Bundle Trust Board (Open Session) 30 July 2020

1.1   09:30 - Welcome and Apologies for Absence

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

1.2   09:33 - Declarations of Interest

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

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

1.3   09:35 - Chairman Introduction and Update

To receive an update from the Trust Board Chairman.

1.4   09:40 - Chief Executive Update

To receive an update from the Chief Executive

    ITEM 1.4 Chief Executive Report to Trust Board July 2020 Final.pdf

1.5   09:55 - Staff Story

* 15 Minutes Presentation
* 15 Minutes Questions

2   STRATEGIC AND FORWARD LOOK BUSINESS

2.1   10:25 - Delivering Clinical Excellence Strategy (BL)

For Approval

    ITEM 2.1 2020.07.30 SBAR Clinical Strategy Trust Board.docx

    ITEM 2.1a Final Clinical Strategy July 2020 (pending Trust Board approval).pdf

2.2   11:00 - Data Protection and Information Governance arrangements for the Test, Trace, Protect Programme (AH)

To inform the Board about Data Protection and Information Governance arrangements for the Trust's involvement in the Test, Trace, Protect Programme in Wales

    ITEM 2.2 Trust Board SBAR - TTP Data Governance.docx

2.3   11:15 - BREAK

2.4   11:25 - Establishment of new Board Committee – Academic Partnership Committee (KC)

To seek Board approval to establish a new Board level Committee as part of the Trust's preparations for University Status.

    ITEM 2.4 university committee sbar.docx

    ITEM 2.4a university committee tor.DOCX

3   PERFORMANCE, GOVERNANCE AND ASSURANCE

3.1   11:35 - Patient Safety Highlight Report (CR)

To provide assurance to the Board on patient safety related topics, focusing on monitoring and learning

    ITEM 3.1 SBAR Patient Safety Highlight Report Q1 20-21 (1).docx

    ITEM 3.1a Annexe 1.pdf

    ITEM 3.1b Annexe 2.pdf

    ITEM 3.1c Annexe 3.pdf

3.2   11:55 - 2020/21 IMTP and Q2 Operational Plan Progress and Prioritisation (RM)

1. To update on the progress against IMTP delivery in 2020/21, the Quarterly Operational Plan to date.
2. To update on the progress and outcome of the first prioritisation review at Strategic Transformation Board.

    ITEM 3.2 SBAR IMTP_Q2plan 240720 v0.3.docx

3.3   12:15 - Opening of The Grange University Hospital (Aneurin Bevan University Health Board) (RM)

To provide a progress update on inter hospital transfer provision to support the implementation of the Clinical Futures Strategy in Aneurin Bevan University Health Board, including the opening of The Grange University Hospital.

ITEM 3.3 SBAR ABUHB Clinical Futures Update v0.3.docx

3.4 12:30 - Monthly Integrated Quality and Performance Report (RM)

To note and discuss the Trust's performance and improvement actions

ITEM 3.4 SBAR IPR June 2020.docx

ITEM 3.4a Annex 1 - MIQPR Headline Report June 2020.pptx

ITEM 3.4b Annex 2 - IPR Dashboard June 2020.xlsx

ITEM 3.4c Annex 3 - MIQPR Graph Pack June 2020.pptx

3.5 12:40 - Financial Performance Month 3, 2020/21 (CT)

To provide the Board with an update on the financial performance of the Trust for Month 3 of the 2020/21 Financial year.

ITEM 3.5 Finance Report M03 2021 - TB final.docx

ITEM 3.5 Annex 3.pdf

ITEM 3.5 Annex 4.xlsx

3.6 12:50 - Welsh Ambulance Services NHS Trust Annual Report 2019/20 (EH) - Initial draft

To consider an initial draft of the 2019/20 Annual Report and approve delegation of final sign off to the Chair and Chief Executive.

Note: DRAFT Annual Performance Report attached

ITEM 3.6 SBAR Annual Report.docx

ITEM 3.6a AnnualReport1920v2BOARDEVHJuly20.docx

ITEM 3.6b Annual Performance Report1920 v1.1draft kh.docx hb extract 20200723 hb updated (3) docx.docx

3.7 13:05 - BREAK

4 13:15 - QUESTIONS FROM MEMBERS OF THE PUBLIC

5 CONSENT ITEMS

5.1 13:45 - Procedural Matters

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

ITEM 5.1 Procedural Matters.docx

ITEM 5.1a SBAR SO Amendment.docx

ITEM 5.1d Trust Board Minutes Open 25 June 2020 latest version.docx

ITEM 5.1e Action Log.docx

5.2 13:50 - Update from Committees

a. People and Culture
b. Finance and Performance

ITEM 5.2a Chair Briefing PCC 14 07 20 (2).pptx

ITEM 5.2b SBAR Committee Update F and P.docx

5.3 14:00 - Minutes of Committees

To formally receive the Minutes of Committees

ITEM 5.3 Minutes of Committees.docx

ITEM 5.3a OPEN F and P Minutes 21 May 2020 CT.doc

ITEM 5.3b OPEN P and C mins 02 June 2020.docx

5.4 EASC Minutes

www.wales.nhs.uk/easc/meetings

6 14:02 - ANY OTHER BUSINESS

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

7 DATE OF NEXT MEETING

The next meeting of Trust Board will be on 1 October 2020

AGENDA ITEM No	
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

CHIEF EXECUTIVE REPORT: 30TH JULY 2020

MEETING	TRUST BOARD
DATE	30th July 2020
EXECUTIVE	Chief Executive
AUTHOR	Chief Executive
CONTACT DETAILS	Jason Killens – Jason.Killens@wales.nhs.uk

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

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

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
TRUST BOARD	30th July 2020	FOR INFORMATION

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues.

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, the Minister for Health Social Care and Sport, AACE and EASC.
*   The Executive Pandemic Team have met on a weekly basis. Likewise, the various Cells established to manage the Trust's pandemic response have continued met, although the frequency is reducing as the peak of the pandemic has passed.
*   I was delighted to welcome the latest cohort of the UCS students undertaking their induction training in Swansea and also attend our first virtual attainment ceremony for newly qualified EMTs.
*   Martin Woodford and I represented the Trust at the muili-agency North Wales Regional Leadership Board Meeting.
*   I have chaired meetings of the National Ambulance BME Forum and arrangements have been made to hold next year's national conference in Cardiff.
*   Lee Brooks and I met with military personnel from the 1st Battalion The Rifles at Beachley Barracks in Chepstow to thank them for their support in driving and decontaminating ambulances during the pandemic response. I am very grateful for the military's significant contribution and support.

BLACK LIVES MATTER AND NATIONAL AMBULANCE DIVERSITY FORUM EVENT

4. As chair of the National Ambulance Diversity Forum (NADF) and the UK national ambulance sector Chief Executive lead for diversity I was pleased to welcome around 200 colleagues from across the sector to a national webinar on 7 July entitled "our BME people and communities".

5. In the wake of the death of George Floyd and the Black Lives Matters movement NADF has refocused its efforts in supporting our BME people and in enabling the provision of inclusive and safe workplaces across the UK ambulance sector for all our BME people so that we truly value difference through diversity in our workforce, embracing equality and being fully inclusive.

6. On 10 June 2020 I issued a clear and unambiguous message to all #TeamWAST colleagues which is copied below. Our recently approved strategic equality objectives will help us in WAST continue to improve although I recognise there is more we can and must do now. We will adopt the UK national ambulance sector pledge on anti-racism which will be published shortly and we actively work to improve representation of our BME communities in #TeamWAST.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

7. The Commissioning & Performance Team has continued to develop its approach to forecasting and modelling with work being undertaken to model various time points, in particular, December 2020, usually the month with our highest demand. This work has been undertaken to support the Trust with tactical seasonal planning. The Trust will be producing a tactical seasonal plan straddling Q3 and Q4.

8. The current approach makes the assumption that any COVID-19 second wave would be smaller than the first wave, but what is more difficult to predict is the interaction between COVID-19 and other variables in the system, for example, our core demand and hospital handover lost hours as public behaviours change and COVID-19 becomes "normalised". A sensitivity analysis on these variables is currently being conducted. Similarly, the team is undertaking modelling on the impact of reduced NEPTS capacity (as a result of social distancing).

9. The team has also undertaken further modelling (and performance) work in support of the opening of the Grange University Hospital. The team continues to lead on the EMS Demand & Capacity Programme and the NEPTS Demand & Capacity Review (due to report in November 2020). The Trust's estate has been identified as the highest risk to the EMS Demand & Capacity Programme so a detailed review of our estate capacity and future requirement is currently being conducted.

10. The Planning Team has continued to support the pandemic flexible response through continued leadership of Business Continuity and Recovery Cell activity and supporting the national Health Board Collaborative Transport System group. The team co-ordinated the quarter 2 Operational Plan which the Board approved on 2nd July and the Trust submitted to Welsh Government on 3rd July. The team has also developed a prioritisation process to help guide the Trust to focus its attention on the most critical IMTP deliverables and quarter 2 actions. The team will review the quarterly operational plans from Health Boards as we receive them, to determine impacts of their plans on the Trust's core services. Strategic service changes are also starting to re-emerge and the team is actively engaged in developing the inter-site transport service for the Grange University Hospital

which will open early in November 2020; the go live of the South Wales Major Trauma Network in September; Thrombectomy transfer and repatriation; and Hereford and Worcester stroke services. Further strategic service changes across Wales are likely to be re-established and the Planning Team will need to use the output of the prioritisation exercise to determine where to focus effort and attention.

MEDICAL AND CLINICAL SERVICES DIRECTORATE

Abloy Protec2 Cliq System

11. Last year the Medical and Clinical Services Directorate embarked on a new project to modernise and improve its management of controlled drugs. The Project Team are continuing to roll out the Abloy Protec2 Project during the current COVID-19 pandemic as it will increase vehicle availability and enhance arrangements to provide a more robust level of security that is reliable and fully auditable for controlled drugs

12. Powys, Cardiff and Vale, Aneurin Bevan, Cwm Taf Morgannwg and Swansea Bay have all gone live with the new system. Hywel Dda and Betsi Cadwaladr will follow in the next two months. Since the project went live, 49 ambulance stations and over 600 clinicians are now using the system.

13. A dedicated Intranet page has been set up for users to familiarise themselves with the changes together with a standard operating procedure, dedicated user mailbox, a frequently asked questions document and regular progress updates are produced as the project continues.   A podcast has also been recorded which is available on the Trust's Podcast Channel.

Consultant Connect

14. In April 2020, The Welsh Government announced that funding will be available for a 12 month period for all NHS organisations in Wales to implement Consultant Connect as part of the response to the COVID-19 pandemic.

15. Consultant Connect supports generalist and specialist advice access for GPs, paramedics and other healthcare professionals caring for patients in the community. It is an app-based or telephone line communications system. It enables direct and immediate phone, photo and messaging advice between clinicians for patient specific advice, pre-alerts or referrals to local pathways via a single point of access specific for each Health Board area. All Health Board areas are now live and linked to our current referral pathways and telephone advice lines. Nearly 1,000 EMS staff have downloaded the Consultant Connect app and over 450 calls have been made since mid-June.

16. Primarily serving as a single point of access for current Trust Directory of Services, it is anticipated that the Trust will be able to link in with new clinical advice lines as each of the Health Board areas build their own platforms. This will add to the functionality and benefits for clinical consultations, referrals and advice for front line clinicians in the Trust to support patients in the community, or facilitate patient streaming to the most appropriate clinical service.

Podcasts

17. During the response to COVID-19, the Medical and Clinical Services Directorate looked for innovative means to share key messages to clinicians.

18. The widespread deployment of the JRCALC Plus App offered the opportunity to host accessible podcasts with subject matter experts explaining new developments, not only in more detail, but in a

more relaxed way than could be achieved with a written bulletin. Access to the WAST Podcast Channel means the Directorate can curate and share more of this content as we grow a library of episodes under the 'Clinical Matters' banner.

19. To date the following Podcasts have been launched:

- How to use the Clinical Frailty Scale
- Just In Case Medications
- Nebulisation
- COVID-19 from a critical care perspective
- Abloy Protec2 Controlled Drugs system
- Resuscitation
- Consultant Connect
- ePCR
- Capacity to consent (coming soon)

Electronic Patient Clinical Records (ePCR)

20. On 1 June 2020, the Trust entered into a tender for an ePCR solution to identify a preferred supplier which will enable the Trust to populate a Full Business Case (FBC). Subsequently, the Trust established a multidisciplinary ePCR Procurement Evaluation Team to evaluate the tenders earlier this month. Online supplier demonstrations took place on the week commencing 13 July 2020 and the procurement exercise will be completed by 31 July 2020 with the view to completing the FBC by the end of August. The FBC will then follow the Trust's internal governance process for endorsement before submission to Welsh Government. The Trust's authority to award the contract is dependent upon approval of the FBC and funding being granted.

St Woolos/APP Treatment Centre Pilot

21. Demand for Accident and Emergency (A&E) service is a challenge for Health Boards. Likewise, emergency ambulance demand is also increasing year on year. A clinical quality improvement cycle was designed and implemented on Friday 6th March 2020 to test the proof of concept of providing an APP Treatment Centre (APPTC) at St Woolos Hospital, Newport. The APPTC ran from 16.00hours until midnight. The overall aim of this pilot was to test the utility (i.e. safety and effectiveness) of APPs receiving direct referrals of suitable 999 patients from ambulance crews and manage their care at the APP Treatment Centre (APPTC) to case closure.

22. Whilst the APPTC managed only a small number of cases during the pilot period, several benefits and learning points have however been identified:

- The overall disposition for the three patients managed at APPTC resulted in their case closure back to the community setting. This avoided any further necessity for transfer or assessment in A&E or Primary Care. Having two Paramedic Independent Prescribers at the APPTC was a factor in achieving this outcome.
- During periods of low capacity and high demand at A&E, reducing the attendance of even a small number of ambulance patients at A&E can have a significant impact on reducing pressures for both the hospital and the Trust.
- The ability to task the on-site UCS crews to retrieve two of the three patients from the field setting back to the APPTC allowed at scene EMS resources to be released for further tasking to ambulance calls.
- The UCS crew provided for the pilot was an indispensable asset as they were able to (i) retrieve patients to the APPTC thus, releasing EMS assets at scene, (ii) respond as the closest resource

to waiting appropriate ambulance incidents and (iii) transporting discharged patients from the APPTC back into the community.

- Similarly, having APPs alongside a UCS crew at the treatment centre facilitated a rapid response to an on-site hospital cardiac arrest which has the potential benefit of improving patient outcomes.
- Patients managed at the APPTC appeared comfortable with this approach as an alternative to routine transfer to A&E at the local DGH. Positive comments were received from patients about the ease of access to care and not having to visit A&E or wait for a consultation.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Putting Things Right (PTR)

23. We continue to support the phased implementation of the 'Once for Wales' Concerns Management System (OFWCMS) system. The National Once for Wales Management Programme Board is responsible for overseeing the development, enhancement, configuration, roll-out and evaluation of the new system and the Directorate has identified 3 single points of contact (SPOC). The expectation of the SPOC is to support national work streams and broker communality of the governance, technical & system design of the OFWCMS respective of their area of expertise, as WAST's requirements will vary from Health Boards and other Trusts.

24. Following the introduction of Health and Social Care (Quality and Engagement) (Wales) Act, the Trust's Putting Things Right and Patient Safety Teams are revising current process and guidelines to implement the changes as set out in new legislation. These changes will build upon the already established mechanisms with the organisation of being 'open and honest', supporting the culture of 'openness, transparency and candour' which is widely associated across the NHS health care system.

Infection, Prevention & Control (IPC)

25. Over the course of the pandemic, the Trust's Infection Prevention & Control (IPC) team partnered with Welsh Government, Ministry of Defence - Defence Science and Technology Laboratory (DSTL) and Wales's Small Business Research Initiative Centre of Excellence (SBRICE), to deliver an innovation project. The aim of the project was to identify technological solutions to rapidly sanitise ambulance vehicles.

26. The project has successfully identified several types of technology that may provide enhanced sanitisation to a range of healthcare environments, as well as explore challenges and usability within unique settings such as ambulance vehicles. This learning can be applied to a range of healthcare vehicles that are in use across NHS Wales.

27. DSTL is due to publish the project's final report in early August. In recent weeks, DSTL has produced an advisory document to inform health and care organisations on evaluation and selection of sanitisation products. The Trust's IPC team is working with Public Health Wales colleagues (COVID-19 Vaccine Delivery) to share learning from this work. Provisionally, several opportunities have been identified for the development of shared knowledge and potential resources, subject to ongoing evaluation and business case development of innovations being trialled.

28. Throughout the pandemic, the IPC team has identified opportunities for improvement. Ensuring colleagues are competent and confident in all matters IPC is important. IPC considerations and effective use of personal protective equipment will continue to be required in the post pandemic phase. The Trust's IPC team and the National Ambulance Training College have developed and are

deploying IPC training, both virtually and face to face, in order to enhance the knowledge and skills across the workforce.

29. Furthermore, over June and July, the Trust has added greater resilience to the small, expert IPC team. The growth of the team, to ensure additional capability and capacity, will enable greater provision of expertise and advice, training and quality management.

Risk, Health & Safety (H&S)

30. The Health, Safety and Welfare Advisory Cell advises the Tactical and Executive Pandemic Teams. Current priorities include:

- COVID-19 occupational exposure assessment for RIDDOR reporting. This remains a key focus for the organisation. The H&S team is currently working in partnership with ICT colleagues to develop an App for reporting.

- Workplace Risk Assessments have been undertaken. This activity was led by estates and completed in partnership with the H&S team and TU partners to make them COVID secure in relation to staff being able to return to work safely.

Safeguarding

31. The safeguarding team has continued to monitor all safeguarding reports identified throughout the pandemic and this will continue as we enter the next phase. Scrutiny of the safeguarding reports enables the organisation to offer a pan Wales overview of emerging themes and areas of concern, which will be shared with our partner agencies to enable early interventions and collaboration.

DIGITAL DIRECTORATE

32. At the time of writing, 1,800 iPads will have been provided to staff members across Wales with the full first-wave rollout to front line crews anticipated to complete by the end of August. Interviews are complete for additional staff to support the devices and these are due to be appointed ahead of the next Trust Board. The Digital Directorate have also been closely involved with the technical and informatics review of the ePCR procurement during this period to ensure the new solution is fit for purpose. In addition, activity to deliver the new 111 solution and the Operation Communications Programme is increasing significantly with plans to recruit a number of new positions to support within the ICT and HI departments.

33. It has been agreed that the WAST Digital Strategy will be brought to Trust Board on 2 October and engagement is underway across the system and internally to ensure that it captures the broadest range of views available, whilst also incorporating the lessons learned with the huge uptake in technology in response to COVID-19.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

34. In the month since the last Board meeting, the Partnerships and Engagement Directorate has continued to support a range of activity, both pandemic and non-pandemic related.

35. As the organisation moves into the next phase of adjustment, conversations are underway with the Executive Support Team about future working patterns and activities, recognising that not all team members have yet returned from their seconded duties. Individual conversations will take place with colleagues about requirements and preferences moving forward.

36. The Communications Team facilitated the Trust's second virtual public Board meeting in June, which had a reach of 123,000 on Facebook, where it was streamed live. Other digital advances in the last month have included a virtual Pride event and a virtual Q&A session for volunteers, the first of its kind.

37. The team marked Armed Forces Week (June 22-27) with a feature series about ex-service personnel who now work for the organisation, and also announced Andy Haywood as the Trust's new Armed Forces Champion. It also hosted a virtual Q&A for current members of the Armed Forces community who are considering a career in the ambulance service.

38. Following the death of George Floyd in Minnesota, USA, the team supported the crafting of a position statement on behalf of the CEO, for which he received acclaim from colleagues. His statement coincided with the launch of the Trust's Strategic Equality Plan.

39. It was also the month we celebrated the 20th birthday of NHS Direct Wales through a video compilation on social media, in which colleagues reflected on their time with the service.

40. The team facilitated the unveiling of an RRV in memory of the late Gerallt Davies MBE, the publicity for which was far-reaching. Other Media & PR highlights over the last month include our participation in a ground-breaking new dementia documentary, a piece about work on Cardiff's new £8m ambulance station, an introduction to WAST's first chaplain and the rollout of the Consultant Connect technology, as well as supporting the Director of Digital with the roll-out of the iPads to staff.

41. At a strategic level, the Director of Partnerships and Engagement has attended meetings of both the Gwent Adult Services Partnership and the North Wales Regional Partnership Board, as well as an introductory meeting with Beth Winter MP.

42. The Director is also working closely with Welsh Government on the development of a system-wide campaign for the next nine months, which would see many core messages from the ambulance service adopted across the wider health and care system while integrating a number of existing campaigns into a more impactful offer.

OPERATIONS DIRECTORATE

Initial Response Evaluation

43. The initial response evaluation process has been completed with a submission to the Executive Pandemic Team. The feedback from cells across the C3 structure has been considered and summary recommendations were proposed. It is expected that the Trust Board will receive an update on this work, as well as progress against recommendations, at the next meeting.

Mutual Aid through Partner Agencies

44. The military aid for driving and clinician support concluded on 12 July 2020. The Director of Operations and I attended the barracks in Beachley to present the 1st Battalion The Rifles a commemorative plaque and we now look forward to the potential for a military community first responder scheme in the area of the barracks. Further commemorative occasions are in the process of planning.

Scale Back Arrangements

45. The operational COVID-19 support structures have continued to scale back with closure of the COVID-19 Incident Coordination Centre and the Tactical Pandemic Team meeting once per week. Scale back arrangements have been supplemented by Senior Operations Team in hours and on-call arrangements out of hours, in addition to the continuation of the Operational Delivery Unit.

Volunteers

46. During the pandemic, our volunteers have kept busy with many diversifying to assist the Trust with logistics support, pharmacy runs, operating as second operatives on RRVs and in North Wales operating a very successful falls response vehicle. As we now transition from the response to monitoring position of the pandemic, some volunteer services such as Volunteer Car Service (VCS) and Community First Responders (CFRs) are to come back online in a phased approach as with additional training. A 'live' Q&A session specifically for our volunteers took place on Thursday 2nd July 2020 to address any questions or concerns volunteers had.

47. An agreement has been developed with Powys Association of Volunteers Organisation (PAVO) for them to act as agents to recruit volunteers on behalf of the Trust. The intention is to identify individuals who can be trained as Volunteer Car Drivers.

Operational Delivery Unit (ODU)

48. The ODU is operational 7 days per week between the hours of 0800-0000 Monday to Friday, and 08:00-20:00 Saturday and Sunday. The role of the ODU is to:

- Be a central hub and support network providing leadership for the Welsh unscheduled care system.
- Be the link between WAST, Welsh Government, and all health boards.
- Provide a system-wide view ensuring a 'One Wales' view for patients.
- Provide management overview of WAST and NHS Wales unscheduled care service delivery.

49. The Trust has prepared a business for funding the ODU on a sustainable basis via our Commissioner and Welsh Government and we await the outcome of this submission. The ODU is currently staffed through redeployment and secondments.

Singleton Make Ready Site

50. The MACA (Military Aid to Civilian Authorities) for Decontamination is scheduled to end on 31st July 2020. As there is currently no Make Ready Depot in the central and west area, it is proposed that the Singleton Hospital Make Ready site be retained. A case for recurrent revenue costs has been developed at pace and there is agreement with the health board for the Trust to continue to utilise this site and the arrangement with the Health Board will be reviewed on a three monthly basis.

FINANCE AND CORPORATE RESOURCES

Finance

51. Delegated budgets for 2020/21 have been rolled out to directorates within the context of the approved financial plan and Board approved budget. Detailed discussions with senior budget holders are ongoing. COVID-19 costs incurred that are not in the 2020/21 financial plan are being continually monitored and reported to Welsh Government and Commissioners.

52. The financial management team have been working across the Trust to support the financial implications of the EMS Demand and Capacity Review and Grange University Hospital and are embedded in programme and project structures.

53. Re-alignment of the Capital programme continues to ensure the maximisation of asset purchases within the reduced Capital Expenditure Limit.

54. Focus on objectives within the 20/21 Finance Local Delivery Plan that were delayed due to impact of COVID-19 have now been re-assessed and new delivery timelines identified.

Capital & Estates

55. Work is progressing on responding to Welsh Government's scrutiny of the South East Wales Fleet Workshop. The proposed schedule of accommodation and design has been approved by Fleet Team. Work is also restarted to review and refresh the Trust's estates SOP, with a particular focus currently on the potential impact of the EMS Demand and Capacity Review and Grange University Hospital.

Cardiff MRD

56. John Weaver Contractors Ltd began construction work on 13th July 2020. A decision has been made to increase the programme from 56 weeks to 66 weeks to provide for COVID-19 issues such as social distancing.

Relocation of Staff from Cefn Coed to Matrix House

57. Approved plans were forwarded to Paramount Interiors (the Landlords preferred contractors) and a quotation has been provided. The Trust's cost advisors undertook an evaluation of all costs to ensure value for money for the service and the final quotation is within the allocated budget. Due to the availability of capital funding for this financial year the Assistant Director of Capital and Estates has instructed the Trust's advisors to review the budget to provide a clear view of exactly what work is achievable for the budget approved in the last financial year taking into consideration any potential reconfiguration within Matrix One.

Fleet

58. The 2019/20 vehicle replacement program has been delayed by recent events but a second cycle response unit has being delivered to the cycle team as well as a Hazardous Area Response Team Personnel Carrier arriving at the supplying dealership and is now in the process of being commissioned into service.

59. The first from the next phase of Emergency Ambulance replacement has been delivered with the remaining 45 planned to be completed in quick succession.

60. As Trust Board will be aware, the full funding for the 2020/21 vehicle replacement programme is currently on hold, however pre-existing commitments has meant that the Trust is able to take delivery of 21 replacement Rapid Response Vehicles. In addition to the 25 from last year's program the Trust will soon have a total of 46 self-charging petrol hybrids on the fleet.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

Supporting Military Personnel

61. In recognition of the Trust's commitment to supporting those serving military personnel and reservists into employment, we hosted our first virtual careers event as part of Armed Forces Week. The event generated very promising levels of interest from our social media pages with 62 forces personnel booking onto the session. Our virtual careers event looked at typical entry level routes into the Trust, including NEPTS, UCS and Trainee EMT positions and provided guidance around the selection process and the recruitment cycle. Those attending were able to hear directly from a number of our Veterans Champions about their own recruitment experiences and the opportunities afforded to them for career progression since joining WAST from the armed forces. The session also gave those attending a flavour of the multitude of roles available to those looking to join the Ambulance Service from opportunities within the Clinical Contact Centre, Fleet, Health and Safety, Corporate and Management roles.

62. The Trust's panellists were also able to publicly thank those who have been supporting us during the ongoing COVID-19 pandemic and urged them to consider a career with the Ambulance Service when they transition into civilian life. Following the success of the first virtual careers event, the Trust will be participating in the Career Transition Partnership's Virtual Careers Fair on 13th August, an event expected to be attended by approximately 200 service leavers. In further support of the skills and behaviours demonstrated by forces personnel which match our vacancies and recruitment requirements, we will also be developing a military recruitment pathway for those looking to begin their career as a civilian within the Ambulance Service.

Occupational Health and Wellbeing Service

63. The Trust's Occupational Health and Wellbeing Service has appointed an additional Occupational Health Advisor and the team is working closely with recruitment and training to ensure pre-employment checks are completed in a timely way in response to concerns raised through the Internal Audit Report into Driver Medicals. Waiting times for accessing occupational health have reduced, and health surveillance, which has been an area of concern for the Trust for some time, is beginning to be addressed following an increase in capacity, starting with SKIN surveillance. The Wellbeing Team has been contacting all staff who are currently shielding but may be expecting to return to work as this comes to an end and providing signposting to additional support. They have also been running wellbeing workshops and continue to offer drop-in sessions to all staff on a weekly basis. We are pleased to report that the first draft of the Trust's new health and wellbeing strategy has now been socialised within the Workforce and OD Directorate, and shared with the Executive Management Team and People and Culture Committee where it was well received.

Swansea University Paramedic Students

64. We continued to work closely with Swansea University during quarter one 2020/21, including in response to COVID-19. Students were offered bank agreements, with the Trust ensuring students were trained and supported appropriately to contribute as surge staff in both NEPTS and EMS. As we move into quarter 2, Student Paramedic placements have now recommenced (as of 8th June). Placements will continue through to August for year 2 students and September for year 1 students. This will enable them to complete the requirements of the competency framework to enable graduation. Bank agreements will remain in place, enabling student paramedics to support the Trust should they wish to continue to do so. Any lectures that are outstanding are being currently being facilitated through a combination of live and recorded sessions by Swansea University ensuring that students are supported in all theoretical areas for both full time and part time students.

Learning and Development Team

65. Due to COVID-19 concerns, the Driving Instructor Development Programme was temporarily postponed. However, the programme has now restarted enabling all 12 instructor learners to complete the first 10 weeks of the programme. Over the last eight months we have selected and commenced the educational development of eight Clinical Instructors coming from all parts of Wales. The induction process consisted of the enrolment on the L3 Certificate of Education & Training (CET) and the Level 3 Certificate Assessing Vocational Achievement (CAVA). These awards will allow the developing clinical tutors to deliver education and assess learners who are completing our regulated awards through the awarding body FutureQuals. These developing tutors are on a period of mentored practice within the Learning and Development Team including contributing to the development and delivery of the virtual EMT programme.

66. Following successful conclusion of UCA role discussions, 58 existing UCAs commenced EMT training on Monday 6th July, with a further 33 UCA colleagues scheduled to commence EMT training in September. A cohort of 57 Trainee EMTs concluded their studies on Friday 3rd July.

Job Evaluation

67. At the outset of the COVID-19 Pandemic, the W&OD Business Continuity Plan established that all Job Evaluation activity was to be placed on hold, this included the review of 21 posts from 2019 where further work was recommended by the NHS Wales JE Unit. In addition to these posts, there are currently a total of 24 posts in the internal job evaluation process, two for job matching and a further 22 at the consistency stage. A dedicated post has been established within the team for a JE Systems Administrator and in returning to business as usual, a timetable has been devised in partnership and with support from colleagues from directorates across the Trust, panels are now being reintroduced.

Supporting Carers

68. We recognise the importance of supporting our workforce to be the best they can be and note in our People and Culture Strategy that many staff require flexibility in how they work. We want to ensure that as an employer, we provide as much support as we can to our staff who also have caring responsibilities. With this in mind we are exploring opportunities to increase our internal resources and knowledge with Employer for Carers, an organisation who can assist and advise on how best to meet the needs of our staff. The organisation provides a subscription service which will give us access to a wealth of resources and expert consultancy time to best understand how we can support our staff. We are also working with our colleagues in the PECI team who are organising a public survey around carers, we plan to be able to run an employee survey, alongside their public survey to better understand the needs and thoughts of carers we have within the Trust.

Virtual Pride

69. The Trust joined with other NHS colleagues to celebrate NHS Virtual Pride on the 26th June with a social media takeover where people shared their Pride pictures and what Pride means to them.

CORPORATE GOVERNANCE

70. Much of the Corporate Governance Team's attention has been focussed on switching back on those governance functions and support which have been on hold over the last few months. The notice which asks the public to delay submitting freedom of information (FoI) requests over the

Covid-19 period has been removed. This notice has been very successful with only a few requests being received. However, we can now expect the volume of FoI requests to increase.

71. Attention is being focussed on the Audit Tracker and bringing that up-to-date in time for re-presentation at the September Audit Committee. The programme for updating and revising the Trust's corporate policies in also being reinstated with meetings of the policy group being held week last week. Work on charitable funds continues and a meeting of the bids panel to consider staff applications is now in diaries. Work on the Board Assurance Framework (BAF) is also continuing as the document is updated to reflect 2020/21 strategic priorities and the assurances surrounding these. The BAF will be presented to the Board meeting on 1 October 2020. Finally, the Team has been involved in preparing the documentation around establishing a new Board Committee which is being presented at today's Board meeting.

RECOMMENDATION

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

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

Delivering Clinical Excellence

MEETING	Trust Board
DATE	30 July 2020
EXECUTIVE	Dr B Lloyd, Executive Medical Director
AUTHOR(S)	Stephanie Harris, Business Manager / Rachael Powell, Assistant Director R, A & SI
CONTACT DETAILS	Stephanie.Harris2@wales.nhs.uk

CORPORATE OBJECTIVE	Delivering Excellence (Clinical Strategy)
CORPORATE RISK (Ref if appropriate)	NA
QUALITY THEME	All
HEALTH & CARE STANDARD	All

REPORT PURPOSE	For approval
CLOSED MATTER REASON	NA

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
M&CSD Business Meeting	09.12.2019	For approval of development plan
ADLT	12.12.2019	For consultation
QSPE Bi-Monthly Meeting	17.12.2019	For consultation
WASPT / TU Partners Meeting	27.01.20 / 11.02.20	For consultation/comment
EMT	15.01.2020	For engagement & feedback
QuEST	25.02.2020	For consultation & endorsement
EMT	01.07.2020	For approval following updates to reflect learning following Covid-19
Trust Board	30.07.2020	For final approval

SITUATION

1   The Trust's Delivering Clinical Excellence Strategy is a single document, representing the clinical work that will be undertaken in the next five years, 2020 to 2025. The Strategy spans Trust wide, describing our direction of travel for our clinical operations including both paramedicine and nursing, which is underpinned by our Quality Strategy.

BACKGROUND

2   In early 2019, the Medical & Clinical Services Directorate began to lead on the development of the Trust-wide Clinical Strategy. This information formed the basis of the clinical element within the Trust's long term plan, 'Delivering Excellence: Our Vision for 2030'.

3   The current IMTP and LDP process involves engagement with individual senior groups and clinicians in different Directorates to develop separate clinical plans in more detail for practical delivery and monitoring. As we move forward in the 'Delivering Excellence' programme work, our Clinical Strategy provides a single vision for the collaborative clinical direction of our organisation in one document. This will be used to develop our implementation plans through the Trust's established planning process, ensuring that activities are synchronised nationally with co-ordinated dependencies to achieve our goals.

ASSESSMENT

4   This document articulates the medium term Trust wide clinical strategy, demonstrating how our clinical professions will be working together, using the principles within our Quality Framework to develop our clinical services to achieve our long term vision. The Clinical Strategy will be used to inform both patients and frontline clinicians of our evidence based direction of travel.

5   The Clinical Strategy has built upon the Delivering Excellence engagement work through further consultation and engagement with all of the Trust's Directorates and Partnership arrangements. The document has been professionally formatted to create a clearly articulated vision for the reader.

Update from Committee

6   Following presentation and approval of the draft Clinical Strategy at QuEST in February 2020, it was endorsed subject to some additional recommendations. These included: describing our intent to move towards the provision of scheduled care; specific reference to our relationship with blue light partners; emphasis our ability to initiative and sustain clinical relationships with partners; referencing our public health role more specifically. All of these recommendations have been included within the final Clinical Strategy.

7   The Clinical Strategy was further updated to reflect learning to date from Covid-19, during which time, our clinical aims were tested and our commitment to these aims were reinforced.

RECOMMENDED: That the members of Trust Board:

(1) **Approve Delivering Clinical Excellence, as the Trust's collective Clinical Strategy.**

Delivering Clinical Excellence in Wales

Clinical Strategy 2020 - 2025

Contents

Our purpose
To be a caring and responsive ambulance service for people in Wales.

Ein pwrpas
I fod un wasanaeth ambiwlans gofalgar ac ymatebol I bobl yng Nghymru.

Our vision
A leading ambulance service providing the best possible care through a skilled, professional and healthy workforce.

Ein gweledigaeth
gwasanaeth ambiwlans blaenllaw sy'n darparu'r gofal gorau posibl trwy weithlu medrus, proffesiynol ac iach.

Foreword

Jason Killens | Chief Executive

We recently published 'Delivering Excellence, Our Vision for 2030' which describes our goal of 'providing the right care in the right place, wherever and whenever it is needed.' Our focus on providing a quality service is a priority in designing our services and shaping them to meet the needs of our patients, particularly in improving patient outcomes, experience, safety and clinical effectiveness.

When established over 20 years ago, the Welsh Ambulance Services NHS Trust's function was to manage ambulance and associated transport services. Historical arrangements for dispatching emergency ambulances to 999 calls followed the basic principle of 'first come, first served,' however in 2001 this changed when recommendations from a comprehensive UK wide review were introduced. Ambulance service responses were developed to be appropriate to the patients' needs, in a new system to prioritise 999 calls into categories of immediately life-threatening, serious but not immediately life-threatening and neither serious nor life-threatening.

Our Clinical Response Model now retains timeliness of ambulance response as a measure for the most serious, life-threatening conditions whilst adding a new dimension of Ambulance Quality Indicators (AQIs) measured across the 5-Step Ambulance Care Pathway. Our service is no longer providing transport only. It now encompasses NHS 111 Wales, 999 telephone triage, clinical advice, non-emergency patient transport and emergency medical services. These services combined, are working towards avoiding unnecessary hospital admissions and providing care closer to home for our patients.

In our Clinical Strategy, in a post coronavirus environment, we bring forward a refreshed ambition for how we want to deliver the best services for our patients. This strategy acknowledges the challenge in 'A Healthier Wales', to make our health system fit for the future with a renewed focus on quality improvement and value in all that we do. We recognise our role as part of the broader unscheduled care system and will continue to develop our people and services so that we are able to influence a shift towards scheduled care as far as possible.

Our strategy highlights the important role that clinical leadership plays in our effectiveness and builds on the operational and clinical leadership structures

implemented from 2017/18. We have already taken steps to structure our organisation in a way that is fit for the future and allows us to further develop our twin ambitions of being a clinically-led and operationally effective service.

As an emergency service, we must ensure that we are operationally effective. Our performance in meeting our target for Red (immediately life-threatening) calls has been consistently good, however we recognise that our performance in the Amber category (serious but not immediately life-threatening) must improve. We have undertaken a comprehensive demand and capacity review where recommendations have now been agreed by our commissioners to ensure we improve. We must continue to work across our organisation and the wider unscheduled care system in order to improve the experience for our patients, some of whom currently wait longer than we would like.

Our Trust strategies are developed with the ethos of quality at the heart of everything we do. The quality of our service will support the Healthier Wales aim for everyone in Wales to have longer healthier and happier lives and be able to remain active and independent in their own homes for as long as possible. The Quality and Governance in Health and Care Bill, a Healthier Wales Strategy for Health and Social Care, the Health and Care Standards and Commissioning Requirements for Quality, set out clear expectations regarding our duty of Quality and Candour.

In support of this we have adopted the six domains of quality in healthcare to further strengthen and embed a quality driven culture throughout the organisation by applying quality planning, improvement and control. These will inform the decisions we make, how we learn and grow as an organisation, the care we provide and the outcomes and experiences of service users.

Introduction

Dr. Brendan Lloyd | Executive Medical Director

We are delighted to present 'Delivering Clinical Excellence', a document which sets out our vision for the future clinical direction in the Welsh Ambulance Services NHS Trust. This vision has been shaped by extensive engagement with our patients, staff and key stakeholders during development of our overarching Long Term Strategy.

Our Clinical Strategy recognises that we live in a world where the needs of our population are changing. People are living longer and care needs are becoming more complex, placing different demands on the ambulance service. We do not underestimate the challenge that this creates and recognise that this is not a challenge that we can meet on our own. Technology is now a part of everyday life, transforming the way that we live in Wales. Our ambition is to create a culture of strong clinical leadership, strengthened partnerships and smarter ways of working that allow us to embrace technology and develop our clinical offering as the national ambulance service within NHS Wales.

Our clinically focused response model is based on Prudent Healthcare as a guiding philosophy. This will allow us to support NHS Wales to put the citizen at the heart of a whole system approach through a reduction in variation, waste and harm. In line with this philosophy, we will secure better data and undertake improved modelling of future needs as we move forward to meet our commitments within our clinical agenda.

We will take our strategy forward through the use of the **Quadruple Aim** within "A Healthier Wales":

- Improved population health and wellbeing
- Better quality and more accessible services
- Higher value health and social care
- A motivated and sustainable workforce

This strategy is now released at a time when the health service is facing unprecedented challenges from the Coronavirus pandemic. Tragically, we have seen health care workers across the NHS, including colleagues at WAST, lose their lives in this pandemic. We were fortunate that we entered this pandemic with an established clinical structure, including clinical leads at health board and regional levels. The close working relationship between our clinical leads and staff on the front line has meant that we have addressed the challenges of working in this new environment, particularly in terms of clinical procedures and protective equipment, in a way that has prioritised staff safety while continuing to provide the best possible service to the population we serve. All of this work has been supported by many teams across all directorates within the organisation and we will be embracing many of the lessons learned through this difficult time in our future service delivery.

Although the clinical structure has helped to lead the organisation through this difficult period, we absolutely recognise that we do not yet have the finished article. Through this strategy we aim to further develop Clinical Leaders at team level within the organisation, identifying and mentoring those who wish to progress their career in the clinical field. We recognise that the first steps into leadership roles will often be the most tentative and we will put together a structure to support our clinicians in these early stages, in the same way in which our senior clinical on-call rota now supports our staff delivering care to the people of Wales. The senior clinical leaders of the future are already within our service and, through this strategy, we will support and encourage our staff as they develop in these crucial roles.

The last five years has been the period of greatest change in terms of clinical care that our ambulance service has ever seen and this pace of change is all set to continue. The increasing status of paramedicine as a profession and the delivery of excellent care is now establishing WAST as leading organisation in terms of care in the community. Excellence in clinical leadership will be required to continue this momentum but we also need to recognise and thank our entire workforce for their enthusiasm and commitment to supporting advancement of clinical care; this strategy sets out how our clinical workforce will be supported to meet the challenges we will face together in the future.

Claire Roche | Executive Director of Quality & Nursing

I am delighted to support this Clinical Strategy for our clinicians in the Welsh Ambulance Services NHS Trust. In 2020, the International year of the Nurse and the Midwife, recognising the role of nursing in an Ambulance Service has never been more important. Our services are uniquely placed to support the aims of A Healthier Wales: Our Plan for Health and Social Care (Welsh Government 2019). We enable care to be provided closer to home, shifting the focus from secondary care to community services.

Our nursing workforce in NHS 111 Wales, Clinical Support Desk and our nurses in corporate support roles provide high quality clinical care and advice to the people of Wales, uniquely contributing to patient outcomes and experiences.

Recognising this, the Welsh Ambulance Services NHS Trust has its first Nursing Career Framework which has been approved by the Chief Nursing Officer for Wales. We have introduced observational placements for Student Nurses, where they experience the role of the Nurse in the Clinical Contact Centre, NHS 111 Wales and nursing roles in specific support functions, for example Safeguarding.

We have commenced some rotational roles in partnership with GP Out of Hours and in partnership with universities in Wales and Health Education Improvement Wales (HEIW) have commenced the development of bespoke nursing modules.

As 111 continues to roll out across NHS Wales, our nursing workforce in the Welsh Ambulance Services NHS Trust has and will continue to expand. Nurses clinical decision making and skills are essential for this service, putting patients, families and carers experience at the heart of what we do.

As our services continue to become ever more clinically focused, building on the Clinical Response Model, multi-professional working will support this. When I see paramedics and nurses working side by side on the Clinical Desk, I witness incredible respect for one another's profession and the combination of skills and experiences benefits those who use our service.

This Clinical Strategy supports all our clinicians in all roles within the Trust and in conjunction with our Paramedic and Nursing Career Frameworks, drives our very much valued multi-professional workforce.

The Paramedicine Perspective

Andy Swinburn | Associate Director of Paramedicine

I am pleased to be able to open this publication and offer my Paramedicine Perspective.

The profession and individual paramedics find themselves at a key junction. A number of internal and external factors are shaping the healthcare landscape and as paramedics working within a leading ambulance service, we need to play our part, not just by ensuring the effective delivery of high quality clinical care, each and every day, but also by shaping the profession as we grow and develop.

Recent years have seen the harnessing of these activities, with all of our paramedics undertaking study to develop and grow their practice, either as part of the band 5 to 6 competencies, or going further with academic awards at levels 6, 7 and even 8. Education and the pursuit of knowledge should always be a fundamental tenet of the profession and this will support our broadening out-of-hospital and paramedic practice portfolios.

In addition to these educational aspirations, we must also ensure these are founded in sound clinical practice, as knowledge is limited without the ability to apply it. This strategy paves the way for the next steps within our clinical practice journey. Recent years have seen the expansion of our Advanced Paramedic Practitioner's Programme, including rotational elements and harnessing the benefits of prescribing. This development is a vital first step in our organisations transformation and ensures we are setting the direction for paramedic practice.

As this practice becomes embedded into routine clinical care, we must also ensure that the wider aspects of clinical care receive the same degree of focus and leadership. Whether this be face to face or remote telephone triage and treatment, we will be reviewing practice for our Paramedics, Emergency Medical Technicians and Urgent Care Assistants, whilst also ensuring that our vitally important volunteers complement these practice developments and their contribution is maximised.

The next stage of our development needs to apply a keen attention and commitment to ensure effective clinical leadership is supportive across the organisation, more especially within frontline delivery. Numerous examples have illustrated how supportive clinical leadership can positively affect service delivery for both patients and clinicians.

I look forward to being part of this journey with you all and ensuring we serve the people of Wales, as I know the profession can.

Our Clinical Response Model

The Trust's Clinical Response Model has been in effect since 2015, when the Welsh Government endorsed a change to a more clinically focused model of ambulance care in Wales.

Emergency Call Categories	Performance Measures
Immediately Life Threatening - RED These patients are very seriously ill or injured and in imminent life-threatening danger. As an example, the person may be experiencing a respiratory/cardiac arrest.	**Immediate time critical response 8 minute response target**
High Clinical Priority – AMBER 1 This category is for all other life threatening emergencies. As an example, the person may be experiencing cardiac chest pains or a stroke. **Urgent Clinical Priority – AMBER 2** This category is for serious, but not immediately life threatening situations. As an example, the person may be experiencing diabetic problems.	**A range of clinical outcome indicators are in place to measure the quality, safety and timeliness of care being delivered alongside patient experience information.**
Non Urgent Clinical Priority – GREEN 2 This priority is for neither serious nor life threatening incidents. As an example, the person may have fainted and be recovered and alert. **Suitable for Clinical Telephone Assessment – GREEN 3** This priority is for neither serious nor life threatening incidents. As an example, the person may be suspected to have been poisoned but is not showing any priority symptoms.	**A range of clinical outcome indicators are in place to measure the quality, safety and timeliness of care being delivered alongside patient experience information.**
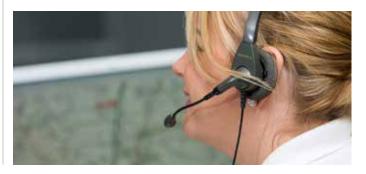
For the immediately life threatening RED calls, where every second counts, Emergency Ambulances (EAs) are dispatched immediately, this includes diverting EAs responding to lower priority calls. Any other Clinician or Community First Responder will also be sent to the RED calls, if they are closer to the incident, and it is a code that is appropriate for them to respond to.

All other calls (AMBER and GREEN codes), will whenever possible, have the right level of clinical response dispatched/responded, once Clinical Contact Centre staff have identified the priority of the call. The Trust is working towards increasing our ability to provide a range of options for safe and effective clinical care for these calls, which may involve clinical telephone assessment and advice or referral to alternative more appropriate or specialist care pathways for the patient.

To support this new model, the Emergency Ambulance Services Committee (EASC) has developed a set of Ambulance Quality Indicators to monitor and improve performance across the 5 Step Ambulance Care Pathway.

The Ambulance Care Pathway is designed to ensure that ambulances are dispatched to calls where there is an immediate need to save life or provide treatment which requires an ambulance. For other less serious cases, alternative treatments such as referrals to other parts of the NHS or telephone advice will be provided. The pathway is intended to ensure the ambulance service is providing the right response for a patient dependent on their clinical need.
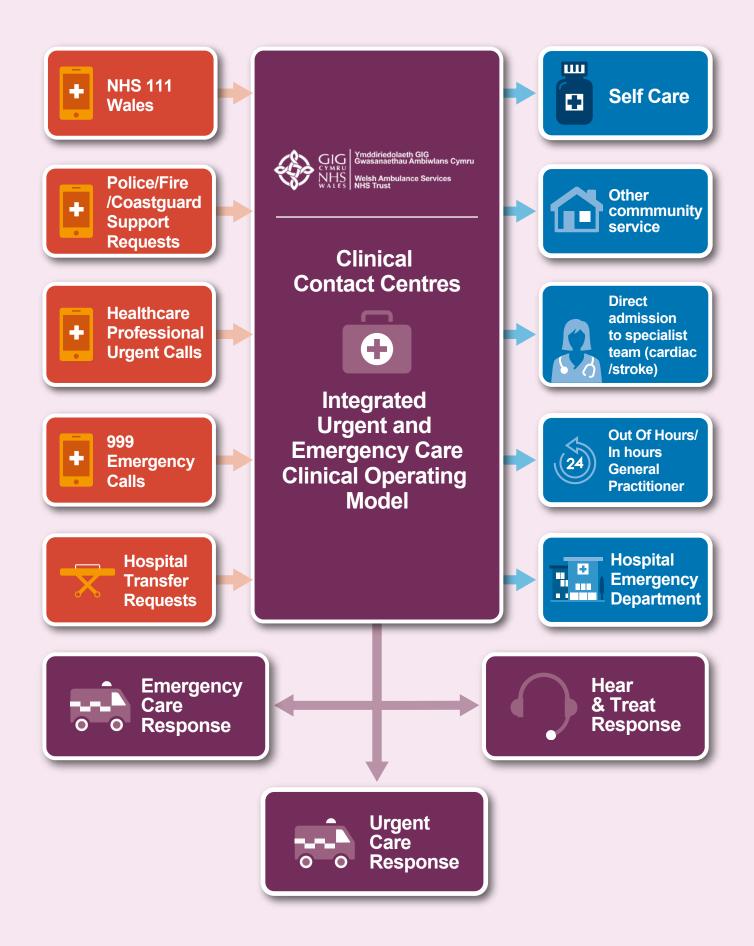
Our Ambulance Quality Indicators for Step 4 currently include a review of care and treatment for key conditions: stroke patients, older adults with suspected hip fractures, patients experiencing a heart attack, patients with suspected sepsis, children under 5 years old with suspected febrile convulsion and hypoglycaemic patients.

1. Help me to choose
2. Answer my call
3. Come to see me
4. Give me treatment
5. Take me to hospital

Designed with permission using the CAREMORE© 5 Steps. Copyright, 2017 WAST.

Our Clinical Operating Model

NHS 111 Wales

Police/Fire /Coastguard Support Requests

Healthcare Professional Urgent Calls

999 Emergency Calls

Hospital Transfer Requests

Clinical Contact Centres

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

Integrated Urgent and Emergency Care Clinical Operating Model

Self Care

Other commmunity service

Direct admission to specialist team (cardiac /stroke)

Out Of Hours/ In hours General Practitioner

Hospital Emergency Department

Emergency Care Response

Hear & Treat Response

Urgent Care Response

Our Vision

To provide an excellent quality clinical service to meet the needs of our patients with a focus on improving safety, clinical effectiveness and patient outcomes and experience.

Placing quality at the heart of everything we do.

Overview of Delivering Clinical Excellence in Wales

The Golden Thread of QUALITY

Our Clinical Objectives 2020 - 2025

Our Clinical Aims Supported by the 6 Domains of Quality in Healthcare

Our Organisational Strategic Goals

Our Strategic Aim

Delivering Excellent Patient Care
To ensure service delivery excellence and further improve the services we provide to patients.

Delivering Excellence) Our vision for 2030

Providing the right care in the right place, wherever and whenever it is needed

Helping patients more easily access our services at the right time

Helping patients and staff to stay healthy

AIM 1
to use excellent clinical leadership to deliver high quality, safe care closer to home

Safe Care

- Ensure that we have the skills and knowledge to access, refer and signpost patients to appropriate local services
- Develop our multi-disciplinary working with partner organisations
- Develop our clinical practice & career frameworks
- Empower clinicians to make more informed clinical decisions
- Improve our management of clinical risk
- Enable high performing teams
- Develop clinical roles with a focus on patient safety, organisational learning, clinical supervision & peer support

AIM 2
to respond to our population's changing care needs using evidence-based findings

Patient-centred Care | Effective Care

- Support local communities in being active partners in their care
- Continue and expand the use of advanced practice to manage more people closer to home and support community based provision
- Work to provide an equitable service across our diverse population
- Develop care services to meet more complex needs
- Support the development of evidence based clinical pathways
- Identify and support clinical improvements through our WAST Innovation & Improvement Network (WIIN)
- Undertake research that is relevant & responsive to the major challenges facing our service and our patients

AIM 3
to make the best use of our resources by embedding Value Based Healthcare

Timely Care | Efficient Care

- Develop new, smarter ways of providing clinical services with our partners
- Work with frequent 999 callers to meet their service needs
- Develop value based decision making
- Reduce pressure on emergency departments
- Strengthen our role in supporting sustainable telephone, treatment and triage models
- Collaborate with our partners to deliver National Delivery Plans for health
- Play a key role in implementing Public Health & Prevention Initiatives

AIM 4
improved use of clinical data and information

Equitable Care

- Develop our clinical informatics capability to create intelligent electronic clinical data to drive service development and clinical performance
- Explore the future use of digital technology with our mobile clinical workforce and our communities
- Contribute to high quality data linkage across systems to support improved clinical audit and analysis
- Ensuring relevant, up to date clinical guidelines and other supporting information are easily accessible

Quality in Care

SAFE CARE
TIMELY CARE
EFFICIENT CARE
EFFECTIVE CARE
EQUITABLE CARE
PATIENT-CENTRED CARE

Placing quality at the heart of every patient contact.

Aim 1: Excellent Clinical Leadership to deliver high quality, safe care, closer to home…

Our plan for clinical leadership provides the clear direction that enables our organisation to be prepared for the changes that it faces. Our clinical leaders will change the emphasis; with compassionate leadership, inspiring clinicians to deliver optimum care for all our patients, shaping future delivery and flexing to meet the challenges that the future health economy will undoubtedly present.

Clinical leadership is a process by which an individual influences others to set standards, accomplish objectives and directs the organisation to greater consistency. Leaders are identified by their key characteristics; knowledge, skills and attributes. With effective clinical leadership across the Trust, extending across all departments including non-registrants, we will encourage our people to inform strategy, improve and drive quality, service design and resource utilisation.

Clinical leadership will be used to design a framework to support the Welsh Ambulance Services NHS Trust as we move forward in the 21st Century. Good clinical leadership is vital for 'today', however, we must also ensure we look forward in the medium to longer term to engage with the workforce, develop succession plans and inspire talent to become future organisational leaders. This work will prove critical to all of our organisation as we work towards achieving our long term vision for clinical development.

There is a need to establish a tiered system of clinical leadership, throughout the organisation and to create an aspirational career pathway within all professions. Our Trust's People and Culture Strategy recognises that in the coming years we will see changes to our clinical workforce pipeline through the introduction of the degree requirement for newly qualified Paramedics from 2021,

further investment in advanced practitioners, an expanded role for nurses (e.g. rotational and see and treat roles) as we respond to the requirements of the Nurse Staffing Level (Wales) Act 2016, and developments in specialist services. This change will provide us with the opportunity for emphasis on lifelong learning and continued professional development to enable us to explore the potential for the Trust to attain University Status and increase opportunities for clinical academic careers.

High quality, flexible education and training forms an integral element of our long term strategic ambitions. Our 'Long Term Future of Work: People and Culture Ambitions' document articulates the importance of modernising and transforming our education and training provision in order to ensure that our workforce is sustainable, highly skilled and capable of working at the top of the relevant scope of practice, to maximise the impact we can have across the healthcare system to the benefit of our patients.

Clinical supervision forms a fundamental part of clinical leadership aspirations. These supportive interactions will be a key facilitator of service improvement, supporting our clinicians through these broadening opportunities, both to acknowledge high performance and to support the learning journey of all clinicians following untoward events and clinical errors. The importance of effective clinical leadership was evident throughout our response during Covid-19, where real support and clarity was essential during the most challenging of times. Reflecting on this further, we want to ensure that we have a network of clinical leaders who are able to translate and disseminate timely information when it is needed most. We will therefore work towards developing active, reactive and proactive clinical leadership and supervision.

Clinical Leadership & Supervision	
Active Clinical Leadership & Supervision	This is something that may take place at scene, working with and alongside team members, reinforcing practice supporting decision making and reassuring clinicians of their actions.
Reactive Clinical Leadership & Supervision	This is something that would be undertaken following an incident at either a hot or cold debrief. Identifying issues, promoting learning and improving both clinician and patient safety.
Proactive Clinical Leadership & Supervision	Scheduled and planned delivery. Reflecting on practice and promoting learning. Building this into the appraisal process and ensuring all clinicians are engaged with organisational objectives and service delivery. This may also incorporate planned team briefings, opportunities for peer support and the coordination of specialist knowledge being offered to the team.

Clinical leadership will be a 'strategic enabler' and its effects and influence will be far reaching, linking with many other strategies and developments.

Clinical Leadership enabling Independent Prescribing…

The Trust has a leading role in the development of advanced practice. In 2019, we became the first ambulance service in the UK to educate and incorporate Independent Prescribing into frontline practice. We are now at the beginning of a journey to explore the benefits of incorporating this enhanced skillset into ambulance service practice. This capability will benefit patients and enable us to adapt to serve our changing population needs by supporting the developments to future modelling of clinical services in the wider NHS.

Patient Situation

Carol is 67 years old and is living with Chronic Obstructive Pulmonary Disease (COPD).

Whilst visiting family, she has been experiencing wheezing, coughing and a shortness of breath for two days.

She has been using her daughter's inhaler (as her own has run out), and has a mild fever which she has been managing with paracetamol.

No Independent Prescribing

The local GP practice receive a call from Carol's family but they do not have any capacity to see her at short notice, her family are really worried so they call 999.

An ambulance is dispatched. Following an assessment, the paramedics request the attendance of an Advanced Paramedic Practitioner (APP).

The APP assesses Carol and supplies limited rescue medications to treat the exacerbation of COPD. The APP then rings the GP Practice and waits for an hour to discuss Carol's case to request further medications or a GP appointment.

The APP explains to Carol and her family how to take the rescue medication appropriately. The APP then advises Carol to have a follow up appointment with her own GP when she goes home at the end of the week and provides advice to recall 999 if Carol/her family are worried about anything.

A paper record of the event is left with Carol to hand to her GP.

With Independent Prescribing

The local GP practice receive a call from Carol's family and allocate the APP working with them to visit Carol at her family's home.

The APP has a tablet device and access to Carol's GP summary record and current medications.

The APP assesses Carol and sends an e-prescription for her medication for collection at the local pharmacy, explaining to Carol and her family how to take the medication appropriately.

The electronic patient clinical record generates a request for the Cluster Respiratory Nurse to visit Carol within 24 hours.

The APP is able to upload Carol's clinical record electronically in real time to Carol's own GP and requests a follow up appointment online, ready for when she goes home.

Carol/her family are advised to recall the local GP practice if they are worried. They can do this via an online app which alerts the surgery to the home visit and priority review of the patient.

Benefits

- Patient cared for in the community by a multidisciplinary team

- Better patient experience

- Emergency ambulance crew available for life threatening calls

- Avoided hospital admission

- Avoided the possibility of contracting a hospital acquired infection

- No multiple points of clinical contact to receive early stepped up medication

- Ambulance clinical records are sent to GP automatically

- Follow up appointment arranged automatically

- Continuity of care

- Sound signposting and safety netting for patient care

Clinical Leadership: Our objectives

Our Objectives	What we are doing...
Ensure that we have the skills and knowledge to access, refer and signpost patients to appropriate local services	• Ensuring our current and future workforce have the skills to effectively manage the patients that we see. • Supporting and developing our clinical leaders in being active participants in research and development. • Providing our clinicians with access to the right information, the ability to communicate swiftly, and the peace of mind that all of this is secure and compliant with patient data protection regulations.
Develop our multi-disciplinary working with partner organisations	• Working with a range of partners from the public, third and private sector to deliver local healthcare solutions enabling people to live well at home for as long as possible. We will also work closely with our blue light partners to deliver improved services to the public we all serve. • Working to identify opportunities in developing partnerships and not only initiating, but also sustaining those clinical relationships. • We will maximise our clinical experience through further development of rotational posts in a range of different clinical environments.
Develop our clinical practice and career frameworks	• Developing and supporting our workforce, working with Health Education and Improvement Wales (HEIW) to commission the programmes to ensure our workforce has the skills and characteristics to empower them to manage the patients we see more effectively. • To explore the effectiveness of independent prescribing in enhancing our clinical effectiveness. • Developing Trust clinical career frameworks that align to the appropriate professional bodies and provide a flexible approach to career progression for our workforce. • To pro-actively provide and strengthen effective leadership across our services to significantly reduce the likelihood of psychological harm to staff due to workplace factors.
Empower clinicians to make more informed clinical decisions	• Working to provide our clinicians with access to timely, intelligent clinical information and clinical equipment to support decision making. • Working in partnership with patients, families and carers to ensure that people's preferences, needs and values guide clinical decisions that are respectful and responsive to the individual, keeping them closer to home where possible.
Improve our management of clinical risk	• Working to embed tools that support assessment, prioritisation, treatment and management of clinical risk e.g. the Paediatric Observation Priority Score (POPS) checklist system - this tool will support us to identify those children most at risk to ensure they get the most rapid access to treatment.
Enable high performing teams	• Developing the clinical support for our clinicians through appraisal of clinical indicators and personal development with a focus on clinical performance.
Develop clinical roles with a focus on patient safety, organisational learning, clinical supervision and peer support	• Increasing and improving the level of clinical support available to our front line staff by developing the clinical support functions in our Clinical Contact Centres, to create region wide single points of access in our role as the 'Call Handler of Choice'. • Building a network of clinical leaders across the Trust, educated to academic levels 6, 7 & 8 who will provide a tiered network of clinical leadership to practitioners who are leading their own clinical teams.
Develop clinical leadership and supervision	• Develop our approach to Active, Reactive and Proactive clinical leadership and supervision.

Aim 2: Responding to our changing population's care needs using evidence-based findings…

Our vision is to meet the more complex, health and care needs of our population. We will develop our services towards meeting these needs and providing an equitable service across our diverse population of Wales.

We serve a population of around 3 million people across Wales with a projected growth of approximately 4% per year. This creates an increasing ambulance incident demand each year. Our key challenges include:

INCREASING AMBULANCE INCIDENT DEMAND

projected to increase by **2-3%** per year

Source - ORH Demand & Capacity Report

GROWING POPULATION

The Population in Wales is set to grow by circa **4%** to **3.24 million** **by 2030**

Source - Public Health Wales Statistics

INCREASING NUMBER OF HOUSEHOLDS

by 2030, the number of households in Wales will increase by over **90,000**

Source - Public Health Wales statistics

INCREASING OLDER ADULT POPULATION

By 2030, the number of people aged 65+ is projected to increase by **158,000 (+24.9%)**

This will mean more older adults needing our services

Source - Public Health Wales Statistics

MORE COMPLEX CONDITIONS

Currently, more than **40%** of people aged 75+ live with two or more longstanding illnesses

Source - Public Health Wales Statistics

HEALTH RISK FACTORS

62% of people aged 16+ are projected to be obese or overweight by 2030

Source - Public Health Wales Statistics

MENTAL HEALTH

In Wales, **1 in 4 people** will experience some kind of a mental health problem or illness within their lifetime.

Source - Office for National Statistics

Aim 2: Responding to our changing population's care needs using evidence-based findings…

We understand the opportunity, through the thousands of daily contacts we have with people, to improve their health and wellbeing. We also accept that our services need to constantly develop and evolve to meet the needs of our population, focusing on meeting their goals and preferences, supported by the best available evidence. We have a particular focus on the national clinical priorities agreed by the Association of Ambulance Chief Executives, the National Ambulance Service Medical Directors (NASMeD) and as part of our local commissioning intentions. These include Emergency Care, Urgent Care, Mental Health, the Frail Older People, End of Life Care, Public Health and Prevention.

The Trust has developed clinical indicators to measure the expected level of care for conditions such as sepsis, heart attacks, stroke, diabetic emergencies, older fallers who have fractured their femur (hip) and young children who suffer a febrile convulsion. This system allows the Trust to monitor clinical performance and recommend changes in practice where needed.

In 2019, we launched our Improvement and Innovation Network (WIIN), in order to empower colleagues with their ideas to make improvements and be innovative, by offering guidance, approval and support for change projects.
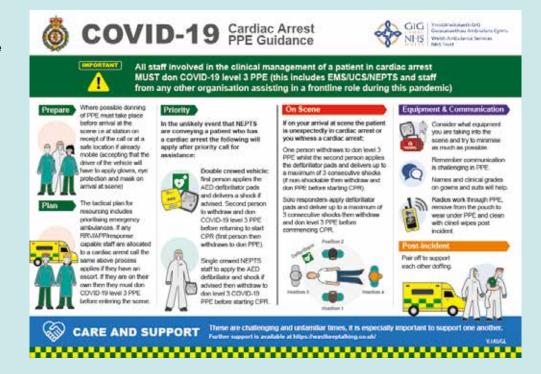
Our WIIN portal was developed from feedback during engagement with staff who had many good improvement ideas, but did not have a way to gain support to progress them previously.

We recognise that in order to improve outcomes for our patients, we must communicate the clinical decision making process more effectively with patients, families and local communities, whilst embracing digital technology to increase information flows to help us to do that. We will create an information-driven approach to decision-making and development of new models of care that meet the evolving needs of our population in a way that is financially sustainable and equitable across our diverse population. We will also actively contribute to high quality research that is responsive to our population's care needs and ultimately translate evidence-based findings into our models of care.

By developing appropriate care pathways, that are consistent across Wales, we can better meet the needs of particular cohorts of patients and ensure that patients are taken to the most appropriate treatment centre for their presenting condition. We have a significant role to play as part of multi-disciplinary teams in ensuring that patients are treated closer to home and are not conveyed to hospital unless it is absolutely necessary.

An example of reactive leadership being responsive to our changing population's care needs using evidence-based findings is illustrated to the right.

These guidelines, that were created during the Covid-19 pandemic, demonstrate how clinical leaders were able to quickly translate and communicate up to date, evidence-based findings to our clinicians in order to equip them during our response.

Responding to changing needs: Our objectives

Our Objectives	What we are doing...
Support local communities in being active partners in their care	• We will focus on measuring outcomes that matter to our patients, in order to assess and meet their needs to understand their experience of care and develop our services accordingly. • We will use our unique position and the thousands of daily contacts we have with people, to help inform their choices to support improvements to their health and wellbeing. • We will involve patients in decision making which is supported by an evidence base. • We will communicate more effectively with patients and embrace digital technology to support us in doing so.
Continue and expand the use of advanced practice to manage more people closer to home and support community based provision	• We will continue to expand the number of Advanced Paramedic Practitioners working within our Field Operations and Clinical Contact Centres. • We will continue to review the practice of our Advanced Paramedic Practitioners to ensure they deliver maximum benefit to our patients. • We will work with partners to expand the rotational model of advanced practice and ensure the benefits of this role can influence across the wider health economy.
Work to provide an equitable service across our diverse population	• We will ensure that quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. • Engage and involve users with sensory loss to improve accessibility. • Complete roll out of 111 service across Wales, formalising our role and providing access to local pathways through a directory of services.
Develop care services to meet more complex needs	• We will establish improvement lead roles for the development of key services such as falls services, older people's care, dementia care, end of life care and mental health support etc. • We will create frameworks for multidisciplinary services that meet complex needs. An example is in the development of an Older Person's Framework which will also strengthen our role in supporting frailty, loneliness and isolation across Wales. • We will establish multidisciplinary teams in our Clinical Contact Centres to support patients with complex needs.
Support the development of evidence based clinical pathways	• We will develop our clinical indicator reporting system to provide intelligent clinical information for specific conditions to use evidence-based patient outcome data to inform our clinical practice from national to individual level.
Identify and support clinical improvements through our WAST Improvement & Innovation Network	• We will further develop the WAST Improvement and Innovation Network (WIIN) to empower our staff to submit and gain support for the implementation of quality improvement ideas and initiatives, providing them with support to forge strong partnerships across Wales and a framework for delivery. • We will use WIIN as an avenue for staff to share better ways to treat vulnerable and 'at risk' patients through service development initiatives. • Explore opportunities for further work in partnership with the International Consortium for Health Outcome Measures (ICHOM), Improvement Cymru and the Bevan Commission.
Undertake research that is relevant & responsive to the major challenges facing our service and our patients	• Actively engage and participate in research, innovation and improvement networks that are related to the changing healthcare landscape that we are operating within. • Enhance our research alliances with industry and other leading research stakeholders. • Aligning research with future case mix and population health to ensure that the changing care we provide is clinically safe and in line with evidenced based practice as we develop our services.

Aim 3: Making the best use of our resources by embedding Value Based Healthcare…

Our vision is to utilise our unique position as a national service provider to identify services that are best able to meet demand, recognise where there is variation and where changes to service delivery will improve patient outcomes and the wider unscheduled care system.

We are operating in a changing environment in respect of healthcare provision, which is moving from numerous District General Hospitals to a model of consolidation and specialisation of services delivered in fewer hospitals. To support the wider healthcare system we need to align our own service to reflect this; this is particularly relevant for the proposed reconfiguration of paediatric services in Wales.

As part of this alignment, we are committed to developing and embedding a Value Based Healthcare (VBHC) approach. We understand the need to measure the outcomes that matter to our patients in order to assess their needs and to understand their experience of care, to improve our services accordingly. Utilising the VBHC approach enables us to focus on meeting the goals and preferences of our patients by involving them in decision making, which is supported by the best available evidence. The approach supports us in discarding practices of low value and reducing unwarranted variation in care and instead, reallocating our limited resources into higher value interventions in support of better outcomes.

Over 67% of incidents that we respond to currently result in conveyance to a hospital, the majority of these to an emergency department. While we recognise that there will always be differences between service providers, it is our intention to work with our partners across NHS Wales to support the development of an agreed set of minimum standards for appropriate care pathways across Wales which will support us to prevent unnecessary hospital admissions.

Working collaboratively with our partners across the Public Sector will:

- **Maximise the use of our collective resources** and will in turn improve patient outcomes (for example, through better multi-disciplinary team working)

- **Ensure a joint focus on clinical priorities** (for example, through the development of alternative care pathways).

We also understand where our Ambulance Service and our developing workforce needs to play a principal role in the Unscheduled Care System. There is a place for more of our existing experienced clinicians to undertake advanced roles in supporting the wider system to ensure greater system efficiency, productivity and more care being delivered within a community-based setting. The proposed rollout of the Advanced Paramedic Practitioner (APP) programme is fundamentally part of this theme. Widening our clinical offer in this area will make a material and positive contribution to both the health system in Wales and the outcomes which patients can expect from a modern ambulance service.

The Trust is also supporting a significant proportion of our paramedics along the education and practice continuum which builds upon the foundation development offered through pre-registration education and the band 5-6 journey, in creating a large cohort of 'expert' advanced clinicians, operating across the Unscheduled Care System. It is all these actions, when combined together, which will maximise the workforce transformation that is necessary to address the systems greatest pressures, which manifested themselves in excessively delayed responses to calls within the Amber category (serious but not immediately life threatening), significantly extended patient handovers and patients in the community waiting far too long for an ambulance resource to become available for dispatch.

In addition to the Public Health Plan, the Trust has put in place some initiatives to support areas of overlap with public health including the Flu Vaccination Campaign and Falls Strategy. Our WAST Improvement and Innovation Network also provides an avenue for staff to recognise and share better ways to treat vulnerable and 'at risk' patients through service improvement idea development.

As recognised by AACE, ambulance services are well positioned to 'make every contact count' in identifying risk factors to patients in their increasingly multidisciplinary approach to health care and we are committed to maximising our contribution to this agenda.

Best use of our resources: Our objectives

Our Objectives	What we are doing...
Develop new, smarter ways of providing clinical services with our partners	• Improving understanding of cost base and cost behaviour, including benchmarking based on outcomes as well as costs to make the best use of our resources to achieve the best outcomes for patients. • Establishing multi-disciplinary clinical and non-clinical teams in our contact centres who have a range of skills to provide specialist advice, clinical triage and onward referral to appropriate continuing care. The team could include mental health practitioners, midwives and specialist nurses with a focus upon managing frailty and care for older adults. • Supporting General Practitioner Services and Out of Hours Services by expanding our rotational model to provide additional Advanced Paramedic Practitioners in these settings. • Exploring opportunities to embed further Value Based Health Care approaches into the Trust, working with NHS Wales partners, Welsh Government and the International Consortium for Health Outcome Measures (ICHOM).
Develop value based decision making	• Reducing practices of low value and unwarranted variation in care and instead, reallocate our resources to support higher value interventions in support of better patient outcomes. • Developing a decision-making approach that is supported by evidential data to develop new models of care that meet the evolving needs of our population in a way that is equitable and also financially sustainable.
Work with frequent 999 callers to support their service needs	• A large proportion of our demand is from care homes, therefore we will continue to work collaboratively within this area to provide training and support to ensure appropriate access to our services. This will enable more efficient and effective use of our emergency resources. • Continuing to work collaboratively with our partners in health and social care, to reduce 999 demand from individual frequent callers where an emergency response is not required, by working to direct them to the appropriate services and support to meet their needs.
Reduce pressure on emergency departments	• Working with our partners across NHS Wales to support the development of an agreed set of minimum standards for appropriate care pathways across Wales to better meet the needs of those patients who do not require services provided by emergency departments. • Working with our commissioners, clinical leaders and clinicians, we can then stream patients away from emergency departments into appropriate community based care services closer to home. • Delivering care in local healthcare facilities (e.g. GP surgeries) or as part of an out-of-hours clinical service where patients can access urgent care 24/7/365. This might be a mobile service, based in a community facility like a community centre, or even in a 24-hour store.
Strengthen our role supporting our sustainable telephone, treatment and triage models	• Exploring the opportunity for the ambulance service to become the 'call handler of choice', to provide an even better service and drive through greater value and efficiencies to the wider health and social care system and importantly the users of the NHS Wales services. • Supporting people in getting the right information in their first and only call and maximise the chances of them staying and/or receiving care in their home.
Collaborate with our partners to deliver National Delivery Plans for health	• Focusing on the National Clinical Priorities agreed by the Association of Ambulance Chief Executives (AACE) and the National Ambulance Service Medical Directors (NASMeD) including: Emergency Care, Urgent Care, Mental Health, the Frail Older Population, End of Life Care and Public Health and Prevention.
Play a key role in the implementation of Public Health & Prevention Initiatives	• We will play a key role in implementing national health initiatives and programmes including areas such as self-care, healthy lifestyles, protecting against infection, reducing harm and saving lives. • We will explore how we can make a more significant contribution to the 'making every contact count' agenda, engaging people in multidisciplinary conversations about improving health by addressing risk factors such as alcohol, diet, physical activity, smoking and mental wellbeing. • We will support resilient communities through a programme of engagement and education.
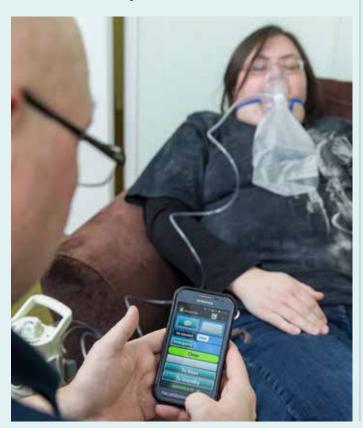
Aim 4: Improved used of clinical data and information

Traditionally our clinicians have had to undertake a lot of detective work in order to treat our patients, with little to no prior information available for those patients. Our vision however is to ensure that our clinicians have the most up to date information on those patients that they are treating, supported by relevant and easily accessible clinical guidelines. We want to ensure that our clinicians are well informed and equipped and believe that this will help us to continually improve clinical performance.

We want to use digital technology as an enabler for our clinical service delivery by using monitoring technology and providing access to electronic information to our mobile workforce. Electronic patient records in a clinical setting can bring together clinical and administrative data regarding a patient for access by clinicians at the point of care. In comparison to traditional paper forms, the information is in a more usable electronic format, making it easier to share information between healthcare providers. This will help to improve improvements in care for our patients across the unscheduled care system.

We are working towards having patient records that are pre-populated with healthcare summary information and are automatically populated with monitoring technology data such as live electrocardiogram monitoring. This data will create a more complete picture, to support clinical decision making by enabling our mobile clinical workforce to be more informed about their patient at the point of care delivery. We will also be able to share this information with other healthcare providers receiving the patient.

Our clinical teams will have access to the latest, evidence based guidelines and equipment. This could include enhanced equipment with clinical diagnostic capabilities to support clinical decision making (for example, point of care testing or mobile scanning technology). In a life threatening emergency, our teams will be able to engage with specialist clinicians via our Clinical Contact Centres, hospitals or other locations to seek expert clinical advice. Digital communications will mean that we can speak in real time, share information and images to make more informed clinical decisions to provide the best care for the patient.

Collaborative working will facilitate the creation of a shared clinical record which will be utilised along the patient's care pathway to improve the quality of their care and their experience. Shared information will facilitate early navigation of a directory of services to find local pathways that mean patients will have access to the right services. Data will be used intelligently, to contribute to improved clinical audit and high quality research that is more inclusive of the patients experiences of care across the pathway.

Access to a mobile digital platform also provides other opportunities and benefits for our staff to access relevant information such as electronic clinical practice guidelines, medication alerts and guidance on clinical pathways for certain conditions.

We are committed to delivering a high quality service for our patients and as such, we understand that in addition to developing high quality clinical information, we must develop measures using feedback from patients and staff. This will enable us to embed value-based healthcare incorporating the way we measure what matters most to people, ensuring that improvement activity is focused on outcomes.

We will work with our healthcare partners wherever possible to ensure that the increased information we all collect is appropriate, secure and complete and is used to inform patient care and drive improvements across the unscheduled care system.

Improved use of clinical data and information: Our objectives

Our Objectives	What we are doing...
Develop our clinical informatics capability to create intelligent electronic clinical data to drive service development and clinical performance	• Working to link and use intelligent digital clinical data to understand our clinical demand to drive our future service development and clinical performance ambition. • Working to use intelligent clinical information to identify, assess and manage clinical risk more effectively.
Explore the future use of digital technology with our mobile clinical workforce and our communities	• Moving to the forefront of research to drive forward innovations to support clinical practice and wider organisational delivery. • Testing new agile technologies to measure their impact on NHS staff, patient experience and patient outcomes. • Enhancing our clinical diagnostic capabilities for example, with artificial intelligence, point of care testing or mobile scanning equipment. • Enhancing our clinical equipment and access to cutting edge technology. • Exploring opportunities to utilise information collected by wearable applications to live stream quality data to support clinical decision making and remote monitoring. • Expanding the use of the GoodSAM application and measure its impact on addressing responses to patients experiencing out of hospital cardiac arrests. • Getting clinical records through WCP, Consultant Connect, video consultation, etc, to the frontline to support clinical decision making via our clinical devices.
Contribute to high quality data linkage across systems to support improved research, clinical audit and analysis	• Implementing a new Integrated Information System (IIS) for the 111 Service to provide the platform for telephone triage and assessment to link seamlessly with the 111 GP Out of Hours providers. • Fully digitising our ambulance clinical data to enable links into the NHS Wales digital architecture to contribute towards the creation of the Individual Health Record. • Working towards enabling timely access to patient summary records to support clinical decision making. • Working to provide our electronic clinical data to contribute towards the creation of intelligent clinical information analysis within the wider health economy. • Exploring the interfacing of our digital clinical information systems with other NHS organisations to enable us to provide information to the wider health economy to support public health strategy and improve patient outcomes. • Working to produce patient level information for costing of future service developments. • Working to facilitate high quality research and to support the synthesis of the best available evidence into practice.
Ensuring relevant, up to date clinical guidelines and other supporting information are easily accessible	• Moving towards individual issue digital devices for our staff that will support a range of clinical applications to ensure relevant information can be shared.

Quality at the heart of everything we do
The Golden Thread

Delivering Clinical Excellence

Our Vision

To provide an excellent quality clinical service to meet the needs of our patients with a focus on improving patient outcomes, experience, safety and clinical effectiveness.

Our Clinical Aims and Six Domains of Quality in Healthcare

To use **excellent clinical leadership** to deliver high quality, safe care closer to home	To respond to our population's changing care needs using **evidence-based findings**		To make the best use of our resources by **embedding Value Based Healthcare**		To **use clinical data effectively** to provide more informed care
Safe Care	**Patient-centred Care**	**Effective Care**	**Timely Care**	**Efficient Care**	**Equitable Care**

Quality embedded in all that we do

Safety Culture: Our patients and our people	Compassionate and Innovative **Leadership**	**Citizen Voice:** Engagement and Partnership	**Quality Governance:** Quality Management Cycle	**Intelligence** Led

The enabling strategies that will support us in Delivering Clinical Excellence

Quality	Leadership & Management Development	Education & Training	Wellbeing	Digital	Volunteering

References

EASC Ambulance Quality Indicators
http://www.wales.nhs.uk/easc/ambulance-quality-indicators

WAST Amber Review
http://www.wales.nhs.uk/sitesplus/documents/1134/NHS-Amber-Report-ENG-LR.PDF

WAST Delivering Excellence
https://www.ambulance.wales.nhs.uk/Media/Documents/About%20Us/Delivering%20Excellence%20Our%20Vision%20for%202030.pdf

WAST Integrated Medium Term Plan 19/20 – 21/22
https://www.ambulance.wales.nhs.uk/Media/Documents/Publications/IMTP%202019-22%20FINAL.pdf

WAST Website
www.ambulance.wales.nhs.uk

Welsh Government A Healthier Wales
https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf

Welsh Government Health & Care Standards
http://www.wales.nhs.uk/governance-emanual/health-and-care-standards

Welsh Government Health & Social Care (Quality & Engagement) (Wales) Bill
https://www.assembly.wales/laid%20documents/cr-ld12874/cr-ld12874%20-e.pdf

Welsh Government McClelland Review
http://www.ambulance.wales.nhs.uk/assets/documents/f06e69f9-3921-4946-a55a-aad53637c282635179619910478381.pdf

Welsh Government Parliamentary Review
https://gweddill.gov.wales/topics/health/nhswales/review/?lang=en

Delivering Clinical Excellence
at the heart of tomorrow's health in Wales

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

**Data Protection and Information Governance arrangements
for the Test, Trace, Protect Programme**

MEETING	Trust Board
DATE	30th July 2020
EXECUTIVE	Director of Digital
AUTHOR/S	Andy Haywood, Director of Digital and Senior Information Risk Owner Nicki Maher, Head of Health Informatics and Data Protection Officer
CONTACT DETAILS	Andy.Haywood@wales.nhs.uk

CORPORATE OBJECTIVE	Quality at the heart of everything we do; Value, Innovation and Efficiency;
CORPORATE RISK (Ref if appropriate)	Digital Directorate risk e-Datix ref 300 (Covid-19 Data Sharing)
QUALITY THEME	Effective Care, Staff & Resources
HEALTH & CARE STANDARD	3.4, 3.5, 7.1

REPORT PURPOSE	To inform the Board about Data Protection and Information Governance arrangements for the Trust's involvement in the Test, Trace, Protect Programme in Wales
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1 The Welsh Ambulance Services NHS Trust (the Trust) is working in collaboration with Welsh Government, Public Health Wales, NHS partners and Local Authorities to support the Welsh Government's Test, Trace, Protect (TTP) strategy.

2 The Trust's Data Protection Officer and Compliance team have been working within the Data Protection community in Wales to ensure that the Trust is meeting its obligations under the GDPR, Data Protection Act 2018 and associated legislation with regards to sharing personal data for the TTP Programme.

3 Under the TTP Programme, personal data and sensitive data is required to be shared between organisations to trace people who have been in close contact with a Covid-19 positive tested person and requiring them to take precautions through self-isolation[1].

BACKGROUND

1 On 1st April 2020, The Welsh Government issued a letter to NHS organisations and Local Authorities requesting organisations to consider the provisions available under regulation 3(1) of the Health Service (Control of Patient Information) Regulations 2002 (COPI) to process confidential patient information for Covid-19 purposes[2].

2 The Information Commissioner[3] and NHS Wales[4] have issued statements acknowledging both the need to work differently and the pace at which organisations need to make decisions. Both statements support a proportionate approach to data protection and information governance.

3 On 05th June, a further update was received by Welsh Government on data sharing arrangements for contract tracing, including the joint working approach to developing key governance documents including a Data Protection Impact Assessment (DPIA) and a Data Sharing Agreement using the Wales Accord for Sharing Personal Information (WASPI).

4 The WASPI Information Sharing Agreement forms an overarching agreement between the various partner organisations who need to share personal data. It details the purpose of disclosure, data to be disclosed, roles and responsibilities, information security arrangements, data subject's rights, retention and escalation of risks and issues.

5 The Trust has developed and published a Covid-19 Supplementary Privacy Notice[5], citing the TTP programme as an example of how the Trust may share personal information for the specific purposes outlined within this paper.

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[1] https://gov.wales/test-trace-protect-your-questions#section-42170
[2] https://nwis.nhs.wales/coronavirus/coronavirus-content/coronavirus-documents/wg-letter-request-for-processing-confidential-patient-information-related-to-covid-19/
[3] https://ico.org.uk/media/about-the-ico/policies-and-procedures/2617613/ico-regulatory-approach-during-coronavirus.pdf
[4] https://nwis.nhs.wales/coronavirus/digital-support-updates-for-healthcare-professionals/information-governance/
[5] https://111.wales.nhs.uk/pdfs/covid19privacynotice.pdf

ASSESSMENT

6   The Data Protection Impact Assessment and the COVID-19 Information Sharing Agreement for the TTP Programme ensures appropriate information governance arrangements are in place. The following sections detail the key assurance mechanisms for the Trust's sharing of personal information for the TTP Contact Tracing.

Legal basis for processing personal data and sensitive data

7   The processing of personal data for the TTP has a lawful basis as defined by Article 6 (1) (e) of the GDPR:

> *'Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.'*

8   The exercising of official authority for Article 6 (1) (e) comes from the following legislation:

- Public Health (Control of Diseases) Act 1984;
- The Health Protection Regulations 2010;
- The Health Protection (Corona Virus Restrictions) (Wales) Regulations 2020.

9   Under the GDPR, special category data, for example health data, needs more protection because it is sensitive and in order to lawfully process special category data, both a lawful basis under Article 6 and a separate condition for processing Article 9 must be identified. For the TTP programme, Article 9 (2) (i) is identified;

> *'Processing is necessary for reasons of public interest in the area of public health'.*

10   The Data Protection Impact Assessment also includes a comprehensive data privacy risk assessment and the technical and organisational measures taken to comply with the 6 Data Protection principles under the GDPR and the Data Protection Act 2018.

The common law duty of confidence

11   The Secretary of State for Health and Social Care has issued four notices under the Health Service (Control of Patient Information) Regulations 2002 to all organisations providing health services and Local Authorities. These notices provide organisations with a legal way of overriding the common law duty of confidence for processing patient information in response to the Covid-19 outbreak.

12   Regulation 3 of COPI provides that confidential patient information can be used and shared appropriately and lawfully for specified purposes set out in

Regulation 3(1) of COPI in order to support the Minister for Health and Social Services' response to Covid-19 (Covid-19 Purpose). "Processing" for these purposes is defined in Regulation 3(2) and includes dissemination of confidential patient information to persons and organisations permitted to process confidential patient information under Regulation 3(3) of COPI.

13 This means that while the above notices are in force, patient consent or another legal gateway is not required to meet this common law duty. This applies to processing required to deal with the response to Covid-19 only.

Recommendation: That the Board notes the Data Protection and Information Governance arrangements in place for the Test, Trace, Protect Programme.

AGENDA ITEM No	2.4
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

UNIVERSITY STATUS
ESTABLISHMENT OF A NEW BOARD COMMITTEE.

MEETING	Trust Board
DATE	30 July 2020
EXECUTIVE	Board Secretary
AUTHOR	Board Secretary
CONTACT DETAILS	Keith Cox – Keith.Cox@wales.nhs.uk

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

REPORT PURPOSE	To seek Board approval to establish a new Board level Committee as part of the Trust's preparations for University Status.
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	30 July 2020	Approval of submission to Welsh Government for University Status

SITUATION

1. This paper seeks Board approval to establish a new Board level Committee, to be known as the Academic Partnership Committee, with the attached terms of reference and operating arrangements. Whilst this is part of the Trust's preparations towards obtaining University Status, it is proposed that this is progressed separately from the Trust's application in this respect.

BACKGROUND

2. The Board agreed in July 2019 that the Trust should finalise and submit an application for University Status to the Welsh Government as part of its strategic commitments. It was recognised that meeting the criteria for University Status provides a number of benefits for the Trust. These include supporting purposeful and transformational research and development, training and education and innovation. It will also enable excellence to be identified and nurtured throughout the organisation and, externally, it reinforces the status of WAST as an equally vital component of a highly professional workforce, committed to challenging itself to contribute to a modern and effective NHS.

3. Part of the requirements for obtaining University Status is for the Trust to have in place arrangements for working in partnership, particularly with academia. Other Health Boards and Trusts, who have obtained university status, have approached this in different ways, but in most cases this is through a Board level Committee or through a group reporting to a Board Committee. It is proposed that the Trust establish a Board level Committee as this will reflect the level and profile of the work expected to be considered by the Committee.

4. The Committee will be responsible for developing and strengthening partnership working with higher and further education and wider education providers across and beyond Wales. Through this partnership working, the Committee will look to ensure that the Trust provides and strengthens patient safety and quality, identifies and implements best practice and gains an international reputation for excellence and innovation. The Committee will also specifically need to strengthen links and collaborative working with other key partners such as Health Education Improvement Wales and Public Health Wales.

5. Standing Orders allow for the Board to establish any Board Committee it deems appropriate. It is envisaged that the establishment of the Committee will end the current arrangements of inviting a university representative to attend Board meetings.

ASSESSMENT

6. As a result of the Covid-19 pandemic, the Welsh Government has suspended progressing matters relating to university status and we are waiting to hear from them when they may be in a position to reinstate this work. There is a possibility that this may not be imminent. Nevertheless, there is no reason why the Trust cannot progress and establish the new Committee in the interim so that the Committee can begin work and put arrangements and processes in place.

7. An early consideration for the Committee will be to finalise internal representation and develop work plans, objectives and priorities. The Committee will also need to establish representation from Academia and how to ensure the Trust develops links and engages with the wide range of relevant academic bodies both from within and outside Wales.

8. The attached proposed Terms of Reference, which have been modelled on other university status health bodies, are therefore very much intended to provide a starting point for the Committee. As academic links are established and plans and priorities are developed, it is envisaged that the Terms of Reference will need to be updated and amended to reflect these developments. It is likely therefore that revised Terms of Reference will be re-presented to the Board in around 12 months time to reflect these developments.

9. Since the new Committee will have responsibility for developing and managing links with academia and, as required by Standing Orders, the Chair of the Committee will report regularly though to the Board on such matters. It is therefore proposed that the current arrangements of inviting a university representative to attend Board meetings should cease and become part of the arrangements managed by the Committee. The Committee will also need to review existing links and relationships, such as the Strategic Partnership Board which the Trust currently has with Swansea University, to ensure these are still fit for purpose.

10. Given that the proposed Committee will not necessarily be carrying out the same level of scrutiny as other Board level Committees, it is proposed that initially it is established with 3 NED members rather than the usual 4 members.

RECOMMENDATION

The Board is asked to:

(1) **Approve the establishment, with immediate effect, of a new Board Committee with responsibility for developing and overseeing academic partnership and benefits realisation in such areas as research and development, education and training and innovation;**

(2) **Approve the attached Terms of Reference, recognising that these represent a starting point for the Committee who will look to refine and develop these further over the next 12 months; and**

(3) **Approve the proposal to end the current arrangements of inviting a university representative to attend Board meetings and transfer this responsibility to the Committee.**

**WELSH AMBULANCE SERVICES NHS TRUST
ACADEMIC PARTNERSHIP COMMITTEE**

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1.	INTRODUCTION

1.1   In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.

1.2   The Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an Academic Partnership Committee to facilitate and develop this work and are hereby set out in these formal terms of reference and operating arrangements

2.	PURPOSE

2.1   The Committee is responsible for strategic collaboration and partnership working with higher and further education and wider education providers across and beyond Wales. Through this partnership working, the Committee will look to ensure that the Trust provides and strengthens patient safety and quality, identifies and implements best practice and gains an international reputation for excellence and innovation.

2.2   Develop a Memorandum of Understanding between all parties and ensures this enables support for the services provided by the Trust and achieves the highest standards of health, clinical care, research, innovation and health care education and training

2.3   Promote collaborative efforts to improve the health, wellbeing, education of patients, service users and the population.

2.4   Review the strategic aims and objectives of each of the partners and where those aims and objectives appear to be usefully aligned, to optimise the benefits to patient care and health care service delivery through an inclusive and supportive approach

2.5   Become a national and international exemplar for effective strategic and operational collaboration between the local health and social care service and its partner universities

2.6   Foster a forward-looking organisational culture across all partners which: -

      a) promotes quality improvement across all activities;
      b) is rich in educational activities and staff development opportunities;

c) helps attract and retain the very best staff, including internationally leading clinical academics;
d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;
e) encourages innovation and modernisation;
f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;
g) builds capacity for translational research that allows all parties to compete at an international level;
h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
i) facilitates wealth and economic growth in the region and beyond;
j) Supports the capture and analysis of the service user experience;
k) Develops health informatics opportunities to achieve their potential;
l) Supports strategic planned lines of enquiry enabling knowledge creation.
m) Use of digital technology to enhance our services.

2.7 Receive assurance that projects in which the parties are currently collaborating have appropriate agreements which detail the projects and clearly reflect the responsibilities of the parties. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.

