandemic/CoVID-19 related)



## TRANSPORTED DEMAND

Daily Number of Transported Incidents  
Total and Card 36 (Pandemic/CoVID-19 related)



(Responsible Officer: Rachel Marsh)

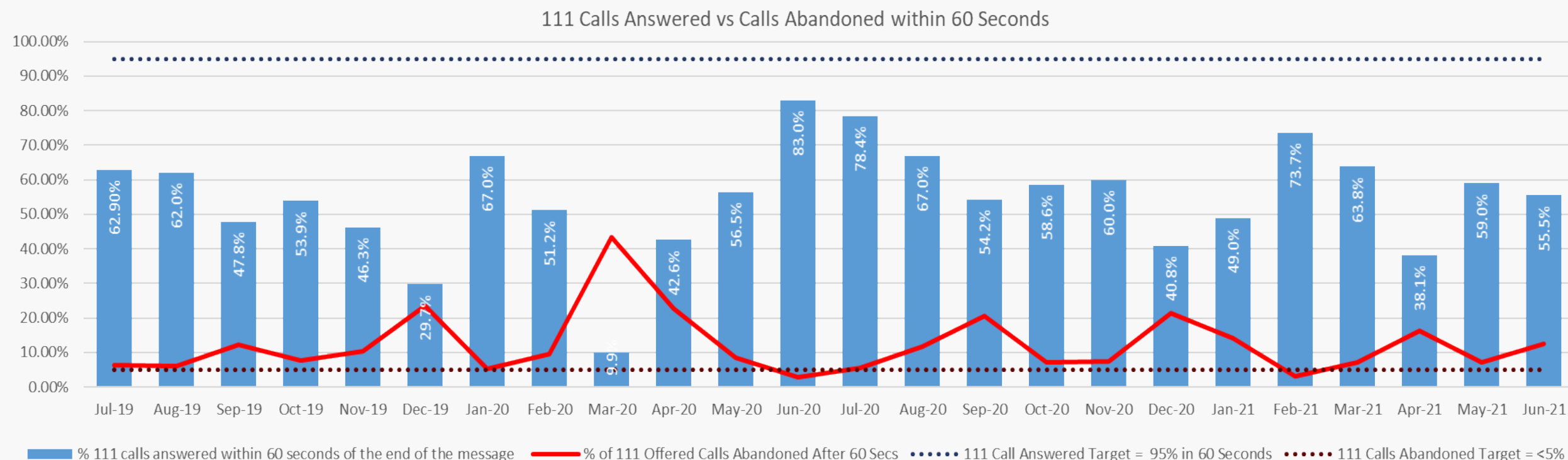
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Patient Safety & Experience

## Indicator 1: 111 Call Answering/Abandoned Performance

### Influencing Factors – Demand and Call Handling Hours Produced



#### Analysis

**111 call abandonment is a key patient safety indicator** for the service. Performance was poorer in 2020/21 due in the main to high levels of demand as a result of the pandemic. Improvements have been seen more recently, however Jun-21 saw an **increase in abandonment rates to 12.4%**, failing to achieve the 5% target.

**The percentage of 111 calls answered within 60 seconds of the end of the message also declined in Jun-21 to 55.5%.**

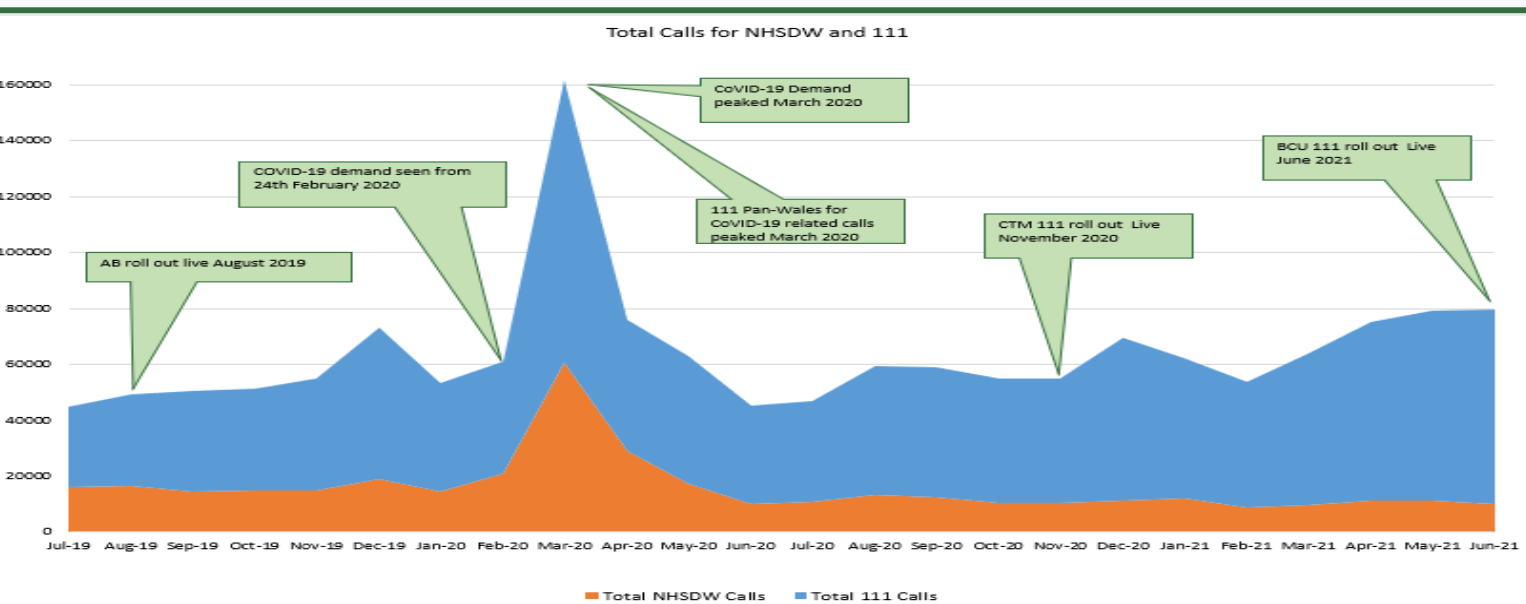
**111 call demand increased** in Jun-21 for the fourth consecutive month, which will be one factor in why call answering is not achieving the targets we would expect. The demand increase is multifactorial but includes increasing numbers from the public prompted by the AstraZeneca vaccination concerns, an increase in post vaccination symptoms and additionally GP practices being unable to cope with their urgent care demand and therefore referring patients to 111. Core 111 services went live in BCU on 22 June 2021 Demand is expected to increase over the coming 12 months as we roll out core 111 to C&V and as we continue to roll out the 111 First service across Wales.

#### Remedial Plans and Actions

The single biggest factor in improving performance is having the right number of staff on duty to meet forecast demand. Detailed forecasts and plans were agreed internally and with commissioners to meet current and predicted increases in demand as new services come online. New staffing levels are now in place aligned to meet predicted demand. However, with demand higher than predicted, this work will be reviewed again. Work has been completed operationally to align the staffing levels more closely to demand at different hours of the day and days of the week and is now operational. The main driver of improved performance for timely clinical triage of patients will be the correct number of clinicians in post to manage current and expected demand. There are now 199 FTE call handlers in post and operational, a further 2 are in post but still training.

#### Expected Performance Trajectory

Further planned recruitment of call handlers together with alignment of rosters with hourly and daily demand is expected to enable the organisation to improve abandonment rates more consistently towards the 5% target in the next 6 months.



Hours Produced / UHP  
Under development



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust





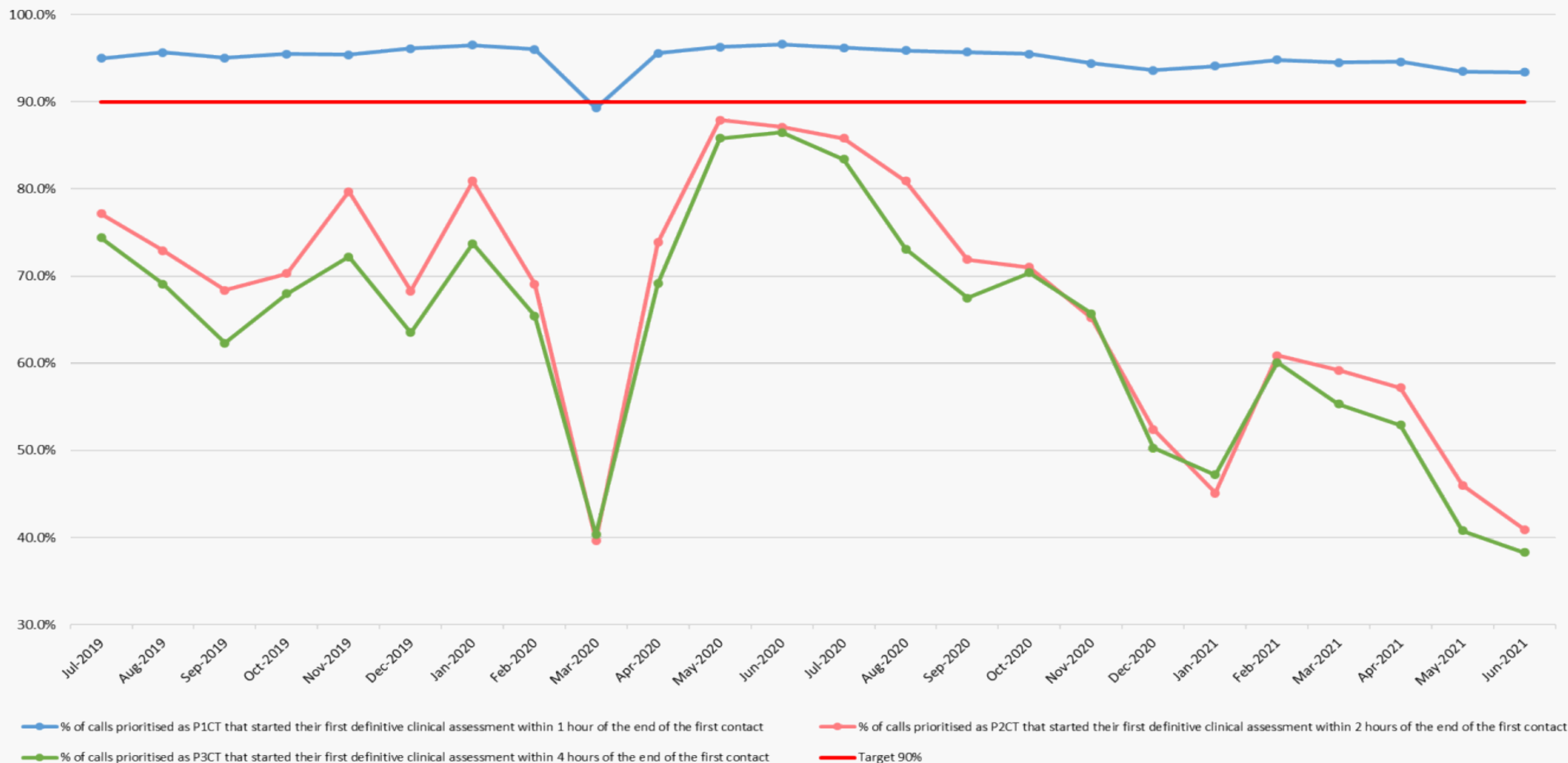
# Our Patients: Quality, Safety & Patient Experience

## Indicator 2: 111 Clinical Assessment Start Time Performance

Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



### Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment also remains a challenge, except for the highest priority calls.

The highest priority calls, P1CT, continue to receive a timely response, which with the exception of Mar-20 continuously achieves the 90% target.

For lower category calls, we are not meeting the 90% target. Improvements were seen in May-20 and Jun-20 as additional clinicians were utilised as part of pandemic actions, with performance declining as staff returned to substantive posts and agency contracts ended.

Demand for the service continues to grow (see previous slide) which will affect performance.

### Remedial Plans and Actions

The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. There are currently 116 FTE Clinicians in post and operations and a further 13 FTE in post and training. Further recruitment is underway with 3 courses planned in Sept and October.

### Expected Performance Trajectory

The agreed increases in clinical capacity have been modelled on meeting these quality standards, based on predicted levels of demand. Performance levels are therefore expected to improve over the coming months.

The main risk here will be the ability to recruit sufficient clinicians to fill the training programmes.



(Responsible Officer: Lee Brooks)

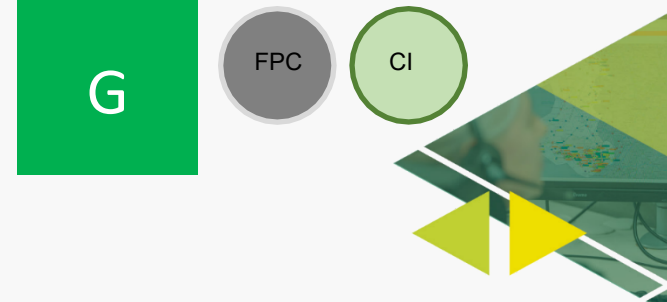
Welsh Ambulance Services NHS Trust



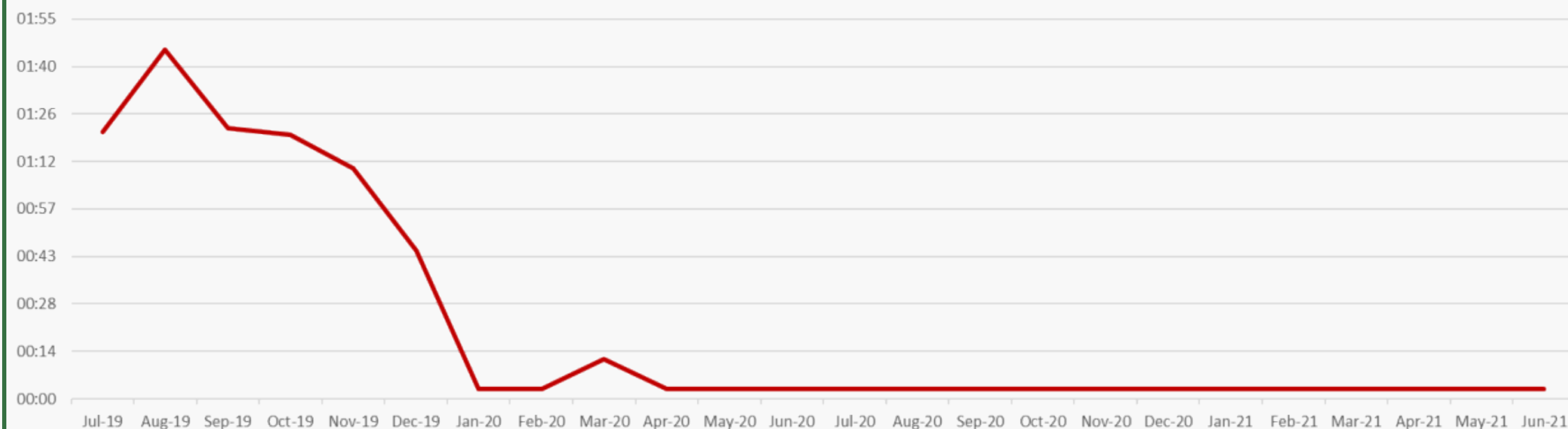
# Our Patients: Quality, Safety & Patient Experience

## Indicator 3: 999 Call Performance

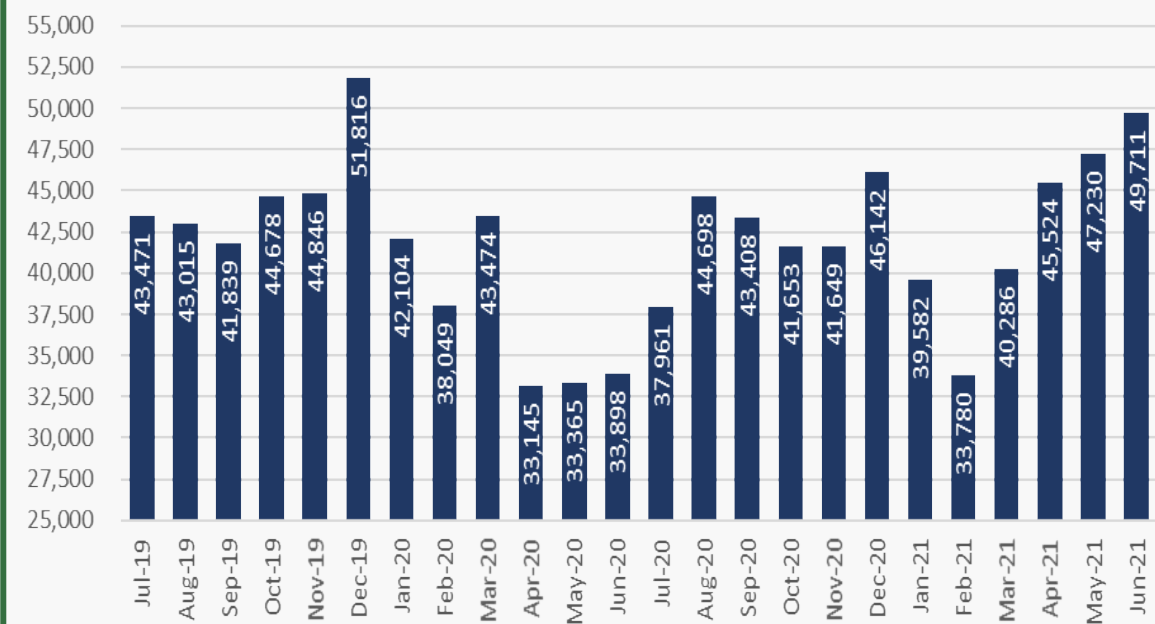
### Influencing Factors – Demand and Clinical Hours Produced



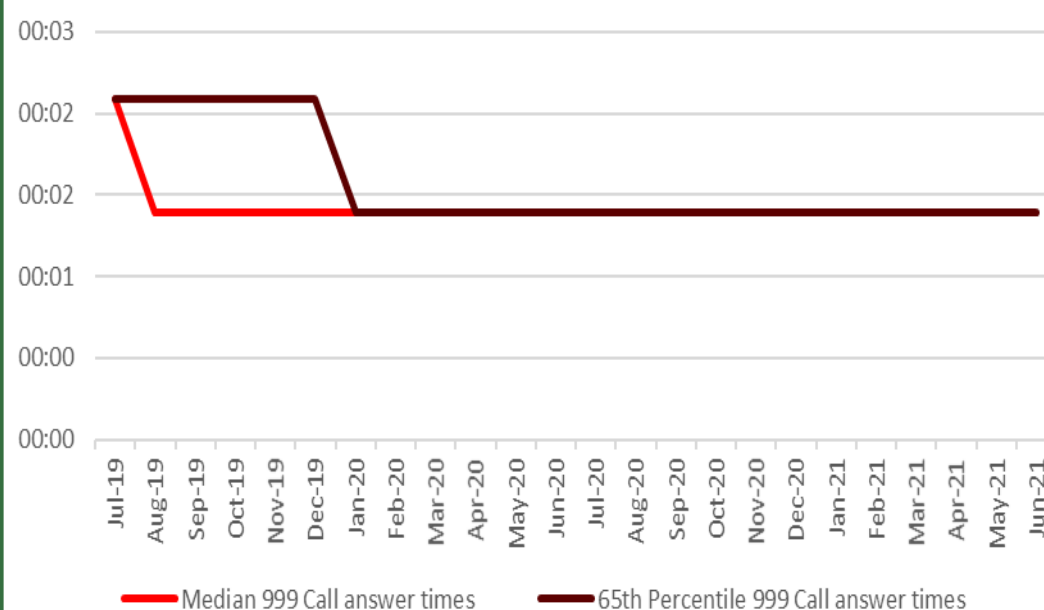
95th Percentile 999 Call answer times



999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



#### Analysis

The Trust received **49,711 emergency 999 calls in Jun-21** significantly higher than Jun-20 (33,898) and higher than Jun-19 (40,133) likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic.

The **95<sup>th</sup> percentile 999 call answering performance was three seconds in Jun-21** (in Dec-19 it was 45 seconds). This significant improvement is due to a combination of; forecasting of call demand, rostering to demand and increased capacity. The three second performance has been sustained since Apr-20.

The median call answer times for 999 services remains consistently at 2 seconds. 65<sup>th</sup> percentile call times also averages at 2 seconds falling from 3 seconds in December 2019.

#### Remedial Plans and Actions

999 call demand is reviewed on a weekly basis by the Forecasting & Modelling Group, including reviewing the level of COVID-19 calls. The Group is currently forecasting potential levels of future COVID-19 peaks. These forecasts are used in an Erlang C toolkit to determine the level of call takers required and the subsequent predicted call answering performance if a third wave was to occur. If this was to occur CCC have a pool of temporary trained staff to call upon at short notice to increase call taking capacity.

The EPT approved a change in the surveillance of CoVID-19 and Protocol 36 has now ceased. From the 23<sup>rd</sup> June 2021 EIDS monitoring was reintroduced with enhanced questioning to track COVID-19 related activity. This will not affect overall demand, but how it appears in relation to disease type

Resource are staffing to 115% and call performance is a standing agenda item on the morning Tactical Cell and Senior Leadership Team meeting in order to identify themes and trends to support recovery. Ongoing monitoring and focusing has been implemented to increase availability, address long waits, rest breaks, not ready and adherence to scripts to improve call taking.

Continued recruitment exercises for bank and substantive staff are undertaken to ensure the Trust retains a flexible call taking capability.

#### Expected Performance Trajectory

Performance is expected to be maintained in this area.



(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust

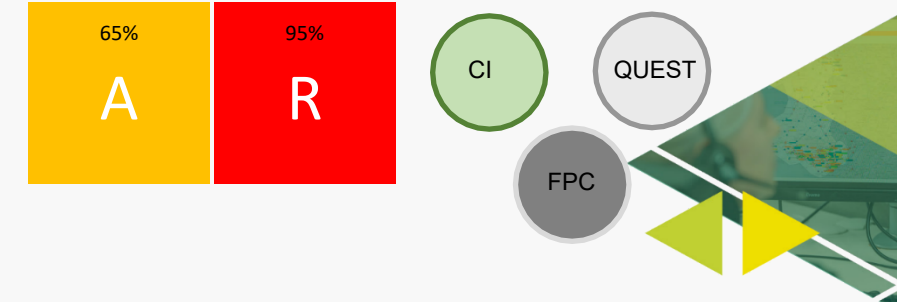




# Our Patients: Quality, Safety & Patient Experience

## Indicator : Red Performance

Influencing Factors – Demand, Hours Produced and Hours Lost



### Analysis

**Red performance did not achieve the 65% target** in Jun-21 and the target has not been achieved since Jul-20. There was also significant health board level variation and only two (Cardiff & Vale (71.0% and Swansea Bay (66.7%))) of the seven health board areas achieved the 65% target. This level of performance was forecast in the summer plans based on predictions of demand, lost hours and hours produced. By comparison Red 9 minute performance achieved 67.2% and Red 10 minute performance 72.5% in Jun-21.

The three main determinants of Red performance are Red demand, unit hours produced and handover lost hours.

Red demand in the last 2 years has seen a particular increase (34% higher in Jun-21 compared to Jun-19 levels), linked to a change in application of MPDS relating to breathing difficulties calls; Red demand has also seen an increase in the last 2 months outside normal expected variation, and this will have impacted on response times.

The lower centre graph demonstrates the correlation of performance with hospital lost hours and demonstrates the high levels seen in the last two months.

During the pandemic there have been other factors that have also affected performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to all Red calls. The latter in particular was shown to add several minutes to a response and will continue for some time.

### Remedial Plans and Actions

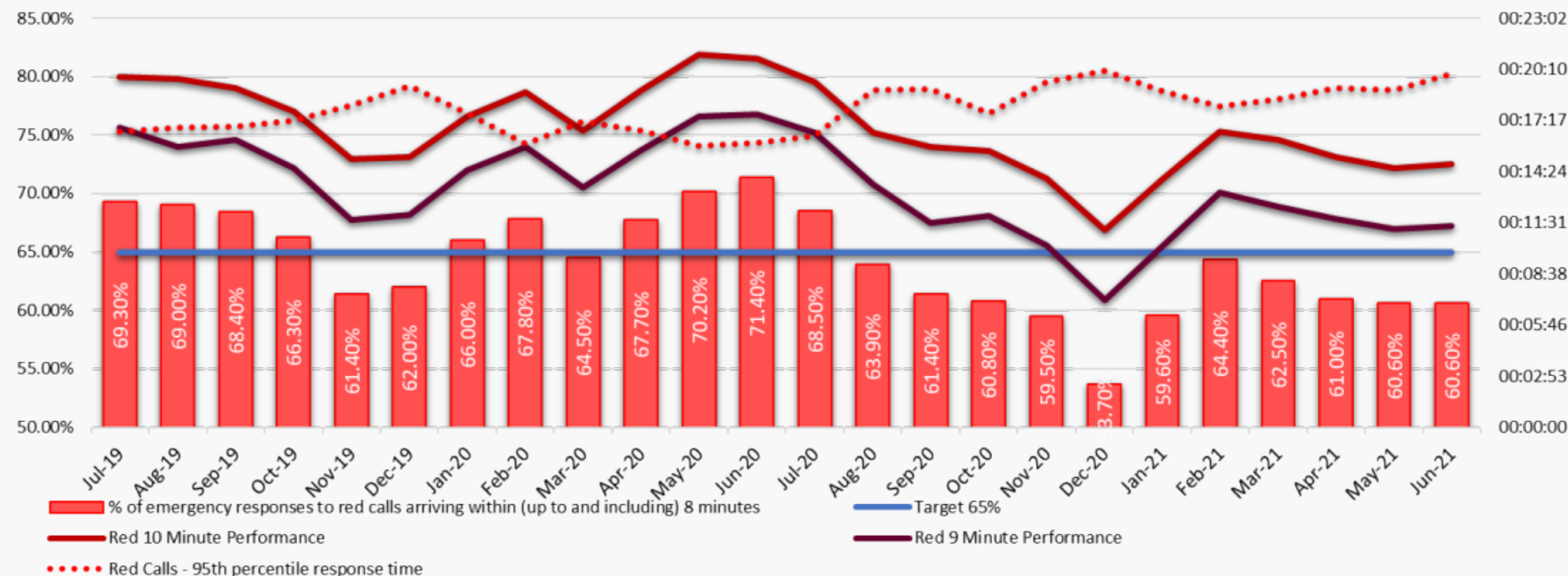
The main improvement actions are:

- Increase capacity – 136 WTE recruited by end of Mar-21. This will be complimented by a further 127 by the end of Mar-22. This will close the relief gap and should see UHP / hours produced closer to 95%
- Implement a rural model through 21/22 to increase Red performance in Powys (initially) and hence reduce variation. A series of options have been developed for Powys and will be shared with commissioners shortly.
- Reduce hours lost through modernisation of practices and supporting staff well-being.
- Working with partners to reduce hours lost at hospital (to a maximum 150 lost hours per day, 95% of the year) . This will not be within the gift of WAST to achieve, although we will continue to influence this agenda.
- A further detailed analysis and action plan is being develop on the basis of a deep dive into data, which was presented to the next F&P meeting in July. A one page action plan has also been shared with the Minister

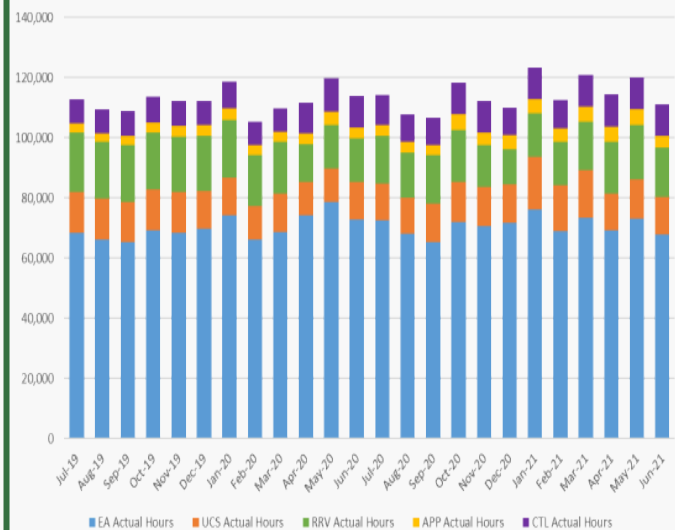
### Expected Performance Trajectory

The EMS Demand & Capacity Review modelled Dec-21 position for Red pan-Wales is 67.3% with all health boards above 65%. The actions identified will take a number of months to come to fruition and performance is not expected to improve immediately. Further modelling will be undertaken to be able to forecast performance through the year.

