

## Bundle Trust Board (Open Session) 30 September 2021

### 1 PROCEDURAL BUSINESS

#### 1.1 09:30 - Chair Welcome, apologies for absence and 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  
Ceri Jackson, Trustee of the Stroke Association*

#### 1.2 09:35 - Procedural Matters

*Minutes of Previous Board Meetings*

*Board Action Log*

ITEM 1.2 Procedural Matters.docx

ITEM 1.2a Trust Board Minutes Open 29 July 2021 CT.docx

ITEM 1.2b Action Log v3 (2).docx

#### 1.3 09:40 - Chair's Actions

ITEM 1.3 Chair's Actions Since Last Trust Board.docx

ITEM 1.3a Minutes of Chairs Action Meeting 9 August 2021.docx

ITEM 1.3b Minutes of Chairs Action Meeting 25 August 2021 (2).docx

#### 1.4 09:45 - Chair Introduction and Update

#### 1.5 09:55 - Patient Experience - L Hawker

*WAST Blue Light app educational resource for children*

#### 1.6 10:15 - Chief Executive Update

ITEM 1.6 CEO REPORT TO TRUST BOARD 30 SEPTEMBER 2021 FINAL.DOCX

### 2 PERFORMANCE

#### 2.1 10:35 - Operational Situation Presentation and Monthly Integrated Quality and Performance Report

ITEM 2.1 MIQPR SBAR August 2021 TB.docx

ITEM 2.1a Annex 1 MIQPR August 2021 TB.pdf

ITEM 2.1b Background Top indicators MIQPR Dashboard August 2021.xlsx

#### 2.1.1 11:00 - COMFORT BREAK

### 3 STRATEGY AND FORWARD LOOK

#### 3.1 11:15 - Integrated Medium Term Plan 2021-2024 Progress Report - R Marsh

ITEM 3.1 Executive Summary - IMTP 2021-22 progress update TB 220921.docx

ITEM 3.1a Appendix 1 IMTP Delivery Tracker Extract Q1\_2 TB 220921.docx

ITEM 3.1b Appendix 2 Strategic Change Map 2021 22 v3.pptx

#### 3.2 11:30 - Mobile Data Vehicle Solution - Full Business Case - A Haywood

ITEM 3.2 Executive Summary (MDVS FBC phase 1)v0.1docx FINAL.TRUST.BOARDdocx.docx

ITEM 3.2 FBC.docx

#### 3.3 11:45 - Volunteer Strategy - L Brooks

ITEM 3.3 Executive Summary - Volunteer Strategy Trust Board 30 Sept 2021.docx

ITEM 3.3a Strategy for Volunteering - Visible Valuable Volunteering FINAL revised 2 September (2).pdf

ITEM 3.3b Volunteer Action Plan DRAFT for CONSULTATION Revised 1 September 2021.pdf

#### 3.4 12:00 - University Trust Status: Draft Submission - E Hitchon

ITEM 3.4 UTSBOARDSBARSept21.docx

ITEM 3.4a UniversityTrustStatusAccreditationSubmissionV2Sept21.docx

- 4 GOVERNANCE AND ASSURANCE and OTHER MATTERS
- 4.1 12:15 - Risk and Board Assurance Framework - T Mills  
ITEM 4.1 Executive Summary Risk Management Report Trust Board 300921.docx
- 4.2 12:25 - Financial Performance Month 5, 2021/22 - C Turley  
ITEM 4.2 Finance Report Month 5 - with Exec Summary - TB - Final.docx
- 4.3 12:35 - Welsh Language Annual Report - T Mills  
ITEM 4.3 SBAR Welsh Language Standards Annual Report 2020-21.docx  
ITEM 4.3a Welsh Language Standards Annual Report 2020-21.pdf  
ITEM 4.3b Adroddiad Blynyddol Safonau'r Gymraeg 2020-2021.pdf
- 4.4 12:45 - Health and Safety Annual Report - C Roche  
ITEM 4.4 Annual Health Safety Performance Report 20-21.docx  
ITEM 4.4a Annual Health & Safety Performance Report - Annex 2.xlsx  
ITEM 4.4b Annual Health & Safety Performance Report - Annex 3.pdf  
ITEM 4.4c Annual Health & Safety Performance Report - Annex 4.pdf
- 4.5 12:55 - Committee Highlight Reports - Chairs of Committee  
*a. Charitable Funds*  
*b. People and Culture*  
*c. Quest*  
*d. Audit*  
*e. Finance and Performance - To Follow*  
ITEM 4.5a CFC Highlight report FROM AUGUST 2021 FINAL.docx  
ITEM 4.5b PCC 07.09.2021 Chair Brief.docx  
ITEM 4.5c Executive Summary from Quality Patient Experience and Safety Committee 9.9.21.docx  
ITEM 4.5d Audit Board Brief 300921.docx
- 5 13:20 - QUESTIONS FROM MEMBERS OF THE PUBLIC - E Hitchon
- 6 CONSENT ITEMS
- 6.1 13:30 - Minutes of Committees  
*a. People and Culture Committee*  
*b. Quest Committee*  
*c. Audit Committee*  
*d. Finance and Performance Committee*  
*e. Charitable Funds Committee*
- EASC  
<http://www.wales.nhs.uk/easc/committee-meetings>  
ITEM 6.1 Minutes of Committees.docx  
ITEM 6.1a OPEN P and C mins 11 May 2021.docx  
ITEM 6.1ai CLOSED P and C mins 11 May 2021.docx  
ITEM 6.1b QUEST OPEN MINUTES 7 May 2021.doc  
ITEM 6.1c Audit Committee OPEN Minutes 3 June 2021 v2 CT.doc  
ITEM 6.1ci Audit Minutes CLOSED Minutes 3 June 2021 v2 CT.doc  
ITEM 6.1d CONFIRMED OPEN F and P Minutes 22 July 2021 V3.doc  
ITEM 6.1di CLOSED F and P Minutes 22 July 2021 v2.doc  
ITEM 6.1e JUNE MINUTES AMENDED FOLLOWING COMMENTS AT AUG COMMITTEE.docx
- 7 ANY OTHER BUSINESS  
*To consider any other business to the agenda items listed above.*
- 8 DATE OF NEXT MEETING  
*The next meeting of Trust Board will be 25 November 2021*



<b>AGENDA ITEM No</b>	<b>1.2</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## PROCEDURAL MATTERS

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 September 2021
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Steve Owen
<b>CONTACT</b>	Steven.owen2@wales.nhs.uk

## EXECUTIVE SUMMARY

The report is to confirm as a correct record the Minutes of the Board meeting held on 29 July 2021 and other procedural matters as required shown below.

- a. **Minutes of the Board meeting** held on 29 July 2021.
- b. **Action Log.** To consider the Action Log (Attached)

### RECOMMENDED: That

- (1) the Minutes of the Trust Board meetings held on 29 July 2021 be confirmed as a correct record;
- (2) the action log be considered;

## KEY ISSUES/IMPLICATIONS

None

## REPORT APPROVAL ROUTE

Not Applicable

### REPORT APPENDICES

1. Minutes of Trust Board meeting 27 May and 10 June 2021
2. Action Log

### REPORT CHECKLIST

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



**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE  
SERVICES NHS TRUST BOARD, HELD on THURSDAY 29 July 2021  
Meeting Conducted via Teams**

**PRESENT:**

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

**IN ATTENDANCE**

Hugh Bennett	Head of Planning and Performance
Andrew Challenger	Senior Education and Development Lead
Alison Kelly	Business and Quality Manager
Melanie O'Connor	Planning and Performance Support Officer
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Rachel Watling	Communications Officer
Kevin Webb	Head of Clinical Audit and Effectiveness
Ross Whitehead	EASC

**BSL Interpreters**

Hannah Wilson  
Rachel Williams

**WELCOME AND APOLOGIES FOR ABSENCE****Welcome and apologies**

The Chair welcomed all to the meeting adding that the meeting was being recorded for minute taking purposes. He added that meeting was being slightly curtailed due to the AGM having previously taken place earlier in the day

**Apologies**

Apologies were received from Rachel Marsh Director of Strategy, Planning and Performance and Joga Singh Non Executive Director

**Declarations of interest**

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

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

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

**CHIEF EXECUTIVE UPDATE**

Jason Killens presented his report as read advising that the challenges of performance, response and waiting times in the last two weeks had dominated the landscape at this time.

In terms of the circumstances regarding the system pressures placed upon the Trust during the last two weeks, the Board's attention was drawn to the following key areas:

1. 999 calls activity had significantly increased with unprecedented levels of demand and had seen a steady rise; it was noted that other ambulance services in the UK were sustaining similar pressures
2. Red demand in 2021 had risen to the highest levels on record for this period
3. Emergency Department delays continued to rise due to congestion at hospitals; and these clearly had an impact on the Trust's ability to respond to 999 calls
4. EMS workforce had increased with recruitment continuing and despite this, the pressure was still increasing
5. Hear and Treat – this provided clinical advice to patients over the phone, and alleviated some pressure on the system as the principle was to prevent the need for patients attending Emergency departments

6. Patients continued to wait for ambulances longer than usual and Jason on behalf of the Trust, recorded apologies that regrettably a timely response was not met on some occasions.
7. Additional measures were being deployed which were designed to increase activity and to improve the efficiency of current resources in readiness for the potential warmer weather in August and increased system pressure

Comments:

1. Members sought to understand why, given the exponential increase in demand, was there also an increase in clinical acuity presentation by patients? Jason advised that some of the increase in red activity was driven by a change of application in the Medical Priority Despatch System (MPDS) and also a general increase in acuity pan Wales. Andy Swinburn added there were several factors which contributed to certain chronic conditions such as warm weather. The patient would initially present with a minor problem, and over a period of hours of not receiving assistance, would become intensified and trigger a higher acuity response from the Trust. Members further recognised the challenges with the difficulty in breathing coding component within the MPDS
2. If patients were waiting for a long time and presenting with high acuity problems, was there a training requirement for staff that could be addressed in terms of responding? Andy Swinburn gave details of the Trust's aspirations in respect of new initiatives to improve the ability to respond to patients in this regard
3. Dr Brendan Lloyd drew the Board's attention to the recent Medical Directors meeting in which they discussed the acuity of patients presenting; the vast majority of increase related to calls recorded as a breathing problem. The issue had been raised with all Health Board Medical Directors in Wales asking them to enable patients to be referred to same day care centres which would alleviate pressure on the 999 calls. He added it was crucial to communicate the appropriate messaging to patients enabling them to contact the most suitable aspect of the health service.
4. Jason Killens gave broad details in terms of how the MPDS allocated patients as per the clinical prioritisation process; adding that regrettably those patients at the lower end of priority had been waiting longer than normal. Dr Brendan Lloyd added that at a recent meeting of the National Ambulance Service Medical Directors a review of the response codes was undertaken; in particular the amber calls. Evidence had suggested that these calls could be managed differently if the relevant clinical support existed.
5. How does the Trust agree on the public messaging? Dr Brendan Lloyd explained that for example patients having a stroke, the Trust had engaged in a national programme of stroke awareness and expressed the need for those patients to be assessed rapidly. He added that other specific messages that were clinically related for time pressured incidents were communicated and should be seen differently from the general message around the pressures on the system. Estelle Hitchon assured the Board that the general messaging

was constantly under review and continuously being aligned with Welsh Government initiatives

Jason Killens added that the message to the public was if there was any doubt to your condition and you were really not sure what the issue was, contact 111 or 999 and the Trust would give the appropriate clinical advice. Furthermore there were other areas of contact such as Primary care, GP and the Symptom checker on the Trust's website

**RESOLVED: That the Board noted the contents of the report.**

**54/21 UPDATE ON ELECTRONIC PATIENT CLINICAL RECORD (EPCR)**

Duncan Robertson, via a PowerPoint presentation, gave an update on the EPCR which was due to replace the Digital pen the Trust was currently using in order to fully digitalise clinical records.

The Trust was working towards a go live date of November 2021 with the Digital pen being decommissioned by March 2022

The EPCR would allow for more widespread sharing and integration of information amongst other departments within the NHS such as safeguarding.

The Board was shown the timeline of work for the development of the EPCR noting that more functionality would be added to the application going forward. Duncan illustrated to the Board in more detail how the EPCR would be used and its extensive capabilities in terms of collecting data. From this data the Trust would be able to review cases in more detail and develop new clinical indicators which in the long run would be beneficial to patients

**Comments:**

1. Will this system give staff the ability to access patient health board records? Duncan advised that this was work in progress and at some stage in the future this access would be available; clearly operating under the correct clinical governance guidelines
2. Paul Hollard, a member of the EPCR programme board informed the Board that the work had been managed to the highest standard noting the complex nature of it.
3. Andy Swinburn gave further details in terms of the significant benefits the EPCR would bring for both the Trust and patients alike
4. The Board thanked all those involved in the development of the EPCR recognising that it would be a 'game changer'

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

**55/21 UPDATE FROM THE BOARD STRATEGY GROUP – DEVELOPING THE TRUST'S STRATEGY**

Jason Killens explained that the development and implementation of an organisational strategy was a very important Board function. The Trust had developed and approved its long-term strategy 'Delivering Excellence' in 2019.

The purpose of the Strategy Group was to oversee the process and set out a framework for development and delivery of a strategy going forward. Furthermore the group would ensure engagement with a wide group of stakeholders (including the Board).

The Chair commented that it had been a deliberate act to ensure this group was informal and flexible and not intended in any way to relinquish the full Board's input and responsibility

Comments:

1. Martin Turner, as Chair of the Group explained that its role was to assist in overseeing the strategy development process and provide assurance to the full Board in that regard
2. Claire Roche added that continuous engagement with the public and seeking their views, was pivotal to the success of the strategy
3. Nathan Holman queried as to why there were no TU partners on the group. Jason Killens explained it was a small informal group still in its early development and going forward, TU partners would be invited to attend once details of the ambition statement were clarified. The Board noted that specific representation would be further discussed at the next meeting of the group

**RESOLVED: That**

- (1) the Board noted the ongoing strategy development work and confirmed it was content with the unfolding arrangements and direction of travel;**
- (2) the Board noted the wider engagement with the public (continuous public engagement); and**
- (3) at the next meeting of the group a discussion be held to consider TU Partnership of the group.**

**56/21**

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

The Board were given an overview of the report by Jason Killens in which they were informed that the revised structure would strengthen the clinical leadership within the Trust. It would also create further clinical support necessary to enable delivery of the Trust's strategic ambition.

The Revised Leadership Structure had been prompted by Dr Brendan Lloyd's, the Executive Medical Director, decision to retire on 31 December 2021. Members noted that Brendan would return to the Trust on 1 January 2022 for a period of 18

months on a part time basis supported by a team of Assistant Medical Directors on an externally focused basis.

Details of the structure and the cost consequences were provided by Jason; these were illustrated within the report. It was also noted that the Director of Paramedicine post would attend the Board but would not be eligible to vote on the Board.

Comments:

The Board fully supported and approved the revised structure and looked forward to the new arrangements going forward noting the importance of clinical and paramedic development.

**RESOLVED: That**

- (1) the Board approved the revised structure for the Medical and Clinical Services Directorate including the creation of the post of Director of Paramedicine and associated adjustments to the Executive Medical Director post; and**
- (2) it was noted that the Remuneration Committee would be kept updated on the recruitment process of the Director of Paramedicine post.**

**57/21**

## **RISK AND BOARD ASSURANCE FRAMEWORK**

Keith Cox advised that the risk register continued to be reviewed and monitored and since the last meeting there had been no major changes to it.

The two highest scoring risks ID 223 and ID 224 which related to the handover of care and the response to members of the public respectively, remained on the register. It was planned that EMT would follow up on the deep dive due to be conducted by the Assistant Directors Leadership Team in relation to these risks

Comments:

Members discussed whether the Board should consider risks scoring higher than 20 in more detail. Keith Cox advised that this and other aspects of the register would be debated at a future Board Development Day and also at Committee level

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

- a) the risk management activity since the last Trust Board in May 2021; and**
- b) received and commented on the Board Assurance Framework.**

**58/21**

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

Hugh Bennett gave an overview of the report and drew the Board's attention to the following key areas and where applicable provided more detail:

1. 999 call answering – performance had been excellent
2. 111 call abandonment rate, this had deteriorated in June falling outside the 5% target – a significant number of actions were being taken to address this
3. Closing of the relief gap – 127 additional Full Time Equivalents (FTE) would be recruited this year to offset this
4. Rural response model – This was initially being looked at in the Powys area
5. The Trust's Summer plan had been activated; work was ongoing to develop the Winter plan
6. The Finance and Performance Committee had conducted a deep dive into red performance; it was concluded there were 23 different variables that had impacted on performance
7. Non-Emergency Patient Transfer Service – this was performing well, particularly in respect of renal patients
8. Serious Adverse Incidents (SAI); four SAI's had been forwarded to the Delivery Unit in June and seven patient safety incidents had been reported to health boards.
9. Staff extraction; this was relatively high, in which Covid clearly had a significant impact
10. The Hear and Treat initiative exceeded the benchmarking figure

Comments:

1. Emrys Davies, Chair of the F and P Committee updated the Board on the Committee's discussion regarding the deep dive on red performance
2. Complaints response times; was the decline in performance specifically related to the volume of complaints? Claire Roche explained it was combination of an increase in volume and the shortage of staff resource to respond. Also some cases were referred for a review due to their complexity, which by their very nature took time and resource to resolve.
3. In terms of future reports, it was requested that the numbers of cases being reported for complex case review be included
4. Was the Trust on target to recruit the additional 127 FTE's? Claire Vaughan confirmed the Trust was on target to deliver, noting any risk associated had been mitigated particularly with regards to the C1 driving license requirement
5. What was the response from Welsh Government (WG) regarding performance? Jason Killens explained that WG were sympathetic and receptive to the challenges faced by the Trust and had provided additional resources

**RESOLVED: That the Board considered the Jun-21 Integrated Quality and Performance Report and actions being taken and determined whether:**

- (1) the report provided sufficient assurance;**
- (2) whether further information, scrutiny or assurance was required, or**
- (3) further remedial actions were to be undertaken through Executives.**

**59/21 FINANCIAL PERFORMANCE MONTH 3, 2021/22**

Chris Turley presented the report as read and drew attention to the following:

1. Covid 19 costs – A fixed allocation for some elements of the spend had been provided by WG, based on the Trust's estimate
2. An update was given on the capital programme with further details in terms of the plans going forward in respect of the capital spend
3. Risks – Holiday pay and overtime, confirmation had been received from WG that any arrears and ongoing costs would be centrally funded by them
4. It was also assumed that the cost of the Pay award of 3%, over and above that funded as part of the 2% funding uplift at the outset of the financial year, would be funded by WG. This is still to be confirmed.

Comments:

Emrys Davies commented that the F and P Committee were content with the financial position and were pleased to see the plans for the capital programme spend.

**RESOLVED: That the Board noted and gained assurance in relation to the Month 3 revenue and capital financial position and performance of the Trust as at 30 June 2021.**

**60/21 MECHANISMS FOR ASSURANCE ON GUIDANCE IMPLEMENTATION DURING THE RECOVERY OF SERVICES IN NHS WALES**

Claire Roche explained that the Director General Health and Social Services/ NHS Wales Chief Executive, Dr Andrew Goodall, had requested all NHS Health Boards and Trusts explain what mechanisms were in place to ensure that the Board and senior leadership within each organisation received assurance on compliance with guidance relating to 4 broad themes:



- Minimising the admission to hospital of people with SARS-CoV-2 Coronavirus;
- Preventing and limiting nosocomial transmission (originating in hospital) and in-hospital COVID-19 outbreaks;
- Safe resumption of elective and routine procedures and diagnostics including actions to prevent and limit other Healthcare Associated Infections (HCAIs);
- Ensuring transparency in the investigation of COVID-19 infections as 'incidents of patient safety' under Putting Things Right (PTR) guidance and contact with patients or families where harm has occurred as a requirement of The National Framework".

Claire Roche advised that the Trust had reviewed its governance arrangements and advised that the report set out the actions being taken to address the themes listed. A report outlining the Trust's response would be forwarded to Welsh Government in due course

**RESOLVED: That the Board received assurance on the actions being taken by the Trust, in line with guidance to support the NHS in Wales to recover services safely and effectively**

61/21

## **PROCEDURAL MATTERS**

1. The Minutes of the Open Board meetings held on 27 May and 10 June 2021 were confirmed as a correct record.

2. Action Log. The Board considered the Action Log.

Action Number 41 – deep dives on risks – Action Closed

Action Number 46 – Feedback from Board Members – to remain on log and be discussed at a future Board Development Day

Action Number 47 – Annual Performance report, Chairs Working Group to consider reporting process – To remain on log

3. Trust Seal – The Trust seal was used on the following occasion: Number 0224, Lease agreement to Matrix House ground floor
4. Chairs Action Minutes, the Minutes of the Chairs Action held on 24 June 2021 were ratified

**RESOLVED: That**

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

## **62/21 COMMITTEE UPDATES**

Updates on committees were received from:

1. Martin Turner, Chair of Audit Committee: further to the report added that feedback from the Auditors in respect of the Trust's governance during the pandemic had been excellent
2. Emrys Davies, Chair of the Finance and Performance Committee added further to the report, that extra work was progressing in respect of value based healthcare and that F&P would receive future updates on this
3. Academic Partnership Committee; Verbal updates were provided by Estelle Hitchon and Professor Kevin Davies in terms of the ongoing work and activities being undertaken

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

## **63/21 MINUTES OF COMMITTEES**

The Minutes of the following Committees were formally received and adopted.

1. 4 March 2021, Audit Committee Open and Closed
2. 23 March 2021, Remuneration Committee
3. 13 May 2021, Finance and Performance Committee Open and Closed

## **64/21 QUESTIONS FROM MEMBERS OF THE PUBLIC**

It was agreed that Estelle Hitchon would address any questions that were brought up via Facebook during the meeting

**RESOLVED: That the above Committee minutes were formally received and adopted**

**Date of next meeting: 30 September 2021**

**WELSH AMBULANCE SERVICES NHS TRUST**  
**TRUST BOARD ACTION LOG FOLLOWING MEETING ON 29 JULY 2021**

**CURRENT ITEMS**

<b>No:</b>	<b>Minute Ref</b>	<b>Date Raised</b>	<b>Subject</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Status/Due date</b>
<b>45</b>	<b>46/21</b>	<b>27 May 2021</b>	<b>Feedback from Board Members</b>	<b>E mail to Board Members asking for feedback – what went well, areas for improvement</b>	<b>K Cox</b>	<b>29 July 2021</b> <b>To be discussed at a future Board Development Day</b> Board development scheduled for 27 and 28 September where feedback will be incorporated. Propose closing this action.
<b>47</b>	<b>50/21</b>	<b>10 June 2021</b>	<b>Annual Performance Report</b>	<b>CWG to consider reporting process and how it was linked to Board Committees</b>	<b>K Cox</b>	The 2022/2023 timetable for production of annual filings and the review by appropriate Board Committees prior to approval at Trust Board will be presented to the Audit Committee in December 2021. Propose closing this action.
<b>48</b>	<b>58/21</b>	<b>29 July 2021</b>	<b>MIPR</b>	<b>In terms of future reports, it was requested that the numbers of cases being reported for complex case review be included</b>	<b>H Bennett/C Roche</b>	Action complete. The numbers of cases discussed in complex case panel will now be reported in the MIPR.

## Chair's Actions August and September 2021

1. The Trust's Standing Orders provides at paragraph 2.2.1 that *'There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings and it is not practicable to call a meeting. In these circumstance, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification'*.
2. Urgent action was required between the July and September 2021 scheduled Trust Board meetings. On those occasions the Chair and Chief Executive were present, as were at least two Independent Members. The minutes are at items 1.3a. and 1.3b of the agenda for this meeting. They included:
  - 2.1. Interim Estates Solutions: Implementation of the Demand and Capacity Review. The following was resolved on 9<sup>th</sup> August 2021:
    - (a) The contents of the paper and the current proposed interim estates solution as a result of the implementation of the EMS Demand and Capacity Review recommendations was noted.
    - (b) Capital spend of up to a maximum of £665k out the Trust's remaining 2021/22 discretionary capital funding is approved, to proceed with the final solutions identified locally, in full conjunction with operational colleagues and TU partners
  - 2.2. St John's Ambulance Cymru Winter Support 2021/22. The following was resolved on 25<sup>th</sup> August 2021:

Approved spending to the value of £688,000 for additional St John UCS resources for the period October 2021 to March 2022 inclusive, provided funds are secured on a full cost recovery basis.
3. The Trust Board is requested to ratify the decisions made by way of Chair's Action.

## **Minutes of Chairs Action Meeting 9 August 2021 (Via Teams)**

Present:	Martin Woodford (MW)	Trust Board Chairman
	Emrys Davies (ED)	Non-Executive Director
	Bethan Evans (BE)	Non-Executive Director
	Paul Hollard (PH)	Non-Executive Director
	Jason Killens (JK)	Chief Executive
	Trish Mills (TM)	Board Secretary
	Chris Turley (CT)	Executive Director Finance and Corporate Resources

### **Interim Estates Solutions: Implementation of the Demand and Capacity Review**

1. CT presented the paper for the interim estates solutions, advising the group of the report approval route set out in the paper, including its review by the Capital Management Board, Executive Management Team, and the Finance and Performance Committee. ED confirmed that it had been discussed at the Finance and Performance Committee on 22<sup>nd</sup> July and that the committee supported the recommendation contained in the paper for approval by Chair's Action.
2. CT noted that a significant amount of work has been done to consider the recommendations of the EMS Demand and Capacity Review and to identify potential implications for all supporting functions across the Trust, including Fleet and Estates. He pointed out this paper focussed on the estates implications, and specifically those short to medium term implications where numbers are forecast to increase beyond the capacity of the current estate
3. CT advised the group that the short to medium term solutions are required to accommodate staff while the longer-term solutions are progressed as part of the estates strategy. Business cases for these longer-term solutions will come to the Board in the next 6-12 months.
4. CT stated that the request for Chair's Action represented the collective value of the schemes at a maximum cost from a capital perspective of £665K, and noted that this is affordable from within the remaining discretionary capital allocation for 2021/22 of £1.5m. Plans to commit the remainder of the discretionary capital allocation would be forthcoming shortly, following recent Executive Management Team discussions, primarily related to Vantage Point House infrastructure changes.
5. MW, ED, BE and JK confirmed their support for the recommendation. PH sought confirmation that there was no additional capital charges or depreciation impact of this spend CT confirmed this, as the current spend and funding estimates for this assume full commitment of the Trust's discretionary capital allocation, from which this is to be funded. PH confirmed support for the recommendation.

**Resolved:**

- 1) The contents of the paper and the current proposed interim estates solution as a result of the implementation of the EMS Demand and Capacity Review recommendations was noted.**
- 2) Capital spend of up to a maximum of £665k out the Trust's remaining 2021/22 discretionary capital funding is approved, to proceed with the final solutions identified locally, in full conjunction with operational colleagues and TU partners.**

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

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

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

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

Comments if any:

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

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

Comments if any:

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

**Chairman's Signature**

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

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

Martin Woodford

Comments if any:

**Chief Executive's Signature**

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

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

Jason Killens

Comments if any:

## **Minutes of Chairs Action Meeting 25 August 2021 (Via Teams)**

Present:	Martin Woodford (MW)	Trust Board Chairman
	Martin Turner (MT)	Non-Executive Director
	Joga Singh (JS)	Non-Executive Director
	Jason Killens (JK)	Chief Executive
	Lee Brooks (LB)	Director of Operations
	Chris Turley (CT)	Executive Director Finance and Corporate Resources
	Trish Mills (TM)	Board Secretary

### **St John Ambulance Cymru Winter Support 2021/22**

1. LB presented the paper for St John Ambulance Cymru (SJAC) winter support for 2021/22.
2. LB noted that this proposal would enable the Trust to be prepared in advance to bolster capacity over the winter period under the auspices of the existing Memorandum of Understanding with SJAC, which runs until October 2022. He reminded the meeting that the preliminary forecasting for winter predicts significantly high demand, necessitating the additional SJAC resource. He referred to Appendix 1, which was a proposal in the amount of £604K, which will provide support from October 2021 to the end of March 2022, with a firm commitment to the hours set out in that Appendix. Appendix 2 includes an uplift in hours to a total of £688K, however there are no guarantees that SJAC will be able to deliver the additional hours over the £604K. Discussions continue however to confirm this.
3. LB assured the meeting of SJAC's track record of fulfilling their commitments, demonstrated through regular meetings with them, verification visits, and a review of their compliance to the MOU.
4. CT advised the meeting that there were two possible funding routes for the investment, however he noted that the Chair's Action was for approval subject to funds being secured on a full cost recovery basis. CT advised that discussions have advanced with the Chief Ambulance Services Commissioner to secure financial cover for the proposed spend, and that he is supportive of the proposal. There was also the potential to utilise the additional funding announced by the Welsh Government to support Covid recovery. The issue with the latter relates to the timing of the allocation of those funds to enable us to secure the additional SJAC resource.
5. MT noted his support to the Chair's Action being taken as proposed, however queried whether the use of SJAC was a temporary solution to fill a permanent problem, and whether it should become part of business as usual rather than an annual issue. Discussion ensued on this, and it was felt that this service was additionality rather than business as usual, and when the Trust's ambitions are realised relating to rosters and system redesign, the capacity issue, and the need for the additional resource, should be overcome or much reduced.



6. The Chair's Action was approved as recommended.

**Resolved:**

**APPROVED** spending to the value of £688,000 for additional St John UCS resources for the period October 2021 to March 2022 inclusive, provided funds are secured on a full cost recovery basis.



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

<b>AGENDA ITEM No</b>	<b>1.6</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>One</b>

## CHIEF EXECUTIVE REPORT: 30 SEPTEMBER 2021

<b>MEETING</b>	TRUST BOARD
<b>DATE</b>	30 SEPTEMBER 2021
<b>EXECUTIVE</b>	JASON KILLENS
<b>AUTHOR</b>	JASON KILLENS
<b>CONTACT</b>	Jason.Killens@wales.nhs.uk

### EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 29<sup>th</sup> July 2021. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

### RECOMMENDATION

That Trust Board note the contents of this report.

### KEY ISSUES/IMPLICATIONS

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

### REPORT APPROVAL ROUTE

The Trust Board meeting held on 30<sup>th</sup> September 2021.

### REPORT APPENDICES

An SBAR is attached.

### REPORT CHECKLIST

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

## **SITUATION**

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 29<sup>th</sup> July 2021.

## **BACKGROUND**

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

## **ASSESSMENT**

### **CHIEF EXECUTIVE**

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, AACE and EASC.
- WAST Live events continue to be scheduled on a monthly basis to inform our people of emerging issues and report on key actions taken by the Trust. They continue to be popular with our people as an effective engagement tool and provide an opportunity for our staff to ask questions directly to me and the wider Executive Management Team. WAST Live events are available as live on Facebook and Zoom and on YouTube for staff to watch at their leisure.
- I have also had the pleasure of meeting front line operational staff from NEPTS, EMS and CCC in Central and West and North Wales. It was humbling to listen to how their stories and challenges of working through the pandemic. I was also delighted to welcome newly appointed EMDs to the Trust.
- I was proud to present a number of Chief Executive's Commendations; to staff who rescued an elderly patient from a river, an off duty paramedic who treated a patient in cardiac arrest and achieved a ROSC and a seven-year-old girl who spoke to 999 as her mum had an asthma attack.
- I have represented the Trust at meetings of and given evidence to the Ministerial Ambulance Availability Taskforce.
- I continue to chair the NHS Wales Microsoft 365 implementation programme as part of my wider system leadership responsibilities.

## **FINANCE AND CORPORATE RESOURCES**

### **Finance**

4. The draft Charitable Fund Accounts and Annual Report for 2020/21 have been prepared. A full audit of the Charitable Fund accounts is planned to take place by Audit Wales (AW) during November/December 2021 with the final audited accounts being taken to Trust Board for approval on 27th January 2022 prior to submission to the Charity Commission on 31st January 2022.

5. The recent announcement on additional non-recurrent funding from Welsh Government related to the 2nd half of the financial year will require the organisation to

submit a financial forecast to the end of the financial year covering likely COVID cost, requirement for any recovery funding which will need to be signed off and agreed with Welsh Government and FDU colleagues in early November.

6. The finance team continues to provide finance support to the winter/performance improvement plan as it is formulated between ADLT, EMT and external partners. As well as to liaise with EASC to ensure funding streams for agreed development opportunities are provided to WAST to enable recruitment of key frontline staff.

7. The finance department met face-to-face in mid Wales for the first time since the pandemic started, allowing finance staff the opportunity to catch up with colleagues and with the agenda to benefit from face-to-face personal development and communication of key news.

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

## **Capital & Estates**

9. A number of significant major projects continue, including:

- Aberaeron Ambulance Station;
- Beacon House;
- Cardiff Area Ambulance Centre;
- Contact First / VPH;
- Ruthin Ambulance Station;
- Tŷ Elwy / 111 Clinical Contact Centre (CCC)

10. Estates Strategic Outline Programme (SOP) Refresh is awaiting feedback from Welsh Government in relation to the completed scrutiny grid received as part of the consultation process with Welsh Government.

11. The decarbonisation fund and associated infrastructure bids are progressing to design, tender and mobilisation stages. The bio-diversity project at the Dobshill site is the most advanced with works planned to commence before the end of September. Other schemes such as photovoltaic (PV) arrays and air source heat pumps are progressing well from design to tender being completed in 2021-2022.

12. A draft Action Plan for the Trust delivery as part of the Decarbonisation strategy was considered at Finance and Performance Committee on the 22nd July 2021, and an update provided on 16th September 2021. The Action Plan is challenging and will require substantial investment.

13. ISO 14001 audits have been completed for St Asaph and Colwyn Bay, the risk factor has been defined as 'Low', with one new non conformity raised, six closed from the previous audit leaving a balance of three remain for action by the next audit.

## **Fleet**

14. A Welsh Government Assurance Hub Programme Assessment Review (PAR) for the Fleet Strategic Outline Programme (SOP) Refresh was undertaken in September with the agreed focus being on the impact of the decarbonisation strategy and the annual business case funding process on the delivery of subsequent vehicle procurement projects and delivery of the Fleet SOP. It is recognised that there are linkages between the delivery of the Estates SOP.

15. The delivery of the Vehicle Replacement Project for 2021/22 continues. Planning for vehicle commissioning is being progressed. The 4 x NEPTS small cars and 2 x small training vehicles are now in operational service. The specification for the 2 x large training vehicles has been agreed and the conversion of these vehicles will be progressed during October. The 44 x EA chassis have been delivered and build slots with the convertor have been confirmed. In addition, a prototype EA vehicle (donation funding) has been on display at the Joint Emergency Show in September, this vehicle includes a patient hoist which is being trialled with the aim of achieving benefits for both patients and staff.

16. The tender process for the conversion contract of the NEPTS large and remaining small vehicles is being progressed and it is anticipated that this conversion contract will be awarded in October. Liaison with NARU regarding the procurement of the HART ATV (Polaris) & ATV (Polaris) Carrier and the Responder Vehicles Incident Ground Technology (IGT) equipment continues. Confirmation of the delivery date for the 3 x Fleet Workshop vans is awaited. Confirmation of the requirements for the replacement 1x Triage Van (Cardiff East) have now been received and the request is progressing for approval via the Fleet SOP Delivery Group (FSDG).

17. Consideration is now being given to developing the Vehicle Replacement Programme Business 2022/23 Justification Case (BJC) which, following the necessary internal approvals processes, will be submitted to Welsh Government to assist in securing the required capital funding.

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

### **Planning and Transformation**

18. Both the Planning and Transformation Teams have been supporting the internal and external planning and IMTP delivery, as well as the recovery within the Pandemic Plan. Benefitting from additional corporate funding, further resources have been secured and two new project managers have been recruited into the Transformation Team to support IMTP delivery structures and the Trust's strategic development agenda. Further resources will also be secured with this funding to add strategy and planning capacity to the directorate. The Transformation Team has refreshed the Project and Programme Management Framework and continues to source project management training for the organisation to increase our capacity and capability to deliver key transformation programmes as well as local improvement projects.

19. Whilst COVID cases continue to rise, data prepared by the team for Business Continuity and Recovery Team (BCRT) and presented to the Executive Pandemic Team (EPT) recommended the Trust needed to move back to a Response Phase (Monitor Position) to enable the standing up of structures to support the growing pressure on the health care system. The Assistant Director of Strategy and Planning

will now take over as chair of the BCRT as the result of a revised Pandemic Plan. Whilst in Monitor position, work will continue to consider how the Trust returns to a new normal. Key to this will be the preparation of the next iteration of the Trust's IMTP and the team has started to develop the process for preparation of the plan and is planning the internal and external engagement required to refresh the plan by the end of January 2022, which is when it is anticipated Welsh Government would seek submission of IMTPs.

20. IMTP delivery structures are now firmly in place, with four transformation programme boards running and reporting into the Strategic Transformation Board (STB) with support from the Planning and Transformation teams. Going into this next difficult phase of the pandemic, alongside a winter that is predicted to bring with it high demand, the teams are working with directorates to re-prioritise this year's IMTP delivery and it is likely that some timescales may slip. An assurance report on progress so far though has shown positive IMTP delivery to date and this has been presented to Finance and Performance Committee for their assurance. A paper highlighting the key achievements to date is also included in the Board papers.

21. In addition to the delivery structures, the Integrated Strategic Planning Group (ISPG) has been established to support the annual planning cycle, strategic workforce planning and provide a place for strategic and operational intelligence to inform strategic and operational planning. Alongside this, the Team has now set up the first meeting for the Strategic Development Group which will provide space for development of the Trust's strategy and strategic ambitions, through a matrix working approach, on behalf of STB. This is chaired by the Director of Strategy, Planning and Performance who ensures that Board level strategic direction guides the work of this group.

22. The team continues to keep apprised of Health Board recovery and service changes through established planning relationships, and this now reports into the ISPG. There continues to be notable active engagement at a strategic level in; vascular centralisation in South Wales, thrombectomy transfer services commissioning, neonatal transfer service re-commissioning in South Wales, Hywel Dda strategic clinical services change, Cardiff and Vale strategic clinical service change, regional cancer services developments, flows of South Powys patients into Welsh Health Boards and changes to stroke services in Hereford and Worcester. The Trust has received the final evaluation report on the first six months of the Grange University Hospital and presented the outcomes and recommendations to the Finance and Performance Committee. The report is positive on the whole and as such the internal project board has been closed down and handed over recommendations to business as usual and the Ambulance Care Transformation Programme Board.

23. The Assistant Directors Leadership Team (ADLT) is leading on key pieces of work including the work to address commissioning intentions around efficiency and post production lost hours. This important work has commenced and is being taken forward fully in partnership with Trade Unions.

24. The Team has also commenced planning to host (virtually) a national planning learning event in November on behalf of Directors of Planning and the national Planning Programme for Learning. As part of the Planning Programme for Learning, four members of the team are progressing through the Postgraduate Diploma in Healthcare Planning with Cardiff University, with excellent results to date.

## **Commissioning and Performance**

25. The Commissioning & Performance Team continues to provide a significant amount of support to the Trust. As the Trust have moved into maximum escalation the Team has supported EMT with the production of a bi-weekly tactical/transformational Performance Improvement Plan (PIP) and graph packs for 111, Ambulance Care and EMS respectively.

26. The Team is heavily involved in the complex pan-Wales EMS Response roster review with the core principles agreed with Trade Union Partners and working party one (15 across Wales) completed – the project is on target. The EMS Demand & Capacity Review has been re-opened, to take account of increased demand (in particular Red) and system pressures (handover). The initial results have been received and need to be endorsed by EASC prior to being fed into the EMS response roster review project this month. The roster review project forms part of the wider EMS Operational Transformation programme, which continues at pace, with a particular emphasis on recruitment and training both into the response workforce and also into the Clinical Support Desk, for example mental health professionals.

27. Forecasting and modelling for winter has been completed and reported to senior stakeholders. This work links to the PIP.

28. The Team is also supporting key transformation programmes, for example 111 and the Ambulance Care Programme (which is using the results from the NEPTS Demand & Capacity Review).

29. Finally, the Team continues to provide quality and performance reports to senior stakeholders, for example, the monthly quality & performance report (overhaul now almost completed) and information to health boards, the CASC and EASC. The Team continues to track the pandemic through the COVID19 Intelligence Pack which is supplied to colleagues in the Trust each week.

## **MEDICAL AND CLINICAL SERVICES DIRECTORATE**

### **ePCR Programme**

30. The TerraPACE Project continues at pace with three extensive phases of formal factory, site and system testing and an independent clinical assurance process on the TerraPACE product drawing to completion. We are now entering the next stages of an operational pilot in early October 2021 and go-live in November 2021. Development of modular digital content for training is almost complete for EMS staff. The project remains on track for go-live in November with the CFR solution and remaining more complex third-party interfaces on track to be delivered by March 2022. Programme stakeholder engagement with our wider partners in primary and secondary care, led by the Medical Director as SRO, is underway for digital patient handover and secure sharing of GP summary records.

### **Airway Management**

31. Recent events within the Trust and a lack of opportunity to develop intubation skills in a practical setting due to the pandemic have highlighted the need to review adherence to best practice and compliance in this area of practice. These events have also highlighted a need to review current resuscitation practices and to establish a



structure which supports the mentoring, on-scene guidance and skill development of clinical teams during an out of hospital cardiac arrest (OHCA). Therefore, a task and finish group has been established to review the airway management strategy for the Trust.

32. An Airway Policy has been developed and is currently going through the Trust's policy group and the strategy and guidance documents are awaiting final approval. A robust communication plan setting out the requirements and impacts on clinical practice and supervision will then commence.

### **Palliative Care Paramedics**

33. Funding has been secured for an initial 3-year project that will see a small team of rotational paramedics split their working time 50/50 between WAST and the Specialist Palliative Care Team (SPCT) in Swansea Bay University Health Board (SBUHB). The interviews took place on the 6 September and four candidates were successfully recruited. When working in the SBUHB setting, paramedics will be predominantly community based, responding to community palliative care patients in the Health Board area. A four-week induction has been scheduled for the chosen candidates which will commence on the 1 November and the pilot will commence on the 29 November.

### **Defibrillator Funding**

34. Welsh Government will be providing WAST with funding of £500,000 to purchase almost 500 defibrillators for placement in communities and sporting grounds this year. WAST will work in partnership with Save a Life Cymru to agree criteria for community organisations and groups to apply for a defibrillator in their local area, including an agreement that the defibrillator will be registered on The Circuit defibrillator database and will be publicly accessible at all times. This will help to bring the total number of defibrillators in Wales close to 6,000, and will be a key element of increasing bystander CPR in Wales in the event of a cardiac arrest.

## **WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE**

35. The 111 roll out across Wales is continuing, however, Clinical Advisors appear to be in short supply with the latest round of recruitment for all three regions resulting in only 14 FTE being appointed, which is less than half of the workforce requirements. In addition, there is uncertainty over whether any Clinical Advisors will transfer to the Trust to support the Cardiff and Vale 111 service mobilisation. Therefore, further recruitment for Clinical Advisors will be undertaken with home working options to broaden the field of potential candidates. Call Handler recruitment is also underway in Swansea and VPH to support the Cardiff and Vale service mobilisation.

36. Timelines for overall time to hire (vacancy creation to unconditional offer) have remained within the national target of 71 calendar days for this financial year (65.2 days for August 21).

37. To support the Trust's health promotion agenda, topics for the Women's and Men's Health Group have included nutrition advice and cervical screening information,

38. The Assistant Directors Leadership Team (ADLT) development programme continues and ADLT members have completed their personal exploration and

leadership diagnostics. However, ADLT have decided to defer the 'Learning into Action' and 'Leadership Advance' modules until February 2022 due to the current system pressures.

39. The Wellbeing Leadership Advance has been developed to provide an opportunity for middle and senior managers as a part of the approved Leadership & Management Development Strategy. It will provide safe space for self-reflection and learning in a safe environment. The Wellbeing Leadership Advance has been developed to cover 3 specific areas:

- Being an effective leader in WAST which includes discussions around connected, compassionate and inclusive leadership.
- How do you manage and respond to change? Exploring 7 fundamental shifts for change management.
- Your wellbeing as a leader and the well-being of your team.

40. The workshops have been designed to be interactive to ensure individual participation in order to gain the most from this experience.

41. Induction programmes for Newly Qualified Paramedics (NQPs) have commenced with the first cohort joining the Operations Directorate w/c 11th October 2021.

42. There are currently 20 colleagues undertaking the Level 4 Certificate in Education and Training, 17 undertaking the Level 3 Certificate in Assessing Vocational Achievement, and 2 working towards becoming qualified Internal Quality Assurers.

43. Recruitment for an additional 6 Driving Instructors (DIs) has entered the final stage, with the programme scheduled to start next month. In preparation, 2 facilitating staff are undertaking the National Principal Assessors Award, which is a prerequisite of the programme delivery.

44. At the time of writing 170 paramedics have completed all of the Band 6 competencies (20.45%), however, as a result of operational demand all face to face teaching has been suspended and the Education Support Management team have been deployed to patient facing duties.

## **DIGITAL DIRECTORATE**

45. The Digital Directorate continues to grow its ranks in order to keep pace with the rapid digital transformation within the organisation. New colleagues have started across Informatics, ICT, the Emergency Services Mobile Communications Programme (ESMCP), and our growing Electronic Patient Clinical Record (EPCR) team since the date of the last board. With strong support from colleagues in the Workforce and Organisational Development, 2021 has seen 21 new job types created, with 18 appointments made so far.

46. The Health Informatics team also continues to grow with new roles including a lead Assistant Director of Digital out to advert. In addition to new staff, work continues to transfer our dashboards from the legacy Qlik system to Power BI as part of our data portal development. In addition, planning is underway with colleagues in the National Data Resource programme to transform our data warehouse in line with the latest industry practice.

47. In addition to our growing permanent team, August and September has also seen the Directorate welcome a number of interim team members to commence a £250k work package of improvements to the 111.wales website. An initial plan is now in place ready for release of new improvements across the winter period, ahead of a bid for a larger permanent team to support the ongoing improvement of access to 'digital first' advice and signposting.

48. After an initial delay due to issues identified in testing, our new 111 telephony platform is now live. The new system has greater resilience and capacity to handle increased call volumes, whilst also providing a range of new capabilities to improve remote working and integration with other systems.

49. Since the last board, WAST has assumed the chair of the new national NHS Wales Digital Directors group, and the Digital workstream for the national Urgent and Emergency Care Board.

50. The main development in the ESMCP programme is the finalisation of the Mobile Data Vehicle Solution (MDVS) Full Business Case which is presented as a standalone item at this board. In addition, the delayed implementation of the Control Room Solution is now being finalised for a date in the new year.

## **PARTNERSHIPS AND ENGAGEMENT DIRECTORATE**

51. The recent system pressures have resulted in a significant increase in partnerships and engagement work. The Director of Partnerships and Engagement has met with a number of stakeholders since the last Board, including supporting the CEO with a range of political meetings, attending a number of regional partnership board meetings, meeting with community health councils and liaising with Welsh Government colleagues on a range of issues.

52. In addition, a briefing was issued to a broad range of stakeholders in August, outlining the current challenges and our approach to managing them, which generated conversations with a number of interested parties, including opening up further dialogue with local authority partners on shared approaches to early intervention and support, reducing the need for conveyance and admission.

53. The recent demand issues have resulted in pressure on the Communications Team, particularly in managing and adapting public messaging in line with both demand and in reviewing what is proving to be effective, or otherwise. This included working with a range of media, including Sky News and BBC Wales for high profile, cross-platform regional and national coverage. In a positive media highlight, we published a story about a seven-year-old girl who spoke to 999 as her mum had an asthma attack at the wheel, which generated more than 160 pieces of news coverage, generating a media reach of 179 million.

54. Internal communications work has continued, focusing on the monthly WAST Live events and regular updates via Siren, including the use of video messages.

55. In terms of other work, voting opened in the WAST Awards 2021 and on Emergency Services Day in September, and the Duke and Duchess of Cambridge paid tribute to the 'incredible' staff and volunteers at Team WAST. Winter communications planning is now well advanced.

Executive support staff continue largely to work remotely, while providing in-person support to the Director of Operations and on reception at VPH to ensure the smooth running of the building.

## **OPERATIONS DIRECTORATE**

### **Pandemic Response**

56. Following routine monitoring of activity, forecasting and demand data, the Business Continuity Recovery Team (BCRT) made a recommendation to the Executive Management Team (EMT) that the Trust come out of pandemic Recovery Phase and return to the pandemic Response Phase at the Monitor Position. Based on the information available and advice provided, this recommendation was supported by Executive Team.

57. As a result, BCRT will no longer have primacy and the Senior Pandemic Team (SPT) structure has been instigated and will have primacy for tactical decision making. EMT agreed a new strategy which not only seeks to respond to pandemic pressures, but seasonal pressures too so the SPT shall develop the tactics to support service delivery across the winter period.

58. Several additional tactics are now in development. Recent levels of demand, our forecast demand, and the capacity available indicate that additional measures are going to be required this winter. We are also developing an approach to increase our Clinical Support Desk capacity to offer more remote support to help signpost patients to the most appropriate care options.

### **Development of Clinical Safety Plan**

59. In operation since March 2016 the Demand Management Plan (DMP) provides a framework of tactical options to support WAST in responding to situations where the demand for services are greater than capacity. In June 2021 the Association of Ambulance Chief Executives (AACE) approved the Clinical Safety Plan (CSP) framework and members agreed to realign plans to achieve UK consistency both in terms of definitions and levels.

60. As part of an annual review the DMP has been updated to align with the framework and brought through several lessons from operating in high levels of escalation.

61. Following approval from the Senior Operations Team (SOT), the Clinical Quality Governance Group (CQGG) and the Executive Management Team (EMT) the new Clinical Safety plan launched earlier this month.

### **Development of 999 Estimated Time of Arrival (ETA) Scripts**

62. As part of learning from concerns investigations, Estimated Time of Arrival (ETA) scripts were introduced to WAST through the Demand Management Plan to support service users in making informed decisions when waiting for an ambulance response at times of high demand.

63. In order to better meet our duty of candour, and in line with recommendations following the Health Inspectorate Wales review of 2019, the Trust has generated an

ETA dashboard for use by 999 call handlers. This will allow 999 service users to receive more realistic response times based on the priority of the incident.

64. The revised ETA scripts have been developed with the Patient Engagement and Community Involvement (PECI) team to ensure they are easy to understand and will be provided as part of business-as-usual operations for 999 calls when categorised Amber or Green and a face to face response is required.

65. Following approval from the Senior Operations Team (SOT), the Clinical Quality Governance Group (CQGG) and the Executive Management Team (EMT) the approach will launch in September 2021.

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

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

67. The Trust has an ITK roll out schedule to connect to all UK Ambulance Services. We are currently connected to our bordering services of South Western Ambulance Service (SWAST), West Midlands Ambulance Service (WMAS) and North Western Ambulance Service (NWAS). In addition we are also connected with East of England (EEAS), East Midlands (EMAS), London (LAS), Northern Ireland (NIAS) and Scotland (SAS).

68. Testing is in progress with South East Coast Ambulance Service (SECAMB) and we hope to implement shortly. All other Ambulance Services (NEAS, YAS and SCAS) have provided relevant connection documentation and the Trust's ICT Department is working to configure firewalls to allow testing. This will also allow connection with Isle of Wight who are hosted by SCAS. Once configured WAST expects to be live with the remaining services this quarter.

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

69. ECNS will replace MTS as the clinical decision support software used by our CCC Clinicians and brings a range of system wide benefits. WAST will be the first agency in the UK to employ paramedics with the full ECNS capability. The ECNS implementation project team is being formed and initial discussions have taken place regarding planning the implementation.

### **Clinical Support Desk (CSD) Roster Review**

70. The Clinical Support Desk (CSD) team are currently working through a rota review process. Core principles have been agreed and a Joint Partnership Notice and FAQ document have been shared with CSD staff. The desired outcome is a CSD roster that meets the demand presented to the service more effectively.

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

71. Work continues to engage with all health boards to realise the benefits of the C3 remote worker module and having health board clinicians safely triage waiting patients remotely.

72. Hywel Dda University Health Board and Aneurin Bevan University Health Board are both expected to go live with PTaS in September 2021 (at the time of writing).

## **Patient Experience**

73. Work began in early 2020 on a CSD patient experience survey. This has now restarted and a range of tested questions have been confirmed. The CSD and PECl team have continued to work together to implement this survey to begin understanding more about the experiences of patients being triaged when calling 999.

## **NEPTS Transfer of Work**

74. The CTMUHB Transfer of Work will novate to WAST on 1<sup>st</sup> October 2021. This is the concluding transfer in this extensive work stream which has brought in £5.7m of funding and responsibility for an additional 78,000 patient journeys. Work will now begin on the next phase with the reconfiguration of Ambulance Care and delivery of patient transport services through the plurality model.

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

75. The MTU service commissioned by DHSC/TTP has been contractually extended to offer surge capacity testing across Wales until February 2022. An internal audit on MTU Information Governance standards was undertaken earlier in the year which achieved a substantial assurance rating.

## **Make Ready Depots (MRD)**

76. The Make Ready facility located at Singleton Hospital has also received extended funding enabling the service to be available until the end of March 2022.

## **Volunteering**

77. The Volunteering Strategy has been presented to and approved by both Executive Management Team and People and Culture Committee. The draft report is on today's agenda seeking Trust Board approval. Whilst working towards finalising the strategy, we have been busy maximising the contribution from our volunteers. New NMA Lite smart phone handsets are being rolled out to replace the Terrafix system. One hundred handsets will be rolled out to CFR teams and positive feedback has already been received.

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

### **Patient Experience & Community Involvement (PECI)**

78. During July, PECI launched a revolutionary new gaming app to help young people understand what to do in an emergency. The Trust's Blue Light Hub app boasts four games which teach users about what happens when they call 999, the appropriate

use of 999, how ambulance resources are dispatched and managed and the different uniforms they might encounter on their NHS journey. The bilingual app is aimed predominately at 7 - 12-year-olds. The app hosts four games which are:

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

79. The idea was borne out of discussions with a clinical psychologist and a social development expert on how to best engage with and form positive behaviours in young people. It is enabling young people to have a window into the world of an ambulance service. The Blue Light Hub app is free on the Google and Apple app stores.

### **Mental Health and Dementia**

80. Following successful piloting of Mental Health Practitioners on the Clinical Support Desk last year, a business case for an ongoing service was submitted to Commissioners in July. The CASC has subsequently provided funding to enhance the Clinical Support Desk and we are about to advertise for Mental Health Practitioners with the intent to have these in post as soon as possible.

### **Working Safely Programme**

81. An options appraisal for resourcing the Working Safety Programme was approved at Executive Management Team on 3 August 2021 to fund a temporary team for 12 months during the programmes 'Pump and Prime' phase. The Working Safely Programme Manager commenced in post on 23 August 21 and a recruitment process is underway to secure the full capacity of the Working Safely Programme Team. There is an expectation of commencement of all roles during Quarter 4, 2021/22

### **Patient Safety and Putting Things Right**

82. The Patient Safety Highlight Report for this quarter highlights the drop in performance with the Putting Things Right targets (2-day acknowledgement and 30-day formal response). This is a concern for the organisation as we have had improved and sustained performance over the last year. An Action Plan is in place to address this so that we can respond to families in a timely manner.

### **111 Clinical Roles**

83. A Consultant Clinician and 3 Specialist Clinicians have been appointed for 111. These roles, based in the Quality and Nursing Directorate will support the Senior Operational Team in 111, the Professional Nursing and Training Team and the clinical staff in 111 to enhance clinical leadership in the service. It is anticipated that this team will commence in Quarter 3, 2021/22. This is a key development as 111 expands throughout Wales.

## **Falls Response**

84. The Trust has successfully awarded the contract for the provision of Level 1 Falls Response Services throughout Wales to the St John Ambulance Cymru, following the completion of a competitive tender process. The contract commences in September, ensuring 1 Falls Assistant Team operates in each Health Board.

85. The Improvement Team in collaboration with Aneurin Bevan University Health Board and the Trust's Clinical and Operational Management Teams have introduced a new direct access pathway to refer patients to the Rapid Medical Consultant Led Community Teams. The Falls Response Service (FRS) - Level 2 Falls Team, have amended their scope of practice to enable them to attend patients who are experiencing new onset or worsening of a frailty condition. The team have received training in the identification of frailty within the pre-hospital environment and data is being collected to actively monitor the impact of the trial.

## **CORPORATE GOVERNANCE**

86. The new Board Secretary, Trish Mills, started in post on 2nd August and has had several introductory meetings with the Board, the organisation more widely and its stakeholders. In addition to acclimatising to a new organisation and systems of governance, Trish's focus in these first months has been on the Trust's risk management and the board assurance frameworks, Welsh language standards, non-executive director induction and appointments and board development. Work has been underway to design a programme of improvement and maturity to deliver on the future ambition for the Trust's Risk Management Strategy and the Board Assurance Framework including training and Board Development.

87. The Governance Team continue to work with officers across the Trust to ensure that all audit recommendations resulting from internal and external audit reviews are completed in a timely manner.

88. Further, the Governance Team are working to ensure our Policies are refreshed and brought up to date in line with agreed review dates and work continues with Policy Leads and Trade Union Partners on this.

89. The Welsh Language Annual Report is before the Board today. In monitoring compliance with the Welsh language standards across the Trust, a compliance assurance exercise was carried out during June and July 2021 via the ADLT. The responses have been included in a Welsh Language Standards Tracker Plan together with actions against standards not met or partially met. This will provide a clearer picture of the Trust's compliance with the standards and will be reported through appropriate governance structures to the People and Culture Committee. A monitoring and improvement programme is also being developed.

90. The number of requests being received by the Trust under the Freedom of Information Act (FOIA) has reduced slightly compared to previous years. This in part is down to a recognition that the Ambulance Service is under unprecedented pressure because of the pandemic coupled with a campaign asking people to only submit FOI requests if they are deemed to be necessary as a number of corporate staff were redeployed to assist with frontline services. However, the Trust continues to receive more challenging and complex requests, a trend which has continued over recent years.



## **RECOMMENDATION**

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



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Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

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

## MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – August 2021

MEETING	Trust Board
DATE	30 September-21
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant directory of Commissioning and Performance Nicola Quiller – Interim Commissioning and Performance Manager
CONTACT	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Nicola.Quiller@wales.nhs.uk">Nicola.Quiller@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

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

### RECOMMENDATION

Committee is asked to:-

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

## KEY ISSUES/IMPLICATIONS

### **Overview**

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

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

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

Three of the indicators are in development and no data is available at this time. It is anticipated that these will be reported in the Nov-21 report.

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

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

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

**Call answering** (safety): The speed at which we are able to answer a 999 or 111 call is a key safety measure. 999 answering times have been challenged through significant increases in demand in Jul and Aug-21. 111 call answering performance, measured by call abandonment rates, remains at unacceptable levels, also due in part to increases in demand over and above those forecast. In both areas, very high levels of staff sickness levels are impacting on capacity.

Actions to improve both of these areas will involve recruitment of additional call handlers. For the 999 calls, additional staff recruitment has been agreed by EMT and will now progress. For 111 calls, discussions are ongoing with the 111 Programme team to secure agreement and funding over and above the significant levels of recruitment already agreed (182.98 FTE call handlers now in place and recruitment undertaken to increase numbers in early Oct-21). Within the 111 service, a new telephony system will provide for interactive voice response which will provide callers with expected answer times or provide options to be called back rather than hold on, which will improve patient experience.

**Ambulance response** (safety / patient experience): Red and Amber response times have increased in Aug-21 due to an increase in patient demand, increase in hours

lost at hospital and marginally lower production. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

- Recruitment of an agreed, funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme (action to be completed by end of Mar-22). This will close the relief gap and allow the Trust to deliver 95% of UHP more consistently (subject to abstraction rates);
- Development and pilot of a Rural Response Model to reduce variation in performance across Wales, with an initial focus on Powys subject to agreement with EASC. An initial proposal is with the CASC;
- Work on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency. This programme of work is likely to take 3 to 4 months of negotiations and performance study before agreement and subsequent implementation.

The Trust went to maximum escalation on 24 Aug-21 and has remained there. In response the Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported to Executive Management Team every two weeks. Actions are set out under 4 main headings including:

- Better management of demand
- Increasing capacity produced, for example through use of St John Ambulance and the Fire and Rescue Services
- Increasing effectiveness and efficiency of resources, including the roster review programme
- Supporting staff well-being

The PIP is being supported by a range of sub-structures, for example, the re-establishment of the Senior Pandemic Team as part of moving back into "response" mode to CoVID-19 and its impact. Forecasting and modelling has been completed for the winter period, which is feeding into the PIP.

**Ambulance Care (formally NEPTS) (Patient Experience):** performance was above target for enhanced renal patient arrivals prior to appointment in Aug-21; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels. As the system "re-sets" the Trust anticipates a situation where Ambulance Care demand returns or surpasses previous levels; this coupled with reduced capacity caused by social distancing could mean that Ambulance Care will have insufficient capacity to service patient demand. The Trust has recently undertaken tactical forecasting and modelling to aid forward planning for this potential scenario. The Trust has received external funding to increase its Ambulance Care capacity through the procurement of third party providers and this is being progressed at pace.

**SAIs / Concerns Response:** The Trust reported 5 serious adverse incidents (SAIs) to the Delivery Unit in Aug-21, compared to 4 in Jul-21; and 16 patient safety incidents were referred to health boards under the "Appendix B" arrangement, compared to 15 in Jul-21. Complaint response times declined to 57% and therefore failed to achieve the target (75%). The Nov-21 report will also contain information to the Board with respect to the volumes of cases within the Complex Case Panel (CCP) and Redress to detail where the Trust has potentially breached its duty of care.

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

**Hours Produced:** 110,514 EMS ambulance unit hours were produced in Aug-21. The emergency ambulance production (UHP) was 87% in Aug-21 against a benchmark of 95%. RRV UHP was 83% in Aug-21, however this is lower than 89% in Apr-21. The Trust continues to recruit additional staff in line with the EMS Operational Transformation Programme so that numbers of substantive staff in post is increasing; however, the level of abstractions means that the numbers of hours produced overall are not rising as had been expected. Other sources of capacity are being sought e.g. Fire & Rescue Service, voluntary sector (St John Ambulance) etc.

**Response Abstractions:** Abstraction levels increased in Aug-21, with sickness levels remaining high. In Aug-21 the response roster abstractions was 44.93% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 12% in Aug-21 (benchmark 5.99%) the highest since Jan-21. Workforce fatigue is also an issue.

**Trust Sickness absence:** The Trust's overall sickness percentage (Jul-21) was 9.71% and high sickness levels were seen across all areas of the Trust's operations including ambulance response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers (a reduction in the short term is unlikely).

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

## **Finance and Value**

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

**Post-production lost hours:** The effective and efficient use of the capacity that we produce is a key indicator for the Trust. This is measured within the EMS service by the calculation of post-production lost hours. EMS Response lost 15,837 post-production lost hours (PPLHs) in Aug-21, compared to 16,138 hours to handover and 110,514 hours produced. The Trust benchmarked well on aspects of PPLHs in the ORH review, and some PPLH will be linked to handover delays, but there is scope for efficiency improvement here. Further work is required to determine a benchmark for PPLH. The Leading Service Change Together workshops with TU partners started in Sep-21.

**New indicators:** the Trust is looking to develop indicators of value and efficiency over the coming months, for example around EMS utilisation (significant work has been undertaken here) and 111 hand-offs.

## **Partnerships/ System Contribution**

**Shift left:** Much of our work as a Trust relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **hear and treat** rates after 999 calls (10.4% in Aug-21, compared to 9.9% in Aug-20). Achieving the benchmark of 10.2%, for the third

consecutive month since Dec-20. The Trust set out in its strategy the ambition to grow the capacity of the Clinical Service Desk, and this has been supported by commissioners and EASC. In particular, 15 FTE mental health professionals and up to 36 Paramedics have been supported, with action now being taken to recruit and deploy these additional staff. This will represent an almost doubling of the size of the department, and alongside recruitment therefore, work is ongoing to develop the new service and workforce model. The Trust is also implementing new clinical triage software and also working with health boards on how they can support remote demand management. Further work is planned to identify a revised benchmark for hear & treat.

The Trust **conveyed** 35% of patients to emergency departments in Aug-21, compared to an average of 42% and previously lowest recorded of 38% (Dec-20). Analysis shows however that this may be linked to pressures within the system rather than sustainable improvements, with long waits meaning patients cancelling calls and making their own way to EDs, or the deployment of the Demand Management Plan leading to ambulances not able to be sent to lower acuity calls. Further work will be undertaken in 2021/22 on more sustainable “optimising conveyance” whereby we continue to develop our workforce to be able to treat on scene and improve access to pathways so that we can refer to more appropriate services closer to home that meet patient needs. A number of IMTP actions link to this ambition.

**Handover lost hours:** The 2021/22 EASC commissioning intentions includes an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of c.5,000 hours. 13,887 hours were lost in Aug-21, which is the highest month to date. The Trust will continue to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. The level of handover is a good indicator of overall system pressures and a guide to what the Trust may experience in the winter. Current handover levels do suggest we are likely to experience the most challenging winter yet.

## Summary

The indicators used at this high level show, in many areas, a deteriorating picture in terms of the quality and safety of the service that we are able to provide. This is due in part to increasing demand across all areas of the service as the country recovers from the pandemic, coupled with increasing levels of sickness and COVID related absence. Pressures within the rest of the urgent and emergency care system are played out in the very high levels of lost hours at hospital. Commissioners of both the EMS, NEPTS and 111 services have been very supportive of proposals put forward to increase resources across a number of schemes, and staff across the organisation are focusing all efforts on a range of strategic and operational actions that will reduce demand, increase capacity or improve our efficiency and effectiveness. The organisation will be undertaking a prioritisation exercise and it is likely that several IMTP actions will need to be paused or slowed down to allow us to concentrate on those programmes which will have the highest impact. The forecasts however show that this winter period will be extremely challenging both in terms of patient services but also in terms of staff well-being.