2.8 The work of the Committee will focus on the healthcare of the whole workforce professional education and training, continuing professional development, scholarly enquiry and research, audit and evaluation.

3. ROLE

3.1 With regard to its role in providing advice and assurance to the Board around obtaining and maintaining university status, the Committee will comment specifically upon the following:-

3.2 Explore opportunities for the further development of collaborative activities between the members of the partnership, especially in relation to clinical services, research, teaching, innovation and improvement, providing advice thereon to appropriate decision- making bodies;

3.3 Working and collaborating with other key partners which include Health Education Improvement Wales and Public Health Wales;

3.4 Explore and identify opportunities for the development of the whole workforce.

3.5 Advise on matters relating to resources for existing or potential collaborative activity;

3.6 Build on existing work in developing opportunities for widening access and increasing participation in health and social care education amongst local communities;

3.7   Explore opportunities for the development of collaborative activities in relation to research and to promote and plan for synergy in research;

3.8   Maximise the benefits of shared resources and expertise;

3.9   Monitor and facilitate the delivery of all aspects of undergraduate teaching and postgraduate training as delivered by the members of the partnership;

3.10   Promote excellence in education and training to develop a workforce with the capability and commitment to transform healthcare;

3.11   Build capacity for translational research across the integrated patient pathway that allows the Trust to compete at an international level;

3.12   Promote an outward-facing culture eager to build external links nationally and internationally with other clinical, academic and industrial partners;

3.13   Establish systems to recognise and reward innovation in education, research and practice, sharing best practice for stakeholders to learn from each other and facilitating the promotion of NHS clinicians to academic titles and academics to honorary clinical titles;

3.14   Establish specific task and finish groups, as necessary, to take forward any relevant initiatives;

3.15   Develop and agree a forward work programme, identifying key objectives and priorities

Sub-Committees

3.14   The Committee may establish sub- committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4.   MEMBERSHIP

Members

4.1   The core membership is a minimum of five members comprising:-

Chair   Professor Kevin Davies, Non Executive Director
Members   At least two other Non Executive Directors of the Board.

Attendees

4.2   The core membership will be supported routinely by the attendance of the following:-

- Executive Director of Workforce and Organisational Development

- Director of Partnerships and Engagement
- Assistant Director of Research, Audit & Service Improvement
- Board Secretary
- Representatives from Academia

Other Directors and staff members will be invited to attend, either by the Committee or to present individual reports.

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

Two staff side representatives will also be invited to attend. The Committee may also co-opt additional 'external' invitees from outside the organisation to provide specialist skills, knowledge and expertise.

Secretariat

4.3 Secretary As determined by the Board Secretary

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.5 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

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

Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related to the conduct of their role

5. COMMITTEE MEETINGS

Quorum

5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally to each Board meeting (as appropriate) on the Committee's activities, in a manner agreed by the Board. This includes verbal updates on activity, the submission of Committee minutes and referral of written reports where appropriate, and presentation of an annual report;
- bring to the Board's specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

AGENDA ITEM No	3.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

EXECUTIVE DIRECTOR OF QUALITY AND NURSING PATIENT SAFETY HIGHLIGHT REPORT

MEETING	Trust Board
DATE	30 July 2020
EXECUTIVE	Executive Director of Quality & Nursing
AUTHOR	Head of Patient Safety, Concerns and Learning
CONTACT DETAILS	Darryl Collins 07825541506 Darryl.collins@wales.nhs.uk

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

REPORT PURPOSE	To provide assurance to the Board on patient safety related topics, focussing on monitoring and learning

REPORT APPROVAL ROUTE		

WHERE	WHEN	WHY
Executive Management Team (Circulated via email)	23 July 2020	For information, discussion and noting
Trust Board	30 July 2020	For information, discussion and noting

PUTTINGS THINGS RIGHT			
Formal concerns			
	April-2020	May-2020	June-2020
Total Received	40	24	40
Total Closed	95	60	50
2 Day Acknowledgment % for	92%	94%	83%
30 Day Response due % for	66%	74%	62%
Ombudsman			
Cases Received	1	4	2
Cases Closed	0	6	3
Reports Received	0	0	2
Coroners			
Information request	18	14	22
Identified as Interested Party	0	0	0
Staff attended	0	0	0
Regulation 28 issued	0	0	0
Response to Regulation 28 in 56 working days	0	0	0
Response to Regulation 28 outside 56 working days	0	0	0
Serious Adverse Incidents (SAIs) to Welsh Government (reporting date)			
Serious Case Incident Forums held	5	3	4
Serious Case Incident Forums Cases	28	12	12
WAST SAIs reportable to Welsh Government	3	2	3
SAIs reported on the Joint Investigation Framework	3	0	0
SAI Closures Submitted - Total	7	5	6
SAIs Closed (by WG) - Total	0	0	0
Claims			
Personal Injury - Received	0	1	3
Personal Injury - Closed	1	0	10
Clinical Negligence - Received	0	0	1
Clinical Negligence - Closed	1	1	0
Road Traffic Collision & Damage to Property - Received	17	21	11
Road Traffic Collision & Damage to Property - Closed	26	54	21

SETTING THE CONTEXT FOR THE QUARTER

1. During this quarter the Trust's verified incidents were 101,677, compared to 118,641 for the same period last year. For the same periods, 111 call volumes were 149,016 and 93,511 respectively.

2. From the total of verified incidents above, the following can be extrapolated:

   - Red – 5,526 compared to 6,277;
   - Amber – 72,250 compared to 82,405;
   - Green – 23,718 compared to 29,418.

3. Overall demand saw a 14.3% reduction in Q1 2020/21 compared to Q1 2019/20.

4. The Trust lost a total of 6,478 hours to notify to handover delays across this quarter, which equated to a 72% decrease compared to the same period last year.

5. Red performance was above the 65% target for the Q1 of 2020/21, with performance for each month 67.7%, 70.2% and 71.4% respectively. This performance percentage was lower than the same periods in 2019, 70.3%, 70.2% and 72.5% respectively.

6. Amber median performance in this quarter was 23 minutes (27 minutes), 21 minutes (26 minutes) and 22 minutes (26 minutes) respectively. The 95th percentile was 2 hours 8 minutes (3 hours 6 minutes), 1 hour 40 minutes (2 hours 41 minutes) and 1 hour and 54 minutes (2 hours 51 minutes) respectively. The figures in brackets are for the same period in 2019.

SITUATION

7. This Patient Safety Highlight Report covers the period of 1 April – 30 June 2020 and also provides a retrospective analysis of data for the same period last year in key areas.

8. This Report will specifically focus on key issues surrounding patient safety and concerns, providing assurance to the Board on monitoring arrangements and learning.

9. Please note that the data contained within this report is accurate at the time of reporting. Data may be subject to change as incident case types may be regraded during the investigation process.

BACKGROUND
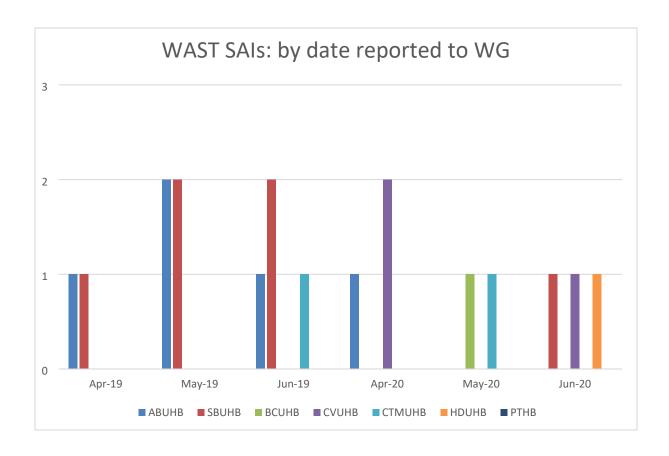
10. The purpose of this Patient Safety Highlight Report is to provide an update to the Trust Board on the key information in relation to Putting Things Right (PTR) and Patient Safety. The Report provides information to the Board on Concerns, Serious Adverse Incidents (SAIs) and Coroner's activity. It aims to identify the themes and trends emerging from our concerns portfolio. This will provide

assurance to the Board on the progress and the implementation of corrective action plans against these.

11. In addition, this Report will also provide a detailed analysis on a review of the MPDS code 36C05A following an alert letter received from Professor Anthony Marsh. Within the letter it was identified that, at Level 1 of the Pandemic Triage Escalation, determinant code 36C05A had been incorrectly set as a Category 3 (Amber 2 in Wales) and should have been set as Category 2 (Amber 1 in Wales).

12. The review provided an opportunity to identify if any patients came to harm as a result of the potential delay in response.

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

14. Following the declaration of the pandemic relating to COVID-19 by the World Health Organisation (WHO) and the re-deployment of staff from the Putting Things Right Team, it was decided in the last month of this quarter that these staff should return to their substantive roles.

15. In addition to this, the 2 Investigating Supervising Officers (ISOs) within the Clinical Contact Centre (CCC) environment also returned to their investigative roles, although 1 ISO did continue with their call taking duties and returned toward the end of the last month of the quarter. In addition to this, the Patient Safety Manager within the CCC continued with their redeployed duties through this quarter and has only returned to their substantive post in the third week of July.

ASSESSMENT

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

16. During this reporting period 12 SCIFs were convened, with 52 new cases being discussed, of which, 8 SAIs were reported to Welsh Government (WG). In addition 3 cases were shared with the respective Health Boards under the Joint Investigation Framework (Appendix B).

17. The table below provides a comparison between the same reporting months of Quarter 1 2019 versus Quarter 1 2020.

WAST SAIs: by date reported to WG
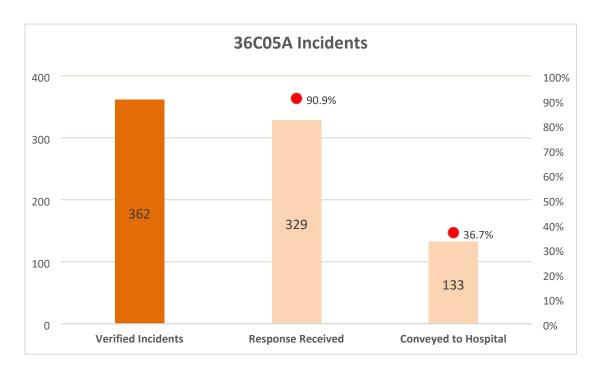
18. Each of the 8 cases reported by WAST as a SAI to WG were reviewed to identify the overarching high-levels themes and trends, which are:

- Call categorisation / prioritisation;
- Dispatch issue;
- Incorrect address;
- Clinical treatment / decision making;
- Welfare call issue.

19. A theme and trend in relation to our concerns and SAI portfolio is the application of the ineffective breathing and agonal breathing tool in the telephony environment. Its application is not only a WAST issue, but also stretches across the United Kingdom as a contributor to human errors in its application.

20. Internally, a training package has been developed for our Emergency Medical Dispatchers (EMDs), where these staff will view a presentation, which is coupled with links to videos which assists them in the recognition of ineffective and agonal breathing.

21. In addition, the EMDs will undertake a test, in which the results can be viewed by the individual and the training team live. Lastly, the staff will be asked to electronically sign a competency sheet which will be entered onto ESR as a record of completion.

22. There are currently 3 cases listed for Coroner's inquest which relate to patients taking an overdose. All of these cases unfortunately involve a subsequent delay in an ambulance attending.

23. In addition to this, there is also 1 overdose case which is being reviewed at the Complex Case Panel (CCP), which may constitute a breach of duty and the possibility of a qualifying liability in tort.

24. This issue has been previously raised at the Association of Ambulance Chief Executives (AACE) in 2018, where it was recommended that calls of this nature be reviewed by the Clinical Support Desk (CSD) clinicians. The initial calls are generally coded Amber 2 as, at the time of the call, the patient is often asymptomatic. The CCC National Clinical Operations Manager has requested the overdose protocol be discussed at the next Medical Priority Dispatch System (MPDS) Clinical Focus Group meeting and also at the next Data Cross Reference (DCR) meeting.

25. Several bulletins have been issued in relation to the CSD undertaking a clinical review of overdose cases however, there is not always the capacity to undertake these due to the demand placed upon the clinicians. A further SBAR is currently being drafted, which focusses upon a review where these cases have resulted in interest from the Coroner. This SBAR will be discussed in detail at the forthcoming DCR meeting.

26. The response to the MPDS codes is set by the individual trust and Wales' response is equivalent to the Ambulance Response Program (ARP) used in England, which accounts for approximately 70% of overdose calls coded as Amber 2.

27. There is no comparison available against Quarter 1 (2019) for the Joint Investigation Framework as it was not implemented until August 2019.

28. All of the Investigative Reports are subject to a robust Quality Assurance (QA) Process and accompanied by an action plan which will highlight both individual and organisational learning needs. In addition to this, a SAI Closure Form will be required to be submitted to Welsh Government (Appendix Y - Closure Summary for Serious Adverse Incidents) and will include:

    • Problems identified;
    • Contributory factors;
    • Confirmation of actions implemented and arrangements for completing outstanding actions.

29. There were 11 SAI closure assurance forms due for this quarter, of which 2 were submitted within the Welsh Government timescales. In totality, 18 closures were submitted, of which 15 were overdue from the previous quarter with 1 submitted ahead of time and not due until Q2.

Card 36 review

30. This review of the Medical Priority Dispatch System (MPDS) code 36C05A was undertaken following an alert letter received from Professor Anthony Marsh, the National Strategic Advisor of Ambulance Services.

31. Within the letter it was identified that, at Level 1 of the Pandemic Triage Escalation, determinant code 36C05A had been incorrectly set as a Category 3 (Amber 2 in Wales) and should have been set as Category 2 (Amber 1 in Wales).

32. The review was to determine if any patients in Wales came to harm as a result of the potential delay in response (Annex 1).

33. Protocol 36 (pandemic flu) is an additional 'hidden' protocol available within MPDS, for use at times when a pandemic event is declared. When Protocol 36 is engaged all callers, whose primary chief complaint would normally be managed through Protocols 06 (breathing problems), 10 (chest pain) or 26 (sickness), are initially assessed using Protocol 36.

34. On the 2 April 2020, WAST implemented Protocol 36, initially set at level 0 (surveillance), which increased to Level 1 on 9 April and returned to level 0 on the 21 April, based on the level of demand expected in the Welsh Health economy.

35. On the 7 May, a letter was sent by Professor Anthony Marsh highlighting an error in the response set to the code of 36C05A, whilst at Level 1. The issue highlighted that 'Given the error there may be a number of patients who did not receive a Category 2 response, Trusts should undertake their usual governance procedures to identify if any cases require further investigation and advise the central ambulance team whilst also fulfilling their duty of candour'.

36. An initial review of the calls taken between the 9 and 21 of April was undertaken, with 362 verified incidents identified. Of these, 9% were resolved pre-arrival (cancellation by the patient, resolution through Hear & Treat or a change of code/priority following further contact with the patient), 91% received a response and subsequently 36.7% (133) were conveyed to hospital.

36C05A Incidents

37. 60% of attended incidents were resolved without conveyance to hospital, primarily as a result of treatment at scene, referral to another Health Care Professional or planned transport.

38. Of the 133 patients who were conveyed to hospital, 44% received a response within 30 minutes increasing to 68% within 1 hour. The median response time for Amber 1 incidents during this period was 19 minutes compared to 28 minutes for Amber 2.

39. The Patient Clinical Record (PCR) documentation was reviewed for incidents receiving a protracted response where the patient was subsequently conveyed to hospital. In total 59 incidents were reviewed, with 11 incidents recording a National Early Warning Score (NEWS) score of 6 or above. Following a further review by the Patient Safety and Clinical Teams, it was identified that (Annex 2 and 3):

   a. 2 incidents would have generated an 'Amber 1' response under Business as Usual (BAU) call processing however, in each of these cases a best response time was documented as 37 minutes, with no significant delay identified.

   b. 5 incidents under BAU would have generated a Green priority response, so received a higher priority response under card 36.

   c. 3 incidents had a projected 'Amber 2' priority under BAU, so received the same level of response under Card 36.

   d. 1 incident, the clinical review was unable to determine the best level of response under BAU call processing.

   e. Overall, 10 of the incidents where the patient presented with a NEWS exceeding 6, were conveyed to the nearest suitable emergency
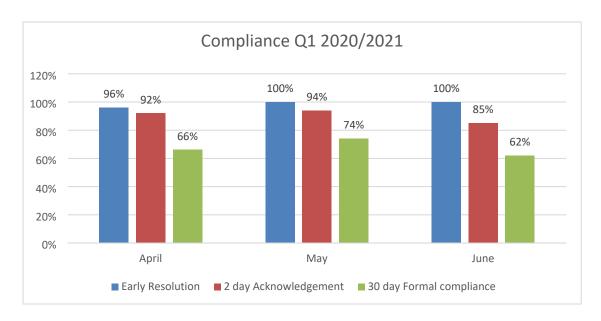
department. Following further review it was identified that 1 of these incidents resulted in an artificially inflated NEWS due to the patient's underlying medical history (COPD) which, when calculated (inclusive of COPD), reduced to 3.

f. The shortest response time reported was 36 minutes and the longest 220 minutes, with an average response time for these 11 incidents of 73 minutes. It is beneficial to note that the incident with the Amber 2 response time of 220 minutes was one of the incidents that, under BAU call processing, would have resulted in a Green priority response.

g. Of the 11 highlighted incidents reviewed, only 2 incidents received a lower priority response under Card 36 than generated under BAU. In each of these cases the best response time (rounded up / down to the nearest whole minute) was 37 minutes from time of call to time of arrival of the first attending resource. It can be concluded that the differing response priorities in these 2 incidents did not have a negative impact on the overall response to the patients.

40. All documents in relation to this, can be found within the 2 annexes attached.

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

41. Key Definitions:
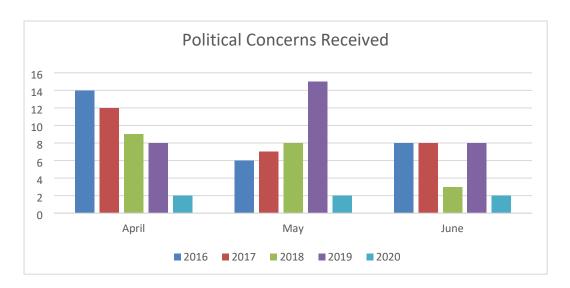
- Early Resolution - 2 day Key Performance Indicator (KPI) (previously an On the Spot concern);
- Local Resolution - Although dealt with under the Regulations they do not require a formal Regulation 24 letter of response. Local resolution can be achieved by telephone, email or a face to face meeting. The spirit of the Regulations must be followed and the complainant must be satisfied with the response;
- Formal - This requires a formal Regulation 24 letter of response, as required under the Regulations. These are currently signed off by the Chief Executive Officer, following Quality Assurance of the investigation and letter. The KPI is 75%, which requires the closure of the response letter within 30 days. The 30 days are segmented into 20 days for investigation and QA, 5 days to identify whether there is a potential Breach of Duty and Qualifying Liability in Tort and 5 days for the letter to be placed through QA.

42. The table below provides an analysis on all areas within the PTR portfolio for this quarter and will only be accurate at the time of reporting:

Compliance Q1 2020/2021

	April	May	June
Early Resolution	96%	100%	100%
2 day Acknowledgement	92%	94%	85%
30 day Formal compliance	66%	74%	62%

43. During this quarter the 2 day acknowledgement average has increased by 9% in comparison to the last quarter (81% Q4 - 90% Q1). In relation to our formal concerns and the 2 day acknowledgement of these, during this quarter the PTR Department has missed 4 from the total volume. Clearly with the lower numbers of formals being received, any missed 2 day acknowledgements will have a greater impact on the overall percentage.

44. In terms of our 30 day Tier 1 target, our performance has increased by 8% over the quarter, from 59% to 67%. During this quarter the department has closed 205 concerns, which now leaves an open position of 49 open formal concerns with 19 in backlog for investigation. Please note this excludes Redress cases.

45. A key element to this target is the volume of completed and quality assured investigation reports within the 20 day timeframe. Disappointingly this still remains low however, with the movement of staff back to their substantive posts the anticipation is that this will improve.

Political and Ombudsman Investigations

46. The table below illustrates the volume of political concerns comparing the past 5 years of the same quarters, in which we note a considerable reduction.

Political Concerns Received

Legend: ■ 2016 ■ 2017 ■ 2018 ■ 2019 ■ 2020

(Bar chart showing political concerns received for April, May and June across years 2016–2020)

47. The monthly report of political concerns that the PTR Department has designed, providing an oversight to the Executive Director of Quality & Nursing, Chief Executive and Chairman, is now established and produced on the last Wednesday of each month.

48. During the reporting period the subject matter of the concerns raised with the Trust have been more varied. There have been several questions around the provision of our services, such as 111Wales and the use of alternative transport of dialysis patients. In relation to the 111Wales service, the Head of Patient Safety, Concerns and Learning has requested that the Head of Operations, NHDSW/111 Service Delivery Team produces a standard response template, where the complainant experienced longer periods of time to answer the call due to unprecedented demand in the early days of the pandemic.

49. During the quarter the Trust has continued to accept and action requests from the Public Service Ombudsman's officers.

50. During the reporting period the Trust received 2 finalised Ombudsman reports, resulting in 1 not upheld and the other partially upheld. The Trust is to offer an apology to the complaint and to put a system in place whereby meetings can be recorded.

Coroner's activity

51. Following the declaration of the pandemic, inquests, which involved witnesses presenting evidence in person, were suspended. The Trust is now starting to receive inquest hearing dates where witnesses may be required to provide evidence in person. In the main these are a relisting of inquests prior to lockdown.

52. Despite the Coroner's inquest workload being suspended, the physical workload has increased due to preparations being undertaken on paper.

53. During this quarter the Trust was due to commence a response to the Coroner in relation to a previous Regulation 28 Prevention of Future Death following an inquest which was heard in April 2017. The Trust has been providing this

particular Coroner with regular updates in relation to the progression of the Meal Break Policy review. The PTR Department is currently drafting a letter of response regarding this matter which will progress to the Executive Management Team.

Legal Claims

54. The number of new legal claims received for this reporting period is significantly lower than in previous reporting periods. Given the small number of claims received it is difficult to provide a trend analysis, although the themes highlighted in coroner' activity remain prevalent in clinical negligence claims.

55. During this period the Legal Services Team has been collating substantial data and evidence for any perceived personal injury claims that may arise. The preparation for this has been significant and is a continuing workload for the Legal Services Team.

Key achievements

56. Due to the demands of the Pandemic, the PTR Department has been dispersed for much of this quarter however, and despite this, has maintained and progressed all ongoing and new cases.

57. In addition, compliance with the Pre-Action Protocols has also been maintained at 100%.

58. Despite the re-alignment of staff within its own department and those re-deployed who contribute to the investigations, the volume of open concerns and those in backlog (over 30 days) has improved significantly.

RECOMMENDED that:

(1) The Executive Management Team receives this report for information, discussion and noting.

EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required for this report.

REPORT CHECKLIST

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

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

36C05A Review

MEETING	Tactical Pandemic Team
DATE	Date of meeting
EXECUTIVE	Lee Brooks (Director of Operations)
AUTHOR	Susan Tuckett (EMS CCC National Clinical Operations Manager)
CONTACT DETAILS	Susan.tuckett@wales.nhs.uk

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

REPORT PURPOSE	Review and Agree Recommendations
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
TPT	29/05/20	Acknowledge Progress and Agree recommendations.

SITUATION

1. This review of the MPDS code 36C05A has been undertaken following an alert letter received from Professor Anthony Marsh.

2. In the letter it is identified that, at Level 1 of the Pandemic Triage Escalation, determinant code 36C05A had been incorrectly set as a Category 3 (Amber 2 in Wales) and should have been set as Category 2 (Amber 1 in Wales).

3. The review is to try and determine if any patients in Wales came to harm as a result of the potential delay in response.

BACKGROUND

4. The system used by the Welsh Ambulance Services NHS Trust (WAST) to manage 999 calls is Medical Priority Dispatch System (MPDS). Through scripted questioning MPDS supports non-clinical call handlers to produce determinant codes and WAST, through the Clinical Priority Assessment Software group (CPAS), has set responses to each code matched to the Clinical Response Model.

5. Protocol 36 (pandemic flu) is an additional 'hidden' protocol available within MPDS for use at times when a pandemic event is declared. When Protocol 36 is in use **all** callers whose primary chief complaint would normally be managed through Protocols 06 breathing problems, 10 chest pain, or 26 sickness are initially assessed using Protocol 36.

6. The use of this protocol identifies callers with potential Covid-19 (flu like) symptoms, if the patient is negative to these symptoms the EMD would automatically be shunted back to the normal primary chief complaint and would complete the assessment in the normal way. If the patient is found to have symptoms associated with Covid-19 then the call would reach a unique protocol 36 code. This means different responses can be set against patients with Covid-19 (flu like) symptoms. This protocol also replaces the need for the EMD to manually use the Emergency Infection Diseases Surveillance tool as all the questions are contained within the protocol.

7. At a meeting on the 16th March 2020 a sub group of CPAS met to review the responses for each code in Protocol 36. At this meeting it was agreed that the Welsh responses would match those set by the Emergency Clinical Prioritisation Advisory Group (ECPAG) for the English Ambulance Trusts. Table 1 displays the table of conversion agreed:

English Response	Description	WAST response
Cat 1	Highest clinical priority immediately life threatening	Red
Cat 2	High clinical priority and are still considered a life threatening emergency	Amber 1
Cat 3	Urgent clinical priority, are serious but not considered immediately life threatening.	Amber 2
Cat 4	Non urgent clinical priority (Neither Serious Nor Life threatening	Green 2
Cat 5	Suitable for Clinical Telephone Assessment	Green 3

Table 1- Response Conversion Table

8. Within the Protocol 36 configuration settings it is possible to have different responses depending on the level of the outbreak within the population and the ability of the wider health community to respond:

- Level 0 (surveillance only)
- Level 1 (low triage)
- Level 2 (moderate triage)
- Level 3 (high triage)

9. It was decided by the CPAS group that, unlike England, at the surveillance level the responses set against determinant codes would match the nearest appropriate chief complaint protocol. In England at surveillance level the response for some codes are set to a lower response than would be normal. This was the only variation between Wales and England's responses.

10. On the 2nd of April 2020 Wales implemented Protocol 36, initially at level 0 (surveillance). On the 9th of April the level was increased to Level 1, to match England. On the 21st April the decision was made that, based on the level of demand expected in the Welsh Health economy, the Pandemic level would be returned to Level 0, surveillance.

11. On the 7th May a letter was sent by Professor Anthony Marsh, the National Strategic Advisor of Ambulance Services, in which an error in the response set to the code of 36C05A, while at Level 1, was highlighted and the following advice given:

"Given the error there may be a number of patients who did not receive a Category 2 response, Trusts should undertake their usual governance procedures to identify if any cases require further investigation and advise the central ambulance team whilst also fulfilling their duty of candour".

12. This report summarises the findings of this investigation.

ASSESSMENT

13. An initial review of the calls taken between the 9th and 21st of April was undertaken, to identify those calls coded as 36C05A. This identified 362 verified incidents

14. Of these verified incidents 9% were resolved pre-arrival as a result of a cancellation by the patient, a resolution through Hear & Treat or a change of code/priority following further contact with the patient. 91% received a response and subsequently 36.7% (133) were conveyed to hospital (figure 1)
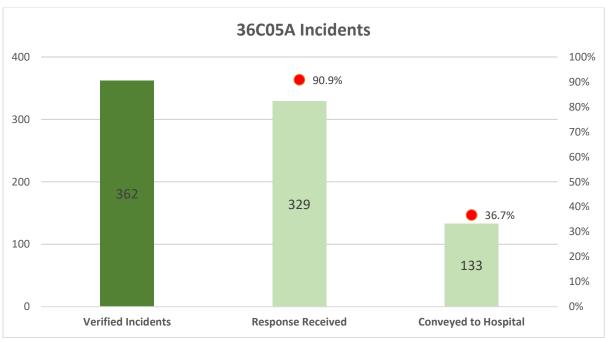
Figure 1 - Verified Incident Breakdown
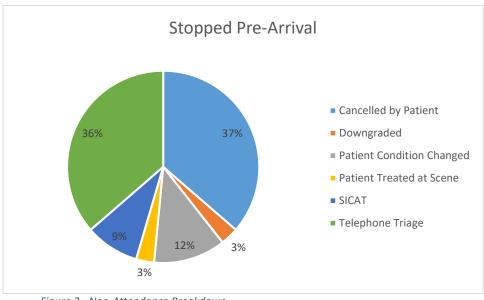
Figure 2 - Non-Attendance Breakdown

15. 60% of attended incidents were resolved without conveyance to hospital primarily as a result of treatment at scene, referral to another Health Care Professional or planned transport. However a single incident of patient death was identified at this stage.
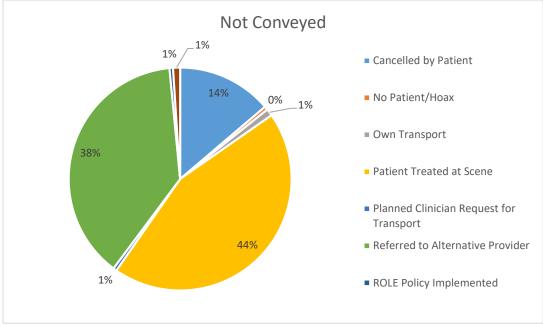
Figure 1 - Non-Conveyance Outcomes

16. A detailed investigation was undertaken for the patient recognised as life extinct on arrival, on audit the calls were found to be compliant. Having been prioritised as Amber 2 based on the information provided the response was allocated within 7 minutes of the call being received and was on scene within 20 minutes of the code being reached. It is not thought that if the call had prioritised as Amber 1 a faster response could have been reached.

17. Of the 133 patients who were conveyed to hospital 44% received a response within 30 mins increasing to 68% within 1 hour. The median response time for Amber 1 incidents during this period was 19mins compared to 28mins for Amber 2.
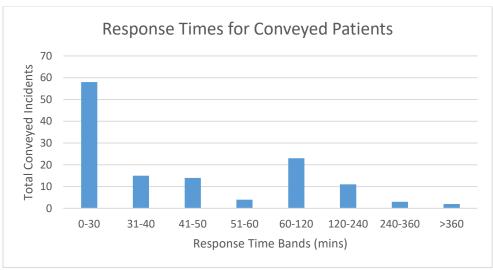
Figure 2- Response Times for Conveyed Patients

18. 33 duplicate calls were identified of which 11 ultimately received an Amber 1 response, 9 were identified the patient having deteriorated from the original request during MPDS questioning and also received an Amber 1 response.

19. Having reviewed all of the information available a more detailed investigation was undertaken for incidents who experienced a protracted response time and were conveyed to hospital or cancelled prior to the ambulance arrival having experienced a protracted response.

20. A protracted response was identified as any incident where the patient waited in excess of 2 hours for a WAST response (either over the phone or face to face), this included incidents where the call was eventually cancelled. The 95th percentile for Amber 1 response in April 2019 was 2 hrs 8 mins and in April 2020 was 1hr 33 mins.

21. In total 20 incidents were reviewed in detail with a focus on service delivery and to identify those who received a protracted response as a result of being coded as an Amber 2 instead of an Amber 1.

Differences In Response Amber 1 vs Amber 2

22. As part of the detailed review an improved response standard was extrapolated based on the priority of the incident and the available resources at the time. The differences in response vary from 21 minutes to 12 hours 33 minutes, with an average of 192 minutes. It should be noted that the incident that waited over 12 hours was for a transfer to a different ward in the same hospital, so would have had qualified nurses caring for the patient during the wait.
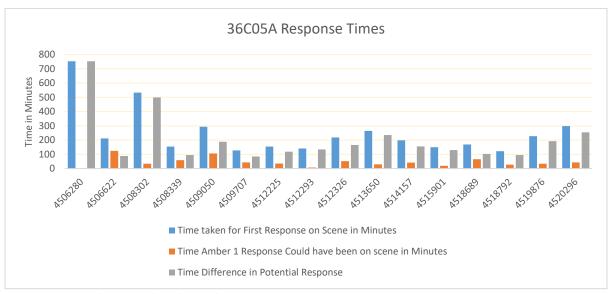
Figure 3 - Improved Response based on Amber 1 Priority

23. From the C3 records none of the 20 patients appear to have come to any harm from the delayed response and the majority (70%) were assessed by the Clinical Support Desk which would have provided clinical screening.

24. Whilst WAST were operating under Pandemic Level 1 for Protocol 36, on the 16th of April, it was agreed by the Tactical Pandemic Team following approval at CPAS that Protocol 26 calls that were not related to flu like symptoms were

to be excluded from Protocol 36 triage as these were being over categorised and were likely to receive a Hear & Treat outcome. If this ruling had been in place during the whole time Wales was on Pandemic Level 1 five of the 20 calls with a prolonged Amber 2 response would have been handled in this manner and would have been categorised as Green. This includes the call that waited in excess of 12 hours as it would have been handled under transportation only. Without these calls that were potentially over categorised the average time the rest of the calls waited is 167 minutes.

25. During the period of operation (9th-21st April 2020) the mean response time for Amber 1 incidents was 27 minutes. During April 2019 the mean response time was 39 minutes. As a result a request for NEWS score information was submitted for patients who received a face to face response longer than 30 mins and were subsequently conveyed to hospital.

26. PCR documentation was requested from clinical audit to identify significant patient impact. In order to identify these patients a review of the NEWS scores was undertaken.

27. In total 59 incidents were reviewed. The quality of PCR documentation received varied in quality as well as a significant number recording no formal NEWS score in the available fields. 11 incidents recorded a NEWS score of 6 or above.

28. Further investigation is required to understand the clinical outcomes of these patients following conveyance to hospital. It should be noted that 5 of the 11 incidents received a response between 35 and 40 mins from time of call. A further 5 incidents received a response between 60 and 90 mins from the time of call. NEWS scores for the 11 patients ranged between 6 and 13.

29. A single incident (4512326) was identified as having a NEWS score of 7 and a protracted response of 3hrs 38mins which could have been improved by 50 mins if the incident had been prioritised as Amber 1. However a review of the incident identified that a more appropriate protocol would have been Protocol 1 (abdo pain) based on the presenting diagnosis by the requesting Health Care Professional. Subsequent calls handled under this protocol prioritised a Green 2 response and CSD review was also completed for this patient.

General Themes:

CSD review
30. Having reviewed 20 incidents in detail there is evidence of CSD clinical screening of delayed responses but no evidence that an upgraded clinical response was required. Of these incidents 2 were resolved with Hear and Treat outcomes with no subsequent calls received.

Conveyance
31. Of the 133 patients that were conveyed to hospital 16 have been reviewed as part of the detailed examination due to protracted response and a further 7 have a NEWS score of 6 or above documented. These 7 incidents require a more detailed clinical assessment of the outcome to identify if any patient harm has been identified as a result of the protracted responses.

Subsequent calls

32. Of the 20 detailed investigations undertaken 2 incidents had subsequent calls made (calls made after the original 36C05A call was closed/stopped)
    a. 1 caller who cancelled pre arrival did have a subsequent call the next day which reached a different code 36D03A, a crew attended and referred to GP without conveyance.
    b. A Health Care Professional request described as needing admission for hydration had a subsequent call for the same problem 10 days later this second call reached a different protocol 36 code, 36D03S as by this point Wales had moved back to Level 0 surveillance.

Previous calls

33. Of the 20 incidents reviewed in detail 3 incidents had made calls prior to these 36C05A calls.
    a. One had had a RRV attend and clear 41 minutes prior to this call being requested by a GP and reaching code 36C05A.
    b. One had a previous call 4 days earlier which had been assessed using the abdominal pain protocol and it is documented in the 36C05A call they were discharged from ED with a bowel infection.
    c. One call had a previous response that was lower than amber 2 as it was a HCP call with a 4 hour response that had been made 45 minutes before the 36C05A call. This patient had also had another HCP admission 5 days earlier with a urinary tract infection

Call problems

34. The response to the question "Okay tell me **exactly** what happened." Shows that a disparate variety of problems are grouped within this code. This is most likely as a result of Protocol 26 which covers a large range of medical, non-specific and low level trauma incidents.

35. As well as patients who appear to have infections, fever, chest infections, urinary tract infections and diarrhoea and vomiting, there are also patients with mobility problems as a result of varying descriptions including thrombosis and leg pain.

36. Since the time of this audit protocol 26 calls have been reviewed and it is unlikely the patients with mobility problems or weakness and/or fatigue if they rang today would have their calls processed through protocol 36. If they were not processed using protocol 36 they are likely to reach the lower green response levels. The change to the inclusion of some of the protocol 26 omega and alpha codes will have reduced this wide variety, making the code more targeted.

Conclusion

37. The result of the review of the 20 calls with a prolonged response as a result of being categorised as an Amber 2 (2 of which cancelled pre-arrival) is there is no evidence that the patients came to any lasting harm. However it has to be accepted that this was a poor patient experience and is not the level of service WAST aspires to.

38. There are 11 incidents identified with increased NEWS scores recorded which will require further detailed clinical review.

RECOMMENDED: That

1. TPT acknowledge the progress of the investigation so far with EMS CCC elements now being completed.
2. The request for clinical review of the 11 incidents identified with increased NEWS scores.

Appendix 1

200507 Letter to ambulance services

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	
Environmental/Sustainability	
Estate	
Health Improvement	
Health and Safety	
Financial Implications	
Legal Implications	
Patient Safety/Safeguarding	
Risks	
Reputational	
Staff Side Consultation	

AGENDA ITEM No	
OPEN or CLOSED	
No of ANNEXES ATTACHED	

36C05A – Clinical/Patient Safety Review

MEETING	Tactical Pandemic Team
DATE	22nd June 2020
EXECUTIVE	Lee Brooks (Director of Operations)
AUTHOR	Matt Lane (Patient Safety Manager)
CONTACT DETAILS	**Matthew.lane@wales.nhs.uk**

CORPORATE OBJECTIVE	Quality at the heart
CORPORATE RISK (Ref if appropriate)	Not applicable
QUALITY THEME	Safe care
HEALTH & CARE STANDARD	3.4, 3.5 & 6.3

REPORT PURPOSE	Review and agree findings
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Tactical Pandemic Team	22nd June 2020	For approval

SITUATION

1. Following a letter received by the Trust from Professor Anthony Marsh, a review was undertaken regarding the Amber 2 prioritisation of Card 36 incidents with the MPDS categorisation code 36C05A.

2. In the letter it was identified that, at Level 1 of the Pandemic Triage Escalation, determinant code 36C05A had been incorrectly set as a Category 3 (Amber 2 in Wales) and should have been set as Category 2 (Amber 1 in Wales).

3. The focus of the review was to identify if any potential harm had come to patients as result of point 2 above.

BACKGROUND

4. An initial review of calls received between 9th & 21st April 2020, categorised as 36C05A and assigned 'Amber 2' priorities, identified 362 verified incidents.

5. Of those, 3% (11) incidents were highlighted due to patients reportedly having a National Early Warning Score (NEWS) exceeding six on initial assessment conducted by the attending clinical teams.
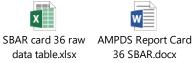
ASSESSMENT

6. The 11 highlighted incidents were clinically reviewed retrospectively by the Clinical and Medical Directorate, led by the Health Board Clinical Lead (Powys), and findings reviewed by the Patient Safety Manager (Central & West).

7. The clinical reviews conducted outlined the projected best response category under business as usual (BAU) call processing, verified response time, clinical findings on arrival of the first attending resource, and overall, the appropriateness of the Amber 2 prioritisation when the whole patient contact was considered.

8. The subsequent findings were reviewed to determine any patient safety concerns attributed to each of these highlighted incidents.

9. It was identified that:

   a. Of the 11 incidents reviewed, 18% (2) would have generated an 'Amber 1' response under BAU call processing. In each of these cases a best response time was documented as 37minutes, so no significant delay was identified.

   b. Five (45%) of the incidents, under BAU would have generated a Green priority response, so received a higher priority response under card 36.

   c. Three incidents (27%) had a projected 'Amber 2' priority under BAU, so received the same level of response under Card 36.

   d. In the case of one incident the clinical review was unable to determine the best level of response under BAU call processing.

e. In 91% (10) of the incidents reviewed, the patients presented with a NEWS exceeding 6, of which all were conveyed to the nearest suitable emergency department. One incident reported a NEWS exceeding 6, however, upon review the patients underlying medical history (COPD), resulted in an artificially inflated NEWS, which when calculated (inclusive of COPD), reduced to 3.

f. The shortest response time reported was 36minutes, and the longest 220minutes, with an average response time for these 11 incidents of 73minutes. It is beneficial to note that the incident with the Amber 2 response time of 220minutes was one of the incidents that under BAU call processing would have resulted in a Green priority response.

10. Of the 11 highlighted incidents reviewed, only two incidents received a lower priority response under Card 36, than would have been gained from processing under BAU. In each of these cases the best response time (rounded up / down to the nearest whole minute), was 37minutes from time of call to time of arrival of the first attending resource. It can be concluded that the differing response priorities in these two incidents did not have a negative impact on the overall response to the patients.

11. It is recommended that this paper is reviewed with the caveat that it is solely based on the information provided to the author in relation to the 11 incidents highlighted to the Patient Safety and Clinical & Medical teams.

12. Although only evident in one clinical review, it is recommended that further clinical guidance is made available to all Trust clinical staff regarding the consideration of relevant underlying medical conditions when calculating NEWS scoring during patient assessment.

Appendices

SBAR card 36 raw data table.xlsx

AMPDS Report Card 36 SBAR.docx

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	
Environmental/Sustainability	
Estate	
Health Improvement	
Health and Safety	
Financial Implications	
Legal Implications	
Patient Safety/Safeguarding	
Risks	
Reputational	
Staff Side Consultation	

Welsh Ambulance Services NHS Trust Report

Date of Review/Report: 12th June 2020

Report Authors: Huw Jackson, Health Board Clinical Lead (Powys)
Ben Jenkins, Health Board Clinical Lead (Hywel Dda)
Leigh Keen, Health Board Clinical Lead (Swansea Bay)

Background

As part of the response to Covid-19 the pandemic card was utilised on the AMPDS software in the CCCs within WAST. AMPDS code 36C05A of the pandemic card was categorised as an 'Amber 2' response. It was later highlighted that 36C05A should have been categorised as an 'Amber 1'. After a review in to the potential consequences of this by CCC, 11 incidents were identified as requiring a more in depth clinical review to establish if the 'Amber 2' categorisation would have been detrimental to the service user. Each incident was looked at by the three Health Board Clinical Leads in Central and West to identify any potential adverse incidents as a result of this error in categorisation.

Incident Number: 4506605

Amber 2 appropriate: No

Suggested level of response: Amber 1

Rationale: This patient was a known asthmatic who had an acute onset of shortness of breath (over past few hours). The patient has a markedly increased respiratory rate, markedly reduced SPO2 level, elevated pulse and is breathless at rest. This should have been a higher level of response.

Response time: 36 minutes and 32 seconds

Additional information: The problem text on C3 is documented as 'distressed, oxygen levels 68, asthma, confused, pale, clammy'

Documents:

4506605 review.docx   12155917_redacted.   4506605 - SOE.pdf
pdf

Incident Number: 4510176

Amber 2 appropriate: No

Suggested level of response: Amber 1

Rationale: It is not documented that this patient had any respiratory complaints but presented with an increased respiratory rate and a markedly reduced SPO2 level. The patient also had an elevated temperature. The patient's NEWS remained high throughout and the patient was declined admittance to the local MAU due to his increased respiratory rate.

Response time: 1 hour 34 minutes and 51 seconds

Additional information: Based on the information in the narrative and the initial details on the 999 call this call would have potentially been coded as a 'Green' call pre covid-19.

Documents:

4510176 review.docx   12074503_redacted.   4510176 - SOE.pdf
pdf

Incident Number: 4510879

Amber 2 appropriate: Yes

Suggested level of response: N/A

Rationale: The patient was assessed by a TAPP and Paramedic less than 45 minutes prior to this call and a care plan was initiated. The reason for the second 999 call was because the patient had changed her mind about wanting to attend hospital due to the vomiting she had had for 2 days. The patient was triaged by the CSD who, after an assessment using the Manchester Triage System (MTS), felt that an Amber 2 response was appropriate.

Due to the patient suffering from COPD the NEWS score has the potential to be artificially high.

Additional information Prior to Covid-19 this call would have likely been coded Amber 2.

Response time: 1 hour 2 minutes and 51 seconds

Documents:

4510879 - Review.docx   11922699_redacted.pdf   11922700_redacted.pdf   11800630_redacted.pdf   4510879 - SOE.pdf

Incident Number: 4512326

Amber 2 appropriate: Yes

Suggested level of response: N/A

Rationale: This patient had a 3 day history of abdominal pain with diarrhoea. The patient is also diagnosed with COPD which artificially increases the NEWS score. There are no other time critical identifiable features documented. Subsequent calls were coded as a Green 2 on both occasions.

Additional information: The patient had an initial NEWS of 7. It is documented both on C3 and the PCR that the patient is diagnosed with COPD. If NEWS2 was being utilised in WAST the NEWS score for this patient would have been 4 throughout. This would have excluded this patient from this review.

Response time: 3 hours 40 minutes and 6 seconds

Documents:

4512326 review.docx   12131314_redacted.pdf   4512326 -SOE.pdf

Incident Number: 4515399

Amber 2 appropriate: No

Suggested level of response: Amber 1

Rationale: Based on the observations it would appear that this patient was displaying symptoms of respiratory sepsis. The patient had an elevated respiratory rate, heart rate and temperature with a lowered SPO2 level.

Additional information: The response time to this patient was 45 minutes and 45 seconds and the time difference if this had been coded as an Amber 1 would have been that in driving under emergency conditions. Based on the information given on the initial 999 call and the details documented in the narrative, it is likely that this call would have been coded as an 'Amber 2' pre Covid-19 also.

Response time: 40 minutes and 45 seconds

Documents:

4515399 review.docx 11996778_redacted. 4515399 - SOE.pdf
pdf

Incident Number: 4516509

Amber 2 appropriate: No

Suggested level of response: Amber 1

Rationale: There is lack of information in the narrative of the PCR due to a digipen fault. The decision on whether an 'Amber 2' response was appropriate or not is based solely on the observations recorded.

Response time: 37 minutes

Additional information: N/A

Documents:

4516509 review.docx 12102261_redacted. 4516509 SOE.pdf
pdf

Incident Number: 4516874

Amber 2 appropriate: Yes

Suggested level of response: N/A

Rationale: The patient presented with pain in her right foot and there are no other concerns or time critical features identified on the PCR. The patient also has several co-morbidities that may account for the increased NEWS score. CSD also triaged this call and agreed 'Amber 2' appropriate.

Response time: 1 hour 31 minutes and 20 seconds

Additional information: Pre Covid-19 it is likely this call would have been coded as a 'Green 3' call.

Documents:

4516874 review.docx 12133040_redacted. 4516874 SOE.pdf
pdf

Incident Number: 4517075

Amber 2 appropriate: No

Suggested level of response: Amber 1

Rationale: This patient is displaying symptoms of respiratory sepsis and the narrative highlights several 'severe' features of an exacerbation of COPD as outlined in JRCALC. This patient was pre-alerted in to hospital.

Response time: 1 hour 12 minutes and 29 seconds

Additional information: This call was assessed by the CSD and deemed 'Amber 2' appropriate. It is documented that the patient has COPD and had WAST been using NEWS2 this incident would not have met the threshold for this review on his initial observations, only triggering a review based on his postural hypotension.

Documents:

4517075 review.docx 12048369_redacted.
pdf

Incident Number: 4518138

Amber 2 appropriate: Yes

Suggested level of response: N/A

Rationale: This patient has an ongoing condition that has become worse over the past 2 weeks. There is nothing identified as an acute illness or time critical on the PCR. The patient has several co-morbidities which should be taken in to account when calculating the NEWS score. The call was triaged by the CSD who agreed Amber 2 appropriate.

Response time: 1 hour 16 minutes and 7 seconds

Additional information: Pre Covid-19 it is likely this call would have been coded as a 'Green 3' call.

Documents:

4518138 review.docx 12145608_redacted.   4518138 SOE.pdf
pdf

Incident Number: 4518138

Amber 2 appropriate: No

Suggested level of response: Amber 1

Rationale: This patient is systemically unwell (NEWS 11) with clear red flags for a bowel obstruction. The second call identifies deterioration in the patient's condition stating he was not very responsive and was vomiting faecal matter.

Additional information: The second call was coded as 36D03A but was still coded as an 'Amber 2' due to WAST being in Level 1. Had WAST been in Level 0, the second call would have been coded as an 'Amber 1'.

Response time: 37 minutes and 27 seconds

Documents:

4518236 review.docx   12077341_redacted.pdf   12077342_redacted.pdf

Incident Number: 4519670

Amber 2 appropriate: Yes

Suggested level of response: N/A

Rationale: This patient has a recent history of gallstones and a hospital admission for this. Having had a two day admission, any significant pathology such as AAA would have potentially been identified and known to the patient.

This particular episode had been ongoing for 3 days. All but one NEWS score were 5 or less (mode of 3) and this was predominantly due to a lowered blood pressure which may be explained by the diarrhoea and vomiting, however the recent blood transfusion needs to be taken in to account.

Response time: 35 minutes and 52 seconds

Additional information: N/A

Documents:

4519670 review.docx   12114559_redacted.pdf   4519670 SOE.pdf

Summary

Out of the eleven calls that were reviewed five (45%) were deemed to be 'Amber 2' appropriate. Six (55%) of the eleven calls were deemed as requiring an 'Amber 1' response, however one (9%) of these calls was placed in this category based on observations alone due to a digipen fault.

AGENDA ITEM No	3.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

2020/21 IMTP AND Q2 OPERATIONAL PLAN PROGRESS AND PRIORITISATION

MEETING	Trust Board
DATE	30th July 2020
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Strategy and Planning
CONTACT DETAILS	alexander.crawford2@wales.nhs.uk

CORPORATE OBJECTIVE	Trust Long Term Strategy, IMTP delivery, Pandemic Strategy
CORPORATE RISK (Ref if appropriate)	Various re IMTP funding and delivery
QUALITY THEME	All
HEALTH & CARE STANDARD	As this has been a comprehensive review of all IMTP deliverables and Quarter 2 actions this would encompass all Health Care Standards.

REPORT PURPOSE	1. To update on the progress against IMTP delivery in 2020/21, the Quarterly Operational Plan to date. 2. To update on the progress and outcome of the first prioritisation review at Strategic Transformation Board.
CLOSED MATTER REASON	n/a

REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY

SITUATION

1. The purpose of this paper is to update the Board on:

   - The progress of deliverables within the IMTP that are currently prioritised in the Trust's Q2 operational plan;
   - The progress of other prioritised actions within the Trust's Q2 Operational plan;
   - The approach to prioritisation and outcome of the first prioritisation review at Strategic Transformation Board (STB).

BACKGROUND

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

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

4. An evaluation of the year end position in relation to the 2019-22 IMTP was developed but was not scrutinised internally or with Welsh Government (Q4 IMTP reporting was stood down) due to the onset of the COVID-19 pandemic and the move to a response phase.

5. Despite positive informal feedback, the IMTP was not approved by the Minister for Health and Social Services prior to the implementation of the national pandemic response. Instead, during the pandemic response, Welsh Government has required all NHS bodies in Wales to submit Board approved quarterly Operational Plans, setting out the key programmes of work and operational service requirements during the ongoing response to and recovery from the COVID-19 pandemic.

6. The Trust Board, however, remains interested in progress against the IMTP and how this supports delivery of the Trust's longer term strategic ambitions.

7. Prior to COVID-19 and whilst awaiting formal approval, STB agreed a number of key priorities from the 30 deliverables within the 2020-23 IMTP which were to be afforded focus and resource to drive them forward. Despite best intentions to maintain momentum, it was clear that it would be difficult to progress these priorities during a pandemic response.

8. With the onset of COVID-19, the WAST pandemic response was initiated and its pandemic strategy required the organisation to maintain and protect its six core services. To do this, throughout March 2020, Directorates reviewed their key non-core services and major work programmes to establish what could be stood down, or those that they would aim to continue, subject to resources being available. Those services and projects that were deemed "must do" continued where possible. The Executive Pandemic Team also decided to reduce activity to deliver its IMTP, focussing mainly on the programme

to deliver the additional 136WTE staff by March 2021 as a pandemic strategy requirement.

9. Whilst still in a status of "Response", the Trust is now in a monitoring position where the demand from COVID-19 itself is diminishing (but could return) and planning for full recovery has now gathered pace. Directorates have reviewed their local plans, key services and major programmes to consider what now needs to restart, remain on hold or close down. The Trust is also starting to see an increase in the demand for "business as usual" activities and routine services to re-commence both internally and within Health Boards.

10. A further review of the Trust's IMTP priorities was therefore undertaken in preparing the Quarter 1 and Quarter 2 Operational Plans for Welsh Government. This took account of the mandated operational requirements from Welsh Government and commissioners, the Trust's IMTP priorities but also took account of the work required to continue to respond to the pandemic, including the need to ensure the ongoing health, safety and wellbeing of colleagues across the Trust. There was also recognition of the innovation that had taken place, at pace, to help the Trust respond effectively to the pandemic.

11. The latest Quarter 2 Operational Plan was approved by the Trust Board and submitted to Welsh Government on 3rd July 2020. The Quarter 2 Operational Plan Framework provided clarity to NHS bodies about its expectation to maintain core essential services alongside the return of routine activity as the threat from the first wave of the pandemic began to diminish. It also set out an expectation that NHS bodies start to plan for seasonal demand alongside the ongoing threat of further spikes in COVID-19 demand. The Chief Ambulance Services Commissioner (CASC) is also keen to understand how the Trust is addressing commissioning intentions through its IMTP and Operational Plan actions.

12. This is an evolving and agile plan. Whilst the plan was only recently signed off and submitted to the Welsh Government at the beginning of July, the Trust has now made progress establishing a full monitoring framework to ensure its delivery.

13. As stated above, priorities that had been agreed by STB and in developing quarterly plans allowed the Trust to focus a number of corporate resources, such as the Transformation Support Unit, ICT etc., in support of those priorities. However as reported to Trust Board in June work had continued alongside these priorities on other IMTP deliverables and directorate plans. With the volume of work required to maintain a preparedness for response to future COVID-19 and winter demand it was clear from the initial work on recovery planning that not all the activity to deliver Trust and directorate plans that was happening prior to COVID-19 can now happen concurrently.

14. The Executive Management Team therefore agreed to re-establish the STB with two clear areas of focus:

   i. To determine on an ongoing basis the Trust's priorities, against a set of agreed principles (set out below);
   ii. Monitoring delivery of the quarterly operational plans and IMTP priorities.

15. Directorates are understandably keen to catch up on work which had stopped, and to re-establish their local plans. At the same time there are a number of external drivers including commissioning intentions and Ministerial Welsh Government mandated requirements which will all consume a lot of resources in areas of the Trust that continue to support pandemic response structures and recovery planning. Some of the key issues include:

- 30x IMTP Deliverables;
- The Flexible Response and Recovery actions set out in the Quarter 1 & Quarter 2 Operational Plans;
- National Unscheduled Care Programme delivery;
- The re-establishment and focus of the Ministerial Taskforce;
- Funding opportunities such as a MacMillan end of life project;
- Potential support for the roll-out of national programmes.

16. The Trust therefore needs to take a refreshed view of its priorities, and EMT agreed that there is a need for a set of Principles to guide the prioritisation discussion.

17. The Business Continuity and Recovery Cell (BCRC) developed this set of principles, which acknowledge that the Trust is in a situation whereby it needs to continue to respond to a pandemic, but also needs to move forward as an organisation in support of the long term strategy, respond to EASC and Health Board commissioning intentions and in support of the wider health and social care system. One of the overarching principles from the BCRC perspective is the need to maintain flexibility and cross Directorate collaboration in delivery of the Trust's priorities. These priorities have now been agreed for adoption by Executive Management Team. (A full set of principles and the rationale for each principle is attached as Appendix 2)

18. To further support prioritisation, the Planning Team has also worked to develop a set of criteria to help the Trust consider the degree to which a programme of work supports the principles set out above. This matrix is also attached in Appendix 2. There will be some mandatory pieces of work, actions or projects that must be delivered, and there is an opportunity to prioritise those pieces of work without recourse to the scoring matrix but on the whole this is a system that has been successfully used in other NHS organisations to prioritise funding, focus and resources.

19. In addition to the principles, when prioritising programmes of work, consideration will need to be given to resource consumption, operationalisation and the ability to work flexibly and collaboratively – essentially the aim will be to deliver the Trust's ambitions at pace but within available resources, which will include how the organisation can work across teams rather than in silos.

20. Executive Directors, through their Assistant Directors, have undertaken an initial self-assessment exercise applying prioritisation principles and the scoring criteria to IMTP Deliverables, the Quarter 2 Operational Plan actions and other major directorate change programmes. This has been reviewed and discussed initially at ADLT on 20th July 2020 and further refined in discussion at STB on 24th July 2020.

ASSESSMENT

21. The Quarter 2 Operational Plan is summarised in the infographic in Figure 1 below. There are four key areas to the plan, consistent with the Quarter 1 plan:

- **Respond flexibly** – those actions that maintain our ability to flex our response to COVID-19 demand in the case of future waves. This includes our modelling of future demand and our tactical plans for winter.
- **Leading important programmes** – those actions that help us to meet our key IMTP priorities. However, this also includes the request from commissioners and the Welsh Government that WAST takes a lead on some of the Unscheduled Care Programme goals that it would like to take forward ahead of winter.
- **Support our staff** – a continued focus on the health, safety and welfare of colleagues across all services and this will be further supplemented by the learning from the recent staff survey, for which there will be a an action plan developed by the end of August.
- **Learn from what's worked** – a set of actions to take forward the learning and innovation that came to the fore during the pandemic response, including huge strides forward in technology and digital applications used by the Trust.

22. Whilst STB was stood down it was difficult to monitor progress against the key IMTP deliverables. However, progress of those IMTP deliverables and response and recovery actions set out in the Quarter 2 Operational Plan has been made, notably as set out in appendix 1.

23. STB concluded that the RAG status of key programmes of work in Appendix 1 are accurate, but noted that whilst delivery of the actions required to meet the delivery milestones in the IMTP might be green in a number of cases, delivery is not without risk. Notably, the Grange University Hospital is on track but there are a number of risks to delivery detailed in a separate Board paper.

24. There are a number of Amber rated deliverables, such as those reliant on capital funding, which could be brought back on track, with revised timescales. However, should funding not be available these deliverables could become Red rated in quarter 3.

25. The only deliverable rated Red and significantly off track is the work to take forward the recommendations of the Clinical Contact Centre (CCC) Clinical Review and to develop an Integrated Clinical Hub. This work has recommenced, but a refreshed view of the recommendations is needed now as a result of changes made during COVID-19.

26. It should be noted that the RAG status is currently based on original delivery timescales in the IMTP. There is recognition that some timescales should be re-based due to the delays from COVID-19 and this work will be undertaken and agreed through STB.

27. Appendix 1 also shows the significant progress made on our Quarterly Operational plan actions. The plan includes actions being taken or that will be taken in response to feedback from colleagues and patients over the last four months. A more detailed action plan is also being developed in response to the COVID-19 Have Your Say staff survey.

Figure 1

Respond Flexibly

- Continue to **respond** to the pandemic, protecting core services
- Plan for flexible **redeployment of staff** back into core services in the event of future peaks in demand
- Continue to deploy additional capacity where necessary from partners including **military, FRS and St John Cymru**
- Keep necessary **purposeful and responsive** structures in place
- Remain **flexible and agile** in line with emerging national or professional guidance and health board plans
- Use data to **forecast COVID and non COVID** demand and impact Including focus on **seasonal plans** for remainder of the year
- Use **Operational delivery unit** (ODU) to support ongoing response and system wide recovery

Lead Important Programmes

- Lead key national programmes to reduce and schedule unscheduled care demand in support of the wider **Unscheduled Care system**
- Recruit and train more staff as agreed in **EMS Demand and Capacity** review
- Respond to major service changes in health boards such as the opening of the **Grange Hospital, Major Trauma Network** and any **planned increases in surge capacity** across Wales
- Step up planning for **electronic Patient Care Record** system and **111 IT system**
  - Continue work on prioritised **major capital schemes** within the reduced capital allocation
    - Complete **CCC Clinical** and **NEPTS D&C** review
      - Replace c30 **vehicles** in our fleet, and refresh plans for future
      - Focus on **maximising use of resources** available

Respond
Respond · Respond
Monitor · Monitor
Plan for Recovery and Renewal

Support Our Staff

- Keep people **safe** by:
  - providing fit for purpose **PPE**
  - supporting staff who are most **vulnerable**
  - progressing **workplace distancing** and other safety measures at work where possible
  - develop guidance to safe **homeworking**
  - promoting and supporting **vaccination programmes,** including influenza
  - implementing a **Test, Trace and Protect (TTP)** process in line with national approach
- Prioritise support for **staff well-being** through our well-being plan
- Maintain supportive and responsive **clinical leadership**
- Treat people as **individuals** through compassionate leadership
- Take action on our **strategic equality** objectives

Learn From and Keep What's Worked

- Keep working together **across teams** to problem solve and innovate and retain elements
- Keep **communication** channels clear and regular
- Retain elements of **flexibility** across teams
- Capitalise on huge steps forward in **digital** – roll out of Office 365, iPads, Teams, Zoom, home working, video, education
- Redesign and transform **recruitment and training** processes
- Strengthen small teams supporting **IPC and 111 website**
- Continue working in **partnership**
- Bring together information from a variety of **surveys and reviews** to drive further learning

THE QUALITY OF OUR SERVICE AND OUR PATIENTS' EXPERIENCE WILL REMAIN AT THE HEART OF EVERYTHING WE DO

| **Show Kindness and Compassion through these Difficult Times** | **Keep Listening: Reflect and Learn Together** | **Be Open, Honest and Timely in our Feedback and Communication** | **Be Connected and Together** |

Prioritisation Exercise

28. An initial prioritisation exercise has taken place since the last Trust Board meeting in June, encompassing a self-assessment by directorates and led initially by a review at Assistant Directors Leadership Team (ADLT) on 20th July 2020 and subsequently at STB on 24th July 2020. It should be noted that, in this timeframe, there has been limited time for further detailed assessment, challenge and moderation except for the discussion in the meetings themselves. However, this is a dynamic process and Executive Management Team had agreed that STB would review the Trust's priorities regularly, and this will give ADLT the opportunity to further moderate and consider fully the resource consumption element of the assessment.

29. The initial assessment indicated the following:

- Most Quarter 2 Operational Plan actions scored relatively high evidencing a joint understanding of the importance of the flexible response and recovery plan.

- Not all of the "top 12" IMTP priorities agreed by STB in February scored the highest, so a sense check of the rationale is required, but this may indicate the need for a change of focus post COVID-19.

- Some IMTP deliverables that are included in the Quarter 2 plan have scored less than those not included, which again requires sense checking and a potential need to focus on additional areas, within available resource.

- Whilst the task was for IMTP deliverables to be scored by the lead directorate, some directorates with a key role to play in the delivery also scores those deliverables. Of note, is that individual directorates have scored the same deliverables differently and hence further moderation and discussion at ADLT is essential.

30. The conclusion at STB was that this has been a good piece of work and has guided good discussion on where the organisation should prioritise its resources. However, there is further work to be undertaken to conclude the process:

- There will be further review and moderation by ADLT to be concluded at its meeting on 3rd August 2020;
- This second review will factor in the timing of delivery as well as the resource consumption required to deliver (i.e. funding, staff, project support etc.);
- Based on the ADLT conclusions, Chief Executive and Executive Director of Strategy Planning and Performance will conclude a final list of priorities, which will incorporate additional workload from externally commissioned work, where ringfenced funding and resources are made available so as not to divert from other priorities;
- STB will return to a monthly cycle of meetings, with oversight and reassessment of priorities on a regular basis to manage the workload across the Trust, ensuring that it is able to deliver on key programmes of work, whilst maintaining a pandemic response and a tactical response ahead of winter;

- STB will also take account of the key risks to delivery, ensuring that major risks, which in itself fulfils the criteria for prioritisation.

31. A further update on progress and prioritisation will be brought to the next Board meeting in September 2020.

RECOMMENDATION

32. The Board is asked to:

- **NOTE** the update on progress of the IMTP and Quarter 2 plan delivery;
- **NOTE** the outcome of initial prioritisation exercise and next steps.

Appendix 1

Update against priority IMTP Deliverables:

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
Transform the EMS service in line with the **Demand and Capacity Review** outcomes, increasing numbers of front line staff, & working to achieve internal & system-wide efficiency improvements.	▪ Establish a comprehensive implementation programme, including agreement of an Implementation Plan (March 2020) ▪ Make a substantial contribution to closing the relief gap with a minimum of additional 136 WTEs in post by 31 Mar-2021 ▪ Deliver year 1 efficiencies as agreed as part of the implementation plan ▪ Understand resource availability impact on Fleet and Estate		Delivery is tracked through the internal programme board and externally by the Emergency Ambulance Services Committee (EASC). 60% of the recruitment and training plan has been recruited/in-training/delivered and 49% of the "additionality" i.e. of the 136 FTEs additional FTEs funded by EASC for 20/21 has been recruited/in-training/delivered (these figures do not include the impact of the opening of the Grange University Hospital or any other major service changes). Whilst excellent progress has been made on the recruitment elements, other workstreams were paused and are not yet fully up to speed. The comprehensive implementation plan to be agreed with Commissioners by March 2020, which would include timescales for achieving the various efficiencies in particular, has not been completed.
Engage with Aneurin Bevan UHB on the implementation of the Clinical Futures Strategy & opening of **The Grange University Hospital**	▪ Develop implementation plan for go live.		Aneurin Bevan University Health Board (ABUHB) has approved the opening of the GUH in November 2020 (ahead of scheduled opening), subject to Welsh Government approval. It will deliver most of the proposed Specialist and Critical Care Services set out in the Clinical Futures programme and therefore requires an additional 84FTE staff across 11 additional crews to support a dedicated inter-site transfer and discharge service. The Trust has established a weekly internal project team and has a plan for recruitment by the end of November. Should the GUH open mid-November, the Trust is in discussion with external partners to ensure provision from day one. The Trust also meets weekly with ABUHB and the CASC's team to finalise the clinical model, operational requirements, formal commissioning intent and cost

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
			recovery. A formal commissioning letter has now been received by ABUHB which has allowed the Trust to commence recruitment. Day 1 opening of the GUH has not been factored into this progress review, but now that WAST has been engaged in this work it will be monitored as a separate line in this table going forward.
Procure and implement a Welsh Ambulance Services NHS Trust **Electronic Patient Clinical Records (ePCR)**	▪ Complete Full Business Case and seek approval from Welsh Government for funding ▪ Commence procurement of preferred ePCR solution ▪ Complete implementation of ePCR core scope		Work on this project was paused for a few weeks at the start of the response to the pandemic, but has now been picked back up and work is progressing apace. A formal tender exercise is currently underway therefore further updates will be given in the next IMTP report.
Fully embed the 111 service across Wales	▪ **Roll Out of 111 into Cwm Taf Morgannwg University Health Board (UHB)** ▪ Review of estates capacity & secure to support full roll out including a permanent Ty Elwy solution ▪ **Complete procurement of 111 National System** ▪ Explore options to undertake an externally validated Demand and Capacity Review across the whole 111 service		111 roll out into Cwm Taf was scheduled for spring 2020, pending confirmation from Cwm Taf. The full roll out did not take place. However, the staff have been recruited and with some preparation are able to support a go live in Cwm Taf. The aim is to go live by September. BCU and Cardiff & Vale were scheduled for rollout after the procurement of the new 111 system. The IMTP stated that the original implementation of the 111 system was due to commence from March 2021, following conclusion of system procurement. A contract has been signed with Capita and workshops have commenced to develop the scope of the new integrated system. There have been delays due to force majeure for COVID-19 and a new date will be agreed with the supplier as soon as initial planning is complete – this is likely to be Autumn 2021 for most Health Board areas.

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
			WAST is now confirmed as contracting authority and recruitment of internal staff to support the programme will be commencing in the immediate future. An internal Demand and Capacity review was completed by Shared Services and Finance lead for 111 in collaboration with the service. This work has been concluded for demand purposes however further work is ongoing to reassess clinical workforce requirements in the light of COVID-19 and emerging models for urgent care and ensuring there is sufficient estate capacity for full rollout and future COVID-19 related (and other) surges in demand.
Progress priorities of the **Estates SOP** for the next 3 years.	▪ Full Business Case approved for South East Fleet Workshop ▪ Development of business case for relocation of Bangor Fleet Workshop ▪ Develop OBC for Swansea MRD Replacement ▪ Develop and implement plan for our CCC in North Wales including expansion and utilisation of remaining space in Ty Elwy		The SOP is being reviewed against the demand and capacity review and in light of changes to availability of funding. The work on MRDs and stations in Pembroke and Aberaeron have been delayed due to COVID-19 and progress is currently paused as we evaluate the requirement of the Demand and Capacity review and availability of funding. The design and specification of the vacant space at Ty Elwy had been prepared prior to the pandemic plan being invoked. Options are currently been costed for further discussion. This is currently on hold due to the reallocation of space due to COVID-19. Again funding will be an issue. This will be further influenced by the progression of the CCC strategy in North Wales to ensure best fit for the remaining space on the ground floor, which in itself will need to be considered in the light of COVID-19. Cardiff MRD has commenced construction in July 2020 and likely to be complete Autumn 2021.

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
Implement an **integrated clinical hub**	• Development of project plan and delivery infrastructure. • Development of business cases for service change in response to the 25 recommendations within the CCC Clinical Review. • Implementation of key recommendations for year 1	RED	COVID-19 has driven work to temporarily scale up the capacity and remote working capability within the Clinical Service Desk. The work to implement the findings of the CCC Clinical Review had not fully commenced prior to the Trust invoking its Pandemic plan and therefore limited progress had been made on achieving the recommendations to date. The learning from the COVID-19 response phase will need to be considered and factored into the implementation of the review's recommendations.
Continued Transformation of the NEPTS	• Complete the **NEPTS Demand and Capacity Review** and develop an Implementation Plan	GREEN	There has been continued work to bring the NEPTS D&C review back on track, revised deadline for the report is November 2020. ORH has been appointed to undertake the work and data collection and analysis is underway, with weekly project meetings taking place.
Fleet Strategic Outline Plan (SOP)	• There is not a specific deliverable on the Fleet SOP but the IMTP ambition was to replace 112 vehicles across EMS, NEPTS and HART in line with both the EMS Demand and Capacity review and Environmental Sustainability deliverables.	AMBER	Fleet replacement has been reviewed in the context of the current financial climate following COVID-19 and the availability of capital. Refreshed SOP will be developed during 2020 will take into account impacts of the EMS D&C review and Grange University Hospital (especially from 2021/22 onwards). A plan for 2020/21 has been included in the Quarter 2 Operational Plan below to ensure a supply of c30 vehicles within available resources. A plan has also been developed to ensure supply of vehicles for the GUH from its opening date in November.
Develop a Digital Transformation Strategy	Develop an approved Trust Digital Transformation Strategy and Strategic Outline Programme	GREEN	The Director of Digital post is now established within the Trust. Learning from the initial wave of the COVID-19 pandemic response has been captured in a draft paper which has been considered by EMT. This will inform an outline strategy and the aim will be to present this through Board

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
			and stakeholder engagement in Q2 and Q3 with a report coming to Board in September.
Fully Implement new regional escalation arrangements (Q1/2) including finalization of sustainable resource requirements	▪ Fully Implement new regional escalation arrangements (Q1/2) including finalization of sustainable resource requirements ▪ Evaluate new arrangements (Q2/3) in collaboration with the NCCU, make recommendations for improvement to EASC and initiate updated arrangements before winter 20/21 ▪ Develop plans with Health Board colleagues in advance of winter to support flow through hospitals and reduce hospital handover delays		The Trust has established an Operational Delivery Unit (ODU) to support system wide flow in line with the System Leadership ambition set out in the Long Term Strategy and within this IMTP deliverable. The ODU now operates daily 08:00-00:00 during the week and 08:30-20:30 at weekends. The core function has been established with clear direction for further development that supports the Welsh health care system. It co-ordinates the daily regional Risk and Safety Huddles, identifying risks to service delivery for the system and seeks agreement for regional escalation. There is a daily focus on the utilisation of resources and maximising the ability to respond to appropriate calls. Regular interaction has been maintained with WG Head of Unscheduled care, who is sighted on progress. A meeting with the Commissioner is being expedited to discuss longer term benefits and funding arrangements. A business case has been finalised for engagement with COOs across Wales and the CASC to agree the funding route and submission date.
Implement & fully engage in the early evaluation of the Major Trauma Network	▪ Develop the WAST Major Trauma Desk. ▪ Develop the WAST Major Trauma senior role incl. clinical competencies aligned to the JD. ▪ Implement the actions from the programme Business Case. ▪ Develop and oversee the elearning and face to face training.		Welsh Health Specialised Services Committee (WHSSC) has approved the go live of the South Wales MTN on 14th September 2020 (postponed from April 2020 due to COVID-19). The Trust remains in a good position to support go live, as the operating procedures, training and staff had been put in place prior to COVID-19. There will inevitably be some changes to operational practice, including the physical location of the trauma desk. The Standard Operating Procedures will be updated accordingly and signed off by the network. The eLearning

Priority Deliverables	Year 1 Milestones in IMTP	RAG status	Progress
	▪ Evaluate the activity, demand and flow of patients - WAST to feed in data		package for all staff to understand the network and the new major trauma triage tool is now live and has been communicated to all frontline staff for completion during August and September.

Update against key deliverables in Quarter 2 plan:

Quarter 2 – Operational Plan Deliverable	RAG	Progress
Respond Flexibly		
Review and monitor Tactical Intent and Tactical Approach to Production		Complete and ongoing action through Tactical Pandemic Team
Develop escalation process for phased approach to redeployment based on WG traffic light system		The traffic light system has been drafted and a provisional approach to monitoring the traffic light colour is proposed as a weekly view of the operational and national demand triggers. Further work required to develop flexible workforce guidance in support of this system to ensure staff are fully informed and supportive of further surge requirements.
Apply to extend contracts with military, where capacity required, and maintain MOU with St John Cymru		Complete. The MACA has formally ended and not required at this time. The MOU with St John Cymru is in place until the end of August 2020.
Utilise fire service personnel as proof of concept pilots for MOUs in advance of future peaks		Complete. The MOU is in place.

NB Proof of concept FRS personnel update to be included in Board paper |
| Agree cell structures to be retained during monitoring phase | | Complete. ADLT will lead on some of the ongoing cells with cells' terms of reference under constant review. |
| Track and report on current and forecast demand across all core services (Forecasting and Modelling Group) | | This is an ongoing action, which draws upon TAC and SAGE data and Real Worst Case scenario planning. Optima has also modelled the impact of future waves and in increase in the Reproduction (Rt) rate to inform tactical seasonal planning. |
| Commence tactical seasonal planning | | Complete. 1st WAST workshop was held on 1st July

NB Next steps to be included in Board paper |
| Finalise and submit business case for ODU | | On track. The case has been finalised with some ongoing engagement with Health Board Chief Operating Officers and the CASC prior to submission for funding (funding source tbc). |

Support Our Staff		
Analyse staff survey to inform recovery planning, and agree plan to address areas of concern	🟩	Survey analysis was completed and fed back to staff on a live CEO zoom session on 8th July 2020. There will be further virtual workshops held in July and August with staff across the Trust with a target date of 3rd September 2020 to publish an action plan in response to the feedback.
Complete risk assessments at each site and take any action necessary to ensure they are COVID secure, where possible	🟧	In progress but off track. Risk assessments have been completed but as a dynamic process there are outstanding queries to be addressed for individual premises. Paper to be presented at EPT delayed to 27.07.20 to ensure further information included following BCRC on 23.07.20. The report will set out the key findings from risk assessments across the entire Trust estate. Action plan to be developed and implemented during Q2, with the aim that staff can return to the workplace from September 2020 in a safe way.
Provide staff with additional home working and return to workplace guidance	🟩	On track. Homeworking guidance drafted to be signed off at BCRC.
TRiM practitioners to attend additional training	🟩	Ongoing – 50x practitioners trained
Recruit additional psychology input	🟦	Complete
Enable staff to access wellbeing and mental health resources online	🟦	Complete
Develop Wellbeing Strategy	🟩	On track a draft has been produced and reviewed by EMT and TU Partners. This will be presented to Trust Board in November so spans Q2 and Q3.
Complete BIA for clinical leadership activities including clinical improvement, clinical audit and R&D activities	🟦	Complete. A comprehensive review of clinical and research activities has been undertaken and prioritised with MCSD directorate.
Review Trust behaviours and vision	🟧	This piece of work will revisit the existing values and behaviours. This is currently on hold pending outcome of discussions around organisational priorities and financial commitments.
Establish a plan to update relevant policies and strategies as required in light of Covid19 and establish TTP process	🟦	Complete. Action card and process agreed through TPT for TTP and ongoing review of powers, policies and procedures in TPT and BCRC.

Lead Important Programmes Internally and across the system (Others included above in IMTP Deliverables)

Agree and utilise principles and criteria for prioritisation of key programmes		Complete.
Develop an offer to lead the work on Phone First across Wales and develop a programme of work		As part of the National Programme of Unscheduled Care plans to provide resilience ahead of winter, WAST has been asked to work closely with WG / 111 programme team to lead work on how the 111 service could support a national "phone first" concept, to manage unscheduled care demand by arranging appointments for urgent and emergency care. A proposal is currently being developed ahead of NPUC Delivery Board.
Complete testing and national roll out of Consultant Connect		•Phase one: Pre-existing clinical advice lines and referral pathways will be available via the telephone line and app (completed). Telephone line and app platform was launched and tested in Swansea Bay University Health Board area on the 22/05/2020 followed by all other HB's. •Phase two: Photo feature will be enabled on the app once Trust data protection policy and procedures are satisfied (in progress). •Phase three: Explore option to add further clinical advice lines and patient referral pathways (in progress).

Learn from and Keep what's Worked

Develop proposals for a refresh of organisational governance/delivery structures, building on benefits of matrix working		Work had been underway to review the Governance and Board Assurance Framework prior to COVID-19. A review of governance has been picked up through ADLT, but Business Continuity and Recovery Cell will develop a view of
Continue use of bulletins and monthly staff zoom sessions, and consider how we make best use of social media and other communication platforms available to the Trust		Bulletins and zoom sessions remain a key part of the ongoing communication plan during the continued flexible response. Moving forward we will review and consider the avenues available for information, consolidating what we do well and utilising the new Sharepoint intranet site effectively.

Undertake engagement exercise with stakeholders to develop and approve the Digital Strategy	 	It has been identified that there is a large engagement piece to do around the emerging digital strategy and the resources to support this will be identified through the prioritisation exercise with support of the Planning Team.
Review recruitment and training approach and processes to amplify the advantages of 'big bang virtual recruitment' including online interviews and training		NB full update required
Embed principles of engagement that have been successful in working with TUPs, RCGs & National Collaboratives	 	We have good representation at RCGs and we remain linked into 4 of 7 RPB structures. Currently trialling weekly TUP meetings led for the Trust by ADLT members to use the agile approach that benefited the Trust and TU partners in jointly resolving issues during the full pandemic response. The cell is now considering COVID and non-COVID related issues and will evaluate the approach in 8 weeks time.
Establish national collaborative transport system group with NCCU	 	Complete. This meets weekly with a clear ToR to monitor changes within HB areas
Focus work on 111 website enhancing patient enabling features	 	In progress, further work required. We continue to maintain and update the 111 website following rebrand during the pandemic, with the added functionality of a chatbot and the covid symptom checker. Further work is required to determine the full potential of 111 within the digital strategy and wider WAST Long Term Strategy and development will be subject to ongoing funding availability.
Further develop our processes, education and training around IPC and PPE	 	In progress, further work required. The IPC cell is developing processes around IPC, but further work is needed to crystalise some of the innovative ideas into future service changes and will be subject to funding available.

Appendix 2

<p align="center">**WAST Recovery Planning**</p>

<p align="center">**Guiding principles for prioritisation of IMTP deliverables and directorate plans**</p>

1. **Quality, safety and patient experience** will be improved through the work in line with our strategic ambition that *Quality is at the Heart of Everything We Do*. It also highly desirable that the work will enhance our **workforce and wellbeing objectives**, which are intrinsically linked to quality of services we deliver. There should also be due regard to the **Scope of Benefit** – i.e. to what extent does the benefit impact on a greater number of people?

2. **Protecting Core Services**
   Pre- and post-COVID there is a need to ensure the right balance between frontline and back office functions. To what extent does the work support the delivery of our core services and allow for a flexible, safe and timely response to crises? The work should allow us to consider the **wellbeing of staff and the public**, including how we are able to better use technology, how we are able to protect our staff and patients (which will include the use and availability of PPE and infection control).

3. **Strategic Alignment**
   To what extent does the work required align to one or more of our long term strategic themes? As a minimum it should be clear that **quality and patient experience** will be improved through the work. It also highly desirable that the work will enhance our **workforce and wellbeing objectives**, which are intrinsically linked to quality of services we deliver.

4. **Supports Delivery of System Wide Priorities**
   There are **external drivers** such as legislative change, statutory duties and commissioning intentions that determine the need to refocus or change our priorities. Also there may be deadlines which need to be met driving the need to change priorities, such as the end of a supplier contract.

5. **Addresses areas of risk**
   Our priorities should aim to address our highest risks first and deliver clear tangible benefits.

6. **Financial impact and value benefits**
   What is the financial impact of the work? Will it deliver cash releasing savings, cost avoidance or provide other value based benefits? Are there are capital implications?

In assessing our priorities against these principles, attention should be given to our approach to our post-COVID-19 recovery. At times, there will be work that does not fit neatly with principles and therefore a sensible discussion should be held at ADLT and escalated to EMT (only if required) to recommend the prioritisation of work that does not neatly fit with these principles.

A final assessment should be made of the deliverability of the priority. **Resource Consumption, Operationalisation and the Ability to Work Collaboratively are key to delivering our key programmes of work, so t**o what extent can the work be undertaken **within existing staff resources**, without the need for additional project, organisational development or change management resources? How **agile** is that resource to be able to reprioritise work effectively, including redeployment for pandemic response? It is highly desirable that the work can be undertaken within a **matrix structure** that allows teams across the organisation to work collectively and collaboratively to deliver our strategy and plans. Then ultimately, how

easy is it to operationalise the outputs of the work. In some cases, the work can be managed within small teams, without additional resource or could be undertaken as an improvement initiative.

(NB the output or product of the work might require additional staff, fleet or estates to achieve the stated outcome).

THE QUALITY OF OUR SERVICE AND OUR PATIENTS' EXPERIENCE WILL REMAIN AT THE HEART OF EVERYTHING WE DO			
Show Kindness and Compassion through these Difficult Times	Keep Listening: Reflect and Learn Together	Be Open, Honest and Timely in our Feedback and Communication	Be Connected and Together

SCORING MATRIX

SCORE	QUALITY, SAFETY and EXPERIENCE		STRATEGIC FIT		COST EFFECTIVENESS	RISK MITIGATION
	(Patient and Workforce) Improves Quality, Safety & Experience	Protects core services	Supports WAST's long term strategy and IMTP	Supports delivery of system-wide priorities / drivers	Improves value of service	Mitigates or avoids risk
5	Clear evidence that the work **delivers a specific & tangible** improvement **to System wide** patient and / or staff quality, safety, experience and / or wellbeing priorities with a **High "Scope of Benefit"*** *(NB during pandemic, consider the WG 4x types of harm)*	A **"Must do"**, mission critical piece of work to support WAST Core Services during an **emergency incident** that takes precedence over all other work	Clear evidence that the work **delivers a specific & tangible** element of the Trust's Long Term Strategy IMTP **in year** and provides a specific and tangible benefit **across the wider Health economy** in collaboration with our partners.	An **unavoidable requirement** under existing or new legislation, directive or national policy that **must be delivered** by a certain date ahead of other work.	**A clear, tangible and significant cash releasing saving at a Trust level** whilst delivering additional value benefits.	Mitigates or avoids **an Extreme** risk on the **Corporate** risk register (15 to 25) as per Trust's Risk Assessment Matrix across 1 or more domains. AND/OR There is **certain and extreme** risk of **reputational damage** to the Trust and/or NHS Wales
4	Clear evidence that the work **delivers a specific & tangible Trust wide** patient and / or staff quality, safety, experience and./ or wellbeing priorities with at least a **Medium High "Scope of Benefit"***	Supports all 6 core services to **implement key strategic or tactical** service aims at **all times and delivers specific & tangible improvements** in performance across the full range of mandated performance targets.	Clear evidence that the work **delivers a specific & tangible** element of the Trust's Long Term Strategy / IMTP with tangible benefits for the Trust.	A **Welsh or UK Government mandated** service change either directly or via EASC **OR** An **unavoidable change** in a LHB area that WAST will need to respond to.	Makes a **significant contribution** to directorate or Trust savings target and /or a clear and **significant cost avoidance.**	Mitigates or avoids **High** risk on the **Corporate** risk register (8-12) as per Trust's Risk Assessment Matrix cross 1 or more domains. AND/OR There is a **significant risk** of **reputational damage** to the Trust and/or NHS Wales

3	Clear evidence that the work **delivers a specific & tangible** quality, safety, wellbeing or experience benefit for staff and/or patients benefit delivered collaboratively by **more than one Directorate**	Supports 3-5 of the core services to **implement key strategic or tactical** service aims at all times **and delivers specific & tangible improvements** in performance in those areas.	Clear evidence that the work **delivers** a **specific & tangible** element of one or more of the Trust's enabling strategies e.g. Wellbeing, Clinical, Digital etc.	A mutually agreed **commissioning intention with EASC** including additionally funded services e.g. A Healthier Wales funding.	Makes a **moderate contribution** to the division's /organisation's savings target and or a **moderate cost avoidance**	Mitigates or avoids an **Extreme or High** risk (8-25) on a **directorate or local** risk register. AND/OR Some risk of reputational damage.
2	Clear evidence that there is a quality, safety, wellbeing or experience benefits delivered by **one directorate** or **multiple teams in a directorate**	Supports up to 2 of the core services to **implement key strategic or tactical** service aims at all times **and delivers specific & tangible improvements** in performance in those areas.	Clear evidence that the work **delivers** a **specific & tangible** element of more than one LDP deliverable across more than one directorate, with collaboration key to delivery	A mutually agreed commissioning intentions **with a Local Health Board** or **other health or care** partners e.g. joint initiatives	**Additional value added** through increased productivity e.g. improved abstraction rates, UHP but may be an increased cost.	Mitigates or avoids **Moderate** risk on **all risk registers** (4 to 6) as per Trust's Risk Assessment Matrix across 1 or more domains.
1	Clear evidence that the case **influences** the Trust's Strategy on improving patient care and / or staff wellbeing	Supports 1 of the core services to **implement key strategic or tactical** service aims at all times **and delivers specific & tangible improvements** in performance in those areas.	Clear evidence that the work **delivers** a **specific & tangible** element of one or more LDP deliverables	Work within Communities that **enhance the profile of key health priorities** but are not mandatory	**Adds values across the system more than the Trust** but is cost neutral or small additional cost	Mitigates or avoids **Low** risk score (1 to 3) as per Trust's Risk Assessment Matrix across 1 or more domains.
0	**No impact** on patient or staff quality, safety or wellbeing improvements	**No impact** on core services or performance	**No impact** on delivering the Trust's Strategy & Mission or any benefit to directorates	**No external driver**	**Increases cost significantly** without clear benefit	**No risk**, score 0
Scores						

Weighting						
Weighted scores						
Total score						

IT SHOULD BE NOTED THAT SOME WORK WILL BE PRIORITISED WITHOUT RECOURSE TO THIS MATRIX. THESE WILL BE UNAVOIDABLE AND EXCEPTIONAL IN THEIR NATURE.

For each programme, project or service assess the complexity of implementation which may affect your ability to deliver other high scoring priorities using the following factors as a guide:

- **Scope –** one, several or complex and multiple interdependent deliverables
- **Costs** – investment required to deliver the benefits and key criteria above, recurring or non-recurring
- **Workforce Dependencies –** what are the workforce changes required, how significant are they and what is the requirement for the level of engagement, consultant and trade union partner discussions
- **Project resources –** do we have the capability and capacity to deliver available or do we need to divert from another priority workstream?
- **Indicative Capital Requirements* - is any capital investment required**
- **Stakeholder Involvement & Consultation –** key partners who need to be involved included CHCs, internal stakeholder approval and governance routes
- **Project Duration –** how long will it take to implement/achieve outputs and outcomes?

*Scope of Benefit

Scope of benefit can be defined as the likely number of people (staff and/or patients) who receive a positive outcome from the work undertaken. The levels are as follows:

- High Impacts on > 10,000
- Medium High Impacts >5000 <= 10,000
- Moderate Impacts >1,000 <= 5,000
- Low Impacts on <= 1,000

AGENDA ITEM No	3.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

STRATEGIC SERVICE CHANGE

Opening of The Grange University Hospital (Aneurin Bevan University Health Board)

MEETING	Trust Board
DATE	30 July 2020
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning & Performance
AUTHOR	Alexander Crawford, Assistant Director of Strategy and Planning Deborah Kingsbury, Senior Planning Business Partner
CONTACT DETAILS	alexander.crawford2@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP Deliverable
CORPORATE RISK (Ref if appropriate)	Pending escalation approval, risk 24
QUALITY THEME	
HEALTH & CARE STANDARD	3.1 Safe and Clinically Effective Care 4.1 Dignified Care 5.1 Timely Access 7.1 Workforce

REPORT PURPOSE	To provide a progress update on inter hospital transfer provision to support the implementation of the Clinical Futures Strategy in Aneurin Bevan University Health Board, including the opening of The Grange University Hospital.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. The purpose of this report is to update the Board on the progress that has been made with Aneurin Bevan University Health Board (ABUHB) with regards additional inter hospital transfers to support the implementation of the Clinical Futures Strategy, including the opening of The Grange University Hospital.(GUH)

2. This paper asks Trust Board to **NOTE** the update provided.

BACKGROUND

3. The opening of GUH in Aneurin Bevan University Health Board (ABUHB) aims to fundamentally change the system and model of secondary care across the Health Board area supported by a network of enhanced local general (eLGH) and community hospitals, as part of the implementation of their Clinical Futures Strategy. The original opening date was due to be in March 2021.

4. There will be three eLGHs in ABUHB (Royal Gwent, Nevill Hall Hospital and Ysbyty Ystrad Fawr) with all existing Emergency Departments being downgraded to Minor Injuries Units. The only fully functioning Emergency Department with resuscitation and emergency medicine will be at the GUH. As a specialist and critical care centre, GUH will also have the only 24/7 emergency medical assessment unit and it will also provide high acuity inpatient elective surgery (usually for those requiring high dependency or critical care for a period of their recovery). The anticipated length of stay for most patients at GUH will be a maximum of three days before step down to an eLGH or community hospital. Therefore, for the system to operate optimally, the safe and timely transfer of patients between hospital sites is crucial.

5. Analysis undertaken by ABUHB indicated that, as a result of these changes, there are likely to be a significant number of additional inter hospital transfers (above those already undertaken) on a daily basis between its three main eLGHs and GUH. The analysis indicated an additional 72 transfers per day, during the first year of opening. Around 33 of those transfers are estimated to be "step up" transfers, the majority of which will be patients who are likely to attend a minor injuries unit but actually need emergency care at GUH. The remainder will be "step downs" from GUH.

    • **Step up patients** are those that require transfer to GUH for a specialist intervention only provided at GUH and for patients that attend a minor injury unit but require an Emergency Department and need to be transferred by ambulance.
    • **Step down patients** are those that have been treated at GUH and require transfer to the enhanced district hospitals for ongoing treatment/rehabilitation prior to discharge.

6. Substantial work has been undertaken with ABUHB over the last two years to develop and agree an appropriate, safe, effective and efficient model, against the specified need and requirements of ABUHB. The key issue for ABUHB clinicians is timeliness of response. The Health Board's commissioning intent was therefore to secure a dedicated tier of inter-site transfer vehicles from a suitable provider or providers that was not subject to the normal allocation through MPDS and therefore

would be available at all times to GUH inter-site transfers. This was described in the January Service Developments Update to WAST Board as a "hybrid" model.

7. ABUHB has undertaken a clinical analysis of the needs of patients they anticipate will require transfer by ambulance and these have been reviewed with WAST clinicians to support further, collaborative development of the model, staffing skill mix and timeliness of the response required.

8. In ongoing dialogue, WAST modelled a number of options for this dedicated tier of vehicles using Optima Predict simulation software. This modelling was based on a set of assumptions around performance, not only in terms of response times but also on a swift handover of patients at each site. A formal proposal was developed from this model and presented to ABUHB in March 2020 for a WAST led service.

9. The proposed model put forward by WAST in March 2020 would require an additional 11 operational crews and around 84 staff (inclusive of management) to undertake the transfers: a profile of 72 transfers; 33 step up patients and 39 step down patients on a daily basis. There is a further requirement for control centre staff to manage the additional call volumes, working closely with a Flow Centre being set up within ABUHB to manage pre-hospital streaming, flow, transfers and discharges across its hospitals. The detail of the original model in the March proposal is shown in the table below:

Vehicle/Crew Type	No. Vehicles
EA 24/7	0
UCS 24/7	3
EA 12/7	1
UCS 12/7	3
NEPTS 12/7	4
TOTAL	**11**

Band 6 Paramedic	14
Band 4 EMT	2
Band 3 UCS/NEPTS	68
TOTAL*	**84**

*does not include CCC staff.