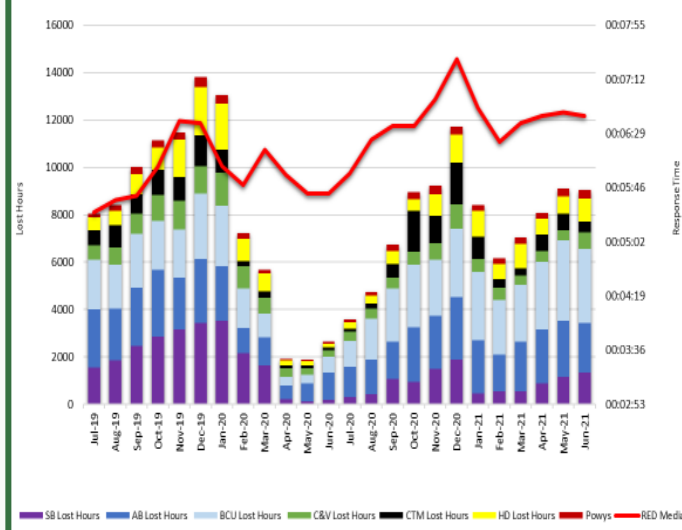
% of emergency responses to red calls arriving within (up to and including) 8 minutes against Red Calls 95th percentile



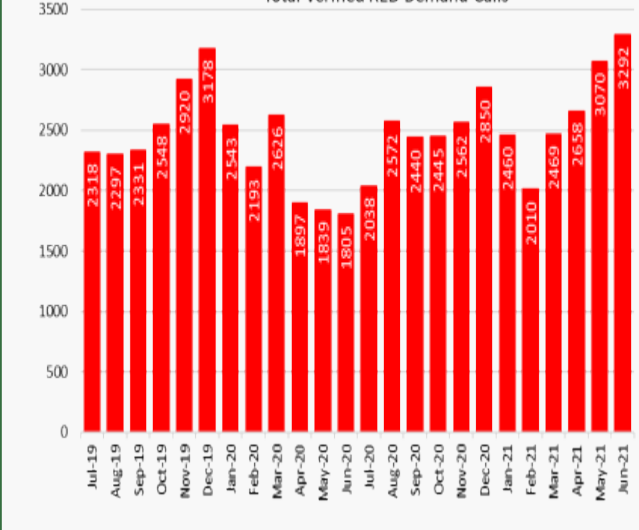
Total EMS Actual Hours Produced



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



Total Verified RED Demand Calls



(Responsible Officer: Lee Brooks)

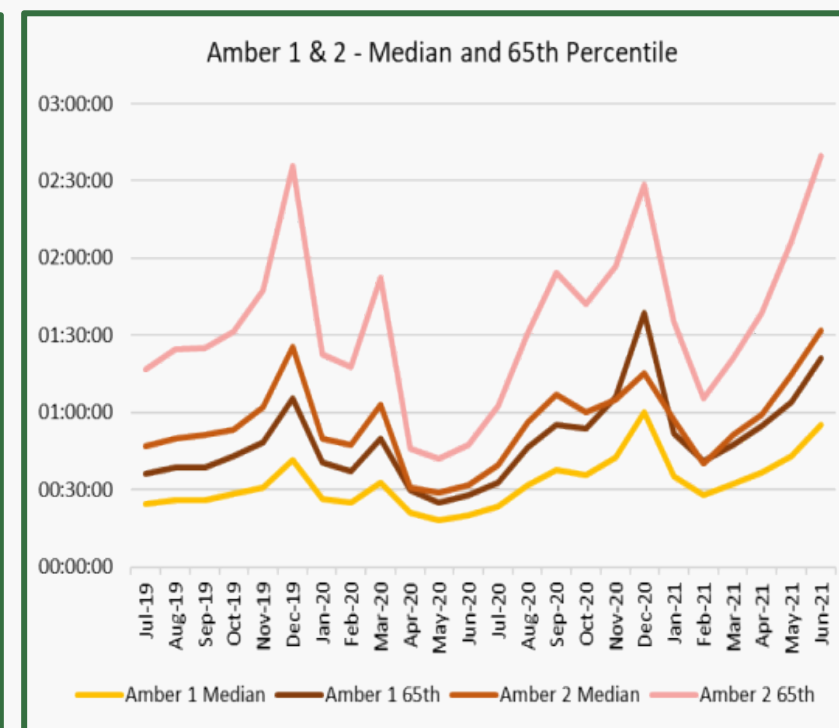
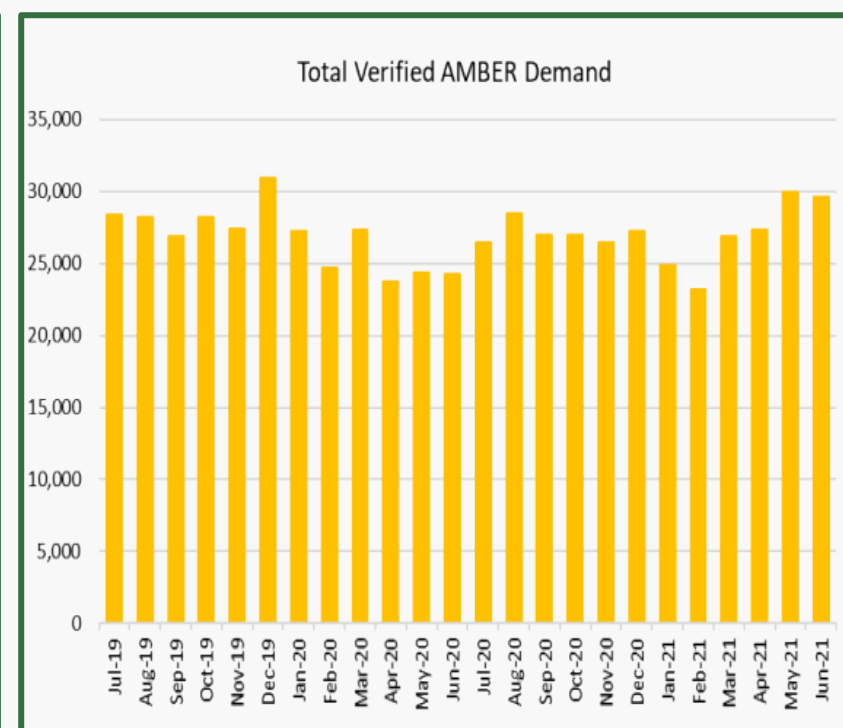
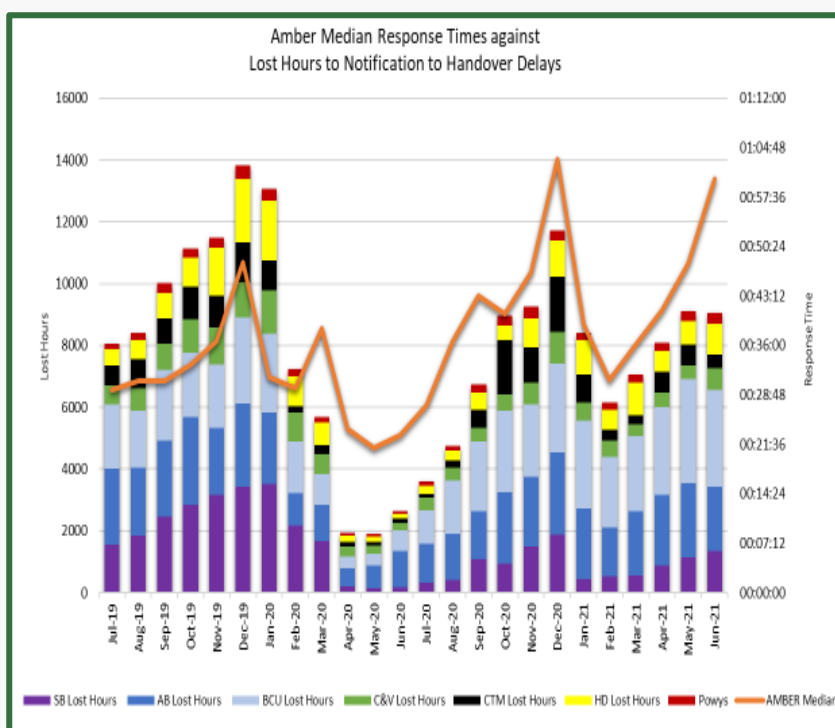
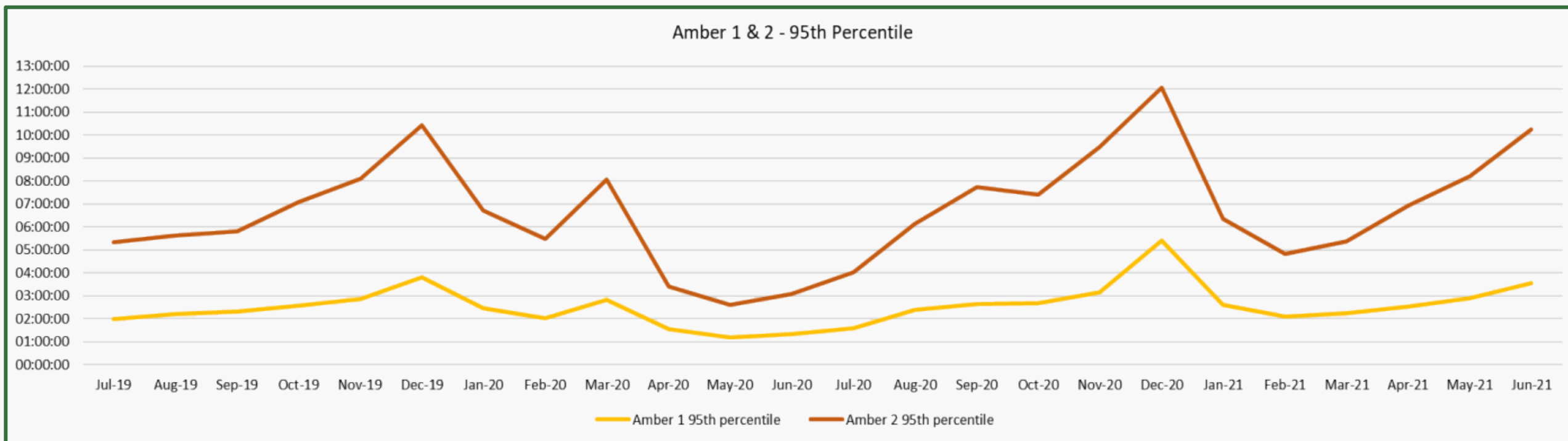
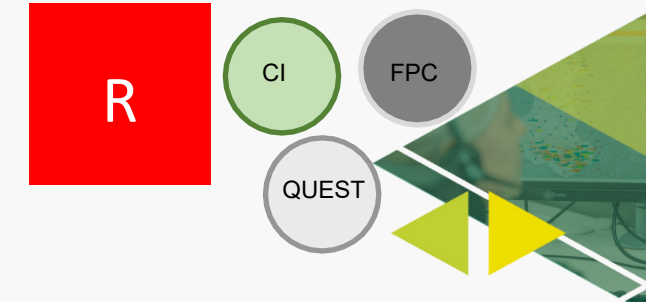
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Indicator 5: Amber Performance

### Influencing Factors – Demand, Hours Produced and Hours Lost



### Analysis

Amber performance worsened across the percentiles again in Jun-21 for the fourth consecutive month. The target is to reduce Amber response times.

In Jun-21, 330 patients waited over 12 hours, a significant increase when compared to 86 in Mar-21; however, this is still a decrease when compared to 606 in Dec-20.

Amber demand decreased slightly in Jun-21, however the continuing high levels of activity and handover times will have contributed to the worsening response times.

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Jun-21 decreased slightly to 9,059. This compares to 2,650 hours in the same period last year.

### Remedial Plans and Actions

The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from Nov-20 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board. The actions being taken are largely the same as those related to Red performance on the previous slide.

### Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. The programme models an Amber 1 median of 35 minutes and 90th percentile of 78 minutes in Dec-21. These are key benchmarks for the Trust. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within WAST's control.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

## Indicators 6, 7, 8: Clinical Outcomes

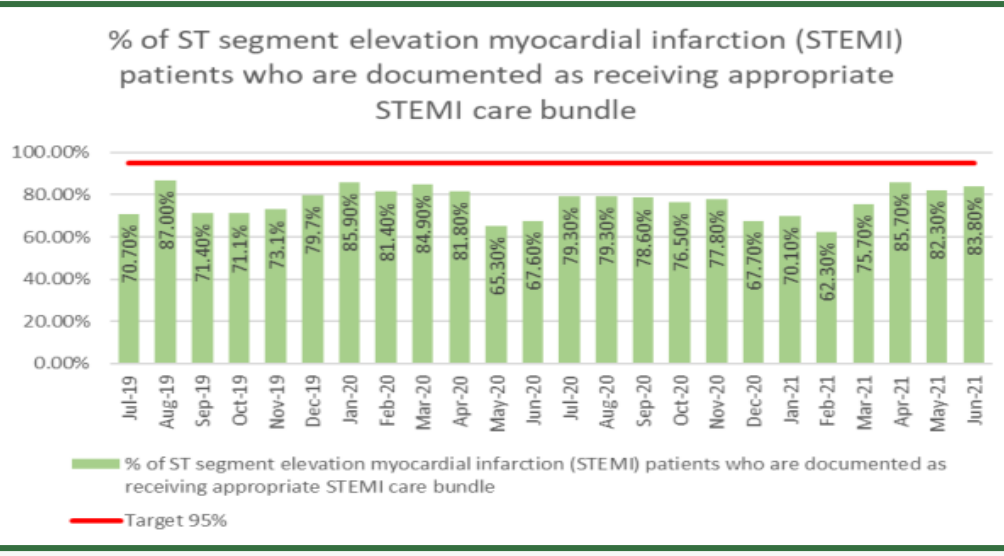
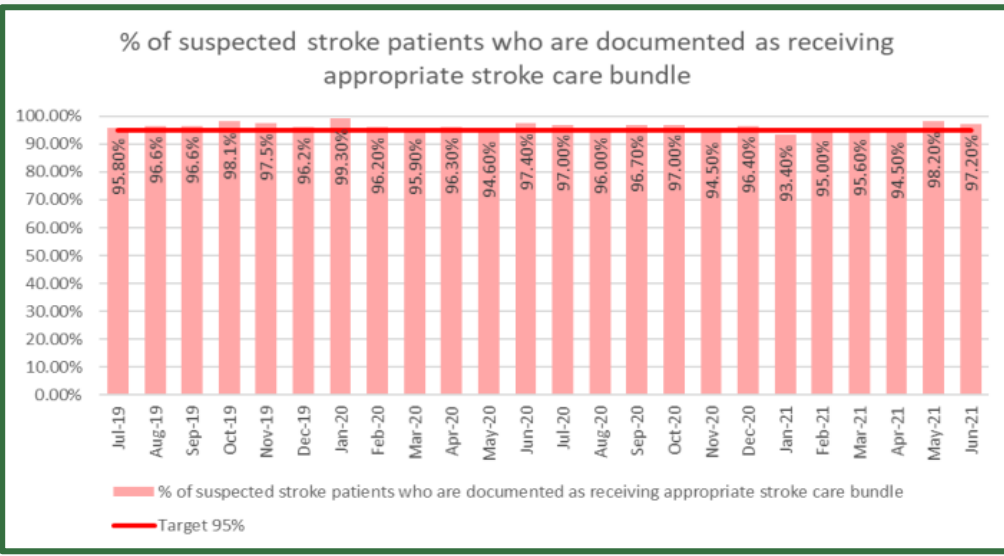
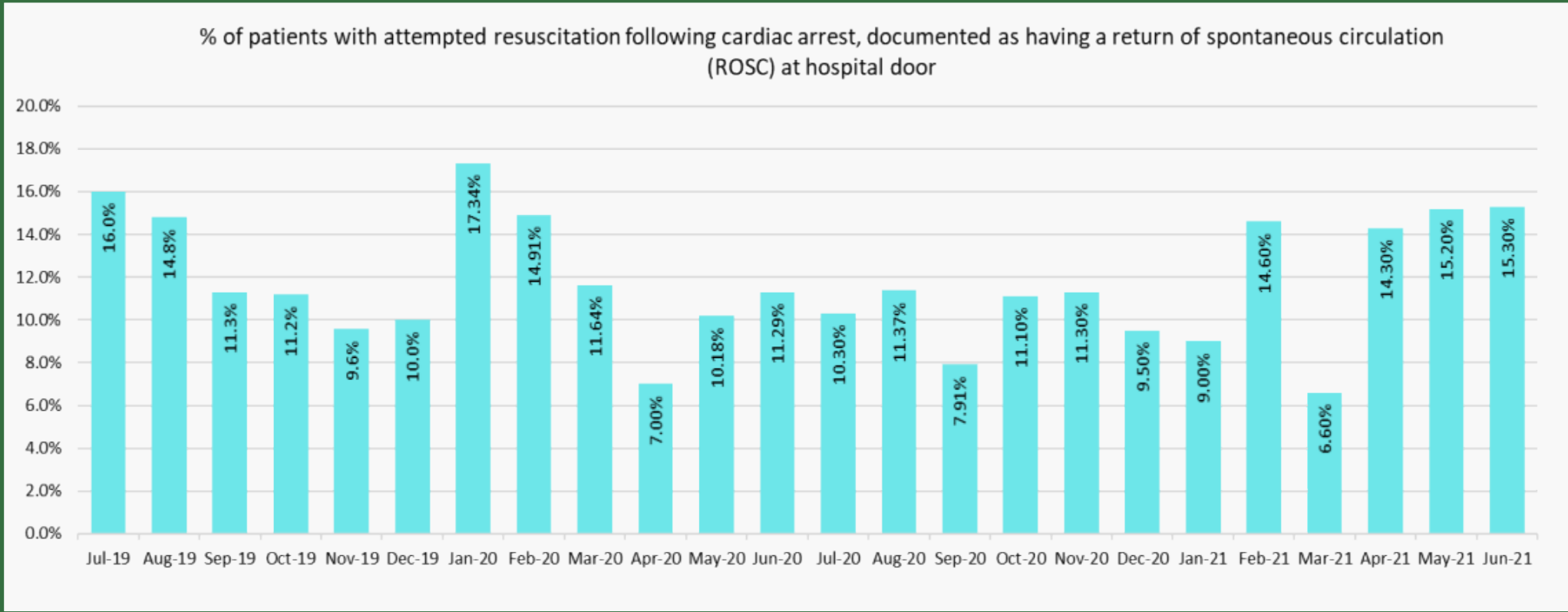
Stroke/Sepsis  
& Febrile Con.  
**G**

ROSC &  
Hypoglycaemic  
**A**

Acute  
Coronary  
**R**

QUEST

### Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, Acute Coronary Syndrome Patients with Appropriate Care



#### Analysis

**Clinical Outcomes:** The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 15.3% in Jun-21. As a result of a statistically significant reduction in the **ROSC clinical indicator** rates at hospital for March 2021 (6.8%), a detailed analysis was undertaken. The findings suggest that overall during the Covid-19 pandemic a downward shift was observed, influencing factors may include the associated changes within WAST, such as operational responses and PPE guidance to staff. Published data from other EMS systems report a similar decrease in ROSC through the response phase of the pandemic. The most recent WAST data release (April – June 2021) shows a return to a more consistent level for ROSC at hospital. It is likely that the figure for March 2021 represents a special cause variable.

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 97.20% in Jun-21 a slight decrease compared to 98.205 in May-20**, but achieving the 95% target in comparison to 94.5% in Apr-21.

**The ST segment elevation myocardial infarction (STEMI) indicator has seen improvements in the last quarter**, achieving the 80% through Apr – Jun-21. These percentages refer to the application of a whole bundle of care. For each of the individual elements the percentage compliance is consistently above 86%.

**Mortality Review:** During this quarter, themes and trends from stage 2 reviews has been undertaken, informing both individual and organisational learning. In relation to the latter, much of the learning from mortality reviews has informed the development of the 'job plan' for the emerging Senior Paramedic role. The induction course for the Senior Paramedic role commenced in Apr-21.

#### Remedial Plans and Actions

**Clinical Outcomes:** In relation to ROSC rates, whilst there are many system-wide factors affecting performance, within WAST's control it is felt that the introduction of a Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will be developed and implemented through 2021/22.

It is anticipated that the PCR will be implemented by the end of 2021 and once accomplished it will allow the Clinical Audit Team to quality assure data and provide better information on which to target improvement work.

**Mortality Review:** At present there are issues undertaking timely mortality reviews for certain incidents. The rationale for this is the extended time required to download data from the Corpuls monitor to inform the mortality review. This is resulting in an increasing backlog of cases to be reviewed, currently 375 cases. To resolve the issues the medical directorate are in discussion with Corpuls to upgrade current systems to be able to download the required data in a timely manner to inform the mortality review, share lessons learnt and assurance to the Trust.

#### Expected Performance Trajectory

**Clinical Outcomes:** Once CHARU has been implemented it is anticipated that ROSC rates should increase.

**Mortality Review:** Mortality reviews will continue to be undertaken within 28 days of death.



(Responsible Officer: Brendan Lloyd)

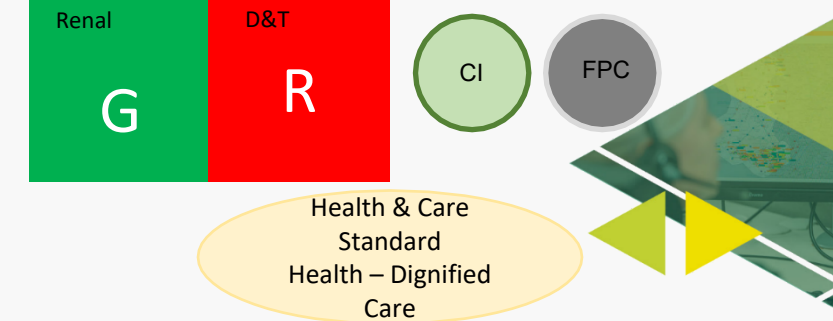
Welsh Ambulance Services NHS Trust



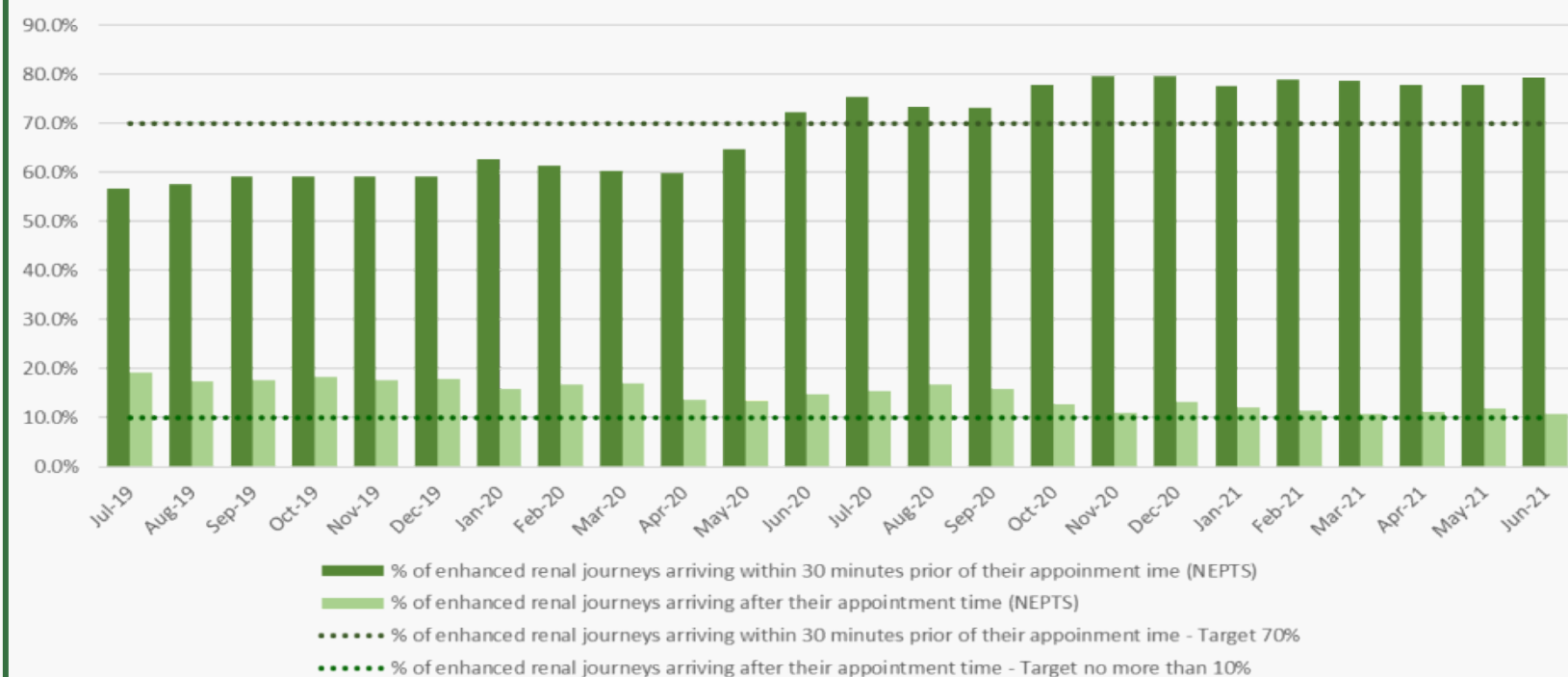
# Our Patients: Quality, Safety & Patient Experience

## Indicators 9 & 10: Ambulance Care

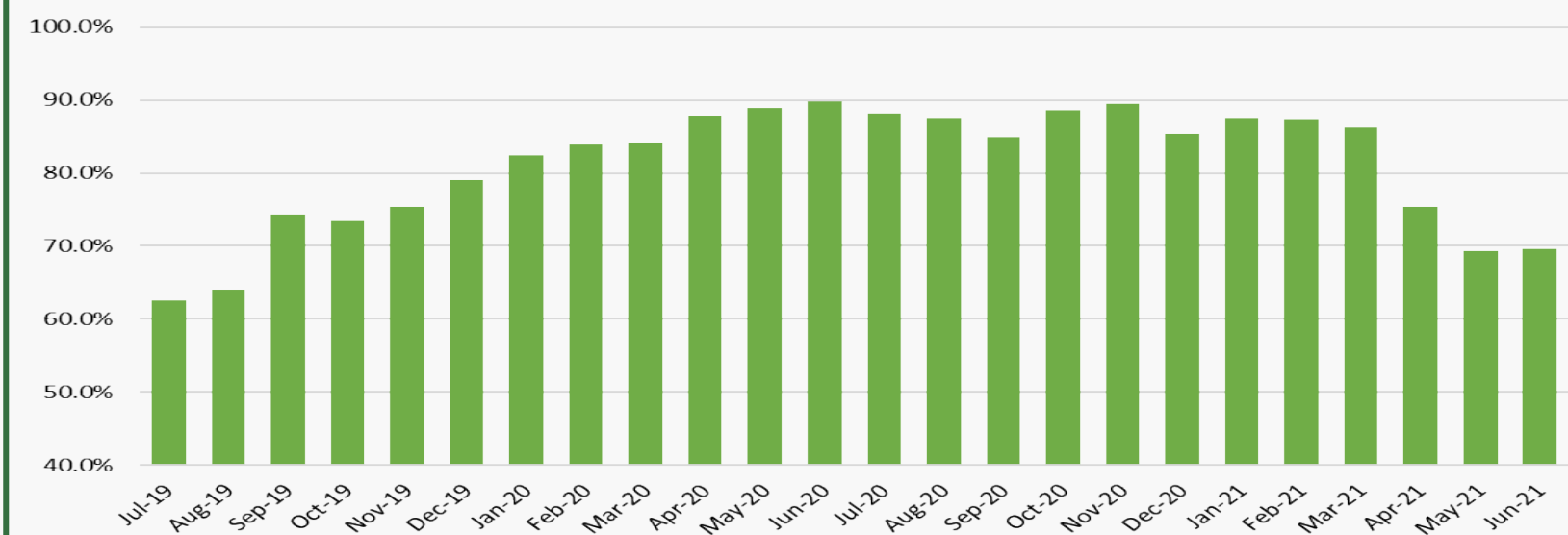
### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



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



#### Analysis

**Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience.** In Jun-21 70% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, a slight increase when compared to May-21 (69%). Recent difficulties within the NEPTS service have been experienced due to administration errors; JCC staff covering sickness absences were not consistently updating all times to accurately reflect the Discharge and Transfer process due to in-experience. Additionally an increase in discharges shifting to afternoons when cover is available from 10:00 hours has impacted the efficiency of the service. This has caused bottlenecks impacting performance. Local managers are actively tackling these issues and work has commenced with the Health Boards to ensure better planning of discharges. 79.3% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 10.8% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- Social distancing means that the number of patients than can be transported per journey has reduced, which has reduced
- **capacity**;
- **Capacity** has also been adversely affected by other CoVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on;
- However, there has been a significant reduction in **demand** as a result of planned activity reductions in health boards. The reductions in demand have more than offset reductions in capacity and hence performance has improved.
- As we emerge out of pandemic response in 2021/22 and the health system is “re-set” we may see demand increase again for NEPTS at which point capacity may be an issue. This modelling is currently being actioned.

The Ambulance Care EoLC Rapid Transport Service continues to provide support across Wales, ensuring EoLC patients are transported to their preferred place of death with minimal delay, following feedback gathered from specialist palliative care teams, NEPTS have now introduced a new EoLC Patient Needs Assessment used during the booking process, this will help to further streamline the engagement between WAST and health care professionals at point of booking. The Trust continues to monitor and evaluate the use of its vehicle based Just In Case medications, used to help manage the common symptoms encountered at the end of life. WAST still remains the only Trust in the UK where all of its paramedic staff are able to give this enhanced level of care.

#### Remedial Plans and Actions

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** As part of the Transport Solutions programme, work towards finding alternative transport solutions for non-eligible patients (to reduce demand);
- The NEPTS Demand & Capacity Review is completed and has been shared and discussed with commissioners during Q1, and action plans will be developed. The Review includes a range of benchmarks particularly around efficiency of our service, which will help to increase **capacity**;
- A recruitment campaign recently concluded to increase call taker numbers and work is ongoing regarding Patient Needs Assessment to reduce call times.
- The commissioner has asked us to explore opportunities to increase capacity to meet increasing demand.

#### Expected Performance Trajectory

At present, the uncertainty around demand means that it is difficult to forecast performance. Work will continue to maximise capacity and reduce non-eligible demand.



(Responsible Officer: Lee Brooks)

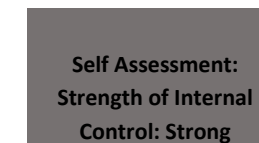
Welsh Ambulance Services NHS Trust



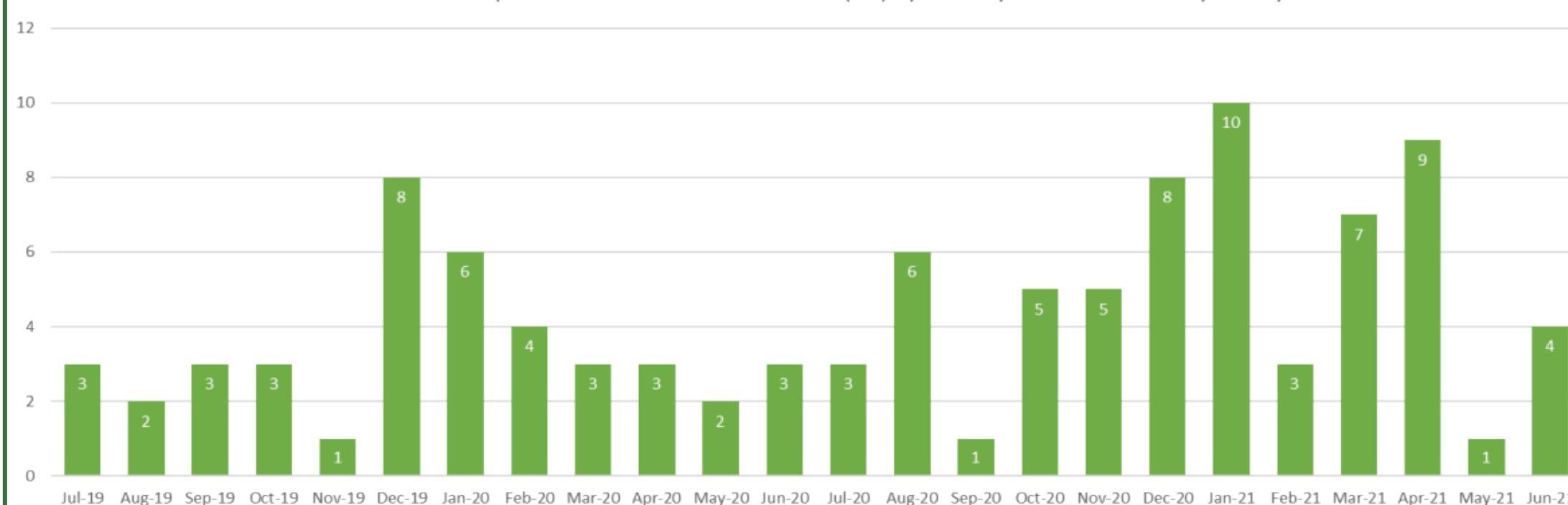


# Our Patients: Quality, Safety & Patient Experience

## Indicators 11, 12: Patient Serious Adverse Incidents & Patient Concerns Responses



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



### Analysis

The **percentage of responses to concerns** increased in Jun-21 to 63%, compared to 62% in May-21, the continuing low level is the result of several factors, including, overall increased demand, a rise in the number of inquests, continuing volumes of SAI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased slightly in Jun-21 (80) when compared to May-21 (89).

**There were 4 SCIF forums held in Jun-21, during which 20 cases were discussed, 4 of these cases was reported to the Delivery Unit and 7 were passed to Health Boards as Serious Incident Framework 'Appendix B' incident referrals.**

**Year on year the overall volumes of SAIs are on an increasing trend.** The sharp increase in Dec-20/Jan-21 and Mar-Apr-21 is concerning and has been linked to the significant delays across the system along with the continued levels of SAIs.

In Jun-21 330 patients waited over 12 hours an increase compared to 232 in May-21.

64 Compliments were received from patients and/or their families in Jun-21, an increase compared to previous months (35).

### Remedial Plans and Actions

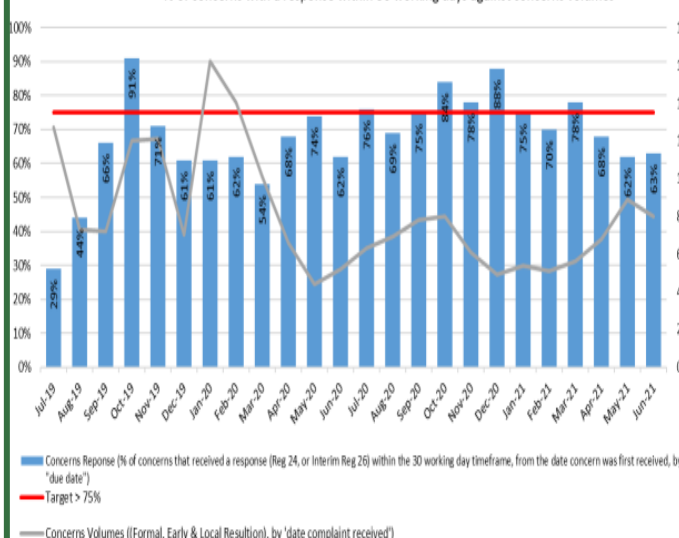
A range of actions are in place:-

- The general theme in relation to the Trust's concern's portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint SI investigations where the primary causal factor is in relation to delayed handover.
- The Trust continues to draw the learning from our most serious incidents, in particular the issue surrounding 'ineffective breathing' descriptor.
- A 'deep dive' was undertaken in relation to the utilisation of Protocol 36 and following this no Serious Adverse Incidents had been raised or cases being discussed at SCIF.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
- The key strategic action is the EMS Demand & Capacity Programme.

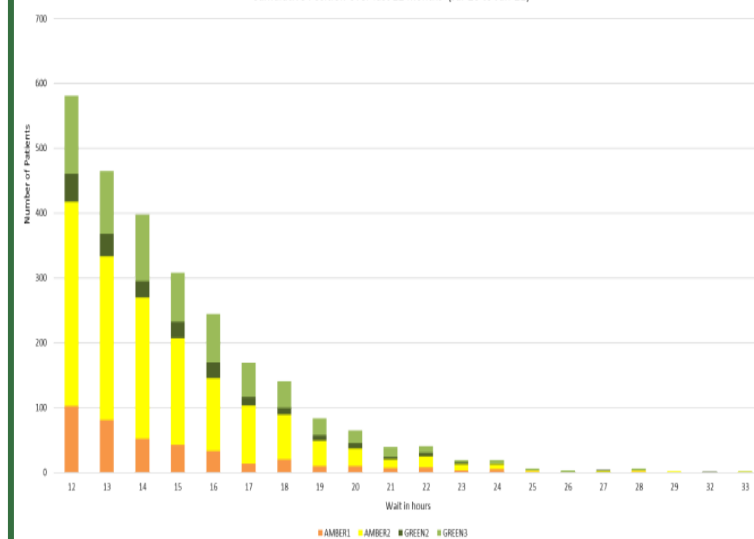
### Expected Performance Trajectory

If the Trust has the required level of investment and efficiencies, we would expect a very low level of SAIs.