REPORT APPROVAL ROUTE	
<b>Date</b>	<b>Meeting</b>
<b>24 Sept-21</b>	<b>Assistant Director of Commissioning &amp; Performance</b> <b>Director of Strategy Planning &amp; Performance</b>
<b>30 Sept-21</b>	<b>Trust Board</b>

REPORT APPENDICES
<b>Appendix 1 – Top Indicator Dashboard</b>

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



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# Monthly Integrated Quality & Performance Report

## August 2021

## Annex 1 – Top Indicator Dashboard







# Section 1: Monthly Indicators /Top Indicators Dashboard

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Jun-21	Jul-21	Aug-21	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience							
111 Abandoned Calls	< 5%	11.00%	12.4%	27.2%	26.3%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	93.4%	94.4%	92.5%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	00:08	00:18	00:54		R
999 Red Response within 8 minutes	65%	63.6%	60.6%	57.8%	57.6%		R
Red 95th percentile	00:14:00	00:17:59	00:19:53	00:21:12	00:22:11		R
999 Amber 1 95th percentile	01:18:00	02:24:10	04:07:29	04:36:46	06:19:10		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	15.30%	-	-		G
Stroke Patients with Appropriate Care	95%	95.83%	97.20%	-	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	83.80%	-	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	79%	78%	79%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	68%	73%	79%		R
Serious Adverse Incidents reports (SAI)	-	4	4	4	5		R
Concerns Response within 30 Days	75%	75%	63%	62%	57%		R

In-Month RAG Indicates =  
Green: Performance is at or has exceeded the target (Indicates no action is required)  
Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))  
TBD: Status cannot be calculated (To Be Determined)

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Aug-21	2 Year Trend	RAG
Our People					
EMS Abstraction Rate	29.91%	37.00%	45%		R
Hours Produced for Emergency Ambulances	95%	96.0%	87%		A
Sickness Absence (all staff)	5.99%	7.30%	-		R
Frontline CoVID-19 Vaccination Rates	TBD	TBD	4,560		TBD
Statutory & Mandatory Training	>85%	83.1%	78.49%		A
PADR/Medical Appraisal	>85%	52%	63.23%		R
Ambulance Response FTEs in Post	1700	1702	1585		A
CCC, NHSDW/111 & NEPTS FTEs in Post	TBD	1117	-		TBD
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%		G
EMS Utilisation metric (Indicator Development)	TBD	TBD			TBD
Post-Production Lost Hours	Reduction Trend	8747	15,837		R
111 Hand Off Metrics (Indicator development)	TBD	TBD			TBD
Partnerships / System Contribution					
111 Consult and Close (indicator Development)	TBD	TBD			TBD
999 Hear & Treat	10.2%	9.9%	10.4%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	34.48%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	13,969		R



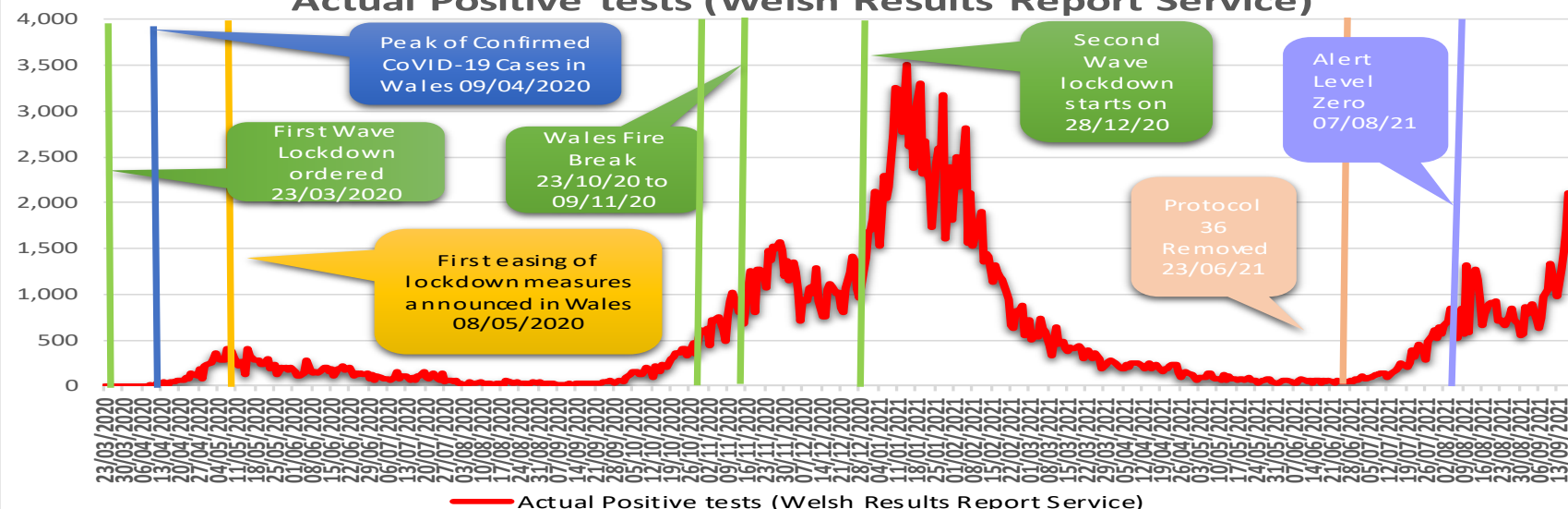


# CoVID-19 Activity

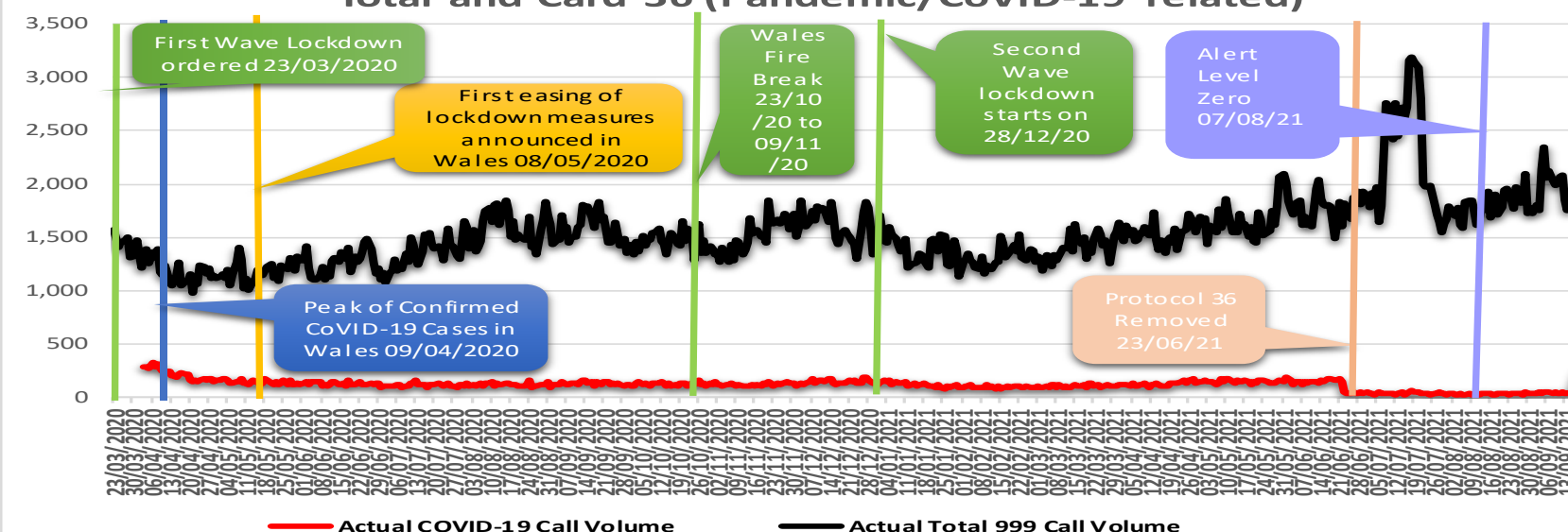
FPC

QUEST

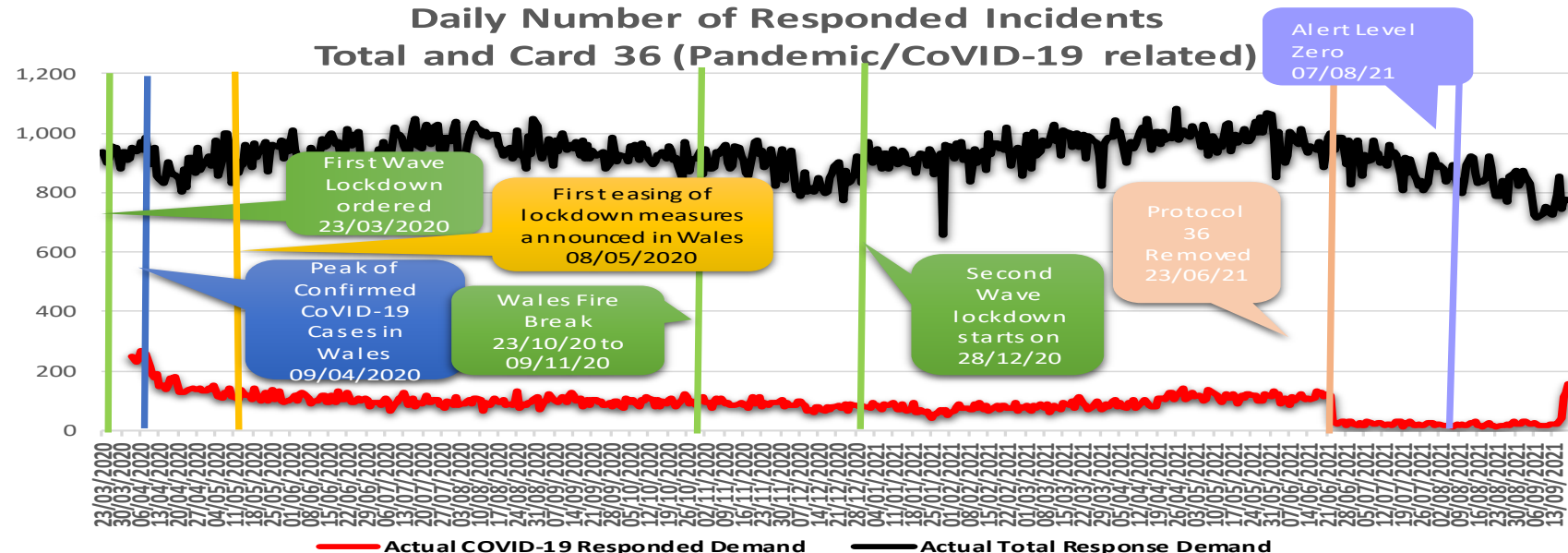
Daily Number of Confirmed CoVID-19 Infected Cases in Wales  
Actual Positive tests (Welsh Results Report Service)



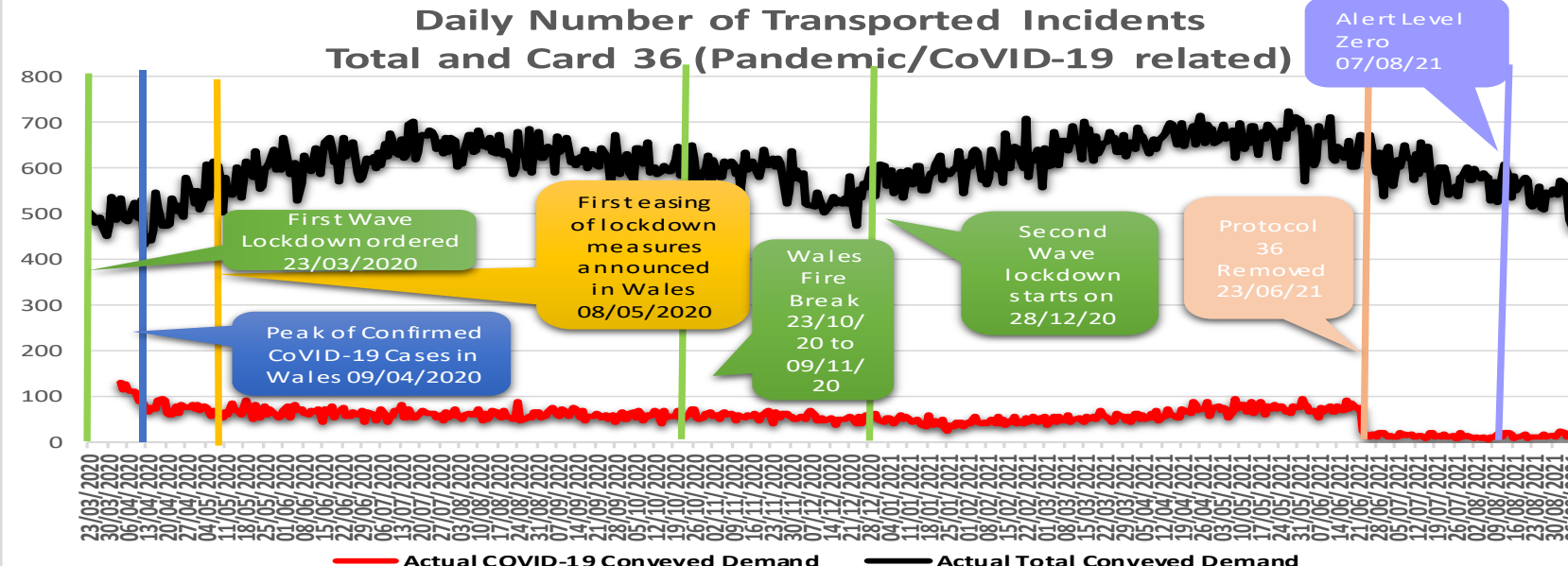
Daily Number of 999 Call Volumes  
Total and Card 36 (Pandemic/CoVID-19 related)



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



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



(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust

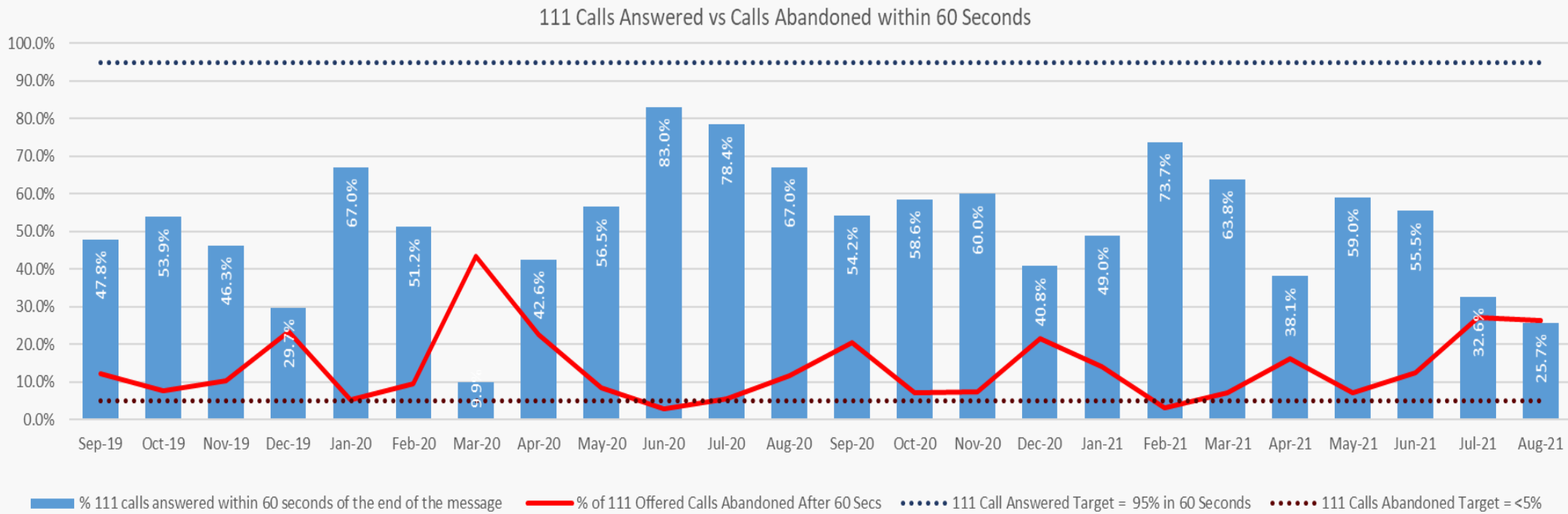


# Our Patients: Quality, Patient Safety & Experience

## Indicator 1: 111 Call Answering/Abandoned Performance



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



#### Analysis

111 call abandonment is a key patient safety indicator for the service. Although these improved slightly in the early part of the year, they have deteriorated and. Aug-21 saw an **abandonment rate of 26.3%**.

The percentage of 111 calls answered within 60 seconds of the end of the message also declined in Aug-21 to 25.7%. Given very large numbers of calls per month, this represents a significant number of people who receive a poor patient experience.

The main reasons for high abandonment rate / long answer times is a mismatch of demand and capacity.

111 call demand decreased marginally in Aug-21 compared to the previous month, but generally call volumes have increased, as seen in the graph, as a result of the roll-out of the core service, with the roll out to BCU completed in June. Demand for the service is higher than had been forecast. This increase in demand may be for many reasons and is not fully understood.

The graph alongside also shows that **capacity (staff hours) has been increasing** in line with the roll-outs and as planned. However, despite recruiting significant numbers of additional staff as agreed with commissioners, there has been a rise in sickness absences (which include CoVID-19 Sickness), which rose to 17.41% for NHS111 in Aug-21. This means that demand is higher than forecast, capacity is lower than planned leading to the longer response times as seen.

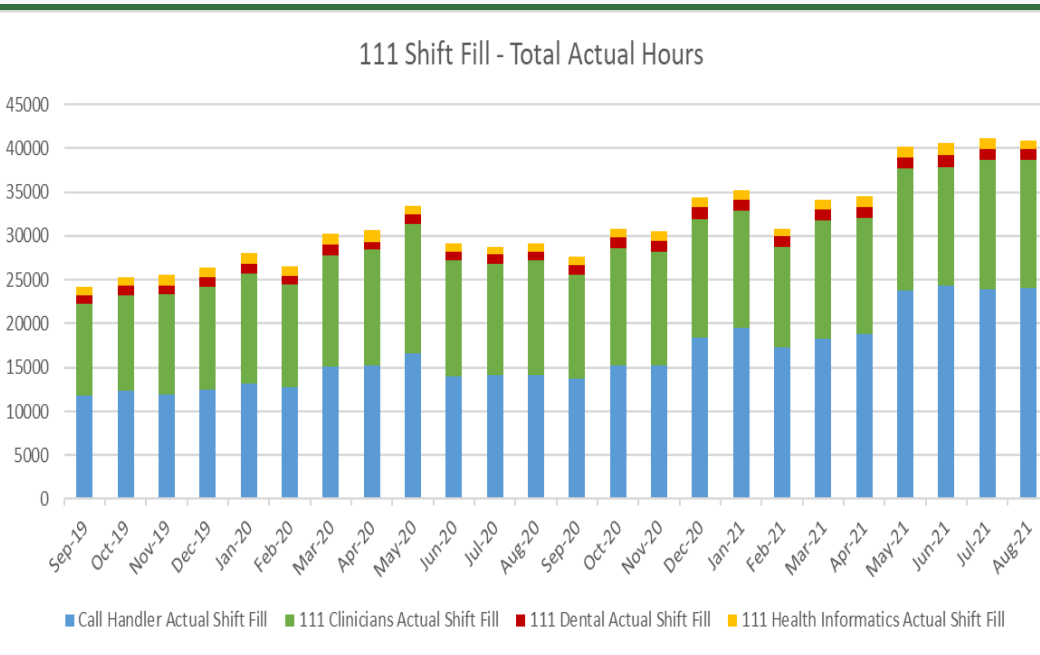
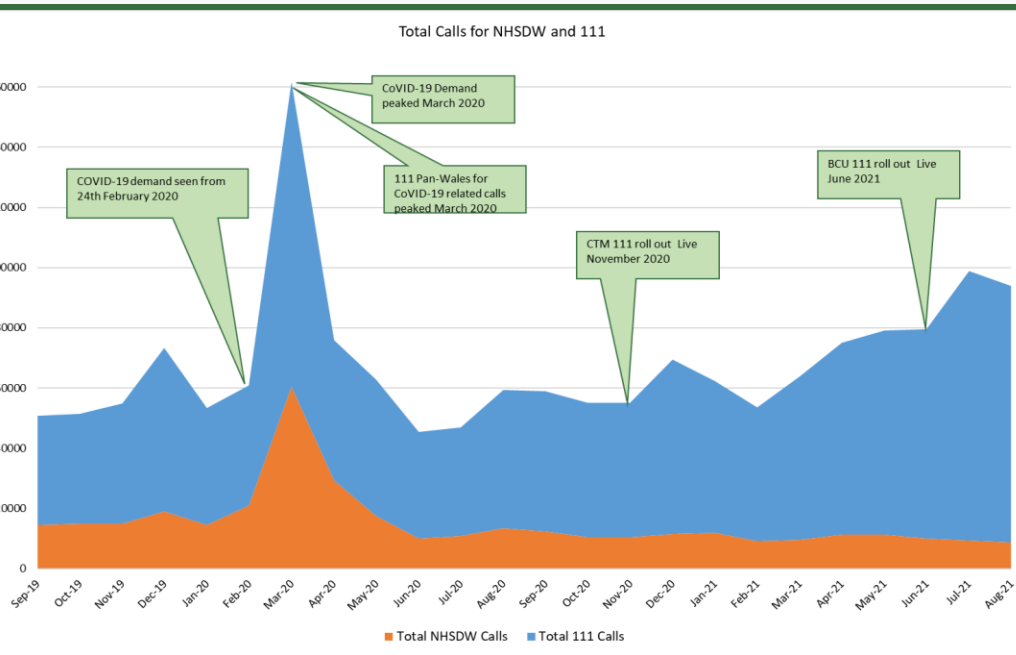
#### Remedial Plans and Actions

As outlined in previous reports, detailed forecasts and plans were agreed internally and with commissioners to meet current and predicted increases in demand as new services come online. New staffing levels are now in place aligned to meet predicted demand. A 111 UHP Dashboard has also been developed and is now live to track actual hours for call handlers and clinicians. However, even with current increased levels of staff in post (182.98 WTE currently operational), there are insufficient call handlers to meet demand, plans to address this are in place and additional call handlers are due to join the Trust on 08<sup>th</sup> Nov-21.

Discussions are therefore underway with commissioners to again review numbers of call handlers to determine whether there is approval / funding to increase further. In addition, a new telephone system recently implemented with interactive voice response capability will allow patient experience to be improved through use of providing call answer times for callers and options to be caller back rather than stay on the line. Work is being done through the Gateway to Care Transformation Board to develop longer term sustainable solutions.

#### Expected Performance Trajectory

The new IVR system will improve patient experience and is likely to reduce abandonment rates (people take up option of call back). However, call answering times will only be improved through additional capacity and this is to be determined following further discussions with commissioners..



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

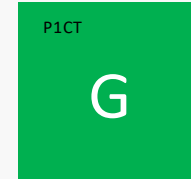




# Our Patients: Quality, Safety & Patient Experience

## Indicator 2: 111 Clinical Assessment Start Time Performance

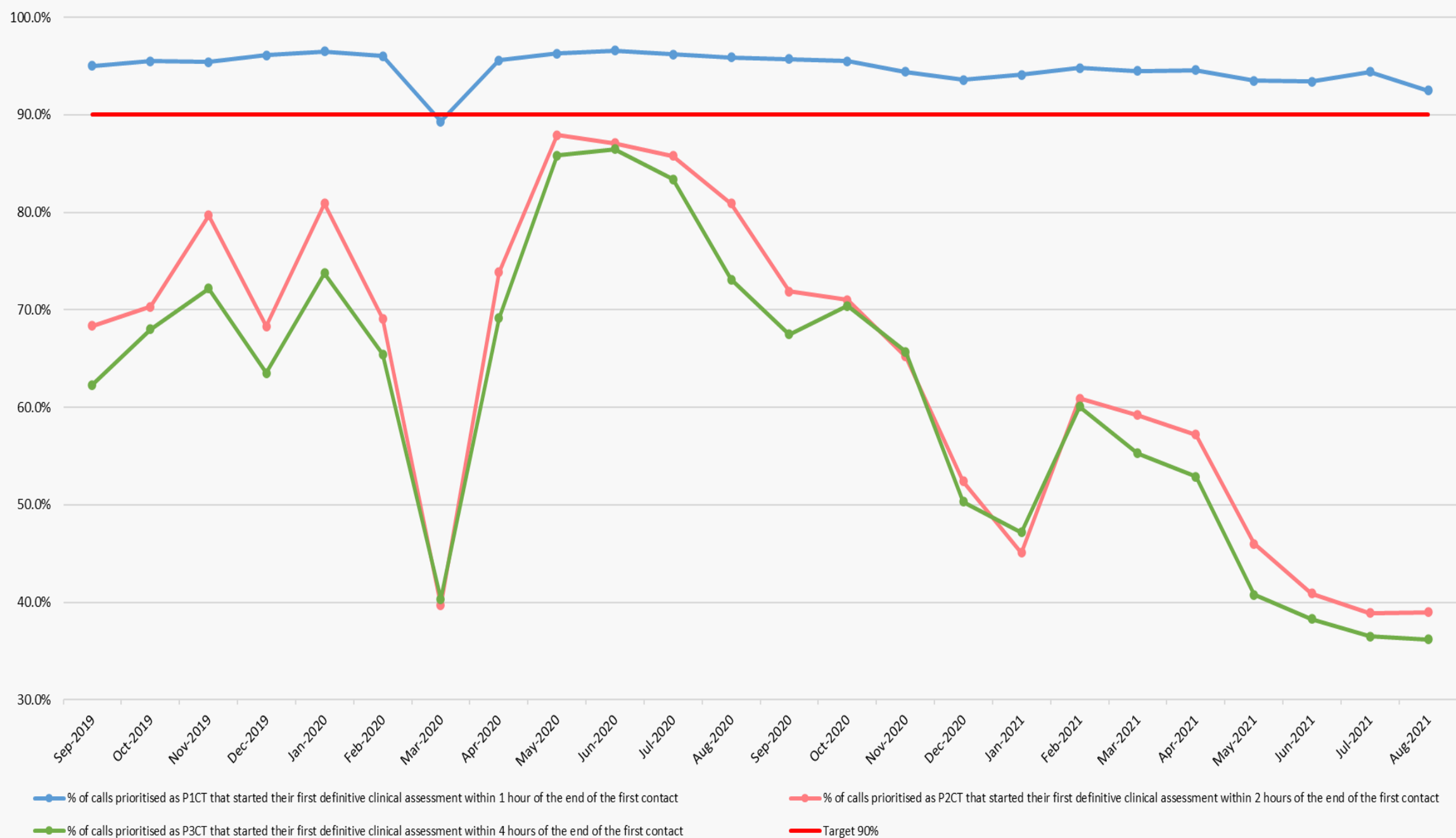
Influencing Factors – Demand and Clinical Hours Produced



NB: Clinicians in Post  
data correct at  
23/09/21



111 Timely Clinical Triage of Patients



### Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment remains a challenge, with the continuing exception of the highest priority calls.

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

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

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic, so that although numbers have increased overall (see previous slide, now at 118.49 WTE), these are insufficient to meet demand.

A deep dive of 111 performance has been carried out in Sept-21 to highlight specific areas and focusses for improvement.

### Remedial Plans and Actions

The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. Urgent work is now underway through the Gateway to Care Transformation Board to consider:

- Opportunities to widen the scope of clinicians who can apply, for example through offering remote working, exploring use of different clinicians or considering call centres in other areas
- Opportunities to understand better and potentially reduce the number of tasks that clinicians have to undertake so that we need fewer in the future
- An additional 14 FTE Clinicians have been recruited are due to commence duties on 4<sup>th</sup> Oct-21.

### Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Urgent work is now underway to agree a series of actions that might help to increase recruitment, reduce turnover and reduce demand on clinicians, but performance is likely to be poorer than we would want for some time to come.



(Responsible Officer: Lee Brooks)

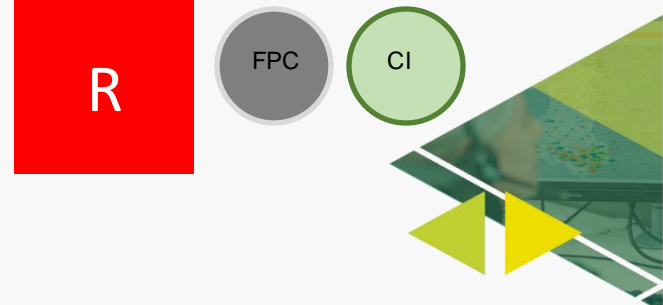
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Indicator 3: 999 Call Performance

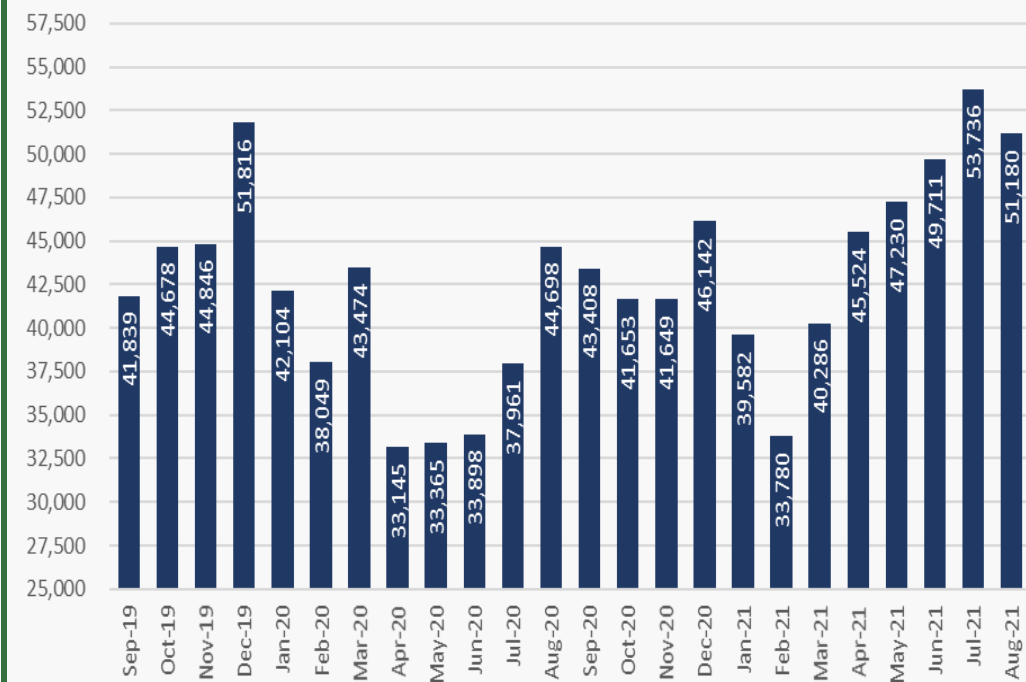
Influencing Factors – Demand and Clinical Hours Produced



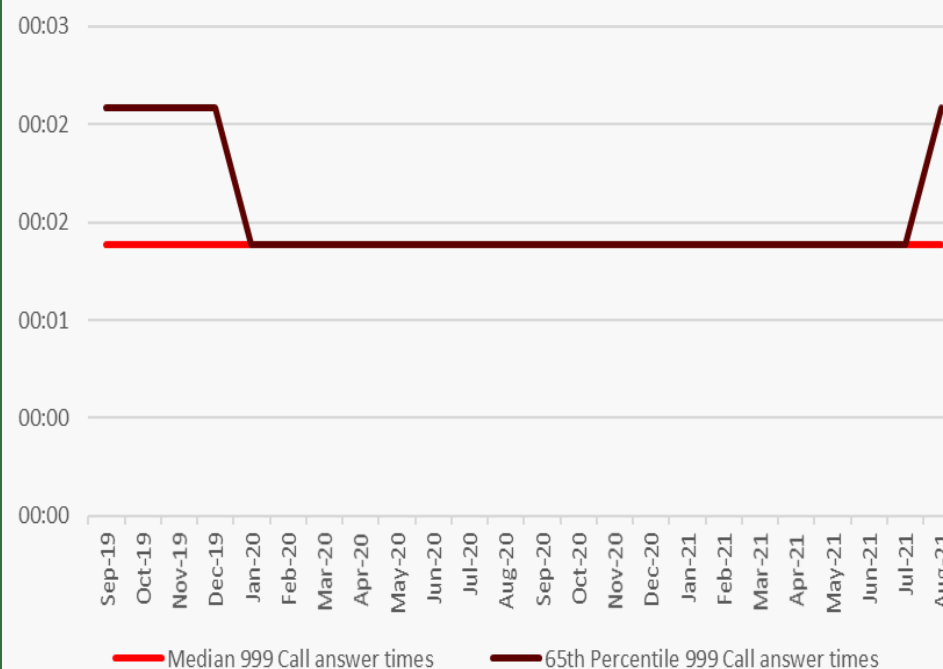
95th Percentile 999 Call answer times



999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



### Analysis

The 95<sup>th</sup> percentile 999 call answering performance has continued to increase, recording fifty four seconds in Aug-21, therefore failing to meet the 5 second answer target for the third consecutive month. Increasing call answering times are a significant concern in relation to patient safety.

The median call answer times for 999 services remains consistently at 2 seconds. In Aug-21 65<sup>th</sup> percentile call times increased and averaged at 3 seconds falling from the previously consistent 2 second average..

The Trust received 51,180 emergency 999 calls in Aug-21, a slight decrease when compared to Jul-21, however this volume of calls is considerably higher than both Aug-19 and Aug-20. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (14% / 2.7% resp.) in the call centres which is reducing capacity.

Despite challenges experienced recently in relation to call handling the Trust is ranked the highest performing of 14 ambulance services throughout the UK by the Association of Ambulance Services for answering our own demand calls.

### Remedial Plans and Actions

999 call demand is reviewed on a weekly basis by the Forecasting & Modelling Group, including reviewing the level of COVID-19 calls. The Group is currently forecasting potential levels of future COVID-19 peaks. These forecasts are used to determine the level of call takers required and the subsequent predicted call answering performance if a third wave was to occur.

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

Continued recruitment exercises for bank and substantive staff are undertaken to ensure the Trust retains a flexible call taking capability, and in the last week, agreement has been reached to recruit additional substantive staff urgently

### Expected Performance Trajectory

Performance is expected to continue to be difficult until additional staff are recruited.



(Responsible Officer: Rachel Marsh)

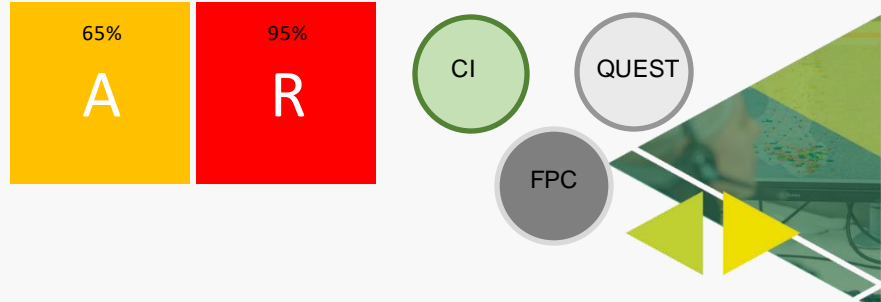
Welsh Ambulance Services NHS Trust



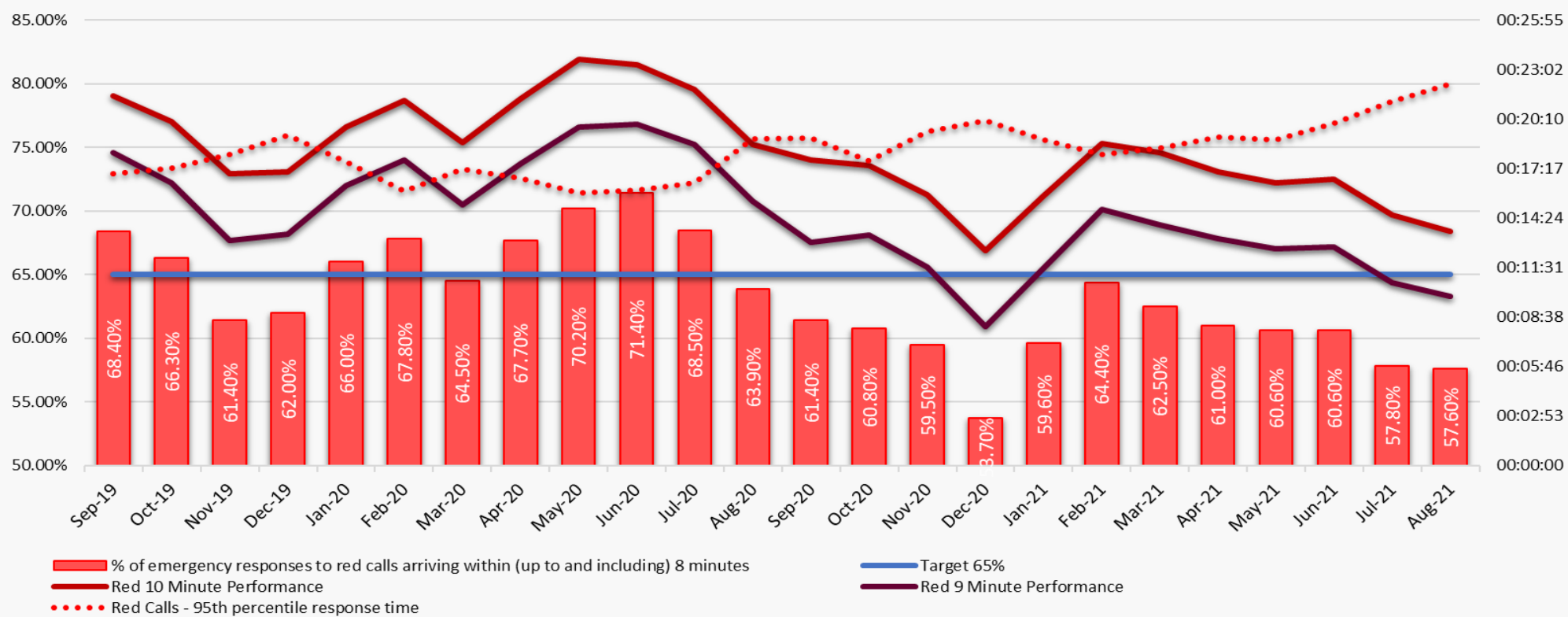
# Our Patients: Quality, Safety & Patient Experience

## Indicator : Red Performance

Influencing Factors – Demand, Hours Produced and Hours Lost



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



### Analysis

**Red performance did not achieve the 65% target** in Aug-21 and the target has not been achieved since Jul-20. There was also significant health board level variation and only one (Cardiff & Vale (71.8%)) of the seven health board areas achieved the 65% target. This level of performance was forecast in the summer plan based on predictions of demand, lost hours and hours produced. This continued poor performance is beginning to affect Red 9 minute responses, which achieved 63.3% and Red 10 minute performance which also declined, achieving 68.4% in Aug-21.

Three of the main determinants of Red performance are Red demand, unit hours produced and handover lost hours.

Red demand in the last 2 years has seen a particular increase, linked to a change in application of MPDS relating to breathing difficulties calls. However we are now seeing a further increase outside of normal expected variation which is impacting on response times..

The lower centre graph demonstrates the correlation of performance with hospital lost hours and demonstrates the increases seen in the last two months, with August having the highest ever recorded.

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

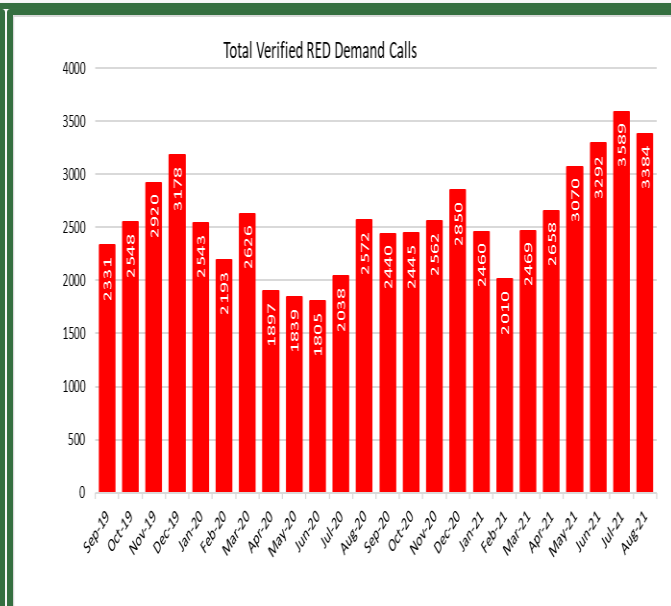
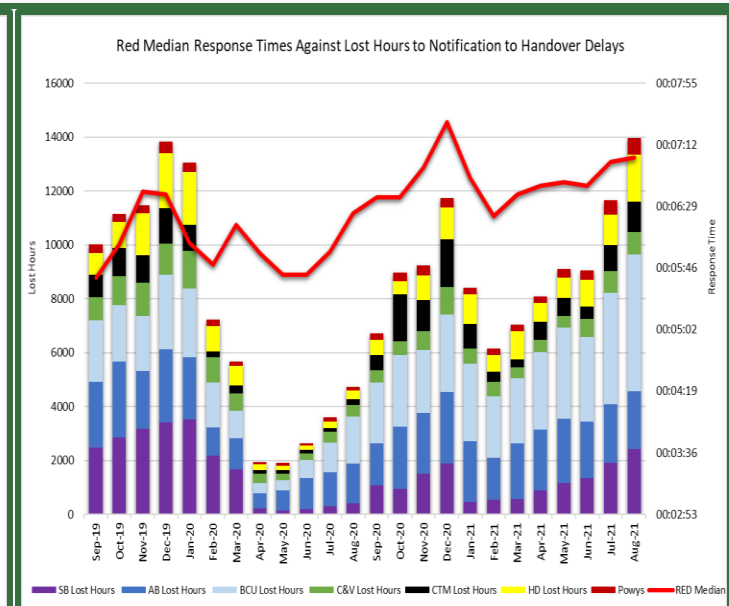
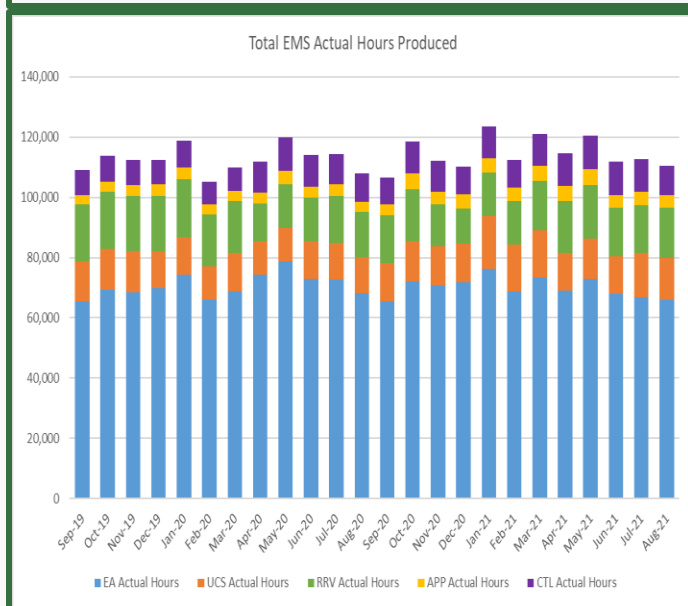
### Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of Mar-21. This will be complemented by a further 127 by the end of Mar-22. This will close the relief gap and, other factors aside, would allow UHP / hours produced closer to 95%. Additional capacity is also being sought non-recurrently through St John Ambulance, Fire Services, NEPTS capacity
- Implement a rural model through 21/22 to increase Red performance in Powys (initially) and hence reduce variation. A proposal has been developed for Powys and has been shared with commissioners.
- Reduce hours lost through modernisation of practices and supporting staff well-being.
- Working with partners to reduce hours lost at hospital (to a maximum 150 lost hours per day, 95% of the year) . This is not within the gift of WAST to achieve, although we continue to take call actions possible to influence this agenda.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the minister oversee by our commissioners. This is monitored every 2 weeks at EMT.

### Expected Performance Trajectory

The EMS Demand & Capacity Review modelled Dec-21 position for Red pan-Wales is 67.3% with all health boards above 65%. Further modelling is being undertaken for the winter period which is expected to show a worsening position. The Trust continues to take and review all actions possible to grow capacity, reduce demand and improve efficiency..



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

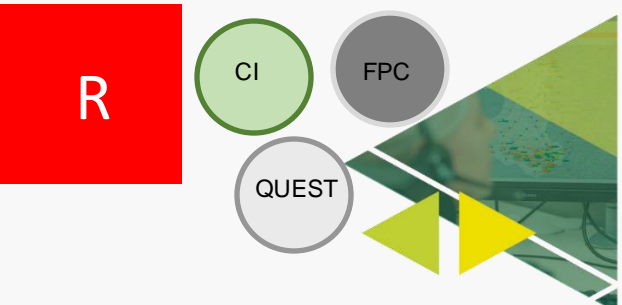




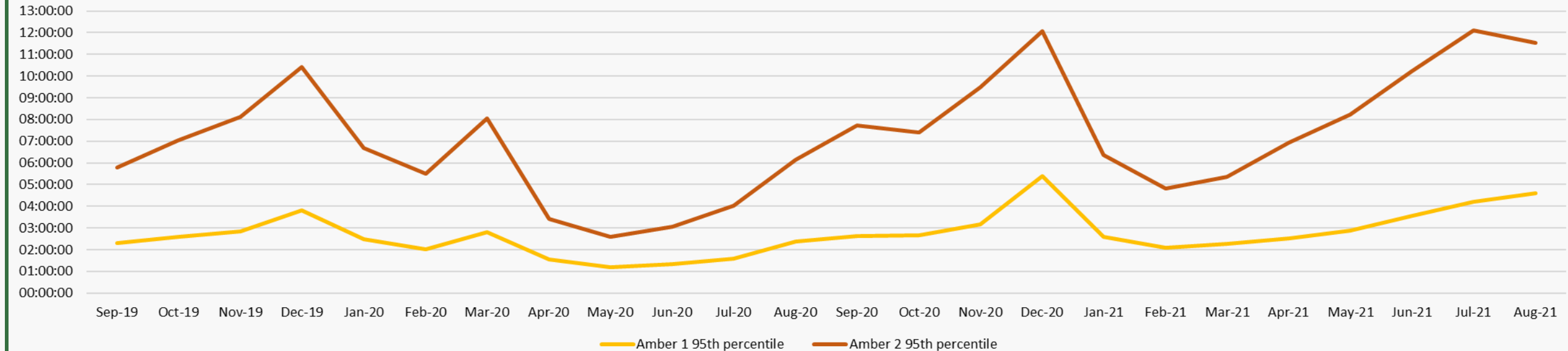
# Our Patients: Quality, Safety & Patient Experience

## Indicator 5: Amber Performance

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 & 2 - 95th Percentile



### Analysis

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

In Aug-21, 464 patients (all categories, not just amber) waited over 12 hours, a decrease when compared to 494 in Jul-21, but still representing a very poor quality and experience of service

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

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Aug-21 increased to 13,969. This is now higher than the worst recorded in Dec-19 (13,820).

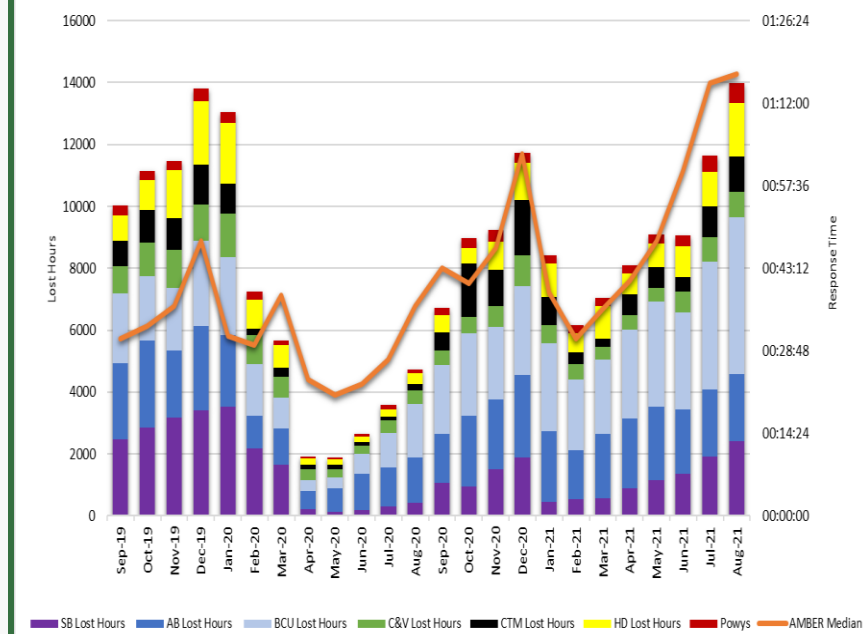
### Remedial Plans and Actions

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

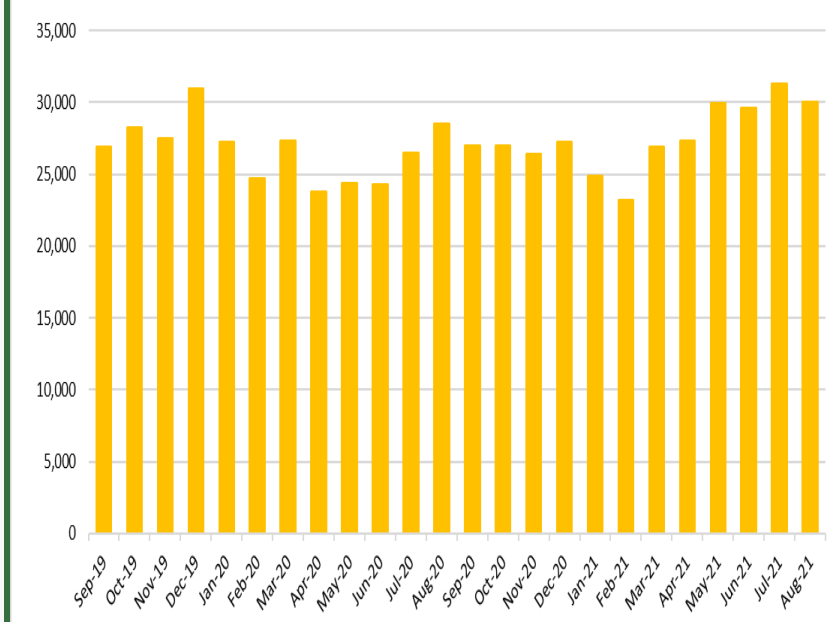
### Expected Performance Trajectory

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

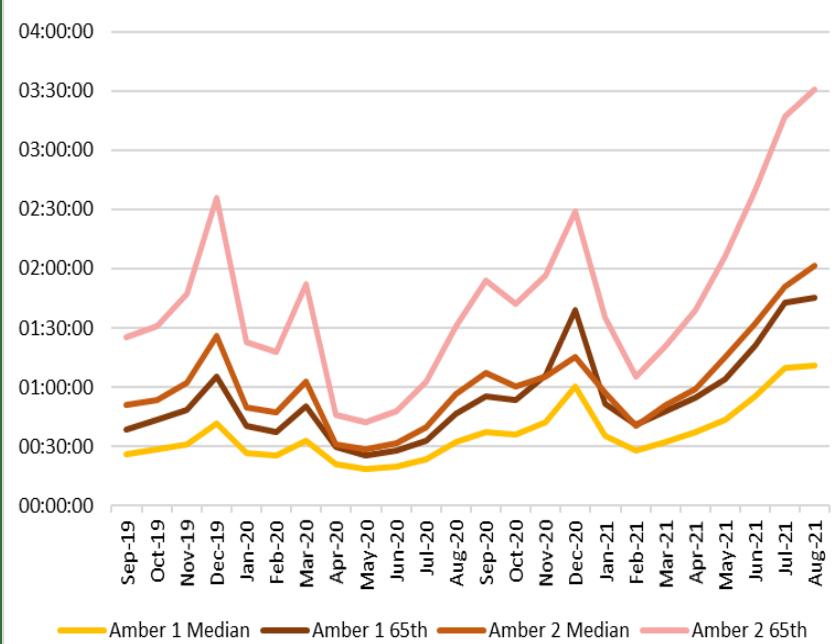
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 & 2 - Median and 65th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Indicators 6, 7, 8: Clinical Outcomes

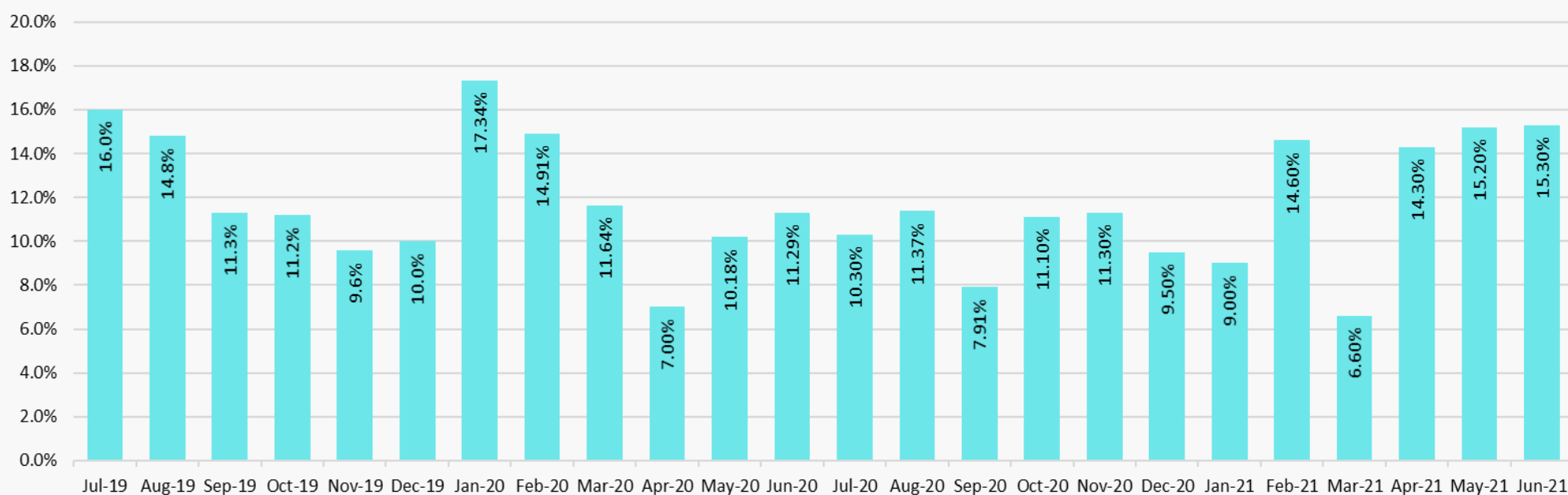
Stroke/Sepsis & Febrile Con.	ROSC & Hypoglycaemic	Acute Coronary
G	A	R

NB: Next Reporting Quarter Jul-Sept-21

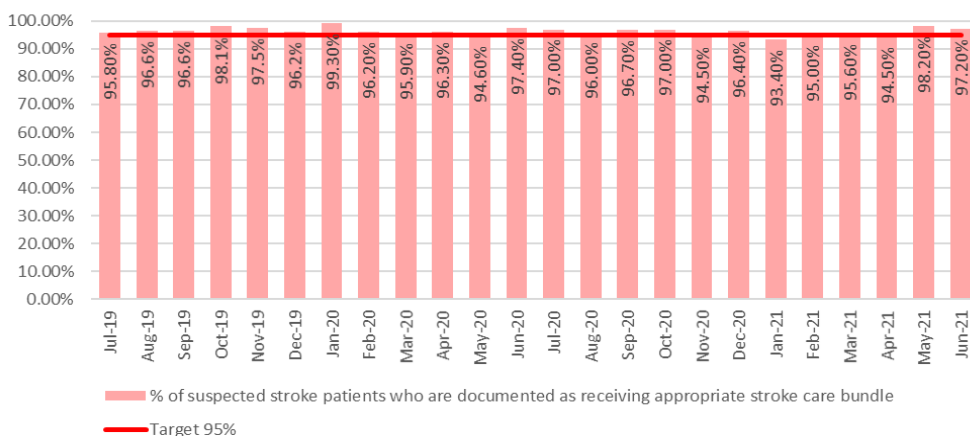


### Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, Acute Coronary Syndrome Patients with Appropriate Care

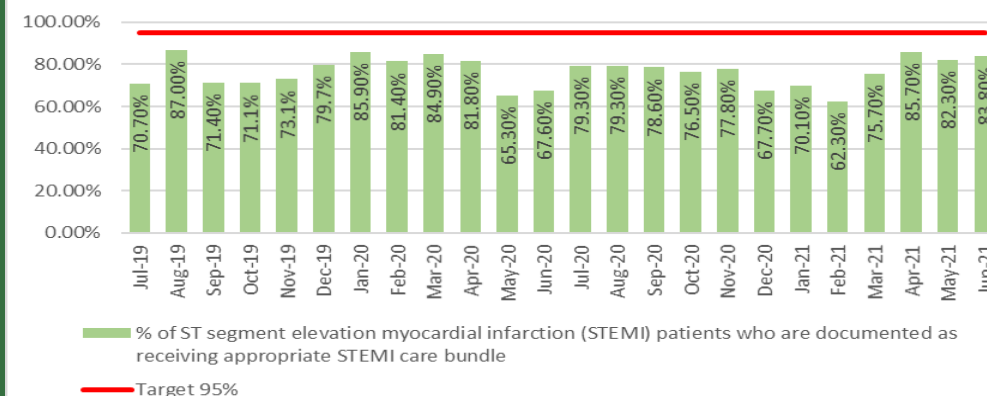
% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door



% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle



#### Analysis

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

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 97.20% in Jun-21 a slight decrease compared to 98.21% in May-20**, but achieving the 95% target in comparison to 94.5% in Apr-21.

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

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

#### Remedial Plans and Actions

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

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

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

#### Expected Performance Trajectory

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

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



(Responsible Officer: Brendan Lloyd)

Welsh Ambulance Services NHS Trust

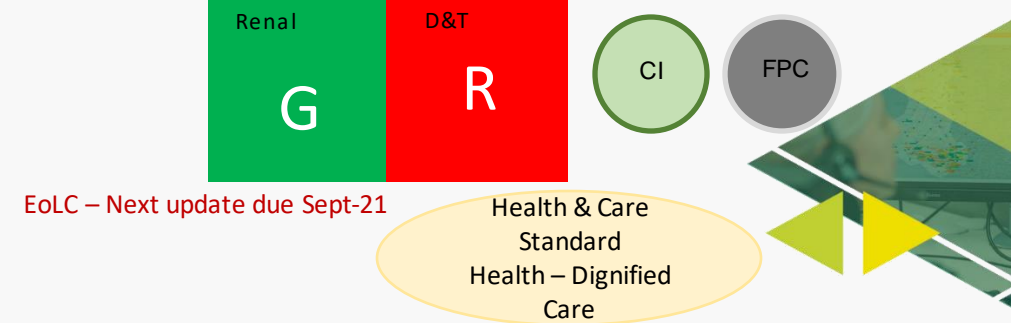




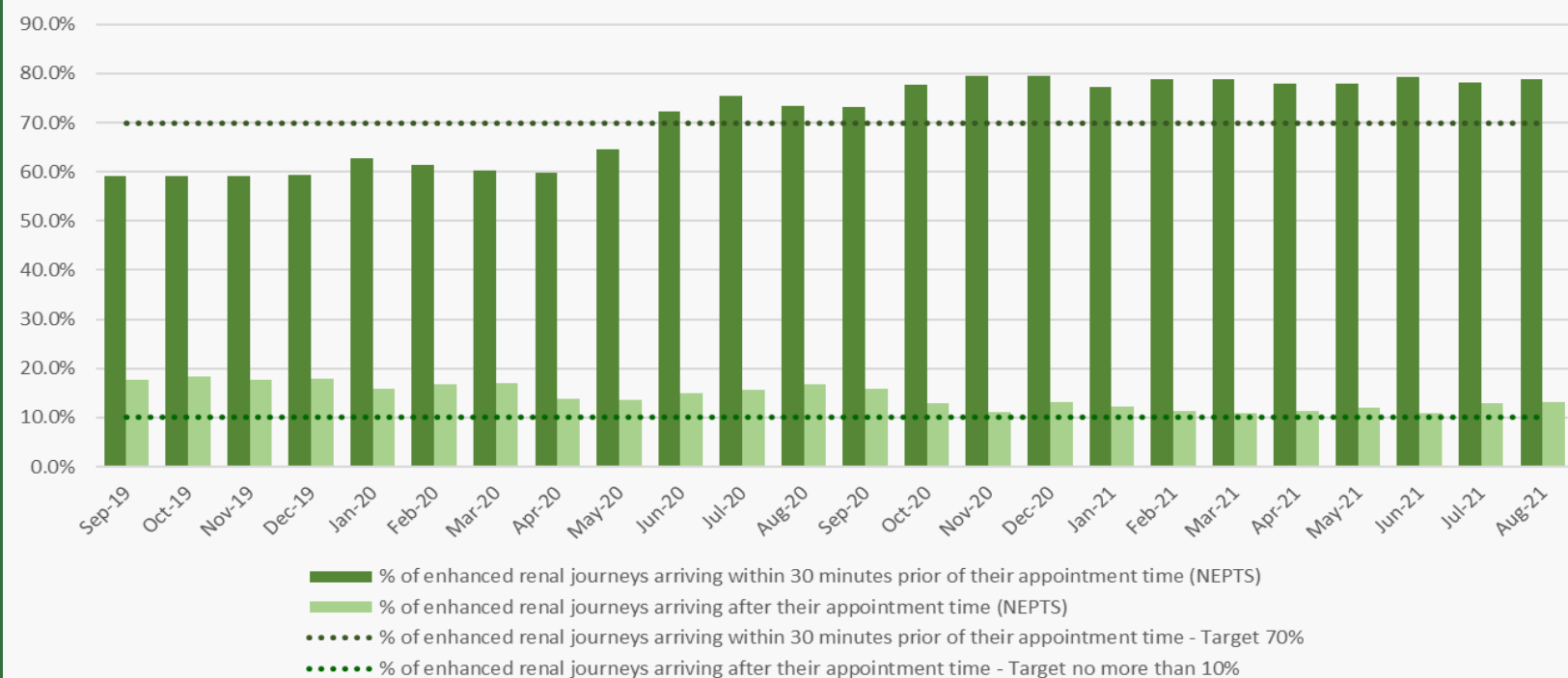
# Our Patients: Quality, Safety & Patient Experience

## Indicators 9 & 10: Ambulance Care and End of Life Care

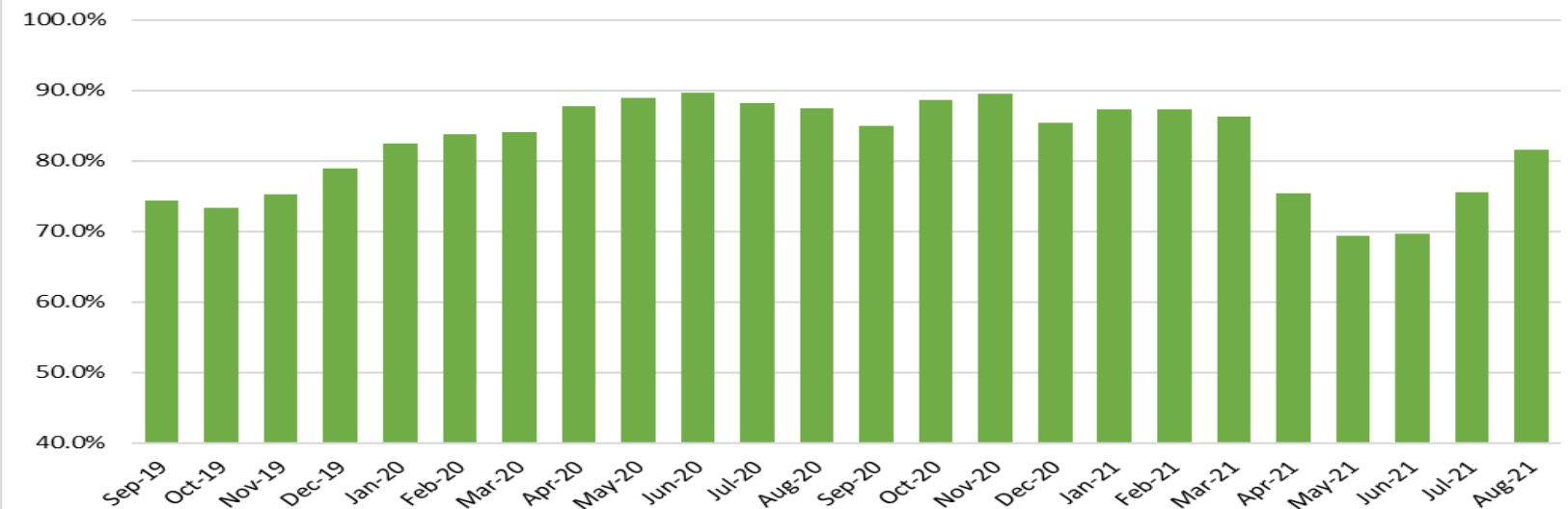
### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



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



#### Analysis

**NEPTS: Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience.** In Aug-21 82% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, a continued increase (Jul-21 76%). 78.8% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 13.0% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

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

**EoLC:** Quarter 1 saw the Trust introduce the Wish Ambulance Service across Wales; developed by WAST and Palliative Care Wales this enables people near the end of their life to have a meaningful journey. The service is provided by volunteer staff from WAST with support from the patient's palliative care team.

The Trust has already seen over 80 frontline staff sign up to volunteer during rest days to help facilitate a wish.

Wishes facilitated in Q1 included; a lady with end stage cancer whose wish was to attend a family wedding. Volunteer WAST staff facilitated transport and provided care throughout, ensuring she was able to participate throughout the day, even helping the bride and groom to cut the cake. In another wish included a gentleman in his last days of life was supported by a volunteer crew to visit his favorite beach accompanied by his wife and daughters, helping the family to make a lasting memory.

WAST and SBUHB worked in collaboration throughout Q1 to develop the UK's first rotational Palliative Care Paramedic role. A small team of paramedics will split their working time 50/50 between WAST and the Specialist Palliative Care Team in SBUHB. Paramedics will receive specialist training and mentorship to develop skills and knowledge in palliative and end of life care. The new role brings benefits to both parties, helping ensure the delivery of high-quality patient focused palliative and end of life care in SBUHB and WAST. The three-year project will be continually assessed and evaluated, with a view to mirror it across other Health Board areas. The recruitment for this unique role has commenced with a start date anticipated to be in Q3

#### Remedial Plans and Actions

##### NEPTS:

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** As part of the Transport Solutions programme, work towards finding alternative transport solutions for non-eligible patients (to reduce demand);
- The NEPTS Demand & Capacity Review is completed and has been shared and discussed with commissioners during Q1, and action plans will be developed. The Review includes a range of benchmarks particularly around efficiency of our service, which will help to increase **capacity**;
- A recruitment campaign recently concluded to increase call taker numbers and work is ongoing regarding Patient Needs Assessment to reduce call times.
- Additional resources have now also been agreed with commissioners to secure additional capacity through the 365 framework (private providers) and this is being taken forward at pace.

##### EoLC:

Training in end of life care continues to be delivered to all grades of new frontline staff that started with the Trust in Q1. Existing WAST staff accessed one of the five online end of life care eLearning programmes a total of 520 times during Q1

#### Expected Performance Trajectory

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



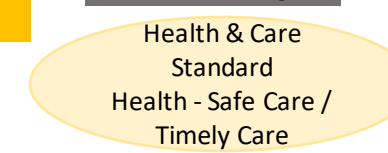
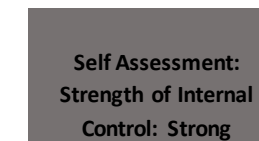
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

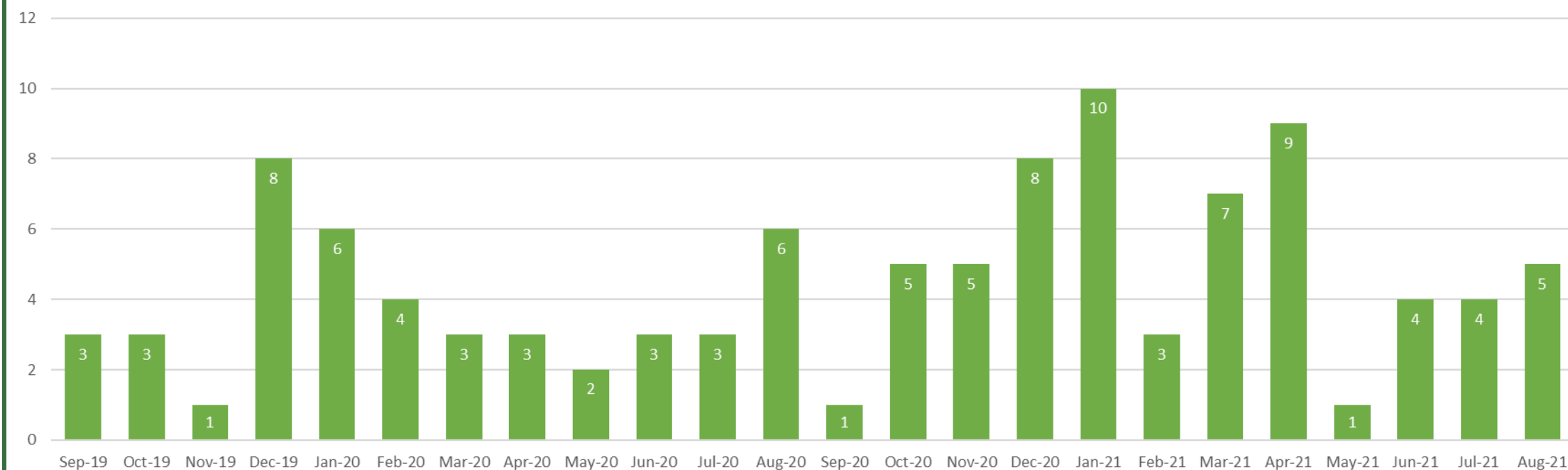


# Our Patients: Quality, Safety & Patient Experience

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



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



### Analysis

The **percentage of responses to concerns** decreased in Aug-21 to 57%, compared to 62% in Jul-21, the continuing low level is the result of several factors, including, overall increased demand, a rise in the number of inquests, continuing volumes of SAI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased slightly in Aug-21 (74) when compared to Jul-21 (102).

**There were 4 SCIF forums held in Aug-21, during which 23 cases were discussed, 5 of these cases was reported to the Delivery Unit and 16 were passed to Health Boards as Serious Incident Framework 'Appendix B' incident referrals.**

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

*The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. – UNDER DEVELOPMENT*

In Aug-21 464 patients waited over 12 hours a decrease compared to 494 in Jul-21.