10. Further to the WAST staffing model, to support some of the more complex transfers, ABUHB will be recruiting a team of Transfer Practitioners to provide clinical escort where clinically required, mainly for patients who deteriorate on one of the eLGH wards and require skills and competencies beyond those of a paramedic en route. This will reduce risk of escort staff being unavailable for transfers by providing this dedicated rostered team. It is anticipated that this will relate to approximately five of the transfers per day.

11. This work has developed through the stepping up of regular internal WAST project meetings with formal project governance arrangements, weekly joint collaborative meetings with ABUHB (chaired by the NCCU) and a series of ad hoc internal and joint workshops around key work streams within the project. This has been supported by Executive to Executive discussions to unlock difficult issues quickly.

12. During the response to COVID-19, building commissioning works on GUH were accelerated as the hospital was identified as a potential surge site to meet anticipated demand from COVID positive patients needing to step down from the existing wards and intensive care units at Royal Gwent and Nevill Hall Hospitals. However, the worst case scenario demand did not materialise and the initial surge plans have been stood down.

13. However, as a result of the significant work undertaken to ready the site, in June 2020, ABUHB considered the earlier opening of GUH in the context that COVID-19 would still factor at a time when other seasonal pressures would come to the fore. The ABUHB Board therefore agreed on 30 June 2020 that GUH would open ahead of schedule in November 2020, subject to Welsh Government approval. Its Board then approved on 15 July 2020 that ABUHB could enter into a formal commissioning arrangement with WAST based on its proposal in March 2020.

14. The approval enabled ABUHB's executives to issue formal commissioning intent to WAST which was received on 20 July 2020.

ASSESSMENT

15. ABUHB has indicated that subject to WG approval it plans to open GUH on 16 November 2020.

16. Due to the EMS Demand and Capacity review implementation programme timeline, the recruitment and training plan for GUH had been provisionally scheduled for January to March 2020. Alongside recruitment and training new staff, a lead in time for vehicles and estates provision suggested that a significant period was required to prepare a fully operational service, and this was reported to WAST Board in January as being 12 months. The new timescales have accelerated the required timeline for the WAST project, with significant work required over the next 17 weeks (noting that work has continued, with a brief pause in April, during the pandemic response).

17. Whilst the decision to open GUH early has put significant pressure on the timeline, WAST has been able to respond positively with significant and rigorous consideration of the options available to implement the service on time to the required commissioning specification. However, the reduced time does present some challenge, risks and with potential additional cost to ABUHB, which has been acknowledged through its Board discussion.

18. The timeline for recruitment and training is tight. The recruitment and training teams have had to work hard to rework existing plans which encompass the 136 FTEs being brought in as part of the D&C review, in order to accommodate this additional significant number of staff required. However, plans have been revised which will ensure that this can be achieved, although new staff will not be handed over to

Operations for deployment until the end of November. One of the main issues that required resolution in the last few weeks has been the requirement for the bulk of the staff (Band 3 UCAs) to drive on a C1 driving licence. The pool of candidates who have a C1 licence has somewhat diminished, as this is no longer automatically available to drivers when they pass their test. However, EMT agreed that the service requirement could be met using lighter vehicles, requiring a B licence, opening up the pool of candidates.

19. The short gap between the proposed opening date and the end of November can be met through existing arrangements with external urgent care and NEPTS providers and if necessary through overtime of existing staff. There may also be internal staff for whom the model of service is an attractive career option who may wish to transfer from regular duties to this type of transfer and discharge service, and there has been some interest reported in this opportunity already.

Key collaborative developments since ABUHB approval for early opening

20. Since the WAST proposal in March and subsequent approval for the opening of the GUH in November 2020, the following elements of the WAST project plan and critical path have been achieved:

- Approval has been given for ABUHB Executives to commission a service from WAST;
- WAST Senior Operational Team (SOT) has proposed a more innovative staffing mix, using all UCA roles for both step up and step down. This does not change the cost, and whilst challenging, training can be delivered to the 30 November timescale;
- The SOT is finalising a management and supervision structure from within the NEPT service, which will not require any additional backfill for paramedics and which will provide one point of contact for this element of the service. There are some details to be finalised to ensure this group of staff receive adequate clinical supervision, and this will be resolved ensuring Trade Union Partners are fully engaged;
- Recruitment adverts have been placed for UCA staff externally;
- A suitable, large training venue has been secured to deliver the 4 week training courses for UCA staff in a way that ensures social distancing;
- A provisional Clinical Contact Centre and NEPTS control staffing structure has been developed to ensure capacity to manage the dedicated, additional calls and integrate with the ABUHB flow process (as set below in paragraph xx) and posts will be advertised shortly
- Challenging and robust clinical discussions have enabled the agreement of the overall model and with some ongoing discussions to finalise some pathway and process details and to finalise an agreed process flow chart;
- Work has begun to secure existing vehicle chassis and ABUHB's formal commissioning letter now allows the Trust to commence build and fitting out of the vehicles;
- A search is ongoing to secure premises to serve as a station and cleaning site near to the GUH. ABUHB is also searching for space on or near GUH, Royal Gwent and Nevill Hall Hospitals as the model would work more efficiently with vehicles dispersed at the start and end of the day across Gwent.

21. The ABUHB model is predicated on the patient getting to the right place, first time. Central to this is the development of an integrated "flow centre" to enable oversight of the flow of vehicles to respond to the needs presenting across the new system. A model to enable this has been developed and is in the final stages of agreement.

22. The ABUHB flow centre provides pre hospital streaming including patient pathways to ensure that community, health care professional referred patients are taken to the right site for their clinical need. Within the flow centre will be a transport hub that will provide an ABUHB clinical view of the transfer requirements based on the clinical need of patients. The flow centre was always planned for the opening of GUH however a scaled down version was put in place during the response to COVID but will develop further towards the opening now of GUH in November.

23. Discussions are underway around the best location for the flow centre, with ABUHB preference that it be located at Vantage Point House, co-located if possible with WAST control staff for this service. However, social distancing requirements limit the options and this is being worked through by a subgroup of ABUHB's flow centre development group.

24. To support this approach ABUHB and WAST have agreed a Transfer Triage Tool, which will support ABUHB staff in identifying the most appropriate method of transfer when calling WAST. ABUHB aims to pilot some aspects of the clinical model and the Transfer Triage Tool prior to the opening during August, September and October which gives further opportunity to ensure the model is effective and clinical decision making ensures optimum patient safety.

25. The focus of ABUHB clinicians over the last two years of development of the service model has understandably been the timeliness of the service and safety of patients. In order to provide assurance to ABUHB, collaborative work has already begun on a performance management and quality monitoring framework and an initial performance dashboard has been produced. This has been positively received by the NCCU and ABUHB. A sub group has been established to agree further performance metrics and develop this work further to ensure it is in place prior to the service going live.

26. The proposal put forward to ABUHB in March 2020 included draft indicative costs; annual recurrent revenue implications of £4.7m, initial set up costs for training etc of £0.6m plus capital costs for vehicles in the region of £2.3m. This remains the indicative cost envelope. However the final figure will be refined as the control centre model is finalised, external provision is secured and supervisory structure finalised. It is accepted by ABUHB that some additional cost may be incurred as a result of the early opening and COVID-19 requirements (e.g. training venue).

27. ABUHB has indicated that they are seeking to make financial provision in line with this but seek to reduce the financial costs going into future years through reduction in activity through robust communications to the public about which site is appropriate to attend therefore reducing the need for step up transfers particularly. This presents a risk to WAST and EASC that staff will be recruited permanently. However, this is mitigated by ongoing discussions with commissioners to increase the number of frontline staff in line with the EMS Demand and Capacity Review in

2021/22 and there is likely to be a natural turnover of staff and career progression opportunities.

28. The staff mix has been updated as follows:

Band 7 Management	1
Band 6 Paramedic	3
EMT	2
Band 3 UCA	68
Supervisory	TBC
CCC Band 5	6.4
CCC Band 3	6.4
NEPTS Liaison and Control Band 3	4

29. The first year is being described as a transitional year. This first year will enable the review of the actual service demand, patient experience and any potential operational issues. ABUHB have signalled through their Board discussions that they propose a review after 6 months following the winter months to inform discussions about future commissioning.

30. Robust commissioning arrangements will need to be formalised through EASC which will include commitment to act on any learning from potential issues through performance and quality management across the system, the further development of KPIs and a commissioning plan for the future. It is anticipated that a separate agreement will be put in place with ABUHB but incorporating the main EASC commissioning frameworks.

31. The model developed will potentially provide the blueprint for the development of an all Wales transfer and discharge service for the future which is an agreed deliverable and part of our commissioning intentions to deliver.

32. An emerging issue is that of the transport requirements for Day 1 of GUH (or for the commissioning period), which in particular will require critical care patients from Nevill Hall and Royal Gwent Hospitals to be transported to the GUH. A dedicated lead from WAST has now been identified to support this critical workstream.

Key risks

33. The risk to delivery is included on Datix as a Directorate Risk for Strategy Planning and Performance. However, it has been proposed that this be escalated to the Corporate Risk register given the tight timescales involved in the project and as some final elements of the service to be finalised.

34. This paper has highlighted a number of risks relating to the delivery of the new model by mid November 2020, not least of which is the fact that delivery of all actions are harder to achieve within the condensed timescales. A number of areas of risk have already been mitigated through the actions taken to date. The highest risks to delivery are held on the project risk register as:

- Handover delays – this is a system wide risk that will impact on the flow required for successful operation of the proposed model of transfers. ABUHB is seeking to mitigate this through the wider Clinical Futures models in support of the GUH and WAST is increasing capacity in Gwent through the recruitment to the additional 136WTE posts as part of the EMS Demand and Capacity Review implementation.
- Blue Light transfers and the role of UCA crews going forward – the B licence vehicles will not drive on blue lights and there is concern that in heavy traffic, urgent transfers will not arrive quickly enough at GUH. Further modelling is being undertaken to understand the scale of the issue and a resolution will be agreed within the model.
- Operation of the Transfer Triage Tool and the flow process – the pilots in August to October aim to mitigate this risk by testing and refining the tool and processes.
- Capital funding for fleet – ABUHB's board paper set out a plan to secure the required funding to run the WAST service model.
- Ongoing COVID-19 social distancing requirements affecting the location and operating of control centre staff and potential co-location of ABUHB staff – as stated above options are being appraised collaboratively with ABUHB.
- Confirmation of accommodation / estate for vehicles and staff – urgent actions are being taken to locate and secure sufficient space either within ABUHB premises or in new premises. Timescales are very tight however.
- Timescales for planning of Day 1 moves are extremely tight – a senior and experienced lead has been identified within WAST to coordinate this work, in collaboration with ABUHB.

35. The Commissioner was asked at the end of June to provide ABUHB with an independent view on the risks associated with delivery of the requirements. The Commissioner indicated that they were 'unable to provide significant commissioner assurance of the deliverability of this transport model within the current timescale', and set out clear areas for urgent collaborative work, in line with what has been outlined in this paper. The Commissioner remains closely involved in supporting this work, and they have been instrumental in resolving some key areas of difference.

36. In summary, there has been a lot of work over the last two years to work collaboratively with ABUHB towards a solution to one of ABUHB's key risks to the success of the Clinical Futures GUH model, an inter-site transfer service. Despite challenges throughout the last two years, to come to an agreed clinical position on the most appropriate model for the service, there has been positive progress over the last 3 months in particular and ABUHB has now set out its intention to commission WAST's proposed model. This model will be refined over the next few

weeks and recruitment is already underway to secure the staff required to run the service.

RECOMMENDATION

Trust Board is asked to **NOTE** the update provided.

AGENDA ITEM No		3.4
OPEN or CLOSED		OPEN
No of ANNEXES ATTACHED		1

MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– June 2020

MEETING	Trust Board
DATE	30th July 2020
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Kerri Hitchings – Commissioning and Performance Manger / Nicola Quiller – Commissioning & Performance Officer
CONTACT DETAILS	kerri.hitchings3@wales.nhs.uk Nicola.quiller@wales.nhs.uk

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

REPORT PURPOSE	To note and discuss the Trust's performance and improvement actions
CLOSED MATTER REASON	Not applicable.

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	30 July 20	Consideration

SITUATION

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

2. Please note, this version of the report has been updated to align with the 5 Steps and IMTP Outcome Measures. The report does not include updates for Clinical and NEPTS due to the non-requirement for a formal publication of these indicators during the current COVID-19 pandemic period; in addition narrative updates have not been sought from colleagues currently engaged in the COVID-19 response.

BACKGROUND

3. The Emergency Ambulance Services Committee (EASC) commissioning intentions (based on the Ambulance Quality Indicators (AQIs)) and the Welsh Government Delivery and Outcomes Framework (which in turn informs the Welsh Government Balanced scorecard) form the basis of the Trust's performance indicators. The Framework and the commissioning intentions represent what the Trust is held publically to account on in terms of our quality and performance metrics and form the basis of the metrics used in this report.

4. The Emergency Medical Services (EMS) AQIs are published quarterly by the Emergency Ambulance Services Committee (EASC) on their website; http://www.wales.nhs.uk/easc/ambulance-quality-indicators. The latest quarter (Oct 2019 – Dec 2019) was published on 30 January 2020. Monthly information is published by Welsh Government on Red and Amber performance. http://gov.wales/statistics-and-research/ambulance-services/?lang=en. Future publications of the AQIs are currently on hold due to the Trust's focus on the COVID-19 pandemic.

5. The main body of this report for consideration is included as **Annex One**, which includes a dashboard of the top indicators and subsequent pages dedicated to each indicator with analysis. Annex Two and Annex Three have been included with this report for the first time since focus shifted to the COVID-19 pandemic. It has also be updated to reflect the 2020/21 IMTP outcome measures, and further updates are planned once work on the IMTP can resume.

ASSESSMENT

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

7. A full assessment of the top indicators is included in **Annex One**, including key improvement actions; however, for this version of the report improvement actions are only those that have continued through the COVID-19 Pandemic that have a specific impact to the indicators included in this report.

111 and NHSDW

8. **NHSDW website visits increased by 36.56%** in the last quarter (April 2020 to June 2020), compared to the same period last year. **There were 279,347 NHSDW unique website visits in June 2020 and 419,866 in May 2020 compared to 805,402 in April 2020.** The significant increase in visits in April were attributable to the launch of the new Coronavirus Symptom Checker launched promptly in March in reaction to the current COVID-19 pandemic and the initial Government advice for anyone with COVID-19 symptoms to access the symptom checker via the NHSDW website for further advice.

9. **111 call demand decreased in June 2020.** The steady decrease is likely attributed to the usual seasonal variation along with the current COVID-19 pandemic and the continued fall in daily cases reported in Wales. There is continuing advice to use the NHSDW website Coronavirus Symptom Checker; resulting in the service seeing a **decrease in calls in both May (45,450) and June 2020 (35,282);** however, this demand was still high for the time of year, **in June 2019 the 111 service recorded 28,625 calls.**

10. The **percentage of 111 Offered Calls Abandoned after 60 Seconds** decreased in June; however, it is likely that as redeployed colleagues are expected to return to substantive duties by the end of June and the cessation of overtime incentives for CCC staff this will increase pressure on the service. Performance was at its worst in March 2020 at 43.3% abandoned calls as demand rose by 223.8% compared to March 2019; however, this improved through April and into May to 8.5% as demand begun to decrease. June 2020 (2.9%) sees the service falls within the normal expected rate for 111 services of circa 2% for the first time since October 2018.

11. The performance of 111 calls receiving a timely response to start their definitive clinical assessment also remains a challenge, with the exception of the highest priority calls, P1CT, the others, P2CT and P3CT are still not meeting the 90% target. Improvements have been seen through June 2020 with P2CT achieving 87.1% and P3CT achieving 86.5%.

Hear & Treat

12. **Hear & Treat performance improved in June 2020,** compared with performance in recent months, and the total volume of calls taken through this route has decreased significantly. The Clinical Service Desk (CSD) and NHSDW (Hear & Treat) achieved a combined rate of 9.2% in June and 8.9% performance in May 2020.

13. 3,154 ambulances were stopped in June 2020, compared to 3,334 in June 2019. The revised performance parameter identified in the EMS Demand & Capacity Review is 10.2%. The CCC is currently developing an action plan to consistently deliver 10% combined Hear & Treat. A review is being undertaken of how hear & treat figures are generated in relation to denominator figures associated with HCP planned admission requested.

14. Performance improved in June 2020 to 9.2%, however this is largely due to the number of staff redeployed and agency staff in post. As any remaining staff return to substantive posts into July it is expected that this will impact performance. In June 2020, 3.3% of hear & treat was by NHSDW/111, this falls near the expected rate of c. 3.5% - 4.0% and is a continued improvement when compared the levels over the pandemic period.

Verified Demand

15. In June 2020 the total verified incident demand was 34,452. In May 2020 verified incident demand reduced to 34,570, with 3,888 incidents related to CoVID-19 (Card-36) demand, compared to 4,473 in May. Card-36 went live on 02 April 2020.

Red Performance

16. **Red performance achieved the 65% target in June,** the percentage of emergency responses to Red incidents within 8 minutes was 71.40%, a further improvement compared to 70.20% in May. In June 2019, performance achieved 72.50%.

17. **Red 95th percentile performance has fluctuated over the pandemic period, declining in June 2020** to 16 minutes and 01 seconds compared to 15 minutes and 51 seconds in May 2020 and 16 minutes 42 seconds in April 2020. In June 2019, the 95th percentile response time was 16 minutes and 04 seconds.

18. **Red Demand has seen a slight decrease in June 2020 to 1,805 calls from 1,824 in May 2020.** Despite this decrease, overall year on year there has still been a 13.61% increase. The previous increase is largely attributable to a change in application of the MPDS which has increased the number of breathing difficulties calls being categorised as Red incidents. This occurred before the COVID-19 pandemic period. The recent decrease in is largely attributable to a change in application of the MPDS and Protocol 36 which has Red coding's associated with ineffective breathing and cardiac chest pain. It could also be due to the public being more considerate of the appropriate use of ambulance services during the pandemic period.

19. Despite the reduction in Red demand during this unprecedented time of the COVID-19 pandemic, there have been key factors that have affected Red performance, in particular, the prioritising of EA production over RRV production, resulting in lower levels of RRV resources than would normally be the case. This along with no contribution from CFRs and UFRs has affected our ability to respond to Red calls (this has been a particular issue in Hywel Dda and is currently subject to further collaborative analysis between the Trust and the National Collaborative Commissioning Unit).

20. A full assessment of Red performance and the actions being taken can be found on **page 8 of Annex One**.

Amber Performance

21. **Amber performance declined across the percentiles into June, following a period of significant improvements, particularly in May 2020, recording its best performance for over two years.** The Amber median percentile in June 2020 was 22 minutes 56 seconds, compared to 26 minutes 53 seconds in June 2019. Amber 65th percentile in June 2020 was 32 minutes and 28 seconds, compared to June 2019 at 41 minutes and 4 seconds.

22. The improvement in Amber performance during the pandemic period has been supported by a number of factors: the focus on resourcing has been on EA production over RRV production; Amber demand has decreased by 9% in June 2020 compared to June 2019; and the number of hours lost to notification to handover delays at hospital in May 2020 decreased by 95% compared to the same period last year, as demand for A&E during the pandemic has also significantly decreased; this is from decreases of both Ambulance conveyances (see section below) and walk-ins to A&E by the public. All of these factors result in higher levels of EA availability to respond to Amber calls.

Conveyance

23. **Conveyance to Major EDs decreased in June 2020 compared to the same period last year**. The Trust conveyed 16,474 patients to major emergency department (EDs) in June 2020, compared to 18,008 in the same period last year. However, conveyance to Major EDs as a proportion of total verified incidents has declined; June 2020 was 47.82% compared to 46.59% in June 2019. This indicator (it is not a formal measure at this time) captures the impact of all "shift left" activity, for example hear & treat, see & treat, pathways and conveyance to non-major EDs. The target for this indicator is a reduction trend.

24. The number of incidents treated at scene and referred to alternate providers declined in June 2020 when compared to the period March-May 2020. The number of patients that were not conveyed to ED's and were referred to alternative providers peaked during the pandemic as robust clinical arrangements were stepped up to support whilst the Incident Coordination Centre (ICC) was in operation, in addition there were a number of additional pathways put in place during the pandemic, however now that these measures have ceased we are now seeing levels return to those seen before the current CoVID-19 pandemic.

Notification to Handover Delays

25. **Lost hours from notification to handover delays continued to improve in June 2020**; 1,605 lost hours compared to 1,900 in May 2020 and 7,325 in June 2019. This is a result of reduced activity during the pandemic period at A&E as ambulance conveyances decrease, general hospital activity decreases and walk-ins to A&E by the public also decrease as people are choosing to stay away from using emergency services during this unprecedented time. It is unclear how the public's behaviour will continue through the pandemic; however, A&E attendances are now rising towards normal levels as we move out of lockdown measures. We expect this to continue and therefore expect handover delays to increase throughout the coming months.

Resources

26. Emergency Ambulance Unit Hours Production (UHP) recorded 99% in June 2020, compared to 100% in May. The continued improved position is a result of prioritising EA production over RRV production in response to the current COVID-19 pandemic; however RRV production increased slightly in June.

27. Monthly abstractions from the rosters have a big impact on UHP. In May, total abstractions stood at 30% compared to 30% in May and 31% in April. The highest proportion was annual leave at 11%, however this is lower than normal due to the pandemic lockdown measures.

28. Sickness abstractions decreased in June 2020 as the level of sickness fell across the Trust. June 2020 sickness saw an in-month decrease to 5.63% from 6.26% May and 7.52% in April 2020.

29. Increases were seen across the other abstraction areas, such as training and the additional COVID-19 abstraction (ex. Sickness) as some staff are required to self-isolate, accounting for 4.35% of abstractions in June. The abstractions were covered by a mix of relief (18.18%) and overtime (9%). The remaining gap explains the shortfall in UHP across all vehicles. In addition, 12,195 hours were provided by the Armed Forces and students. However as we move through July 2020 and into Quarter 2 of the Trust's Pandemic Plan, the intention is for students to return to placements and the 3 Military Aid to the Civil Authority support plans to cease placing increased pressure on the Trust. There are plans to apply to extend contracts with military, where capacity is required, and retain MOU with St john Cymru.

Concerns Response Time

30. The **response to concerns within 30 days** was 62% in June compared to 74% in May and 68% in April 2020 and is therefore still not quite achieving the 75% target, despite improvements being put in place to improve compliance. This measure is closely linked to handover and response times as the majority of concerns have related to timeliness to respond across the whole system, therefore collaboration with other health boards is essential going forward. Despite the improvement in response times and handover delays in the last month, there will be a time lag in the response to concerns.

31. There were 3 Serious Case Incident Forums (SCIF) held in June 2020, during which 12 cases were discussed, **3 of these cases were reported to WG as Serious Adverse Incidents (SAIs)** and none were passed to Health Boards as Serious Incident Framework ' Appendix B' incident referrals.

Finance & Performance Committee Scrutiny

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

Conclusion and Forward Look

33. As we move through the COVID-19 pandemic initial response and into the "new normal" we are expecting further impacts on all areas of the Trust's performance. The biggest impact in the initial phase was on 111/NHSDW performance. Wales moved through the first peak of the pandemic in early April, with the number of confirmed COVID-19 cases and the number of COVID-19 verified incidents now decreasing. It is not clear yet if and when a second peak may occur.

34. A Collaborative Forecasting & Modelling Group has been created in response to the pandemic which is co-ordinating, planning and delivering forecasts and modelling in response to CoVID-19 and the emerging "new normal". The Group is likely to remain in place post CoVID-19.

35. The Group has recently developed a scenario of a second peak for COVID-19 incidents in conjunction with our current total "core" demand forecast to model what this means for our frontline resourcing requirements if and when a second peak could occur. The group monitors the level of COVID-19 demand on a weekly basis to ensure the Trust is ready to respond. This group is linked to the WG National Modelling Forum, the Welsh Modelling Collaborative and Optima.

RECOMMENDATION

The Board is asked to:-

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

Monthly Integrated Quality and Performance Report
June 2020

www.ambulance.wales.nhs.uk   @welshambulance   welshambulance

Top Monthly Indicators	Lead Director	Reporting Frequency	Target 2020/21	Baseline Position (2019/20)	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	2 Year Trend	RAG	IMTP Theme 2020/21
EMS Step 1 - Help me to Choose																			
1 Number of hits to the NHSDW website	DQSPE	Monthly	Improvement trend	502,092	397,017	441,412	421,774	442,937	417,566	420,251	476,887	422,566	1,630,239	805,402	419,866	279,347		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 2 - Answer My Call																			
2 Median 999 Call answer times	DoO	Monthly	Improvement Trend	00:02	00:02	00:03	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
65th Percentile 999 Call answer times	DoO	Monthly	Improvement Trend	00:02	00:03	00:03	00:03	00:03	00:03	00:03	00:02	00:02	00:02	00:02	00:02	00:02		G	
95th Percentile 999 Call answer times	DoO	Monthly	Improvement Trend	00:03	01:21	01:46	01:22	01:20	01:10	00:45	00:03	00:03	00:12	00:03	00:03	00:03		G	
3 % of NHSDW calls answered within 90 seconds of the welcome message	DoO	Monthly	Improvement Trend	60.3%	73.2%	73.4%	61.0%	66.1%	61.4%	46.6%	75.6%	58.2%	13.5%	35.4%	71.6%	92.1%		G	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
% 111 calls answered within 60 seconds of the end of the message	DoO	Monthly	Improvement Trend	49.8%	62.9%	62.0%	47.8%	53.9%	46.3%	29.7%	67.0%	51.2%	9.9%	42.6%	62.8%	82.9%		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
4 % of calls ended following WAST telephone assessment (hear & treat)	DoO	Monthly	Improvement Trend	8.6%	8.5%	8.3%	8.6%	8.8%	9.0%	10.4%	9.3%	8.2%	6.5%	8.5%	8.9%	9.2%		G	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 3 - Come To See Me																			
5 % of emergency response to red incidents arriving within 8 minutes	DoO	Monthly	65%	67.3%	69.3%	69.0%	68.4%	66.3%	61.4%	62.0%	66.0%	67.8%	64.5%	67.7%	70.2%	71.4%		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
Number of LHBs not achieving the Red incidents target	DoO	Monthly	0	6 per annum	1	1	1	3	6	6	3	1	4	2	2	2		R	
Red 95th percentile	DoO	Monthly	Reduction Trend	00:17:03	00:16:38	00:16:54	00:16:57	00:17:17	00:18:06	00:19:12	00:17:39	00:15:57	00:17:14	00:16:42	00:15:51	00:16:01		G	
6 Amber 1 Median	DoO	Monthly	Reduction Trend	00:27:38	00:24:47	00:26:02	00:26:08	00:28:20	00:31:03	00:41:37	00:26:40	00:25:16	00:32:45	00:21:09	00:18:21	00:20:03		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
Amber 1 65th percentile	DoO	Monthly	Reduction Trend	00:41:45	00:36:23	00:38:54	00:38:37	00:43:10	00:48:30	01:05:21	00:40:29	00:37:13	00:50:12	00:29:58	00:25:08	00:27:50		G	
Amber 1 95th percentile	DoO	Monthly	Reduction Trend	02:24:43	01:58:51	02:11:19	02:18:43	02:34:36	02:51:42	03:48:16	02:28:14	02:01:47	02:49:11	01:33:24	01:10:43	01:19:18		G	
Amber 2 Median	DoO	Monthly	Reduction Trend	00:53:06	00:47:07	00:49:54	00:51:13	00:53:29	01:02:03	01:25:41	00:49:50	00:47:24	01:03:07	00:30:51	00:28:45	00:31:42		G	
Amber 2 65th percentile	DoO	Monthly	Reduction Trend	01:29:54	01:16:44	01:24:37	01:25:03	01:31:13	01:47:27	02:35:43	01:22:53	01:17:47	01:52:22	00:45:56	00:42:06	00:47:46		G	
Amber 2 95th percentile	DoO	Monthly	Reduction Trend	06:22:46	05:19:45	05:36:38	05:47:19	07:03:41	08:06:47	10:24:56	06:41:54	05:29:10	08:03:32	03:24:08	02:35:13	03:04:02		G	
EMS Step 4 - Give me Treatment																			
7 Number of incidents which received a response on scene and were referred to alternative provider	MD	Monthly	Improvement Trend	8.4%	1997	1961	2022	2187	2317	2431	2372	2128	3007	3100	2753	2391		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 5 - Take Me To Hospital																			
8 % of verified incidents that were conveyed to major Eds	MD	Monthly	Reduction Trend	46.18%	50.52%	46.77%	46.25%	45.76%	44.50%	40.87%	45.65%	47.14%	41.15%	41.17%	46.01%	47.82%		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
9 Number of lost hours following notification to handover over 15 minutes	DoO	Monthly	Reduction Trend	9,339	8,048	8,408	10,025	11,132	11,474	13,821	13,057	7,233	5,673	1,929	1,900	2,649		G	
Core Requirements (1.Governance, 2.Patient Experience & Satisfaction, 3.Equity, 4.Clinical Care, 5.Staffing, 6.Saftey)																			
10 % of concerns that received a final (reg 24) within 30 days on being received	DQSPE	Monthly	75%	58%	29%	44%	66%	91%	71%	61%	61%	62%	54%	68%	74%	62%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
11 Number of SCIF Cases reported as Serious Incident Framework - 'Appendix B' - Incident referrals	MD	Monthly	0	2	3	2	3	3	1	8	6	4	2	3	2	3		A	
12 % sickness absence for staff (all staff)	DWOD	Monthly	6.3%	6.94%	6.65%	7.55%	7.12%	7.32%	6.93%	7.33%	7.16%	6.47%	7.48%	7.52%	6.26%	5.66%		A	Foundations of our Services: Enable Our People to be the Best They Can Be
13 Emergency Ambulance unit hours production - Compliance with planned rosters	DoO	Monthly	95%	91.0%	89%	86%	88%	90%	92%	91%	98%	92%	90%	100%	103%	99%		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
Total EMS Actual Hours Produced	DoO	Monthly	Improvement Trend	111023	112,803	109,490	109,105	113,730	112,454	112,394	118,806	105,493	110,131	112,066	119,942	114,633		G	

Emergency Medical Services– Step 1: Help Me to Choose

Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

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NHS Trust

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INDICATOR 1 - Number of Hits to NHSDW Website
2020/21 Target – Improvement Trend

A

Number of NHS Direct Wales unique website visits

Improvement Actions

Key Improvement Actions	Completion Date	Performance Update	RAG
Strengthen the resilience of the website	2020/21	Investment of clinical, technical and information development expertise and resources.	GREEN
Communication to the public – signposting to relevant services e.g. hear & treat	Continuous	Continuous communications and engagement plan linked to NHS Wales and WG key messages by the PECI and Communications Team.	GREEN
Utilise intelligence/data to monitor patient behaviour and use of the website	Continuous	Use of google analytics and other data sets to be reported alongside WAST operational response data. Use intelligence data to respond to people's needs.	

Analysis

There were 279,347 NHSDW unique website visits in June 2020 and 419,866 in May 2020, compared to 805,402 in April 2020. There is a noticeable reduction in the number of visits during June, potentially a sign that CoVID-19 is calming down and potentially because people feel safer in visiting the GP and/or Pharmacy once again. The significant increase in visits during March and April was attributable to the launch of the new Coronavirus Symptom Checker launched promptly in reaction to the current pandemic and the initial Government advice for anyone with COVID-19 symptoms to access the symptom checker via the NHSDW website for further advice. In June 2020, the most viewed pages were: Coronavirus symptom checker (203,580 visits); stomach pain symptom checker (34,325), Homepage (31,003), generally unwell symptom checker (21,763); and dental pain symptom checker (17,336). In June 2020, 60.1% of searches were accessed by females and the largest proportion of viewers by age fell in the 25-34 years old band, 29.11%. This trend is consistent with previous months.

Visits to the website for the last quarter, (April 2020 to June 2020) recorded were 1,504,615 compared to 954,451 visits in the same period last year, an increase of 550,164 which equates to 42.35%. The target is an improvement trend.

It is recognised that development is required to improve the ways of measuring the impact of this service. This was reviewed in 2019/20 and the outcome was an action to explore the establishment of a new indicator to report monthly on the top symptom checks used, how many visits to the page, the number of completed assessments and of those not completed, the % of the symptom check that was completed to enable trends to be built. In 2019/20 further discussions were on hold due to higher priority work taking precedence. This will be reviewed in 2020/21 when services return to normal.
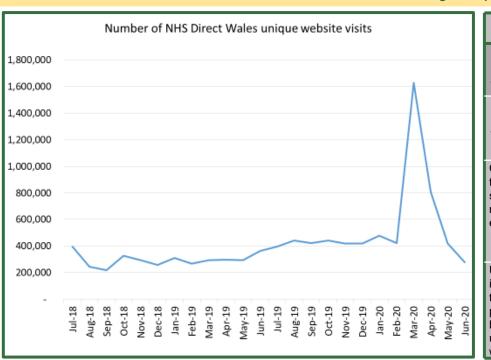
Emergency Medical Services – Step 2: Answer My Call
Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed
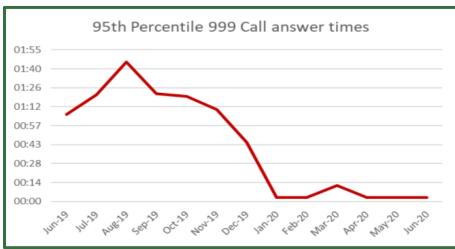
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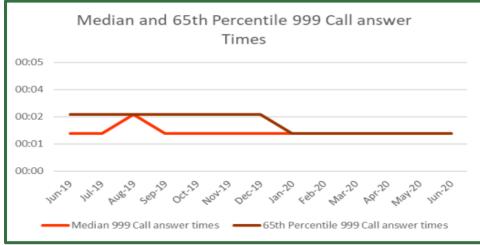
FPC

INDICATOR 2 – Median, 65th and 95th Percentile 999 Call Answer Times
2020/21 Target – Combined Improvement Trend

G

95th Percentile 999 Call answer times

Median and 65th Percentile 999 Call answer Times

— Median 999 Call answer times   — 65th Percentile 999 Call answer times
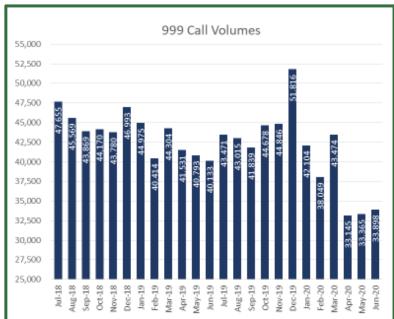
Analysis

The Trust received 33,898 emergency 999 calls during June 2020, an increase when compared to May 2020 when 33,365 calls were received . However this remains significantly lower than usual and in comparison to 40,133 in June 2019 and 45,694 in June 2018. This is a result of impact of the pandemic and public activity still not being back to full normality.

The median call answer times for 999 services remains consistently at 2 seconds. 65th percentile call times also averages at 2 seconds falling from 3 seconds in December 2019. 95th percentile call answer times have seen more variation, but with the exception of March 2020 (00:00:12) the average has now settled at 3 seconds.

Improvement Actions

Key Imp. Actions	Completion Date	Progress Update	RAG
Ensuring availability of flexible Call Taker Capacity	Continuous	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 a second peak of COVID-19. 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 second peak 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.	GREEN

999 Call Volumes

Emergency Medical Services – Step 2: Answer My Call
Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

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NHS Trust

INDICATOR 3 - Call Volumes to NHS Direct Wales (NHSDW) and 111 as a combined total to increase
2020/21 Target – Combined Improvement Trend

G

Total Calls for NHSDW and 111

111 Calls Answered vs Calls Abandoned within 60 Seconds

111 Timely Clinical Triage of Patients

Analysis

111 call demand decreased in June 2020 to 35,282 compared to 45,450 in May 2020 and 52,263 in April. The steady decrease is likely attributed to the usual seasonal variation along with the current COVID-19 pandemic and the continued fall in daily cases reported in Wales. There is continuing advice to use the NHSDW website Coronavirus Symptom Checker; however demand continues to remain high for the time of year, in June 2019 the 111 service recorded 28,625 calls.

111 was rolled out Pan-Wales as the main contact number for CoVID-19 callers only. Plans to complete the full roll-out across Wales have been re-assessed through the Quarter 2 CoVID-19 Operational Plan in light of the current pandemic to roll out services to CTMHB.

The most significant final outcome for 111 calls is consistently **Referral to a General Practitioner (GP) (handover of care).** The next three top outcomes in June 2020 were calls advised to attend ED/MIU accounting for 15.1%, dental accounting for 9.6% and administration, which are calls ended non-clinically, such as caller not wishing to proceed, call aborted, call duplicated, etc. accounting for 9.1% of calls. The remaining outcomes in order of volume accounted for: referred to 999 (7.5%) and advised to contact GP (7.5%); assessment and advice (4.6%); health information/quick call (4.1%); and referred to another Health Professional (1.7%).

The percentage of 111 calls answered within 60 seconds of the end of the message significantly improved to 82.9% in June 2020, compared to 62.8% in May and 42.65 in April 2020. However, despite this 111 call abandonment saw a year on year increase of 6.9% for the period July 2018 to June 2020. The increases in the last 12 months are driven by very poor performance in Dec 19 (winter pressures) and Mar 20 (pandemic). June 20 saw a decrease in abandonment rates to 2.9% compared to 8.5% in May 2020. June 2020 sees the service fall within the normal expected rate for 111 services of c.2% for the first time since October 2018. The high abandonment rate is caused by lack of capacity to meet demand.

The **highest priority calls, P1CT, continue to provide a timely response**, starting their definitive clinical assessment within 1 hour of the end of first contact, which with the exception of March 2020 continuously achieves the 90% target, in June 2020 it achieved 96.6%. The lower priority calls, P2CT and P3CT, whilst continuing to be below the 90% target for providing a response within 2 hours and 4 hours respectively, saw their best performance in May 20, which represents a much improved service to patients, and relates to the fact that additional clinicians have been utilised as part of pandemic actions, performance declined slightly in June 2020 to 87.1% as staff return to substantive posts and agency contracts end.

Improvement Actions

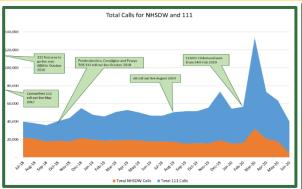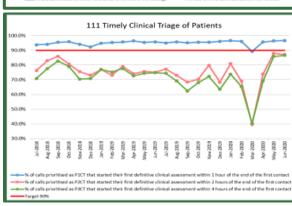| Key Improvement Actions	Completion Date	Progress Update	RAG
Complete rollout of 111 service across Wales	2020/21	The 111 number has been rolled out across Wales in March in response to the COVID-19 Pandemic, however this is for the number only, the full 111 service roll-out to CTMHB is expected to be completed by September 2020.	GREEN
Recruitment Plans for Paramedics and Band 5 nurses to NHSDW	Ongoing	In response the current pandemic 24 Clinicians (111/NHSDW) have currently been sourced to improve capacity temporarily. There is still a requirement to improve capacity on a permanent basis.	GREEN
Review of 111 demand and capacity	TBC	The review of demand and capacity for both 111 and NHSDW services was concluded in 2019/20 with agreement reached for the revised call taker numbers. Recruitment has commenced to secure the increased staffing numbers required. Temporary call taker capacity was also been sourced via agency and re-deployment of a large number of WAST staff in response to the COVID-19 Pandemic. 14 call takers and 24 clinicians have been recruited to date. Some of these staff have returned to their substantive post but now they are trained they will be available to pull back into the service as and when required through the pandemic. A WAST Forecasting & Modelling Group has been formed to develop the "most likely" and "Reasonable worst case" COVID-19 and total demand forecast for WAST to determine if further recruitment is needed for all areas frontline of the Trust, this work is ongoing.	GREEN
Invest in the NHS 111 Wales website	2020/21	Invest in the NHS 111 Wales website to include patient enabling features that will enhance people's ability to self-care, prevent unnecessary calls and reduce the number of contacts they have to make with health/social care providers/systems. Link the website with wider health service functions; enable integration with NHS/Social care systems; develop further symptom checkers available. Focussed work on 111 website enhancing patient enabling procedures.	
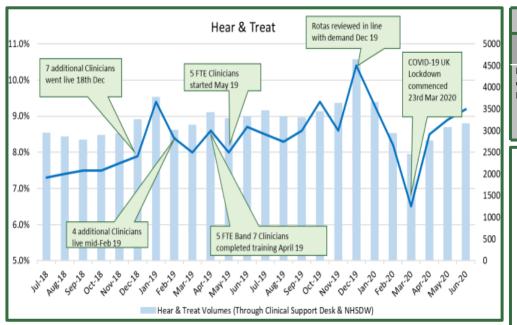
Emergency Medical Services – Step 2: Answer My Call
Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

FPC

INDICATOR 4 – % of calls ended following WAST telephone assessment (HEAR & TREAT)
2019/20 Internal Target – 12% Commissioning Intention – increasing volumes

G

Hear & Treat

- 7 additional Clinicians went live 18th Dec
- 4 additional Clinicians live mid-Feb 19
- 5 FTE Clinicians started May 19
- 5 FTE Band 7 Clinicians completed training April 19
- Rotas reviewed in line with demand Dec 19
- COVID-19 UK Lockdown commenced 23rd Mar 2020

Hear & Treat Volumes (Through Clinical Support Desk & NHSDW)

Improvement Actions

Key Imp. Actions	Completion Date	Progress Update	RAG
Delivery of combined 10% Hear & Treat	2020/2021	The CCC is currently developing an action plan to consistently deliver 10% combined Hear & Treat. A review is being undertaken of how hear & treat figures are generated in relation to denominator figures associated with HCP planned admission requested.	GREEN

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

Jul 18-Jun 19   Jul 19-Jun 20

Analysis

The **Clinical Service Desk (CSD) and NHSDW (Hear & Treat)** achieved 9.2% performance in June, compared to 8.7% in June 2019 and 7.4% June 2018. 3,154 ambulances were stopped in June 2020, compared to 3,334 in June 2019.
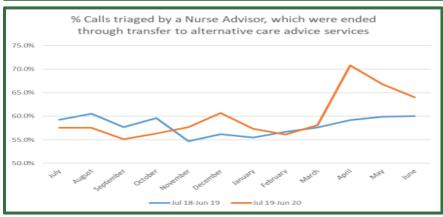
Performance improved further in June to 9.2%, however this is largely due to the number of staff redeployed. As any remaining redeployed staff return to substantive posts into July it is expected that this will impact performance. In June 2020, 3.3% of hear & treat was by NHSDW/111, this falls just outside the expected rate of c. 3.5% - 4.0% but is an improvement since the pandemic peak period.

The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated considerably over the last two years, the peak in September 2018 at 50.4% was a result of one frequent caller who was taken through our frequent caller process, resulting in the re-contact rates to return to normal levels. Levels saw a slight increase in June to 15.7% compared to re-contact rates of 7.9% in May and 9.8% in April 2020.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services has been on an increasing trend, however this saw a further decline in June to 64.0% compared to 66.8% in May 2020.

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INDICATOR 5 – RED % of Emergency Responses to Red Calls Arriving within 8 minutes to Improve and Red 95th Percentile 2020/21 Target – 65% and Red 95th Percentile reduction trend

65%
G

95th

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

Reduction in the variation in RED call response time performance between the best and worst HB performance

Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Weekly Ops Performance Demand and Capacity Review meeting	Weekly ongoing	This weekly meeting of the Senior Operations Team is used to review performance and demand forecasts to inform decision making around resources	GREEN
Powys Deep Dive	July 2020	A deep dive is taking place into Powys Red performance to understand further why Powys is not meeting the 65% target.	G
Hywel Dda Deep Dive	June 2020	A deep dive took place into Hywel Dda Red performance as despite the All Wales Red 8 minute performance improving, Hywel Dda did not achieve the 65% target. Analysis concluded that the switch-off of CFRs and the reduction of RRV production due to increased focus on EA production had the biggest detriments to Red performance due to the rural and sparsely populated area. Further work is due to be reported on to the CASC on 14 Aug-20.	AMBER
CFR Reactivation	Ongoing	Hywel Dda reactivation is currently underway following training and issue of appropriate PPE. As this is being completed, CRF's are being reactivated via the CAD. An evaluation of the approach is currently being prepared and will be approved by the Tactical Pandemic Team (TPT) by the end of July 2020. Local teams Pan-Wales are undertaking preparatory actions regarding training and PPE issue to ensure a seamless approach to reactivation roll out.	AMBER

Analysis

Red performance has further improved in June 2020, achieving the 65% target at an all Wales level and the 70% performance ambition (71.4%); however, overall performance has been gradually declining over the last 12 months, due to increases in demand and a reduction in the number of running calls. Performance in June was boosted through 3 Military Aid to the Civil Authority (MACA) agreements and some Fire Service support, both of which will cease as we move into July 2020. It is expected that this will impact performance pan-Wales, as these have been particularly beneficial to the Trust, particularly around decontamination support, ambulance driving and support to clinicians.
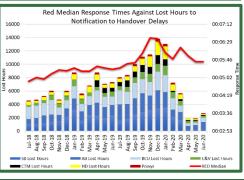
The three main determinants of Red performance are Red demand, unit hours produced and handover lost hours. However during this unprecedented time of the COVID-19 pandemic there have been other factors that have also affected Red performance. The focus on resourcing has been on EA production over RRV production, resulting in lower levels of RRV resources that would normally be the resource available to quickly respond to Red calls. This along with no contribution from CFR and UFR's has affected the ability to respond to Red calls, this is particularly an issue for the more rural areas, in particular Powys which has seen poor red performance again in June 2020.

Red demand increased by 13.61% overall year on year, despite the recent decreases in April, May and into June 20. The total normal demand has decreased since the start of the pandemic period in March 2020. The decrease in is largely attributable to a change in application of the MPDS and Protocol 36 which has Red coding's associated with ineffective breathing and cardiac chest pain. It could also be due to the public being more considerate of the appropriate use of ambulance services during the pandemic period.

The 65% target was not achieved by 2 HB in June 2020, Cwm Taf Morgannwg achieved 64.4% and Powys achieved 51.6%. The variation between best and worst performing health boards was has widened again into June 20. Red 95th percentile has been on a gradual worsening trend over the two years displayed, however there have been improvements in recent months in line with the 65% 8 minute performance.
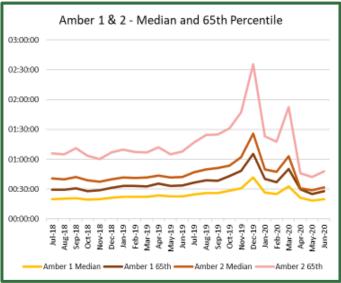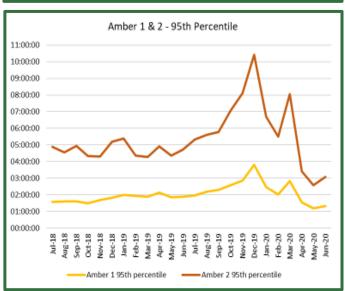
Total Verified RED Demand

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

INDICATOR 6 – Amber MEDIAN, 65th Percentile and 95th Percentile to Reduce across all Health Board Areas
2020/21 Target – Reduction Trend

G

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CI

Amber 1 & 2 - Median and 65th Percentile

Legend: Amber 1 Median — Amber 1 65th — Amber 2 Median — Amber 2 65th

Amber 1 & 2 - 95th Percentile

Legend: Amber 1 95th percentile — Amber 2 95th percentile
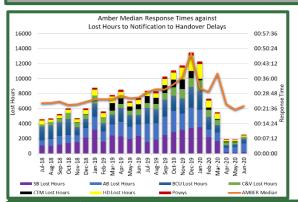
Analysis

Amber performance declined in June as demand begins to increase, throughout April and May significant improvements were seen and Amber 65th and 95th percentile response times saw the best performance in May 2020 we have seen for over two years, with Amber Median also at similar levels. The target is a reduction trend. Verified Amber demand has also decreased during the unprecedented pandemic period as our total normal demand has also decreased. This is despite 85% of COVID-19 incidents being categorised as Amber.
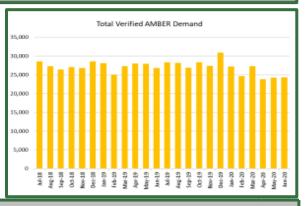
In June Amber median saw performance times of 22 minutes 56 seconds; Amber 65th performance recorded response times of 32 minutes and 28 seconds and Amber 95th performance was 1 hour, 54 minutes and 57 seconds.

In June 2020, there were 5 patients waiting over 12 hours, an increase when compared to May at 3 but a significant decrease compared to 17 in April and 227 in March 2020.

There is significant correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the middle graph on this page. The number of hours lost to notification to handover delays in June decreased to 1,605 as demand for A&E during the pandemic has also significantly decreased. This compares to 7,325 hours in the same period last year. Further information on handover delays can be found on slide 12.

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

Legend: SB Lost Hours, AB Lost Hours, BCU Lost Hours, C&V Lost Hours, CTM Lost Hours, HD Lost Hours, Powys, AMBER Median

Total Verified AMBER Demand

Improvement Actions

Other Key Improvement Actions	Completion Date	Progress Update	RAG
Demand and Capacity Review	Nov-19	A programme board has been established and is meeting every three weeks. The projects in this programme have been suspended due to CoVID-19 with the exception of the recruitment and training project which is ahead of target. The recruitment and training plan is reaching a key investment gateway and there is a special EASC Management Group 27 Jul-20 to consider this. Estate capacity has also been identified as a key strategic barrier to the programme and substantial work is underway to review this (due to report in Aug-20). The Q2 CoVID-19 Operational Plan highlighted the importance of continuing the EMS D&C Programme with focus on recruitment and plans to re-start other work streams.	GREEN

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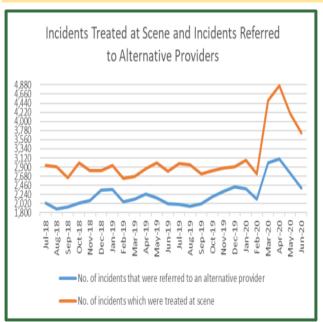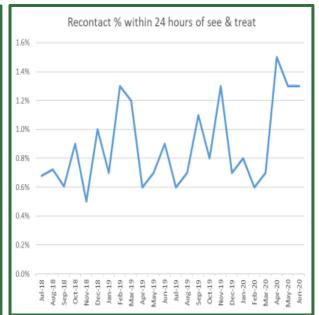
INDICATOR 7 – Number of Incidents Referred to Alternative Providers
2020/21 Target – Improvement Trend

A

Incidents Treated at Scene and Incidents Referred to Alternative Providers

— No. of incidents that were referred to an alternative provider
— No. of incidents which were treated at scene

Recontact % within 24 hours of see & treat

Analysis

The number of incidents treated at scene and referred to alternate providers declined in June 2020 when compared to the period March-May 2020. The number of patients that were not conveyed to ED's and were referred to alternative providers peaked during the pandemic as robust clinical arrangements were stepped up to support whilst the Incident Coordination Centre (ICC) was in operation, in addition there were a number of additional pathways put in place during the pandemic, however now that these measures have ceased we are now seeing levels return to those seen before the current CoVID-19 pandemic.

2,391 incidents were referred to alternative providers in June 2020 compared to 2017 in June 2019 and 2067 in June 2018.

3,715 incidents were treated at scene in June 2020 compared to 2805 in June 2019 and 2692 in June 2018.

The percentage of see & treat incidents that re-contact the service within 24 hours remains low; remaining at 1.3% in June, the same as May 20 (1.3%). In June 2019 re-contact rates were 0.9%.

Improvement Actions

Other Key Improvement Actions	Completion Date	Progress Update	RAG
Develop new pathways with Health Boards	2020/21	The existing pathways under development were put on hold during the COVID-19 pandemic with work on Consultant Connect taking priority instead, therefore the evaluation due to take place on the AB COPD pathway has not been completed as planned in March 2020. Meetings are due to take place in June 2020 for this to be re-programmed. The two Alternative Care pathways (mental health and ambulatory care services) remain on hold but Consultant Connect may provide the solution. The Consultant Connect Pathway was rolled out across Wales on a National basis in reaction to the COVID-19 Pandemic with bespoke discussions with HBs. The Consultant Connect technology has been useful in supporting the pathway decision making but there is a significant risk that Welsh Government only provide the funding for 12 months. Discussions will continue internally and with commissioners on priorities both for Consultant Connect and for introduction of alternative care pathways (included in draft national unscheduled care goals for this year.	GREEN
WAST to lead national Respiratory Pathways work		Rachel to add	
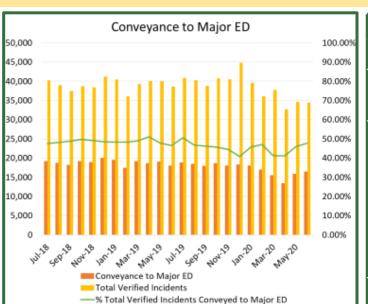
Emergency Medical Services – Step 5: Take Me To Hospital
Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

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INDICATOR 8 – % of verified incidents that were conveyed to Major ED 2020/21 Target – Reduction Trend
INDICATOR 9 – Number of Lost Hours following Notification to Handover within 15 Minutes 2020/21 Target – Improvement Trend

A G

Conveyance to Major ED

% of Notification to Handover within 15 minutes against Notification to Handover Lost Hours

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Continue expansion of APP role (If funded and agreed with Commissioner)	Sep-19	The EMS Demand & Capacity Review identified an expansion of APPs through to Dec-24. Currently more specific modelling is being done, in particular, the level of APP hours (and their impact) that could be produced in winter 2020/21.	GREEN
Hospital Handover Delays	Ongoing	Whilst delays have significantly improved, there remains a concern that these may rise again and this will therefore remain a priority. Long delays continue to be escalated to health boards, up to CEOs if required. Representations continue across the system and with commissioners to highlight that long delays are unacceptable and flow and capacity needs to be sufficient to handle arrivals by both ambulances and walk ins. The Trust is in the process of presenting an approach to more joined up and harder public message through a sustained campaign to government about the appropriate use of ED, ambulance and unscheduled care. Some system re-design is being proposed post CoVID that will allow for a much greater emphasis on utilising online and telephone access to care perhaps leading to ED appointments for non life threatening cases (not ambulance arrivals). This would be a significant additional work programme for the Trust and for the wider unscheduled care system.	GREEN
ODU		Rachel – are you able to add updates for these?	
System Leadership			

Analysis

The Trust conveyed 15,474 patients to major emergency department (EDs) in June 2020, compared to 18,008 in the same period last year. The graph above demonstrates that numbers and proportions conveyed reduced in Mar and Apr 20 as conveyance to hospital has reduced during the current COVID-19 pandemic. Following an increase in May 2020, numbers and proportions have decreased in June 20. Overall the average rate year on year has improved for the last 12 months, July 19 to June 20 the average rate is 45.06%, compared to the same period the previous year which had a rate of 48.56%.

Handover to clear delays have decreased again to a new low level. **4,044 hours were lost** in the last 12 months, period July 2019 to June 2020, compared to 11,316 hours in the same period last year. In June, a total of 374 hours were lost to handover to clear delays. A significant improvement compared to the previous year where there were 644 lost hours in June 2019.

The **percentage of handover *to clear* within 15 minutes** of transfer of patients to hospital staff was 83.7% in June 2020, compared to 82.5% in June 2019. The target is a reduction trend.

94,297 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 75,666 in same period two years ago (Jul-18 to Jun-19). 1,605 hours were lost in June 2020, 78.08% decrease compared to 7,325 in June 2019.

INDICATOR 10 & 11 – % of concerns that received a final response under regulation 24 within 30 days; and % of serious incidents assured within agreed timescales

A

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

Legend:
- % of concerns due that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation
- Target > 75%
- Concerns Volumes (Formal, Early & Local resolution (by date received))

Analysis

The **percentage of responses to concerns** decreased in June to 62% compared to 74% in May and 68% April. Performance in June has missed the 75% target, despite improvements being put in place to increase in compliance. The number of total concerns has continued to decrease since January 2020 and in June (52) increased when compared to May (44) which was the lowest number recorded.

There were 3 SCIF forums held in June 2020, during which 12 cases were discussed, 3 of these cases were reported to WG and none were passed to Health Boards as Serious Incident Framework ' Appendix B' incident referrals.

There were 3 SAI's reported to WG within this reporting period. Compared to 2 reported in the previous month (May 2020), this a decrease when compared to the same reporting period of the previous year (June 2019), where 4 SAIs were reported to WG. Year on year the overall volumes of SAIs are on an increasing trend. The sharp increase in December/January is concerning and has been linked to the significant delays across the system, the decrease in February supports this as handover delays come down and response times begin to improve.

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

Legend: Aneurin Bevan, Betsi Cadwaldr, Cardiff & Vale, Cwm Taf Morgannwg, Hywel Dda, Powys, Swansea Bay

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

Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Winter Planning 2019/20	Sep-19	The 2019/20 winter plan period has now finished and under normal arrangements a review of the winter period would have been undertaken. 2019/20 winter planning activity has been has been suspended due to CoVID-19, the Trusts Quarter 2 Operational Plan outlines that tactical seasonal planning for 2020/21 will commence with CoVID-19 in the system.	GREEN
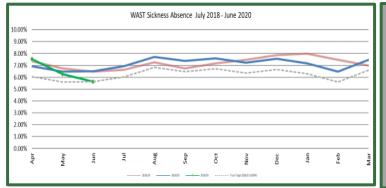
INDICATOR 12 – % Sickness Absence for All Staff
2020/21 Target – 6.3%

A

WAST Sickness Absence July 2018 - June 2020
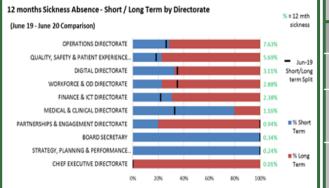
Analysis

The June 2020 in-month sickness rate was 5.66% a decrease of 0.63% when compared to May 2020 and a decrease of 0.86% when compared to June 2019. The rolling 12 month sickness rate in June was 7.08% a decrease 0.08% from May but an increase of 0.01% compared to June 2019. In-month long term sickness for June 2020 was 5.05% a decline of 0.14% when compared to May, also a reduction when compared to the same time last year (0.78% reduction). The average length of all cases closed in June 2020 was 84.97 days, an increase of 21.1 days compared to May but 20.96 days lower than the June 2019 average. Mental Health (Stress and Anxiety) accounted for 2.00% of all sickness and musculoskeletal accounted for 0.93% of cases.

N.B. the Monthly LTS (long term and short term) Cases Opening/Closing graph is reported one month behind.

Average working days lost per FTE	
16.14	days
Rolling 12 month Absence %	
7.08%	
Long Term	**Short Term**
5.05%	2.03%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.00%	0.93%

12 months Sickness Absence - Short / Long Term by Directorate
(June 19 - June 20 Comparison)

Monthly LTS Cases Opening/Closing

Improvement Actions
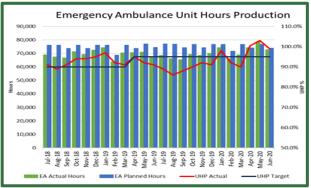
Key Improvement Actions	Completion Date	Performance Update	RAG
Development of Health and Wellbeing strategy	2020/21	Covid19 Colleague Health and Wellbeing Strategy first draft released in April 2020 and regularly reviewed. Development of a wellbeing strategy will be completed during Quarter 2 as outlined in the Trusts CoVID-19 Operational Plan.	GREEN
Workforce and OD representation in meetings	Continuous	Present in all Pandemic cells and Local Pandemic Teams (LPTs) from April 2020.	GREEN
Occupational Health and Employee Wellbeing Services	Continuous	Regular reminders of how to contact wellbeing services and provision. Reminders of free aps and helplines. Wellbeing resource guide sent to all properties and available online. All Workforce and OD are aware of support available with regular meetings with WOD and OH and Wellbeing taking place.	GREEN
Health & Wellbeing Cells	Continuous through pandemic	H&W cell & Health and Wellbeing Steering group meetings identifying actions to support specific group and needs. Focus in Q2 in providing staff with additional home working and return to workplace guidance.	GREEN
Mental health awareness training	Continuous	Mental Health Awareness training by Champion online. Focus in Q2 in enabling staff to access wellbeing and mental health resources online.	GREEN
Compassionate Leadership Handout	May 2020	Creation of compassionate leadership handout and other useful resources available within H&W strategy (including action cards on Covid19 Fatigue) were distributed in May 2020.	GREEN COMPLETE
Additional therapy support	May 2020	Begin to mobilise additional therapy support ready for the recovery phase. Recruitment of additional psychology input.	GREEN
Wellbeing Workshops	Continuous	Wellbeing team are running Three drop in sessions each week. One workshop each week.	GREEN
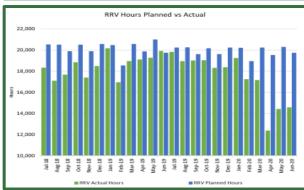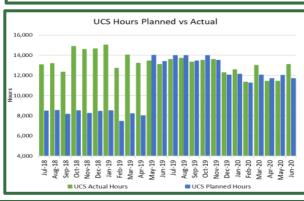
INDICATOR 13 – Emergency Ambulance Unit Hours Production
2020/21 Target – 95%

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Emergency Ambulance Unit Hours Production
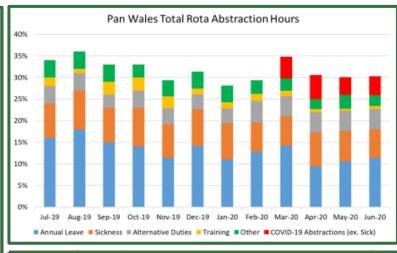
Analysis

Emergency Ambulance Unit Hours Production (UHP) declined to 99% in June 2020 from 100% in May 2020. The continued improved position is a result of prioritisation of EA production over RRV production in response to the current COVID-19 pandemic. However the result is again a significant decrease in RRV production in June. The actual emergency ambulance hours available over the last two years is at a stable level overall despite in month fluctuations. Linked to this are the actual hours available of UCS and RRV crews.

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

Monthly abstractions from the rosters have a big impact on UHP. These are included in the graph above. In June, total abstractions were consistent with May at 30%, April was at 31%. The highest proportion was annual leave at 11.38%, which remains considerably lower than normal due to the pandemic lockdown measures, some staff are choosing to cancel annual leave that was booked for holidays, despite encouragement to take annual leave for welfare purposes. A slight increase was seen to abstractions for training. COVID-19 abstraction (ex. Sickness) also increased as a result of continued self-isolation for some staff, accounting for 4.35% of abstractions in June. The abstractions were covered by a mix of relief (18.18%) and overtime (9%). The remaining gap explains the shortfall in UHP across all vehicles. In addition, 12,195 hours were provided by Military and Students. However as we move into July 2020 and Quarter 2 of the Trust's Pandemic Plan students will return to placements and the 3 Military Aid to the Civil Authority support plans will cease placing increased pressure on the Trust. Plans are underway to develop a traffic light system escalation process to redeployment to respond flexibly.

RRV Hours Planned vs Actual

UCS Hours Planned vs Actual

Pan Wales Total Rota Abstraction Hours

Improvement Actions

Other key Improvement Actions	Completion Date	Progress Update	RAG
Reduce vacancy levels through Big Bang events	Annually	The 20/21 EMS Recruitment & Training Plan has been finalised and is being reported to the EMS Demand & Capacity Programme Board each month (this has continued to meet during CoVID-19 and recruitment and training has continued). Recruitment levels ahead of target. The Trust's Quarter 2 Operational Plan outlines plans to review Recruitment & Training Approach and Processes to amplify the advantages and success of 'Big bang virtual recruitment' including online interviews and training	GREEN
New Resource Dashboard	Continuous	Allows staff and managers to redistribute resources appropriately to ensure that we maximise actual against planned unit hours of production. UHP clock in operation daily by Resource and Ops Teams, it is being used on a weekly basis by Senior Ops to review against forecasted demand; ongoing work supported by HI and Cardiff University MSc Projects will support further development.	GREEN

SECTION 4: WAST Activity Dashboard													
Description	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	2 Year Trend
NHSDW Total Call Volumes	17,894	17,370	15,507	15,864	15,661	19,120	15,393	16,335	32,031	20,734	18,009	4,747	
111 Total Call Volumes	28,625	33,079	36,089	35,648	40,009	54,245	38,903	40,079	101,252	52,263	45,450	35,282	
Frequent Caller Call Volumes	2,534	2,732	2,712	2,707	2,481	2,828	2,605	2,390	2,357	2,477	2,536	2,249	
999 Call Volumes (From 1st Apr 0845 numbers removed)	43,471	43,015	41,839	44,678	44,846	51,816	42,104	38,049	43,474	33,145	33,365	33,898	
HCP Call Volumes	7,121	6,649	6,573	6,902	6,809	7,398	6,711	6,025	5,247	4,351	5,196	5,433	
Hear & Treat Volumes (calls assessed and closed by the clinical desk)	3,463	3,321	3,295	3,438	3,630	4,645	3,656	2,936	2,447	2,766	3,068	3,154	
Total Verified Incidents	40,861	40,230	38,776	40,786	40,481	44,812	39,543	36,115	37,726	32,655	34,570	34,452	
Total Verified Incidents: RED	2,301	2,274	2,325	2,532	2,892	3,140	2,517	2,191	2,626	1,897	1,824	1,805	
Total Verified Incidents: AMBER	28,250	28,085	26,814	28,265	27,319	30,814	27,149	24,612	27,192	23,753	24,207	24,290	
Total Verified Incidents: GREEN	10,101	9,689	9,502	9,973	10,081	10,660	9,724	9,184	7,756	7,005	8,356	8,357	
Number of incidents which were treated at scene	2,988	2,958	2,740	2,822	2,871	2,907	3,072	2,729	4,500	4,867	4,188	3,715	
Conveyance Volumes	15,197	14,947	14,831	15,718	15,202	15,717	16,851	15,935	15,008	12,839	14,929	15,381	
Conveyance to Major ED	18,817	18,447	17,934	18,661	18,018	18,318	18,053	17,023	13,444	13,444	15,905	16,474	
NEPTS Patient Journeys	71,464	65,344	64,537	70,758	65,876	61,228	68,848	63,842	53,905	29,781	30,452	36,133	
Number of Core Patient Journeys - Discharge & Transfer (NEPTS)	4,719	4,832	4,149	4,587	4,609	4,707	-	-	-	-	-	-	
Number of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)	33,133	28,929	30,471	34,108	30,781	25,406	-	-	-	-	-	-	
Number of Enhanced Patient Journeys - Enhanced Renal Journeys (NEPTS)	17,882	17,948	16,670	17,753	17,119	17,699	-	-	-	-	-	-	
Number of Enhanced Patient Journeys - Enhanced Oncology Journeys (NEPTS)	5,498	4,851	4,051	4,249	3,912	4,102	-	-	-	-	-	-	
Concerns Volumes (Formal, Early & Local Resolution - By date Complaint Received)	127	73	72	120	121	70	162	140	101	66	44	52	
Patient Safety Incidents, Near Misses and Hazards closed on Datix within Reporting Month - No Harm/Hazard	150	146	104	135	158	189	163	122	101	99	134	139	

Welsh Ambulance Services NHS Trust
Integrated Performance Report
2020/21

Top Monthly Indicators		Lead Director	Reporting Frequency	Target 2020/21	Baseline Position (2019/20)	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	2 Year Trend	RAG	IMTP Theme 2020/21
EMS Step 1 - Help me to Choose																				
1	Number of hits to the NHSDW website	DQSPE	Monthly	Improvement trend	502,092	397,017	441,412	421,774	442,937	417,566	420,251	476,887	422,566	1,630,239	805,402	419,866	279,347		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 2 - Answer My Call																				
2	Median 999 Call answer times	DoO	Monthly	Improvement Trend	0:02	0:02	0:03	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02		G	
	65th Percentile 999 Call answer times	DoO	Monthly	Improvement Trend	0:02	0:03	0:03	0:03	0:03	0:03	0:03	0:02	0:02	0:02	0:02	0:02	0:02		G	
	95th Percentile 999 Call answer times	DoO	Monthly	Improvement Trend	0:03	1:21	1:46	1:22	1:20	1:10	0:45	0:03	0:03	0:12	0:03	0:03	0:03		G	
3	% of NHSDW calls answered within 90 seconds of the welcome message	DoO	Monthly	Improvement Trend	60.3%	73.2%	73.4%	61.0%	66.1%	61.4%	46.6%	75.6%	58.2%	13.5%	35.4%	71.6%	92.1%		G	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
	% 111 calls answered within 60 seconds of the end of the message	DoO	Monthly	Improvement Trend	49.8%	62.9%	62.0%	47.8%	53.9%	46.3%	29.7%	67.0%	51.2%	9.9%	42.6%	62.8%	82.9%		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
4	% of calls ended following WAST telephone assessment (hear & treat)	DoO	Monthly	Improvement Trend	8.6%	8.5%	8.3%	8.6%	8.8%	9.0%	10.4%	9.3%	8.2%	6.5%	8.5%	8.9%	9.2%		G	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 3 - Come To See Me																				
5	% of emergency response to red incidents arriving within 8 minutes	DoO	Monthly	65%	67.3%	69.3%	69.0%	68.4%	66.3%	61.4%	62.0%	66.0%	67.8%	64.5%	67.7%	70.2%	71.4%		G	
	Number of LHBs not achieving the Red incidents target	DoO	Monthly	0	6 per annum	1	1	1	3	6	6	3	1	4	2	2	2		R	
	Red 95th percentile	DoO	Monthly	Reduction Trend	0:17:03	0:16:38	0:16:54	0:16:57	0:17:17	0:18:06	0:19:12	0:17:39	0:15:57	0:17:14	0:16:42	0:15:51	0:16:01		G	
6	Amber 1 Median	DoO	Monthly	Reduction Trend	0:27:38	0:24:47	0:26:02	0:26:08	0:28:20	0:31:03	0:41:37	0:26:40	0:25:16	0:32:45	0:21:09	0:18:21	0:20:03		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
	Amber 1 65th percentile	DoO	Monthly	Reduction Trend	0:41:45	0:36:23	0:38:54	0:38:37	0:43:10	0:48:30	1:05:21	0:40:29	0:37:13	0:50:12	0:29:58	0:25:08	0:27:50		G	
	Amber 1 95th percentile	DoO	Monthly	Reduction Trend	2:24:43	1:58:51	2:11:19	2:18:43	2:34:36	2:51:42	3:48:16	2:28:14	2:01:47	2:49:11	1:33:24	1:10:43	1:19:18		G	
	Amber 2 Median	DoO	Monthly	Reduction Trend	0:53:06	0:47:07	0:49:54	0:51:13	0:53:29	1:02:03	1:25:41	0:49:50	0:47:24	1:03:07	0:30:51	0:28:45	0:31:42		G	
	Amber 2 65th percentile	DoO	Monthly	Reduction Trend	1:29:54	1:16:44	1:24:37	1:25:03	1:31:13	1:47:27	2:35:43	1:22:53	1:17:47	1:52:22	0:45:56	0:42:06	0:47:46		G	
	Amber 2 95th percentile	DoO	Monthly	Reduction Trend	6:22:46	5:19:45	5:36:38	5:47:19	7:03:41	8:06:47	10:24:56	6:41:54	5:29:10	8:03:32	3:24:08	2:35:13	3:04:02		G	
EMS Step 4 - Give me Treatment																				
7	Number of incidents which received a response on scene and were referred to alternative provider	MD	Monthly	Improvement Trend	8.4%	1997	1961	2022	2187	2317	2431	2372	2128	3007	3100	2753	2391		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 5 - Take Me To Hospital																				
8	% of verified incidents that were conveyed to major Eds	MD	Monthly	Reduction Trend	46.18%	50.52%	46.77%	46.25%	45.76%	44.50%	40.87%	45.65%	47.14%	41.15%	41.17%	46.01%	47.82%		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
9	Number of lost hours following notification to handover over 15 minutes	DoO	Monthly	Reduction Trend	9,339	8,048	8,408	10,025	11,132	11,474	13,821	13,057	7,233	5,673	1,929	1,900	2,649		G	
Core Requirements (1.Governance, 2.Patient Experience & Satisfaction, 3.Equity, 4.Clinical Care, 5.Staffing, 6.Saftey)																				
10	% of concerns that received a final (reg 24) within 30 days on being received	DQSPE	Monthly	75%	58%	29%	44%	66%	91%	71%	61%	61%	62%	54%	68%	74%	62%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
11	Number of SCIF Cases reported as Serious Incident Framework - 'Appendix B' - Incident referrals	MD	Monthly	0	2	3	2	3	3	1	8	6	4	2	3	2	3		A	
12	% sickness absence for staff (all staff)	DWOD	Monthly	6.3%	6.94%	6.65%	7.55%	7.12%	7.32%	6.93%	7.33%	7.16%	6.47%	7.48%	7.52%	6.26%	5.66%		A	Foundations of our Services: Enable Our People to be the Best They Can Be
13	Emergency Ambulance unit hours production - Compliance with planned rosters	DoO	Monthly	95%	91.0%	89%	86%	88%	90%	92%	91%	98%	92%	90%	100%	103%	99%		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
	Total EMS Actual Hours Produced	DoO	Monthly	Improvement Trend	111023	112,803	109,490	109,105	113,730	112,454	112,394	118,806	105,493	110,131	112,066	119,942	114,633		G	

Monthly Indicators	Lead Director	Reporting Frequency	Target	Baseline Position (2019/20)	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	2 Year Trend	RAG	IMTP Theme 2020/21
EMS Step 1 - Help me to Choose																			
Indicators under development																		TBD	
EMS Step 2 - Answer my Call																			
% of 111 Offered Calls Abandoned after 60 Seconds	DoO	Monthly	< 5%	12.40%	6.4%	6.1%	12.3%	7.7%	10.3%	23.5%	5.2%	10.1%	43.5%	22.6%	8.5%	2.9%		R	
% of 111 Calls Prioritised as P1CT that started their first definitive clinical assessment within1 hour of the end of the first contact	DoO	Monthly	90%	95.20%	95.0%	95.7%	95.0%	95.5%	95.4%	96.1%	96.5%	96.2%	89.3%	95.6%	96.3%	96.6%		G	
% of 111 Calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact	DoO	Monthly	90%	71.00%	77.2%	72.9%	68.4%	70.3%	79.7%	68.3%	80.9%	69.6%	39.7%	73.9%	87.9%	87.1%		R	
% of 111 Calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact	DoO	Monthly	90%	67.60%	74.4%	69.1%	62.3%	68.0%	72.2%	63.5%	73.7%	65.9%	40.4%	69.1%	85.8%	86.5%		R	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.
% of NHSDW Calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of first contact	DoO	Monthly	90%	97.10%	96.9%	97.1%	97.0%	97.9%	97.7%	97.2%	98.0%	97.4%	93.4%	97.3%	97.0%	96.5%		G	
% of NHSDW Calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact	DoO	Monthly	90%	79.50%	85.7%	80.2%	82.3%	82.5%	82.8%	79.2%	85.9%	77.2%	45.3%	72.2%	89.1%	90.9%		A	
% of NHSDW Calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact	DoO	Monthly	90%	80.20%	88.7%	79.8%	82.7%	84.8%	84.4%	79.9%	85.6%	76.1%	44.4%	71.1%	89.2%	94.2%		A	
% of Calls ended through transfer to alternative care advice services		Monthly	Improvement Trend	58.0%	57.5%	57.5%	55.1%	56.3%	57.7%	60.7%	57.3%	56.1%	58.1%	70.8%	66.8%	64.0%		G	Our Goals: Provide the right care in the right place, wherever and whenever it is needed.
Recontact % within 24 hours of telephone triage (hear & treat)	DoO	Monthly	Reduction Trend	6.90%	7.6%	8.0%	7.6%	6.5%	5.7%	4.8%	5.7%	5.1%	9.5%	9.8%	7.9%	15.7%		R	
Recontact % within 24 hours of see & treat	DoO	Monthly	Reduction Trend	0.80%	0.6%	0.7%	1.1%	0.8%	1.3%	0.7%	0.8%	0.6%	0.7%	1.5%	1.3%	1.3%		R	
EMS Step 3 - Come to See Me																			
Reduction in variation in Red response times performance between the best and worst LHB performance	DoO	Monthly	Reduction Trend	13.90%	7.4%	14.1%	13.6%	14.1%	8.5%	16.3%	18.3%	12.7%	13.9%	18.0%	25.1%	27.6%		R	
Amber Median	DoO	Monthly	Reduction Trend	0:32:31	0:29:33	0:30:52	0:30:50	0:33:10	0:36:36	0:48:03	0:31:20	0:29:47	0:38:28	0:23:50	0:21:05	0:22:56		G	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.
Amber 65th percentile	DoO	Monthly	Reduction Trend	0:50:57	0:45:21	0:47:34	0:48:26	0:52:36	0:59:13	1:17:17	0:49:34	0:45:51	1:01:14	0:34:30	0:29:29	0:32:28		G	
Amber 95th percentile	DoO	Monthly	Reduction Trend	3:41:54	3:05:12	3:26:29	3:28:25	4:03:30	4:27:59	5:48:22	3:39:00	3:13:35	4:29:50	2:08:01	1:40:43	1:54:57		G	
Reduction in the variation in Amber call 95th percentile response times between the longest and shortest LHB performance	DoO	Monthly	Reduction Trend	4:27:03 AM	#########	#########	#########	#########	#########	#########	#########	#########	#########	#########	#########	#########		G	
% of incidents where 2 or more vehicles arrived on scene	DoO	Monthly	Improvement Trend	19.1%	18.1%	18.2%	21.7%	20.8%	22.1%	23.7%	18.7%	17.8%	16.3%	11.3%	12.6%	13.9%		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed.
% of CFRs where they were the first response arriving at scene	DoO	Monthly	Improvement Trend	86.00%	86.2%	87.5%	85.0%	86.3%	83.4%	87.9%	84.8%	86.7%	88.5%	78.8%	87.8%	82.9%		A	Foundations of our Services: Enable our people to be the best they can be.
Compliance with HCP time requests to improve across each LHB	DoO	Monthly	Improvement Trend	85%	78.0%	77.9%	83.7%	90.0%	90.9%	89.3%	91.2%	90.6%	92.0%	96.2%	97.0%	95.5%		G	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.
EMS Step 4 - Give me Treatment																			
% of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door	MD	Quarterly	Improvement Trend	15.00%	16.0%	14.8%	11.3%	11.2%	9.6%	10.0%	-	-	-	-	-	-		A	
% of stroke patients documented as receiving the appropriate stroke bundle of care	MD	Quarterly	95%	97.00%	95.8%	96.6%	96.6%	98.1%	97.5%	96.2%	-	-	-	-	-	-		G	
% older people with suspected hip fracture documented as receiving appropriate care bundle	MD	Quarterly	95%	78%	81.5%	80.8%	83.2%	84.1%	88.3%	83.7%	-	-	-	-	-	-		R	
% of patients with a fractured hip/femur who are documented as receiving analgesia	MD	Quarterly	95%	91.00%	92.8%	89.8%	93.8%	95.9%	94.1%	95.2%	-	-	-	-	-	-		A	
% of acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle	MD	Quarterly	95%	73.00%	70.7%	87.0%	71.4%	71.1%	73.1%	79.7%	-	-	-	-	-	-		R	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.

Metric	Lead	Frequency	Target	Baseline	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Trend	RAG	Goals
% suspected sepsis patients who had a documented NEWS score	MD	Quarterly	95%	99.00%	98.4%	100.0%	97.7%	100.0%	100.0%	98.6%	-	-	-	-	-	-		G	
% patients with suspect febrile convulsion documented as receiving appropriate care bundle	MD	Quarterly	95%	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	-	-	-	-		G	
% of hypoglycaemic patients documented as receiving appropriate care bundle	MD	Quarterly	95%	89.00%	87.6%	86.0%	89.8%	83.7%	89.7%	86.4%	-	-	-	-	-	-		R	
% of Amber incidents where Ideal resource first on scene (note: Amber 1 used here)	DoO	Monthly	Improvement Trend	45.80%	68.0%	66.8%	66.2%	22.2%	23.3%	23.9%	27.4%	25.6%	21.0%	8.7%	9.9%	11.2%		R	
EMS Step 5 - Take me to Hospital																			
% of patients conveyed to hospital following a face to face assessment	DoO	Monthly	Improvement Trend	65.60%	66.5%	66.2%	67.1%	67.4%	66.0%	65.2%	65.2%	66.2%	57.3%	52.9%	58.6%	61.7%		A	
Proportion of conveyance to other locations other than major ED's (Tier 2 - MIU, Tier 3 and Other e.g. Maternity or MH Units)	DoO	Monthly	Improvement Trend	8.4	8.9%	8.0%	8.4%	7.99%	7.51%	8.22%	8.14%	8.35%	8.22%	8.49%	8.30%	7.97%		A	Our Goals: Provide the right care in the right place, wherever and whenever it is needed.
% of notification to handover within 15 minutes of arrival at hospital	DoO	Monthly	Improvement Trend	40.7%	45.4%	42.3%	38.2%	38.1%	34.7%	32.7%	32.3%	38.9%	37.8%	44.8%	51.4%	50.7%		A	
% of handover to clear within 15 minutes of transfer of patient care to hospital staff	DoO	Monthly	Improvement Trend	85.20%	87.5%	88.8%	88.5%	89.3%	88.2%	88.2%	87.3%	86.2%	85.0%	84.3%	84.2%	83.7%		A	
Number of lost hours following handover to clear over 15 minutes	DoO	Monthly	Reduction trend	1,062	342	283	300	327	338	395	411	340	303	314	327	374		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
Core Requirements - 2. Patient Experience & Satisfaction																			
Number of Health and Care research Wales clinical research portfolio studies	MD	Half yearly	10% Annual Improvement	2			3				3					-		A	
Number of patients recruited in Health and Care research Wales clinical research portfolio studies	MD	Half yearly	10% Annual Improvement	15			114				238					-		G	Foundations of our Services: Ensure the Design and Infrastructure are at the Forefront of Technology and Innovation.
Number of Health and Care research Wales commercially sponsored studies	MD	Half yearly	10% Annual Improvement	0	0	0	0	0	0	0	0	0	-	-	-	-		R	
Number of patients recruited into Health and Care research Wales commercially sponsored studies	MD	Half Yearly	10% Annual Improvement	0	0	0	0	0	0	0	0	0	-	-	-	-		G	
Core Requirements - 5.Staffing																			
% of staff that would be happy with the standards of care provided by their organisation if a friend of relative needed treatment	DWOD				-	-	-	-	-	-	-	-	-	-	-	-		TBD	Foundations of our Services: Enable our people to be the best they can be.
% of headcount who have had a PADR/medical appraisal in the previous 12 months	DWOD	Monthly	85%	75%	76.21%	77.01%	76.69%	75.74%	76.31%	76.64%	75.10%	74.98%	68.91%	62.28%	58.03%	55.82%		R	
% of staff who undertook a performance appraisal who agreed it helped them improve how they did their job	DWOD	Annual	Improvement Between Surveys	51%	-	-	-	-	-	-	-	-	-	-	-	-		G	
Reduction in % of staff that has experienced harassment, bullying or abuse at work from managers/line	DWOD	Bi-Annual	Improvement Between Surveys	26%												-		A	
Overall staff engagement score	DWOD	Annual	Improvement Between Surveys	3.65												-		G	
% of employed NHS staff completing dementia training at an informed level (Level 1)	DWOD	Half yearly	85%	75%	79.59%	79.7%	79.5%	87.8%	78.7%	78.8%	79.5%	80.0%	80.0%	79.1%	79.8%	79.5%		A	
% compliance for each completed level 1 competency within the core skills & training framework	DWOD	Monthly	85%	85%	87.68%	87.90%	88.04%	89.44%	90.50%	91.85%	92.72%	93.33%	93.39%	90.64%	88.52%	84.97%		G	
% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework	DWOD	Monthly	85%	75%	89.70%	90.04%	89.88%	89.38%	89.38%	88.72%	81.47%	89.83%	89.76%	85.90%	81.20%	76.23%		A	Our Goals: Provide the Right Care in the Right Place, Wherever and Whenever it is Needed
Delivery of band 6 competency requirements - 11 competences for 2019/20 (Current Position minus NQP Staff, LTS & Maternity) Year 1	DWOD	Quarterly	90%	90%	92.37%	93.36%	93.31%	92.27%	93.06%	94.07%	94.16%	94.47%	94.47%	94.07%	94.15%	93.78%		G	
Delivery of band 6 competency requirements - 11 competences for 2019/20 (Current Position minus NQP Staff, LTS & Maternity) Year 2	DWOD	Quarterly	90%	90%	8.10%	8.84%	13.85%	16.61%	20.39%	28.49%	36.92%	60.94%	76.15%	81.41%	83.48%	84.87%		R	
% uptake of the influenza vaccination amongst healthcare workers who have direct patient contact	DQSPE	Annual	60%	36.40%				16.66%	23.97%	38.25%	39.75%	41.30%	-	-	-	-		R	Foundations of our Services: Enable our people to be the best they can be.
% uptake of the influenza vaccination - Total WAST	DQSPE												42.20%	-	-	-		R	
% of Total Monthly Abstraction Hours		Monthly	Reduction Trend	31.00%	34%	36%	33%	33%	29%	31%	28%	29%	35%	31%	30%	30%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
Total Monthly Abstraction Hours		Monthly	Reduction Trend	79812	85828	92214	83999	61380	76139	81372	73098	76194	90376	79231	78032	78642		A	
Concerns and Patient Safety																			
Number of patient falls reported as SAIs.	DQSPE	Monthly	Reduction Trend	12	0	2	0	0	0	0	1	1	0	0	0	0		G	
Number of never events	DQSPE	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0		G	

Measure	Lead	Frequency	Trend	Target													Trend	RAG	Golden Threads
Patient safety notices not assured within agreed timescales	DQSPE	Quarterly	0	0	0			1			0			0				A	Our Golden Threads: Quality at the Heart of everything we Do.
Number of administration, dispensing or prescribing medication errors reported as SAIs	MD	Quarterly	Reduction Trend	0	0	0	0	0			0			0			—	G	
Number of SCIF cases reported as Serious Incident Framework 'Appendix B' referrals to HB incident referrals	MD	Monthly		0	1	4	2	2	5	21	3	2	3	0	0	⋏	A	

Finance

Measure	Lead	Frequency	Trend	Target													Trend	RAG	Golden Threads
Overtime use to reduce.	DFICT	Quarterly	Reduction Trend	£6.5m	Increase of £161,000			Increase of £24,000			Increase of £261,000			Increase of £375,000			-	R	Foundations of our Services: Enable our people to be the best they can be.
Reduction in carbon footprint		Annual	Improvement Trend	TBD	-	-	-	-	-	-	-	-	-	-	-	-		TBD	
Improvement in estate utilisation		Annual	Improvement Trend	TBD	95.8%													TBD	
Reduction in estate backlog maintenance		Annual	Improvement Trend	TBD	£12,200,000.00													TBD	
Financial balance - annual expenditure YTD as % of budget expenditure YTD	DoF	Monthly	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	⌄	G	Our Golden Threads: Quality at the Heart of everything we Do.

NEPTS - Step 1: Help Me Choose

Measure	Lead	Frequency	Trend	Target													Trend	RAG	Golden Threads
Number of non-eligible patients signposted to alternative providers (NEPTS)	DoO	Quarterly	Improvement Trend	311.00%	14	8	5	7	5	7	-	-	-	-	-	-	⋏	R	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.