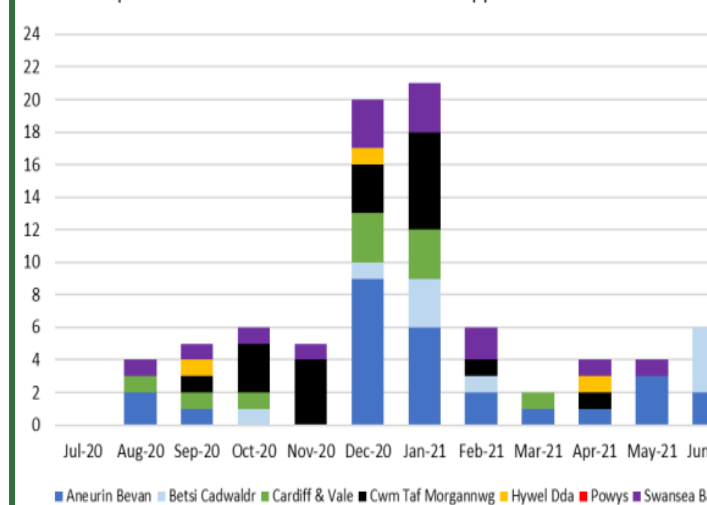
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type  
Cumulative Position over last 12 months (Jul-20 to Jun-21)



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



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Indicators 11, 12: Patient Safety

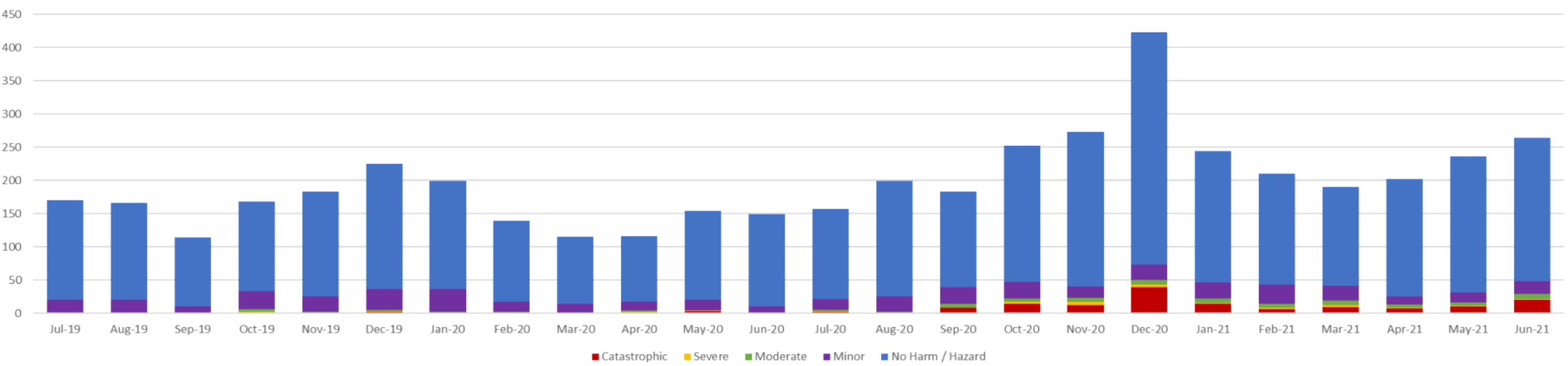
Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

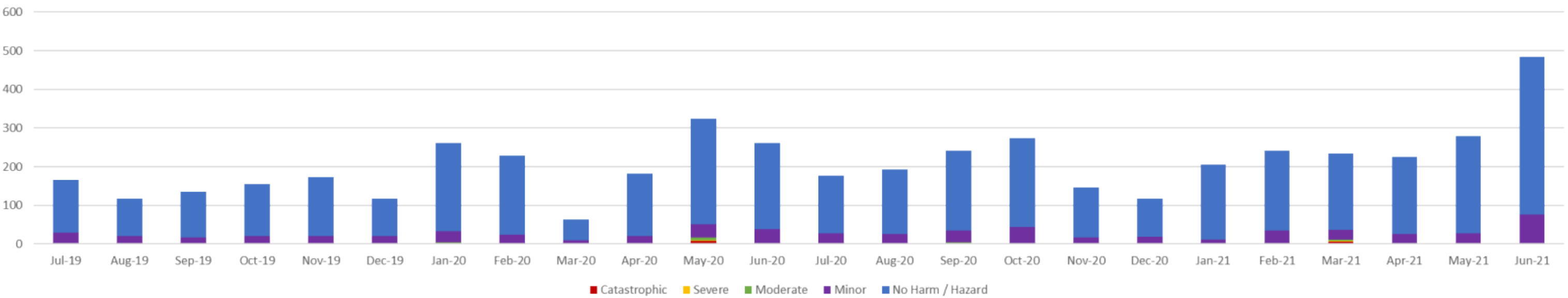
Health & Care  
Standard  
Health – Safe Care



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



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



### Analysis

**Patient Safety:** The number of patient safety adverse incidents submitted within Jun-21 increased to 264, 216 of these were in relation to incidents where there was no harm or hazard, 19 were minor, 8 were moderate, 1 was severe, but 20 incidents were catastrophic. 491 cases were closed in comparison to 252 in May-21 and 223 in Jun-20.

### Remedial Plans and Actions

**Patient Safety:** Capacity issues have impacted the ability of some teams in their ability to support investigations due to ongoing operational pressures related to the continued pandemic.

### Expected Performance Trajectory

The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

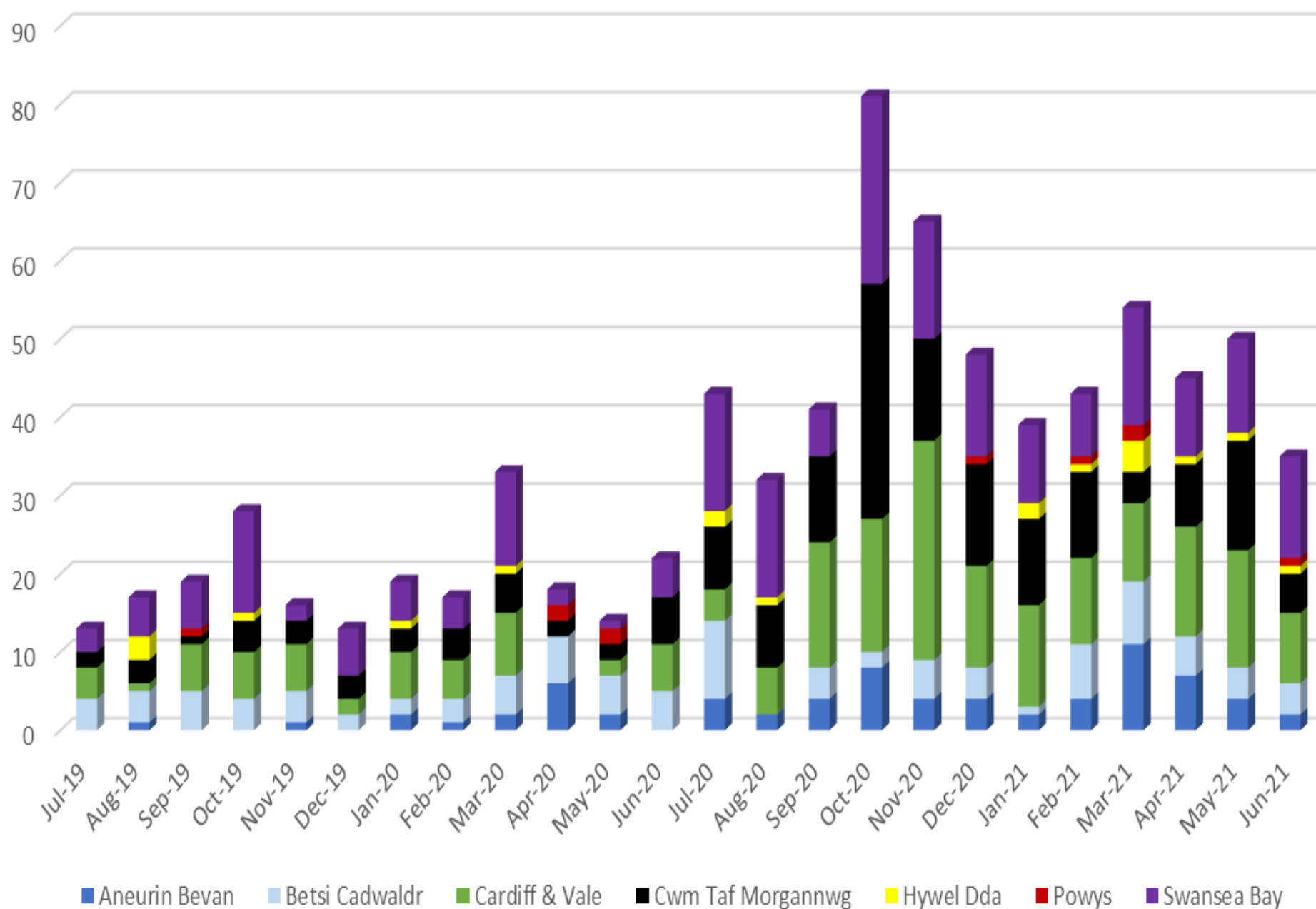
## Indicators 11, 12: Coroners and Ombudsmen

Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care

Number of Coroner Requests by Health Board



### Analysis

**Coroners:** In Jun-21 there were no Coroners Cases which resulted in ongoing Regulation 28 cases. However, continuing unprecedented numbers of requests for information from Coroner's Courts remain a theme (166 in Jun-21). Of these 166 cases, 89 are requests for information, 6 are cases where staff are giving evidence, but the Trust is an interested party, 15 are cases where the Trust is known to be an interested party and 56 are cases where there is a potential for the Trust to become an interested party.

**Ombudsmen:** There are currently 20 open Ombudsman cases in Jun-21, with all information having been shared with the Ombudsman's office.

There are currently 11 open Ombudsman cases, 7 of which were new approaches during Quarter 1 2021/22. Information has been provided for 5 of the open cases and 4 are currently under investigation. We are collating information for 1 information request, and another will be resolved via early resolution.

### Remedial Plans and Actions

**Coroners:** There continues to be an unprecedented number of requests for information from Coroner's courts. There has been an increase in the number of cases in which staff attend to provide continuity evidence and an increase in the number of cases where the Trust has been identified as an interested party. The pandemic has brought many challenges in relation to these requests, however inquests, where possible, continue to be heard remotely or hybrid (mixture of video, telephone, in person).

**Ombudsmen:** A new RL Datix system is planned which will allow the Trust to more precisely monitor cases.

### Expected Performance Trajectory

**Coroners:** The Trust continues to focus on the learning from our investigations and report these via the Patient Safety Highlight report, which is presented to the Executive Management Team and Trust Board.

In addition to this, learning from our investigations continues to be presented to the Patient Safety, Learning and Monitoring Group and our Scrutiny Panels.

Individual learning it also a huge focus across the organisation with significant attention on both clinical and CCC areas of business.

We also continue to engage with our Health Board colleagues where we have utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

**Ombudsmen:** The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Indicators 11, 12: Safeguarding, Data Governance & Public Engagement

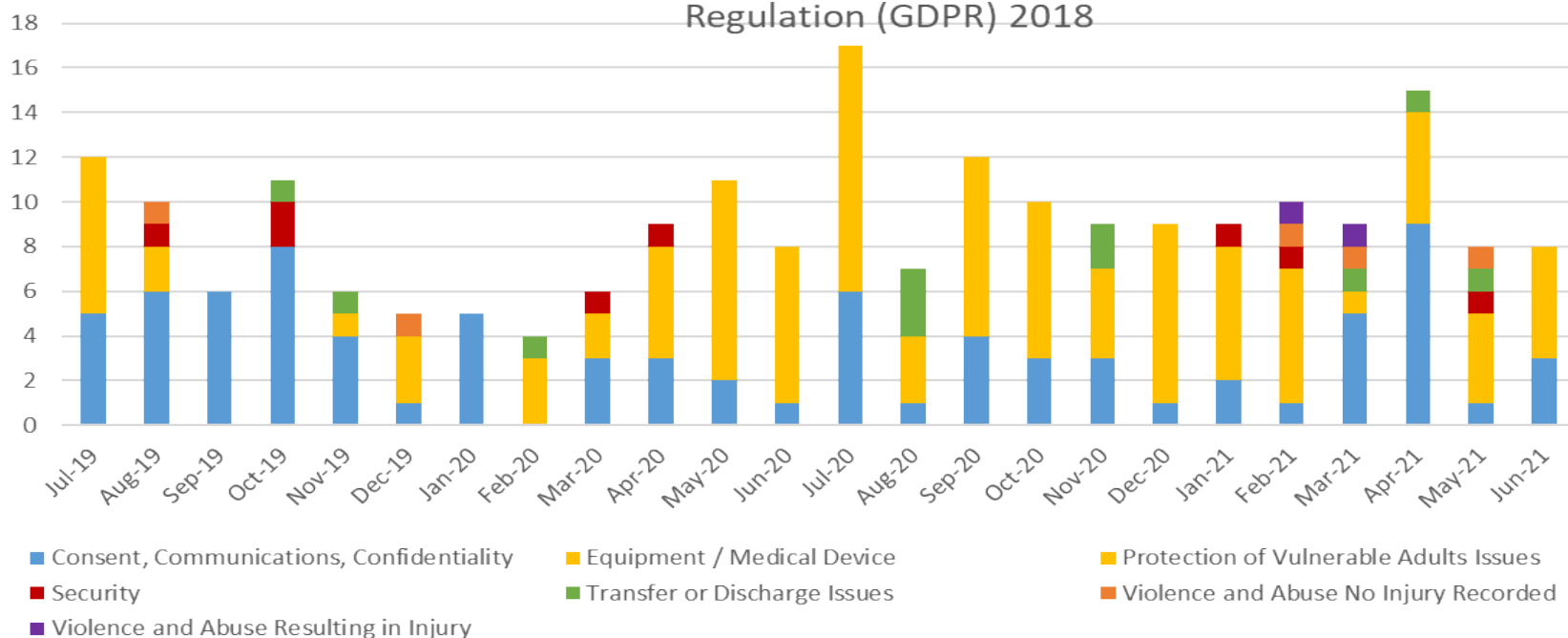
Health & Care  
Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal  
Control: Strong

QUEST



Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018



### Analysis

**Safeguarding:** In June-21 staff completed a total of 111 Adult at Risk Reports, a significant increase compared to May-21 when 85 were reported. 83% were processed within 24 hours in Jun-21.

There have been 188 Child Safeguarding Reports in Jun-21, a decrease from May-21 when 228 reports were made. In Jun-21 89% were sent within 24 hours.

**Data Governance:** In Jun-21 there were 12 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) Breach, the same as May-21. 3 related to Consent, Communications or Confidentiality; 5 related to medical Devices or Equipment and 4 related to 111 Call Handling issues. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place.

**Public Engagement:** There were 39 engagement events held this quarter (April – June 21), allowing engagement with 700 people. 82 surveys (75 relating to the 111 website and 7 to the 111 telephony service) were returned relating to NHS 111 Wales. During this quarter we also launched a targeted survey for Carers, this will be the third year this survey has been run, and will add extra valuable information to our understanding of how WAST meets the needs of unpaid carers in the community. 165 compliments were also logged and processed. The PECCI Team have continued to engage with communities digitally throughout this quarter, attending online events where we have been able to talk to mental health services users, people with learning disabilities, older people and those with specific health conditions.

### Remedial Plans and Actions

**Safeguarding:** The Trust now primarily manages reports via Docworks and since this move the majority of delays have been as a result of staff being unavailable during weekends and Bank holidays to forward the reports to Local Authority. With the launch of direct transfer the Trust expects to see an improvement.

**Data Governance:** Learning is applied to all incidents, though individual user training, awareness raising through SIREN and bespoke team training to ensure continued improvement and adherence of standards and expectations. Following receipt of the scores during Apr-21 the Data Protection Compliance Team have been working on producing an Improvement Plan to progress on the 2020-2021 position, this is still in production but will be focusing on the areas of limited or non-compliance – actions arising from this will be added to the Information Governance and Data Protection Compliance Plan for 2021 – 2022.

**Public Engagement:** Due to the ongoing pandemic, the official position of the Trust is that no face to face public engagement events will be held or attended. Though, this position will be reviewed regularly. In place of face to face engagement activities, all of the PECCI Team's engagement has moved online, using digital technology to allow us to continue to interact with the public and enable them to have a voice. Over the past quarter we have continued to work with colleagues in Information Governance to develop a more comprehensive set of patient experience survey's, covering the all of the services delivered by WAST. These will soon be hosted on the WAST website and will help to enable more people to share their experiences of using our services with us.

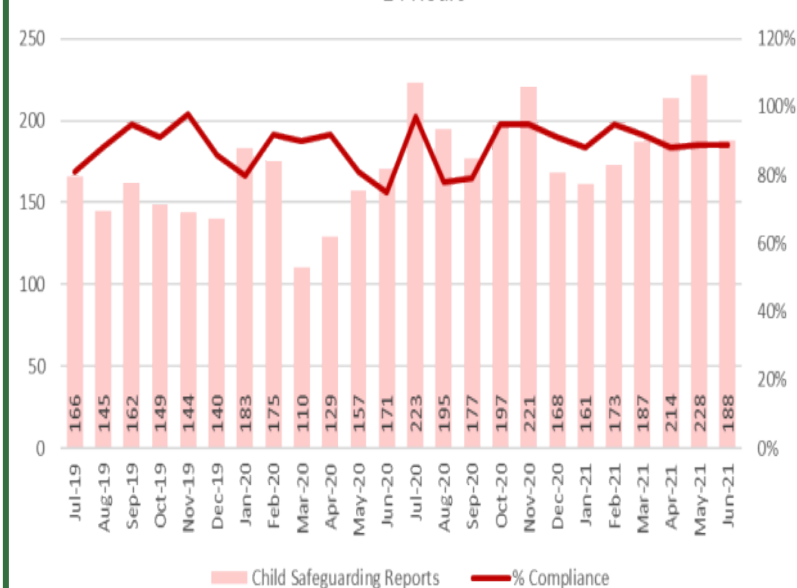
### Expected Performance Trajectory

**Safeguarding:** The Trust continues to aim to achieve 100% of Adult and Children at risk referrals within 24 hours.

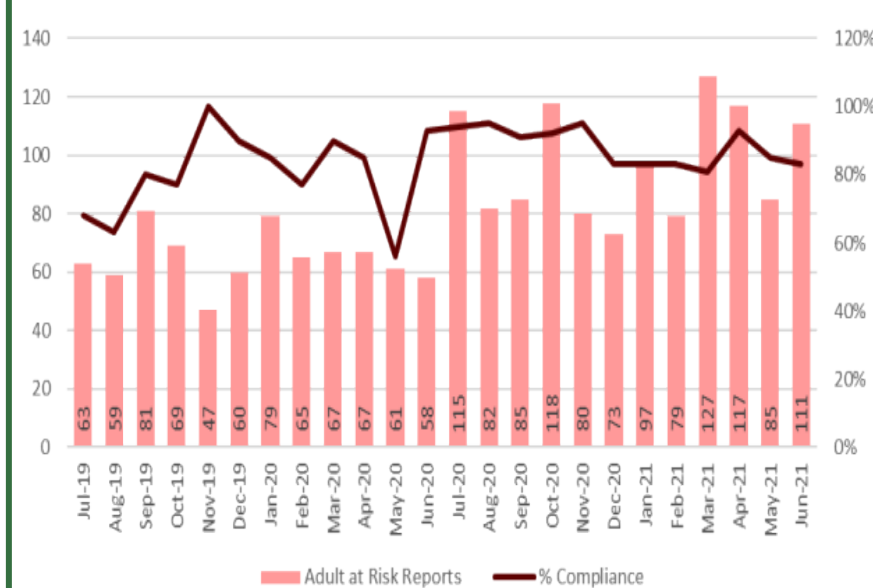
**Data Governance:** An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards.

**Public Engagement:** The PECCI Team will continue to share good practice with the Health Board's, other stakeholders and colleagues at Ambulance Services across the UK. An informal network of Ambulance Service Patient Experience & Engagement Managers has been established to help better facilitate the sharing of information and best practice ideas. The PECCI Team have also launched the People & Community Network, which will allow members of the public to become more involved in developing the quality of services we deliver. 43 People from communities right across Wales have now signed up to be Network members, they will be invited to participate in a variety of quality improvement activities, attend meetings or to sit on appropriate committees as Patient/Public representatives. Further promoting the Network and recruiting a diverse and more representative membership will be a key priority for the PECCI Team.

Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Number and Percentage of Adult at Risk Reports sent within 24 Hours



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Indicators 11, 12: Health & Safety (RIDDORS)

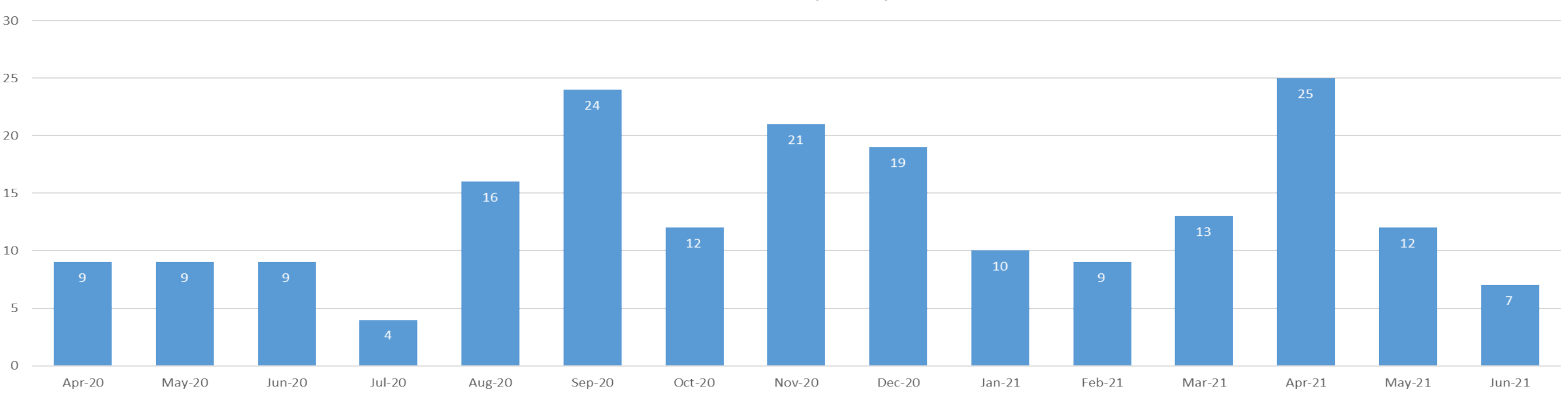
Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

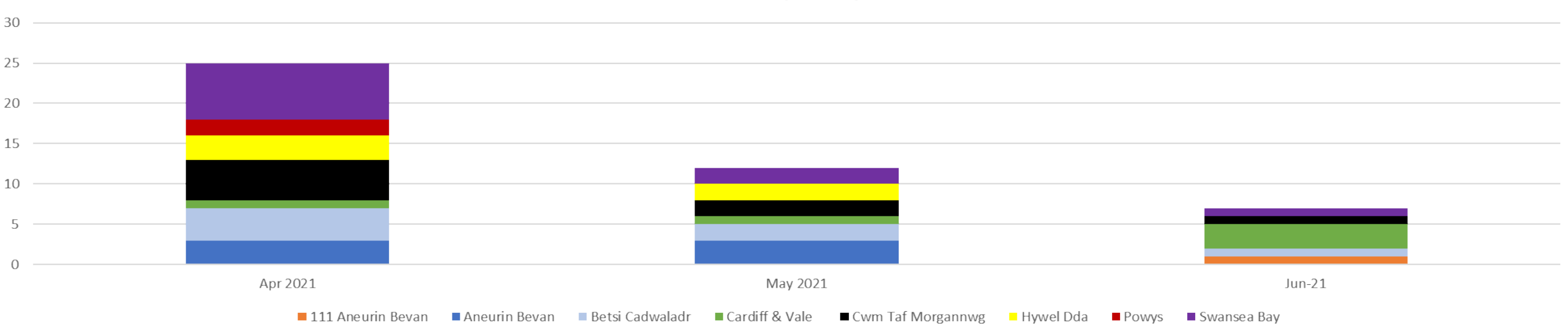
Health & Care  
Standard  
Health – Safe Care



Volume of RIDDOR Reports by Month



Volume of RIDDOR reports by Health Board



### Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided by the Health & Safety Executive (HSE). There are moderate levels of internal control internally. Challenges around obtaining staff details impacting on timeliness of reporting RIDDORS to the HSE.

In May-21 9 RIDDORS relate to minor, short term injury or damage and 3 related to moderate, semi-permanent injury or damage.

The highest number of RIDDOR Reports relate to the moving and handling of patients

### Remedial Plans and Actions

The Health & Safety Team have recently been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting.

However, the Trust compliance with Health and Safety legislation requires further work to specify and detail areas to improve compliance. A draft transformation plan has been presented to Trust forums, and ADLT endorsing the commencement of this action, through a Working Safely Programme.

### Expected Performance Trajectory

The Trust continue to work towards improving internal controls and the timeliness of reporting RIDDORS.



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



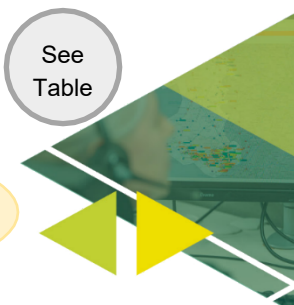


# Our Patients: Quality, Safety & Patient Experience

## Indicators 11, 12: Corporate Risk

See  
Table

Health & Care  
Standard  
- GLA3



### CORPORATE RISK REGISTER: Summary

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	20 (5x4)	Finance and Performance Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee

#### Analysis

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks at regular intervals during the last quarter.

Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and emergence of long handover delays at Hospital Emergency Departments.

#### Remedial Plans and Actions

Principal risks assigned to the following Committees were considered during this period for scrutiny and strategic oversight.

- a) **Quality, Safety & Patient Experience Committee** (7<sup>th</sup> May 2021).
- b) **People & Culture Committee** (11<sup>th</sup> May 2021)
- c) **Finance & Performance Committee** (13<sup>th</sup> May 2021)
- d) **Trust Board** (27<sup>th</sup> May 2021).



(Responsible Officer: Claire Roche)

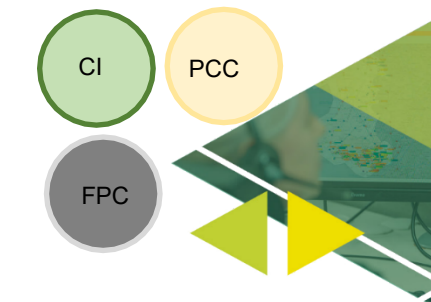
Welsh Ambulance Services NHS Trust



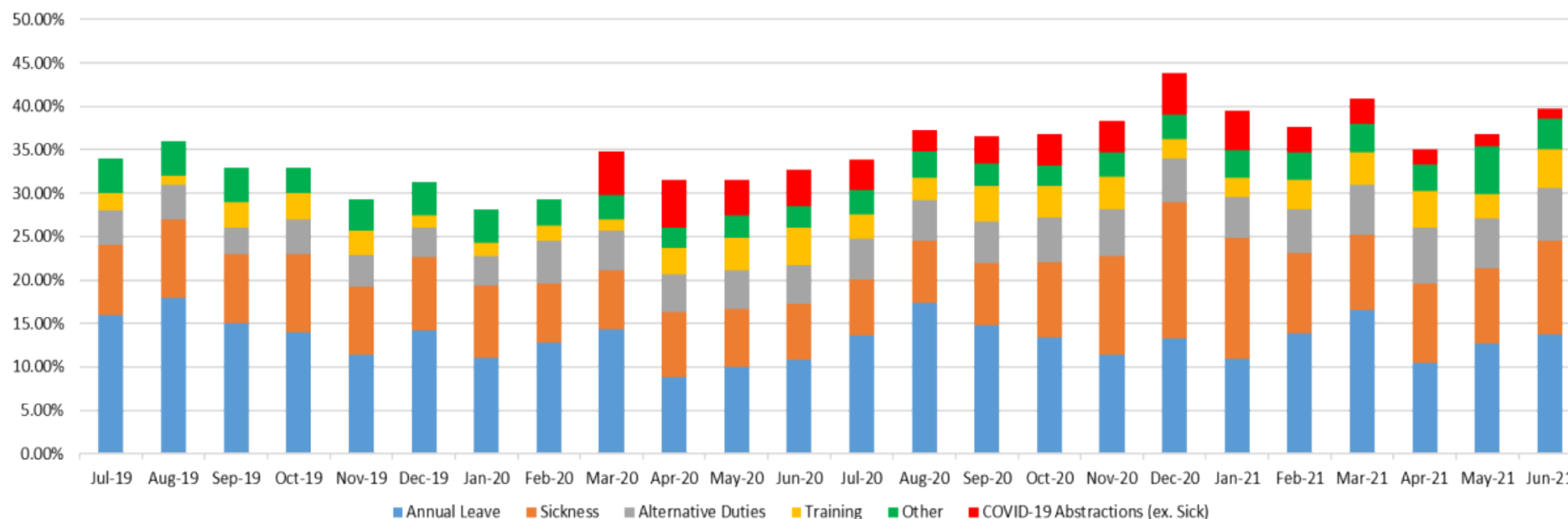
# Our People

## Indicators 13, 14: Ambulance Abstractions and Production

Abstractions	EA Production
A	A



Pan Wales Total Rota Abstraction Hours



### Analysis

**Emergency Ambulance Unit Hours Production (UHP) was 92% in Jun-21** (67,822 Actual Hours), just missing the 95% benchmark. RRV UHP was 84% (16,253 Actual Hours) compared to 89% in May-21. The total hours produced is a key metric for patient safety. In Jun-21 the Trust produced 111,096 hours. In Mar-21 support received from the Military ceased; in Jun-21 the Trust received 598 support hours from Fire & Rescue Service and Students, however from 28<sup>th</sup> June 2021 student hours will be included in the overall overtime figures as Bank UCA staff.

Monthly abstractions from the rosters are key to managing the number of hours we produce. In Jun-21, total abstractions stood at 39.69%. This compares to a benchmark set in the Demand & Capacity Review of 30%. The highest proportion was annual leave at 14% and sickness at 10%. Sickness abstractions in Jun-21 were higher than the previous year (6.41%). CoVID-19 related abstractions reduced again in Jun-21 accounting for 1.18% of overall abstractions, the lowest since the beginning of the pandemic.

The Trust ceased to operate the Tactical Approach to Production (TAP), returning to normal crewing with the introduction of the EMS crewing SOP from 17<sup>th</sup> June 2021. In addition the summer plan has now been implemented taking into account forecasting and modelling undertaken and an increase in RRV production is being approached through encouraging greater levels of overtime.

### Remedial Plans and Actions

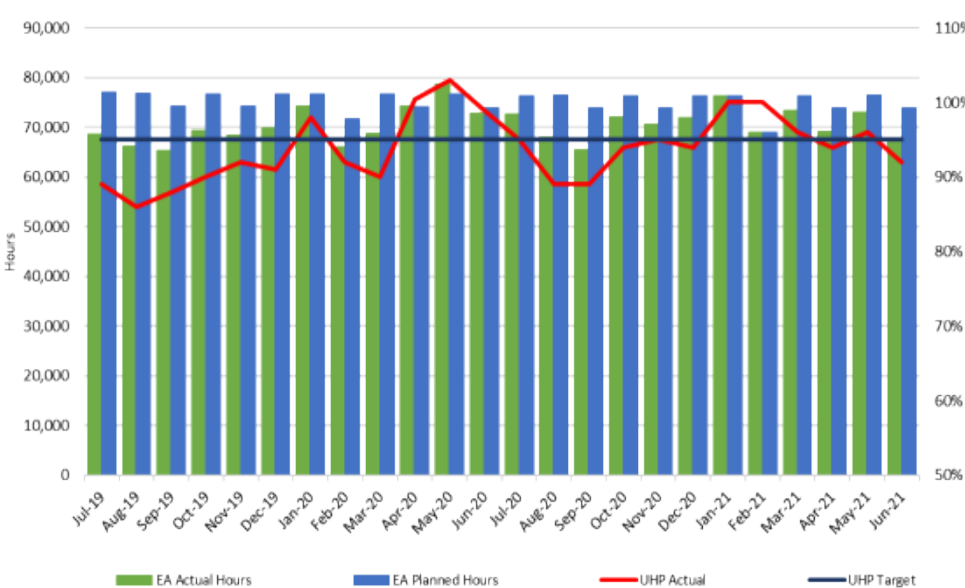
The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. The resumption of the Resource Availability Project (within the EMS Demand & Capacity Programme) is key to improving this overall metric under normal conditions.

The key actions to maximise production will continue to be the EMS demand and capacity review. An additional 127 WTE to be recruited this year

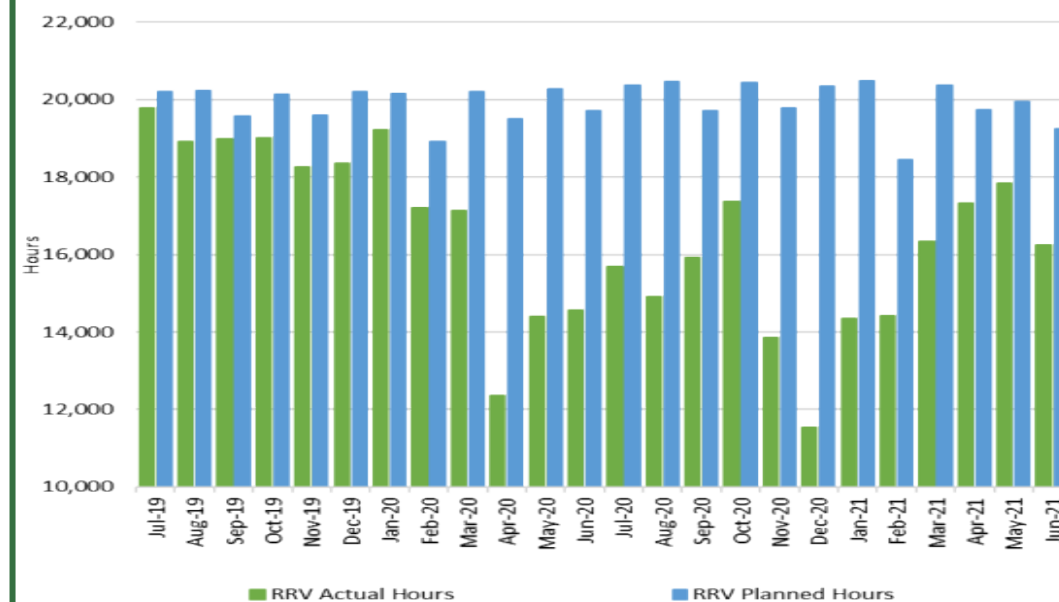
### Expected Performance Trajectory

Subject to the longer-term impact of CoVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%. The aim is to achieve this by the end of 2021/22 as the relief gap closes. The overtime budget should then be available to support dynamic deployment of RRVs.