42 Compliments were received from patients and/or their families in Aug-21, a decrease compared to previous months (49).

### Remedial Plans and Actions

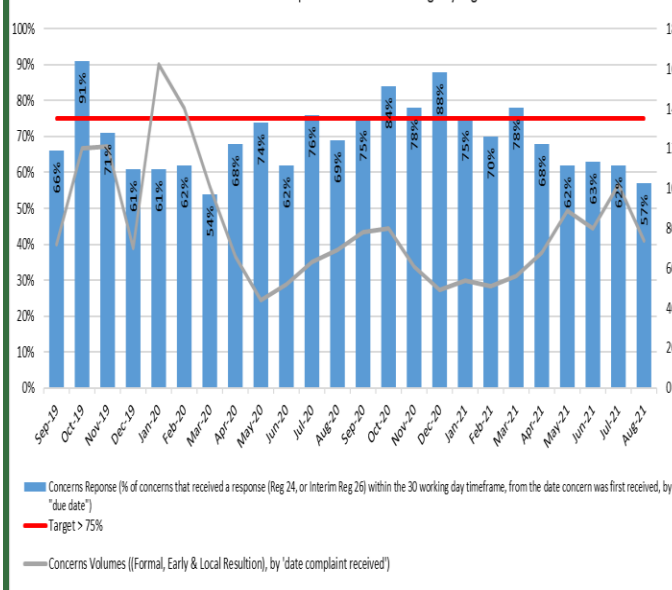
A range of actions are in place:-

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

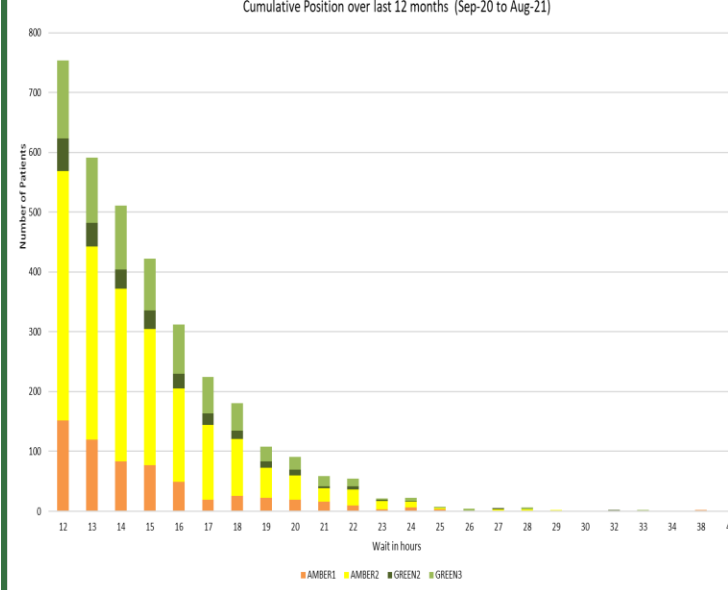
### Expected Performance Trajectory

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

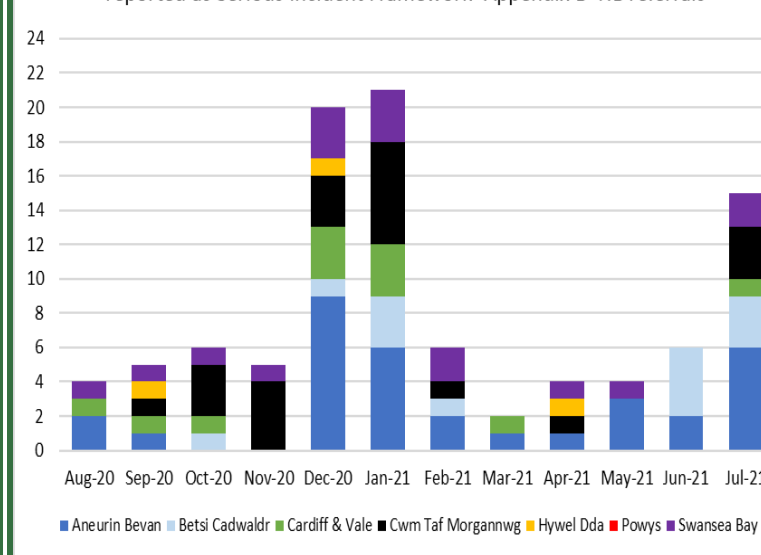
% of concerns with a response within 30 working days against concerns volumes



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



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



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Indicators 11, 12: Patient Safety

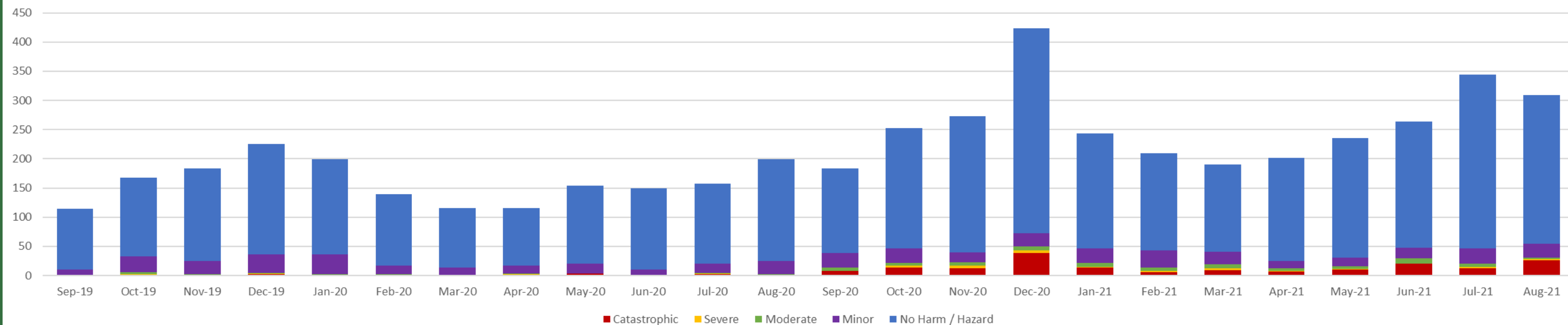
Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

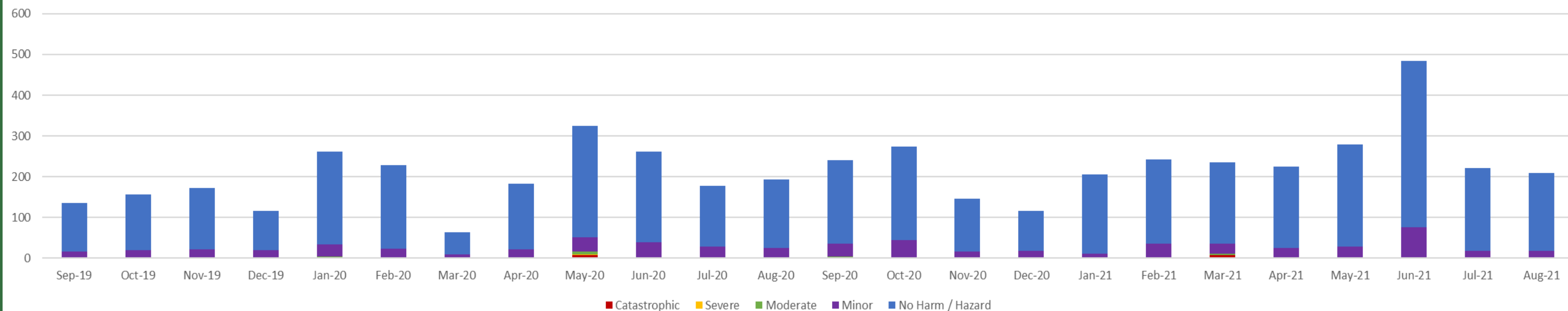
Health & Care  
Standard  
Health – Safe Care



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



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



### Analysis

**Patient Safety:** The number of patient safety adverse incidents submitted within Aug-21 decreased to 309, 254 of these were in relation to incidents where there was no harm or hazard, 24 were minor, 3 were moderate, 2 were severe, but 26 incidents were catastrophic. 215 cases were closed in comparison to 226 in Jul-21.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

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



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

## Indicators 11, 12: Coroners and Ombudsmen

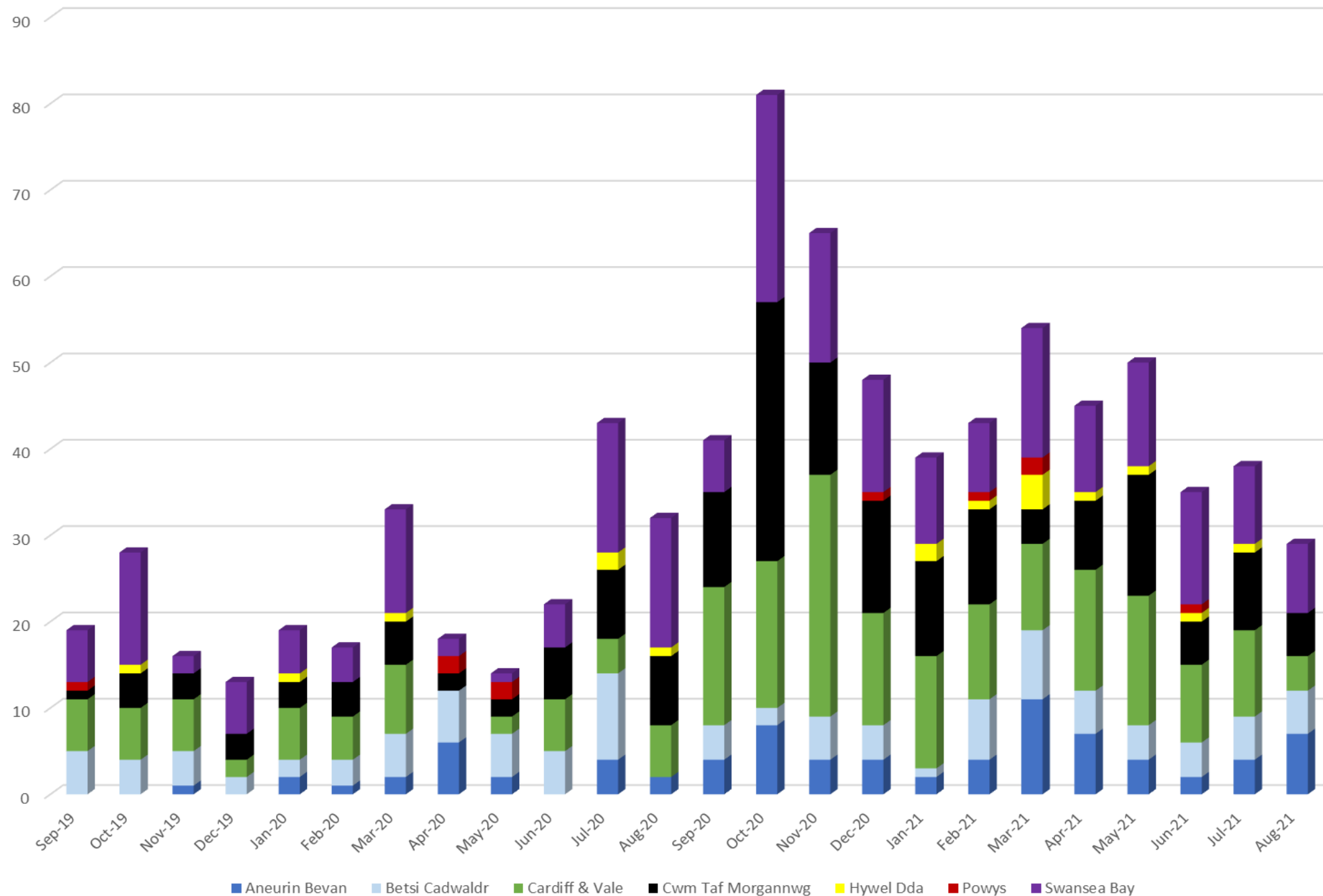
Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care



Number of Coroner Requests by Health Board



### Analysis

**Coroners:** In Aug-21 there were no Coroners Cases which resulted in ongoing Regulation 28 cases. However, continuing unprecedented numbers of requests for information from Coroner's Courts remain a theme (169 in Jun-21). Of these 169 cases, 97 are requests for information, 7 are cases where staff are giving evidence, but the Trust is an interested party, 11 are cases where the Trust is known to be an interested party and 54 are cases where there is a potential for the Trust to become an interested party.

**Ombudsmen:** There are currently 7 open Ombudsman cases in Aug-21, with all information having been shared with the Ombudsman's office.

### Remedial Plans and Actions

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

**Ombudsmen:** All cases are recorded and monitored on the Datix System. A new RL Datix system is planned which will allow the Trust to more precisely monitor cases.

### Expected Performance Trajectory

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

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

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

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

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



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

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

Health & Care  
Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal  
Control: Strong

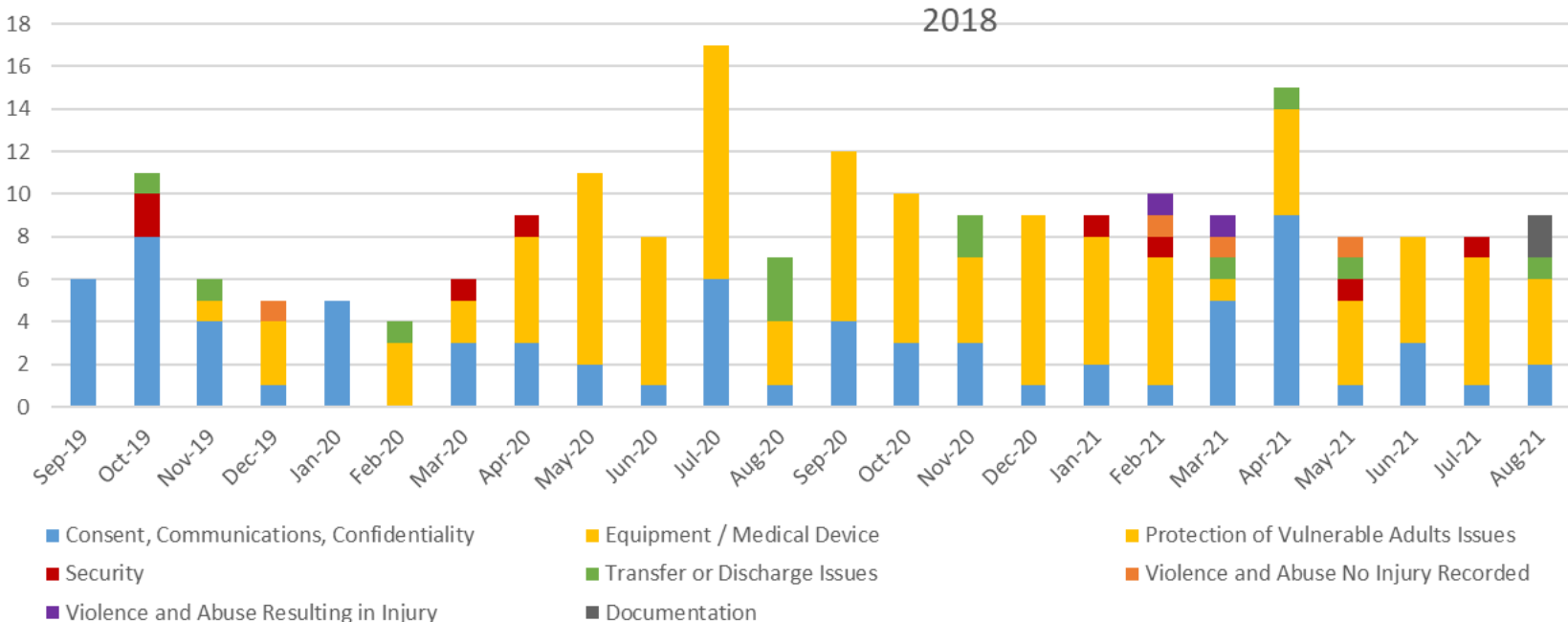
QUEST

Public Engagement – Next update due Sept-21



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

2018



### Analysis

**Safeguarding:** In Aug-21 staff completed a total of 103 Adult at Risk Reports, a decrease compared to Jul-21 when 108 were reported. 85% of these were processed within 24 hours in Aug-21.

There have been 124 Child Safeguarding Reports in Aug-21, a decrease from Jul-21 when 169 reports were made. In Aug-21 87% were sent within 24 hours.

**Data Governance:** In Aug-21 there were 12 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, a decrease when compared to Jun-21. 2 related to Consent, Communications or Confidentiality; 4 related to Medical Devices or Equipment ; 3 related to 111 Call Handling issues, 1 Transfer or discharge Issues and 2 in relation to documentation. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place.

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

### Remedial Plans and Actions

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

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

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

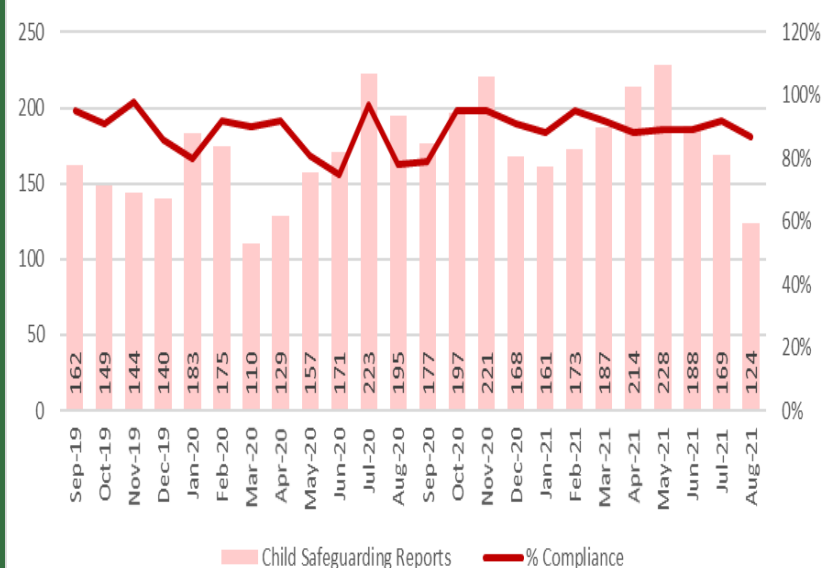
### Expected Performance Trajectory

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

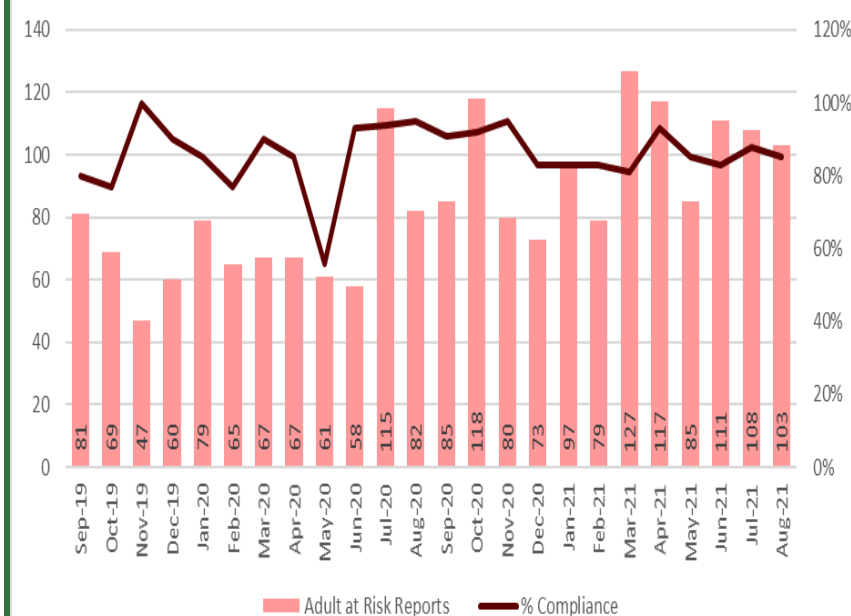
**Data Governance:** An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards.

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

Number and Percentage of Child Safeguarding Reports sent within 24 Hours



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



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

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

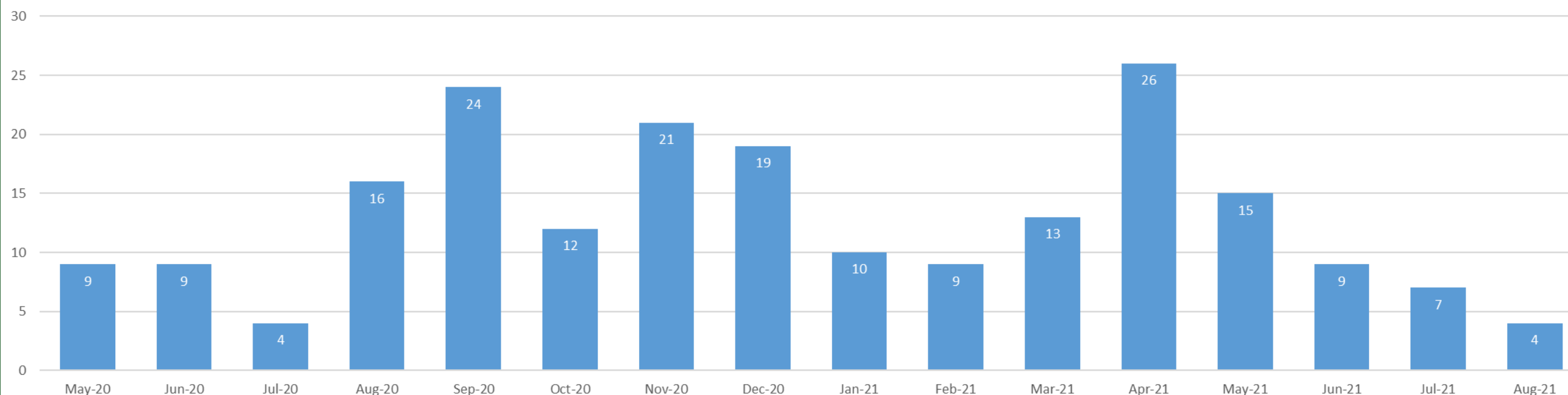
Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

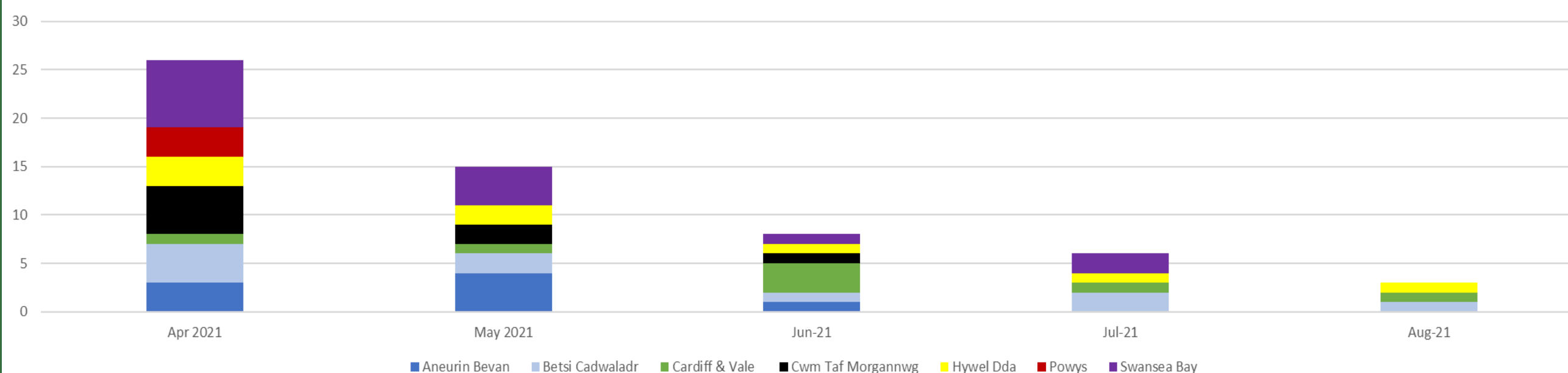
Health & Care  
Standard  
Health – Safe Care



Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



### Analysis

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

In Aug-21 RIDDORS reported were for ABUHB 111 (1); BCUHB (1); CVUHB (1) and HDUHB (1).

### Remedial Plans and Actions

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

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

### Expected Performance Trajectory

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

The Trust has recently reviewed its reporting process and has developed new arrangements for reporting RIDDOR reportable incidents. This change will be reflected within the Trusts Health and Safety Policy and the Adverse Incident Reporting Policy. Both Policies will be going through the Trusts Policy approval process within the next couple of months.



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Indicators 11, 12: Corporate Risk

See  
Table

Health & Care  
Standard  
- GLA3

### CORPORATE RISK REGISTER: Summary

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	<b>25 (5x5)</b>	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	<b>25 (5x5)</b>	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	<b>20 (4x5)</b>	Audit Committee; Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	<b>20 (5x4)</b>	Finance and Performance Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	<b>20 (5x4)</b>	Quality, Patient Experience and Safety Committee

#### Analysis

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter and undertook a deep dive into the highest scoring risks during July 2021; the results of which were presented to QuEST, the Finance & Performance and Audit Committees during Sep-21. The full Corporate Risk Register will be presented to Trust Board on 30<sup>th</sup> September 2021.

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

#### Remedial Plans and Actions

Principal risks assigned to the following Committees are considered during the following committees for scrutiny and strategic oversight:



(Responsible Officer: Claire Roche)

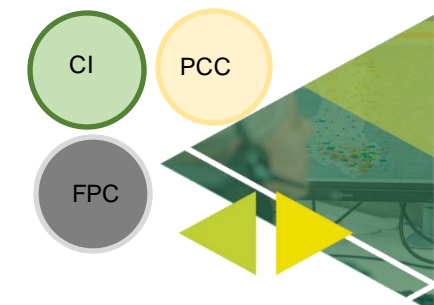
Welsh Ambulance Services NHS Trust



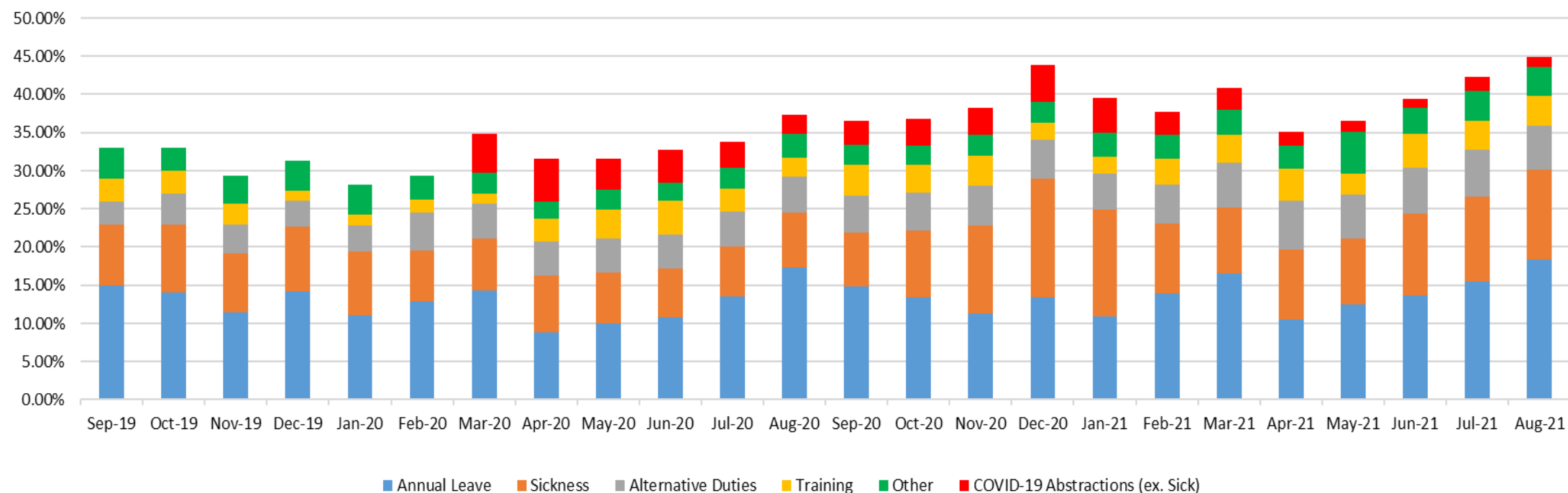


# Our People

## Indicators 13, 14: Ambulance Abstractions and Production



Pan Wales Total Rota Abstraction Hours



### Analysis

**Emergency Ambulance Unit Hours Production (UHP) was 87% in Aug-21** (66,070 Actual Hours), therefore not achieving the 95% benchmark. RRV UHP achieved 83% (16,611 Actual Hours) compared to 79% in Jul-21. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In Aug-21 the Trust produced 110,514 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably. In Mar-21 support received from the Military ceased; in Aug-21 the Trust received 797 support hours from students and Fire & Rescue Services.

Monthly abstractions from the rosters are key to managing the number of hours we produce. In Aug-21, total abstractions stood at 44.93%. This compares to a benchmark set in the Demand & Capacity Review of 30%. The highest proportion was annual leave at 18% and sickness at 12%. Sickness abstractions in Aug-21 remain higher than the previous year (7.13%). CoVID-19 related abstractions decreased in Aug-21 accounting for 1.37% of overall abstractions and we are seeing this continuing to increase into September.

The Trust moved to maximum escalation on 24 Aug-21 (REAP 4). The Trust has introduced a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity options are now being sought to help offset the level of abstractions.

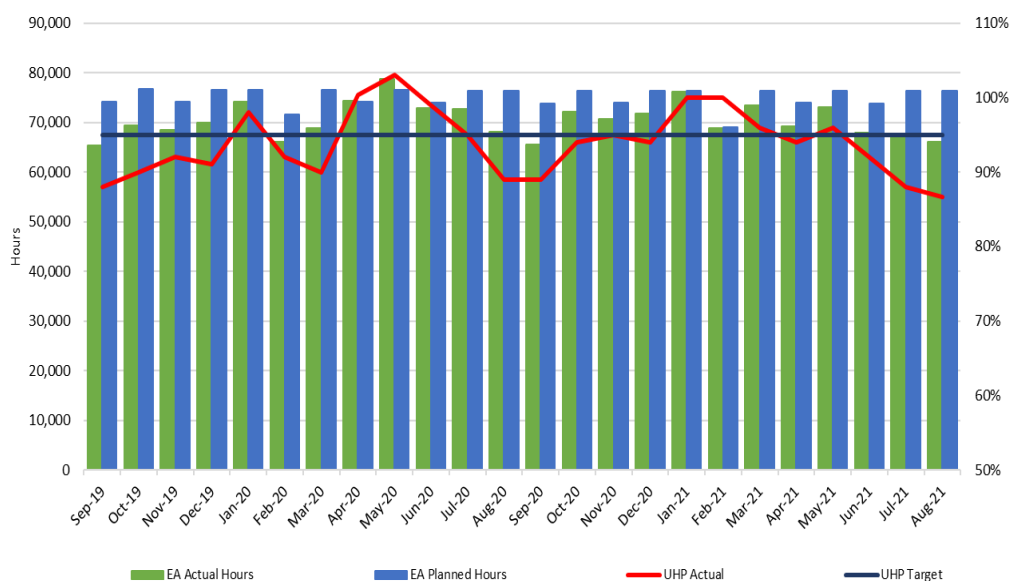
### Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. The resumption of the Resource Availability Project (within the EMS Demand & Capacity Programme) is key to improving this overall metric under normal conditions. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 127 WTE to be recruited this year; however, the current impact of CoVID-19 means that the Performance Improvement Plan contains a range of tactical responses to increasing capacity in the short term.

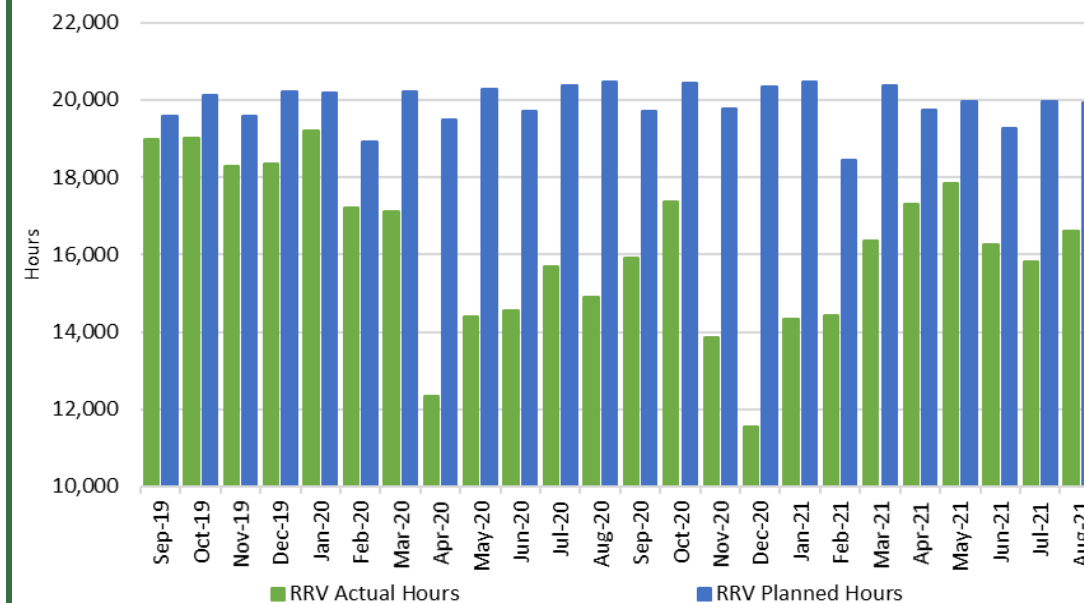
### Expected Performance Trajectory

Subject to the longer-term impact of CoVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%. Given all of the pressures outlined and increasing this is going to be very difficult to achieve.

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust





# Our People

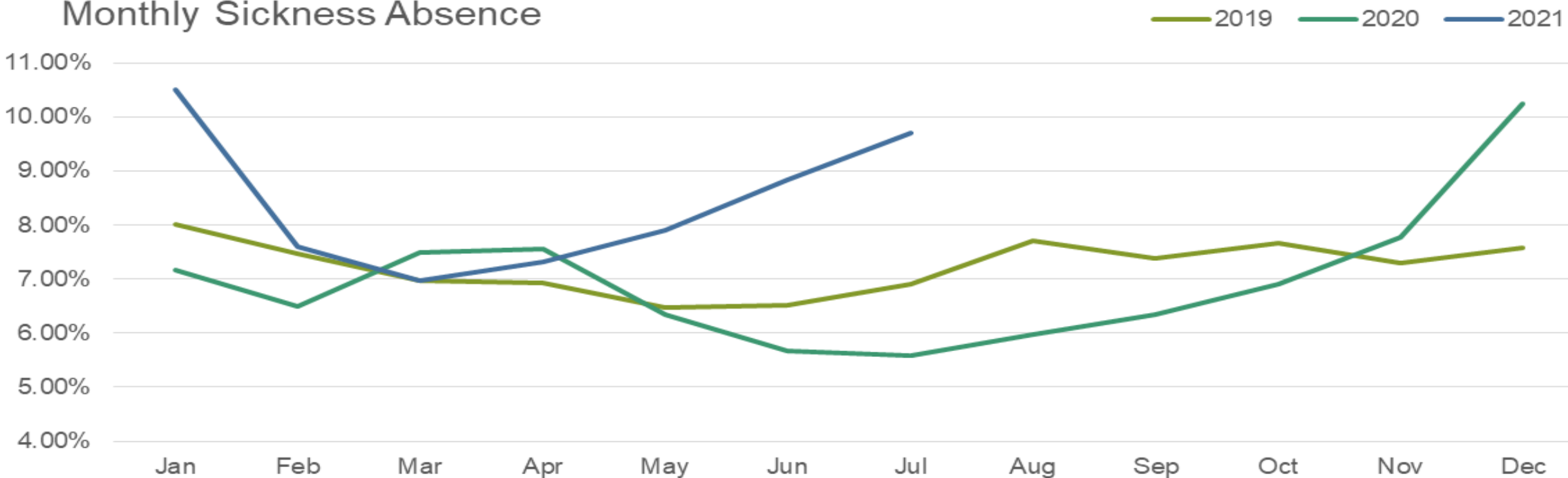
## Indicator 15: Sickness Absence

R

CI

NB: July 2021 data

### Monthly Sickness Absence



### Analysis

The monthly sickness absence figure for Jul-21 was 9.71%, an increase of 0.87% from last month.

- In Jul-21 **29.8%** of absence was attributable to Stress and Anxiety
- The average length of all LT cases closing in Jul-21 was **89** days
- The number of open all LT cases at the end of Jul-21 was **213**
- The average length of open all LT cases in Jul-21 is **127** days

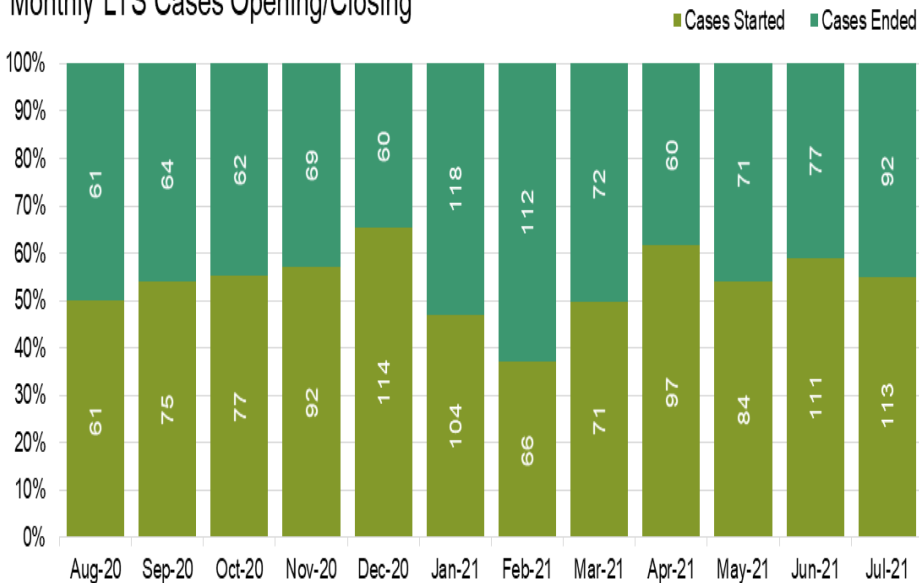
### Remedial Plans and Actions

- The Trust is reporting a maintained level of staff off due to long covid with currently 22 staff still off on LTS. There are currently 36 staff across WAST who have been working from home, working in alternative roles or adjusted duties as a result of shielding. WAST has no members of staff shielding and not undertaking any element of work. The Trust continues to engage with colleagues as a result of shielding ending and Wales moving into level 0.
- As further Pandemic restrictions are eased across Wales we are starting to see an increase in transmissible sickness, such as cold/flu and gastro.
- We are running Women's Health Sessions across the Trust aimed to support staff of all age groups.
- The TRiM processes are more proactive within CCC delivering daily information on possible traumatic incidents.
- OH has run a series of webinars for managers regarding Long Covid and impacts upon staff in returning to the workplace and Living Life to the Full Courses.
- Our Long Covid support programme continues with learning sessions for Managers and the Road to Recovery Group opening up to outside organisations to broaden the support network.

### Expected Performance Trajectory

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

### Monthly LTS Cases Opening/Closing



### Average working days lost per FTE (Annual)

18.35 days

### Single month Absence %

9.71%

### Long Term

6.65%

(S10 Stress/Anxiety)

2.90%

### Short Term

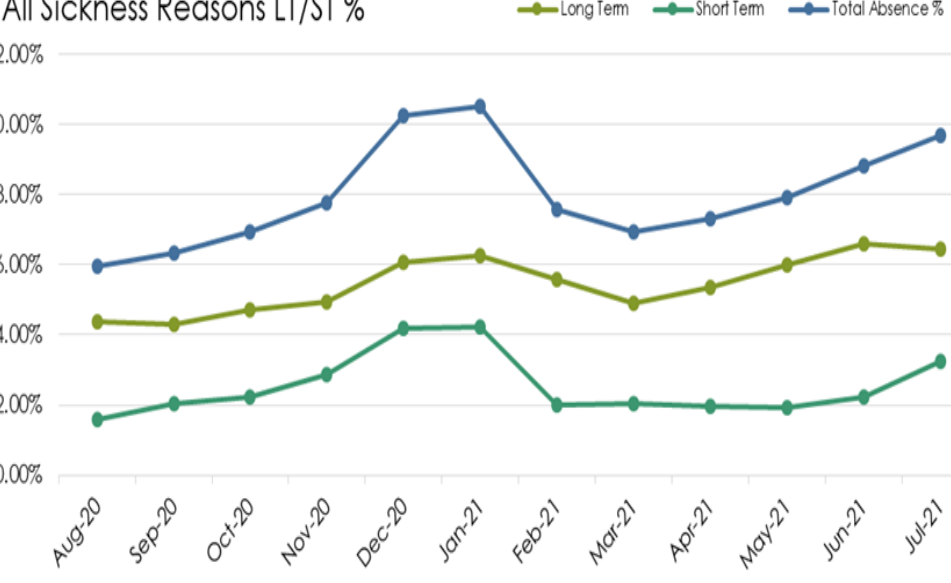
3.06%

### Mental Health

(excluding Back)

1.67%

### All Sickness Reasons LT/ST %



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



# Our People

## Indicator 16: Staff Vaccinations

Self Assessment:  
Strength of Internal  
Control: Strong

Health & Care  
Standard  
- Health (PPI)

Flu

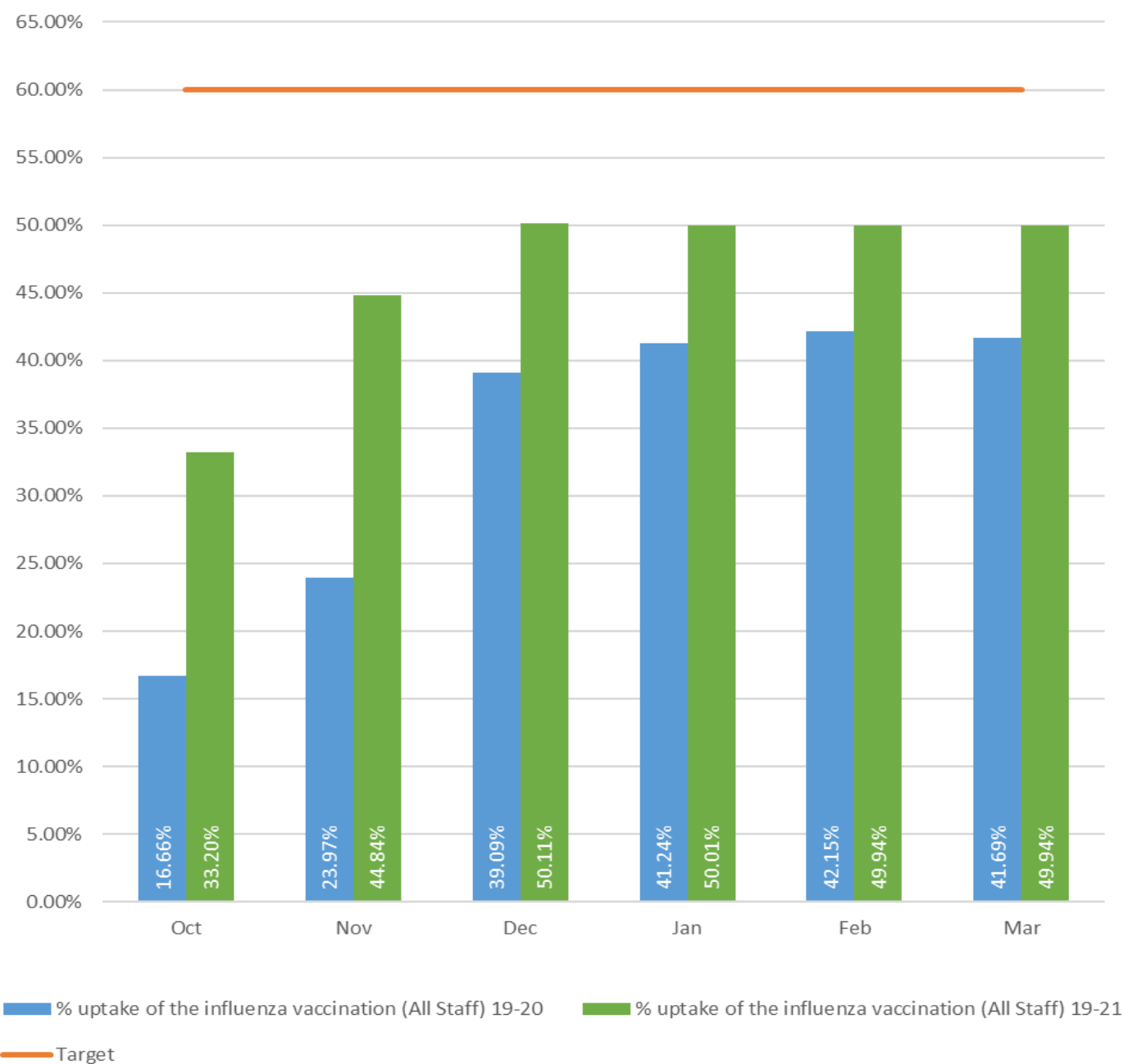
A

CI

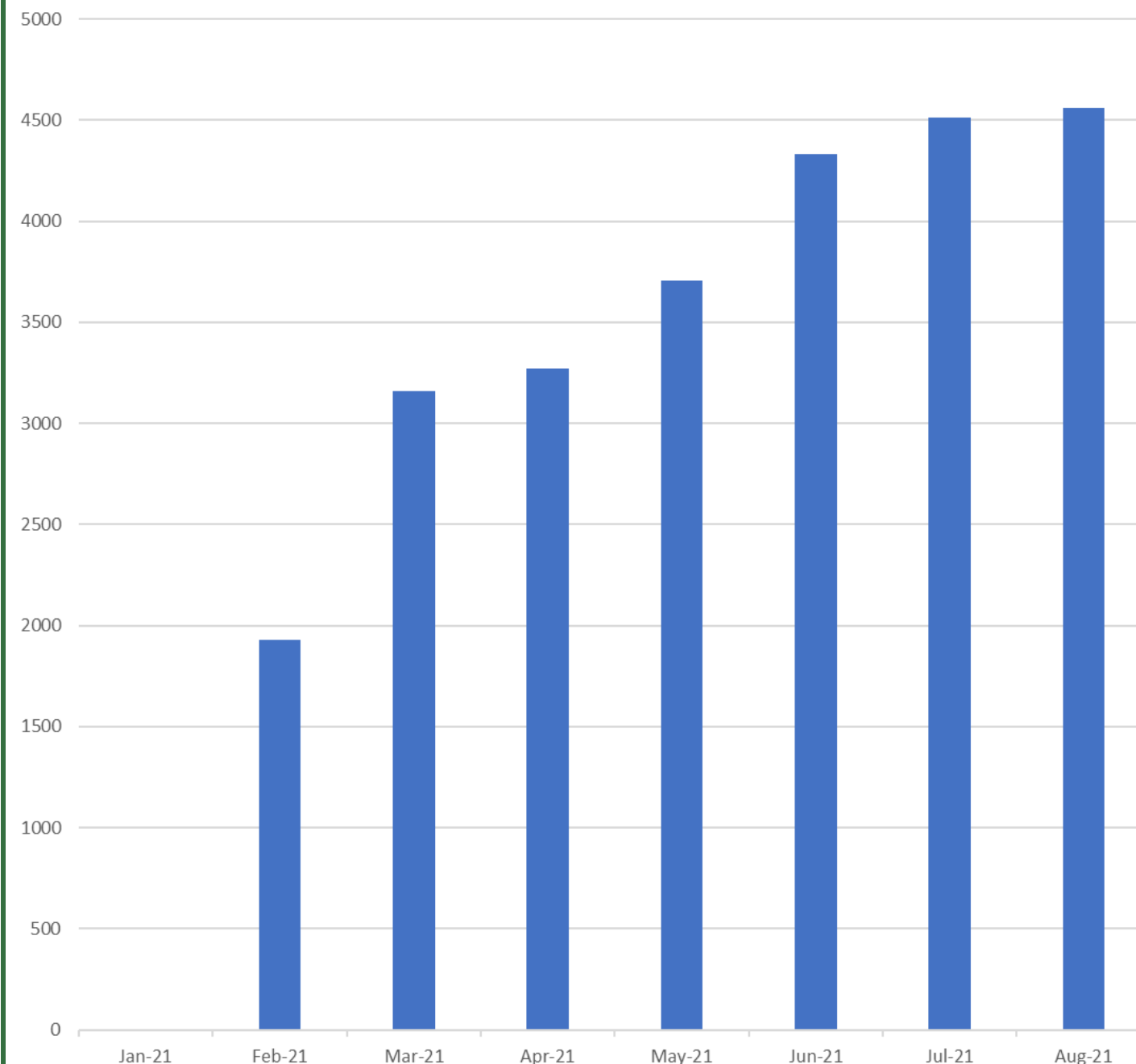
PCC

NB: Flu Campaign – next  
reporting Oct-21

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



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



### Analysis

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

4,560 of frontline staff have received a second dose of the CoVID-19 vaccination.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

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

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



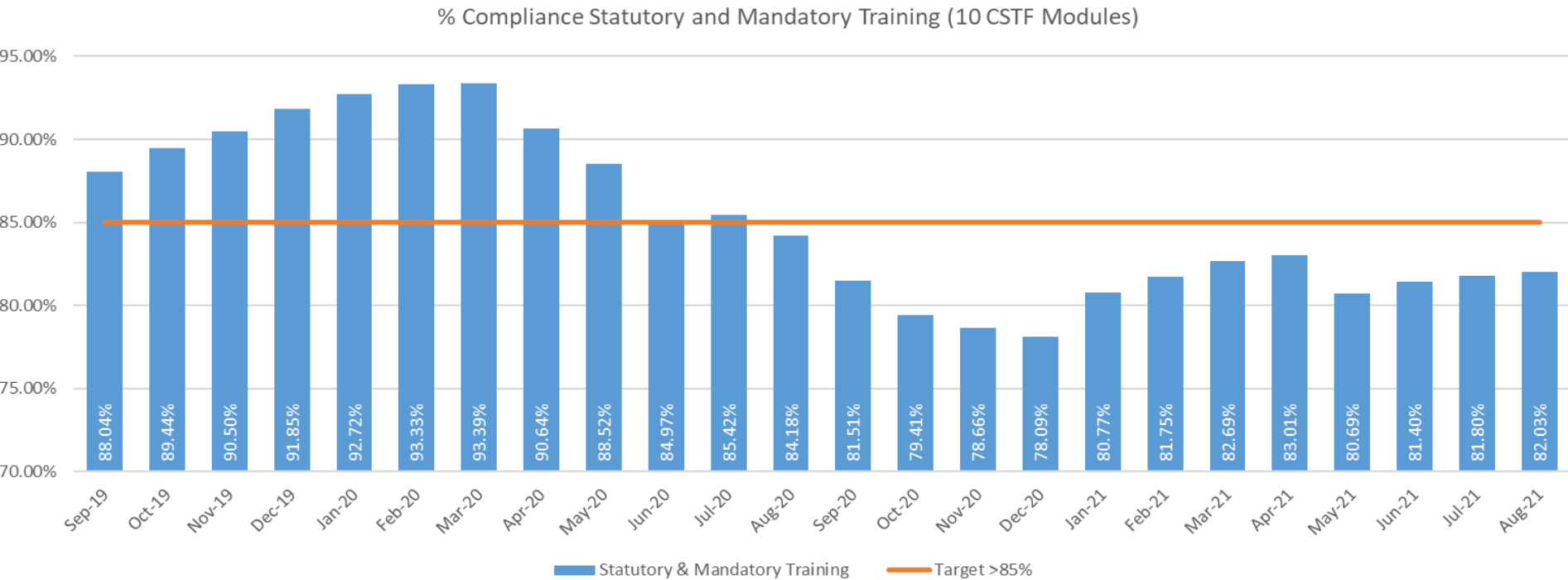
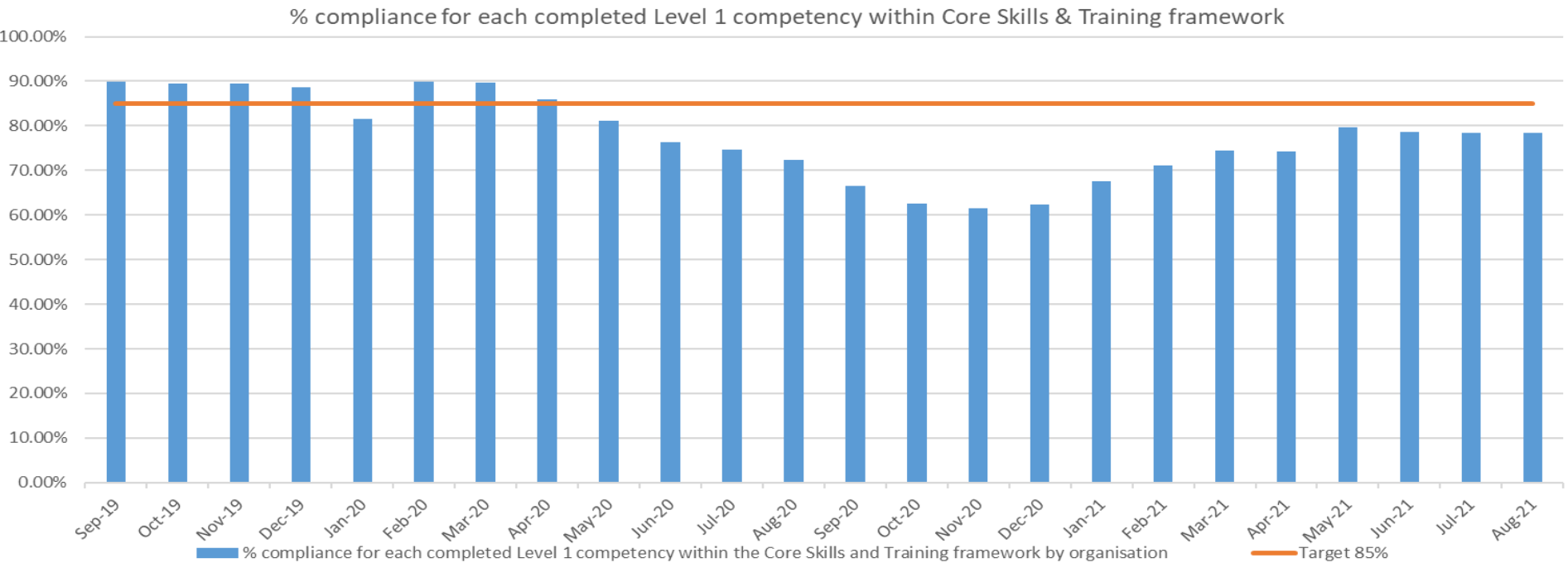
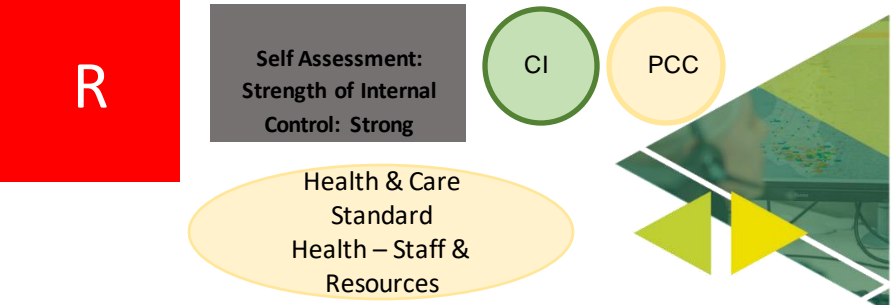
(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



# Our People

## Indicators 17, 18: PADR and Training Rates



### Analysis

PADR rates for Jul-21 were 64.55%, continuing to remain well below the 85% target. Aug-21 Statutory & Mandatory Training rates increased by 0.23% from the Jul-21 figure, and is still not achieving the 85% target. Safeguarding Adults achieved the 85% target in Aug-21 (85.17%), however three competences remain below the 85% target - Fire Safety (54.46%), Information Governance (81.61%), Moving & Handling (61.40 %).

Continuing Professional Development was suspended due to the Coronavirus Pandemic. In Aug-21 Band 6 Paramedic Competency rates are 87.94% for year 1, 82.03% for year 2 and 20.43 for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity.

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

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

### Remedial Plans and Actions

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

### Expected Performance Trajectory

The outlook for 2021 is unclear, a third wave of the CoVid-19 pandemic has resulted in the Trust again moving out of the Monitor Phase and again into a Response Phase resulting in increased pressures in the work environment and less opportunity for training and development.



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust





# Finance and Value

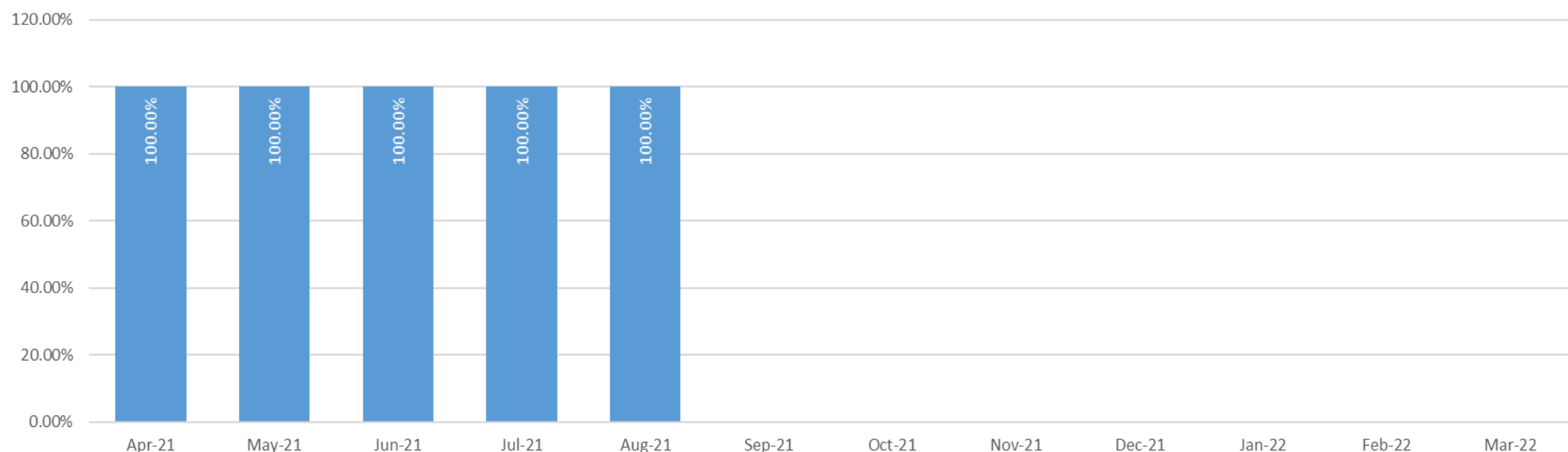
## Indicator 19: Finance

G

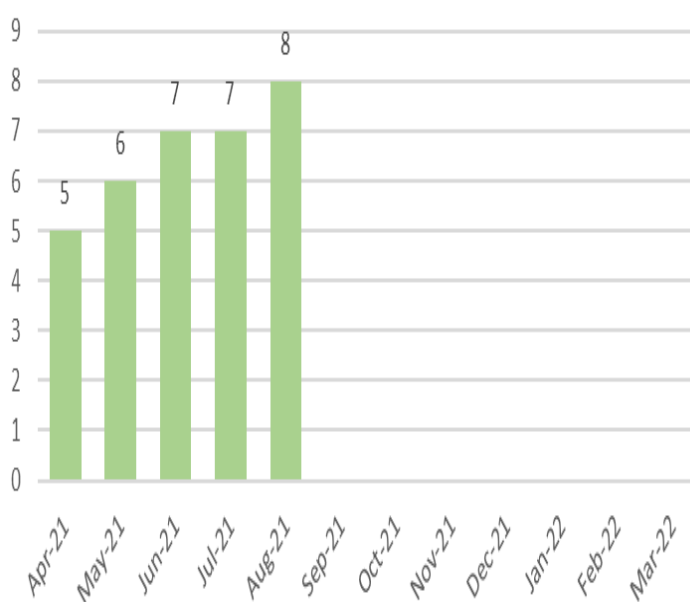
FPC



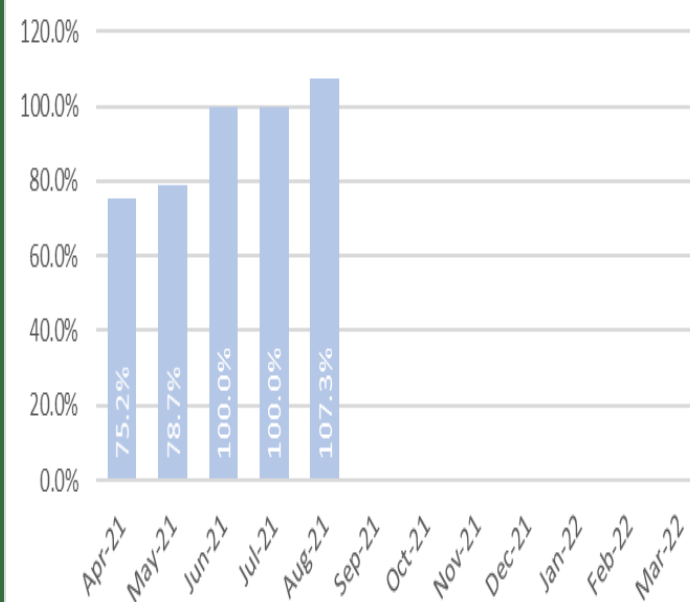
Financial balance - annual expenditure YTD as % of budget expenditure YTD



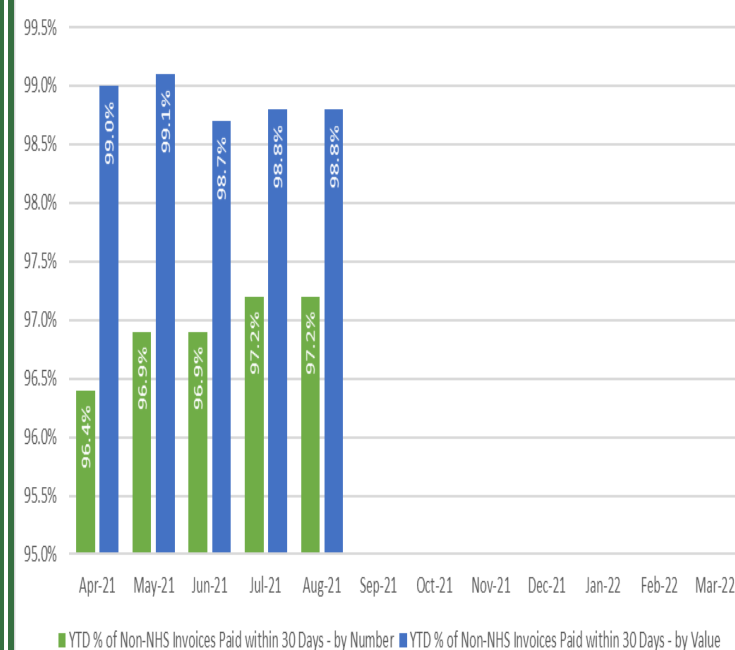
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



### Analysis

As of Aug-21 the reported outturn performance at month 5 is a surplus of £8k.

For month 5 the Trust is reporting planned savings of £1.760m and actual savings of £1.888m, an achievement rate of 107.3%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Aug-21 remains at 97.2% against a target of 95%.

As of Aug-21 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

### Remedial Plans and Actions

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

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

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

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

### Expected Performance Trajectory

The expectation is that we will continue to meet our statutory financial duties, as outlined in our IMTP. However, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2021/22.



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

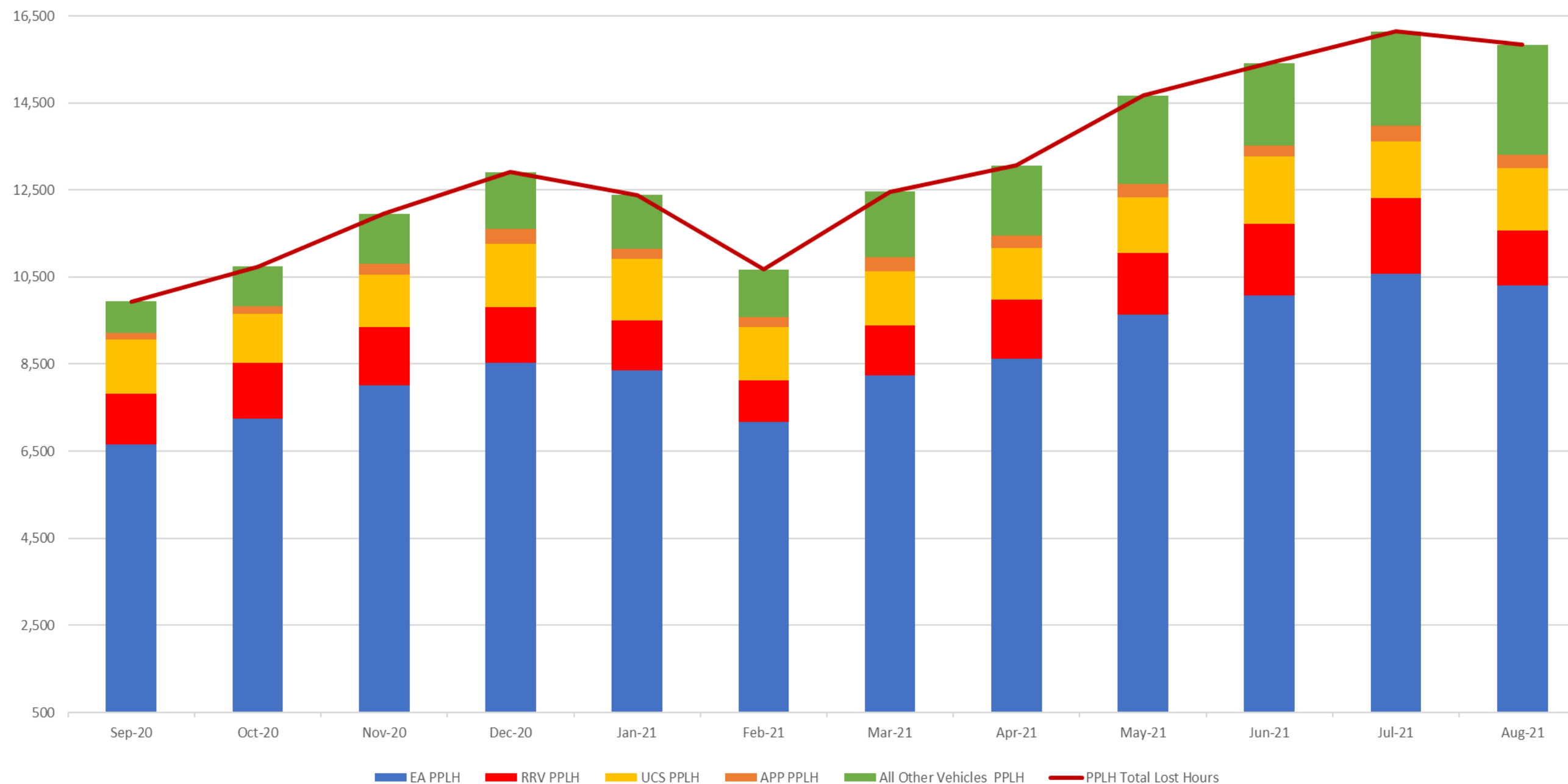


# Value / Partnerships & System Contribution

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



Post Production Lost Hours



### Analysis

There were 15,837 hours lost in Aug-21 which continues to show high levels compared to previous months(PPLH). The highest number of hours were lost to EA vehicles, accounting for 10,312 in Aug-21.

In Aug-21 hours lost through PPLH can be down to numerous factors, including but not limited to Meal Breaks (6,903 Hours), Vehicle cleaning (2,445 hours), HALO duties (2,125 hours), Duty Operations (1,620 hours) Cleaning CoVID0=19 (1,117 Hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

### Remedial Plans and Actions

The tracking and monitoring of post-production lost hours is undertaken through a new dashboard which sits within QlikSense. .

This is currently an area of focus via a series of workshops with TU Partners, which commenced recently

### Expected Performance Trajectory

The Trust benchmarked well on post-production lost hours in the EMS Demand & Capacity Review, with the exception of meal-breaks which accounted for 75% of the lost hours. N specific o benchmark has been set at this point in time



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



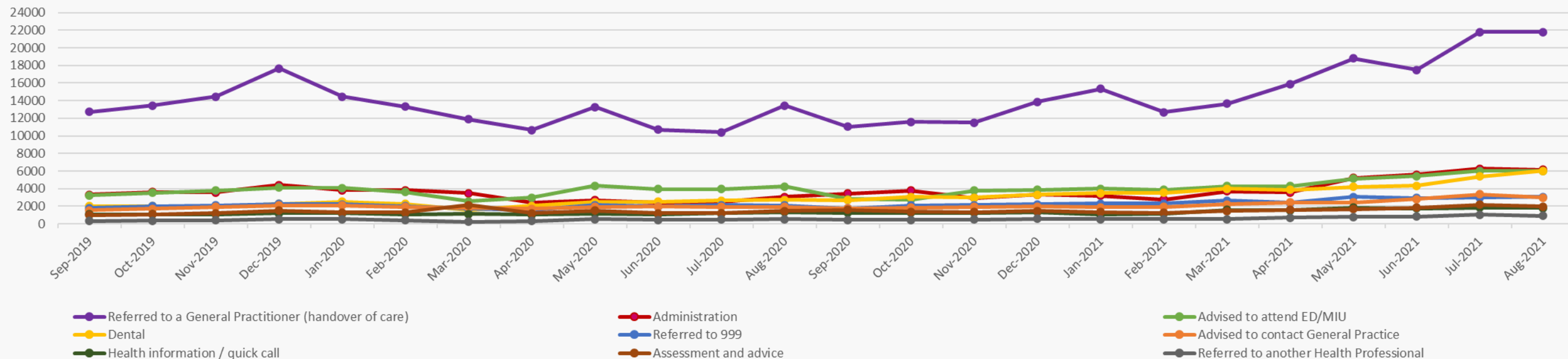
# Our Patients: Quality, Safety & Patient Experience

## Indicator 2: 111 Hand Off Metrics and 111 Consult & Close

### Influencing Factors – Demand and Clinical Hours Produced



111 Calls By Final outcome



#### Analysis

In Aug-21 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 43% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (30,885), advised to attend ED/MIU (6,038) and calls referred to 999 (3,048).

The total number of calls has gradually increased over the period displayed and in Aug-21 50,712 calls were received in the 9 categories displayed in the top graph, a minor decrease when compared to 50,955 in Jul-21 and 30,871 in Aug-20.

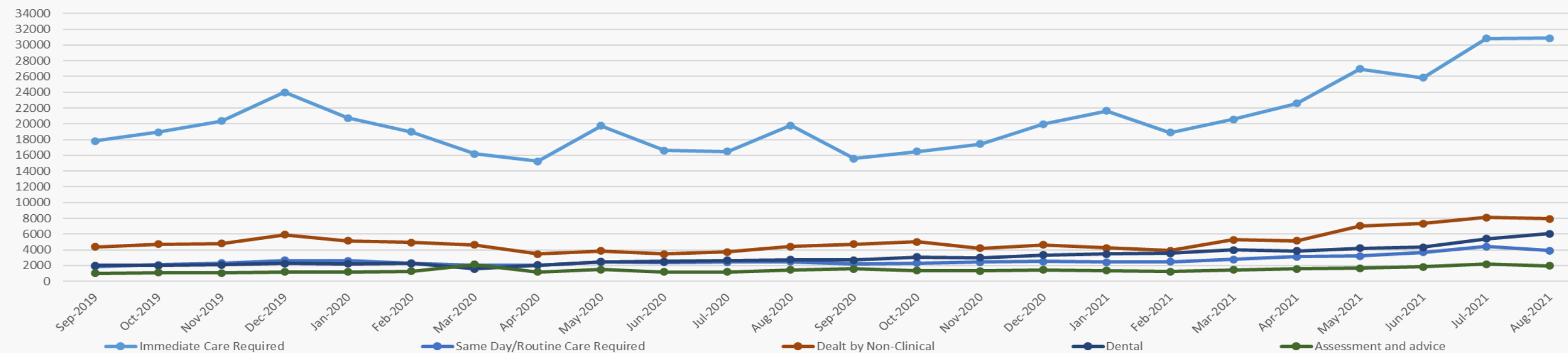
#### Remedial Plans and Actions

Work is underway to develop live informatics which provide real time information on clinician availability to allow improved understanding and management; this will enable the Trust to report more meaningful metrics and accurately monitor patient outcomes.

#### Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data.