NEPTS - Step 2: Answer My Request

Measure	Lead	Frequency	Trend	Target													Trend	RAG	Golden Threads
% of calls answered within 60 seconds (NEPTS)	DoO	Quarterly	Improvement Trend	57.90%	82.8%	74.5%	70.6%	59.7%	55.8%	82.7%	-	-	-	-	-	-	⋏	G	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
% of calls abandoned before being answered (NEPTS)	DoO	Quarterly	Reduction Trend	13.20%	5.3%	8.6%	9.6%	13.8%	11.4%	1.4%	-	-	-	-	-	-	⋏	G	

NEPTS - Step 3: Coordinate My Journey

Measure	Lead	Frequency	Trend	Target													Trend	RAG	Golden Threads
% of Journeys booked by fax/post/hand (NEPTS)	DoO	Quarterly	Reduction Trend	25.80%	21.7%	23.4%	21.1%	22.4%	23.6%	24.7%	-	-	-	-	-	-	⋏	G	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
% of Journeys booked after 12 noon the day before travel (NEPTS)	DoO	Quarterly	Reduction Trend	12.00%	12.3%	13.0%	11.7%	14.8%	15.3%	18.0%	-	-	-	-	-	-	⋏	A	
Reduce the number of on the day discharge & bookings	DoO				-	-	-	-	-	-	-	-	-	-	-	-	—	TBD	
Proportion of journeys undertaken for eligible patients (NEPTS)	DoO	Quarterly	Improvement Trend	97.60%	97.5%	97.7%	97.4%	97.4%	97.3%	97.6%	-	-	-	-	-	-	⋏	A	
Reduction in the number of cancelled journeys (NEPTS)	DoO	Quarterly	Improvement Trend	11.40%	10.2%	10.7%	10.5%	10.4%	10.3%	17.9%	-	-	-	-	-	-	⋏	A	

NEPTS - Step 4: Pick Me Up

Measure	Lead	Frequency	Trend	Target													Trend	RAG	Golden Threads
% of core journeys arriving **more than 45 minutes prior** to their appointment time (NEPTS)	DoO	Quarterly	Improvement Trend	26.83%	27.5%	27.4%	26.1%	12.7%	12.8%	13.5%	-	-	-	-	-	-	⋏	A	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
% of core journeys arriving within 30 minutes of their appointment time (+/-) (NEPTS)	DoO	Quarterly	Improvement trend	59%	57.66%	58.98%	57.42%	58.32%	58.37%	57.19%	-	-	-	-	-	-	⋏	A	
% of core journeys arriving **more than 15 mins after** their appointment time (NEPTS)	DoO	Quarterly	Reduction Trend	14.86%	14.8%	13.6%	16.5%	26.4%	24.5%	25.5%	-	-	-	-	-	-	⋏	A	
% of enhanced renal journeys arriving within 30 minutes prior of their appointment time (NEPTS)	DoO	Quarterly	Improvement trend	61%	56.34%	57.41%	58.84%	58.78%	58.92%	58.69%	-	-	-	-	-	-	⋏	A	
% of **enhanced renal** journeys arriving **after** their appointment time (NEPTS)	DoO	Quarterly	Reduction Trend	16.34%	19.3%	17.4%	17.6%	18.3%	17.7%	17.9%	-	-	-	-	-	-	⋏	A	
% of enhanced oncology journeys arriving within 30 minutes prior to their appointment time (NEPTS)	DoO	Quarterly	Improvement trend	37%	33.8%	38.8%	37.3%	39.2%	36.2%	33.7%	-	-	-	-	-	-	⋏	A	
% of **enhanced oncology** journeys arriving **after** their appointment time (NEPTS)	DoO	Quarterly	Reduction Trend	33.27%	35.6%	31.0%	35.8%	33.9%	40.0%	38.9%	-	-	-	-	-	-	⋏	A	
% of journeys aborted (NEPTS)	DoO	Quarterly	Reduction Trend	0	12.8%	12.5%	12.7%	12.7%	12.8%	13.5%	-	-	-	-	-	-	⋏	G	

NEPTS - Step 5: Take Me To My Destination

Measure	Lead	Frequency	Trend	Target													Trend	RAG	Golden Threads
% of core journeys - other (Outpatients, Day Case, etc.) - collected **less than 60 minutes** after their booked ready time - (NEPTS)	DoO	Quarterly	Improvement Trend	79.12%	77.4%	79.0%	76.2%	76.9%	76.3%	77.4%	-	-	-	-	-	-	⋏	A	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
% of core journeys - other (Outpatients, Day Case, etc.) - collected **more than 60 minutes after** their booked ready time (NEPTS)	DoO	Quarterly	Reduction Trend	20.87%	22.6%	21.0%	23.8%	23.1%	23.7%	22.6%	-	-	-	-	-	-	⋏	A	
% of enhanced renal journeys - collected **less than 30 minutes after** their booked ready time (NEPTS)	DoO	Quarterly	Improvement Trend	70.26%	68.5%	69.2%	67.3%	67.1%	69.5%	70.4%	-	-	-	-	-	-	⋏	A	
% of enhanced renal journeys - collected **more than 30 minutes after** their booked ready time (NEPTS)	DoO	Quarterly	Reduction Trend	29.73%	31.5%	30.8%	32.7%	32.9%	30.5%	29.6%	-	-	-	-	-	-	⋏	A	
% of enhanced oncology journeys - collected **less than 30 minutes after** their booked ready time (NEPTS)	DoO	Quarterly	Improvement Trend	52.50%	50.3%	51.6%	51.2%	51.8%	55.8%	53.1%	-	-	-	-	-	-	⋏	A	
% of enhanced oncology journeys - collected **more than 30 minutes after** their booked ready time (NEPTS)	DoO	Quarterly	Reduction Trend	47.49%	49.7%	48.4%	48.8%	33.4%	34.0%	31.2%	-	-	-	-	-	-	⋏	A	
% of discharge & transfer journeys - collected **less than 60 minutes after** their booked ready time (NEPTS)	DoO	Quarterly	Improvement Trend	60.72%	62.6%	64.1%	74.4%	73.4%	75.3%	79.0%	-	-	-	-	-	-	⋏	A	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients

SECTION 4: WAST Activity Dashboard													
Description	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	2 Year Trend
NHSDW Total Call Volumes	17,894	17,370	15,507	15,864	15,661	19,120	15,393	16,335	32,031	20,734	18,009	4,747	
111 Total Call Volumes	28,625	33,079	36,089	35,648	40,009	54,245	38,903	40,079	101,252	52,263	45,450	35,282	
Frequent Caller Call Volumes	2,534	2,732	2,712	2,707	2,481	2,828	2,605	2,390	2,357	2,477	2,536	2,249	
999 Call Volumes (From 1st Apr 0845 numbers removed)	43,471	43,015	41,839	44,678	44,846	51,816	42,104	38,049	43,474	33,145	33,365	33,898	
HCP Call Volumes	7,121	6,649	6,573	6,902	6,809	7,398	6,711	6,025	5,247	4,351	5,196	5,433	
Hear & Treat Volumes (calls assessed and closed by the clinical desk)	3,463	3,321	3,295	3,438	3,630	4,645	3,656	2,936	2,447	2,766	3,068	3,154	
Total Verified Incidents	40,861	40,230	38,776	40,786	40,481	44,812	39,543	36,115	37,726	32,655	34,570	34,452	
Total Verified Incidents: RED	2,301	2,274	2,325	2,532	2,892	3,140	2,517	2,191	2,626	1,897	1,824	1,805	
Total Verified Incidents: AMBER	28,250	28,085	26,814	28,265	27,319	30,814	27,149	24,612	27,192	23,753	24,207	24,290	
Total Verified Incidents: GREEN	10,101	9,689	9,502	9,973	10,081	10,660	9,724	9,184	7,756	7,005	8,356	8,357	
Number of incidents which were treated at scene	2,988	2,958	2,740	2,822	2,871	2,907	3,072	2,729	4,500	4,867	4,188	3,715	
Conveyance Volumes	15,197	14,947	14,831	15,718	15,202	15,717	16,851	15,935	15,008	12,839	14,929	15,381	
Conveyance to Major ED	18,817	18,447	17,934	18,661	18,018	18,318	18,053	17,023	13,444	13,444	15,905	16,474	
NEPTS Patient Journeys	71,464	65,344	64,537	70,758	65,876	61,228	68,848	63,842	53,905	29,781	30,452	36,133	
Number of Core Patient Journeys - Discharge & Transfer (NEPTS)	4,719	4,832	4,149	4,587	4,609	4,707	-	-	-	-	-	-	
Number of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)	33,133	28,929	30,471	34,108	30,781	25,406	-	-	-	-	-	-	
Number of Enhanced Patient Journeys - Enhanced Renal Journeys (NEPTS)	17,882	17,948	16,670	17,753	17,119	17,699	-	-	-	-	-	-	
Number of Enhanced Patient Journeys - Enhanced Oncology Journeys (NEPTS)	5,498	4,851	4,051	4,249	3,912	4,102	-	-	-	-	-	-	
Concerns Volumes (Formal, Early & Local Resolution - By date Complaint Received)	127	73	72	120	121	70	162	140	101	66	44	52	
Patient Safety Incidents, Near Misses and Hazards closed on Datix within Reporting Month - No Harm/Hazard	150	146	104	135	158	189	163	122	101	99	134	157	

16964

14.3%

Integrated Quality and Performance Report
Welsh Ambulance Services NHS Trust
June 2020

www.ambulance.wales.nhs.uk welshambulanceservice @welshambulance
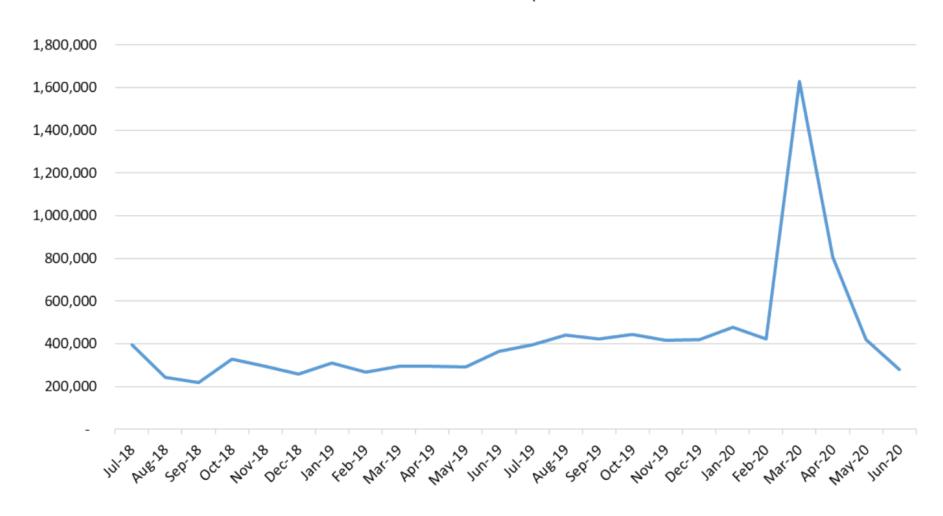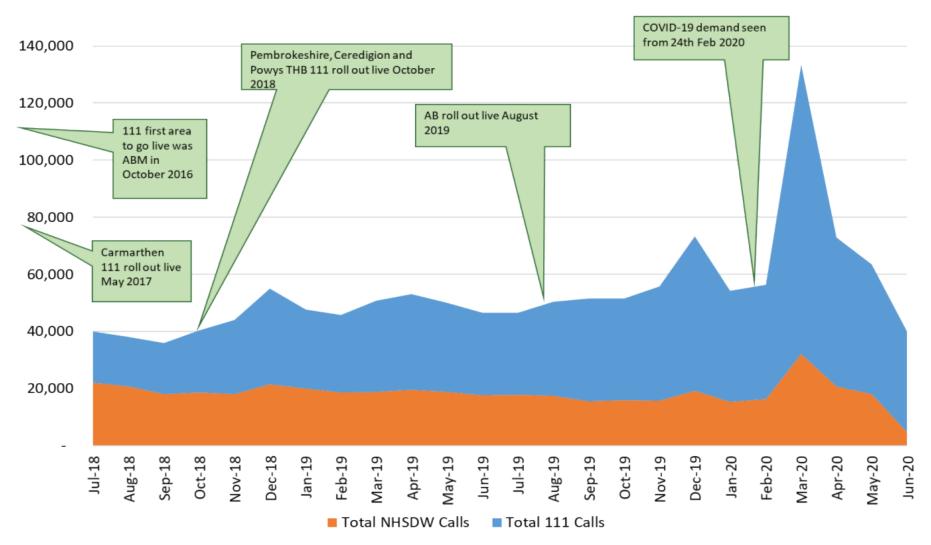
OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Number of NHS Direct Wales unique website visits
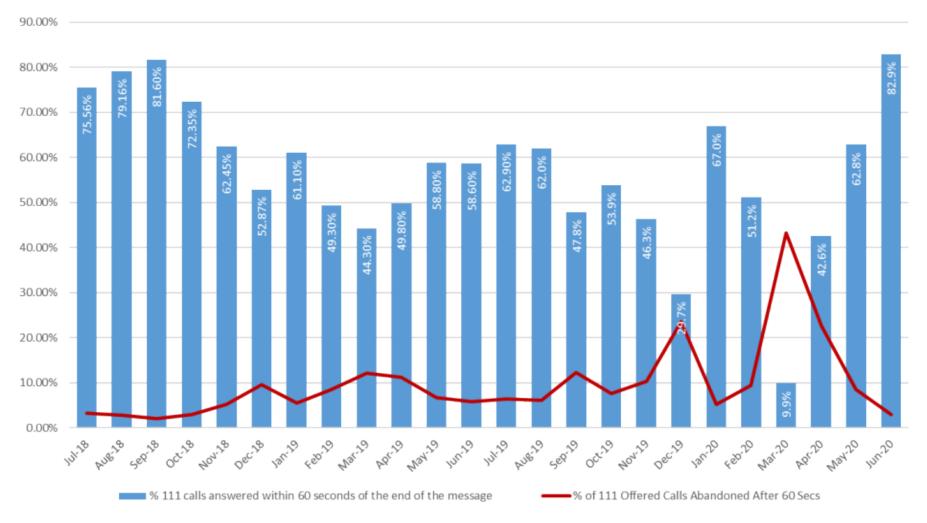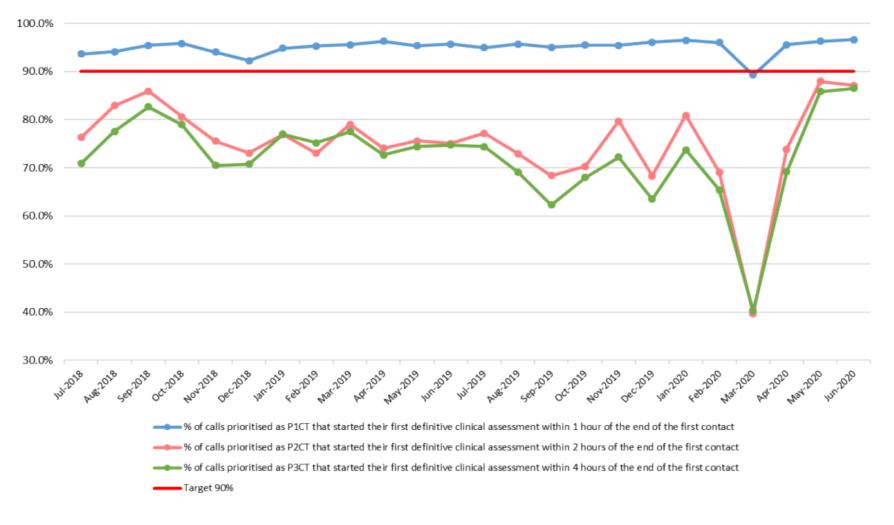
OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Total Calls for NHSDW and 111

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

111 Calls Answered vs Calls Abandoned within 60 Seconds

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

111 Timely Clinical Triage of Patients

Legend:
- % of calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of the first contact
- % of calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact
- % of calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact
- Target 90%

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of NHSDW calls answered within 90 seconds of the welcome message
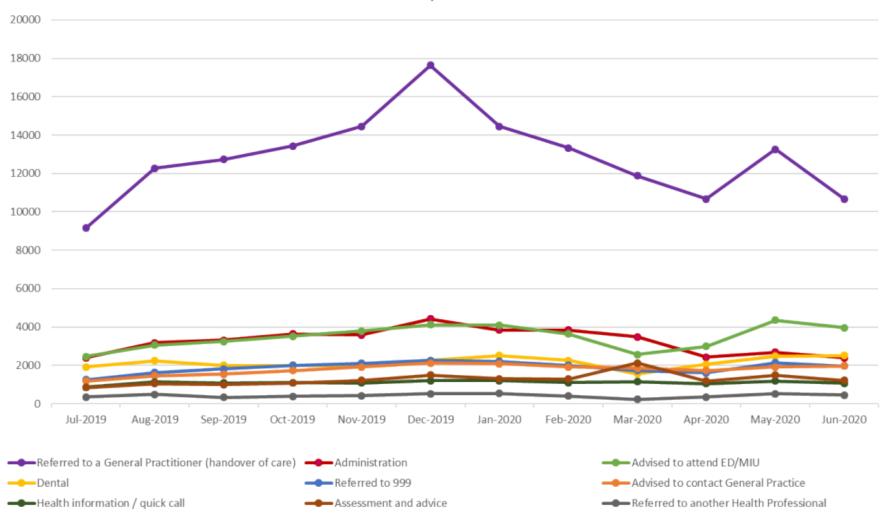
OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

NHS Direct Wales Timely Clinical Triage of Patients

Legend:
- % of calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of the first contact
- % of calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact
- % of calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact
- Target 90%

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

111 Calls By Final outcome

Legend:
- Referred to a General Practitioner (handover of care)
- Administration
- Advised to attend ED/MIU
- Dental
- Referred to 999
- Advised to contact General Practice
- Health information / quick call
- Assessment and advice
- Referred to another Health Professional

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

NHSD Calls by Final Outcome

Legend:
- Administration
- Referred to a General Practitioner (handover of care)
- Advised to contact General Practice
- Referred to 999
- Referred to another Health Professional
- Advised to attend ED/MIU
- Dental
- Health information / quick call
- Assessment and advice

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Hear & Treat

Hear & Treat Volumes (Through Clinical Support Desk & NHSDW)
% calls ended following WAST telephone assessment through Clinical Support Desk & NHSDW (hear & treat)

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Hear & Treat

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

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

Legend: Jul 18-Jun 19 / Jul 19-Jun 20

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

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

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Recontact % within 24 hours of see & treat

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

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

Legend:
- % of emergency responses to red calls arriving within (up to and including) 8 minutes
- Target 65%
- Red Calls - 95th percentile response time

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

% of emergency responses to red calls within 8 minutes- starting 01/10/17

% of emergency responses to red calls within 8 minutes- Moving range, starting 01/10/17

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Total Verified RED Demand
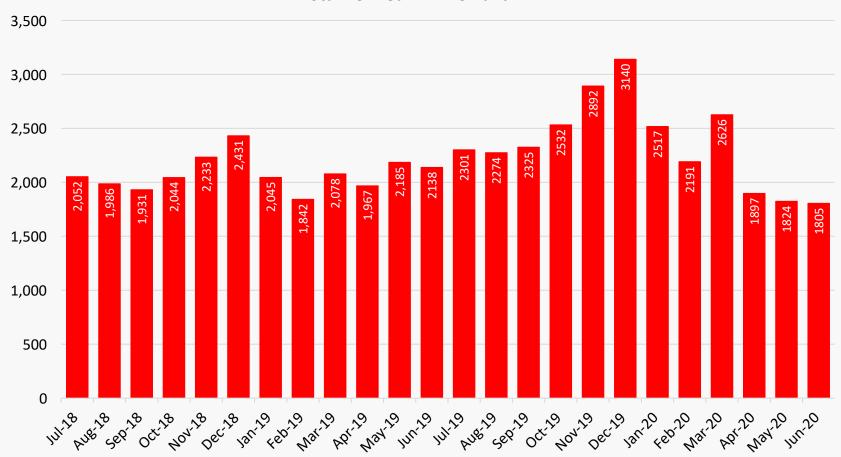
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Red Median Correlated with Notification to Handover Lost Hours Sep-17 to June-20
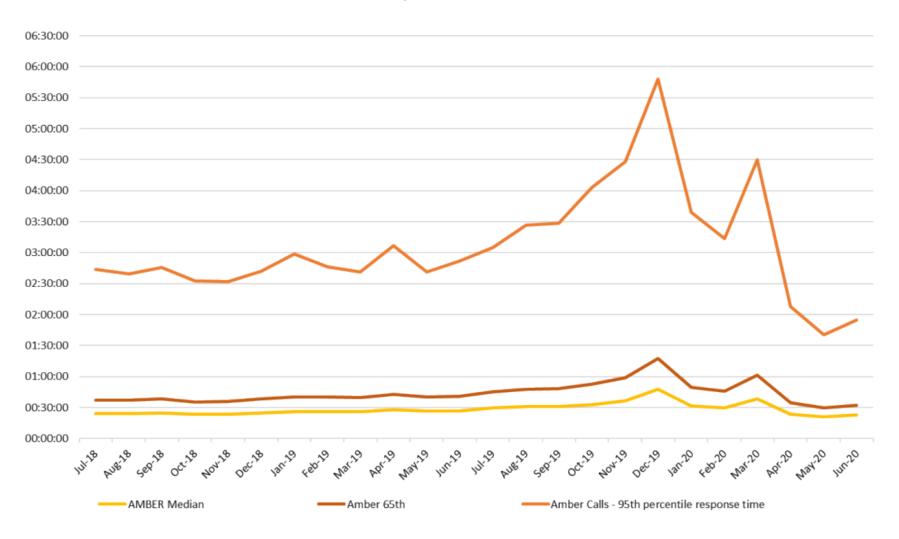
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Reduction in the variation in RED call response time performance between the best and worst HB performance
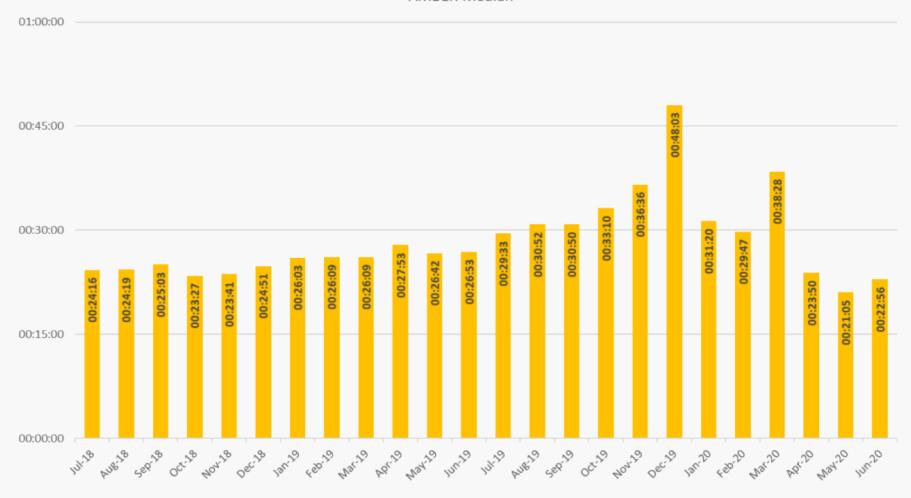
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Amber Median, 65th & 95th Percentile

Legend:
- AMBER Median
- Amber 65th
- Amber Calls - 95th percentile response time

Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

AMBER Median

Month	Value
Jul-18	00:24:16
Aug-18	00:24:19
Sep-18	00:25:03
Oct-18	00:23:27
Nov-18	00:23:41
Dec-18	00:24:51
Jan-19	00:26:03
Feb-19	00:26:09
Mar-19	00:26:09
Apr-19	00:27:53
May-19	00:26:42
Jun-19	00:26:53
Jul-19	00:29:33
Aug-19	00:30:52
Sep-19	00:30:50
Oct-19	00:33:10
Nov-19	00:36:36
Dec-19	00:48:03
Jan-20	00:31:20
Feb-20	00:29:47
Mar-20	00:38:28
Apr-20	00:23:50
May-20	00:21:05
Jun-20	00:22:56
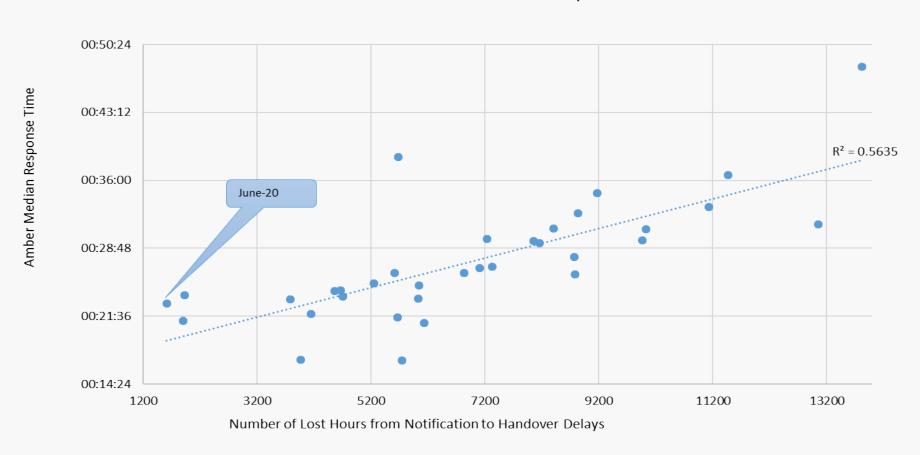
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Reduction in the variation in AMBER call 95th percentile response times between the longest and shortest Health Board performance

Legend:
- ■ Lowest 95th percentile HB performance
- ■ Variance
- ■ Highest 95th percentile HB performance

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS
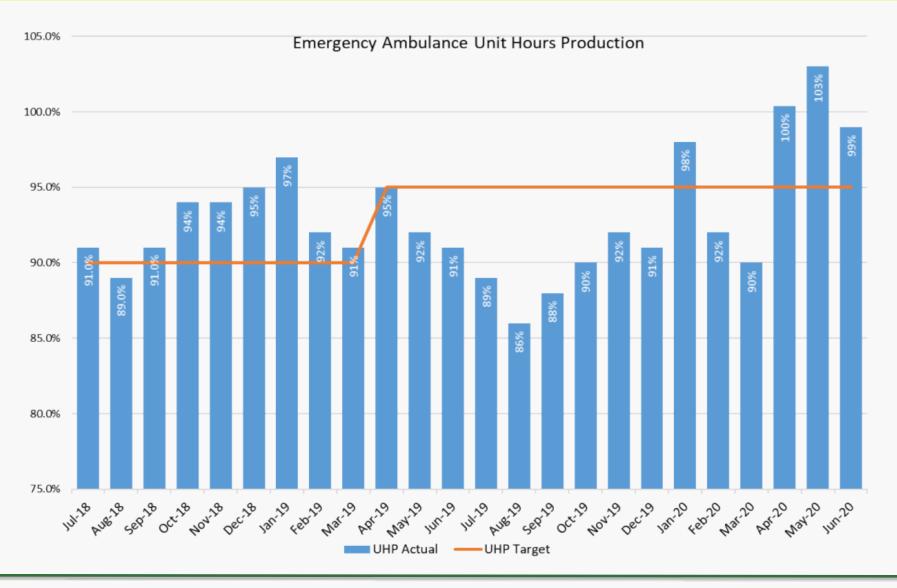
Amber Median Correlated with
Notification to Handover Lost Hours Sept-17 to Jun-20

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

% of incidents where 2 or more vehicles arrived on scene

Emergency Medical Services – Step 3: Come To See Me

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

% Community First Responders attendances where they were the first response arriving at the scene

Emergency Medical Services – Step 3: Come To See Me

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

Emergency Ambulance Unit Hours Production

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

Total EMS Actual Hours Produced

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

Compliance with HCP time requests to improve across each LHB

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (Jul-19 to Jun-20)
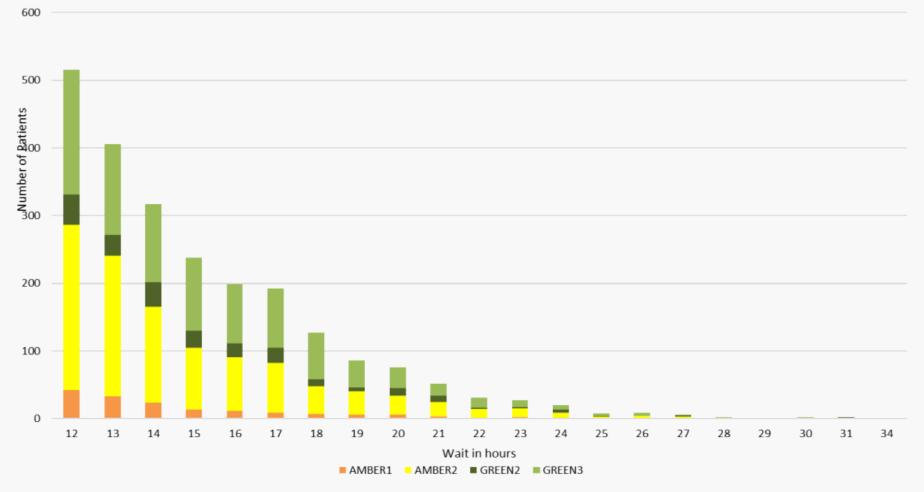
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Patient Waits in Hours

Month	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	34	Grand Total
Jul-19	45	28	22	14	9	14	5	4	4	1		2	1	1	2	1	1					154
Aug-19	43	43	22	23	10	13	7	3	4	3			1									172
Sep-19	44	24	24	14	18	12	5	5	3	3	2	1		1		1					1	158
Oct-19	67	50	31	26	28	25	19	14	18	9	5	1	1	1					1			296
Nov-19	62	64	45	41	25	19	15	12	11	10	6	7	3	1		3		1				325
Dec-19	103	79	68	47	48	51	39	23	25	17	8	14	8	3	2	1	1		1	2		540
Jan-20	50	44	40	36	34	32	16	15	8	7	7		2		4							295
Feb-20	39	23	20	10	10	9	7	1	1		2	1	1	1								125
Mar-20	52	49	43	23	15	15	11	9	2	2	1	1	3		1							227
Apr-20	6	1	1	2	2	2	3															17
May-20	2	1																				3
Jun-20	2		1	2																		5
Grand Total	515	406	317	238	199	192	127	86	76	52	31	27	20	8	9	6	2	1	2	2	1	2317

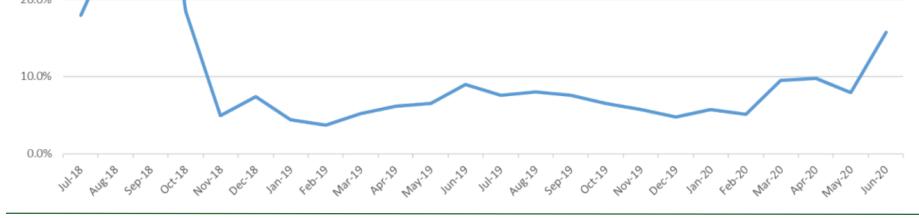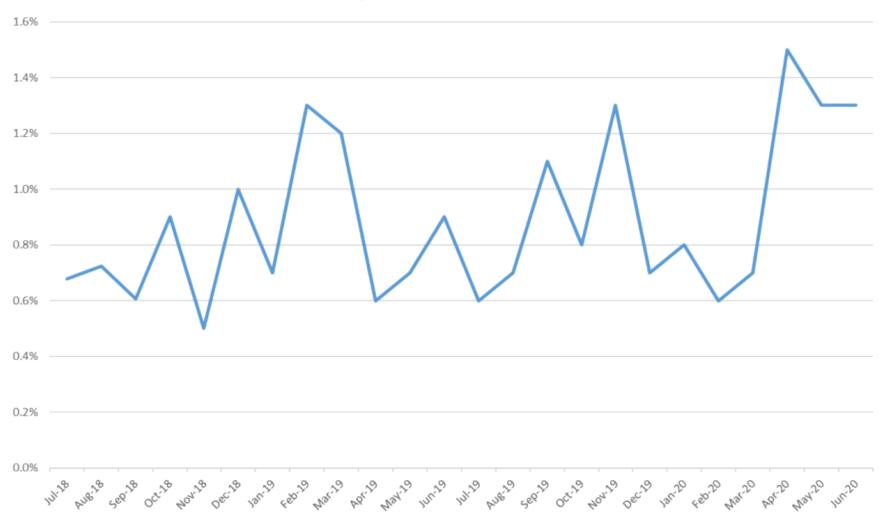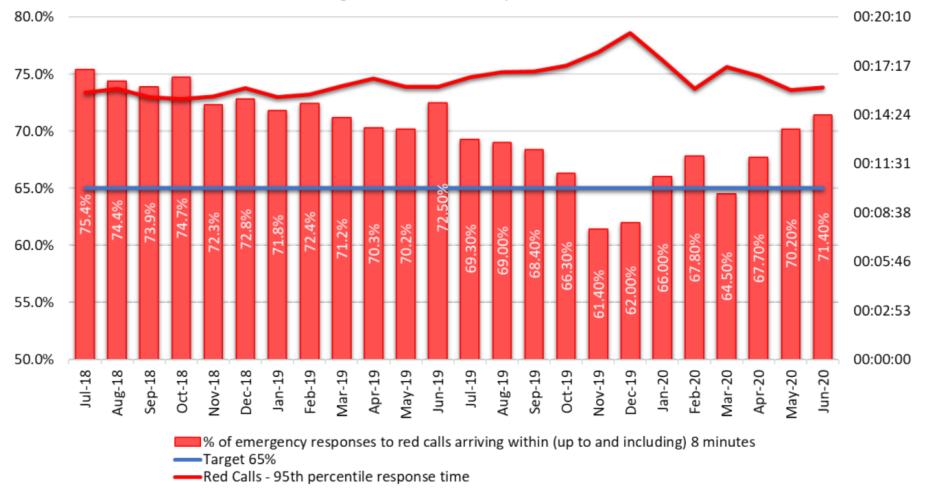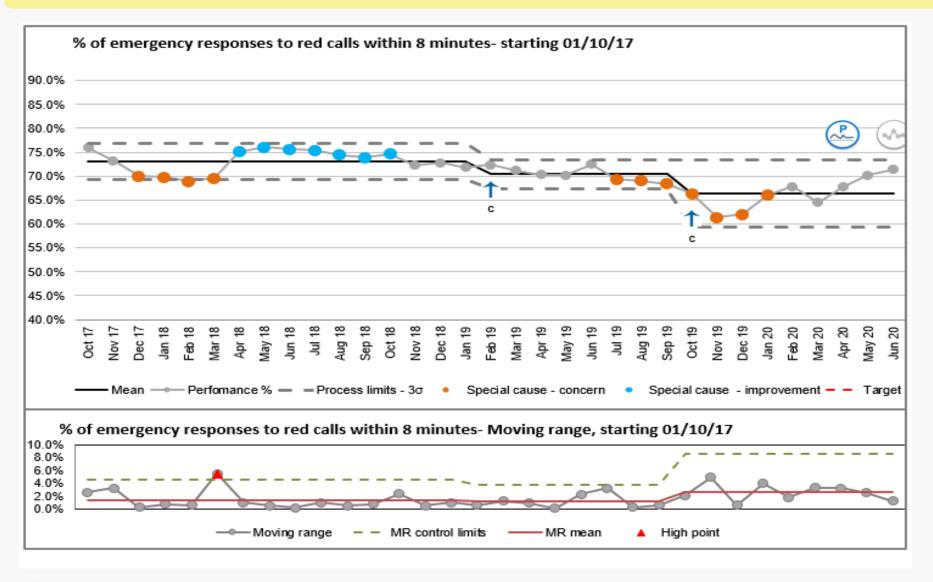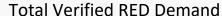**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**

% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door

Month	Value
Jan-18	11.6%
Feb-18	9.6%
Mar-18	15.7%
Apr-18	13.8%
May-18	18.7%
Jun-18	12.8%
Jul-18	17.1%
Aug-18	14.5%
Sep-18	13.7%
Oct-18	15.4%
Nov-18	11.0%
Dec-18	11.5%
Jan-19	15.0%
Feb-19	11.5%
Mar-19	13.3%
Apr-19	17.3%
May-19	20.0%
Jun-19	11.0%
Jul-19	16.0%
Aug-19	14.8%
Sep-19	11.3%
Oct-19	11.2%
Nov-19	9.6%
Dec-19	10.0%

N.B. December 2019 data available only

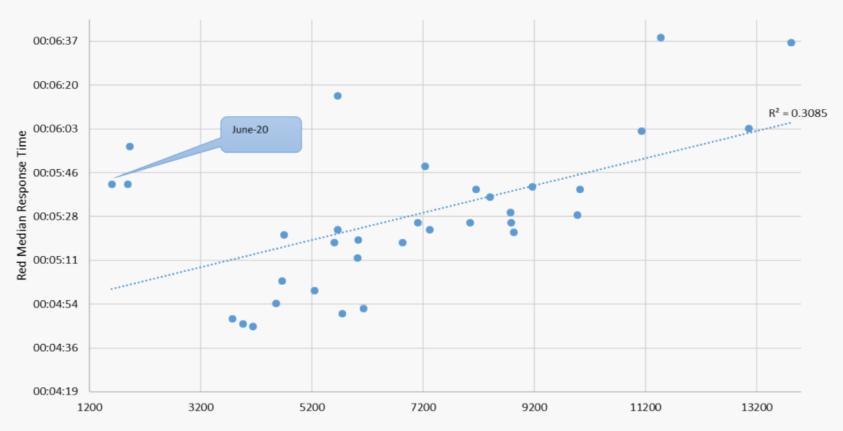**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**

% of suspected stroke patients who are documented as receiving appropriate stroke care bundle

N.B. December 2019 data available only

Emergency Medical Services – Step 4: Give Me Treatment

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

% older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)

Legend: % older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia) (AQI16ii) — Target 95%

N.B. December 2019 data available only
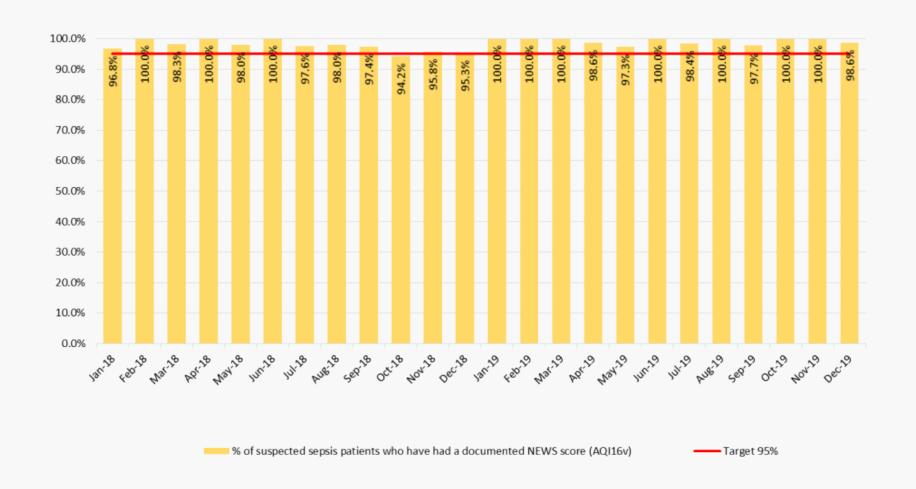
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle

Legend: % of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle (AQI16iv) — Target 95%
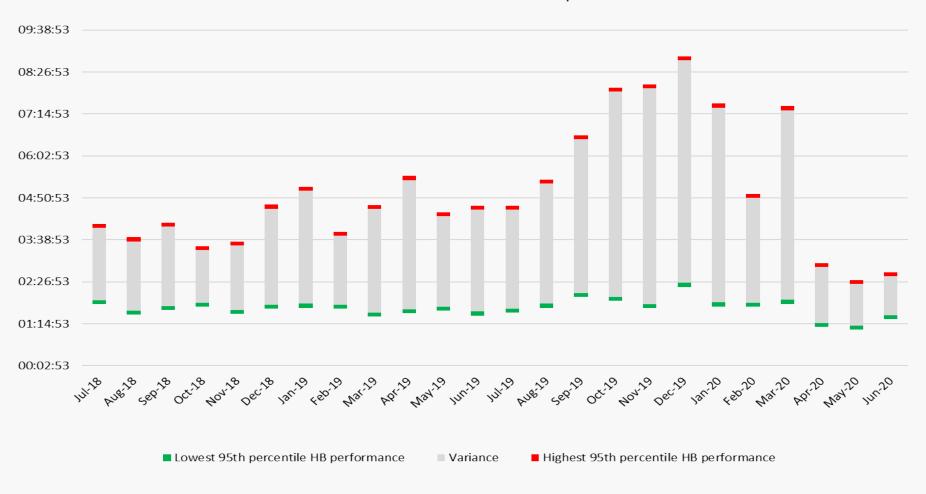
N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

% of suspected sepsis patients who have had a documented NEWS score

Legend:
- % of suspected sepsis patients who have had a documented NEWS score (AQI16v)
- Target 95%

Data values by month:
- Jan-18: 96.8%
- Feb-18: 100.0%
- Mar-18: 98.3%
- Apr-18: 100.0%
- May-18: 98.0%
- Jun-18: 100.0%
- Jul-18: 97.6%
- Aug-18: 98.0%
- Sep-18: 97.4%
- Oct-18: 94.2%
- Nov-18: 95.8%
- Dec-18: 95.3%
- Jan-19: 100.0%
- Feb-19: 100.0%
- Mar-19: 100.0%
- Apr-19: 98.6%
- May-19: 97.3%
- Jun-19: 100.0%
- Jul-19: 98.4%
- Aug-19: 100.0%
- Sep-19: 97.7%
- Oct-19: 100.0%
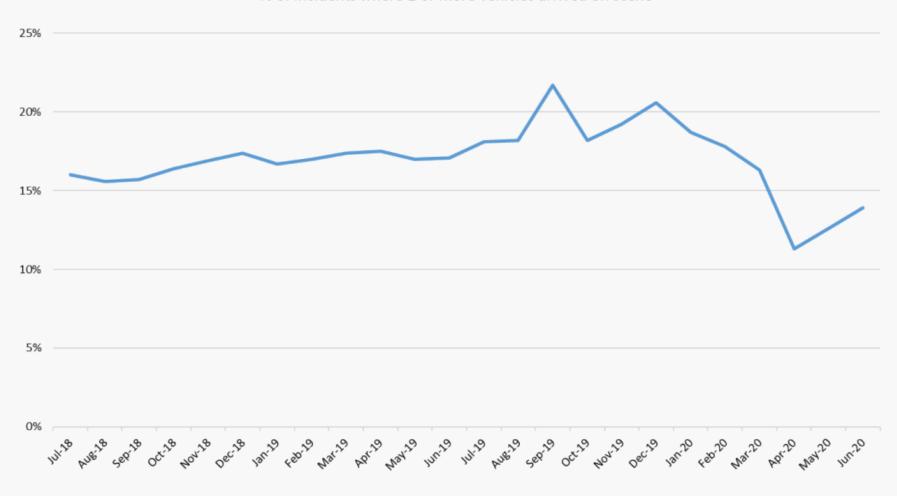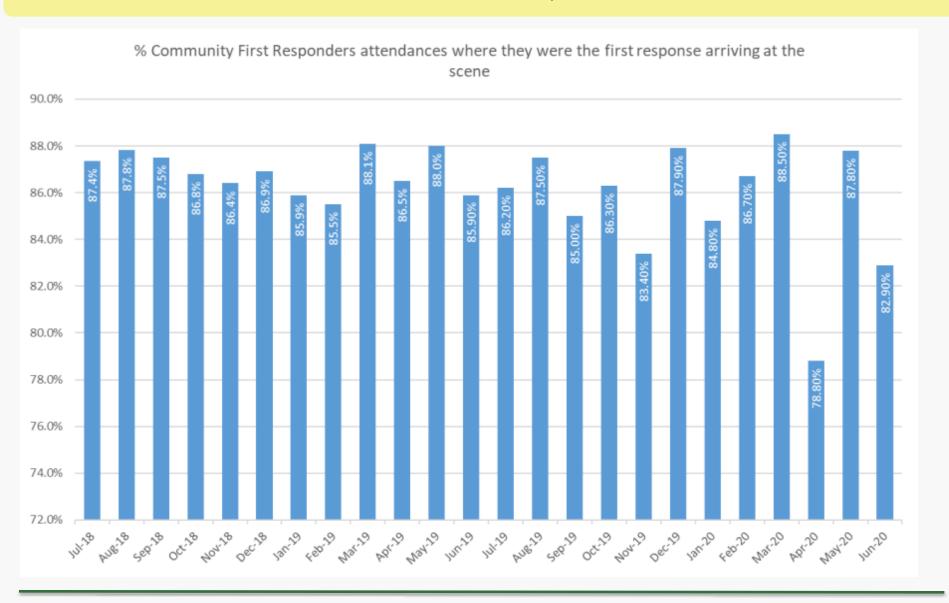- Nov-19: 100.0%
- Dec-19: 98.6%

N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS
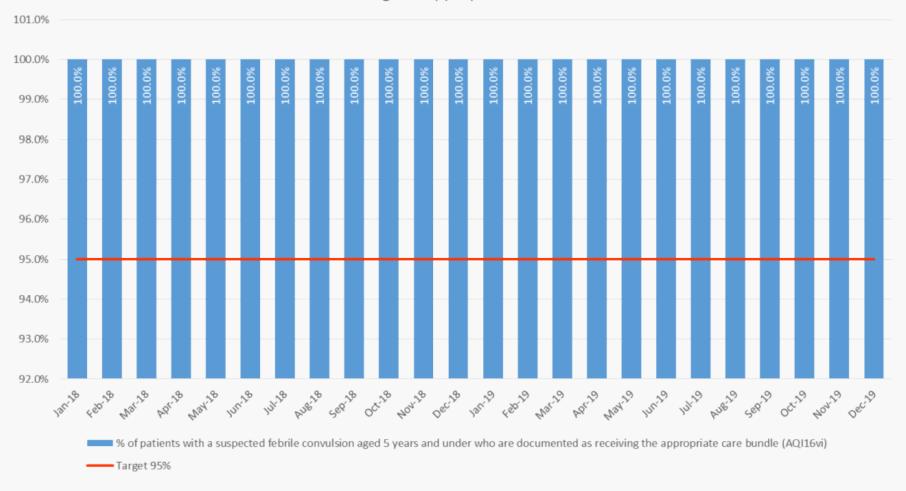
% of Patients with a suspcted febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle

Legend: % of patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle (AQI16vi)

Target 95%

N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

% of hypoglycaemic patients who are documented as receiving the appropriate care bundle
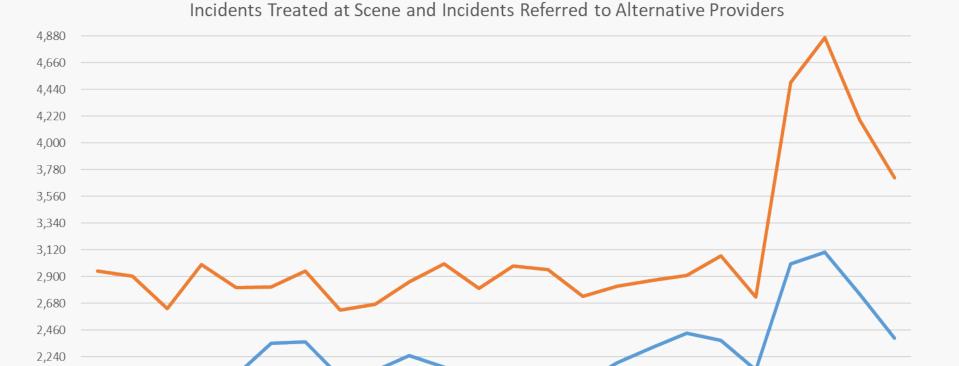
Legend:
- % of hypoglycaemic patients who are documented as receiving the appropriate care bundle (AQI16vii)
- Target 95%

N.B. December 2019 data available only

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

Incidents Treated at Scene and Incidents Referred to Alternative Providers
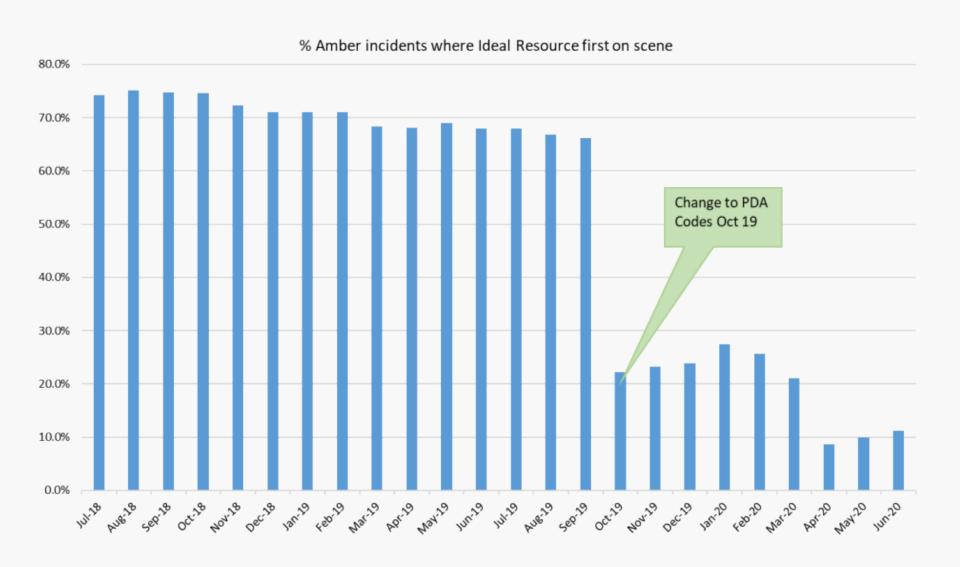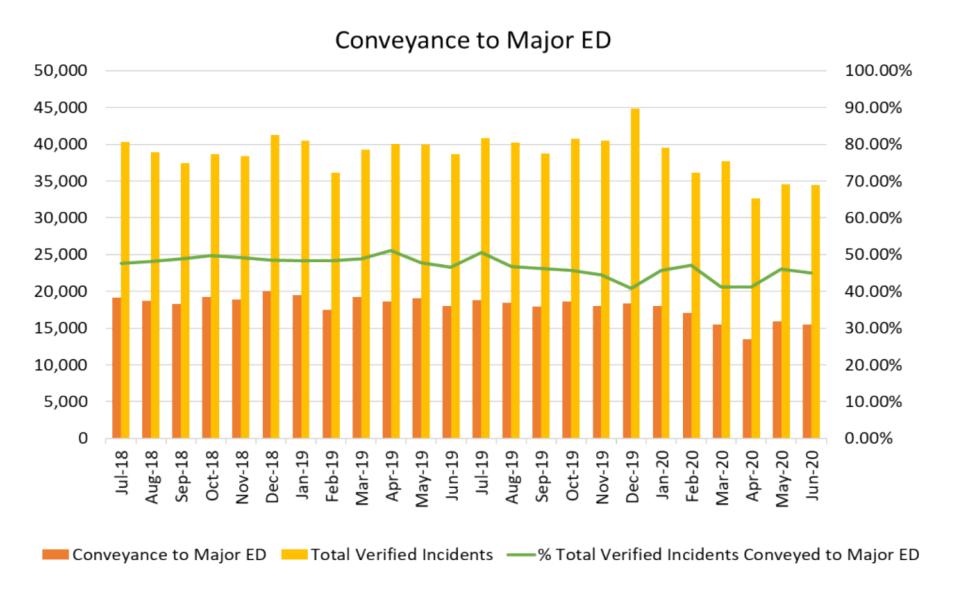
— No. of incidents that were referred to an alternative provider
— No. of incidents which were treated at scene
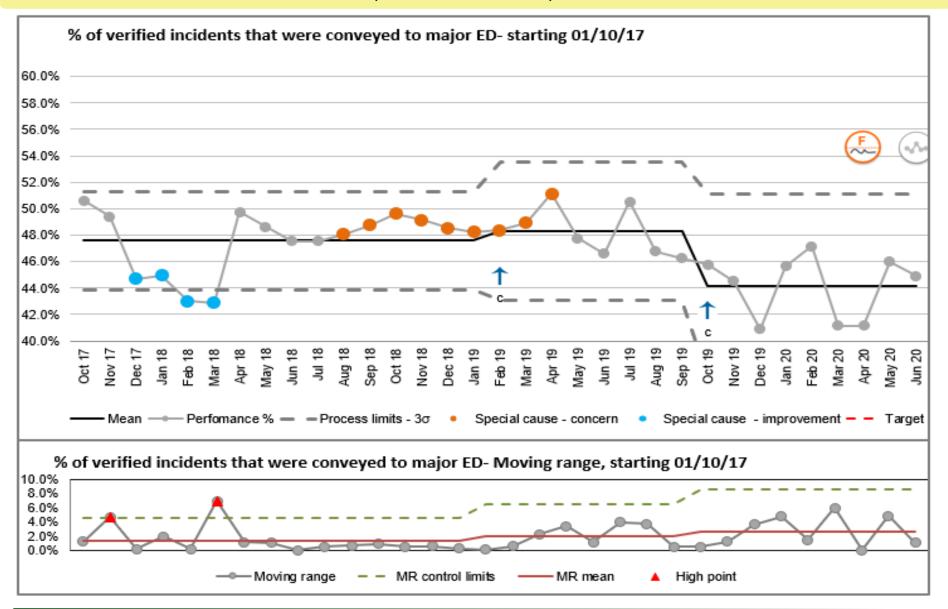
OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED
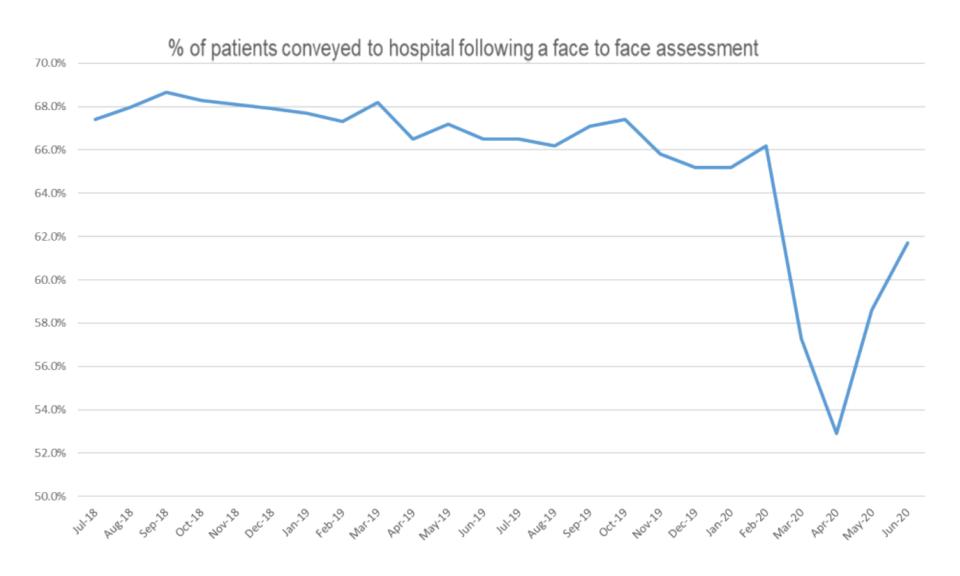
Percentage of Verfied Incidents which resulted in non conveyance to hospital and were referred to alternate provider

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

% Amber incidents where Ideal Resource first on scene

Change to PDA Codes Oct 19

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

Conveyance to Major ED

Legend:
- Conveyance to Major ED
- Total Verified Incidents
- % Total Verified Incidents Conveyed to Major ED

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

% of verified incidents that were conveyed to major ED- starting 01/10/17

Legend: Mean — Perfomance % — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

% of verified incidents that were conveyed to major ED- Moving range, starting 01/10/17

Legend: Moving range — MR control limits — MR mean — High point

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

% of patients conveyed to hospital following a face to face assessment

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

% of Notification to Handover within 15 minutes against Notification to Handover Lost Hours

Legend:
- SB Lost Hours
- BCU Lost Hours
- CTM Lost Hours
- Powys Lost Hours
- AB Lost Hours
- C&V Lost Hours
- HD Lost Hours
- % of not. to handover within 15 mins of arrival at hosp.

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

Amber Response Times against
Lost Hours to Notification to Handover Delays

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

Red Response Times Against Lost Hours to Notification to Handover Delays

Legend: SB Lost Hours, AB Lost Hours, BCU Lost Hours, C&V Lost Hours, CTM Lost Hours, HD Lost Hours, Powys, RED Median

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% of Handover to Clear within 15 Minutes against Lost Hours to Handover to Clear

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

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

Legend:
- % of concerns due that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation
- Target > 75%
- Concerns Volumes (Formal, Early & Local resolution (by date received))

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

% Of Serious Adverse Incidents Assured within the Agreed WG Timeframe

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

SAIs by date reported to Welsh Government by Health Board

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Number of patient falls reported as serious incidents

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

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

N.B. Data available from August 2019 on only

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Number of administration, dispensing, and prescribing medication errors reported as serious incidents

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales

	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Value	0	0	1	0	0	1	0	0

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Number of Never Events

Legend: —— Number of Never Events —— Target = 0
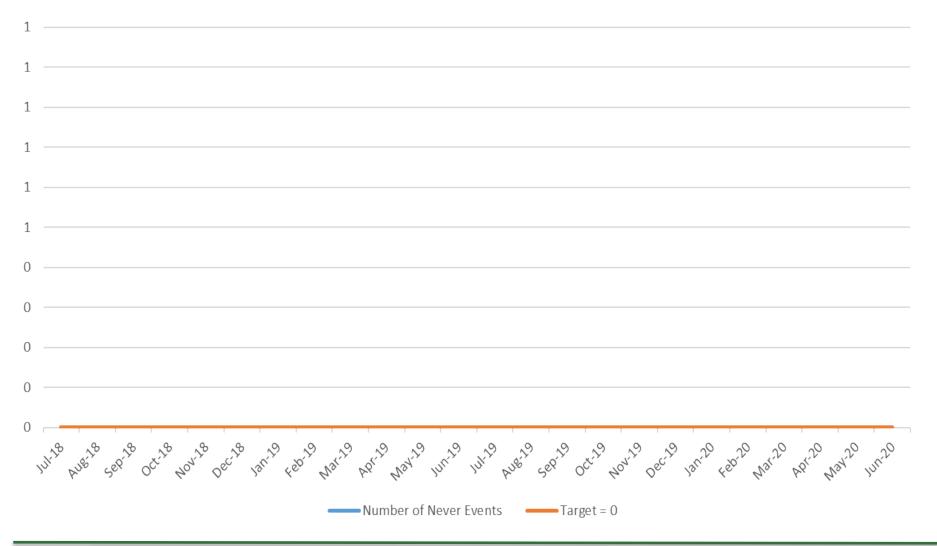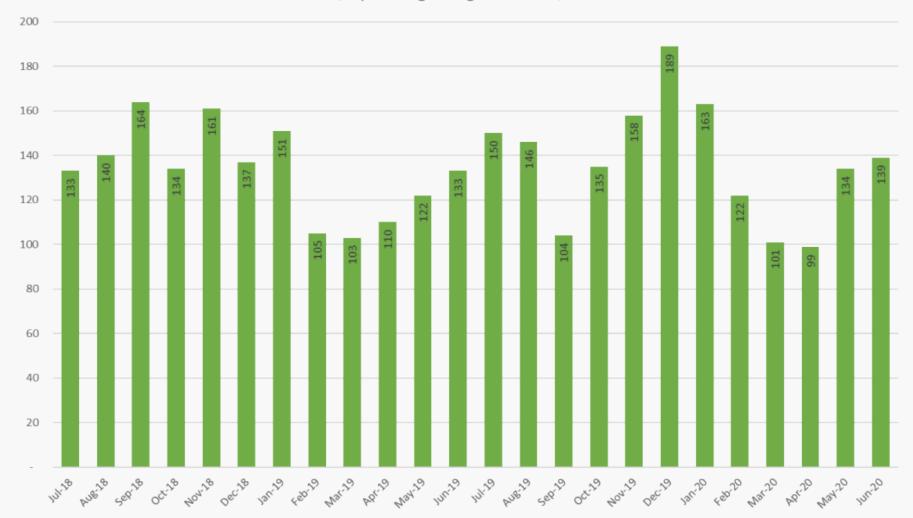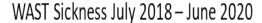
Number of Patient Safety Adverse Incidents submitted via Datix within the reporting month, by harm grading No Harm / Hazard

SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

WAST Sickness July 2018 – June 2020

Legend: 2018/19 — 2019/20 — 2019/20 — Trust Target 2020/21 (6.00%)

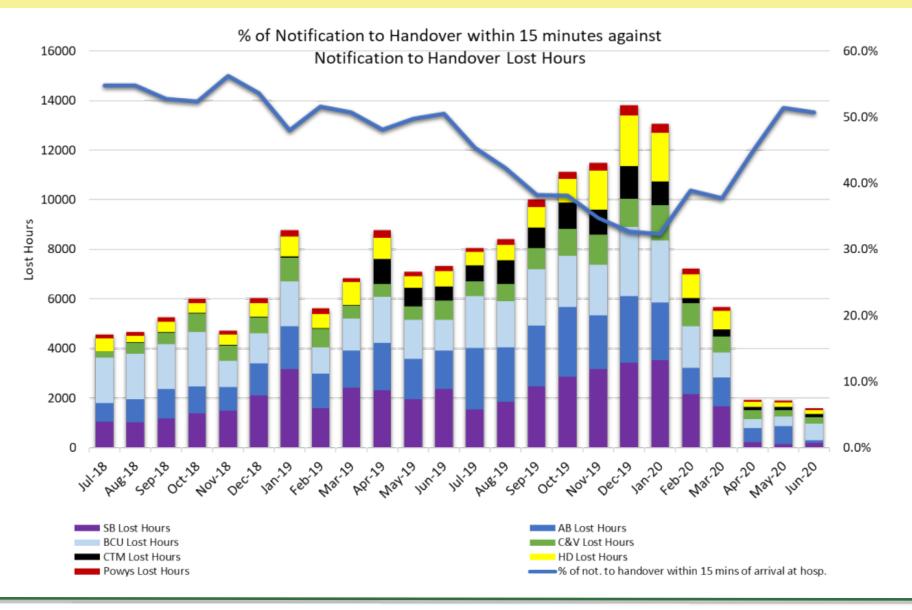**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

% of headcount by organisation who have had a PADR/medical apprasial in previous 12 months

Month	Value
Jul-18	77.2%
Aug-18	76.8%
Sep-18	75.96%
Oct-18	74.72%
Nov-18	73.12%
Dec-18	71.47%
Jan-19	70.72%
Feb-19	72.30%
Mar-19	76.10%
Apr-19	73.18%
May-19	74.09%
Jun-19	74.59%
Jul-19	76.21%
Aug-19	77.01%
Sep-19	76.69%
Oct-19	75.74%
Nov-19	76.31%
Dec-19	76.64%
Jan-20	75.10%
Feb-20	74.98%
Mar-20	68.91%
Apr-20	62.28%
May-20	58.03%
Jun-20	55.82%

% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc. Doctors and dentists in training) ——Target 85%

59

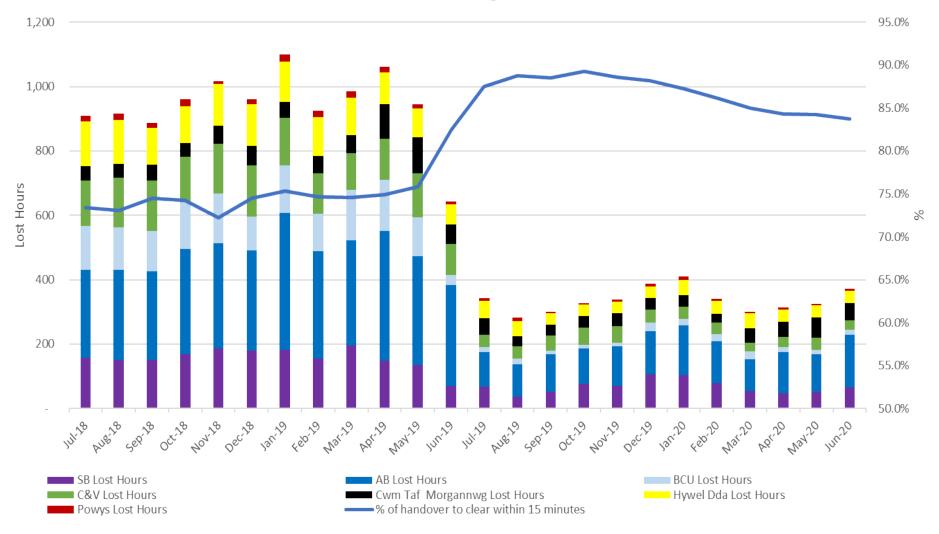**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

% compliance for each completed Level 1 competency within Core Skills & Training framework
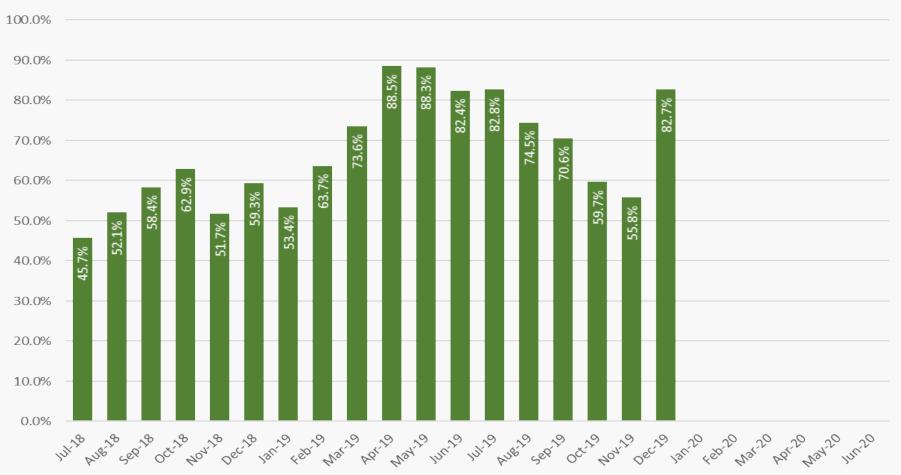
Legend: % compliance for each completed Level 1 competency within the Core Skills and Training framework by organisation — Target 85%

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

Number of Non-Eligible Patients Signposted to Alternative Providers (NEPTS)

N.B. December 2019 data available only
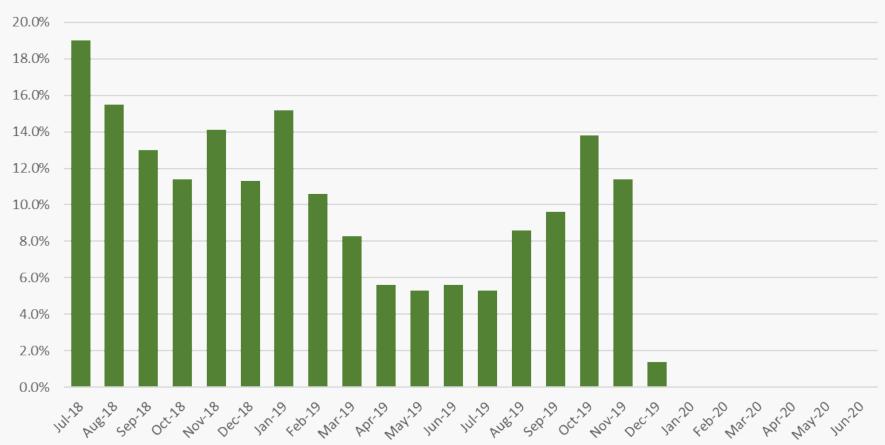
FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% Calls Answered within 60 seconds (NEPTS)
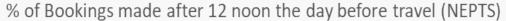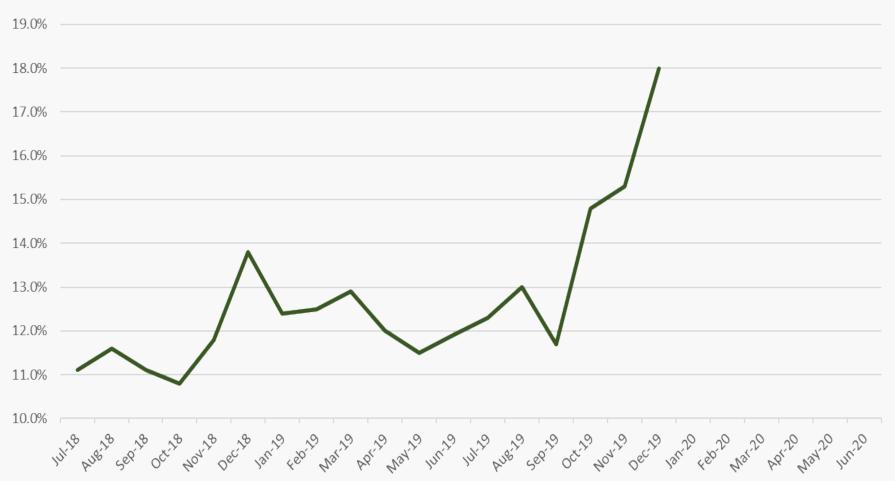
N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% of Calls Abandoned before being answered (NEPTS)

N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% of Bookings made after 12 noon the day before travel (NEPTS)

N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% Bookings made by fax/hand/post (NEPTS)

N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% of core journeys arriving more than 45 minutes prior to their appointment time (NEPTS)

N.B. December 2019 data available only

66

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% Core Journeys Arriving (NEPTS)
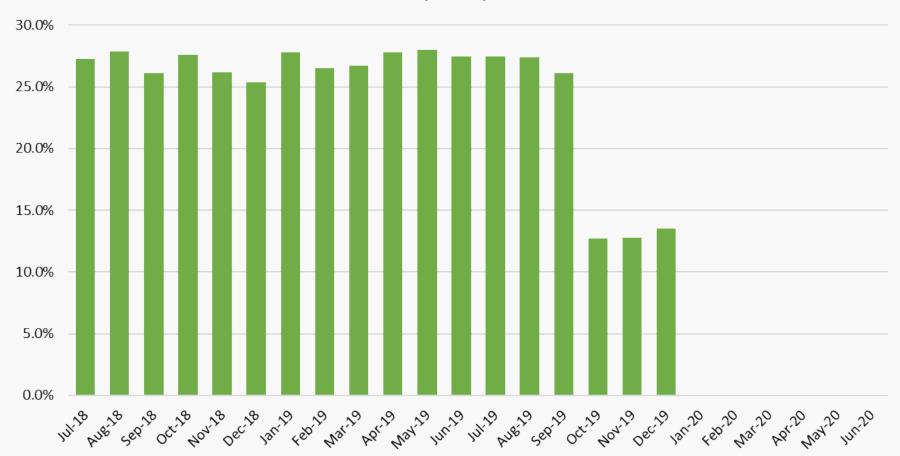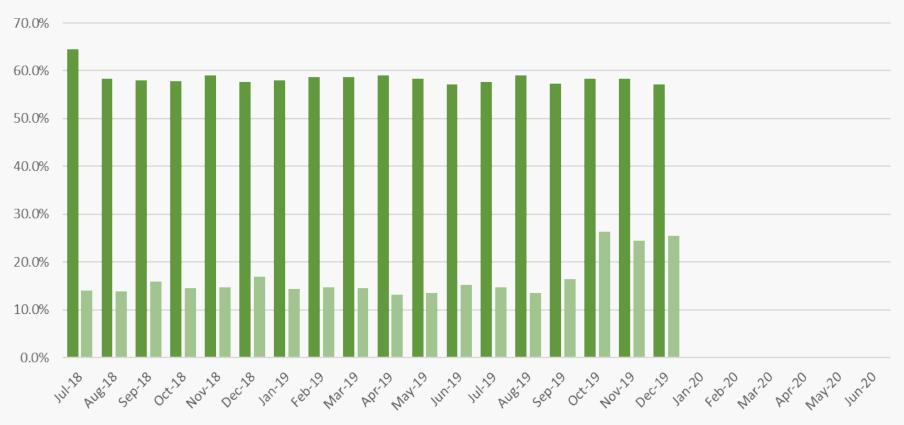
- ■ % of core journeys arriving within 45 minutes of their appointment time (+/-) (NEPTS)
- ■ % of core journeys arriving more than 15 mins + after their appointment time (NEPTS)

N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% Of Enhanced Renal Journeys - Arrival Times (NEPTS)
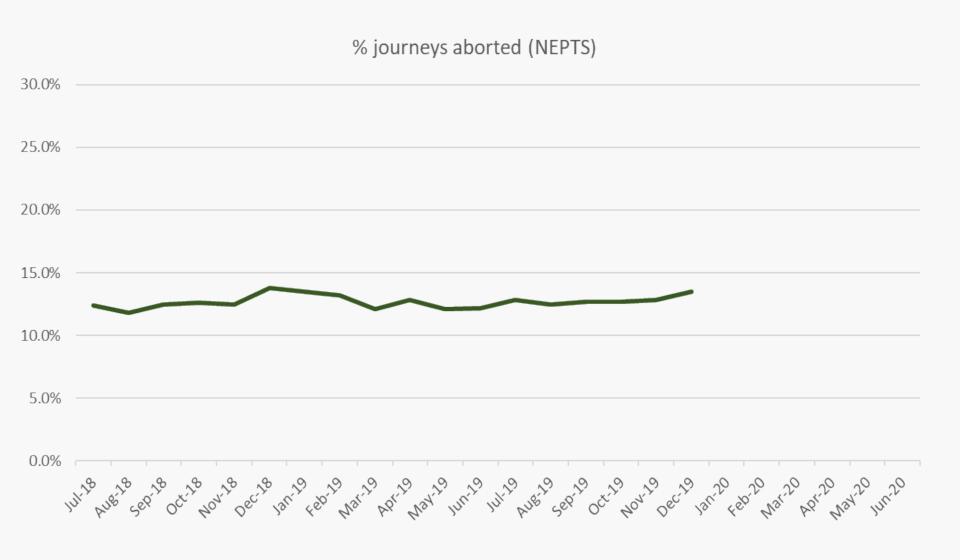
- % of enhanced renal journeys arriving within 45 minutes prior of their appoinment ime (NEPTS)
- % of enhanced renal journeys arriving after their appointment time (NEPTS)

N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% Of Enhanced Oncology Journeys - Arrival Times (NEPTS)

■ % of enhanced oncology journeys arriving within 30 minutes prior of their appointment time (NEPTS)

■ % of enhanced oncology journeys arriving after their appointment time (NEPTS)
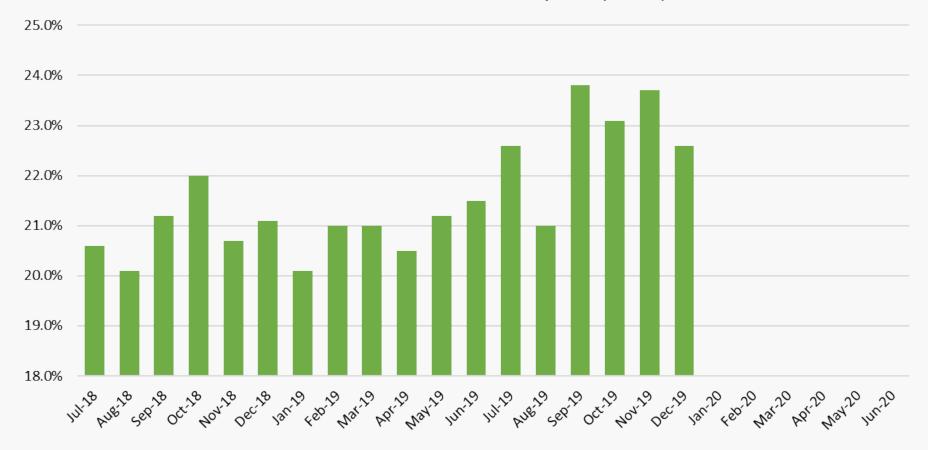
N.B. December 2019 data available only

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% journeys aborted (NEPTS)

N.B. December 2019 data available only

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

% of core journeys - other (Outpatients, Day Case, etc.) - collected less than 60 minutes of their booked ready time - (NEPTS)

N.B. December 2019 data available only

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

% of core journeys - other (Outpatients, Day Case, etc.) - collected more than 60 minutes after their booked ready time (NEPTS)

N.B. December 2019 data available only

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

% of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)

N.B. December 2019 data available only

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

% of enhanced renal journeys - collected more than 30 minutes after their booked ready time (NEPTS)

N.B. December 2019 data available only

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

% of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)

N.B. December 2019 data available only

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

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

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

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

N.B. December 2019 data available only

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

Number of Core Patient Journeys - Discharge & Transfer (NEPTS)

N.B. December 2019 data available only
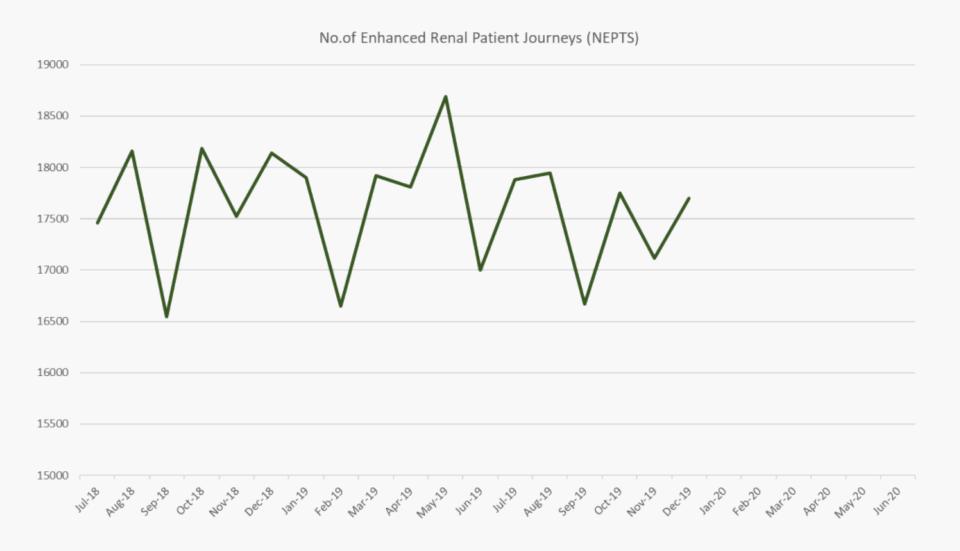
OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

No. of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)

N.B. December 2019 data available only

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

No.of Enhanced Renal Patient Journeys (NEPTS)

N.B. December 2019 data available only

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

No. of Enhanced Oncology Patient Journeys (NEPTS)

N.B. December 2019 data available only

Frequent Caller Call Volumes

ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

999 Call Volumes

ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

Total Verified Demand split by RED, AMBER, GREEN

ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

Total Verified RED Demand

ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

Total Verified AMBER Demand

ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call
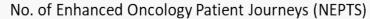
Total Verified GREEN Demand
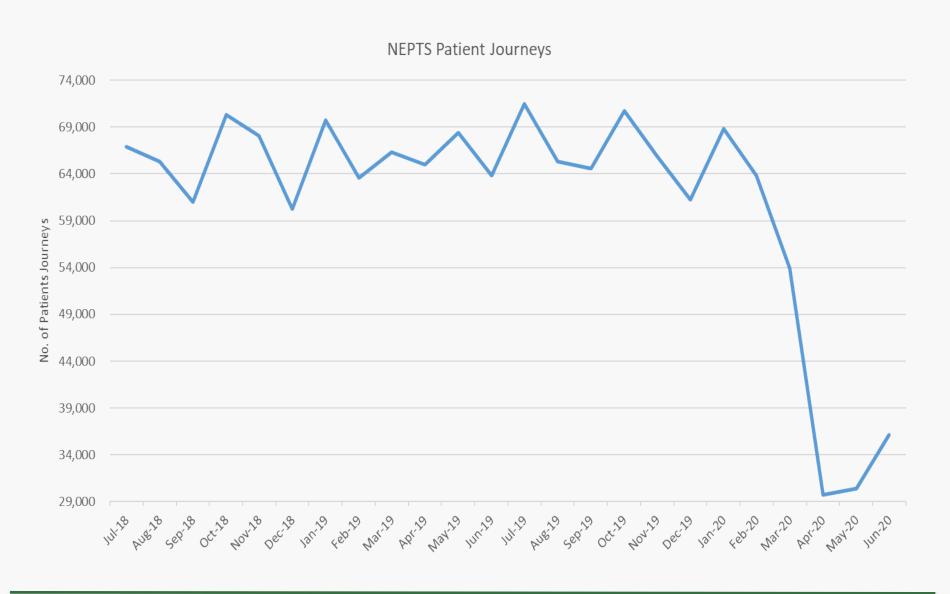
ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

HCP Call Volumes

Hear & Treat Volumes

Conveyance Volumes

ACTIVITY - Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

NEPTS Patient Journeys

AGENDA ITEM No	3.5
OPEN or CLOSED	OPEN
No of APPENDICES (ANNEXES) ATTACHED	4

FINANCIAL PERFORMANCE AS AT MONTH 03 2020/21

MEETING	TRUST BOARD
DATE	30th July 2020
EXECUTIVE	Director of Finance & Corporate Resources
AUTHORS	Jason Collins / Ed Roberts
CONTACT DETAILS	Chris Turley Tel 01633 626201 Chris.Turley2@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP priorities
CORPORATE RISK (Ref if appropriate)	CRR42, CRR45 & CRR46
QUALITY THEME	
HEALTH & CARE STANDARD	2.1, 3.1, 3.5, 7.1

REPORT PURPOSE	To provide the Board with an update on the financial performance of the Trust for Month 3 of the 2020/21 Financial year.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	15th July 2020	By way of briefing
FPC	16th July 2020	Detailed presentation
Trust Board	30th June 2020	To note

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 3 2020/21

SITUATION

1. This summarised report provides the Trust Board with an update on the financial performance of the Trust as at 30th June 2020 (Month 3), with a more detailed report attached as *Appendix 1*.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2020/21 year to date** (1st April 2020 – 30th June 2020) are that:

    ➤ The cumulative revenue financial position reported is a small **underspend against budget of £0.010m, assuming funding for the additional costs incurred because of COVID-19.** The forecast for 2020/21 assumes at present a balanced position, however this is the assumed position against a set of risks discussed later in this paper, also it is only based on the first three month's performance;

    ➤ In line with the financial plans that support the **approved IMTP** gross savings of £1.193m have been achieved against a year to date target of £1.390m, thus a slight **under achievement against plan, this however relates to impacts of COVID-19**;

    ➤ Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.0% for the number, and 98.0% of the value** of non NHS invoices paid within 30 days.

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

    ASSESSMENT

    Revenue financial position

4. Due to the COVID-19 pandemic, the Trust has recorded additional spend in the Month 3 position totalling £5.127m, £2.143m of pay costs, £3.239m of non-pay, £0.175m of unachieved savings targets. This has been offset somewhat by reduced expenditure of £0.430m. It is assumed in the financial position that this net additional cost will be fully funded by income via WG.

Income

5. Reported Income against the initial budget set to Month 3 shows a deficit of £0.138m. The deficit is because of the net financial recording of the COVID-19 pandemic and no recoveries for coverage of sporting events.

Pay costs

6. Overall, the total pay variance at Month 3 is an under-spend of £0.181m. A high level of pay savings are reported in most corporate functions due to funded vacancies. However, this was offset somewhat by overspends in the Ambulance response and Medical and Clinical Services Directorates.

Non-pay Costs

7. The non-pay position at Month 3 is a overspend of £0.032m, this was due to several factors including overspend on Fleet Maintenance, staff uniforms, medical supplies and services and some un-achievement on saving schemes. Month 3 also included an increase in provision in losses and special payment due to review of cases. This was offset slightly by underspend, on Taxi, Fuel and Ambulance car services.

Savings

8. Our financial plan identifies that a minimum of £4.3m of savings and cost containment measures will be required to achieve financial balance in 2020/21. £1.193m of savings have been delivered between 1st April and 30th June 2020 against a target of £1.390m, however as mentioned above this underachievement is mainly attributable to COVID-19 and the position currently assumes this shortfall will be funded from WG.

Capital

9. At Month 3 the Trust's current approved Capital Expenditure Limit (CEL) for 2020/21 is £13.726m. To date there has been £1.200m of Capital expenditure incurred which is in line with our plans at this stage of the year.

10. Included within the £1.200m are £0.674m worth of Capital cost as a result of the COVID-19 pandemic, whilst the Trust has received funding for £0.160m, it is assumed that the remaining incurred and forecast capital COVID-19 costs will also be fully funded.

11. Following the paper approved by Board on the 25th June, budgets have now been reallocated in agreement to the schedule discussed, the detail of which can be seen in *annex 2*.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP - Control Room Solution	0	563
111 Integrated Information Solution	99	1,900
COVID-19 Digital Devices	160	160
WAST Cardiff MRD	4	4,528
EMS Comms 19-20	0	138
RRV Conversion 19-20	126	126
RRV Comms 19-20	17	101
NEPTS Large Renault Master (stretcher) Conversion 19-20	0	89
NEPTS Large Renault Master (Double Wheelchair) Conversion 19-2	0	44
NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20	0	6
Specialist (HART) Personnel Carrier Conversion 19-20	0	14
Specialist (HART) Personnel Carrier COMMS 19-20	0	17
Sub Total	**406**	**7,685**
Discretionary:		
I.T.	404	632
Equipment	84	3,018
Statutory Compliance	0	0
Estates	265	1,264
Other	41	280
Unallocated Discretionary Capital	0	847
Sub Total	**794**	**6,041**
Total	**1,200**	**13,726**
Less NBV reinvested	0	0
Total Funding from WG	**1,200**	**13,726**

Public Sector Payment Policy (PSPP)

12. Public Sector Payment Policy (PSPP) compliance up to Month 3 was 97.0% against the 95% WG target set for non-NHS invoices by number and 98.0% by value.

RECOMMENDED That the Trust Board:

- **Note the Month 3 revenue and capital financial position and performance of the Trust as at 30th June 2020;**

- **Note the Month 3 Welsh Government monitoring return submissions included within Appendix 1 below (as required by WG).**

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 3 2020/21

INTRODUCTION

1. This paper provides the Board with a detailed update on the financial performance of the Trust as at 30th June 2020 (Month 3).

2. The Month 3 revenue financial position has a small **underspend against budget of £0.010m, after assuming funding for the revenue costs associated with the COVID-19 pandemic**. The forecast for 2020/21 remains a balanced position, however this is the assumed position given the risks discussed later in this paper and noting this is only based on three month's performance.

FINANCIAL PERFORMANCE YEAR TO DATE

Revenue position

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

Revenue Financial Position for the period 1st April - 30th June				
	Annual Budget	**Year to date**		
		Budget	**Actual**	**Variance**
	£000	**£000**	**£000**	**£000**
Income	-218,428	-57,402	-57,264	138
Expenditure				
Pay	157,339	39,779	39,598	-181
Non-pay	46,050	12,755	12,768	13
Total pay & non-pay expenditure	203,389	52,534	52,366	-168
Depreciation & Impairments / interest payable & receivable	15,039	3,760	3,780	20
Total	0	-1,108	-1,118	-10

Summary of Key areas of variance

Revenue position

4. Due to the COVID-19 pandemic, the Trust has recorded additional spend in the Month 3 position totalling £5.127m, £2.143m of pay costs, £3.239m of non-pay, £0.175m of unachieved savings targets. This has been offset somewhat by reduced expenditure of £0.430m. It is assumed in the financial position that this net additional cost will be fully funded by income via WG. The above has been reflected within the detail below.

Income

5. Reported Income against the initial budget set to Month 3 shows a deficit of £0.138m. The deficit is because of the net financial recording of the COVID-19 pandemic and no recoveries for coverage of sporting events.

Pay costs

6. Overall, the total pay variance at Month 3 is an under-spend of £0.181m. A high level of pay savings are reported in most corporate functions due to funded vacancies. However, this was offset somewhat by overspends in the Ambulance response and Medical and Clinical Services Directorates.

7. COVID related pay costs incurred and accrued amounted to £2.143m and are as follows:

   - Overtime - £1.094m and this included initiatives relating to payment for attendance allowance to operational staff, hours in excess of normal averaged overtime, overtime to Band 8 staff and payment of overtime to those in corporate functions who worked excess hours supporting COVID activities;
   - Student Paramedics - £0.322m who worked on bank contracts;
   - Salary recharge costs for training Fire and Rescue staff estimated at £0.092m;
   - Additional staff utilised to support 111 and 999 costs (Call Handlers, Clinicians etc) £0.388m;
   - Staff who increased contracted hours on a temporary basis and those who had temporary increases in grading and supported pandemic cells and agency costs £0.247m.

Non-pay Costs

8. The non-pay position at Month 3 is a overspend of £0.032m, this was due to several factors including overspend on Fleet Maintenance, staff uniforms, medical supplies and services and some un-achievement on saving schemes. Month 3 also included an increase in provision in losses and special payment due to review of cases. This was offset slightly by underspend, on Taxi, Fuel and Ambulance car services.

9. COVID related additional non pay expenditure incurred and accrued for Month 3 totalled £3.239m. Areas of additional spend included:

   - Transport - £1.048m and included procuring private providers to support NEPTS and field and surge sites and also extended use of St Johns provision to support EMS;
   - PPE, IPC and Clinical Supplies - £1.350m;
   - Project Management and Consultancy support - £0.125m provided via Lightfoot, ORH and Optima;
   - Telephony Costs - £0.087m from additional costs of 111 call volume;
   - Rent & Utilities - £0.078m from extended 111 and 999 areas;
   - Estimated costs for MACA arrangements of £0.300m;
   - Other areas included general equipment, cleaning and uniforms.

Savings

10. Our financial plan identifies that a minimum of £4.3m of savings and cost containment measures will be required to achieve financial balance in 2020/21. £1.193m of savings have been delivered between 1st April and 30th June 2020 against a target of £1.390m.

11. As detailed above part of the shortfall £0.197m is attributable to the impact of COVID-19 pandemic, and the Trust has assumed this will be covered by additional funding from WG as part of coverage for the net cost impact of the COVID-19 outbreak; however as this is yet to be confirmed this is currently reported as a shortfall from plan. Those schemes under recovering are as follows

- Through management of non-operational vacancies £0.498m has been saved against a target of £0.506m to date;

- Fleet efficiencies has realised £0.080m savings have been achieved against the plan of £0.085m;

- Local Schemes and travel has realise savings of £0.172m delivered against a target of £0.176m within corporate efficiencies;

- Estates efficiencies has realised £0.040m savings have been achieved against the plan of £0.050m;

- Unallocated savings schemes are underachieved by £0.170m

Financial Performance by Directorate

12. Whilst there is a small surplus reported at Month 3 there remains a small number of variances between directorates as shown in the table below.

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

	Financial position by Directorate @ 30th June			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Directorate				
Operations Directorate	113,225	28,199	27,548	-651
Chief Executive Directorate	1,738	434	432	-2
Board Secretary	307	77	78	1
Partnerships & Engagement Directorate	641	153	150	-4
Finance and Corporate Resources Directorate	13,334	3,385	3,508	122
Planning and Performance Directorate	689	172	161	-11
Quality, Safety and Patient Experience Directorate	3,756	899	897	-2
Digital Directorate	9,120	1,803	1,790	-13
Workforce and OD Directorate	3,770	926	874	-52
Medical & Clinical Services Directorate	2,554	560	573	13
Trust Reserves	22,296	3,726	4,279	553
Trust Income (mainly WHSSC)	-171,429	-41,442	-41,406	36
Overall Trust Position	**0**	**-1,108**	**-1,118**	**-10**

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

Operations

	Breakdown of Financial position for Operations @ 30th June			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-37,481	-9,394	-9,398	-4
Pay	129,327	32,658	32,474	-184
Non Pay	21,379	4,935	4,472	-463
Total	**113,225**	**28,199**	**27,548**	**-651**

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

16. Non-Pay variances includes fuel costs which was due to reduced forecourt prices and free fuel provided for the first two months. Associated savings due to reduced COVID activities in NEPTS and travel.

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

	Breakdown of Financial position for Operations @ 30th June			
	Annual Budget	**Year to date**		
		Budget	**Actual**	**Variance**
	£000	**£000**	**£000**	**£000**
Operational Budgets				
Operational Directorate Management and Support	2,329	604	551	-53
Operations Directorate - Resilience/Business Continuity	681	147	125	-21
Operations Directorate - Ambulance Response	85,325	21,685	21,445	-240
Operations Directorate - CCC	21,906	5,424	5,282	-143
Deputy Director of NEPTS	2,984	338	145	-193
Total Operations budgets	**113,225**	**28,199**	**27,548**	**-651**

Corporate budgets

	Breakdown of Financial position for Corporate @ 30th June			
	Annual Budget	**Year to date**		
		Budget	**Actual**	**Variance**
	£000	**£000**	**£000**	**£000**
Income	-1,951	-711	-833	-122
Pay	19,858	4,783	4,733	-51
Non Pay	18,230	4,337	4,562	225
Total	**36,137**	**8,409**	**8,462**	**52**

18. The directorate level table presented in paragraph 13 provides the detail in relation to the financial position of each of the corporate directorates. To note, the majority are underspent and however in totality are reporting a combined overspend of £0.052m. As mentioned above this is mainly in non-pay and relates to overspend associated with fleet maintenance and underachievement of savings schemes.

Trust Reserves / Depreciation and Other

	Breakdown of Financial position for Reserves, Depreciation & Other I &E @ 30th June			
	Annual Budget	**Year to date**		
		Budget	**Actual**	**Variance**
	£000	**£000**	**£000**	**£000**
Income	-7,339	-5,855	-5,626	229
Pay	8,154	2,337	2,391	54
Non Pay	21,481	7,244	7,513	270
Total	**22,296**	**3,726**	**4,279**	**553**

19. Reserves section includes the net impact of COVID 19 activities and hence the opposite impact of non-pay savings recorded in directorate financial positions and the under achievement of savings plan targets.

Treatment of COVID-19 spend
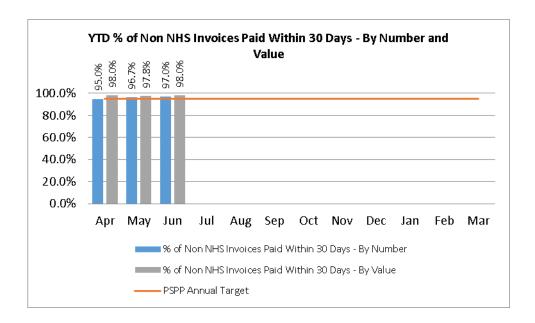
20. The summary of the COVID-19 revenue costs reported in the Month 3 financial position are as per the table below:

	Month 3 (June 20) £000
Total Pay	2,143
Total Non-Pay	3,239
Non Delivery of Savings	175
Expenditure Reductions	-430
Overall	**5,127**

21. As previously noted the Month 3 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

22. Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £8.884m. As we are aware the future response to this pandemic is unknown and although the forecast costs should be reasonably robust the estimated costs for the remainder of the year will be subject to ongoing review and are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward. Many of the detailed cost estimates that underpin this have been expressed as monthly costs, with the actual full 2020/21 costs therefore being dependent on how many months these will continue to be required for. Currently this generally assumes many of these are needed until at least July / August 2020 – if not, the actual costs will be less, if required longer (or are needed to be stood back up again later in the financial year) costs are likely to be greater than currently estimated. Hence these costs will continually need to be refined.

23. To note there is one main exclusions from the costs included in the position for the PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to all Welsh NHS organisations.

Public Sector Payment Policy (PSPP)

24. Public Sector Payment Policy (PSPP) compliance up to Month 3 was 97.0% against the 95% WG target set for non-NHS invoices by number and 98.0% by value.

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

Capital

25. For Month 3 the Trust's current approved Capital Expenditure Limit (CEL) for 2020/21 is £13.726m. To date there has been £1.200m of Capital expenditure incurred which is in line with our plans at this stage of the year.

26. Included within the £1.200m are £0.674m worth of Capital cost as a result of the COVID-19 pandemic, whilst the Trust has received funding for £0.160m, it is assumed that the remaining incurred and forecast capital COVID-19 costs will also be fully funded.

27. Following the paper approved by Board on the 25th June, budgets have now been reallocated in agreement to the schedule discussed, the detail of which can be seen in annex 2.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP - Control Room Solution	0	563
111 Integrated Information Solution	99	1,900
COVID-19 Digital Devices	160	160
WAST Cardiff MRD	4	4,528
EMS Comms 19-20	0	138
RRV Conversion 19-20	126	126
RRV Comms 19-20	17	101
NEPTS Large Renault Master (stretcher) Conversion 19-20	0	89
NEPTS Large Renault Master (Double Wheelchair) Conversion 19-2	0	44
NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20	0	6
Specialist (HART) Personnel Carrier Conversion 19-20	0	14
Specialist (HART) Personnel Carrier COMMS 19-20	0	17
Sub Total	**406**	**7,685**
Discretionary:		
I.T.	404	632
Equipment	84	3,018
Statutory Compliance	0	0
Estates	265	1,264
Other	41	280
Unallocated Discretionary Capital	0	847
Sub Total	**794**	**6,041**
Total	**1,200**	**13,726**
Less NBV reinvested	0	0
Total Funding from WG	**1,200**	**13,726**

Risks and assumptions

28. The risks for the financial year are still being fully assessed and as we move through the early part of the financial year, we will review the risks to ensure that the level of likelihood is assessed along with the financial value.