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

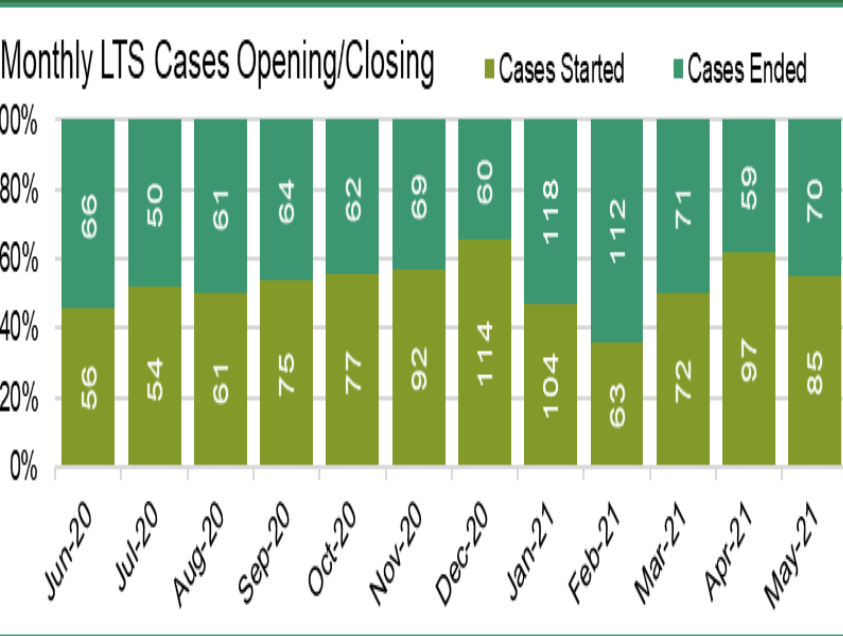
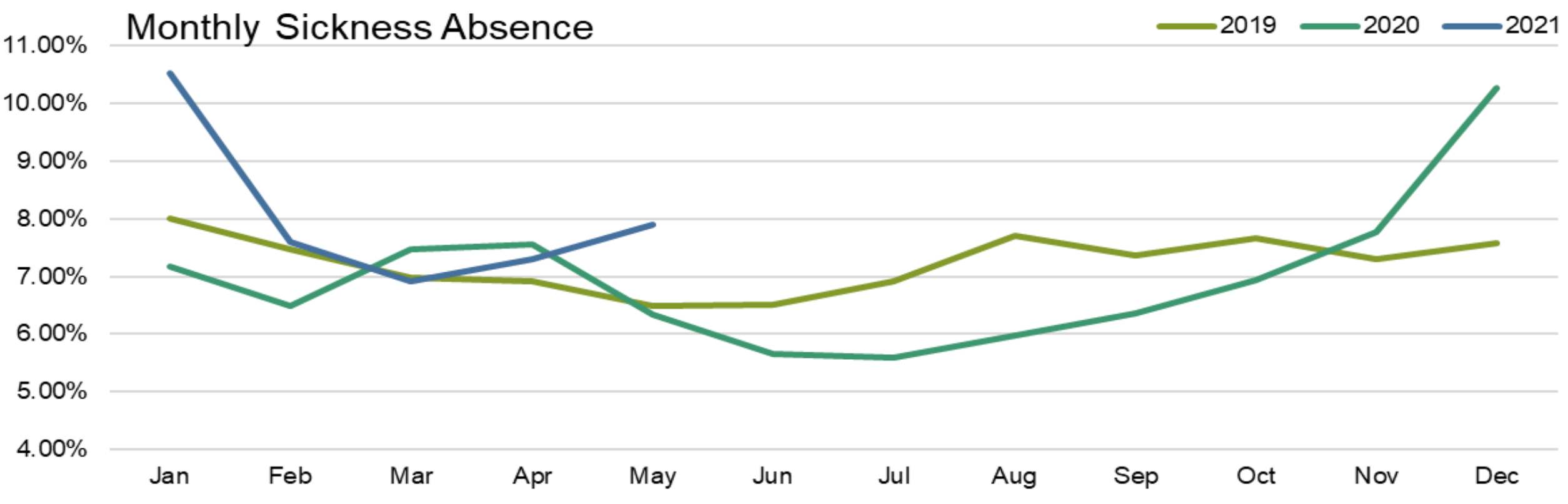


# Our People

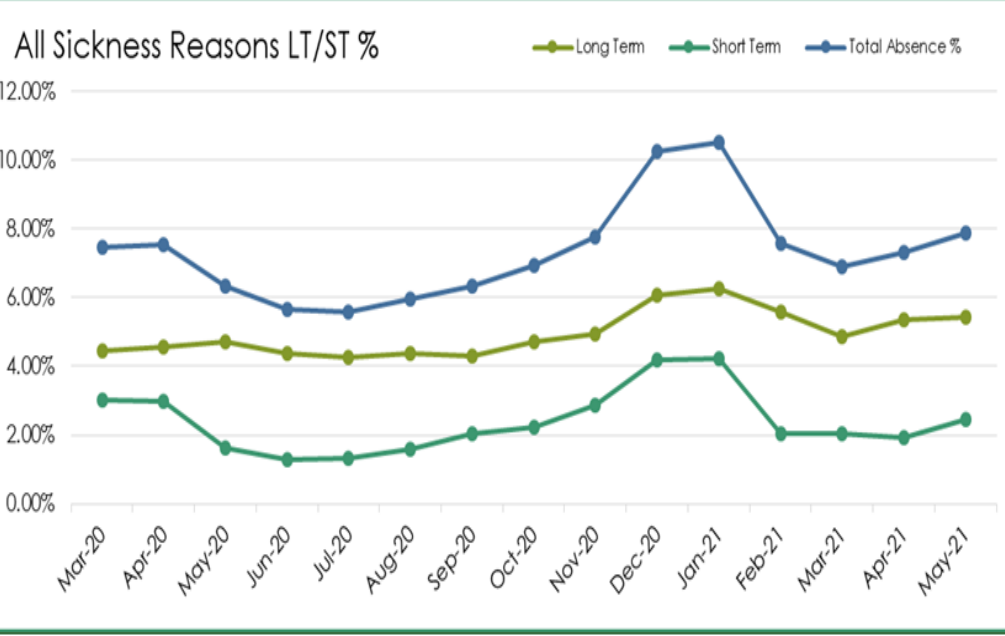
## Indicator 15: Sickness Absence

R

NB: May 2021 data



Average working days lost per FTE (Annual)	
18.01 days	
Single month Absence %	
7.90%	
Long Term	Short Term
5.44%	2.46%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.04%	(excluding Back) 1.43%



**Analysis**

The monthly sickness absence figure for May-21 was 7.90%, a decrease of 0.60% from last month.

- In May 2021 **25.8%** of absence was attributable to Stress and Anxiety
- The average length of all LT cases closing in May 21 was **94** days
- The number of open all LT cases at the end of May was **186**
- The average length of open all LT cases in May is **114** days

**Remedial Plans and Actions**

- We are now running Women's Health Sessions across the Trust aimed to support staff of all age groups.
- The TRiM processes are more proactive within CCC delivering daily information on possible traumatic incidents.
- OH has run a series of webinars for managers regarding Long Covid and impacts upon staff in returning to the workplace and Living Life to the Full Courses.
- Our Long Covid support programme continues with learning sessions for Managers and the Road to Recovery Group opening up to outside organisations to broaden the support network.
- We are seeing a monthly decrease in the number of staff that are on LTS due to covid with further 1 member of staff returning in the last month. We are currently reporting 23 staff off with long covid. Currently our longest absence due to Long COVID is 461 days.
- WAST is still supporting those staff that have returned to work after shielding. We currently have 1 staff member's still shielding due to complex medical concerns whilst all other 36 staff have either returned to their substantive role or are working from home or on alternative duties

**Expected Performance Trajectory**

The Trust is aware that some staff may need more time to recover due to Long-CoVID and may require a longer phased return to work alongside putting in place other supporting mechanisms. Work is also ongoing to consider the mental health aspects of CoVID-19 and working from home and the Trust is actively seeking ways to consider the possibility of hidden health and wellbeing issues. It is therefore difficult to forecast or predict performance against this indicator, but the expectation is that the target is unlikely to be achieved in this financial year.



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust





# Our People

## Indicator 16: Staff Vaccinations

Self Assessment:  
Strength of Internal  
Control: Strong

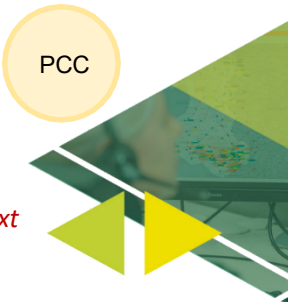
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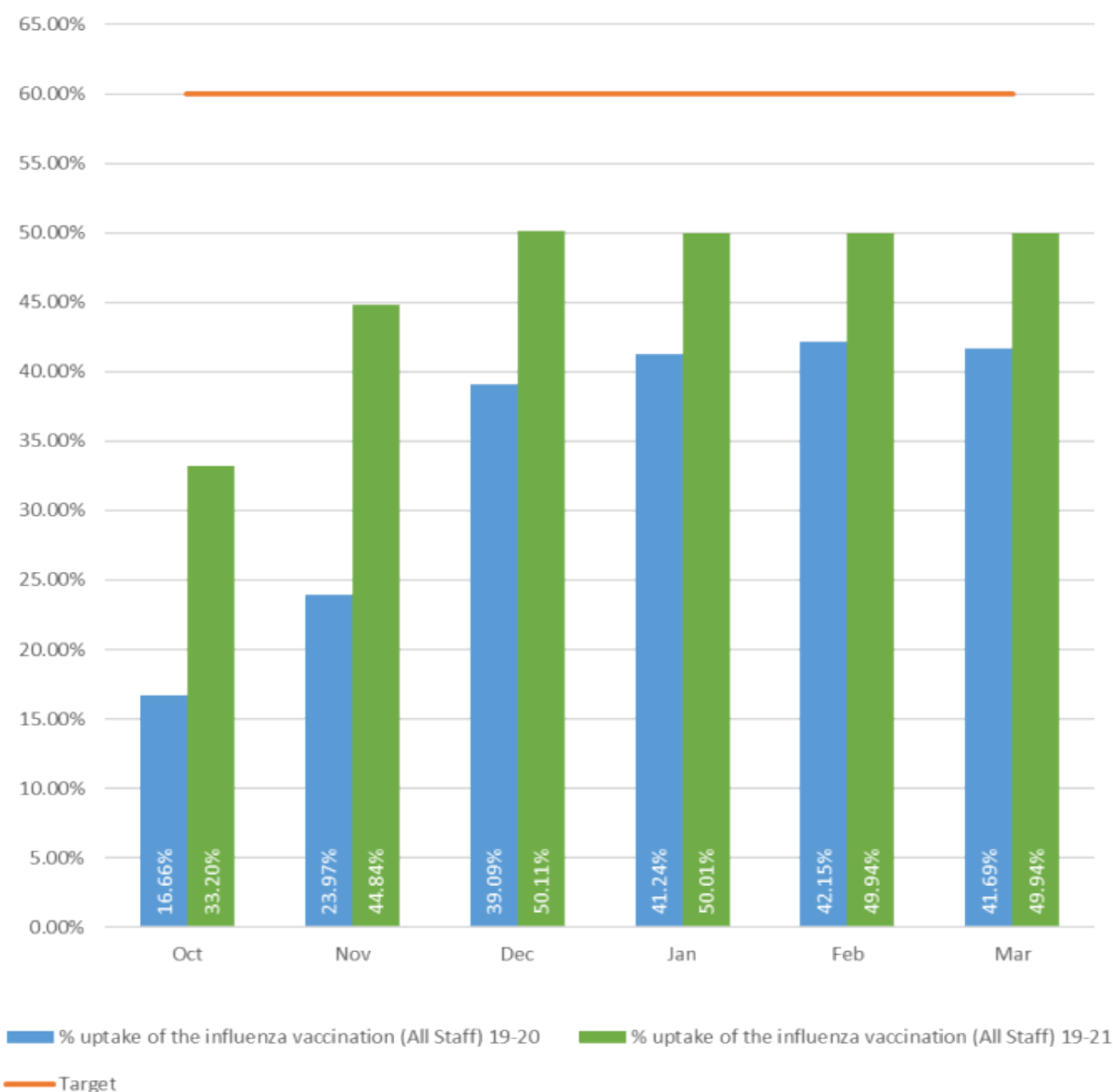
PCC

Health & Care  
Standard  
- Health (PPI)

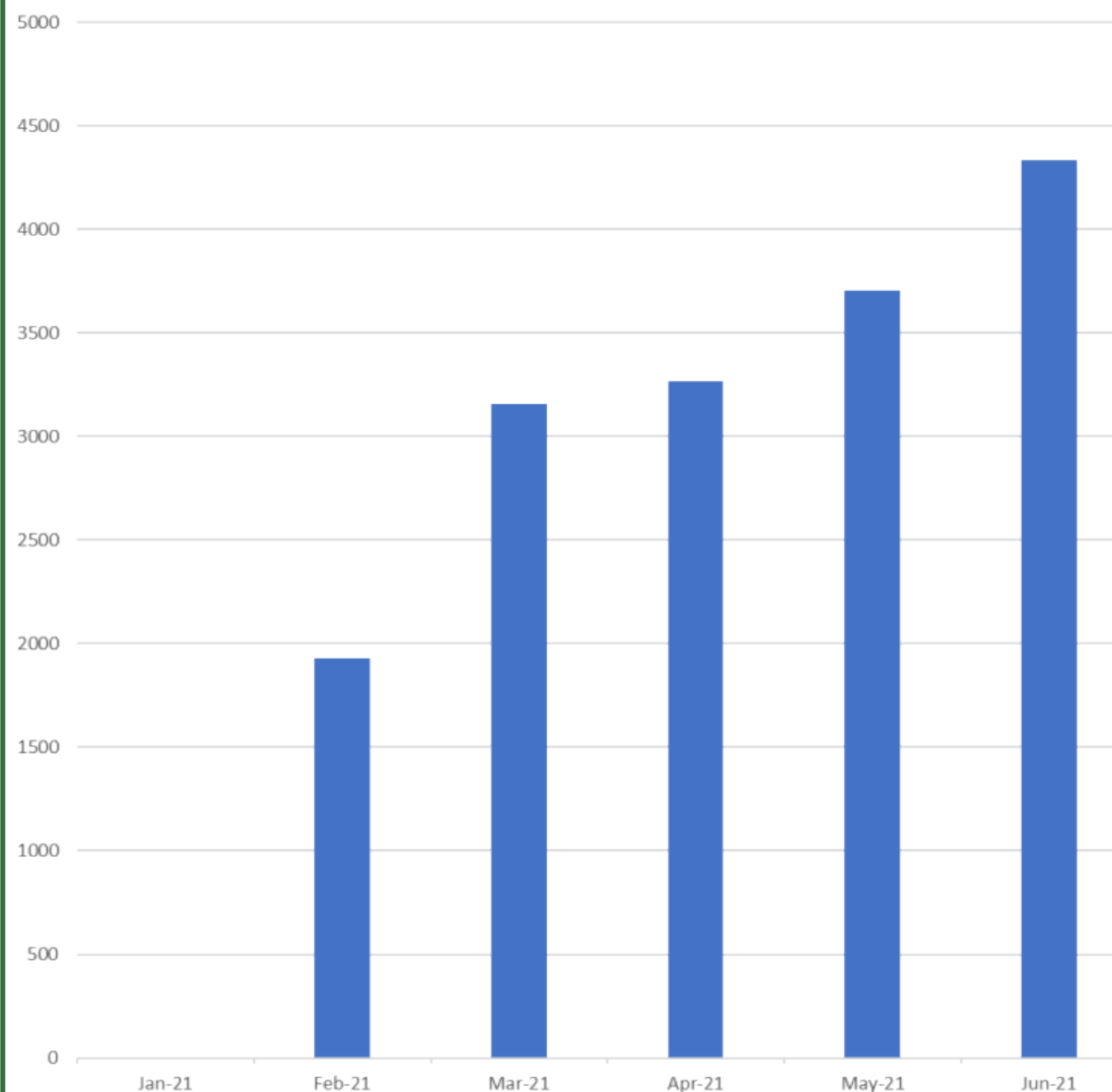
NB: Flu Campaign – next  
reporting Oct-21



% Uptake of the Influenza Vaccination amongst Healthcare Workers who have Direct Patient Contact



Uptake of the CoVID-19 Vaccination amongst Frontline Healthcare Workers (Cumulative)



### Analysis

The graph to the left indicates that the 2020-21 Flu campaign saw a bigger uptake for Flu vaccines than the previous years campaign for ambulance response and NEPTS staff. The 2020-21 campaign has now concluded and will recommence in Sept-21 for reporting in Oct-21.

4,334 of frontline staff (85% of frontline, patient facing staff) have received a second dose of the CoVID-19 vaccination.

### Remedial Plans and Actions

The Trust is considering an in-house vaccination programme to administer CoVID-19 booster vaccines. Upskilling and training CFRs in order to utilise them to deliver the vaccination is in process and further work to explore the feasibility of bringing the vaccine in-house, however this is still in the consideration stages.

### Expected Performance Trajectory

Due to the easing of lockdown measures in Wales, flu rates are expected to see a surge over the 2021/22 winter period, therefore it is expected that there will again be an increased uptake of the vaccine. Winter planning will be key.

**\*\*Please note this section is under development**



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



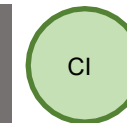
# Our People

## Indicators 17, 18: PADR and Training Rates

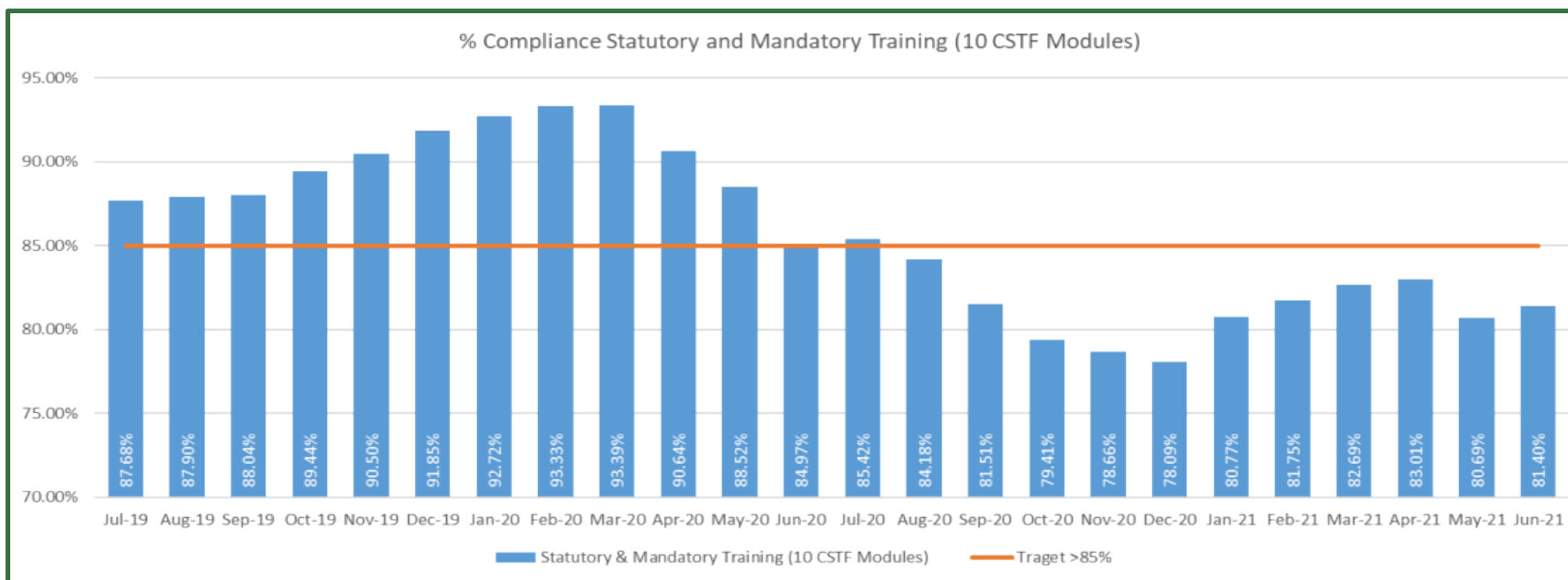
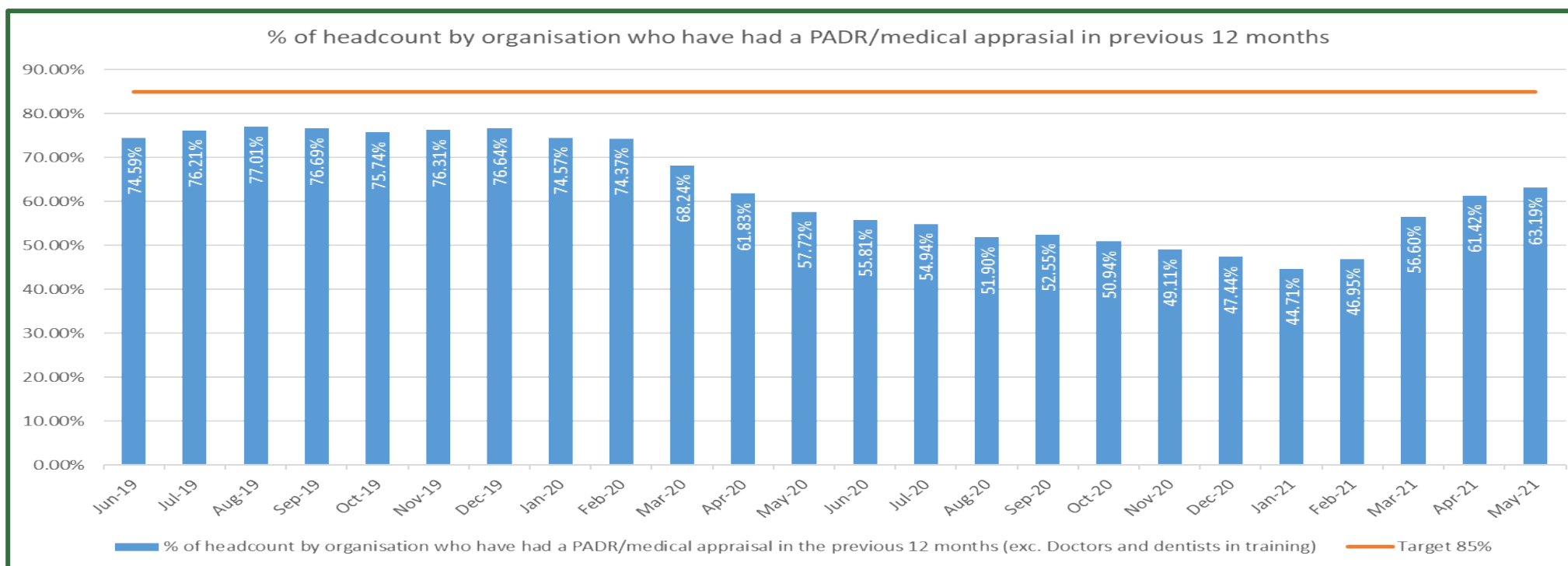
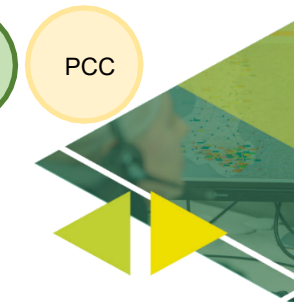


NB: PADR - May 2021 data

Self Assessment:  
Strength of Internal  
Control: Strong



Health & Care  
Standard  
Health – Staff &  
Resources



### Analysis

PADR rates for May-21 were 63.19%, continuing to remain well below the 85% target. Jun-21 Statutory & Mandatory Training rates increased by 0.71% from the May-21 figure but remains 3.60% below the 85% target. Four competences remain below the 85% target - Fire Safety (53.45%), Information Governance (81.48%), Moving & Handling (58.62 %) and Safeguarding Adults (83.73%).

Continuing Professional Development was suspended due to the Coronavirus Pandemic, but has now resumed. Band 6 Paramedic Competency rates are 88.56% for year 1 and 83.22% for year 2. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These include:

Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years
Resuscitation - Level 1	3 years
Safeguarding Adults - Level 1	3 years
Safeguarding Children - Level 1	3 years
Violence & Aggression (Wales) - Module A	No renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

### Remedial Plans and Actions

The Learning and Development team will continue to utilise targeted communication via Siren using the #WASTMakeltHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via the WAST Facebook page.

### Expected Performance Trajectory

The outlook for 2021 is unclear, a potential third wave of the CoVid-19 pandemic could result in the Trust again moving out of the Monitor Phase and again into a Response Phase resulting in the redeployment of staff and a pause to PADR and Statutory and Mandatory compliance.



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust





# Finance and Value

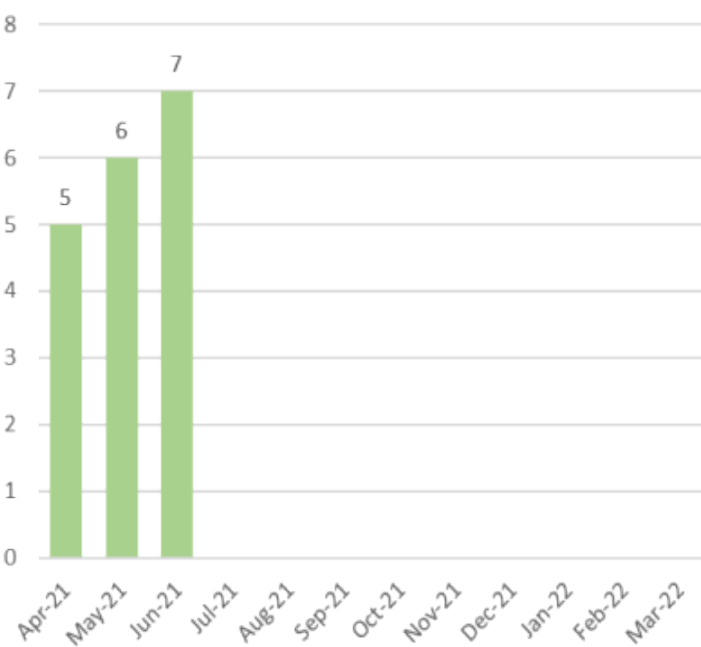
## Indicator 19: Finance



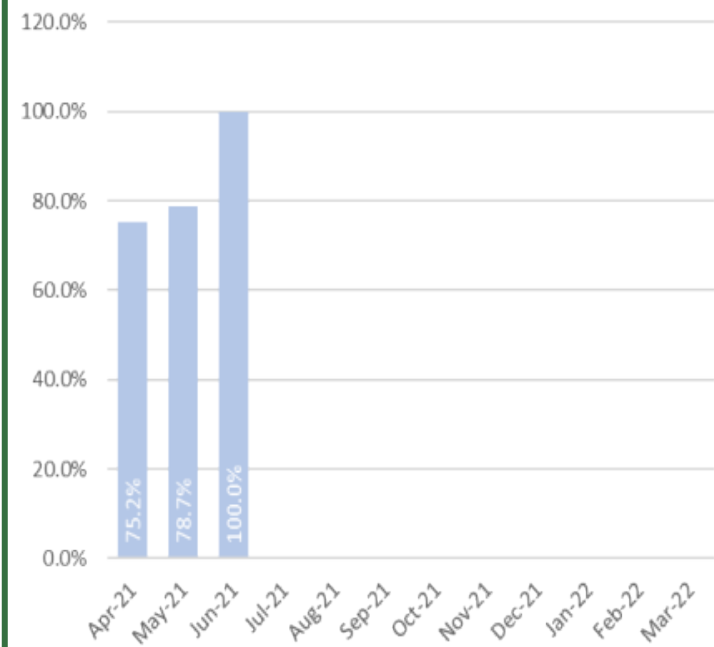
Financial balance - annual expenditure YTD as % of budget expenditure YTD



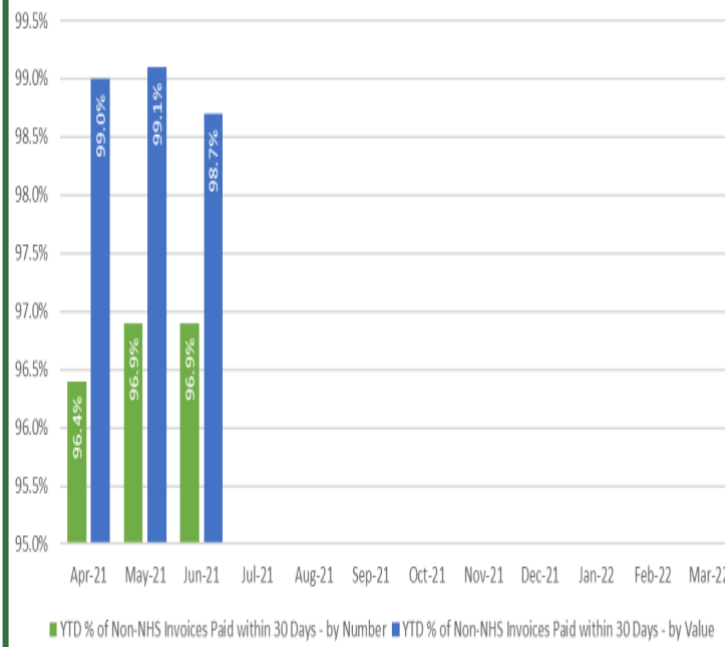
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



YTD % of Non NHS Invoices Paid Within 30 Days - By Number & Value



### Analysis

As of Jun-21 the reported outturn performance at month 3 is a surplus of £7k, above target.

For month 3 the Trust is on target, reporting planned savings of £1.303m and actual savings of £1.303m, an achievement rate of 100%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Jun-21 remains at 96.9% against a target of 95%.

As of Jun-21 the Trust is on target to achieve both its External Financing Limit and its Capital Resource Limit.

### Remedial Plans and Actions

The Trust's financial plan for 2021-24 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the current 2021-24 plan is in development.

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both our ambitions and savings targets. We continue to seek to strengthen where we can our financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan.

Key specific risks to the delivery of the 2021/22 financial plan include:

- Continuing financial support from Welsh Government in relation to Covid pandemic costs which may persist at a significantly material level into the new financial year;
- Non-pay inflation and any impact in relation to Brexit (particularly suppliers);
- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies;

### Expected Performance Trajectory

The expectation is that we will continue to meet our statutory financial duties, as outlined in our IMTP.



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust



# Finance and Value

## Indicator 20: EMS Utilisation & Post Production Lost Hours

TBD

FPC



Post Production Lost Hours



### Analysis

There were 12,026 hours lost in Jun-21 compared to 11,542 May-21 and 10,331 in Apr-20 to Post-Production Lost Hours (PPLH). The highest number of hours were lost to EA vehicles, accounting for 7,666 in May-21.

Hours lost through PPLH can be down to numerous factors, including but not limited to Meal Breaks, HALO duties, Vehicle cleaning, vehicle defects and Traumatic stand down. It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

### Remedial Plans and Actions

The tracking and monitoring of post-production lost hours is undertaken through a new dashboard which sits within QlikSense. This identified the number of hours lost by unavailability reason and vehicle location. This will allow the Trust to start actively monitoring and identifying any outliers in relation to lost hours.

### Expected Performance Trajectory

The Trust benchmarked well on post-production lost hours in the EMS Demand & Capacity Review, with the exception of meal-breaks which accounted for 75% of the lost hours. This is currently an area of focus via the Modernisation Agenda and no target or forecast has been set.