111 Calls by Final Outcome



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



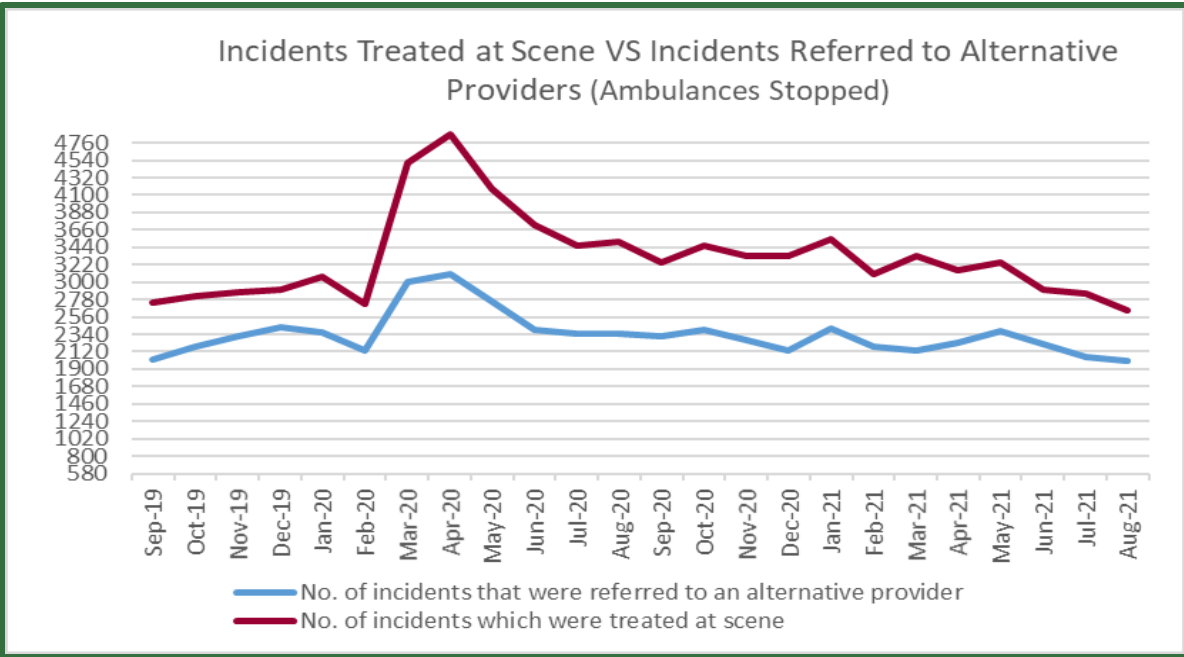
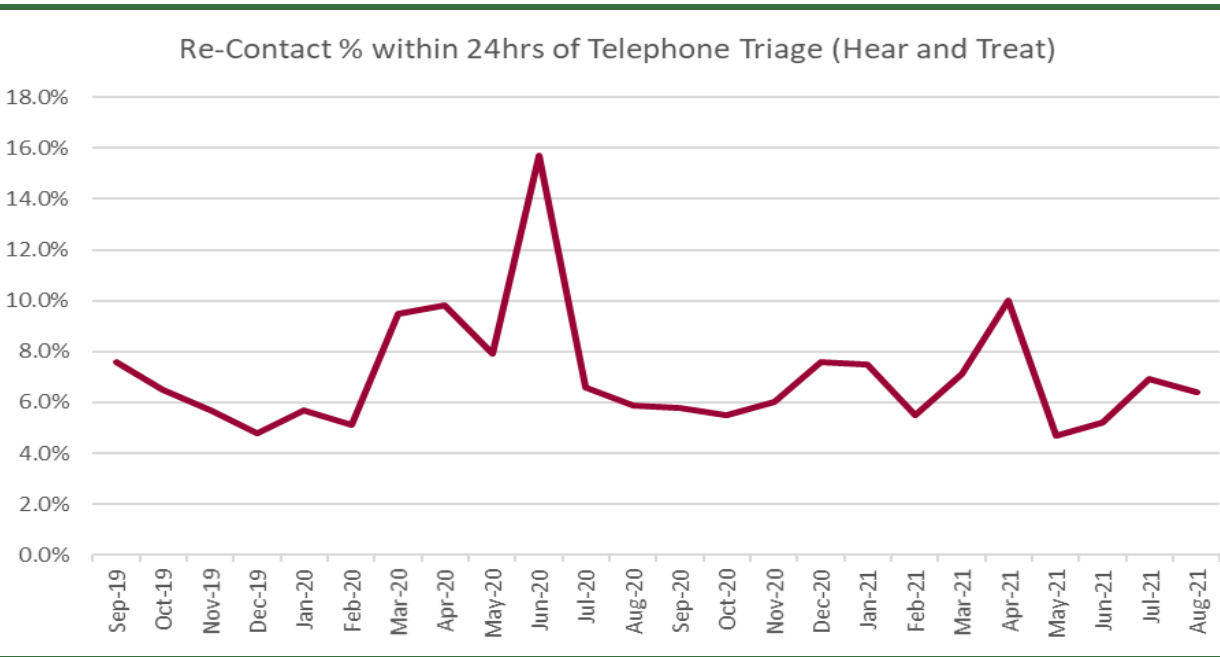
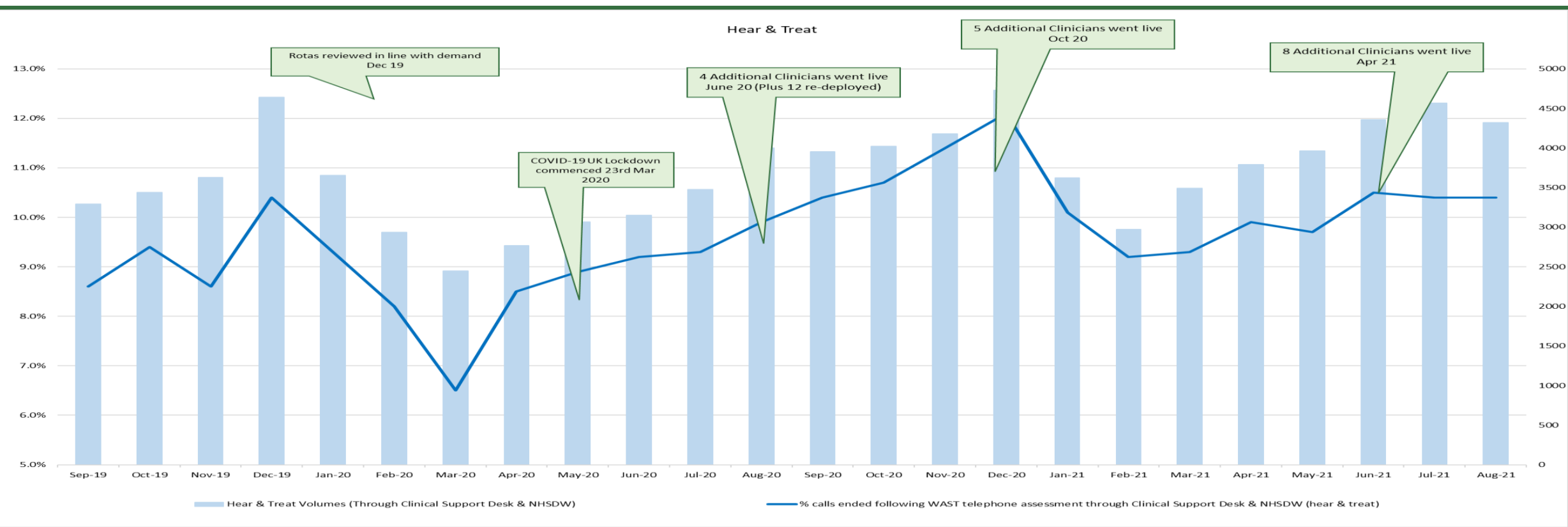
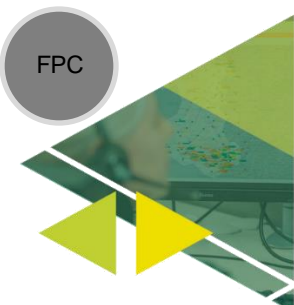


# Partnerships / System Contribution

## Indicator 21: Hear & Treat

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FPC



### Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 10.4% performance in Aug-21, achieving the 10.2% target for the third consecutive month.

6.7% of hear & treat volumes were achieved by the CSD in Aug-21. In comparison, 3.7% of hear & treat was by NHSDW/111.

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

**Re-contact rates in Aug-21 were 6.4%** a decrease compared to 6.9% in Jul-21 and when compared to 5.9% in Aug-20.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services decreased to 75.9% in Aug-21; by comparison, this figure was 67.7% in Aug-20.

### Remedial Plans and Actions

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. The predicted impact on hear and treat rates is currently being considered
- Commissioners have agreed funding for 15 FTE mental health practitioners into the 999 clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Recruitment will commence shortly,
- Commissioners have also agreed to fund additional paramedics into the clinical service desk, to be backfilled through recruitment of additional EMTs and ACA2s respectively. Work is ongoing to develop the service model in a department that will therefore almost double in size.

### Expected Performance Trajectory

The expectation from the Demand & Capacity Review is that we ought to be able to achieve a 10.2% hear and treat rate (achieved in some recent months). This remains a key strategic ambition for the organisation, and it is expected that these actions will increase rates, as well as improve the safety of the service



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

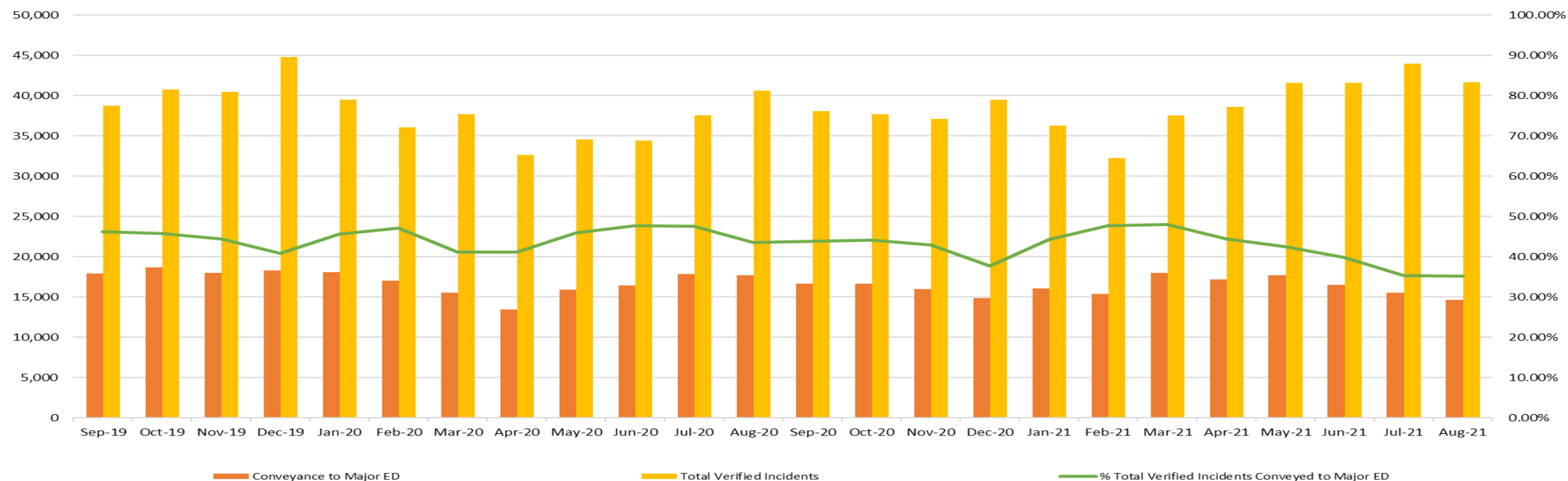


# Partnerships / System Contribution

## Indicator 22: Conveyance to ED



Conveyance to Major ED



### Analysis

The percentage of patients conveyed to EDs decreased compared to the same period last year. In Aug-21 conveyance to EDs as a proportion of total verified incidents was 35.14% (compared to 43.54% in Aug-20).

The combined number of incidents treated at scene and referred to alternate providers increased in Aug-21 when compared to Jul-21. 2,000 incidents were referred to alternative providers in Aug-21 and 2,635 incidents were treated at scene. However, this is not necessarily a positive picture. A review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport increased significantly which may mean patients reaching hospital via another route. In Aug-21 10,829 ambulances were cancelled by patients, 747 fell in the No Send category due to the escalation of the Demand Management Plan (DMP) and 451 patients made their way to hospital using their own transport. Overall this is a 39% increase when compared to Aug-19.

### Remedial Plans and Actions

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

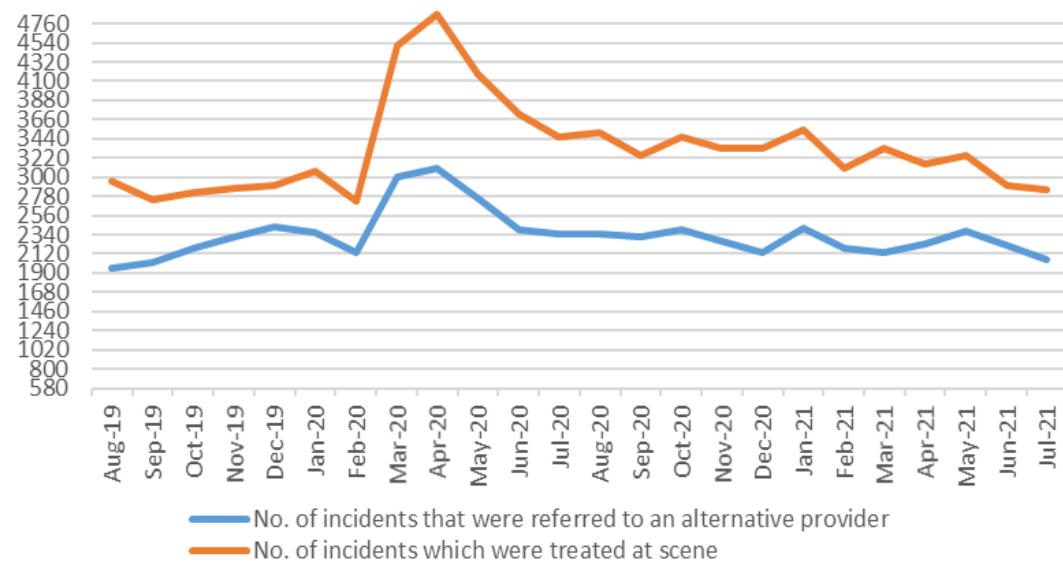
As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the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

One of our commissioning intentions is to develop an optimising conveyance strategy, which will bring forward clearer proposals linked to further work on the EMS Demand & Capacity Review.

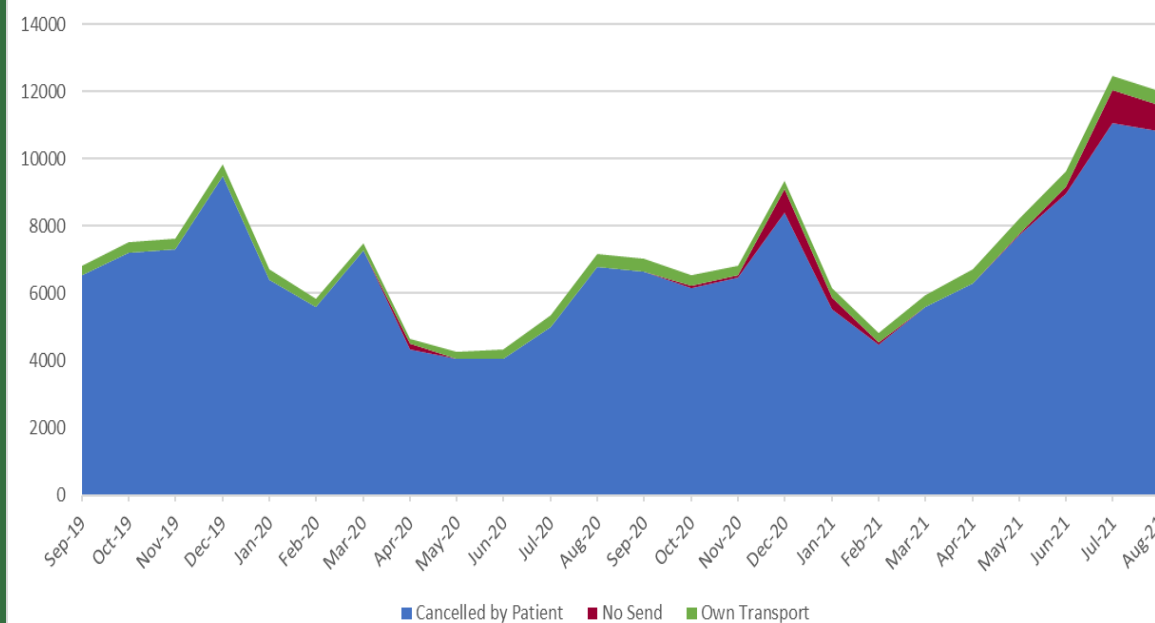
### Expected Performance Trajectory

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

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



Number of Incidents Stopped by Reason



(Responsible Officer: Brendan Lloyd)

Welsh Ambulance Services NHS Trust





# Partnerships / System Contribution

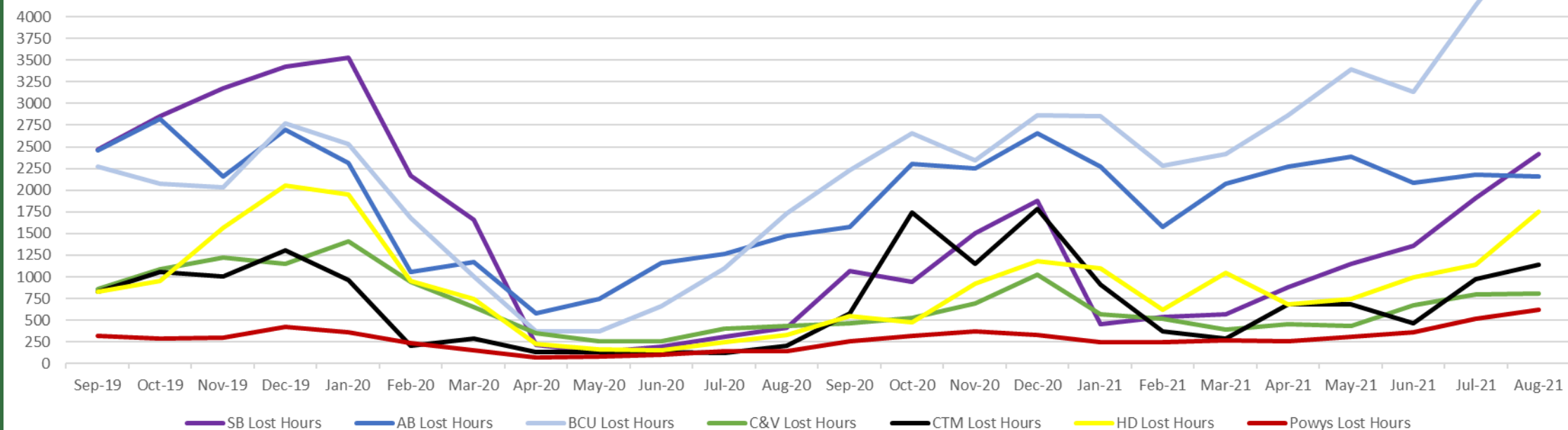
## Indicator 23: Handover

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Notification to Handover Lost Hours by Health Board



### Analysis

**110,126 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 87,224 in same period a year ago (Sep-19 to Aug-20).** 13,887 hours were lost in Aug-21, a 66% increase compared to 4,742 lost hours in Aug-20 also an increase when compared to 8,408 in Aug-19. The hospitals with highest levels of handover delays during Aug-21 were Morriston Hospital (SBUHB) at 2,291 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,224 lost hours, Grange University Hospital (ABUHB) at 1,982 lost hours and Maelor General Hospital (BCUHB) at 1,463 lost hours and

Notification to handover lost hours averaged 448 hours a day in Aug-21, 67% higher than the commissioning intention of no more than 150 hours per day.

Lost hours remain a challenge for the Trust, in Aug-21 34,632 hours combined hours were lost to UHP shortfalls (under 95% UHP) handover, post production lost hours and handover to clear lost hours.

### Remedial Plans and Actions

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

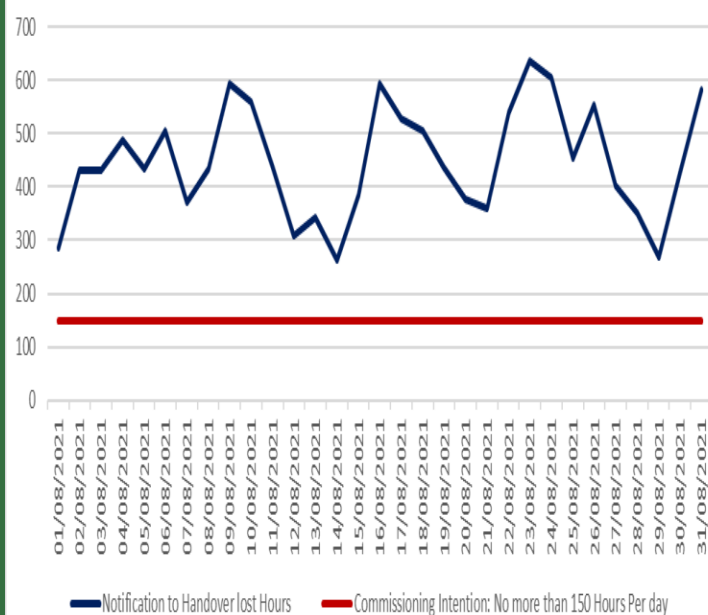
Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient, dignity and overall experience during the CoVID-19 pandemic. As part of the review it has launched a staff survey to capture views of Paramedics,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

The relaunch of the WIIN platform throughout May and Jun-21 will have a specific focus on activating ideas that focus on handover reduction and supporting patient and staff dignity whilst waiting outside EDs. 35 ideas have been received through the WIIN platform from staff in Aug-21

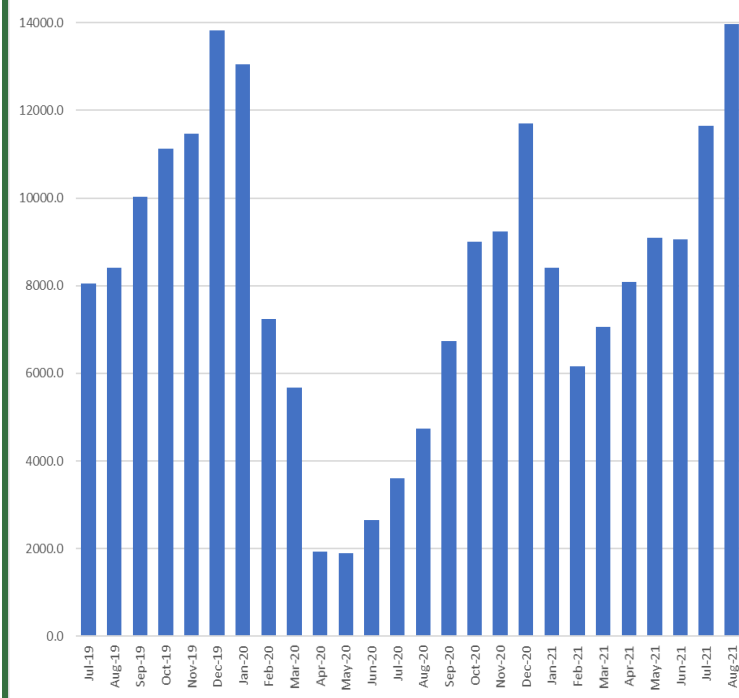
### Expected Performance Trajectory

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

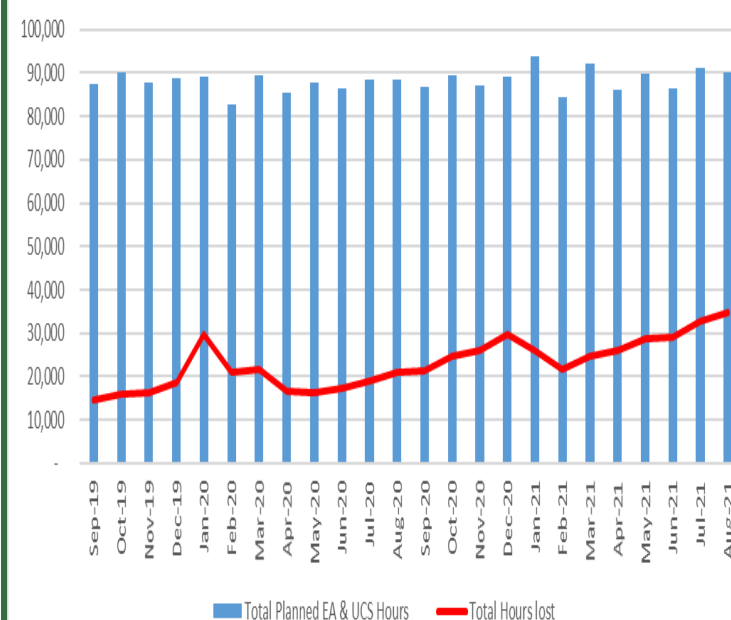
Notification to Handover Lost Hours - August 2021



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

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





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Welsh Ambulance Services NHS Trust  
Integrated Performance Report  
2020/21





Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		G
EMS Utilisation metric (Indicator Development)	TBD	TBD														TBD
Post-Production Lost Hours	Reduction Trend	8747	9,940	10,737	11,959	12,911	12,388	10,676	12,461	13,067	14,673	15,412	16,138	15,837		R
111 Hand Off Metrics (Indicator development)	TBD	TBD														TBD
Partnerships / System Contribution																
111 Consult and Close (indicator Development)	TBD	TBD														TBD
999 Hear & Treat	10.2%	9.9%	10.4%	10.7%	11.4%	12.1%	10.1%	9.2%	9.3%	9.9%	9.6%	10.5%	10.4%	10.4%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	43.85%	44.16%	43.01%	37.72%	44.26%	47.78%	48.02%	39.02%	29.34%	44.46%	34.78%	34.48%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	6,728	9,004	9,243	11,708	8,416	6,157	7,045	8,088	9,099	9,046	11,646	13,969		R



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NHS Trust

<b>AGENDA ITEM No</b>	<b>3.1</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## IMTP 2021-2024 Progress Report

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 <sup>th</sup> September 2021
<b>EXECUTIVE</b>	Rachel Marsh- Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Alexander Crawford - Assistant Director of Strategy and Planning
<b>CONTACT</b>	Alexander.Crawford2@wales.nhs.uk

### EXECUTIVE SUMMARY

The purpose of this paper is to update the Board on progress and delivery of actions of IMTP 2021-22 , Interim quarter two position. It also sets out the impact of Health Board service changes and the activity within WAST to support live work on these developments. Finally it sets out the process to develop the next IMTP which is likely to be due for submission to Welsh Government early in 2022.

Finance and Performance Committee received a detailed and comprehensive update on all of the programmes and workstreams set out in the IMTP on 23<sup>rd</sup> November 2021. This paper provides the Board with a summary of the key information that was provided to Finance and Performance Committee.

#### **RECOMMENDED:**

That the Board:

1. Notes the current IMTP delivery status as an interim position ahead of the end of quarter 2;
2. Notes that delivery in quarters 3 and 4 are anticipated to be impacted by current pressure and the return to a Monitor Position of the pandemic plan;
3. Notes the current activity in relation to Health Board strategic service changes;
4. Notes the process for preparation of the next iteration of the Trust's IMTP for 2022-25.

### KEY ISSUES/IMPLICATIONS

The progress of IMTP delivery in relation to the Trust's Strategic Ambitions are tracked through four interconnected transformation programmes which report into Strategic Transformation Board:

- **EMS Operational Transformation**
- **Ambulance Care**
- **Gateway to Care**
- **Clinical Transformation**

In addition a standalone programme for 111 Digital will deliver the technical aspects of the 111 digital ambitions.

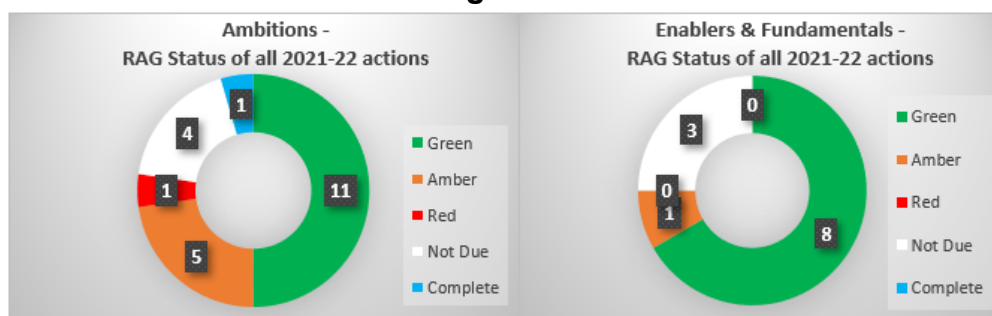
“Enablers & Fundamentals” relate to the deliverables associated with enabling workstreams (workforce, digital, estates, fleet and partnerships) and fundamentals of a quality driven, clinically led and value focussed organisation, including the programme of work to establish a culture of working safely.

The headline data on delivery to date in **quarter two** can be seen in **figure 1 below**.

**One action is considered “Red”:** Level 2 Falls Response Model Business Case – This is red on the basis of a funding decision and further work to develop the case is required, to be developed through the Clinical Transformation Programme.

All programmes will finalise an end of quarter two position after 1<sup>st</sup> October 2021, however there is not anticipated to be significant change from the position set out below.

**Figure 1**



A number of risks to delivery (as set out in the IMTP) were reported to Finance and Performance Committee in detail, but a key risk to bring to the Board's attention is the ongoing pressure felt across the health and care system and the rise in COVID-19 cases leading to the need to return to a response structure under the pandemic plan. Whilst the IMTP delivery picture is currently positive and there has been significant progress in Q1 and Q2 despite continued pressure, there is expected to be slippage in the next two quarters as the organisation as a whole needs to refocus its efforts to ensure the continued safety of our communities and the wellbeing of our people.

### **Health Board Strategic Service Changes**

The delivery of IMTP deliverables, which are designed to improve performance and drive forward the Trust's strategic ambitions, are in themselves resource intensive particularly against a backdrop of the continued pandemic response across Wales, recovery planning and heightened seasonal pressure. However, as set out in the IMTP, WAST is responsive to its commissioners' requirements and Health Board

service changes can alter the focus of WAST priorities as Health Boards and English Trusts plan to recover from the impact of COVID-19 whilst also moving forward with their own strategy agendas.

WAST is currently actively engaged in the following local and regional strategic service changes across Wales where the delivery of key aspects of the programme are likely to fall within the current IMTP period:

- **Grange University Hospital Inter Site Transfer Service** – this is now closed as a project within WAST and handed over to business as usual for Operations with any transformative recommendations being picked up by the Ambulance Care Transformation Board.
- **Centralisation of Vascular services at University Hospital of Wales - SE** Vascular Business Case has been approved by Programme Board and is now scheduled to go through the individual HB Boards for approval during September/ October. Readiness assessments to be conducted during October with aim of go live end of October. The implication for WAST will be increased transfers falling to EMS and Ambulance care, as well as primary conveyances into UHW from Aneurin Bevan and Cwm Taf and discharges from UHW resulting in longer journey times. Further operational detail is being worked through ahead of the preparation of readiness assessments.
- **Transforming Clinical Services Hywel Dda UHB** – Whilst the actual delivery of a new hospital in the area of St. Clears and Narberth would be some way off, WAST is a key stakeholder in developing the model of service within Hywel Dda and has provided operational and planning input to the development of the Programme Business Case which Hywel Dda hopes to complete and submit to WG later in the autumn 2021.
- **South Wales Adult Thoracic Surgery** – a strategic outline case (SOC) is being submitted to Welsh Government to establish a centralised service in Swansea to improve cancer outcomes for patients requiring planned care treatment. WAST has submitted a letter of support for the SOC noting that significantly more detail will be required to assess impact on Ambulance Care resources across South Wales to support the development.
- **Wye Valley Stroke Services** – a proposal is being put forward across Hereford and Worcester CCGs to centralise a High Acuity Stroke Unit in Worcester by 2023. This would have an impact for Powys patients and EMS resources in an already difficult to resource rural area, potentially resulting in additional journey distance of around 30miles.

This paper highlights some of the main areas of activity but as can be seen in appendix 2 there are many changes being worked on across Wales at a strategic level.

The recently established Integrated Strategic Planning Group will receive regular updates on both operational and strategic level changes within Health Boards to inform Strategic Transformation Board of the impact on WAST strategy and to inform the annual planning cycle and refresh of the Trust's IMTP.

### **IMTP Preparation 2022-25**

Finance and Performance Committee received a detailed presentation as part of their updates on the planning cycle in the IMTP report.



The process for developing the next IMTP will consider the following steps:

- The IMPT will be a 3 year plan with a focus on delivery in year 1;
- It will be written in the context of ongoing Covid-19 impact and system wide pressure;
- This year will be a refresh and re-prioritisation of 2021-24 IMTP to maintain consistency of strategic delivery;
- It will need to be realistic around resources and delivery timescales, prioritised against the key risks across the organisation with alignment to the CRR and BAF;
- Engagement will be important to ensure we continue to meet the needs of our communities and our people whilst meeting our statutory obligations and commissioning intent;
- The plan will need to be financially balanced and with clarity of workforce requirements and interdependencies.

WG Planning Guidance is not expected until November 2021, with an expected deadline for submission of a board approved plan by end of January 2022. It is expected that the planning framework will centre on the new minister's priorities.

The planning cycle is being managed through the Integrated Strategic Planning Group and there will be engagement with the Board (informally and formally) and other key stakeholders throughout the development of the plan.

#### REPORT APPROVAL ROUTE

Integrated Strategic Planning Group 3<sup>rd</sup> September 2021  
Strategic Transformation Board 6<sup>th</sup> September 2021  
Finance and Performance Committee 23<sup>rd</sup> September 2021

#### REPORT APPENDICES

1. IMTP deliverable tracker: Extract of actions due by end of Quarters 1 & 2
2. Strategic Service Change Map

#### REPORT CHECKLIST

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



## **IMTP deliverable tracker: Extract of actions due by end of Quarters 1 & 2**

The following table summarises the actions due by end of quarters 1 & 2 with assurance or remedial action required for Amber and red rated actions.

Key: Red (Urgent attention required), Amber (In progress, off track), Green (In progress, on track), Blue (Complete).

<b>Ambitions</b>		
<b>Actions in 2021-22 falling due in Q1 and Q2</b>	<b>Due By</b>	<b>RAG</b>
<b>EMS Operational Transformation Programme</b>		
Develop demand and capacity strategy for the future (Forecasting & Modelling)	Q2	G
Develop a rural model and pilot in one area of Wales, aimed at improving red response times	Q2	G
<b>Ambulance Care Transformation Programme</b>		
Establish a NEPTS Transformation Programme Board	Q1	C
Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB	Q1	G
Identify the transport needs of non-eligible patients across Wales	Q1	A
Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs	Q2	A
Undertake a review of the transfer and discharges services in Aneurin Bevan	Q1	C
Undertake evaluation of MTN	Q2	A
<b>Gateway to Care Programme</b>		
Roll-out core 111 service to BCU Health Board	Q1	C
Complete the roll out of Contact First across Wales, including robust governance agreements	Q2	A
Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding)	Q2	A
Develop a case for change for discussion with stakeholders on the integration of clinical teams	Q2	A
Recruit to operational and clinical leadership and governance structures and embed them fully	Q2	G
<b>Clinical Transformation Programme</b>		
Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic	Q1	G
Consolidate the CCC rotation for the APP model and explore the most effective dispatch model	Q2	G
Increase our Independent Prescribing capacity (min 5 new IPs funded)	Q2	G
Continue evaluation of the impact of Independent prescribing	Q2	G
Establish a programme for delivery for "Care Closer to Home"	Q1	C
Develop a business case to support Level 2 Falls Response Model across Wales	Q1	R
Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services	Q2	G



<b>111 Digital Programme</b>		
Implement the new 111 system: SALUS	Q2	A
<b>Enablers &amp; Fundamentals</b>		
<b>Actions in 2021-22</b>	<b>Due By</b>	<b>RAG</b>
<b>Our People</b>		
Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response There are a series of pieces of work to address this action, which include	Q1/Q3	A
Shape the plan for a technology enabled workforce (as part of Strategy delivery), to include agile working model	Q2	G
Deliver the organisational change required to support the restructure of the Operations Directorate	Q2	G
Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues	Q2	G
<b>Innovation &amp; Technology</b>		
Roll out improved corporate communications, including Yammer	Q2	A
OnClick Major Incident training and Everbridge communication platform rolled out	Q2	G
<b>Infrastructure</b>		
Implementation of 111 solution for BC UHB (Ty Elwy)	Q1	C
<b>Partnerships &amp; Engagement</b>		
Engage with new Government and opposition party representatives post 2021 Senedd elections	Q2	G
Support the review of national, regional and local escalation arrangements	Q2	G
Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements	Q1	G
Extend existing contracts and recruit to fill vacancies in ODU (subject to funding)	Q2	G
Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements	Q1	G
Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021	Q2	C
Potentially extend the contract in agreement with the Welsh Government, Test Trace Protect (TTP) Wales and Department of Health and Social Care (DHSC) if service is required beyond August 2021	Q1	C
<b>Fundamentals</b>		
Revise the Trust Quality Strategy to align with the Bill	Q1	G
Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan	Q2	A



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Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources	Q2	G
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Supporting the review and development of **Stroke services** across North Wales in collaboration with Betsi Cadwaladr Health Board.

Supporting the review of the **Stroke pathway** across Hywel Dda Health Board.

Supporting the delivery phase of the **Transforming Clinical Services Programme** in Hywel Dda Health Board.

Development of a regional model for Stroke with the implementation of a **centralised hyper acute stroke unit (HASU)** in Morriston hospital, Swansea.

Supporting the implementation of a new integrated service for **Adult Thoracic Surgery across South Wales**, including a single Thoracic Surgery Centre at Morriston Hospital.

Working with the Health Boards to further develop the **Physician Response Unit (PRU)** in ABUHB and pilot a Welsh Enhanced Care Response Unit (WECRU) in C&VUHB



Transfer of North Wales patients requiring **Thrombectomy** to the Walton Hospital.

Support the development of the **Critical Care service** across Wales.

Supporting the implementation of the **Future Fit health services reconfiguration** programme in collaboration with Shrewsbury & Telford hospitals.

Supporting the **reconfiguration of stroke services** in Hereford & Worcester.

**South Powys flows** as a result of GUH Opening in ABUHB

Continue to support the **Clinical Futures Strategy** within Aneurin Bevan Health Board.

Continue to support the **centralisation of vascular surgery** across South East Wales.

Transfer of South Wales patients requiring **Thrombectomy** to the Southmead Hospital.

Engaging with Cardiff & Vale on their **Future Clinical Services** programme



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

## MOBILE DATA VEHICLE SOLUTIONS – FULL BUSINESS CASE

<b>MEETING</b>	Trust Board
<b>DATE</b>	30.09.2021
<b>EXECUTIVE</b>	Mr Andy Haywood, Director of Digital Services
<b>AUTHOR</b>	Mr. Keith Williams, Head of Operational Communications Programme
<b>CONTACT</b>	<a href="mailto:Keith.Williams4@wales.nhs.uk">Keith.Williams4@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

The Home Office led Emergency Service Mobile Communications Programme (ESMCP) remains besieged by programme delays which not only result in ever increasing overall programme costs but also an increasing risk to the user community in the use of legacy, and potentially end of life, critical communications equipment.

The Mobile Data Vehicle Solution (MDVS) is the replacement for our existing Ambulance Mobile Data Terminals (MDT), which are critical in tasking our emergency response across Wales. This Full Business Case sets out an approach which disaggregates elements of the overall MDVS project from the wider ESMCP to allow it to be delivered ahead of time and reduce the potential risks posed by continued use of our ageing MDTs.

WAST submitted a Strategic Outline Business Case to the Welsh Government (WG) in June 2018 which set out the strategic context, the need for investment and overarching cost envelope, anticipating subsequent detailed business cases will follow. Enduring Programme delays drove WAST to consider an alternative approach with an Addendum taken to WG in January 2021, though recognising that the strategic intention remains valid.

The WAST MDVS Full Business Case (at appendix 1) follows the 5 step business case approach in setting out the Strategic, Economic, Financial, Commercial and Managerial Cases, identifying an overall in-scope funding requirement of £32,832m.

#### The Board are asked to:

1. Note the disaggregated approach and assumptions within the MDVS Full Business case as mitigation to ESMCP delay.
2. Approve submission of the MDVS FBC to Welsh Government.
3. Note the entire projected ARP MDVS costs (a), the total end-to-end WAST funding requirement (b) and the specific in-scope funding requirement (c) for this element of the FBC, which is assumed will be fully funded by the Welsh Government:



- a) the National UK total MDVS costs of £437.5m (ex VAT and depreciation costs).
- b) the total WAST MDVS funding requirement in Wales is approximately £32.832m(ex VAT and depreciation).
- c) the total WAST MDVS – **in-scope** funding requirement of £8.5m (Capital) and £14.4m (Revenue) (ex VAT and depreciation costs) will be required for the initial proposed investment.

### KEY ISSUES/IMPLICATIONS

This FBC follows the WAST MDVS Outline Business Case Addendum (Jan 2021) and seeks to:

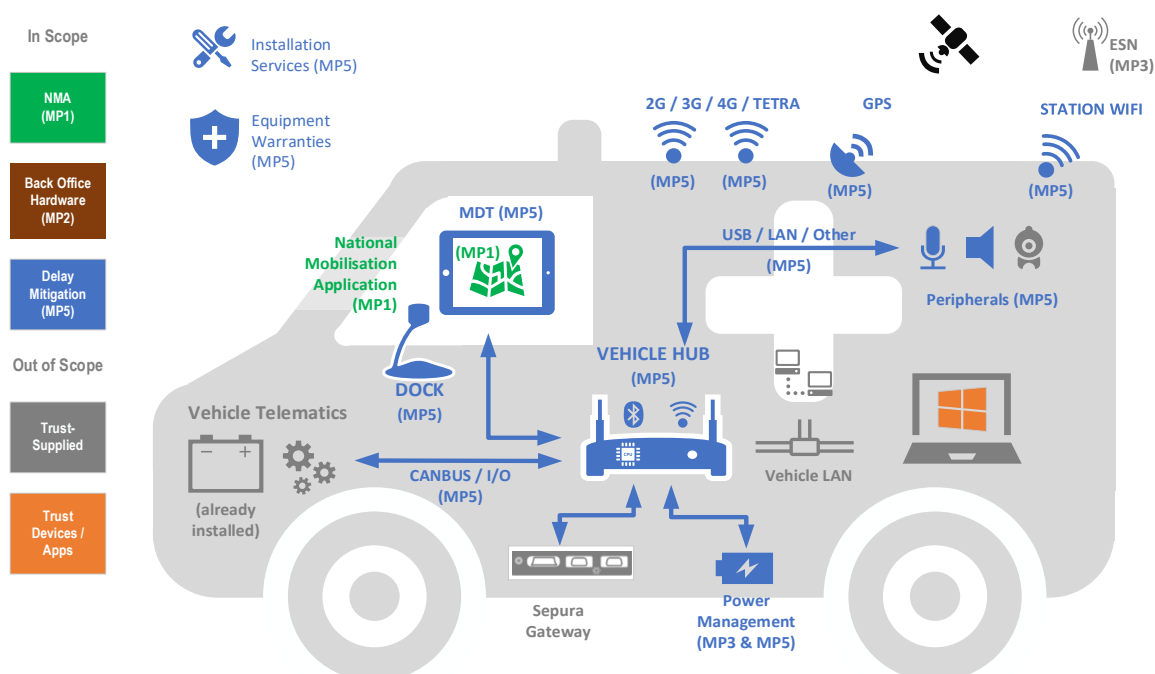
- Provide the detail required for an investment decision.
- Enable WAST and the Welsh Government to appreciate the scope, complexity and financial implications for delivering the disaggregated Ambulance Radio Programme (ARP) Mobile Data and Vehicle Solutions (MDVS).
- Maintain mobile data-based capabilities whilst enabling new ways to deliver patient focused care in the most appropriate setting, thus realising opportunities to meet the strategic and operational intention of WAST.
- Secure 10yrs investment of £8.5m (Capital) and £14.4m (Revenue) (excluding VAT and depreciation costs). Noting that this is not the total investment required for the Airwave replacement with the remaining costs subject to clarity around the ESMCP. Further business cases will be produced to help identify future investment to fully switchover to Emergency Services Network (ESN).
- Extend the formal relationship with the Ambulance Radio Programme (ARP), which is predicated on the basis of a signed Memorandum of Understanding (MoU) with both ARP (Oct 2018) and the Home Office (Nov 2016), when combined replacing the full scope of the current end to end Airwave service. These services comprise of the following key programmes:
  - **ARP Control Room Solutions (CRS) programme** - replacing the current Integrated Command & Communications Systems (ICCS) by moving to a new UK national ambulance service solution.
  - **ARP Mobile Data and Vehicle Solutions (MDVS) programme** - is delivering new mobile devices for voice and data communications.
  - **Home Office Emergency Services Network (ESN) programme** – is replacing the Airwave system, to deliver a network for new voice and broadband mission critical communications for the three emergency services.
- Enable WAST to utilise the ARP negotiated contract frameworks and managed services to expedite the necessary end to end solution, whilst retaining the option to deliver managed services in a different way should further scoping activity identify a more efficient and cost effective approach.



The figures below provide an illustration of the full in-scope solution and supplier / managed service matrix.

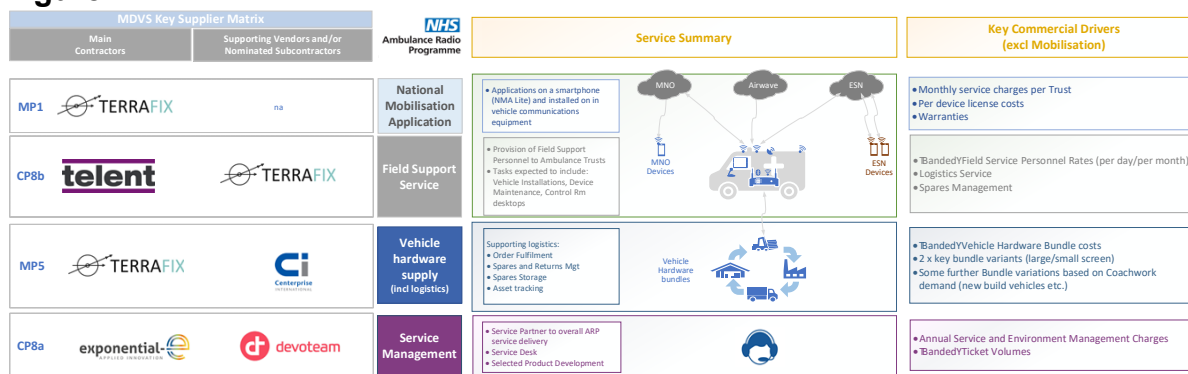
**Figure 1**

### Vehicle Architecture



[Government Security Classification: OFFICIAL-SENSITIVE]

**Figure 2**



### REPORT APPROVAL ROUTE

Digital Senior Leadership Team – 17.05.2021  
 Operational Communications Programme Board – 05.08.21  
 Executive Management Team – 18.08.21  
 Finance and Performance Committee – 23.09.21

### REPORT APPENDICES

## Appendix 1



MDVS FBC

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



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# Emergency Services Mobile Communications Programme

## PROGRAMME DOCUMENTATION

### Full Business Case

Welsh Ambulance Services Trust Implementation  
Mobile Data Vehicle Solutions

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## Revision History

Version	Date	Summary of Changes
0.1	1 <sup>st</sup> March 2021	Initial Draft.
0.2	17 <sup>th</sup> July 2021	Draft incorporating OCP comments following focus group meetings/
0.3	09 <sup>th</sup> August 2021	Draft incorporating update to Section 4 'commercial case' and Appendix 4 ARP to include latest ARP contracting quilt and Appendix 5 'MDVS contracting matrix'/'
0.4	11 <sup>th</sup> August 2021	Draft incorporating updated WAST assumptions and cost model (V1.3) to be submitted to EMT for approvals.
1.0	17 <sup>th</sup> August 2021	Assurance review by Head of OCP.

## Approvals

This document requires the following approvals.

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## Distribution

This document will be distributed to:

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Welsh Government HSS and LG Infrastructure Board	TBC
Welsh Ministers	TBC

## Glossary of Terms

Abbreviation	Meaning
3ES	3 Emergency Services
A2G	Air to Ground
AACE	Association of Ambulance Chief Executives
API	Application Programme Interface
ARP	Ambulance Radio Programme
ASL	Airwave Solutions Limited
BAU	Business As Usual
BCAT	Business Case Assurance Team
BCM	Business Change Manager
BTP	British Transport Police
CAD	Computer Aided Dispatch
CAPEX	Option for upfront capital expenditure
CBT	Computer Based Training
CCB	Change Control Board
CCG	Clinical Commissioning Group
CCN	Change Control Note
CCS	Crown Commercial Service
CDEL	Capital Departmental Expenditure Limit
CFH	Connecting For Health
CMA	Competition & Markets Authority
COM	Commercial Operating Model
COS	Contacted Out Services
COTS	Commercial Off The Shelf
CIP	Cost Improvement Programme
CPI	General Inflation
CRB	Criminal Records Bureau
CRS	Control Room Solution
CSF	Critical Success Factors
CSIS	Capita Secure Information Services
DH	Department of Health
DHID	Department of Health Informatics Directorate
DOS	Directory of Services
EA	Emergency Ambulance
CCC	Emergency Operations Centre
EMRTS	Emergency Medical Retrieval Service
ESMCP	Emergency Service Mobile Communications Programme
ESN	Emergency Services Network



*Welsh Ambulance Services Trust*  
*Mobile Data Vehicle Solutions ESMCP Implementation*

Full Business Case

Date: 23 September 2021

<b>Abbreviation</b>	<b>Meaning</b>
EU	European Union
EY	Ernst & Young LLP
FBC	Full Business Case
FMO	Future Model of Operation
FOA	First Office Application
FOC	Full Operating Capability
FTE	Full Time Equivalent
GBN	Ground Based Network
GBS	Government Buying Standards
GDP	Gross Domestic Product
GDS	Government Digital Service
GLD	Government Legal Department
GPs	General Practitioners
HART	Hazardous Area Response Team
HEMS	Helicopter Emergency Services
HMG	Her Majesty's Government
HMRC	Her Majesty's Revenue & Customs
IA	Information Assured
IAAP	Integrated Assurance and Approval Plan
IAAS	Integrated Assurance and Approval Strategy
ICCS	Integrated Communication Control System
ICT	Information & Communications Technology
IM&T	Information Management & Technology
IOC	Initial Operating Capability
ISMS	Information Security Management System
IT	Information Technology
ITCD	Invitation to Continue Dialogue
ITN	Invitation to Negotiate
ITPD	Invitation to Participate in Dialogue
ITSFT	Invitation to Submit Final Tender
ITT	Invitation to Tender
KPI	Key Performance Indicator
MAIT	Multi-Agency Incident Transfer
MDT	Mobile Data Terminal
MDVS	Mobile Data and Vehicle Solutions
MEAT	Most Economically Advantageous
MOD	Ministry of Defence
MSA	Model Services Agreement
MSP	Managing Successful Programmes

*Welsh Ambulance Services Trust*  
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Full Business Case

Date: 23 September 2021

<b>Abbreviation</b>	<b>Meaning</b>
N3	New NHS Network
NAO	National Audit Office
NARU	National Ambulance Resilience Unit
NDOG	National Director of Operations Group
NHS	National Health Service
NEPTS	Non-Emergency Patient Transport Service
NHSLA	NHS Litigation Authority
NICE	National Institute for Health & Care Excellence
NPCs	Net Present Costs
NPV	Net Present Value
NHS-W	National Health Service – Wales
OBC	Outline Business Case
OGC	Office of Government Commerce
OJEU	Official Journal of the European Union
OLA	Operational Level Agreement
ONAT	Overt National Asset Tracking
OPEX	Option for operating expenditure
PCG	Parent Company Guarantee
PCT	Primary Care Trust
PER	Project Evaluation Review
PD	Product Descriptions
PIN	Prior Information Notice
PIR	Post implementation review
PITN	Preliminary Invitation to Negotiate
PMO	Programme Management Office
PoPs	Point of Presence
PPN	Procurement Policy Note
PPP	Private Public Partnership
PQQ	Pre-Qualification Questionnaire
PRINCE2	Projects in Controlled Environment
PTS (NEPTS)	Patient Transport Services
QALY	Quality Adjusted Life Year
QB	Quantifiable Benefits
RDEL	Resource Departmental Expenditure Limit
ROM	Rough Order Magnitude
RPA	Risk Potential Assessment
RPI	Retail Pricing Index
RSM	Regional Service Manager/Remote Speaker Microphone
RT	Review Team

*Welsh Ambulance Services Trust*  
*Mobile Data Vehicle Solutions ESMCP Implementation*

Full Business Case

Date: 23 September 2021

<b>Abbreviation</b>	<b>Meaning</b>
RRV	Rapid Response Vehicle
SHA	Strategic Health Authority
SIAM	System Integration and Application Management
SME	Small & Medium-sized Enterprise
SOC	Strategic Outline Case
SPOC	Single Point of Contact
SR	Spending Review
SRO	Senior Responsible Owner
SWASFT	South West Ambulance Service Foundation Trust
TDA	Technical Design Authority
TETRA	Terrestrial Trunked Radio
TUPE	Transfer of Undertakings Protection of Employment
U&ECR	Urgent & Emergency Care Review
UAM	User Assurance Manager
UCCN	Umbrella Change Control Note
UCS	Unscheduled Care Service
VAT	Value Added Tax
VFM	Value for Money
WAST	Welsh Ambulance Services NHS Trust
WAA	Wales Air Ambulance
WTO	World Trade Organisation

## FOREWORD

### **Nature of the Proposed Investment**

This Full Business Case (FBC) provides the additional detail required for an investment decision and follows the Welsh Ambulance Services NHS Trust (WAST) Mobile Data and Vehicle Solutions (MDVS) Outline Business Case Addendum. The requirement to progress the MDVS business case is still valid due to continuing Emergency Services Mobile Communications Programme (ESMCP) delays. The FBC will enable WAST and the Welsh Government to appreciate the scope, complexity and financial implications for delivering a disaggregated Ambulance Radio Programme (ARP) Mobile Data and Vehicle Solutions (MDVS) Phases (1 – 4) programme, thus capitalising on opportunities to meet the operational need without being constrained by the overarching and delayed ESMCP.

This FBC makes no assumption of budget availability other than to identify from the National UK approach led by the NHS Ambulance Radio programme (ARP) total costs of £437.5m, with a proportional total cost to Wales through WAST to be in the region of £49.6m (ex VAT and depreciation costs).

### **Recommendation**

This FBC seeks to follow a pragmatic approach to ESMCP delays by following the ARP disaggregated delivery approach. Funding is now recommended to assist WAST to rollout from April 2022 the initial phase of the vehicle Mobile Data Terminals (MDTs) hardware installations and will require an investment of £8.5m (Capital) and £14.4m (Revenue) (excluding VAT and depreciation costs). These costs will be profiled over the remaining 10 year MDVS programme from April 2022 to April 2032. This is not the total cost required for the MDVS programme in Wales. The remaining costs to be able to deliver the later phases of MDVS in Wales will be subject to clarity around the ESMCP timeline (currently 2036/37) and will require additional investment. Separate business cases will help identify investment required for Welsh Ambulance to switchover to ESN. This is necessary due to different funding and governance routes in Wales than England.

The revenue requested is an increase in costs based on the previous OBC primarily as a result of contractual cost certainties, increase in programme operating and contingency costs due to ESMCP delays, a revised baseline of WAST ESN devices and connections resulting in an increase in the overall devices profile and data charges.

### **Scope of ESMCP, ARP Programmes and Welsh Context**

The scope of the proposed investment also aims to capitalise on WAST ageing ambulance fleet hardware through the replacement of up to date Mobile Data Terminals (MDTs) in preparation for the ESN switchover (which is now delayed to 2026). The latest ESMCP plan highlights ESN deployment should begin in Spring 2024, with Airwave to be switched off by the end of 2026. The changes in the timeline, which see the Airwave shutdown pushed back by more than a year, have been driven in part by a longer timeline from Motorola, and in part by a need to ensure sufficient time for the emergency service users to test, evaluate and pilot the new system. Airwave will not be switched off until it is safe to do so. Separating out the key phases in this way will de-risk a ‘big-bang’ implementation approach and allow for an operationally safe solution to be implemented. This is predicated on the actual ESN switchover date from the Airwave network.

To deliver the ESMCP solution to the existing Airwave network then three programmes have been established by ARP. These are collectively called the ‘ARP Programmes’. Wales is a signatory to these programmes through signed memoranda of understanding (MoU) with the

Home Office (Nov 2016) and ARP (October 2018). When combined these programmes will replace the full scope of the current end to end Airwave service with ESMCP. They comprise of the following key programmes:

- Control Room Solutions (CRS) programme - CRS is replacing the current control room communications systems by moving to a new UK national solution.
- Mobile Data and Vehicle Solutions (MDVS) programme - MDVS is delivering new mobile devices for voice and data communications.
- Emergency Services Network (ESN) programme – ESN is delivering a new voice and broadband mobile data communications network for the three emergency services.

The scope of the ARP Programmes is to replace and improve the current service provided under the Airwave contract. This includes the replacement of the control room solution, the National Mobilisation Application and all the handheld and in-vehicle devices. This does not include the mobile network bearer, as that will be delivered via the ESMCP. However, integration onto the ESN needs to be managed by the ARP Programmes to ensure mission critical communications and interoperability will be maintained throughout the transition.

This approach has been fully endorsed by the ESMCP and ARP Programmes which has been separately confirmed following WAST correspondence with the ARP Programme Director. This phased approach will see early investment in commercial products which are ESMCP compliant. It is anticipated this approach will also help to de-risk future implementation activities whilst allowing WAST to exploit the opportunities associated with the Ambulance Radio Programme (ARP) Mobile Data Vehicle Solutions (MDVS) Phases 2, 3 and 4. The route to market will utilise the ARP programmes public sector negotiated contracts that cover English, Scottish and Welsh Ambulance Services.

The ARP programme comprises 4 main phases with corresponding business cases which will need to be delivered to safely migrate from the existing Airwave solution to the new ESN network. Due to ESMCP programme delays an incremental approach has been followed with Wales's current delivery position progressing between Phases 2 and 3. The phases are:

- ARP FBC (Phase 1) set out the case for the CRS programme, implementing a new national communications platform for ambulance control rooms. WAST funding through Welsh Government has been agreed by a CRS business case and work is progressing at a UK and Welsh level on control room upgrades.
- ARP FBC (Phase 2) set out the case for the National Mobilisation Application (NMA), implementing a new national application, for the dispatch and tracking of ambulances. It forms part of the MDVS programme. WAST has agreed through the CRS business case that preparatory work has been necessary to commence and further work is progressing in Wales on the NMA rollout. Some of this work in Wales has been funded at risk due to the timing overlaps between the programmes pending approval of this FBC.
- ARP FBC (Phase 3) set out the case for ARP to proceed with an incremental delivery, removing as far as possible dependencies on the delayed Home Office ESN programme. This includes the vehicle hardware to be implemented into ambulances for the delivery of NMA, broadband mobile data and the delivery of CRS connected to Airwave (though the CRS project) ahead of the delivery of ESN. WAST is now seeking funding through this FBC to start the initial phase of the MDVS programme for MDT vehicle hardware installation.

- ARP FBC (Phase 4) seeks approval for the remaining elements needed to commence the roll out of equipment and services to enable the transition from Airwave to ESN, specifically the remaining elements of the MDVS programme. It also covers the Service Partner which provides a more scalable approach based on industry standards for the support of the ongoing ARP services and an option to accelerate the eventual rollout of ESN. WAST, EMRTS and Wales Air Ambulance (WAA), together with their partner organisations will seek to develop and submit to their funding bodies future business cases to cover the scope of work and investment required for the remaining phases to be able to transition to ESN.

The table below shows the phased delivery of the ARP products to fulfil connectivity across to ESN.

Table 1 – ARP delivery by business case phase (Wales current delivery is between Phases 2 & 3)

Status Quo	Control Room Airwave	Network Airwave	Radio Terminals Airwave	
			Mobile Data Terminals Airwave	
ARP FBC (Phase 1)	Control Room ARP - Frequentis	Network Airwave	Radio Terminals Airwave	
			Mobile Data Terminals Airwave	
ARP FBC (Phase 2)	Control Room ARP - Frequentis	Network Airwave	Radio Terminals Airwave	
			MDT Hardware Airwave	MDT Software ARP - Terrafix
ARP FBC (Phase 3)	Control Room ARP - Frequentis	Voice Network Airwave	Radio Terminals Airwave	
		Data Network ESN	MDT Hardware ARP	MDT Software ARP - Terrafix
ARP FBC (Phase 4)	Control Room ARP - Frequentis	Voice Network ESN	Hand Held Devices ARP	
		Data Network ESN	MDT Hardware ARP	MDT Software ARP - Terrafix

Key: Items in blue highlight existing Airwave communications whilst the green items highlight the ESN phases required to replace and transition across to the new ESN solution.

### Impact of ESN Delays and Opportunities to Accelerate Deployment

ESN is covered by a separate Home Office produced ESMCP FBC, this is called the ESMCP Programme Business Case (FBC). ESMCPs FBC was presented to the governments Major Programme Review Group (MPRG) on 30th October 2020. The output of the review, on 23rd November 2020, was that the delivery and in particular mobilisation plans for ESN were not complete and were therefore not valid. ESMCP were instructed to continue and return to the MPRG on 23rd July 2021 with an updated version of their case containing viable and realistic plans. Although the MPRG approved the FBC subject to conditions then a further progress review will take place around September to assess progress. The Welsh and Scottish Governments, together with their user organisations are not yet in a position to approve the business case and continue to work with the programme to seek the technical, operational and financial assurances required.

The ESMCP programme is currently reporting a delay of 7 years to transition from Airwave over to ESN. ARP has since drafted its latest FBC (Phase 4) for Department of Health approvals. At



the time of submission of ARP FBC (Phase 4), this case does not include the costs of a long-term extension of Airwave as the negotiation and agreement of the commercial terms for the extension are being explored and led by the Home Office. The costs of any extension will be reflected in the updated ESMCP business case.

The ARP FBC (Phase 4) sets out the case for accelerating the rollout of ESN. It proposes funding the provision of additional resources for each ambulance trust in England (not Wales) to help accelerate the implementation by increasing the pace of change. ARP are proposing the additional costs to accelerate deployment can be recovered by a reduction in the duration and costs of any extensions to the use of Airwave. Their proposal has the added benefit of increasing ambulance fleet once the installation process is complete.

Wales will await the outcome of the DHSC review of the ESMCP FBC and ARP FBC (Phase 4) during the summer. Considerations of additional UK investment may be required to accelerate deployment and consider any potential benefits of this approach to Wales Ambulance.

### **Impact of Covid-19 Pandemic on the Programmes**

ARP reacted to the Covid-19 pandemic by prioritising the delivery of NMA lite. This saw the rapid roll out of devices to assist an increase in resources to enable a continuation of clinical delivery during the most critical of times. ARP also worked with the National Ambulance Coordination Centre (NACC) to protect the supply chain for Sepura Radio Terminals.

Covid-19 caused a delay of 4 months to the rollout of CRS due to the need for ARP to stop working within ambulance trusts control rooms in order to reduce the risk of virus transmission. This was mitigated by the rapid establishment of a dedicated software testing suite in ARP's Barnsley offices.

ARP had also confirmed that CRS transition for WAST would commence on the 16th June 2021 with completion achieved on the 30th September 2021. This has since been delayed with negotiations have indicated that "service readiness" will be achieved in November 2021 with WAST indicating a preferred deployment period early in 2022. WAST has responded positively to these dates with resources ready to stand up and working to ensure Trust readiness for transition. WAST remains in close contact with the ARP implementation manager to learn from the transition process happening at other Scottish and English Trusts (e.g. SAS and IoW).

Covid-19 has also caused a delay of 4 months to the finalisation of the Vehicle Hardware procurement due to the impact it had on the ability of the preferred bidder to meet the requirements needed to sign the contract. This was mitigated by a move to the reserve bidder, who is now under contract.

### **Strategic Case Update**

The proposed investment has its origins across several government policies and initiatives. There is still the need for change to existing control room provision, mobile device provision and for changes to the applications used for the mobilisation of resources.

Operational Productivity and Performance in Ambulance Trusts: Unwarranted Variations – Lord Carter's review of the ambulance service states that ESN and its provision of secure and resilient voice communications and broadband data service. It states that ESN provides the capability to radically transform the way that patient care is delivered in the long term. It also recommends an outline ambulance control centre model, based on national integrated infrastructure. The delivery of both CRS and MDVS use this model.

The provision of LTE broadband data through the new ESN network will be the enabler which will permit access to key patient records, ability for remote diagnosis and video streaming from the scene to the receiving hospital.

The introduction of the new ESN with its broadband capability will enable interoperability within the wider NHS and allow for future innovation in the way clinicians work in a mobile environment, which can also support efficient cross-referral where appropriate.

There is a clear strategic alignment with the Welsh Governments 'A Healthier Wales', 'All Wales Digital Services for the Patient and Public' and WAST 'Delivering Excellence: Our Vision for 2030' which sets out the Government and WAST aims to utilise information technology to improve health and care services. A key policy requirement is to access key data, information and knowledge availability (real-time) to care professionals. This real time information is fundamental to enable the Ambulance Trusts' transformation towards 'hear and treat', and 'see and treat' when required.

The ARP Programmes will deliver the replacement end-to-end solution currently provided by Airwave, which will enable the connectivity of equipment and applications through the ESN. This will be an enabler for an integrated approach for urgent care provision. ARP Programmes will enable Ambulance Trusts to utilise these capabilities, with the potential for remote diagnosis and video streaming.

The ARP programmes will also act as a key enabler to Wales for the provision of mobile data-based capabilities that will support the provision of more care delivered in the most appropriate setting.

The high levels of coverage and availability provided by the ESN will mean that access to the Wales Clinical Portal can be provided in a greater number of locations and is less likely to fail due to poor connectivity, therefore increasing the number of patients whose care can be improved.

The ARP Programmes have also included requirements for Multi Agency Incident Sharing (MAIT) interface standards, which has been originally developed and championed in Wales to ensure that Emergency Service systems are interoperable. MDVS will also ensure requirements are captured from the Overt National Asset Tracking (ONAT) project which will enable Emergency Services to see each other's resources/assets (vehicles and devices) on a map.

The Department of Transport has also been working with the Emergency Services to ensure any distraction of responding drivers maintains compliance with 'The Road Vehicles (Construction and Use) Regulations 1986'. The Ambulance Radio Programme has designed the National Mobilisation Application (NMA) to meet these requirements and minimise driver distraction.

### **Economic Case Update**

Since the WAST MDVS OBC addendum there are no changes in this FBC to the overall objectives and aims of the ARP Programmes. However, further significant delays have been announced by the Home Office's Emergency Services Network (ESN) in relation to some of their deliverables.

The Economic Case covers the preparatory work required under the Control Rooms Solutions (CRS) business case (Welsh Government approved) and notably the National Mobilisation Application (NMA) which is required as a foundation phase of the MDVS Programme. ARP following the approval of their two separate OBC's, sought agreement that for the purposes of the ARP FBC (Phase 4), that the two programmes would be presented as one combined investment for approval. To highlight that Wales has not followed this merged investment approach as it is a distinct Government with its own powers and financial responsibilities for

Health and Social Care in Wales. Wales approach is to seek approval on a phased and iterative business case development approach. It is envisaged this approach will provide a sounder basis for investment decisions as the UK programmes mature and provide greater certainty. ARP has made considerable progress over the preceding years and can now provide greater certainty and assurance for the procurements, commercials, financials and delivery plans that are captured within this FBC.

Costs that were estimated as part of the ARP FBC (Phase 3) have now been updated for the following MDVS in-scope procurements and provide greater financial clarity for Wales for the purpose of this investment. The scope of this initial investment is for the following:

- Mobilisation Application (MP1)
- Central Back Office Hardware (MP2)
- Vehicle Hardware (MP5) (initial order)
- Delay Mitigations Costs
- Contingency
- Vehicle Hardware (MP5) (Refreshes)
- ESN Connection & Usage Costs
- Authority Operating costs (FY25-32)
- WAST Operating costs

Since the submission and approval of the ARP FBC (Phase 3) by DHSC in September 2019, further significant delays have been announced by the Home Office's ESN Programme. The WAST MDVS OBC Addendum has also sought to capture these delays and to update the position during 2020. These delays are in relation to the full delivery of ESN voice services which are required to enable Ambulance Trusts to transition off Airwave. The current base case for ESN installation assumes on average, three vehicle installations per Trust per day and would see the installation completed over a 12 month window for each Trust. At peak, 8 Trusts will be transitioning in parallel. ARP has proposed a series of ESN acceleration options to deliver the benefits of an earlier end service date for Airwave and minimise additional costs ahead of the full rollout of ESN. ARP and DHSC will need to look to transfer financial consequence of the Home Office further delaying the mobilisation of the ESN. Any potential acceleration of activities and potential funding impacts on Wales will need to be considered further, when the position is clearer, but are currently not part of this funding request.

### **Commercial Case Update**

ARP has made considerable commercial progress with the procurements approved in the ARP FBC (Phase 3) and has set out the remaining procurements required to complete the transition to ESN in the development during ARP FBC (Phase 4). These developments have been included in this business case.

Most notably for the Welsh investment then significant procurements undertaken by ARP have now been completed and are detailed below:

- Vehicle Hardware (MP5): Signed in August 2020 with Terrafix as main contractor. Contract value of £23m via Ambulance Trusts and up to £100m (depending on adoption by optional Service Recipients).

- Field Services (CP8b): Currently in the process of contract finalisation, this process has so far resulted in the selection of Telent as preferred bidder. Contract signature for a contract worth approx. £20m and up to £100m (depending on adoption by optional Service Recipients).
- Service Partner (CP8a): Two initial elements of the Service Partner scope of work were approved by the ARP Programme Board. The board also approved ARP to carry out the procurement of the End-to-End Service Partner, which have been executed via a CPN (Competitive Procedure with Negotiation), which recently completed its ISIT Evaluation stage (October 2020).

To highlight that Wales will require further and additional business cases (apart from CP8a) to seek investment for the following procurement activities covered in ARP FBC (Phase 4):

- Service Partner (CP8a): Completion of the end-to-end partner procurement process started in FBC3.
- Non-Vehicle Devices (MP3 - Handheld): ARP will procure a new handheld solution for all Trusts within the Ambulance Service and will commit to a minimum order quantity of 15,000 devices. ARP have identified a 24-month transition period for the 11 English Trusts to transition from Airwave to ESN incrementally and will draw down the procured solution in line with this timetable. WAST will determine which offers the best option based on cost/and suitability.
- Air to Ground (MP4 - Kit & Installation): Call off of equipment (from Home Office Framework) and procurement of related installation services for the Air Ambulance Fleet (up to 32 helicopters + 8 relief helicopters). The commercial model for this work includes an anticipated grant mechanism to enable Air Ambulance charities to implement with their contracted Maintenance, Repair and Overhaul (MRO) vendors.

### Financial Case Update

There will be no change to the overall aims and objectives of the ARP Programmes and ARP has reviewed the previous decision to implement an incremental solution in light of delays to the ESMCP Programme and continues to consider this the most appropriate route. This approach has been endorsed by the Welsh Government and WAST as pragmatic to mitigate wider delays and to help alleviate bottlenecks of activities whilst still managing business-as-usual operational activities especially during a global pandemic.

This section sets out the total WAST capital and resource funding requirements for the investment from the Period 1st April 2021 (FY22) – 31st March 2032 (FY32).

Table 2 - Summary of WAST funding requirements (highlighted) for this FBC:

Wales MDVS Programme FBC Cost Model <u>v1.3 (LATEST)</u>	
SUMMARY COSTS	
FBC Model	£'000
Capital	
MDVS	Wales
MP1: Mobilisation Application	612
MP2: Central Back Office Hardware	68
MP3: Vehicle Devices & Fitting	5,483

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MP4: Air to Ground devices	1,220
<b>MP5: Vehicle hardware goods &amp; services (Incremental Solution)</b>	<b>7,495</b>
ESN Connection & Usage Costs	-
<b>Capital OB Uplift</b>	<b>318</b>
<b>TOTAL MDVS CAPITAL</b>	<b>15,196</b>
<b>Revenue</b>	
<b>MP1: Mobilisation Application</b>	<b>422</b>
<b>MP2: Central Back Office Hardware</b>	<b>12</b>
MP3: Vehicle Devices & Fitting	2,794
MP4: Air to Ground devices	442
<b>MP5: Vehicle hardware goods &amp; services (Incremental Solution)</b>	<b>4,519</b>
ESN Connection & Usage Costs	3,402
Delay mitigation costs	403
Authority Operating Costs	5,043
Revenue OB Uplift	99
Revenue Contingency	500
<b>TOTAL MDVS REVENUE</b>	<b>17,636</b>
<b>COMBINED TOTAL MDVS CAPITAL + REVENUE</b>	<b>32,832</b>
<b>Depreciation</b>	<b>10,600</b>
<b>Total</b>	<b>43,432</b>

### Cost Movements Update

Cost movements since WAST MDVS OBC addendum and ARP FBC (Phase 3 and 4) have been refreshed in line with the updated base date of 2020/21.