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

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

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

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

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

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

Welsh Government Monthly monitoring returns

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

Annex 2

Capital Programme - 2020/21

	2020-21 Planned Expenditure	2020-21 Expenditure To Date	2020-21 Expected Final Cost
	£'000	£'000	£'000
Non-Discretionary Capital 20/21			
ICT AWCP			
ESMCP - Control Room Solution	563	-	563
111 Integrated Information Solution	1,900	99	1,900
COVID-19 Digital Devices	160	158	160
Total ICT AWCP	**2,623**	**257**	**2,623**
Estates 19/20			
WAST Cardiff MRD	4,528	4	4,528
TOTAL Estates 19/20	**4,528**	**4**	**4,528**
Fleet 2019/2020 BJC			
EMS Comms 19-20	138	-	138
RRV Conversion 19-20	126	126	126
RRV Comms 19-20	101	17	101
NEPTS Large Renault Master (stretcher) Conversion 19-20	89	-	89
NEPTS Large Renault Master (Double Wheelchair) Conversion 19-20	44	-	44
NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20	6	-	6
Specialist (HART) Personnel Carrier Conversion 19-20	14	-	14
Specialist (HART) Personnel Carrier COMMS 19-20	17	-	17
TOTAL Fleet 19/20	**534**	**143**	**534**
Non-Discretionary Capital TOTAL	**7,685**	**404**	**7,685**

Funded from Discretionary Capital 2019/20			
Fleet Other 2020/21 - 8810			0
Bangor workshop van	6	6	6
NEPTS 4x4 (replacement of lease NEPTS)	1	1	1
Make Ready Vehicle Conversion 18-19	5	5	5
Fleet Other 2019/20 - 8810			
Fleet Safety Costs - repairs to vehicles	150	-	150
Asset De-recognition - engine replacement for 515's	150	-	150
Fleet Other 8810 - TOTAL	**312**	**12**	**312**
Fleet 2020/2021			
RRV Conversion 20-21	378	-	378
RRV Comms 20-21	297	15	297
EA Conversion 20-21	206	-	206
NEPTS Chassis 20-21	103	0	103
Fleet 2019/2020 BJC			
Project Cost 19-20	-	35	-
EMS Conversion 19-20	1,002	0	1,002
EMS Comms 19-20	16	-	16
NEPTS Large Renault Master (stretcher) Chassis 19-20	-	4	-
NEPTS Large Renault Master (Double Wheel Chair) Chassis 19-20	-	2	-
Specialist (Paramedic) Conversion 19-20	146	-	146
Specialist (HART) Secondary Equipment CarriersConversion 19-20	137	-	137
Specialist (HART) Staff Welfare Vehicle Conversion 19-20	59	-	59
Brexit contingency	322	-	322
Fleet 2018/19 BJC			
Specialist (Driver Training) Conversion 18-19	-	2	-
Total FLEET	**2,666**	**51**	**2,666**
ICT Projects - 8830			
2020-21 Projects			
General replacement and new hardware	175	39	175
ICT COVID-19 costs	-	363	-
Clinical Audit	1	3	1
Qliksense Delivery Support	2	2	2
Patient Level Information Costing System (PLICS) (Software included)	17	-	17
RFID Tagging	154	-	154
WIFI replacement	117	-	117
Additional Staff Devices (iPads)	166	-	166
2019-20 Projects			
CRS - ESMCP	-	2	-
ICT Projects - 8830 TOTAL	**632**	**406**	**632**

Estates Projects - 8840			
2020-21 Projects			
Estates topslice	400	-	400
Drainage surveys and remedial drainage work	105	-	105
Cardiff Make Ready Depot FBC Fees	34	29	34
Matrix House Swansea	560	8	560
MRD Dobshill – Refurbishment	2	1	2
Corwen Reroof	36	1	36
Improvements and Refurbishments at Llanwrst Ambulance Station	19	2	19
Welshpool- Sluice Room and stores upgrade	25	2	25
Tumble - welfare improvements and drainage & tarmac works	2	-	2
ABLOY Estates Installation	3	1	3
Wellness Suites	4	0	4
Snowdon House - heating, mechanical ventilation & works in Control Room	74	2	74
Wrexham ARC (retention)	-	4	-
Estates COVID-19	-	152	-
2019-20 Projects			
Estates top slice:			
Bryn Tirion– Repairs and Improvements	-	3	-
Install Door Access systems and Staff ID cards – Pilot	-	5	-
Design fees	-	37	-
Relocation of Cowbridge AS to Cowbridge Fire Station	-	17	-
Abergavenny - renew roof and upgrade WC area	-	0	-
Estates Projects- 8840 TOTAL	**1,264**	**265**	**1,264**
Equipment - 8820			
2020-21 Projects			
Cycle Medical Response expanded into ABHB area	20	20	20
EPI Shuttles	20	11	20
2019-20 Projects			
OHCA Improvement Plan	-	10	-
Equipment - 8820 TOTAL	**40**	**21**	**40**
Project Support Costs - salary paid from capital	**280**	**41**	**280**
Discretionary Capital 2019/20 TOTAL	**5,194**	**796**	**5,194**
Non-Discretionary Capital Total	**7,685**	**404**	**7,685**
Discretionary & Non-Discretionary TOTAL	**12,879**	**1,200**	**12,879**
Unallocated Discretionary Capital (incl NBV proceeds)	**847**	**0**	**847**
Unapproved/Overspend Schemes	**-**	**0**	**0**
CAD underspend	**-**	**0**	**0**
TOTAL CAPITAL PROGRAMME	**13,726**	**1,200**	**13,726**

PencadlysRhanbartholAmbiwlans a ChanolfanCyfathrebuClinigol
Regional Ambulance Headquarters and Clinical Contact Centre
Tŷ Vantage Point / Vantage Point House, TŷCoch Way, Cwmbran NP44 7HF
Tel/Ffôn 01633 626262   Fax/Ffacs 01633 626299
www.ambulance.wales.nhs.uk

Executive Director of Finance

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

13th July 2020

Your ref: WAST\m02\ajh\al-w

Dear Andrea

Re: JUNE 2020 (MONTH 3 2020/21) MONITORING RETURN

Please find attached the Monitoring Returns for June 2020.

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

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

The Trust's performance against financial targets for Month 3 2020/21 is as follows:-

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

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

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

CadeiryddDrosDro/Chair: Martin Woodford
PrifWeithredwr/Chief Executive: Jason Killens
Mae'rYmddiriedoloethyncroesawugohebiaethyn y Gymraegneu'rSaesneg
The Trust welcomes correspondence in Welsh or English

Mae'rYmddiriedolaethyncroesawugohebiaethyn y Gymraegneu'rSaesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

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

Month 3 also includes an income assumption to offset the significant net additional revenue costs incurred by WAST in its planning and response to COVID-19. The year to date value is £5.127m, as shown in Table B3. Welsh Government has advised WAST to now invoice them for the pay costs only incurred in Months 1 and 2 and this value totals £1.431m.

The reported performance at Month 3 as per Table B is a small year to date under-spend against budget of £0.010m, after allowing for the above COVID-19 funding assumption.

The reported total pay variance against plan as at Month 3 is an under-spend of £0.181m and this is due to a high level of pay savings reported in the majority of corporate functions due to funded vacancies. As per Table B3 the COVID-19 pay related costs to Month 3 totalled £2.143m and are included in Table B.

The non-pay position at Month 3 is a reported overspend of £0.032m this was due to overspends on fleet maintenance costs, staff uniforms, medical supplies and services and increases in provision for losses and special payments, this was offset slightly by underspends on Taxi, Fuel and Ambulance car services.

Income at Month 3 shows a deficit of £0.138m due to no income being recovered from the coverage of sporting event and reduced income from the compensation recovery unit.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the approved IMTP data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs. Included within this table and the COVID-19 sheet is the Non-planned Savings due to COVID-19, this has been shown on Month 1 planned savings – Forecast (Underachievement) / Overachievement (line 14) of the movement tab, and has been offset by the Additional funding line (line 21).

Following on from your Action point in the Month 2 reply letter, an analysis was undertaken of whether the under-delivery of the saving schemes which are direct impact of COVID-19 we can confirm that the FYE is correct and these savings are unlikely to be "recovered" later in the financial year **(Action Point 2.1)**

Table A now includes the profit on disposal of £0.250m this is the difference between the £0.550m currently forecasted and the £0.300m included within our based line position **(Action Point 2.2)** this wasn't included within the IMTP as this was originally planned to be disposed of during 2019-20. In addition, Table A also now incorporates the WRP pressure of c£0.300m; offset in part by the forecasted additional non-recurring profit on sale **(Action Point 2.3).**

As requested within the month 2 reply letter the LTA/SLA inflation element has been separately presented on line 10 of Table A with thus reducing line 6, this has been represented across months 1 to 12. **(Action Point 2.5)**

3. Risk (Table A2)

The risks reported in Table A2 are still being fully assessed, however at present there are no high likelihood risks that the Trust is aware of and as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.

Non delivery of Saving Plans/CIP's has been included as a low risk and this is included due to the inability to proceed with some schemes as the organisation has been responding and focusing on COVID-19 activities, for month 3 this has been reduced based on current trends.

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

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

The Trust has included a risk as at month 3 around the balance of funding for COVID-19 costs (excluding pay costs for Month 1 and 2 as reference previously) as we are yet to receive any formal confirmation of the residual funding, this however has assumed to be low risk.

4. Ring Fenced Funding (Table B)

For Month 3 DEL depreciation, relating only to our budgeted baseline provider depreciation is being shown on Table B.

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

Agency costs for Month 3 totalled £0.072m. The current percentage of agency costs against the total pay figure is 0.5%, this is to cover vacancies and to provide additional cover in relation to COVID-19. The Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table will be monitored and updated on a monthly basis.

6. COVID-19 (Table B3)

Summary of the COVID-19 costs displayed in Table B3 and cumulatively reported in the Month 3 financial position are summarised below

	Month 3 (June 20) £000
Total Pay	2,143
Total Non-Pay	3,239
Non Delivery of Savings	175
Expenditure Reductions	-430
Overall	5,127

As previously noted the Month 3 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £8.884m. As we are aware the future response to this pandemic is unknown and although the forecast costs should be reasonably robust the estimated costs for the remainder of the year will be subject to ongoing review and are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward. Many of the detailed cost estimates that underpin this have been expressed as monthly costs, with the actual full 2020/21 costs therefore being dependent on how many months these will continue to be required for. Currently this generally assumes many of these are needed until at least July / August 2020 – if not, the actual costs will be less, if required longer (or are needed to be stood back up again later in the financial year) costs are likely to be greater than currently estimated. Hence these costs will continually need to be refined.

To note there is still **one main exclusion** from the costs in Table B3 and these are PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to NHS Wales organisations. Estimated costs in relation to support provided by the Military under MACA (Military Aid to Civil Authorities) arrangements were included in Month 2 and continue to be included for Month 3 but have now been identified separately in Table B3 as requested. To note no invoices have been received to date and WAST is pursuing this.

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

These are set out in Tables D and E.

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

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance **(Action Point 2.4)**

As above, WHSSC / EASC values are consistent with that agreed and supported within the IMTP. The cash received from WHSSC in month 3 was less than that expected within the agreed IMTP. WHSSC, EASC and WAST have a detailed reconciliation of the variance and there was a further follow up meeting on the 23rd June 2020 to discuss and identify how funding will flow. WHSSC have allocated current flows to WAST but await funding flows to themselves prior to release to WAST for the following:

- Demand and Capacity Funding from Health Boards £1.8m (WHSCC have confirmed that this will flow in Month 4);
- ESMCP in year increases of £0.756m for Control Room Solution (£0.5m) and Project Resources (£0.256m) which will flow from WG. This assumes total funding of £1.6m for Control Room Solutions and £0.595m for project resources for 20/21;
- Release of Major Trauma Business Cases funding of £0.935m from WG, and
- Release of Airwave Extension Cost of £1.003m from WG

Further income discussions continue with EASC in relation to the residual balance required to fulfil the full recruitment identified in the Demand and Capacity review.

8. Healthcare agreements and Major Contracts

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

9. Aged Welsh NHS Debtors (Table M)

The Trust can confirm at Month 3 that there was no invoice over 11 weeks outstanding.

10. Cash flow (Table G)

The cash flow has been completed for month 3 and as requested within the tables please find below the explanation of the other items:

MONTHLY CASHFLOW FORECAST 2019-20	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
VAT refund	182	521	234	210	100	100	200	250	250	100	100	150	2,397
Risk pool refund	0	52	0	0	0	0	0	0	0	0	0	0	52
Pension Agency				0	10								10
Other Operating income	110	116	215	127	127	127	127	127	127	127	127	127	1,584
Total	292	689	449	337	237	227	327	377	377	227	227	277	4,043
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	30		0				0				30
Total	0	0	30	0	0	0	0	0	0	0	0	0	30

11. Public Sector Payment Compliance (Table H)

This has been completed for Quarter 1. Work continues internally to improve the NHS payment performance during 2020/21.

12. Capital (Tables I and K)

The capital tables have been completed in accordance with the guidance, the Trust was in the process of confirming budgets for 2020/21 discretionary schemes and progressing the previously approved AWCP schemes. Due to recent guidance in relation to capital funding, and the likelihood of no further in year capital funding, the Trust has had to reassess its major priorities and set forward a plan to deliver this within the current envelope.

Given the pressures from COVID-19 some schemes are not progressing as quickly as previously planned, there are no major concerns at present that these schemes have slipped, and as always the Trust will ensure we keep the WG capital team updated with any such developments. The Trust's capital team are currently processing and assessing the detail received from the cost advisor on the Cardiff MRD to ascertain the current impact of the pandemic on timelines, once this is completed this will be communicated with WG through the normal channels.

Included within the 2020/21 spend are a number of schemes which have previously been reported to WG which have arisen purely as a result of the COVID-19 outbreak, these are recorded separately and the Trust assumes that separate funding will be made available where possible to fund these schemes. The latest forecast of the COVID-19 capital costs are £0.911m of which funding to date of £0.160m has been received, the Trust in light of recent developments is still assuming additional funding for this will be forthcoming from WG.

13. Committee to receive Financial Monitoring Return

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

The Month 3 Financial Monitoring Return is scheduled to be presented to the Trust's Board meeting due to be held on 30th July 2020.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and another Executive Director. Signatures on this return contain Chris Turley, Director of Finance & Corporate Resources and Jason Killens, Chief Executive. **(Action Point 2.6)**

14. Other Issues

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

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

Yours sincerely

Chris Turley
Executive Director of Finance & Corporate Resources

Jason Killens
Chief Executive

Enc
cc:
Mr M Woodford, Chairman
Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	**WELSH AMBULANCE TRUST**
Period is showing :	**JUN 20**
TABLE A : MOVEMENT	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE A2: RISKS	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE B : MONTHLY POSITIONS	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE B2 : PAY & AGENCY/LOCUM	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE B3 : COVID-19	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE E : RESOURCE LIMITS	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE E1 : INVOICED INCOME	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE G : MONTHLY CASHFLOW	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE K : CAPITAL DISPOSALS	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TOTAL ERRORS FOR YOUR JUN 20 RETURN IS	**YOUR RETURN HAS ZERO ERRORS**

Welsh Ambulance Trust

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	10	0

Welsh Ambulance Trust Period : Jun 20

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

#		In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000	#	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0	1													0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	-16,124	0	-16,124	-16,124	2	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-4,031	-16,124
3	**Opening Cost Pressures**	**-16,124**	**0**	**-16,124**	**-16,124**	3	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-4,031	-16,124
4	Welsh Government Funding (Positive Value)	0	0			4													0	0
5	Identified Savings Plan (Positive Value)	4,300	0	4,300	4,300	5	350	350	350	350	350	350	350	350	350	350	400	400	1,050	4,300
6	Planned Net Income Generated (Positive Value)	6,024	0	6,024	6,024	6	502	502	502	502	502	502	502	502	502	502	502	502	1,506	6,024
7	Planned Accountancy Gains (Positive Value)	0	0	0	0	7													0	0
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0	8													0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0			9													0	0
10	LTA/SLA inflation	5,800	0	5,800	5,800	10	483	483	483	483	483	483	483	483	483	483	483	483	1,450	5,800
11	Planning Assumptions still to be finalised at Month 1	0	0			11													0	0
12	**IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**	12	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	42	42	-25	0
13	Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	-389	69	-458	-458	14	-107	-30	-38	-107	-107	0	0	0	0	0	0	0	-175	-389
15	Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0			15													0	0
16	Additional In Year Identified Savings - Forecast (Positive Value)	0	0			16													0	0
17	Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0	0			17													0	0
18	Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0			18													0	0
19	Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0			19													0	0
20	Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0			20													0	0
21	Additional In Year Welsh Government Funding (Positive Value)	0	0			21													0	0
22	Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	8,884	8,884			22	1,437	1,698	1,992	1,293	684	491	379	203	186	173	171	177	5,127	8,884
23	Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-8,925	-8,925			23	-1,455	-1,890	-2,037	-1,186	-577	-491	-379	-203	-186	-173	-171	-177	-5,382	-8,925
24	Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	430	430			24	125	222	83	0	0	0	0	0	0	0	0	0	430	430
25	Slippage on Planned Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive	0	0			25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	57	57			26	11	12	12										22	35	57
27	WRP	-307	-307			27													-307	0	-307
28	Additional Profit on disposal	250	250			28													250	0	250
29		0	0			29													0	0
30		0	0			30													0	0
31		0	0			31													0	0
32		0	0			32													0	0
33		0	0			33													0	0
34		0	0			34													0	0
35		0	0			35													0	0
36		0	0			36													0	0
37		0	0			37													0	0
38		0	0			38													0	0
39		0	0			39													0	0
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**458**	**-458**	**-458**	40	3	4	4	-8	-8	-8	-8	-8	-8	-8	42	7	10	0

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

YTD Position (- Deficit / + Surplus) reconciles to Table B YTD Position	Ok
In Year items have been analysed between Recurring & Non Recurring	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
Has Organisation name being selected	Ok

Welsh Ambulance Trust

Period :   **Jun 20**

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END	
	£'000	Likelihood
Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	**Total Opportunities to achieve IMTP/AOP**	**0**	
Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker	(1,500)	Low
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Winter Pressures	(500)	Medium
13	Non-funding of COVID-19 costs	(7,453)	Low
14	Overtime on Holiday pay	(1,000)	Low
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	**Total Risks**	**(10,453)**	
Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	**Total Further Opportunities**	**0**	
35	**Current Reported Forecast Outturn**	**0**	
36	**IMTP / AOP Outturn Scenario**	**0**	
37	**Worst Case Outturn Scenario**	**(10,453)**	
38	**Best Case Outturn Scenario**	**0**	

Welsh Ambulance Trust

Table B - Monthly Positions

Temporary Measure: Forecast months not required

Period : Jun 20

This Table is currently showing 0 errors

	A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	0	0	0										0	0
2	Capital Donation / Government Grant Income	Actual/F'cast	0	0	0										0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	2,822	2,879	2,907										8,608	8,608
4	WHSSC Income	Actual/F'cast	12,898	13,788	13,329										40,015	40,015
5	Welsh Government Income (Non RRL)	Actual/F'cast	1,579	1,749	2,046										5,374	5,374
6	Other Income	Actual/F'cast	1,075	422	663										2,160	2,160
7	**Income Total**		**18,374**	**18,838**	**18,945**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**56,157**	**56,157**
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	0	0	0										0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast	0	0	0										0	0
10	Provided Services - Pay	Actual/F'cast	12,953	13,335	13,310										39,598	39,598
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,316	3,428	3,319										10,063	10,063
12	Secondary Care - Drugs	Actual/F'cast	52	36	34										122	122
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0										0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0										0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast	0	0	0										0	0
16	Other Private & Voluntary Sector	Actual/F'cast	733	720	854										2,307	2,307
17	Joint Financing and Other	Actual/F'cast	0	0	0										0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	60	59	176										295	295
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0										0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	(5)	0	0										(5)	(5)
21	Total Interest Payable - (Trust Only)	Actual/F'cast	18	17	18										53	53
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	1,244	1,244	1,244										3,732	3,732
23	AME Donated Depreciation\Impairments	Actual/F'cast	0	0	0										0	0
24	Unommitted Reserves & Contingencies	Actual/F'cast	0	0	0										0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast	0	(5)	(13)										(18)	(18)
26	**Cost - Total**	Actual/F'cast	**18,371**	**18,834**	**18,942**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**56,147**	**56,147**
27	**Net surplus/ (deficit)**	Actual/F'cast	**3**	**4**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**10**	**10**

Welsh Ambulance Trust

Period : Jun 20   **Temporary Measure: Forecast months not required**

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	*TYPE*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	2,225	2,277	2,186										6,688	6,688
2	Medical & Dental	136	77	(52)										161	161
3	Nursing & Midwifery Registered	830	780	846										2,456	2,456
4	Prof Scientific & Technical	8	8	8										24	24
5	Additional Clinical Services	4,565	4,703	4,879										14,147	14,147
6	Allied Health Professionals	5,031	5,314	5,279										15,624	15,624
7	Healthcare Scientists	0	0	0										0	0
8	Estates & Ancillary	158	176	164										498	498
9	Students	0	0	0										0	0
10	TOTAL PAY EXPENDITURE	12,953	13,335	13,310	0	0	0	0	0	0	0	0	0	39,598	39,598

	Analysis of Pay Expenditure														
11	LHB Provided Services - Pay													0	0
12	Other Services (incl. Primary Care) - Pay	12,953	13,335	13,310										39,598	39,598
13	Total - Pay	12,953	13,335	13,310	0	0	0	0	0	0	0	0	0	39,598	39,598
		0	0	0	0	0	0	0	0	0	0	0	0		

B - Agency / Locum (premium) Expenditure
- Analysed by Type of Staff

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	*TYPE*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	32	52	33										117	117
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered			14										14	14
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals			18										18	18
7	Healthcare Scientists													0	0
8	Estates & Ancillary	12	16	7										35	35
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	44	68	72	0	0	0	0	0	0	0	0	0	184	184

11	Agency/Locum (premium) % of pay	0.3%	0.5%	0.5%										0.5%	0.5%
		1	1	1	0	0	0	0	0	0	0	0	0	1	1

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

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	*REASON*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	13	14	16										43	43
2	Maternity/Paternity/Adoption Leave	3	1											4	4
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)	13	6	24										43	43
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19	15	47	32										94	94
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	44	68	72	0	0	0	0	0	0	0	0	0	184	184
		0	0	0	0	0	0	0	0	0	0	0	0		

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure	1	2	3	4	5	6	7	8	9	10	11	12
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF — *Enter as positive values*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 *Pay (Additional costs due to C19)*												
2 **Establishment & Bank Additional Hours:**												
3 Administrative, Clerical & Board Members	126	109	58	13	6	6	3	0	0	0	0	0
4 Medical & Dental												
5 Nursing & Midwifery Registered	18	0	0	0	0	0	0	0	0	0	0	0
6 Prof Scientific & Technical												
7 Additional Clinical Services	141	206	158	46	15	0	0	0	0	0	0	0
8 Allied Health Professionals	121	176	119	35	15	0	0	0	0	0	0	0
9 Healthcare Scientists												
10 Estates & Ancillary	3	2	2	0	0	0	0	0	0	0	0	0
11 **Sub total Establishment & Bank Additional Hours**	407	492	336	94	36	6	3	0	0	0	0	0
12 **Agency:**												
13 Administrative, Clerical & Board Members	0	32	17	15	7	7	0	0	0	0	0	0
14 Medical & Dental												
15 Nursing & Midwifery Registered												
16 Prof Scientific & Technical												
17 Additional Clinical Services												
18 Allied Health Professionals												
19 Healthcare Scientists												
20 Estates & Ancillary	15	15	15	0	0	0	0	0	0	0	0	0
21 **Sub total Agency**	15	47	32	15	7	7	0	0	0	0	0	0
22 **Returners (Provide WTE to the right):**												
23 Administrative, Clerical & Board Members												
24 Medical & Dental												
25 Nursing & Midwifery Registered												
26 Prof Scientific & Technical												
27 Additional Clinical Services												
28 Allied Health Professionals												
29 Healthcare Scientists												
30 Estates & Ancillary												
31 **Sub total Returners**	0	0	0	0	0	0	0	0	0	0	0	0
32 **Students (Provide WTE to the right):**												
33 Medical & Dental												
34 Nursing & Midwifery Registered												
35 Prof Scientific & Technical												
36 Additional Clinical Services	54	113	155	120	60	60	60	30	15	0	0	0
37 Allied Health Professionals												
38 Healthcare Scientists												
39 Estates & Ancillary												
40 **Sub total Students**	54	113	155	120	60	60	60	30	15	0	0	0
41 **Other Temp Staff (Provide WTE to the right):**												
42 Administrative, Clerical & Board Members	32	107	112	122	0	0	0	0	0	0	0	0
43 Medical & Dental												
44 Nursing & Midwifery Registered	0	0	7	7	0	0	0	0	0	0	0	0
45 Prof Scientific & Technical												
46 Additional Clinical Services	82	14	30	30	0	0	0	0	0	0	0	0
47 Allied Health Professionals	31	36	40	40	0	0	0	0	0	0	0	0
48 Healthcare Scientists												
49 Estates & Ancillary	1	0	0	15	0	0	0	0	0	0	0	0
50 **Sub total Other Temp Staff**	146	157	189	214	0	0	0	0	0	0	0	0
51 **Other (speficify below and in narrative)**												
52												
53												
54												
55												
56 **TOTAL ADDITIONAL PAY EXPENDITURE**	622	809	712	443	103	73	63	30	15	0	0	0

57	Non Pay (Additional costs due to C19)												
58	Accomodation Costs												
59	Additional costs in Primary Care												
60	Additional costs in Private Sector including via WHSSC												
61	Additional costs in Temporary Hospital Capacity - Set Up Costs e.g. Field Hospitals												
62	Catering Costs												
63	CHC												
64	Cleaning Costs	24	42	48	29	27	22	12	2	2	2	2	4
65	Costs as a result of lost income (inc SLA, services & private patients)												
66	Covid-19 Testing Units												
67	Decommissioning costs												
68	Discharge to assess												
69	Discharge to recover												
70	Drugs inc Medical Gases	22	10	10	10	10	10	10	0	0	0	0	0
71	Equipment Costs - beds												
72	Equipment costs - ventilators												
73	Equipment costs - other (specific in narrative)	16	31	28	0	0	0	0	0	0	0	0	0
74	Estates\Security costs	13	12	5	21	20	20	0	0	0	0	0	0
75	External Project Management Costs	95	15	15	5	5	0	0	0	0	0	0	0
76	Insurance	0	0	0	1	0	0	0	0	0	0	0	0
77	IT Costs												
78	Laundry Costs												
79	Legal Fees												
80	M&SE - consumables	27	19	30	30	30	15	15	15	15	15	15	15
81	Mortuary/Funeral Expenses												
82	PPE	193	414	556	300	250	250	250	125	125	125	125	125
83	Rates												
84	Rent	33	28	11	14	14	14	14	14	14	14	14	14
85	Reprovision of existing services to external facilities e.g. Haemophilia services												
86	Telephony	40	22	25	25	25	0	0	0	0	0	0	0
87	Temporary LTA Arrangements												
88	Training												
89	Transportation	340	265	443	267	70	70	0	0	0	0	0	0
90	Utility Costs												
91	Other costs (specifiy below and in narrative)	30	23	54	41	23	17	15	17	15	17	15	19
92	MACA Arrangements included in Mth 2 & 3		200	100									
93													
94													
95													
96	TOTAL ADDITIONAL NON PAY EXPENDITURE	833	1,081	1,325	743	474	418	316	173	171	173	171	177
97	TOTAL ADDITIONAL OPERATIONAL EXPENDITURE (Agrees to Table A)	1,455	1,890	2,037	1,186	577	491	379	203	186	173	171	177
		0	0	0	0	0	0	0	0	0	0	0	0

A1 - Major Projects : Change in Capacity Expenditure Due To C19 (subset of Table A)		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
98	Major Projects: Capacity Change Expenditure (due to C19)												
99													
100													
101													
102													
103													
104													
105													
106													
107													
108													
109													
110	TOTAL MAJOR PROJECTS: ADDITIONAL CAPACITY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0

B - Non Delivery of Planned Savings Due To C19

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

C - Planned Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
115	*Expenditure Reductions (due to C19)*												
116	Reduction of non pay costs due to reduced elective activity												
117	Reduction of outsourcing costs due to reduced planned activity												
118	Reduction of travel and expenses												
119	Other (please specify):												
120	Fuel (free from BP and reduced activity)	(125)	(98)	(13)	0	0	0	0					
121	NEPTS Reduction in Use of ACS & WAST reduction in Taxis		(121)	(70)	0	0	0	0	0	0	0	0	0
122	Travel Reductions (Hotels & Business Mileage)		(3)	0	0	0	0	0	0	0	0	0	0
123													
124													
125	**TOTAL EXPENDITURE REDUCTION (Agrees to Table A)**	(125)	(222)	(83)	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0

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

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
126	*Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)*												
127													
128													
129													
130													
131													
132													
133													
134													
135													
136	**TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)**	0	0	0	0	0	0	0	0	0	0	0	0

		1	2	3	4	5	6	7	8	9	10	11	12
137	**NET EXPENDITURE DUE TO Covid-19**	1,437	1,698	1,992	1,293	684	491	379	203	186	173	171	177
		0	0	0	0	0	0	0	0	0	0	0	0

Total YTD £'000	Forecast year-end position £'000
293	321
0	0
18	18
0	0
504	565
415	465
0	0
7	7
1,235	1,374
49	78
0	0
0	0
0	0
0	0
0	0
0	0
45	45
94	123
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
322	667
0	0
0	0
0	0
322	667
251	373
0	0
7	14
0	0
126	156
107	147
0	0
1	16
492	706
0	0
0	0
0	0
0	0
2,143	2,870

0	0
0	0
0	0
0	0
0	0
0	0
114	216
0	0
0	0
0	0
0	0
0	0
42	82
0	0
0	0
75	75
30	91
125	135
0	1
0	0
0	0
0	0
76	241
0	0
1,163	2,838
0	0
72	198
0	0
87	137
0	0
0	0
1,048	1,455
0	0
107	286
300	300
0	0
0	0
0	0
3,239	6,055
5,382	8,925

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

Total YTD £'000	Forecast year-end position £'000
175	389
0	0
175	389

Total YTD £'000	Forecast year-end position £'000
0	0
0	0
0	0
0	0
(236)	(236)
(191)	(191)
(3)	(3)
0	0
0	0
(430)	(430)

Total YTD £'000	Forecast year-end position £'000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
5,127	8,884

A - WTE of New Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22	**Returners:**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	Administrative, Clerical & Board Members												
24	Medical & Dental												
25	Nursing & Midwifery Registered												
26	Prof Scientific & Technical												
27	Additional Clinical Services												
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary												
31	**Sub total Returners**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	**Students:**												
33	Medical & Dental												
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services	22.00	46.00	63.00	49.00	24.00	24.00	24.00	12.00	6.00			
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	**Sub total Students**	22.00	46.00	63.00	49.00	24.00	24.00	24.00	12.00	6.00	0.00	0.00	0.00
41	**Other Temp Staff:**												
42	Administrative, Clerical & Board Members	10.00	33.00	35.00	38.00								
43	Medical & Dental												
44	Nursing & Midwifery Registered												
45	Prof Scientific & Technical												
46	Additional Clinical Services	16.00	3.00	6.00	6.00								
47	Allied Health Professionals	8.00	9.00	11.00	11.00								
48	Healthcare Scientists												
49	Estates & Ancillary			0.00	5.00								
50	**Sub total Other Temp Staff**	34.00	45.00	52.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

REF	Enter as positive values	1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar
98	*Major Projects: Bed Capacity (due to C19)*												
99													
100													
101													
102													
103													
104													
105													
106													
107													
108													
109													
110	TOTAL MAJOR PROJECTS: ADDITIONAL BED CAPACITY	0	0	0	0	0	0	0	0	0	0	0	0

Welsh Ambulance Trust

Period :   Jun 20

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000	Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
1	Swansea Bay University	5,193	284	**5,477**	10	52	**62**
2	Aneurin Bevan University	9,664	164	**9,828**	0	209	**209**
3	Betsi Cadwaladr University	5,728	62	**5,790**	280	134	**414**
4	Cardiff & Vale University	3,931	714	**4,645**	11	22	**33**
5	Cwm Taf Morgannwg University	2,071	5	**2,076**	0	38	**38**
6	Hywel Dda University	4,538	35	**4,573**	0	147	**147**
7	Powys	1,159	0	**1,159**	0	43	**43**
8	Public Health Wales	0	46	**46**	7	11	**18**
9	Velindre	1,173	0	**1,173**	1,380	772	**2,152**
10	NWSSP	0	0	**0**	0	0	**0**
11	NWIS	0	0	**0**	0	0	**0**
12	Wales Ambulance Services			**0**			**0**
13	WHSSC	0	0	**0**	0	0	**0**
14	EASC	167,929	0	**167,929**	0	0	**0**
15	HEIW	0	686	**686**	0	0	**0**
16	NHS Wales Executive	0	0	**0**	0	0	**0**
17	**Total**	**201,386**	**1,996**	**203,382**	**1,688**	**1,428**	**3,116**

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Jun 20

Table E - Resource Limits

1. BASE ALLOCATION

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

2. ANTICIPATED ALLOCATIONS

		HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000	Total Revenue Resource Limit £'000	Recurring or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact Table
3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4	DEL Non Cash Depreciation - Strategic					0					
5	DEL Non Cash Depreciation - Accelerated					0					
6	DEL Non Cash Depreciation - Impairment					0					
7	AME Non Cash Depreciation - Donated Assets					0					
8	AME Non Cash Depreciation - Impairment					0					
9	AME Non Cash Depreciation - Impairment Reversals					0					
10	Removal of Donated Assets / Government Grant Receipts					0					
11						0					
12						0					
13						0					
14						0					
15						0					
16						0					
17						0					
18						0					
19						0					
20						0					
21						0					
22						0					
23						0					
24						0					
25						0					
26						0					
27						0					
28						0					
29						0					
30						0					
31						0					
32						0					
33						0					
34						0					
35						0					
36						0					
37						0					
38						0					
39						0					
40						0					
41						0					
42						0					
43						0					
44						0					
45						0					
46						0					
47						0					
48						0					
49						0					
50						0					
51						0					
52						0					
53						0					
54						0					
55						0					
56	Total Anticipated Funding	0	0	0	0	0		0	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

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

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	NWIS £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact and date item first entered into table
1	**Agreed full year income**	5,264	9,705	5,744	4,110	2,072	4,547	1,159	12	0	1,173	0	0	172		167,929	0		**201,885**	
	Details of Anticipated Income																		**0**	
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		**0**	
3	DEL Non Cash Depreciation - Strategic																		**0**	
4	DEL Non Cash Depreciation - Accelerated																		**0**	
5	DEL Non Cash Depreciation - Impairment																		**0**	
6	AME Non Cash Depreciation - Donated Assets																		**0**	
7	AME Non Cash Depreciation - Impairment																		**0**	
8	AME Non Cash Depreciation - Impairment Reversals																		**0**	
9	Non contracted Income	213	123	47	536	4	26	0	35	0	0	0	0	515		0	0		**1,497**	M1 - None contracted income
10	COVID-19 Anticipated Revenue														7,453				**7,453**	Mth 1 reply letter
11	COVID-19 Pay cost M1 & M2														1,431				**1,431**	Agreed with WG to invoice pay costs for MTH1 AND MTH2
12																			**0**	
13																			**0**	
14																			**0**	
15																			**0**	
16																			**0**	
17																			**0**	
18																			**0**	
19																			**0**	
20																			**0**	
21																			**0**	
22																			**0**	
23																			**0**	
24																			**0**	
25																			**0**	
26																			**0**	
27																			**0**	
28																			**0**	
29																			**0**	
30																			**0**	
31																			**0**	
32																			**0**	
33																			**0**	
34																			**0**	
35	**Total Income**	5,477	9,828	5,790	4,645	2,076	4,573	1,159	46	0	1,173	0	0	686	8,884	167,929	0	0	212,266	

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)	1,895	3	67	1,880	3	1,160	746	695	1,160	744	3	2,691	11,047
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations	16,003	16,025	15,460	20,703	17,688	17,688	17,688	17,688	17,695	17,588	17,400	18,017	209,643
6	Short Term Loans - Trust only													0
7	PDC - Trust only	0	0											0
8	Interest Receivable - Trust only	5	0	0	0	0	0	0	0	0	0	0	0	5
9	Sale of Assets	0	5	13	0	0	0	0	0	0	270	85	475	848
10	Other - (Specify in narrative)	292	689	449	337	237	227	327	377	377	227	227	277	4,043
11	TOTAL RECEIPTS	18,195	16,722	15,989	22,920	17,928	19,075	18,761	18,760	19,232	18,829	17,715	21,460	225,586
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	12,416	13,089	13,526	13,279	13,279	13,222	13,179	13,179	13,179	13,179	13,179	13,179	157,885
18	Non Pay Expenditure	4,727	5,114	4,093	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,090	68,024
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only	868											1,203	2,071
21	Capital Payment	1,810	3,739	1,500	3,076	3,452	2,163	2,650	2,383	860	200	0	0	21,833
22	Other items (Specify in narrative)	0	0	30	0	0	0	0	0	0	0	0	0	30
23	TOTAL PAYMENTS	19,821	21,942	19,149	22,355	22,731	21,385	21,829	21,562	20,039	19,379	19,179	20,472	249,843
24	Net cash inflow/outflow	(1,626)	(5,220)	(3,160)	565	(4,803)	(2,310)	(3,068)	(2,802)	(807)	(550)	(1,464)	988	
25	Balance b/f	24,583	22,957	17,737	14,577	15,142	10,339	8,029	4,961	2,159	1,352	802	(662)	
26	Balance c/f	22,957	17,737	14,577	15,142	10,339	8,029	4,961	2,159	1,352	802	(662)	326	

Welsh Ambulance Trust

Table H - PSPP

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

30 DAY COMPLIANCE

PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1 % of NHS Invoices Paid Within 30 Days - By Value	95.0%	90.7%	-4.3%		-95.0%		-95.0%		-95.0%	90.7%	-4.3%	90.7%	-4.3%
2 % of NHS Invoices Paid Within 30 Days - By Number	95.0%	90.4%	-4.6%		-95.0%		-95.0%		-95.0%	90.4%	-4.6%	90.4%	-4.6%
3 % of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.0%	3.0%		-95.0%		-95.0%		-95.0%	98.0%	3.0%	98.0%	3.0%
4 % of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	97.0%	2.0%		-95.0%		-95.0%		-95.0%	97.0%	2.0%	97.0%	2.0%

10 DAY COMPLIANCE

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

Welsh Ambulance Trust

This Table is currently showing 0 errors

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

£'000 | 13,726
Approved CRL / CEL issued at : | 14/5/20

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure (accrued, to include capitalised finance leases)						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	0	0	0	563	563	0
2	Cardiff MRD	4	4	0	4,528	4,528	0
3	111 Integrated Information Solution	99	99	0	1,900	1,900	0
4	C19 - 19.20 Return of Vehicles Slippage	143	143	0	534	534	0
5	C19 - Digital Devices	160	160	0	160	160	0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	**Sub Total**	**406**	**406**	**0**	**7,685**	**7,685**	**0**
	Discretionary:						
43	I.T.	404	404	0	632	632	0
44	Equipment	84	84	0	3,018	3,018	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	265	265	0	1,264	1,264	0
47	Other	41	41	0	1,378	1,378	0
48	**Sub Total**	**794**	**794**	**0**	**6,292**	**6,292**	**0**

	Other Schemes:						
49				0			0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	Sub Total	0	0	0	0	0	0
70	Total Expenditure	1,200	1,200	0	13,977	13,977	0
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0
	Donations:						
77				0			0
78	Sub Total	0	0	0	0	0	0
	Asset Disposals:						
79	St Asaph HQ	0	0	0	130	130	0
80	Nelson	0	0	0	121	121	0
81	Disposal of Vehicles and equipment	0	0	0	0	0	0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	Sub Total	0	0	0	251	251	0
91	Technical Adjustments			0			0
92	CHARGE AGAINST CRL / CEL	1,200	1,200	0	13,726	13,726	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(12,526)			0	

Risk Level
Low
Low
Low
Low
Low

Low
Low
Low
Low
Low

Low
Low
Low

Welsh Ambulance Trust

Table K - Capital Disposals   This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only) MM/YY (text format, e.g. Apr 20)	Date of Ministerial Approval to Retain Proceeds > £0.5m MM/YY (text format, e.g. Apr 20)	Date of Disposal MM/YY (text format, e.g. Feb 21)	NBV £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
1	St Asaph HQ	N/A	N/A	2020-21	130	400	26	244	
2	Nelson	N/A	N/A	2020-21	121	185	8	56	
3	Disposal of Vehicles and equipment	N/A	N/A	2020-21	0	250		250	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				251	835	34	550	

Welsh Ambulance Trust

Table M - Debtors Schedule

	Period:	**Jun 20**
11 weeks before end of Jun 20 =	Tuesday, April 14, 2020	
17 weeks before end of Jun 20 =	Tuesday, March 3, 2020	

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
			0.00	0.00		0.00	0.00		

Invoices paid since the end of the month			
Total outstanding as per MR submission date		0.00	0.00

Welsh Ambulance Trust

Period :   Jun 20

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

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

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

SUPPLEMENTARY INFORMATION

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

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

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

| TOTAL Enhanced Services (must equal line 12) | | 96 | | 0 | 0 | 0 |

GENERAL MEDICAL SERVICES
Operating Expenditure

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

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

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

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

Memorandum item

	LINE NO.				
Enhanced Services included above but in dispute with LMC (TOTAL)	147				
Enhanced Services included above but not yet formally agreed LMC	148				

GENERAL MEDICAL SERVICES
Dispensing

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

Year to Date
£000's
0

0

0

0

£000's
0

£000's
0

£000's
0

0

Year to Date
£000's

0

£000's
0

£000's
0

£000's
0

Year to Date
£000's

0

Welsh Ambulance Trust

Period :   **Jun 20**

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

This Table is currently showing 0 errors

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0

OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services inc WHC/2015/001	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0

RECEIPTS

TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	

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

Welsh Ambulance Services NHS Trust Annual Report 2019/20

MEETING	Board
DATE	30 July 2020
EXECUTIVE	Director of Partnerships and Engagement
AUTHOR	Director of Partnerships and Engagement
CONTACT DETAILS	Estelle Hitchon M: 07990 085055 E: estelle.hitchon2@wales.nhs.uk

CORPORATE OBJECTIVE	All IMTP Strategic Themes
CORPORATE RISK (Ref if appropriate)	CRR 34: Trust Reputation
QUALITY THEME	All
HEALTH & CARE STANDARD	All

REPORT PURPOSE	To consider an initial draft of the 2019/20 Annual Report and approve delegation of final sign off to the Chair and Chief Executive.
CLOSED MATTER REASON	Not applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

The Board is required to approve the content and publication of the draft 2019/20 Annual Report of the Welsh Ambulance Services NHS Trust.

The report has been drafted in line with Welsh Government guidance contained in the Manual for Accounts 2019/20. This year, the format proposed for approval follows the same procedure as in 2018/19 and as detailed below. Subject to Board approval, the document will be reviewed by the Chair, Chief Executive and Wales Audit Office (if this has not previously been achieved) subsequent to the presentation of this draft. The reasons for this are detailed below.

BACKGROUND
NHS bodies are required to publish, as a single document, a three part Annual Report and Accounts which includes:

1) The Performance Report, which must include:
   An overview
   A Performance analysis

2) The Accountability Report, which must include:
   A Corporate Governance Report
   A Remuneration and Staff Report
   A National Assembly for Wales Accountability and Audit Report

3) The Financial Statements, including
   The Audited Annual Accounts 2019-20

This year, in light of the Covid-19 pandemic, the deadline for publication of the Annual Report has been moved to 31 August 2020. That said, the time accorded to drafting has been curtailed given the exigencies of the pandemic and the attendant competing priorities.

ASSESSMENT
The guidance in relation to the production of the annual report is prescriptive and sets out the minimum content of the annual report and accounts. Beyond this, however, the guidance is clear that the organisation must take ownership of the document and ensure that additional information is included where necessary to reflect the position of the Trust within the community and give sufficient information to meet the requirements of public accountability.

The annual report, and accounts as a whole, must be fair, balanced and understandable and the Accountable Officer takes personal responsibility for it and the judgments required for determining that it is fair, balanced and understandable.

In addition, the Wales Audit Office, while not offering an audit opinion on the Annual Report as in previous years because of changes in the Companies Act legislation, is required to review the information within the report to confirm that there are no material inconsistencies between this and the audited financial statements.

In meeting the requirements of the guidance, every effort has been and will be made to produce a readable and engaging report, recognising that this is not easily achieved in what is, in essence, a technical document.

In addition, there is significant overlap with the Annual Quality Statement, which is designed to be an outwardly facing, more succinct and engaging public document and is due for publication in a similar time frame to the Annual Report.

In order to minimise repetition in content with the Annual Quality Statement, and other constituent documents such as the Annual Governance Statement, a number of hyperlinks will be inserted into the document so that the reader can view more detailed information on specific areas of interest and Trust activity if required.

Given these factors, it is anticipated that the Annual Quality Statement will be the more accessible document for the general public, and will be promoted as such, while the Annual Report has a more detailed and technical focus.

In light of this, design of the Annual Report will be kept minimal, although the content is comprehensive.

The Annual Report will also be available in Welsh as a separate digital document by the 31 August deadline and arrangements are in place for that translation to take place, subject to the content being finalised.

Given these factors, the document presented at this meeting should be read only as an indicative and early/incomplete draft. Following this Board, the final draft will then be refined, based on any amendments to be made and/or comments received from the Wales Audit Office.

The reason for it being presented at this incomplete stage is two-fold:

1) To allow Board members to review progress to-date and offer any observations or comment
2) To seek approval for the delegation of final sign off to the Chair and Chief Executive prior to publication and submission to Welsh Government to avoid a further Board meeting in late August becoming necessary.

Assuming approval is given, once the Report is approved by the Chair and Chief Executive, the document will be made live immediately on the Trust website with the full range of hyperlinks etc. inserted.

At the time of writing, guidance is awaited from Welsh Government as to the requirement for an annual general meeting this year, in what timescale and in which format. It is anticipated that any AGM will be digital in nature and is likely to take place in early September. Board members will be advised as soon as guidance is received by the Board Secretary to this effect.

RECOMMENDED: That

- The Board considers this initial draft of the Annual Report 2019/20
- The Board delegates final sign off to the Chair and Chief Executive further to WAO review and prior to submission to Welsh Government and publication on 31 August 2020.

EQUALITY IMPACT ASSESSMENT

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	N/A
Environmental/Sustainability	The Annual Report is a digital only document, minimising use of paper and improving access for the public.
Estate	N/A
Health Improvement	N/A
Health and Safety	N/A
Financial Implications	The writing and production of the Annual Report in-house has resulted in a cost saving of some £8k based on the 2014/15 expenditure figure
Legal Implications	All
Patient Safety/Safeguarding	N/A
Risks	N/A
Reputational	All
Staff Side Consultation	N/A

FRONT COVER

WELSH AMBULANCE SERVICES NHS TRUST: ANNUAL REPORT 2019/20

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Company Directorships

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Salary and Pension Entitlements of Senior Managers

Pension Benefits

Hutton Report Information

Welcome from the Chair and Chief Executive

Drawing together our reflections for the 2019/20 annual report has been a sobering experience. As we write, we still find ourselves in the throes of the Covid-19 pandemic, which has wrought such devastation globally and presented society, as well as our organisation and the wider NHS more broadly, with a challenge not seen for a century.

That said, in some ways, it has also been rather uplifting. In the final months of the financial year, we saw our organisation and our people step up to the challenges of the pandemic in ways that were genuinely inspiring, and continue to be so. To face the challenges of Covid-19 on the back of a pressurised winter period says much for the resilience and dedication of our Welsh Ambulance Service teams. Our priority now is to maintain the wellbeing and safety of our people, as being at the forefront of the pandemic inevitably takes its toll, while recognising that we continue to need to be prepared for what may be yet to come.

Much will change as a result of Covid-19, and we are already learning and applying some of the lessons of the last few months. We are changed, as is society, and 2020/21 will doubtless bring us not only fresh challenges, but renewed opportunity to harness the positives from our experience of the pandemic and to push forward towards realising our long term ambitions.

However, 2019/20 was not all about Covid-19. As ever in the world of the ambulance service and the wider NHS, it was a story of constant change and evolution. This annual report will give you a flavour of those developments and how the Welsh Ambulance Service performed.

There is much to celebrate and much to consider as we move into more uncertain times in 2020/21, but what is clear is that our service will never stand still. Our primary purpose is to serve the needs of the people of Wales in a way that optimises their care and delivers the best outcome. We continue to learn, adapt, innovate and move forward to realise our full potential at the heart of the Welsh health service.

We hope our 2019/20 annual report inspires, challenges and interests you. If you'd like to keep up with our progress, follow us on social media or join us at one of our regular open Boards (at the time of writing, being held digitally), which are open to all and which you'll find publicised on social media or our website.

In the meantime, stay safe and well and thank you for taking the time to find out more about the Welsh Ambulance Service.

Jason Killens   Martin Woodford
Chief Executive   Chair
INSERT SIGS AND DIGITAL PIX

The Welsh Ambulance Service at a Glance: What We Are and What We Do

It is now more than 20 years since the Welsh Ambulance Service was established in 1998. In the two decades since, the organisation has developed hugely, to become a central part of the NHS family in Wales. It is now the provider of a range of services, including emergency and non-emergency ambulance services, the NHS Direct Wales (NHSDW) telephone and online service and now the 111 service, which will replace NHSDW across Wales within the next two years.

The organisation continues on its journey to be so much more than a transport service. Excellent clinical care, with a focus on treating and keeping patients safely at home wherever possible, is now our main focus. While we are, of course, always there for those who face a life-threatening emergency, thankfully these cases represent a relatively small percentage of our work.

Serving a population of some three million spread across urban, coastal and rural landscapes throughout Wales, our ability to be innovative is important, and is something for which we have a growing reputation, both across the UK and internationally.

We employ more than 3,000 people with a mix of skills, ranging from advanced clinicians, through to a variety of clinical and non-clinical and support staff. We operate from in excess of 100 different bases across Wales, including traditional ambulance stations, shared facilities with other services, clinical contact centres, maintenance, repair and cleaning facilities, administrative and training centres.

Our services are focused in three main areas – unscheduled care, non-emergency transport and telephone and online clinical advice:

- Our unscheduled care services (emergency and urgent care) provide support to patients with illnesses that are immediately life-threatening through to minor injuries. Increasingly, we are working with partners to provide pathways to divert patients away from hospitals in order to treat people closer to home, where it is clinically appropriate to do so and using the higher level skills of our clinicians to avoid a hospital visit.
- Our Non-Emergency Patient Transport Service (NEPTS) helps thousands of patients each year to get to their hospital and medical appointments if there are clinical reasons why they cannot do so under their own steam, including patients travelling for cancer treatments or renal dialysis, for example.
- 111 and NHS Direct Wales provide telephone and online advice to patients who feel unwell, helping to signpost patients to, or arrange, the most appropriate care for them. The 111 service will replace the NHS Direct Wales service within the next two years and is already available in five of seven health board areas.

Our people have one focus – to care for our patients or support our colleagues who do. From the staff in our clinical contact, NHSDW and 111 centres, who deal with more than a million calls between them every year, making sure patients get the right advice and help 24/7/365, to our frontline clinical staff, our non-emergency teams, support services and volunteers, we all have the same goal – to deliver excellence for the people of Wales.

Of course, the final months of 2019/20 brought with them unprecedented challenges in the form of the Covid-19 pandemic. As with most other organisations, our experiences of the pandemic will shape our future development, and its impact will be reflected throughout this document, as well as in the figures below.

Here are a few facts and figures to give you a flavour of the Welsh Ambulance Service and our work (all figures relate to the 20/19 financial year 1 April 2019 – 31 March 2020):

- Total number of 999 calls answered by our staff at our Clinical Contact Centres (CCCs): 515,751 (which is down on the 2018/19 figure of 534,970)

- These translated into 477,971 verified incidents (we often receive more than one call about the same incident) compared with 465,552 verified incidents in 2018/19

- We conveyed fewer than half of our patients to major emergency departments (45.3%) of patients as opposed to 48.6% in 2018/19), which reflects our work to signpost patients to other, more appropriate services and/or treat more patients safely at home. For example, our hear and treat service, which provides clinical advice to callers who do not have a serious or life threatening condition, managed to prevent almost 41,000 (40,851) ambulances from being dispatched, up from 35,934 last year

- Our Non-Emergency Patient Transport Service (NEPTS) made 783,006* NEPTS journeys during the year, which was slightly down on the 2018/19 figure of 787,928, but reflects the downturn in activity at the end of the year, given that the overwhelming majority of outpatient appointments were cancelled or postponed as a result of the pandemic from mid-March onwards.

- 221,314 calls were made to NHS Direct Wales (NHSDW), down from 243,840 the previous year, while website visits to NHSDW (recently rebranded to NHS Wales 111) sky-rocketed from 3,696,770 visits in 2018/19 to 6,025,100 in 2019/20.

    *number includes aborted journeys

- Similarly, 503,473 calls were made to 111 service, which brings together the services of NHS Direct Wales and the GP out-of-hours service in the Swansea Bay, Aneurin Bevan, Hywel Dda University Health Board areas, in the Bridgend locality of the Cwm Taf Morgannwg University Health Board area and in Powys.

The significant rise in 111 calls and in the use of the NHSDW/111 website were clearly linked not just to 111 being available in more areas, but also to increased demand as a result of the Covid-19 pandemic. The free 111 number has been made available across Wales for Covid-19 queries, including in areas where the main 111 service is not yet available. The NHSDW/111 website also hosts the rapidly developed NHS Wales Covid-19 symptom checker, which was widely publicised as a first point of advice for those concerned that they had coronavirus symptoms.

In terms of our estate and our assets, in 2019/20, we operated from 113 buildings and had 778 vehicles in our fleet. We employed 3,260 people.

Staff Numbers

An analysis of staff numbers by category during 2019-20 is set out below. The figures relate to the average number of employees under contract of service in each month of the financial year, divided by 12 (and rounded to the nearest full time equivalent). The table below excludes agency and seconded in staff.

Category	2019-20	2018-19
Additional Clinical Services	1,464	1,467
Administrative & Clerical	517	483
Allied Health Professionals	1,055	983
Estates & Ancillary	58	56
Medical & Dental	1	2
Nursing and Midwifery	165	149
Total	**3,260**	**3,140**
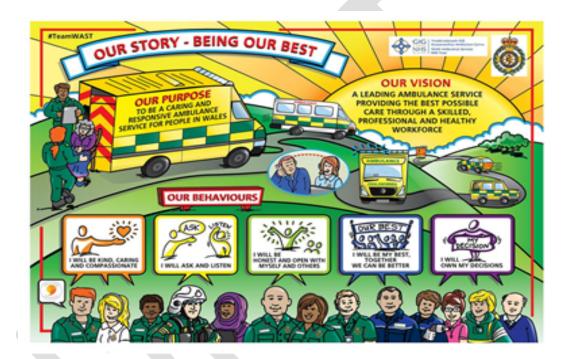
An analysis of the number of people of each sex who are senior managers of the Trust (i.e. Non-Executive Directors, Executive Directors, Directors, Board Secretary) as at 31 March 2020 is set out below (excludes secondees out of the Trust). This compares to a Trust wide staff composition of 45% female, 55% male.

Gender	Headcount	%
Female	6	33
Male	12	67
Total	**18**	**100**

The gender balance of our senior leadership team continues to be imbalanced, particularly when set against the organisational picture, with 33% of senior leaders being women in 2019/20, down from 37.5% the previous year.

Our vision, purpose and behaviours, which were developed in 2016 with our colleagues, remained unchanged for 2019/20. However, there are plans to refresh these in 2020/21, especially in light of our experiences and lessons from the pandemic and what our people have told us about what is important to them.

Figure X: Our Story – Being Our Best

Our Year in Review: The Highlights

2019/20 has been much more than simply the story of the Covid-19 pandemic. While the pandemic, of course, dominated the final quarter of the year, there has been much to celebrate and to challenge us over the last 12 months, which will be outlined in the pages that follow.

What has been clear is that the Welsh Ambulance Service is now very firmly positioned as central to the unscheduled care system in Wales and its work with partners both within and beyond NHS Wales is testament to its growing influential status.

While performance against our core "red" performance target of eight minutes for life threatening emergencies is stable, there is still work to do to continue to improve across all areas of Wales. Similarly, performance in the amber category is unduly adversely affected during the pressurised winter season and, following the outcome of the 2018 "Amber Review", work continues to improve performance, particularly in the "amber one" category of call. You can read more about what we are doing to achieve this in our Performance Report (INSERT HYPERLINK) and further on in this document.

Much of our improvement lies in looking at alternatives to 999 for many callers who simply do not need the services of an ambulance, but may be unsure about where to get help when they feel unwell or have another emergency. Our 111 service, which brings together the telephone and online advice and support service provided by NHS Direct Wales and the GP out-of-hours service, is already live in five of seven health board areas (or parts of them), and will be fully deployed across Wales within two years. NHS Direct Wales continues to be available in those areas of Wales without access to 111and provides online and telephone clinical advice to help patients make the right choice of care, dependent on their condition.

Couple that with innovative approaches to reducing unwarranted demand on our services including our work with advanced paramedic practitioners, primary care and residential care homes, as well as working with health boards to establish and develop alternative care pathways, and you have a flavour of the extent of our growing involvement across the Welsh health and care system.

Of course, not all our work focuses on emergencies. Every year, we make hundreds of thousands of journeys taking patients to routine appointments or for life-sustaining treatment, via our non-emergency transport service. This invaluable service has also modernised and improved to ensure that those who are clinically eligible for this free service receive it seamlessly, while continuing to support patients to find alternatives when their needs are not so clinically acute.

Of course, the strength of our services lies in our people and their absolute commitment to the people of Wales. We continue to invest in their training and development and, with the support of Welsh Government, in our fleet and estate, to ensure that they have the skills, environment and equipment to do the very best job they can.

An Award-Winning Service

We are proud and honoured to have picked up several prestigious awards in 2019-20, not just for our work as an organisation, but for the work of some exceptional individuals.

We won not one but three NHS Wales Awards, including the Enriching the Wellbeing, Capability and Engagement of Health and Care Workforce Award for our Trauma Risk Management Service (TRiM). Our Non-Emergency Patient Transport Service's End of Life Care Rapid Transport Service also took home the Delivering Person-Centred Services Award and the Outstanding Contribution to Transforming Health and Care Award.

Two colleagues were recognised in the Queen's New Year's Honours List at the turn of the year. Emergency Medical Technician (EMT) Nick Richards-Ozzati and Joanne Rees-Thomas, of the Non-Emergency Patient Transport Service, were awarded the Queen's Ambulance Service Medal for exemplary service and exceptional devotion to duty.

Meanwhile, for Her Majesty's Birthday Honours in June 2019, Deborah Goldsmith, Assistant EMS Controller, and Grayham McLean, the Trust's Unscheduled Care Lead, also received the Queen's Ambulance Service Medal, while paramedic Glyn Thomas received a British Empire Medal for services to pre-hospital care in North Wales.

At the South Wales Argus Health and Care Awards in September 2019, Newport-based Emergency Medical Technician (EMT) Stefan Cartwright won the Outstanding Achievement Award, while EMT Rhys Tucker, of Barry, picked up the Paramedic or First Responder Award.

The Trust's Assistant Director of Paramedicine, Andy Swinburn, was named Allied Health Professional of the Year at the inaugural Advancing Healthcare Awards in November 2019 for his work to introduce and embed a new clinical leadership structure across the service.

Meanwhile, Andy's Business Administration Manager, Helen Lumber, won Skills for Health's Our Health Heroes regional award for Operational Services Support Worker of the Year.

We had a double award win at the Action on Hearing Loss Excellence Wales Awards in May 2019, where we took home both the Service Excellence and People's Choice Awards.

Deborah Armstrong, the Trust's Interim Head of Education Professional and Clinical Practice, was also named Exceptional Mentor of the Year by the Association of Ambulance Chief Executives.

This annual report will provide you with more detail about our successes, challenges and innovations, but let's begin with a little more about the way in which our services are commissioned.

Planning and Delivering Our Services

Ambulance services in Wales are commissioned on a collaborative basis by the seven health boards through the Emergency Ambulance Services Committee and the Chief Ambulance Services Commissioner (CASC). Both the Commissioning and Quality Delivery Framework (CQDF) for Emergency Medical Services and the equivalent for the Non-Emergency Patient Transport Service were live during 2019/20.

The Commissioning Quality & Delivery Frameworks (CQDFs) set out what is expected of us by our commissioners and focus on how we can make real improvements for our patients. Both are based on a five step model of service delivery, which breaks down the patient journey by need.

Visual representations of the five step models are shown below:

Figure X: Five-Step EMS Ambulance Care Pathway

Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 Welsh Ambulance Service Trust.

Figure X: Five-Step NEPTS Ambulance Care Pathway

Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 Welsh Ambulance Service Trust.

The Emergency Medical Services' Commissioning and Quality Delivery Framework has set out a clear strategic aim to "shift left where it is clinically safe and appropriate to do so"; that is, focus on moving from steps four and five towards steps one, two and three.

The focus of both care pathways is to ensure that patients are supported to make the right choice for them and receive the care most appropriate to their needs. Performance on both these care pathways can be found in our Performance Report (INSERT HYPERLINK).

Our Clinical Response Model has been in place for some four years now and continues to underpin the way we categorise calls. The model focuses on quality and clinical outcomes as key indicators, using time targets only for those conditions where time has a significant impact on patient outcome. Calls where the patient is in imminent danger of death, for example as a result of cardiac or respiratory arrest, are categorised as red calls and have an eight minute response target in 65% of cases across Wales. However, the majority of our calls fall into our amber category, where the patient's condition is serious but not immediately life threatening.

Figure X: Our Clinical Response Model

Call Type	EASC Definition	Example	Quality Indicator
RED	Immediately life threatening calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time based standard requiring a minimum attendance at 65% of these calls within 8 minutes.	Respiratory / cardiac arrest	8 minute response time within 65%. National target
AMBER	Serious but not immediately life threatening. These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via "hear & treat" services over the telephone. Patient experience and clinical indicator data will be used to evaluate the effectiveness of the ambulance response to amber calls.	Cardiac chest pains / stroke	Compliance with care bundles for cardiac stroke and fractured neck of femur patients.
GREEN	999 calls received and categorised as green are neither serious or life threatening. Conditions such as ear ache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage. Health Care Professionals (HCP) such as doctors, midwives or community hospitals often require an urgent transfer of a patient from low acuity care to a higher acuity facility. Theses transfers are coded as green calls and undertaken within a timeframe agreed with the requesting HCP.	Fainting - recovered and alert	Clinical outcomes and patient satisfaction for 999. Compliance with healthcare professional agreed admission timescales for HCP calls.

Ambulance Quality Indicators

The Emergency Medical Services Commissioning and Quality Delivery Framework includes a set of published Ambulance Quality Indicators (AQIs), which measure the quality of our service against a range of clinical standards. These are published quarterly by Emergency Ambulance Service Committee and you can find out more about them here

In July 2018, the Welsh Ambulance Service Trust started reporting a set of Non-Emergency Patient Transport Service Ambulance Quality Indicators (AQIs). The Emergency Ambulance Service Committee does not require these to be publicly reported in the same way as the Emergency Medical Service Ambulance Quality Indicators, but they are based on the same principles.
In 2019/20, these show that 12.8% of NEPTS journeys were aborted, while 5.5% of calls were abandoned, meaning that callers ended the call before their call was answered.

You can find out more about our how we fared on clinical indicators in our **Performance Report (INSERT HYPERLINK).**

Measuring and Monitoring Progress on Performance and Delivery

The Trust prides itself on being amongst the most transparent ambulance services in the world in terms of sharing its performance data. Every month, key statistics on performance are published by Welsh Government, and performance is recorded against the relevant indicators outlined in the NHS Delivery Framework for Wales.

The Emergency Ambulance Service Committee (EASC) publishes a comprehensive set of Ambulance Quality Indicator (AQIs) on a quarterly basis (suspended for Quarter 4 as a result of the pandemic) and, at every Board meeting, the Trust Board receives a range of reports considering quantitative and qualitative information on progress against the Integrated Medium Term Plan (IMTP) and performance metrics.

Internally, the Trust closely monitors progress against the IMTP, the key components of which were:

- 10 IMTP priorities;
- 42 IMTP key deliverables, each assigned to a Director lead;
- a suite of performance indicators; and
- achievement of a balanced financial plan.

A new approach to IMTP delivery was agreed in 2019/20, with a new Strategic Transformation Board (STB) established to oversee progress, supported by an overhauled and updated Quality and Performance report, which is reported to each Board (and monthly to Executive Management Team). You can find out more about our IMTP later in this document or here (INSERT HYPERLINK) in our Performance Report.

Red Performance

We maintained our "red" eight minute performance above the 65% Welsh Government target for nine months in 2019/20. Unfortunately, November 2019 was the first time since the introduction of the current Clinical Response Model in October 2015 that the Trust's red performance fell below the 65% target. This happened again in December, before a combination of incentivised overtime and a renewed focus on hours lost to handover at a number of key hospital sites across Wales increased ambulance resourcing and availability. In March 2020, red performance again dipped just under the 65% target as the impact of Covid-19 began to be felt.

Red performance has been on a gradual downward trend for some time, reflecting concerns over the organisation's current capacity to meet growing demand. While last year's demand and capacity review identified this issue clearly, with commissioners supporting an increase in staffing, it has been important to work with National Collaborative Commissioning Unit (NCCU) on behalf of our commissioners to improve matters in the interests of providing the best care to our patients.

To that end, in 2019/20 we entered a period of "enhanced monitoring" with the NCCU on our red performance. The Trust responded by producing a comprehensive Red Improvement Plan, which was monitored weekly until the onset of the Covid-19 response. The vast majority of the actions in the Red Improvement Plan were delivered and we will continue to keep a focus on our core performance as we move through 2020/21, recognising that the legacy of the recent pandemic and the possibility of a second wave of illness may affect this.

Figure XX: Percentage of emergency responses to red calls arriving within eight minutes

During 2019/20, for clinical reasons, the Trust made the decision to change its call answering process in respect of calls related to breathing difficulties, resulting in many additional calls being coded as red. As a result red demand increased by more than 10 per cent each month. You can read more about the background to this is in our Performance Report (INSERT HYPERLINK).
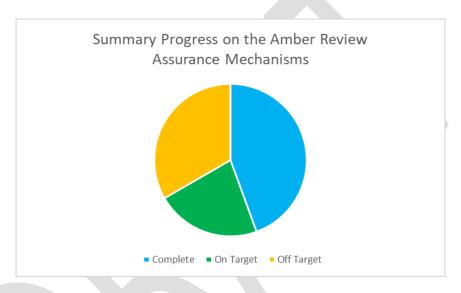
Amber Category Calls
Amber Review
Given the concern about longer waits in the amber category, an independent review (the Amber Review) was requested by the Chief Ambulance Services Commissioner in 2018. The Amber Review concluded that ". . . there are a number of patients in the amber category that are waiting too long to receive a response. The overriding factor in improving this is the availability of ambulance resources and not the categorisation of these patients as amber."

The review considered the factors affecting the availability of ambulance resources. Many are within the Trust's ability to influence, and work has been on-going on actions to reduce sickness and absence levels, and to improve the availability of ambulances and other resources by ensuring we are optimising the way we deploy our teams.
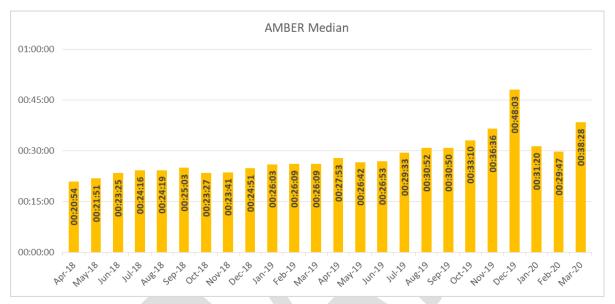
The Amber Review was published in November 2018 and, under the direction of the National Collaborative Commissioning Unit (NCCU), an Amber Implementation Programme was established, including nine recommendations with "assurance mechanisms" to be delivered by November 2019. The pie chart below summarises progress on the recommendations and their assurance mechanisms.

Figure XX: Summary Progress on the Amber Review Assurance Mechanisms

Summary Progress on the Amber Review Assurance Mechanisms

■ Complete ■ On Target ■ Off Target

While the Trust has made good progress on delivering actions arising from the Amber Review, there will be a time lag before these actions impact on amber performance, which remain below where we would like them to be. You can read more about the challenges in improving amber performance and what we are doing to address them in our Performance Report (INSERT HYPERLINK).

Figure XX: Amber Category Calls: Median Response Times

AMBER Median

Although there are a number of factors which influence performance, there is a strong correlation between hours lost handing over patients to the care of hospitals and how quickly we are able to respond to amber calls. The Trust lost 112,058 ambulance hours to handover in 2019/20, compared to 66,521 in 2018/19, a figure which was already considered high.

In January 2020, the Minister for Health and Social Services, Vaughan Gething, announced as part of his written statement on unscheduled care pressures, the establishment of a Ministerial Ambulance Availability Taskforce. The taskforce was in its infancy when pandemic pressures interrupted progress and the Welsh Ambulance Service will continue to play its part in whichever form the taskforce takes moving forward.

Telephone and Online Clinical Advice: NHS Direct Wales/111

111 is a free-to-call non-emergency clinical advice line, with associated website, that brings together NHS Direct Wales and GP out-of-hours services across Wales. A national 111 Programme Board has been established to oversee implementation of the service which, to-date, has been rolled out across all or part of five health board areas (Swansea Bay, Aneurin Bevan, Hywel Dda and Powys, and also the Bridgend locality of the Cwm Taf Morgannwg University Health Board area).
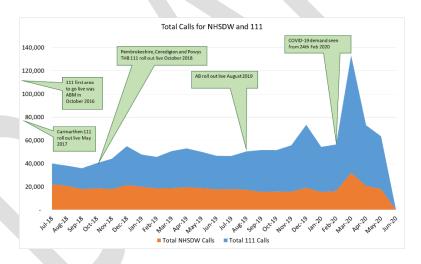
The remaining areas of Wales, including Cardiff and Vale and Betsi Cadwaladr University Health Board areas, as well as the remaining parts of Cwm Taf Morgannwg, continue to benefit from the existing NHS Direct Wales (NHSDW) service, with a plan to roll out the full 111 service to them over the next two years or so.

That said, the 111 number has been made available across Wales during the Covid-19 outbreak to deal with pandemic-related calls only. The NHSDW website was also rebranded as 111.wales.nhs.uk and became the national host for the coronavirus symptom checker, which has been used more than one million times since it was introduced.

Similarly, from late February 2020, the NHSDW and 111 phone lines have seen a sharp upturn in calls as a result of the Covid-19 pandemic as shown in the diagram below, with extra resources drafted in to cope with demand.

Further digital infrastructure is now planned for 2020/21 and beyond to ensure that the 111 service can manage future demands, including the final phases of the roll-out to deliver an all-Wales service, which you can read more about in our Performance Report.

Figure X: Total calls to NHSDW and 111

Recognising the importance of our 111/NHSDW services and, indeed, call handling more generally, there have been a number of developments in 2019/20 designed to improve what we do and how we do it, to provide even better services for our patients.

Peer Review

The Trust's 111/NHSDW service was peer reviewed in August 2019, with a focus on the operational and clinical infrastructure for call handling, nurse triage and the clinical support hub functions. We welcomed the support and have progressed a number of actions and recommendations arising from the resulting report.

Clinical Support Desk & NHS Direct /111 Remote Working

Technological enhancements which enable our Clinical Support Desk (CSD) clinicians to operating from other Trust locations (e.g. Ty Elwy, our North Wales regional office), rather than our clinical contact centres, have progressed to a stage where live testing has now taken place. This initiative will support the CSD to continue to provide its functions during periods of severe weather and provide extra capacity during times of significant operational pressure.

Clinical Information Line

As part of our winter pressures initiatives, a scheme was developed to improve the access of patient facing staff to clinical information to support on-scene clinical assessment by enabling telephone access to clinicians in NHS Direct Wales. The clinical information resources available to support decision-making include Toxbase, the Directory of Services and patient clinical records held within the Welsh Clinical Portal.

What3Words

During 2019/20, we incorporated the 'what3words' system into our clinical contact centres. What3words is a really simple way to talk about locations, which has been integrated into our call handling system in order to assist in searching for a patient's location.

Each 3m^2 in the world has been assigned a unique three word address that will never change. Each small square (there's 57 trillion of them!) has its own unique three word identifier. For example *Tugging.Litigate.Autumn* marks the exact entrance to Ty Elwy, our North Wales regional office.

What3words addresses are easy to say and share, and are as accurate as GPS coordinates. A what3words App is available to download on all smart phones.

The Trust has implemented what3words through a new interface on our call system where call handlers can enter a what3words location directly into the address search function, while processing a 999 call. This will automatically plot the location on our mapping system and also direct the responding resource to the exact location of the patient.

This new functionality will be particularly helpful for rural or 'off track' locations and large outdoor events such as the Royal Welsh Show or the National Eisteddfod.

Clinical Contact Centre - Clinical Review

During September 2019, a review of the clinical services delivered from our Clinical Contact Centres (CCCs) was undertaken. This review was jointly commissioned by the Medical and Operations Directorates, supported by the Executive Management Team (EMT), in partnership with trade unions. The priority of this review was to consider the clinical services provided to patients and to evaluate their efficiency, quality and safety. The interfaces with NHS Direct Wales/111 services and the Emergency Medical Retrieval and Transfer Service (EMRTS) were also considered as part of the review.

A cross-directorate team completed the review and made a number of recommendations for service development and improvement alongside some areas for further work, which will be progressed as we move forward in 2020/21, having been delayed by the Covid-19 pandemic

Clinical Desk

Investment has been made by commissioners in our clinical support desk, with staff numbers increasing from 30 to 41 whole time equivalents. The number of calls we are able to deal with on a "hear and treat" basis continues to increase.

We have also expanded the band 7 senior clinician role in our Clinical Contact Centres (CCC) to provide visible, clinically-led operational oversight of the clinical support desks across Wales.

Non-Emergency Patient Transport Services

Our Non-Emergency Transport Service remains an important element of our work at the Welsh Ambulance Services NHS Trust, with the service making hundreds of thousands of patient journeys every year.
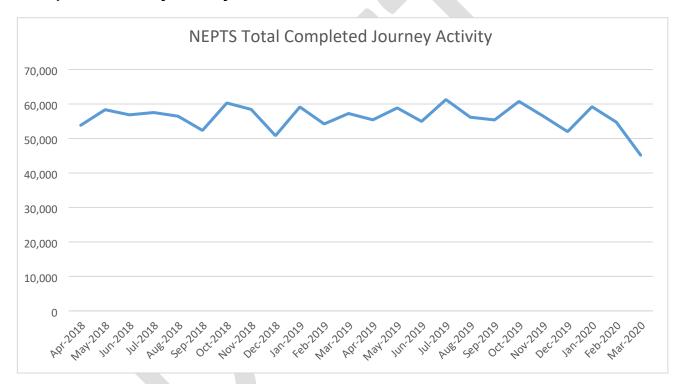
During 2019/20 we continued to work with health boards across Wales to transfer all commissioned non-Welsh Ambulance Services NHS Trust Non-Emergency Patient Transport Services to our organisation. This a complex and lengthy process, which was developed during 2017/18 and, during 2019/20, we continued with the successful transfers of work from Swansea Bay University Health Board and Hywel Dda University Health Board to the Welsh Ambulance Service. We have worked in collaboration with health boards and the Chief Ambulance Services Commissioner to develop an approved transfer process and robust plan for future transfers in the coming year.

By transferring all transport work to the Welsh Ambulance Service, we will realise a number of benefits to create better value for money for NHS Wales through better coordination of services and efficiency saving. This will allow savings to be reinvested to improve the service further. The transfer of work will also improve the quality of service by implementing a well governed 'once for

Wales' approach. A robust programme plan is in place for the transfer of work from remaining health boards to the Welsh Ambulance Service.

In terms of performance, in 2019/20 the Trust undertook 783,006 NEPTS journeys (figure includes aborted journeys), which was slightly down on the 2018/19 figure of 787,928.

Figure XX: NEPTS Completed Journey Activity

Hospital Discharges and Transfers
A key measure of quality and performance for our Non-Emergency Patient Transport Service is the timely transportation of patients, who need to be discharged from hospital or transferred to another health care setting. An effective discharge and transfer service is not only key to ensuring patients are transported to their destination in a timely manner, it is also vital in helping to create capacity and maintain patient flow across NHS Wales.

During 2019/20, our Non-Emergency Patient Transport Service undertook 51,433 discharges and 15,701 transfers, which demonstrates the extent of our support to our hospital colleagues in supporting patient flow. In August 2019, in conjunction with health boards and the Chief Ambulance Services Commissioner, we introduced a new discharge and transfer process to improve the planning and coordination of the service. Since the introduction of the new process, we have seen significant reductions in the length of time a patient has to wait for their transport. Over the winter period, our Non-Emergency Patient Transport Service continued to provide additional discharge and transfer capacity to help patient flow.

NEPTS Demand and Capacity Review
Making sure we have sufficient capacity in our non-emergency service is very important if we are to be able to meet the needs of our patients, both now and in the future. As a result, a review by Operational Research in Health Ltd (ORH) has recently been commissioned of our demand and the capacity required to meet it in the future. The review is the first to be undertaken for NEPTS and includes contact, planning and dispatch centres and patient transport.

The key purpose of the review is to examine the levels of capacity and efficiency required to meet current and future forecast demand and stakeholder requirements. As this is the first review of the NEPTS service, it is unclear what the outcome of the review will be at this stage; however, we do know that it will increase our (and stakeholders') understanding of NEPTS and assist with further improving the service we provide to patients.

The review will be undertaken in collaboration with our system stakeholders: the National Collaborative Commissioning Unit, Welsh Renal Clinical Network and health boards. Trade union partners will also be fully involved in the review

The review formally commenced in February 2020 and is being managed by the NEPTS Demand & Capacity Review Steering Group. This activity was suspended during the height of the Covid-19 pandemic but has recently restarted at the time of writing.

Transport Solutions Initiative
December 2019 saw the launch of the "Transport Solutions" initiative. The purpose of the initiative is to oversee an integrated approach to providing sustainable non-emergency patient transport provision across Wales. The Transport Solutions service will focus on eligibility and identify alternative, more appropriate transport provision for patients who are not medically eligible for NEPTS transport. The initiative will deliver a solution that:

- Empowers and assists non-eligible patients to identify and access suitable provision to meet their healthcare transport needs
- Accurately identifies the transport needs of non-eligible patients across Wales

- Works in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs in the most effective and prudent manner possible.
- Supports improvements in service quality to patients medically eligible for transport.

There are four separate groups being implemented, with a wide membership on each group, and the management group will report monthly to the Delivery Assurance Group, as part of the normal commissioning and monitoring arrangements.

End of Life Care Rapid Transport Service
Our dedicated End of Life Care Rapid Transport Service marked its 1000th compassionate journey during 2019/20. The team swiftly and safely moves terminally ill patients to their preferred place of death, easing the stress from patients and their families and relieving the pressure on emergency vehicles. The milestone was passed when a gentleman was transported from his home to a specialist palliative care unit.

In 2019/20, Non-Emergency Patient Transport Services undertook 2,016 end of life journeys, compared to 920 journeys in 18/19.

Now operating across Wales, the service has its own dedicated booking number and desk in our clinical contact centres, which healthcare professionals use to arrange transport. With the Rapid Transport Service in place, vehicles often arrive within the hour and the crew members are specifically trained to look after patients near the end of their life.

NEPTS staff are given face-to-face workshops and an e-learning package to help build their knowledge and receive training in matters like communication skills and facilitating difficult conversations. Each journey is carefully planned and, if needed, a nurse or doctor can travel with the patient for symptom control purposes.

Wish Ambulance
Launched in 2019, the Trust's Wish Ambulance has been developed to enable people near the end of their life to have a meaningful journey. The service is provided by volunteer staff from the Welsh Ambulance Service, with support from the patient's Specialist Palliative Care Team (SPCT).

The Wish Ambulance enables people near the end of their life the ability to have a meaningful journey, along with their loved ones, to a destination of a their choosing.

Examples of the types of journeys undertaken by the Wish Ambulance are as follows:

> A patient wanting to visit her local beach one last time with her children. The crew conveyed the patient via stretcher so that she and her family could watch the waves and share time together;

> A patient that had always wanted to see a particular music artist with her daughters. The patient had bought tickets prior to becoming ill; the last wish of this patient was to attend the concert. The volunteer crew conveyed the patient via stretcher to the music venue with her daughters, they remained with the patient throughout to provide support and administer necessary medication.

The work of the Welsh Ambulance Service staff in this area was celebrated at the NHS Wales Awards 2019 with the Trust's Non-Emergency Patient Transport Service receiving the 'Delivering Person-Centred Services' award.

The team was also given the tremendous honour of being awarded the 'Outstanding Contribution to Transforming Health and Care Award' for their End of Life Care Rapid Transport Service.

Volunteers

Volunteering Strategy

Our volunteers make an important and valuable contribution in enhancing the service provided by our paid workforce and improving the experience of our patients and service users across Wales. We are committed to taking our corporate social responsibility seriously and bringing these opportunities to life. We also hope to strengthen and support further collaborative opportunities with the third sector.

During 2019, work began on the Trust's first Volunteer Strategy, which will outline our ambition for the next five years. We are committed to finalising and delivering the strategy. Supporting the implementation of this strategy will be a detailed action plan outlining how these aspirations will be delivered.

Volunteer Car Service

Our Volunteer Car Service (VCS) is an important and highly valued part of our Non-Emergency Patient Transport Service team. The service provides a comfortable, reliable and caring way to travel long distances across the rural areas of Wales, especially for those patients travelling for life sustaining treatments like kidney dialysis or radiotherapy, for example.

Training for our Volunteer Car Service drivers includes first aid, safeguarding, health and safety and conflict resolution. Volunteer drivers must re-qualify annually and are provided with an Automated External Defibrillator (AED). Just like our community transport providers, our volunteer car service drivers have been provided with hand held devices, allowing them to communicate effectively with the NEPTS Control Centre and record journey data. Volunteer cars are also checked on a regular basis to ensure they continue to maintain the high standards we expect.

During 2019/20, our volunteers undertook 122,828 journeys, which was a decrease on 2018/19, recognising, of course, that the pandemic has had a significant impact on outpatient appointments particularly, from March 2020 onwards.

Attracting volunteers is a challenge for most organisations and, while we hope the development of our volunteer strategy will help us, we always want to hear from people interested in becoming a volunteer car driver. You will receive a mileage allowance, as well as training and support and a great deal of personal satisfaction from knowing you're making a positive difference to some of our most vulnerable patients. If you are interested in joining our Volunteer Car Service, please telephone us on 01633 626262 or email us at enquiries.acs@wales.nhs.uk

Community First Responders (CFRs)

Our community first responders are central to supporting our emergency medical services and are frequently the first on scene to help local people in their community. CFRs are trained in CPR and the use of a defibrillator to help restart the heart of patients in cardiac arrest and contribute to the saving of many lives in Wales.

CFR Conferences

During 2019, three regional CFR Conferences were held across Wales. These conferences were an opportunity to bring our responders together across each of the three regions of Wales to network, to celebrate our collective success, to learn about new things and for us to have the opportunity to say thank you.

CFR Recognition Scheme

In the winter months we recognised the contribution of our CFRs who give up their time selflessly to support their local communities. Each month during January 2020 through to March 2020, we:

- o Recognised the CFRs who volunteered the most hours each month in each of our three regions across Wales
- o In addition, we recognised the CFR Team that volunteered the most hours in each of our three regions across Wales
- o We recognised the three individuals and three teams by awarding an AED every month to the relevant scheme - a total of six AEDs per month
- o Where the scheme did not want or need an AED, we facilitated them to nominate a Public Access Defibrillator (PAD) plus cabinetry where required in a location of their choice
- o In totality, WAST enabled a further 18 AEDs across Wales through this initiative

Sharing Expertise Overseas: Wales for Africa

It is not only members of the public who volunteer to support the Welsh Ambulance Service; many of our staff also give generously of their free time to support others, including overseas. The Trust's continued dedication to overseas international health partnerships and projects was reconfirmed in October 2019 when, along with the Minister for Health and Social Services, and other health organisations, the Welsh Ambulance Service signed its recommitment to the Charter for International Health in Wales.

We continue to support staff engagement with the Welsh Government's 'Wales for Africa' scheme, through partnerships such as the Partnerships Overseas Networking Trust (PONT).

PONT works in the Mbale region of Uganda, tackling poverty and improving access to basic health care. Sharing passion, expertise and knowledge, our people have been instrumental in the development of a motorbike ambulance service in Mbale. The service has now completed more than 34,000 journeys since its launch in December 2010. In 2019, WAST took part in a match funding event and helped to raise more than £25,000 for the project.

Staff have also engaged in Wales for Africa projects led by other health boards, such as delivering first aid training in Lesotho partnered with Betsi Cadwaladr University Health Board. Through contributing to the Charter Implementation Group, we are able to identify, capture and help to further develop the benefits and shared learning from these partnerships.

Outside of the Wales for Africa programme, in 2019 the Welsh Ambulance Service was invited by Cardiff University to participate in a grant application to the Global Challenges Research Fund with Cardiff University, the Massachusetts Institute of Technology and the largest ambulance service provider in Indonesia, Ambulans 118. The grant application was successful and in February 2020, we engaged in a scoping visit to Indonesia to identify shared learning opportunities and support for the development of Ambulans 118 in its challenging operational environment.

Emergency Preparedness
The Welsh Ambulance Service is a Category One Responder under the Civil Contingencies Act 2204 (CCA), the UK's Counter Terrorism Strategy (CONTEST) and the Security and Counterterrorism Act (2015).

We have a Major Incident Plan that is regularly reviewed and that takes full account of the requirements of the Civil Contingencies Act (2004), Welsh Government Emergency Planning Core Guidance to NHS Wales and relevant best practice guidance.

Under the Civil Contingencies Act 2004 (CCA) Category One responders are subject to the following full set of legal civil protection duties:

- Risk assessment

- Emergency planning

- Business continuity planning

- Warning and informing

- Information sharing and

- Co-operation

In ensuring we are fully discharging our legal obligations and ensuring that we are in a suitable state of readiness to react to any situation, the Trust's preparedness, resilience and business continuity processes are constantly reviewed and updated.

The Trust's Business Continuity Policy and the Pandemic Flu plan were reviewed and approved by Trust in October 2019. The Pandemic Flu Plan was invoked on 4 March 2020 in response to the Covid-19 outbreak and the necessary structures were put in place to manage the Trust's response to the virus.

The Resilience and Specialist Operations department of the Operations Directorate sits with the Assistant Director of Operations (Support) and comprises a head of resilience, three regional resilience managers responsible for specific health board areas across Wales and Local Resilience Fora (LRFs), as well as the Hazardous Area Response Team (HART), the Special Operations Response Team (SORT), business continuity officer and an event planning manager.

The resilience managers work closely with key partners in delivering against statutory (Civil Contingencies Act 2004) and non-statutory guidance in relation to emergency preparedness, resilience and response (EPRR).

This year, colleagues from our Resilience Team have been at the forefront both of contingency planning in respect of the UK's planned departure from the European Union and, of course, at the heart of our pandemic planning and structures.

Working with Others
The Welsh Ambulance Service prides itself on being a collaborative partner, and works closely with a range of other organisations across the public and third sector to deliver better services for the people of Wales. These partnerships range from those with the other emergency services and charities to formal structures such as Regional Partnership Boards. A flavour of our work with others is detailed below.

St John Ambulance Wales
As part of the winter plan for 2019, St John Ambulance Wales provided additional urgent care capacity across Wales, which equated to an approximate additional resource of 377 hours per week. This additional Urgent Care Service (part of our emergency service) capacity remained in place until 31 March 2020.

The previous Memorandum of Understanding (MOU) between the Trust and St John Ambulance Wales was also refreshed and refocused, and now includes increased quality assurance measures. As part of these measures, the Trust completed a quality assurance verification visit in January 2020.

Emergency Services 999 Weekend
The first 999 Weekend took place on 21 and 22 September 2019 in Cardiff Bay. The Trust showcased how we work with our multi-agency partners from South Wales Police, South Wales Fire and Rescue, and wider health partners. The event was aimed at families and each service provided an opportunity to demonstrate their capabilities and promote their safety and wellbeing messages. The Trust had a significant presence at the event with members of staff from across the organisation involved and a number of our vehicles on display to the public.

The Emergency Medical Retrieval and Transfer Service (EMRTS) and Wales Air Ambulance Charity

The Welsh Ambulance Service works closely with the Wales Air Ambulance Charity and the Emergency Medical Retrieval and Transfer Service (EMRTS) to help some of our most vulnerable patients, often in challenging conditions. The Wales Air Ambulance Charitable Trust (WAACT) relies on donations to raise £6.5 million a year and has seen its three emergency helicopters carry out more than 35,000 missions since its launch on St. David's Day 2001. In 2016, the charity also introduced a fourth aircraft dedicated to inter-hospital transfers.

EMRTS Cymru provides consultant and critical care practitioner (CCP) delivered pre-hospital critical care across Wales. In addition, the service has a number of helicopter transfer practitioners (HTPs) to support inter-hospital transfers. Their medics work on WAACT helicopters and, when required, on a fleet of rapid response vehicles. It is a partnership between NHS Wales, WAACT and Welsh Government.

Services offered include:

- Pre-hospital critical care for all age groups (i.e. any intervention/decision that is carried outside standard paramedic practice).
- Undertaking time-critical, life or limb-threatening adult and paediatric transfers from peripheral centres (including Emergency Departments, Medical Assessment Units, Minor Injury Units) for patients requiring specialist intervention at the receiving hospital.

In addition, the service provides an enhancement of neonatal and maternal pre-hospital critical care, both for home deliveries and deliveries in free-standing midwifery-led units (MLUs).

Finally, it provides a multitude of roles at major incident or mass-casualty events and offers a strategic medical advisor who is available 24/7. This advisor is known as a top cover consultant.

The service is operational 12 hours a day, seven days a week from the WAACT bases in Llanelli, Welshpool and Caernarfon. The dedicated transfer helicopter operates during the same timeframe from Cardiff Heliport.

EMRTS was due to start the first phase of an enhanced 24/7 service on 1 April 2020. However, as a result of the Covid-19 pandemic, this has been put back until 1 July 2020.

The Service is tasked via the Air Support Desk (ASD), based at the Welsh Ambulance Service Clinical Control Centre in Cwmbran. The ASD is staffed by a dispatch team including a clinician.

Between April 2019 and March 2020, EMRTS/WAACT received 3008 callouts. During this period, EMRTS medics carried out 55 blood product transfusions and administered 296 emergency anaesthetics.

These figures include the work of the EMRTS twilight critical care car, an additional service staffed by a consultant and critical care practitioner. It was initiated to support frontline ambulance and hospital services in south Wales during the pressurised winter months. It ran on selected days, 2pm to 2am, between December 2019 and March 2020, although it was extended beyond March to support the Covid-19 response.

Exit from the European Union (EU) – Contingency Planning in Partnership
Much work was undertaken by the Welsh Ambulance Service during 2019/20 to plan for the UK's proposed exit from the European Union, now scheduled for 31 December 2020. This built on significant efforts during 2018/19. Planning has taken place across Wales via the four Local Resilience Forums (LRFs). North Wales LRF held regular planning meetings to look at contingency planning for Holyhead Port. Planning across the other three LRFs was undertaken in line with the Wales EU Exit Risk Assessment.

The Trust's Resilience Team was fully engaged with this planning, working closely with the Trust's executive lead, partners and Welsh Government to understand any risks inherent in the exit process and mitigate them as far as possible, ensuring continuity of service and high quality care for our patients and our staff.

Quality, Research and Innovation at the Forefront
One of our guiding principles is that quality should be central to everything we do. We also recognise the links between research, innovation and delivering a high quality service focused on evidence-based care.

Every year we publish an Annual Quality Statement (AQS) INSERT HYPERLINK, which tells you more about we are doing to bring our quality agenda to life across the organisation.

We know from listening to our patients how important it is that you feel well cared for and confident in the services we provide. We use the key principles of the Welsh Government's Health and Care Standards as the basis for our quality agenda. These are:

- Staying healthy
- Providing safe care
- Delivering effective care
- Treating people with dignity and providing dignified care
- Providing timely care

- Treating people as individuals
- Staff and resources

It's important that our patients, and the public more broadly, have confidence in the quality of the care we provide and that we can demonstrate where we are making improvements. The table below details some of what we have achieved in 2019/20 against the health and care standards.

WE SAID WE WOULD DO	WHAT WE HAVE DONE
Staying Healthy	
• Create resources for the general public that promoted self-care and health promotion, including developing further content for the NHS Direct Wales website, information leaflets/booklets, audio and film and video resources.	Created new public resources that include: 'Seven Vital Signs', a leaflet that explains the tests our emergency staff do when responding to patients; a 'Mental Health Services' information leaflet and a video explaining how we respond to calls '999 – What Happens Next'. We created a new section on dementia for the NHS Direct Wales website. This has information for those living with dementia, their families and friends.
• Progress our mental health plan that takes into account the broad societal challenges (rapid rises in dementia prevalence, increases in common mental health problems and complexity), and will ensure that the public receives the very best service possible, and where possible experiences more joined up services when they are in crisis.	We have a comprehensive dementia plan which considers the needs of people affected by dementia. The plan focuses on learning and development, partnerships, and ensures the voices of people living with dementia and their carers are at the centre of our work. We have been heavily engaged with service users, our staff, local health boards, Welsh Government and other emergency services to guide and shape the work we are doing. We have also kept abreast of ongoing and current themes with regard to common mental health problems and complexities to ensure we are tackling the right problems at the right times.

Safe Care	
• Ensure that we use technology to deliver care to our patients where possible, monitor risk, quality assure the clinical care that we are providing and also the health and safety requirements of the service.	There has been approval for significant investments to modernise our service and make us digitally enabled. Over £2.5m of investment has been agreed, with £600k for a new Radio Frequency Identification (RFID) asset tracking system that will allow us to offer improved availability and safer services to patients as a result. £1.5m has been provided to provide personal issue iPads to all frontline staff (EMS, UCS and NEPTS). These will not only be the platform we use to support future electronic patient care records (ePCR), they will also host a variety of resources that will ultimately help keep staff informed and clinically up-to-date to improve their clinical decisions.
• We will develop an electronic safeguarding process to improve the way safeguarding referrals are shared with partner agencies and to ensure a safe, robust and effective process	We identified an electronic safeguarding process and began to roll it out in July 2019. A full roll out across the organisation is expected by April 2020
• Launch Safe, Clean Care Campaign that will drive standards of cleanliness of our fleet and estate, working with Public Health Wales to reduce healthcare associated infections.	The campaign was planned to launch in the spring of 2020 with a series of roadshows giving clear messages with visual aids, discussions around cleanliness audit tools, help with risk assessments, governance, newsletters, partnership working and reporting methods. This will resume at an appropriate time post pandemic

Effective Care	
• Launch our Public Health Plan to make sure we are making every contact count and supporting people to live healthier lives by signposting them to advice and support	The Public Health Plan was launched at our Trust Board in September/November 2019 and is available here (INSERT HYPERLINK).
• We will continue to roll out the 111 service across Wales and the recruitment of staff required. We will develop a plan to further integrate the NHS Direct Wales and 111 services/teams to improve recruitment and retention of staff to deliver these services across Wales. This will include the continued development and implementation of a professional Nursing Career Framework.	To support recruitment, a Band 6 clinician job description has been developed to broaden the clinical workforce to include paramedics, along with a Recruitment & Retention Plan. Opportunities to work clinically across NHS Direct Wales into GP out-of-hours face to face settings, supported by academic study, have commenced, with a commitment from the service to support this rotation on an ongoing basis pending its evaluation.
Dignified Care	
• Develop an Older People's Framework with a focus on frailty, loneliness/isolation and falls.	A steering group for Older People and governance structure (that includes frailty, loneliness & isolation, carers and falls) has been established with funding received for two posts to lead the work on older people and falls.
Timely Care	
• Continue to promote and embed the Good SAM app, opening this up to an increased range of staff and other emergency services.	Good SAM app is available to members of staff that are trained in basic life support, including our volunteer Community First Responders.