***\*\*Please note this section is under development***



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

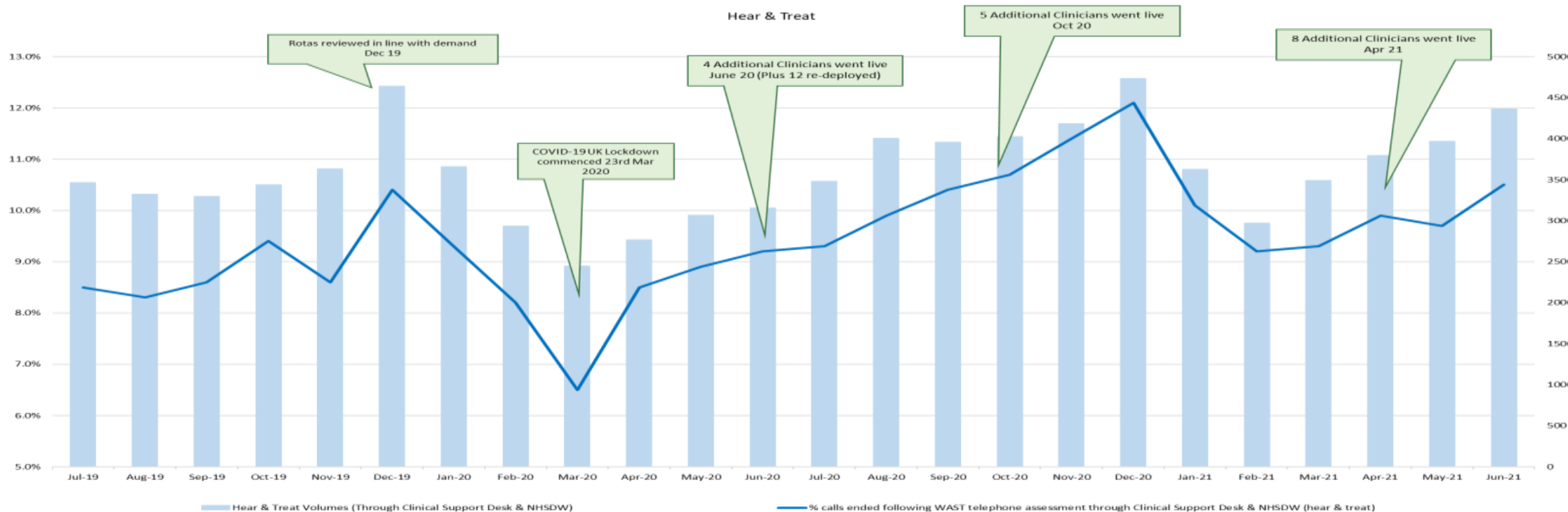
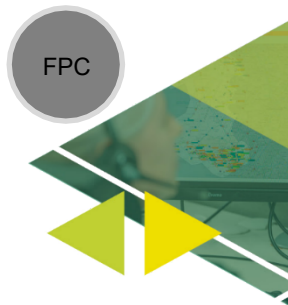


# Partnerships / System Contribution

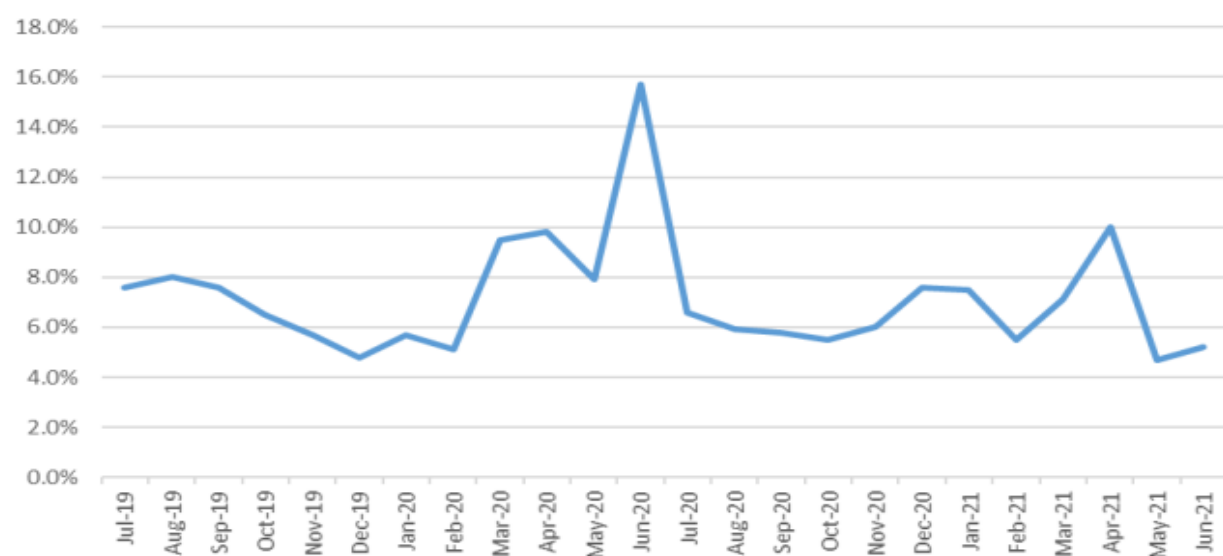
## Indicator 21: Hear & Treat

A

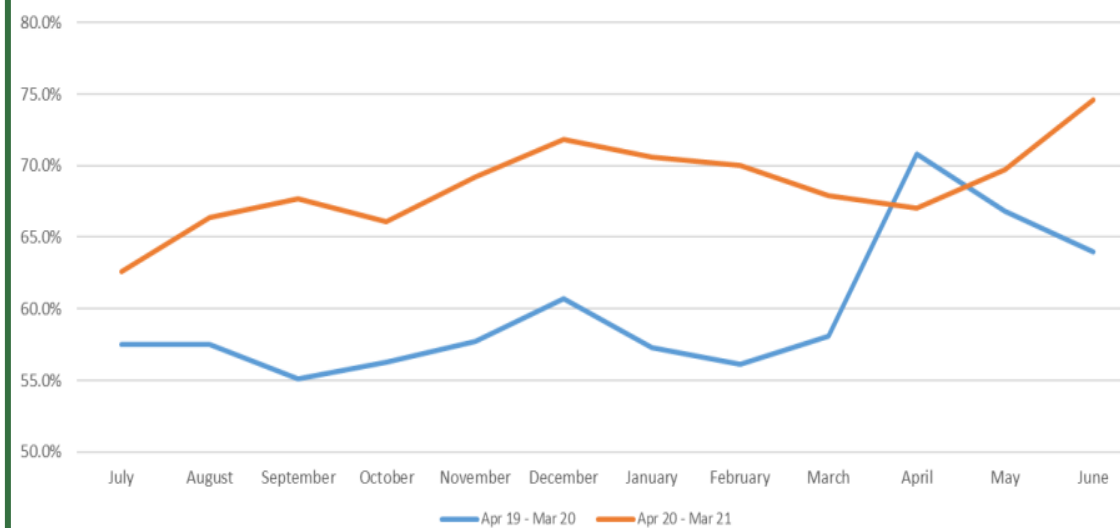
FPC



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



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



### Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 10.5% performance in Jun-21, achieving the 10.2% target for the first time since Dec-20.

6.5% of hear & treat volumes were achieved by the CSD in Jun-21. In comparison, 4.0% of hear & treat was by NHSDW/111.

The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated over the last two years, peaking in Jun-20 to 15.7%.

**Re-contact rates in Jun-21 were 5.2%** an increase compared to 14.7% in Apr-21 but a decrease when compared to 15.7% in Jun-20.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased to 74.6% in Jun-21 compared to 64.0% in Jun-20.

### Remedial Plans and Actions

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. Limited progress has been made through the pandemic, but work has recommenced. A report on predicted impact on hear and treat rates is due to the EMS Operational Transformation Programme Board (11 Jun-21).
- An offer has been made to the system to recruit additional mental health practitioners into the 999 (and 111) clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Funding decisions are awaited.

### Expected Performance Trajectory

The expectation from the Demand & Capacity Review is that we ought to be able to achieve a 10.2% hear and treat rate (achieved in some recent months). Commissioning intentions do not set any further specific targets, but further joint work will be undertaken to understand the art of the possible., and this remains a key strategic ambition for the organisation, so we will be working to identify further actions



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust





# Partnerships / System Contribution

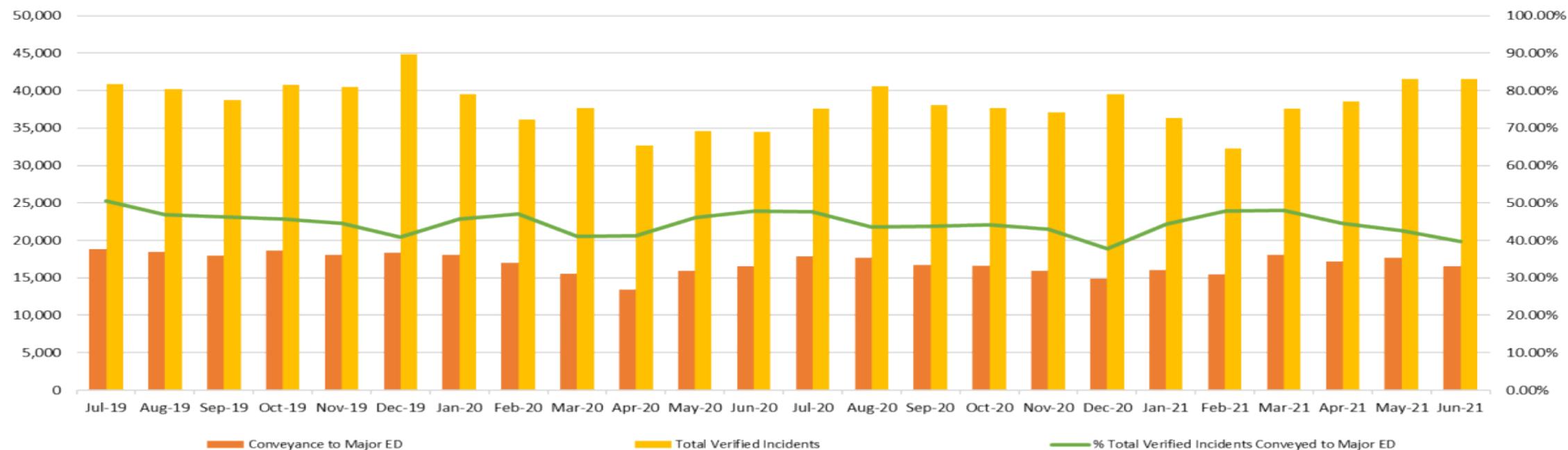
## Indicator 22: Conveyance to ED

G

FPC



Conveyance to Major ED



### Analysis

The percentage of patients conveyed to EDs decreased i.e. improved, compared to the same period last year. In Jun-21 conveyance to EDs as a proportion of total verified incidents was 39.76% (compared to 47.82% in Jun-20).

The combined number of incidents treated at scene and referred to alternate providers decreased again in Jun-21 when compared to previous months and the previous year, and is now considerably lower than the same period last year. 2,217 incidents were referred to alternative providers in Jun-21 and 2,899 incidents were treated at scene.

### Remedial Plans and Actions

This indicator captures the impact of all “shift left” activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. Initial scoping work on this transformative modelling will take place in quarter four.

As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the national strategic direction and delivered in collaboration with Health Boards & key stakeholders: Delivery will be dependent on cooperation with health boards who will need to provide a service to refer into; however, this has the opportunity to increase referrals to alternative providers.

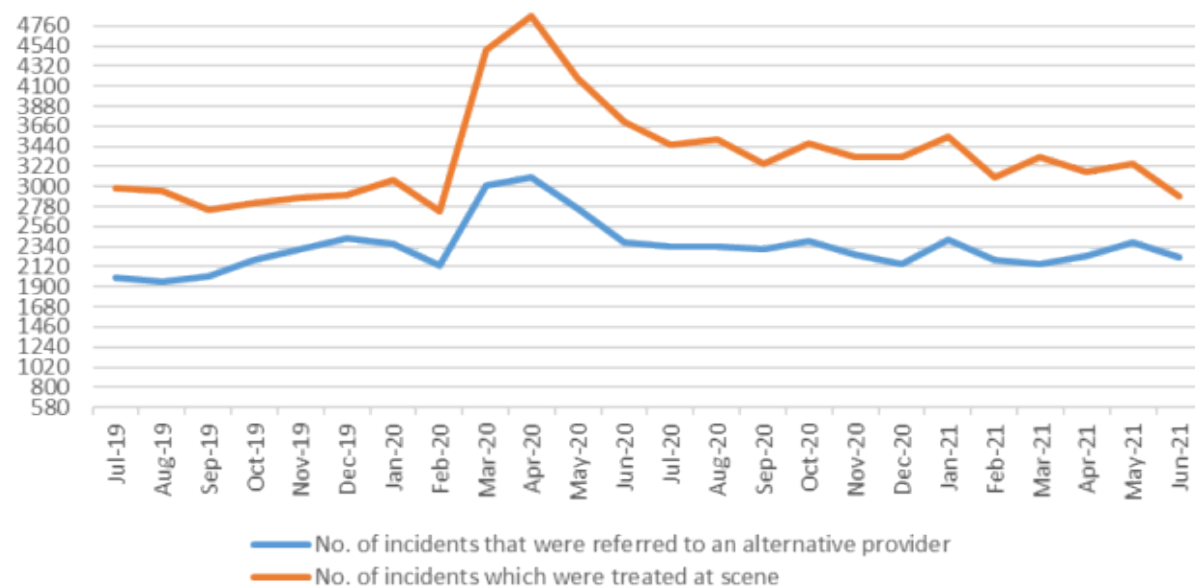
We have been asked to work with health boards to consider whether we could increase recruitment of a further 50 paramedics this year, one option would be to use these to backfill further into APP training roles, but this has yet to be confirmed or decided.

One of our commissioning intentions is to develop an optimising conveyance strategy, which will bring forward clearer proposals

### Expected Performance Trajectory

No targets are set for see and treat or conveyance rates, but the expectation that the range of actions being taken across the system will continue to incrementally improve these. More modelling will be done this year to determine whether this can be forecast.

Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



Recontact % within 24 hours of See & Treat



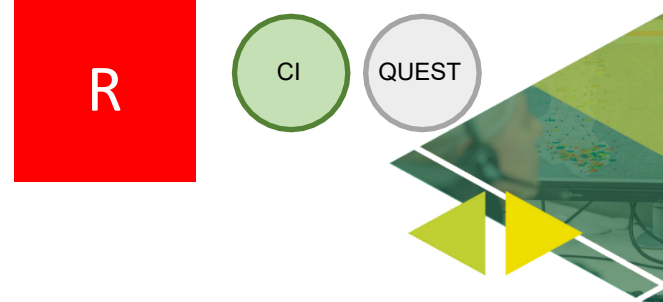
(Responsible Officer: Brendan Lloyd)

Welsh Ambulance Services NHS Trust

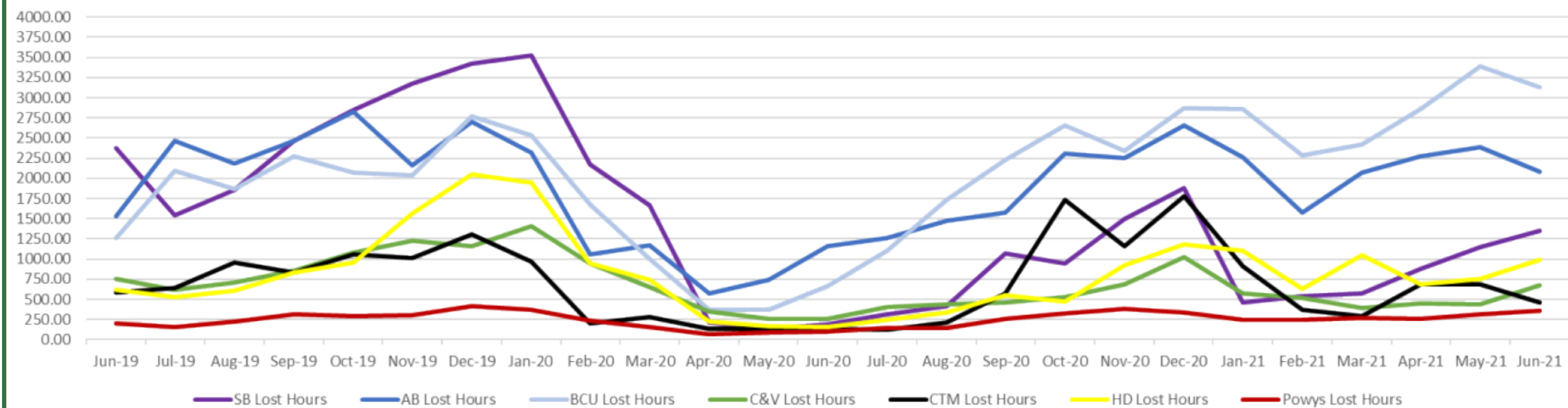


# Partnerships / System Contribution

## Indicator 23: Handover



Notification to Handover Lost Hours by Health Board



### Analysis

The **percentage of handover to clear within 15 minutes** of transfer of patients to hospital staff was 87.0% in Jun-21, an increase when compared to 85.7% in May-21. The target is an improvement trend.

**92,892 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 95,342 in same period a year ago (Jul-19 to Jun-20).** 9,059 hours were lost in Jun-21, a 79% increase compared to 2,650 lost hours in Jun-20 also an increase when compared to 7,325 in Jun-19. The worst hospitals during Jun-21 were Grange University Hospital (ABUHB) at 2,014 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 1,515 lost hours and Morriston Hospital (SBUHB) at 1,348 lost hours.

Notification to handover lost hours averages 302 hours a day in Jun-21, 49.66% higher than the commissioning intention of no more than 150 hours per day.

**Handover to clear delays decreased in Jun-21 to 316 lost hours.** In the last 12 months, period Jul-20 to Jun-21 **5,315 hours were lost**, compared to 4,043 hours in the same period last year. Year on Year the in-month figure is a decrease, in Jun-20 there were 374 lost hours.

Lost hours remain a challenge for the Trust, in Jun-21 25,723 hours combined hours were lost to UHP shortfalls (under 95% UHP) handover, post production lost hours and handover to clear lost hours.

### Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve.

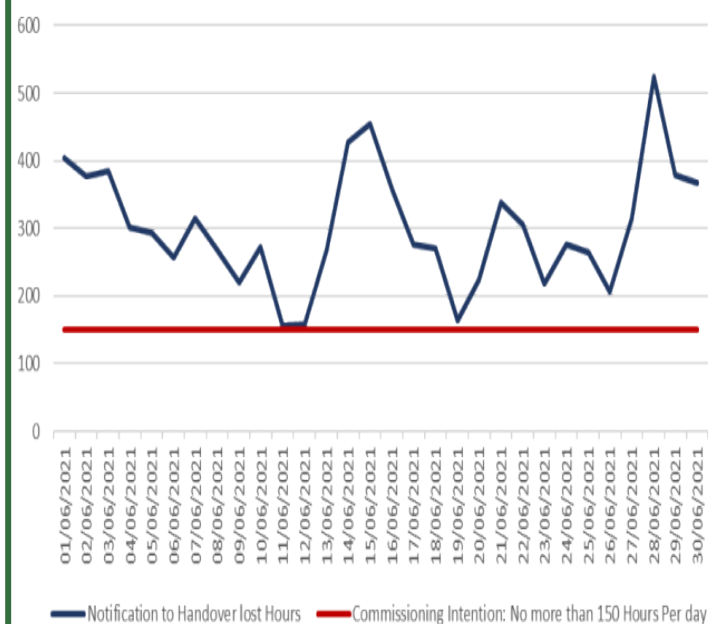
Healthcare Inspectorate Wales (HIW) is undertaking a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient, dignity and overall experience during the CoVID-19 pandemic. As part of the review it has launched a staff survey to capture views of Paramedics, Ambulance Technicians and ED staff who work within the NHS.

The relaunch of the WIIN platform throughout May and Jun-21 will have a specific focus on activating ideas that focus on handover reduction and supporting patient and staff dignity whilst waiting outside EDs.

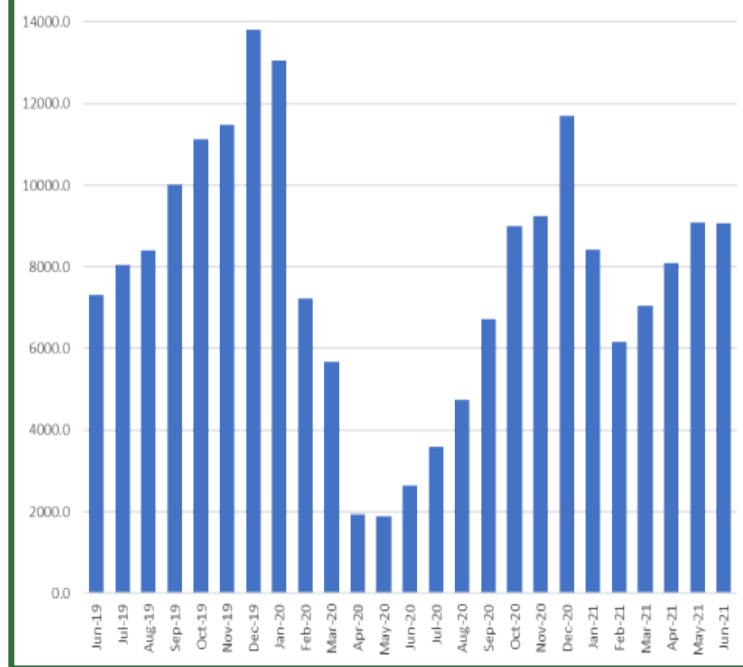
### Expected Performance Trajectory

There is a very specific and welcome EASC commissioning intention for **reducing handover lost hours** so that they do not exceed 150 hours per day 95% of the time. This will clearly be for Health Boards to deliver, but the Trust will expect to collaborate with Health Boards, in particular, on optimising conveyance and treating, referring more patients into community services closer to home and supporting timely patient discharge from hospital.

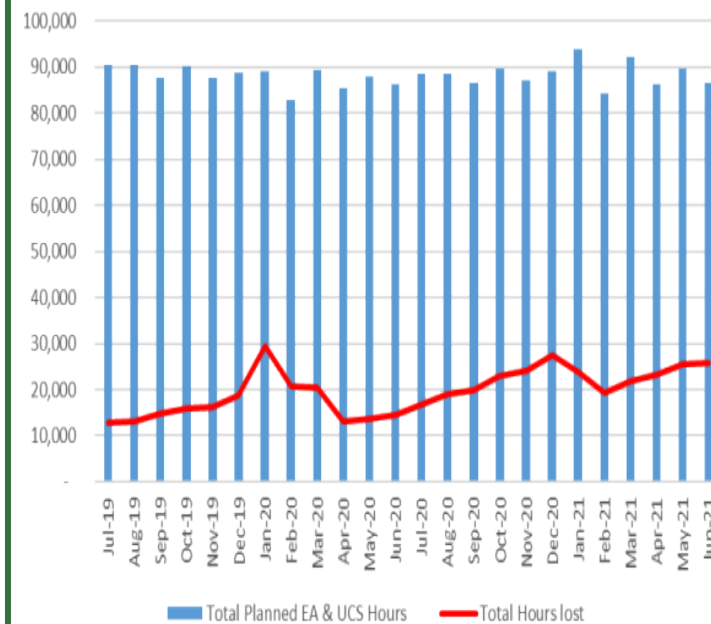
Notification to Handover Lost Hours - June 2021



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	EASC	Emergency Ambulance Service Committee	LTS	Long Term Strategy	POD	Patient Offload department
AOM	Area Operations Manager	ED	Emergency Department	MACA	Military Aid to the Civil Authority	PPLH	Post Production Lost Hours
APP	Advanced Paramedic Practitioner	EMS	Emergency Medical services	MIU	Minor Injury Unit	PSPP	Public Sector Purchase Programme
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EMT	Executive Management Team	MPDS	Medical Priority Dispatch System	QPSE	Quality, Patient Safety & Experience
CASC	Chief Ambulance Services Commissioner	ePCR	Electronic Patient Care Record	NCCU	National Collaborative Commissioning Unit	ROSC	Return Of Spontaneous Circulation
CC	Consultant Connect	EPT	Executive Pandemic Team	NEPTS	Non-Emergency Patient Transport Services	SAI	Serious Adverse Incident
CCA	Consultant Connect App	FTE	Full Time Equivalent	NEWS	National Early Warning Score	RRV	Rapid Response Vehicle
CCC	Clinical Contact Centre	GPOOH	General Practitioner Out of Hours	NHS	National Health Service	SB / SBHB	Swansea Bay / Swansea Bay Health Board
CEO	Chief Executive Officer	GTN	Glyceryl Trinitrate	NHSDW	National Health Service Direct Wales	SCIF	Serious Concerns Incident Forum
CFR	Community First Responder	HB	Health Board	NPUC	National Programme for Unscheduled Care	SPT	Senior Pandemic Team
CI	Clinical Indicator	HCP	Health Care Professional	NQPs	Newly Qualified Paramedic	STEMI	ST segment Evaluation Myocardial Infarction
COOs	Chief Operating Officers	HD / HDHB	Hywel Dda / Hywel Dda Health Board	OBC	Outline Business Case	TPT	Tactical Pandemic Team
COPD	Chronic Obstructive Pulmonary Disease	HIW	Health Inspectorate Wales	OD	Organisational Development	UCA	Unscheduled Care Assistant
CoVID-19	Corona Virus Disease (2019)	HI	Health Informatics	ODU	Operational Delivery Unit	UCS	Unscheduled Care System
CSD	Clinical Service Desk	H&W	Health & Wellbeing	OH	Occupational Health	UFH	Uniformed First Responder
CTM / CTMHB	Cwm Taf Morgannwg Health Board	HR	Human resources	P / PHB	Powys / Powys Health Board	UHP	Unit Hours Production
C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	IG	Information Governance	PCR / PCRs	Patient Care Record(s)	WAST	Welsh Ambulance Services NHS Trust
D&T	Discharge & Transfer	IMTP	Integrated Medium Term Plan	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	WG	Welsh Government
DU	Delivery Unit	IPR	Integrated Performance Report	PECI	Patient Engagement & community Involvement	WIIN	WAST Improvement & Innovation Network
EA	Emergency Ambulance	KPI	Key Performance Indicator				





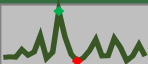
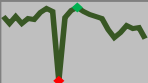
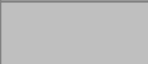
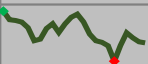










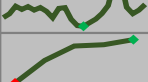





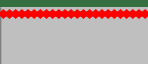




GIG  
CYMRU  
NHS  
WALES



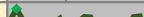
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



Welsh Ambulance Services NHS Trust  
Integrated Performance Report  
2020/21

Top Monthly Indicators			Target 2021/22	Baseline Position (2020/21)	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience																		
111 Abandoned Calls	< 5%	11.00%	5.6%	11.6%	20.5%	7.1%	7.3%	21.4%	14.0%	3.2%	7.2%	16.3%	7.0%	12.4%		R		
111 Patients called back within 1 hour (P1)	90%	95.30%	96.2%	95.9%	95.7%	95.5%	94.4%	93.6%	94.1%	94.8%	94.5%	94.6%	93.5%	93.4%		G		
999 Call Answer Times 95th Percentile	95% in 00:00:05	0:03	0:03	0:03	0:03	0:03	0:03	0:03	0:03	0:03	0:03	0:03	0:03	0:03		G		
999 Red Response within 8 minutes	65%	63.6%	68.5%	63.9%	61.4%	60.8%	59.5%	53.7%	59.6%	64.4%	62.5%	61.0%	60.6%	60.6%		A		
Red 95th percentile	00:14:00	00:17:59	00:16:25	00:19:00	00:19:02	00:17:42	00:19:26	00:20:04	00:18:56	00:18:04	00:18:29	00:19:06	00:18:58	00:19:53		R		
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	10.30%	11.37%	7.91%	11.11%	10.97%	9.26%	9.00%	14.60%	6.60%	14.30%	15.20%	15.30%		G		
Stroke Patients with Appropriate Care	95%	95.83%	97.00%	96.00%	96.70%	97.00%	94.50%	96.40%	93.40%	95.00%	95.60%	94.50%	98.20%	97.20%		G		
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	79.30%	79.30%	78.60%	76.50%	77.80%	67.70%	70.10%	62.30%	75.70%	85.70%	82.30%	83.80%		R		
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	75%	73%	73%	78%	80%	80%	77%	79%	79%	78%	78%	79%		G		
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	88%	87%	85%	89%	90%	85%	87%	87%	86%	75%	69%	70%		R		
Serious Adverse Incidents reports (SAI)	-	4	3	6	1	5	5	8	10	3	7	9	1	4		R		
Concerns Response within 30 Days	75%	75%	76%	69%	75%	84%	78%	88%	75%	70%	78%	68%	62%	63%		R		
Our People																		
EMS Abstraction Rate	29.91%	37.00%	34%	37%	37%	37%	38%	44%	40%	37%	41%	35%	37%	40%		R		
Hours Produced for Emergency Ambulances	95%	96.0%	95%	89%	89%	94%	95%	94%	100%	100%	96%	94%	96%	92%		A		
Sickness Absence ( <i>all staff</i> )	5.99%	7.30%	5.59%	5.97%	6.35%	6.94%	7.78%	10.26%	10.52%	7.60%	6.92%	7.30%	7.90%	-		R		
Frontline CoVID-19 Vaccination Rates	TBD	TBD	-	-	-	-	-	-	3	1,928	3,159	3,270	3,705	4,334		TBD		
Statutory & Mandatory Training	>85%	83.1%	85.42%	84.18%	81.51%	79.41%	78.66%	78.09%	80.77%	81.75%	82.69%	83.01%	78.52%	78.62%		R		
PADR/Medical Appraisal	>85%	52%	54.94%	52.55%	50.94%	49.11%	47.44%	44.71%	46.95%	46.95%	56.60%	61.42%	63.19%	-		R		
Ambulance Response FTEs in Post	1700	1702	1660	1657	1728	1739	1753	1751	1783	1777	1767	1602	1585	1587		G		
CCC, NHSDW/111 & NEPTS FTEs in Post	TBD	1117	1090	1092	1109	1126	1157	1142	1144	1163	1176	1226	1489	-		TBD		
Value																		
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		G		
EMS Utilisation metric ( <b>Indicator Development</b> )	TBD	TBD														TBD		
Post-Production Lost Hours	Reduction Trend	8747	8,407	9,480	8,446	9,101	9,990	10,782	10,005	8,427	9,572	10,331	11,542	12,026		TBD		



111 Hand Off Metrics (Indicator development)	TBD	TBD														TBD
Partnerships / System Contribution																
111 Consult and Close (indicator Development)	TBD	TBD														TBD
999 Hear & Treat	10.2%	9.9%	9.3%	9.9%	10.4%	10.7%	11.4%	12.1%	10.1%	9.2%	9.3%	9.9%	9.7%	10.7%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	47.67%	43.54%	43.85%	44.16%	43.01%	37.72%	44.26%	47.78%	48.02%	39.02%	29.34%	44.46%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	3,596	4,742	6,728	9,004	9,243	11,708	8,416	6,157	7,045	8,088	9,099	9,046		R



<b>AGENDA ITEM No</b>	<b>3.3</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## Financial Performance as at Month 3 – 2021/22

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 <sup>th</sup> July 2021
<b>EXECUTIVE</b>	Executive Director of Finance
<b>AUTHOR</b>	Navin Kalia / Jill Gill
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

### EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2021/22 financial year, as at Month 3 (June 2021).

The Board is asked to scrutinise, comment and receive assurance on the financial position and 2021/22 financial outlook and forecast of the Trust, noting that this was discussed in detail at the Finance & Performance Committee on 22<sup>nd</sup> July 2021.

### KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£7k) as at Month 3 of the 2021/22 financial year;
- The Trust is forecasting to breakeven for the 2021/22 financial year;
- Capital expenditure is forecast to be fully spent in line with current plans;
- Risks of delivery, with mitigating and management actions are as detailed in the attached paper.

### REPORT APPROVAL ROUTE

- EMT – 14<sup>th</sup> July 2021 – verbal update on final Month 3 financial position submitted to WG
- F&PC – 22<sup>nd</sup> July
- Trust Board – 29<sup>th</sup> July

REPORT APPENDICIES
The full Month 3 Finance Performance Report is attached.

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

# WELSH AMBULANCE SERVICES NHS TRUST

## TRUST BOARD

### FINANCIAL PERFORMANCE AS AT MONTH 3 2021/22

#### INTRODUCTION

1. This report provides the Board with a summary update on the revenue financial performance of the Trust as at 30<sup>th</sup> June 2021 (Month 3 2021/22), along with an update on the 2021/22 capital programme. This was considered in some detail at the meeting of the Finance & Performance Committee on 22<sup>nd</sup> July 2021.

#### BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2021/22 year to date** (1<sup>st</sup> April 2021 – 30<sup>th</sup> June 2021) are that:
  - The cumulative revenue financial position reported is a small **underspend against budget of £0.007m**. The year-end forecast for 2021/22 is a balanced position;
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £1.303m have been achieved against a year to date target of £1.303m. As suggested by WG, the plan to Month 3 has this month been matched back to the actual performance eliminating minor variances;
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.9% for the number, and 98.7% of the value** of non-NHS invoices paid within 30 days.
3. The risks stated in the submitted Welsh Government Monitoring Return at Month 3 are set in line with the submitted Annual Plan and IMTP. Accepting that it is still relatively early in the financial year, as we go through the coming months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place.
4. In addition to the risks at the planning stage, it is also key at this early stage of the financial year to continue to highlight to the Board the current position, funding assumptions and spend continuing to be committed for a number of schemes for which formal funding sources and funds flow via the Commissioner have yet to be fully identified; many of these being schemes being led by the Trust for the wider NHS Wales system (e.g. ODU / 111 First) and for which a clear steer remains for the Trust to continue with these developments and subsequent expenditure, for which full additional funding is assumed. This is discussed in a bit more detail later within this paper.