DHSC has contracted with Airwave to extend all elements of its service up to the end of December 2022. Further extensions of the Airwave network will be required (Lot 1 of the existing Airwave contract) until the transition to the new Emergency Services Network (ESN) is complete. The previous extension of Airwave runs to December 2022 but the current ESN assumption is that a national shutdown of Airwave will be completed in November 2024 but has now slipped to 2026. The ASL extension has now been baselined to 2026 in the latest ESMCP FBC v09(f). The DHSC will not need to extend all of the other elements of the service (Lots 2 to 4 of the existing Airwave contract) once a suitable replacement has been put in place. Approval for costs related to the extension of Airwave will be sought via the refreshed ESMCP Programme Full Business Case.

A detailed explanation for the ARP cost movements is set out below that impact on the WAST investment:

National Mobilisation Application (MP1) – there has been a total (national) cost reduction of £0.8m across CDEL and RDEL because of the shift to the right of the National Service Readiness

Milestone, which has resulted in less support costs over the life of the programme. Wales Costs are now £1.034m.

Central Back Office Hardware (MP2) – there has been a total (national) cost reduction of £0.5m across CDEL and RDEL compared to FBC (Phase 3). All the hardware has been purchased and FBC (Phase 4) now reflects the actual costs incurred as well as refreshes based on these costs. Wales Costs are now £80k.

Vehicle Hardware (MP5) – the (national) costs have increased by £4.4m in CDEL and a further £15.7m in RDEL. This is driven by the MP5 costs now reflecting the actual costs set out in the Vehicle Hardware contract following the procurement exercise undertaken in 2019/20. Additionally, the decision taken to capture only Non-Vehicle devices costs within MP3 has resulted in moving the refresh costs for Vehicle Hardware and Vehicle fitting which were previously reported within MP3 in FBC (Phase 3) to MP5 in FBC (Phase 4). Wales Costs are now £12.014m

ESN Data Connections - these national costs have been adjusted to reflect the number of Vehicle Hardware Devices included within the MP5 Vehicle Hardware procurement resulting in a decrease of c. £6.6m. Wales Costs are now £3.402m

Authority & WAST Operating Costs (FY21-32) – these have been refreshed since the FBC (Phase 3) submission to reflect the most up to date staffing requirements. This has led to a minimal national increase in real terms of £0.1m. Authority & WAST Operating costs are produced by the ARP and WAST team with a large proportion relating to the additional staff required to deliver a disaggregated solution. Wales Costs are now £5.043m.

Delay Mitigation costs – this was a new cost category at ARP FBC (Phase 3) and highlighted in the WAST OBC Addendum which detailed a series of costs that ARP are incurring because of the ESN delays. There has been a small decrease of £1.1m compared to FBC (Phase 3) due to the need for Dispatch Communications Server Implementation. Wales Costs are now £0.403m. The delay mitigation costs include:

- Extension of Airwave terminals
- Interim control room trust moves
- Additional ESN Testing
- ESN Control Room Training
- Test & Integration environment hosting

Service Desk Support (CP8a) – this has now been split into two areas:

Service Desk – costs have fallen from £6.6m at FBC (Phase 3) to £2.4m. This is driven by the Service Partner replacing the Service Desk from FY22.

Service Partner – this replaces the Service Desk from FY2022, for which the procurement is currently on-going. The costs are based on the preferred bidders resulting in a total cost increase of c £29.2m which is due to the change in the overall scope of the Service Desk.

Field Support Services (CP8b) - costs are based on the contract entered into with the Field Support Services supplier following a competitive tender process. This has led to a decrease of c. £7.3m from the FBC (Phase 3 Submission) at a high level, the following cost categories are included:

- Milestone Payments



- Operational Services (excluding installations)
- Optional Services
- Abortive Visits
- Redundancy Costs

ESN Acceleration - this is a new ARP cost category in order to support the acceleration of the installation of ESN devices. This is currently out of scope for Wales and not part of this funding request but may be considered as an addendum (if applicable) or as part of a later ESN switchover business case.

Contingency costs - During the development of the ARP FBC (Phase 3) the contingency was quantified at a series of workshops in May 2018 and contingency for ARP FBC (Phase 4) was quantified at a series of workshops during the development of the FBC (Phase 4) in November 2020. Contingency within this Business Case is only for MDVS procurements and does not include contingency for changes to ESN. Contingency costs will be apportioned to Wales as a pro-rata percentage costs are £0.500m.

Quantified risk – ARP has identified risk in their FBC (Phase 4) as £4.3m which represents circa 2.8% of the total funding request for FBC (Phase 4). ARP acknowledges that this is a low contingency, however, the FBC (Phase 4) submission also includes £0.8m Capital Optimism Bias and £3.3m Revenue Optimism Bias. ARP considers this to be a sufficient contingency pot (£8.8m) when taken in totality. ARP has re-profiled any un-used contingency which was funded in FBC (Phase 1), FBC (Phase 2) or FBC (Phase 3) into future years to reflect the delays to the transition to ESN. Wales is assured that this cumulative contingency sum is adequate so long as there are no further delays to the ESMCP programme.

Optimism Bias – this refers to the known tendency for the costs of projects to be underestimated, particularly in the early stages of developing and costing projects (e.g. SOC and OBC). The adjustment for optimism bias is a requirement of DHSC and HM Treasury to make explicit, upward adjustments to costs to counteract this known tendency. The guidance states that at FBC stage (i.e. this business case) the level of remaining optimism bias after mitigation should be very low or zero.

Best value for money – ARP has undertaken best value for money analysis which collates the costs (after application of the optimism bias uplift), benefits and risks in order to present all of the information needed to determine the relative Value for Money of these programmes. Further, the sensitivity testing undertaken by ARP confirms the current disaggregated delivery approach is not highly sensitive to cost increases or failure to deliver expected benefits. The current approach is therefore selected as the best Value for Money option.

Inflation – Staff inflation of 3.00% is based on the experience of the ARP Management team and reflects the nature of the roles. The ARP programme roles will be filled by a mixture of NHS employees and specialist contractors.

- Hosting inflation is assumed to stay constant for 5 years as costs are based on inputs from the completed Crown Hosting Services procurement, and then will be inflated by 3% every 5 years.
- Vehicle Hardware – No Inflation relates to costs within the Vehicle Hardware Contract which have no inflation applied over the life of the Contract. This relates to Milestone Payments only.

- Vehicle Hardware – RPI/Telecoms relates to costs within the Vehicle Hardware Contract which have no inflation applied over the first three contract years (FY21-FY24) and then either RPI or Telecoms inflation thereafter. For the purposes of the Vehicle Hardware Contract, both RPI and Telecoms indices are assumed to be 2.50% per annum. This approach applies to all Vehicle Hardware costs with the exception of Milestone Payments.

VAT treatment - ARP were advised by the Home Office ESMCP VAT Specialist Team (called the Change of Excellence Team (CoE) on 1st June 2017 of the following:

- HMRC agree that VAT will be recoverable on all elements of the ARP Programmes procurements.
- Furthermore, for any charges that are levied on Ambulance Trusts will have VAT applied but Trusts will be able to reclaim this as they are section 41 bodies for VAT purposes and can only recover the VAT charged by the Department of Health and Social Care on the provision of this service if it falls under one of the Contracted-Out Services (COS) reliefs.

### Management Case Update

The management case sets out how ARP will deliver the CRS, MDVS and ESN programmes on behalf of the English, Scottish and Welsh NHS Ambulance Trusts.

The ARP and ESMCP programmes are to a large extent mutually dependant, although ARP and the ESMCP programme need to be fully delivered to realise all the benefits in transitioning from Airwave to ESN.

The figure below depicts the structure for the ARP Programme Board and the key stakeholder groups. The board structure is responsible for all ARP Programmes and the delivery of ESN to ambulance trusts and includes representatives from English, Scottish and Welsh ambulance trusts. The Home Office is responsible for the delivery of ESN and due to the mutual dependency of the programmes, representatives from the Home Office, ARP and Devolved Administrations are a key part of the governance arrangements for both programmes.

Figure 1 – ARP Stakeholders



ARP is made up of several teams each of which are briefly described below:

Programme Team – is made up of Programme Managers, Project Managers and a Programme Management office (PMO) and is responsible for the central delivery of the ARP programmes.

Implementation Team – is made up of regionally based Implementation Managers who are responsible for the local delivery of the ARP Programmes. Each Trust is assigned an

Implementation Manager who works in partnership with the Trust Project Manager. Further details of WAST Trust responsibilities to deploy the MDVS programme are included in the management case section. This approach has been used previously under the CRS programme implementation.

Service Management Team – is responsible for the ongoing delivery of all live services and for ensuring a viable and effective implementation of the service management needed for the ARP Programmes. The team consists of the following:

Regional Service Team – are assigned to trusts and act as their primary point of contact for live ARP service.

Central Service Team – is responsible for the processes that underpin the delivery of effective service management.

Service Implementation Team – is responsible for implementing the service wrap on the various releases of the ARP programmes.

User Assurance Team – Represent ambulance trust operations within ARP. Responsible for capturing user requirements and ensuring that they are delivered. The User Assurance Managers (UAM) work with the Trusts in evaluation of the programme's success in achieving the proposed end benefits.

Technical Team – ensure the technical aspects of the proposed solutions meets the wider requirements of ARP.

Procurement and Commercial Team – responsible for the procurement of the goods and services required for the delivery of the ARP Programmes and for the commercial management of ARP's suppliers. The team works closely with and are accountable to the DHSC commercial directorate.

Director Support Function – provides support to the ARP Director in the delivery of the programme by supporting the growing team, creating robust governance procedures, links in with the DHSC and acts as the main link between the ARP team and its host Trust.

The team work closely with its suppliers and will continue to develop relationships with suppliers to support the delivery of the programme. Additional specialist groups will be established at the appropriate time to cover areas such as fleet migration, device configuration and interoperability.

The ARP programmes will adopt government best practice by utilising the most appropriate methodology. This includes Managing Successful Programmes (MSP), Projects in controlled environments (PRINCE2) and agile project management. MSP focuses on the direction and delivery of the overall strategy; PRINCE2 focuses on the day-to-day management and specific product delivery; whilst Agile project management focuses on continuous improvement, scope, flexibility and delivering essential quality products. ARP have liaised with Government Digital Services (GDS) and agreed on an approach to utilise Agile where appropriate.

Risks – A Risk Management Strategy has been produced. The strategy explains the ARP approach and management of risks across all programmes / projects within its remit. The strategy is aligned to the South West Ambulance Service NHS Foundation Trust risk management strategy and takes into consideration the home office approach to risk management.

ARP has established a change control board (CCB) which governs and ensures that the appropriate process is applied for all changes to the programme baseline regarding quality, scope, schedule, cost and / or benefits.

To date, there has been five gateway reviews of ARP. The most recent review (May 2019) resulted in an Amber outcome. The next gateway review is anticipated for financial Q4 2021.

### ARP Programme Deployment Status

ARP has continued to deliver the 4 main phases to transition from Airwave to ESN communications products in an incremental manner. The aim is to reduce the costs of Airwave extension by replacing some of the ambulance elements of the end to end solution. It is envisaged this approach and momentum will enable the delivery of some significant benefits ahead of the delayed and full ESN rollout.

Table 3 – ARP deployment status (RAG status to highlight progress)

Prog.	Product	Status	Description
Control Room Solutions	CRS Release 1	Trust deployment between April 2021 and July 2022	CRS connected to Airwave via Trust control rooms (CCI ports)
	CRS Release 2	Trust deployment between January 2022 and December 2022	New connection to Airwave for CRS, via the ARP Data Centres. Required as legacy connections (CCI ports) are end of life from end of 2022
	CRS Release 3	Trust deployment between July 2022 and June 2023	Connection of CRS to ESN, dependant on Home Office delivery of CRS/ESN interface
Mobile Data and Vehicle Solutions	NMA Release 1	Live from 08/19 (858 devices)	National Mobilisation Application (NMA) on a mobile phone via Terrafix Data Centres, primarily used by responders who do not have access to a mobile data terminal such as community first responders and ambulance officers
	NMA Release 2	Live from 02/20 (539 device)	NMA on a mobile phone via ARP Data Centres
	NMA Release 3	September 2021	NMA in front line resource, primarily ambulances and response vehicles
	NMA Release 4	April 2023	NMA alongside ESN voice, dependant on delivery of ESN voice. Includes deployment of ESN voice application and NMA onto new handheld device.
Emergency Network Services	ESN Assure 1.0	Live	Coverage validation tool
	ESN Assure 1.1	Live from Feb 2020	Coverage validation tool
	ESN Assure 2.0	April 2021	Coverage validation tool
	ESN Beta	October 2021	Pre-production version of ESN for trials
	ESN 1.0	April 2023	ESN voice and data
ARP Infrastructure		Live from September 2020	Delivery of all shared infrastructure supporting ARP Programmes in both the ARP Data Centres and ambulance trust sites
ARP Service Release 1		Live from 06/20	ARP Service to support ARP Programmes based on an expansion of the Airwave Service Desk

ARP Service Release 2	Planned go live 12/21	ARP Service to support ARP Programmes based on the Service Partner
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## SUMMARY

### Context

This is a very complex and costly programme which has required a phased approach to mitigate ESMCP programme delays. Wales through the Joint Emergency Services Group (JESG) has undertaken independent research which confirmed there is no other alternative to the UK ESMCP approach to deliver mission critical communications for the blue-light services. This document follows the WAST MDVS Outline Business Case addendum as defined under the overarching ESMCP and ARP programmes, for which there are separate business cases and procurement phases. By way of background then this case may be read in conjunction with the following:

- ESMCP Programme Detailed Full Business Case v8 (e) dated 21st October 2020 / v9(d) 19<sup>th</sup> March 2021
- ARP Programme Full Business Case (FBC) Phase 1 and 2
- ARP Programme Full Business Case (FBC) Phase 3 Final v1.2 dated 27<sup>th</sup> November 2018
- ARP Programme Full Business Case (FBC) Phase 4 Draft v0.12 dated 21<sup>st</sup> January 2021
- WAST Control Room Solution (CRS) Business Case approved by Welsh Government in January 2018.
- WAST MDVS Programme Outline Business Case v4 dated March 2018
- WAST MDVS Programme Outline Business Case Addendum v1.5 dated 9<sup>th</sup> November 2020
- WAST Disruptive Excellence Digital Strategy dated November 2020
- ARP FBC v1.2 Cost Model v4 reference Wales MDVS Programme dated 7<sup>th</sup> December 2018 (superseded)
- ARP FBC v1.2 Cost Model v5 reference Wales MDVS Programme dated 15<sup>th</sup> June 2020 (superseded)
- ARP FBC v1.2 Cost Model v6 reference Wales MDVS Programme dated 20<sup>th</sup> July 2020 (superseded)
- ARP FBC v1.2 Cost Model v7 reference Wales MDVS Programme dated 25<sup>th</sup> August 2020 (superseded)
- ARP FBC v1.2 Cost Model v8.2 reference Wales MDVS Programme dated 19<sup>th</sup> October 2020 (superseded)
- ARP FBC v4.1 version 0.5 dated 16<sup>th</sup> July 2021 and Wales Cost Model v1.3 dated 11<sup>th</sup> August 2021
- ARP Project Plan roadmap version April 2021 (based on contract schedule 6.1) and Milestone 6 –Trust Rollout (Hardware Bundles)

### Key Messages

The strategic, economic, financial, commercial and management cases have been updated to reflect the updated position. No material changes have been made to the strategic case, as there is no other viable option, other than consideration of how to mitigate delays and accelerate ESN deployment.

This case is drafted on the basis to mitigate delays and remains valid.

The ESMCP Independent Assurance Panel's review of ESN's strategy on behalf of the IPA has concluded that the overarching ESN delivery plan is the right approach for replacing Airwave.

There is no other technical or financially viable alternative available to UK than a commercial mobile network with a MCPTT functional device and application set - with TETRA, the technology underlying Airwave, likely to become unsupportable from around 2030.

The commercial case reflects the latest procurement position with respect to ARP negotiated framework contract position, award and contract milestones. As contracts have now been awarded then there is assurance over suppliers, costs and terms.

The key enabler is that MDVS (Mobile Data Terminal Vehicle Hardware and Mobilisation Software) are being built by ARP to work ahead of ESN using Airwave. When ESN becomes available (critical voice hardware and coverage) and users have confidence in the safety and operational capability of the solution then the remaining MDVS equipment will be sought in order to complete transition thus enabling Airwave Shut Down (ASD). Taking account of the last and latest iterations of the ESMCP FBC v8 (e) / FBC v9 (d) / FBC v9 (f) which sets out an incremental delivery of ESN, with a risk based expected ASD of 2026. The base case of Airwave shut down for this option is November 2024. However, WAST through the OCP programme is keen to ensure that it is well positioned if a more aggressive timescale is feasible and pursued by ESMCP / ARP. This disaggregated two phased approach would mitigate wider risks of an overly ambitious central ESMCP programme. It is important to note that the CRS and MDVS are enablers which are able to proceed independently (to a point) to that of the ESMCP programme.

This FBC sets out the updated and revised approach from the WAST MDVS OBC (Version 4) addendum to deliver up to date ESN compliant MDT vehicle hardware and software with the deployment to complete over a 12 month period. WAST would seek to commence mobilisation no later than April 2022. This timeline has been agreed with ARP now the contract has been awarded for MP5 (Vehicle hardware). This approach is intended to mitigate wider ESMCP programme delays by refreshing existing non-compatible ESN end of life Mobile Data Terminals (MDTs) vehicle hardware ensuring WAST is well placed to transition to ESN products once available. The approach further helps mitigate against the overarching ESMCP programme by de-risking operational rollout pressures should the ESMCP be truncated.

This FBC identifies the need to adopt a pragmatic investment approach in Wales set against the remaining 10 years (to 2031/32) MDVS cost profile determined by ESMCP and ARP. It is worth highlighting at this point that the ESMCP programme lifecycle is to 2036/37 (possibly 2044) and there may well be a requirement for the ARP programme to re-procure, which may well increase the overall costs required. This would be subject to a separate business case.

This FBC seeks to de-couple key operational modules for MDT ESN compliant devices and software [ref: ARP MDVS Programme Phase 2 and 3 work packages (MP1, MP2 and MP5)] to be implemented in readiness for the ESN switchover. This approach will help de-risk further ESMCP programme timeline delays within Wales.

This FBC details work that is in scope (e.g. MDT vehicle hardware rollout and ESN devices switchover) and has been prepared by the WAST OCP Team for consideration, review and decision within the pre-determined governance process. The MDT devices scope of works is detailed in this full business case(s) to illustrate the work packages under references MP1, MP2 and MP5 and implementation timelines under the ARP Programme Phase 2/3, table below illustrates the in-scope products within the respective business cases.

This FBC illustrates the changes within the latest cost model (Version 1.3) at total programme costs of £49.6m (excluding VAT and Depreciation), with an increase of approximately £9.1m in total costs (excluding VAT) based on the WAST MDVS Outline Business Case (2018). The increase in costs can be attributed to three broad reasons, firstly uncertainty in the technical capability of ESN has led the Trust to take an overly pessimistic view though one which remains aligned to a like-for-like capability, a re-profiled baseline which indicates a delta between the device



requirement set out in the 2018 MDVS OBC and greater certainty around the ARP and WAST operating and contract costs. The total costs required from in-scope activities MP1 (mobilisation application), MP2 (central back office hardware) and MP5 (vehicle hardware and software incremental solution) are £8.5m capital and revenue of £14.4m (excluding VAT and depreciation costs). The MDT Vehicle and Logical Architecture diagrams at Appendix 1 and 2 illustrates the in-scope elements and highlights the scope of proposed investment costs required to deliver the MDT vehicle hardware modules. To highlight and note the following MDVS work packages listed in the tables below: MP3 (ESN Devices and Installation), MP4 (Air2Ground) are currently out of scope until there is further clarity from the ESMCP programmes and formal agreement for the next version of the ARP FBC (Phase 4) as to ESN transition. It is intended to produce separate FBC for Wales highlighting ESN switchover funding requirements.

The full cost details using the latest assumptions of all in-scope activities are highlighted in table 1 below (yellow) and compared from the original cost model v1 and the previous cost update v8.2 from the ARP FBC v1.2. The latest costs are based on ARP FBC v4.1 version 0.5 dated 16th July 2021 and Wales Cost Model v1.3 dated 11th August 2021.

Table 4 – Comparison table to illustrate original vs latest costs models

Wales MDVS Programme OBC v4 [Cost Model v1] (Original Now Superseded)		Wales MDVS Programme FBC Cost Model v1.3 (LATEST)	
SUMMARY COSTS		SUMMARY COSTS	
FBC Model		FBC Model	
Capital	Cost £'000	Capital	Cost £'000
MDVS	Wales	MDVS	Wales
MP1: Mobilisation Application	250	MP1: Mobilisation Application	612
MP2: Central Back Office Hardware	218	MP2: Central Back Office Hardware	68
MP3: Vehicle Devices & Fitting	10,891	MP3: Vehicle Devices & Fitting	5,483
MP4: Air to Ground devices	555	MP4: Air to Ground devices	1,220
MP5: Vehicle hardware goods & services (Incremental Solution)	-	MP5: Vehicle hardware goods & services (Incremental Solution)	7,495
ESN Connection & Usage Costs	-	ESN Connection & Usage Costs	-
Trust Operating Costs	-	Trust Operating Costs	-
Capital OB Uplift	2,358	Capital OB Uplift	318
<b>TOTAL MDVS CAPITAL</b>	<b>14,272</b>	<b>TOTAL MDVS CAPITAL</b>	<b>15,196</b>

*Welsh Ambulance Services Trust*  
*Mobile Data Vehicle Solutions ESMCP Implementation*

Full Business Case

Date: 23 September 2021

Revenue	Cost £'000	Revenue	Cost £'000
MP1: Mobilisation Application	492	MP1: Mobilisation Application	422
MP2: Central Back Office Hardware	-	MP2: Central Back Office Hardware	12
MP3: Vehicle Devices & Fitting	850	MP3: Vehicle Devices & Fitting	2,794
MP4: Air to Ground devices	1,265	MP4: Air to Ground devices	442
MP5: Vehicle hardware goods & services (Incremental Solution)	-	MP5: Vehicle hardware goods & services (Incremental Solution)	4,519
ESN Connection Costs	3,112	ESN Connection & Usage Costs	3,402
Trust Operating Costs	-	Delay Mitigation Costs	403
Authority Operating Costs	-	Authority Operating Costs	5,043
Revenue OB Uplift	411	Revenue OB Uplift	99
Revenue Contingency	167	Revenue Contingency	500
<b>TOTAL MDVS REVENUE</b>	<b>6,297</b>	<b>TOTAL MDVS REVENUE</b>	<b>17,636</b>

<b>COMBINED TOTAL MDVS CAPITAL + REVENUE</b>	<b>20,569</b>	<b>COMBINED TOTAL MDVS CAPITAL + REVENUE</b>	<b>32,832</b>
<b>Depreciation</b>	<b>13,751</b>	<b>Depreciation</b>	<b>10,600</b>
<b>Total</b>	<b>34,320</b>	<b>Total</b>	<b>43,432</b>

A detailed summary explanation of the cost movements are set out below:

### Capital

- MP 1 – Mobilisation Application. These costs have increased by £362k to reflect the most up to date cost information available from ARP.
- MP 2 – Central and Back Office Hardware. These costs have reduced by £150k to reflect the most up to date cost information available from ARP.
- MP 3 – Vehicle Devices and Fitting (£5.483m). These costs reflect the need for an ESN fixed vehicle radio solution aligned to the current fleet profile which has increased in number since the 2018 OBC by 82 devices. Furthermore, no coverage gateway devices were factored into the original OBC. Given the extent of geographical coverage and high proportion of Extended Area Services within Wales WAST has determined that like-for-like equivalence to current Gateway capabilities will be required resulting in additional 485 devices, installation and refresh.

- MP 4 Air to Ground - These costs have increased by £665k to reflect the latest cost information available from ESMCP.
- MP 5 Vehicle Hardware / Goods and Services – These costs reflect the disaggregated procurement of vehicle hub and mobile data hardware that were originally factored within MP3 of the 2018 OBC, resulting in costs for vehicle installation and support for 2,250 devices and data connections.
- Capital OB Uplift – results in an overall cost reduction of £2.040m and reflects a greater degree of certainty in the ARP contracts awarded to date.

## **Revenue**

- MP 1 – Mobilisation Application – These costs reflect a reduction of £70k as the contract was awarded to the lower bidder.
- MP 2 – Central Back Office Hardware - This cost (£12k) has been identified because of warranty and support costs not previously included by ARP in the final bid and therefore not reflected in the submitted 2018 OBC submission.
- MP 3 – Vehicle Device and Fitting - Reflects an increased cost of £1.944m and are provided by way of an update based on the latest known ESMCP information and will form the basis for a future funding request.
- MP 4 Air to Ground – These costs have decreased £843k and reflect the latest cost information available from ESMCP.
- MP5 Vehicle Hardware / Good and Services - These costs (£4.519m) reflect the revenue consequence of the disaggregated procurement of vehicle hub and mobile data software that were originally factored within MP3 of the 2018 OBC.
- ESN Connection Costs – These costs reflect an increase in ESN data charges of £290k and reflect the most up to date information available.
- Authority Operating Costs (£5.043m) - Relate to the additional ARP staff required to deliver an extended transition period and include Trust Operating Costs which relate to an unidentified cost in the original OBC and reflect the in-life business as usual operating costs associated with staff training and day to day management of MDVS products.
- Revenue OB Uplift – reflects an overall cost reduction of £312k and reflects a greater degree of certainty in the ARP contracts awarded to date.
- Revenue Contingency – Reflects a cost increase of £333k over the original OBC and is driven by uncertainty in the overall ESN Programme.

## **WAST (ESMCP) Resources Update**

The business case for the WAST resources was agreed by Welsh Ministers in March 2017, however, delays to the national ESMCP Transition Plan required the WAST ESMCP Resources Plan to be extended. The revised Resources Plan was approved in February 2020 securing funding to 2023/2024 so there is currently no WAST programme resources impact identified on the ability to deliver this FBC. Due to the wider ESMCP delays and ASD around 2026, it is likely that WAST resources will be required until at least this time and possibly to around 2029. WAST has confirmation from the ARP programme that there are adequate programme and supplier resources to be able to fulfil implementation commitments in Wales.

To highlight that should ARP adopt a more accelerated deployment timeline to meet with ESMCP ambitions or if there are further delays; then, further confirmation of adequate resources both from a programme and WAST perspective would be required. It is intended the

implementation model for the MDVS – MDT vehicle hardware rollout will follow the same approach as used by the Control Room Solution (CRS) programme.

WAST will allocate a project manager to co-ordinate delivery activities with the ARP programme. WAST will continue to work closely with ARP around the implementation timeline to inform WAST operational planning and minimise impacts on day to day operations. It is anticipated this will provide confidences that the ARP programme can deliver the in-scope activities to cost, time and quality. Wales has recently received an updated project timeline from ARP with a WAST hardware bundle rollout commencing April 2022.

The Control Room Solution (CRS) Business Case was approved by the Welsh Government in January 2018. The implementation of in-scope activities within this addendum to deliver ESN compliant MDVS - MDT vehicle hardware will have no direct dependency on the CRS programme.

It is anticipated that by adopting a pragmatic and phased approach to the MDVS programme implementation will provide as much clarity as possible, given continued uncertainty over the national ESMCP Transition Plan. The focus continues on ESN compliant hardware that will enable operational benefits to be delivered independently of the delayed ESMCP programme and provides the context for this and other FBC. This document provides the requirements and illustrative timelines, whilst recognising the scope and complexity of ESMCP and ARP which has been beset by delay after delay and as such will require continuous scrutiny by the WAST Operational Communications Programme (OCP) Board. Additional assurances in the form of Gateway / PAR reviews undertaken by ARP will provide additional confidence in the MDVS programme to its stakeholders.

## STRATEGIC CASE

### Review of Strategic Case

The overall scope of the ARP Programmes is to replace the Emergency Services (Ambulance) end-to-end services currently provided across the UK by Airwave Solutions Limited (ASL). In order to replace the end-to-end services, the following 3 programmes are required:

- Delivery of the Emergency Services Network (ESN) by the Home Office; ARP are responsible for the delivery of ESN into the English Ambulance Trusts including options to deliver for Scottish and Welsh Ambulance Trusts.
- Control Room Solution (CRS) is responsible for the delivery of the application and equipment used by dispatchers to communicate over the ESN.
- Mobile Data and Vehicle Solution (MDVS) is responsible for the delivery of the National Mobilisation Application and devices capable of communicating over the ESN.

This FBC seeks to deliver Welsh ambulance vehicle hardware ('pre-ESN' formal switchover) as an initial phase under the MDVS programme and is now seeking funding for key items of vehicle hardware utilising the public sector procurements under the ARP framework contracts. This is a pragmatic approach following the delivery strategy that ARP is undertaking due to significant delays announced by the Home Office's ESMCP Programme. ARP has implemented key solutions on an incremental basis as set out in the ARP FBC (Phase 2 and 3). The incremental delivery of the ARP products will ensure that the impact of wider programme delays and continued reliance upon the Airwave network is mitigated as far as possible. WAST has undertaken a qualitative review analysis (QRA) exercise to re-confirm the approach that utilising the ARP negotiated contract framework and managed services still meets with the critical success factors outlined at OBC stage.

### **WAST Mobile Data Vehicle Solution (MDVS) Qualitative Strategic Review Analysis**

An options appraisal was undertaken by ARP on behalf of all the Ambulance Trusts to assess and consider the future provision in line with ESN requirements. WAST has revisited and reviewed the potential procurement options relating to the supply of those devices within scope for Mobile Data Terminals and subsequently the provision of Field Services inclusive of vehicle installation and device maintenance.

WAST for completeness has also considered two further options for the supply of devices namely an "in house" supply or an "ARP" solution though these have been further split based on vehicle role i.e. Emergency Medical Services (EMS) V Non-Emergency Patient Transport Service (NEPTS): -

#### Options for Supply of Vehicle Devices

1. ARP - Supplied devices for WAST Emergency Ambulances (EMS)
2. ARP - Supplied devices for WAST Non-Emergency Ambulances (NEPTS)
3. WAST - Supplied devices for WAST Emergency Ambulances (EMS)
4. WAST - Supplied devices for WAST Emergency Ambulances (EMS)

WAST also considered two options relating to the provision of Field Services which again reflect an "in-house" option verses an "ARP" one based on role: -

5. ARP Field Services
6. WAST Field Services

Each option has been re-assessed at series of workshops held during January 2021 for its individual Strengths, Weaknesses, Opportunities and Threats (SWOT) in the tables below.

### **Option 1. ARP Supplied Devices - EMS (Preferred Option)**

#### **STRENGTHS**

Research and development undertaken by ARP  
Contracts and procurement exercises completed indicating shortest delivery period  
Devices available Sept 2021  
Compatibility and consultation with ESN / ESMCP  
Independently validated and tested devices and software

#### **WEAKNESSES**

Highest cost option  
Limited scope to develop solutions / functionality outside of ARP roadmap  
Dependent on ARP for deployment options and scheduling

#### **OPPORTUNITIES**

Reduced demand on WAST resources that can be utilized in delivering other areas of business  
Single UK ambulance services model  
Quickest route to transition off Airwave

#### **THREATS**

Dependent on ARP resources / delivery for milestones  
Limited contractual leavers to influence ARP thinking  
Welsh Government funding decision may not support cost option  
Dependency on ESMCP

### **Option 2. – ARP Supplied Devices – NEPTS (Preferred Option)**

#### **STRENGTHS**

Research and development undertaken by ARP  
Contracts and procurement exercises completed indicating shortest delivery period  
Devices available Sept 2021  
Compatibility and consultation with ESN / ESMCP  
Independently validated and tested devices

#### **WEAKNESSES**

Highest cost option  
ARP devices scope was not intended for use in NEPTS fleet and therefore exceeds the specification required by NEPTS  
Dependent on ARP for deployment options and scheduling  
ARP devices exceed NEPTS business requirement in terms of ESN compatible devices  
No evidence that Cleric mobilization app will be compatible with ESN.

#### **OPPORTUNITIES**

Reduced demand on WAST resources that can deliver other areas of business  
Quickest route to transition off Airwave

#### **THREATS**

Dependent on ARP resources / delivery for milestones  
Limited contractual leavers to influence ARP thinking  
Welsh Government has indicated that costs will potentially fall to WAST requiring an additional business case if taken out of ESMCP Programme Dependency on ESMCP



### Option 3. WAST Supplied Devices – EMS (Discounted)

#### STRENGTHS

Potentially lower devices costs  
Potentially greater scope to develop devices / software that meets WAST specific operational requirements

#### WEAKNESSES

WAST capacity to undertake research, development and procurement is limited at this time leading to potentially higher overall costs.  
Potential that delays in WAST procurement could lead to not being ready for ESN transition leading to significant delayed costs (c£1.25m/day).  
Long term legacy dependency / BAU requirement leading to higher overall costs  
Greater dependency on WAST resource for deployment options and scheduling

#### OPPORTUNITIES

Ability to segregate critical communications devices between front and rear of the vehicle potentially improving overall vehicle resilience

#### THREATS

Welsh Government funding decision unlikely to support a non-ARP solution

### Option 4. WAST Supplied Devices – NEPTS (Feasible but Discounted)

#### STRENGTHS

WAST retains option to exclude NEPTS devices from ESN transition leading to significant cost saving in terms of device costs and connection charges  
Potentially greater scope to develop devices / software that meets WAST specific operational requirements

#### WEAKNESSES

WAST capacity to undertake research, development and procurement is limited at this time leading to potentially higher overall costs.  
Long term legacy dependency / BAU requirement leading to higher overall costs  
Greater dependency on WAST resource for deployment options and scheduling

#### OPPORTUNITIES

Ability to deliver a be-spoke solution that meets the business needs and future aspirations  
Potential to utilize existing hardware already available to the trust such as iPad/Android Tablets and WiFi

#### THREATS

Welsh Government has indicated that costs will potentially fall to WAST requiring an additional business case if taken out of ESMCP Programme

In addition to the supply of devices there are further options available to WAST with regards to the procurement of Field Support, which again relate to a WAST solution or one provided by ARP. For completeness a third option “outsourced but managed by WAST to a supplier other than ARP” has been included.

### Option 5. ARP Field Support (Preferred Option)

#### STRENGTHS

Procurement exercises completed by ARP indicating shortest delivery period  
Contracts management undertaken by ARP reducing the burden on WAST BAU activity  
Purchasing power of ARP representing the collective UK ambulance sector is likely to realize a better cost return and assurance of market supply at a time when other ES sectors are competing for the limited market resource  
Single end to end solution

#### OPPORTUNITIES

Reduced demand on WAST resources that can be utilized in delivering other areas of business  
Consistent UK ambulance services operating model  
Quickest route to transition off Airwave

#### WEAKNESSES

Highest cost option  
Limited scope to do things outside of ARP scope  
Reduced ability to influence Field Support Services in terms of time and quality  
Dependent on ARP for deployment options and scheduling

#### THREATS

Quality of services may not meet with WAST expectations  
Dependent on ARP resources / delivery for milestones  
Limited contractual leavers to influence ARP  
Welsh Government funding decision for cost option

### Option 6. WAST Field Support Service support and service desk provided through WAST resource whilst vehicle installation services are outsourced (Feasible but Discounted)

#### STRENGTHS

Contracts and procurement managed by WAST  
Ability to influence suppliers (installation services) to a greater degree  
Ability to increase WAST resources baseline (ie Service desk/engineers) in order to support other business needs  
Ability to manage deployment to WAST preferred timescales  
Likely to be achievable at a lower total cost

#### OPPORTUNITIES

Reduced demand on WAST resources that can be utilized in delivering other areas of business  
Single UK ambulance services model  
Quickest route to transition off Airwave

#### WEAKNESSES

Currently there is a capability gap in WAST to deliver the level of support anticipated in the timescale needed to transition (12months)  
Delays in vehicle installation could result in delays in WAST ability to transition to ESN  
WAST would need run a Procurement exercise for Vehicle Installation services

#### THREATS

Dependent on ARP resources / delivery for milestones  
Limited contractual leavers to influence ARP thinking  
Welsh Government funding decision for cost option  
Dependency on ESMCP

#### Critical Success Factors

The following set of critical success factors were generated at OBC stage referencing the '5 Case Model' guidelines:

The factors assumed to be critical to the success of the programme are:

- CSF1: Investment objectives

The extent to which options are deemed affordable is measured by their cost (capital and revenue) relative to the budgetary resource available or likely to be made available within Welsh Government's Central Services and Administration Main Expenditure Group (MEG).

– CSF2: Strategic fit

How well does the option fit with the UK ESN programme, Welsh Government, JESG (Wales), WAST operational/business needs, primary goals and policy objectives?

– CSF3: Value for Money

Which option delivers optimal use of resources assessed as 'Net Present Cost'?

– CSF4: Supplier Feasibility

Which organisation is best placed to undertake the requirements of gathering, sourcing and contract managing suppliers?

– CSF5: Achievability and Risks

How likely is it that the option can be delivered by the organisation? Are the risks manageable?

– CSF6: Affordability – Capital Expenditure

How will the option be financed and is it affordable within existing capital budgets and known budgetary constraints?

– CSF6 Affordability- Reduced Operational Costs

How will the option be financed and is it affordable within existing revenue budgets/known budgetary constraints?

**Options Summary and Alignment to CSF**

<b>Achievability / Risks of meeting Critical Success Factors (1-6)</b>	
Option 1	<p><b>ARP Supplied Devices - EMS</b></p> <p>This option is achievable and meets with CSF objectives. Will require WG investment to fully maintain the programme to 2031/32 but is strategically and operationally aligned with interoperability required for the UK ESN rollout.</p> <p>ARP has already undertaken the procurement exercises and contracts, which are available are now in-place with clear costs and delivery plan. WAST rollout of EMS vehicle hardware can be completed in the shortest delivery period using the ARP programme with costs being shared across Ambulance trusts.</p>
Option 2	<p><b>ARP Supplied Devices – NEPTS</b></p> <p>This option is achievable and meets with CSF objectives. Will require WG investment to fully maintain the programme to 2031/32 but is strategically and operationally aligned with interoperability required for the UK ESN rollout.</p> <p>ARP has already undertaken the procurement exercises and contracts are now in-place with clear costs and delivery plan. WAST rollout of NEPTS vehicle hardware can be completed in the shortest delivery period using the ARP programme with costs being shared across Ambulance Trusts.</p>
Option 3	<p><b>WAST Supplied Devices – EMS</b></p> <p>Unless similar requirements then there is a risk the solution will not meet the UK ESN and WG strategic direction of travel. There is a risk that WAST is unlikely in the short</p>

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	<p>term to have the capacity and resources to achieve progress to date of the ARP programme to source suppliers and let contracts.</p> <p>WAST would need to capture requirements and specifications and approach the marketplace, which is likely to point to the same supplier for interoperability. Set up and running costs are likely to be higher due to volumes. Full engagement would be required with suppliers to mitigate risks associated with potential alternative solutions, which can present a timing issue.</p>
Option 4	<p><b>WAST Supplied Devices – NEPTS</b> This option may be achievable but there are significant risks.</p> <p>Unless similar requirements then there is a risk the solution will not meet the UK ESN and WG strategic direction of travel. There is a risk that WAST is unlikely in the short term to have the capacity and resources to attain progress to date of the ARP programme to source suppliers and let contracts.</p> <p>WAST would need to capture requirements and specifications and approach the marketplace, which is likely to point to the same supplier for interoperability. Set up and running costs are likely to be higher due to volumes. Full engagement would be required with suppliers to mitigate risks associated with potential alternative solutions.</p> <p>It is unlikely that future affordability risks would be mitigated as does not align with UK ESN / WG strategic policy directions.</p>
Option 5	<p><b>ARP Field Support</b> This option is achievable and meets with CSF objectives. Will require WG investment to fully maintain the programme to 2031/32 but is strategically and operationally aligned with interoperability required for the UK ESN rollout.</p> <p>ARP has already undertaken the procurement exercises and contracts, which are available are now in-place with clear costs and delivery plan. WAST rollout of EMS vehicle hardware can be completed in the shortest delivery period.</p>
Option 6	<p><b>WAST Field Support Service support and service desk provided through WAST resource whilst vehicle installation services are outsourced</b> This option may be achievable but there are significant risks. Does not meet the UK ESN and WG strategic direction of travel. There is a risk that WAST is unlikely in the short term to have the capacity and resources to achieve progress to date of the ARP programme to source suppliers and let contracts.</p> <p>WAST would need to capture requirements and specifications and approach the marketplace, which is likely to point to the same supplier(s) for interoperability. Set up and running costs are likely to be higher due to volumes. Full engagement would be required with suppliers to mitigate risks associated with potential alternative solutions, which presents a timing issue.</p>

The conclusion and strategic recommendation is still valid to utilise ARP negotiated contract frameworks and ARP managed services to expedite the necessary alignments with the ESN programme.

Table 5 - Lists the (CSF1) investment objective and how these will be addressed with an incremental approach.

Investment objectives	Addressed by Rollout
Contract expiry	The Incremental Solutions will replace the control room and NMA elements of the Airwave contract before the commencement of the rollout of ESN voice services, the accelerated rollout of ESN to ambulance trusts will mitigate the impact of the Home Office's delay in delivering ESN.
Preparation for the delivery of the ESN	The Incremental Solutions will prepare the control room solution and NMA for connection onto ESN before the rollout of ESN voice services commences. The accelerated rollout of ESN builds on this preparatory work by investing additional resource to implement ESN as quickly as possible thus reducing the need for DHSC to further extend the use of the Airwave network.
Cost Effectiveness/Efficiency	The ARP Services reduce the running costs of the control room solution, mobile broadband and NMA. In addition, ARP has structured its programme so they can be taken up by other services, further sharing the costs of central elements and hence reducing the per user cost. For example, the update of CRS by WAST and SAS has saved DHSC c£30M
Improving operational flexibility	The ARP Services improve the operational flexibility for the control room solution and NMA by moving to a nationally delivered application with a significantly reduced local equipment installation requirement. The Mobile Broadband Incremental Solution provides a data bearer in all ambulances and an ARP vehicle hub to which Trusts can easily connect additional applications and devices.
Business Continuity	The move to national data centres enhances the resilience for the control room solution NMA. The Mobile Broadband Incremental Solution utilises the ESN Data Bearer which provides enhanced resilience and improved services levels when compared to the commercial mobile data that is currently used by Trusts. NMA will enabled trusts to adhere to the Road Traffic Act 2019.
Increased use of mobile data	The Mobile Broadband Incremental Solution provides a data bearer in all ambulances and an in-vehicle hub to which Trusts can easily connect additional applications and devices. The NMA Incremental Solution provides enhancements over the current solution such as ensuring all Trusts are able to update their vehicle mapping files over air.
Interoperability	Control room solution, mobile broadband and NMA Incremental Solutions all provide enhanced interoperability.

#### **ARP FBC Development and Approach in Wales**

ARP has produced a series of combined FBCs to cover both CRS and MDVS, whereas Wales has opted for individual cases primarily due to devolved governance and funding constraints. Each of the Wales FBCs will seek spend approval for key elements of the replacement solutions adhering to the disaggregated approach. 'CP' refers to Control Room Solution procurements and 'MP' refers to Mobile Data and Vehicle Solutions procurements. Each phase of the FBC has included an update to the overall cost of the CRS and MDVS programmes to confirm continued affordability in addition to the future ESN procurements required in ARP FBC (Phase 4). The costs in each phase will contain a combination of actual and forecast costs for those procurements completed or contracts yet to be awarded.

The strategic case covers the Ambulance Radio Programme's (ARP's) Mobile Data and Vehicle Solutions (MDVS), Control Room Solutions (CRS) Programmes and implementation into the

Emergency Services Network (ESN). It also covers the supporting Service Partner programme that is required to deliver a viable end to end service.

The term 'ARP Programmes' is used to refer to the combined Programmes, whereas the Business Case refers to a specific programme this is made clear in the text.

A new business case will be completed for the replacement of the ARP programme solutions set out in the current ARP FBC (Phases 1 to 4) and is currently estimated that this case will be required no earlier than financial year 2023/24. Wales would similarly look to update its business cases at this point.

Table 6 – Main ARP business case deliverables to replace Airwave and Wales's current position is between Phases 2 and 3. Airwave items highlighted in blue and ESN in green highlights.

Status Quo	Control Room Airwave	Network Airwave	Radio Terminals Airwave	
			Mobile Data Terminals Airwave	
ARP FBC (Phase 1)	Control Room ARP - Frequentis	Network Airwave	Radio Terminals Airwave	
			Mobile Data Terminals Airwave	
ARP FBC (Phase 2)	Control Room ARP - Frequentis	Network Airwave	Radio Terminals Airwave	
			MDT Hardware Airwave	MDT Software ARP - Terrafix
ARP FBC (Phase 3)	Control Room ARP - Frequentis	Voice Network Airwave	Radio Terminals Airwave	
		Data Network ESN	MDT Hardware ARP	MDT Software ARP - Terrafix
ARP FBC (Phase 4)	Control Room ARP - Frequentis	Voice Network ESN	Hand Held Devices ARP	
		Data Network ESN	MDT Hardware ARP	MDT Software ARP - Terrafix



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Table 7 - ESN, ARP and Wales Business Case status

Programme	Strategic Outline Case	Outline Business Case	Full Business Case (FBC)	Wales position
<b>ESN (Home Office) Initial FBC</b>	Approved Q4 - 2012	Approved – Feb 2015	Approved – December 2015	Approved – December 2015
<b>ESN (Home Office) Refreshed FBC</b>			Planned – Feb 19 (was never submitted to ESN Programme Board for approval)	Not approved
<b>ESN (Home Office) Updated Programme Business Case (PBC) V1</b>			October 2020 (MPRG reviewed but required updated case to be provided within 6 month)	Not approved
<b>ESN (Home Office) Programme Business Case V2</b>			Anticipated – June 2021	Anticipated – June 2021
<b>Control Room Solutions</b>	Approved – April 2015	Approved – Dec 2015		WAST CRS FBC 2018 (Approved)
<b>Mobile Data and Vehicle Solutions</b>	Included in the SOC for CRS as per above	Approved – Dec 2016		WAST OBC (2018) and Addendum (2020) – noted by WG
<b>ARP FBC (Phase 1)</b>			Approved - April 2017	WAST CRS FBC 2018 (Approved)
<b>ARP FBC (Phase 2)</b>			Approved – Oct 2017	WAST OBC (2018) and Addendum (2020) - noted
<b>ARP FBC (Phase 3)</b>			Approved – Sept 2019	WAST OBC and Addendum (drafted and noted by WG) WAST FBC – MDVS (pre ESN) (this case – in draft) WAST FBC – MDVS (ESN switchover) (pending) Wales Air Ambulance A2G FBC (pending)
<b>ARP FBC (Phase 4)</b>			Draft ARP FBC (Phase 4) v0.12 [22 <sup>nd</sup> January 2021]	WAST FBC – MDVS (pre ESN) (this case – in draft) WAST FBC – MDVS (ESN switchover) (pending) Wales Air Ambulance A2G FBC (pending)

#### ESMCP Business Case

The Home Office through the ESMCP programme drafted an updated business case in 2018, however, this case was never submitted to either the ESN Programme Board, DHSC or Devolved Administrations for approval. The case did gain internal Home Office approval, but was not issued for approval to any of the other ESN funding bodies or to any of the emergency services.

ESMCP Programme Full Business Case (FBC) was presented to the Government's Major Programme Review Group (MPRG) on 30th October 2020. The output of the review was communicated to the Home Office on 23rd November 2020. The MPRG did not believe the case was complete and asked the Home Office to come back with an updated case with realistic mobilisation plans. An updated draft case has been issued to Funding Sponsor bodies, User organisations, DHSC and ARP in April 2021 and to MPRG in July 2021. MPRG has subsequently approved the ESMCP FBC (23<sup>rd</sup> July 2021) with a progress sub-MPRG meet to be held September 2021 to ensure that the programme has achieved the technical and supplier milestones required.

ESMCP has completed a programme reset, the outcome of which can be summarised as a decision to continue with the delivery of ESN following an incremental, product-based approach. The programme reset has additionally introduced further delays to the planned date for the completion of the transition off Airwave and onto ESN. This transition is not now due to complete until 2026, some seven years later than the end of 2019 date by which ESN was due to have completed.

#### **Changes since the WAST MDVS OBC Addendum**

ESMCP and ARP are considering options to reduce the extent of ESN delay by accelerating the ambulance transition, which is included in ARP FBC (Phase 4). This does not currently impact on this case as it applies to English Trusts only. A watching brief will be followed to ascertain if there any developments that could apply to Wales. The text below provides an update on the necessary phases to deliver ESN.

#### **Control Room Solutions (CRS) status**

CRS is being delivered in an incremental fashion, specifically with the new solution being integrated into the Airwave network first followed by a second stage integration to ESN.

- CRS Release 1 is connected to Airwave via the Centracom interface that is present in Trust equipment rooms, as set out in ARP FBC (Phase 3)
- CRS Release 2 is connected to Airwave via DCS that will be implemented in the ARP Datacentres.
- CRS Release 3 is connected to ESN via the ARP Datacentres

Since ARP FBC (Phase 3) Airwave have informed all customers that the current interface between the Airwave network and control room solutions will reach end of life on 31<sup>st</sup> December 2022. The current interface (Centracom) is being replaced with a new interface Dispatch Communication Server (DCS). ARP are working with Airwave to agree how best to implement DCS to ensure that Airwave's connection to ambulance control rooms remains viable until ESN is fully implemented (currently Home Office plan has this as 2026). DCS will require some work at Trust level - the detail of which isn't yet known. The current solution (CCI Ports) is no longer supported and therefore not viable long term.

CRS has been delayed from the dates set out in the ARP FBC (Phase 3) and WAST CRS OBC which showed the final National Milestone (NM6) due in May 2019. This milestone was delivered in October 2020, a delay of 14 months. The residual software fixes were moved into two new National Milestones 7 and 8. National Milestone 7 was awarded in December 2020 and National Milestone 8 is due in November 2021. WAST CRS Go-live date is now expected early 2022.

The causes for the delay are primarily testing issues and faults with the Frequentis LifeX software experienced during NM6 testing. This position was exacerbated by COVID-19 (since

March 2020), which resulted in Trusts initially restricting and then closing access for ARP and Frequentis to perform CRS remediation fixing and testing on site.

Covid-19 has impacted on ARP's ability to access ambulance trusts' control rooms to complete the national testing of CRS, which led to a four-month delay to the deployment of CRS. This has been largely mitigated by the introduction of a dedicated test centre, which as far as possible, replicates an ambulance trust's control room. The test centre is located in ARP's Barnsley office. WAST Control Room Solution programme target transition to go live date is being negotiated under the CRS reset, WAST has expressed a preferred commencement period in early 2022, which de-conflicts operational and ICT constraints. The ARP National Datacentres are live hosting the National Mobilisation Application.

#### **National Mobilisation Application (NMA) Status**

ARP carried out an accelerated delivery of the first two releases of the National Mobilisation Application (NMA) to 1,397 smart phones across six ambulance trusts. This enabled the Trusts to deploy responders to work alongside the Trust's resources as part of the Covid-19 Response. WAST have 67 NMA devices deployed, with a further 100 being deployed as part of the Trust summer demand management plans and another 260 being purchased in preparation for winter escalation.

Covid-19 has also contributed to delays in the procurement of Field Services. Bidders requested additional time to complete their bids, the focus being on maintaining the communications equipment in the existing ambulance fleet. This led to an 8-week delay and the bids were received on 8th July 2020.

#### **Mobile Data Vehicle Solutions (MDVS) Status**

The delivery of MDVS has adopted the incremental approach as set out in the ARP FBC (Phase 3) and WAST MDVS OBC Addendum.

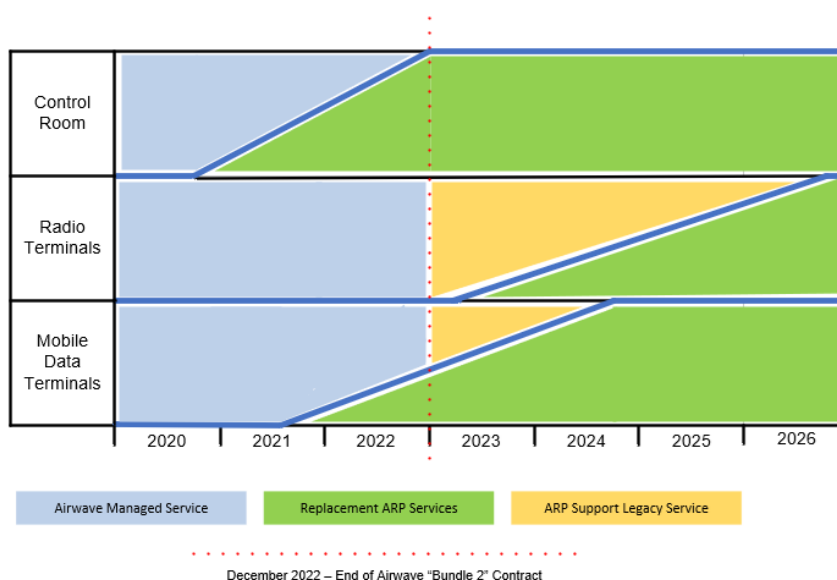
The first element of this is the National Mobilisation Application (NMA), which is the software application which will ultimately replace the mobile data software applications in all ambulances. There are four planned releases of this product:

- NMA Release 1 - has the application installed on an Android smartphone and is primarily used by groups such as Community First Responders (CFRs). The back end is hosted by Terrafox and the product went live in February 2020.
- NMA Release 2 - moved the back-office element of the application to the ARP datacentres. This both reduces the running costs (no hosting fee) and enhances the resilience of the solution with SWAST and NEAS currently live with several other Trusts intending to go live in early 2021. ARP have completed the preparatory work to enable WAST to connect to the ARP DC via the DNSP from the Control Room sites.
- NMA Release 3 - is the deployment of the NMA into front line ambulances. The delivery of NMA Release 3 into front line ambulances is due to start in September 2021 followed by a 2-year rollout programme and is dependent on the following items:
  - Vehicle Hardware – for the NMA application to be installed into vehicles a procurement was run to purchase new hardware. This hardware includes an in-vehicle hub and a cab mounted touchscreen. The procurement was completed by ARP in August 2020 and 13-month mobilisation plan is in place.

- Field Services – A further procurement was run by ARP for the installation and support of ARP which including the NMA vehicle hardware (when implemented), ESN devices (when implemented) and Airwave radios (from the end of 2022).
- NMA Release 4 - integrates ESN voice services into the Vehicle Hardware. This is a change in approach from the one set out in the ARP FBC (Phase 3) / WAST MDVS OBC Addendum. In summary, during the procurement of the Vehicle Hardware, ARP worked with the ESN team and the bidders to include an option to implement ESN voice services on the vehicle hardware. This has removed the need to procure a separate physical in-vehicle device for ESN voice. Release 4 also includes the integration of the application onto ESN Handheld devices. WAST will consider the best option for in-vehicle devices in future business cases as ARP's vision is to use MDT which is not currently supported by WAST who may choose ESMCP Fixed Vehicle Device & LTE Extender.

### Airwave Exit Plan

ARP has extended the non-network elements of the Airwave contract (known as Bundle 2). This extension lasts until the end of 2022 and contains additional flexibility to enable elements of the Airwave delivery to be terminated early, leading to development of the plan to cease bundle 2 services that can be seen in the diagram below.



### ARP Service Partner Update

ARP's approach to service management, as set out in ARP FBC (Phase 2) and WAST MDVS OBC, was to expand the use of the existing Airwave service desk. This has been completed and the Airwave service desk is currently successfully handling calls for the new ARP services such as the NMA (Release 1 and 2). As the scope of ARP's services increase additional support for service management will be required, then this has led to the need for a Service Partner.

The disaggregated procurement approach has resulted in several suppliers and a complicated service model involving numerous contracts with differing Service Levels (SLAs) and Key Performance Indicators (KPIs). Complexity of integration of all the applications and platforms necessitated ARP to review the current support arrangements and consider the suitability of the current service management toolset.

The Service Partner procurement was launched on 27th July 2020 with the contract recently awarded in June 2021.

#### **Authority Operating Costs Update**

In the ARP Full Business Case (Phase 3) / WAST MDVS OBC Addendum then the Authority Operating Costs up to the end of financial year 2024 were included. These costs have been amended to cover the full term of the programme, up to the end of financial year 2031/32, including the resources required for regular re-competition of the contracts.

These changes reflect the delays due to ESN and the need to accelerate Trusts ESN implementation and reflect the change in resource and consultancy requirements due to the extended transition period of the Airwave replacement services, specifically with the incremental delivery of the new CRS and NMA.

#### **Wales and Scotland Update**

The Welsh and Scottish ambulance services have formally entered Memoranda of Understanding with DHSC. Both Trusts have taken up the option to have the ARP CRS phase delivered for them.

The Welsh Ambulance Service has additionally taken on NMA Releases 1 and 2 and has indicated it will also take the future releases of NMA, although this is subject to the Welsh Government approving the NMA / MDVS business case funding request.

#### **Strategic Drivers Update**

The strategic case for the MDVS programme as described in the ARP FBC and WAST OBC are still valid. The ESMCP / ESN strategic drivers are highlighted below and have been confirmed by ESMCP and ARP. However, these drivers, most notably 'affordability', will need to be closely monitored following the issue of the revised ESMCP FBC v8 (e) / v9 (d) / v9 (f) and cost models (v600). The ESMCP FBC has been issued in draft to the funding sponsor bodies (FSB) and user organisations during August 2020 with subsequent review and feedback from Wales submitted to the ESMCP programme. At this point, Wales is unable to provide technical and operational assurances as to the ESMCP solution within the latest FBC and further development of the business case will be required by the programme. In turn, this will delay officials providing advice to the Welsh Ministers.

- Enhanced: The ARP Programmes will meet key future requirements of its users in relation to voice, data, flexibility, configuration and performance management and offer the potential to integrate with other systems in the control room if required in the future. MDVS will enable the use of mobile broadband data services provided by the new ESN to help promote innovation in the way Ambulance Trusts work in the future (see MDT Vehicle and Logical Architecture illustrative diagram at Appendix 2).
- Affordable: The ARP MDVS Programme can offer (potentially) reduced costs with fewer systems and less hardware. MDVS should be able to offer the potential to reduce costs over time, as currently Trusts utilise multiple commercial bearers to connect in-vehicle equipment. The contract duration for new systems will be much shorter than the previous contracts, allowing for regular re-competition and ensuring that the latest technology can be adopted. To highlight that the perceived benefits of this shorter contract duration approach will need to be demonstrated in practice as programme and implementation delays could marginalise any gains. However, as Wales' total costs are 1/13 of National Integration costs (as the whole of Wales due to lower volumes is similar

in size to an English Trust hence the proportional costs) so there are tangible value for money and economies of scale arguments.

- Flexible: The ARP MDVS Programme has the potential to facilitate further service transformation in terms of both better quality and reduced costs. In addition, the systems offer the potential (should Trusts seek it) to integrate in the future with other systems such as e-PCR, Telephony platforms, video imagery and Automated Asset tracking.
- Contract expiry - the current Airwave contracts deliver an end-to-end communication solution. There will be severe service disruption and negative impact on patient care, due to the loss of safety of life critical communications to all Ambulance Trusts, if an alternative is not implemented before this contract ends.
- Delivering ESN – the Home Office is 7 years late with its delivery of ESN, which will replace the Airwave network currently used by the Emergency Services for mobile communications. The ARP Programmes will deliver the replacement solutions to make up the end-to-end service. The accelerated rollout of ESN will, to some extent, mitigate the Home Office's delay and the associated costs of Airwave extensions.

Ongoing strategic delays to ESN implementation are being mitigated by the Ambulance Trusts via ARP, who are working to mitigate these delays and reduce the level of exposure to risk by moving forward with the implementation of the National Mobilisation Application (NMA) and other key programme activities (e.g. MDVS - MDT implementation) and the provision of mobile broad band which are not wholly dependent upon the ESMCP delivery timescale.

### Benefits

Table 8 - Shows which benefits will be delivered by the incremental delivery.

Benefit Ref	Benefit Title	Benefit Description
1	Standardisation of Service	<p>Qualitative Benefit - Trusts will benefit having a standardised solution for Control Rooms and mobilisation. This enables easier sharing of information and interoperability.</p> <p>Societal Benefit – Improves cascade of mapping updates to resource mobilisation systems as via a standardised solution. This ensures mapping updates are cascaded in a timely manner supporting service delivery.</p>
2	Preparation for the delivery of ESN	<p>Qualitative Benefit - The new systems will offer enhanced resilience and disaster recovery ensuring service delivery.</p> <p>Qualitative Benefit - Trusts will benefit having a standardised solution for Control Rooms and mobilisation. This enables easier sharing of information and interoperability between Ambulance Trusts, the wider NHS and other Emergency Services.</p>



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Benefit Ref	Benefit Title	Benefit Description
3	Reduce Costs	<p>Cash Releasing Benefit - Reduced Equipment Costs.</p> <p>Cash Releasing Benefit - Reduced maintenance costs on fall-back communications systems per annum.</p> <p>Cash Releasing Benefit - Reduced SIMS Connection costs per annum.</p> <p>Cash Releasing Benefit - Reduced equipment hosting Costs per annum.</p> <p>Cash Releasing Benefit - Reduced upgrading costs per annum.</p> <p>Non-Cash Releasing Benefit - Reduced maintenance and operational running costs per annum.</p>
4	Improving operational flexibility	<p>Non-Cash Releasing Benefit - Increased organisational flexibility as allows Trusts to modify estate at reduced overhead.</p> <p>Societal Benefit - Reduces footprint in Trust ICT equipment rooms.</p> <p>Societal Benefit – Improved interoperability via the new solutions will provide better response to major incidents.</p> <p>Qualitative Benefit - Improved safety and support for NHS staff by ensuring access to one to one communications and provision of emergency functionality via voice and data.</p> <p>Qualitative Benefit - Improved security and exchange of information as both voice and data traffic will be encrypted ensuring confidentiality.</p> <p>Qualitative Benefit - Improved speed of service via new technology will improve service delivery.</p> <p>Qualitative Benefit - Improved delivery of information will lead to operational efficiencies and service delivery improvements.</p> <p>Qualitative Benefit - Operational simplicity and flexibility via enhancements in communications will improve service delivery.</p>
5	Business continuity	<p>Societal Benefit - Service Continuity / Resilience will be improved via the new systems as they provide a high level of resilience thus ensuring service continuity and the ability of the Trusts to respond to patients.</p> <p>Qualitative Benefit – New national solutions will meet the Department for Transport (DfT) display regulations for vehicles thus ensuring service continuity and the ability of the Trusts to respond to patients in a timely manner when the current exemption expires.</p>
6	Increased use of mobile data	<p>Qualitative Benefit - Improved communication between Ambulance Trusts and wider NHS is provided with the new systems thus ensuring the appropriate care is provided to patients at the right time, in the right place.</p>

Benefit Ref	Benefit Title	Benefit Description
7	Improved Interoperability	<p>Qualitative Benefit - Better interfaces to hospitals enabling improved patient care as receiving units can be updated ahead of patient arrival. This allows patient to be given the right care, at the right time, in the right place.</p> <p>Qualitative Benefit - Interoperability improved between ambulance Trusts and the wider NHS. Allows Trusts to communicate and share information to improve service delivery.</p>

### Strategic Risks

This is a large and complex programme with several key strategic risks, which are described in the following:

Table 9 – Strategic Risks

Risk	Mitigation
Delays to the ESN services could delay the implementation of ARP programmes.	The incremental approach allows implementation of CRS, the NMA and Broadband data ahead of full ESN delivery therefore benefits can be realised despite ESN delays.
The modifications to the current control room solution and mobile data solution (to incorporate the ESN delivery) will require cooperation from incumbent suppliers who may not co-operate effectively.	ARP has undertaken early engagement with suppliers to address this and funding has been made available to minimise this risk.
The ARP Programmes are dependent on ESMCP and dependent on the details of ESN being clarified. The ARP programmes requires specific ESN interface details. A Motorola deliverable is the application needed by the Emergency services to operate effectively on the new network.	The incremental approach allows implementation of CRS and Broadband data ahead of full ESN delivery therefore benefits can be realised despite ESN delays.
There is a risk that the implementation of the ARP Programmes will disrupt the availability of ambulance response vehicles, which may have a detrimental impact on patient care.	The implementation of the control room and NMA via incremental solution reduces this risk by completing a significant element of the required changes in advance of the full rollout of ESN. ARP will agree a rollout methodology locally to minimise any operational impact.
There is a risk that Ambulance Trusts do not buy in to the ARP Programmes and do not adopt the new solutions.	All Trusts were heavily involved in the development of the requirements as well as the evaluation of the bidder responses at the outline and detailed stages. Trust involvement will continue throughout the entire development and testing process.
Further delay to the implementation of ESN.	Associated contract costs for the continued use of Airwave.

Risk	Mitigation
Lack of acceptable operational coverage to enable a safe transition to ESN.	Coverage in Wales if not operationally acceptable given high volume of EAS/COL sites could require further business cases.

### **Constraints**

Delays to the national critical emergency services communications programme due to lack of capacity and resources at a local level to undertake transformation of this scale, complexity, risk and cost.

Austerity and general lack of funding available to Ambulance Trusts. Increased demand with an inequality in increased funding which has led to staff leaving, many vacancies not being filled which means Trusts are struggling to release resources to support ARP programmes in attending national events and inability to release staff for training.

Major Incidents within Ambulance Trusts will result in extra demand on Trust resources and means that all programme activity could need to be paused to release resources. This also potentially applies to winter pressures in particular if these include events such as a flu pandemic. This has been realised with the Covid-19 pandemic, which has resulted in a delay to delivery.

In the event of a National major incident, the Emergency Services may need to delay the transition onto replacement services until the incident has concluded to protect the public.

### **Dependencies**

The main dependencies, defined as being factors outside the direct control of the programme team are mainly infrastructure related and ensuring adequate coverage across Wales (Extended Area Services) which includes:

- ESN is required to deliver a data bearer.
- ESN sim cards available.
- ESN to ensure coverage is in place.
- ESN to ensure the Extended Area Service (EAS) is in place.

## ECONOMIC CASE

### Update to the Economic Case

There will be no change to the overall aims and objectives of the ARP Programmes, who are continuing to implement incremental solutions, as set out in the ARP FBC and the further delays to the delivery of ESN reinforce that this is still the most appropriate route. The impact of various options to accelerate the eventual implementation of ESN are set out in the ARP FBC (Phase 4), which is seeking funding from DHSC to purchase more ambulances for English Trusts to be able to expedite a faster vehicle hardware rollout, with the objective of being able to transition off Airwave earlier and reduce costs. This 'accelerated approach' does not currently apply to Wales but a watching brief will be maintained to ascertain any opportunities.

DHSC has contracted with Airwave to extend all elements of its service up to the end of December 2022. Further extensions of the Airwave network will be required (Lot 1 of the existing Airwave contract) until the transition to the new Emergency Services Network (ESN) is complete. The previous extension of Airwave ran to December 2022, but the ESN Team's current assumption is that a national shutdown of Airwave will be completed in 2026. The DHSC may not need to extend all other elements of the service (Lots 2 to 4 of the existing Airwave contract) once a suitable replacement has been put in place. Approval for costs related to the extension of Airwave will be sought via the refreshed ESMCP Full Business Case.

The refreshed ESMCP Full Business Case (FBC) was presented to the Government's Major Programme Review Group (MPRG) on 30th October 2020. The output of the review back to the Home Office on 23rd November 2020 was that the delivery and in particular mobilisation plans for ESN were not complete and were therefore not valid. Home Office though ESMCP should continue and return to the MPRG with an updated version of their case containing viable and realistic plans. The latest FBC was issued to DHSC, Devolved Administration Funding Sponsor Bodies (FSB), User Organisations (UO) in April 2021 and to MPRG in July 2021. Although the MPRG has now approved the FBC then this is conditional on the programme achieving key milestones. The next MPRG meeting will be held during September 2021 to assess progress.

The ARP MDVS Full Business Case v1.2 (2018) was developed on behalf of all Ambulance Trusts, in accordance with the HM Treasury Green Book guidance and Department of Health '5-Case' guidelines for IM&T Business Cases. Subsequently WAST developed the MDVS OBC v.4 (2018) and Addendum (2020) to raise awareness and highlight the funding required to proceed. These cases have been submitted to the Welsh Government as the potential funding body for information. Since this time, and due to wider ESMCP programme delays, there are now updated total cost model changes to the economic case as a result of the latest ARP FBC (Phase 4) which provides clarity and maturity as to the costs for this phase as ARP have awarded the contracts. The cost changes of the initial approach have also been illustrated as part of this business case.

This FBC is based on the substantial work of the ARP programmes for areas that apply to Wales and follows on from ARP FBC (Phase 1, 2, 3 & 4) which were submitted through ARP governance in December 2016, June 2017, November 2018 and January 2021 respectively. Wales CRS FBC (Approved) and MDVS OBC and Addendum have been submitted during 2018 and 2021 through WAST governance to the Welsh Government to highlight funding requirements. This approach has been necessary due to the differing funding routes between UK and Devolved Administrations. Due to the size of Wales in comparison to English and Scottish Ambulance Trusts, then ARP has based its cost model calculations by considering Wales as an additional NHS Trust and has pro-rated costs accordingly (so Wales costs are approximately 1/13<sup>th</sup> of total programme costs for applicable areas). This route to market still offers the best value for money and economies of scale than a Wales only approach which is deemed unaffordable.

This FBC has been based on pro-rata costs to Wales following from the ARP FBC (Phase 1-4) and the WAST CRS and MDVS OBC and has included the costs for the following in-scope procurements that Wales is seeking to implement:-

MDVS procurement (MP1: National Mobilisation Application) which was based on the higher of the two final bid costs received in May 2017.

MDVS procurement (MP2: Central Back Office Hardware) which was based on the hardware requirements set by the MP1 software supplier.

Authority Operating Costs (FY20 – FY24) which was based on the resources required to deliver CRS following the contract award to Frequentis on 4th May 2017 as well as delivering the MP1 solution (contract award 4th December 2017). For clarity this funding request was until the re-competition of the Control Room and Mobile Data and vehicle communication solutions.