Individual Care	
• We will continue to engage and involve people with sensory loss to improve accessibility to all our services.	We have continued to engage with service users, sharing updates through our Quality Committee and during the annual 'It Makes Sense' campaigns held in November. Ongoing developments are now going through our WAST Innovation and Improvement Network portal (WIIN).
Staff & Resources	
• We will design and launch a campaign aimed at reducing the incidence of violence and abusive behaviour towards Trust Staff and; seek support to invest in improving the support for staff who are victims of incidents of violence and abuse.	We have continued to build a Case Management Service for staff who are victims of Violence and Aggression. This is in line with the new Obligatory Responses to Violence in Healthcare document developed by the Wales Anti-Violence Collaborative. A presentation on the Obligatory Responses Document has been developed and delivered to various forums across our services and forms part of this year's continuing professional development.
• Use our Improvement & Innovation network (WIIN) for quality improvement information and knowledge sharing for all colleagues. This will include any themes and trends from staff and patient feedback to inform WIIIN priorities for improvement projects and learning for staff	Through the WIIN platform we are collecting staff ideas and developing innovation and improvement projects. Currently, WIIN is open to ideas and suggestions from all topic areas; there will be further development of a Hot Topic section for staff to contribute directly on specific areas of interest. WIIN activity is reported quarterly to a WIIN Steering Group, and disseminated through various Trust meetings.
• We will increase the skills and competence of face to face assessment and evaluate the impact of 'hear and treat' practice for nurses in our clinical contact centres. An evaluation will be carried out to assess nurse feedback, confidence levels and audit of call dispositions/outcomes.	Two NHS Direct Wales/111 nurses have completed a one year secondment (one shift per week) in a face to face practice in a GP our of hours setting. Two further NHS Direct Wales/111 nurse in North Wales commenced a similar programme in February 2020. The nurses have been interviewed and a final report was made available at the end of March 2020.
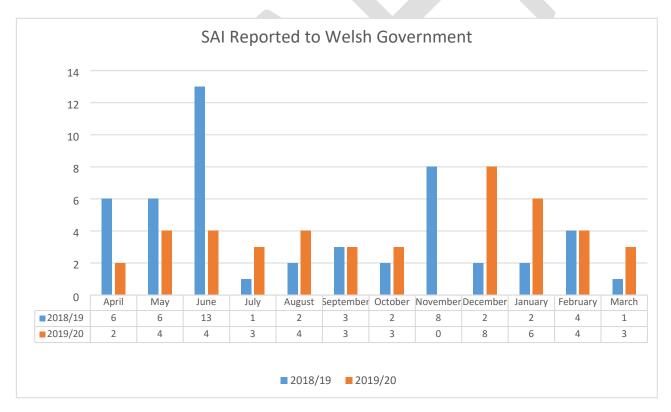
Our Quality, Experience and Safety (QUEST) committee has been active in overseeing developments and results to improve the quality and safety of our services. You can read more about quality governance and the way in which our Board receives assurance about our quality agenda in our <mark>Annual Governance Statement. (INSERT HYPERLINK)</mark>

Making Sure our Services are Safe
The key headline measure for quality, safety and patient experience is the number of Serious Adverse Incidents (SAIs) that we report, investigate and learn from. During 2019/2020, we reported 44 SAIs compared to 50 in 2018/19. The table below represents the SAIs reported to Welsh Government by reporting month, comparing 2018/19 to 2019/20.

Figure XX: Number of SAIs Reported to Welsh Government 2018/19 and 2019/20

SAI Reported to Welsh Government

	April	May	June	July	August	September	October	November	December	January	February	March
2018/19	6	6	13	1	2	3	2	8	2	2	4	1
2019/20	2	4	4	3	4	3	3	0	8	6	4	3
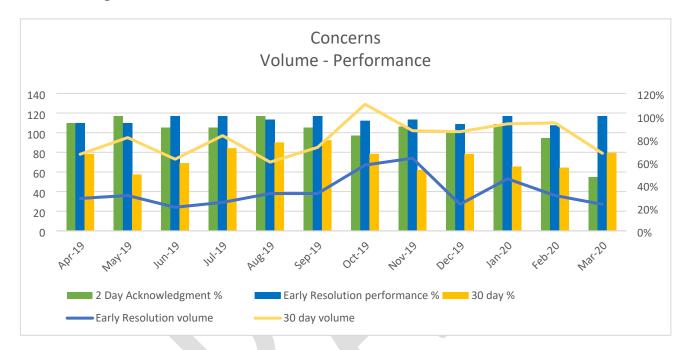
In relation to patient safety incidents, there were 2,081 patient safety incidents in 2019/2020 compared to 1,748 in 2018/19. This represents an overall increase of 19% in the total volume of patient safety incidents being reported through the Trust's Datix system.

Another key quality, safety and patient experience metric, is the compliance against the 30 day concerns resolution target. The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (hereafter, the 'Regulations') apply to all Welsh NHS bodies, primary care and independent providers in Wales, which provide NHS funded care.

The Regulations set out the process for the management of concerns (known as Putting Things Right), and are supported by detailed guidance on raising a concern. The process aims to make it easier for people to raise concerns, to be engaged and supported during the process, dealt with openly and honestly and for bodies to demonstrate learning. The process has enabled a single, more joined up approach, bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

The Trust received a total of 1,610 concerns in 2019/20 compared to 1,460 in 2018/19, which represents an increase of 10%. In relation to the Trust's Tier 1 target of responding to 75% of concerns within a 30 day period, overall the Trust has achieved 64% for this time period. The table below represents the two day acknowledgement (performance), early resolution (volume & performance) and 30 day compliance (volume and performance).

Figure XX: Concerns Handling: Volume and Performance

In relation to coroners' activity, there were 229 '*for information*' requests received, with eight physical attendances by staff at inquests. This reflects the significant improvement in the quality of the statements being provided by our staff members, and the improvement work undertaken by our Legal Services Team. This year, the Trust received four Regulation 28 Prevention of Future Death Reports, all of which were responded to within the 56 day timeframe, with a focus on addressing shortcomings and learning from experience.

During 2019/20, the Trust set out to scope and develop a three year quality strategy that will drive improvement in quality management across the organisation and the wider health and care system. The developing strategy is aligned to the Health and Social Care (Quality and Engagement) (Wales) Bill, which will place a duty on the Trust to secure improvements in the quality of organisational services provided to patients and service users. The Bill includes a Duty of Candour. As a result, the Trust's Putting Things Right and Patient Safety Teams are revising current process and guidelines to implement the changes as set out in new legislation. These changes will build upon the already established mechanisms with the Trust of being 'open and honest', to support a culture of 'openness, transparency and candour'.

The Trust introduced an in-house designed electronic risk management system during 2019/20, which has improved the ease with which managers can record and share risks. The Corporate Risk Register is a live document in this system and is formally reported to committee each quarter. The Performance Report (INSERT HYPERLINK) provides a summary of the Trust's corporate risk register at the end of 2019/20.

Our safeguarding annual report provides an overview of how the Trust has performed over this reporting period in relation to safeguarding people in our care. It aims to give the Trust Board the necessary assurances that the statutory duties under the Children Act 2004, the Social Services and Well-being (Wales) Act 2014, the Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015, and the Welsh Government Adult and Child Protection guidance, are being fulfilled.

The Trust complies with the specific requirements under section 25 of the Children Act 2004 that there is a lead executive director for children and young people's services and a designated non-executive director for the purposes of the Act. The Director of Quality, Safety and Patient Experience is currently the executive lead for safeguarding within the Welsh Ambulance Services NHS Trust (WAST).

The Quality Safety & Patient Experience Directorate provides strategic direction, expertise and support to all our staff for Infection Prevention and Control (IPC) in line with legislation and national standards. During the pandemic, this work has come to the fore, both in terms of cleaning and, importantly, the issue of personal protective equipment (PPE) for our staff. The safety and well-being of our people remains of paramount importance and the advent of Covid-19 has demonstrated the critical importance of strong IPC practices and of staff readiness to adapt to the use of personal protective equipment.

Our experiences during the pandemic will doubtless be the source of a great deal of learning moving forward, particularly as we face the prospect of subsequent outbreaks of Covid-19 during 2020/21 and beyond.

Listening, Learning and Explaining: Our Engagement in Action

Learning from the experiences of our patients and the wider public, while helping people to understand how and when to use our services most effectively is at the heart of what we do as an ambulance service.

Feedback is crucial in helping us understand what we do well for our patients, and where we could improve. Providing a range of opportunities for people to share their experiences, thoughts and ideas with us is something to which we are committed, as well as making sure this feedback is put to good use by improving services today, and informing future developments.

In 2019/20 our Patient Experience & Community Involvement team attended some 260 local events across Wales, listening to a range of people and their experiences. Colleagues from across the organisation also attended the 2019 Royal Welsh Show and National Eisteddfod of Wales, and we regularly review our concerns, social media and mainstream media comments. In addition, our Board meetings are open to the public and often include an engagement session that allows members of the public to pose questions to the Board and receive answers in real time. At the time of writing, this approach is being developed digitally to enable wider engagement through the pandemic.

You can read more about all aspects of our quality agenda in the 2019/20 Annual Quality Statement. (INSERT HYPERLINK)

Clinical Excellence, Improvement and Innovation
Advanced Paramedic Practitioners (APPs)
As an ambulance service at the forefront of promoting advanced clinical practice, we have continued to progress the role of the advanced paramedic practitioner (APP). There has been a commitment to developing APPs so that they can undertake prescribing as part of their role and an evaluation is planned of the impact of the introduction of non-medical prescribers in the Trust.

Work has been underway too with Clinical Contact Centre (CCC) colleagues to increase the activity of APPs in supporting clinical advice within the CCC.

Mortality Reviews
The Trust has a well-established and effective mortality review system in place. The purpose and intention is to consider patients who were either alive when the Trust was contacted or deemed to have a potentially survivable illness or injury and subsequently died whilst in our care. This work has led to the development of a secure portal where information can be accessed so that a multi professional group considers the cases.

UK ambulance services are developing similar systems based on the outcome and findings of our system. Themes identified as part of the review system are identified and work plans put in place to improve compliance. Reassuringly, themes that have been identified in previous review periods appear to show improvement in subsequent periods, which indicates that our review process is effective in identifying and improving our compliance.

Research and Innovation
The Welsh Ambulance Services NHS Trust is a leading research active ambulance service in the UK. The knowledge and evidence being gathered is making a significant impact on the quality and cost effectiveness of care. From international resuscitation guidelines to parliamentary inquiries, this acquired knowledge will contribute to advancing our clinical knowledge for the benefit of patients.

During 2018/19, we developed and launched the Welsh Ambulance Service Trust Improvement and Innovation Network: WIIN. The aim of this network is to ensure that the Trust has an improvement and innovation platform that connects the various parts of the organisation together to enable small and large scale improvements. The infographic below summarises its principles and functions.

Figure XX: Welsh Ambulance Services NHS Trust Improvement and Innovation Network

WIIN is supporting front-line staff to progress Silver Improving Quality Together (IQT) projects and aims to link with the research functions of the Trust, as well as with our Project Management Team, where successful small scale improvements are intended for scale up.

As WIIN establishes and embeds itself into the Trust, it will also provide the vehicle for external partnerships and creative solutions to system challenges.
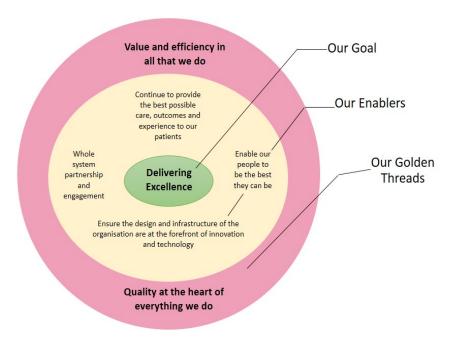
Since the launch of WIIN in early 2019, we have received more than 100 submissions, with more than 60 being taken forward as an improvement project or signposted to an appropriate lead. This has contributed to the completion of 48 Silver IQT projects. Ongoing support and coaching is provided throughout the testing of ideas, and regular updates are entered on to the WIIN database so that there is a clear and up-to-date log of how ideas have progressed. Ideas that aren't immediately supported and progressed are transferred to the ideas warehouse, 15 of which have already been taken forward.

Planning for Tomorrow, Today

The pace of societal, technological and environmental change is such that many organisations find themselves struggling to keep up. In the world of healthcare too, change is upon us and the expectations of our current, and future, patients are very different from even a few years ago. With these factors in mind, we at the Welsh Ambulance Service recognise that we need to continually evolve and adapt, pushing the boundaries of what it means to be an ambulance service in the digital era.

As a result, the Board has adopted a Long Term Strategic Framework for the organisation, which sets out our ambitions to 2030 and which you can read here. (INSERT HYPERLINK)

To help drive this long-term ambition of excellence, we have attempted to capture the factors that we believe will help us deliver our aspiration, as highlighted in the diagram below: **Figure XX: Delivering Excellence**

Underpinning this strategic framework is our Integrated Medium Term Plan (IMTP). The Trust's 2019-20 IMTP documented 42 strategic deliverables which we wanted to progress. Whilst good progress has been made towards delivering these key commitments, there remains work to do. There have been a range of factors that have impacted on our ability to deliver against our quality and performance standards, including demand and capacity pressures, wider health system pressures and internal constraints linked to our estate and capital developments. You can read more about our performance against these priorities in our Performance Report. (INSERT HYPERLINK)

In addition, as a result of the onset of the Covid-19 pandemic, the Trust postponed the majority of its non-operational programmes in order to divert resources to support our frontline essential services during the crisis. This did not materially impact on the Trust's 2019-20 IMTP but will have some impact on the 2020-23 IMTP, particularly in the 2020-21 financial year. The Board has been fully engaged and has approved the redeployment of resources in order to respond to the emergency and has also been fully engaged with plans on how the Trust intends to recover from this position.

That said, there were a number of achievements in 2019/20, as set out in the visual below.

Figure XX: IMTP Highlights 2019/20

We successfully implemented the 111 Service into Aneurin Bevan and Powys Health Boards

Ffoniwch 111
Mewn achos BRYS sydd ddim yn bygwth bywyd

Phone 111
When it's URGENT but not life threatening

We won the National NHS Wales Innovation Award for our End Of Life Care service

We delivered a WISH service for terminally ill patients

We successfully transferred Swansea Bay & Hywel Dda Health Board non-WAST NEPTS work to WAST

We expanded our APP rotational model across Wales

We were the first UK ambulance service to train Paramedic Prescribers

We approved our People & Culture and Transforming Education & Training Strategies

We launched the Mental Health portal to support staff health and wellbeing

We developed and implemented our National Falls Framework

We developed our first Public Health Plan

We launched our safeguarding E-referral System

We were recognised as best practise for our Mental Health & Dementia Improvement plans

We hosted the first 999 Weekend with South Wales Fire & Rescue Service and South Wales Police

We developed an Outline Business Case to replace our Fleet workshop in South East Wales

We gained approval of our business cases to develop a Make Ready Depot in Cardiff

We successfully collaborated with the Project A Initiative

We progressed our electronic Risk Register system

We completed a detailed EMS Demand & Capacity review

We jointly supported a range of service transformation programmes across NHS Wales

We expanded our Clinical Desk capacity

We introduced 25 self-charging petrol hybrid vehicles

We embedded the Optima modelling software into business analysis

We implemented our Improvement & Innovation (WIIN) Network

Valuing Our People

The Welsh Ambulance Service is an organisation with a strong commitment to its people – they are central to everything we do. We cannot continue to improve, innovate and deliver high quality care without the support of everyone who works for us. We employ more than 3,000 clinical and non-clinical staff across Wales and have invested significantly in clinical and leadership skills this year, to ensure our people are supported to be their best.

Developing our Workforce
Our three- year Leadership and Management Development Strategy provides a description of the leadership and management skills, knowledge and behaviours essential for future success. It is fundamental to encouraging and developing appropriate leadership and management behaviours at all levels in current and future leaders and managers, and to delivering our strategic objectives. The strategy is an evolving document being shaped by the 'direction' and 'priorities' of WAST, NHS Wales and the wider public service and Welsh Government.

We recognise that the implementation of the strategy cannot be undertaken in isolation and we are building on opportunities for collaborative working across the system. This also includes our emergency service partners and, following the first joint senior leadership event in autumn 2019, it has been agreed that this will become an annual event.

Building on all-Wales work led by Health Education Improvement Wales (HEIW), we recognise the importance of challenging our current approaches to succession planning and talent management and to exploring different approaches going forward. Individuals have been identified across the Welsh Ambulance Service to be part of an all-Wales talent pool of potential to participate in a forthcoming talent summit, while one of our deputy directors has secured a place on the national *Aspiring Director* programme.

There is a real appetite and openness for approaching the development of our leaders and managers using different and less traditional approaches. A masterclass approach is planned and the first session was held in November 2019. Further events are being planned and adapted to use Zoom and Teams given current restrictions as a result of the pandemic.

As an organisation we plan to re-engage with a Trust-wide conversation in relation to our behaviours. As a result of discussions we will have: a refreshed Vision and Purpose; a clear sense of what our behaviours mean (and how we support and challenge each other to live them) and an updated way of describing them.

Health and Wellbeing Strategy

The health and wellbeing of our staff is a priority for us and, while the development of the updated Health and Wellbeing Strategy was paused pending the appointment of a new lead for this work (who became full time at the end of March 2020), significant work has continued to ensure that colleagues are helped and supported at work.

The Wellbeing Team has provided support for all staff in a number of ways including telephone consultations, a virtual, live wellbeing Q&A session delivered over Zoom, drop-in listening sessions and physical presence at stations that have experienced loss, particularly during the pandemic.

In addition, in recent months a Covid-19 Colleague Health and Wellbeing Strategy has been developed in partnership with representatives from staff across the organisation which outlines the full wellbeing provision. It is designed to be responsive to feedback and open to regular review to ensure everyone is able to access effective support as close as possible to their workplace. The strategy provides information about support available to colleagues in relation to domestic abuse and death in service, as well as a handy, at-a-glance list of key services and associated access details including signposts to the www.wastkeeptalking.co.uk comprehensive website which now incorporates a Covid-19 specific resource page.

The Trust continues to develop the TRiM model of service and recently secured funding for our TRiM practitioners to attend update training, which will incorporate moral injury. All of our wellbeing advocates and blue light champions have access to mental health awareness training. We are also taking the opportunity to plan for the long term; this includes the development of a wellness action plan template for all staff and ensuring quality therapy provision provided by trauma informed therapists.

Transforming Education and Training Strategy

In July 2019, the Trust Board approved the Transforming Education and Training Strategy. Since then, significant progress has made in relation to delivery of its year one and two strategic objectives.

This strategy details our commitment to focusing on innovative delivery models, with local provision for continuous professional development and broader professional learning accessed within localities and delivered via a combination of educators from the National Ambulance Training Centre, operational instructors and education support managers. Quarters three and four of 2019/20 saw the first stages of this plan come to life with the recruitment and training of 12 driving and nine clinical instructors. Our work on this has seen us recommended as a centre of excellence by our regulated education providers, Future Quals.

A comprehensive plan was developed to ensure that we could recruit and train the additional 136 staff commissioned for 2020/21 as a result of last year's demand and capacity review within our emergency service, and a project team was established to oversee delivery.

Work continues on the planning of our new training centre at Matrix House, providing a state-of-the-art facility in south Wales; a second immersive learning environment was also installed at our Ty Elwy education centre in north Wales.

We have continued to work closely with Swansea University and successfully developed the BSc Paramedic Science course, which will begin in September 2020. Work continues on the EMT to paramedic BSc programme which commences a year later.

Welsh Government approved a higher apprenticeship framework suitable for emergency medical technicians and the first cohort of trainee EMTs was due to start in April 2020. Work continues to secure similar support for apprenticeship frameworks for healthcare support worker roles within the Welsh Ambulance Service.

Working with our Trade Union Partners
As an organisation, we are committed to working closely with our trade union partners on a range of issues. The increasing strength of these relationships has been evidenced through the very close working which has been required through the early stages of the Covid-19 pandemic and beyond.

With trade union partners represented on a variety of our pandemic structures, we have been able to work quickly and effectively together, addressing challenges where we identify them and improving our speed of decision-making in the interests of our people and our patients.

There is much for us to learn from this approach and we will doubtless begin to look at whether there are new and innovative ways that we can work together to continue that process of agile decision-making when we are no longer working through a national emergency.

Attendance at Work
Whilst the imperative to improve attendance among our workforce is a key priority, over the past few years we have been unable to deliver sustainable reductions in sickness absence. In 2018/19 we developed a nine point action plan which set out some short and longer term actions. We will continue to progress the actions identified to secure a tangible improvement in the management of long

term sickness cases, and the shift in culture, attitudes and health of our workforce that we believe is required to reduce the frequency of absence.

Sickness Absence Data

	2019-20	2018-19
Days lost (long term)	61,110.67	60,459.52
Days lost (short term)	23,734.84	21,760.66
Total days lost	**84,845.51**	**82,220.18**
Average working days lost	16.25	16.37
Total staff employed in period (headcount)	3,530	3,378
Total staff employed in period with no absence (headcount)	955	1,123
Percentage staff with no sick leave	**28.01%**	**32.67%**

Note: The percentage and total number of staff without absence in the year has been sourced from the standard ESR Business Intelligence (BI) report. With regard to the reporting in relation to the percentage of staff with 'no sickness', the standard BI report excludes new entrants and also bank and locum assignments. Therefore, the number of staff who have had a whole year with no sickness absence is being divided into a smaller number than the total headcount at the end of the year.

The Trust continues to performance manage absence robustly and has implemented a number of actions in 2019–2020. These include:

- 85% of staff that manage sickness absence across the Trust have undertaken the appropriate level of training in the new All Wales Attendance at Work Policy. This has enabled the Trust to fully embed the new focus on attendance at work and health and wellbeing.

- Meetings have continued within localities to discuss long and short term sickness with Occupational Health, HR and line managers in attendance. This has supported effective management and timely interventions to be deployed to support staff during periods of ill health.
- The fast-track musculoskeletal service across Wales has been in place since December 2018 to provide an initial triage service and to provide telephone advice and, were necessary, face to face physio within 5-7 days. The Trust has seen an increase in the number of referrals to these services during 2019-20 and has received positive feedback from staff.
- The Trust's on-line cognitive behavioural therapy service has been available to staff since January 2019. Staff utilisation of the service has increased of late.
- Sickness audits have been undertaken across the Trust by HR with the initial focus being on hot spot areas identified through the monthly sickness absence data. The aim of the audits is to ensure that appropriate reporting and processes have been undertaken by managers.
- In July 2019, Swansea Centre for Health Economics provided the Trust research on the impact of the roles within emergency services on staff health and wellbeing. This research will be taken forward by the Trust's Clinical Psychologist during 2020-21.

The pressures of working through the Covid-19 pandemic are not lost on us, and it will be important moving forward that we keep a close eye on sickness absence rates to ensure that we are identifying staff members who may be struggling physically or mentally with the aftermath. This is a matter of some concern to us and we are committed to ensuring we do as much as possible to support our employees with compassion and care through what has happened in 2019/20 and what may be yet to come in 2020/21.

An Ageing Workforce
We have seen an increase in the number of staff aged 50-plus, from 34% three years ago to 40% in 2019. The challenge of an ageing workforce, increasing longevity and expectations of a longer working life are strong drivers to continue to focus on the health and wellbeing of our workforce. Delivery of a broad health and wellbeing strategy, as outlined earlier in this document, is one of our key strategic actions and is outlined in our People and Culture Strategy enabling plans.

Equality, Diversity and Human Rights
Much of 2019/20 has been spent both on progressing our existing equality and human rights strategy *Treating People Fairly* while refreshing it for its next four year iteration from 2020-24. This has given us an opportunity to reflect with our staff and our Board on what more we can and should be doing to create an environment where, regardless of background or circumstances, each patient is provided with a high quality service to meet their needs and every colleague achieves their full potential.

Our aim, at the heart of all of our plans, is to shift from "treating people how we want to treat them" to "treating people how they want to be treated". *Treating People Fairly* is significant as it links how we play our part in delivering the Equality, Welsh Language, Well-being of Future Generations and Social Services and Well-being Acts. The most important part of delivering *Treating People Fairly* is helping every colleague to recognise, understand, and value difference in everyone by ensuring that no-one is excluded. We look forward now to our next four years of progressing this important work.

Improving our Infrastructure

Estates

One of our key priorities as an organisation is to ensure our people can work in safe, well maintained and modern environments which meet the increasingly diverse needs of our people. Key drivers for change for estates include:

- Providing the right quality of premises, resulting in an estate portfolio which is safe, appropriate and flexible and meeting all statutory obligations. The current backlog maintenance could be largely eliminated and a planned preventative maintenance regime to ensure properties are routinely maintained to appropriate standards is being developed

- Providing the right type of premises in the right location to allow for the effective and efficient control, management and deployment of resources, including exploration of partnership opportunities with local partners

- Developing and rationalising the operational estate based on a hub (Ambulance Resource Centre – ARC / Make Ready Depot - MRD) and spoke (Social Development Point - SDP) basis, much of which relies on co-locations with other blue light services that makes better use of the respective estate and public sector properties

- Continuing to develop key support functions within both operational and non-operational estate to include Clinical Contact Centres (CCCs) and regional administrative centres, with the potential to include training and multi-functional facilities for all staff

- Providing locally adapted solutions where possible to implementing the concept of washing and stocking that support cost effective operational services and minimise risk of cross infection; and

- Providing sustainable solutions towards the environment and as part pf the de-carbonisation of the public sector estate (we continue to be the only ambulance service within the UK to achieve and maintain our ISO accreditation).

The Board and Executive Team recognise that there is much work still to do in this arena, but there has been progress this year on some long awaited developments, including in Wales' capital city.

A key estate development in 2019/20 was work on the replacement of Blackweir (Cardiff) ambulance station. The Full Business Case (FBC) for the development of the Cardiff area ambulance station and make ready depot (Merton House), to replace the existing station at Blackweir, was approved by Trust Board in November. Following agreed investment by Welsh Government of some £7.96m in January 2020, the acquisition of Merton House in the Pentwyn area of the city was completed in February 2020, with work on the development scheduled to start in July.

Other key areas of estate progressed in 2019/20 included the approval by our Board of an Outline Business Case for the development of a south east Wales fleet workshop, which has been submitted to Welsh Government for consideration, and completion of a training and development facility at our north Wales regional office, Ty Elwy.

Work commenced in 2019/20 on reviewing and refreshing the Estate's Strategic Outline Programme (SOP) which included engagement with key stakeholders and the development of a prioritisation framework. Further consideration is to be given to the EMS and NEPTS demand and capacity reviews and their impact on the programme, with refresh work being completed in 2020/21.

There will doubtless also be a need to review our existing plans in light of our learning from the Covid-19 pandemic, which has demonstrated opportunities for more agile and remote-working and which may have a bearing on our future use of estate, particularly for administrative and corporate functions.

Digital Developments

Through its long term strategic framework, the Welsh Ambulance Service has already made a commitment to harnessing the potential of digital technology to improve what we do and how we do it.

In January 2020, we were joined by our new Director of Digital Services, Andy Haywood, to help drive this agenda across the organisation and to ensure we are optimising our use of technology to support both our staff and our patients.

That timing was particularly apposite given the advent of the Covid-19 pandemic and the need to accelerate the introduction across Wales of the Microsoft Office 365 system and its Teams application, which has made a huge difference to our ability to work remotely, allowing staff to connect with each other and join meetings from wherever they are.

To support this, additional laptops were purchased and distributed to those needing to work away from their normal office. At the time of writing, distribution of iPads to all road based staff is currently underway and should be finished by the end of August 2020, which will allow staff to access systems away from stations using either WiFi or 4G mobile networks.

These devices will provide opportunities to enhance clinician to clinician communication through use of Microsoft Teams for communication and collaboration, along with other similar applications such as Consultant Connect and Attend Anywhere. The latter is already well used for patient consultation in delivery of the 111 GP Out-of-Hours service from the Trust's three Clinical Contact Centres.

Similarly, the Trust was also well placed to quickly expand its call taking capacity across both 111 and 999 services to accommodate the increased demand during the peak of the pandemic. In addition, work took place to rebrand the former NHS Direct Wales website to 111.wales.nhs.uk and to develop a Covid-19 symptom checker, which has been used well over one million times to-date, including via a ChatBot, reflecting our interest in the use of artificial intelligence to improve our services. The further expansion of AI technologies is under further consideration across several other areas of the Trust.

The Trust has successfully rolled out nine QlikSense (the Trust's performance software) applications to increase insight and intelligence in all frontline service areas of 111 and NHS Direct Wales, 999 emergency services and non-emergency patient transport service operations. We continue to develop our current business intelligence intentions, with new solutions becoming available as part of the national Microsoft license agreement.

Our ICT infrastructure continues to develop and is sufficiently robust and resilient to allow us to consider the application of new and developing technologies to support delivery of clinical care.

Keeping Us Moving: Our Fleet
The Welsh Ambulance Service has one of the most modern and well-equipped fleets in the UK, thanks to continued support from Welsh Government. A key action for the Trust in 2019/20 was to ensure the second year plan of the Welsh Government-endorsed 10-year strategic outline programme (SOP) for the Trust's fleet was delivered. Capital investment in our fleet, provided by Welsh Government, totalled some £13.6m, which was used to procure a range of replacement vehicles.

As at 31 March, the Trust had 778 vehicles in its fleet:

VEHICLE ROLE	NUMBER
EMERGENCY AMBULANCES (INCLUDING UCS + NEONATAL)	266
RAPID RESPONSE VEHICLES	142
NON EMERGENCY PATIENT TRANSPORT SERVICE	283
SPECIALIST VEHICLES (ALL OTHER VEHICLES)	87
TOTAL	**778**

Wherever possible the Trust is reducing its carbon footprint. As part of the vehicle replacement programme, we replaced 25 diesel powered rapid response vehicles (RRVs) with ultra-low emission, self-charging petrol hybrid variants. These vehicles, along with all NEPTS vehicles replaced in 2019/20, are fitted with solar panels that negate the need for shore-line charging from the mains supply.

The Fleet SOP will undergo detailed review in 2020/21 to ensure that our plans are fit for purpose moving forward and align with the available capital.

Freedom of Information (FOI)
During 2019/20, the Welsh Ambulance Service dealt with 210 freedom of information requests, which is down on the 2018/19 figure of 248. Of these, 177 were answered within the 20 working day deadline as set out in the Act, giving an overall compliance of 84%.

If you would like to request information under the Freedom of Information Act, you can email us at FOI.amb@wales.nhs.uk or write to our Board Secretary using these details:

Mr Keith Cox
Board Secretary
Welsh Ambulance Services NHS Trust
Ty Elwy
Unit 7

Ffordd Richard Davies
St Asaph Business Park
St Asaph
Denbighshire
LL17 0LJ

Our Role in Moving Wales Forward: People and Partnerships

As the national ambulance service of Wales, we are committed to working in partnership with other sectors and organisations to deliver improved public services for the people of Wales.

As a national service, we have a very broad set of stakeholders with whom we need to engage if we are to realise our ambitions to be a central point around which the wider health and care system pivots.

Our work is also shaped by some of the strategic and legislative frameworks in Wales, including the *Well Being of Future Generations Act (Wales) 2015*, which places a statutory duty on Public Service Boards and certain named public bodies to improve the social, economic, environmental and cultural well-being of Wales in accordance with the sustainable development principles.

Whilst the Trust is not a "named organisation" subject to these duties, the Trust has placed an emphasis on "planning for good performance" and has committed to working within the spirit of the Act. The Trust strongly supports the generational approach to planning required by the Act and the focus on seven well-being goals as well as the five sustainable development principles – long term, prevention, integration, collaboration and involvement.

Indeed, our long term strategic framework, which was approved by the Board in March 2019, has been framed around the key tenets of the *Well Being of Future Generations Act (WBFGA)* and *A Healthier Wales* (see below), including the sustainability principle, and seeks to redefine the role of the Welsh Ambulance Service as one which is agile, environmentally, economically and socially sustainable and empowers and supports communities to develop their resilience, while continuing to provide excellent out-of-hospital care for those in need of our services.

A Healthier Wales sets out a long term future vision of a 'whole system approach to health and social care', which is focussed on health and wellbeing, and on preventing illness. It is built on the philosophy of prudent healthcare and on making an impact on health and wellbeing throughout life. The emphasis of the plan is on preventing illness, on supporting people to manage their own health

and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home.

The Welsh Ambulance Service has embraced the key tenets of *A Healthier Wales*, building its long term strategy around a central focus of more integrated, out-of-hospital care provision, working with partners across the wider NHS and beyond to deliver services which reflect the needs of our communities, now and in the future. Our 2019-22 Integrated Medium Term Plan reflects the first plank of delivery of this. Similarly, the ambulance service is working with a number of regional partnership boards across Wales to ensure that it is influencing the strategic discussion around delivery of *A Healthier Wales*.

During 2019/20, the Board adopted a wide-ranging organisational engagement framework, the only one of its kind in Wales linked to the priorities of the IMTP. This sets out how the organisation will engage with its partners and its people over the next three years, with a one year delivery plan to be refreshed annually.

The framework encompasses the breadth of stakeholder engagement, from colleagues and volunteers, to patients, carers, young people and vulnerable groups, through to wider health and social care partners, using the architecture of Regional Partnership Boards as a mechanism for wider system engagement.

This development has seen the Welsh Ambulance Service now participating in four of seven Regional Partnership Boards, or their substructures, across Wales. As a commissioned service, there is more to do in this space and, during 2020/21 efforts will be made to secure representation on the remaining three RPBs.

While our stakeholders are relatively well-defined, our range of partners is expanding, focusing not only on those with whom we deliver services or have shared care of a patient, but also partners who are supporting us to develop new solutions, for example in the technology arena.

In the same way, our relationship with our patients and wider public is beginning to evolve. Our focus is increasingly on education, self-care and opportunities for community level collaboration, whether that be through the formal partnership structures in Wales or by working with local communities in a way that supports them to be more resilient.

As the Welsh Ambulance Service establishes itself increasingly as a system connector and leader, it is important that it becomes a key partner in the development, testing and delivery of service change plans across the health and care community in Wales.

In this respect, building real, enduring relationships with health boards, local authorities and commissioners is vital, both to secure ambulance involvement from the inception of service change ideas, and also to ensure that partners appreciate the contribution the Welsh Ambulance Service can play across the system as new ways of working are developed.

Similarly, the ambulance service needs to work with health boards, primary care and third sector partners on new models of care that it will wish to develop, which may require a discrete set of engagement arrangements above and beyond those provided by peer groups, commissioning arrangements and regional partnership boards, for example. We also have strengthening relationships with our blue light partners.

The Covid-19 pandemic has placed a renewed focus on the strength of our relationships, with our people, our partners and the people of Wales. The shared experience of the pandemic will doubtless influence our engagement, partnerships and relationships moving forward, recognising that collaboration has been key to our approach to managing the challenges of Covid-19.

Welsh Language
On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011. This sets out a legal framework which imposes a duty on the Welsh Ambulance Services NHS Trust to comply with the new standards in the form of a Statutory Compliance Notice, which it received from the Welsh Language Commissioner on 30 November 2018.

The Trust has responded positively to the Welsh Language Standards, as they provide an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh. Such developments have included the setting up of Welsh language social media accounts for Facebook and Twitter, together with the redevelopment of the Trust's bilingual corporate website. In addition the Trust's 111 Wales website has 32 bilingual online symptom checkers that are available to provide help and advice to the public on how they can manage their symptoms.

During 2019/20, the Trust continued to work across the organisation in progressing the future actions as set out in the More than Just Words interim action plan 2019 and 2020. Part of this work was to recognise staff who help to promote the Welsh language and improve bilingual provision in healthcare and, as a result, a new Welsh Language Award was introduced by the Trust and was amongst the categories for the 2019 Staff Awards. The award was given to Llinos Jones, Interim Senior Nurse Advisor, NHS Direct Wales, who offered her services in her own time to develop and provide clinical teaching sessions for groups of nurses learning Welsh at the National Welsh Language Centre.

Working Sustainably: Our Sustainability Report

HM Treasury's Government Financial Reporting Manual (FReM) requires that entities falling within the scope of reporting under the commitments of *Greening Government* and which are not exempted by de minimis limit or other exemption under *Greening Government* (or successor policy) shall produce a sustainability report to be included with the management commentary in accordance with HM Treasury issued *Sustainability Reporting in the Public Sector* guidance.

This requirement is not applicable to Wales as a devolved government. However, Wales is unique in the UK in having sustainable development as a central organising principle. Sustainable reporting is an essential part of organisational governance in the public sector in Wales and the Welsh Government's aim is to enable integrated reporting.

Environmental, Social and Community Issues

The Trust is aware of the potential impact its operation has on the environment and it is committed to:

- ensuring compliance with all relevant legislation and Welsh Government Directives;
- sharing the Welsh Government's ambition for public bodies to be carbon neutral by 2030;
- working in a manner that protects the environment for future generations by ensuring that long term and short term environmental issues are considered;
- preventing pollution and reducing potential environmental impact; and
- maintaining for the foreseeable future its ISO 14001 environmental management accreditation.

You can read more about the environmental, social and community issues facing the Trust in our sustainability report section of the **Performance Report here (INSERT HYPERLINK).** It also details some of the steps being taken by the Trust to tackle sustainability, which include:

- integrating the principles of sustainable development into every day decision making;
- focusing on reducing the consumption of finite resources and minimising waste to landfill in line with Welsh Government requirements; and
- adopting a carbon based management approach specifically aimed at reducing CO2 including adapted vehicle and building design along with sustainable travel and agile working arrangements.

During 2019-20 the Trust was once again successful in its external assessment by BSI and remains the only ambulance service in the UK to hold the ISO14001:2015 (Environmental Management System) accreditation.

Governing Ourselves Well

Making sure we manage the organisation in the right way is pivotal to the success of the Welsh Ambulance Service. We are committed to the principles of good governance and of taking a rigorous and ethical approach to the way we manage our organisation.

Every year we produce an Annual Governance Statement. This **Annual Governance Statement (AGS) (INSERT HYPERLINK)** is a key feature of our annual report and accounts. It demonstrates how we managed and controlled resources in 2019-20 and the extent to which we complied with our own governance requirements. In so doing, it brings together all disclosures relating to governance, risk and control.

Further information on the corporate health of the organisation, can be found in the Trust's **2019-20 Annual Quality Statement.** Looking forward, our targets and ambitions are explained in the Trust's **Integrated Medium Term Plan (INSERT HYPERLINKS)**.

You can read more about our governance arrangements in our **Accountability Report and Annual Governance Statement (INSERT HYPERLINK).**

The Year Ahead: Challenges and Opportunities

It's very clear that 2020/21 will be a very different year from the one we had originally envisaged here at the Welsh Ambulance Service.

While the annual report refers specifically to the 2019/20 year, it would be remiss not to mention the way our people have responded to the pandemic, albeit that it was in its very early days at the end of that particular financial year.

The efforts of our people to work through these unprecedented times, whether on the frontline of emergency response, NEPTS and CCC staff or in our corporate functions, have been Herculean; their commitment, courage and adaptability has been unwavering.

Sadly, we have had our own tragedies too, losing one of Swansea-based paramedics, Gerallt Davies, to Covid-19, and with several other staff members now out of danger but with a long road to recovery ahead of them.

The impact on our people is clear to see and we recognise that, during the coming months and years, it will be more important than ever for us to look after each other. The pandemic will inevitably have taken its toll on people, albeit that may take some time to fully reveal itself.

All that said, there have been a number of positives which have emerged as a result of the pandemic. Our approach has been agile and our decision-making rapid. We have harnessed digital technology to connect our people and to enable the public to access information more easily. This has meant we can work from wherever we are, ensuring as many staff as possible have been able to work more flexibly and safely.

We have come together as an organisation, at every level, working closely with trade union partners, to develop a pandemic response which has safeguarded our staff and our patients. Across the system and beyond, with health boards, emergency service partners and the military, we have worked very differently to continue to deliver the best possible care to the people of Wales.

There have been challenges for sure. Things have not been easy, but we have overcome some of the obstacles, finding quick solutions and making them work.

The key for us now is to learn from what has gone well and adopt those ways of working in the future. Where things have gone less well, we also need to learn and find a different approach. This work is already underway, recognising that the pandemic, although subsiding, is far from over, and we face uncertain times ahead.

At our heart, we are an organisation focused on people; the people we employ and the people we serve. Our focus will always be on doing the best we can, whatever the circumstances, because, when it's a genuine emergency, we know what we do really matters – to us and to you.

Next year's annual report will detail more about the pandemic, what we have learned and how we will harness this to accelerate our plans for the Welsh Ambulance Service.

Company Directorships

The following declarations of interest with regards to company directorships and other significant interests were submitted in 2019-20. Voting Members of the Trust are marked with an asterisk in the table below.

Name	Position	Declaration
Martin Woodford *	Trust Chairman and Non-Executive Director	Secretary of Llandogo Memorial Green Committee. Vice Chair Manager Tintern Sports Club.
Emrys Davies *	Non-Executive Director	Director and Chair of Newport Road Maintenance Ltd. Retired Member of Unite.
Kevin Davies *	Non-Executive Director	Chair ABF The Soldiers Charity (Glamorgan) Member of the International Medical Panel, The HALO Trust. Emeritus Professor, University of South Wales. Independent Trustee St John Cymru Wales. Patron - The Motivation and Learning Trust. Deputy Lord Lieutenant South Glamorgan. Trustee Cowbridge Armed Forces Trust.
Bethan Evans *	Non-Executive Director (from 6/12/19)	Managing Director (Employed) My Choice Healthcare Ltd. Non-Executive Board Member RHA (Housing Association). Company Director Moorlands Rehabilitation (Staffordshire) Ltd.
Pamela Hall *	Non-Executive Director	None
Paul Hollard *	Non-Executive Director	Independent Consultant NHS Wales and Welsh Government.
Joga Singh *	Non-Executive Director (from 9/12/19)	Geldards LLP, paid employment Chairman of Dasmais Singh Sabha Gurdwara Bhatra (Sikh Temple). Director of Strategy & Communications for Sikh Council of Wales, voluntary role. Memberships of the following legal profession organisations: • Law Society. • Employment Lawyers Association. Member of the Fairness Inclusion and Respect Committee for the Institute of Civil Engineers in Wales, voluntary role. Independent Member of the South Wales Police Ethics Committee, 2 – 3 days a year.
Martin Turner *	Non-Executive Director	Director and shareholder of Martin Turner Associates Ltd.
Jason Killens *	Chief Executive	Honorary Professorship at Swansea University.

Name	Position	Declaration
Claire Bevan *	Executive Director of Quality and Nursing (Left the Trust 31/12/19)	Honorary Contract Swansea University: Lecturing.
Brendan Lloyd *	Medical Director and Deputy Chief Executive (Interim)	None
Claire Roche *	Executive Director of Quality and Nursing (From 1/1/20)	None
Christopher Turley *	Executive Director of Finance and Corporate Resources	None
Claire Vaughan *	Executive Director of Workforce and OD	None
Lee Brooks	Director of Operations (from 8/7/19)	None
Andy Haywood	Director of Digital (from 20/1/20)	None
Estelle Hitchon	Director of Partnership and Engagement	None
Rachel Marsh	Director of Strategy, Planning and Performance	None
Louise Platt	Director of Operations (Interim) (To 31/7/19)	None
Keith Cox	Board Secretary	Magistrate Cardiff and Vale.

Note: The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust collectively act as corporate trustee of the charity. In addition, four Non-Executive Directors have roles on the Charitable Funds Committee.

REPORT OF THE DIRECTOR OF FINANCE AND RESOURCES, CHRISTOPHER TURLEY – UPDATE SECTION

Finance & Resource Management

The Trust's financial performance in 2019/20 was again underpinned by strong financial management including the delivery of a significant level of savings and achievement of all statutory financial targets including the payment of invoices within 30 days and achieving a small surplus against the budget. The Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2020/21.

REPORT OF THE DIRECTOR OF FINANCE AND CORPORATE RESOURCES, CHRISTOPHER TURLEY

FINANCIAL PERFORMANCE AGAINST STATUTORY FINANCIAL DUTIES FOR THE YEAR ENDED 31 MARCH 2020

In 2019/20, the Trust achieved all of its financial targets as follows:

	Actual 2019/20	
Breakeven - achievement of revenue financial balance	Delivered	
CEL - capital spend equal to, or less than, the WG set Capital Expenditure Limit	Delivered	
EFL - Remain within External Financing Limit*	N/A	
PSPP - 95% of Non NHS invoices by number are paid within 30 days	Delivered	

Due to the COVID-19 pandemic, the EFL requirement was temporarily suspended by Welsh Government

At the end of the 2019/20 financial year, the Welsh Ambulance Services NHS Trust reported a small revenue surplus of £0.045m in its audited final accounts.

Each NHS Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account.

The first assessment of performance against the three-year statutory duty in NHS Wales was at the end of 2016/17, being the first three-year period of assessment.

The Trust is, therefore, deemed to have met its financial duty to break even over the 3 years 2017/18 to 2019/20 as shown below:

| | Annual financial performance | | 2017-20 |
2017-18 £000	2018-19 £000	2019-20 £000	Financial duty £000
70	57	45	172
0	0	0	0
70	57	45	172

The Trust expended Capital Investment funds of £25.849m in new property, plant, equipment and ICT, utilising 100% of the Trust's Welsh Government set Capital Expenditure Limit of £25.751m, without exceeding it, as in addition, a further £0.098m, being the netbook value of assets disposed of, was re-invested, resulting in the above total investment of £25.849m.

The Trust is required to pay at least 95% of the number of non-NHS invoices received within 30 days of receipt of goods or a valid invoice (whichever is later). The Trust met this target, paying 97.2% within the specified time.

REVIEW OF THE 2019/20 YEAR

In respect of the Trust's total income, £211.3m was received in year (compared to £187.8m 2018/19), an increase of £23.5m.

Total revenue expenditure increased by £23.6m (12.55%) in absolute terms (2019/20 £211.6m, 2018/19 £188.0m).

During the year there was a nationally agreed pay award, and all staff including Very Senior Managers received this in line with the agreed three-year pay deal.

The Trust continues to prepare and submit its accounts in line with International Financial Reporting Standards (IFRS). The accounts on page xx are shown in this format in accordance with International Accounting Standards (IAS) 1.

STATEMENT OF COMPREHENSIVE INCOME (SOCI) FOR THE YEAR ENDED 31 MARCH 2020

Revenue from Patient Care Activities and Other Operating Income

- The Trust received £200m of revenue income from patient care activities during the year. This is an increase of £19.7m from the 2018/19 quoted figure.

- £11.3m was received in respect of other operating income, an increase of £3.8m from 2018/19.

- Total funding was £211.3m, an increase of £23.5m (12.52%) from 2018/19.

The main changes in funding were as follows:

	£ million
Increase in funding from the EASC main contract for EMS services, including for agreed developments £3.6m, an inflationary uplift of £3.0m, additional funding for the national pay deal £1.7m (and routing recurring funding for 2018/19 of £1.6m.) 1% funding for schemes to deliver A Healthier Wales also amounted to £1.0m	10.9
Additional health board income received due to increase in NEPTS contacts £3.5m, costs incurred for the '111' service of £2.0m, and SLA/ECR income £0.6m.	6.1
Increase in funding from the Welsh Government predominantly relating to pay.	2.8
Increase in funding from Welsh Government including increases that include ring-fenced areas such as PIBS (Permanent Injury Benefit Scheme) £3.2m, together with increases in other minor services of £1.1m, with reductions in impairments of £0.8m.	3.6
Total	**£23.5m**

Operating Expenses

Operating expenses during 2019/20 totalled £211.6m. This is a net increase of £23.6m from 2018/19. This is a net increase after the delivery of over £2.1m in savings required, to ensure that the Trust continues to the deliver financial balance within the funding and resource envelope available.

The net increase in cost is mainly a result of:

- An increase in staff costs of £16.6m compared to the previous year. Main changes include £6.1m increase of 6.3% employers pension costs, £4.5m in relation to the pay award with a further £1.5m for paramedic Band 6 incremental costs and £2m for developments within '111' and clinical desk clinical staff.

- An increase in losses, special payments and irrecoverable debts, this is mainly due to new or reviewed PIBS Cases £2m with £0.9m uplift in discount rate and £0.1m life table update.

- An increase in "premises" costs of £1.1m due to increase in computer software, licence and network fees.

- An increase of £2.3m in 'Purchase of Healthcare from non-NHS bodies 'relating to the costs of voluntary services in relation to the transfer of the Cardiff and Vale University Health Board Non-Emergency Patient Transport Services (NEPTS) discharge contract, greater use of Mid-West Fire as First Responders, Healthier Wales initiative for FALLS provided by St Johns and Winter pressure support.

- An increase in transport costs of £0.7m this is mainly due to increase in vehicle maintenance.

- An increase in Amortisation £0.4m due to a higher base value of intangible assets in year.

- An increase in Depreciation of £0.3m due to higher base value tangible assets in year.

Offsetting the above increases are the following reductions in expenditure, partly demonstrating further delivery of planned savings and cost reductions, through increased efficiency and productivity:

- A decrease in impairments of Property, Plant and Equipment of £0.8m. Reduction in identified impairment's in year.

Investment Revenue

Investment revenue has increased slightly because of an increase in interest rates over the course of the year. Interest on deposits was £0.117m in 2019/20 compared to £0.098m in 2018/19.

Other Gains and Losses

The Trust made no disposals of buildings during the year, with only land, vehicles and equipment being sold during 2019/20. These sales resulted in an overall profit on sale of £0.296m compared to £0.212m in 2018/19.

Finance Costs

Finance costs have decreased during the year to £0.085m, a decrease of £0.006m compared to the previous year. Of these costs, £0.006m relates to interest on the Ambulance Radio Replacement Project (ARRP) treated as a finance lease under IFRS.

The result of all the above is that the Trust had a retained surplus of £0.045m for the financial year 2019/20. In 2018/19 the Trust reported a retained surplus of £0.057m.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2020

Non-current Assets

The net value of the Trust's non-current Assets increased by £7.777m from 2018/19 to 2019/20.

A total of £25.8m was invested in new and replacement assets. This was financed from the Trust's Welsh Government funded discretionary capital allocation and funding from the All-Wales Capital Programme.

This expenditure of £25.8m included a total of £12.7m* spent on vehicles, £8.9m* on information technology and intangibles and £0.5m on equipment with the balance being invested in the Trust's Estate.

The amounts quoted for spend on vehicles, ICT and intangibles represent the actual amount spent in-year, rather than the amount capitalised, as per the full accounts.

Current Assets

Trade and other receivables have increased by £1.7m compared to 2018/19. This largely relates to an increase in the Welsh Risk Pool debtor which is reflective of a lower provisions balance at 2018/19.

Positive cash balances were maintained by the Trust throughout 2019/20. As part of the Trust's financial plans, cash flow for 2020/21 will continue to be carefully monitored.

Financed by Taxpayers' Equity

The Trust's capital structure is funded from Public Dividend Capital (PDC) issued by the Welsh Government, a revaluation reserve and a cumulative Income and Expenditure Reserve. The Trust draws down PDC funding as agreed with Welsh Government as and when required to fund anticipated capital expenditure.

During the year, Public Dividend Capital held by the Trust has increased by £7.9m.This is reflected within the increased balance of £76.3m.

The revaluation reserve increased by £0.198m during the year; this was the net result of a reduction due to in-year impairments of £0.161m and an increase due to the application of indexation to land and buildings of £0.374m.

Pension costs

Details of pension costs are provided in note 11 (page 35) of the Trust's financial accounts for 2019/20.

2020/21 and beyond

In common with other public sector bodies across Wales, the Trust is facing a further challenging year.

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

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

To deliver a fully balanced financial plan this has resulted in a requirement to deliver a minimum of a further £4.3m savings via cost reduction and cost avoidance schemes.

Full details of the Trust's service, operational, workforce and financial plans more relevant to the 2019-20 financial year are contained within the Integrated Medium Term Plan (IMTP) for the period 2019-20 to 2021-22, which was submitted in accordance with the NHS Wales Planning Framework to WG in January 2019 and received approval during April 2019.

2019/20 ACCOUNTS

These accounts for the period ended 31 March 2020 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

The Trust's external auditor is the Auditor General for Wales and included in "operating expenses", on page xx of this document, is the cost of £0.162m for the external audit fee.

The financial information contained within this financial review is a summary of that contained within the final accounts and might not contain sufficient information for a full understanding of the Trust's financial position and performance. If you would like a copy of the Trust's full accounts, they are available on request from the following address:

The Director of Finance & Corporate Resources
Welsh Ambulance Services NHS Trust
Vantage Point House
Ty Coch Way
CWMBRAN
NP44 7HF
Tel: 01633 626262

Governance Statement 2019/20

In accordance with Welsh Government requirements, the Trust's full accounts for the financial year include a Governance Statement which sets out responsibilities and mechanisms within the Trust for the management of risk. This includes a review of effectiveness and any significant internal control issues arising during the year.

Certificates of Chairman, Chief Executive and Director of Finance

I certify, that the summary of the annual accounts set out on pages XX to XX are consistent with the Trust's full statements for the year ended 31st March 2020.

Related Party Disclosures

The Trust is a body corporate established by order of the Welsh Minister for Health and Social Services. During the year none of the board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Welsh Government is regarded as a related party. During the year NHS Trust have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	418	20,660	298	1,518
WHSSC/EASC	0	158,698	818	43
Aneurin Bevan University Health Board	147	8,716	42	257
Betsi Cadwaladr University Health Board	384	5,584	121	75
Cardiff & Vale University Health Board	33	4,523	2	543
Cwm Taf Morgannwg University Health Board	129	2,043	3	9
Hywel Dda University Health Board	149	4,516	6	46
Powys Teaching Health Board	43	1,159	43	82
Swansea Bay University Health Board	65	4,978	11	98
Public Health Wales NHS Trust	30	41	1	0
Velindre University NHS Trust	1,845	1,173	217	310
Health Education and Improvement Wales (HEIW)	0	757	0	5
Welsh Local Authorities	2,108	241	6	18
Cardiff University	0	0	0	0
Swansea University	0	0	0	0
Cardiff Metropolitan University	0	0	0	0
University of South Wales	0	0	0	0
University of Wales	0	0	0	0
Bangor University	0	0	0	0
Glyndwr University	0	0	0	0
	5,351	213,089	1,568	3,004

The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust (marked with an asterisk in the table below) can act as a corporate trustee of the charity. During the year, receipts from the charity amounted to £0.010m (2018/19: £0.010m) with no other transactions being made. Net assets of the charity amount to £0.4m.

The Welsh Government income shown above includes £1.067m relating to impairment funding and £8.914m that relates to PDC capital received during 2019/20.

A number of the Trust's members have declared interests in related parties as follows:

Name	Position	Declaration
Martin Woodford *	Trust Chairman and Non-Executive Director	Secretary of Llandogo Memorial Green Committee. Vice Chair Manager Tintern Sports Club.
Emrys Davies *	Non-Executive Director	Director and Chair of Newport Road Maintenance Ltd. Retired Member of Unite.
Kevin Davies *	Non-Executive Director	Chair ABF The Soldiers Charity (Glamorgan) Member of the International Medical Panel, The HALO Trust. Emeritus Professor, University of South Wales. Independent Trustee St John Cymru Wales. Paton - The Motivation and Learning Trust. Deputy Lord Lieutenant South Glamorgan. Trustee Cowbridge Armed Forces Trust.
Bethan Evans *	Non-Executive Director (from 6/12/19)	Managing Director (Employed) My Choice Healthcare Ltd. Non-Executive Board Member RHA (Housing Association). Company Director Moorlands Rehabilitation (Staffordshire) Ltd.
Pamela Hall *	Non-Executive Director	None
Paul Hollard *	Non-Executive Director	Independent Consultant NHS Wales and Welsh Government.
Joga Singh *	Non-Executive Director (from 9/12/19)	Geldards LLP, paid employment Chairman of Dasmais Singh Sabha Gurdwara Bhatra (Sikh Temple). Director of Strategy & Communications for Sikh Council of Wales, voluntary role. Memberships of the following legal profession organisations: • Law Society. • Employment Lawyers Association.

Name	Position	Declaration
		Member of the Fairness Inclusion and Respect Committee for the Institute of Civil Engineers in Wales, voluntary role. Independent Member of the South Wales Police Ethics Committee, 2 – 3 days a year.
Martin Turner *	Non-Executive Director	Director and shareholder of Martin Turner Associates Ltd.
Jason Killens *	Chief Executive	Honorary Professorship at Swansea University.
Claire Bevan *	Executive Director of Quality and Nursing (Left the Trust 31/12/19)	Honorary Contract Swansea University: Lecturing.
Brendan Lloyd *	Medical Director and Deputy Chief Executive (Interim)	None
Claire Roche *	Executive Director of Quality and Nursing (From 1/1/20)	None
Christopher Turley *	Executive Director of Finance and Corporate Resources	None
Claire Vaughan *	Executive Director of Workforce and OD	None
Lee Brooks	Director of Operations (from 8/7/19)	None
Andy Haywood	Director of Digital (from 20/1/20)	None
Estelle Hitchon	Director of Partnership and Engagement	None
Rachel Marsh	Director of Strategy, Planning and Performance	None
Louise Platt	Director of Operations (Interim) (To 31/7/19)	None
Keith Cox	Board Secretary	Magistrate Cardiff and Vale.

Voting members of the Trust are marked with an asterisk * in the table above. No other Trust members provided declarations of interest in related parties during this period.

Material transactions between the Trust and related parties disclosed on page 68 during 2019-20 were as follows (unless already reported on page 68) :	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
St John Ambulance	2,478	24	8	0
Geldards LLP	1	0	0	0
TOTAL	**2,479**	**24**	**8**	**0**

Salary and Pension Entitlements of Senior Managers

Remuneration Report

Name and Title	2019-20				2018-19			
	Salary (bands of £5000)	Benefits in Kind Rounded to the nearest £100	Pension benefits £'000 (to nearest £1000)	Total (bands of £5000)	Salary (bands of £5000)	Benefits in Kind Rounded to the nearest £100	Pension benefits £'000 (to nearest £1000)	Total (bands of £5000)
Martin Woodford (Chairman) (Note 1)	40-45			40-45	40-45			40-45
Kevin Davies (Non Executive Director / Vice Chairman) (Note 2)	15-20			15-20	5-10			5-10
Pamela J Hall (Non Executive Director)	5-10			5-10	5-10			5-10
James Mycroft (Non Executive Director) (Note 3)					5-10			5-10
Emrys Davies (Non Executive Director)	5-10			5-10	5-10			5-10
Paul Hollard (Non Executive Director)	5-10			5-10	5-10			5-10
Helen Birtwhistle (Non Executive Director) (Note 4)					5-10			5-10
Martin Turner (Non Executive Director) (Note 5)	5-10			5-10	5-10			5-10
Anoop Joga Singh (Non Executive Director) (Note 6)	0-5			0-5				
Bethan Evans (Non Executive Director) (Note 7)	0-5			0-5				
Jason Killens (Chief Executive) (Note 8)	155-160	4,000	156	315-320	80-85	1,600	61	140-145
Patricia Roseblade (Former Interim Chief Executive) (Note 9)					70-75	4,100	27	100-105
Christopher Turley (Executive Director of Finance & Corporate Resources) (Note 10)	100-105	5,400	35	140-145	95-100	4,600	95	195-200
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive)	150-155	4,100		155-160	145-150	3,300		150-155
Claire Vaughan (Executive Director of Workforce & OD)	90-95	-	23	115-120	90-95	-	20	110-115
Claire Bevan (Executive Director of Quality & Nursing) (Note 11)	80-85	900		80-85	100-105	3,500		105-110
Claire Roche (Executive Director of Quality and Nursing) (Note 12)	25-30	600	32	55-60				
Estelle Hitchon (Director of Partnership & Engagement)	90-95	-	14	100-105	85-90	-	25	115-120
Hannah Evans (Director of Planning & Performance) (Note 13)					30-35	-	16	45-50
Rachel Marsh (Director of Strategy Performance & Planning) (Note 14)	95-100	-	36	130-135	30-35	-	2	30-35
Richard Lee (Director of Operations) (Note 15)					65-70	-	10	75-80
Lee Brooks (Director of Operations) (Note 16)	80-85	2,700	11	90-95				
Louise Platt (Interim Director of Operations) (Note 17)	30-35	-	7	35-40	35-40	-	24	60-65
Andrew Haywood (Director of Digital Services) (Note 18)	20-25	-	3	20-25				
Keith Cox (Board Secretary)	85-90	-		85-90	85-90	-		85-90

Note 1 - Martin Woodford was appointed Chairman on 1st April 2019, prior to this date he was Interim Chairman

Note 2 - Kevin Davies was appointed Vice Chairman on 1st April 2019

Note 3 - James Mycroft left the Trust on 31st March 2019

Note 4 - Helen Birtwistle left the Trust on 31st October 2018

Note 5 - Martin Turner was Interim Non Executive Director until 13th December 2019, when he took over this role on a fixed term basis

Note 6 - Anoop Joga Singh was appointed as Non Executive Director from 9th December 2019

Note 7 - Bethan Evans was appointed as Non Executive Director from 6th December 2019

Note 8 - Jason Killens joined the Trust as Chief Executive on 24th September 2018

Note 9 - Patsy Roseblade left the Trust on 15th October 2018 on an initial secondment to Powys Teaching Health Board before commencing a secondment with Swansea Bay University Health Board on 16th April 2019

Note 10 - Christopher Turley was Interim Executive Director of Finance & ICT until 1st February 2020 when he was appointed Executive Director of Finance & Corporate Resources

Note 11 - Claire Bevan retired on 31st December 2019

Note 12 - Claire Roche was appointed Executive Director of Quality and Nursing on 1st January 2020

Note 13 - Hannah Evans left the Trust on external secondment to Swansea Bay University Health Board on 6th August 2018

Note 14 - Rachel Marsh joined the Trust as Interim Director of Strategy Planning & Performance on 3rd December 2018 and was appointed Director of Strategy, Performance & Planning on 1st November 2019

Note 15 - Richard Lee left the Trust on 7th November 2018 however was paid until 3rd December 2018 due to accrued annual leave

Note 16 - Lee Brooks was appointed Director of Operations on 8th July 2019

Note 17 - Louise Platt was appointed Interim Director of Operations on 1st November 2018 until 31st July 2019

Note 18 - Andy Haywood joined the Trust as Director of Digital Services on 20th January 2020

Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500) £'000	Real increase in Lump sum at aged 60 related to real increase in pension (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2020 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2020 £'000	Cash Equivalent Transfer Value at 31 March 2019 £'000	Real increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Jason Killens (Chief Executive)	7.5-10	15-17.5	40-45	110-115	738	585	116	33
Christopher Turley (Executive Director of Finance & Corporate Resources)	0-2.5	0-2.5	40-45	95-100	748	683	34	21
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive) *	0	0	0	0	-	-	-	-
Claire Vaughan (Executive Director of Workforce & OD)	0-2.5	-2.5-0	20-25	45-50	391	354	15	20
Estelle Hitchon (Director of Partnership & Engagement)	0-2.5	-2.5-0	25-30	60-65	525	488	13	19
Claire Bevan (Executive Director of Quality & Nursing)	0-2.5	0-2.5	40-45	130-135	-	956	- 748	17
Claire Roche (Executive Director of Quality and Nursing)	0-2.5	2.5-5	25-30	80-85	590	448	29	5
Rachel Marsh (Director of Strategy Performance & Planning)	0-2.5	0-2.5	35-40	55-60	607	551	29	17
Lee Brooks (Director of Operations)	0-2.5	0	25-30	0	292	265	4	17
Louise Platt (Interim Director of Operations)	0-2.5	0-2.5	25-30	60-65	482	441	6	7
Andrew Haywood (Director of Digital Services)	0-2.5	0	0-5	0	36	22	-	4
Keith Cox (Board Secretary) **	0	0	0	0	-	-	-	-

*Dr Brendan Lloyd chose not to be covered by the NHS pension arrangements in the prior year, as well as the current reporting year

**Keith Cox chose not to be covered by the NHS pension arrangements in the prior year, as well as the current reporting year

Hutton Report Information

Reporting bodies are required to disclose the relationship between the midpoint of the banded remuneration of the highest-paid director/employee in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in post at 31 March 2020 in the Welsh Ambulance Services NHS Trust in the financial year 2019-20 was £160k to £165k (2018-19, £155k to £160k). This was 5.40 times (2018-19, 5.32 times) the median remuneration of the workforce, which was £30,091 (2018-19, £29,608).

	2019-20	2018-19
Band of Highest paid Director's Total Remuneration £000	160-165	155-160
Median Total Remuneration £000	30	30
Ratio	5.40	5.32

In 2019-20, 0 (2018-19, 0) employees received remuneration in excess of the highest-paid director.

Remuneration ranged from £17,652 to £162,500 (2018-19 £17,460 to £157,500).

The reason for the increase in remuneration, together with the upward rise in ratio and median remuneration compared to 2018-19, is the movement within A4C pay bands and a 2% pay increase for Directors.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments are included for the calculation of both elements of the relationship.

Welsh Ambulance Service NHS Trust

The Performance Report

2019/20

Contents (amend)

1. Overview of our Performance in 2019/20

1.1 Statement from the Chief Executive Officer

Draft completed. To be agreed with Chair/CEO/Director of SP&P.

1.2   What the Welsh Ambulance Service provides

The Trust provides ambulance services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed. Services include:

- The blue light ambulance services: including call taking, hear and treat, see and treat and if necessary, conveyance to an appropriate hospital
- The Non-Emergency Patient Transport Service (NEPTS): taking patients to and from hospital appointments and transferring them between hospitals.
- The NHS Direct Wales service: a health advice and information service available 24 hours a day, every day, including an online and telephone offering.
- The 111 service: a free to call service which incorporates the NHS Direct Wales service and the call taking and first stage clinical triage for the out-of-hours service. This is now live in the Swansea, Neath, Bridgend, Carmarthenshire, Pembrokeshire, Ceredigion and Powys areas. The Trust continues to provide the NHS Direct Wales service in other parts of Wales.
- The Trust also supports Community First Responders, Co-Responders and Uniformed Responders to provide additional response resource.

The Welsh Ambulance Service at a **glance...**

We serve **3 million people** across Wales

999 We receive over 510,000 999 calls per year *

We provide an emergency response to over **29,000** immediately life threatening incidents per year

We have over **750 vehicles** in our fleet

We receive over **440,000** non-immediately life-threatening emergency calls per year

We transport over **780,000** non-emergency patients to hospital per year

We receive over **900,000** calls to NHS Direct Wales and 111 per year

We receive over **6 million** visits to the NHS Direct Wales website

We employ over **3,500 people**

We have operating expenses of **£210 million**

We occupy over **113 buildings**

*All other calls coming into our contact centres were answered and referred to other appropriate services to meet the caller's needs

1.3   Our Behaviours, Purpose, Vision, Strategic Aims and Priorities
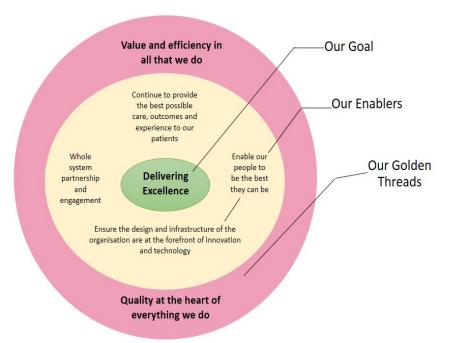
Our purpose is *to be a caring and responsive ambulance service for people in Wales.*

The Trust has previously engaged with staff at all levels and across Wales on developing an agreed set of behaviours, a clear organisational purpose and an agreed vision. The Trust has a Long Term Strategy (LTS) which articulates our goal for the Trust, to be reached by 2030:-

An ambulance service which is delivering excellence.

We have identified four enablers which we believe will help us to achieve this goal and two golden threads which are the guiding principles in all that we do in the course of delivering our goal.

The graphic below summarises this:-

Underpinning this strategic framework we have 10 Integrated Medium Term (IMTP) Priorities, each one of which is supported by a set of key deliverables:-

	IMTP Priority	Deliverables 2019-2022	Theme	Benefits for our staff and users	Headline Outcomes / Measures
Goal *Delivering Excellence*	Help patients and staff to stay healthy	• Develop and implement a Public Health Plan • Develop an Older Person's Framework, strengthening our role in supporting frailty, loneliness and isolation • Collaborate with Health Boards to develop a range of referral pathways • Support resilient communities through programme of engagement and education	3 1 8 8	• We will use our thousands of daily contacts with people to improve their health and wellbeing • Our contacts with older people will help to reduce loneliness and isolation • More of the public will have been exposed to education which will make them more confident in managing their health	• Outcome measures to be developed
	Help patients more easily access our services at the right time	• Engage and involve users with sensory loss to improve accessibility • Utilise video and other technologies to enhance the way our services can be accessed • Develop access to services online and through internet applications, including online portal for NEPTS bookings, linked to hospital systems	1 2 2	• People with sensory loss with be able to access all of our services with ease • Patients will increasingly be able to access services online and systems will be linked together	• Outcome measures to be developed
	Provide right care in the right place, wherever and wherever it is needed	• Complete roll out of 111 service across Wales, and formalise role as provider • Articulate opportunities to be call handler of choice • Continue expansion of the Advanced Practitioner Paramedic role (if funded and agreed with commissioner) • Roll out Trust's Falls Framework • Evaluate and implement APP / non-medical prescribing framework (if funded) • Implement Mental Health and Dementia Improvement Plans • Secure approval for and procurement of the Electronic patient clinical record system	3 5 3 3 3 1 3	• Public will have just one number to call if they need help with an urgent medical problem • Patients who call 999 will increasingly be able to be given advice, seen and treated by our staff or referred on to other appropriate community services, and will not need to be taken to hospital • Reduced pressure on EDs mean that there will be fewer patient in ambulances waiting for long period outside hospitals • Staff will benefit from increased opportunities in an expanded career framework	• More calls to '111' and NHSDW / more hits to website- *commissioning intention (CI)* • Proportion of clinical desk calls assessed and closed (Hear and Treat) to reach and be sustained at 12%- *CI* • Proportion of verified incidents conveyed to a major ED to decrease- *CI*
Strategic Enablers	Continue to provide best possible care, outcomes and experience to our patients of our core service	**EMS** • Deliver EMS commissioning intentions • Implement recommendations of the Amber review • Collaboration and co-production with Commissioner and Health Boards on delivery of a 5 year Demand and Capacity Review • Deliver prioritised actions from the Carter Review **NEPTS** • Deliver NEPTS commissioning intentions	 1 1 1 1	• Patients will receive a timely and appropriate response to their emergency call, and there will be no excessive delays for ambulances • Fewer patients will have to wait outside hospitals in ambulances • More resources will be available for front line services as WAST uses its resources more efficiently • Patients will receive a high quality service that meets their transport needs	Red to improve Amber median, 65th percentile and 95th percentile to reduce across all Health Board areas- *CI* Improved performance against clinical indicators- *CI* Reduction in lost handover to clear hours- *CI* Increase in planned v actual UHP to 95% Reduction in complaint response times Achievement target for dementia training of staff Reduction in number of serious incidents relating to time delays

	IMTP Priority	Deliverables 2019-2022	Theme	Benefits for our staff and users	Headline Outcomes / Measures
		• Deliver full benefits of the NEPTS Business Case • Complete transfer of work from Health Boards and Trusts • Design and implementation of improved booking and call taking processes and procedures • Articulate and start to deliver a transfer and discharge model/service for Wales	5 5 5 5 5	• It will be simple for patents and HCPs to book their service • Health Boards will receive a high quality service that meets their needs and the needs of their patients	Increase in the proportion of journeys undertaken for eligible patients- *CI* Increase in the proportion of ineligible patients who are helped to find alternative transport solutions- *CI* Reduction in the number of aborted and cancelled journey- *CI*
	Whole system partnership and engagement	• Understanding, agreeing and quantifying impacts of Health Board strategic service change • Development and implementation of engagement plan, including work with Regional Partnership Boards • Development of new pathways with Health Boards	8 8 8	• WAST plays a full part in delivery of A Healthier Wales and the further integration of health/social care, with a focus on out-of-hospital care delivery	• Increase in number of new pathways with Health Boards- *CI* • Membership of at least three RPBs • Increased number of shared facilities with other public service/third sector partners
	Support our people to be the best they can be	• Deliver an improvement in resource availability levels • Implement a Leadership and management development and succession strategy • Approve and implement a Health & Wellbeing Strategy • Approve and implement a Transforming Education Strategy (Clinical practice and education), which will include delivery of any enabling capital requirements • Refresh our commitment to volunteering and approve strategy	4 4 4 4 4	• More staff available at work, giving greater resilience to respond to demand in a timely way • Staff will have more equitable access to development opportunities • Staff will have a great colleague experience, safer working environments, and will feel valued and cared for • Staff will have better access to local, quality education and training, and will maintain and improve their skills and practice at the top of their scope of practice • Our volunteers will feel valued and engaged	• Achieve sickness reduction to 6.3% March 2020- *CI* • Maintain low levels of frontline vacancies (below 5%) and improved UHP and relief capacity / overtime reduction • Reduction in incidence of bullying and harassment. • Improvement in key indicators related to staff personal safety and attendance and wellbeing • Improvement in CPD rates and delivery of Band 6 competence requirements. • Maximised contribution of volunteers, improvements to volunteer numbers • Overall improvements in staff engagement (survey) score and achievement of workforce KPIs
Strategic Enablers	Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology	• Launch of the WAST Improvement & Innovation Network (WIIN) and by the end of Year One, a database of improvement ideas that are being progressed or have been delivered. • Development of NEPTs CAD business case • Development of a digital transformation strategy	7 4 2	• More of our staff will be confident about using the model for improvement and will actively use this to make improvements in their areas of service • Patients will more readily be able to use new technology to improve how they are able to access our service	• Growth in both capability and capacity of our workforce in applying the 'model for improvement' • Number of improvement ideas being progressed • Board approved NEPTs CAD business case • Baseline Trust's position against an agreed digital maturity model (Year One) and track

	IMTP Priority	Deliverables 2019-2022	Theme	Benefits for our staff and users	Headline Outcomes / Measures
		• Improve the capture, sharing and utilisation of information through implementation and roll out of Qlik sense and Optima Predict • Explore and pilot opportunities to utilise cutting edge technology to improve and enhance care e.g. use of video, telehealth, AI and drone technology and clinical diagnostic equipment • Utilise technology to improve communication with staff	2 2 2	• Staff will more readily be able to use new technology, and will be able to be more agile and efficient in their work • Staff will feel more connected with and informed about what we are doing • Patients will receive more timely responses as a result of Optima modelling	progress in subsequent years, linked to delivery of agreed Trust strategy • % of operational staff with mobile device over the life of this plan
Quality at the heart of everything we do		10 themes of work including: • Health and Care Standards, Trust Quality Strategy, Quality Assurance, Risk Management Strategy, Health and Safety Improvement plan, Safeguarding annual report and annual plan, Infection Control Improvement Plan, Putting Things Right Improvement Plan - Winter Assurance Panel Improvement Plan, Patient Experience & Community Involvement	1	• Higher quality of service for our users	• Improvement in relevant clinical and quality indicators as set out by Commissioner and Welsh Government - *CI*
Value in everything that we do		• Explore opportunities for further work with ICHOM and the Bevan Commission • Maintain strong links with the other UK nations to enable sharing of best practice and collaborative work. • Improve understanding of cost base and cost behavior, including benchmarking based on outcomes as well as costs. • Maximise procurement efficiencies • Improve efficiency in stock inventory and asset tracking, through RFID;	6 6 6 6 6	• More resources will be available for front line services as WAST uses its resources as efficiently as possible	• 'Net effect' in terms of activity impact, resource impact and performance impact from initiatives (commissioning intention) • Value gained from resources invested • Proportion of split of costs / resources relating to steps 4 & 5 • Proportion of resources available to support front line activity
Use of our estate and fleet		• Review of next priorities from Estates SOP, and development of cases for capital funding • Delivery of MRD for Cardiff and new workshop for the South East region • Delivering a range of specialist vehicles including training and resilience. • Review of approach to station cleaning • Modernisation of fleet, utilisation of latest technology, step change towards non-diesel powered vehicles	- - - - -	• Staff will work from buildings and vehicles that are comfortable, safe and fit for purpose	• WG approved MRD and Workshop case • Reduction in carbon footprint • Reduction in estate backlog maintenance • Improvement in estate utilisation

The 2019-22 IMTP operationalises the Trust's LTS which is also was cognisant of a range of national drivers, strategies and plans, including, for example, the Well-being of Future Generations Act, NHS Outcomes and Delivery Framework, and the work of the Unscheduled Care Board.

Ambulance services in Wales are commissioned on a collaborative basis by the seven health boards through EASC and the CASC. The EMS Commissioning and Quality Delivery Framework was live throughout 2019/20, with the equivalent for NEPTS going live in 2019/20. Both commissioning frameworks are key drivers for the Trust in development and agreement of its plans and priorities.

Both the EMS Commissioning and Quality Delivery Framework and the NEPTS Commissioning and Quality Delivery Framework focus on managing patient flow across a series of lateral inter-connected steps in the most prudent manner.

Five-Step EMS Ambulance Care Pathway

Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 Welsh Ambulance Service Trust.

Five-Step NEPTS Ambulance Care Pathway

Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 Welsh Ambulance Service Trust.

The EMS, Commissioning and Quality Delivery Framework has set out a clear strategic aim to "shift left where it is clinically safe and appropriate to do so", that is, focus on moving from steps 4 and 5 toward steps 1, 2 and 3.

1.4. Key Risks and Challenges to Delivery

The 2019/22 IMTP considered the risks and challenges to delivery that would be encountered during the year. The Trust has put in place mitigating actions in each case, although the impact has not been eliminated. Due to CoVID-19 the Trust did not report on its corporate risk register for quarter 4 2019/20, instead it reported a 2019/20 and partial quarter 1 corporate risk register to the QuEST committee on 28 May-20. The corporate risk register at this point in time is shown overleaf:-

	CORPORATE RISK REGISTER: Summary				
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEEE
151	Business continuity for recording digital patient clinical records	Business Continuity	Medical and Clinical	20 (4x5)	Finance and Performance Committee
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	10 (5x2)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Depts (CRR57) (Previously described as Patients unable to access secondary care)	Quality & Safety	Operations Directorate	10 (5x2)	Quality, Patient Experience and Safety Committee
69	Lack of preparedness for infectious diseases	Quality &Safety	Quality, Safety &Patient Experience	10 (5x2)	Audit Committee; Quality, Patient Experience and Safety Committee
225	On-call CCA ability to cover 24/7 command (CRR62)	Business Continuity	Operations Directorate	16 (4x4)	People and Culture Committee
78	Tire 1 Compliance for Formal Concerns	Quality & Safety	Quality, Safety & Patient Experience	20 (4x5)	Quality, Patient Experience & Safety Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	16 (4x4)	People and Culture Committee
217	Cleanliness in Ambulance Stations (CRR27)	Quality & Safety	Operations Directorate	16 (4x4)	Quality, Patient Experience and Safety Committee
88	Continued Availability of Digital Pens	Quality & Safety	Finance and ICT	16 (4x4)	Finance and Performance Committee
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	15 (5x3)	Trust Board
303	delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical and Clinical	15 (5x3)	Quality, Patient Experience and Safety Committee
166	Staff are currently not being able to access Vaccines for Preventable diseases in a timely manner	Quality & Safety	Workforce and Organisational Development	15 (5x3)	People and Culture Committee
199	Health and Safety	Statutory Duties	Quality, Safety &	15	Audit Committee; Quality, Patient

1.5.   A Performance Summary

Strategic Priority 1 – Help Patients and Staff Stay Healthy

Our implementation of our Public Health plan has been affected over the last few months to the Covid Pandemic. However, in light of the pandemic, we will now review our public health plan and our three ambitions, learning from the experience of dealing with Covid-19 and its subsequent impact on our society"

The Trust was successful in an application for Healthier Wales funding to develop and implement key leadership and support roles to deliver our Older Person's improvement ambitions. In Jan-20, an Improvement Lead for Older People was employed within the Trust. An engagement plan was developed which was a wide collaborative engagement plan across the Trust's workforce, local authorities, health boards, older people and individuals

The main headings of Older Persons' Framework will be Co-production, Falls, Clinical, CoVID-19, and Workforce. Each area has a number of themed topics and issues within which have already been identified as continued areas in need of improvement or concern to Older People across the Trust. Frailty is a specific area which is having a clinical focus as there is a need to address this across the Trust in all areas including education. A Frailty Tool is currently being rolled out across the Trust being led by a Regional Clinical Lead (North Wales). There are also key developments around loneliness and isolation in a co-produced manner which will be focused upon with the aim of improving options to assist Older People across Wales.

Clinical developments within the Trust and partner health boards require constant evaluation of existing pathways and the implementation of new patient-centred pathways to health care.   In 2019/20 the Pathways Development Group was established to determine which areas of care would benefit from a nationally developed pathway. The work was developed in partnership with the NCCU and Welsh Government as a means by which pressure on secondary care could be reduced by involving speciality support for a pathway development. The initial test of change centred around the respiratory pathway. This pathway was deployed in the Aneurin Bevan Health Board area with plans (that were interrupted by COVID) to deploy across Wales. Future work will concentrate on embedding the respiratory pathway and determining which other clinical areas might offer alternative safe care closer to home.

Strategic Priority 2 – Help patients more easily access our services at the right time

Patient feedback received from people living with a sensory loss has continued to follow recurring themes:-

- Deaf British Sign Language (BSL) users want to communicate with us in their language of choice – BSL. They would appreciate it if our staff only knew some basic signs that could be used to reassure them;
- A better system is required to allow people living with a sensory loss to complain or give feedback about their experience;
- An accessible system that allows someone with a sensory loss the ability to book, amend or query a non-emergency transport booking is needed;

- Awareness needs to be raised about how to support an assistance dog user; and
- We need to produce information about our services in more accessible formats.

These themes are still relevant and continue to be the main areas of feedback and concern that the Trust is continuing to work to address.

The Trust has made progress on the utilisation of video and other technologies to enhance the way our services can be accessed. The NHS Direct Wales website was rebranded to NHS 111 Wales in Mar-20. A number of new developments and features were included within the website:-

- increased the number of online self-assessment symptom checkers from 28 to 32;
- facilitated the development of a covid-19 section including the creation of a chat-bot to enable users to ask questions instead of following a self-assessment algorithm;
- created a range of new public resources that included;
- 'seven vital signs' a leaflet that explains tests our emergency staff do when responding to patients;
- a 'mental health services' information leaflet;
- a video explaining how we respond to calls '999 – What happens next';
- a new section on 'dementia' that included a wide range of information for those living with dementia, their families and friends; and
- a dedicated 'easy read' section with range of pictorial and easy read resources

Over the course of 2019/20 much work has been undertaken to promote and encourage remote NEPTS bookers to make bookings through the web based cleric system. The NEPTS system team supported by local management have been actively promoting online systems and have delivered training sessions to numerous sites, particularly in West & Mid Wales. As a result good progress has been made on increasing the proportion of bookings being made through online systems. In addition, all discharge desks operating now work through the online ebooking system primarily.

Strategic Priority 3 – Provide right care in the right place, wherever and wherever it is needed Place
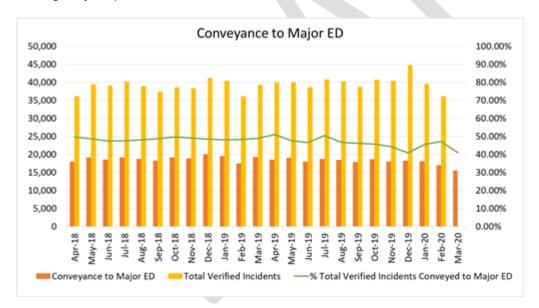
111 is a free-to-call non-emergency clinical advice line that is amalgamating NHS Direct Wales and GP Out of Hours (GP OoHs) across Wales. The expansion of 111 continued in 2019/20 with the full 111 service going live in Aneurin Bevan University Health Board and as part of the Trust's initial CoVID-19 response, the 111 number went live across all of Wales, but not the full service. Subject to the demands of CoVID-19 the roll out will continue into 2020/21, but the original strategic plan for the roll out of 111 included a dedicated pause in 2020 to allow the implementation of the necessary ICT infrastructure i.e. a new integrated digital solution for the 111 and GP OoHs across Wales. To this end, during 2019/20 the Trust has been heavily engaged in the procurement of the new joint national system. This will need further capital investment and support from Welsh Government for which an Outline Business Case has already been agreed in principle. Working with the National Programme, the Trust will support the development of the Full Business Case to reach a successful conclusion to the current procurement process during 2020/21.

In 2019/20 the Trust commenced its exploration of call handling as a discrete service provision under the umbrella of the wider function of the ambulance service, the opportunities available to the Trust and system as well as the enablers which would be required to move to a more holistic view of call handling services. The work undertaken in 2019/20 identified opportunities to realise a range of benefits which will be explored more fully in 2020/21.

During 2019/20 the Trust also undertook a Clinical Contact Centre (CCC) Clinical Review. This was not an original key deliverable for 2019/20, but a request of the new Director of Operations. The Review explored what opportunities there are for improvement, reform and change within the CCC, from a clinical perspective. The Review made 25 recommendations. Its recommendations, if enacted, will facilitate the Trust's transition from the current disparate and, often independent, clinical functions, to a Clinical Hub characterised by co-ordinated and integrated services which seamlessly stream the patient to the clinical function best able to meet their urgent or emergency healthcare needs, whether that be clinical advice, assessment or tele-health services, irrespective of the number used to access care. In Mar-20 the Review was co-opted into the EMS Demand & Capacity Review Programme because of the link to the programme's ambition to increase the hear & treat rate; however, the Review's recommendations covered a range of areas, for example: governance, education, people and human resources, technology and estate.

Following the success of the North Wales Pilot in 2018/19, the numbers of Advanced Paramedic Practitioners (APPs) employed within the Trust continues to grow. 2019/20 saw, supported by HEIW, 24 Paramedics undertake full-time MSc studies with guaranteed positions at the end of successful completion. From Aug-20 these staff will become part of the establishment to contribute to an increase in safer care closer to home. In addition, HEIW have supported part-time studies for a number of Paramedics who wish to progress to APP roles. In 2019/20 HEIW agreed that funding could be used to support bridging modules, to enable Paramedics who may not have had the opportunity previously, to access higher education at level 6 and 7 to enable them to then apply for future funded MSc places.

As a result of the Trust's work on APPs (and other initiatives like Band 6 Paramedic and pathways), in 2019/20 the Trust conveyed less than half 45.3% (48.6% in 2018/19) of our patients to major Emergency Departments.

During 2019/20, the Trust received 60,706 verified incidents which were classified as a fall equating to around 166 incidents across Wales per day. A total of 45,726 incidents required a response to scene. The way we respond to falls is undergoing a significant transformation, and much of this is as a result of listening to the families and carers of people who have fallen, alongside our engagement with frontline clinicians both working operationally and within the CCC. The development of the Falls Framework and the Falls Response Model are an important step towards achieving a safe, appropriate and consistent response across Wales for our patients who have fallen.

During the period of 2019/20 the Trust continued to roll out the role of the Falls Assistant (FA), in collaboration with St John Ambulance Cymru (SJAC). This ensures patients who have a non-injurious

falls receive a timely response and assessment which is further supported by Clinicians within the CCC.

In Sep-20, the Trust trialled a specialist Falls Clinical Support Desk which was staffed by a clinician (Nurse/Paramedic) and an allocator/dispatcher. The concept was focused on providing a designated desk to identify suitable incidents, clinical triage to assess suitability and operationally manage and support Falls Response capable resources; and during Fe-20, the Trust successfully appointed the Improvement Lead: Falls, to lead the exciting programme of work around the implementation of the Falls Framework and Falls Response Model. During 2020/21, alongside the Older Persons' Strategy the Trust will undertake widespread engagement to develop a Falls Improvement and Delivery Plan to further enhance the response, assessment and prevention elements of the Falls Framework.

In terms of UK ambulance services, WAST continues to lead the way regarding the adoption of Independent (non-medical) Prescribing for Paramedics within the APP workforce. 2018/19 saw the development and approval of the required governance framework and internal policy to support non-medical prescribing within WAST. In the same year, the first five prescribers, supported by HEIW funding, completed their courses and began to deploy their skills in practice. In addition, 2019/20 saw a further five prescribers begin their training, this has been affected by the response to COVID19, but all candidates are due to complete their training with the support from participating universities and their practice mentors.

We have made good progress in delivering our mental health and dementia improvement plans. With regard to our workforce the Trust has:

- Launched a mental health portal;
- Reduced stigma and encouraged people to come forward for help;
- Achieved award nominations and recognition;
- Organised a Trust World Mental Health Day; and
- Worked on dementia in our workforce

And we have improved our practices:-

- Improved dementia awareness for our staff;
- Online Mental Health and Dementia learning;
- Suicide First Aid; and
- Bespoke learning.
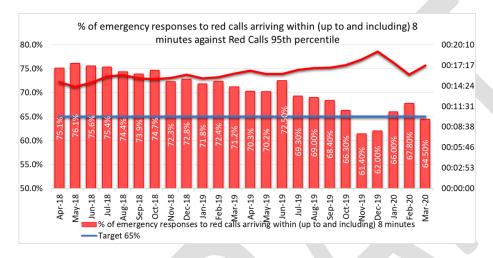
With regard to our patients and public engagement in 2019/20 we:-

- Involved the public in our work;
- Organised celebration and Learning events;
- Worked on Dementia Friendly Environments;
- Launched a new all Wales NHS Dementia Guide; and
- Our dementia work recognised at an International level.

During 2019/20 work continued on our electronic patient clinical record (ePCR) solution project. A feasibility study on an in-house NHS Wales solution was conducted and this option rejected. The findings of the study were accepted in Jan-20 and Welsh Government provided endorsement for the Trust to proceed to develop a Full Business Case (FBC) which involves undertaking a procurement exercise to identify a preferred ePCR supplier from a framework, which will give the Trust access to actual product costs of a commercial solution to build our FBC. The work has been slowed due to the effort required in our pandemic response, but recognising the importance of this solution, the business case development is now back on track, with a plan to be complete by Aug-20.
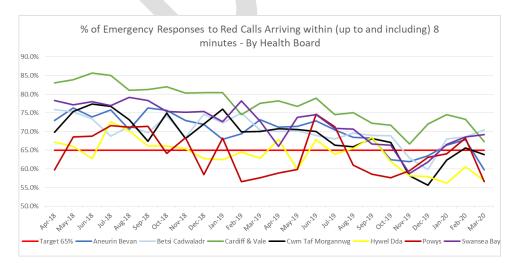
Strategic Priority 4 – Continue to provide best possible care, outcomes and experience to our patients of our core service

The Trust maintained RED 8 minute performance above the 65% Welsh Government target for nine months in 2019/20. Nov-19 was the first time since the implementation of the Clinical Response Model in Oct-15 that the Trust's RED performance fell below the 65% target. This happened again in Dec-20 before a combination of incentivised overtime and a focus on handover lost hours at a number of key hospital sites across Wales increased the ambulance hours produced and reduced lost hours to handover. In Mar-20 RED performance again dipped just under the 65% target as the impact of CoVID-19 began to be felt (it has subsequently recovered in the first quarter of 2020/21).

In Apr-20 the Trust went into a period of "enhanced monitoring" with the National Collaborative Commissioning Unit (NCCU) on our Red performance. The Trust responded by producing a comprehensive Red Improvement Plan, which was monitored weekly by the Director of Operations, until the onset of the CoVID-19 response.

There has also been variation in RED performance with Cardiff & the Vale traditionally seeing the highest RED performance and Cwm Taf Morgannwg, Hywel Dda and Powys health boards sometimes being below the 65% target, in Hywel Dda's case the Trust did not achieve the 65% target in the second half of the year (see information on AMBER Review and EMS Demand & Capacity Programme below).
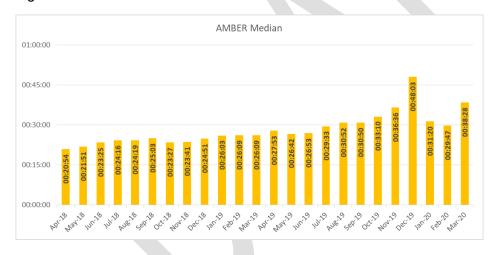
The Amber Review was published in Nov-18. Arising from the Review and under the direction of the NCCU, the Trust agreed to an Amber Implementation Programme, which contained nine recommendations with "assurance mechanisms" to be delivered by Nov-19. The bulk of the Amber Review Implementation Programme actions have been delivered in line with the Nov-19 deadline (and in line with Ministerial expectations); however, there will be a time lag between delivering the processes and tasks identified as the "assurance mechanisms", for example implementing the findings from EMS Demand & Capacity Review, and improving Amber performance (see below).
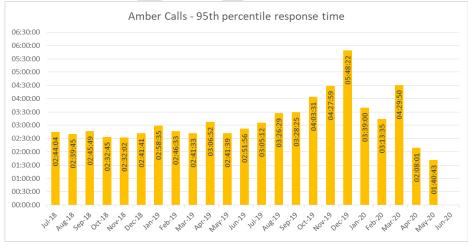
The collaborative and independent EMS Demand & Capacity Review was undertaken during 2019/20 with the full report going to Jan-20 EASC:-

http://www.wales.nhs.uk/easc/january2020

The Review identified a "relief gap" of 262.5 FTEs and a projected FTE requirement of 537.5 FTEs by Dec-24. EASC has agreed to fund 136 additional FTEs in 2020/21 and an EMS Demand & Capacity Programme was established in Mar-20 with seven projects. The original position agreed with EASC (and funded) was to increase the number of FTEs by 46 in the period Dec-19 to Mar-20; however, the Trust was unable to deliver this increase with 21 being recruited with the balance being recruited and trained in 2020/21.