## REVENUE FINANCIAL PERFORMANCE

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

Revenue Financial Position for the period 1st April - 30th June				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-246,203	-58,472	-58,544	-72
Expenditure				
Pay	181,477	42,779	42,618	-161
Non-pay	49,761	11,952	12,178	226
Total pay & non-pay expenditure	231,238	54,731	54,796	65
Depreciation & Impairments / interest payable & receivable	14,965	3,741	3,741	0
Total	0	0	-7	-7

### Treatment of Covid-19 spend

6. Due to the ongoing Covid-19 pandemic, the Trust has recorded additional unavoidable spend in the Month 3 position totalling **£1.092m**, of which **£0.342m** are pay costs, and **£0.750m** are non-pay costs. This is in line with, and in some cases less than, that suggested in the submitted financial Annual Plan within the IMTP, for which broad support has been received and for some elements funding now already confirmed. Full additional funding for this is therefore assumed to cover these costs, as was the case in 2020/21.
7. A summary of the Covid-19 revenue costs reported in the Month 3 financial position are shown in the table below including an update of the full year forecast:

	YTD £'000	FYF £'000
Total Pay	342	895
Total Non Pay	750	3,101
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>1,092</b>	<b>3,996</b>

### Income

8. Reported Income against the budget set to Month 3 shows a small overachievement of **£0.072m**. This includes the assumption of funding for the COVID expenditure of **£1.092m**.

### Pay costs

9. Overall, the total pay variance at Month 3 is an underspend of **£0.161m**.

10. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.342m**.

### Non-pay Costs

11. The overall non-pay position at Month 3 is an overspend of **£0.226m**, this was due to overspend on fleet maintenance costs, fuel and Taxis.
12. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 3 totalled **£0.750m**. Areas of additional spend included:
- Clinical and General Supplies, Rent, Rates and Equipment - £0.127m;
  - PPE - £0.202M;
  - Health care services provided by other NHS Bodies - £0.328m;
  - Cleaning Standards - £0.093m

### Savings

13. The assumption for this month is that the Trust will continue to look to now achieve its original saving target of £2.8m in order to achieve a breakeven, however at present it is not clear how this may be fully achieved so is also included as a low category risk of £1.0m within the risk table submitted to WG.
14. It has been suggested by WG that this shortfall would need to be managed locally, as a result an assumption is included in the forecast that the Trust would now fully achieve the £2.800m saving target, however the Trust will continue to discuss this with WG in coming months. Delivery to date, however, looks very positive.

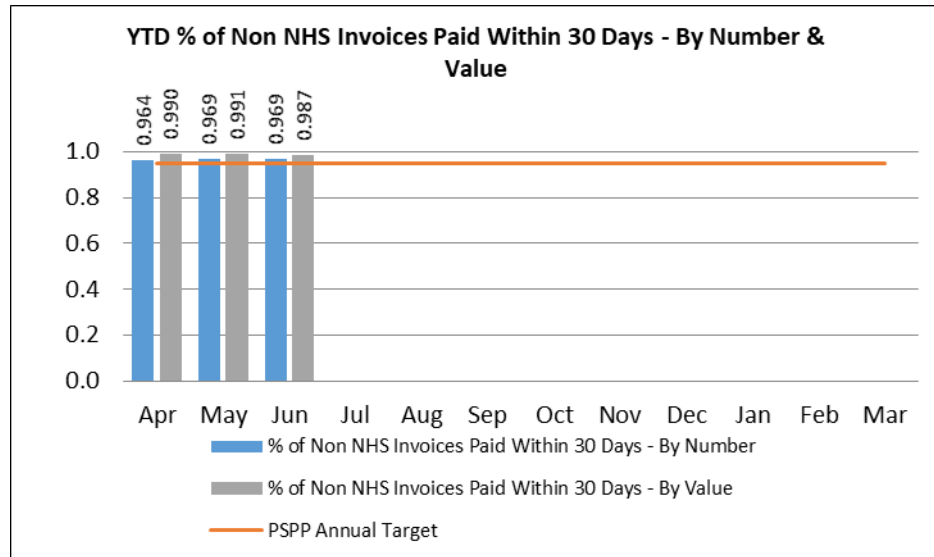
### Financial Performance by Directorate

15. Whilst there is a small surplus reported at Month 3 there are a few variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. These are fairly minor in nature but will continue to be closely monitored.

Directorate	Financial position by Directorate @ 30th June				
	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance
	£000	£000	£000	£000	%
Operations Directorate	124,063	29,787	29,841	54	0.2%
Chief Executive Directorate	1,801	446	453	7	1.6%
Board Secretary	314	75	58	-17	-23.1%
Partnerships & Engagement Directorate	679	164	162	-2	-0.9%
Finance and Corporate Resources Directorate	29,532	7,361	7,414	53	0.7%
Planning and Performance Directorate	701	175	143	-31	-17.9%
Quality, Safety and Patient Experience Directorate	4,319	1,088	1,005	-82	-7.6%
Digital Directorate	10,825	2,301	2,320	20	0.8%
Workforce and OD Directorate	3,975	831	833	2	0.2%
Medical & Clinical Services Directorate	2,627	598	570	-28	-4.6%
Trust Reserves	14,118	379	396	17	4.5%
Trust Income ( mainly WHSSC)	-192,954	-43,203	-43,203	0	0.0%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-7</b>	<b>-7</b>	

## PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

16. Public Sector Payment Policy (PSPP) compliance up to Month 3 was **96.9%** against the **95%** WG target set for non-NHS invoices by number and **98.7%** by value.



## CAPITAL

17. At Month 3 the Trust's current approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2021/22 still stands at **£36.101m**. This includes **£29.850m** of All Wales Approved schemes and **£6.251m** for Discretionary schemes.
18. In addition to the funding provided by WG, the Trust is required to re-invest any remaining Net Book Value on disposed assets, as such the Trust is forecasting a reinvestment of **£0.130m** in 2021-22, and therefore the total amount to be spent in year is **£36.231m**.
19. To date, as at Month 3, the Trust has expended **£1.059m** against the All Wales capital scheme budget of **£29.850m** and **£0.437m** against the discretionary budget of **£6.251m**.
20. Below is a summary of the current capital position.

	Actual £'000	Plan £'000
<b>All Wales Capital Programme:</b>		
<b>Schemes:</b>		
ESMCP – Control Room Solution	(12)	492
111 Project Costs	114	14,371
WAST - Make Ready Depot - Cardiff	517	3,162
GUH transfer vehicles	2	804
WAST vehicle replacement programme	408	8,845
EPCR	19	1,242
National Programme – Fire	10	109
National Programme – Infrastructure	0	438
National Programme – Decarbonisation	0	387
<b>Sub Total</b>	<b>1,059</b>	<b>29,850</b>
<b>Discretionary:</b>		
I.T.	145	620
Equipment	168	344
Statutory Compliance	0	0
Estates	114	3,069
Other	10	230
Unallocated Discretionary Capital	0	2,119
<b>Sub Total</b>	<b>437</b>	<b>6,381</b>
<b>Total</b>	<b>1,496</b>	<b>36,231</b>
Less NBV reinvested		(130)
<b>Total Funding from WG</b>	<b>1,496</b>	<b>36,101</b>

21. As can be seen above, as at Month 3 the Trust had a remaining unallocated capital budget of c£2.1m, however there are plans in place and schemes being developed to utilise this, including as follows:

- The impact of the Trust's interim estates solutions relating to the EMS D&C implementation and staffing increases, this is to allow the Trust to implement longer term solutions as set out within the Estates SOP. A separate update in relation was provided to the Finance & Performance Committee and a future request for some Board approved spending for this will be forthcoming;
- SE Wales fleet workshop – as Board members will be aware, whilst this is anticipated to be an All Wales Capital Programme scheme and funded as such, in order to avoid losing out on a potential site Trust Board have sanctioned the funds continue to be initially held (should a further potential site become available) on the understanding that this would make up part of the funding request to be repaid to WAST in future financial years. This option is however time critical and as such if an available site does not become available in the next month or so the Trust will need to progress other schemes to utilise this amount otherwise it will become more of a challenge to hit the CEL this financial year;
- The potential for additional enhancement works in some of the Trust's critical infrastructure, to take advantage of the impact of other schemes that are progressing;



- A potential bid for mobile training vehicles to deliver Airway training around the country, the plan would be to operate two “Simbulance’s” fully kitted out with the latest airway management manikins to ensure our existing staff are able to maintain their high level of skill and ensure our new recruits gain these skill in the best custom built environment. A business case for this is being finalised.
22. F&PC also received the latest estimated capital cash flow profile for this financial year, noting that this was aligned to the current WG CEL funding, some of which is being revised in line with amendments to programmes. In particular this includes the 111 SALUS Project and ESMCP, however these amendments are yet to be formally signed off - this will however result in a refreshed cash flow in future months, against which actuals will also now be routinely provided to F&PC.

## **RISKS AND ASSUMPTIONS**

23. The risks included within the Month 3 position include the risks highlighted as part of the 2021/22 Annual Plan submitted to WG.
24. Under achievement of savings continues to be considered as low risk taking into consideration that whilst the Trust has a detailed savings plan in place, these savings could be at risk if the nation experiences future waves or new variants of the virus emerges resulting in plans being placed on hold, particularly given the new delta variant. Whilst it is hoped that should this be the case further non delivery of savings could be recognised as an unavoidable cost of the pandemic, at this stage this could not necessarily be guaranteed.
25. The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.761m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2021. No accruals are included on the balance sheet for 2021/22, but we have included a medium rated risk of £1.0m in connection with this. However, it is also noted that a more central accrual for this was being made by WG in 2020/21 which again should further offset any additional costs in this regard. With the Welsh Partnership forum now agreeing a framework this enables WAST (and other NHS organisations) to progress towards a conclusion of this issue and it is likely that payment of all arrears for the period 1st October 2018 up to March 2021 will be processed and paid in August 2021. Our working assumption remains that WG will fund the Trust for any shortfall over the £1.761m accrual currently held.
26. As in previous years a risk has been included in relation to Winter pressure, this has currently been recorded as a medium risk however as the Trust moves through the financial year it is hoped that plans can be implemented to ensure that any future pressures can be fully supported financially by the Commissioner.
27. At Month 3 an additional risk has been included of £1.5m re PIBS (Permanent Injury Benefit Scheme). As matched funding for this highly volatile area is provided by WG on an annual basis, we have assessed this as being a low risk.

28. In Month 3 a low risk of non-funding of developments of £10.1m has been removed from the Trust's risk table, based on further discussions and assurances provided by WG. This related to the income currently included within the EASC income schedule under the non-contracted element, further breakdown and commentary of this is shown below. As in previous financial years, the expectation remains that we will continue to recover the income to offset the eventual actual cost incurred for these in year, and this has been assumed within the Month 3 financial position.

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

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

**RECOMMENDED that the Board:**

- **Notes** and gains **assurance** in relation to the Month 3 revenue and capital financial position and performance of the Trust as at 30<sup>th</sup> June 2021.



<b>AGENDA ITEM No</b>	<b>3.4</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## Mechanisms for Assurance on Guidance Implementation during the Recovery of Services in NHS Wales

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 July 2021
<b>EXECUTIVE</b>	Executive Director of Quality & Nursing
<b>AUTHOR</b>	Claire Roche, Executive Director of Quality and Nursing
<b>CONTACT</b>	<a href="mailto:Claire.roche2@wales.nhs.uk">Claire.roche2@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

This Report will provide an update to Trust Board on the Mechanisms for assurance on guidance implementation during the recovery of services in NHS Wales.

### KEY ISSUES/IMPLICATIONS

RECOMMENDED: That Trust Board,

- (1) Receives assurance on the actions being taken by the Trust, in line with guidance to support the NHS in Wales recover services safely and effectively.

### REPORT APPROVAL ROUTE

Executive Management Team – 21 July 2021  
Trust Board- 29 July 2021

### REPORT APPENDICES

Annex 1 – SBAR providing background information

### REPORT CHECKLIST

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

**SITUATION**

1. The Director General Health and Social Services/ NHS Wales Chief Executive, Dr Andrew Goodall, wrote to all NHS Health Boards and Trusts on the 16 July 2020 stating: “I am keen to understand, with some urgency, what mechanisms are in place to ensure that the Board and senior leadership within each organisation receives assurance on compliance with guidance relating to 4 broad themes:
  - Minimising the admission to hospital of people with SARS-CoV-2 Coronavirus;
  - Preventing and limiting nosocomial transmission and in-hospital COVID-19 outbreaks;
  - Safe resumption of elective and routine procedures and diagnostics including actions to prevent and limit other Healthcare Associated Infections (HCAIs);
  - Ensuring transparency in the investigation of COVID-19 infections as ‘incidents of patient safety’ under Putting Things Right (PTR) guidance and contact with patients or families where harm has occurred as a requirement of The National Framework”.
2. Dr Andrew Goodall has requested a response detailing the organisational structures and mechanisms for providing assurance on these themes as soon as possible.
3. This paper outlines the Trust mechanisms ensuring the Board and Senior Leadership team receives assurance on compliance with guidance relating to the 4 themes.
4. Compliance to the guidelines issued will ensure that risk is mitigated as the NHS in Wales enters the recovery phase of the COVID-19 Pandemic for both staff and patients.

**BACKGROUND**

5. The Nosocomial Transmission Group (NTG), has worked collaboratively with colleagues from Public Health Wales (PHW), NHS Wales and the social care sector to develop and issue an extensive range of material to support the reduction of nosocomial transmission of COVID-19 and enable safe resumption of services.
6. This includes endorsement of the UK Infection Prevention and Control (UK IPC) guidelines and the issuing of guidance on personal protective equipment (PPE), patient testing, cleaning standards, ventilation and environmental controls.
7. Investigating and learning from incidents of nosocomial transmission of COVID-19 is a priority for Welsh Government and NHS Wales and, in order to facilitate this, we have issued the National Framework (Management of Patient Safety Incidents following Nosocomial Transmission of COVID-19).

## ASSESSMENT

8. The Trust has undertaken a review of its governance arrangements and compliance with the 4 broad themes identified.
9. Theme 1: Minimising the admission to hospital of people with SARS-CoV-2 Coronavirus:
  - To oversee the effective implementation of associated work streams to safely manage people in the Community and reduce the number of conveyances to the Emergency Department (ED). 4 key work streams have been identified as part of the Care Closer to Home Group:
    - Alternative Care Pathway Development;
    - Advanced Paramedic Practitioners;
    - Independent Prescribers;
    - Wider Urgent & Emergency Care Systems.
  - Each of the above work streams has identified IMTP Deliverable actions that need to be delivered by March 2022. Progress on the delivery of these actions will be reported into the Clinical Transformation Programme Board.
10. Theme 2: Preventing and limiting nosocomial transmission and in-hospital COVID-19 outbreaks. The Infection Prevention and Control (IPC) Team has provided training via the WAST Learning Zone on the following:
  - Transmission of Infectious Diseases;
  - Evolution of a Pandemic;
  - Personal Protective Equipment (PPE) to include Level 2 and 3 for the current Pandemic and Powered Respiratory Hoods and Red Level PPE for High Consequence Diseases (HCIDs);
  - Vehicle Cleaning, Sharps and Waste Management.
11. All vehicles that have an aerosol generating procedure performed in them have a deep clean, performed within the Trust's Make Ready Depots, this now includes a Rapid Desensitisation Process. This has been the result of an extensive collaborative project with Welsh Government (WG), the Small Business Research and Innovation Network (SBRI) and the Department of Defence. This has significantly reduced the time that a vehicle is out of service for cleaning and the number of hours that staff are in Level 3 PPE for cleaning. This is a scientifically proven effective method of cleaning vehicles and is effective against other infectious pathogens other than COVID-19.
12. The Trust has provided guidance and standing operating procedures (SOP) on the following:
  - IPC Guidance and Personal Protective Equipment (based on National Ambulance IPC Guidance);
  - Working safely during COVID-19 in Ambulance Service non-clinical areas;
  - Respiratory Protection SOP;
  - Fit Testing SOP;
  - Outbreak Management SOP.

13. All guidance documents have been updated and reviewed as internal and external evidence has evolved and changed.
14. In addition the IPC Team has been part of the Nosocomial Transmission Group (NTG) and specifically part of the task and finish group to look at the long term education and training for IPC within Wales. The Group has now published its All Wales IPC training, learning and development framework for health, social care, early years and childcare.
15. The current training and education packages within WAST are a combination of statutory, mandatory and bespoke training packages and cover all of the basic components of the above mentioned framework.
16. Theme 3: Safe resumption of elective and routine procedures and diagnostics including actions to prevent and limit other Healthcare Associated Infections (HCAIs).
17. The Trust is working with HBs and the Commissioner through the Delivery Assurance Group to anticipate the resumption of expected levels of elective and routine procedures. The prevention and limiting of Healthcare Associated Infections through social distancing and working in line with our guidance and procedures, points 11- 16, has been a primary consideration.
18. The work is aimed at informing a bid from the CASC office to Welsh Government to secure additional COVID funding that will support NEPTS delivery, ensuring ambulatory transport is not a barrier to patients accessing care as the scheduled care system resumes business as usual activity.
19. The levels of uncertainty and specific details of HB reset and recovery has made the task extremely difficult but the bid will include 4 primary elements, specifically:
  - Cost pressures due to the social distancing required;
  - Funding to support COVID reset by HBs including additional resources for clinics operating outside of traditional hours;
  - Extra resources to support Discharge & transfer pressures due to increase in activity;
  - Impacts of COVID on specific patient groups e.g. renal and oncology and the effects of not being able to do this work.
20. The service has, throughout the pandemic, utilised booking scripts to identify patients that are suspected or confirmed of being COVID+. A verbal check by resources immediately prior to conveyance to ensure symptoms are not present is also completed. These practices will continue to be utilised for all patient bookings.
21. Social distancing and the compulsory use of face masks are also applied when patients are planned to WAST or partner provider vehicles.
22. We are also seeking progress on an outcome regarding eligibility and strict application of that criteria.

23. Theme 4: Ensuring transparency in the investigation of COVID-19 infections as 'incidents of patient safety' under Putting Things Right (PTR) guidance and contact with patients or families where harm has occurred as a requirement of The National Framework.
- The Trust has developed and implemented a comprehensive workplace risk assessment tool for all 120 premises and these are reviewed on a rolling programme basis. Actions generated are addressed locally with any wider learnings implemented across the Trust. These are also backed up by health and safety inspections by the health and safety function in partnership with Trade Union partners.
  - A RIDDOR Risk assessment investigation Tool (RAT) was developed by North West Ambulance Services which was adopted and implemented by the Trust. The Tool was subject to amendments to satisfy WAST requirements (including the establishment of the Mobile Testing Units) and approved via the Trust's Tactical Pandemic Team and implemented throughout the Trust. The Tool provides details on staff work related activities for up to 14 days before being confirmed as COVID positive. This is completed for all staff confirmed as COVID positive. This data is reviewed by a small operational support team to ensure data consistencies. Their information is reviewed and where there is a high potential that work activity contributed to individuals' exposure, a stakeholder panel is convened to review all intelligence and subsequently reported to RIDDOR where required. As of 1 June 2021, 14 cases have been reported to RIDDOR.
  - Staff who are confirmed as COVID positive and became unwell or sadly pass away would be classed as a Health Board patient and therefore would be included within their figures. However the family and relatives are offered support through WAST and the WAST Chaplain.
24. The Executive Director of Quality and Nursing and the Executive Medical Director have been engaged with the Nosocomial COVID-19 - Executive Strategy Group, led by the Delivery Unit. While most of this work will be related to in hospital care, we will remain close to this so that, should we be required to engage in any reviews where our input may be required we will be well informed. We have also used this forum to support a national and consistent approach to the National Framework (Management of Patient Safety Incidents following Nosocomial Transmission of COVID-19).





AGENDA ITEM No	4.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

## PROCEDURAL MATTERS

MEETING	Trust Board
DATE	29 July 2021
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

## EXECUTIVE SUMMARY

The report is to confirm as a correct record the Minutes of the Board meeting held on 27 May and 10 June 2021 and other procedural matters as required shown below.

- a. **Minutes of the Board meeting** held on 27 May and 10 June 2021.
- b. **Action Log.** To consider the Action Log (Attached)
- c. **Trust Seal** – The Trust seal was used on the following occasion: Number 0224, Lease agreement to Matrix House ground floor
- d. **Chairs Action Minutes**, Minutes of the Chairs Action held on 24 June 2021 (Attached)

### RECOMMENDED: That

- (1) the Minutes of the Trust Board meetings held on 27 May and 10 June 2021 be confirmed as a correct record;
- (2) the action log be considered;
- (3) the use of the Trust seal as described be noted; and
- (4) the Minutes of Chairs actions as described be endorsed.

KEY ISSUES/IMPLICATIONS
None

REPORT APPROVAL ROUTE
Not Applicable

REPORT APPENDICES
<ol style="list-style-type: none"> <li>Minutes of Trust Board meeting 27 May and 10 June 2021</li> <li>Action Log</li> <li>Chairs actions minutes 24 June 2021</li> </ol>

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

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 27 MAY 2021**  
**Meeting Conducted via Zoom**

**PRESENT:**

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

**IN ATTENDANCE**

Andrew Challenger	Senior Education and Development Lead
Stephen Clarke	Head of Mental Health
Sarah Davies	
Helen Higgs	Head of Internal Audit (Part)
Melfyn Hughes	Welsh Language Officer
Alison Kelly	Business and Quality Manager
Malcolm Latham	Member of CHC
Sian Meredudd	
Nicola Matthews	
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Governance Officer
Jeff Price	Senior Education and Development Lead
Rachel Watling	Head of Communications

## **BSL Interpreter**

Hannah (part)

### **32/21 WELCOME AND APOLOGIES FOR ABSENCE**

#### **Welcome and apologies**

The Chair welcomed all to the meeting, in particular interim Non Executive Director Ceri Jackson who had joined the Trust in April and Jeff Price who was due to retire soon and would be presenting the staff experience. He advised that the meeting that it was an open session of the Board; and was being conducted through the medium of Zoom and broadcasted on Facebook.

#### **Apologies**

None received

#### **Declarations of interest**

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

Professor Kevin Davies, Independent Trustee of St John Cymru, Emrys Davies, retired member of Unite, and Nathan Holman, Member of the Llannon Community Council. In addition, Ceri Jackson advised the Board that she was a Trustee of the Stroke Association

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

### **33/21 CHAIR UPDATE**

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

#### **Internal**

1. Regular meetings with the Chief Executive, NEDs and the Board Secretary.
2. Trust live sessions via Facebook
3. Attainment ceremony for ambulance technicians receiving their diplomas online (4<sup>th</sup> occasion)
4. Held three review sessions with the Chief Executive in order to sign off his delivery against performance objectives for the previous year and for the year ahead. The Chair added that the work by Jason Killens leading the Trust through the pandemic had been exceptional
5. Recruitment exercise for the new Board Secretary; name of replacement would be announced in due course
6. Several meetings offline with NED's, Chief Executive and other Board Members to consider the Board's future strategic role and its development as a team going forward

#### **External**

1. Meetings with all the Chairs of health bodies across Wales; these were of vital importance and were the platform to exchange ideas and to work together on common issues
2. Attended meetings of the Association of Ambulance Chief Executives; these proved to be very important in terms of learning and gaining ideas from each other
3. AACE sponsorship Leadership Forum event which in essence was about what lessons could be learned from each organisation
4. NHS Confederation Management Policy Group
5. Informal meetings with ambulance commissioners
6. Meetings with Dr Andrew Goodall, Director General of Health and Social Services

The Chair added that the meetings revolved around what positive impact on the NHS these meetings could have and to consider what, if any direct action could be taken, problem solving and removing barriers to progress initiatives forward.. The most important factor was to, collectively with partners and other organisations, bring about beneficial change to the overall NHS system in Wales

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

**34/21**

## **CHIEF EXECUTIVE UPDATE**

Jason referred to the remarks made by the Chair regarding his appraisal and commented it had been a complete team effort during the pandemic

In providing his update, Jason Killens drew attention to the following:

1. There were several ongoing major projects which included the new Matrix House/New Training School – The Training Team had moved to new premises on 19 April 2021 and officially opened on 25 May 2021.
2. Senior Paramedic recruitment - Since January, the Medical and Clinical Services Directorate's Clinical Leadership Team have been supporting the Operations Directorate with the Senior Paramedic recruitment. To date, 3 cohorts of staff have undertaken an intensive week's training with the senior clinical team. Andy Swinburn added that in terms of recruitment, 31 of the 32 had now been appointed. He asked that a note of thanks be recorded for those involved in the recruitment
3. Relaunch of the Welsh Ambulance Services NHS Trust Improvement and Innovation Network (WIIN) Relaunch and Planning. This was an opportunity for all staff to engage in ideas for improvement and to effect change and was pleasing now to have this up and running again
4. The Volunteering Strategy was in the process of being finalised and signed off with the aim of broader consultation commencing during National Volunteer Week (1st – 7th June 2021). This was another step forward in valuing the contribution of these volunteers. Lee Brooks gave details of how the strategy had been

implemented and developed through the collaboration of volunteers. This had played a significant part in terms of the strategy going forward.

Comments:

1. Were any Trust staff still on the Cefn Coed site? Chris Turley explained that all of the previously permanently based staff had now moved off the site but that there were some NEPTS operational staff who were now temporarily based there but advised of a plan for them to move within the next few months
2. Members noted improvements both in the numbers of staff having the flu vaccine and waiting times for staff to access occupational health services
3. When will funding for mental health practitioners within the clinical contact centre become available? Rachel Marsh explained that, following active discussions with the Commissioner, funding had been made available and gave details in terms of how it would be progressed
4. Following a query in terms of quality and performance and how the Trust saw this going forward, Jason Killens commented that qualitative measures and outcome metrics would become increasingly more relevant. Rachel Marsh added that the quality and performance framework sets out the Trust's aspirations and objectives and methods to measure progress.
5. The funding from Macmillan Cymru to improve End of Life Care was this just for adults? Brendan Lloyd explained it was not limited to adults only and gave further details in terms of how the funding would be used

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

35/21

## **STAFF EXPERIENCE**

Claire Vaughan introduced Jeff Price, Senior Education and Development Lead who was soon due to retire following 38 years of service with the Trust

Jeff Price, through a Power point presentation, gave an overview of his career with the Trust providing details in terms of how things had changed during the past 38 years.

He joined the ambulance service in 1983 and spent the first two years of his career working in patient transport as an ambulance driver.

Following completion of the extended ambulance aid course he became a leading ambulance man and after several years decided to go into full time training.

Jeff then gave details in particular how paramedic education had changed over the years both in the time now taken to achieve the paramedic qualification and the huge improvement and enhancements in teaching resources now available.

The new education and development centre in Matrix one had recently been opened and Members were shown images of the training facilities. Of particular

note was the immersive training area which could simulate several realistic scenarios.

Jeff paid tribute to colleagues who had passed away during the pandemic and the Board noted that two of the training suites bore their names

Comments:

1. Claire Vaughan personally thanked Jeff for presenting his story to the Board and in giving them the opportunity to see a virtual guided tour of the newly opened training facility
2. In terms of the technological and cutting edge advances in training, in particular the immersive training area, how would this be shared going forward? Claire Vaughan advised there were several interested strategic partners in particular Swansea University who were keen to mimic the environment. She added that it would be useful in supporting the Trust with its application for University status. Andrew Challenger commented that the Trust was collaborating with Health Education and Improvement Wales and other outside agencies in developing and influencing clinical education going forward.

The Board thanked Jeff for his story and noted the incredible progress that had been made and particularly the achievements in the training over the last year.

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

36/21

## **INTEGRATED MEDIUM TERM DELIVERY: STRATEGIC TRANSFORMATION PROGRAMMES – STRUCTURE AND GOVERNANCE**

Rachel Marsh explained that the purpose of the report was to advise the Board of the structure and governance/reporting arrangements for Strategic Transformation Board (STB) and the transformation programmes that it would oversee.

Members recognised that the plan had been positively received by Welsh Government and the recommendations received had been addressed and would be actioned going forward. These recommendations related to Covid costs, hospital handover delays and response performance targets.

Five transformation programme boards would be established to deliver on the “Ambitions” section of the IMTP: Rachel gave further details in terms of each one

1. EMS Operational Transformation
2. Ambulance Care Transformation
3. Gateway to Care,
4. Clinical Transformation
5. 111 Digital

In terms of providing assurance the Board understood that at subsequent Board meetings, updates would be provided on the deliverables as set out in the IMTP through the Strategic Transformation Board



Comments:

1. Resourcing of transformation programme boards – was there an opportunity to utilise external assistance for example from the wider health service? Rachel advised that health boards were collaborated with on a frequent basis and would consider how to improve this further
2. Was the Trust able to identify the priorities listed in health board IMTP's and how they merged with WAST's? Rachel commented that the Trust maintained an intelligence link with health boards and was able to recognise their priorities

**RESOLVED: That the Board noted:**

- (1) **the overarching structure and governance/reporting arrangements being put in place; and**
- (2) **the risks highlighted in the report.**

## **37/21 QUALITY STRATEGY 2021 -2024**

Claire Roche gave an overview of the report by means of a Power point presentation which included the development of the strategy through three key factors, however, due to the pandemic this had been paused

The three key factors influencing the strategy: Delivering Excellence, Health and Social Care (Quality and Engagement) (Wales) Bill, A Healthier Wales and Health and care standards. Claire gave further details on each of these aspects highlighting each and stressing the importance of each one.

The Trust supported a culture of quality and candour; whereby staff were able to report when things don't go quite right and continue to learn; this was also considered from the patient's perspective

In order to identify priorities for improvement, the Trust's Quality Management Systems enabled it, through accelerating quality responsiveness and integrating quality management with strong governance and quality management structures, to achieve that goal

The Trust maintains an excellent platform to engage with the public having established several networks. One of the Trust's aims was to reach diverse and hard to reach groups by embedding the citizen voice stretching across all parts of Wales

In terms of the Wider Leadership Team within the Operational Directorate, Claire gave details in respect of how they had influenced the strategy

The Chair of the Quest Committee, Bethan Evans provided Board members with further input on the strategy advising that it had been comprehensively discussed at the last Quest meeting. Committee members had been given ample opportunity to provide feedback. Bethan stressed that the strategy must be owned by all and the

existing partnership held with several organisations across Wales should be expanded upon. The Committee recommended the strategy for approval.

Comments:

1. Lee Brooks commented that quality was driven by teams and individuals within the Trust and looked forward to establishing clear governance routes to achieve the quality ambitions
2. Connectivity across directorates was key to the success of the quality strategy
3. What was likely to change as a consequence of the strategy as it was not entirely clear within the report? And would there be any measurable improvement? Claire Roche explained it was challenging to garner the quality metrics as patient outcomes were not always available.
4. Were the right infrastructures, systems and capacity in place to be able to process the relevant information gleaned from patients in relation to strategic priorities? Estelle Hitchon assured the Board that work was ongoing to ensure the relevant data was captured
5. It was recognised that quality affected everything throughout the Trust, be it a directorate or individuals
6. The Trust should be proactive in setting its own targets for improvement; staff must understand how to raise any issues and be aware of any support.
7. The challenge for almost all organisations was to get the views of 18 -50 age group – the Trust tends to rely on young people, older adults and protected groups. How can this middle group be motivated to engage?

The Chair thanked Claire for the excellent presentation which was a really good approach to embedding quality to all involved in delivering services across the Trust

**RESOLVED: That the quality strategy 2021-2024 was approved.**

**38/21 MENTAL HEALTH AND DEMENTIA PLAN 2021 -2024**

Stephen Clarke presented the plan by way of a Power point presentation and drew attention to the following points:

1. The plan had been developed through various engagements and workshops, most notably with service users and carers
2. The plan was aligned with several other NHS Wales organisations, strategies and documents
3. Mental Health conditions were very common in Wales and the number of people suffering with dementia was increasing; the impact of these on the Trust were unavoidable

4. During the pandemic there was a large increase in mental distress, particularly in young people
5. The priorities going forward included; improving staff skills and knowledge, using best practice and working in partnership particularly with carers

Comments:

1. The Chair of Quest Committee, Bethan advised the Board that Quest had previously seen the plan and gave details of the discussion held. She stressed that partnerships were crucial to success of the plan. It was pleasing to see that Welsh language standards had been incorporated within the plan; it was very important to have the potential to deliver services in Welsh
2. It was good to note the connections between this plan and the overall organisational well-being strategy and the commitment to increase the understanding and access to mental health within the workforce
3. The knowledge sharing between other organisations will be of immense help in ensuring patients have the correct level of support going forward
4. In terms of sickness levels why were these not included within the plan? Steve commented that the aim of the plan was to focus on the service provided as opposed to linking with staff sickness levels
5. The strategy clearly demonstrated the need to have a mental health practitioner and other associated resources
6. Following a query in terms of the strategy being aimed at patients and carers suffering a mental health crisis, Steve Clarke advised that work to inform the public regarding crisis care was continuing

The Board thanked Steve for developing the plan and were very pleased to see the commitment to support staff and improve communication with them in terms of mental health going forward. Following further discussion and an update by Steve Clarke on the engagement process with partners, the Board approved the plan

**RESOLVED: That the Board;**

- (1) noted the internal and external consultation on the plan**
- (2) approved this version of the plan; and**
- (3) noted that translation into Welsh was in hand and both versions would be published simultaneously.**

## **39/21 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT DASHBOARD – APRIL 2021**

Rachel Marsh, prior to presenting details of the report, gave an overview of the performance indicators and how they demonstrated progress in meeting the Trust's strategic objectives.