CP8b: Support Services - Field Support including 2nd Line support.

MP5: Vehicle Hardware Solution.

Consequences of ESN delay – the existing ARP procurements which increased in cost as a direct result of the ESN delay:

- Authority Operating Costs refresh (FY20-FY24).
- Additional Consultancy Support (CP1).
- Additional Software Costs (CP2).

ARP Delay Mitigation Costs – costs incurred by ARP as a direct result of mitigating the impact of ESN delay:

- Extension of previously Trust Funded Airwave Terminals.
- Control room moves.
- Additional ESN testing.
- ESN control room training.
- Test & integration environment hosting.

A funding update for current in-scope and for awareness (out of scope) activities from the following cost categories which are now updated from ARP FBC Phases 1-4:

- Service Desk Support (CP8a).
- Field Support Services (CP8b).
- Mobilisation Application (MP1).
- Central Back Office Hardware (MP2).
- Vehicle Hardware (MP5) (initial order).
- Authority Operating Costs (FY20-FY24).
- Delay Mitigations Costs.
- Contingency.
- Vehicle Hardware (MP5) (Refreshes).
- Decommissioning (CP6).
- ESN Connection & Usage Costs.
- Authority Operating costs (FY25-32).
- CP8b: Service Partner.
- ESN Acceleration (out of scope for Wales).
- WAST operating costs.

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**Preferred Option is Still Valid**

This Full Business Case proposes to de-risk the ESMCP delays through the implementation of ESN compatible vehicle hardware 'Mobile Data Terminal' (MDT) devices within the WAST EMS and NEPTS vehicle fleets and comprises of a combination of key work packages (i.e. MP1, MP2 and MP5) from Phases 2 and 3 of the ARP programme (see Table below).

**Reconsideration of OBC Options in Light of FBC Cost Increases**

For completeness the Table below summarises the split of procurements across all of the ARP MDVS and CRS FBC key implementation phases (1 to 4). This Full Business Case applies to those costs associated with vehicle hardware (MDT) areas under Phases 2 and 3 since the CRS Business Case (Phase 1) has previously been approved by the Welsh Government. The future ESN elements of Phase 4 are captured in the ARP FBC Phase 4 business case (Jan 2021), which, together with the ESMCP Full Business Case will act to inform future WAST business cases for those areas of ESN yet to be delivered.

The greatest VfM continues to be delivered by the preferred options for CRS and MDVS as identified through OBC and Addendum stage. The cost increases incurred by the ARP Programmes that will also apply proportionately to Wales are a direct result of ESN level delays which would apply equally to all options considered at OBC stage. If a decision was taken to move to another OBC option now, the ARP Programme and the participating Ambulance Trusts across the UK would incur substantive abortive costs and additional procurement costs which further weaken the VfM position. This strengthens the argument that Wales is part of a UK wide interoperable business critical emergency services solution.

Full details of all the previous cost assumptions used since the ARP FBC (Phases 1- 4) and WAST MDVS OBC Addendum are available in the economic case of the ARP FBC v1.2 (27/11/18). The latest financial assumptions have been illustrated in the FBC v1.3 Cost Model reference Wales MDVS Programme dated 11<sup>th</sup> August 2021.



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Table 10 – ARP delivery by business case phase (Wales delivery is between Phases 2 & 3)

Status Quo	Control Room Airwave	Network Airwave	Radio Terminals Airwave	
			Mobile Data Terminals Airwave	
ARP FBC (Phase 1)	Control Room ARP - Frequentis	Network Airwave	Radio Terminals Airwave	
			Mobile Data Terminals Airwave	
ARP FBC (Phase 2)	Control Room ARP - Frequentis	Network Airwave	Radio Terminals Airwave	
			MDT Hardware Airwave	MDT Software ARP - Terrafix
ARP FBC (Phase 3)	Control Room ARP - Frequentis	Voice Network Airwave	Radio Terminals Airwave	
		Data Network ESN	MDT Hardware ARP	MDT Software ARP - Terrafix
ARP FBC (Phase 4)	Control Room ARP - Frequentis	Voice Network ESN	Hand Held Devices ARP	
		Data Network ESN	MDT Hardware ARP	MDT Software ARP - Terrafix

The projected total WAST funding requirement for **ESMCP MDVS to 2031/32 is £32.832m**, with a combined Phase 2 and 3 Capital (£15.196m) and Revenue (£17.636m) requirement. Depreciation of £10.6m across both phases with VAT excluded as it is deemed to be recoverable. The total costs for work packages (MP1, MP2, MP5) inclusive of Trust Operating Costs, Authority Operating Costs, ESN connection and usage charges, Optimism Bias and Revenue Uplift & Contingency which are in scope are **£8.493m (Capital)** and **£14.4m (Revenue)** (excluding VAT and depreciation costs).

Table below summarises the financial evaluation of ARP Phases 2/3 from WAST perspective (in-scope activities highlighted):

Table 11 – Wales MDT costs highlighted for this initial investment

<b>Wales MDVS Programme FBC Cost Model v1.3 (LATEST)</b>	
SUMMARY COSTS	
<b>FBC Model</b>	<b>£'000</b>
<b>Capital</b>	
<b>MDVS</b>	<b>Wales</b>
MP1: Mobilisation Application	612
MP2: Central Back Office Hardware	68
MP3: Vehicle Devices & Fitting	5,483
MP4: Air to Ground devices	1,220
MP5: Vehicle hardware goods & services (Incremental Solution)	7,495
ESN Connection & Usage Costs	-
Trust Operating Costs	-
Capital OB Uplift	318
<b>TOTAL MDVS CAPITAL</b>	<b>15,196</b>
<b>Revenue</b>	
MP1: Mobilisation Application	422
MP2: Central Back Office Hardware	12
MP3: Vehicle Devices & Fitting	2,794
MP4: Air to Ground devices	442
MP5: Vehicle hardware goods & services (Incremental Solution)	4,519
ESN Connection & Usage Costs	3,402
Delay Mitigation Costs	403
Authority Operating Costs	5,043
Revenue OB Uplift	99
Revenue Contingency	500
<b>TOTAL MDVS REVENUE</b>	<b>17,636</b>
<b>COMBINED TOTAL MDVS CAPITAL + REVENUE</b>	<b>32,832</b>
<b>Depreciation</b>	<b>10,600</b>
<b>Total</b>	<b>43,432</b>

To highlight the table above includes the summary financial evaluation of ARP MDVS Phases 3 and 4 (e.g. MP3 and MP4). To note 'ESN Phases' are currently out of the scope pending

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evaluation of ESMCP FBC and ARP FBC Phase 4 and eventual ESN switchover date but provide an indication of WAST costs at this time and would be subject to a further business case.

The table below sets out the real world cost movements that will apply to Wales as a percentage of ARP programme costs as a result of ARP FBC (Phase 3 & 4). This FBC updates and refreshes the previous cost models within the WAST MDVS OBC Addendum for highlighted areas in scope for this phase.

Table 12 – Cost Movements

Cash Flow Summary £m	Wales FBC (MDT – Phase 1) £'m	ARP FBC (Phase 4)	ARP FBC (Phase 3)
		£'m	£'m
<b>CDEL</b>			
CP1: CONSULTANCY SUPPORT	n/a	0.0	0.0
CP2: SOFTWARE SOLUTION	n/a	7.4	9.2
CP3/4: BACK / FRONT OFFICE	n/a	11.2	12.5
CP5: NETWORK	n/a	0.0	0.0
CP6: DECOMMISSIONING	n/a	0.0	0.0
CP7: HOSTING	n/a	0.0	0.0
CP8a: SERVICE DESK SUPPORT SERVICES	n/a	0.0	0.0
CP8b: FIELD SUPPORT SERVICES	n/a	0.0	0.0
MP1: MOBILISATION APPLICATION	0.612	4.0	4.1
MP2: CENTRAL BACK OFFICE HARDWARE	0.068	0.8	1.3
MP3: NON-VEHICLE DEVICES & ACCESSORIES	5.483	32.1	76.7
MP4: AIR TO GROUND DEVICES	1.220	8.8	2.6
MP5: VEHICLE HARDWARE SOLUTION	7.495	32.0	27.7
Capital OB Uplift	0.318	0.8	9.1
<b>TOTAL - CDEL</b>	<b>15.196</b>	<b>97.3</b>	<b>143.1</b>
<b>RDEL</b>			
CP1: CONSULTANCY SUPPORT	n/a	6.7	4.0
CP2: SOFTWARE SOLUTION	n/a	4.8	5.4
CP3/4: BACK / FRONT OFFICE	n/a	17.4	16.7
CP5: NETWORK	n/a	12.4	15.5
CP6: DECOMMISSIONING	n/a	7.3	7.3
CP7: HOSTING	n/a	2.5	2.5
CP8a: SERVICE DESK SUPPORT SERVICES	n/a	36.5	6.6
CP8b: FIELD SUPPORT SERVICES	n/a	31.8	39.2
MP1: MOBILISATION APPLICATION	0.422	6.1	6.7
MP2: CENTRAL BACK OFFICE HARDWARE	0.012	0.1	0.3
MP3: NON-VEHICLE DEVICES & ACCESSORIES	2.794	19.4	9.9
MP4: AIR TO GROUND DEVICES	0.442	4.0	17.6
MP5: VEHICLE HARDWARE SOLUTION	4.519	26.5	10.8
ESN CONNECTION & DATA USAGE	3.402	12.8	19.4

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Cash Flow Summary £m	Wales FBC (MDT – Phase 1)	ARP FBC (Phase 4)	ARP FBC (Phase 3)
AUTHORITY OPERATING COSTS	5.043	62.9	62.8
DELAY MITIGATIONS COSTS	0.403	4.8	5.9
ESN ACCELERATION	n/a	15.4	0.0
Revenue OB Uplift	0.099	3.3	3.1
<b>TOTAL - RDEL</b>	<b>17.136</b>	<b>274.6</b>	<b>233.7</b>
<b>TOTAL - CDEL AND RDEL</b>	<b>32.332</b>	<b>371.9</b>	<b>376.8</b>
Phase 1 - Contingency	n/a	6.4	6.4
Phase 2 - Contingency	n/a	2.2	2.2
Phase 3 - Contingency	0.300	6.2	6.2
Phase 4 - Contingency	0.200	2.8	0.0
ESN Acceleration Contingency	Tbc	1.5	0.0
<b>TOTAL CDEL AND RDEL (INCL. CONTINGENCY)</b>	<b>32.832</b>	<b>391.0</b>	<b>391.6</b>

ARP are also anticipating an Airwave saving of £14.3m due to be realised by ARP in 2024/25 which has been excluded from the above table.

There have been a variety of small movements in the expected cost of the procurements which were funded in ARP FBC (Phase 1), FBC Phase (2) and FBC (Phase 3). Overall, these have a c. £0.6m effect in real terms over the life of the programme.

All ARP FBC (Phase 3) costs shown in the table above have been adjusted to reflect a change in Base Date from 1 April 2016 in the ARP FBC (Phase 3) submission to match the Base Date of 1 April 2020 being used for the ARP FBC (Phase 4) submission. The actual ARP FBC (Phase 3) had a total real value of £356.2m in 1 April 2016 prices. The latest ARP FBC Phase 4.1 version 0.5 now has a total real value including monies already spent (FY17-FY21), the total funding for the ARP Programmes is £437.5m. National ARP programme costs applicable to Wales highlighted at MDVS OBC Addendum have now been adjusted to reflect this position.

**A Detailed Explanation for the In-Scope Cost Movements is set out below:**

National Mobilisation Application (MP1) – there has been a costs increase by £292k to reflect the most up to date cost information available from ARP. Total national costs across CDEL and RDEL because of the shift to the right of the National Service Readiness Milestone.

Central Back Office Hardware (MP2) – there has been a total national cost reduction of £138k across CDEL and RDEL compared to ARP FBC (Phase 3) and WAST MDVS OBC Addendum. All the hardware has been purchased and ARP FBC (Phase 4) now reflects the actual costs incurred as well as refreshes based on these costs. These are the costs included in this FBC.

Vehicle Hardware (MP5) – these costs have increased by £7.495m in CDEL and a further £4.519m in RDEL. This is driven by the MP5 costs now reflecting the actual costs set out in the Vehicle Hardware contract following the ARP procurement exercise undertaken in 2019/20. Additionally, the decision taken to capture only Non-Vehicle devices costs within MP3 has resulted in moving the refresh costs for Vehicle Hardware and Vehicle fitting which were previously reported within MP3 in FBC (Phase 3) to MP5 in FBC (Phase 4).

ESN Data Connections - these costs have been adjusted to reflect the number of Vehicle Hardware Devices included within the MP5 Vehicle Hardware procurement resulting in an increase of c. £2.9k.

Authority Operating Costs (FY21-32) – these have been refreshed since the ARP FBC (Phase 3) and WAST MDVS OBC Addendum submission to reflect the most up to date Authority staffing requirements. This has led to a minimal increase in real terms of £0.1m. Authority Operating costs are produced by the ARP team with a large proportion relating to the additional staff required to deliver a disaggregated solution.

Delay Mitigation costs – this was a new cost category at ARP FBC (Phase 3) and WAST MDVS OBC Addendum which detailed a series of costs that ARP are incurring because of the ESN delays. There has been a decrease of £1.1m compared to ARP FBC (Phase 3) and WAST MDVS OBC Addendum due to the need for Dispatch Communications Server Implementation. The delay mitigation costs include:

- Extension of Airwave terminals.
- Interim control room trust moves.
- Additional ESN Testing.
- ESN Control Room Training.
- Test & Integration environment hosting.

ESN Acceleration - this is a new cost category that ARP has included (currently out of scope for Wales and would form part of addendum if required at a future date) in order to support the acceleration of the installation of ESN devices. The chosen option assumes that 72 additional vehicles are provided to English Trusts to support the installation and the installation is applied to 6,910 vehicles. The Additional ESN Acceleration costs set out for information in the table above are offset by a future reduction in Airwaves costs which is achieved as a result of completing installations quicker. The ESN acceleration costs include:

- Additional ARP Team Costs.
- Additional Vehicles.
- Paramedic Staff Costs.
- Fitter Costs.
- Logistics Costs.
- Garage Space.
- Airwave Savings.

Table 13 - FBC Costs Assumptions (Wales in-scope activities highlighted)

ARP Financial Category (for FBC activities)	Programmes Model – in-scope Wales	FBC Cost Wales	Assumptions / Source
CP1: Consultancy Support			
Consultancy Support			Additional external consultants required to support with the Programme.

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ARP Financial Category (for in-scope FBC activities)	Programmes Model – Cost Wales	FBC Cost	Assumptions / Source
			The majority of these costs relate to the four years ending 31 March 2021 and are presented as actuals. Forecast cost information is included from 1 <sup>st</sup> April 2021. These costs have been re-profiled and updated based on the most up to date information.
CP2: Software Solution			
Integration Test & Training			£8k training cost per Trust based on Trust Start Dates.
CRS Software			Cost of CRS Software (£2.8m) shown on a per Trust basis based on the Trust's Go Live Date (TM7).
National Integration			This includes the NM4, NM6 and NM7 milestones. The majority of these costs are based on actuals up to 31 March 2021 with a small amount of costs forecast beyond this period. The national integration costs have been taken from the final bid submissions for CP2. The timeline has been adjusted to reflect the issues with the timely delivery and quality of hardware.
ESN Integration			A one-off cost of £0.8m in October 2024. Due to delays in ESN, there will now be two CRS implementation phases, the first implementation will be to Airwave. Once the ESN is delivered the CRS will be integrated to the new network. The additional integration cost is due FY2024/25.
Optional Bespoke Hardware Maintenance			£12k per annum from November 2020 until the end of the Contract Period.
CP3/4: Back Office / Front Office			
Back Office / Front Office			The CP3 and CP4 cost categories have been merged into a combined category for FBC (Phase 4) having previously been shown separately in FBC (Phase 3). This includes: Hardware equipment including support/warranty - Costs are based on based on the costs incurred via the hardware provider (Insight Direct Ltd); Interfaces – costs are based on supplier quotes; Core Network and Management (CNAM) - Costs are based on the contract entered into with the CNAM supplier following a competitive tender process
CP5: Network			
PSN Connection Costs Internet Connectivity			Network Costs are based on actuals/forecasts incurred up to 31 March 2021 with estimates included by ARP beyond this date.



ARP Financial Category (for in-scope FBC activities)	Programmes Model – Cost Wales	FBC Cost	Assumptions / Source
			Costs are based on the costs incurred via the Network provider (Vodafone) and the Internet Connectivity Provider (Vysion Ltd)
CP7: Decommissioning			
Decommissioning			These are based on the 2005 Airwave decommissioning costs inflated to FY21. It is assumed that the cost is incurred over FY22-FY24 on an equal basis.
CP7: Hosting			
Annual support			Hosting Costs are based on actuals/forecasts incurred up to 31 March 2021 with estimates included by ARP beyond this date. Cost categories include: - Framework Fees for Central hosting of CRS and MDVS - Central Hosting of CRS & MDVS - Insurance cover for Data Centre equipment Costs are based on Hosting Providers – Crown Hosting Data Centres and Crown Commercial Services
CP8: Support Services			
CP8a: Support Services - Service Desk			Service Desk Costs are based on actuals incurred up to 31 March 2021 with Service Charges estimated in FY22 and FY23. The Service Desk support will end in FY23 and be replaced with the Service Partner.
CP8a: Support Services - Service Partner			The Service Partner contract was not part of the FBC (Phase 3) Submission and represents a new cost category. The Service Partner procurement process is currently live and therefore prudent estimate has been included based on the interim bids received.
CP8b Field Support Services			Costs are based on the contract entered into with the Field Support Services supplier following a competitive tender process. At a high level, the following cost categories are included: - Milestone Payments - Operational Services (excluding installations) - Optional Services - Abortive Visits - Redundancy Costs
Delay Mitigations			

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ARP Programmes FBC Financial Model – Cost Category (for in-scope Wales FBC activities)	Assumptions / Source
CRS Delay Mitigations	The following additional CRS Costs have been included as a result of ESN delays: - Interim control room trust moves (£1.6m) - Additional ESN testing (£0.8m) - ESN Control Room Training (£0.9m) - Test & integration environment hosting (£0.2m) The above costs are a mix of actuals incurred to date and forecasts by ARP.
Extension of previously Trust Funded Airwave terminals	Actual costs incurred in FY18 and FY19 for Airwave Terminal extensions of £1.5m.
<b>MP1: Mobilisation Application</b>	
Software Costs	Software Cost (NM5 and NM7) of £3.0m are based on actual costs incurred up to 31 March 2021 with forecasts in FY22 and FY24. An additional £0.2m retention is applied to these costs.
Maintenance and Support	Maintenance and Support Costs are forecast from FY22 onwards on a Trust by Trust basis based on Project Plan.
<b>MP2 Central Back Office Hardware</b>	
Network Kit	Network Kit of £0.4m is based on actual costs incurred in FY19 with a refresh of the same cost assumed 8 years later.
Warranty & Support	Warranty and Support cost of £0.1m is based on actual costs incurred in FY19 with a refresh of the same cost assumed 8 years later.
<b>ESN Acceleration (new cost category)</b>	
ESN Acceleration	This is a new cost category in order to support the acceleration of the installation of ESN devices. The preferred option assumes that 72 additional vehicles are provided to English Trust's to support the installation and the installation is applied to 6,910 vehicles.
Additional ARP Team Costs	Additional ARP team costs incurred as a result of the acceleration. ARP assumption.
Additional Vehicles	72 additional vehicles provided across all English Trust's to support with the acceleration. 80% of new vehicles assumed to be Ambulances at a cost of £0.2m per vehicles and 20% assumed to be RRV's at a cost of £0.5m per vehicle.
Paramedic Staff Costs	Paramedic Staff training costs at £640 per vehicle. Based on 11 staff per vehicle with 2 hours of training per staff at the overtime hourly rate of £29 per hour.

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ARP Programmes FBC Financial Model – Cost Category (for in-scope Wales FBC activities)	Assumptions / Source
Fitter Costs	Based on the fitter cost per vehicle of £644 with a 25% uplift to account for the acceleration.
Logistics Costs	Based on 3 additional Logistics Staff per Trust to support during installation at a cost of £21k per annum.
Garage Space	The cost of additional Garage Space per month during the fitting process at a cost of £689 per month per Trust.
<b>MP3. Non-vehicles Devices &amp; Fittings</b>	
Start Date	Based on ESN implementation start dates which range from June 2023 – April 2025.
Handheld Voice Devices	The cost per device has increased from £610 to £1k and is based on costs provided in the Home Office Framework Agreement for the provision of LTE Handheld Mobile Devices and Accessories (ESN). Optimism Bias for Handheld voice devices has been removed as a firm price is now available through the Home Office Framework Agreement. The number of devices has remained unchanged from FBC (Phase 3) at 13,561. It is assumed that 10% of devices are bought as spares. The refresh terms remain unchanged since OBC with refresh every 5 years.
Fixed Mobile	The cost per device has remained consistent from FBC (Phase 3) at £2k per unit and the refresh terms have remained consistent at 8 years. The number of devices has remained the same at 627. No Spares are to be ordered.
Transportable Fixed Radio	The cost per device (£2.4k) and the refresh terms (8 years) have remained the same from FBC (Phase 3). The number of devices has also remained consistent at 115 following a Baseline refresh carried out at FBC (Phase 3).
Motorbikes	The cost of the Motorbike device has remained consistent with FBC (Phase 3) at £3.5k as have the refresh terms (5 years) and the number of vehicles (37 motorbikes).
Multi-bay desktop Charger	The cost per device has increased slightly from £356 at FBC (Phase 3) to £360. The number of chargers (976) and the refresh terms (5 years) have remained consistent.
In-vehicle radio cradle	The cost per cradle (£200), the number of cradles (13,561) and the refresh terms (5 years) have all remained consistent with FBC (Phase 3).
Device accessories	The cost of device accessories (£6.50) and the refresh term (5 years) has remained consistent with FBC (Phase 3). The number of devices required (13,601) has not changed.

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ARP Programmes FBC Financial Model – Cost Category (for in-scope Wales FBC activities)	Assumptions / Source
Support Costs	Annual warranty service charge per device of £120 applied to 13,593 devices. This has been included as unit cost provided by Home Office includes a 3 year warranty cost.
Motorbike installation	Cost of £750 of fitting device to 37 motorbikes with a 5 year refresh. This is consistent with FBC (Phase 3).
<b>MP4: Air to Ground Solution</b>	
Aircraft Comms System	The purchase price for the Aircraft Comms system has increased from £34k to £74k as per latest information from ESN. This cost is driven by the number of aircrafts, which has not changed since the OBC (40 aircrafts).
Installation	The installation costs have remained consistent with FBC (Phase 3) at £150k per aircraft. This is based on best available estimates at the time of FBC (Phase 4) submission as provided by ESN.
Service Management	This is a new cost category at £11k per aircraft per annum. Based on 40 aircraft.
Optimism Bias	The OB rate updated to 10.71% (previously 116%) as far more accurate cost information is now available and is based on ESN cost inputs.
<b>MP5: Vehicle Hardware</b>	
Vehicle Hardware Procurement	The cost for Vehicle Hardware is based on the contract awarded in summer 2020 following the Vehicle Hardware procurement.
Milestone Payments	These are based on the actual costs provided by the Contractor which have a 10% retention applied to them.
ARP Vehicle Router	The cost of the ARP Vehicle Router has decreased from £2.2k to £1.2k based on actuals from the Vehicle Hardware Procurement. This device will now be fitted to 6,510 vehicles (previously 6,770). A refresh will be required after 8 years and 10% spare devices will be included in order.
10" Tablets	The cost of the 10" Tablet has increased from £0.7k to £1.2k based on actuals from the Vehicle Hardware Procurement. This device will now be fitted to 6,510 vehicles (previously 6,770). A refresh will be required after 5 years and 10% spare devices will be included in order.

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ARP Programmes FBC Financial Model – Cost Category (for in-scope Wales FBC activities)	Assumptions / Source
Power Management System/Dock/Accessories	The cost of the Power Management System / Dock / Accessories has decreased by £7 to £1,023 based on actuals from the Vehicle Hardware Procurement. This device will now be fitted to 6,510 vehicles (previously 6,770). A refresh will be required after 8 years and 10% spare devices will be included in order.
Vehicle fitting	The cost of the Vehicle fitting has decreased from £1.2k to £900 based on actuals from the Field Services Support Procurement. This fitting will be applied to 6,510 vehicles (previously 6,770).
ESN Connections – Data only	Cost of data is £6 per device per annum during the period before ESN goes live. The cost is based on actuals ESN and will be applied to 6,510 vehicles.
Support Costs - Service Delivery MDAM - Warranty Service Charge	The MDAM Service Delivery Charge (£105) and Warranty Service Charge (£71) are applied per device per annum and are based on actuals from the Vehicle Hardware Procurement. This cost has increased from a previous combined cost of £76.
Additional Hardware	Additional Hardware of £157k is required as part of the Vehicle Hardware Procurement. This is a new cost category which was not included in FBC (Phase 3).
E2E Communications	E2E Communications is a new cost category as per the Vehicle Hardware Procurement. It includes an annual monthly charge per device of £39 and an annual standing charge of £92k.
General Support Charge	An annual General Support charge of £481k per annum is included as part of the Vehicle Hardware procurement.
ESN Development	A one-off cost of £2m in FY23 has been included as it is anticipated that there will be a cost to integrate to ESN when ESN Voice becomes available.
Optimism Bias	Optimism Bias has been removed from Vehicle Hardware costs as they are now based on actuals following the Vehicle Hardware Procurement.
<b>Authority Operating Costs</b>	
Future staff costs	The future staff costs have been profiled according to the ARP Project Resource plan. It has been decided that most of the work should be carried out by a permanent, in-house team, thus expanding the resource requirements.

ARP Financial Category (for FBC activities)	Programmes Model – Cost	FBC Cost	Assumptions / Source
			Roles have been reviewed and profiled in line with the ESN Programme delays.
ESN Connection Costs			
Connection fee and Data usage			ESN connection costs are based on an annual Connection Fee per device of £96 and an annual Data Usage charge per device of £6. These costs have remained the same since the OBC. However, since the OBC, the costs and usage terms have been agreed with the Trusts. There is a per device allocation of 0.5GB. If a Trust's total usage is greater than the number of devices multiplied by the allocation, the cost for this additional usage will be absorbed by the Trust.

The financial assumptions used in the cost models have captured both ARP and WAST planning assumptions. In taking forward the evaluation, a series of assumptions had to be made:

- **Timescale:** The analysis covers a period commencing 1 April 2016 to 31<sup>st</sup> March 2032. This timeline matched the Full Business Case for ESN when it was first drafted. In order to enable comparability between the options, an analysis period has been performed through to an end date of 31 March 2032, which at the time represented the end date for the ESMCP programme. However, due to ESMCP delays the Home Office has since then extended the timeline covered by its refreshed FBC to the 31<sup>st</sup> March 2036 (this date could be extended even further to 2044). Therefore, all costs, benefits and risks are captured within the timetable. There has been no change to the end date of the ARP Programmes because of the ESMCP delays which could impact the cost / benefit analysis and will likely incur an additional lifecycle costs but could be offset through technological changes.
- **Extension of current arrangements:** As the funding for the Airwave Services Ltd (ASL) Contract Extension has already been secured through the ESMCP, this cost is excluded from the evaluation of the ARP Programmes Preferred Option and from the Do Minimum. The current ARP cost model assumption states the earliest ESN Transition can proceed (which has been stated as from December 2022) has been amended to October 2024. To highlight the latest iteration of the ESMCP FBC is based on an incremental delivery of ESN, with a risk based expected Airwave shut down date of 2026. The base case of Airwave shut down for this option is November 2024. Any aspirations to transition User Organisation earlier than this date is currently unachievable. The ESN switchover dates require reconciliation between the ESMCP and ARP programmes including Devolved Administrations and User Organisations to better inform investment planning decisions.
- **Volumes:** In previous phases of ARP FBC the volume of terminals were based on information provided by Trusts in December 2015 and March 2018. Given the time-lapse a revised WAST baseline was captured in June 2019 and more recently June 2020 which reflected the changes to the profile of Ambulance fleets. WAST has since completed a further review of its MDVS planning assumptions (May 2021) which are reflected in the updated cost model. To note: the WAST Demand & Capacity Review (2021 – 2024) may present a yet to be fully quantified risk and cost pressure, and as such no assumptions relating to volumes have been included within the scope of this FBC.

- **Costs:** The costs that follow have been derived from analysis of the current baseline connections and devices in conjunction with available market data. Costs exclude VAT in accordance with HM Treasury guidance. ESMCP specialist VAT team have advised that VAT will be recoverable in all elements of the ARP Programmes procurements, final confirmation is due from HMRC and WAST would require the HMRC confirmation to inform local VAT applicability.
- **Risk:** ARP has made a risk adjustment to reflect the level of risk associated with each option. This adjustment is made to the overall NPC of each option, not to individual cost lines. Wales following the incremental delivery approach under this FBC has followed the ARP NPC calculations and can confer this approach mitigates the risk and provides the best vfm option.
- **Supplier Margin:** The cost estimates used are inclusive of a margin on all supplier costs, to allow for recovery of corporate overheads, supplier profit and any other irrecoverable supplier costs.
- **Optimism Bias:** Optimism Bias has been reflected in costs in accordance with HM Treasury guidance. Since OBC, the Optimism Bias assumptions have been revisited, and adjusted to reflect the increased certainty over costs in the CRS and MDVS Programmes.
- Optimism Bias has been updated in the table below and reflects costs in accordance with HM Treasury guidance.

Table 14: WAST Cost Model Version 1.3 - Cost Allocation assumptions

Procurement Lot	Procurement contents	Treatment	UEL (Years)	Assumptions
<b>MP1: Mobilisation Application</b>	Mobilisation Application Software Costs	CDEL	8	Software Cost of £223k based on 1/13th of (NM5 and NM7) payments.
	NMA Lite Licences	CDEL	5	Cost of £180 per licence applied to 750 licences. Revised to 780.
	Operational Service Charges	RDEL	N/A	On-going Trust Service charges.
	Hosting Fees	RDEL	N/A	Annual fee of £30 per licence applied to 780 licences (Terrafox Hosting). Once all vehicles on NMA (ARP Data Centre Hosting) so cost goes away.
<b>MP2: Central Back Office Hardware</b>	Network Kit	CDEL	8	Based on 1/13th of actual costs.
	Warranty & Support	RDEL	N/A	Based on 1/13th of actual costs.
<b>MP3: Non-vehicles Devices &amp; Fittings</b>	Handheld Voice Devices	CDEL	5	<p>Cost per device is £1k (1,104 devices) and is based on costs provided in the Home Office Framework Agreement for the provision of LTE Handheld Mobile Devices and Accessories (ESN).</p> <p>It is assumed that 10% of devices are bought as spares;</p> <p>No Optimism Bias has been applied as a firm price is now available through the Home Office Framework Agreement.</p>



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	ESN Coverage Devices (LTE Extender Devices)	CDEL	8	<p>Cost per device (485 devices) is £3k + £750 Installation and £130 maintenance and is based on costs provided in the Home Office Framework Agreement for the provision of LTE Handheld Mobile Devices and Accessories (ESN);</p> <p>It is assumed that 10% of devices are bought as spares;</p> <p>No Optimism Bias has been applied as a firm price is now available through the Home Office Framework Agreement.</p>
	Fixed Mobile	CDEL	7	<p>Cost per device is £2k (52 devices) and Optimism Bias rate applied of 6.67%.</p> <p>Unit cost assumes Fixed Vehicle Device + Installation + Warranty.</p>
	Tetra RSMs	CDEL	5	<p>Cost per device £450 (1,104 devices);</p> <p>It is assumed that 10% of devices are bought as spares;</p> <p>No Optimism Bias has been applied as a firm price is now available through the Home Office Framework Agreement.</p>
	Intrinsically Safe Radios	CDEL	4	<p>The cost per device is £1.5k (10 devices).</p>
	In-vehicle radio chargers	CDEL	5	<p>The cost per device is £200 applied to 1,104 devices (assumption is that all devices would be Fixed Vehicle Devices which includes all fixings to permit installation);</p> <p>No Optimism Bias has been applied as a firm price is now available through the Home Office Framework Agreement.</p>
	Device accessories	CDEL	5	<p>The cost of device accessories is £50 applied to 1,104 devices;</p> <p>No Optimism Bias has been applied as a firm price is now available through the Home Office Framework Agreement.</p>
	Support Costs	RDEL	N/A	<p>Annual warranty service charge for Handheld Voice Devices is £120 per device;</p> <p>Annual maintenance charge for ESN Coverage Devices is £130 per device;</p> <p>This has been included as unit cost provided by Home Office which is a 3 year warranty cost.</p>
	Fitting costs	RDEL	N/A	<p>Fitting cost per Handheld Voice device is £225 with a 5 year refresh;</p>

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				Fitting cost per ESN Coverage device is £750 with no refresh.
<b>MP4: Air to Ground Solution</b>	Aircraft Comms System	CDEL	8	The purchase price for the Aircraft Comms system is £74k as per latest information from ESN and has been applied to 4 aircrafts plus 1 spare aircraft.
	Installation	CDEL	8	The installation costs are £156k per aircraft.
	Service Management	RDEL	N/A	£11k per aircraft per annum.
<b>MP5: Vehicle Hardware</b>	Milestone Payments	RDEL	N/A	These are based on 1/13th of the actual costs provided by the Contractor with a 10% retention applied to them.
	Vehicle Hardware Bundles which comprise of: - Router - Tablets - Power Management System/Dock/Accessories	CDEL	8	Cost per bundle is £3.5k and is applied to 780 vehicles (refresh for Tablets is 5 yrs);  It is assumed that 10% of devices are bought as spares.
	Fixed Vehicle Units (In-Vehicle Voice devices)	CDEL	5	Cost per device is £1.9k (780 devices) and Optimism Bias rate applied of 6.67%.
	Vehicle fitting for Vehicle Hardware Bundles and Fixed Vehicle Units	RDEL	N/A	Fitting cost per Vehicle Bundle is £750;  Fitting cost per Fixed Vehicle Units is £1.6k;  Costs based on 780 Vehicle fits and 485 ESN Gateways.
	ESN Connections – Data only	RDEL	N/A	Cost of data is £6 per device per annum during the period before ESN goes live 3,247 connections.
	Support Costs - Service Delivery MDAM - Warranty Service Charge	RDEL	N/A	The MDAM Service Delivery Charge (£105) and Warranty Service Charge (£71) are applied per device per annum and are based on actuals from the Vehicle Hardware Procurement.
	End to End (E2E) Communications	RDEL	N/A	Includes an annual monthly charge per device of £39 and an annual standing charge of £8k which is based on 1/11th of the contract annual standing charge.
	General Support Charge	RDEL	N/A	An annual General Support charge of £44k per annum is which is based on 1/11th of the charges included as part of the Vehicle Hardware procurement.
	ESN Development	RDEL	N/A	A one-off cost of £154k in FY23 has been included as it is anticipated that there will be a cost to integrate to ESN when ESN Voice becomes available.

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<b>ESN Connection Costs</b>	Connection fee and Data usage	RDEL	N/A	ESN connection costs are based on an annual Connection Fee per device of £96 and an annual Data Usage charge per device of £6 applied to 3,247 connections.
<b>Authority Operating Costs</b>	ARP Service Wrap	RDEL	N/A	ARP future staff costs have been profiled according to the ARP Project Resource plan and it is assumed that WAST will contribute approximately 4% of these costs.
	In Life Business WAST Resources	RDEL	N/A	For the life of the programme based on Band 8a - 1 FTE, Band 5 - 1 FTE, Band 4 - 1 FTE from October 2023.
<b>Delay Mitigations</b>	At a high level, includes:  - Additional ESN testing (£62m) - ESN Control Room Training (£65k) - Test & integration environment hosting (£12k) - WAST Staff Training (£255k)	RDEL	N/A	Costs have been included as a result of ESN delays.

### National Costs

The following table summarises the national ARP costs for the Preferred Option compared to the Do Minimum costs for the MDVS and CRS OBCs, excluding ASL contract extension costs respectively. As ARP has merged its MDVS and CRS OBCs and Wales has chosen to undertake separate business cases for individual stages then the proportionately of ARP programme costs to Wales have been based on 1/11<sup>th</sup> and 1/13<sup>th</sup> as costs indication.

Table 15: National Total Costs per option

Total Real Costs	Total Project Costs £m	NPC of Total Costs £m	Wales Costs £m
ARP Programmes Preferred Option	371.9	318.0	49.6
Do Minimum Comparator			
MDVS OBC	284.3	227.9	32.0
CRS OBC	217.8	171.9	17.6
Removal of ASL Extension Costs	-31.5	-28.7	-
<b>Total Do Minimum - OBC</b>	<b>470.6</b>	<b>371.1</b>	<b>49.6</b>

### Benefits

ARP has undertaken a benefits analysis on the shortlisted options. This focused on preserving the current annual Airwave benefits associated with the ARP Programmes as identified in the Airwave FBC and the extent to which options can deliver additional benefits in 4 key areas:

- Financial cash releasing: Captured as cash flows.
- Financial non-cash releasing: These are quantified but will not be releasing cash as such; typically, these will be savings linked to a reduction in the time and efforts that end users spend interacting with and administering the services. Examples include time savings, relinquished storage space that is put to better use rather than being realised as cash savings.
- Societal benefits: Those benefits where the impact is felt beyond the NHS, resulting in an improvement in the overall economy. Examples include reduced carbon emissions and improving healthcare services provided to the public by supporting the delivery of the right care at the right place at the right time.
- Quality benefits: Scored on the relative importance of each benefit by the evaluation team. These will be wider benefits linked to quality improvements because of changes to the services.

### Benefits

The benefits identified at OBC stage are summarised as follows:

#### Cash Releasing:

- Reduced equipment hosting costs.
- Reduced maintenance costs on fall-back communications systems.
- Reduced connection SIMS costs per annum.
- Reduced equipment hosting costs per annum.
- Reduced upgrading costs per annum.

#### Non-Cash Releasing:

- Organisational Flexibility.
- Reduced maintenance and operational costs from those associated with the use of analogue systems.
- Treatment of more patients in Ambulances will reduce pressures on A&E departments, resulting in a cost saving to the wider health economy. These cost savings are outside of the scope of ARP.

#### Societal:

- The solution requires 75% less footprint in the equipment room.
- Better response to major incidents.
- Service continuity/resilience.

#### Quality:

- Better interfaces to hospitals enable better patient care whilst on route to the hospital and improved readiness of the receiving unit.
- Improved communication between the Ambulance Trusts and wider NHS.
- Improve safety and support for NHS staff.

- 
- Improve security of patient information exchanged via the network.
  - Improve speed of service i.e. time taken to transmit messages.
  - Improve the accuracy of delivery of information (data).
  - Operational simplicity and flexibility.
  - Improved disaster recovery and business continuity within Trust EOCs.
  - Improved communication and interoperability between Ambulance Trusts and other Emergency Services and the wider NHS.
  - Standardisation of service.
  - Improved patient care.
  - Improved data security.
  - Improved service delivery.
  - Improved interoperability between Trusts and wider NHS.

Financial Cash-Releasing Benefit Assessment sets out the cash releasing benefits phased over the duration of the investment. The six benefits identified are:

- Reduced equipment hosting costs.
- Reduced maintenance costs on fall-back communications systems.
- Reduced connection SIMS costs per annum.
- Reduced equipment hosting costs per annum.
- Reduced upgrading costs per annum.
- Early cancellation of the Airwave contract.

Financial non-cash releasing benefits. The two non-cash releasing benefits identified are:

- Organisational Flexibility.
- Reduced maintenance and operational costs from those associated with the use of analogue systems.
- Provision of additional ambulances in the system.

The DHSC, together with the WAST ('Disruptive Excellence' WAST Digital Strategy [November 2020]) are exploring the long-term opportunity to better connect patient data from Ambulances through to A&E. This has the potential to significantly change the interaction between Ambulances and Acute hospitals/care centres. At this stage, the thinking around this is still in its infancy and it is therefore not possible to estimate the potential cost impact across the NHS. However, the new technologies which this business case is seeking to deliver will be crucial to the future delivery of this opportunity but not attempt to quantify the impact at this stage.

### **Societal Benefits**

The societal benefits will be phased over the duration of the investment. These benefits have not been quantified financially as whilst the ARP Programmes is a critical element of the ambulance service infrastructure, their relative contribution to saving lives cannot be easily quantified. Moreover, Do Nothing is not a viable option and this FBC provides an appraisal of options for replacement of the existing service arrangements. The options have received a quality score based on their ability to provide better response to major incidents and the service

continuity/ resilience of each option. Given the importance of these benefits they have been analysed separately from the wider quality benefits.

### **Risk Approach**

During the development of the CRS and MDVS OBCs, ARP team members provided a description of the risks set out in the risk register, the impact, mitigation and significance as relevant to each of the options for the programme. They then assigned a consequence and likelihood score for each of the risks for each option. These risks will apply to Wales and are considered regularly by the WAST OCP programme team, together with any risks that are individual to Wales.

The standard IM&T risk register from DHSC Guidance was adapted for the risk appraisal of the short-listed options. The risks were qualitatively scored in the first instance to produce a raw risk score. The risks were then reviewed to see if they could be costed at the OBC stage of the investment approach, or if provision had already been made in the costing of the options, or through optimism bias. The scores were then adjusted to reflect only those risks where provision has not been made within the cost model.

Key categories of risks analysed were:

- Design Risks and Development Risks.
- Implementation Risks.
- Operational Risks.
- Termination Risks.

### **Risks Methodology**

Risks were assessed on a qualitative basis during the OBC assessment for both the CRS and MDVS Programme. Both Programmes were assessed using the same methodology:

- Likelihood was assessed out of a score of 5.
- The Consequence was assessed out of a score of 5.
- The Likelihood and Consequence scores were then multiplied to generate an overall assessment out of 25 (i.e. Likelihood x Consequence, 5 x 5).
- The qualitative risk assessment scoring can be found in the CRS and MDVS OBCs respectively.

### **Costing Risk**

Risks were not fully quantified at OBC stage in either the CRS or MDVS Programmes.

ARP Contingency within this Business Case is only for CRS and MDVS procurements and does not include contingency for delays or changes to ESN.

ARP held a series of risk workshops starting from October 2016 with members of the project team during the development of the FBC (Phase 1) to identify the nature of individual risks to the preferred option and to then place a value on them and determine the extent to which they are likely to occur after planned mitigation measures. Additional workshops were held in March 2017 and February 2018 to identify and quantify risks in relation to FBC (Phase 2) and FBC (Phase 3) respectively. Contingency for ARP FBC (Phase 4) was quantified at a series of workshops during the development of the FBC (Phase 4) in November 2020.

There has been no quantification of any COVID-19 related risks under ARP FBC (Phase 4).

Risks identified to the ARP FBCs have been quantified by members of the ARP project team and discounted to 2020/21 prices. The total quantified risk is presented in the table below with the full quantified risk register included at Quantitative Risk Analysis

Table 16 - Quantified risk adjustment (National)

Quantified Risk Adjustment	£m
FBC (Phase 1) - CP1, CP2, CP3, CP4, CP5 and CP7	6.4
FBC (Phase 2) - CP8a	0.4
FBC (Phase 2) - MP1 and MP2	1.8
FBC (Phase 3) – CP8b, MP5	6.2
FBC (Phase 4)	2.8
ESN Acceleration	1.5
Total Quantified Risk Adjustment FBC (Phase 1), FBC (Phase 2), FBC (Phase 3), FBC (Phase 4) & ESN acceleration	19.1

To highlight that ARP has quantified the total national risk in the latest phase of its business case, which is £4.3m which represents circa 2.0% of the total funding request for ARP FBC (Phase 4). ARP acknowledges that this is a low contingency, however, the ARP FBC (Phase 4) submission also includes £0.8m Capital Optimism Bias and £3.3m Revenue Optimism Bias. ARP considers this to be a sufficient contingency pot (£8.4m) when taken in totality.

ARP has re-profiled contingency which was funded in FBC (Phase 1), FBC (Phase 2) or FBC (Phase 3) into future years to reflect the contracted commitments to date. The WAST OCP team has regular meetings with the ARP programme, of which there are regular finance meetings to monitor cost including authority operating costs and use of any contingency funds.

### **Optimism Bias**

Optimism Bias refers to the known tendency for the costs of projects to be underestimated, particularly in the early stages of developing and costing projects (e.g. SOC and OBC). The adjustment for Optimism Bias is a requirement of DHSC, HM Treasury and Welsh Government to make explicit, upward adjustments to costs to counteract this known tendency.

An Optimism Bias assessment was undertaken in line with the most recent guidance for applying Optimism Bias to IM&T schemes, in accordance with HM Treasury's latest Green Book. The process involves performing the following steps against each of a set of standard contributory factors:

- Decide on the upper bound percentage.
- Apply mitigating factors to the upper bound percentage.
- Apply the resulting, lower Optimism Bias rate to the contributory factor.
- Uplift the costs according to the level of the resulting Optimism Bias.

The guidance states that at FBC stage (i.e. this business case) the level of remaining Optimism Bias after mitigation should be very low or zero, as significant risks should instead be expressed through a detailed, quantified risk analysis.

The guidance also states that the upper bound percentage should be set at what is an appropriate level, using the following guidance:



- 40% if the system and interfaces are standard products already fully developed and proven (there is practically no new coding).
- 100% if the system and interfaces use several standard applications but also adds or develops further functionality and has a significant degree of new coding.
- 200% if the system and interfaces are new and untried before (involving a high degree of new coding).
- 41% has been used as upper bound percentage for RDEL based on Green Book guidance relating to operating expenditure on outsourcing projects.

The following changes to Optimism Bias have been made since the ARP FBC (Phase 3) and WAST MDVS OBC Addendum submission (for in-scope and general activities):

For in-scope activities then there is a zero or low Optimism Bias as contracts are now in place and there is certainty over delivery costs.

In-scope activities:

- National Mobilisation Application (MP1) – 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- Central Back Office Hardware (MP2) – 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- Vehicle Hardware (MP5) – 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- ESN Connection Costs continue to have 0% Optimism Bias applied to it. This is because the number of devices, the costs and usage terms have been agreed with the Trusts. There is a per device allocation of 0.5GB. If a Trust's total usage is greater than the number of devices multiplied by the allocation, the cost for this additional usage will be absorbed by the Trust. Costs over the utilisation limit will be met by the Trusts and will not be a DHSC cost. Whilst Trusts have agreed to this in principle, the OLA is still in draft and is subject to legal review and agreement by Ambulance Trusts and DHSC.
- Delay Mitigations – a mix of 0.00% and 10.71% has been used on different Delay Mitigation categories depending on the cost certainty surrounding the items.
- ESN Acceleration – this is a new cost category which is currently shown with 10.71% OB
- Service Desk (CP8a) - 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- Service Partner (CP8b) – 1.23% has been applied at ARP FBC (Phase 4) as the procurement is still going through the evaluation phase and a contract has not been signed.
- Field Services (CP8b) - 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.

Other activities (future scope):

- Consultancy Support (CP1) – 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- Software Solution (CP2) – 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- Back / Front Office (CP3/4) – 0% has been applied to certain cost categories at this FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery. However, 1.60% has been applied in some cases as costs are not fully confirmed.
- Network (CP5) – 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.

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- Decommissioning (CP6) – the costs for Airwave to deliver this service have been used as a baseline for costing this procurement which are deemed to be highly prudent, therefore 0% optimism bias has been applied.
- Hosting (CP7) - 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- Service Desk (CP8a) - 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- Service Partner (CP8b) – 1.23% has been applied at this FBC (Phase 4) as the procurement is still going through the evaluation phase and a contract has not been signed.
- Field Services (CP8b) - 0% has been applied at ARP FBC (Phase 4) as a contract is now in place and there is certainty of the costs associated with the delivery.
- Non-vehicle Devices & Accessories (MP3) – the Home Office Framework rates have been used to calculate the costs of this procurement, therefore there is increased certainty over these costs. 6.67% has been applied in ARP FBC (Phase 4). There is however cost certainty over the Handheld devices, in-vehicle radio cradles, device accessories and warranty service charge and therefore 0.00% OB has been applied.
- Air to Ground (MP4) Solution installation has reduced to 10.71% due to increased cost certainty as a result of using the Home Office Framework rates to calculate the costs of this procurement with all other MP4 categories being set at 0.00%.

Table 17 – Latest Optimism Bias applied at FBC (in-scope activities highlighted)

	CDEL Uplift %	RDEL Uplift %
CP1: Consultancy Support	0.00%	0.00%
CP2: Software Solution	0.00%	0.00%
CP2: Software Solution (Dispatch Communications Server Implementation)	0.00%	10.71%
CP3/4: Back / Front Office (mix of categories)	0.00%	0.00%
CP3/4: Back / Front Office (mix of categories)	1.60%	1.60%
CP5: Network	0.00%	0.00%
CP6: Decommissioning	0.00%	0.00%
CP7: Hosting	0.00%	0.00%
CP8a: Support Services - Service Desk	0.00%	0.00%
CP8a: Support Services - Service Partner	0.00%	1.23%
CP8b: Support Services - Field Support	0.00%	1.23%
MP1: National Mobilisation Application	0.00%	0.00%
MP2: Central Back Office Hardware	0.00%	0.00%
MP3: Non-vehicle Devices & Accessories - Handheld Voice Devices, in-vehicle radio cradle, Device accessories, Warranty	0.00%	0.00%
MP3: Non-vehicle Devices & Accessories – Fixed Mobile, Transportable Fixed Radio, Motorbikes, Installations	6.67%	6.67%
MP4: Air to Ground Solution (Installation)	10.71%	0.00%
MP4: Air to Ground Solution (all other MP4 categories)	0.00%	0.00%
MP5: Vehicle Hardware	0.00%	0.00%
ESN Connection & Usage Costs	0.00%	0.00%
Delay Mitigation Costs (Extension of Airwave Terminals, Interim Control Room Trust moves and Additional ESN Testing)	0.00%	0.00%
Delay Mitigation Costs (ESN Control Room Training, Test & Integration environment hosting)	0.00%	10.71%
ESN Acceleration	0.00%	10.71%

### Best Value for Money Option

ARP has performed best value for money analysis to collate the costs (after application of the Optimism Bias uplift), benefits and risks to present all the information needed to determine relative Value for Money.

The Preferred Option is compared against the Do Minimum comparator.

To ensure consistency, the same ASL extension costs which have been excluded from the ARP Preferred Option have been removed from the Do Minimum comparator.

The following table summarises the outcome, first using Total Real Cost (not discounted) figures and then using Net Present Cost figures (i.e. discounted to reflect the time value of money).

The discount rate applied is 3.5%, in line with the Green Book guidance.

The ranking is based on the risk and benefits adjusted cost for each option

Table 18 - Shortlisted Options - Outcome of National ARP Evaluation (Net Present Cost)

Summary – discounted (all financial figures £000 exc VAT)	Preferred Option	Do Minimum - Total OBC
Capital expenditure exc VAT	(84,858)	(73,480)
Capital expenditure Optimism Bias uplift	(720)	(72,158)
Revenue expenditure exc VAT	(229,551)	(206,555)
Revenue expenditure Optimism Bias uplift	(2,872)	(40,028)
<b>Sub-total</b>	<b>(318,001)</b>	<b>(392,221)</b>
Removal of ASL Contract Extension Costs	-	15,666
<b>Total expenditure exc VAT</b>	<b>(318,001)</b>	<b>(376,555)</b>
Plus cost of risk retained (contingency)	(18,726)	-
<b>Total expenditure incl contingency</b>	<b>(336,727)</b>	<b>(376,555)</b>
Less cash releasing benefits	19,744	5,433
Less non-cash releasing benefits	62,915	42,018
Less societal benefits	-	-
<b>Total - discounted - (lowest figure = best)</b>	<b>(254,068)</b>	<b>(329,104)</b>
Risk adjusted score	<b>496</b>	<b>714</b>
Societal benefits score	<b>300</b>	<b>118</b>
Quality benefits score	<b>458</b>	<b>272</b>
	<b>(556)</b>	<b>(1,211)</b>

### Absolute Value for Money (VfM) Test

Having identified the best VfM option, this is normally analysed to establish the extent to which they meet a specific absolute Value for Money test. The Preferred Option is assessed against this absolute VfM test by multiplying the Total Opportunity Cost by a factor of 4:1.

The opportunity cost of a £1 of public funding is currently estimated to be £4. The threshold of £4 represents the full opportunity cost, which is then offset against the value of the non-cash

releasing benefits. If the result is positive, then the absolute VfM test will have been met. The best VfM option is that with the highest positive value.

This business case does not assess the absolute VfM on the basis that whilst the ARP Programmes are a critical element of the ambulance service infrastructure, their relative contribution to saving lives cannot be easily quantified. Moreover, Do Nothing is not a viable option and this FBC provides an appraisal of options for replacement of the existing service arrangements whilst following a disaggregated procurement and delivery approach to help mitigate the UK Ambulance services against the protracted ESN delays.

### **Sensitivity Analysis**

This section considers the ARP robustness of the VfM position of the Preferred Option compared to the Do Minimum comparator to changes in key assumptions. The sensitivity analysis focuses on core areas:

- **Area 1:** Downside cost scenario analysis – how sensitive is the Preferred Option to upward price variations.
- **Area 2:** Switching values - these determine the changes in underlying assumptions that would need to be made before the result switched and the Preferred Option was no longer preferred over the Do Minimum comparator.
- **Area 3:** The impact on VfM of removing those benefits whose realisation DHSC has no control over.

#### **Area 1: Upside / Downside Sensitivity Analysis**

The Value for Money case supporting the selection of the Preferred Option is relatively insensitive to varying the core underlying assumptions, as set out below.

As final bidder costs are now confirmed for the majority of the CRS and MDVS procurements, then ARP sensitivity testing has focussed on the potential for increases in ARP Operating costs and the MDVS procurements.

Test 1 – increases to ARP Operating Costs and the cost of the MDVS procurements.

The following price sensitivity tests have been applied to the preferred option:

Sensitivity 1: 10% increase in ARP Operating Costs.

Sensitivity 2: 20% increase in the cost of the MDVS procurements.

Sensitivity 3: Worst case combination (i.e. 10% increase in ARP Operating costs and 20% increase in the cost of the MDVS procurements.

As set out in the table below, the NPC impact of applying cost increase assumptions does not alter the ranking of the Preferred Option compared to the Do Minimum.

Table 19 - Cost increases sensitivity results

£000 ex VAT	Preferred Option	Sensitivity Tests			Do Minimum Comparator
	Base Case	Sen 1: 10% Authority Operating Costs	Sen 2: 20% MDVS Procurement Costs	Sen 4: Worst Case Combination	Do Minimum Comparator
<b>NPC</b>	(254,068)	(259,418)	(266,653)	(266,653)	(329,104)
<b>Qualitative Benefit Score</b>	458	458	458	458	272
<b>Rank</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>

#### Area 2: Switching Point Analysis

Switching point analysis was undertaken between the Preferred Option and the Do Minimum comparator as follows:

Test 1 – The percentage increase required in the NPC of the Preferred Option in order that the Do Minimum switches to the lowest NPC per benefit point.

Test 2 – The percentage increase required in NPC of the Preferred Option in order that it becomes more expensive than the Do Minimum comparator.

Table 20 - Sensitivity Table - Switching Point Analysis

Switching Point analysis	% movement required
Test 1 Percentage increase in NPC of Preferred Option to switch lowest NPC per benefit point to Do Minimum	217.19%
Test 2 Percentage cost increase required on Preferred Option to cause it to switch to more expensive than Do Minimum	28.77%

#### Area 3: Removal of assumed benefits

The table below indicates that the ranking of the Preferred Option compared to the Do Minimum comparator is not affected by the exclusion of benefits, despite the Preferred Option including higher benefits than the Do Minimum comparator.

Table 21 - Sensitivity Table - Removal of assumed benefits

	Preferred Option		Do Minimum	
	Base Case £000 ex VAT	Removal of Cash Releasing Benefits £000 ex VAT	Base Case £000 ex VAT	Removal of Cash Releasing Benefits £000 ex VAT
<b>NPC</b>	(254,068)	(336,727)	(329,104)	(376,555)
<b>Qualitative Benefit Score</b>	458	458	272	272
<b>Rank</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>

### Conclusions

The Value for Money analysis has identified the best Value for Money option to be the ARP Programmes Preferred Option, which is the incremental delivery approach.

Further, the ARP sensitivity testing confirms that this conclusion is not highly sensitive to cost increases or failure to deliver expected benefits. It is therefore selected as the best Value for Money option and has been taken forward as the preferred UK option and the most suitable option for Wales within this business case.

## FINANCIAL CASE

In this FBC there are no changes to the overall objectives and aims of the ARP Programmes. However, since the submission and approval of ARP FBC (Phase 3 and 4) and WAST MDVS OBC Addendum then further significant delays have been announced by the Home Office's Emergency Services Network (ESN) in relation to some of their deliverables. ARP has implemented some elements of the incremental solutions set out in the ARP FBC (Phase 3) and WAST CRS OBC. Delivery of other elements continues.

ARP has completed their business cases according to the phased approach to FBC development as agreed by DHSC Approvals Team with the production of ARP FBCs (Phases 1- 4). Due to the devolved governance of Health in Wales and separate funding streams then each key phase of the programme has required separate and incremental business cases in Wales.

Table 22 – Main ARP business case deliverables to replace Airwave (blue highlights) with ESN (green highlights) and Wales's current position is between Phases 2 and 3.

Status Quo	Control Room Airwave	Network Airwave	Radio Terminals Airwave	
			Mobile Data Terminals Airwave	
ARP FBC (Phase 1)	Control Room ARP - Frequentis	Network Airwave	Radio Terminals Airwave	
			Mobile Data Terminals Airwave	
ARP FBC (Phase 2)	Control Room ARP - Frequentis	Network Airwave	Radio Terminals Airwave	
			MDT Hardware Airwave	MDT Software ARP - Terrafix
ARP FBC (Phase 3)	Control Room ARP - Frequentis	Voice Network Airwave	Radio Terminals Airwave	
		Data Network ESN	MDT Hardware ARP	MDT Software ARP - Terrafix
ARP FBC (Phase 4)	Control Room ARP - Frequentis	Voice Network ESN	Hand Held Devices ARP	
		Data Network ESN	MDT Hardware ARP	MDT Software ARP - Terrafix

The ESMCP Full Business Case was presented to the governments Major Programme Review Group (MPRG) on 30th October 2020. The output of the review back to the Home Office on 23rd November 2020 was that the delivery and in particular mobilisation plans for ESN were not complete. The Home Office ESN Business case should continue and return to the MPRG with an updated version of their case containing viable and realistic plans.



Subsequently, the MPRG has approved the FBC (23<sup>rd</sup> July 2021) subject to achieving programme milestones with a further progress review to take place around September 2021. Both the Welsh and Scottish Governments, together with their user organisations are not yet in a position to approve the business case and will continue to work with the programme to seek assurances especially around the technical, operational and financial aspects of the programme.

There will be no change to the overall aims and objectives of the ARP Programmes. ARP has reviewed the previous decision to implement an incremental solution in light of delays to the ESN Programme and continues to consider this the most appropriate route. Wales is following this approach as the most pragmatic approach to mitigate ESN delays.

DHSC has contracted with Airwave to extend all elements of its service up to the end of December 2022. Further extensions of the Airwave network will be required (Lot 1 of the existing Airwave contract) until the transition to the new Emergency Services Network (ESN) is complete. The previous extension of Airwave runs to December 2022, but the current ESN assumption is that all Emergency Service Users transition from Airwave will be completed in Q3 2026. The DHSC may not need to extend all of the other elements of the service (Lots 2 to 4 of the existing Airwave contract) once a suitable replacement has been put in place. Approval for costs related to the extension of Airwave will be sought via the Refreshed ESN Full Business Case.

The table below sets out the cost movements (in nominal terms) for Wales from ARP FBC (Phase 3 & 4). For completeness then ARP FBC (Phase 4) includes all of the outstanding elements that are needed for the migration of end-to-end communications services off Airwave and onto ESN. This phase will require a separate Welsh FBC and this is currently out of scope of this FBC.

Table 23 - Wales (WAST) cost movements (Nominal) from latest ARP FBC (Phase 3 & 4)

Cash Flow Summary £m	Wales MDT	FBC (Phase 4)	FBC (Phase 3)	Notes
	£'m	£'m	£'m	
<b>CDEL</b>				
CP1: Implementation Staff		0.0	0.0	
CP2: Software Solution		7.8	9.3	
CP3: Back Office			10.3	CP3 and CP4 have been merged into a single procurement
CP4: Front Office		11.8	2.6	
CP5: Network		0.0	0.0	
CP6: Decommissioning		0.0	0.0	
CP7: Hosting		0.0	0.0	
CP8a: Service Desk Support Services - Service Desk		0.0	0.0	
CP8a: Service Desk Support Services - Service Partner		0.0	0.0	
CP8b: Field Support Services		0.0	0.0	
MP1: Mobilisation Application	0.612	4.1	3.9	
MP2: Central Back Office Hardware	0.068	0.9	1.3	MP3a-d have now been merged to form "MP3: Non-vehicle Devices & Accessories"
MP3a. Vehicle Gateways		37.2	31.9	
MP3b. End User Devices	5.483		40.6	
MP3c. Device Peripherals & Accessories			12.0	
MP3d. Vehicle Fitting Services		9.4	0.0	
MP4: Air to Ground devices	1.220	9.4	2.6	

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Cash Flow Summary £m	Wales MDT	FBC (Phase 4)	FBC (Phase 3)	Notes
MP5 - Vehicle Hardware	7.495	25.0	27.2	Previously in MP3
MP5 - Vehicle Hardware - refresh		9.7		
Capital OB Uplift	0.318	0.9	9.2	
<b>TOTAL - CDEL</b>	<b>15.196</b>	<b>106.8</b>	<b>150.8</b>	
<b>RDEL</b>				
CP1: Implementation Staff		6.6	3.8	
CP2: Software Solution		5.3	5.8	CP3 and CP4 have been merged into a single procurement
CP3: Back Office		19.3	16.6	
CP4: Front Office		14.0	1.4	
CP5: Network		14.0	17.0	
CP6: Decommissioning		7.7	7.4	
CP7: Hosting		2.7	2.7	
CP8a: Service Desk Support Services - Service Desk		2.4	7.1	
CP8a: Service Desk Support Services - Service Partner		39.5	0.0	
CP8b: Field Support Services		37.3	43.5	
MP1: Mobilisation Application	0.422	7.1	7.4	
MP2: Central Back Office Hardware	0.012		0.3	MP3a-d have now been merged to form "MP3: Non-vehicle Devices & Accessories"
MP3a. Vehicle Gateways		0.2	0.0	
MP3b. End User Devices	2.794		0.0	
MP3c. Device Peripherals & Accessories		23.1	0.0	
MP3d. Vehicle Fitting Services		4.7	11.8	
MP4: Air to Ground devices	0.442	4.7	19.2	
MP5 - Vehicle Hardware	4.519	30.1	10.6	
ESN Connection & Usage Costs	3.402	15.3	22.1	
<b>AUTHORITY OPERATING COSTS</b>	<b>5.043</b>	<b>71.2</b>	<b>71.3</b>	
<b>DELAY MITIGATIONS COSTS</b>	<b>0.403</b>	<b>4.9</b>	<b>5.6</b>	
ESN Acceleration		16.6	0.0	
Revenue OB Uplift	0.099	3.7	3.3	
<b>TOTAL - RDEL</b>	<b>17.136</b>	<b>311.7</b>	<b>256.9</b>	
<b>TOTAL - CDEL AND RDEL</b>	<b>32.332</b>	<b>418.5</b>	<b>407.7</b>	
Phase 1 - Contingency		6.4	6.4	
Phase 2 - Contingency		2.2	2.2	
Phase 3 - Contingency	0.300	6.2	6.2	
Phase 4 - Contingency	0.200	2.8	0.0	
ESN Acceleration Contingency		1.5	0.0	
<b>TOTAL CDEL AND RDEL (INCL. CONTINGENCY)</b>	<b>32.832</b>	<b>437.5</b>	<b>422.5</b>	

Set out below are the high level reasons for in-scope activities under the most recent ARP cost movements and pro-rata costs to Wales through WAST:

National Mobilisation Application (MP1) – there has been a total cost reduction of £0.1m across CDEL and RDEL because of the shift to the right of the National Service Readiness Milestone, which has resulted in less support costs over the life of the programme. WAST CDEL and RDEL costs are now £1.034m.

Central Back Office Hardware (MP2) – there has been a total cost saving of £0.5m across CDEL and RDEL compared to FBC (Phase 3). All the hardware has been purchased and FBC (Phase 4) now reflects the actual costs incurred as well as refreshes based on these costs. WAST CDEL costs are now £0.068m.

Non-vehicles Devices & Fittings (MP3) – there is a total cost reduction of c. £35.9m across CDEL and RDEL due to the decision to merge the four MP3 sub-categories and move the MP5 refreshes out of MP3. MP3 now relates to Non-Vehicle Devices, and fitting, support/warranty costs for these devices and the previous four MP3 sub-categories which were shown in FBC (Phase 3) have been merged into one procurement lot. This change was ultimately driven by the decision made at FBC (Phase 3) to place an ARP Vehicle Router (MP5 Procurement) into each vehicle in place of the previously planned ESN Gateway. When compared against the FBC (Phase 3) submission there has been a £47.2m decrease in CDEL which is due to moving refresh costs for MP5 Vehicle Hardware to MP5 in FBC (Phase 4), which were previously reported within MP3 in FBC (Phase 3). The CDEL cost reduction is offset by a cost increase of £11.3m in RDEL which is due to the transfer of warranty/support costs from CDEL to RDEL in line with the ESN Framework Agreement. WAST will need to determine the best option in future business cases for this phase.

Vehicle Hardware (MP5) – there is a total cost increase of c. £27.0m across CDEL and RDEL (£7.6m in CDEL and a further £19.4m increase in RDEL) due to the decision to move the MP5 refresh costs including Vehicle Hardware fitting costs out of MP3 as well as updating the costs with actual costs set out in the Vehicle Hardware contract following the procurement exercise undertaken in 2019/20. This cost increase is offset by the cost reduction of £35.9m under MP3 leading to an overall net cost reduction of c. £8.9m across MP3 and MP5. WAST CDEL and RDEL costs are now £12.014m.

ESN Data Connections - these costs have been adjusted to reflect the number of Vehicle Hardware Devices included within the MP5 Vehicle Hardware procurement which has resulted in a decrease of £6.8m RDEL. WAST RDEL costs are now £3.402m.

Authority & WAST Operating Costs (FY21-32) – these have been refreshed since the FBC (Phase 3) submission to reflect the most up to date staffing requirements. This has led to a minimal decrease in nominal terms of £0.1m RDEL. Authority Operating costs are produced by the ARP and WAST teams and reflect the additional staff profile required to deliver a disaggregated solution. WAST RDEL costs are now £5.043m.

WAST Deployment Costs (FY17-24) – these are the WAST programme resources required to deliver the ESMCP / ARP programmes in Wales. Currently there is agreement from Welsh Government to fund to 2024 (£3.026m). An extension proposal with requisite funding will be required for these resources to ensure that transitional activities from Airwave to ESN under the ESMCP programme can be delivered in Wales.

Delay Mitigation costs – this was new cost category at FBC (Phase 3) which detailed a series of costs that ARP are incurring because of the ESN delays. There has been a marginal cost saving of £0.7m in RDEL which reflects the actual costs incurred. WAST RDEL costs are now £0.403m.

The delay mitigation costs include:

- Extension of Airwave terminals
- Interim control room trust moves
- Additional ESN Testing
- ESN Control Room Training
- Test & Integration environment hosting

### **Affordability Analysis Assumptions**

A summary of the cost assumptions is set out in the Economic Case.

The following key assumptions have been made in developing this Financial Case:

- **Timescale:** The analysis covers a period commencing 1 April 2016 to 31<sup>st</sup> March 2032. This timeline matched the Full Business Case for ESN when it was first drafted. In order to enable comparability between the options, an analysis period has been performed through to an end date of 31 March 2032, which at the time represented the end date for the ESMCP programme. However, due to ESMCP delays the Home Office has since then extended the timeline covered by its refreshed PBC to the 31<sup>st</sup> March 2036 (this date could be extended even further to 2044). Therefore, all costs, benefits and risks are captured within the timetable. There has been no change to the end date of the ARP Programmes because of the ESMCP delays which could impact the cost / benefit analysis and will likely incur an additional lifecycle costs but could be offset through technological changes.
- **Extension of current arrangements:** As the funding for the Airwave Services Ltd (ASL) Contract Extension has already been secured through the ESMCP, this cost is excluded from the evaluation of the ARP Programmes Preferred Option and from the Do Minimum. The current ARP cost model assumption states the earliest ESN Transition can proceed (which has been stated as from December 2022) has been amended to October 2024. To highlight the latest iteration of the ESMCP PBC is based on an incremental delivery of ESN, with a risk based expected Airwave shut down date of 2026. The base case of Airwave shut down for this option is November 2024. Any aspirations to transition User Organisation earlier than this date is currently unachievable. The ESN switchover dates require reconciliation between the ESMCP and ARP programmes including Devolved Administrations and User Organisations to better inform investment planning decisions.
- **Volumes:** In previous phases of FBC the volume of terminals were based on information provided by Trusts in December 2015 and March 2018. Given the time-lapse a revised WAST baseline was captured in June 2019 and more recently June 2020 which reflected the changes to the profile of Ambulance fleets. WAST has since completed a further review of its MDVS planning assumptions (May 2021) which are reflected in the updated cost model. To note: the WAST Demand & Capacity Review (2021 – 2024) may present a yet to be fully quantified risk and cost pressure, and as such no assumptions relating to volumes have been included within the scope of this FBC.
- **Costs:** The costs that follow have been derived from analysis of the current baseline connections and devices in conjunction with available market data. Costs exclude VAT in accordance with HM Treasury guidance. ESMCP specialist VAT team have advised that VAT will be recoverable in all elements of the ARP Programmes procurements, final confirmation is due from HMRC and WAST would require the HMRC confirmation.
- **Risk:** ARP has made a risk adjustment to reflect the level of risk associated with each option. This adjustment is made to the overall NPC of each option, not to individual cost lines. Wales following the incremental delivery approach under this FBC has followed the ARP NPC

calculations and can confer this approach mitigates the risk and provides the best vfm option.

- **Supplier Margin:** The cost estimates used are inclusive of a margin on all supplier costs, to allow for recovery of corporate overheads, supplier profit and any other irrecoverable supplier costs.
- **Optimism Bias:** Optimism Bias has been reflected in costs in accordance with HM Treasury guidance. Since OBC, the Optimism Bias assumptions have been revisited, and adjusted to reflect the increased certainty over costs in the CRS and MDVS Programmes.
- Optimism Bias has been updated in the table 4 below and reflect costs in accordance with HM Treasury guidance.