There will be a time lag before these actions impact on AMBER performance. This Performance Report highlights how response times to the AMBER category of patients has an underlying upward trend and unfortunately in Dec-19 the AMBER 95th percentile was 5 hours and 48 minutes, the highest the Trust has recorded.

Whilst not the only factor that influences performance, there is a strong correlation between handover lost hours and AMBER performance. The Trust lost 112,058 ambulance hours to handover, compared to 66,521 in 2018/19, which was already considered high.

On 15 Jan-20 the Minister for Health & Social Housing, Vaughan Gething announced, as part of his written statement on unscheduled care pressures, the establishment of a Ministerial Ambulance Availability Taskforce. The taskforce was just getting underway when CoVID-19 hit.

https://gov.wales/written-statement-update-unscheduled-care-pressures-over-winter-201920-and-next-steps-improve

The second part of handover at hospitals is the time from handing over the patient to clearing the hospital and being available to respond to the next incident. In Jul-20 the Trust introduced a new process for clearing ambulances at hospitals, what is referred to as "dual pin" technology, which requires both the ambulance crew and hospital staff to agree that the ambulance has cleared. As a result there was a significant reduction in lost hours from Jul-20 onwards with 3,030 hours being lost in the period Jul-20 to Mar-20, compared to 8,663 in the same period last year.

During 19/20 the Trust completed the two large patient activity transfers within the health care system, namely Hywel Dda & Swansea Bay scheduled care ambulance transport transferring to the Trust's NEPTS.

The NEPTS call taking function has also seen many improvements including the introduction of new call taking scripts, a new post of National Call Taking Manager to oversee service delivery and the development of the Transport Solutions programme. The Transport Solutions programme, which will go live within quarter 2 of 20/21 will see eligible patients receive a more efficient transport booking system and non-eligible patients supported to find alternative accommodation that is suitable for their travel needs. The programme will also improve communications with patients and will provide greater clarity on the availability and access to NEPTS provision. Much of this work has already commenced including a new website, promotion of a single booking number and improved patient facing communication methods.

Over the past twelve months we worked closely with the NCCU and a number of health boards to develop an outline model for an All Wales Transfer and Discharge Service. The model of transport for the Grange University Hospital in Aneurin Bevan University Health Board and the South Wales Major Trauma network will offer the first opportunities to test out the emerging model in 2020.

Strategic Priority 5 – Whole system partnership

Through our Strategic Planning and Partnership Forum we keep abreast of the development of strategic service change across Wales. The key areas of focus in 2019/20 were the development of the South Wales Major Trauma Network (MTN), Thrombectomy transfers in North and South Wales and the development of the transport solution for the opening of the Grange University Hospital in 2021. We secured funding to develop the Thrombectomy and Major Trauma Network (MTN) services, and by Mar-20 we had fully assured the South Wales MTN of our preparedness for "go live".

During 2019/20, the Board adopted a wide-ranging organisational engagement framework, the only one of its kind in Wales, linked to the priorities of the IMTP. This sets out how the Trust will engage with its partners and its people over the next three years, with a one year delivery plan to be refreshed annually. Progress is reported to the Trust Board quarterly.

The framework encompasses the breadth of stakeholder engagement, from colleagues and volunteers, to patients, carers, young people and vulnerable groups, through to wider health and social care partners, using the architecture of Regional Partnership Boards as a mechanism for wider system engagement.

Whilst it is important that we develop a long term approach to partnership and engagement, it is also important we maintain those existing relationships which we have. The Trust is now participating in four of seven Regional Partnerships (RPBs), or their substructures, across Wales. As a commissioned service, there is more to do in this space and, during 2020/21 efforts will be made to secure representation on the remaining three RPBs.

Clinical developments within the Trust and partner health boards require constant evaluation of existing pathways and the implementation of new patient-centred pathways to health care. In 2019/20 the Pathways Development Group was established to determine which areas of care would benefit from a nationally developed pathway. The work was developed in partnership with the NCCU and Welsh Government as a means by which pressure on secondary care could be reduced by involving speciality support for a pathway development. The initial test of change centred around the respiratory pathway. This pathway was deployed in the Aneurin Bevan Health Board area with plans (that were interrupted by COVID) to deploy across Wales. Future work will concentrate on embedding the respiratory pathway and determining which other clinical areas might offer alternative safe care closer to home.

Strategic Priority 6 – Support our people to be the best they can be

The Trust is undertaking a substantial programme for work to support our people. The two key headline metrics for this priority are the ambulance hours we deliver and sickness absence levels. There is a lot of complexity behind these headline numbers, but the key headlines in 2019/20 were:

- the Trust delivered 1,355,173 ambulance unit hours in 2019/20, compared to 1,342,520 in 2018/19, an increase of 1%. This is for all types of resource: APP, CTL, RRV and UCS; and

- the Trust did not achieve its sickness absence target of 6.30% for 2019/20, but did start to see a significant reduction in Dec-19 to Feb-20, until CoVID-19 began to really affect sickness absence in Mar-20.
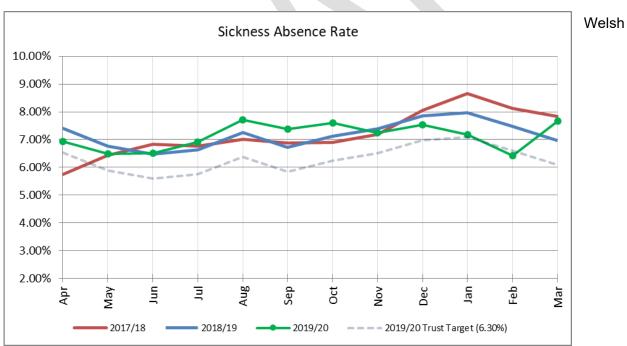
We launched our three year Leadership and Management Development Strategy in 2019/20 and building on all Wales work led by HEIW, the Trust recognised the importance of challenging our current approaches to succession planning and talent management and identified individuals to be a part of All Wales talent pool of potential to participate in an All Wales Talent Summit.

The health and wellbeing of our staff is a key priority. The Trust took a significant step in this area during 2019/20 with the appointment of the new Organisational Culture and Workplace Wellbeing Lead (Consultant Clinical Psychologist) who become full time at the end of Mar-20.

During 2019/20 the Trust has continued to develop the TRiM model of service and recently secured funding for our TRiM practitioners to attend update training, which will incorporate moral injury. All of our Wellbeing Advocates and Blue Light Champions have access to mental health awareness training.

In Jul-19, the Trust Board approved the Transforming Education and Training Strategy. Since then significant progress has made in relation to delivery of year 1 and 2 strategic objectives. We have

been recommended as a center of excellence by our regulated education providers Future Quals who signposted another UK Trust to contact us for the best delivery model of the Certificate of Assessing Awards and Certificate in Education and Training. Work continues on the planning of our new training center at Matrix House, providing a state of the art facility in the South Wales area and we opened a new training facility in North Wales.

Welsh

Government approved a Higher Apprenticeship framework suitable for Emergency Medical Technicians and the first cohort of Trainee EMTs commenced their development just after the year end in Apr-20.

Approval of the Trust's new Volunteer Strategy has been delayed and further delayed due to the on-set of CoVID-19; however, the importance of volunteers is recognised in the Trust and the Trust's Community First Responders continued to make a significant contribution to the Trust's EMS

performance. In 2019/20 our CFRs were first on scene in 16,125 incidents, compared to 15,437 in 2018/19 (note: figures include uniformed response contribution from Fire & Rescue Services).

The Trust has continued to make good progress on the Band 6 Paramedic Project, 2019/20 being the second year of the three year programme.

Strategic Priority 7 – Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology

During 2018/19, the Trust developed and launched the Welsh Ambulance Service Trust Improvement and Innovation Network: (WIIN). Since the launch of WIIN in early 2019, we have received over 100 submissions, with over 60 being taken forward as an improvement project or signposted to an appropriate lead. This has contributed to the completion of 48 Silver Improving Quality Together (IQT) projects. Ongoing support and coaching is provided throughout the testing of ideas and regular updates are entered onto the WIIN database so that there is a clear and up to date log of how ideas have progressed. Ideas that are not immediately supported and progressed are transferred to the ideas warehouse. 15 of which have already been taken forward.

During 2019/20 preparatory work was undertaken to inform a bid for a replacement NEPTS Computer Aided Dispatch (CAD) to support the required service developments. A draft NEPTS Business Justification Case (BJC) was developed with the final BJC being expected for completion and presentation for approval during Quarters 2 &3 of 2020/21.

The Trust has invested substantially in technology over the last twelve months to accelerate its transformation into a leading digital Ambulance Trust.   This previous investment along with a series of modernisation projects, such as migration to Microsoft O365, enabled to Trust to quickly support the move to homeworking in response to the Covid-19 pandemic. The Trust was also well place to quickly expand its call taking capacity across both 111 and 999 services to accommodate the increased demand during the peak of the pandemic. The appointment of a Director of Digital Services, demonstrated the Trust commitment in this area and the Director will now oversee the development of a Digital Strategy that aligns with both the Trusts Strategy to 2030 and NHS Wales Digital Strategy for Health and Care.

The Trust has successfully rolled out nine QlikSense (the Trust's performance software) applications to increase insight and intelligence in all frontline service areas of 111 and NHS Direct Wales, 999 Emergency Services and Non-Emergency Patient Transport Service operations.

The Trust invested (via Welsh Government capital monies) a number of years ago in powerful EMS ambulance simulation software. In 2018/19 the Trust entered into an arrangement with the supplier of this software (Optima Predict) for an "embedded analyst" to work inside the Trust and support the Trust with the development of the software. 2019/20 was the first full year of this arrangement with the analyst producing +10 reports normally for the Director of Operations on a range of performance topics, for example, the impact on performance of a new ambulance station location. This work has been well received by Operations colleagues and by the NCCU. Further collaborative development of the Trust's approach to forecasting and modelling is expected during 2020/21.
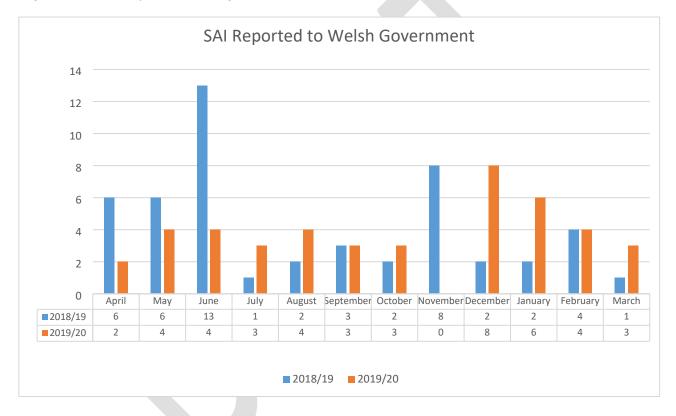
A number of new internal systems have been introduced to improve communications with staff. There was a major shift in this at the end of 2019/20 when the Trust triggered its Pandemic Influenza Plan on 04 Mar-20. These changes will really start to impact in 2020/21, but include: aiding remote working to allow staff to still be productive away from the office. The migration to Office 365 and the use of its TEAMS application was hugely successful as part of this, allowing staff to attend virtual meetings from anywhere. Zoom meetings between the CEO and colleagues across the Trust. The purchase of

additional laptops to support home working. To help this even further the distribution of iPads to all road based staff is currently underway and should be finished by the end of Aug-20, which will allow staff to access systems away from stations using either WiFi or 4G mobile networks.

Strategic Priority 8 – Quality at the Heart of Everything We Do

The key headline measure for quality, safety and patient experience is the number of Serious Adverse Incidents (SAIs) that we report, investigate and learn from.

During 2019/2020 WAST reported 44 SAIs compared to 50 in 2018/19. The table below represents the SAIs reported to Welsh Government by reporting month, comparing 2018/19 to 2019/20. The Trust continues to work on the learning which is drawn from each SAI, whether that be individual, organisational or system learning.

SAI Reported to Welsh Government

	April	May	June	July	August	September	October	November	December	January	February	March
2018/19	6	6	13	1	2	3	2	8	2	2	4	1
2019/20	2	4	4	3	4	3	3	0	8	6	4	3

In relation to patient safety incidents, there were 1,748 patient safety incidents in 2018/19, compared to 2,081 2019/2020. This represents an overall increase of 19% in the total volume of patient safety incidents being reported within the Trust's Datix system.

Another key quality, safety and patient experience metric, is the compliance against the 30 day concerns resolution target. The Trust received a total of 1,610 concerns in 2019/20 compared to 1,460 in 2018/19, which represents an increase of 10%. In relation to the Trust's Tier 1 target of 75% within the 30 day period, overall the Trust has achieved 64% for this time period. The table below represents the 2 day acknowledgement (performance), early resolution (volume & performance) and 30 day compliance (volume and performance).

Concerns
Volume - Performance

Legend: 2 Day Acknowledgment %, Early Resolution performance %, 30 day %, Early Resolution volume, 30 day volume

In relation to coroner's activity there were 229 '*for information*' requests received, with physical attendances by staff from the Trust equating to eight instances. This is reflective on the significant improvement in relation to the quality of the statements being provided by our staff members, and the improvement work undertaken by the Legal Services Team within the Putting Things Right department. During this period the Trust received 4 Regulation 28 Prevention of Future Death Reports, all of which were responded to within the 56 day timeframe.

During 2019/20, the Trust set out to scope and develop a three year Quality Strategy that will drive improvement in quality management across the organisation and wider health & care system. The developing Strategy is aligned to the Health and Social Care (Quality and Engagement) (Wales) Bill which will place a duty the Trust to secure improvements in the quality of organisational services provided to patients and service users. The Bill includes a Duty of Candour. As a result the Trust's Putting Things Right and Patient Safety Teams are revising current process and guidelines to implement the changes as set out in new legislation. These changes will build upon the already established mechanisms with the Trust of being 'open and honest', to support the culture of 'openness, transparency and candour' which is widely associated across the NHS health care system.

The Trust introduced an in-house designed electronic risk management system during 2019/20, which has improved the ease with which managers can record and share risks. The Corporate Risk Register is a live document in this system and is formally reported to committee each quarter. The beginning of the Performance Report provides a summary of the Trust's corporate risk register at the end of 2019/20.

The Safeguarding annual report provides an overview on how the Trust has performed over this reporting period in relation to safeguarding people in our care. It aims to give the Trust Board the necessary assurances that the statutory duties under the Children Act 2004, the Social Services and Well-being (Wales) Act 2014, the Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 and the Welsh Government Adult and Child Protection guidance are being fulfilled.

The Trust complies with the specific requirements under section 25 of the Children Act 2004 that there is a lead executive director for children and young people's services and a designated non-executive director for the purposes of the Act. The Director of Quality, Safety and Patient Experience is currently the executive lead for safeguarding within the Welsh Ambulance Services NHS Trust (WAST).

The Quality Safety & Patient Experience Directorate provides strategic direction, expertise and support to all staff within the trust for Infection Prevention and Control (IPC) in line with legislation and National Standards. In May-19, an end of plan progress report was produced for the Trust, which identified key areas for improvement. Good progress has been made with achievements including:-

- The development of the IPC Assurance Framework and Governance Structure within the Trust;
- An IPC Incident dashboard to identify themes and trends arising from Datix; and
- Vehicle Cleaning Standards were developed and approved through the IPC Governance Framework, alongside this the emerging Make Ready Depots (MRD) developed a Standard Operating Procedure to complement these standards and run parallel for vehicle cleaning.

During 2019/20, several key challenges were identified, including:-

- Improvement required in flu vaccination up take and immunisation recording;
- Lack of Pandemic Flu preparedness;
- A vehicle cleaning audit tool that does not depend solely upon visual assessment;
- Premise cleaning provisions across all sites associated with the Trust;
- Continuation of sharps related injuries; and
- Capacity and capability to deliver the Trust's *Safe Clean Care* campaign which was due to commence in 2019.

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (hereafter, the 'Regulations') apply to all Welsh NHS bodies, primary care and independent providers in Wales, which provide NHS funded care. The Regulations set out the process for the management of concerns (known as Putting Things Right), and are supported by detailed guidance on raising a concern. The process aims to make it easier for people to raise concerns, to be engaged and supported during the process, dealt with openly and honestly and for bodies to demonstrate learning. The process has enabled a single more joined up approach, bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

In 2019/20 our Patient Experience & Community Involvement team attended 260 events across Wales. Consistent themes from our engagement captured have included:-

- Repetitive questioning from those working in our control rooms;
- Kind, caring, compassionate staff; and
- Delays at hospital when arriving by ambulance.

We have engaged a broad spectrum of the public across Wales; however, we have also undertaken a more focused engagement with a number of specific groups to deliver against some of the Welsh Government ambitions.

Strategic Priority 9 – Value in everything that we do

On 16 Jan-20 we showcased our Bevan Exemplar project 'A Shock To The System' at The Senedd. Our project brought together the Finance and Fleet Departments, to identify cost savings and efficiency improvements relating to the Trust's Corpuls Defibrillators. The main aim of our project was to realise cost savings and efficiencies through co-production, whilst aligning with the principles of prudent healthcare.

We have continued to work with the Association of Ambulance Chief Executives (AACE), All Wales Ambulance Services Director of Finance forums and via Celtic Nations connections and links has provided a platform for sharing and learning.

In 2019/20 the Trust procured a Patient Level Information and Costing System (PLICS) with detailed implementation to commence during 2020/21 which will involve key stakeholders such as our commissioners and clinicians.

The continued drive for value from procurement has resulted in implementing a no purchase order no pay process as well as strengthening our engagement with NHS Shared Services.

The RFID(?) businesses case was approved by Trust board in Quarter 4 of 2019-20 with the product being procured in March 20. The project plan is to implement the RFID system during 2020-21 across the whole of Wales.

The EMS Demand & Capacity Review, which was completed in 2019/20, provided the Trust with a range of industry benchmarks, which are being built into the benefits programme that has emerged from the Review (an approach we expect to repeat in 2020/21 with the NEPTS Demand & Capacity Review).

Strategic Priority 10 – Use of our estate and fleet

A key estate development in 2019/20 was work in the replacement of Blackweir (Cardiff) ambulance station. The Full Business Case (FBC) for the development of Cardiff Area Ambulance Station (Merton House) to replace the existing reporting station at Blackweir was approved by Trust Board on 21 Nov-19 and by Welsh Government on 22 Jan-20 for an investment of £7,959M. An open tender process was followed and as a result of an assessment of the quality submission of tenders returns, John Weaver Construction Ltd was selected as the preferred contractor. The acquisition of Merton House and associated land took place on 28 Feb-20 and the official start date on site is 13 Jul-20.

Other key areas of estate progressed in 2019/20 include: an Outline Business Case development for the South East Fleet Workshop was approved by Trust Board during 2019/20 and submitted to Welsh Government for consideration; and completion of Training & Development facility within Ty Elwy, North Wales.

Work commenced in 2019/20 on reviewing and refreshing the Estate's Strategic Outline Programme (SOP) which included engagement with key stakeholders and the development of a prioritisation framework. Further consideration is to be given to the EMS and NEPTS Demand & Capacity Reviews and their impact on the SOP with refresh work being completed 2020/21. The Trust has identified that the already high utilisation of the estate is a significant barrier to delivering the recommendations from these reviews.

As at 31 March(check) the Trust had 778 vehicles in its fleet:-

VEHICLE ROLE	NUMBER
EMERGENCY AMBULANCES (INCLUDING UCS + NEONATAL)	266
RAPID RESPONSE VEHICLES	142
NON EMERGENCY PATIENT TRANSPORT SERVICE	283
SPECIALIST VEHICLES (ALL OTHER VEHICLES)	87
TOTAL	778
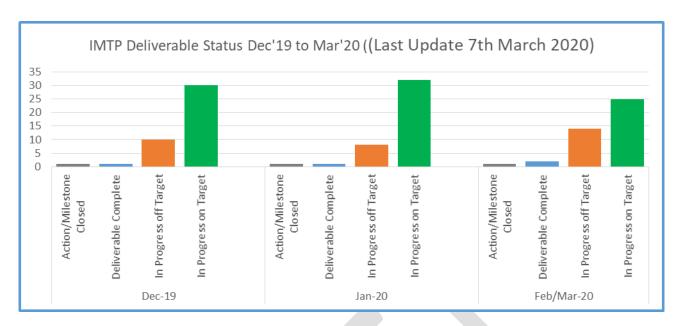
The Trust has one of the most modern and well-equipped fleets in the UK thanks to continued support from Welsh Government. A key action for the Trust in 2019/20 was to ensure the second year plan of the Welsh Government endorsed 10 year SOP for the Trust's fleet delivered what had been agreed. Capital investment for the Trust's fleet provided by Welsh Government totalled some £13,586m, which was used to procure a range of replacement vehicles in line with our SOP.

Wherever possible the Trust is reducing its carbon footprint especially in the Fleet Department. As part of the £13,586M vehicle replacement programme the Trust replaced 25 diesel powered Rapid Response Vehicles (RRVs) with ultra-low emission, self-charging petrol hybrid variants. These vehicles along with all NEPTS vehicles replaced in 2019/20 are fitted with solar panels that negate the need for shore-line charging from the mains supply.

The Fleet SOP will undergo detailed review in 2020/21 linked to the EMS Demand & Capacity Review and NEPTS Demand & Capacity Review.

IMTP Deliverables – In support of the delivery of the LTS and IMTP the Trust has 42 IMTP key deliverables which it regularly monitors progress against.

Due to CoVID-19 a year end position i.e. at the 31 Mar-20, was not completed this year, however, the position as at 07 Mar-20 was as follows:-

IMTP Deliverable Status Dec'19 to Mar'20 ((Last Update 7th March 2020)

Feb/Mar-20	Action/Milestone Closed	1
	Deliverable Complete	2
	In Progress off Target	14
	In Progress on Target	25

The detailed rating for each of the 42 IMTP Key deliverables is shown overleaf:-

S.no	Theme	Deliverable	Dec-19	Jan-20	Feb-20
1	Delivering Excellence	Develop and approve a WAST Public Health Plan	In Progress on Target	In Progress on Target	In Progress on Target
2	Delivering Excellence	Continue expansion of APP role (if funded and agreed with commissioner)	In Progress on Target	In Progress on Target	In Progress on Target
3	Delivering Excellence	Evaluate and implement APP/non medical prescribing framework	In Progress on Target	In Progress on Target	In Progress on Target
4	Delivering Excellence	Complete rollout of 111 service across Wales	In Progress on Target	In Progress on Target	In Progress off Target
5	Delivering Excellence	Articulate Opportunities to be caller handler of choice	In Progress on Target	In Progress on Target	In Progress on Target
6	Delivering Excellence	Deliver full benefits of the NEPTs business case	In Progress on Target	In Progress on Target	In Progress on Target
7	Delivering Excellence	Complete transfer of work from Health Boards and Trusts	In Progress off Target	In Progress off Target	In Progress off Target
8	Delivering Excellence	Design and implementation of improved booking and call taking processes and procedures	In Progress on Target	In Progress on Target	In Progress on Target
9	Best Care & Outcomes	Deliver on the EMS commissioning intentions	In Progress on Target	In Progress on Target	In Progress on Target
10	Best Care & Outcomes	Deliver NEPTs commissioning intentions	In Progress on Target	In Progress on Target	In Progress on Target
11	Best Care & Outcomes	Review of approach to station cleaning	In Progress off Target	In Progress off Target	In Progress off Target
12	Best Care & Outcomes	Implement the recommendations of the Amber review	In Progress on Target	In Progress on Target	In Progress off Target
13	People	Approve & Implement a HWB Strategy	In Progress off Target	In Progress off Target	In Progress off Target
14	People	Approve & implement a transforming education strategy	In Progress on Target	In Progress on Target	In Progress on Target
15	People	Implement the approved Leadership & Management Strategy	In Progress on Target	In Progress on Target	In Progress on Target
16	People	Refresh our commitment to volunteering	In Progress on Target	In Progress on Target	In Progress on Target
17	Whole System Engagement	Develop a Trust engagement plan	In Progress on Target	In Progress on Target	In Progress off Target
18	Whole System Engagement	Ensure full engagement in preparations for the go live of a major trauma network for South Powys and South Wales on the 01 April 2020	In Progress on Target	In Progress on Target	In Progress on Target
19	Whole System Engagement	Delivering a targeted and effective programme of schools and community engagement	In Progress off Target	In Progress on Target	In Progress off Target
20	Whole System Engagement	Articulate and start to deliver a transfer and repatriation service to support Health Board strategic service change	In Progress off Target	In Progress off Target	In Progress off Target
21	Technology & Innovation	Develop a Digital transformation strategy	Action/Milestone Closed	Action/Milestone Closed	Action/Milestone Closed
22	Technology & Innovation	Develop specification and business case for new NEPTs CAD system	In Progress on Target	In Progress on Target	In Progress off Target
23	Technology & Innovation	Develop access to services online and through internet applications	In Progress on Target	In Progress on Target	In Progress on Target
24	Technology & Innovation	Secure approval for the procurement of the EPCR	In Progress off Target	In Progress off Target	In Progress on Target
25	Technology & Innovation	Utilise technology to improve communication with staff	In Progress on Target	In Progress on Target	In Progress on Target
26	Technology & Innovation	Utilise video and other technologies to enhance the way our services are accessed	In Progress on Target	In Progress on Target	In Progress on Target
27	Technology & Innovation	Launch and develop the WIIN platform (WAST Innovation and Improvement Network)	In Progress on Target	In Progress on Target	In Progress on Target
28	Technology & Innovation	Review of next priorities from estates SOP and development of cases for capital funding	In Progress on Target	In Progress on Target	In Progress off Target
29	Technology & Innovation	Delivery of an MRD for Cardiff and new work shop for south east region	Deliverable Complete	Deliverable Complete	Deliverable Complete
30	Technology & Innovation	Modernisation of our fleet	In Progress off Target	In Progress off Target	In Progress off Target
31	Technology & Innovation	Improve the capture sharing & utilisation of information through implementation & rollout of Qliksense & Optima	In Progress off Target	In Progress off Target	In Progress on Target
32	Quality at the Heart	Develop and approve Older People's Framework	In Progress on Target	In Progress on Target	In Progress off Target
33	Quality at the Heart	Engage and involve users with sensory loss to improve accessibility	In Progress on Target	In Progress on Target	In Progress on Target
34	Quality at the Heart	Implementation of the Mental Health and Dementia Improvement Plan	In Progress on Target	In Progress on Target	In Progress on Target
35	Quality at the Heart	Deliver prioritised actions of the Carter Review	In Progress on Target	In Progress on Target	Deliverable Complete
36	Quality at the Heart	Roll out Trusts Falls Framework	In Progress on Target	In Progress on Target	In Progress on Target
37	Value & Efficiency	Explore opportunities for further work with ICHOM and the Bevan Commission	In Progress on Target	In Progress on Target	In Progress on Target
38	Value & Efficiency	Maintain strong links with the other UK nations to enable sharing of best practice and collaborative work	In Progress on Target	In Progress on Target	In Progress on Target
39	Value & Efficiency	Improve understanding of cost base and cost behaviour, including benchmarking based on outcomes as well as costs	In Progress on Target	In Progress on Target	In Progress on Target
40	Value & Efficiency	Maximise procurement efficiencies	In Progress on Target	In Progress on Target	In Progress on Target
41	Value & Efficiency	Improve efficiency in stock inventory and asset tracking, through RFID	In Progress off Target	In Progress off Target	In Progress on Target
42	Value & Efficiency	Deliver an improvement in resource availability levels	In Progress off Target	In Progress off Target	In Progress off Target

2. Performance Analysis

2.1   Measuring and Monitoring Progress on Performance and Delivery

The Trust prides itself on being amongst the most transparent ambulance services in the World in terms of performance.   Every month key statistics on performance are published by Welsh Government, and performance is recorded against the relevant indicators outlined in the NHS Delivery Framework for Wales. EASC publishes a comprehensive set of AQIs on a quarterly basis (suspended for Quarter 4 due to CoVID-19 response) and at every Board meeting the Trust Board receives a range of reports considering quantitative and qualitative information on progress against the IMTP and performance metrics.

Internally, the Trust closely monitored progress against the IMTP the key components of which were:
- 10 IMTP priorities;
- 42 IMTP key deliverables, each assigned to a Director lead;
- a suite of performance indicators; and
- achievement of a balanced financial plan.

A new approach to IMTP delivery was agreed as finalising our 2019/20 plan with a new Strategic Transformation Board (STB) established in 2019/20 supported by an overhauled and updated Quality & Performance report, which is reported to each Board (and monthly to Executive Management Team). The IMTP is underpinned by Directorate Local Delivery Plans (LDPs) and a Planning & Performance Management Framework. The Framework is due for review and was identified as needing review in the 2018 Structured Assessment. Due to other priorities this work was not commenced until quarter 4 2019/20 and was then stopped due to CoVID-19, nevertheless a significant amount of work has been undertaken on planning and performance within the Trust.

2.2   Performance against NHS Delivery Framework

The NHS Delivery Framework sets out a range indicators against which the Trust is measured by Welsh Government. Performance against these indicators is discussed at the 6-monthly Joint Executive Team (JET) meetings between the Trust and Welsh Government officials. The Jun-20 2019/20 year end JET did not occur this year, due to the CoVID-19 response; however ,the Trust has produced the information for these JET indicators, so it can report a year end position. The table below summarises the year end performance, and shows that there are 17 measures where the target has been achieved, 2 where delivery has been within 5% of target and 13 where the target has not been delivered. This is an improvement on the previous year. More detailed information on the majority of these indicators is found in the following sections of this Performance Report.

NHS Delivery Framework 2019/20 Domain	No. of Measures where target delivered	No. of measures where delivery has been within 5% of the target	No. of measures where the target has not been delivered	Domain RAG	Delivery Measure	Delivery Measure RAG
Staying Healthy	0	0	1	R	Uptake of the influenza vaccination amongst healthcare workers (direct patient contact)	R
Safe Care	3	0	4	R	Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales	R
					% serious incidents assured within the agreed timescales	R
					Number of Never Events	G
					Number of administration, dispensing, and prescribing medication errors reported as serious incidents	G
					Number of patient falls reported as serious incidents	G
					Amber Calls – 95th percentile response time	R
					Red Calls – 95th percentile response time	R
Effective Care	5	0	2	G	% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework	G
					% calls ended following WAST telephone assessment (hear & treat)	G
					% patients conveyed to hospital following a face to face assessment	G
					Number of Health and Care research Wales clinical research portfolio studies	G
					Number of Health and Care research Wales commercially sponsored studies	R
					Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	G
					Number of patients recruited in Health and Care Research Wales commercially sponsored studies	R
Dignified Care	0	0	2	R	% of concerns that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation	R
					% of NHS employed staff completing dementia training at an informed level	R
Timely Care	6	1	3	G	% of emergency responses to red calls arriving within (up to and including) 8 minutes	G
					Amber calls – median response times	R
					% NHSDW calls answered within 90 seconds of the welcome message	R
					% 111 calls answered within 60 seconds of the end of the message	R
					Median 999 Call answer times	G
					65th Percentile 999 Call answer times	G
					95th Percentile 999 Call answer times	G
					% stroke patients documented as receiving appropriate stroke bundle of care	A
					% patients with fracture hip/femur who are documented as receiving analgesia	G
					% acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle	G
Staff and Resources	3	1	1	G	Financial balance	G
					% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc. Doctors and dentists in training)	R
					% staff who are undertaking a performance appraisal who agree it helps them improve how they do their job	-
					Overall staff engagement score	-
					% compliance for each completed Level 1 competency within the Core Skills and Training framework by organisation	G
					% sickness absence rate of staff	G
					% staff that would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	-
					Emergency Ambulance Unit hours production	A

2.3 Performance against Commissioning Intentions

Because the Trust is a commissioned organisation receiving the bulk of its funding from EASC, the Trust is also required to report on a range of EASC commissioning intentions. In collaboration with Welsh Government and EASC the Trust has also agreed to report on 17 key EMS commissioning intentions at the JET meetings, with the expectation that in future years NEPTS will also be included.

Whilst the Trust reports at JET on these top EMS commissioning intentions, the Trust has a more extensive set to deliver on each year. The commissioning intentions are split across three types: commissioning framework improvements (referred to as table 1a), performance improvements (referred to as table 1b) and joint intentions with health bards (referred to as table 2). A summary of progress on these is set out in the following table:-

	EMS Table 1a	EMS Table 1b	EMS Table 2	NEPTS Table 1a
Complete	7	8	1	7
On-target	0	3	0	0
Off-target	5	5	3	20
Significantly off-target	0	8	1	2
Re-programmed	0	2	0	0
Total	**12**	**26**	**5**	**29**

The detail behind this table has been provided to the National Collaborate Commissioning Unit (NCCU) which supports EASC and is available on request. There is no table 1b and 2 for NEPTS in 2019/20.

2.4 Strategic Priority 1 – Help Patients and Staff Stay Healthy

Strategic Priority 1 Key Deliverables 2019-22
- Develop and implement a Public Health Plan
- Develop an Older Person's Framework, strengthening our role in supporting frailty, loneliness and isolation
- Collaborate with Health Boards to develop a range of referral pathways
- Support resilient communities through programme of engagement and education

The Trust was successful in application for Healthier Wales funding to develop and implement key leadership and support roles to deliver our Older Person's improvement ambitions. In Jan-20, an Improvement Lead for Older People was employed within the Trust. An engagement plan was developed which was a wide collaborative engagement plan across WAST workforce, local authorities, health boards, older people and individuals. The plan was to be rolled out from Mar-20 – Aug-20 with a launch of the Framework on Older Persons' Day in Oct-20. Due to the CoVID-19 pandemic this has been reviewed and will commence with a workshop at the Older Persons Steering Group in Jul-20. Engagement with Stakeholders will mostly now take place digitally and there will be number of sessions live Facebook for discussions with staff. Learning from the Pandemic in relation to Older People will also be considered within the framework. The main headings of Older Persons Framework will be Co-production, Falls, Clinical, CoVID-19, and Workforce. Each area has a number of themed topics and issues within which have already been identified as continued areas in need of improvement or concern to Older People across the Trust. Frailty is a specific area which is having a clinical focus as there is a need to address this across the Trust in all areas including education. A Frailty Tool is currently being rolled out across the Trust being lead clinically by a Reginal Clinical Lead (North Wales). There are also key developments around loneliness and isolation in a co-produced manner which will be focused upon with the aim of improving options to assist Older People across Wales.

2.5 Strategic Priority 2 – Help patients more easily access our services at the right time

Strategic Priority 2 Key Deliverables

Engage and involve users with sensory loss to improve accessibility
Utilise video and other technologies to enhance the way our services can be accessed
Develop access to services online and through internet applications, including online portal for NEPTS bookings, linked to hospital systems

Patient feedback received from people living with a sensory loss has continued to follow recurring themes:-

- Deaf BSL users want to communicate with us in their language of choice – BSL. They would appreciate it if our staff only knew some basic signs that could be used to reassure them;
- A better system is required to allow people living with a sensory loss to complain or give feedback about their experience;
- An accessible system that allows someone with a sensory loss the ability book, amend or query a non-emergency transport booking is needed;
- Awareness needs to be raised about how to support an assistance dog user; and
- We need to produce information about our services in more accessible formats.

These themes are still relevant and continue to be the main areas of feedback and concern that the Trust is continuing to work to address.

The Trust has made progress on the utilisation of video and other technologies to enhance the way our services can be accessed. The NHS Direct Wales website was rebranded to NHS 111 Wales in Mar-20. A number of new developments and features were included within the website:-

- Increased the number of online self-assessment symptom checkers from 28 to 32;
- Facilitated the development of a CoVID-19 section including the creation of a chat-bot to enable users to ask questions instead of following a self-assessment algorithm;
- Created a range of new public resources that included;
- 'seven vital signs' a leaflet that explains tests our emergency staff do when responding to patients;
- a 'mental health services' information leaflet;
- a video explaining how we respond to calls '999 – What happens next';
- a new section on 'dementia' that included a wide range of information for those living with dementia, their families and friends; and
- A dedicated 'easy read' section with range of pictorial and easy read resources.

Over the course of 2019/20 much work has been undertaken to promote and encourage remote NEPTS bookers to make bookings through the web based cleric system. The NEPTS system team supported by local management have been actively promoting online systems and have delivered training sessions to numerous sites, particularly in West & Mid Wales. As a result good progress has been made on increasing the proportion of bookings being made through online systems. In addition, all discharge desks operating now work through the online ebooking system primarily.

2.6 Strategic Priority 3 – Provide Right Care in the Right Place, wherever and wherever it is needed

> **Strategic Priority 3 –**
>
> Complete roll out of 111 service across Wales, and formalise role as provider
>
> Articulate opportunities to be call handler of choice
>
> Continue expansion of the Advanced Practitioner Paramedic role (if funded and agreed with commissioner)
>
> Roll out Trust's Falls Framework
>
> Evaluate and implement APP / non-medical prescribing framework (if funded)
>
> Implement Mental Health and Dementia Improvement Plans
>
> Secure approval for and procurement of the Electronic patient clinical record system
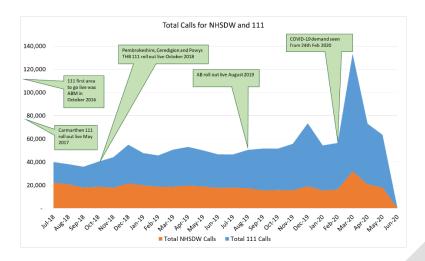
111 is a free-to-call non-emergency clinical advice line that is amalgamating NHS Direct Wales and GP Out of Hours (GP OoHs) across Wales. A national 111 Programme Board has been established to oversee implementation of the service which has been rolled out within four Health Board areas (Swansea Bay, Aneurin Bevan, Hywel Dda and Powys, and also the Bridgend locality which now sits within Cwm Taf Morgannwg). The 111 service is a core component of the Trust's longer term ambitions regarding the delivery of 'Hear & Treat' services and virtual clinical triage. While the successful rollout across Wales must be the immediate priority, we also see the 111 service being a key piece of the jigsaw in the first point of contact for accessing services review.
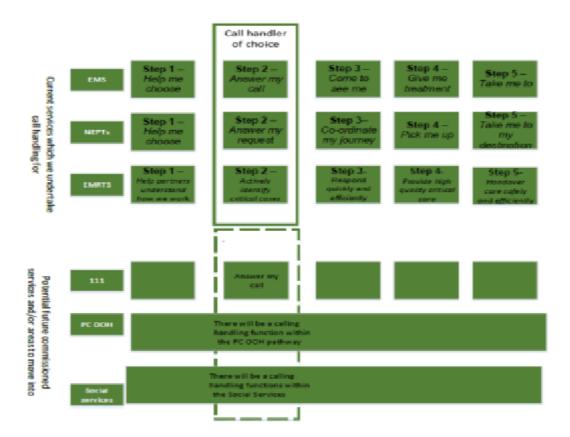
The expansion of 111 continued in 2019/20 with the full 111 service going live in Aneurin Bevan University Health Board and as part of the Trust's initial CoVID-19 response, the 111 number live across all of Wales, but not the full service. Subject to the demands of CoVID-19 the roll out will continue into 2020/21, but the original strategic plan for the roll out of 111 included a dedicated pause in 2020 to allow the implementation of the necessary ICT infrastructure. A new integrated digital solution for the 111 and GP OoHs across Wales. To this end, during 2019/20 the Trust has been heavily engaged in the procurement of the new joint national system. This will need further capital investment and support from Welsh Government for which an Outline Business Case has already been agreed in principle. Working with the National Programme, the Trust will support the development of the Full Business Case to reach a successful conclusion to the current procurement process during 2020/21.

Total Calls for NHSDW and 111

The Trust is the host of 111 not the provider, but in 2019/20 with regard to the Trust Provider Status it has been confirmed that the Trust will be the provider of 111 services on behalf of NHS Wales and will have Contracting Authority Status under the Public Contracts Regulations 2015, with timescales for transition from the National Programme to be agreed over the next 18-24 months. This status will underpin our unique position across Wales as not only an emergency service and transport provider but also as a key healthcare provider. This will allow us to better join up GP OoHs and 111 with the other two key services which we already provide: NHS Direct Wales/111 and our 999 emergency service to support urgent primary care services and the pre-hospital primary care system.
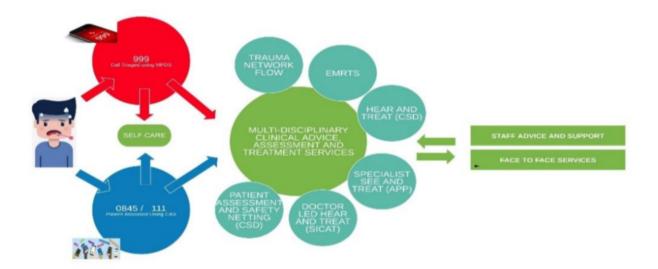
In 2019/20 the Trust commenced its exploration of call handling as a discrete service provision under the umbrella of the wider function of the ambulance service, the opportunities available to the Trust and system as well the enablers which would be required to move to a more holistic view of call handling services. The work undertaken in 2019/20 identified opportunities to realise the following benefits, which we want to explore in more detail:-

- Supporting people in getting the right information in their first and only call and maximise the chances of them staying and/or receiving care in their home;
- Improving our ability to provide unscheduled care services wherever and whenever it is needed; and
- Increasing our ability to co-ordinate all of the journeys a patient might need whether that be emergency conveyance, repatriations, discharges or planned appointments, and improving patient experience by knowing they are at all times dealing with one organisation and point of contact.

All those call handling and assessment services currently provided by the Trust are underpinned by a clinical function. In 2019/20 the Trust undertook a comprehensive review of these services.

During 2019/20 the Trust also undertook a CCC Clinical Review. This was not an original key deliverable for 2019/20, but a request of the new Director of Operations. The Review explored what opportunities there are for improvement, reform and change within the CCC, from a clinical perspective. The Review made 25 recommendations. Its recommendations, if enacted, will facilitate the Trust's transition from the current disparate and, often independent, clinical functions, to a Clinical Hub characterised by co-ordinated and integrated services which seamlessly stream the patient to the clinical function best able to meet their urgent or emergency healthcare needs, whether that be clinical advice, assessment or tele-health services, irrespective of the number used to access care. In Mar-20 the Review was co-opted into the EMS Demand & Capacity Review Programme because of the link to the programme's ambition to increase the hear & treat rate; however, the Review's recommendations covered a range of areas, for example: governance, education, people and human resources, technology and estate.

As this work is finalised and completed in year 2 of the plan, work will then begin in terms of our longer term ambitions to use our knowledge and experience to potentially integrate other numbers used to access care (e.g. helplines, social care), and also to expand the range of clinicians who are brought together in the clinical hub to maximise opportunities to respond to patients' needs.

Following the success of the North Wales Pilot in 2018/19, the numbers of APPs employed within the Trust continue to grow. 2019/20 saw, supported by HEIW, 24 Paramedics undertake full-time MSc studies with guaranteed positions at the end of successful completion. From August 2020 these staff will become part of the establishment to contribute to an increase in safer care closer to home. In addition, HEIW have supported part-time studies for a number of Paramedics who wish to progress to APP roles. In 2019/20 HEIW agreed that funding could be used to support bridging modules, to enable paramedics who may not have had the opportunity previously, to access higher education at level 6 and 7 to enable them to then apply for future funded MSc places.

APPs continue to support the out of hours primary care service in Hywel Dda through a funded rotation and in North Wales, 2019/20 saw a team of APPs begin a rotation through primary care as part of a Welsh Government funded Pacesetter scheme which will run until the end of Mar-22. In Swansea Bay, Paramedics rotate into GP Out of Hours with the plan that this is continued with a group of APPs from winter 2020. In Aneurin Bevan University Health Board APPs are funded to support 'managed' GP practices. Rotational working between CCC and operational duties is still the clinical vision within the Trust, with the APP role in CCC requiring further development.

As a result of the Trust's work on APPs (and other initiatives like Band 6 Paramedic and pathways), in 2019/20 the Trust conveyed less than half 45.3% (48.6% in 2018/19) of our patients to major Emergency Departments.

Conveyance to Major ED

Legend: Conveyance to Major ED (orange) | Total Verified Incidents (yellow) | % Total Verified Incidents Conveyed to Major ED (green line)

During 2019/20, the Trust received 60,706 verified incidents which were classified as a fall equating to around 166 incidents across Wales per day. A total of 45,726 incidents, required a response to scene. The way we respond to falls is undergoing a significant transformation, and much of this is as a result of listening to the families and carers of people who have fallen, alongside our engagement with frontline clinicians both working operationally and within the Clinical Contact Centre. The development of the Falls Framework and the Falls Response Model are an important step towards achieving a safe, appropriate and consistent response across Wales for our patients who have fallen.

During the period of 2019/20 the Trust has continued to roll out the role of the Falls Assistant (FA), in collaboration with St John Ambulance Cymru (SJAC). This ensures patients who have a non-injurious falls receive a timely response and assessment which is further supported by Clinicians within the Clinical Contact Centre. A further FA team was introduced through funding from the Gwent Regional Partnership Board and the Integrated Care Fund within the Aneurin Bevan area, operating by night. Challenges have existed with regards to the implementation of the Falls Assistant within Betsi Cadwaladr and Powys throughout the year due to increasing operational pressures and the increased utilisation of SJAC across the wider organisation. It is anticipated that the Trust will continue to roll out the Falls Assistant to the remaining two health boards across Wales (Besti Cadwaladr and Powys) by July 2020.

In Sep-20, the Trust trialled a specialist Falls Clinical Support Desk which was staffed by a clinician (Nurse/Paramedic) and an allocator/dispatcher. The concept was focused on providing a designated desk to identify suitable incidents, clinically triage to assess suitability and operationally manage and support Falls Response capable resources. Following a comprehensive evaluation, the utilisation of falls assistants had increased throughout the trial period. The mean average utilisation during the period of Apr-19 to Sep-19 was 37%, but during the 2nd week of the trial the utilisation had reached a high of 51%. Following the positive evaluation, we are now examining opportunities to further develop the Hear and Treat and Clinical Contact Centre processes.

During Feb-20, the Trust successfully appointed the Improvement Lead: Falls, to lead the exciting programme of work around the implementation of the Falls Framework and Falls Response Model. During 2020/21, alongside the Older Persons' Strategy the Trust will undertake widespread engagement to develop a Falls Improvement and Delivery Plan to further enhance the response, assessment and prevention elements of the Falls Framework.

In terms of UK ambulance services, WAST continues to lead the way regarding the adoption of Independent (non-medical) Prescribing for Paramedics within the APP workforce. 2018/19 saw the development and approval of the required governance framework and internal policy to support non-

medical prescribing within WAST. In the same year, the first five prescribers, supported by HEIW funding, completed their courses and began to deploy their skills in practice. In addition, 2019/20 saw a further five prescribers begin their training, this has been affected by the response to COVID19, but all candidates are due to complete their training with the support from participating universities and their practice mentors.

An evaluation of the first wave of prescribers will examine the benefits of this new level of service to both WAST and the wider unscheduled care arena. Continual analysis will shape the future of this new role in Paramedic professional practice within WAST. Paramedic prescribing is new, dynamic and requires time to enable the Trust to learn about the implications of this cutting edge role.

We have made good progress in delivering our mental health and dementia improvement plans. With regard to our workforce the Trust has:

- Launched a mental health portal:
  - The bilingual portal is accessible from any device, anywhere, any time. The portal aims to provide staff with information and resources around mental health and wellbeing; from advice for managers to self-assessment quizzes and access to online therapy; and
  - The portal can be accessed via the QR code which has been distributed across the Trust sites in the form of vinyl stickers, key fobs, magnets, posters and lapel pins.

- Reduced stigma and encouraged people to come forward for help:
  - Our #WASTKeepTalking campaign has continued to grow throughout the organisation. We released further videos of staff sharing their personal experiences and struggles with mental health to educate and inspire colleagues across the Trust, and to help us reduce stigma and improve help seeking.

- Achieved award nominations and recognition:
  - The Mental Health and the Workforce and OD teams were given a 'highly commended' award from the Chartered Institute of Personnel and Development, recognising the work that we have done collectively to embed a culture of workplace wellbeing.
  -
- Organised a Trust World Mental Health Day:
  - The Mental Health and Dementia Team organised events across Wales to celebrate World Mental Health Day, October 10th 2019. These events were successful in raising awareness of projects and work streams relating to both staff wellbeing and patient centred care including the #WASTkeeptalking mental health and wellbeing portal, suite of mental health and dementia e-learning modules and a brand new addition to the #WASTkeeptalking video series.

- Worked on dementia in our workforce
  - We have commenced work with our Workforce and OD colleagues to explore how we improve messaging to staff on healthy lifestyles that protect people against developing dementia. We are also exploring how our policies and practices might need to adapt to an ageing workforce in the future

And we have improved our practices:-

- Improved dementia awareness for our staff:

- o We have been developing a range of new dementia awareness sessions for our staff. People living with dementia and their carers encourage us to continually learn about dementia and its impact.

- Online Mental Health and Dementia learning:
  - o Our e-learning modules have been developed internally and are targeted at front line WAST staff, to improve knowledge and understanding of a number of issues including supporting people with dementia, suicide, self-harm, substance misuse and dementia. These modules will also be available in Welsh in coming months.

- Suicide First Aid:
  - o Face to face training for staff has continued and we will be ramping up our training in this and next year by having in-house trainers in place.

- Bespoke learning:
  - o We continue to offer bespoke learning opportunities for our staff across Wales, for all levels and new/existing staff;
  - o We have been supporting the development of the new paramedicine degree programme at Swansea University starting in 2020.

With regard to our patients and public engagement in 2019/20 we:-

- Involved the public in our work:
  - o People who have dementia are involved in our work, from delivering training with us through to helping us think about the ambulance fleet more dementia friendly;
  - o We have started to replicate this in our broader mental health work programmes, by exploring how we improve service user representation in our meetings and at training events.

- Organised celebration and Learning events:
  - o We held Dementia Celebration and Learning events across Wales, which brought together a range of dementia groups and partners to celebrate the achievements and outcomes of our dementia programme. We also used this opportunity to engage people about the next phase of our dementia plan, in line with the National Dementia Plan for Wales. The events provided an opportunity for people living with dementia and their carers to influence our dementia values and priorities for the future.

- Dementia Friendly Environments
  - o People living with dementia and their carers often tell us that ambulance environments can be stressful. Over the last year we have been engaging with a range of dementia groups and communities across Wales to provide familiarisation opportunities;
  - o This has allowed people to feedback to us on the equipment we use, lights, colours and noises on the vehicles, which has helped us understand the sensory needs and requirements of people living with dementia.

- NHS Dementia Guide
  - o A new All Wales bilingual information resource launched on the NHS 111 Wales website www.111.wales.nhs.uk/LiveWell/Dementia. The guide is a comprehensive introduction and overview of dementia, symptoms, diagnosis and treatments. The

guide provides effective signposting to a range of additional specialist organisations, charities and other sources of information.

- Dementia work recognised at an International level
    - The Welsh Ambulance Service has been chosen to showcase our innovation and action on dementia, in partnership with ITN and Alzheimer's Disease International in the programme 'Hope in the Age of Dementia'. The programme will include best practice from around 14 other countries.

Following submission of our OBC in Quarter 3 2019, Welsh Government commissioned an independent feasibility study. The study was to determine if an NHS Wales electronic patient clinical record (ePCR) solution could be designed and delivered in-house, either within the Trust or by the NHS Wales Informatics Service. The study was completed in December 2019 and concluded that, it was not feasible at this time due to the significant additional time, cost and risk that developing bespoke software would bring to the project. The findings of the study were accepted in Jan-20 and the WG provided endorsement for WAST to proceed to develop a Full Business Case (FBC) which involves undertaking a procurement exercise to identify a preferred ePCR supplier from a framework, which will give the Trust access to actual product costs of a commercial solution to build our Full Business Case. The work has been slowed due to the effort required in our pandemic response, but recognising the importance of this solution, the business case development is now back on track, with a plan to be complete by August 2020.

2.7 Strategic Priority 4 – Continue to Provide the Best Possible Care Outcomes and Experience to our Patients of our Core Service

Strategic Priority 4 –

EMS

Deliver EMS commissioning intentions

Implement recommendations of the Amber review

Collaboration and co-production with Commissioner and Health Boards on delivery of a 5 year Demand and Capacity Review

Deliver prioritised actions from the Carter Review

NEPTS

Deliver NEPTS commissioning intentions

Deliver full benefits of the NEPTS Business Case

Complete transfer of work from Health Boards and Trusts

Design and implementation of improved booking and call taking processes and procedures

Articulate and start to deliver a transfer and discharge model/service for Wales

The Trust is required to deliver on commissioning intentions across three types: commissioning framework improvements (referred to as table 1a), performance improvements (referred to as table 1b) and joint intentions with health bards (referred to as table 2). A summary of progress on these is set out in the following table:-

	EMS Table 1a	EMS Table 1b	EMS Table 2	NEPTS Table 1a
Complete	7	8	1	7
On-target	0	3	0	0
Off-target	5	5	3	20
Significantly off-target	0	8	1	2
Re-programmed	0	2	0	0
Total	**12**	**26**	**5**	**29**

The detail behind this table has been provided to the National Collaborate Commissioning Unit (NCCU) which supports EASC and is available on request. There is no table 1b and 2 for NEPTS in 2019/20.

The commissioning intentions are a mix of developments and performance measures. Performance on the key headline metrics is as follows.

35,934 ambulances were not dispatched as a result of calls being closed by the Clinical Service Desk, compared to 34,965 in 2018/19. The commissioning intention was to improve (achieved), but the Trust's internal ambition was to achieve a 12% level of hear & treat in 2019/20. The EMS Demand & Capacity Review (see below) undertaken in 2019/20 identified a benchmark rate of 10.2%, which is dependent on the Clinical Services Desk reducing the time spent on "safety netting" patients and focussing on suitable hear & treat incidents (reducing "safety netting" is dependent on reduced pressure in the unscheduled care system, improve efficiency or more capacity).
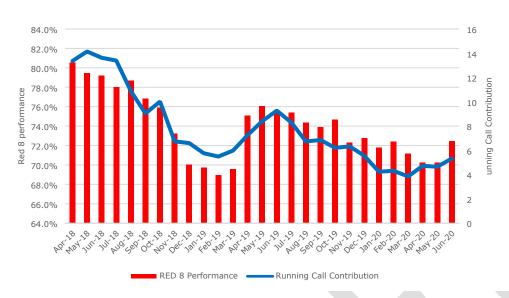
The Trust maintained RED 8 minute performance above the 65% Welsh Government target for nine months in 2019/20. Nov-19 was the first time since the implementation of the Clinical Response Model in Oct-15 that the Trust's RED performance fell below the 65% target. This happened again in Dec-20 before a combination of incentivised overtime and a focus on handover lost hours at a number of key hospital sites across Wales increased the ambulance hours produced and reduced lost hours to handover. In Mar-20 RED performance again dipped just under the 65% target as the impact of CoVID-19 began to be felt (it has subsequently recovered in the first quarter of 2020/21).

RED performance has been on a gradual downward trend for some time, something that the Trust was expecting from its demand and capacity work i.e. as demand has increased and capacity has reduced (there were unprecedented levels of handover lost hours in 2019/20); nevertheless the Trust went into a period of "enhanced monitoring" with the NCCU on our Red performance. The Trust responded by producing a comprehensive Red Improvement Plan, which was monitored weekly by the Director of Operations, until the onset of the CoVID-19 response. The vast majority of the actions in the Red Improvement Plan were delivered along with the incentivised overtime and focus on key hospital sites mentioned above.

During 2019/20 the Trust made the clinically correct decision to change its CCC call answering process for Red calls. As a result RED demand increased by 20% (comparing May-19 to Mar-20 with the same period in 2018/19). The Trust participated in a levelling exercise held with the Medical Prioritisation Dispatch System (MPDS) Academy at which the Trust received some advice that related to the application of MPDS. The issue centred on how a call taker responds to ineffective breathing. Whilst the following explanation is limited to the breathing problem chief complaint, the principle applies to other chief complaints. The initial 999 call is broken into segments. The impacted segments are Case Entry and Key Questions. The Trust received advice that if prompts for ineffective breathing are provided to the call taker during Key Questions, the call taker should exit Key Questions and return to Case Entry. When at Case Entry the call taker is to select ineffective breathing. Previously, the call taker would have remained in Key Questions which would likely have resulted in an AMBER response. This revised approach will result in a RED response. This increase in RED demand may
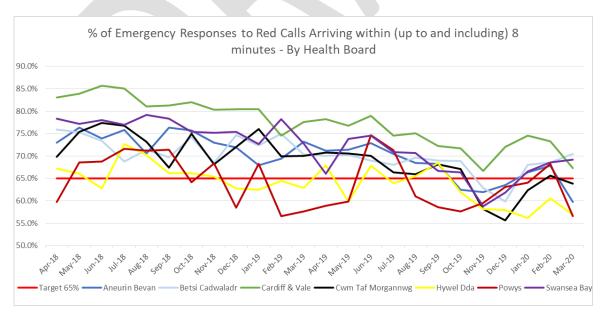
not therefore be indicative of a particular change in patient presentation, and neither is it related to an appropriateness of categorisation (as ineffective breathing should be Red).

Red 8 Performance and Contribution from Running Calls

In addition during 2019/20 the Trust saw a reduction in the number of "running calls" recorded (through increased consistency in the application of the standard / guidance). "Running calls" are incidents where an ambulance resource was passing or already on scene, which can therefore skew performance in terms of the Trust's dispatch of ambulance resource to Red incidents.

There has also been variation in RED performance with Cardiff & the Value traditionally seeing the highest RED performance and Cwm Taf Morgannwg, Hywel Dda and Powys health boards sometimes being below the 65% target, in Hywel Dda's case the Trust did not achieve the 65% target in the second half of the year (see information on AMBER Review and EMS Demand & Capacity Programme below).

Because of the concern regarding longer waits in the Amber category, an independent review (the Amber Review) was requested by the CASC in 2018. The Amber Review concluded: "we have found
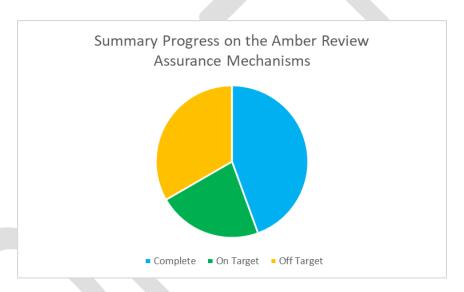
that there are a number of patients in the amber category that are waiting too long to receive a response. The overriding factor in improving this is the availability of ambulance resources and not the categorisation of these patients as amber."

The Review considered the factors affecting availability of ambulance resources. Many are within the Trust's ability to influence, and work has been on-going on actions to reduce sickness and abstraction levels, increase the level of responding response deployed within available resources and improve the efficiency and effectiveness of the resource deployed.

The Amber Review was published in Nov-18:-

http://www.wales.nhs.uk/sitesplus/documents/1134/NHS-Amber-Report-ENG-LR.PDF

Arising from the Review and under the direction of the NCCU, the Trust agreed to an Amber Implementation Programme, which contained nine recommendations with "assurance mechanisms" to be delivered by Nov-19. The pie chart below summarises progress on the recommendations and their assurance mechanisms.

Summary Progress on the Amber Review Assurance Mechanisms

■ Complete ■ On Target ■ Off Target

The bulk of the Amber Review Implementation Programme actions have been delivered. A key part of the Implementation Programme was the agreement "community breach". It was agreed that a wait of 12 hours or more for an ambulance would constitute a "community breach" and the Trust has subsequently reported these breaches.

Month	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	Grand Total
Patient Waits over 12 Hours in Hours																								
Apr-19	28	29	20	10	9	11	4	5	2	2														120
May-19	30	25	18	16	10	13	2	7		1														122
Jun-19	26	16	10	13	5	10	8	8		1					1									98
Jul-19	45	28	22	14	9	14	5	4	4	1		2	1	1	2	1	1							154
Aug-19	43	43	22	23	10	13	7	3	4	3			1											172
Sep-19	44	24	24	14	18	12	5	5	3	3	2	1		1		1							1	158
Oct-19	67	50	31	26	28	25	19	14	18	9	5	1	1	1					1					296
Nov-19	62	64	45	41	25	19	15	12	11	10	6	7	3	1	3			1						325
Dec-19	103	79	68	47	48	51	39	23	25	17	8	14	8	3	2	1	1		1	2				540
Jan-20	50	44	40	36	34	32	16	15	8	7	7	2		4										295
Feb-20	39	23	20	10	10	9	7	1	1		2	1	1	1										125
Mar-20	52	49	43	23	15	15	11	9	2	2	1	1	3		1									227
Grand Total	515	406	317	238	199	192	127	86	76	52	31	27	20	8	9	6	2	1	2	2	0	0	1	2317

There is a strong correlation between these breaches and lost capacity to handover delays, but the Trust also agreed to "dip sample" five long waits each month, always including the longest wait. This was due to start just as CoVID-19 hit, but will restart in Jun-20.
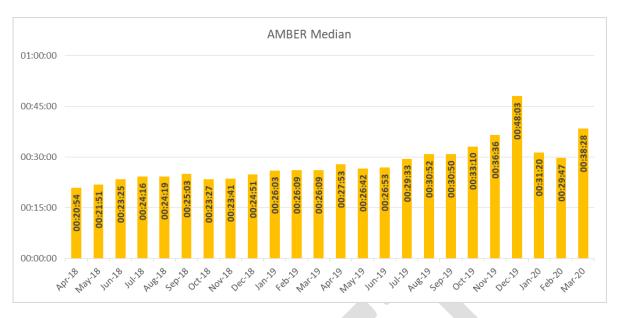
The collaborative and independent EMS Demand & Capacity Review was undertaken during 2019/20 with the full report going to Jan-20 EASC:-
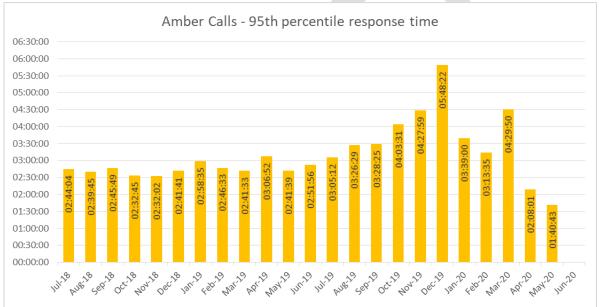
http://www.wales.nhs.uk/easc/january2020

The Review as the key strategic response to the Amber Review. The EMS Demand & Capacity Review identified a "relief gap" of 262.5 FTEs and a projected FTE requirement of 537.5 FTEs by Dec-24. It also identified a range of efficiencies for the Trust, including reducing abstractions from rosters, in particular, sickness absence, a reconfiguration of the CCC, various "shift left" initiatives, for example, increase hear & treat and see & treat and efficiencies in the wider unscheduled care system, for example returning handover lost hours to their 2018/19 levels. The Review's forecasting and modelling was predicated on a range of "performance parameters" collaboratively agreed with EASC, but these are not commissioning intentions or Welsh Government targets at this point in time. EASC has agreed to fund 136 additional FTEs in 2020/21 and an EMS Demand & Capacity Programme was established in Mar-20 with seven projects. The original position agreed with EASC (and funded) was to increase the number of FTEs by 46 in the period Dec-19 to Mar-20; however, the Trust was unable to deliver this increase with 21 being recruited with the balance being recruited and trained in 2020/21.

The Review provided the Trust with a wealth of information, including a range of industry benchmarks. WAST benchmarked comparatively well with three exceptions: abstractions from rosters (including sickness absence), return to base meal breaks lost hours and hospital handover levels (which is an issue for the unscheduled care system, rather than the Trust alone). A programme benefits framework was beginning to be developed when CoVID-19 hit, but will be completed during 2020/21, which can then be reported on each year. Benefits will include a targeted lower level of roster abstractions, improvements to post production lost hours (which includes return to base meal breaks) and for handover lost hours, see the information in the following paragraphs on the Ambulance Taskforce.

Whilst the Trust has made good progress on delivering actions arising from the Amber Review, in particular, the EMS Demand & Capacity Review, there will be a time lag before these actions impact on AMBER performance. This Performance Report highlights how response times to the AMBER category of patients have an underlying upward trend and unfortunately in Dec-19 the AMBER 95th percentile was 5 hours and 48 minutes, the highest the Trust has recorded.

AMBER Median

Month	Value
Apr-18	00:20:54
May-18	00:21:51
Jun-18	00:23:25
Jul-18	00:24:16
Aug-18	00:24:19
Sep-18	00:25:03
Oct-18	00:23:27
Nov-18	00:23:41
Dec-18	00:24:51
Jan-19	00:26:03
Feb-19	00:26:09
Mar-19	00:26:09
Apr-19	00:27:53
May-19	00:26:42
Jun-19	00:26:53
Jul-19	00:29:33
Aug-19	00:30:52
Sep-19	00:30:50
Oct-19	00:33:10
Nov-19	00:36:36
Dec-19	00:48:03
Jan-20	00:31:20
Feb-20	00:29:47
Mar-20	00:38:28

Amber Calls - 95th percentile response time

Month	Value
Jul-18	02:44:04
Aug-18	02:39:45
Sep-18	02:45:49
Oct-18	02:32:45
Nov-18	02:32:02
Dec-18	02:41:41
Jan-19	02:58:35
Feb-19	02:46:33
Mar-19	02:41:33
Apr-19	03:06:52
May-19	02:41:39
Jun-19	02:51:56
Jul-19	03:05:12
Aug-19	03:26:29
Sep-19	03:28:25
Oct-19	04:03:31
Nov-19	04:27:59
Dec-19	05:48:22
Jan-20	03:39:00
Feb-20	03:13:35
Mar-20	04:29:50
Apr-20	02:08:01
May-20	01:40:43
Jun-20	

Whilst not the only factor that influences performance, there is a strong correlation between handover lost hours and AMBER performance. The Trust lost 112,058 ambulance hours to handover, compared to 66,521 in 2018/19, which was already considered high.

On 15 Jan-20 the Minister for Health & Social Housing, Vaughan Gething announced, as part of his written statement on unscheduled care pressures, the establishment of a Ministerial Ambulance Availability Taskforce to lead. The taskforce was just getting underway when CoVID-19 hit.

https://gov.wales/written-statement-update-unscheduled-care-pressures-over-winter-201920-and-next-steps-improve

Amber Response Times against Lost Hours to Notification to Handover Delays

Legend: SB Lost Hours, AB Lost Hours, BCU Lost Hours, C&V Lost Hours, CTM Lost Hours, HD Lost Hours, Powys, AMBER Median

The second part of handover at hospitals is the time from handing over the patient to clearing the hospital and being available to respond to the next incident. In Jul-20 the Trust introduced a new process for clearing ambulances at hospitals, what is referred to as "dual pin" technology, which requires both the ambulance crew and hospital staff to agree that the ambulance has cleared. As a result there was a significant reduction in lost hours from Jul-20 onwards with 3,030 hours being lost in the period Jul-20 to Mar-20, compared to 8,663 in the same period last year.

% of Handover to Clear within 15 Minutes against Lost Hours to Handover to Clear

Legend: SB Lost Hours, AB Lost Hours, BCU Lost Hours, C&V Lost Hours

The Trust conducted a second assessment of its progress against the Carter Review (a review of English ambulance services) in the summer 2019, about a year after our first assessment in 2018. It

was agreed at STB that the Trust would close this strategic objective down partly because it was so vast with some things capable of being actioned immediately with other things taking longer. Every recommendation from the Review had a lead officer name against it the Trust agreed that for our local delivery plan reviews/refresh would reflect the relevant actions from the Review.

Turning our attention to NEPTS; in 2019/20 the Trust undertook 670,353 NEPTS journeys, compared to 670,343 in 2018/19 and more than for EMS.

During 19/20 the Trust completed the two largest scheduled care transport activity transfers within the system, namely Hywel Dda & Swansea Bay. The Powys and Aneurin Bevan transfer preparation works were completed and approved transfer documents prepared for approval prior to the commencement of the CoVID-19 Pandemic. These will need to be reviewed in light of the time that has passed since CoVID-19 and be concluded within the remainder of the financial year. Work to complete the remaining transfers is underway.
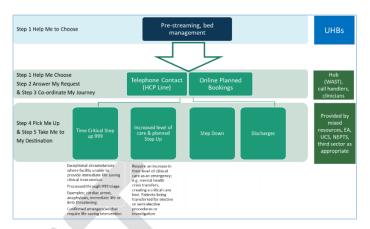
Until the transfers are complete it will not be possible to fully complete the remit of the NEPTS business case; however, during the year much progress has been made on many other aspects of service delivery including performance improvement on the Discharge & Transfer service, improvements to procurement and quality assurance of services provided by external providers and improvements to renal service delivery.

The NEPTS call taking function has also seen many improvements including the introduction of new call taking scripts, a new post of National Call Taking Manager to oversee service delivery and the development of the Transport Solutions programme. The Transport Solutions programme, which will go live within Q2 of 2020/21 will see eligible patients receive a more efficient transport booking system and non-eligible patients supported to find alternative accommodation that is suitable for their travel needs. The programme will also improve communications with patients and will provide greater clarity on the availability and access to NEPTS provision. Much of this work has already commenced including a new website, promotion of a single booking number and improved patient facing communication methods.

Over the past twelve months we worked closely with the National Collaborative Commissioning Unit (NCCU) and a number of health boards to develop an outline model for an All Wales Transfer and Discharge Service.

Following a workshop in Jul-19, an early proposal for the model was developed and aligned to the commissioning framework five step model. It was recognised that joint work was required to enable whole system improvements; improving patient experience, maintaining flow across the system and enabling best use of resource.

The NCCU signalled within their commissioning intentions in Dec-19 that they would lead the collaborative effort to progress the work further, based on a number of principles:

- A once for Wales collaborative approach and commissioned nationally;
- Contribution from all Health Boards, WAST and other partners;
- Separate service to the emergency response systems as far as possible;
- No changes to the existing clinical model for WAST;
- System wide principle focused on the safety of the whole system;
- Single point of contact for the service;
- WAST make the call on the type of vehicle and staff needed within a clear clinical criteria; and
- Subject to further collaboration with the NCCU, as per our Commissioning Intentions and ongoing support from EASC over the course of the next year, we will look to implement this model.

The model of transport for the Grange University Hospital in Aneurin Bevan University Health Board and the South Wales Major Trauma network will offer the first opportunities to test out the emerging model in 2020.

2.8 Strategic Priority 5 – Whole System Partnership and Engagement

> **Strategic Priority 5 –**
> Understanding, agreeing and quantifying impacts of Health Board strategic service change
>
> Development and implementation of engagement plan, including work with Regional Partnership Boards
>
> Development of new pathways with Health Boards
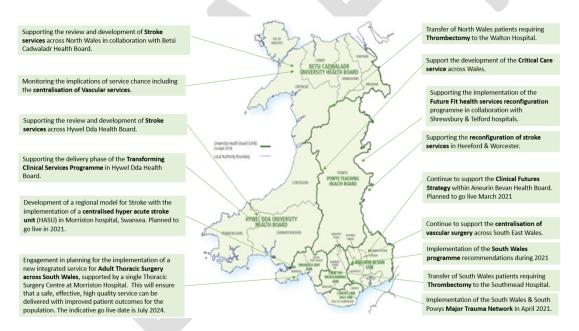
Through our Strategic Planning and Partnership Forum we keep abreast of the development of strategic service change across Wales. The key areas of focus in 2019/20 were the development of the South Wales Major Trauma Network, Thrombectomy transfers in North and South Wales and the development of the transport solution for the opening of the Grange University Hospital in 2021. We secured funding to develop the Thrombectomy and Major Trauma Network (MTN) services, and by March 2020 we had fully assured the South Wales MTN of our preparedness for "go live".

Going forward we are continuing to monitor service change and the focus will be on the development of transport services with EMRTS for the Critical Care Network across Wales whilst being mindful and keeping up to date on a number of service change programmes across the country.
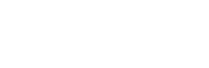
During 2019/20, the Board adopted a wide-ranging organisational engagement framework, the only one of its kind in Wales linked to the priorities of the IMTP. This sets out how the Trust will engage with its partners and its people over the next three years, with a one year delivery plan to be refreshed annually. Progress is reported to the Trust Board quarterly.

The framework encompasses the breadth of stakeholder engagement, from colleagues and volunteers, to patients, carers, young people and vulnerable groups, through to wider health and social care partners, using the architecture of Regional Partnership Boards as a mechanism for wider system engagement.

While it is important that we develop a long term approach to partnership and engagement, it is also important we maintain those existing relationships which we have. The Trust is now participating in

four of seven Regional Partnerships (RPBs), or their substructures, across Wales. As a commissioned service, there is more to do in this space and, during 2020/21 efforts will be made to secure representation on the remaining three RPBs.

Clinical developments within WAST and partner health boards require constant evaluation of existing pathways and the implementation of new patient-centred pathways to health care.   In 2019/20 the Pathways Development Group was established to determine which areas of care would benefit from a nationally developed pathway. The work was developed in partnership with the NCCU and Welsh Government as a means by which pressure on secondary care could be reduced by involving speciality support for a pathway development. The initial test of change centred around the respiratory pathway. This pathway was deployed in the Aneurin Bevan Health Board area with plans (that were interrupted by CoVID-19) to deploy across Wales. Future work will concentrate on embedding the respiratory pathway and determining which other clinical areas might offer alternative safe care closer to home.

2.9 Strategic Priority 6 – Support our People to be the Best they can be

Strategic Priority 6 –

Deliver an improvement in resource availability levels
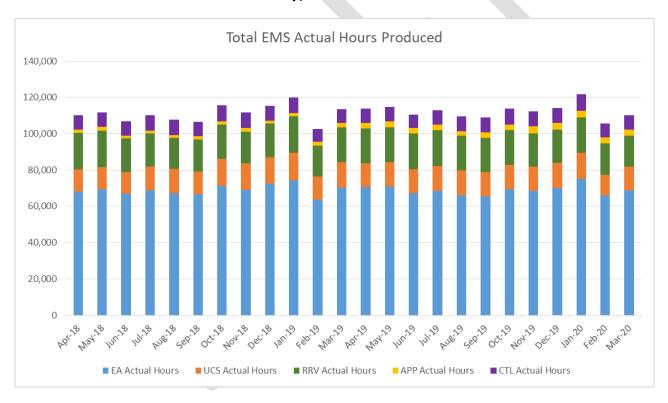
Implement a Leadership and management development and succession strategy

Approve and implement a Health & Wellbeing Strategy

Approve and implement a Transforming Education Strategy (Clinical practice and education), which will include delivery of any enabling capital requirements
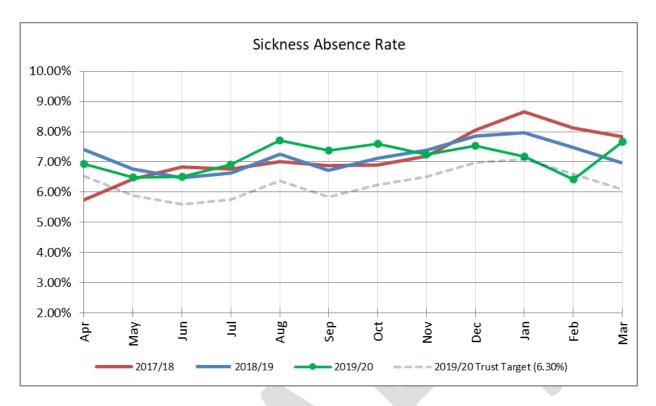
Refresh our commitment to volunteering and approve strategy

The Trust delivered 1,355,173 EMS ambulance unit hours in 2019/20, compared to 1,342,520 in 2018/19, an increase of 1%. This is for all types of resource: APP, CTL, RRV and UCS.

Sickness absence is a key component of reducing abstractions from rosters, which in turn helps drive up the amount of ambulance hours that the Trust is able to produce. The EMS Demand & Capacity Review identified a targeted rate of abstraction for sickness absence of 5.99% (the target for 2019/20 was 6.30%). As part of the EMS Demand & Capacity Review Programme, the Trust established a Resource Availability Programme, which included a focus on sickness absence management which built on the nine point programme already in place. Whilst sickness levels were higher during the middle of the year, they achieved a noticeable improvement during the winter plan period until the onset of CoVID-19 in Mar-20.

Sickness Absence Rate

Legend: 2017/18, 2018/19, 2019/20, 2019/20 Trust Target (6.30%)

Our three year Leadership and Management Development Strategy provides a description of the leadership and management skills, knowledge and behaviours essential for future success. It is fundamental to encourage and develop appropriate leadership and management behaviours at all levels in current and future leaders and managers, and to delivering our strategic objectives. The Strategy is an evolving document being shaped by the 'direction' and 'priorities' of WAST, NHS Wales and wider Public Service and Welsh Government. The Trust recognises that the implementation of the Strategy cannot be undertaken in isolation and is building on opportunities for collaborative working across the system: including the Trust and the wider provision of Healthcare. This also includes our Blue Light Partners and following the first joint senior leadership event in autumn 2020 it has been agreed that this will become an annual event.

Building on all Wales work led by Health Education Improvement Wales (HEIW), WAST recognises the importance of challenging our current approaches to succession planning and talent management and exploring different approaches going forward. Individuals have been identified in WAST to be a part of All Wales talent pool of potential to participate in an All Wales Talent Summit and one of our Deputy Directors secured a place on the National Aspiring Director programme.

There is a real appetite and openness for approaching the development of our Leaders and Managers using different and less traditional approaches. A masterclass approach is planned and the first session was held in Nov-19 on Becoming a Culturally Intelligent and Inclusive Leader. Further events are being planned and adapted to use Zoom and Teams given current restrictions on bringing colleagues in a room together.

As an organisation we plan to re-engage with a Trust wide conversation in relation to the Trust's behaviours. As a result of discussions we will have a refreshed Vision and Purpose; a clear sense of what our behaviours mean (and how we support and challenge each other to live them) and; an updated way of describing them.

The health and wellbeing of our staff is a priority for the Trust and while the development of the updated Health and Wellbeing Strategy was paused pending the appointment of the new Organisational Culture and Workplace Wellbeing Lead (Consultant Clinical Psychologist) who

become full time at the end of Mar-20, significant work has continued to ensure that colleagues are helped and supported at work.

The Wellbeing Team provides support for all staff in a number of ways including telephone consultations, a virtual, live wellbeing Q&A session delivered over Zoom, drop-in listening sessions and physical presence at stations that have experienced loss particularly during the pandemic.

During 2019/20 the Trust has continued to develop the TRiM model of service and recently secured funding for our TRiM practitioners to attend update training, which will incorporate moral injury. All of our Wellbeing Advocates and Blue Light Champions have access to mental health awareness training. We are also taking the opportunity to plan for the long term; this includes development of a wellness action plan template for all staff and ensuring quality therapy provision provided by trauma informed therapists.

In Jul-19, the Trust Board approved the Transforming Education and Training Strategy. Since then significant progress has been made in relation to delivery of year one and two strategic objectives. Despite the challenges of CoVID-19, in some respects we are ahead in areas such as innovation of delivery models, progress has been made in relation to delivering some programmes locally e.g. driver training. The move to Office 365 has enabled virtual delivery of programmes that have traditionally been delivered face to face. We have continued to develop both Clinical and Driving Tutors during this period and have been recommended as a center of excellence by our regulated education providers Future Quals who signposted another UK Trust to contact us for the best delivery model of the Certificate of Assessing Awards and Certificate in Education and Training. Work continues on the planning of our new training center at Matrix House, providing a state of the art facility in the South Wales area. We are working with estate colleagues to establish a flexible and adaptable education model. The Trust has continued to work closely with Swansea University and successfully and during 2019/20 developed the Degree for Paramedic education which will commence in Sep-20. Work continues on the EMT to Paramedic programme which commences a year later.

Welsh Government approved a Higher Apprenticeship framework suitable for Emergency Medical Technicians and the first cohort of Trainee EMTs commenced their development just after the year end in Apr-20. Work continues to obtain similar support for Apprenticeship frameworks for Health Care Support Worker roles within WAST.

Approval of the Trust's new Volunteer Strategy has been delayed and further delayed due to the on-set of CoVID-19; however, the importance of volunteers is recognised in the Trust's People and Culture Strategy, and their contribution recognised. Our Community First Responders (CFRs) continue to make a substantial contribution to EMS performance. In 2019/20 our CFRs were first on scene in 16,125 incidents, compared to 15,437 in 2018/19 (note: figures include uniformed response contribution from Fire & Rescue Services).

2019/20 was year 2 of the Band 6 Paramedic Project. Most Paramedics have completed the two face-to-face competencies required during 2019/20 with the only staff who have not completed them being any Newly Qualified Paramedics (NQPs), new starters, or staff who have been on long term sick (LTS) or maternity leave since Feb-20. The Trust currently has 112 members of staff who have been granted an extension due to LTS, Mat leave or different start dates (later than Apr-18). As of Jul-20, there are 18 members of staff who have surpassed their extensions, but have submitted some evidence which is awaiting assessment to be signed off.

2.10 Strategic Priority 7 – Ensure the Design and Infrastructure of the Organisation are at the Forefront of Innovation and Technology

Strategic Priority 7 –

Launch of the WAST Improvement & Innovation Network (WIIN) and by the end of Year One, a database of improvement ideas that are being progressed or have been delivered

Development of NEPTs CAD business case

Development of a digital transformation strategy

Improve the capture, sharing and utilisation of information through implementation and roll out of Qlik sense and Optima Predict

Explore and pilot opportunities to utilise cutting edge technology to improve and enhance care e.g. use of video, telehealth, AI and drone technology and clinical diagnostic equipment

Utilise technology to improve communication with staff

During 2018/19, the Trust developed and launched the Welsh Ambulance Service Trust Improvement and Innovation Network: WIIN. The aim of this Network is to ensure that the Trust has an improvement and innovation platform that connects the various parts of the organisation together to enable small and large scale improvements. The info-graphic below summarises its principles and functions.

WIIN is supporting front-line staff to progress Silver IQT projects and aims to link with the Research functions of the Trust as well as the Project Management team where successful small scale improvements are intended for scale up.

As WIIN establishes and embeds itself into the Trust, it will also provide the vehicle for external partnerships and creative solutions to system challenges.

Since the launch of WIIN in early 2019, we have received over 100 submissions, with over 60 being taken forward as an improvement project or signposted to an appropriate lead. This has contributed to the completion of 48 Silver Improving Quality Together (IQT) projects. Ongoing support and coaching is provided throughout the testing of ideas and regular updates are entered onto the WIIN database so that there is a clear and up to date log of how ideas have progressed. Ideas that aren't immediately supported and progressed are transferred to the ideas warehouse. 15 of which have already been taken forward.

Since the announcement in November 2019 that 1000 lives will be rebranded as Improvement Cymru, WAST improvement experts have been members of the faculty responsible for developing Improvement in Practice which will replace IQT in the near future.

During 2019/20 preparatory work was undertaken to inform a bid for a replacement NEPTS CAD to support the required service developments. A draft NEPTS Business Justification Case (BJC) was developed with the final BJC being expected for completion and presentation for approval during Quarters 2 &3 of 2020/21.

A number of new internal systems have been introduced to aid remote working to allow staff to still be productive away from the office. The migration to Office 365 and the use of its TEAMS application was hugely successful as part of this, allowing staff to attend virtual meetings from anywhere. To support this additional laptops were purchased and distributed to those requiring the ability to work away from their normal office. To help this even further the distribution of iPads to all road based staff is currently underway and should be finished by the end of August, which will allow staff to access systems away from stations using either WiFi or 4G mobile networks.

The Trust has invested substantially in technology over the last twelve months to accelerate its transformation into a leading digital Ambulance Trust. This previous investment along with a series of modernisation projects, such as migration to Microsoft O365, enabled to Trust to quickly support the move to homeworking in response to the Covid-19 pandemic. The Trust was also well place to quickly expand its call taking capacity across both 111 and 999 services to accommodate the increased demand during the peak of the pandemic. The appointment of a Director of Digital Services, demonstrated the Trust commitment in this area and the Director will now oversee the development of a Digital Strategy that aligns with both the Trusts Strategy to 2030 and NHS Wales Digital Strategy for Health and Care.

The Trust has successfully rolled out nine QlikSense (the Trust's performance software) applications to increase insight and intelligence in all frontline service areas of 111 and NHS Direct Wales, 999 Emergency Services and Non-Emergency Patient Transport Service operations. In response to the CoVID-19 pandemic and the need for an increased level of specific reporting around CoVID-19, the Trust initiated a series of rapid developments to provide maximum insight to aid enable real-time operation decision making. By the end of the financial year, the first of six additional applications were deployed. The Trust continues to evolve current business intelligence intentions and innovate with new solutions becoming available as part of the National Microsoft license agreement.

WAST invested (via Welsh Government capital monies) a number of years ago in powerful EMS ambulance simulation software. In 2018/19 the Trust entered into an arrangement with the supplier of this software (Optima Predict) for an "embedded analyst" to work inside the Trust and support the Trust with the development of the software. 2019/20 was the first full year of this arrangements with the analyst producing +10 reports normally for the Director of Operations on topics like: the location of the replacement Nelson station, the location of RRV standby points in every health board, the impact of proposed changes at the Royal Glamorgan Hospital, UCS crews not responding to AMBER incidents, where to place the "additionality" i.e. increased FTEs from the EMS Demand & Capacity Programme. This work has been well received by Operations colleagues and by the NCCU. Further collaborative development of the Trust's approach to forecasting and modelling is expected during 2020/21.

The Trust has a resilient and robust ICT infrastructure in place that will now allow it to consider the application of new and developing technologies to support delivery of its clinical care.

The Trust has commenced roll-out of iPads to it EMS and NEPTS frontline road crew to ensure that they are always connected back into the organisation. These devices will provide opportunities to enhance clinician to clinician communication through use of Microsoft Teams for communication and collaboration along with other similar applications such as Consultant Connect and Attend Anywhere, the latter is already well used for patient consultation in delivery of the 111 GP Out of Hours Service from the Trusts three Clinical Contact Centres.

Having researched the application of Artificial Intelligence, the Trust introduced an AI Chatbot that was accessible to the public to check for Covid-19 symptoms. The further expansion of AI technologies is under further consideration across several other areas of the Trust.

2.11 Strategic Priority 8 – Quality at the Heart of Everything We Do

Strategic Priority 8 –

10 themes of work including:

☐ Health and Care Standards,

Trust Quality Strategy

Quality Assurance, Risk Management Strategy,

Health and Safety Improvement plan,

Safeguarding annual report and annual plan,

Infection Control Improvement Plan,

Putting Things Right Improvement Plan

Winter Assurance Panel Improvement Plan
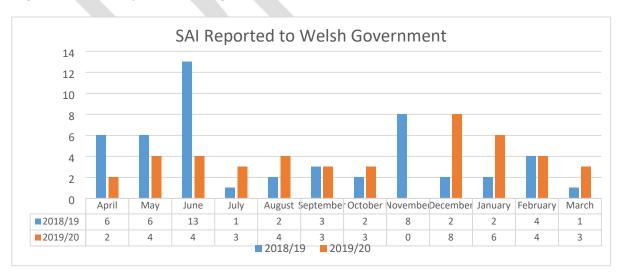
Patient Experience & Community Involvement

The key headline measure for quality, safety and patient experience (and therefore the Health & Care Standards), is the number of Serious Adverse Incidents (SAIs) that we report, investigate and learn from.

During 2019/2020 WAST reported 44 SAIs compared to 50 in 2018/19. The table below represents the SAIs reported to Welsh Government by reporting month, comparing 2018/19 to 2019/20. The Trust continues to work on the learning which is drawn from each SAI, whether that be individual, organisational or system learning.

SAI Reported to Welsh Government

	April	May	June	July	August	September	October	November	December	January	February	March
2018/19	6	6	13	1	2	3	2	8	2	2	4	1
2019/20	2	4	4	3	4	3	3	0	8	6	4	3

In relation to patient safety incidents, there were 1,748 patient safety incidents in 2018/19, compared to 2,081 2019/2020. This represents an overall increase of 19% in the total volume of patient safety

incidents being reported within the Trust's Datix system. From the table below, the trend of reported incidents tends to increase through the months of December and January.

Patient Safety Incidents reported, by month 2019/20

	April	May	June	July	August	September	October	November	December	January	February	March
Volume	145	151	176	186	183	135	182	189	241	213	146	134

Another key quality, safety and patient experience metric, is the compliance against the 30 day resolution target. The Trust received a total of 1,610 concerns in 2019/20 compared to 1,460 in 2018/19, which represents an increase of 10%. In relation to the Trusts Tier 1 target of 75% within the 30 day period, overall the Trust has achieved 64% for this time period. The table below represents the 2 day acknowledgement (performance), early resolution (volume & performance) and 30 day compliance (volume and performance).

Concerns
Volume - Performance

In relation to coroner's activity there were 229 '*for information*' requests received, with physical attendances by staff from the Trust equating to 8 instances. This is reflective on the significant improvement in relation to the quality of the statements being provided by our staff members, and the improvement work undertaken by the legal services team within the Putting Things Right department.

During this period the Trust received 4 Regulation 28 Prevention of Future Death Reports, all of which were responded to within the 56 day timeframe.

The Trust has established a newly formed Patient Safety and Experience Monitoring and Learning Group (PSELMG), which provides assurance on quality, governance, improvement and learning,

within the context of Patient Safety. The PSELMG is a sub group of the Trust Quality Steering Group (QSG) which reports to the Patient Experience and Safety Committee (QUEST).

In addition to this and in conjunction with the Heads of Patient Safety/Experience within the health boards, a joint framework for the investigation of Patient Safety Serious Incidents (SIs) has been developed. The ratification of this framework has been taken through the Head of Patient Experience Network and formally signed off at the Directors of Nursing Forum.

During 2019/20, the Trust set out to scope and develop a three year Quality Strategy that will drive improvement in quality management across the organisation and wider health & care system. The developing strategy is aligned to the Health and Social Care (Quality and Engagement) (Wales) Bill which will place a duty upon the organisation to secure improvements in the quality of organisational services provided to patients and service users.

In 2019/20, a draft Quality Strategy was developed for consultation across the organisation. The focus of the strategy is to ensure our services are effective, ensure our services are safe, and ensure positive patient and service user experiences through our care. Over 2020/21, the Trust will launch the Quality Strategy which will strengthen quality management systems within the organisation, implement systems of work which identify and resolve quality issues quickly, and refine governance & assurance structures to empower and enable colleagues to drive forward quality improvement.

Following the introduction of Health and Social Care (Quality and Engagement) (Wales) Bill, and within it the Duty of Candour legislation, the Trust Putting Things Right and Patient Safety Teams are revising current process and guidelines to implement the changes as set out in new legislation. These changes will build upon the already established mechanisms with the organisation of being 'open and honest', to support the culture of 'openness, transparency and candour' which is widely associated across the NHS health care system

Embedding strong quality assurance mechanisms continues to be a priority for the Trust. Over 2019/20, exploratory and development work has been undertaken to embed assurance systems. Digitalisation of quality metrics and measures is a fundamental aspect of this work. QlikSense, the Trust's web-based data visualisation software, has been used as a central depository for key data sets. This, often automated, data capture and visualisation tool is important in ensuring equitable access to data on which to base decision making and improvement activities. During 2019/20, further work has commence to refine quality assurance metrics across the Trust. With a wealth of data available, ensuring insightful data is delivered to the right audience is critical to ensure strong decision making.

This work is informed the development of the operationalisation plan of the Trust's quality strategy. The strengthening of the key quality assurance metrics and measures, tailored to each audience, is a key component of enabling the success of the Trust's Quality Strategy.

The Trust introduced an in-house designed electronic risk management system during 2019/20, which has improved the ease with which managers can record and share risks. The Corporate Risk Register is a live document in this system and is formally reported to committee each quarter. The beginning of the Performance Report provides a summary of the Trust's corporate risk register at the end of 2019/20.

Over 2019/20, the Trust's Risk, Heath & Safety improvement work has continued to strengthen the organisation. Electronic risk monitoring and management has been introduced across directorates, improving the coordination and active management of risk across the organisation. Corporate risks are managed through the Assistant Director Leadership Team and recommendations considered by the Executive Management Team. Further embedding of e-Risk management into the organisation will continue into 2020/21.

Management of violence and aggression incidents is a priority. Work in this area has seen an increase in reporting of related incidents, an increase in the number of court sanctions, and positive staff satisfaction in supporting colleagues through violence and aggression incidents. Further work will continue to improve the quality of violence and aggression investigations and staff support. During the Covid-19 Pandemic, the establishment of a Health, Safety and Welfare Advisory cell was critical to the Organisation's statutory duty with the Health and Safety at Work Act.

The Trust's Health & Safety team has undergone an organisational change process in 2019/20; health and safety managers will align to key Trust areas as business partners. The Trust will continue in transformation of health and safety into 2020/21, evaluating and closing the Health and Safety Improvement Plan (2018-2020) and articulating and implementing a follow up Health and Safety Transformational Plan.

The Safeguarding annual report provides an overview on how the Trust has performed over this reporting period in relation to safeguarding people in our care. It aims to give the Trust Board the necessary assurances that the statutory duties under the Children Act 2004, the Social Services and Well-being (Wales) Act 2014, the Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 and the Welsh Government Adult and Child Protection guidance are being fulfilled.