The Board's attention was drawn to the following key issues:

1. Call answering and abandonment rates – these were now starting to improve
2. Response to red and amber patients had deteriorated slightly in April from the previous month, future response targets, following some forecasting, were unlikely to improve. Work was ongoing to mitigate this by way of a deep dive, the outcome of which will be reported to the Finance and Performance Committee.
3. Whilst the Trust remained in the monitoring phase of the pandemic it would continue to protect the Emergency Ambulance capacity and will change once the Trust moved into the recovery phase

#### Comments

1. The Chair of the Finance and Performance Committee Emrys Davies updated the Board on discussions held in particular the two risks relating to the red performance target and ability to attend.
2. Deep dive into response times, was the additional time taken to don level three PPE factored in? Jason Killens added that whilst the target of reaching patients on a red call within eight minutes on 65% of occasions was not currently being met, the nine minutes target was comfortably over the 65% target. He further commented that the deep dive would consider several elements including; activity, challenges from ED congestions and the requirement to don level three PPE
3. Post production lost hours seemed to be on the increase, was this likely to continue; Lee Brooks gave details of the correlation between lost hours and hospital handover delays. Other factors affecting the lost hours was the introduction of cleaning vehicles between every patient and the return to base for meal breaks. Was there a geographical correlation for example where there was the highest delay was this also where the highest production hours were lost. Lee added the work on this was continuing to establish any correlations
4. In terms of sickness absence, Claire Vaughan advised that sickness levels were decreasing; approximately 25% of sickness related to mental health. Claire advised members of the ongoing work to address long Covid cases, which were decreasing. There was a focus on staff well-being and Claire gave details of the initiatives and support available to staff.

#### **RESOLVED: That**

**The Trust's April 2021 Integrated Quality and Performance Report and actions being taken were considered and determined whether:**

- a) the report provided sufficient assurance;**
- b) further information, scrutiny or assurance was required, or**

**c) further remedial actions to be undertaken through the Executive Management Team**

**d) the discussions including those regarding sickness and the planned deep dive was noted**

#### **40/21 FINANCIAL PERFORMANCE MONTH 1 2021/22**

Chris Turley, prior to presenting the 2021/22 Month 1 financial position, updated on the draft accounts for the previous year which would be presented to the Board next month. He added that all the statutory and financial duties had been met, subject to audit.

In terms of Month 1, Chris drew attention to the following highlights from the report:

1. Continued run rate in terms of a revenue performance, providing a balanced financial position
2. Continued to incur unavoidable Covid spend, it was assumed additional funding would be provided to support these costs, an approach supported in discussions with Commissioners and WG
3. Other income assumptions; the Trust continued to receive assurance from the Commissioner that the income was forthcoming to fund several schemes agreed as part of the IMTP / annual plan for 2021/22 and for which costs were continuing or starting to be incurred.

#### **Comments**

Emrys Davies commented that the F and P Committee had discussed the report in detail adding that a more detailed cash flow forecast in terms of the discretionary capital spending had been requested

#### **RESOLVED: That the Board:**

- (1) noted and gained assurance in relation to the Month 1 revenue and capital financial position and performance of the Trust as at 30 April 2021;**
- (2) noted the Month 1 Welsh Government monitoring return submission (as required by Welsh Government); and**
- (3) noted the outturn from the previous financial year, ahead of the accounts being presented to Board for approval next month.**

#### **41/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Keith Cox outlined details from the report and drew attention to the following:

1. There were currently 17 risks on the Corporate Risk Register

2. The two highest scoring risks which related to handover delays and reaching patients in the community in a timely manner
3. Five risks had been deescalated to the relevant Directorate Risk Register; these in the main related to cleaning of ambulance stations and wearing masks
4. One risk had been closed (Digi Pen)

Comments:

1. Health Inspectorate Wales fieldwork timeline, when was the report expected to be concluded? – Jason Killens commented that the work was ongoing and would be reported to Quest in due course. Claire Roche added that the report was due June/July.
2. The Chair of the {People and Culture Committee Paul Hollard commented that the risk relating to driving ability may escalate to the CRR
3. In terms of the two highest risks should there be more detail provided around the outcome of patients? Bethan advised that these risks were discussed in depth at the last Quest meeting; adding it was recognised as a system wide issue affecting all parts of Wales. Claire Roche and Jason Killens gave examples of the ongoing collaborative work in order to; alleviate and defray activity from ED's and to manage patients in the Community in a safe alternative way.

Following further discussion it was agreed that the BAF report be presented earlier in the Agenda at the next Board meeting and attached to it a deep dive on risks 223 and 224. It was further agreed that offline discussion would take place to ascertain the content of the attached report notwithstanding that both the evidence provided to the ambulance task force and the full conclusion of HIW work may not be ready

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

- (1) the risk management activity since the last Trust Board in March 2021;
- (2) the changes to existing Corporate Risk scores, oversight, and management;
- (3) received and commented on the BAF report; and
- (4) the Risk and BAF be moved to the start of the Performance, Governance and Assurance Section

## 42/21 QUESTIONS FROM MEMBERS OF THE PUBLIC



Estelle Hitchon advised the Board that no questions had been tabled. However it was noted that a comment from a viewer in the Swansea area had given positive feedback from his recent experience with the Trust

## **43/21 PROCEDURAL MATTERS**

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

### **Minutes**

The minutes of the open session of the meeting of the Board held on 24 March 2021 (Closed) and 25 March 2021 (Open) were confirmed as a correct record.

### **Action Log**

Number 41: Patient story video (McTaggart), confirmed this had been shared with health board colleagues. Action Completed

Number 42: Actions from Patient story (McTaggart) Update on details of follow up work in respect of the falls response model, handover delays and call taker scripts was provided. Action Completed

Number 43: Chairs Actions Minutes to be included on Agenda. Action completed

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

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

- a. Number 0222, refurbishment of works to Matrix
- b. Number 0223, refurbishment to Aberaeron ambulance station

### **Chair's Action**

The Minutes of the Chair's Actions held on 24 February and 12 March 2021 were submitted for ratification

### **Covid-19 Governance Arrangements**

The Board noted the update to governance arrangements provided by Welsh Government.

### **RESOLVED: That**

- (1) the Minutes of the Closed and Open Trust Board meetings held on 24 March 2021 and 25 March 2021 respectively were confirmed as a correct record;**
- (2) the actions on the log were considered and implemented accordingly;**
- (3) the use of the Trust seal as described was noted;**
- (4) the Chairs Action Minutes from 24 February 2021 and 12 March 2021 were ratified; and**

- (5) the update from Welsh Government in terms of Covid-19 governance arrangements was noted.

#### 44/21 COMMITTEE UPDATES

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

##### **Quest:**

1. Quality strategy and Mental health and Dementia plan
2. Summary of the patient safety highlight report
3. Scrutiny panels

##### **People and Culture:**

1. Noted revalidation of gold corporate health standard
2. UCS recruitment and driver licensing
3. Several all wales policies were approved
4. Organisational behaviours work
5. Partnership working annual report

##### **Finance and Performance**

1. Accepted closure report on the 111 peer review
2. Sustainability and decarbonisation funding from Welsh Government has been allocated
3. Estates work discussed in the closed session

##### **Academic Partnership Committee**

1. Letter received from WG encouraging the Trust to apply for university status with some new criteria
2. Plan to bring a paper to the July Board looking at next steps in terms of the wider engagement
3. Estelle Hitchon updated the Board on the next steps in terms of university status

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

#### 45/21 MINUTES OF COMMITTEES

The Minutes of the following Committees were presented for endorsement:

- a. 4 February 2021, People and Culture Committee
- b. 23 February 2021, Quest Committee
- c. 11 March 2021, Finance and Performance Committee
- d. 8 December 2020 and 9 March 2021, Remuneration Committee

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

**46/21 ANY OTHER BUSINESS**

Emrys Davies asked the Board to note that in terms of Welsh Language standards compliance an extension had been requested. Keith Cox updated the Board with further information in terms of correspondence with the Welsh Language Commissioner

Martin Woodford informed the Board it was standard practice to ask members what went well and what areas could the Board improve on. It was agreed that Keith Cox would circulate an e mail to Members asking for their feedback

**Date of next meeting: 29 July 2021**

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 10 JUNE 2021**  
**Meeting Conducted via Teams**

**PRESENT:**

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

**IN ATTENDANCE**

Hugh Bennett	Head of Planning and Performance
Jill Gill	Financial Accountant
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Governance Officer

**47/21 WELCOME AND APOLOGIES FOR ABSENCE**

**Welcome and apologies**

The Chair welcomed all to the meeting, he explained that the meeting was being recorded and although the public were not in attendance the full minutes would be made available as an open public record. The contents of the agenda, in the main, the Accounts, Accountability report and the Annual Performance report will be presented at the Annual Meeting of the Trust on 29 July 2021 at which the public will be invited to attend.

## **Apologies**

Apologies were received from Andy Haywood, Director of Digital Services.

## **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, Member of the Llannon Community Council and Ceri Jackson, a Trustee of the Stroke Association

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

48/21

## **ANNUAL ACCOUNTS PROCESS**

### **Annual Accounts**

The Director of Finance and Corporate Resources Chris Turley, presented the annual accounts which had been reviewed and scrutinised at Audit Committee and were being submitted to the Board for approval.

He drew attention to the following key headlines:

1. Unlike last year, there had not been an extension to the deadline for the draft accounts and they had been submitted to Welsh Government and Audit Wales on 30 April 2021 for their consideration
2. All the statutory financial duties had been met and the Trust retained a surplus of £70k which was effectively a breakeven position; income was c£242m with a Net expenditure of c£242m. Reference was made to the breakdown of income and expenditure within the accounts
3. There had, overall, been an increase in income of £30m from the previous year, much of which related to the impact of Covid
4. The capital in year spend was delivered in line with the Capital Expenditure Limit as set by Welsh Government
5. Since being presented to Audit Committee two very minor presentational changes had been made to the accounts and these were highlighted in the covering report
6. An additional contingent liability was entered in the accounts which related to potential senior clinician pension contributions; the impact on the Trust was likely to be minimal
7. Impact of Covid-19. Details of the costs and income was illustrated in the accounts

8. Tangible fixed assets, the Net Book Value this year was £89m, the previous year it was £87m
9. Debtors, this had increased by £7m, £4m related to the Covid -19 bonus payment to staff which was paid in May but was required to be accounted for as expenditure in the accounts for the year 2020/21

Martin Turner, Chair of the Audit Committee gave an overview of discussion at the Audit Committee meeting on 3 June in respect of the accounts. The Committee had thanked Chris Turley and his team in particular Jill Gill and had recommended the accounts for approval. It was a credit to the team that the accounts presented were of high quality and also to the Trust for maintaining a breakeven balance. In terms of the Audit Wales opinion, the Committee noted this would be an unqualified opinion on the accounts which were considered to provide a true and fair view of the Trust's financial position for the 2020/21 financial year.

### **Accountability Report**

Keith Cox presented the Accountability Report explaining that it consisted of three sections; the Corporate Governance report, the Remuneration and staff report and the Parliamentary accountability and audit report.

The report was subject to Audit Wales scrutiny and additionally as part of the scrutiny process, had been submitted to Welsh Government, any comments from both had been included into the report.

The main part was the Corporate Governance report which contained the Annual Governance Statement; and this included governance structures and how the Trust managed risks. Furthermore, a reasonable assurance opinion had been provided by the Internal Auditors in terms of how the Trust had performed from a governance perspective.

Another key document was the Remuneration and staff report which gave details of senior manager salaries and staff numbers including sickness figures.

A note of thanks was recorded for Mike Armstrong in preparing the report.

Comments:

Martin Turner added that it was a well written and concise report providing an easy read.

The Chair, on behalf of the Board asked that a note of thanks be recorded for Jill Gill, Mike Armstrong and others involved and expressed appreciation for their efforts in producing the high quality reports.

**RESOLVED: That the Trust's Annual Accounts and Accountability Report for 2020/21 were adopted and approved by the Trust Board.**



Chris Turley advised that the final version of the report had been presented to the Audit Committee on 3 June and remained extant for the Board.

It was intended that Audit Wales would be providing an unqualified opinion on the accounts

A small number of recommended improvements for the next financial year had been recorded which was consistent with previous years

**RESOLVED: That the Audit Wales opinion was received and noted.**

## **50/21 ANNUAL PERFORMANCE REPORT 2020/2021**

Prior to presenting the report Hugh Bennett explained that it was produced in line with the NHS Wales requirements and drew the Board's attention to the following key metrics:

1. There were 56 Serious Adverse Incidents during the reporting year, compared with 42 from the previous year
2. The percentage of 111 calls received by the Trust that were classed as being abandoned was 11% - the target was 5%
3. The 999 call answering performance had exceeded the target with 95% of calls being answered within three seconds
4. The red response target to reach patients within eight minutes was achieved in four of the 12 months
5. Unit hours production; this had improved from the previous year
6. Sickness absence was reported as 7.36%, which considering the pandemic was relatively low
7. In terms of Covid vaccinations, 78% of frontline staff had received their first or second vaccine as at 31 March 2021
8. Fewer hours had been lost to hospital handover delays than the previous year
9. 45% of emergency patients were conveyed to ED's compared to 46% the previous year

Comments:

1. Was there any value in looking at the performance outside the 65%? Jason Killens confirmed that the Trust was over the 65% in terms of the nine minute target and advised that this would be illustrated at the AGM
2. Serious Adverse Incidents, were these related to the health system or was it much wider including social care? Claire Roche acknowledged that the whole systems included the social care aspect. Anecdotally she

informed the Board that she had met with Cardiff City Council and focussed a discussion on dealing with social care issues in the Community

3. Following a query regarding process, the Board recognised that the report timeframe precluded its presentation at a Committee prior to the Board; noting that a great deal of information was included within the Annual report
4. Going forward, Members felt it would be useful to cross reference performance outcomes which were included as part of the IMTP process
5. The Board acknowledged the well-presented report which gave an accurate overview of performance over the past year; noting there had clearly been challenges faced by the Trust during the pandemic
6. Members agreed that it would be sensible for the Chairs Working Group to consider the Annual Performance report process in terms of sign off and how it interfaced with each of the Committees

The Chair suggested that at the forthcoming AGM, any key learning points from the year be illustrated as part of the update. He added that the formal escalation process the Trust conducted due to the service pressures should be highlighted at the AGM for the public's attention

**RESOLVED: That**

- (1) the Annual Performance Report was approved; and**
- (2) a note of thanks was recorded for Hugh Bennett and his team for compiling the report.**

**51/21**

**ANNUAL REPORT 2020/2021**

Estelle Hitchon explained that the purpose of the report was to provide the narrative that fastened together the three statutory reports; the performance report, the accountability report and the financial statements and notes together

This year's report differed slightly from previous years in that it reflected revised Welsh Government guidance and contained a chronicle of the pandemic and its impact upon the Trust

Members noted that following a very minor amendment, the report had been approved by Audit Wales and was due for submission to Welsh Government tomorrow

**Comments:**

1. The Board acknowledged it was a well written document and recorded a note of thanks to Estelle and her team

2. Should details of the Welsh language and the environment be captured within the report? Keith Cox advised that the Welsh language was mentioned to within the accountability report. In terms of the environment and sustainability report Estelle advised that this had not been required for this financial year in the WG issued Manual for Accounts. Whilst this was expected to be a one off, the detail that would have been included this had continued to be captured and can be provided as a link to the final published version of the Annual Report.
3. The Chair commented that at the AGM, the Trust should highlight more of the IMTP deliverables that were successful, including the Grange hospital and the 111 service

**RESOLVED: That the Annual Report was approved.**

**Date of next meeting: 29 July 2021**

DRAFT

**WELSH AMBULANCE SERVICES NHS TRUST**  
**TRUST BOARD ACTION LOG FOLLOWING MEETING ON 10 June 2021**

**CURRENT ITEMS**

<b>No:</b>	<b>Minute Ref</b>	<b>Date Raised</b>	<b>Subject</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Status/Due date</b>
44	41/21	27 May 2021	Risk Management and Board Assurance Framework	Deep Dive on risks 223 and 224. Formal report to be presented appended to the BAF	R Marsh	29 July 2021
45	46/21	27 May 2021	Feedback from Board Members	E mail to Board Members asking for feedback – what went well, areas for improvement	K Cox	29 July 2021
47	50/51	10 June 2021	Annual Performance Report	CWG to consider reporting process and how it was linked to Board Committees	K Cox	Ongoing

## Minutes of Chairs Action Meeting 24 June 2021 (Via Teams)

Present:	Kevin Davies (KD)	Trust Vice Chairman
	Keith Cox (KC)	Board Secretary
	Emrys Davies (ED)	Non-Executive Director
	Bethan Evans (BE)	Non-Executive Director
	Mark Harris (MH)	Assistant Director of Operations
	Paul Hollard (PH)	Non-Executive Director
	Jason Killens (JK)	Chief Executive
	Chris Turley (CT)	Executive Director Finance and Corporate Resources

### Procurement of Additional NEPTS Summer Support Vehicles

1. Kevin Davies (Trust Vice Chairman) was appointed Chair of the meeting in the absence of Martin Woodford, Trust Chairman. Declarations of interest were received from Kevin Davies, Independent Trustee of St John Cymru, and Emrys Davies, retired member of Unite.
2. **JK** informed the meeting that the matter required Board approval as the costs of the proposal exceeded his delegated limits and that an emergency Chairs Action was required due to the need to progress the matter urgently.
3. **JK and MH** explained that modelling completed for the Emergency Medical Services had indicated that due to the trend for 'staycation' holidays this summer, that there would be increased demand on our ambulance services and that more patients would require transfer between places of care, discharge to their home or repatriations to their local hospitals to continue care. Members were informed that the current level of commissioned NEPTS resources was already working close to or above its capacity and that the projected additionality would not be able to be accommodated within existing resources.
4. **JK and MH** informed the meeting that the CASC had been informed of the modelling results and that he was supportive of the need to increase the number of NEPTS support vehicles over the summer period (June-September) as any delays in transferring or discharging patients had the potential to reduce flow through the hospitals thus increasing delays on patient handover and general system inefficiencies. **JK** added that initial funding discussions with the CASC were positive regarding the Trust's submission for funding for nine additional NEPTS vehicles at a cost of £600,750 but that work on this matter was ongoing and that formal approval had yet to be received. Members were assured that no provision of commitment or procurement would be made until an agreement had been made with the commissioning team to fund this additionality.
5. Members questioned **JK** and **MH** with regards to the Trust's wider summer plan; the core structural capacity of NEPTS; and the risks to the Trust of the

NEPTS summer proposal but on each point there was unanimous support to the approach being proposed.

6. In considering the recommendation of the report, Members proposed that additional wording be added to prevent any further delay in commencing the project should the CASC agree partial (and not full) funding of the project.

**Resolved:**

**That Chairs Action:**

- 1) Approved spending up to the value of £600,750 to fund additional NEPTS providers to support the delivery of the Summer Plan, subject to a source of funding being made available by commissioners.**



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

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

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

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

Comments if any:

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

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

Comments if any:

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

**Chairman's Signature**

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

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

Kevin Davies

Comments if any:

**Chief Executive's Signature**

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

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

Jason Killens

Comments if any:



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

<b>AGENDA ITEM No</b>	<b>4.3</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>4</b>

## MINUTES OF COMMITTEES

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 July 2021
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Steve Owen
<b>CONTACT</b>	Steven.owen2@wales.nhs.uk

### EXECUTIVE SUMMARY

The purpose of this report is to provide an update on the work of the Trust's Committees. The Board is asked to receive this report and to formally adopt the Minutes of the Committees.

**Recommended: That the Minutes of Committees as appended are formally received and adopted.**

### KEY ISSUES/IMPLICATIONS

The Board is to note that a number of actions and/or recommendations outlined in the Minutes of these Committees have already been progressed.

### REPORT APPROVAL ROUTE

Approved via the relevant Committees:

### REPORT APPENDICES

Minutes of Committees:

- 4 March 2021, Audit Committee
- 23 March 2021, Remuneration Committee
- 13 May 2021, Finance and performance Committee

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

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 4 MARCH 2021 VIA TEAMS**

#### **PRESENT :**

Martin Turner	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director
Joga Singh	Non Executive Director

#### **IN ATTENDANCE :**

Julie Boalch	Corporate Governance Manager
Lee Brooks	Director of Operations
Judith Bryce	Head of Operational Support
Andy Haywood	Director of Digital Services
Helen Higgs	Head of Internal Audit NWSSP
Jill Gill	Financial Accountant
Fflur Jones	Audit Lead (Health), Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Michelle Phoenix	Audit Manager, Audit Wales
Catharyne Punyer	Investigation Supervising Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Keith Cox	Board Secretary
Claire Roche	Director of Quality and Nursing
Damon Turner	Trade Union Partner

#### **01/21 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and advised that it was being audio recorded.

## **Declarations of Interest**

The standing declaration of interest of Mr Emrys Davies as a former member of UNITE was recorded.

## **Minutes**

The Minutes of the open and closed sessions of the Audit Committee meeting held on 3 December 2020 were confirmed as a correct record.

## **Action Log**

The Committee considered the action log:

Action Number 62: Risk register development. Julie Boalch updated the Committee on progress with a further update at the next meeting. To remain on the log

Action Number 65: Redacted versions of the Counter Fraud Annual report and Annual plan. Carl Window advised these should be available prior to the next Committee meeting. Remain on action log

Action Number 66: Item on Agenda – Action Closed

Action number 67: Counter Fraud Specific Risk assessment, Carl Window gave an update advising that a full report will be provided at the next meeting

## **RESOLVED: That**

- (1) the Minutes of the Audit Committee's open and closed sessions held on 3 December 2020 were confirmed as a correct record;**
- (2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded; and**
- (3) the actions referred to in the action log were considered and actioned as necessary.**

## **02/21 INTERNAL AUDIT REPORTS**

Helen Higgs presented the Committee on progress with the 2020/21 plan and presented the internal audit plan for 2021/22 for approval.

In terms of progress this year, 10 reports had been finalised, one was out and in draft and four were being progressed with two yet to start.

Members' attention was drawn to some proposed changes regarding the reviews which were to be deferred into next year. The role of the Advanced Paramedic Practitioner and Trade Union Release Time. These two deferrals had been agreed by the Executive Management Team

In terms of the proposed Internal Audit Plan for next year there had been several reviews which had been deferred from the previous year; again agreed at EMT. Chris Turley gave further details in terms of the discussions held at EMT, including providing assurance to Committee members that the 2021/22 Internal Audit plan had been fully discussed and agreed by EMT members.

The following Internal Audit reports were presented by Osian Lloyd to the Committee:

### **111 Service Governance Arrangements: Reasonable assurance.**

The objective of the review was to assess the project management of the implementation of the new integrated IT system. The internal audit assessed how adequate and effective the internal controls in operation were.

The delivery of the project had been impacted by the pandemic and delivery of the system had been delayed by several months.

The reasonable assurance was based on two medium priority findings. These related to the reinstating of regular reporting of the project status and benefits realisation planning. Both of these recommendations had been accepted by management and Internal Audit were content with the plans to address them.

Comments:

Andy Haywood added that the regular reporting process had been addressed and that the highlight report being presented to the 111 National board would be brought to this Committee.

### **Clinical Contact Centres (CCC) – Performance Management: Reasonable assurance.**

This review was conducted in order to ascertain the arrangements in place to monitor and manage performance within the CCC's.

During the audit it was noted that the Trust had escalated to REAP level four; however the audit team were still able to see evidence that arrangements were still in place notwithstanding the ongoing challenges.

The reasonable assurance rating had been based on one high, three medium and one low priority findings. The high rating related to streamline processes to provide more meaningful, focussed and intelligent information. The medium findings concerned the varying audit arrangements across the EMS CCC and NHDSW/111, to provide more formal training and coaching and to refresh the performance improvement framework to reflect the current working practices.

Comments:

The Committee took reassurance of the evidence regarding one to one meetings of management and staff.

Lee Brooks welcomed the report noting there was still further work required in order to



empower individuals to access the relevant data going forward

### **Job Evaluation Process: Limited assurance.**

The purpose of the review was to provide assurance that a suitable job evaluation framework was in place to operate suitable mechanism ensuring a fair pay structure. The Limited assurance had been based on two high and five medium priority ratings.

Significant issues had been identified by the 2019 all Wales job evaluation group which had been the impetus for this audit. The Trust has since worked to improve the processes and a robust partnership with the all Wales group now exists.

One of the high priority findings was that the Trust should complete a strategic assessment of the job evaluation function and ensure it was equipped to undertake the challenges going forward. It was understood that the Trust was in the process of developing a paper to achieve this. The other high priority finding related to agreement of the new job evaluation process.

In terms of the medium findings, these related but were not limited to; suggestions to further improve some of the more routine operational elements, to develop and update the job evaluation hub section on the intranet and review the training needs of those involved in the process.

Comments:

Claire Vaughan advised the Committee that the report had been considered at EMT. Actions have been put in place to address the concerns and recommendations made within the review; adding that the strategic assessment was close to completion

Clarity was sought in terms of why, in some instances, the narrative indicated a reasonable assurance while the overall assurance rating was limited. Claire Vaughan advised that the overall processes were reasonable; however, the limited assurance related to the strategic function

### **IM&T Control Risk Assessment: The report is still in draft.**

The objective of the review was to provide a baseline picture of the processes in place for the management of the risks associated with Information Governance and ICT. As it is a baseline review, it has not been allocated an assurance rating.

An assessment had been made to establish the controls in place in which the Trust scored well; there were several recommendations which were being taken forward by the relevant team

Comments:

Andy Haywood acknowledged the work undertaken by all those involved. He added that the recommendations were being addressed and an updated report would be provided at the next meeting

## **Fleet Disposal: Reasonable assurance.**

This review was undertaken in order to evaluate the processes and procedures the Trust followed in terms of its vehicle disposal process. No high priority findings were raised and the assurance was based on nine medium findings

The audit took into consideration several aspects which included; financial reputational risk, strategy to maintain the fleet, value for money, and regulatory compliance.

Comments:

Chris Turley explained that hardly any vehicles had been disposed of in the past year; this was deliberate in case more vehicles had been required during the pandemic. He added that several of the recommendations from the audit were in progress and some had been completed.

Members welcomed the report recognised there was still further work required and noted the progress

Julie Boalch added that once the recommendations were loaded on to the tracker they would be monitored and scrutinised by the relevant Committee

### **RESOLVED: That**

- (1) the Internal Audit plan for 2021/22 was approved;**
- (2) the Internal Audit Charter was approved, subject to amending name to WAST;**
- (3) the associated Internal Audit resource requirements and key performance indicators were noted; and**
- (4) the internal audit reviews as presented were received and noted.**

## **03/21 EXTERNAL AUDIT REPORTS**

### **External Audit update report**

Fflur Jones gave an overview of the report which detailed progress of the work undertaken. Of particular note the Committee were informed on progress with phase one of the structured assessment for 2021 which would specifically consider operational planning. Other work which was underway included resilience of emergency services, unscheduled care, quality governance and phase two of the structured assessment.

Also in the report there were details of the good practice exchange team; members were given details of virtual learning events which included learning from Covid

### **Audit plan 2021-22**

Michelle Phoenix explained that the plan detailed the initial audit work to be carried out in 2021-22 and was subject to any further measures that might occur as a result of Covid.

At present, the deadline for submission of the Trust's audited 2020/21 accounts was 11 June 2021. As in previous years opinions on the financial statements and whether the expenditure was spent on the purpose it was intended by the Senedd would be given.

In terms of risks, the impact of Covid had created several generic risks which included increased pressure on resources and also increased expenditure. There were two specific risks relating to the Trust; the level of assets under construction and areas within the remuneration report which were being addressed

#### Comments

Following a query, linked to the level of audit that was going to be required for 2020/21, in terms of timelines regarding submission of the Charitable Funds accounts, Michelle confirmed that the submission date of the audited charity accounts was due 31 January 2022. Any work in connection with the accounts will not commence until September/October this year.

For noting, the Committee were presented with the following reports in which Fflur gave further details:

#### **Doing it differently, doing it right? Supplementary output from the 2020 Structured Assessment**

Julie Boalch welcomed the report noting the key lessons that had been identified which would be used to build on the Trust's governance processes going forward

Chris Turley commented that through the NHS Wales Finance Academy a best practice guide was being developed which would consider the impact of the pandemic mainly from a financial perspective

The Committee were reassured from the report that the Trust was from a governance perspective, continuing to progress in the right direction

#### **Procurement and supply of PPE during the COVID-19 pandemic**

##### **RESOLVED: That**

- (1) the external audit update was noted; and**
- (2) the audit plan was approved.**

#### **04/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch presented the report as read

The Committee were advised of the key activity since the last Audit Committee meeting:

1. Risk ID 223 and 224 continued to remain the highest scoring risks at 25
2. Risk ID 315, 217 and 322 had reduced in score and been de-escalated to

- directorate registers for further management
- 3. Risk ID 182 has been closed
- 4. Several risks had been transferred across Committees, these largely related to portfolio changes

Comments:

In terms of the summary report it was requested that the previous risk score be added.

Clarification was sought why Risk ID 315 had been reduced in score and risk ID 316, which was a similar risk had remained on the Corporate Risk Register. Julie advised that ID 315 related to risk from a Health and Safety perspective and ID 316 related more about the Trust's exposure to litigation from personal injury claims and was therefore perceived to be under the legal perspective

What else was the Committee expected to do with the reports apart from receiving them? Particularly the two top risks.

Emrys Davies explained that ID223 and ID224 had been discussed at Quest and whilst the risk had score had not changed they were currently in the monitoring phase; awaiting further information from Welsh Government. Effectively, Audit Committee was the overarching scrutiny Committee.

It would be sensible that the narrative includes the scrutiny conducted at other Committees in order to provide the Audit Committee with additional assurance.

**RESOLVED: The Audit Committee noted the contents of the report; specifically:**

- (1) the risk management activity since the last Committee in December 2020;**
- (2) the changes to existing Corporate Risk scores; and**
- (3) received and commented on the BAF report.**

## **05/21 AUDIT REPORT**

Julie Boalch explained that the purpose of the report was to provide the Committee with information in respect of recommendations made as a result of internal and external audit reviews. The report was presented as read and the Committee's attention was drawn to following

- 1. There were currently 107 internal audit recommendations on the tracker
- 2. 60 recommendations had been completed, 32 remained overdue and 15 were not yet due
- 3. There had been a focus on clearing the older recommendations, particularly from 2017/18
- 4. There were 35 high priority recommendations, of which only 10 remained outstanding

## Comments:

Members recognised that Committees were considering the high priority recommendations that were overdue. Chris Turley gave further details of the processes being followed at each Committee in order to scrutinise and monitor the recommendations. In terms of the older risks for example over two years, it may be prudent to continue with these risks, as they may never be completed, provided there was the relevant evidence and rationale to support it

Members agreed that further discussion at EMT was required in order to find a suitable way forward in terms of clearing the backlog

Helen Higgs explained the process in terms of how the recommendations were agreed and followed up. This process will be reported at the next meeting.

The Committee noted there could be occasions when the Trust would take a calculated risk on a particular recommendation, in the knowledge that it can't be progressed any further and should be documented as such

Julie Boalch added that the Assistant Directors Leadership Team had been reviewing the older recommendations with a view to closing them. The Trust would work with internal audit colleagues and continue to develop the internal governance process in order to determine whether the older recommendations could be officially closed. It was agreed that this process would be drawn out within future reports

The Committee suggested that the reviews should take place once the audit had concluded and when the recommendations were being discussed

Chris Turley proposed that a rolling two year programme could be the way forward; and if the recommendation was still on the tracker after that time a further review be conducted to see if it could be closed

Julie Boalch added that a lot of progress in closing the older risks has been made; this had been demonstrated in the 2019/20 recommendations that had been closed down on time

The Chair noted the progress. He acknowledged that the recommendations once made, need to be acted on. If they are not acted on within the timescale, a reason must be included in the narrative even if that reason is that it cannot be completed in a timely fashion

Helen added a review on the tracker would be conducted shortly and that would be able to provide the necessary assurance

## External reviews

Julie Boalch in her update drew attention to:

1. There were three outstanding recommendations from the Audit Wales report
2. An additional tab was on the tracker to look at Covid related issues

3. Of the 15 Key priorities highlighted, 11 had been completed and the remaining four would be completed by the end of the financial year

**RESOLVED: That Audit Committee**

- (1) received the report;
- (2) considered the Trust's proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates; and
- (3) agreed that the process to review the closing down of older recommendations be reviewed

**06/21 LOSSES AND SPECIAL PAYMENTS FOR THE PERIOD 1 APRIL 2020 – 31 JANUARY 2021**

Chris Turley gave an overview of the report and the reasons why it was reported to the Committee. He made reference to the report on the cost of personal injury claims linked to RTC's

Jill Gill added that the first ten months saw expenditure of just over £800k. There was a significant jump in November due to one high level case.

**Comments**

Vehicle repairs – are there designated companies? Chris Turley commented there were 12 or 13 framework providers based across the country which had all been checked for Value For Money.