#### **Inflation**

- All figures in the financial case are shown adjusted for inflation.
- Base Date for indexation: 1st April 2020.

Table 24 - Inflation rates

<b>Cost Category</b>	<b>Inflation rate per annum</b>
Staff	3.00%
Hardware	0.00%
Software	2.50%
Other Non-Staff	2.50%
Hosting	0.00%
Vehicle Hardware - RPI/Telecoms	0.00% (FY21-FY24), 2.50% thereafter
Vehicle Hardware - No Inflation	0.00%
Aircraft	2.00%

#### **Rationale for Inflation Rates**

Staff inflation of 3.00% is based on the experience of the ARP Management team and reflects the nature of the roles. The roles will be filled by a mixture of NHS employees and specialist contractors. NHS employee staff pay is based on the Agenda for Change scheme. As staff successfully develop their skills and knowledge, they progress in increments up to the maximum of their pay band. Specialist contractors will be required during the programmes and these resources can be very specialist and command high day rates as based on ARP experience and current market research. It was therefore considered that 3% would be a prudent rate to be applied.

Hosting inflation is assumed to stay constant for 5 years as costs are based on inputs from the completed Crown Hosting Services procurement, and then will be inflated by 3% every 5 years.

Vehicle Hardware – No Inflation relates to costs within the Vehicle Hardware Contract which have no inflation applied over the life of the Contract. This relates to Milestone Payments only.

Vehicle Hardware – RPI/Telecoms relates to costs within the Vehicle Hardware Contract which have no inflation applied over the first three contract years (FY21-FY24) and then either RPI or Telecoms inflation thereafter. For the purposes of the Vehicle Hardware Contract, both RPI and Telecoms indices are assumed to be 2.50% per annum. This approach applies to all Vehicle Hardware costs with the exception of Milestone Payments.

#### **Optimism Bias**

The costs presented in this case include any Optimism Bias uplift that was applied to both the capital and revenue costs of the Preferred Option within the Economic Case on a procurement by procurement basis.

Table 25 - To highlight Optimism Bias rates with in-scope activities highlighted

	CDEL Uplift %	RDEL Uplift %
CP1: Consultancy Support	0.00%	0.00%
CP2: Software Solution	0.00%	0.00%
CP2: Software Solution (Dispatch Communications Server Implementation)	0.00%	10.71%
CP3/4: Back / Front Office (mix of categories)	0.00%	0.00%
CP3/4: Back / Front Office (mix of categories)	1.60%	1.60%
CP5: Network	0.00%	0.00%
CP6: Decommissioning	0.00%	0.00%
CP7: Hosting	0.00%	0.00%
CP8a: Support Services - Service Desk	0.00%	0.00%
CP8a: Support Services - Service Partner	0.00%	1.23%
CP8b: Support Services - Field Support	0.00%	1.23%
MP1: National Mobilisation Application	0.00%	0.00%
MP2: Central Back Office Hardware	0.00%	0.00%
MP3: Non-vehicle Devices & Accessories - Handheld Voice Devices, in-vehicle radio cradle, Device accessories, Warranty	0.00%	0.00%
MP3: Non-vehicle Devices & Accessories – , Fixed Mobile, Transportable Fixed Radio, Motorbikes, Installations	6.67%	6.67%
MP4: Air to Ground Solution (Installation)	10.71%	0.00%
MP4: Air to Ground Solution (all other MP4 categories)	0.00%	0.00%
MP5: Vehicle Hardware	0.00%	0.00%
ESN Connection & Usage Costs	0.00%	0.00%
Delay Mitigation Costs (Extension of Airwave Terminals, Interim Control Room Trust moves and Additional ESN Testing)	0.00%	0.00%
Delay Mitigation Costs (ESN Control Room Training, Test & Integration environment hosting)	0.00%	10.71%
ESN Acceleration	0.00%	10.71%

## VAT

Irrecoverable VAT: As VAT goes to HM Treasury, it has no effect on the Public Sector and so is not relevant to the economic analysis in Section 3. However, VAT has been considered by ARP from an affordability and cash flow point of view in the Financial Case. It has been assumed that all VAT will be recoverable on the basis that the ARP Programmes scheme falls within Heading 56 of the Contracted-Out Service (COS) reliefs as issued by HMRC. This position will need to be confirmed in Wales.

ARP has been advised by the Home Office ESN VAT Specialist Team (called the Change of Excellence Team (CoE)) of the following:

- HMRC agree that VAT will be recoverable on all elements of the ARP Programmes procurements.
- Furthermore, any charges that are levied on Ambulance Trusts will have VAT applied and Trusts will be able to reclaim this as they are section 41 bodies for VAT purposes.
- Trusts can also recover the VAT charged by DHSC on the provision of this service, if it falls under one of the Contracted-Out Services (COS) reliefs.
- There is no further update/change to this advice.

## Cash Releasing Benefits

All cash releasing benefits identified within the Economic Case (for the purposes of evaluating public sector Value for Money) relate to the Ambulance Trusts. ARP has therefore excluded cash releasing benefits from the Financial Case and the affordability analysis.

### **Contingency Adjustment**

ARP has included a contingency sum within the total funding to meet the costs of risks that materialise, noting that significant changes of scope will need to be the subject of a subsequent variation business case.

Contingency within this business case is only for CRS and MDVS procurements and does not include contingency for changes to ESN.

ARP has re-profiled contingency which was funded in ARP FBC (Phase 1), FBC (Phase 2), FBC (Phase 3) and FBC (phase 4) into future years to reflect the contracted commitments to date. This figure is included in the Welsh cost model.

### **Depreciation**

Hardware and software have been capitalised, and depreciated on a straight-line basis over their economic useful lives as follows:

5 years - Hardware (Smart Phones, Tablets).

5 years – Servers (Data Centres), PC's (operators), Audio Equipment (operators), Servers (Trust Premises) and Handheld Voice devices, In Vehicle Cradles, Multi-bay Desktop Chargers, Device Accessories).

6 years – Software.

8 years – Switches (Data Centres/Remotes/Operators), Routers (Data Centres/Remotes), Firewalls (Data Centres/Remotes), Servers (Remotes), Touchscreens (Operators), Switches (Trust Premises), Routers (Trust Premises), Firewalls (Trust Premises), Racks (Trust Premises, Power Management System, Fixed Mobiles, Transportable Fixed Radios, In Vehicle Voice Device and ARP Vehicle Router.

### **Accounting and Budget Treatment**

The allocation of Government spending as Capital or Revenue depends on its use, where:

- Results in probable future benefits or service potential and which can be measured reliably will be accounted for as either intangible assets (for example software or other licences) or as property plant and equipment (for example servers, routers and audio equipment) as the system is delivered and the charges fall due and will therefore need capital budget cover.
- Does not generate an asset will be charged to profit and loss as incurred and will thus need revenue budget cover.
- Falls under a service concession structure (if any) is expected to add to assets but may not need capital budget cover.

As this is a traditional capital procurement, expenditure will be allocated as follows:

#### **Capital Budget:**

- Milestone payments for completion of upfront investments as paid.
- Subsequent technology replacement spends, if accounted for as either a tangible or intangible asset.

#### **Revenue Budget:**

- Milestone payments that are not accounted for as either a tangible or intangible asset.
- Operation and maintenance spend that is not accounted for as either a tangible or intangible asset.
- Depreciation and amortisation of tangible and intangible assets.



Whilst there may be minor differences in the value of what can be capitalised, for example it may be more or less difficult to capitalise internal costs in some instances than others, it is anticipated that:

- Expenditure under the ARP Programmes that meets the recognition criteria for intangible assets or property, plant and equipment will be capitalised on DHSC's balance sheet as the system is delivered and the charges fall due. This will require capital budget cover.
- Expenditure incurred under the ARP Programmes that concerns on-going operational activity (or does not meet the relevant recognition criteria) be revenue expensed by DHSC as the service is delivered and the charges are incurred.

Hardware and software have been capitalised and depreciated on a straight-line basis over their economic useful lives.

All other costs are accounted for in the year they are incurred.

There are capital and revenue cost changes to the financial section which evaluates the affordability from the updated cost model. The proposed phased approach to de-risk MDVS implementation aims to ensure as much clarity as possible set against continued uncertainty over the national ESMCP Transition Plan. Furthermore, as ARP has awarded contracts for MP1, MP2 and MP5 (please see Appendix 4 – ARP contract quilt) a greater level of certainty has been reflected within this FBC.

Affordability analysis assumptions have been noted in the economic section.

Optimism Bias - the latest Optimism Bias uplift that was applied to both the capital and revenue costs of the preferred approach within the Economic Case on a procurement by procurement basis.

The rates applied are set out in the table below (as per v1.3 Cost model):

Table 26 – Wales investment Optimism bias

Optimism Bias	Capital	Revenue
MP1: Mobilisation Application	0.00%	0.00%
MP2: Central Back Office Hardware	0.00%	0.00%
MP3: Non-vehicle Devices & Accessories - Handheld Voice Devices, in-vehicle radio cradle, Device accessories, Warranty Vehicle Gateways	0.00%	0.00%
MP3: Non-vehicle Devices & Accessories – Fixed Mobile, Transportable Fixed Radio, Motorbikes, Installations	6.67%	6.67%
MP4: Air to Ground solution (installation)	10.71%	0.00%
MP4: Air to Ground Solution (all other MP4 categories)	0.00%	0.00%
MP5: Vehicle Hardware	0.00%	0.00%
ESN Connection & Usage Costs	0.00%	0.00%
Delay Mitigation Costs (Extension of Airwave Terminals, Interim Control	0.00%	0.00%

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Room Trust moves and Additional ESN Testing)			
Delay Mitigation Costs (ESN Control Room Training, Test & Integration environment hosting)	0.00%		10.71%
ESN acceleration	0.00%		10.71%

VAT – although the VAT position has not changed since the ARP FBC / WAST OBC but to ensure any VAT applied to Trusts can be reclaimed as they are section 41 bodies for VAT purposes and can only recover the VAT charged by the Department of Health on the provision.

Contingency - ARP has confirmed the increase in revenue contingency funds (£481m) within the cost model.

Accounting and Budgeting Treatment - Hardware and software have been capitalised, and depreciated on a straight line basis over their economic useful lives as indicated in the Cost Model v8.2.

Total Costs - above summarises the financial evaluation of ARP Phases 2/3 from WAST perspective (with in-scope activities highlighted).

This FBC makes no assumption of budget availability other than to identify the estimated funding requirement for the proposed solution. As previously stated the total cost current estimated for MDVS to 2031/32 is £32.8m (ex VAT and Depreciation). This relates to Capital Expenditure of £15.196m, Revenue of £17.636m and Depreciation of £10.6m. VAT has not been included as this is deemed to be recoverable. This figure does not include any ARP re-procurement beyond 2031/32 or costs alignment with ESMCP to 2036/37.

### Summary of Total Costs to Wales and 10 Year Profile

Table 27 - Total Costs to WAST and 10 Year Profile

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Total
Total WAST Funding £m	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	
CRS & MDVS CDEL	-	0.2	0.5	0.1	0.1	0.4	2.1	2.5	4.7	1.0	0.3	1.0	0.5	3.9	-	-	17.5
CRS & MDVS RDEL	0.0	0.1	0.6	0.7	0.5	1.1	2.5	1.9	3.8	2.0	1.6	1.6	1.8	2.0	1.7	1.6	23.4
Authority Operating Costs	0.2	0.5	0.6	0.7	0.5	0.8	0.9	1.0	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	8.6
Total Non-Core costs for DHSC led programmes	0.2	0.8	1.8	1.5	1.2	2.3	5.5	5.4	8.9	3.4	2.4	3.1	2.7	6.3	2.1	2.0	49.6

### How Costs Will Be Funded Differs across the UK

The Home Office ESN Business Case funding allocation.

The ESMCP Full Business Case was first submitted for approval to UK and Devolved Administrations in May 2015 (the “Initial ESN FBC”) coupled with signed memorandum of understanding (MoU) between UK and Devolved Administrations which highlighted percentages of core (i.e. infrastructure costs) to be paid across governments. Non-core costs (i.e. connection, installation, devices, refresh etc) are paid for by the blue light users’

organisations (i.e. police, fire and ambulance). As part of the submission, ARP provided costings for the CRS and MDVS programmes. During this time an Outline Business Case for CRS had been developed by ARP and WAST and funding agreed in Wales through the Welsh Government as accurate cost estimates from suppliers were available. Initially less detailed work had been performed on MDVS at the time as no detailed information was available and user requirements were undefined, therefore detailed costing information was not available.

The ESMCP FBC was subsequently revisited in August/September 2015 with changes being made to the “Core” (these are infrastructure costs paid for by Government) which were lower than originally estimated. However, this did not lead to changes for the ARP costing assumptions due to the OBC for CRS having already been submitted. MDVS costings had still not been developed in detail at this time.

For the purposes of the Updated ESMCP FBC, ARP produced high level indicative estimates for the anticipated cost of the MDVS procurement, but certain costs (Air to Ground and Devices & Connections) were estimated.

An updated version of the ESMCP FBC was approved on 1st November 2015 and the funding allocated was set out in the Chancellor’s Autumn Spending Review in November 2015. The ESMCP FBC funding allocation was presented in nominal terms (i.e., including inflation) however, the MDVS high level cost estimate that was incorporated into the ESMCP FBC did not include any allowance for inflation.

Since the submission of ARP FBC (Phase 3) and the WAST MDVS OBC, the Home Office has experienced further significant and currently unquantified delays to the delivery of the Emergency Services Mobile Communications Programme ESN. The main delay is related to the Public Safety Communication Suite (PSCS) which is being developed by Motorola Solutions Limited and relates to voice services.

The programme has recently appointed a new Senior Responsible Officer (SRO) and has progressed the latest FBC v09(f) through MPRG during July 2021. The programme will circulate the MPRG recommendations in due course to ensure progress be made prior to the MPRG follow up meeting to be held during September 2021.

The latest ESMCP FBC will still require further development especially if there is further slippage around the key milestones. ARP has performed an affordability assessment on ARP FBC (Phase 4) and the associated costs applicable to Wales. Through the delay mitigations and ESN acceleration process, ARP has sought to keep cost increases incurred as a result of this delay to a minimum whilst also seeking to minimise the impact of any further ESN delays.

#### **ESN Spending Review Period Affordability Assessment**

The COVID-19 pandemic disrupted so many aspects of life that long-term planning is particularly difficult, so the UK Government decided that this Spending Review would only cover the 12 months from April 2021. In advance of the full update to the ESMCP FBC, ARP has undertaken an assessment of the affordability of the ARP Programmes during the 2021/22 Spending Review Period.

To mitigate the delays in ESN, ARP adopted an incremental approach to the delivery of CRS and MDVS. ARP will implement an incremental solution for CRS, vehicle broadband data access, and the National Mobilisation Application therefore this section sets out the total capital and resource funding requirements for delivering these incremental solutions.

#### **Impact on Balance Sheet**

The CRS Programme is to be delivered via centralised hosted data centres. These data centres are considered to be networked assets that form part of an integrated network servicing a significant geographical area. The network does not deliver its benefits and perform the way management intends without this integration.

For the MDVS Programme, DHSC will procure radio terminals and mobile data systems centrally and cascade them down (rollout plan) to each Ambulance Trust on an individual basis. DHSC will contract with a number of suppliers to provide a fully managed mobile communication service for all NHS Ambulance Trusts in the UK. In principle, DHSC will be procuring each element and supplying on a single supply of a fully managed communications network. The individual elements provided under the multiple contracts are considered to be infrastructure assets as they will form part of an integrated network of communication assets that will be used to provide ambulance services and will generally be of a specialist nature, given that specialist equipment is required to be used on the network. As the radio terminals and mobile data systems cannot be used as standalone equipment, it would be appropriate to recognise the whole infrastructure on DHSC balance sheet.

The end-to-end solution will be based on a hosted solution, which will offer reduced costs with fewer systems and less hardware. MDVS will also offer reduced costs, as currently Trusts utilise multiple commercial bearers to connect in-vehicle equipment. Furthermore, the contract duration for both new systems will be much shorter than the previous contracts, allowing for regular re-competition and ensuring that the latest technology can be adopted. The inflow of these economic benefits will be to DHSC; therefore, these assets should be recognised on the organisations balance sheet.

The preferred funding solution for ARP is direct capital funding such that DHSC will fund the ARP Assets and then deliver them to the Ambulance Trusts and other NHS bodies. DHSC wishes to structure ARP so that it records the tangible assets underlying ARP ('ARP Assets') as Property, Plant and Equipment (PPE) on its Statement of Financial Position.

## COMMERCIAL CASE

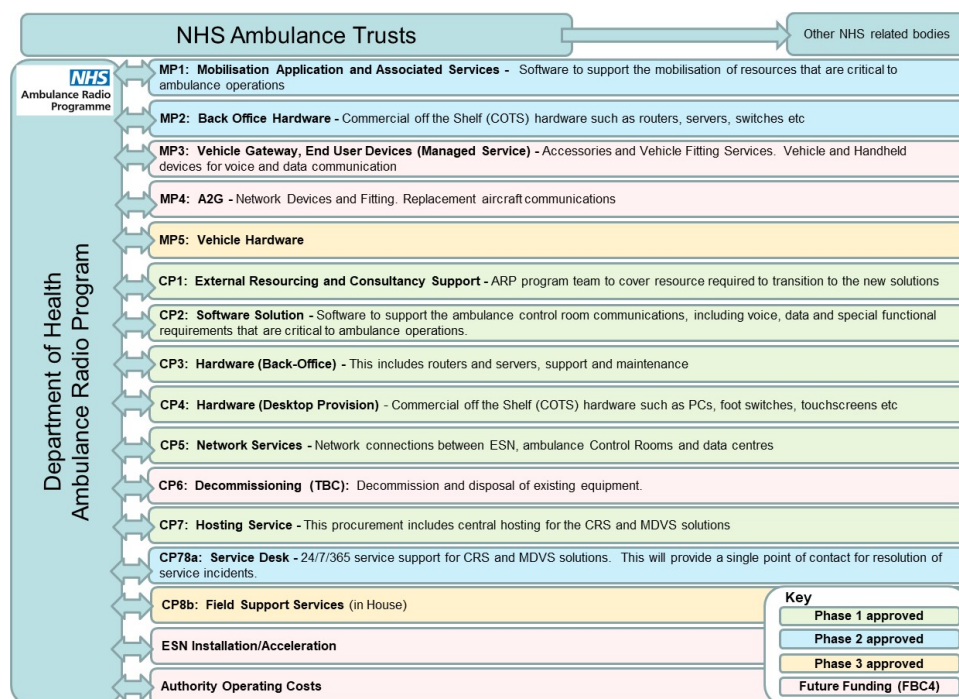
The procurement approach adopted by ARP for both the CRS and MDVS programmes means there are a number of incremental procurements, which have variable lead-times with contracts being awarded in a staggered manner to support the timely delivery of the new solutions and services. WAST has considered the most suitable options and following the ARP procurement approach would be the most optimal solution at this time. Although it is recognised that some future capability could eventually be delivered “in house” by WAST. The ARP procurement contracts have been checked within this business case to ensure they are valid in the Welsh context.

ARP procurement and contractual arrangements (for the previous phases of the FBC) have been developed in collaboration with Department of Health and Social Care (DHSC), Commercial subject matter experts, Government Legal Department (GLD), and external Legal Advisors. Input from these colleagues continues to inform the strategy and plan which are applicable to Scotland and Wales Ambulance Trusts.

For each new initiative, several procurement routes have been considered including Crown Commercial Service (CCS) Frameworks, Home Office established Frameworks, Find a Tender (replacement to OJEU). Each activity is supported by a Procurement Strategy that is subject to review and approval at the ARP Commercial Working Group.

For the purpose of completeness, the table below sets out the ARP deliverables by business case phase. For the purposes of this investment the scope is related to MP1 (Mobilisation Application), MP2 (Back office hardware), MP5 (vehicle hardware), ESN installation and Authority Operating Costs.

Table 28 – ARP deliverables by business case phase

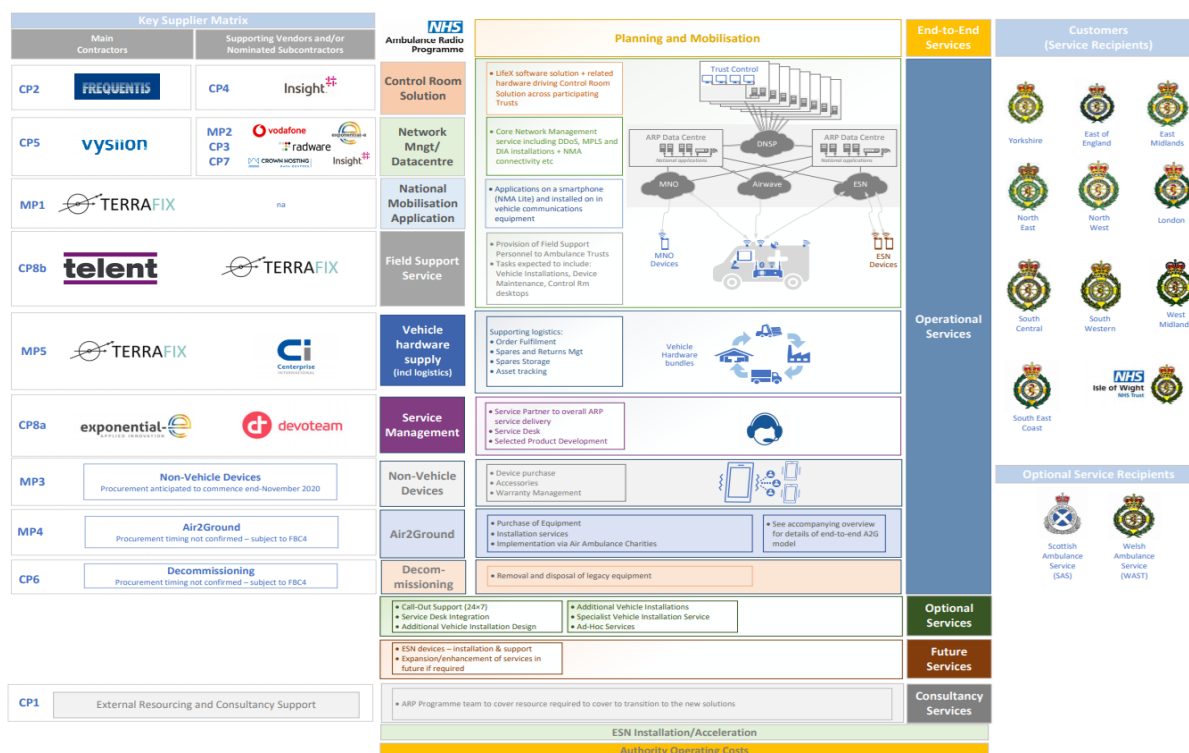


# Welsh Ambulance Services Trust Mobile Data Vehicle Solutions ESMCP Implementation

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The diagram below sets out the end to end operational services and shows the ARP supplier landscape that has either been or will be procured on the completion of the activities set out in this Commercial Case to transition to ESN.



## ARP Full Business Case (Phase 3) Commercial Update

The DHSC, Cabinet Office and Treasury approved the incremental delivery of ARP products set out in the ARP FBC (Phase 3) in September 2019. This approach was highlighted in the WAST MDVS OBC at the time. The updates on the procurements that were covered in those cases captured any outstanding items from phases 1 and 2 are set out below.

## Vehicle Hardware (MP5) Update

Preparation for this procurement initially commenced as a restricted procedure but was then paused and subject to a full review from DHSC (Red Review). Following this review, the procurement was run as a Competitive Dialogue.

Contract finalisation for this procurement was complicated by issues with the preferred bidder who was ultimately unable to provide the level of surety they had proposed in their bid. This resulted in the contract being awarded to the reserve bidder (Terrafix/Centerprise). ARP worked closely with DHSC and GLD (and external legal) to manage the procurement risk from the change (no legal challenges were raised) and to finalise the contract with the reserve bidder. The contract was signed on 12th August 2020.

## Field Services (CP8b) Update

The scope of this Competitive Procurement with Negotiation has moved from predominantly a support service to the Control Room Solution contact and now includes supply-chain fulfilment, installation, and maintenance of the Vehicle Hardware (MP5). ARP also plan to use this procurement to support other areas including: ESN Non-Vehicle Devices (MP3) and legacy Airwave radios and Mobile Data Terminals from the expiry of those elements of the Airwave



managed service (from the end of 2022). The procurement is set up as using a flexible, resource-based model, which enables it to support several different field-based services.

This procurement benefited from lessons learnt from the Vehicle Hardware (MP5) process, particularly regarding the approach to negotiation. Two bids were received at the ISIT stage. Following bid evaluation, and a significant gap between the scores of the two bids, it was agreed that (subject to a number of confirmations with the leading bidder) the Authority could satisfactorily proceed to Contract Award and Finalisation. Contract Award letters were sent to Telent (preferred bidder) and Capita (reserve) in the week commencing 5 October 2020.

#### **Service Partner (CP8a) Update**

Two initial elements of the Service Partner scope of work were approved by the ARP Programme Board:

- ITSM configuration (provided by Devoteam) and
- Related Tooling procurement (provided by Service Now)

A third element of the Service Desk (end to end Service Partner) was agreed in principle by the ARP Programme Board. This was subject to a significant adjustment following a request from DHSC to transfer operational risk to suppliers by the adoption of a 'Service Partner' operating model.

#### **Procurement Update**

The following new procurements are included in ARP FBC (Phase 4).

#### **Service Partner (CP8a).**

Airwave Solutions Limited currently provide a Help Desk service under an extension to their existing contract. To reflect the end date of December 2022, and the need for an integrated support service to operationally coordinate the ARP portfolio, a partner is required to drive collaboration and efficient service delivery.

The Scope of this procurement is split in to 3 parts, the first two which have been procured as set out above. The remaining part is the end to end Service Partner. It is being procured via the Competitive Procedure with Negotiation (CPN) process.

The procurement of an end to end Service Partner seeks a supplier to support the delivery of core ARP services (detailed below), that can offer both flexibility and scalability to be able to support future Authority initiatives and product offerings. The Authority is looking to partner with a provider that can demonstrate capabilities in "product management", "help desk" and "service management" functions with a demonstrable ability to integrate elements of discrete project deliverables into integrated "Service Offerings" to Service Recipients.

Service Partner contract has been awarded to Exponential-E.

#### **Procurement Overview:**

The constituent elements of the Service Partner role include coordination and support of the following services:

- ESN – the replacement of the Airwave network which is being delivered by the Home Office's ESMCP.
- CRS – the delivery of the new integrated communications and control system to the English Ambulance Trusts, the Welsh Ambulance Service NHS Trust, and the Scottish



Ambulance Service. The contract for the delivery of CRS was awarded to Frequentis in May 2017.

- MDVS – the delivering of the new NMA to the English Ambulance Trusts (and the Welsh Ambulance Service NHS Trust (subject to funding agreement) and/or the Scottish Ambulance Service if those bodies elect to participate in the MDVS programme). The scope of the MDVS programme also includes the delivery of Vehicle Hardware to run the NMA and the replacement of TETRA radio terminals with devices that can connect to the ESN.
- HEMS – the core function of the Helicopter Emergency Medical Service (HEMS) Air Ambulance is to deliver front line medical care to patients in the pre-hospital environment. All HEMS Air Ambulances in England are operated by charities and receive their tasking via Service Recipient control rooms under terms of individual memorandums of understanding which are in place. Wales Air Ambulance will submit a separate business case though EASC to Welsh Government seeking funding. To avoid any confusion then the ESMCP programme refers to this area of work under Air 2 Ground (A2G).

The supplier specification includes the following services which are detailed within the Service Specification:

- Implementation Services: Mobilisation, Implementation, Transition
- Operational Services: Service Management and Service Desk Services, Environmental Management Services, Transformative Service Improvement Services
- Ad hoc Services
- Future Services

Early market engagement was held in January 2020, where suppliers provided useful insight to inform the procurement strategy. Due to the complexity of this service and unique blend of a service desk and service partner, a Competitive Process with Negotiation (CPN) was proposed, which allows for the Contracting Authority to accept a bid at the ISOS stage, but also allows the requirements to be refined with a short dialogue phase (if necessary). Contract finalisations have now taken place with the suppliers (Telent) successfully awarded. The proposed contract duration for the end-to-end procurement is five years with a possible extension of two years (one + one). The contract value has been set so that it is possible to expand the scope of the contract to cover other services delivered either to other NHS Trusts, or to Police of Fire. It can also be expanded to cover new services that ARP may deliver to Ambulance Trusts. The cost to support the current ARP scope for the English Trusts is c£18.6m depending on the optional service taken up and the authorities that may wish to utilise the contract (The OJEU / Find a Tender service will offer service to Wales, Scotland and other Emergency Services).

Table 29: Service partner contract value profile

<b>Contract Value Profile: Service Partner</b>	<b>Cost</b>	<b>Cumulative Cost</b>
Estimated contract value for the delivery of Services as set out in the Agreement to all English Ambulance Trusts. Includes payments under the Collaboration Framework.	£20M	£20M
Estimated value for the optional addition of associated services as set out in the Agreement to the Welsh Ambulance Service NHS Trust and the Scottish Ambulance Service.	£6.5M	£26.5M
Estimated value for the optional addition of the delivery of Services and all the associated services as set out in the Agreement to other Service Recipients and organisations.	£30M	£56.5M

Estimated value for Future Projects.	£20M	£76.5M
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### **Decommissioning (CP6)**

The need for decommissioning services is still to be confirmed between ARP and participating Ambulance Trusts. In general, the requirements of this work are the removal of legacy equipment in an environmentally compliant and cost-efficient manner.

The scope of work is likely to vary per Trust according to their own facilities and resources. A key characteristic of the work scope is likely to relate to an initial demand peak, reflecting the initial rollout of ARP operational services and removal of legacy equipment, followed by ongoing decommissioning as the ARP programme is maintained.

Subject to confirming the compliance of shortlisted strategies, it is anticipated that procurement options for decommissioning services will likely include purchase via Change Control to existing supplier contracts within the ARP portfolio. Such an approach will be pragmatic, providing interoperability with certain existing scopes (e.g.: field services), and will mitigate the risk of adding further supplier complexity to the vendor estate.

#### **CP1 – External Resource and Consultancy Services**

Several scope specific services are anticipated to be required to enable specialist support to the ongoing development and implementation of the program. These procurements include:

Subject Matter Expert support: currently provided by Mason Advisory and recently contracted via Direct Award with approval from Cabinet Office and Commercial Working Group. Over and above the contract that is in place with Mason Advisory, on a case-by-case basis, additional ad hoc requests are made for specific incremental services, which are subject to the usual approvals process.

Management Consultancy: provided by Ernst and Young and recently awarded (October 2020) via tender on the MCF2 (Management Consultancy Framework 2) with services focused on business case support for Full Business Case submission and procurement financial cases/documentation.

External legal support: Currently provided by Browne Jacobson with support and approval from Government Legal Department (GLD).

Field Services (CP8b) – selected incremental 2nd Line support

One consequence of implementing the ARP programme is a need to coordinate various aspects of second line support provided by vendors across different work-streams. This is an area where coordination among suppliers will be key to providing a coherent, efficient service. Collaboration agreements within all key ARP contracts will play a leading role in mapping dependencies and driving appropriate cooperation between vendors.

Since the approval of the ARP Full Business Case (Phase 3) and the WAST MDVS OBC Addendum, ARP has implemented several change requests to existing contracts as the landscape of 2nd Line support has been better understood considering vendor capabilities. This is expected to continue and may be a source of incremental investment as Optional Services within selected contracts are triggered (for example, more sophisticated Control Room Operation Position (CROP) support as an optional service within the Field Services contract).

### **Contract Management**

The scope of work and the portfolio of contracts within the four current phases of the ARP Business Cases requires robust contract management from the Commercial team to develop, both in scale and capabilities. A key part of the ARP Commercial team agenda is to increase both the scale of the team (reflecting a larger contract portfolio moving closer to operation) and its positive impact on the business (as a source of added value and assurance to DHSC, in line with DHSC Contract Management requirements). These increased resource levels are included in the ARP Resource Model and as a proportion of the Wales ARP Operating Costs. WAST as a service recipient organisation will appoint an individual to engage with the ARP implementation and contract teams to ensure and monitor delivery progresses to quality, time and cost.

In terms of value, the ARP Gold and Silver portfolio is dominated by Airwave, the end-to-end incumbent provider that ARP is replacing. Notwithstanding the extension that is expected for this contract, management of Airwave expected to become more complex during the final years of the Airwave contract as new ARP services are introduced, which will create a significant exit management challenge for this vendor.

One consequence of the disaggregated ARP operating model is the need to manage multiple points of risk exposure across the emerging supply chain, which demands a more significant investment in contract management. Currently, the most critical contract to ARP delivery is Frequentis – the performance of this supplier is key to the success of Control Room (CRS) implementation, which has started in Scotland/Isle of Wight in the first half of 2021. ARP had also confirmed that CRS transition for WAST would commence on the 16th June 2021 with completion achieved on the 30th September 2021, though due to delays CRS deployment is being re-planned where WAST have expressed a desire to commence transition in early 2022. The need for effective contract management will only increase as different aspects of the project move through implementation to operation and collaboration between vendors becomes a critical success factor (to provide just one example, the role of Terrafix in successfully assembling vehicle hardware bundles is critical to the successful implementation of Field Services).

The wider scope of MDVS ARP Programmes solution (see Appendix 4 – ARP contracting matrix) includes the following objectives but notably the decommissioning of legacy vehicle equipment by adopting a disaggregated procurement and commercial solutions approach. The in-scope phased activities for this addendum are:

- The requirement to provide access to a highly available and resilient solution capable of meeting the needs of a 24/7 and 365 days Ambulance Service.
- Commercial networks alone are not adequate for mission critical safety of life communications, therefore, the use of enhanced networks to commercial offerings will be required.
- Specific ambulance service functionality and system interface as per the detailed user requirements.
- Integration to mission critical public safety functionality and services (e.g. emergency button), including adequate security.
- Additional resilience and enhanced availability.
- A disaggregated approach to, where possible, enable the use of a range of commercially available off the shelf (COTS) related components.
- Support for transition from services currently provided by ASL to services provided by ESMCP and the ARP Programmes.

- Decommissioning of legacy vehicle equipment.
- A ground-based network to provide connectivity between ESN and Ambulance control rooms and inter-control room links.
- Service desk solution capable of co-ordinating multi-party, complex, service management arrangements.
- Integration of the elements listed above to form an end to end critical communication service.

Contract Duration – due to programme delays the contract lengths for the ARP Programmes will be of shorter duration relative to the current ASL contract (as per Government guidelines). This is to ensure there is no lengthy vendor lock-in and to encourage innovation by regular re-competition. Table below illustrates the contract duration periods.

Table 30: ARP MDVS programme contract durations

Procurement Ref	Contract Term
Ambulance Mobilisation Application - MP1	Maximum of 24 months Implementation Period. Followed by 5 years from each Trust Go Live, with the option to extend for up to 2 years. Contract awarded to: Terrafix Limited Contract Start date: 19 December 2017 Contract End date: 18 December 2022  <a href="https://www.contractsfinder.service.gov.uk/Notice/7c53d228-16ad-40a9-91eb-9cc61eb86ae2?origin=SearchResults&amp;p=1">https://www.contractsfinder.service.gov.uk/Notice/7c53d228-16ad-40a9-91eb-9cc61eb86ae2?origin=SearchResults&amp;p=1</a>
Back Office Equipment (COTS Hardware & Software) - MP2	RM3733 Call-off Duration 3 Years plus optional extension of up to 2 further years. 5 years is maximum duration for call-off under this Framework. Contract awarded to: INSIGHT DIRECT (UK) LTD Contract start date: 8 February 2019 Contract end date: 7 February 2022  <a href="https://www.contractsfinder.service.gov.uk/Notice/678cbcc1-307b-415e-8b4b-58023c401cc8?origin=SearchResults&amp;p=1">https://www.contractsfinder.service.gov.uk/Notice/678cbcc1-307b-415e-8b4b-58023c401cc8?origin=SearchResults&amp;p=1</a>
Vehicle hardware including associated Good & Services (Incremental Solution) – MP5	Vehicle Hardware including Associated Goods and Services: Contract Notice 2019/S 051-116908. The Contract Award Notice has not yet been published. Contract awarded to: Terrafix Limited and Centerprise International Limited Contract start date: 12 August 2020 Contract end date: 11 August 2025 (initial term is 5 years from M5 'Go live date of April 2021' – Extension is +2years
Service Support (CP8a)	4 Years with options to extend for 6 months x 3. This is aligned to the remaining Contract Term of the Home Office ESMCP User Services Agreement.
Decommissioning Service (TBC) – CP6	2 Years. This will be a one off procurement expiring at the end of the Transition period. This procurement is subject to agreement of responsibilities for removal and disposal of assets through the Exit Working Group (EWG) and Airwave.

*Welsh Ambulance Services Trust*  
*Mobile Data Vehicle Solutions ESMCP Implementation*

Full Business Case

Date: 23 September 2021

Procurement Ref	Contract Term
MP3 (Vehicle Gateway, End User Devices with managed service, Accessories, and Vehicle Fitting Services).	Handheld Devices (ESN) and Accessories. For ESN Devices and Accessories, an initial term of 36 months with the option for the Authority to extend for period(s) of up to a total of 12 months. Vehicle Fitting Services. To be agreed with CCS as part of RM3814 (Vehicle Conversion) Framework development. Vehicle Devices - To be agreed with Home Office. Fixed mobile - To be agreed with Home Office. Dual mode (ESN and Airwave) - To be agreed with Home Office.
Air to Ground (A2G), Network Devices and fitting - MP4	Contract durations are under development and subject to Home Office procurement strategy.

## MANAGEMENT CASE

The Management Case describes how the ARP Programmes will be deployed within UK and Devolved Administration Ambulance Trusts and thereafter managed as live services. ARP are continuing with incremental delivery of the products in order to mitigate the ongoing delays to ESN. Covid-19 has and continues to have an impact on the delivery of ARP and internal changes have been made which support ambulance trusts and staff whilst minimising the impact on the delivery. This has led ARP to move to a product-based delivery model. The ARP Programme will set the strategy and standards in accordance with Government best practice.

The ARP has existed since 2004 and is an enduring organisation that provides safety of life critical communications goods and services to ambulance trusts across the UK. It has responsibility for the full life cycle of the services it provides, from procurement through to decommissioning.

The purpose of this case is to provide an overview and assurance of the management approach between the UK and Devolved Administrations for the delivery of the ARP Programmes: The Control Room Solution (CRS), Mobile Data and Vehicle Solutions (MDVS) and the Home Office led Emergency Services Network (ESN).

The ARP team has reviewed the resource level for the procurement, development, implementation, transition and live phases for each of the ARP Programmes. This includes forecasts for the resources that will be needed for the re-procurement and replacement at the end of each of the underlying contracts.

Under the disaggregated model integration responsibilities that currently sit with Airwave, as the supplier of an end-to-end managed service, are passed to the ARP team. The ARP team are responsible for integrating the various elements of the CRS and MDVS programmes. This includes both during the rollout of the programmes and during live service. This is also the case for ESN where although the integration responsibility sits with the Home Office for the supply of the network the ARP team are jointly responsible with them for the interfaces between ESN and the other ARP Programme. These additional responsibilities have led to a need for a larger ARP team than the current (Airwave) service model.

*Welsh Ambulance Services Trust*  
*Mobile Data Vehicle Solutions ESMCP Implementation*

Full Business Case

Date: 23 September 2021

Table 31 – ARP deployment status (Illustrative RAG)

Prog.	Product	Status	Description
Control Room Solutions	CRS Release 1	Trust deployment between April 2021 and July 2022	CRS connected to Airwave via Trust control rooms (CCI ports)
	CRS Release 2	Trust deployment between January 2022 and December 2022	New connection to Airwave for CRS, via the ARP Data Centres. Required as legacy connections (CCI ports) are end of life from end of 2022
	CRS Release 3	Trust deployment between July 2022 and June 2023	Connection of CRS to ESN, dependant on Home Office delivery of CRS/ESN interface
Mobile Data and Vehicle Solutions	NMA Release 1	Live from 08/19 (858 devices)	National Mobilisation Application (NMA) on a mobile phone via Terrafox Data Centres, primarily used by responders who do not have access to a mobile data terminal such as community first responders and ambulance officers
	NMA Release 2	Live from 02/20 (539 device)	NMA on a mobile phone via ARP Data Centres
	NMA Release 3	September 2021	NMA in front line resource, primarily ambulances and response vehicles
	NMA Release 4	April 2023	NMA alongside ESN voice, dependant on delivery of ESN voice. Includes deployment of ESN voice application and NMA onto new handheld device.
Emergency Network Services	ESN Assure 1.0	Live	Coverage validation tool
	ESN Assure 1.1	Live from Feb 2020	Coverage validation tool
	ESN Assure 2.0	April 2021	Coverage validation tool
	ESN Beta	October 2021	Pre-production version of ESN for trials
	ESN 1.0	April 2023	ESN voice and data
ARP Infrastructure		Live from September 2020	Delivery of all shared infrastructure supporting ARP Programmes in both the ARP Data Centres and ambulance trust sites
ARP Service Release 1		Live from 06/20	ARP Service to support ARP Programmes based on an expansion of the Airwave Service Desk
ARP Service Release 2		Planned go live 12/21	ARP Service to support ARP Programmes based on the Service Partner

The ARP FBC (Phase 1) covered CRS with corresponding WAST CRS OBC (March 2018 – FUNDING APPROVED)

The ARP FBC (Phase 2) covered the NMA with corresponding WAST MDVS OBC and Addendum (October 2018 / November 2020 – CASE NOTED PENDING FBC).

The ARP FBC (Phase 3) covered the move to an incremental delivery to mitigate the delays to the delivery of ESN. This includes the introduction of the various product releases set out in



table above. The scope of the ARP FBC (Phase 3) includes the delivery of CRS Releases 1 and 2, NMA Releases 1 to 3, ARP Infrastructure and ARP Service Release 3.

The ARP FBC (Phase 4) covers all remaining items needed to complete the deployment of the ARP Programmes and ESN, and specially CRS Release 3, NMA Release 4 and ARP Service Release 2.

WAST will produce a business case outlining those remaining activities in-scope from ARP FBC (Phase 3 and 4) requiring further investment.

ESN Releases are covered by ESN's business cases.

ARP has rolled out NMA release 1 earlier than anticipated to support Trusts in their response to the Coronavirus pandemic. The NMA application was deployed predominantly to mobile phones used by First Responders, over 1,400 currently deployed. This will be followed by the deployment of the application into front line resources using vehicle hardware.

ARP has considered the impact on the resources profile needed given this incremental approach and has amended the resource plan appropriately.

#### Programme Management Methodology

The ARP Programmes will adopt government best practice by utilising the most appropriate methodology. These include Managing Successful Programmes (MSP), Projects in Controlled Environment (PRINCE2) and Agile Project Management. MSP focuses on the direction and delivery of the overall strategy; PRINCE2 focuses on day-to-day management and specific product delivery, whilst Agile project management focuses on continuous improvement, scope flexibility, and delivering essential quality products.

ARP has been working with the Government Digital Service (GDS) and will adopt their recommended approach for software development using the Agile methodology where appropriate.

All plans will be broken into clearly defined stages, to ensure all parties are aware of their responsibilities and deliverables to the specified standard and quality criteria.

Quality management will be an integral part of the daily activities. The Quality Control Strategy outlines the criteria for assessing the success of the ARP projects and programmes. The strategy clearly defines the approach to quality assurance and outlines the quality techniques and standards to be applied. The strategy will also explain the processes for change control as well as the management of lessons learned.

The ARP have defined reporting mechanisms to monitor progress. It is the responsibility of the ARP Director to consider the completion of the preceding stage and approve the subsequent stage, primarily via the approval of milestone recommendation documents. Progress of milestones will be presented to the ARP Programme Board, with representation from ambulance trusts.

An Integrated Assurance and Approval Strategy and Plan has been developed and sets out how, when and from whom, approvals will be obtained. This includes the end-to-end process from the identifying a programme to closing a programme when delivery of services passes to BAU teams.

To deliver the objectives outlined, the programme requires a broad range of skills. Securing these skills at the appropriate stages is critical to the successful delivery of the programme.

#### Organisation and Governance Structure

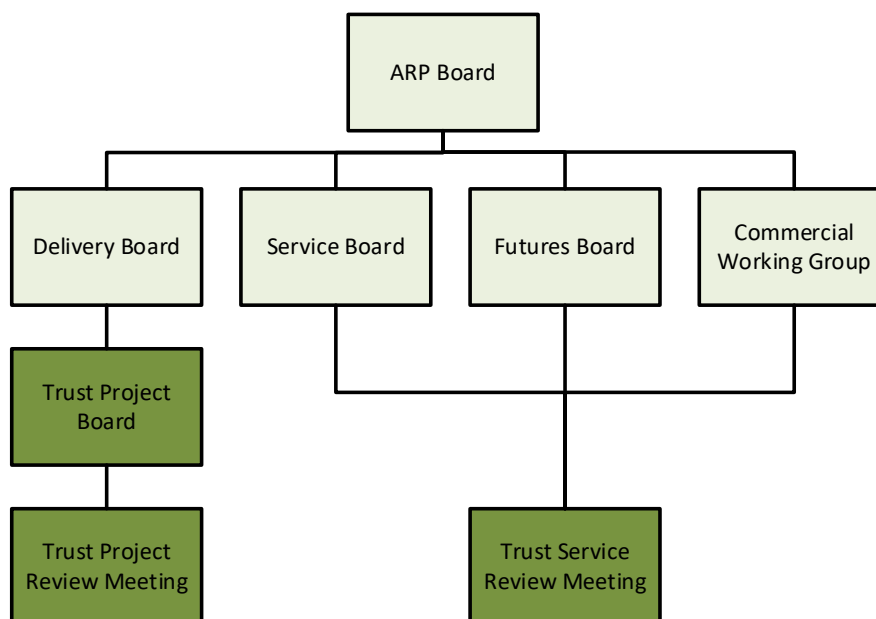
The structure explains engagement with the wider ESN team and the key working groups from Trusts.

The ARP Programme Team works closely with the ESN Team to ensure the alignment of timescales to allow for continuity of operational performance and interoperability with other blue light Emergency Services.

The ARP and the ESN are to a large extent independent. Although ARP and ESN need to be fully delivered to realise all the benefits, the changes made by ARP following the approval of the ARP Full Business Case (Phase 3) mean that many benefits from CRS and MDVS can be delivered through an incremental approach to delivery that is independent of the delivery of ESN. This approach has been followed in Wales.

ARP programme is a key stakeholder within ESN and has representation on key working groups and governance boards, this includes the ESN Programme Board.

Figure 2 - ARP Governance structure



The Delivery Board is responsible for:

- Delivery against the integrated ARP plan for all products.
- Delivery against Trust implementation plans for all products.
- Confirming that TDA, ODA and SDA gates have been passed for all products (and the passing to the Service Board).
- Identifying and resolving integration and collaboration issues across products and suppliers.
- Identifying and resolving significant risks and issues to the delivery of ARP.
- Confirming service readiness.

The Service Board is responsible for:

- Delivery of the end-to-end ARP service.
- Integration and collaboration issues across products and suppliers.
- Identifying and resolving significant risk and issues to the delivery of ARP.

The Futures Board is responsible for the:

- Maintaining the ARP Roadmap.
- Capturing future trust requirements and, where appropriate, feeding these into supplier development plans.
- Planning of major release deployments.

The Commercial Working Group is responsible for:

- Providing regular updates to the DHSC commercial team in relation to both contract management and procurements, including maintaining the:
  - Contract database, which details key contract information.
  - All live tenders, which provides stakeholders with an update of projects.
- Assuring and providing evidence to DHSC and the Government Legal Department that ARP have a robust governance process for, Supplier/Contract performance / Procurement best practice & compliance.
- To ensure that ARPs commercial and procurement activities remain aligned to current DHSC policies and processes.
- Providing a forum for dialogue between the ARP and DHSC commercial and procurement teams in relation to requirements and issues.
- The management of commercial risks and issues.
- To gain approval from DHSC to go to market or to award contracts (within the authorisation limits).

The ARP Programme Board meetings take place every six weeks. The primary purpose is to review progress of all programmes. Should the need arise, ad-hoc meetings are arranged as outlined in the Programme Board Terms of Reference. The Programme Board consists of a wide range of stakeholders such as ESN representatives, DHSC Legal, DHSC Commercial, DHSC Policy, Trust representation (including Wales) from IM&T leads, National Director of Operations and Heads of Procurement.

Documents that require approval of the Programme Board and are subject to the ARP approval process. The Programme Board is primarily responsible for driving the ARP Programmes forward to deliver the outcomes and benefits as defined in the Programme Definition Document. This is achieved by implementing the necessary controls and monitoring the delivery progress against the agreed plans; ensuring the necessary approvals to proceed are obtained in good time.

The Programme Board ensures that the highest standards of accountability and procurement probity will be maintained throughout the implementation.

The diagram below depicts the structure for the ARP Programme Board. The current board structure is responsible for all ARP programmes (CRS, MDVS, current Airwave contract) and the delivery of ESN to Ambulance Trusts. The Home Office is responsible for the delivery of the new ESN network and as such, a representative of ESN attends the ARP programme board.

Figure 3 – ARP Programme Board



The diagram below shows the key stakeholder groups that are represented on the ARP Programme Board. The ARP Programme Board comprises of representatives from ESN, Ambulance Trusts (including Wales and Scotland), a DHSC Policy Lead and Legal as well as a representative of DHSC Commercial.

Figure 4 – ARP Stakeholder groups



## Governance

### Programme Executive/SRO

The Programme Executive is ultimately accountable for the project, supported by the other members of the Programme Board. The Programme Executive will provide the strategic overview and have responsibility for the successful delivery of the programme.

### Programme Director

The Programme Director acts as a single point of contact for the Programme Manager for the day-to-day management of the interests of WAST and represents the Senior Responsible Owner (SRO) on a day-to-day basis. The Programme Director is responsible for ongoing management on behalf of the SRO to ensure that desired outcomes and objectives are delivered.

**Programme Team** – is responsible for national delivery of the ARP Programmes. It is led by the Head of Programmes who is responsible for leading the Programme Team. They are responsible for all the programme teams' activities. The Programme Team includes:-

**Programme Managers** – are assigned to each of the ARP Programmes, supported by a project team, which they lead. Carry out the day to day management of their assigned programme. They ensure that objectives are achieved within time/cost/quality constraints, whilst managing internal and external stakeholder expectations. Responsible for programme completion and production of the lessons learned report.

**Project Managers** – are assigned to individual projects within each programme. Are responsible for developing and maintaining appropriate controls for their assigned project. Manage project activities, delegating individual and team action plans to ensure delivery. Report on progress to the PMO and are responsible for ensuring the quality and timeliness of the information they provide.

**Senior User**

The Senior User will be responsible for specifying the needs and interests of those who will use the final product(s) and for whom, will achieve an objective or will use the final product(s) to deliver benefits.

**Senior Supplier**

The Senior Supplier represents the interests of those designing, developing, facilitating, procuring, implementing and possibly operating and maintaining the projects products. This role is accountable for the quality of products delivered. On a programme such as this, whereby the products being delivered are nationally procured, the Senior Supplier will seek assurance from ESMCP and ARP to ensure the deliverables are fit for purpose.

**Programme Assurance**

The Programme Assurance roles provide independent verification of the programme and represent the interests of the business and users, advising the Programme Board members as appropriate. At a strategic level the ESMCP programme is subject to OGC Gateway, Independent Assurance and Major Projects Review Group (MPRG) reviews and assurance. The ARP programme will follow the same type of assurances with Department of Health representation as the programme sponsor. At a recipient organisation level then the ARP programme will provide regular updates to the WAST OCP Programme board. The OCP programme has representation from the Welsh Government, JESG and business leads.

The Programme Assurance process is an iterative one and this programme is fully engaged with the multiple assurance layers from both ESMCP and ARP programmes perspective. Any 'end-to-end' testing of all the component parts of the ARP technical and operational procurements will require approval from subject matter experts who can assure the ARP Programme and in turn the WAST OCP Board that operational capability is being maintained or enhanced. It is only after this stringent testing that the project can approve any new solution to the recipient organisations as a service offering.

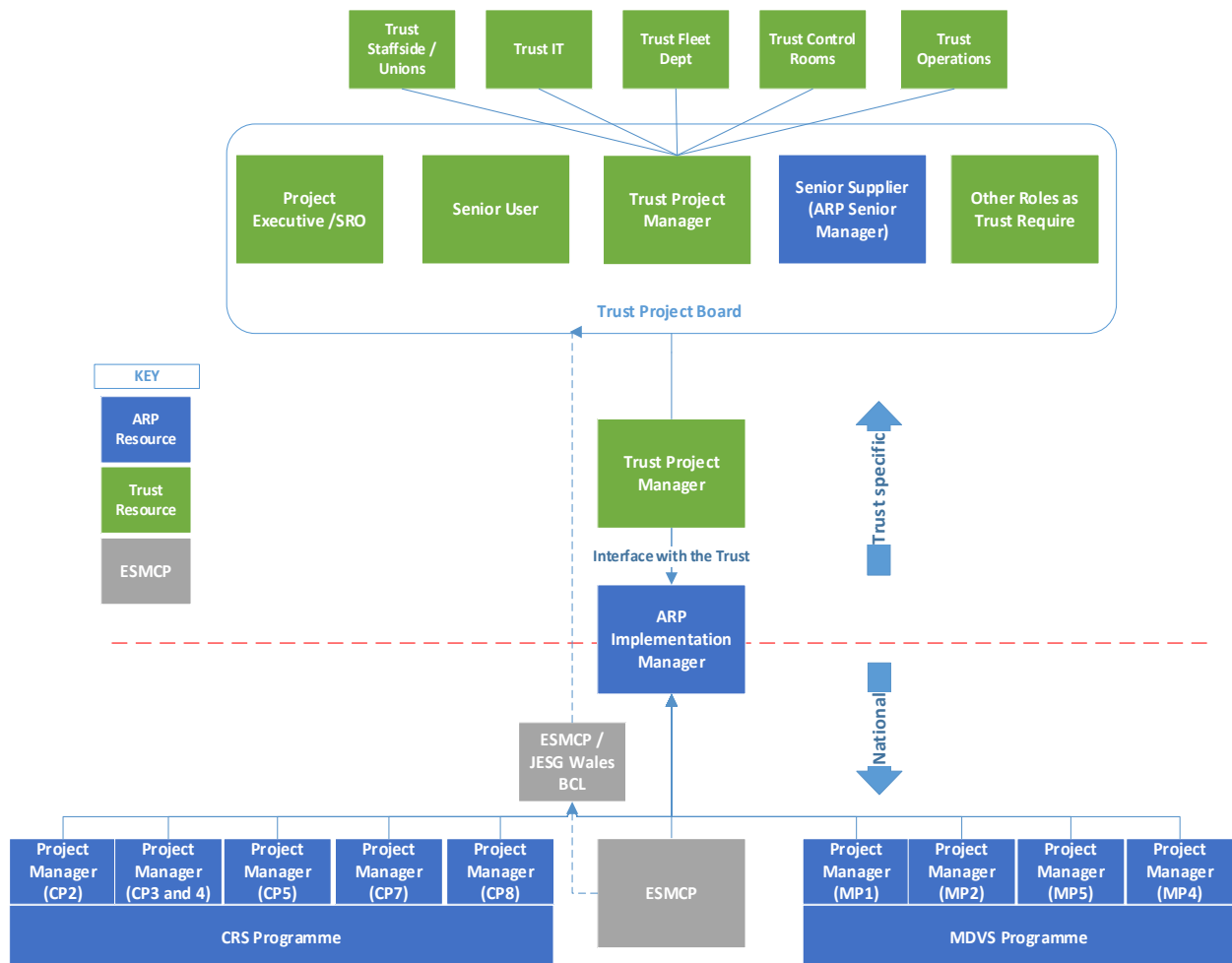
The programme will also need to understand the costs and affordability of the any solution, with particular reference to where these costs are likely to fall.

**Programme Management Office** - the central ARP team who manage the administration and control of all Programme and Project management documentation which includes risks and issues logs, plans, and all key programme and project documentation. They also administer stakeholder communications as well as creating dashboard, highlight and exception reports. The PMO is also responsible for stakeholder management.

**Implementation Team** – is responsible for the local delivery into ambulance trusts of the national ARP Programmes. The team is led by the Senior Implementation Manager, who reports into the Head of Service Delivery. The Implementation Team is made up of regionally based Implementation Managers. Each Trust is assigned an Implementation Manager who works in partnership with the Trust Project Manager. The Implementation Manager is the principle point of contact between the Trust and ARP (as shown in Figure below). As a group they ensure the

sharing of best practice and lessons learned between Trusts. WAST will need to provide resources outlined in green to ensure alignment with the programme rollout. WAST ESMCP resources have previously been agreed by the Welsh Government to 2023/24 so no impact is anticipated on the scope of this investment under this MDVS phase. A detailed WAST MDVS Rollout Plan will be created by the WAST OCP Project Manager and Programme Team with support from the ARP Implementation Team.

Figure 5 – Governance Diagram



The approach to implementation has been reviewed in consideration of the ESN delays and ARP's adoption of an incremental solution. ARP has agreed a rollout plan for CRS with Trusts and is agreeing a revised rollout schedule for vehicle installations.

**Service Management Team** – is responsible for the ongoing delivery of all live services and for the ensuring a viable and effective implementation of the service management needed for the ARP Programmes. The team is led by the Head of Service Delivery, supported by the Senior Service Manager and the Service Programme Manager and consists of the:

**Regional Service Team** – are assigned to Trusts and act as their primary point of contact for live ARP service. They run the Trust service review meetings, pulling together content from the ARP suppliers to form a consistent and seamless single source information to the Trust. They act as

a conduit for the Trust to access other areas of expertise from within ARP. Is led by the Senior Service Manager.

**Central Service Team** – is responsible for the processes that underpin the delivery of effective service management. They formally review the service provided by ARP's suppliers on a national basis, monitoring performance and identifying trends. They own the live ITIL process and are responsible for continual service improvement. Is led by the Senior Service Manager.

**Service Implementation Team** – is responsible for implementing the service wrap on the various releases of the ARP programmes. Is led by the Head of Service Delivery, supported by the Programme Manager for Service Implementation.

**User Assurance Team** – act as the voice of Ambulance Trust operations within ARP. Responsible for capturing user requirements and ensuring that they are delivered. The User Assurance Managers (UAMs) work with the Trusts in evaluation of the programme's success in achieving the proposed end benefits. It is led by the Senior User Assurance Manager.

**Technical Team** – is led by the Senior Technical Manager and comprises of Solution Architects, Technical Managers, Analysts, Technical Security and a Technical Project Manager. This team provide all the technical solutions to implement the programmes and projects products and provides technical support and reassurance to all aspects of the programme. Key responsibilities are to provide technical designs against user requirements and assure the implementation of the technology from Project into Live Service.

**Procurement and Commercial Team** – responsible for the procurement of the good and services required for the delivery of the ARP Programmes and for the commercial management of ARP's suppliers. Work closely with and are accountable to the DHSC commercial directorate.

#### **Change Control Board (CCB)**

The high-level purpose of the CCB will be to govern and ensure the appropriate process is applied for all changes to Programme Baseline whether Quality, Scope, Schedule, Cost and / or Benefits.

The CCB will oversee all Programme Change Requests via a controlled mechanism and interaction with other appropriate governing bodies, as follows:

- Authorise / reject Change Request registration and associated effort / cost required to impact change requests, plus agree stakeholders required for impact assessments.
- Assure, underwrite and mandate associated action for cost and schedule changes within Programme tolerances.
- Review Change Impact Assessments including primary liaison with Programme Management, Technical Design Authority, Business Design Authority, DHSC and secondary liaison with other Programme subject matter experts and beyond.
- Authorise / reject / defer / withdraw Change Requests which impact Programme costs, schedule and scope baselines.
- Prioritise and monitor changes agreed for implementation.
- Escalate changes to Programme Board on a case by case basis.

At a minimum, the CCB will meet monthly. At certain times within the ARP Programmes there may be the requirement to increase the frequency of CCB meetings, and this will be decided as and when appropriate.



If a decision cannot be made within the CCB or matters require escalation, ARP Change Manager will escalate to the ARP Head of Service or ARP Programme Director.

### **Implementation Approach and WAST MDT bundle rollout**

ARP will adopt a phased approach for the implementation of the new solutions with Trusts reaching programme milestones at differing times. CRS and NMA can be delivered independently of each other, however both need to be in place before the transition to ESN can commence.

Each Trust project will be organised into several stages with clearly defined milestones. Using a staged approach will enable the projects to be implemented in a controlled way and ensuring all the Trust systems and processes are in place before making the transition to the new ways of working.

ARP will hold regular projects meetings with each Trusts the regularity based on the needs and requirements of each Trust. For example, the early adopter of CRS holds breakfast meetings daily to drive progress.

In addition, ARP will run regular Trust Implementation Forums which will focus on sharing experiences and lesson learnt by the early adopters to share good practice. These forums will be important mechanism for sharing information.

A series of plans, which will require updating throughout the programme have been developed for implementation and transition. The plans will be baselined, and any change will be subject the formal change control process and include the following:

- National plan (overview of the programme plans for ARP Programmes and ESN).
- ARP Trust plans for CRS will encompass the ARP Programmes and ESN as well as any planned local works within the individual Trusts to ensure we have an integrated plan.

Each Trust has been assigned an ARP Implementation Manager to manage the delivery of the ARP Programmes, and will work alongside ESN for the delivery of the ESN when the programme is ready to deliver. The role of the Implementation Manager is to support each Trust throughout the life of their project, helping to manage the supplier; ensure local plans and dependencies in relation to the National Programme are considered; propose resource and risk mitigation as well as ensuring that experiences were shared between the different Trusts to make best use of lessons identified.

The Implementation Manager and the Regional Service Manager (RSM) will work closely together, however the RSM will remain as the main contact with the Trusts to ensure continuity as well as minimising operational impact during the transition phase.

The Implementation Manager, as part of the ARP programme team, will work closely with the ESN team on a regional basis to ensure the necessary alignment of timescales when ESN is ready to roll out. ARP will work closely with the 3 blue light Emergency services to ensure continued interoperability. This will ensure the continuity of operational performance, and most importantly to ensure patient care is not comprised.

### Trust (WAST) Responsibilities

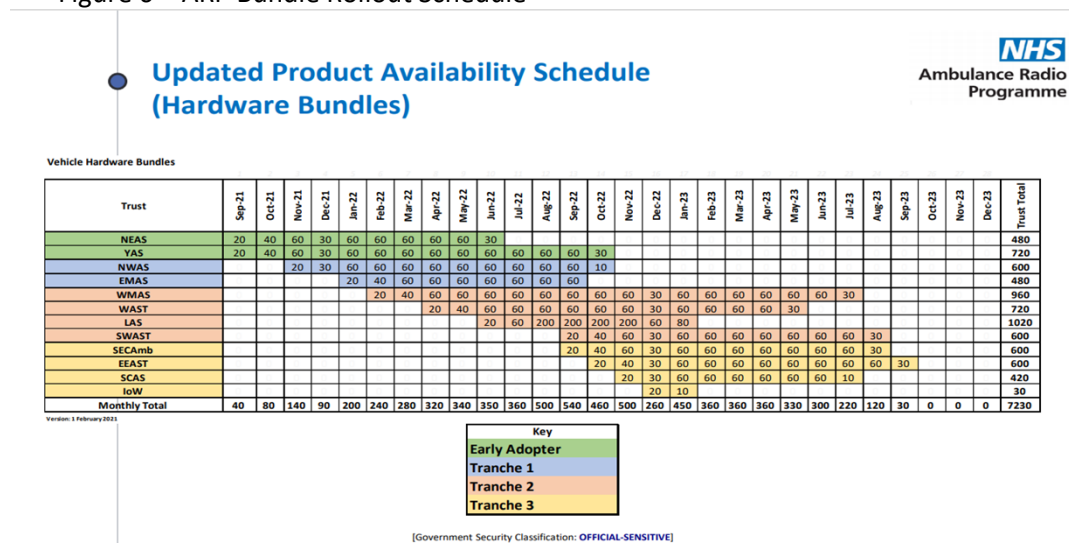
There are several responsibilities which will fall to WAST, examples include (significant support will be provide for all these activities from by the Implementation Manger):

- Appointing a Project Manager to act as a Single Point of Contact (SPOC).
- Establishing their own Programme/Project Boards which include representation from operations, finance and information technology to review and approve the implementation of the new systems at a local level and to ensure the Trusts responsibilities are being met. A representative of the ARP Senior Team will attend the Programme Board.
- Ensuring the Equipment Room/s achieve the required standard including air conditioning and power provision.
- Providing access to sites to facilitate installation and testing of equipment and systems.
- Ensuring appropriate resources are made available to support the implementation of the new network and ARP Programmes.
- Development of a training schedule for personnel to ensure staff are competent in the use of the new solution/s.
- Release of operation staff for training purposes.
- Review of operational procedures to ensure full advantage is made of new solutions.
- Manage the release of vehicles for the fitting of equipment.
- Production of a local project plan which will be driven by the Trust appointed Project Manager with significant support from the ARP Implementation Manager.

The Vehicle Hardware bundle for WAST will commence April 2022 and rollout period to May 2023. The vehicle bundle consists of:

- Vehicle router (providing access to ESN, MNO, Bluetooth, Serial (Airwave), Wi-Fi, etc.
- Windows 10 tablet running National Mobilisation Application (NMA) in 'Kiosk Mode'
- Tablet mounting bracket & dock / PSU / antenna / cabling
- Remote Management solutions for both Tablet and Router (MDAM)

Figure 6 – ARP Bundle Rollout Schedule



The ARP Master Plan has been produced in coordination with the supplier(s) and will be agreed with the Trusts and all key stakeholders. It will take into account other key factors such as the approach to implementation:

- Plan and agree the key dates with Trusts (and Suppliers).
- Design, build, and test the overall solution.
- National Service Readiness.
- Local Trust Service Readiness.
- First Office Application (FOA) acting as the initial 'Pilot'.
- All Trusts will conduct a pilot.
- Undertake lessons learned, ensuring they are fed into future deployments
- Share best practice with appropriate stakeholders.
- Support Trusts throughout the complete Project lifecycle, creating tailored plans to each Trust.
- Project Evaluation.

To achieve the above approach to implementation it will be necessary to implement in a phased approach, staggering the Trust implementation as much as possible. This enables:

- Defects to be addressed with minimal impact across more than one Trust, and;
- Best practice and lessons learned can be shared.

ARP support throughout the implementation will be managed by the Programme Team. Additional resources may be available to Trusts, this could include (as required) training support, extra test witnessing, and implementation support.

The proposed plan for MDVS is to implement on data initially and migrate voice services once the ESMCP delivers adequate operationally assured geographical coverage and those elements that remain in scope. The timescales for the start of this transition will be developed based on the revised plan for the rollout of ESN Connect Critical (Data Service) and ESN Version 1 (Full Voice and Data Service).

#### **Programme Management Reporting**

The ARP team coordinate reporting of Programme status and the delivery progress against Milestones by Trusts and Suppliers in the agreed Programme Master Plan.

The Programme Tracking and Reporting process is critical to the success of the ARP programmes and is coordinated and managed by the Programme Management team as follows:

- During the implementation phase, ARP will work closely with Suppliers and Trusts throughout the design, build and test of the solutions.
- During the transition phase, ARP will work closely with Suppliers and Trusts to migrate users on to the new solutions.

#### **Milestone Management**

ARP will work with suppliers to ensure accurate reporting of deliverables against the agreed milestones in the Programme Plan, by agreeing the Milestone Definition Document that contains:

- A description of the Milestone.

- Success criteria.
- Evidence required to trigger a Milestone.
- Any contingency plans that have been drawn up.
- Achievement Certificate.
- User Acceptance Certificate.
- Trial Completion Certificate.
- Trust Sign-off.

Identifying the Critical Path for key deliverables and dependencies for each Milestone and resources required, then actively managing this Critical Path by sharing the critical path with all relevant parties involved so that they understand their individual contribution to it, specific reporting on all items contained on the Critical Path with an 'early warning system' put in place to provide additional assurance on critical path items and items they are dependent upon.

Prior to any Key Milestones being awarded a milestone achievement recommendation form will be completed by the Project Manager for the consideration by the senior team. The final decision based on the recommendation is the responsibility of the ARP Director.

### **Reporting Process**

The tracking and reporting process flow will be as follows:

- ARP will keep a current copy of individual Trust plans throughout that Trust's Transition. In doing this, ARP will liaise closely with the Trust Project Manager/SPOC.
- ARP produce a monthly Dashboard which is circulated to Stakeholders this dashboard provides a snapshot and summary of the progress of the ARP Programme and Projects.
- ARP host a monthly session to review the progress on Trust transitions to which all Trusts are invited to send a representative.
- ARP hold a monthly meeting with the IM&T leads to report on implementation progress.

### **Training**

The ARP Training Strategy outlines how training will be delivered for all programmes.

An analysis of training needs will be undertaken which will describe at a high level, who will perform the training, identify who needs to be trained and to what level. The training analysis will cover both initial training for transition and ongoing operational training (post transition). From this analysis a detailed training plan will be developed.

The programme will adopt a "train the trainer" approach.

It is envisaged that the ARP Programmes' suppliers will provide training courses that cover the use and administration of their solutions. Several training courses will be funded centrally by the ARP Programmes and the ESN programme but the costs of training the Trust End Users and associated backfill will be the responsibility of the Trust. Trust engagement will be sought to ensure the training meets the requirements of the Users.

In order to ensure that that training has a minimal effect on the day to day provision of Ambulance Services and that they do not incur significant costs for replacing staff while they were being trained, it is crucial that the training programme considers more than one approach. For example, the use of Computer Based Training (CBT) could be a method of minimising the amount of time that ambulance crews and control room staff are required to be absent from the workplace.

There are a number of centrally funded training courses which ARP will ensure are delivered to Trusts in accordance with their transition timelines. Any additional courses will be funded locally by the Trust.

### **Arrangements for Benefits Realisation**

The Initial Operating Capability (IOC) is to replace the communications capabilities that are currently delivered by Airwave.

The responsibility for the delivery of the IOC rests with the ARP Programme team and it is centrally funded for England but is subject to Devolved Governments governance and funding arrangements. The IOC must be delivered before the current Airwave service can be ceased.

The provision of broadband data is an enabler for additional capabilities such as video streaming and remote diagnosis. To achieve the Full Operating Capability (FOC) stakeholders will have to be fully involved including all the individual Trusts and national groups including Association of Ambulance Chief Executives (AACE), National Director of Operations Group (NDOG) and the Information Management and Technology Leads.