The Trust complies with the specific requirements under section 25 of the Children Act 2004 that there is a lead executive director for children and young people's services and a designated non-executive director for the purposes of the Act. The Director of Quality, Safety and Patient Experience is currently the executive lead for safeguarding within the Welsh Ambulance Services NHS Trust (WAST).

The Head of Safeguarding has responsibility as Named Professional for Safeguarding Children as well as Adults at Risk. This role ensures the Trust's compliance with Statutory Legislation and Guidance above. The Head of Safeguarding takes the organisational strategic lead on all safeguarding related matters for WAST (We can provide hyperlink for report)

The Quality Safety & Patient Experience Directorate provides strategic direction, expertise and support to all staff within the trust for Infection Prevention and Control (IPC) in line with legislation and National Standards. In December 2016 the trust produced a three year IPC Improvement Plan, the aim of which was to:

- Embed the importance of IPC in everyday practice;
- Reduce variation in IPC practice and standardise care processes;
- Improve the application of knowledge and skills in IPC;
- Help reduce the risk of Healthcare Associated Infections, particularly cross infection and contamination; and
- Help reduce the unnecessary use of antibiotics in practice.

In May 2019, an end of plan progress report was produced for the trust, which identified key areas for improvement. Good progress has been made with achievements including:-

- The development of the IPC Assurance Framework and Governance Structure within the Trust.
- An IPC Incident dashboard to identify themes and trends arising from Datix.

- Vehicle Cleaning Standards were developed and approved through the IPC Governance Framework, alongside this the emerging Make Ready Depots (MRD) developed a Standard Operating Procedure to complement these standards and run parallel for vehicle cleaning.
- The IPC Policy was reviewed, rewritten and progressed through the trust Policy process along with a new Vehicles and Premises Cleaning Policy and the All Wales Aseptic Non Touch Technique Policy (ANTT).
- A bespoke Pre Hospital Care Package was developed and uploaded onto the Electronic Staff Register (ESR) platform at the end of 2018 with completion monitoring done throughout 2019.
- Fit testing training and compliance was captured through a series of competencies added to staff profiles on ESR. This also included staff that have been trained as fit testers and what respiratory protection was required by each staff member. In addition all staff were issued with Personal Protective Equipment Wallets again which could be registered on ESR.
- A proof of concept study was performed to assess the suitability of using Adenosine Triphosphate (ATP) swabbing as a quality assurance tool to measure the efficacy of the vehicle cleaning.

During 2019/20, several key challenges were identified, including:-

- Improvement required in flu vaccination up take and immunisation recording.
- Lack of Pandemic Flu preparedness.
- A vehicle cleaning audit tool that does not depend solely upon visual assessment.
- Premise cleaning provisions across all sites associated with the Trust.
- Continuation of sharps related injuries.
- Capacity and capability to deliver the Trust's *Safe Clean Care* campaign which was due to commence in 2019.

Further objectives and actions can be found in the IPC action plan moving forward based on key deliverables in the directorates delivery plan. Furthermore, at time of writing, the recent experience of Covid-19 has raised the scope and scale of IPC within the Trust, which has amplified and prioritised work plans for 2020/21.

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (hereafter, the 'Regulations') apply to all Welsh NHS bodies, primary care and independent providers in Wales, which provide NHS funded care. The Regulations set out the process for the management of concerns (known as Putting Things Right), and are supported by detailed guidance on raising a concern.

The process aims to make it easier for people to raise concerns, to be engaged and supported during the process, dealt with openly and honestly and for bodies to demonstrate learning. The process has enabled a single more joined up approach, bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

The Welsh Ambulance Services NHS Trust (WAST) is committed to listening to people who use our services, resolving their concerns where possible in an equal and empathetic manner and learn from peoples complaints. We aim to provide an easy and timely process for responding to concerns, which enables the healthcare system to improve services based on lessons learnt, with the aim of achieving high quality, compassionate and effective care for all service users, whether in provided or commissioned services.

The Trust ran a tactical winter plan through the period Nov-19 to Mar-20 which included a range of initiatives to improve patient safety and staff welfare through what is always a more challenging

period for the unscheduled care system. Initiatives included additional capacity in the Concerns Team, the "cohorting" of patients at a number of key hospital sites across Wales to enable the timely release of ambulances, additional ambulance shifts provided by St John Ambulance, additional senior clinical capacity in the Clinical Services Desk, a pilot of a pan-Wales Operational Delivery Unit (ODU) and the expansion of the Falls Service. A number of these initiatives were funded by EASC, whilst the Trust used its own resources to support the wider unscheduled care system on cohorting and the ODU. Normally, the Trust concludes the winter plan period with a formal review and evaluations of key initiatives, but this work was suspended to the CoVID-19 response.

This year our Patient Experience & Community Involvement team attended 260 events across Wales. Consistent themes from our engagement captured have included:-

- Repetitive questioning from those working in our control rooms
- Kind, caring, compassionate staff
- Delays at hospital when arriving by ambulance

We have engaged a broad spectrum of the public across Wales however we have also undertaken a more focused engagement with a number of specific groups to deliver against some of the Welsh Government ambitions. These groups have included:-

o Carers, our Dementia and Mental health Improvement Plan respectively have recognised the needs of Carers and our Older Peoples plan also recognises the value and support for carer's and their contribution to deliver consistent experiences across Wales.
o Top 5 Themes from our first annual Carers Survey this year were:
  - Need to recognise and value carers
  - Long wait for an excellent service
  - 50% carers have not planned for an emergency
  - Wanting to know how long people will have to wait for an ambulance
  - Need for good quality, bespoke information about all the available services
o Learning Disabilities & Autism
  This year, we have focused on ensuring that people have access to a range of appropriate information and assistance that helps to achieve positive outcomes. We have developed a series of easy read and pictorial information resources used in face to face engagement sessions and available through the online learning disability zone through the Welsh Ambulance Services website. Through our Learning Disability Community Champion Programme people have been encouraged and enabled to have their voices heard and express their views. Through this we have captured the need for:
    o support for carers
    o wider range of resources that includes nonverbal communication aids
    o better awareness and training for staff

2.12 Strategic Priority 9 – Value in Everything We Do

> **Strategic Priority 9 –**
>
> Explore opportunities for further work with ICHOM and the Bevan Commission
>
> Maintain strong links with the other UK nations to enable sharing of best practice and collaborative work
>
> Improve understanding of cost base and cost behaviour, including benchmarking based on outcomes as well as costs
>
> Maximise procurement efficiencies
>
> Improve efficiency in stock inventory and asset tracking, through RFID

On 16 Jan-20 we showcased our Bevan Exemplar project 'A Shock To The System' at The Senedd. Our project brought together the Finance and Fleet Departments, to identify cost savings and efficiency improvements relating to the Trust's Corpuls Defibrillators. The main aim of our project was to realise cost savings and efficiencies through co-production, whilst aligning with the principles of prudent healthcare.

We have continued to work with the Association of Ambulance Chief Executives (AACE), All Wales Ambulance Services Director of Finance forums and via Celtic Nations connections and links has provided a platform for sharing and learning.

In 2019/20 the Trust procured a Patient Level Information and Costing System (PLICS) with detailed implementation to commence during 2020/21 which will involve key stakeholders such as our commissioners and clinicians.

The continued drive for value from procurement has resulted in implementing a no purchase order no pay process as well as strengthening our engagement with NHS Shared Services.

The RFID(?) businesses case was approved by Trust board in Quarter 4 of 2019-20 with the product being procured in March 20. The project plan is to implement the RFID system during 2020-21 across the whole of Wales.

The EMS Demand & Capacity Review, which was completed in 2019/20, provided the Trust with a range of industry benchmarks, which are being built into the benefits programme that has emerged from the Review (an approach we expect to repeat in 2020/21 with the NEPTS Demand & Capacity Review).

2.13 Strategic Priority 10 – Use of our Estate and Fleet

> **Strategic Priority 10 –**
>
> Review of next priorities from Estates SOP, and development of cases for capital funding
>
> Delivery of MRD for Cardiff and new workshop for the South East region
>
> Delivering a range of specialist vehicles including training and resilience
>
> Review of approach to station cleaning
>
> Modernisation of fleet, utilisation of latest technology, step change towards non-diesel powered vehicles (

Work commenced in 2019/20 on reviewing and refreshing the Estate's SOP which included engagement with key stakeholders and the development of a prioritisation framework. Further consideration is to be given to the EMS and NEPTS Demand & Capacity Reviews and their impact on the SOP with refresh work being completed 2020/21. The Trust has identified that the already high utilisation of the estate is a significant barrier to delivering the recommendations from these reviews.

A key development in 2019/20 was work in the replacement of Blackweir (Cardiff) ambulance station. The Full Business Case (FBC) for the development of Cardiff Area Ambulance Station (Merton House) to replace the existing reporting station at Blackweir was approved by Trust Board on 21 Nov-19 and by Welsh Government on 22 Jan-20 for an investment of £7,959M. An open tender process was followed and as a result of an assessment of the quality submission of tenders returns, John Weaver Construction Ltd was selected as the preferred contractor. The acquisition of Merton House and associated land took place on 28 Feb-20 and the official start date on site is 13 Jul-20. The programme has been extended due to the recent pandemic and will be completed within 59 weeks. As recommended by Welsh Government a project bank account will be established with this scheme being one of the first in NHS Wales to pay contractors in this new way.

In the meantime, a number of priority schemes have been identified for progression, several are at feasibility stage; however, progression of these will be subject to appropriate funding being made available and also internal resource to project manage. Progress included:-

- an Outline Business Case development for the South East Fleet Workshop was approved by Trust Board during 2019/20 and submitted to Welsh Government for consideration;
- Cardiff FBC as detailed above;
- completion of Training & Development facility within Ty Elwy, North Wales;
- accommodation provided at Ty Elwy, North Wales on an interim basis to support the rollout of the 111 Service;
- Other schemes successfully completed consisted of minor works to premises, including Welshpool, Snowdon House, the introduction of access control systems and new appliance bay doors to part of the estate;
- OBC South East Workshop was submitted to Welsh Government and subsequent queries raised through the scrutiny grid has meant further work with the design team, client and landowner;
- FBC Cardiff MRD was approved and will be covered in a separate update;

- ISO14001 accreditation has been maintained, consideration for the decarbonisation of the estate and fleet is being progressed and led by the environmental and sustainability officer.

Cardiff Area Ambulance Station will provide the Trust with a long term solution providing a fit for purpose Ambulance Station with a make ready function and provision for a cycle response team. The facility will allow integrated working practices with NEPTS and Training, providing colleagues with appropriate staff welfare and sanitary facilities including local amenities, incorporating the wellbeing and corporate health standards.

As at 31 March the Trust had 778 vehicles in its fleet:-

VEHICLE ROLE	NUMBER
EMERGENCY AMBULANCES (INCLUDING UCS + NEONATAL)	266
RAPID RESPONSE VEHICLES	142
NON EMERGENCY PATIENT TRANSPORT SERVICE	283
SPECIALIST VEHICLES (ALL OTHER VEHICLES)	87
TOTAL	778

As per estate above, work commenced in reviewing and refreshing the Fleet SOP during 2019/20, with further detailed work required in 2020/21 in response to the EMS Demand & Capacity Review and NEPTS Demand & Capacity Review.

The Trust has one of the most modern and well-equipped fleets in the UK thanks to continued support from Welsh Government. A key action for us in 2019/20 was to ensure the second year plan of the Welsh Government endorsed 10 year Strategic Outline Plan (SOP) for the Trust's fleet delivered what had been agreed. Capital investment for the Trust's fleet provided by Welsh Government totalled some £13,586m, which was used to procure a range of replacement vehicles in line with our SOP. As at 31 March 2020 the Trust had 778 vehicles in its fleet.

The Fleet SOP forms the framework for vehicle replacement for the next eight years and in conjunction with the Estates SOP also identifies the preferred options for Fleet to deliver its services to Operations and from work previously undertaken, it is clear that carrying out vehicle servicing, maintenance and repair (SMR) in our own workshops by Trust staff is the most cost effective model. In 2019/20 work progressed on the next stages of reconfiguring our estates to build a new workshop in South East Wales with sufficient capacity to not just undertake all the servicing, maintenance and repair work currently being undertaken in two workshops, Blackwood and Blackweir, but also have capacity to include another 100 vehicles that are currently maintained by third party suppliers.

The strategy is to continue develop fleet services so that the department is in a position to undertake the entirety of the servicing, maintenance and repair of our vehicles in-house.

Wherever possible the Trust is reducing its carbon footprint especially in the Fleet Department. As part of the £13,586M vehicle replacement programme the Trust replaced 25 diesel powered Rapid Response Vehicles (RRVs) with ultra-low emission, self-charging petrol hybrid variants. These vehicles along with all NEPTS vehicles replaced in 2019/20 are fitted with solar panels that negate the need for shore-line charging from the mains supply.

2.14 Delivering our Financial Plan to achieve Financial Balance

Finance & Resource Management

The Trust's financial performance in 2019/20 was again underpinned by strong financial management including the delivery of a significant level of savings and achievement of all statutory financial targets including the payment of invoices within 30 days and achieving a small surplus against the budget. The Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2020/21.

In 2019/20, the Trust achieved all of its financial targets as follows:

	Actual 2019/20	
Breakeven - achievement of revenue financial balance	Delivered	
CEL - capital spend equal to, or less than, the WG set Capital Expenditure Limit	Delivered	
EFL - Remain within External Financing Limit*	N/A	
PSPP - 95% of Non NHS invoices by number are paid within 30 days	Delivered	

*Due to the COVID-19 pandemic, the EFL requirement was temporarily suspended by Welsh Government

At the end of the 2019/20 financial year, the Welsh Ambulance Services NHS Trust reported a small revenue surplus of £0.045m in its audited final accounts.

Each NHS Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account.

The first assessment of performance against the three-year statutory duty in NHS Wales was at the end of 2016/17, being the first three-year period of assessment.

The Trust is, therefore, deemed to have met its financial duty to break even over the 3 years 2017/18 to 2019/20 as shown below:

Annual financial performance			2017-20
2017-18 £000	2018-19 £000	2019-20 £000	**Financial duty £000**
70	57	45	**172**
0	0	0	**0**
70	57	45	**172**

The Trust expended Capital Investment funds of £25.849m in new property, plant, equipment and ICT, utilising 100% of the Trust's Welsh Government set Capital Expenditure Limit of £25.751m, without exceeding it, as in addition, a further £0.098m, being the netbook value of assets disposed of, was re-invested, resulting in the above total investment of £25.849m.

The Trust is required to pay at least 95% of the number of non-NHS invoices received within 30 days of receipt of goods or a valid invoice (whichever is later). The Trust met this target, paying 97.2% within the specified time.

2020/21 and beyond

In common with other public sector bodies across Wales, the Trust is facing a further challenging year.

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

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

To deliver a fully balanced financial plan this has resulted in a requirement to deliver a minimum of a further £4.3m savings via cost reduction and cost avoidance schemes.

Full details of the Trust's service, operational, workforce and financial plans more relevant to the 2019-20 financial year are contained within the Integrated Medium Term Plan (IMTP) for the period 2019-20 to 2021-22, which was submitted in accordance with the NHS Wales Planning Framework to WG in January 2019 and received approval during April 2019.

Further detail on the financial performance of the organisation is found in the Annual Accounts section of the Annual Report.

2.15 Resilience and Business Continuity

The Resilience and Specialist Operations department of the Operations Directorate sits with the Assistant Director of Operations (Resilience, Business Continuity and Operational Intelligence) and comprises a Head of Resilience, an Area Operations Manager Resilience and two regional Resilience Managers responsible for specific health board areas across Wales and Local Resilience Forums (LRFs) supported by three regional Resilience Officers as well as the Hazardous Area Response Team (HART), the Special Operations Response Team (SORT), and an Event Planning Manager.

The AOM and Resilience Managers work closely with key partners in delivering against statutory (Civil Contingencies Act 2004) and non-statutory guidance in relation to emergency preparedness, resilience and response (EPRR).

The AOM and Resilience Managers engage through the Local Resilience Forums (LRF) which are coterminous with the four Welsh police forces. The department is also engaged in national (UK) fora to support the area of operations from Resilience / emergency preparedness, resilience and response (EPRR), Hazardous Area Response Team (HART) and the Special Operations Response Team (SORT). The Trust's Resilience Team also engages at a Welsh level with the relevant resilience fora and are also engaged in the UK Contest Board and the UK Counter Terrorism Strategy.

The Resilience Team deliver competency assessed command training to Trust Commanders to meet the relevant national guidance and the national occupational standards for the role, these courses have been assessed and recognised as foundation courses for the National Ambulance Resilience Unit (NARU) national command courses.

Under the Civil Contingencies Act 2004 (CCA) Category One responders are subject to the following full set of legal civil protection duties:-

- Risk assessment;
- Emergency planning;
- Business continuity planning;
- Warning and informing;
- Information sharing; and
- Co-operation.

In ensuring the Trust is fully discharging its legal obligations and ensuring that it is in a suitable state of readiness to react to any situation, the Trust's preparedness, resilience and business continuity processes are constantly reviewed and updated.

The Trust provides and supports a specialist service known as HART (Hazardous Area Response Team). The HART team forms the central core of what would be the Trust's response to any major incident, physical incident or weather-related event (including, in the current political climate, the Trust's response to any acts of terrorism) and employs 35 Paramedics and 7 HART Team leaders supported by 2.8 whole time equivalent (WTE) management and administration staff.

The HART team is supported by a cadre of three regional SORT Supervisors and a network of SORT volunteers from across the Trust and these specialist staff ensure the statutory obligations and duties of the Trust are met in relation to its role as a Category One Responder under the Civil Contingencies Act 2004 (CCA), the UK Government's Counter Terrorism Strategy (CONTEST), and the Security and Counterterrorism Act (2015). Other legislative and guidance documents relating to duty of care, security and emergency preparedness from both UK and Welsh Government are addressed as part of Trust core business, with the support of the HART team.

2019/20 has been a challenging year for the Resilience Team in terms of the forward planning required for the EU Exit and also the CoVID-19 pandemic, the team have provided their specialist skills and knowledge to support these events through provision of a National Interagency Liaison Officer (NILO) role to support Operations in the early phase of the outbreak, and also professional representation as Tactical Advisors in the COVID Incident Coordination Centre (CICC) and on the Local, Tactical and Executive Pandemic teams as well as LRF Strategic and Tactical Coordination groups and into the Recovery Coordination Groups.

The team's work continues through the monitoring phase of the pandemic utilising our business continuity expertise to support, review and evaluate the Trusts ongoing response to COVID-19.

2.16 Annual Quality Statement

The Trust's Annual Quality Statement will be published separately by 01 June 2020 (check date).

2.17 Sustainability Report

The Trust's Annual Sustainability Report will be published separately by 31 August 2020 (check date).

Audit & Inspection

Like every public body, the Trust is subject to external audit and inspection. The Welsh Audit Office (WAO) undertake an annual Structured Assessment of the Trust and the Trust can also be subject to inspection by Health Inspection Wales. The Trust also has its own Internal Audit function. All of this information is considered through the Trust's *Audit Committee. You can find out more about the work of the Trust's Audit Committee by clicking on the following hyperlink:-*

http://www.ambulance.wales.nhs.uk/Default.aspx?pageId=215&lan=en
update link

The Welsh Audit Office published its 2018 Structured Assessment of the Trust in November 2018 which contained 7 recommendations. Each recommendation is recorded, tracked and reported in the Audit Tracker which is submitted to each Audit Committee throughout the year.

The table below describes each of the 7 recommendations and the progress made against each of these during 2019/20, as captured within the Welsh Audit Office 2018 Structured Assessment.

In addition, a brief note describing the progress to date is included.

Ref.	Recommendation	Completion Date	*2019/20 Progress*
1	**Review, clarify and reduce the need for Chair's actions** The Trust should review the process for Chair's actions and seek opportunities to reduce these where possible. Where Chair's actions are necessary, the Trust should ensure there is sufficient description of Chair's actions within Board papers.	May 2019	Complete A new process for reporting these was presented to the September 2019 Board. There were no Chair's Actions meetings during 2019 due in part to the increased frequency of Board meetings.
2	**Strengthen governance arrangements for Information Governance and ICT** Take steps to strengthen the governance arrangements for Information governance and ICT by: a) Increasing regular attendance by core members of the Information Governance Committee; and b) Clarifying and articulating links between information governance	 Dec 2018 Sep 2019	Complete Improved attendance levels were reported during 2019.

	and ICT to strengthen the oversight and scrutiny of the Trust's digital business.		The IG and ICT Steering Groups have been separated to clarify their roles. Links between the two groups have been formalised with several common members.
3	**Improve risk practice and assurance** To improve risk practice and provide assurance to the Board and its Committees from the Corporate Risk Register (CRR) and Board Assurance Framework (BAF), the Trust should: a) Provide sufficient detail on the CRR and BAF to describe why risks have been escalated / de-escalated; and b) Ensure risks on the BAF are live and anticipate future risks as well as reflecting on the success of mitigating actions.	Mar 2019	Complete The CRR report provides greater narrative as to why a risk has been escalated or de-escalated. The BAF reflects the updated position of the CRR.
4	**Ensure effective oversight and compliance with new legislation** The Trust should consider ways which it can provide assurance that it is aware of and complying with new legislation and communicate this to the Board either through the Board Assurance Framework or as an item within the annual work programme of the Board and/or its committees.	Nov 2019	Complete Due to the size and nature of the piece of work; the Board Secretaries are considering an All Wales solution; however, the immediate proposal is that a central point will issue the updates from an up to date Legislation Assurance Framework and the Trust will incorporate this information into the Committee Assurance Frameworks.
5	**Explore the impact of ongoing vacancy management on the Trust's corporate capacity** We commented on pressures on the Trust's corporate capacity during our 2016 and 2017 Structured Assessment. It is likely that this pressure will worsen because of its annual savings scheme related to non-operational vacancies. The Trust should evaluate the impact of this saving scheme on its corporate capacity.	Jan 2019	Complete Reviewed with savings outturn in 2018/19 significantly overachieved.
6	**Ensure greater ownership over all procurement activities**		Complete

	While the Trust has some local procurement processes and oversight of some procurement activity e.g. vehicle procurement, the Trust should improve its oversight and ownership of the procurement activity undertaken on its behalf by Trust by NWSSP, including: a) reviewing the Service Level Agreement between the Trust and NWSSP in relation to procurement to ensure it clearly sets out the Trust's expectations; and b) provide greater scrutiny of quarterly performance reports.	Mar 2019 Apr 2019	Procurement element has been reviewed and is part of a wider agreement which will be signed off as a whole. Regular review meetings are held with Procurement.
7	**Develop an asset management strategy** The Trust should explore the potential benefits of developing an overarching asset management strategy, including whether an overarching strategy helpfully brings together the individual strands of its current asset management arrangements to ensure value for money and provide clarity to board members.	Mar 2020	Partially Complete The overall asset management strategy has been developed and is complete. A report will be submitted to Finance & Performance Committee to demonstrate the Trust has received VFM. This action can then be marked as complete.

There were no specific Health Inspectorate Wales (HIW) inspections of the Welsh Ambulance Service Trust during 2019/20. The Trust collaborated with the Health Inspectorate Wales during 2018/19 on the emergency department inspection tool, which will go live and be used in 2019/20. When an emergency department is inspected using this tool, the Welsh Ambulance Service Trust will received a specific report on its relationship/performance with that emergency department.

2.18 Further Information

The Trust reports delivery against its Integrated Medium Term Plan throughout the year and also reports on performance to every Trust Board meeting through the Integrated Quality & Performance Report. For further information and view these reports please click on the following links:-

Board Date	Board Agenda Item	Link to Board Papers
18 July 2019	3.1 and 3.2	WAST Trust Board Papers 18 July 2019
19 September	3.1 and 3.2	WAST Trust Board Papers 19 September 2019
21 November 2019	3.3 and 3.4	WAST Trust Board Papers 29 November 2019

30 January 2020	3.3	[WAST Trust Board Papers 30 January 2020](#)
28 May 2020	3.1	[WAST Trust Board Papers 28 May 2020](#)

Ambulance Quality Indicators

Each health board receives a performance indicator dashboard, from Welsh Government, to ensure consistent reporting in their annual reports. The Trust is not a health board and is a commissioned service by EASC; consequently, Welsh Government do not issue a dashboard to the Trust.   Whilst no dashboard exists, the Trust is amongst the most transparent ambulance services in the World, with the publication of the quarterly (no publication in quarter 4 due to CoVID-19 response) AQIs by EASC.

http://www.wales.nhs.uk/easc/ambulance-quality-indicators

Whilst no Welsh Government dashboard for the Trust exists, the Trust does report its performance to Welsh Government, against a range of measures. This information is detailed in section x above. Similarly, the Trust has developed its own dashboard, which is reported to each Board as part of the Integrated Quality & Performance Report. There was no 2019/20 end of year version of this report due to CoVID-19, but via the Trust Board papers you can review each Quality & Performance report to Board following the links in the table above.

Performance Report Contact Details

Should you require any further information on this Performance Report, please contact:-

Hugh Bennett
Assistant Director, Commissioning & Performance
hugh.bennett2@wales.nhs.uk, 07788 183961

AGENDA ITEM No	5.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

PROCEDURAL MATTERS

MEETING	Trust Board
DATE	30 July 2020
EXECUTIVE	Board Secretary
AUTHOR	Corporate Governance Officer
CONTACT DETAILS	Steve Owen, 01745 532994, steven.owen2@wales.nhs.uk

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

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

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

Minutes

1   To confirm as a correct record the minutes of the open and closed sessions of the meeting of the Board held on 25 June 2020.

Matters arising

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

Delegation of approval of the Annual Quality Statement to the Quality, Patient Experience and Safety Committee (Quest)

3   Due to revised approval deadlines in respect of the Annual Quality Statement, the Board is asked to delegate approval of the AQS to the Quest Committee.

RECOMMENDED: That

(1)   the minutes of the meeting of open and closed sessions of the Board held on 25 June 2020 be confirmed as a correct record and consideration be given to any matters arising, together with the actions set out in the action log; and

(2)   the Board delegate approval of the Annual Quality Statement to the Quest Committee.

AGENDA ITEM No	5.1a
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

TEMPORARY AMENDMENT TO STANDING ORDERS

MEETING	Trust Board
DATE	30 July 2020
EXECUTIVE	Board Secretary
AUTHOR	Assistant Corporate Secretary
CONTACT DETAILS	Tel: 01745 532906 Email: Mike.Armstrong@wales.nhs.uk

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

REPORT PURPOSE	To approve a temporary amendment to the Trust's Standing Orders.
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	30 July 2020	Approval

Procedural Statement - Temporary Amendment to Standing Orders

1   In March 2020, in response to the Covid-19 pandemic the Welsh Government agreed to delay the date by which NHS bodies were required to hold their Annual General Meetings (AGMs) from before the end of July to before the 30 November 2020. As a consequence of this decision, and in accordance with Welsh Health Circular 2020/011, Trust Board are asked to approve the following temporary change to Paragraph 7.2.5 of Standing Orders.

"7.2.5 The Trust must hold an AGM in public no later than 30 November 2020."

2.   This temporary amendment will cease to have effect on the 31 March 2021. At that point in time, the Trust's Standing Orders will revert back to the current wording that the Trust must hold an AGM in public no later than the 31 July each year

RECOMMENDATION

That the temporary change to Paragraph 7.2.5 of Standing Orders be APPROVED.

**UNCONFIRMED MINUTES OF THE <u>OPEN</u> MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 25 JUNE 2020
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
Bethan Evans	Non Executive Director
Pam Hall	Non Executive Director
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Planning and Performance
Chantal Patel	University Representative
Claire Roche	Executive Director of Quality and Nursing
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce & OD

IN ATTENDANCE

Mike Armstrong	Assistant Board Secretary
Julie Boalch	Corporate Governance Manager
Stephen Harrhy	Chief Ambulance Services Commissioner
Leanne Hawker	Head of Patient Experience and Community Involvement
Isobel Jones	Partners in Healthcare Engagement Coordinator
Lois Hough	Head of External Communications
Mandy Jenkins	Partners in Healthcare Coordinator
Fflur Jones	Audit Wales
Steve Owen	Corporate Governance Officer
David Poland	Audit Wales
Jeff Prescott	Corporate Support Officer
Chella Rowes	WAST
Anthony Veale	Audit Wales
Rachel Watling	Head of Internal Communications
Andy Woodhead	Presented the patient story

APOLOGIES

Damon Turner   Trade Union Partner

OBSERVERS/MEMBERS OF
THE PUBLIC

 45 viewed on Facebook

61/20   WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and advised that it was an open session of the Board; it was being conducted through the medium of Zoom and broadcasted on Facebook. Specific welcomes were for Andy Woodhead who was presenting the patient story, Stephen Harrhy Chief Ambulance Services Commissioner, and Anthony Veale from Audit Wales. He further advised that it was a meeting in public, not a public meeting, however members of the public had been invited to submit questions in advance and these appeared later on the agenda.

Apologies

Apologies were recorded in respect of Damon Turner, Trade Union Partner

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, Councillor of Llannon Community Council and Chantal Patel as a Member of Swansea Bay University and Chair of Swansea Bay University Health Board Clinical Ethics Committee.

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

6220   CHAIR INTRODUCTION AND UPDATE

The Chair gave an update on the latest developments with regards to meetings with partners and stakeholders he had attended.

There had been an indication at these meetings that the health service was starting to see a return to a wider arena of business.

He drew attention to the items on today's agenda and gave a brief explanation in respect of each one. Highlights included the CEO update, patient story and questions from the public with a particular interest around volunteering. Towards the end of the agenda there was a paper relating the pay agreement regarding the Urgent Care Service; thanks were extended to the Trade Union partners for their collaboration in settling this dispute.

RESOLVED: That the update was noted.

63/20   CHIEF EXECUTIVE UPDATE

The Chief Executive in providing his update stated that the last few months had been focused primarily on Covid-19 with standard business being on hold to a certain extent.

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

1. Acknowledged it was Armed Forces week and placed on record his thanks for their support and assistance during the last few months

2. Infection Prevention Control (IPC) and the challenges this brought. The Trust had been required to respond rapidly, develop and adapt to the issues of decontaminating vehicles, facilities and equipment beyond its normal capacity. The Board noted there would be further investment in IPC going forward

3. Safeguarding – Vulnerability and the impact of the pandemic was a live issue for the Trust. There were risks to children and domestic abuse remained a concern; staff had been reminded to be aware of this and look out for any potential signs of domestic abuse

4. Business continuity and recovery planning – As part of the Command, Control and Communications structure several cells had been established. The most active cell at present was the Business Continuity and Recovery cell which was working on how Trust staff would return to work in the future. This was expected to be a phased return with a mixture of office and home based working. Every Trust premises would be subject to a risk assessment to ensure they were Covid secure

5. Recruitment - The Trust continued its effort to increase recruitment despite the pandemic and remained on course to recruit additional staff which in turn, would increase capacity across the organisation. The Board acknowledged the work undertaken by all the teams involved with recruitment

6. New Entrant Training - This was now taking place digitally with virtual delivery of the majority of the training programmes. The education team were to be praised for their adaptability and agility in providing this new style of learning during the pandemic. The Board noted that feedback from candidates had been very positive

7. Wellbeing - Work continued to be undertaken in supporting staff and recognising their needs by further exploring the options available in terms of welfare support. The Trust had now appointed a full-time pastor, Mike Shephard, as well as a clinical psychologist to support staff

8. Cardiff Make Ready Depot - Work was scheduled to begin on this imminently and planning remained on course

9. iPads – the provision of these to all staff had commenced and the roll out should conclude by August 2020

10. Black Lives Matter - The Trust encouraged discussion amongst staff in this area; and the Board should recognise the Trust's commitment to mobilising its resources and its focus towards delivering year one objectives from the Strategic Equality Objectives.

Comments:

1. Was the Trust able to maintain IPC Commitments when military support was withdrawn? Jason Killens advised the Board that proposals were being developed to sustain IPC commitments once military support was withdrawn which would require investment

2. Mental Health support, how would this continue following the closure of the mental health clinical support desk?   Claire Roche explained that following the closure, a full review would be conducted to consider the lessons learnt and how these could be built upon and taken forward. Stephen Harrhy commented that there was engagement and full support from EASC who would continue to work with colleagues across all sectors

3. Claire Vaughan informed the Board that the first cohort of digitally trained EMT's were due to complete their training very soon. She was confident that the virtual training had not been disadvantageous to their learning Furthermore, the Trust was actively working on the well- being strategy aiming for an early draft of the scope and intent to be presented at the July People and Culture Committee meeting

RESOLVED: That the update was noted.

64/20   PATIENT STORY

Andy Woodhead introduced himself to the Board and gave an overview of his background. He briefed the Board on the several projects he was working on which included dementia friendly courses and revision of the Nursing degree in Wales, the latter by introducing more people centred issues. He was also involved with the Alzheimer Society and worked with them as much as he could.

Andrew was diagnosed with Lewy Body dementia seven years ago. He has since being diagnosed with vascular dementia. At the time this diagnosis was devastating and he had to take each day at time, having to give up work immediately. Dependence on other people had become a huge factor, which included a loss of privacy. For each person the journey was different as there were many types of dementia. The major struggle for Andy was the loss of confidence and also the battle with depression.

He spoke to the Board about his carers experiences during the Covid-19 pandemic. Life during the lockdown had proved difficult for his Husband/Carer and son. Due to an underlying health condition, Andy had to shield for the entirety of lockdown which had in turn, affected his mood.

Andy noted that his diagnosis didn't just affect him personally, but had also had a profound impact upon those around him. Another issue was sleep disturbance which had become much worse during lockdown. The transition from husband to carer changed the dynamics of the household for Andy's husband and altered their relationship with him now being relied

upon to provide support. However, with support from the Alzheimer's society, they have managed to adapt.

Andy noted from statistics provided by the Alzheimer's society that almost 80% of people suffering with dementia had reported feeling lonely during the pandemic and over 25% felt that the lockdown had made their condition worse. This also placed a heavier burden upon those providing care to dementia sufferers. Long periods of isolation and loss of routine were particularly damaging.

Comments:

1. Have you used any healthcare during the lockdown and how did you find it? He had been due to attend hospital for a couple of issues but refused to attend out of fear of catching Covid-19.

2. Could the Trust have done anything to improve your situation? If there had been a requirement to be taken to hospital, having worked with the Trust previously, he would have been confident that the Trust would have been very helpful and supportive.

3. In terms of returning to normal and getting back out into the community, what would help with your confidence? Some people with dementia would find it very difficult to return to normal. Dementia affects people from all walks of life and from many different backgrounds. From Andy's perspective, it would be a case of taking small steps towards building confidence and a gradual introduction into the community.

4. How has your husband coped and what should the Trust consider for its staff who were also carers going forward? He has coped well and not found it as stressful as feared. However, the understanding dementia course he attended has gone a long way towards enabling this. By understanding the disease through research would be beneficial for carers allowing them to understand more

5. Claire Roche added that carers must have an emergency care plan in place should they (carer) become ill emphasising that this message would be reinforced. Andy Woodhead stressed the importance of having an emergency plan in place for carers and reiterated how important their role was

Members thanked Andy for his compelling and powerful insight into how he was dealing with dementia and also from the Carer's perspective. He was also thanked for all the work he continued to do not only for the Trust but in other aspects of the health service

Andy thanked the Board for giving him the opportunity to tell his story adding that he was willing to field any other questions by e mail.

RESOLVED: That Andy's story was received and noted

65/20   TRUST BOARD ANNUAL ACCOUNTS PROCESS

Annual Accounts 2019/20

Chris Turley presented to the Board the final accounts for 2019/20, noting that there had been revised deadlines in light of the pandemic. These now needed to be submitted to WG

by 30 June 2020, a month later than normal. He added that they had been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

The Board recognised that the Accounts had been presented to the Audit Committee on 18 June 2020 and there had been no change to the accounts since then.

He drew attention to the following areas:

1. There had been a retained surplus for the year of £45k; effectively a break even position. Income was just under £212m, an increase of £24m from the previous year; details of the increase included a general uplift of 2% for pay (£4m) and the increase in 111 funding (£2m)

2. A notional value had been added to all NHS Wales accounts for the increase in employer's pension contributions by 6.3% from 1 April 2019. This had been fully funded by Welsh Government

3. The impact of COVID-19, an extra note had been added to the accounts to identify the revenue and capital costs. Additional income from Welsh Government to fund this for year 2019/20 was not required. The Trust was able to make adjustments in other areas to offset the costs.

4. The capital expenditure was delivered in line with the Welsh Government capital expenditure limit

5. Tangible fixed assets, the Net Book Value at the end of the financial year was carried forward balance of £88m

6. Debtors – this had increased by £2m which mainly related to the Welsh risk pool provisions

The final approved and audited annual accounts were due to be submitted to Welsh Government by 30 June 2020 in line with the agreed timetable. A note of thanks was afforded to all those involved in the production of the accounts; especially Jill Gill.

Comments:

Members noted that the issue raised at the Audit Committee meeting regarding Assets Under Construction had been resolved

Accountability Report 2019/20

Keith Cox provided an overview of the report explaining that it was in the same format as in the previous three years and was a Welsh Government requirement.

The report comprised of three parts: a Corporate Governance Report (which included the Annual Governance Statement that historically was produced as a standalone document), a

Remuneration and Staff Report and a Parliamentary Accountability and Audit report. An explanation was given both on the content and the importance of each report. It should be noted that details of any Covid-19 issues which had impacted on governance procedures, were included within the report

The final approved accountability report was due to be submitted to Welsh Government by 30 June 2020 in line with the agreed timetable.

The key document in the report was the Annual Governance Statement which detailed the Trust's governance arrangements and how they had been complied with. Any comments received by Audit Wales and Welsh Government had been accepted and amended as required.

A note of thanks was recorded for Mike Armstrong in the coordination of the document.

Comments:

1. Anthony Veale confirmed that the various document had been prepared in accordance with the relevant guidance and was consistent with Audit Wales' knowledge of the Trust

2. The Board noted there had been a couple of minor amendments requested following the Audit Committee that had since been rectified

RESOLVED: That the Trust's Annual Accounts and Accountability Report for 2019/20 were approved and that, following this, the documents were signed in accordance with Welsh Government requirements, on this occasion digitally, and formally submitted to Welsh Government.

66/20   AUDIT WALES – AUDIT OF FINANCIAL STATEMENTS REPORT 2019-20

Anthony Veale, in presenting the report commented that the overriding conclusion was that Audit Wales would be issuing an unqualified audit opinion on the financial statements.

He made reference to when the draft accounts had been presented to the Audit Committee last week noting that there were a number of audit areas outstanding; these had now been completed.

One issue highlighted in the report was in relation to clinicians' pension tax liability, consequent upon a Ministerial direction issued in December 2019. The impact on the Trust was likely to be minimal, nevertheless, a contingency liability narrative note had been entered in the accounts – this has had no impact on the Audit Wales opinion.

He asked for a note of thanks to be recorded for Chris Turley and his team in the preparation of the accounts under the current challenging circumstances.

RESOLVED: That the report was noted.

67/20   QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon advised the Board there had been a number of queries about the Trust's use of volunteers which included; how have the CFR's been employed during the

pandemic, how have they been managed, what was the position on the volunteer strategy and how would CFR's be optimised going forward?

These were addressed by the Director of Operations Lee Brooks:

1. Firstly the decisions regarding CFR's had not been made lightly and the Trust understands the frustration.

2. Anyone who met the criteria in the vulnerable category, e.g. over 70 years of age was immediately stood down. He added that certain measures would be lifted once WG advice was received

3. Due to the exposure to Aerosol Generated Procedures, it was considered a risk to send CFR's to red incidents, specific guidance had been provided to staff.

4. CFR activity did not cease in entirety, there were other opportunities for CFR's during the pandemic; consolidated training to assist in the NEPTS, and the ability to be a second operative on RRVs especially in the assistance of donning and doffing of PPE.

5. It was noted that CFR's in North Wales established a 24/7 falls response unit which had been quite active

6. The R rate was reducing and the Trust was considering implementing more regular CFR arrangements within the next few weeks

7. In terms of the volunteer strategy, currently the plan was to discuss this with CFR's; there was a live Q and A session taking place next Thursday to explore whether their expertise could be utilised to enable and develop the strategy.

8. It was expected that virtual training would be rolled out to volunteers going forward

Other questions raised through Facebook

1. Online training - was all training going to be online going forward? Claire Vaughan commented that digital training had opened up more opportunities. It was unlikely that a full online delivery of all the training provided by the Trust would be implemented going forward; there would be elements of certain courses where this would not be practical and face to face is required.

2. EMT recruiting – when was this happening? Claire Vaughan confirmed that the Trust's recruitment and training plan indicated it would be advertising for EMTs in the latter part of the year, for an anticipated January 2021 start to training. There was an ongoing and regular need for Urgent Care Assistants across Wales, and particularly in the Aneurin Bevan area as a result of developments with the Grange Hospital. Further information can be provided should anyone interested wish to contact the Trust directly or by observing NHS jobs online at www.jobs.nhs

3. Why have managers not been more visible? Lee Brooks explained that ordinarily, managers would have been more noticeable on the front-line; however due to the current restrictions it had not been possible to be greatly visible due to the risk of

contracting or spreading the virus. He added that efforts to be made visible in a different way, i.e. the use of digital platforms had been successful

Estelle Hitchon thanked the members of public for posing the questions; any further comments should be logged on Facebook going forward.

The Chair commented that the Non Executive Directors were also frustrated as their appointments and engagements had also been restricted to virtual ones, nevertheless the sensible decision was to work virtually.

RESOLVED: That the questions were received and acknowledged.

68/20   INTEGRATED MEDIUM TERM PLAN (IMTP) - QUARTER ONE REVIEW

Rachel Marsh updated the Trust Board on the priority areas of the Integrated Medium Term Plan (IMTP) and the ongoing process for reviewing IMTP deliverables and the approach to prioritising deliverables as the Trust continued to respond flexibly to the Covid-19 pandemic and plan for recovery.

The Board had previously received an update at its meeting in May on the progress against the IMTP deliverables and associated work programmes that had been identified as priorities during the Covid-19 response phase. This highlighted that the level of resource required to support core services during the response phase meant that programmes of work to deliver the IMTP had to be scaled down temporarily.

However, whilst the Trust had not yet reinstated a formal, separate delivery mechanism previously overseen by the Strategic Transformation Board, it had maintained a line of sight through the Executive Management Team and Business Continuity and Recovery Cell.

Since the last Trust Board meeting the position remained largely the same, with the following key points to note:

1.   The Recruitment and Training work stream within the EMS Demand and Capacity implementation programme remained on track.

2.   The work to develop and implement the transport solution for the Grange University Hospital was progressing at pace, and joint working with Aneurin Bevan University Health Board had brought the Trust close to the final clinical model which would consider the transport implications

3.   111 implementation - the position was as reported in May, although the aim was to work towards full implementation fully into Cwm Taf Morgannwg by the end of September 2020.

4.   The Integrated Clinical Hub deliverable remains red, as the resources required to progress the findings of the CCC clinical review were focussed on maintaining capacity during the ongoing response to COVID-19.

5.   The ePCR business case, Estates SOP and Fleet SOP have all continued to progress internally but delivery will depend partly on the final position on the availability of capital funding in Wales.

6. Additional priorities as a result of the pandemic has required more work to be undertaken; The Executive Management Team were considering the priorities in more detail which will also include setting out an agreed set of principles to assist in making the choices in developing and implementing the priorities. This information would be included in the next report

7. The Quarter two plan required submission by 3 July 2020; the Board noted that a one item Board meeting was scheduled for 2 July to consider and approve the plan

Comments:

1. Jason Killens added that the Q2 plan intended to build on Q1 plan and take the Trust into the winter period. It will primarily focus on the service lines in 111, EMS and NEPTS and also focus on the Trust's wider role as the only national clinical service provider in Wales. In regard to the priority actions, the Trust was still very much focused on response. Whilst the Trust does have emerging capacity as it came out of the acute response phase to the pandemic, it was not back to business as usual just yet.

2. Stephen Harrhy commented that the Trust had responded very well to the first wave of the pandemic. It would be disappointing to lose some of the initiatives that had been established very quickly during the pandemic. Jason Killens added that the Trust would continue to respond to the pandemic and ensure that it was resilient and ready should there be a second wave

3. Health Boards – when would they be switching their activity back on? Rachel Marsh advised that WG had carried out some modelling to see what could be restarted. The Trust had a good relationship with all of the Health Boards which would enable the Trust to ascertain the implications going forward

4. Will the reduction of discretionary capital as a result of Covid-19 have a negative impact on the IMTP and 2nd Quarter activities? Jason Killens explained there was a potential for this to happen, however it was not clear at this stage if there would be any adjustment to the discretionary capital allocation for this year. Should there be an adjustment that would inevitably have an impact on the Trust's capital discretionary programme and those schemes within that would be prioritised accordingly

5. How quick would the Trust be able to respond to the increasing demands of Health Boards? Rachel Marsh explained that as part of the Q2 planning the Trust was working on a range of scenarios to develop a degree of flexibility going forward.

RESOLVED: That

(1)   the interim review of progress made on the priority IMTP deliverables in Q1, in light of the COVID-19 pandemic response was noted; and

(2)   the two overarching risks to delivery, pending a full evaluation of such risks as part of our recovery planning process were noted.

69/20   MONTHLY INTEGRATED PERFORMANCE REPORT

Rachel Marsh presented the report as read and drew the Board's attention to the following points:

1. Further work was being undertaken to align the actions being taken from the IMTP that would drive improvements in a particular indicator

2. The report will continue to be reviewed to ensure it was fit for purpose and would be reshaped going forward

Comments:

1. Hear and Treat, would there be an upturn in performance once the Trust returned to a more conventional arrangement? Rachel Marsh mentioned it was a key part of the demand and capacity review; the feasibility of improving the Hear and Treat rate was articulated in the review and identified there was a potential to reach 10.2%. There was still further work to be carried out in this area to reach that. Lee Brooks added that the Clinical Contact Centre clinical review, due to be conducted in the near future, would highlight the potential for opening up access to remote pathways. Dr Brendan Lloyd commented that Hear and Treat pathways would change considerably reflecting a different future

2. Jason Killens alerted the Board to emergency ambulance production as a result of: overtime incentives, support from defence and a reduction in underlying absence led to an improved Unit Hours Production (UHP) of the emergency ambulance fleet. This had been delivered at a time when there was considerably lower core activity and a near eradication of handover delays. . As the surge capacity starts to lessen, UHP would reduce and as activity returned to normal, response performance would decline. Stephen Harrhy commented that a decrease in some of the performance was understandable but it was critical to get the balance right in a managed and measured way in terms of the ability to deliver with the resources available. He added that the issue of handover delays was being taken very seriously across the whole health system

RESOLVED: That the performance outlined in the May Monthly Integrated Quality and Performance Report was noted and discussed.

70/20 FINANCE REPORT MONTH TWO

Chris Turley presented the report as read and drew the Board to the following key highlights:

1. It was a balanced position – with the caveat in terms of costs as a result of the pandemic, hopefully funding allocations to support the extra costs would be made available by WG

2. The Trust was meeting more collectively, in particular the Executive Finance Group, focussing on the residual savings requirement

Comments:

Martin Turner, Chair of the Finance and Performance Committee, commented that the Board should note there was a savings target within this financial year.   Also, whilst the

Trust was in a balanced position, a lot of overspend was being offset by a lot of underspend. This will be considered in more depth going forward. The funding framework in this financial year will, more than likely, be affected by Covid-19. Chris Turley advised that the issue in respect of the majority of overspends and underspends had been addressed. He noted the comments and these would be addressed at the next Finance and Performance Committee meeting.

The Board noted that the volatile positon on capital funding required discussion in the closed session with a report being made to the public in due course

RESOLVED: That

(1) **the Month 2 revenue and capital financial position and performance of the Trust as at 31st May 2020 was noted; and**

(2) **the Month 2 Welsh Government monitoring return submissions included with Appendix 1 (as required by WG) was noted.**

71/20 RISK MANAGEMENT REPORT

Claire Roche explained that the method of reporting risks to the Board and Committees was changing to a more dynamic one with reports being illustrated on a real time basis.

The Trust had now fully adopted the DATIX Electronic Risk Management Module and all risks were recorded in one central electronic repository.

The Assistant Director Leadership Team would have a key role in that they would now be monitoring and reviewing risks on a monthly basis; with subsequent reporting to the Executive Management Team on a frequent basis.

Comments:

The Chair of the Audit Committee, Pam Hall, commented that they had welcomed the move to live reporting; noting that each of the risks were assigned to the relevant committee.

RESOLVED: That the proposed transition to the Audit Committee receiving a Risk Management Report as opposed to a Quarterly Corporate Risk Register Report, supported by a real time electronic Risk Register was received and noted.

72/20 PATIENT SAFETY HIGHLIGHT REPORT

Claire Roche explained the purpose of the report was to provide assurance to the Board on patient safety related topics, focussing on monitoring and learning.

This report was specifically focussed on the period January 2020 – March 2020, highlights from it included:

1. The Trust had seen an increase of 22% in terms of lost hours relating to handover delays when compared to the same period last year

2. High level themes and trends from the portfolio of Serious Adverse Incidents, Claire gave examples of the learning from these incidents

3. Tier one target Putting Things Right (PTR) performance; there had been a reduction in this performance and there was now a focus to improve in this area. Of particular note was the reduction on performance of the two day acknowledgement of concerns during March. The Board should note that during April and May there had been a significant improvement

4. The PTR team was also focussing on ensuring that investigations were concluded within the 30 day target

Comment:

Emrys Daviee, Chair of the Quest Committee explained there had been issues in obtaining responses to investigations; this had been as a result of the pandemic with PTR staff being deployed on other activities

RESOLVED: That the report was noted.

72/20   CONSENT ITEMS

1. The Minutes of the Trust Board meeting of 28 May 2020 were confirmed as a correct record.

2. The Board considered the Action Log and noted that the explanations were up to date.

3. The Board noted and ratified the decisions taken in the Chair's Action meeting on 5 June 2020 as described: Urgent Care Service – The costs associated with the business case for Welsh Government (Settlement Terms) which were in the region of £480,000, recognising that this was within the provision that had already been made within the 2019/20 Annual Accounts, was approved.

Update from Committees

People and Culture – Further to the written briefing provided an update was given by Paul Hollard which included:

1) Response on planning for Covid-19

2) A note of thanks had been recorded to all the teams across the Trust during the pandemic

3) Next meeting was on July 14 2020, this would include a discussion on issues surrounding the assurance ratings on some of the Internal Audit reviews which will be referred back to the Audit Committee

Audit Committee - Pam Hall drew the Board's attention to the following:

1) Annual Accounts

2) Revised internal Audit plan was considered and approved

3) Outstanding recommendations on the Audit Tracker, the Committee had considered these in further detail

4) Counter Fraud – Annual Report and Annual Plan were approved

Minutes of Committees

1. Audit Committee 5 March 2020
2. People and Culture Committee meeting 10 March 2020
3. Charitable Funds Committee 2 June 2020

RESOLVED: That

(1)   The Minutes of the Board meeting of 28 May 2020 were confirmed as a correct record;

(2)   The Chair's action as described was noted and ratified; and

(3)   the Committee updates were noted and the Minutes of the above Committee meetings were endorsed.

73/20   ANY OTHER BUSINESS

Jason Killens drew the Board's attention to the following:

1. This year, Pride month would be supported virtually, and colleagues were encouraged to attend

2. The Board formally noted the sad passing of former CFR, Brain Foley recognising his outstanding contribution to the Trust for many years.

RESOLVED: That the AOB was noted.

Date of next meeting: 30 July 2020

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 28 May 2020

CURRENT ITEMS

No:	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
29	84/19	21 Nov 2019 And 28 May 2020	University Status application	To provide an update on the application process – timescales	Estelle Hitchon	Lead NED, Lead Director and Board Secretary have met to discuss and review progress thus far and that the outcome of enquiries with Welsh Government in relation to the timeline for the submission of any application is awaited. People and Culture Committee has been updated on progress.
30	84/19	21 Nov 2019 And 28 May 2020	University Status governance process	To provide an update on TOR, Committee structure etc...	Keith Cox	On agenda
31	87/19	21 Nov 2019 And 28 May 2020	IMTP 2019/20 Quarterly update	Future reports should contain a RAG rating for the action and one for action outcome	Rachel Marsh	This will be included once normal reporting measures are re-established
32	87/19	21 Nov 2019 And 28 May 2020	IMTP 2019/20 Quarterly update	Amber review - Within the narrative, list the actions that other organisations were responsible for and a separate list for the Trust's actions.	Rachel Marsh	As above

No:	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
34	93/19	21 Nov 2019 And 28 May 2020	Revised Standing Orders	Query why HEIW not included	Keith Cox	Response still awaited from Welsh Government
35	CLOSED SESSION 39/19	21 Nov 2019 And 28 May 2020	Staff Story	Safeguarding Group to link in with the People and Culture Committee to develop the Trust's thinking, next steps and strategies around violence and aggression	Claire Roche Claire Vaughan	Update to be provided at Trust Board meeting on 1 October, following the People and Culture meeting in July.
36	28/20	26 Mar 2020 And 28 May 2020	Pilot Nurses initiative	How was this progressing? A further and more comprehensive update would be provided at the next Board meeting.	Claire Roche	The pilot and the evaluation were interrupted as a result of the Covid-19 pandemic. This evaluation is going to EMT on the 29th July and will be presented at TB on the 1st October

Director Update

The Director of Workforce and OD provided Committee members with an overview of some key pieces of work progressing under the People and Culture agenda; this included a virtual careers fair targeted specifically at armed forces personnel and veterans, facilitated as part of **Armed Forces Week**. The success of this event has prompted the organisation to refresh and renew its interest in developing a career pathway for military personnel, which aims to break down some of the barriers currently present (including notice periods and qualification equivalence). Conversations around **race and equality at national level** were shared, and plans to progress work at local level considered, with Committee members suggesting development of monthly podcasts around inclusion and presentation of a staff story at all future PCC meetings. Colleagues discussed compliance with the **band 6 paramedic competencies**, recognising the positive progress despite the challenges presented by COVID. Attendees were appraised of progress of the recently negotiated UCA deal and noted good progress is being made to deliver the education programme associated with the transition from UCS to EMT and review of the UCS job description in partnership.

Supporting the Survivors

The Committee received a presentation by the Head of Safeguarding entitled 'Supporting the Survivors', following on from the recent Board discussion regarding Domestic Abuse. The presentation prompted rich discussion around next steps for the organisation in terms of safeguarding training and compliance, corporate responsibility and links between the organisation's Safeguarding and Wellbeing agendas.

Workforce Performance Scorecard

Colleagues were provided with an overview of current performance against workforce KPIs; this discussion centred around the CTL review, workforce planning, statutory and mandatory training compliance and plans to reintroduce PADRs. Colleagues agreed to bring an update regarding progress against the CTL review, including timescales, to the October PCC meeting, and for further analysis work to be undertaken to better understand the impact of COVID on sickness levels.

OH Update

The Organisational Culture and Workplace Wellbeing Lead shared with the Committee the excellent work undertaken to improve WAST's Occupational Health and Wellbeing Support Service in recent months. Members were pleased to learn that risks associated with a lack of intelligence around immunisation history are being successfully addressed and the Team is making progress on introducing health surveillance services, starting with skin surveillance. The Director of Workforce and OD formally thanked the OH team and particularly the OH Manager for the significant efforts of colleagues in realising these improvements.

Welsh Language Update

The Board Secretary provided the Committee with an overview of progress to date in relation to implementation of the Welsh Language Standards across the organisation. The Trust's positive performance during a recent assessment exercise was recognised and colleagues discussed the opportunities presented by Office 365 and Microsoft Teams in addressing some of the identified challenges around translation and provision of education services through the medium of Welsh.

Wellbeing Strategy

The Committee received an update regarding development of the Wellbeing Strategy, with the Trust's Organisational Culture and Workplace Wellbeing Lead sharing key ideas and themes that have influenced the document. Feedback from the Committee was extremely positive, particularly in relation to the concept of lifelong links and inclusion of colleagues' families in our plans. A discussion was held regarding the opportunity for the Trust's Charitable Funds Committee to support establishment of an association for service leavers / retirees, and a request was made to consider how we make clearer our offering to non-EMS colleagues.

WAST Response to EEAST Report	The Committee was provided with a summary of the learning and recommendations shared by EEAST colleagues following a number of unexpected staff deaths. A benchmarking exercise was undertaken against the recommendations, led by the Trust's Organisational Culture and Workplace Wellbeing Lead, to understand the level and range of support offered by WAST. Current good practice was acknowledged and Committee members agreed that further work should now be undertaken to develop a specific Death in Service policy.
Operations Update	The Director of Operations shared progress made in relation to the Resource Availability programme following recent recommencement, including establishment of a dashboard and a review of associated workstreams. The Committee received the Quarter 1 Operations Update, which detailed progress in relation to addressing key risks, introduction of the Operational Delivery Unit, COVID-19 incident evaluation, scale back arrangements, recognition of the contribution of our volunteers, plans associated with the opening of the Grange University Hospital and the ongoing NEPTS Demand and Capacity review.
L&MD Strategy Update / COVID Staff Survey	The Committee was provided with an overview of progress to date in relation to delivery of the Leadership and Management Development Strategy, with members recognising the adverse impact of COVID and current vacancies within the team on plans. Work is underway to revise the programme and an update will be shared with the Committee at the October meeting. Members received a presentation from the Trust's OD Project Support Manager regarding the key findings of the COVID Staff Survey, which prompted discussion around the importance of colleague involvement and feedback in shaping organisational plans, and the need for a structured approach to engagement activity to enable a connected conversation and engagement on a number of future strategic developments.
CAF / Audit	The Director of WOD summarised the key risks and issues outlined within the Committee Assurance Framework, and provided an update regarding work underway to address these. Linked to the CAF, an update was also provided in relation to the recommendations of recent internal audits undertaken within the workforce management domain. Given timescales of upcoming Audit Committee meeting and the need for a comprehensive update to be provided regarding PCC actions in response to these internal audits, PCC members agreed for a full report to be circulated for comment in preparation for submission to Audit Committee on behalf of PCC.
CAF / Audit	The Trust's first annual Anti-Violence Collaborative Case Management Report was presented to the Committee for endorsement, detailing the reported number of incidents of violence, associated court outcomes and measures taken by the organisation to reduce the incidence of violence against staff. The report, which covers the period 1st January – 31st December 2019, demonstrates that of the 366 incidents reported via DATIX, 23 cases were prosecuted at court, and sanctions imposed ranged from financial penalty (18) to (custodial sentence (9).
WASPT Activity Report	The Deputy Director of WOD shared the WASPT Activity Report, outlining key achievements and successes of the last 6 months. Colleagues commented on the range of activity and impact demonstrated, and a discussion was held around the opportunity to share the report more widely in order to celebrate the significant work. Members acknowledged the challenges presented by COVID in terms of partnership working but agreed that strong commitment remains from the perspective of both managers and TU partners.
Policy	The revised All Wales Reserve Forces Training and Mobilisation Policy was presented to the Committee for approval, noting the disruption to the usual approval route. Members accepted the recommendation that the policy be adopted, and agreed for this to be retrospectively reported via the Trust's Trade Union Partner Cell.

| **Employment Tribunal Case: Lessons Learned** | The Committee was appraised of the recommendations made to WAST following a recent Employment Tribunal case relating to dismissal on the grounds of gross misconduct. Whilst the Trust successfully defended the allegation of unfair dismissal, a series of recommendations were made in relation to investigation timescales, recording of meetings and policy wording; this work will be addressed within the WOD Directorate. |

AGENDA ITEM No	5.2b
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

TRUST BOARD UPDATE FROM THE FINANCE AND PERFORMANCE COMMITTEE

MEETING	Trust Board
DATE	30 July 2020
EXECUTIVE	Board Secretary
AUTHOR	Corporate Governance Officer
CONTACT DETAILS	Email: Steven.owen2@wales.nhs.uk

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	2.1, 7.1

REPORT PURPOSE	To provide the Board with an update from the last Committee meeting
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	30 July 2020	For Noting

SITUATION

1.   The Board currently receives brief updates from its Committees in a Power Point presentation format, albeit as a written document. The current format is being reviewed and this SBAR is in the absence of the usual update.

BACKROUND

2.   The Power Point presentation previously captures the main points from the Committee's last meeting and is an enabler for the Board to receive a contemporary snapshot of recent Committee business.

ASSESSMENT

3.   The following points below represent the main items discussed at the last meeting of the Finance & Performance Committee meeting on 16 July 2020:

OPEN SESSION

1)   **Operations Update report –** Members noted the current position and acknowledged the work of the operations directorate during the pandemic.

2)   **Business Continuity Audit – Business Continuity (BC) Plan Testing Arrangements –** Members were presented with the BC annual report which had been prepared following a recommendation from an audit in 2018. The Committee recognised there were still further improvements and welcomed the progress from the previous year.

3)   **High risk Record Policy -** The policy was presented to the Committee for approval. Members discussed the policy in further detail and recognised that there may be a further revision following a recent incident in relation to the existing policy; the policy was approved noting that a revision may soon follow.

4)   **Financial Performance as at Month 3 –** the position as at month 3 was presented to the Committee which was an underspend of £10k. The Committee noted that the Trust was still on track to deliver both a balanced position and savings, subject to the management of a number of risks identified and discussed.. Members were given details of the Covid-19 revenue spend to date which was £5.127m, for which the Trust is expecting full funding from WG. Capital funding was also discussed on which the Committee considered the impact of Covid-19 on capital plans for 2020/21 and potentially beyond.

5)   **Update on IMTP – 2020/21, Recovery Principles –** The Committee considered the report noting the recovery principles and the associated risks. A detailed discussion was held in terms of the impact for the Trust with the opening of the Grange University Hospital; namely the recruitment of an additional 84 staff. Members also considered the current situation in terms of PPE availability.

6) **Monthly Integrated Quality and Performance Report –** The main focus for the Committee's attention included the variations in red performance in Health Boards in which Members noted this was constantly under review to identify the areas of significant variation. Members recognised the clear correlation between performance and hospital handover delays. Other areas of discussion included sickness absence and Serious Adverse Incidents.

7) **Patient Level Information Costing System –** This is a software package that collates both financial and activity data. The Committee noted this project had currently been put on hold as a result of the pandemic; however it was anticipated that the testing stage would now be completed by December 2020.

8) **Corporate risks Relevant to the Committee/Development of a Committee Assurance Framework and Internal Audit Actions Referred from the Audit Tracker –** The Committee were advised that a more comprehensive report on both the development of a CAF and the audit tracker would be presented at the next Committee meeting. The Committee however did recognise that progress was being made on some of the recommendations which had been delayed as a result of the pandemic.

9) **ISO14001 – Annual Sustainability Report -** Members recognised that the report would be included as part of the Trust's annual report which will be presented to the Board on 30 July 2020. The report was still in draft and was currently being audited by Internal Audit. It was noted that going forward and due to the increase in the number of Trust vehicles, it was likely that the carbon footprint for the Trust had the potential to increase, significant mitigations will therefore be needed if the Trust is to deliver on its requirement to be carbon neutral by 2030.

CLOSED SESSION

1) **Case Study On Tenders –** The Committee were advised of the work referred from the Audit Committee in relation to a deep dive into two of the Tenders which had a variation of the indicative cost and the actual cost. It was expected this work wold be completed by September 2020

2) **Electronic Patient Clinical Record –** Members were given an update in terms of the progress being made with the rolling out of the ePCR

RECOMMENDATION: That the update from the Finance and Performance Committee be noted

AGENDA ITEM No	5.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

MINUTES OF COMMITTEES

MEETING	TRUST BOARD
DATE	30 July 2020
PRESENTED BY	Trust Board Chairman
AUTHOR	Board Secretary
CONTACT DETAILS	Keith Cox, 01633 626221, Keith.Cox2@wales.nhs.uk

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

REPORT PURPOSE	To formally receive the Minutes of Committees
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

MINUTES OF COMMITTEES

1.   The Trust's Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance and following the review of structures undertaken by the Board in March 2015, the following bodies were established:

- Audit Committee
- Charitable Funds Committee
- *Finance and Resources Committee (Now disbanded)*
- Quality, Patient Experience and Safety Committee
- Remuneration Committee
- Welsh Ambulance Services Partnership Team

Following the disbandment of the Finance and Resources Committee in January 2019, two new Committees were formed:

- Finance and Performance Committee
- People and Culture Committee

2.   The purpose of this report is to provide an update on the work of these bodies, the detail for which is listed below and appended are the relevant Minutes. The Board is asked to receive this report and to formally adopt the Minutes of the Committees. The Board are reminded that the Chairman at its meeting on 4 June 2015 proposed that only confirmed Minutes of Committees should be presented to the Board. This was formally accepted by the Board. As a result of this a number of actions and or recommendations outlined in the Minutes of these Committees have already been progressed.

3.   The following Committee Minutes which have been approved by the relevant Committee are included in the supporting papers for adoption and noting by the Board:

AUDIT COMMITTEE

The Audit Committee has not convened since the last Trust Board meeting.

4.   **QUALITY, PATIENT SAFETY AND EXPERIENCE COMMITTEE**

The Quality, Patient Safety and Experience Committee has not convened since the last Trust Board meeting.

5.   **FINANCE AND PERFORMANCE COMMITTEE**

The Minutes of the Finance and Performance Committee meetings held on 21 May 2020 are attached. The Chair of the Committee, Martin Turner wishes to reassure the Board that:

(i)   all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

(ii)   the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

6.   **PEOPLE AND CULTURE COMMITTEE**

The Minutes of the People and Culture Committee meeting held on 2 June 2020 are attached. The Chair of the Committee, Paul Hollard wishes to reassure the Board that:

(iii)   all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

(iv)   the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

7.   **REMUNERATION COMMITTEE**

The Remuneration Committee convened on 5 June 2020. There were no Minutes submitted for approval at that meeting.

CHARITABLE FUNDS COMMITTEE

8.   The Charitable Funds Committee has not convened since the last Trust Board meeting.

RECOMMENDED: That the Board endorse the above minutes.

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 21 MAY 2020 VIA TEAMS

Chair: Martin Turner

PRESENT :

Martin Turner	Non Executive Director
Bethan Evans	Non Executive Director
Emrys Davies	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE:

Helen Higgs	Head of Internal Audit
Nathan Holman	Trade Union Partner
Rachel Marsh	Director of Strategy Planning and Performance
Steve Owen	Corporate Governance Officer
Chris Turley	Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Helen Watkins	Assistant Director of Workforce

APOLOGIES

Lee Brooks	Director of Operations

17/20   PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Mr Nathan Holman, Chair of the Llannon Community Council was noted.

Minutes

The minutes of the meeting held on 18 March 2020 were considered by the Committee and agreed as a correct record.

RESOLVED: That

(1) the Minutes of the open and closed meetings held on 18 March 2020 were confirmed as a correct record; and

(2) the declarations of interest as stated were noted.

18/20   FINANCIAL PERFORMANCE AS AT MONTH 12 2019/20

Chris Turley advised the Committee that the report provided a detailed update on the financial performance as at 31 March 2020 which predominantly was for noting.

He added that the cumulative revenue financial position had remained relatively consistent throughout the financial year, with a small underspend against budget of £0.045m reported as at M12.

He further explained that the report contained details of the draft year end out-turn position that was to be included in the draft accounts for the Trust, which had been submitted to Welsh Government and Audit Wales this morning. Once the accounts have been audited, they will be presented to the Audit Committee on 18 June and then to Board on 25 June for approval. The deadline for final submission of the accounts was now 30 June 2020.

Comments:

1. Savings delivery; was there an update on the non-operational vacancies? Chris Turley advised that the relevant information was detailed in the corporate infrastructure, adding that the budget for it had been over delivered.

2. Whilst the Trust was still in a balanced position, concern was expressed on some areas of overspend with this, including NEPTS that was set against a budget of £2.5m. Chris Turley clarified that this was against a net budget for NEPTS, the presentation for which differs from EMS and gave further details in terms of how this was offset, noting there was a plan to present this consistently going forward.

3. Members accepted the report and asked for further clarity in terms of the plan regarding NEPTS and when it would be in a stable position. CT noted that some of the underlying pressures in NEPTS would be recognised in 2020/2 budget setting but that there were still some underlying pressures to be resolved. None of the overspend related to recent transfers of work from Health Boards, however.

4. In terms of holding job vacancies as referred to above, the Trust should consider the savings process and what the detrimental effect was to the Trust by holding these vacancies. Chris Turley explained that a robust scrutiny process was being established and agreed to liaise with the Director of Workforce and OD to consider this in more depth and provide an update at the next meeting. This will be more focussed going into 2020/21 given the level of savings required within the Board approved financial plan and budget.

   RESOLVED: That

   (1) the Month 12 revenue and capital financial position of the Trust as at 31 March 2020 was noted; and

   (2) the Month 12 Welsh Government monitoring return submissions were noted.

19/20   UPDATE ON 2019/20 YEAR END CAPITAL POSITION AND CARRIED FORWARD COMMITMENTS TO 2020/21

Chris Turley in presenting the report updated the Committee and gave background information in terms of the Trust's delivery of the maximum value of its final capital funding for the 2019/20. In terms of the impact of the pandemic from a capital perspective, this had had an impact through March which had been acknowledged by WG. Although there had

been several challenges, the delivery of expenditure almost exactly to the value of the final capital expenditure limit had been achieved. In terms of mitigating for this, the Trust carried out some internal brokerage and had the support of WG to manage remaining elements of slippage, to be repaid in 2020/21.

Members' attention was drawn to table three within the report which illustrated previously identified carry forward commitments along with additional items identified towards year-end. Under normal circumstances a first cut of a prioritised capital programme for the forthcoming financial year would be presented to Committee at this stage of the financial year, however as yet this had not been possible to present given the impact of the COVID-19 pandemic.

In terms of the All Wales capital programme, on the whole all the schemes were delivered on and the Committee's attention was drawn to appendix one within the report which gave further detail.

In summary Chris Turley reported that the Trust had balanced to the statutory duties provided with and had worked pragmatically with WG to manage the impact of the pandemic, He added that the Committee should note from a capital perspective what was spent on COVID-19. He was confident that the funding would be recovered from WG.

Chris Turley advised that currently the plan was to present the Committee with the 2020/21 draft capital programme at the next meeting; in addition there would be a need to prioritise schemes.

Comments:

1. Could the Committee be assured there was a proactive approach in terms of managing the capital spend for this year? Chris Turley explained the Trust had maximised the benefit of the funding received. It had spent, in a planned and managed way, on essential items due to Covid-19, and also spent on things that had previously been prioritised and were not able to afford and accelerated items from this year. From an estates perspective, there had been more focus on the larger schemes. He added there was always slippage in terms of capital spend for one reason or another, planning for this and ensuring the ability to mitigate it is the key

2. Capital planning; there was a need to maximise the spend going forward and minimise the slippage. Chris Turley explained the process in terms of spending once the Business Justification Case was approved for a particular item.

Chris Turley also highlighted that the proposed implementation of International Financial Reporting Standard (IFRS) 16, which related to leases, had been delayed until the 2021/22 financial year.

RESOLVED: That

(1) the final 2019/20 year end capital spend and position was noted;

(2) the resulting carried forward expenditure commitment to 2020/21, as detailed in table 3 was noted and approved;

(3) the proposal to bring an initial prioritised capital programme through in June 2020, subject to COVID-19 constraints, was noted; and

(4) the update re IFRS 16 was noted.

20/20 **UPDATE ON 2020/21 COVID-19 ESTIMATED SPEND AND MONTH ONE FINANCIAL POSITION**

Chris Turley shared with the Committee a PowerPoint presentation and drew attention to the following points:

COVID-19

1. 2019/20 - Capital spend - £165k, Revenue spend - £190k

2. Estimates for 2020/21 –, extremely difficult to provide an estimate with any accuracy;

3. Current capital spend is £656k

4. Estimated Revenue cost 2020/21 – Latest estimate was c£11m, as included in the Q1 operating plan presented to Board last week, however this could change significantly either way. Since the April Trust Board meeting where the estimate had been £15m the main changes have been; Student Paramedics, £1.4m, Fire and rescue services £0.5m, NEPTS £1m, particularly in relation to field hospitals and surge capacity and £1m for the potential length much of this will be required.

5. Estimated revenue costs have predominantly been presented as monthly costs, with the total cost dependent on how long these will be required for, or whether future spikes of the virus may mean these will need to be stood back up at some point.

6. Both the CASC and WG were regularly updated with estimates of the costs of the pandemic, as was the Chair of F&P Committee.

Month one financial position

1. Good underlying positon

2. Non – Covid-19 position provided a financial balance

3. Currently there was a £3k underspend

4. Board approved budget had been set

5. Annual forecast (Non Covid-19) remained break even

6. Actual revenue costs for COVID-19 were £1.4m, these had been assumed as being funded.

Comments

1. Would WG offset any potential savings when it came to reimbursing the Trust for Covid? Chris Turley advised that this could be the case. The Trust would be required to identify the costs incurred and any savings made. He added there was no guarantee that all the Covid-19 impact funding would be reimbursed, this related to all Wales.

2. If the Trust was not spending in some areas because of Covid-19, how is it that the monthly savings were only marginally under budget? Chris Turley explained that these had been removed from the underlying reported position in the same way the spend had – i.e. the Trust spend for which Covid funding was assumed was on a net

basis. He further articulated that the Trust spent £1.5m on Covid-19 in April 2020, and saved c£100k as a result of Covid-19. The net funding assumed to cover the net cost was therefore £1.4m. This was important as both Trust spend and reduced costs as the result of the pandemic would be scrutinised by both the Commissioners and WG before funding agreed.

3. Once the lockdown eased and hospitals began to open clinics, NEPTS would inevitably become busier. Rachel Marsh commented that the Trust had established good links with all health boards especially around surge sites; it was not known at this stage when hospitals would return to normal routine

RESOLVED: That the update was noted.

21/20   PLANNING AND PERFORMANCE – PRESENTATION

The Committee were shown a Power Point presentation by Rachel Marsh in which she drew attention to the following areas:

Activity and Performance Summary:

1. Unit Hours Production (UHP) – In terms of Emergency Ambulances (EA) and Urgent Care Service (UCS), this was in the main over 100%. Rapid Response Vehicle UHP was under 100% due to the deliberate tactical intent of moving some crews to assist in EA and UCS during the pandemic

2. Staff absence levels due to COVID-19 was around 7%

3. EMS incidents; overall demand had decreased compared to previous years

4. Overall red performance to date was 70%; however Hywel Dda health board was the outlier at 56.8%. The Commissioner has asked for a review into why this was the case

5. Amber performance; there had been a significant improvement during May

6. NHSD/111 calls; volume of calls was beginning to decline however they remained higher than normal. Further resources were being deployed to support the additional demand in both the call handling and clinical elements

7. Online symptom checker; visits to the website had originally peaked at the height of the Pandemic but were now starting to reduce

8. Specific Covid-19 activity – number of calls being channelled through protocol 36 had started to decrease

9. In terms of the Board report for next week there will more detail on other indicators.

Comments

1. The Committee recognised and acknowledged there were now significantly different ways of working with some staff working above their remit. Rachel Marsh commented that the Trust acknowledged the huge efforts made by staff which was greatly appreciated; noting that TU partners had been very supportive

2. Members supported the continuing military provision in assisting frontline staff perspective and asked how long this support continue and also what was there a plan to return to some kind of normal business going forward? Rachel Marsh

advised that there may be a requirement for some of the measures to remain for a period of time. In terms of supporting staff, there were several initiatives in place to assist staff. There was still uncertainty as to what normal business for the Trust will be going forward

3. The Chair commented that the Trust should now build on the learning during the past few weeks, adding that some of the new innovations could be sustainable going forward.

4. In terms of RRV, how many hours did the Trust decide to divert to EA and UCS? Whilst this figure was not readily available, Rachel Marsh agreed to look at the impact on RRV and red performance and include in the next report for the Committee.

5. Amber performance; The Trust should be mindful that the lack of hospital delays had significantly contributed to the improved amber performance

6. In terms of the 'no send' policy, were there any reported adverse incidents as a result? Rachel Marsh confirmed that no incidents had been reported to date. She added that a forecasting and delivery group was being set up to consider several types of scenarios going forward.

7. There were a lot of assumptions in the report. The Chair suggested that a session/discussion, particularly from the NED's perspective be held to better comprehend the information within the report. In addition, the Committee needs to understand which metrics it should examine and focus on. Rachel Marsh agreed to arrange this.

RESOLVED: That

(1) the update was noted; and

(2) it was agreed that Rachel Marsh would arrange for an offline meeting to discuss information contained in planning and performance reports.

22/20   ANY OTHER BUSINESS

Emrys Davies drew the Committee's attention to ISO 14001, (international standard that specifies requirements for an effective environmental management system), which recently gained reaccreditation for another 12 months. The Committee noted and thanked the work undertaken by Nicola Stephens.

Members also noted there were still some minor non-conformities to ISO 14001 which were being addressed and that some documents were being refreshed which would be presented to the Committee in due course.

Chris Turley added that there may be a requirement to hold a one item capital programme virtual meeting regarding capital, prior to the June Trust Board.

RESOLVED: That the update was noted.

Date of Next Meeting: 16 July 2020

GIG CYMRU NHS WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON   02 JUNE 2020

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Keith Cox	Board Secretary
Alexander Crawford	Assistant Director of Planning
Claire Roche	Director of Quality and Nursing
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Angela Roberts	Trade Union Partner
Craig Brown	Trade Union Partner
Andrew Challenger	Senior Education and Development Lead
Sharon Thorpe	Trade Union Partner
Sarah Davies	Workforce and OD Business Manager
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Paul Seppman	Trade Union Partner
Chris Turley	Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce and OD
Helen Watkins	Deputy Director of Workforce and OD
Sara Williams	Workforce and OD Business Partner
Julie Stokes	Senior Workforce Transformation Manager
Jo Kelso	National Ambulance Training College
Jeff Prescott	Corporate Support Officer

APOLOGIES:

Lee Brooks	Director of Operations
Estelle Hitchon	Director of Partnerships and Engagement
Joga Singh	Non Executive Director

20/20   WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded and placed on record the Trust's thanks and gratitude to all staff who have worked tirelessly over the last ten weeks in response to the Covid-19 Pandemic. Apologies were recorded from Lee Brooks, Estelle Hitchon and Joga Singh.

21/20   **DECLARATIONS OF INTEREST**

The standing declaration of Professor Kevin Davies as Independent Member of St John Cymru was recorded.

RESOLVED: That the declaration as described above was RECORDED.

22/20   **MINUTES/ACTION LOG**

The Minutes of the Open and Closed meetings held on 10 March 2020 were considered and agreed as a correct record. No new Actions from previous meeting.

RESOLVED: That the Minutes of the meetings held on 10 March 2020 were AGREED.

23/20   **COVID-19 SUMMARY REPORT**

Claire Vaughan introduced the Covid-19 summary report and discussed the work that had been undertaken by her team in response to the challenges arising from the current pandemic. The report recognised the achievements and key learning identified in response to Covid-19 and detailed the significant support provided across the organisation which would now help in the delivery of any strategic intentions moving forward. The report covered several areas including Workforce Supply and Training, Staff Health and Wellbeing, Partnership working, Returning to Work & Recovery and Communication and Engagement.

Helen Watkins then provided further details about the Trust's response to the Covid-19 pandemic and explained how significant planning and preparation had ensured that the Trust was able to increase its operational capacity across core services in order to maintain patient safety during times of predicted exceptional demand. The report explained how a tiered approach to the supply of additional capacity had been planned, this included:

- Internal deployment of non-core service staff into 111 call taking and support to the Operational Pandemic infrastructure; to date, there were 191 employees on the deployment register with 74 redeployed into different roles and areas; 75 provided with alternative duties; and 38 working from home due to shielding.

- Support from the current cohort of 101 student paramedics with Swansea University.

- Open "call to arms" advertisement to the general public for temporary workers and volunteers to support in key areas. This included retirees and returners wishing to return to paid and unpaid work.

- Deployment of staff from other NHS bodies including 7 nurses in NHSDW/111.

- Deployment of staff from wider public and private sector partners which included 150 Fire and Rescue Service Personnel, Probation Services and Local Authority (for NEPTS and volunteer care driver services) and 120 Military Personnel.

- Contacts made with businesses and organisations facing closure and/or placing staff on furlough and willing to allow staff to work elsewhere during this time.

- Utilisation of the NWSSP COVID Recruitment Services Hub to attract Clinical Call Takers across NHSDW/111 and CCC.

Helen Watkins informed the Committee that the initial 'Call to Arms' recruitment campaign was launched in March using social media and the response was immediate and impressive, with 1,554 expressions of interest received in the first 24 hours. However, a number of risks were identified due to the changes in the recruitment process and consequentially, it was noted that of the 1,554 applications, only 99 resulted in paid or voluntary work.

Andrew Challenger then gave an update on Education and Training and praised staff for their collective response and the way in which so many departments had come together to work seamlessly during a period of rapid learning for the Trust. Andrew Challenger explained that during this time, 101 Paramedic Science students from Swansea University have undertaken training to provide NEPTS and EMS levels of support.

Subsequently, a decision was taken to offer these students Bank contracts as the Trust could not guarantee a certain number of hours but recognised that they were able to make a significant contribution. After discussions with Swansea University, these students were likely to continue their placements with the Trust while being allowed to work on Bank hours during their spare time if they wish. A number of these would also be working on a full-time basis for the Trust between August and November.

Andrew Challenger then explained how the Trust's Education and Training Team had successfully delivered a bespoke training package to Military and Fire and Rescue Service colleagues, rapidly enabling additional operational support in response to the COVID-19 pandemic. The Trust also provided familiarisation training to 65 Community First Responders to enable them to provide operational support within a NEPTS capacity. Furthermore, the Trust had accelerated the use of online educational delivery with the first digital and distance EMT course being undertaken, with 58 staff studying to progress from UCS to EMT positions.

Dr Catherine Goodwin then updated the Committee on Staff Health and Wellbeing and focused on the key areas in which the Trust had provided support for staff. Dr Goodwin explained the health and wellbeing of staff during the Pandemic had been a priority for the Trust in order to ensure that staff felt helped and supported. This support included telephone consultations, a virtual live wellbeing Q&A session, drop-in listening sessions and a physical presence at stations that have experienced loss over this period.

Other initiatives included the Wellbeing Resources Guide which provided information on the support available to staff on a number of issues, including domestic abuse and death in service. In addition, the 'wastkeeptalking' website had been updated to include specific Covid-19 related support.

Trade Union partners then spoke to the Committee about the partnership work they had undertaken and expressed their gratitude to Dr Catherine Goodwin for the work she had done so far. In addition, it was noted that despite the adversity faced by the Trust throughout the pandemic, this had produced the very best out of staff and had reinforced the positive working relationships between the Trust and its partners.

Committee members received the Covid-19 update and raised the following questions:

1. In terms of the redeployment of staff to internal roles, has the Trust given thought to assigning dedicated secondary roles to those staff who have been identified as suitable? These roles could exist alongside their primary roles, ready to be utilised in times of emergency or extreme system pressures? Helen Watkins stated that so far, staff had been incredibly flexible and receptive to new roles. It was felt that the focus should be on helping those who have learned and utilised new skills to retain that knowledge and experience should they ever be called upon again to assist.

2. Acknowledging the speed and urgency with which the Trust had been required to recruit additional staff, had a robust risk assessment been in place to address any potential risks around outstanding references and DBS checks? Helen Watkins confirmed that this risk was identified and it had been recognised that in order to recruit staff quickly, it had not always been possible to request and receive references in the usual manner. However, the Trust had been able to carry out DBS checks quickly and these were now completed for those new members of staff.

3. When the service emerges from the current pandemic and returns to normality and more routine day to day operations, some staff may have difficulty in adjusting and may view this as trivial or mundane after the events of the last few months. Therefore, has any thought been given to supporting those staff members if they are struggling and no longer feel that the work they are doing is as important as before? Dr Goodwin stated that these individuals may be difficult to identify but if they were known to the Trust, support would be on offer to those who required it.

4. In regards to the year 1 and year 2 students joining the Trust to provide additional support and capacity, had steps been taken to ensure adequate PPE was made available to them? Andrew Challenger confirmed that risk assessments had been carried and out and sufficient PPE had been arranged.

RESOLVED: That the update was NOTED.

24/20   WORKFORCE PERFORMANCE SCORECARD

Helen Watkins provided an overview of the April 2020 key trends and improvement actions from the Workforce Performance Scorecard. The report was presented as read with members discussing and focusing on key areas such as sickness absence rates and training.

Helen Watkins explained that sickness rates for April 2020 were 7.69% with almost half of that rate, 3.12% being attributable to Covid-19 related symptoms. Unsurprisingly, The Trust saw an increase in Covid-19 related absence in April, rising from 1.79% in March to 3.12%. Unfortunately, analysis of short term absence had identified that there were a number of cases that were moving towards long term sickness due to secondary conditions as a result of Covid-19. However, the overall data for April showed a decrease in both long and short term absence for Non Covid-19 related conditions.

From an Education and Training perspective, it was noted that despite the pandemic, overall statutory & mandatory training rates had remained above the 85% target with the rate in April being 90.64% which represented only a 2.69% reduction compared to February. However, Appraisal Rates had fallen over the last 2 months, decreasing by 6.08% in March and a further 6.93% in April.

Members received the update and queried whether any further work would be carried out to understand why normal non Covid-19 sickness was down overall? Julie Stokes replied that no additional work had been carried out around the lower sickness rates for non Covid-19 absences. However, these lower figures may be a result of staff who would ordinarily be absent with other conditions already being off with Covid-19 related issues. Claire Vaughan noted the reduction in staff appraisal rates and stated that the Trust would work in a flexible and pragmatic manner to address this and engage with staff whenever possible. Furthermore, Members noted that appraisals could also provide an opportunity for staff members to have a broader discussion about how they are feeling and coping following the pandemic.

RESOLVED: That the contents of the report were NOTED.

25/20   PROGRESS REVIEW

Claire Vaughan and Helen Watkins provided the Committee with an overview of progress against the IMTP and People and Culture strategy deliverables and workforce planning considerations with particular focus on identifying where delivery had been affected by Covid-19. Helen Watkins explained that while the assessment of the Trust's planned IMTP deliverables had highlighted a number of areas where progress was on track, it also identified deliverables that were off target or not yet started as progress had been affected by Covid-19. Area's that were identified as being particularly effected were:

• Engaging and delivering a refreshed set of Organisational Values, Behaviours and Trust vision.

• Engaging in the All Wales Staff Survey 2020.

• Actions to deliver the Trust Volunteering Strategy

Given the impact of Covid-19 on Trust business and ways of working, Members felt that it was appropriate to review and take stock of the commitments made. Large numbers of staff were now working from home and while this presented challenges, it also gave the Trust the opportunity to learn lessons around the benefits these arrangements could bring. However, Members agreed that it was important to get the correct balance between office and home based working arrangements.

Members received the update and queried how the future workforce might look in terms of working from home and volunteering? Helen Watkins stated that normal office working was still some time away and working from home would become more and more routine. Therefore, feedback from staff would help to shape the way the Trust moves forward with any home working arrangements. It was important to listen to staff and work with them to understand what worked well for them and what they found challenging when working from home. Claire Vaughan stated that further work was being undertaken with colleagues from Operations around the volunteering strategy and this would be discussed further with the Executive Management team.

Dr Catherine Goodwin informed the Committee that prior to the pandemic, a number of studies had been conducted which had indicated that a good, healthy balance of office and home based working was beneficial to staff and helped promote wellbeing. Furthermore, the flexibility that home working offered could also reduce absence in the workplace.

Members then queried whether work would continue around organisational behaviours as this was now becoming more prominent given the pandemic and the changes to working life and practices that this had brought. Claire Vaughan confirmed that this was an ongoing piece of work which had recently been discussed and supported at Trust Board. Members acknowledged that the events of recent months had resulted in higher anxieties amongst some staff and agreed that the work around organisational values and behaviours should remain a priority for the Trust.

RESOLVED: That the Progress Review was NOTED.

26/20   **RECRUITMENT OF ADDITIONAL 136 WTE's**

Jo Kelso gave a resentation on the recruitment of 136 addtional membes of staff and explained how this had been progressing. The recruitment of these additional members of staff had been challenging both logistically and practically. However, prior planning and preperations had ensured that systems and staff were in place to manage this and to make the recruitment, onboarding and training experience as smooth as possible.

The recruitment would be delivered by the development of a centralised system to manage information on each new staff member and then refining it to include as many parts of the organisation as required such as Human Resources, Education & Training, Occupational Health, Uniform, Resource, Operations, Finance, ICT and Performance & Planning.

In addition, the Trust had also commenced with streamlining the onboarding process as well as establishing collaborative relationships across local Operations managers. Jo Kelso explained that this Collaborative working across directorates, functions and roles would significantly aid the decision-making processes.

However, some issues still remained and the increasing shortage of suitable candidates holding the C1 category on their drivers licence or C1 Provisional with C1 Theory Pass would need to be addressed.Therefore, the Trust had introduced a support package to assist recruits in attaining their C1 Practical Test pass via a salary repayment scheme as well as working with DVLA, DVSA and C1 Instruction providers to support recruits. Despite this, the Committee were advised that a substantial challenge still remained and at present, due to Covid-19, candidates were unable to take Theory tests with DVSA.

Recognising the difficulties of recruiting during the Covid-19 pandemic, a number of recruitment and training activities were moved online. This included:

- Annual Paramedic recruitment 'Big Bang' delivered using a combination of live and recorded digital asset use in Facebook and Teams/Skype interviews.

- Urgent Care Assistant interviews arranged and delivered online assisted by shielding/isolating Operations colleagues as well as an established team of HR/Operations recruiters.

- Delivery of the Level 4 Diploma in Associate Ambulance Practitioners Clinical education programme and Level 2 Essential Digital Literacy Skills (for the Higher Apprenticeship) using a turnkey blended learning approach to ensure seamless progress for Trainee EMTs.

- Expressions of Interest for forthcoming EMT Training opportunities captured using Microsoft 365 tools, aiding swift data collection and analysis, post submission.

Jo Kelso noted that while a large quantity of recruitment and training activities had been moved online, there remained some areas in which this was not possible. This applied mainly to Urgent Care Assistants who were undertaking their training. Fortunately, a suitably large education venue which allowed for social distancing had been secured by working in partnership with Swansea University, allowing staff to complete their training.

Members thanked Jo Kelso for the update and noted the progress which had been made, especially given the challenging circumstances.

RESOLVED: That the update was NOTED.

27/20 COMMITTEE ASSURANCE FRAMEWORK

Claire Vaughan gave an update on the committee assurance framework which highlighted the key risks and issues. The Committee were asked to note a number of developments regarding risk which included:

- Immunisation issues: The recent requirement to train Fire and Rescue Personnel for emergency response had highlighted a broader question on the availability of immunisations such as HepB.

- Recruitment challenges: There is an increasing risk that the pool of applicants with a C1 category on their driving licence is shrinking and a lack of access to C1 training and testing will now begin to impact on the recruitment of Urgent Care Service posts.

- DBS: The Trust had been processing retrospective DBS checks and to date had completed 560 of the 685 staff identified as requiring them.

- Covid-19: A number of risks had been identified as a result of recent Covid-19 related activity. Many had been dynamically dealt with through the Trust's Pandemic Health, Safety and Welfare Cell; these included risks relating to Personal Protective Equipment (PPE), and working environments, particularly within the Trust's Clinical Contact Centres.

- Covid-19 Older People & Vulnerable Adults: Following Government advice that those at increased risk of severe illness from Covid-19 should be taking steps to minimise their social interaction with others, the Trust implemented a risk based approach that was safe, proportionate and realistic in the circumstances.

- Covid-19 BAME Individuals: The Trust had put in place a supportive process of discussion and assessment of risk and vulnerability with individuals who identified as BAME to determine whether a combination of risk factors required them to be moved away from frontline duties to minimise any risk to their personal safety.

In addition, a number of risks which featured on the Corporate Risk register were brought to the Committees attention for noting. These included Risk ID 225: On-call CCA ability to cover 24/7 command, Risk ID 160: High Sickness Absence Rates and Risk ID 166: Vaccine Preventable Diseases. Claire Vaughan also drew attention to the Annual Audit report and Limited assurance reports with Members agreeing that the action plans would be brought to the next committee meeting where the Committee would provide scrutiny of the actions and progress assurances.

Following the update, Members noted that the demand for seasonal Flu vaccines is likely to far higher this year. Given this, had the Trust taken steps to prepare for this possibility and to ensure that adequate provisions of the Flu vaccine are available? Claire Vaughan confirmed that the Trust was aware of this risk and work was ongoing with Dr Brendan Lloyd, Andy Swinburn and staff from Occupational Health to provision sufficient numbers of the Flu vaccine.

Members then sought assurance that the outstanding DBS checks would be completed on schedule and that the Continuous Professional Development (CPD) of staff would continue despite the current problems presented by Covid-19. Claire Vaughan confirmed that DBS checks remained on track and that CPD compliance would continue to be monitored.

Members then queried whether the Trust had considered the risk of staff leaving the organisation after the Covid-19 pandemic as they no longer wish to continue in their roles? Claire Vaughan acknowledged that some staff may consider leaving the Trust following the pandemic. However, at present there was no evidence to suggest that this would happen in large numbers. It should also be noted that many people were considering joining the NHS after seeing the work being done to combat Covid-19 and as such, staff turnover was not anticipated to present any significant issues.

RESOLVED: That the report was received by the Committee and NOTED.

28/20   ISSUES TO BE RAISED AT BOARD

No issues were raised for discussion at Board.

RESOLVED: That no issues were raised.

29/20   MINUTES OF SUB GROUPS: WASPT – SESG - TPF

Sub Groups had been unable to meet as a result of Covid-19. Accordingly, no Minutes were available.

RESOLVED That as none of the sub groups had held meetings and therefore, no Minutes were available.

Date of Next Meeting: Tuesday 14 July 2020.