**Personal Injury claims linked to RTC's**

Catharyne Punyer gave an overview of the report and highlighted the following

1. It was noted there was a reduction in the numbers of RTCs throughout the years
2. The introduction of CCTV and tracking devices in ambulances had allowed the Trust to be more robust when dealing with potential claims
3. The Trust minimised its cost and maximised its recoveries by accruing and accumulating claims; anything over £25k using the welsh risk pooling service was claimed back

**Comments:**

The Committee acknowledged the work undertaken by and thanked the team. Members were assured by the deep dive report noting that nothing problematic in terms of trends and themes had been exposed

It was noted that the next report would contain details of clinical negligence and would be ready for the June Committee

**RESOLVED: That**

- (1) the Losses and Special Payments Report for this period was received; and**
- (2) the personal injury claims report was noted.**

**07/21 2020/21 ANNUAL ACCOUNTS UPDATE**

Chris Turley updated the Committee in terms of the revised dates of submission of the Trust's audited accounts. He was confident they would be submitted on time, 11 June 2021.

As part of the initial routine planning work, Audit Wales had issued the 'Audit Enquiries to those charged with governance and management'. The Trust had drafted a formal response, details of which were contained in an appendix to the report, which would be submitted to Audit Wales by the end of the day.

Michelle Phoenix added that the Audit Enquiry letter was a key part of the audit.

The Committee noted that, whilst it was a tight timescale it was generally in line with last year

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

**08/21 ANY OTHER BUSINESS**

None

**RESOLUTION TO MEET IN CLOSED SESSION**

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

**Reports relating to the items of business in these minutes can be found on the Trust's website, [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)**

**Date of Next Meeting: 3 June 2021**



## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE CLOSED MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 4 MARCH 2021 VIA TEAMS**

**Chair: Martin Turner**

#### **PRESENT :**

Martin Turner	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director
Joga Singh	Non Executive Director

#### **IN ATTENDANCE:**

Julie Boalch	Corporate Governance Manager
Fflur Jones	Audit Lead (Health), Audit Wales
Jill Gill	Financial Accountant
Andy Haywood	Director of Digital Services (Part)
Helen Higgs	Head of Internal Audit
Ossian Lloyd	Internal Audit
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Keith Cox	Board Secretary
Navin Kalia	Deputy Director of Finance and Corporate Resources
Claire Roche	Director of Quality and Nursing
Damon Turner	Trade Union Partner

#### **01/21 PROCEDURAL MATTERS**

The Chairman welcomed all to the meeting and advised that it was being audio recorded. The standing declaration of interest in respect of Mr Emrys Davies being a retired member of UNITE was noted

**RESOLVED: That the declaration of interest as described was recorded.**

## **02/21 COUNTER FRAUD PROGRESS REPORT**

Carl Window provided an update from the report and expanded in further detail on the following areas:

1. The counter fraud standard had been approved; the Trust was now working to a more consistent fraud delivery standard and at the next meeting he would provide further details
2. A paper will be submitted to the strategic education group with a view that counter fraud training would be mandatory, this would help in raising the profile of fraud awareness
3. The fraud risk assessment was near completion
4. There were 24 open pending cases and details of recent outcomes of some of the cases were provided
5. There were several interviews under caution which were pending and future details would be given at the next meeting
6. Reference was made to a case with a significant fraud loss value which was likely to advance to the Crown Prosecution Service for advice on whether to charge and proceed
7. The Committee were given further details of a joint case with the police which related to a theft of Trust equipment
8. Several successful cases had resulted in significant funds being returned to the Trust

### **Comments**

The Committee welcomed the report and recognised that several of the cases related to sickness fraud. Carl advised it was not always a sickness fraud that was finally proven; cases were initially reported as a sickness and sometimes it transpired that it was not sickness related

**RESOLVED: That the Counter Fraud progress report was acknowledged and accepted by the Committee.**

## **03/21 TENDER UPDATE REPORT AND SINGLE TENDER WAIVE REQUESTS**

Chris Turley provided an update on tenders issued and awarded during the period 1 April 2020 – 31 January 2021 together with a summary of single tender waivers approved.

Further detail was provided on the procurement of the contractor for the matrix house training school development

Members noted that the agreed processes with shared services procurement in the capturing of single tender waiver information through a register had been further enhanced  
**RESOLVED: That members of the Committee were invited to comment on the information provided and noted the contents of the report: and**

- (1) Six new tenders were issued during this period and that two tenders were awarded during this timeframe was noted;
- 2) It was also noted that four request to waive SFIs were accepted during the period. Given the value of one of these, matrix house, additional information was provided on the governance and scrutiny undertaken ahead of agreeing to this.

#### **04/21 CYBER RESILIENCE IN THE PUBLIC SECTOR**

Fflur Jones explained that this was an all Wales review which aimed to highlight the critical importance of cyber resilience and assist NHS bodies reflect in terms of their particular arrangements compare with others. The review focussed on Board and senior management arrangements

The overall conclusion was that cyber attacks were clearly a threat to NHS bodies at an all Wales level. The review had identified some key improvements across Wales which included an increased understanding on the importance of cyber resilience

Andy Haywood welcomed the report adding that training would be implemented at Board and Executive level in order to improve the Trust's cyber awareness and accountability

Comments:

1. Following a query in terms of the Trust's general security position, Andy Haywood advised that an internal audit was scheduled to consider the Trust's position which would be benchmarked against the National Information Security Guidelines which would test the Trust's overall cyber security. The Trust would also look at the training requirements from the staff's perspective
2. Andy Haywood stressed the importance of risk management in terms of cyber security
3. The Committee recognised that digital technology moved at a rapid pace and one of the challenges was to keep abreast of the changes

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

**Date of next meeting: 3 June 2021**

**MINUTES OF THE CLOSED SESSION OF  
REMUNERATION COMMITTEE HELD ON 23 MARCH 2021  
VIA TEAMS**

**PRESENT:**

**Members:** Martin Woodford (MW), Trust Board and Remuneration Committee Chair  
Kevin Davies (KD), Non Executive Director  
Joga Singh (JS), Non Executive Director  
Martin Turner (MT), Non Executive Director

**In attendance:** Keith Cox (KC), Board Secretary  
Nathan Holman (NH), Trade Union Partner  
Jason Killens (JK), Chief Executive  
Hugh Parry (HP), Trade Union Partner  
Chris Turley (CT), Director of Finance and Corporate Resources  
Claire Vaughan (CV), Director of Workforce and OD

**04/21 Welcome, Apologies for Absence and Declarations of Interest**

- 04.01 **MW** welcomed everyone to the meeting. There were no apologies for absence.
- 04.02 Declarations of interest were recorded in respect of Kevin Davies, Independent Trustee of St John Cymru, and Nathan Holman, Member of the Llannon Community Council.

**05/21 Minutes, Action Log and Matters Arising**

- 05.01 The Minutes of the Remuneration Committee meetings held on 8 December 2020 and 9 March 2021 were confirmed as correct records subject to:
1. the 8 December 2020 Minutes being amended to record Nathan Holman as a Member of Llannon Community Council (and not Chair as stated); and
  2. the declaration of interest of Kevin Davies as an Independent Trustee of St John Cymru being added to the Minutes of 9 March 2021 (omitted).
- 05.02 The Remuneration Committee Action Log was reviewed and updated. **CV** briefed that the secondment of Employee A had been extended by Swansea Bay UHB for a further 12 months and that Health Education and Improvement Wales (HEIW) had brought to an end the secondment of Employee B. **CV**

added that the UK Public Sector Pay Cap briefed previously to the Committee had been revoked. In light of the briefing from **CV**, Members reviewed the timetable for the review of senior staff secondments but were satisfied that the scheduled review date of December 2021 remained appropriate for the Committee

## **06/21 Voluntary Early Release Scheme (VERS) Application**

06/01 **CT** informed the Committee that an application for voluntary severance, utilising the framework of the Voluntary Early Release Scheme (VERS) had been received from Employee C in the Finance and Corporate Resources Directorate.

06/02 Members reviewed the information provided by **CT** and confirmed that they were satisfied that due diligence to the application had been followed. Given that the payment was over £50k, the application was supported by the Committee for submission to Welsh Government

## **RESOLVED: That the Committee**

- 1) **SUPPORTED** the voluntary severance, under the framework of VERS, for Employee C with effect from a termination date of 1 June 2021, and to seek Welsh Government approval as the payment would be over £50k. This must be obtained prior to the employee being notified of the outcome of their application.
- 2) **NOTED** that agreed payments under a VER Scheme are classified as 'ex gratia' payments and they therefore need to be managed in accordance with the losses and special payments procedure detailed in a Welsh Office Health Department document, Manual of Guidance (Wales) produced in December 1998.

## **07/21 Board Secretary Recruitment Update**

07/01 **JK** informed the Committee that a revised job description had been prepared for the post of Board Secretary based on the NHS Wales Board Secretary job description. **JK** added that the revised job description had been submitted for national grade evaluation and that the confirmed grade was expected back imminently.

07/02 Members were informed that the recruitment process would be managed internally within the Trust and that all supporting recruitment documentation had been prepared to enable the vacancy to be advertised as soon as the salary grade was confirmed. **JK** explained that in addition to the post being advertised on NHS Jobs, that **CV/KC** were working to identify other additional networking/advertisement routes. The Committee noted that selection was scheduled for mid-May and that this would consist of a two stage process: shortlisting/ assessment followed by a panel interview.

07/03 Following questions from Members, **CV** confirmed that there was no indication that the ongoing work by Welsh Government looking at the role of Board Secretaries and Standing Orders would lead to a pushback of the Trust's planned recruitment timeline.

**RESOLVED: That the Committee**

**1) NOTED the Board Secretary recruitment update.**

**08/21 Executive Salary Benchmarking Update**

08/01 **JK/MW** informed Members that following discussions with Martin Flaherty, Managing Director, Association of Ambulance Chief Executives (ACCE) that ACCE had agreed to undertake a national benchmarking review of Executive salaries. **JK/CV** were meeting with the ACCE consultants in the coming two weeks to confirm the framework for the review and invited **MW/KC** to join the meeting given their previous remit on this matter (See Minute 30/20, 8 December 2020).

08/02 **JK** explained that all UK Ambulance Chief Executives had agreed to participate in the review and therefore the data collection element of the review should be straight forward. The complexity of the exercise lay in the benchmarking review as there are known variances in the functions and management responsibilities undertaken across the component UK Ambulance Services.

08/03 Members noted that the work will be undertaken in 2021/22 Quarter 1 and not in 2020/21 Quarter 4 as stated in Minute 30/20, 8 December 2020.

**RESOLVED: That the Committee**

**1) NOTED the Executive salary benchmarking update**

**09/21 Any Other Business**

09/01 There were no other items of business

**10/21 Date of Next Meeting**

10/01 The next scheduled meeting of the Remuneration Committee was confirmed as 9.30, 10 June 2021.

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 13 May 2021 VIA TEAMS**

**Chair: Emrys Davies**

### **PRESENT :**

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director

### **IN ATTENDANCE:**

Julie Boalch	Corporate Governance Manager (Part)
Lee Brooks	Director of Operations
Nathan Holman	Trade Union Partner
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Director of Planning and Performance (Part)
Steve Owen	Corporate Governance Officer
Morwenna Phillips	Finance Graduate
Chris Turley	Executive Director of Finance and Corporate Resources
Helen Watkins	Deputy Director of Workforce and OD

## **23/21 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite was noted and Nathan Holman as a member of the Llannon Community Council

### **Minutes**

The minutes of the open and closed sessions held on 11 March 2021 were considered by the Committee and agreed as a correct record subject to amending the correct title of Helen Watkins to read: Deputy Director of Workforce and OD.

### **Action Log**

The action log was considered:

Number 61: IPR Deep dive on a subject to be determined. The Committee recognised the work being undertaken in terms of the metrics; Committee NED's would continue to discuss these separately to the Committee and liaise with Rachel Marsh. To remain on the log.

### **RESOLVED: That**



- (1) the Minutes of the open and closed meeting held on 11 March 2021 were confirmed as a correct record;
- (2) the declarations of interest as stated were noted;
- (3) the action log was considered; and

**24/21 FINANCIAL PERFORMANCE AS AT MONTH 12 2020/21 and DRAFT YEAR-END FINANCIAL POSITION**

The Committee received a detailed paper on the financial performance as at month 12, and therefore the draft 2020/21 financial year end (subject to audit). Members' attention was drawn to the following key headlines:

1. There was a small revenue surplus (£70k) for the 2020/21 financial year;
2. A total of £13.9m of unavoidable costs were incurred as a result of the Covid-19 pandemic, this was being fully funded by Welsh Government (WG);
3. Capital expenditure was fully spent in line with revised year end plans, fully agreed with WG and full delivery of the WG set Capital Expenditure Limit;
4. Risks; there were no known cost risks to the reported draft year-end financial position. The Committee were reminded this position was subject to audit.
5. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.2% for the number, and 98.0% of the value of non NHS invoices paid within 30 days.
6. Covid-19 Spend; the Trust had recorded additional unavoidable spend in the Month 12 position totalling £13.891m, of which £9.020m were pay costs and £3.655m in respect of the recently announced "bonus payment" for all qualifying NHS staff. Chris gave further details in terms of eligibility in respect of the bonus payment.
7. The Trust's draft accounts for the 2020/21 financial year were submitted to WG and Audit Wales on 30 April 2021; the final audited accounts will be presented to Audit Committee on 3 June 2021 and Trust Board on 10 June 2021 for final approval, ahead of submission the following day. Chris explained that he expected the accounts and Audit Wales reports to meet the deadlines as stated

**Comments:**

1. The Committee congratulated Chris Turley and his team for achieving financial balance notwithstanding such a challenging year
2. Clarity was sought in terms of some of the overspends in directorates and the tolerance levels for the delegated directorate budgets. Chris explained there was not a formalised tolerance level as such; however a typical level would be around 5% which most directorates met. He gave further details in terms of the impact of the costs of the pandemic and how these were captured.
3. The Committee requested that additional narrative outlining the reason for any significant overspend be included in future reports

4. Several queries in respect of capital were agreed to be addressed in subsequent agenda items
5. Following a query in terms of the relationship with WG in respect of funding. Chris Turley explained there were two types of funding, Revenue and Capital funding, the former was predominantly dealt with through the Commissioners. In terms of Capital funding, this was directly dealt with through WG. Overall the relationship was sound.

**RESOLVED: That**

- (1) the Month 12 / draft 2020/21 draft year end revenue and capital financial position and performance of the Trust as at 31 March 2021 was noted;**
- (2) the Month 11 and Month 12 Welsh Government monitoring return submission included within Appendices 1-4 below (as required by WG) was noted; and**
- (3) the submission of the draft 2020/21 accounts, the upcoming audit of these and the timescales for final approval via Audit Committee and Trust Board was noted.**

**25/21 MONTH 12/YEAR-END 2020/21 CAPITAL PROGRAMME OUT-TURN**

Chris Turley advised the Committee that the report had been prepared to update them in more detail on the 2020/21 year-end capital programme out-turn, highlighting any agreed changes that had arisen during the latter part of the financial year and how these were managed in conjunction with WG, within a fixed capital resource envelope for the 2020/21 financial year.

Chris Turley briefed the Committee the following:

1. The Trust achieved its resulting 2020/21 Capital Expenditure Limit (CEL) of c£16.3m (subject to Audit); In total the Trust was under the limit by just £87.01
2. The resulting requirements to allocate discretionary funds to complete works commenced in 2020/21 which would continue into the 2021/22 financial year, including those subject to the CEL realignment;
3. All Wales Capital Programme – Chris Turley informed the Committee of ongoing projects and schemes and where there had been any slippage in a scheme he detailed how this was utilised elsewhere
4. The Committee noted the capital pre-commitments brought forward into the 2021/22 financial year.

Comments:

5. The Committee noted the remarkable achievement in meeting the CEL and recorded their thanks to Chris Turley and his team
6. It was requested that a profiled plan of expenditure for 2021/22 be presented at the next meeting, subject to approvals of capital spend being made.

**RESOLVED: That**

- (1) the Committee noted the year end delivery of the WG set CEL, including year-end adjustments agreed with WG (as per appendix 2) within an overall unchanged funding total and
- (2) the Committee noted the resulting impact on the 2021/22 discretionary capital programme, including that funded by WG as an increase to the Trust's initial 2021/22 discretionary capital funding as a result of the above year-end adjustments.

## **26/21 FINANCIAL POSTION AS AT MONTH 1 2021/22**

The Committee were given a presentation by Chris Turley in which he drew the Committee's attention to the following highlights

1. Spend patterns continued in the expected way, the revenue financial position was a small underspend of £0.005m
2. Forecast for 2021/22 was one of breakeven
3. Gross savings of £0.337m has been achieved against a target of £0.448m
4. Covid-19 spend continued to support elements of response and for month one was £437k, forecast for the year was around £5.095m and this was expected to be funded
5. Risks – there were currently two medium risks which were being reported through to WG, relating to holiday pay accrual and the costs associated with Winter pressures
6. In terms of EASC assumed income, comprehensive details were given on how it was continued to be assumed that certain schemes would be funded
7. Capital spend - £0.376m had currently been spent against the All Wales Capital Scheme budget of £28.575m

Comments:

1. Lee Brooks referred to the overspend on NEPTS mentioned earlier and advised that he would be developing a forecast for the Commissioners to understand what the financial contribution actually funds. This would hopefully prevent any overspends as in previous years recognising overspend is associated with pre-existing core activity and not novated activity during transition of work.
2. In terms of the reporting of Covid-19 spend to WG, Chris Turley advised this would be carried out on a monthly basis
3. Would the Trust be budgeting for any unused annual leave? Chris Turley advised that there was an accrual of leave and the Trust had received funding from WG to offset the impact of this from last year. The expectation was that staff would be starting to take their leave this financial year.

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

## **27/21 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Rachel Marsh gave a broad summary of the report and drew attention to the following key areas:

1. Call answering: 999 answering times were excellent. However 111 call answering performance, measured by call abandonment rates, had deteriorated in April; Actions to improve this and to enable the Trust to meet its target were underway
2. Ambulance response times had declined in April. There had been an increase in patient demand and an increase in hours lost at ED's. Initiatives such as further recruitment were being implemented to address and mitigate the issue
3. Response Abstractions: Abstraction levels significantly reduced in April 21, although sickness levels remain high. Sickness abstractions were 8.43% in April 21 (benchmark 5.99%). Whilst this was higher than wished for it was an improvement on the 8.68% seen in March 21.
4. Sickness absence; The Trust's overall sickness percentage was 7.02%. Ongoing actions were being undertaken to concentrate on staff well-being with the aim to reduce this level.
5. Reducing the conveyance of patients to hospitals. One of the initiatives included 'Hear and Treat'. The hear and treat rates after 999 calls were improving, 9.3% in March this year compared to 6.5% in March 2020

Comments:

1. 111 abandonment calls, had there been any analysis as to the patient outcome of these calls? Rachel Marsh advised that as these calls haven't been answered it was not possible to provide this information. The Trust would continue to strive in answering these calls and to meet the demand going forward. Lee Brooks added that the demand generated by the pandemic had increased significantly.
2. When would the 127 frontline staff currently being recruited be in post? Lee Brooks commented that by January 2022 this should be complete. Rachel Marsh agreed to provide the Committee with details of the recruitment timeline
3. Rural response model – Lee Brooks advised that this pilot scheme was designed to reduce variation in performance across Wales. He added that the Trust was keen to further develop, subject to the Commissioner's support, the use of volunteers and the voluntary sector which would need to be properly resourced and governed. The Trust would initially focus on Powys. He expressed that the answer would likely not rest in just increasing paid staff, as there are limitations including skill decay if full range of training is not used frequently enough,
4. Was the Trust ready to manage the likely impact in the increase of NEPTS demand? Rachel Marsh commented that the Trust was making plans for this potential scenario. Lee Brooks added that dialogue with health boards and Commissioners was ongoing and that health boards have been asked to ensure plans to resume services are shared to assess transport impacts.
5. Red response target, when could the Trust expect to reach the target? Lee Brooks advised that this would remain a challenge and current forecasting sees this position remaining for some months. He added that patient activity in all areas in the NHS was increasing. It was agreed that Lee Brooks would provide a report highlighting the actions being taken to mitigate the deteriorating red performance

6. Is it possible to add the time taken to don PPE to the target? – Rachel Marsh explained that the Trust had asked the Commissioner to reflect that due to PPE the 9 and 10 minute target should be considered from a quality perspective. The Committee also noted that the wearing of PPE, particularly in warmer weather could be detrimental to the Staff's health and well being
7. Rachel Marsh added that the Trust would be compiling a comprehensive response to the all Wales Ministerial inquiry into hospital handover delays
8. Members noted the reduction in sickness levels and suggested the initiatives that were working should be monitored
9. Training; was a review being undertaken to ensure a robust system was in place?  
Bethan Evans as Chair of the Quest Committee assured Members this was discussed and considered at length at the last Quest Committee meeting

**RESOLVED: That the Committee**

**Considered the Trust's Mar/Apr-21 Integrated Quality and Performance Report and actions being taken and determined whether:**

- a) the report provided sufficient assurance;
- b) whether further information, scrutiny or assurance was required, or
- c) further remedial actions to be undertaken through Executives

**28/21 SPECIALIST OPERATIONS KEY PERFORMANCE INDICATORS Q4 AND ANNUAL SUMMARY 2020/21**

Lee Brooks explained that the Trust operated a Hazardous Area Response Team (HART) and a Chemical, Biological, Radiological and Nuclear (CBRN) capability through a Special Operations Response team (SORT) which was funded through a Service Level Agreement (SLA) commissioned by the Welsh Government Health Emergency Planning Advisor.

The report was presented as read by Lee Brooks who advised there was no concern from the data which required the Committee's attention.

He added that Welsh Government had agreed to fund HART team leaders at Band 7 level on an annual recurring basis

**RESOLVED: That**

- (1) the information that was supplied to Welsh Government on a quarterly basis and that the EPRR Team were continuously looking at ways to improve the quality and subjective nature of the current reporting processes was noted; and
- (2) the data comparison information and also the development areas relating to HART and SORT was noted.

**29/21 OPERATIONS QUARTERLY REPORT**

Lee Brooks explained that the Senior Pandemic Team was now meeting on a fortnightly

basis. He was becoming more optimistic in terms of recovery and commented that the Trust was in the monitoring phase. Attention was drawn to the following:

1. The Trust was proceeding on the permanent recruitment of the roles in the Operational Delivery Unit
2. There was good progress with the implementation of the role of Duty Operations Managers
3. The transfers of work for NEPTS were almost complete; Cwm Taf Health Board still required completion
4. Mobile Testing Units; The Trust would continue being responsible for phase one until 31 August. It was noted that phase two will no longer be progressed by the Trust.
5. The Audit report in relation to CCC performance management. A reasonable assurance outcome was received. Any lessons were being addressed
6. Interoperability Tool Kit roll out – This technology allowed ambulance services across the UK to communicate electronically with each other. It reduced the time to transfer information and remained on track to be completed by 30 June 2021

#### Comments

The Committee recognised the support given to the Trust by the military during the pandemic

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

#### **30/21 111 PEER REVIEW CLOSURE REPORT**

Lee Brooks explained that during July 2019 a Peer Review of the 111/NHS Direct Wales service (NHSDW) was undertaken to assess the operational and clinical infrastructure for call handling, clinical triage and the clinical support hub functions within NHS Direct /111.

The report being presented to the Committee illustrated the approved Peer Review Action Plan and outlined the completion of the actions contained within plan. The Committee was reminded that it was provided a presentation of benefits at the last meeting.

**RESOLVED: That the Committee noted the progress and supported the closure of the action plan**

#### **31/21 COMMITTEE ASSURANCE REPORT**

Julie Boalch presented the report as read and updated the Committee on the following highlights:

1. There were currently nine of the 17 Corporate risks assigned to the Committee; in which the Board Assurance Framework gave more detail
2. Since the last update one risk de-escalated to the Digital Directorate risk register as it had reduced in score and one has been closed, this was the business continuity risk as all elements had been signed off and mitigated

3. Risk 109, resource availability (revenue and capital) to deliver the organisation's IMTP had reduced in score from 12 to eight but remained on the Corporate Risk Register
4. Two risks have been assigned to FPC having previously been allocated to Trust Board. Risk ID 229 Impact of proposed Brexit on service delivery currently scoring a 6 and Risk ID 100 Failure to collaborate and engage with EASC on developing ambitions and plans for WAST with a current score of 12.

Comments:

Risk ID 109, resource availability. In terms of the recruitment to 111 and the additional frontline staff it would be useful to understand further details and confirm whether it was purely financial or was it a resource issue.

**RESOLVED: That**

- (1) the contents of the report were discussed and noted; and**
- (2) any specific aspects or concerns were raised.**

## **32/21 INTERNAL AUDIT TRACKER**

Julie Boalch explained that purpose of the report was to provide the Committee with a general overview and a position statement in respect of recommendations made resulting from internal audit reviews. In terms of detail the Committee were informed of the following:

1. There were a total of 76 current internal audit recommendations on the tracker. The Committee noted that the Trust was beginning to return to pre-pandemic levels
2. Of these, 34 were assigned to the Committee for oversight, 22 had been included following the last Audit Committee meeting as a result of Internal Audit reports
3. There were no high priority recommendations that were outstanding
4. Of the five high priority recommendations assigned to the Committee none were due for completion

Comments:

1. The Committee were assured by Julie that the two limited assurance ratings were on track to be completed on time and were being regularly monitored.
2. In terms of six recommendations having a medium priority rating that were overdue, were there any associated risks? Julie advised that further detail in terms of risk and commentary surrounding mitigation was contained in the tracker. Julie agreed to forward the tracker to Ceri Jackson

**RESOLVED: That**

- (1) the contents of the report and following were noted:**
- (2) the Trust's proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates, specifically focussing on those relevant to FPC were considered; and**



**(3) any specific items that the Committee wishes to see raised to Senior Management and Audit Committee were agreed.**

## **33/21 SUSTAINABILITY AND DECARBONISATION UPDATE**

Chris Turley advised that Welsh Government had recently published their NHS Wales decarbonisation strategic delivery plan for 2021-2030. Key milestones were highlighted and defined work streams were required to meet decarbonisation requirements for all Trust departments, this included a 16% reduction in CO<sub>2</sub> by 2025.

To ensure a well-rounded approach to decarbonisations the Trust Environment Strategy would be reviewed to ensure KPI's were still applicable and that stated targets were within the WG requirement. A high level action plan would now be finalised in conjunction with the WG action plan.

Members noted that the Trust was successful in being awarded £0.934m of its £3.5m bid. £0.387m of this award was for decarbonisation work. Chris gave further details in terms of the work taking place at various Trust establishments.

Comments:

1. When would the Committee have sight of the action plan? Chris Turley informed the Committee that the report would be presented at the next meeting
2. The Trust should ensure that in other estate work, any new builds/refurbishments environmental implications were being considered from a funding perspective. Chris Turley explained some money was being ring-fenced to support this
3. Hydrogen vehicles, the Trust should consider the use of these going forward

**RESOLVED: That the report and progress was noted.**

## **34/21 KEY MESSAGES TO BOARD**

The Chair advised that the Board would be updated on the following:

- Break even position
- Good management of capital funds and expenditure
- Potential risk of Indian variant of Covid
- NEPTS spending was variable
- Red performance
- New clinical model or DOMS
- Environmental funding
- Formally note that the 111 Peer review was closed

**Date of next meeting: 22 July 2021**

**CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE  
COMMITTEE (CLOSED SESSION) HELD ON 13 May 2021 VIA TEAMS**

**Chair: Emrys Davies**

**PRESENT :**

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director

**IN ATTENDANCE:**

Lee Brooks	Director of Operations
Dr Mike Brady	Clinical Support Desk Manager (Part)
Nathan Holman	Trade Union Partner
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Director of Strategy, Planning and Performance
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources
Helen Watkins	Deputy Director of Workforce and OD

**08/21 PROCEDURAL MATTERS**

The Chairman welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The standing declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Nathan Holman as a member of the Llannon Community Council was noted.

**RESOLVED: That the declaration as described above were noted.**

**09/21 INITIAL CAPITAL PROGRAMME 2021/22**

1. Chris Turley presented the report which outlined the proposed initial 2021/ 22 capital programme for the Trust. The report illustrated details of those schemes which were proposed to be funded from the Trust's discretionary capital allocation.
2. Chris added that whilst the main focus of the report related to the discretionary capital allocation it also provided an update on the current level of funding within the Trusts Welsh Government (WG) set Capital Expenditure Limit (CEL) in relation to All Wales Capital Programmes.
3. Members were provided with further details in terms of the current level of discretionary capital allocation funded to the Trust by WG which was £6.251m; a breakdown of this figure was provided

4. As in previous years, it was also proposed that an element of the Trust's discretionary capital allocation was pre-committed through a series of "top slice" arrangements. This would enable the more minor capital expenditure works and requirements to be progressed within delegated financial limits without the need for higher approval for each individual element. Examples of this would include the cost of minor repairs to the Trust's estate.

Comments:

Members raised several comments relating to some of the schemes and any associated risks. Chris Turley gave some broad information relating to this adding that further details would be discussed at the next closed board meeting.

## **Business Cases for Trust Board approval**

### **a. Ty Elwy Ground Floor**

Chris Turley explained that this business case was to provide more permanent accommodation for the expanded 111 and Contact First staffing now based at Ty Elwy. The business case gave full details of what had been agreed through Executive Management Team and Capital Management Board as the preferred solution for the permanent provision of accommodation for these staff. The estimated capital cost of this in 2021/22 was £0.96m.

Comments:

The Committee noted that 111 and Contact First was an area where the Trust needed to expand on and recommended the business case for approval to the Board

### **b. Potential site for SE Wales Workshop**

This paper was seeking approval from Trust Board to potentially advance purchase, at a value of c£1.3m, a revised preferred option site for the proposed new fleet workshop for South East Wales. He added that this advance purchase would be on the full understanding that the cost of this would be included in a revised business case into WG for the overall scheme. Chris Turley gave further details in terms of the added advantages of the advanced purchase.

Comments:

1. Members recognised this was a potential spend either by deposit or by full purchase
2. Following a query in terms of reimbursement from WG and the possibility of coming under budget. With regard to reimbursement, WG have on a verbal basis, agreed to support the Trust going forward; there was however always a risk attached. Members were assured that the Trust had a contingency plan for the worst case scenario. Chris Turley commented that the Trust should meet or improve on the estimated cost. He further explained there would inevitably be other costs emerging throughout the year; adding that an element of contingency had been built into the 'top slice' arrangements

**RESOLVED: That the Committee**

- (1) noted and endorsed the current proposed 2021/22 Trust capital programme, in particular focusing on that proposed from the Trust discretionary capital allocation;**
- (2) in doing so, endorsed and recommended that the Trust Board approved the following:**
  - a) as in previous years, the items proposed to be “top sliced” and allocated to senior budget holders from the Trust's discretionary capital allocation, as detailed in paragraphs 10 and 11 of the report;**
  - b) the business case for the fit out of ground floor space in Ty Elwy, St Asaph, to create the permanent accommodation for 111 / Contact First staff, and**
  - c) the advanced potential purchase of the revised preferred option site for the South East Wales fleet workshop solution, on the understanding that this would be planned to be repaid to the Trust by Welsh Government at some point in the future.**

**10/21 999 REMOTE CLINICAL TRIAGE – SUPPORT SYSTEMS, QUALITY AND SAFETY – AN OUTLINE BUSINESS CASE**

Dr Mike Brady presented the report as read and drew attention to the following areas via a PowerPoint presentation:

1. An explanation of the existing triage tool arrangements for the Clinical Service Desk (CSD) was provided (Manchester Triage System (MTS)) which required an upgrade
2. As part of the clinical review and following significant research, a replacement for the MTS had been considered; and it had been decided to progress with the Emergency Communicator Nurse System (ECNS).
3. There were several key advantages in using ECNS; for example it could be integrated with the Trust's current clinical audit system
4. Other benefits and advantages of using ECNS included the reduction of ambulances being sent to patients and a reduction in the call handling times with clinicians
5. There was also an opportunity to enhance the current CSD structure and improve the overall quality of patient care
6. The Next steps included the formal presentation to Trust Board for spending approval (subject to funding being agreed and supplied by EASC).

**Comments:**

1. The Committee noted that the Trust would be the first recognised paramedic service to link in with this particular provider
2. In terms of costs, more investment may be required, was this built into the funding mechanism? Dr Brady advised that a contingency amount had been applied

3. What were the risks in managing the new system? Dr Brady advised there would be comprehensive training from ECNS experts and was confident due to the system being very user friendly any risks would be minimised. He added that the system had been designed by clinicians for clinicians
4. Was the new system compatible with other Trust software? Dr Brady explained that work had been undertaken to ensure it was well matched to the Trust's CAD and MPDS systems
5. Rachel Marsh informed the Committee that this system was well supported by other health boards and the Commissioner
6. Following a query in terms of overall costings, Lee Brooks gave further details of the funding process
7. Would there be a need to recruit additional clinicians? Lee Brooks advised that any requirement for additional staff would be implemented through the demand and capacity model

Members recognised the overall benefits of the new system and following further discussion, recommended for Board approval.

**RESOLVED: That the Committee recommended that Trust Board approve expenditures to the value of £708,736 for year 1 and the value of 533,891 (potentially discounted to £496,891 if accreditation was achieved) recurring from year 2, provided funding was agreed and supplied by EASC.**

## **11/21 ANY OTHER BUSINESS**

Following a query in terms of the wider transformation agenda and the capacity to deliver transformation and change, Rachel Marsh gave an overview of the Trust's programme for change. She added that the Trust was progressing well to support the transformation programmes by building in more capacity despite the challenges and pressures on the Trust going forward.

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

**Date of Next Meeting: 22 July 2021**