Responsibility for the delivery of the FOC is more complex than that for the IOC because different capabilities will be delivered by different parties at differing times. The ARP Programme will undertake an enabling role in the delivery of the FOC and is currently working with Trusts, DHSC and Devolved Governments to clearly define future capabilities and responsibility for their delivery.

The ARP team devised and started to implement a revised Target Operating Model (TOM) which included 40 initiatives. These initiatives were prioritised to support staff development and maturity of the team before developing the department into a potentially marketable organisation.

To prioritise the Covid response and support the team through the pandemic, the TOM initiatives focussed on staff based initiatives and integrating the team with the host Trust. A TOM is also being undertaken for WAST to support the developments for future operational capability.

### **Benefit Realisation**

Benefit realisation has been embedded into ARP programmes from inception through to closure. Some longer-term benefits may be realised post programme closure, however, it is important these are also tracked.

### **Identifying the Benefits**

The initial stage of benefit realisation was the 'Identification' phase, followed by assigning owners. The benefits were reviewed and agreed by the key stakeholders to ensure ownership of the benefit process and this is an iterative process. Refer to the Benefits Realisation Management for a list of identified benefits.

### **Planning the Benefits**

ARP has produced a detailed Benefit Realisation plan' in conjunction with Trusts with an underpinning Benefit Mapping. These products will detail 'how', 'when', and by 'whom' the benefits will be realised.

### **Realising the Benefits**

Realising the 'In-Life Benefits' is planned under business as usual (operational). This approach begins by revisiting the identified benefits and assigning work packages, actions, and timescales to ensure the previously documented benefits (and benefit owners) are brought into working practice. At a local level the ARP RSM's and the UAM's support Trusts in the delivery and evaluation of benefits. The funding for this is included in the ARP resource budget. Benefits realisation will continue after the programme officially closes and will be monitored by the Regional Service Managers and the User Assurance Managers.

### **Evaluation**

A post programme review of the benefit realisation life-cycle will be undertaken, which will feed into the lessons learned report. The evaluation will consider input from key stakeholder groups who have been involved with benefits, including the benefit owners.

### **Risk and Issue Management**

Given the complexity of all the different sub-programmes which make up ARP, and their interdependencies, there are significant risks involved with ARP that, if realised, would have a high impact on cost and timescales.

A Risk Management Strategy has been produced. The strategy explains the ARP approach and management of risks across all programmes/projects within its remit. This document is aligned to the South West Ambulance Service Foundation Trust (SWASFT) Risk Management Strategy and takes into consideration the ESN's approach to risk management.

The programme has established Risk and Issue Logs which capture all risks and issues, including an assessment of their potential impact, likelihood of occurrence and proximity. The logs identify owners for all risks and issues and are updated regularly as part of the programme governance structure.

### **Risk Register**

The Risk Register acts as the live control for managing risks and is maintained by a nominated individual, responsible for co-ordinating updates from the tasked Risk Owners. Programme risks are detailed in the ARP Risk Register is formally approved at the R&I Review Board which is then presented at the ARP Programme Board.

Risk Registers contains a description of the risk, action summary, an owner, the rating and a further summary of the risk movement since last reported period.

A report to include the top 5 rated risks and issues will be presented at ARP Programme Board meetings to include title, likelihood of occurrence; impact on cost/time/performance and the managed risk mitigations and resolution plan. This will be cascaded and managed to include local risks through the WAST OCP Programme and WAST MDVS Project Boards.

### **Risk Potential Assessment (RPA)**

The programme is subject to the Office of Government Commerce (OGC) Gateway Review Process. This requires that the Programme undertakes an RPA to identify the level of risk, on an annual basis.

The results of the ARP RPA undertaken in December 2020 and WAST (April 2021) were as follows:

Table 32 – Risk Potential Assessment (RPA)

RPA Category	ARP Rating	WAST Rating (MDT Phase)
Strategic Impact	High	High
Strategic Profile	High	High
Delivery Challenge	Medium	Medium
Capacity & Capability	Low	High
Scale	Medium	Medium
Complexity	Medium	Medium
Risk Potential Assessment	High	High

### Communications Plan

The ARP Stakeholder Communications Strategy outlines how the ARP will identify and communicate effectively with all the key stakeholders.

The strategy describes the principles adopted such as; inclusivity, transparency, appropriateness, clarity and comprehensiveness and these principles will be followed throughout the duration of the ARP Programme. The Stakeholder Matrix has been developed to manage communications that will contain:

List of Stakeholders:

- Their level of influence.
- Communication method.
- Frequency of communications, and level of communication.

Communication activity will focus on the primary audiences of stakeholders, potential users and influencers during all key phases of the Programme. The core of all communications will be focused on maintaining and building momentum during these phases.

The ARP PMO Office produce a weekly Dashboard which is circulated to Stakeholders, this dashboard provides a snapshot and short summary of the weekly progress of the ARP Programme and Projects. On the last Friday in the month a detailed report is circulated, which provides more detail on the previous month's activity on the Programme. WAST OCP programme will also circulate a communications update to Welsh stakeholders including both the ARP and WAST highlight reports.

The ongoing communications will state clearly, the achievable objectives and key messages in a precise and informative format and will focus on promoting ARP Programme's and ESN progress. WAST OCP Programme will report the national programmes progress within the Wales context.

### Security and Confidentiality

The ARP will adhere to DHSC to NHS / Cabinet Office policies and procedures in relation to creating records and handling information and will undertake action as required to implement



and comply with these policies and procedures throughout the duration of the ARP Programme (ISO/IEC 27001 and ISO/IEC 27002).

The ARP procurements deal with commercially sensitive information (such as supplier contracts) therefore all key documents will be stored within a secure area by the programme team to avoid the unintentional sharing of content with unauthorised staff.

During the procurement phase, ARP utilised an e-procurement portal (BiP Delta) to ensure transparency and fairness to all suppliers. This will include a secure data room to share all documentation relating to procurement and additionally a portal for suppliers to submit their bidding responses.

Documents produced by ARP are subject to Government Security Classifications.

All members of the ARP team have annual Information Governance training.

The ARP team adheres to the best practise security principles of CIA (Confidentiality, Integrity and Availability) during the course of Business as Usual activities as well as in solution design.

ARP are responsible with ensuring all Ambulance Trusts adhere to both the Airwave and ESN Code of Practise and Code of Connection.

Where security clearance is required, the ARP and WAST OCP PMO will manage this process in accordance with guidance from the IT Security Manager and the Programme Heads.

### **Contingency Arrangements**

The continuity of mobile communications for the Ambulance Services is of critical importance and access to existing communications services (i.e. Airwave) must be maintained until transition to the new ESN has been completed successfully. The ARP programmes have therefore put in place a robust approach to manage all scales of risk.

The delivery of ARP's Programme has been subject to delays caused by both external and internal factors. The approach that has been taken has been to extend the Airwave service, due to a lack of viable alternatives. This remains the case, but the move to an incremental approach means that a more nuanced approach to the provision of contingency can be undertaken.

### **Audit and Review**

OGC Gateways reviews will be undertaken throughout the lifecycle of all ARP procurements. These reviews shall include members of the ARP Team as well as representatives from key stakeholders.

The table below shows the Gateway Reviews that have been completed so far and future forecast dates:

Table 33 - ARP Gateway Reviews

Review	Date	Outcome	Objective of Gateway Review
CRS Gateway 1	Jan-2015	Amber	Confirm the case is robust and meets the business case needs.
CRS Gateway 2	Dec-2015	Amber/Red	Investigates the direction and planned outcomes of the programme, together with the progress of its constituent projects.
MDVS Gateway 0	Oct-2016	Amber	Delivery Strategy
CRS/MDVS Gateway	Nov-2017	Amber	Bespoke Assurance/Delivery Strategy
Bespoke Gateway 4	Apr-2021		Readiness for Service
Gateway 5	TBC		Operational review and benefit realisation

The first of these Gateway Reviews held in January 2015 was for the CRS programme, however there was a degree of overlap into MDVS and ESMCP. The primary purpose of the review was to confirm that the business case was robust, affordable, and meeting the business needs/with appropriate options explored to achieve Value for Money. This review was given an “Amber Status” which is described in the table.

The second Gateway Review was held in December 2015 concentrated on assessing the overall confidence of the delivery approach being adopted by the CRS programme. Again, there was an element of overlap into the MDVS and ESMCP programmes. This review was given an “Amber/Red” status as described in the table below. The review had seven recommendations one of the most critical was to review the approach to securing resource. ARP conducted a review and concluded that the delivery partner option was not the preferred approach to securing resource. The revised approach includes using a mixture of resource (some full term, fixed term, contract and consultancy). All contractors and consultants will be procured from existing frameworks.

The third Gateway Review was held in October 2016 and was dedicated to the MDVS, however there was overlap into both CRS and ESMCP. The main objective of the review was to assess the overall delivery confidence. This review was given an “Amber” status and nine recommendations were made which the ARP programme worked through. The most critical recommendation identified who is the best placed organisation to become responsible and accountable for the full operating capability including the benefits generation and realisation through the life of the new system. Additional recommendations included work to scope and commission a high-level plan and potential funding model for the work to deliver the full operating capability. Quantification of costs will be conducted as soon as progress on the ARP and ESN procurements allow.

The fourth Gateway Review which focussed on a strategic assessment of the MDVS and CRS took place in November 2017. Following the previous Gateway Reviews the ARP team had put forward a recommendation to the SRO, that future Gateway Reviews were combined due to the programmes being inextricably linked. There was a significant amount of overlap in the previous Gateway Reviews that were undertaken, as the CRS and MDVS programmes are following the same methodology for delivery, it was agreed that the next Gateway Review should encompass both the CRS and MDVS Programmes. The outcome of the Gateway was

Amber, though the review team stated “The individual elements of the programme largely within ARP’s control – delivery of Control Room Solutions (CRS) and Mobile Data Vehicle Solutions (MDVS) – are managed and controlled effectively by the SRO with a clear strategy and focus to achieving successful delivery and benefits realisation. If the ARP programme were to be assessed on ARP programmes only the Review Team would be minded award an Amber Green delivery confidence rating.” The Review Team put forward 8 recommendations, several of which have been addressed by ARP as they required immediate attention and other recommendations are being worked through.

The fifth gateway review has been planned to coincide with the review of ARP FBC (Phase 4). It will be an OGC Gateway 4 review, focusing on readiness for service. This is appropriate given that CRS in Scotland has been delayed over the summer from ‘go-live’ service.

### **Programme Evaluation**

#### **Lessons Learned**

ARP actively seeks to collect and exploit the experiences of the stakeholder community in the development of lessons learned. This will ensure that feedback from all areas within the programme can effectively propagate and share these experiences as part of the continual service improvement culture within ARP. New lessons learned from the ARP Programmes and ESN are captured on the Lessons Learned Log and reviewed regularly.

The Lessons Learned Log is a live document that is updated by the Programme Management Office (PMO) and contributed to by all elements of ARP. During 2020 the requirement actively to seek, record and assess lessons was incorporated into the terms of reference of all ARP’s Programme and Project boards’ standing agenda. All such lessons learned are recorded in the minutes of these boards. Once recorded in the log, lessons learned are monitored by PMO staff to ensure they are captured and any changes necessary to exploit the lessons are promulgated and incorporated.

All ARP staff and Trust personnel will be involved with cascading their key lessons learned to ensure a holistic view from a cross section of the Ambulance Trusts.

There will be a post programme review once the transition is complete. The review will assess:

- Live operations.
- Performance measures against Service Level Agreements.
- Degree of success.
- Lessons learned from the programme.
- Efficacy of all elements of the working solution to see if further improvements can be made to optimise the benefits delivered.

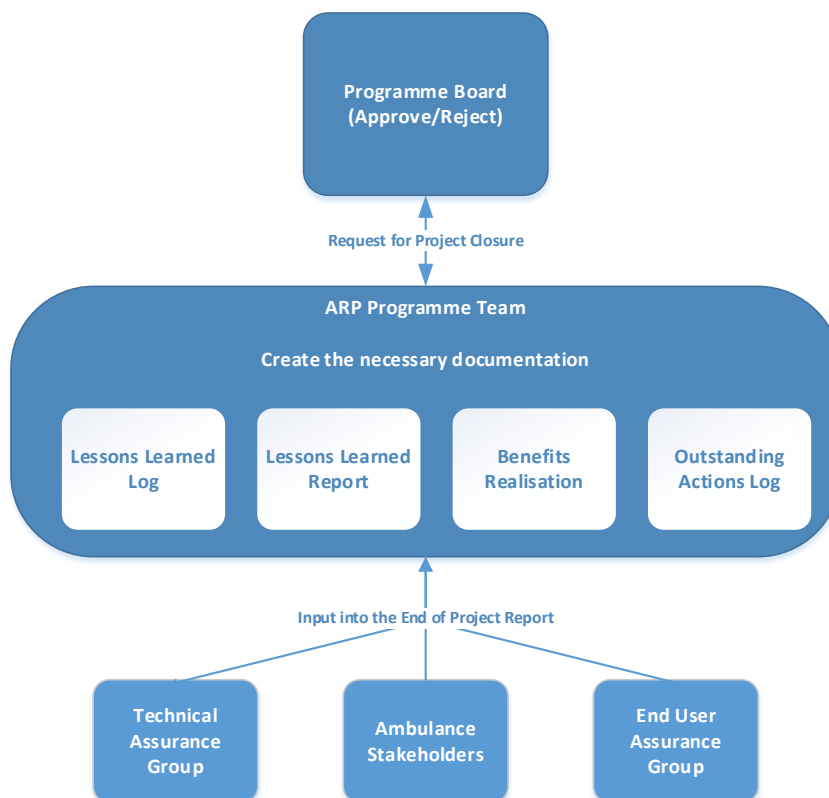
It is important to note that the ARP MDVS Programme will also be utilising the experiences of the stakeholder community in the development of the Lessons Learned Report to ensure the output encompasses feedback from all areas concerned with the programme. Individual Trust personnel such as Senior Responsible Officers, Project Managers, Trainers and end users will be involved in cascading individual key lessons learned in order to ensure an overarching programme report gives a holistic view from a cross section of the Ambulance Trusts.

### Programme Closure

The Programme Board will be authorised to formally approve project closure and will take into account the status of any outstanding actions, products, documents etc. before giving such approval.

With input from the key stakeholder groups, The Head of Programmes and the Programme Managers will prepare the necessary documentation ahead of formally requesting 'Programme Closure' via the Programme Board, demonstrated as follows:

Figure 7 – Programme Closure Diagram



### Post Implementation Review (PIR)

Throughout the programme the end of phase reviews will have been monitoring benefits realisation. As part of closing the programmes a formal review will be conducted to assess the delivery of the Programme Plans and realisation of the overall benefits. This PIR will be a consolidation of the benefit review findings throughout the duration of the programmes.

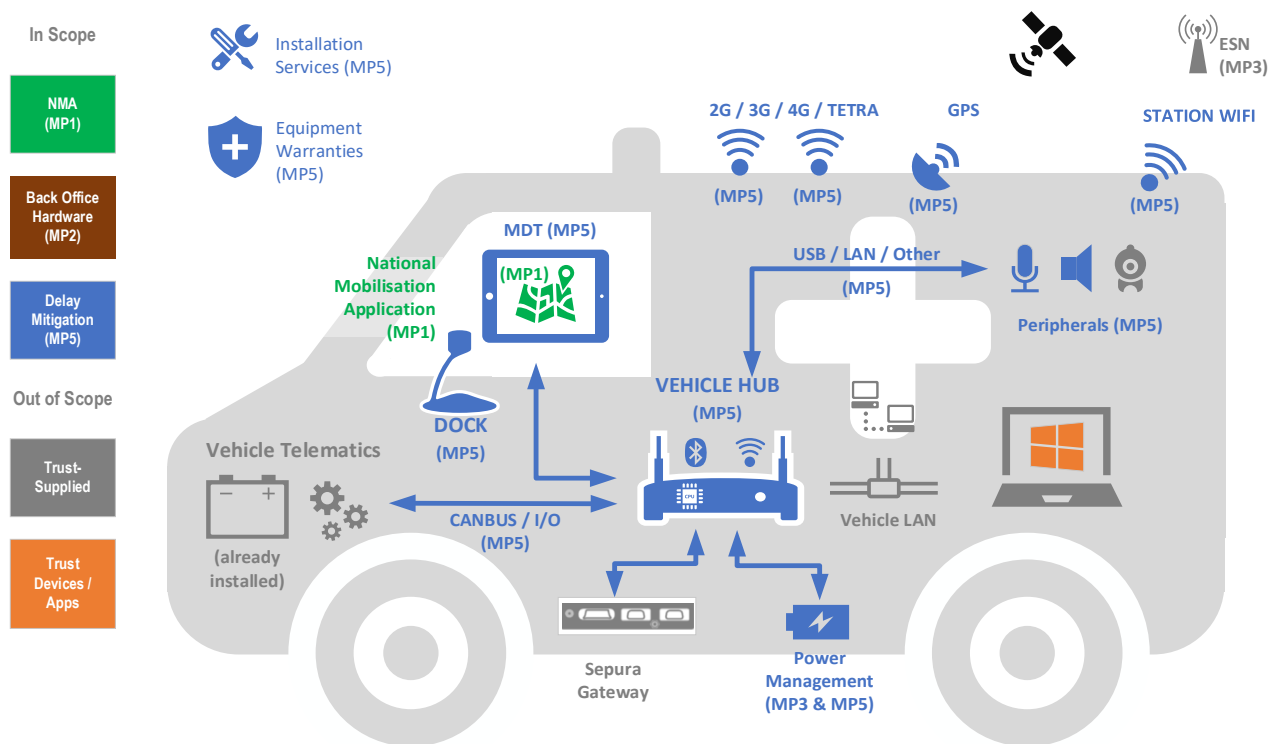
The PIR will also assess and evaluate the performance of the programme and its management processes to identify lessons learned that will benefit future programmes. This review may also involve independent external scrutiny such as a Gateway Review. A further review following programme closure may be required to provide a complete assessment of benefits realised as a result of the programme (including those benefits that may have not been ready for measurement and assessment when the programmes closed).

**Project Evaluation Review (PER)**

A post project review will be conducted at the end of each transition for CRS, MDVS and the ESN to establish the measurement and achievement of project deliverables and benefits. The SRO is accountable for the PER, however, the Programme Director will be responsible for the review. The plan will be reviewed by the programme team to establish whether the expected benefits have been realised and whether the services delivered have met all the service assurances required by the ARP and the Trust and are fit for purpose.

Appendix 1 – Diagram(s) to illustrate the MDT vehicles rollout proposal – in-scope activities are the green, brown and blue items

## Vehicle Architecture



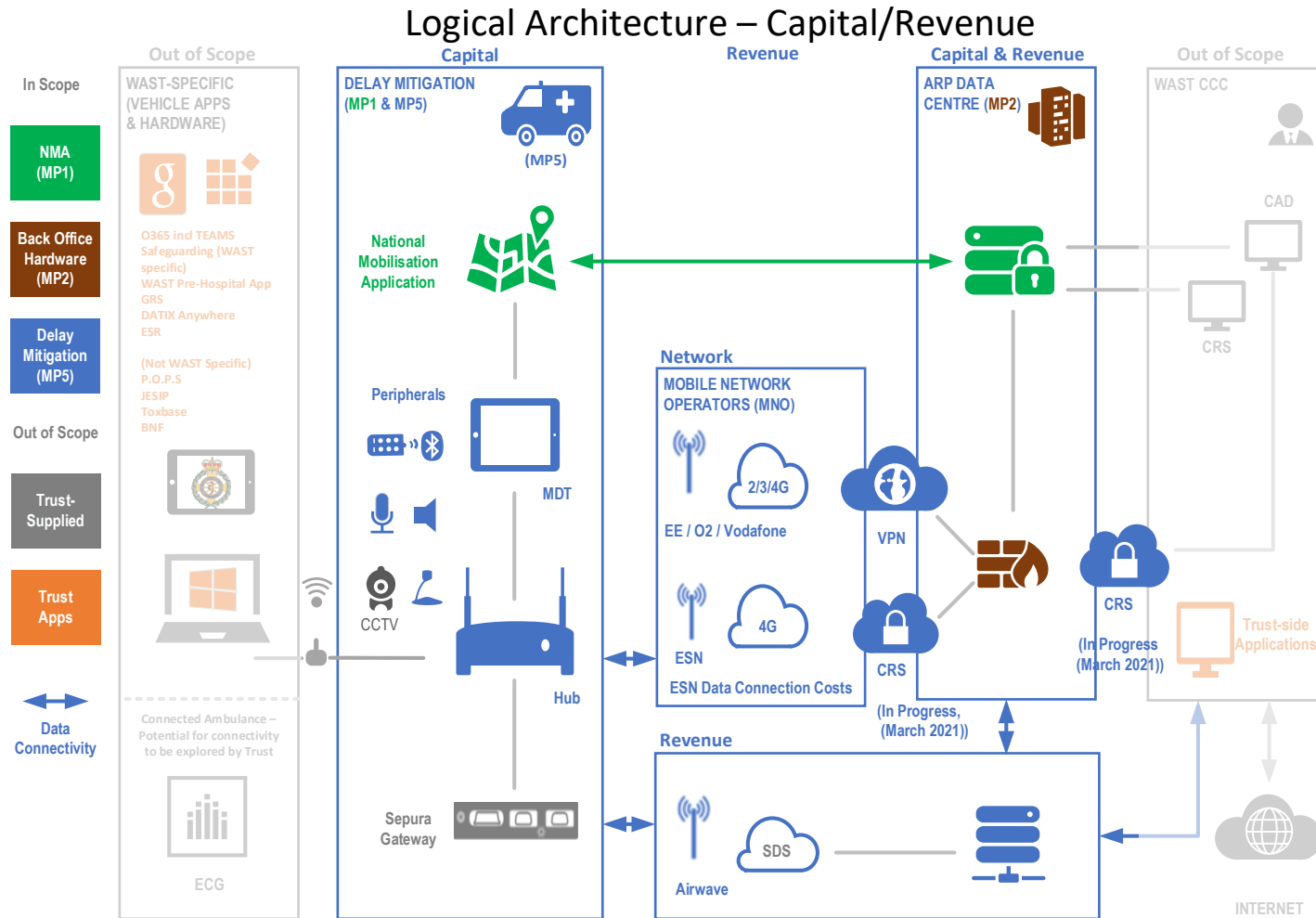
[Government Security Classification: OFFICIAL-SENSITIVE]

## Logical Architecture



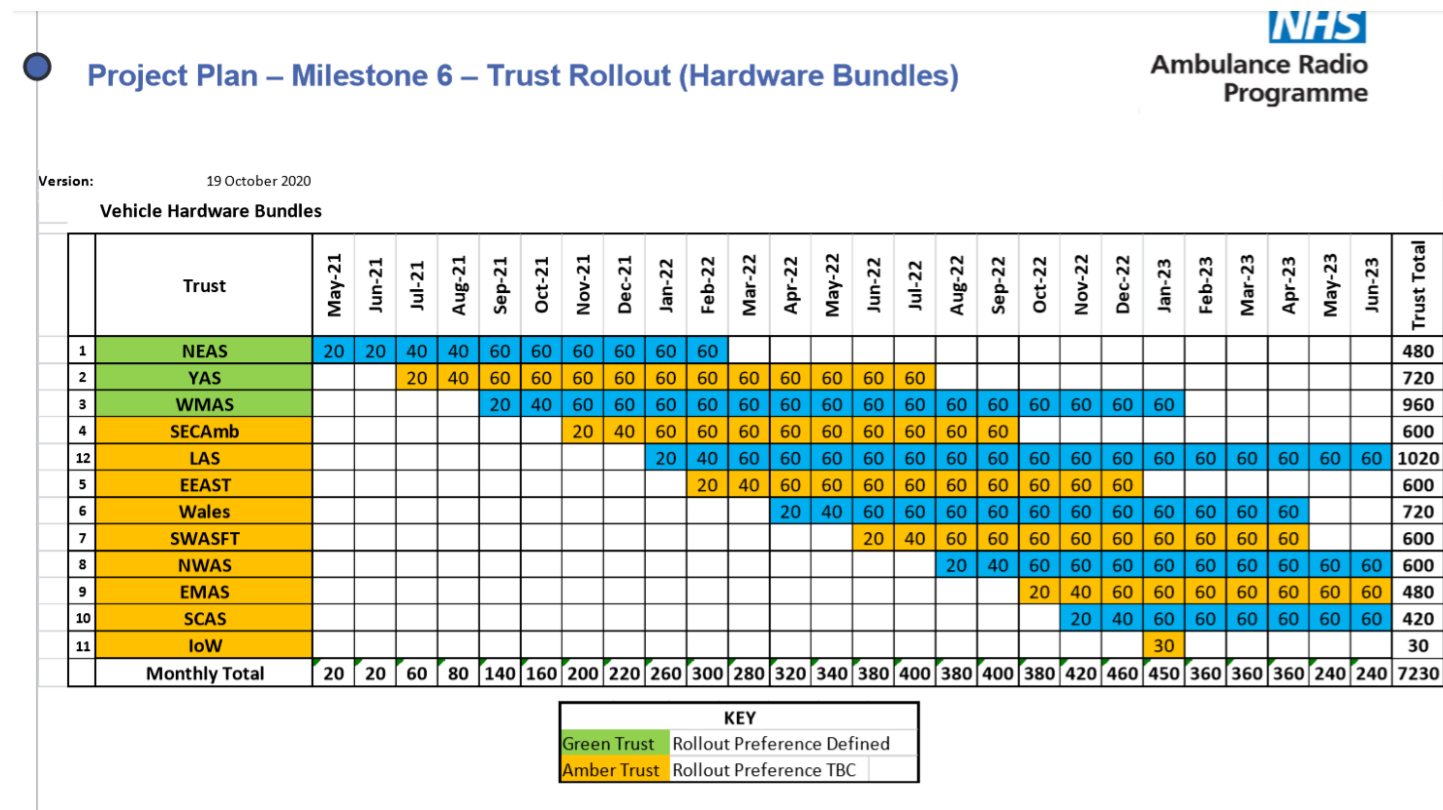


Full Business Case



[Government Security Classification: OFFICIAL-SENSITIVE]

Appendix 3 – Diagram to highlight ARP – MDVS - MDT project plan (version 19/10/20) with WAST rollout commencing April 2022

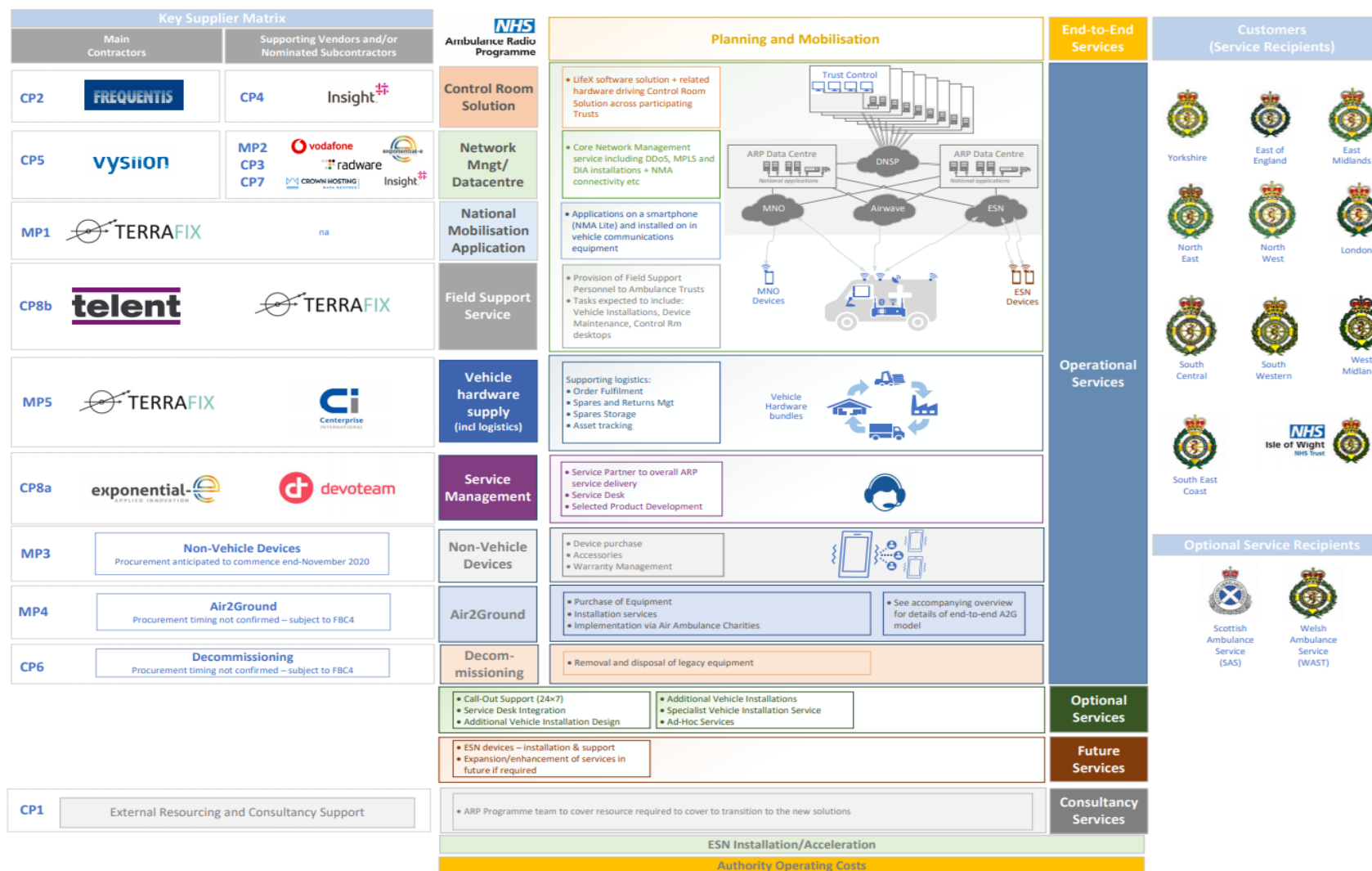


Welsh Ambulance Services Trust  
Mobile Data Vehicle Solutions ESMCP Implementation

Full Business Case

Date: 23 September 2021

Appendix 4 – Diagram to show ARPs Contracting matrix for CRS, MDVS & A2G programmes

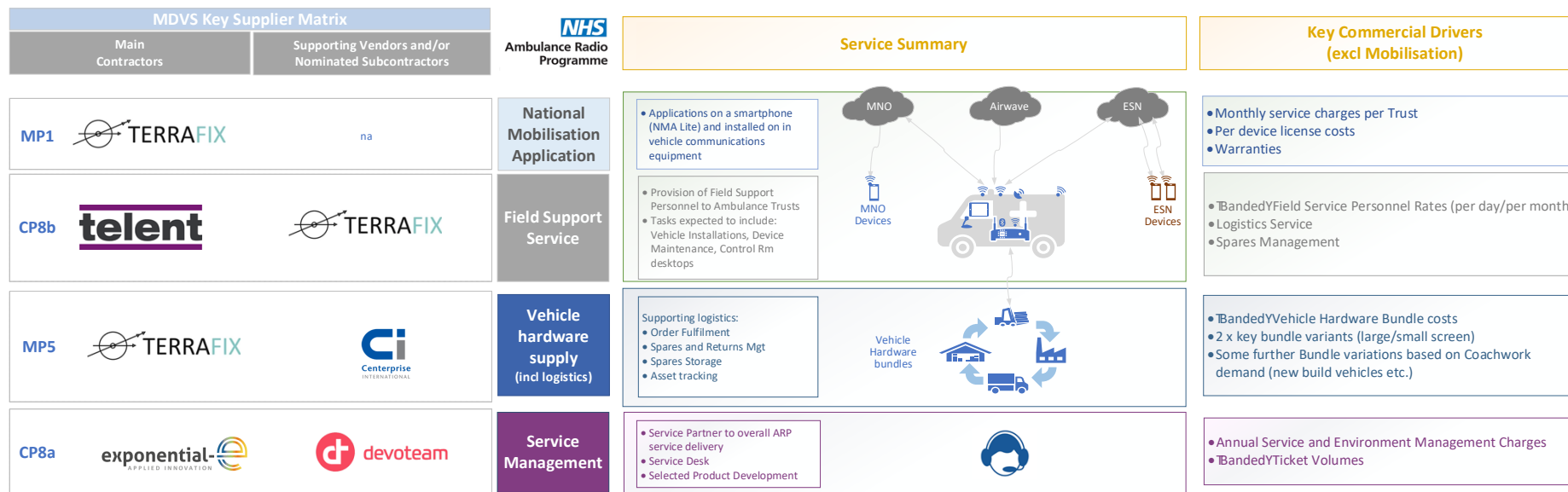




Welsh Ambulance Services Trust  
Mobile Data Vehicle Solutions ESMCP Implementation  
Date: 23 September 2021

Full Business Case

**Appendix 5 – Diagram to show MDVS supplier matrix**



**Note:** MDVS matrix *excludes* supporting local/national infrastructure used to support the end to end service

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

## Visible Valuable Volunteering - Our Volunteer Strategy

<b>MEETING</b>	<b>Trust Board</b>
<b>DATE</b>	<b>23<sup>rd</sup> September 2021</b>
<b>EXECUTIVE</b>	<b>Lee Brooks, Director of Operations</b>
<b>AUTHOR</b>	Judith Bryce, Assistant Director of Operations, National Operations & Support
<b>CONTACT</b>	Judith.bryce@wales.nhs.uk

### EXECUTIVE SUMMARY

In 2019, our People and Culture Strategy committed us to build on volunteering capacity, strengthening governance and oversight, and to improve the quality of the volunteering experience. This inaugural Volunteering Strategy has therefore been written to build on this commitment and set out our ambition for volunteering for the next five years.

The creation of a Volunteer Strategy is a deliverable within our IMTP and whilst during the pandemic this work stream was paused, an alternative development approach was stood up that allowed us to draw on the contribution of our volunteers.

To support delivery of our strategy, an initial three-year action plan has been developed. At the mid-point of this strategy, it is our intention to undertake a progress review and respond with the action plan for the final two-year period.

The Board is asked to note EMT and People and Culture Committee approval for the drafts and that a session has been held with a number of Non Executive Director colleagues to gain feedback prior to seeking approval.

#### **Recommendation:**

Trust Board are asked to approve the Volunteer Strategy.

## KEY ISSUES/IMPLICATIONS

Despite the draft strategy and action plan being brought forward outside the originally intended timeframe, progress is being achieved against year 1 actions.

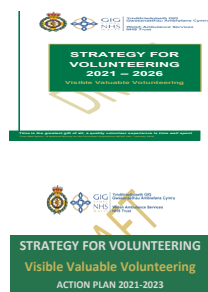
However, there exists a risk to delivery of the actions intrinsically associated with ongoing operational pressures, with real potential to extend across the winter months.

Recruitment to the National Volunteer Manager role and consolidation of our volunteer management and training teams are pivotal to the delivery of our outcomes; there has been a delay to this recruitment which we are working to bring to realisation currently.

## REPORT APPROVAL ROUTE

Executive Management Team - August 2021 - Approved  
People and Culture Committee – 7 September 2021 – Approved  
Trust Board – 30 September 2021 – For Approval

## REPORT APPENDICES



## REPORT CHECKLIST

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

## **SITUATION**

1. This SBAR provides the Board with information relating to the Trust's draft inaugural Volunteer Strategy.

## **BACKGROUND**

2. In 2019, our People and Culture Strategy committed us to build on volunteering capacity, strengthening governance and oversight, and to improve the quality of the volunteering experience. This inaugural Volunteering Strategy has therefore been written to build on this commitment and set out our ambition for volunteering for the next five years.
3. This strategy will also make an important contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and Welsh Government's 'A Healthier Wales' vision and will identify ways our volunteers can support a number of actions highlighted in the Amber Review 2018 as well our internal Being Our Best: Our People and Culture Strategy 2019-2022.
4. The creation of a Volunteer Strategy is a deliverable within our IMTP and whilst during the pandemic this workstream was temporarily paused, our volunteer working groups across Wales continued to contribute to and sense check the contents of the draft strategy, building ownership and enabling work to continue, culminating in the production of the draft Strategy in July 2021. These volunteer working groups have been representative of both our Community First Responders (CFR) and our Volunteer Car Service (VCS).
5. To support delivery of our strategy, an initial three-year action plan has been developed. At the mid-point of this strategy, it is our intention to undertake a progress review and respond with the action plan for the final two-year period.
6. This strategy is not designed as a "traditional" corporate strategy – it is intentionally to be designed as a short, nine-page visual document which will appeal both to our existing volunteers and those who will be inspired to volunteer in the future.

## **ASSESSMENT**

7. This strategy recognises not only the valuable contribution our volunteers make in enhancing the service provided by paid staff and improving the experience of patients across Wales, but also seeks to increase opportunities for our paid workforce in volunteering outside of WAST. It also seeks to ensure volunteering is at the heart of building those resilient communities across Wales that are indicative of sustainable communities of the future. Enhancing our links with the voluntary sector will underpin this key component of the strategy.

8. Our vision for volunteering within the strategy is:
- Our volunteers will add value to user experience and the care we provide;
  - Our volunteers will have a personally rewarding experience and know that their contribution has made a difference;
  - Our approach to volunteering will strengthen the contribution we make to community resilience.
9. To achieve this vision, we have defined our key strategic priorities as being to:
1. Build awareness and embed a culture of volunteering
  2. Enhance training, support, communication and involvement of volunteers
  3. Increase volunteer contribution and diversity
10. Our actions to deliver these key strategic priorities are detailed within the strategy and expanded further in the action plan which details the timescale for each action.
11. Progress on many of the actions determined within year one of the strategy are already progressing given that Year 1 is defined as 2021 – examples of this include the integration of the volunteer management team within the operations directorate organisational change re-structure, the development and provision of additional skills, training and equipment for volunteers (including the issue of uniform in June 2021), and the rebranding of the WAST staff awards to recognise the contribution of volunteers more broadly.
12. Whilst there is no funding stream associated with this strategy specifically, any developments will be subject to individual financial approvals.
13. To date, this strategy has been shared amongst our volunteers, across our operations directorate wider leadership group, with Trade Union partners and formal approval at Executive Management Team in August 2021. A further session was arranged with Non Executive colleagues in August 2021 which was followed by approval at People and Culture Committee on 7<sup>th</sup> September 2021.
14. Support from the Non Executives at the August session was broadly very positive; Some valuable feedback was captured to further enhance the draft Strategy and Action Plan. These further points have been incorporated into the versions of the strategy and action plan attached. Feedback is summarised as per the table:

	<b>What our Non-Executive Colleagues Said</b>	<b>How we Incorporated that Feedback</b>	<b>Reference in the Strategy/Action Plan</b>
1.	Enhance/articulate the offer WAST makes to our volunteers	We have added a box to articulate the offer to our volunteers into the Strategy	Page 3 of the strategy
2.	Consider articulating the added value that volunteering brings	We have added a sentence into the strategy to this effect	Second paragraph of the foreword of the strategy
3.	Strengthen the supervision element for volunteers	Checked and strengthened	Point 10 in the Action Plan
4.	Consider inclusion of accredited training	Considered and included	Point 10 in the Action Plan
5.	Consider articulating the career plan into WAST	Considered – this is included in the action plan – no further action	Point 20 in the Action Plan
6.	Consider inclusion of financial governance arrangements	Considered and included	Point 2 of the Action Plan
7.	Include marketing of community awareness of volunteering	Considered and expanded to include	Point 15 of the Action Plan
8.	Improved compliance – production of a volunteer handbook	Considered and included	Point 10 of the Action Plan

## **RECOMENDATION**

- 1) Trust Board are asked to approve the Volunteer Strategy.



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# STRATEGY FOR VOLUNTEERING 2021 – 2026

Visible Valuable Volunteering

Time is the greatest gift of all; a quality volunteer experience is *time well spent*

Time Well Spent - A National Survey on the Volunteer Experience NCVO 100 – January 2019

# Foreword



In 2019 our People and Culture Strategy committed us to build on volunteering capacity, strengthening governance and oversight, and improving the quality of the volunteering experience. I am pleased to share out inaugural Strategy for Volunteering which outlines our ambition for the next five years. Supporting the implementation of this strategy is a detailed action plan which outlines the 'What and How' of our aspiration.

We recognise the important and valuable contribution our volunteers make in enhancing the service provided by our paid workforce and improving the experience of our patients and service users across Wales. Our volunteers do not replace roles or process within the Trust, but complement and work alongside the paid workforce, enhancing, adding value, and improving outcomes and experiences. We are

also committed to taking our corporate social responsibility seriously and bringing these opportunities to life.

Providing opportunities for volunteers that will embrace cultural diversity is an aim of this strategy. We want our volunteers to be representative of the communities in which they live. Building resilient communities is a priority for us and this strategy will help build healthier communities with improved resilience. We believe our volunteers are at the heart of this.

Our strategy also aims to unite and bring under one umbrella the existing work undertaken by Welsh Ambulance Services NHS Trust (WAST) volunteers and recognising the contribution of our uniformed co-responding partners with their own unique and valued identity. We also hope to further strengthen and support collaborative opportunities within the voluntary sector.

This document has been developed with the intention of supporting our three-year People and Culture Strategy which aims to enable our people to be their best. This strategy will also make an important contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and Welsh Government's 'A Healthier Wales' vision and identify ways our volunteers can support a number of actions highlighted in the Amber Review 2018 and our internal Being Our Best: Our People and Culture Strategy 2019-2022.

We fully acknowledge and appreciate the significant contribution that volunteers can have on the lives of others. It can be as powerful as the impact any of our employees can have with a unique opportunity to leave a positive long term impact. We also recognise that working with volunteers is quite different to working with employees, so we are committed to recognising these differences by providing extra support and opportunities for volunteers who chose to gift their time to WAST.

**Lee Brooks QAM**  
**Director of Operations**



## Our values and principles

During 2015, we spent time together reflecting on where we have come from and where we need to go to. Many colleagues helped shape our story so that we can explain our journey.

We considered what we are here for *[our purpose]*, where we want to go to *[our vision]* and how we need to behave to get there *[our behaviours]*.



We are now confident that we all understand where we are heading, what we must do, and how we can do it to achieve our aim. We are part of a bigger picture, as demonstrated by how the Welsh Public Services Values and NHS Wales Principles link with our own behaviours.

Being Our Best is our way of understanding, reminding ourselves about, and practicing our purpose, vision, and behaviours.

## Our purpose

To be a caring and responsive ambulance service for the people of Wales.

## Our mission

A leading ambulance service providing the best possible care and services through our skilled professional and healthy workforce.

## Our vision for volunteering

Our vision for volunteering is:

- Our volunteers will add value to user experience and the care we provide;
- Our volunteers will have a personally rewarding experience and know that their contribution has made a difference;
- Our approach to volunteering will strengthen the contribution we make to community resilience.

## What our current volunteers do

About volunteers:

- ✓ The Trust has approximately 800 volunteers across Wales
- ✓ Volunteers have been part of the Trust for many years
- ✓ Volunteer Car Drivers were introduced in 1974
- ✓ Community First Responders began to operate in 1998
- ✓ The Learning Disability Community Champions programme was developed in 2016, and is led and supported through the Patient Engagement and Community Involvement (PECI) team
- ✓ In the financial year 2019-20, our Community First Responders attended a total of 24,486 incidents of which 2,760 were immediately life-threatening emergencies
- ✓ Our Volunteer Car Drivers undertook 122,828 journeys to transport patients to their appointments
- ✓ Working alongside the Peci team in sharing lifesaving skills, our volunteers regularly attend major public engagement events such as the annual Royal Welsh Show and National Eisteddfod
- ✓ In 2019, 44 of our Community First Responders supported the nationwide Restart a Heart campaign, demonstrating to young people in schools across Wales how to carry out effective CPR

## Our commitment to volunteering

WAST is committed to:

- ✓ Providing a meaningful experience for all our volunteers
- ✓ Recognising and valuing the contribution of all our volunteers
- ✓ Listening to the views and ideas of volunteers and integrating the volunteer perspective
- ✓ Always treating our volunteers with respect and ensuring that they are treated fairly in accordance with WAST behaviours
- ✓ Communicating effectively with our volunteers and involving them in the development of our services
- ✓ Offering flexibility in the way we receive our volunteers' gift of time
- ✓ Providing regular support in an individual and group setting
- ✓ Creating the capacity to deliver on our commitments to volunteering
- ✓ Providing best possible training and equipment to enable volunteers to undertake their volunteering safely and in accordance with WAST policies
- ✓ Explaining the standards we expect of volunteers, encouraging and supporting them to achieve and maintain these standards
- ✓ Supporting our volunteers when things don't go to plan

We will provide all volunteers with the following:

- ✓ Flexible hours – volunteer when it suits you
- ✓ Paid expenses
- ✓ Full support and training
- ✓ Uniform
- ✓ Access to supervision and management support
- ✓ Wellbeing support
- ✓ The opportunity to make a difference to patients in communities across Wales
- ✓ A career pathway into the Welsh Ambulance Service



Responders in training with their instructor

# Our plans for volunteering 2021 – 2026

## Our key strategic priorities

1. Build awareness and embed a culture of volunteering
2. Enhance training, support, communication and involvement of volunteers
3. Increase volunteer contribution and diversity

To support delivery of our strategy, an initial three-year action plan has been developed. At the mid-point of this strategy, it is our intention to undertake a progress review and respond with the action plan for the final two year period.

### Nik Dart, Community First Responder



*"Hi, I'm Nik, a volunteer Community First Responder in the Maesteg area. I am married with two children of primary school age. I work in I.T. and I also volunteer as a Chair of Governors for a primary school.*

*I have always been interested in First Aid and held the First Aid at Work qualification in previous employment in the custodial and education sectors. In 2018, I attended a local open evening for persons interested in finding out more about the CFR role. Now, two years later, I respond regularly, either solo or with another responder from the locality. The training and support we receive from the Welsh Ambulance Service is second to none. We have a fantastic management and training department and receive regular refreshers and sessions to maintain and upskill our team members. We have good relationships with our local crews and stations and are seen as part of the team.*

*I love responding as a CFR. We get to meet so many members of our local community and help in times of need, whether providing immediate treatment in a serious medical emergency or providing reassurance and monitoring before our frontline colleagues are available to attend. We work with community partners to install and maintain public access defibrillators locally and provide free CPR and AED awareness sessions in the area. It really is a volunteer role where you can make a difference."*

## Build awareness and embed a culture of volunteering

To achieve this strategic priority we will:	Key objectives: what we aim to achieve
Encourage a culture of open, effective and honest dialogue between employees and volunteers that embraces the voice of our volunteers	<ul style="list-style-type: none"> <li>• More opportunities for employees and volunteers to openly discuss volunteering across WAST</li> <li>• Create a governance structure within WAST that recognises the role of a Volunteer Steering Committee and Chief Volunteer</li> </ul>
Ensure that volunteering is embedded within our organisational strategies	<ul style="list-style-type: none"> <li>• Highlight volunteering within the Being Our Best: Our People and Culture Strategy 2019-2022 and our Local Development Plans</li> </ul>
Celebrate the success and recognise the contributions of all our volunteers	<ul style="list-style-type: none"> <li>• Ensure stories and successes, including internal and external awards and conferences, are shared.</li> <li>• Raise the profile of volunteers within WAST at national volunteering events</li> </ul>
Seek to increase partnership opportunities with the voluntary sector and include blue light partners across Wales to maximise their valuable contribution	<ul style="list-style-type: none"> <li>• Strengthen our partnership model and models of care, and explore opportunities for innovation and collaboration</li> </ul>
Encourage, support and equip our workforce to pursue volunteering opportunities outside of the Trust that benefit individuals, communities and returns value to the organisation	<ul style="list-style-type: none"> <li>• Explore and support more opportunities for our workforce both at home and abroad to volunteer</li> </ul>
Prepare and equip our employees to work with volunteers to best effect	<ul style="list-style-type: none"> <li>• Create the right infrastructure to support volunteers and volunteering across WAST</li> <li>• Prepare our employees to work alongside and with volunteers</li> </ul>
Increase opportunities to volunteer across WAST	<ul style="list-style-type: none"> <li>• Evaluate services to assess capacity to involve volunteers in current roles and open opportunities for new volunteers</li> </ul>
Ensure that we work towards the highest standards in volunteering	<ul style="list-style-type: none"> <li>• Achieve externally recognised accreditation</li> </ul>
Learn from concerns raised promptly and supportively	<ul style="list-style-type: none"> <li>• Develop a Volunteer Policy that outlines procedures to address concerns or reported issues that involve volunteers</li> </ul>

## Enhance training, support, communication and involvement of volunteers

To achieve this strategic priority we will:	Key objectives: what we aim to achieve
Ensure that volunteers are sufficiently equipped to carry out their role and explore opportunities for skill development	<ul style="list-style-type: none"> <li>• Design and deliver an induction that is accessible to all new volunteers</li> <li>• Regularly review service-specific volunteer training and ensure appropriate levels of training and supervision are provided</li> <li>• Provide the necessary and fit-for-purpose equipment that enables volunteers to perform their role</li> <li>• Develop and implement an approach to training using technology</li> </ul>
Ensure that volunteers are aware of what is happening across the organisation and are encouraged to contribute their ideas and views	<ul style="list-style-type: none"> <li>• Provide access to internal communications</li> <li>• Provide opportunities for volunteers to contribute and participate through available communication channels</li> </ul>
Promote good health and wellbeing of our volunteers	<ul style="list-style-type: none"> <li>• Provide Occupational Health services to our volunteers, including vaccinations and wellbeing initiatives</li> </ul>
Ensure suitable governance frameworks are in place	<ul style="list-style-type: none"> <li>• Review and revise our current governance frameworks and policies to recognise the voice of the volunteer</li> </ul>

### Anthony Roberts, Volunteer Car Driver

*"I've been a volunteer for a couple of years now and still feel, from the first day on the road to now, an honour to be part of this amazing volunteer team. To be a part of helping patients, especially during these unprecedented times, to get to their hospital appointments is very rewarding. I get to meet a lot of different patients who could be the only person they have seen for weeks during the pandemic. A lot of patients say they don't know what they would do without us. I feel very honoured to be able to help people in our community, to get them to and from their vital appointments."*





## Increase volunteer contribution and diversity

To achieve this strategic priority we will:	Key objectives: what we aim to achieve
Build stronger links and work collaboratively with other community and voluntary organisations	<ul style="list-style-type: none"> <li>• Showcase WAST volunteering at external conferences and events</li> <li>• Promote and publicise the activities and skills our volunteers undertake and use to support additional opportunities</li> </ul>
Create more publicity about WAST volunteering through marketing and communication plans	<ul style="list-style-type: none"> <li>• Provide relevant volunteering information through multiple media platforms</li> <li>• Highlight volunteering stories and successes</li> <li>• Generate volunteering stories for local and national media</li> </ul>
Provide volunteer opportunities which attract individuals who are representative of local communities	<ul style="list-style-type: none"> <li>• Advertise and promote volunteering opportunities within communities across Wales</li> <li>• Work with diverse groups to promote WAST volunteering</li> <li>• Record and retain accurate demographic information about our volunteers</li> </ul>
Work with the Patient Engagement and Community Involvement team for opportunities to diversify best use of volunteer time	<ul style="list-style-type: none"> <li>• Ensure our volunteers are included in the delivery of key WAST campaigns</li> <li>• Supporting and educating communities with lifesaving skills and health messages</li> </ul>
Increase numbers and improve access to public access defibrillators (PAD)	<ul style="list-style-type: none"> <li>• Working with volunteers, the public, charities and funding bodies to promote and support an increase in the number of PAD sites across Wales and ensuring these are detailed on our systems</li> </ul>
Increase sign-up for GoodSAM alerts	<ul style="list-style-type: none"> <li>• Encourage uptake of the WAST workforce, volunteers and other partners</li> </ul>
Create a development pathway through our volunteering schemes	<ul style="list-style-type: none"> <li>• Develop a progressive pathway that will enable volunteers (who wish to) to take on more responsibility as a volunteer or to progress into permanent roles across WAST</li> </ul>

### Grahame Giles, Volunteer Car Driver

*"Having retired from the Welsh Ambulance Service Trust in 2018, I needed something to do a couple of days a week. What a great choice I made, the Welsh Ambulance Voluntary Car Service. I really enjoy meeting so many interesting people, who appreciate what you are doing for them."*



## We will know we are making progress when:

- ✓ Our volunteers feel valued and part of the WAST family
- ✓ We have achieved accreditation for our volunteering approach
- ✓ The voice of the volunteer is valued by our Trust Board
- ✓ We have an infrastructure that is resourced to support and develop volunteering opportunities, and this strategy is being delivered across the Trust
- ✓ We have increased the number of volunteers
- ✓ We record improvements in volunteer activity through accurate data and have evidence of their contribution
- ✓ We are all engaging with our volunteers across WAST in our day-to-day work
- ✓ Our volunteers are representative of the communities they serve

### Ben James, Community First Responder



*"Hi, I'm Ben and I'm a CFR in the Tenby/Saundersfoot area. In my normal daily life, I'm the I.T. Network Manager at Greenhill Secondary School in Tenby. I also have a busy family life, being married with two primary age children.*

*My interest in First Aid began back in 1997 when I joined Tenby RNLI Lifeboat crew. I soon did the Casualty Care training, and this comprehensive First Aid course sparked my passion for helping those in need.*

*In 2016, the Welsh Ambulance Service advertised for CFRs in my area and I jumped at the chance. I completed the training over a combination of evenings and weekends and haven't looked back since. I now respond both solo and with another responder, depending on availability. The ongoing training is great, with several CPD sessions a year and the support is first class – there's always someone at the end of the phone if you need it after a difficult job. As a team, we are heavily involved in the community and have placed more than 40 AEDs [automated external defibrillators] over the years and continue to do so.*

*What I love most about being a CFR, is being able to make a difference in people's lives when they need it most, whether that be from a life-threatening condition, or simply lifting someone back up off the floor after a fall. It's definitely a role I can highly recommend."*



Aberafan Shopping Community First Responder Team





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# STRATEGY FOR VOLUNTEERING

## Visible Valuable Volunteering

ACTION PLAN 2021-2023

Strategic Priority		Aim	Owner	Action	Year		
					2021	2022	2023
Build awareness and embed a culture of volunteering							
1.	Encourage a culture of open, effective, and honest dialogue between employees and volunteers that embraces the voice of our volunteers.	<p>More opportunities for employees and volunteers to openly discuss volunteering across WAST.</p> <p>Create a governance structure within WAST that recognises the role of a Volunteer Steering Committee and Chief Volunteer.</p>	Volunteer Management Team	<p>Where appropriate and possible, include volunteer representative into business meetings.</p> <p>Improve shared information and data on all aspects of volunteering activities and opportunities across WAST.</p> <p>Create and recruit to a Chief Volunteer role that will lead and chair a newly developed Volunteer Steering Group.</p> <p>Ensure appropriate governance and administration arrangements are in place to support this group.</p>		✓	
2.	Ensure that volunteering is embedded within our organisational strategies / governance framework.	<p>Highlight volunteering within the Being Our Best: Our People and Culture Strategy 2019-2022 and our Local/Annual Development Plans (LDP).</p> <p>Review and revise our current governance frameworks and policies</p>	<p>Volunteer Management Team &amp; WOD</p> <p>Corporate Governance</p> <p>Volunteer Management</p>	<p>Local/Annual Delivery Plans or their equivalent to include a narrative that engages discussion on all aspects of volunteering when considering development of the plans.</p> <p>New policies when developed will consider volunteers in addition to our paid workforce (Policy group). Strategies that include workforce and service improvements will consider volunteers.</p>	✓		✓

Strategic Priority	Aim	Owner	Action	Year		
				2021	2022	2023
Build awareness and embed a culture of volunteering						
		to recognise the voice of the volunteer.	Team / Policy Group	We will consult with our volunteers in the development of policy and strategy.	✓	
			Corporate Governance/ Volunteer Management Team	Review and revise our volunteer financial governance arrangements, exploring synergies with our existing approach to Charitable Funds.		✓
3.	Celebrate the success and recognise the contributions of all our volunteers.	Ensure stories and successes, including internal and external awards and conferences are shared.  Raise the profile of volunteers within WAST at national volunteering events.	Awards Steering Group, Comms Team & Volunteer Management Team	Rebrand WAST 'Staff' Awards to recognise the contribution of volunteers and consider how volunteers can be recognised more widely.  Increase shared stories and successes through social media and reports.  Ensure key volunteer awareness dates are proactively planned and considered such as World Volunteer Day, National Volunteer Day.  Develop feedback mechanisms for the public that mirror paid staff feedback.	✓  ✓  ✓	✓   ✓

Strategic Priority	Aim	Owner	Action	Year		
				2021	2022	2023
4.	Seek to increase partnership opportunities with the voluntary sector and include blue light partners across Wales to maximise their valuable contribution.	Strengthen our partnership model and models of care and explore opportunities for innovation and collaboration.	Volunteer Management Team	Review current arrangements, establish further requirements, and consider internal impacts and manage accordingly.		✓
5.	Encourage, support, and equip our workforce to pursue volunteering opportunities outside of the Trust that benefit individuals, communities and returns value to the organisation.	Explore and support more opportunities for our workforce both at home and abroad to volunteer.	WOD	Develop a protocol that enables our workforce to explore volunteering opportunities.  Ensure appropriate governance is in place to consider and approve requests including funding applications.	✓	✓
6.	Prepare and equip our employees to work with volunteers to best effect.	Create the right infrastructure to support volunteers and volunteering across WAST.  Prepare our employees to work alongside and with volunteers.	Volunteer Management Team  WOD	Review current workforce establishment and structures within the volunteer teams and identify opportunities to work more effectively.  Consider all opportunities for increasing awareness by paid staff of the role of volunteers.	✓	✓
7.	Increase opportunities to volunteer across WAST.	Evaluate services to assess capacity to involve volunteers in current roles and open	Volunteer Management Team & WOD	Develop a volunteer policy that will provide appropriate guidance to support managers and departments to identify	✓	

Strategic Priority	Aim	Owner	Action	Year		
				2021	2022	2023
		opportunities for new volunteers.				
8.	Ensure that we work towards the highest standards in volunteering.	Achieve externally recognised accreditation.	Volunteer Management Team & WOD			✓
9.	Learn from concerns raised promptly and supportively.	Develop a volunteer policy that outlines procedures to address concerns or reported issues that involve volunteers.	Volunteer Management Team & WOD		✓	
			Procedures that step out the approach to management of concerns.		✓	
<b>Enhance training, support, communication, and involvement of volunteers</b>						
10.	Ensure that volunteers are sufficiently equipped to carry out their role and explore opportunities for skill development.	Design and deliver an induction that is accessible to all new volunteers.  Regularly review service-specific volunteer training and ensure appropriate levels of training and supervision are provided.  Provide the necessary and fit for purpose equipment that enables	Volunteer Management Team  Clinical & Medical Directorate	Review current arrangements and identify co-ordinated training and supervision across CFR and VCDs.  Develop a competence based training approach, including recognition of prior learning, delivered with the support of technology.  Research opportunities for accredited training to be provided to volunteers.  Identify and provide additional skills training and equipment.	✓  ✓  ✓  ✓	

Strategic Priority	Aim	Owner	Action	Year		
				2021	2022	2023
		volunteers to perform their role.  Develop and implement an approach to training using technology.	Volunteer Management Team	Produce and provide a Volunteer Handbook for all volunteers that clearly describes governance arrangements including policies and procedures.		✓
11.	Ensure that volunteers are aware of what is happening across the organisation and are encouraged to contribute their ideas and views.	Provide access to internal communications.  Provide opportunities for volunteers to contribute and participate through available communication channels.	Volunteer Management Team / Comms Team	Identify effective ways of communicating to all volunteers using appropriate platforms.  Share information at regular volunteer co-ordinator meetings and provide opportunities for volunteers to raise concerns and share ideas.	✓	✓
12.	Promote good health and wellbeing of our volunteers.	Provide Occupational Health services to our volunteers including vaccinations and wellbeing initiatives.	Volunteer Management Team	Ensure all volunteers are aware of what services are available to them. This will be detailed in the developing volunteer policy.	✓	

Strategic Priority		Aim	Owner	Action	Year		
					2021	2022	2023
Increase volunteer contribution and diversity							
14.	Build stronger links with and work collaboratively with other community and voluntary organisations.	Showcase WAST volunteering at external conferences and events.  Promote and publicise the activities and skills our volunteers undertake and use to support additional opportunities.	Comms Team  Volunteer Management Team	Develop a Communications Plan that will incorporate opportunities for WAST staff to volunteer.  Identify further opportunities and support that WAST volunteers can provide across Wales in addition to schemes such as WISH Ambulance, Partnerships Overseas Networking Trust (PONT)		✓	✓
15.	Create more publicity about WAST volunteering through marketing and communication plans.	Provide relevant volunteering information through multiple media platforms.  Highlight volunteering stories and successes.  Generate volunteering stories for local and national media.	Volunteer Management Team / Comms Team	Develop a Communications Plan that will provide information about volunteering for WAST including addressing areas of low levels of volunteering or high demand.  Showcase and raise the profile of the important role that volunteers play as part of Team WAST, including quantifying the impact of volunteering on local communities.		✓	✓
16.	Provide volunteer opportunities which attract individuals who are representative of local communities.	Advertise and promote volunteering opportunities within communities across Wales.	Volunteer Management Team / Comms Team	Include in the Communications Plan (number 15).  Consider and deploy a new information management system for volunteers.		✓	✓



Strategic Priority		Aim	Owner	Action	Year		
					2021	2022	2023
Increase volunteer contribution and diversity							
		Work with diverse groups to promote WAST volunteering.  Record and retain demographic information about our volunteers.					
17.	Work with the Patient Engagement and Community Involvement team for opportunities to diversify best use of volunteer time.	Ensure our volunteers are included in the delivery of key WAST campaigns.  Supporting and educating communities with lifesaving skills and health messages.	Volunteer Management / PEGI Team	Volunteers engaged with and supporting key annual campaigns including 'Defibuary' and 'Restart a Heart'.  Volunteers engaged with and demonstrating a visible presence at public events including education and recruitment.	✓  ✓		
18.	Increase numbers of and improve access to public access defibrillators (PAD).	Working with volunteers, the public, charities and funding bodies to promote and support an increase in the number of PAD sites across Wales and ensuring these are detailed on our systems.	Volunteer Management Team	Work with the Medical and Clinical Directorate to explore potential for volunteer involvement.  Complete an exercise to document the existing approach for PAD management.  Identify and implement volunteer opportunities for the management of PAD sites.		✓  ✓  ✓	

Strategic Priority		Aim	Owner	Action	Year		
					2021	2022	2023
Increase volunteer contribution and diversity							
19.	Increase sign up for GoodSAM alerts.	Encourage uptake up of the WAST workforce, volunteers and other partners.	Volunteer Management Team	Engage with all staff and volunteers to highlight the benefits to the community to be signed up to GoodSAM App.  Identify ways to increase the size of the GoodSam community across Wales.  Develop GoodSam responders inclusion as a WAST volunteer.	✓  ✓  ✓		
20.	Create a development pathway through our volunteering schemes.	Develop a progressive pathway that will enable volunteers (who wish to) to take on more responsibility as a volunteer or to progress into permanent roles across WAST.	Volunteer Management Team & WOD	Develop pathways that are realistic and will meet the requirements of potential candidates and the needs of the service, monitoring volunteer numbers to ensure capacity across the service if progression is achieved (attrition).  Develop career placements and work experience opportunities across the organisation.  Develop a process that recognises prior learning.  Explore opportunities for alignment of formal qualifications.		✓    ✓  ✓	✓       ✓



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

## University Trust Status: Draft Submission

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 September 2021
<b>EXECUTIVE</b>	Director of Partnerships and Engagement
<b>AUTHOR</b>	Director of Partnerships and Engagement
<b>CONTACT</b>	estelle.hitchon2@wales.nhs.uk

### EXECUTIVE SUMMARY

Following significant progress in the last year in developing the Trust's proposition in relation to securing university trust status, its application is due to be submitted to Welsh Government following approval by Trust Board. This draft builds on the baseline assessment undertaken in March, and reflects feedback from Academic Partnerships Committee (APC) and key staff, who have been involved in discussions to inform the submission. Further informal feedback from Welsh Government colleagues is awaited and may influence the final submission.

Trust representatives, including the Vice Chair/APC Chair and Lead Director, as well as a small number of key staff, will present to a panel of Welsh Government officials and key system partners in November, after which the success of the Trust's application will be determined.

### KEY ISSUES/IMPLICATIONS

Board is asked to:

- 1) Support the Trust's submission to Welsh Government in respect of university trust status
- 2) Remit authority to the Chair of the Academic Partnerships Committee and the lead Director to submit the final post-Board version of the document, in the event that further amendments are required following further feedback from stakeholders.

### REPORT APPROVAL ROUTE

**15/09/21: Executive Management Team**  
**21/09/21: Academic Partnerships Committee**  
**30/09/21: Board**

REPORT APPENDICES	
Draft University Trust Status application	

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Y	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	Y
Estate	Y	Patient Safety/Safeguarding	Y
Ethical Matters	Y	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	Y	TU Partner Consultation	Not at this stage



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NHS Trust

Welsh Ambulance Services NHS Trust

# University Trust Status: Our Case for Accreditation



September  
2021

# Introduction

1. The Welsh Ambulance Service has articulated its ambition to become a University Trust through its Integrated Medium-Term Plans for a number of years. Indeed, if the organisation is to meet the ambitions it has set out in its long-term strategy, *Delivering Excellence*, closer collaboration with the life sciences, higher education and commercial partners will be critical to the service's success.
2. This intent is one that reflects both the organisation's existing commitment to forging and consolidating strong academic partnerships and its ambition to become a lynchpin across the wider unscheduled care system in NHS Wales, playing a much more strategic and integrated role as an all-Wales provider of care across the unscheduled, pre-hospital and planned care spectrum.
3. This includes a growing and important role as the provider of the country's 111 service, an area of work which has significant potential to deliver better access to the right care for patients through the bringing together of digital technology and clinical services, as well as ensuring patients are seen in the part of the health and care system most appropriate to their needs.
4. Such an evolution brings with it significant cultural and organisational challenges, for professionals, patients and the public more broadly, providing fertile territory for academic research, innovation, training and development.
5. The organisation recognises the wealth of knowledge, expertise and skill it has within in its current ranks, as well as the need to ensure that that skill and expertise is maintained at the forefront of clinical and professional excellence. This is not predicated just on the development and support of clinical staff but, rather, of everyone across the organisation, whether they be in a clinical, professional or corporate role.
6. This is reflected in the very strong relationships the Welsh Ambulance Service has developed with higher education partners in recent years, particularly with Swansea University as the lead provider of undergraduate paramedic training in Wales (with Glyndwr University now also set to deliver paramedic training in an excellent development for North Wales) and Warwick University on the research front.
7. That said, and given the breadth of organisational need and academic provision, relationships are developing with a range of academic partners across Wales in particular, recognising the potential contribution of both higher and further education institutions in supporting the aspirations of the organisation, including in the delivery of advanced clinical practice.
8. For the Welsh Ambulance Service, the attainment of University Trust status would not be an end in itself. It would be a key plank in its drive to further professionalise, modernise and diversify the services it provides, with a keen focus on innovation, education, research and development for all.
9. Similarly, it is acknowledged that the organisation's success in delivering tangible and practical benefit as a result of its work in these areas must be predicated on a more integrated approach to research, innovation and education, which spans the organisation, its

staff groups and hierarchy to make a genuine difference both to the organisation's effectiveness and to the quality and nature of services provided to patients.

10. Achieving University Trust status, while only one element of the organisation's drive to modernise and reposition itself, would be an important marker in the maturity of the Welsh Ambulance Service, signalling the confidence of some of its key stakeholders and partners.
11. It would position WAST as an employer where the value of education, in its very broadest sense, is supported and recognised, helping to attract and retain a future NHS Wales workforce well placed to serve the increasingly complex needs of our communities.
12. This latter point will be particularly important as the nation emerges from the current Covid-19 pandemic, building its recovery while grappling with the twin economic impacts of the pandemic and the UK's withdrawal from the European Union and European Single Market.
13. In this respect, the Welsh Ambulance Service's ability to contribute to the economic wellbeing of Wales through providing stable and well paid employment, plus its contribution to a thriving economy through innovation and research in the field of healthcare and life science, represent some of the core facets of its intent.
14. Taken in the context of a number of statutory and policy drivers, including the Wellbeing of Future Generations (Wales) Act 2015, the national *A Healthier Wales* strategy and the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the achievement of University Trust status would add considerably to the Welsh Ambulance Service's ability to deliver real organisational and system change in the interests of its staff, patients and the people of Wales more broadly.
15. The aim of this short document, therefore, is to outline work to date which supports its application for University Trust status. While it is recognised that there is still much to do, and that what is documented here does not constitute the entirety of the organisation's activity in contributory areas, it is hoped that the contents of this document signal the appetite, commitment and efforts of the Welsh Ambulance Service in making a serious application for University Trust accreditation.
16. In brief, this submission focuses on the Trust's efforts in the following areas, together with an indication of where there is further work to do, which would be assisted by having University Trust accreditation, and the steps we will take to ensure that the benefits of accreditation are optimised:
  - Innovation
  - Research and development
  - Training and education (clinical and non-clinical)
  - Economic contribution ( as an employer and the potential to "spin out" expertise and skill)
  - Academic partnerships and collaboration (including commercial)
  - Governance arrangements
17. In so doing, the Welsh Ambulance Service has paid due regard to the criteria for the attainment of University Trust status, recognising that the organisational focus is on applied and practical benefits to its people, stakeholders, patients and Wales more broadly.



# Where are we now and how would attaining University Trust status make a difference to our people and our patients?

18. Gaining University Trust status is something which would be the next step in the Welsh Ambulance Service's journey towards professional, clinical and organisational excellence.
19. While there are a number of areas where the organisation is actively engaged in activities which mirror those elements required of an NHS organisation with university status, we recognise that there is much more to do in harnessing the opportunities which working either in the spirit, or reality, of a University Trust present.
20. This forms part of the organisational motivation for seeking University Trust status. It is less about proving that WAST is the "ready-made" article in terms of some of its activities, but more about receiving recognition for its existing work and using accreditation as further impetus to drive forward our process of innovation and modernisation, ensuring our people feel motivated and excited about the future.
21. The updates detailed below provide a flavour of some of the work to-date in pertinent areas and the opportunities/challenges which remain. It should be noted, and indeed has already been acknowledged, that the work of WAST in the University Trust space is focused on applied and real world solutions, practical application and learning, supporting real jobs and opportunities and making a real, rather than theoretical, contribution.
22. In that respect, WAST has embraced an ethos of visible change, for which the achievement of University Trust status would be both recognition and further motivation.

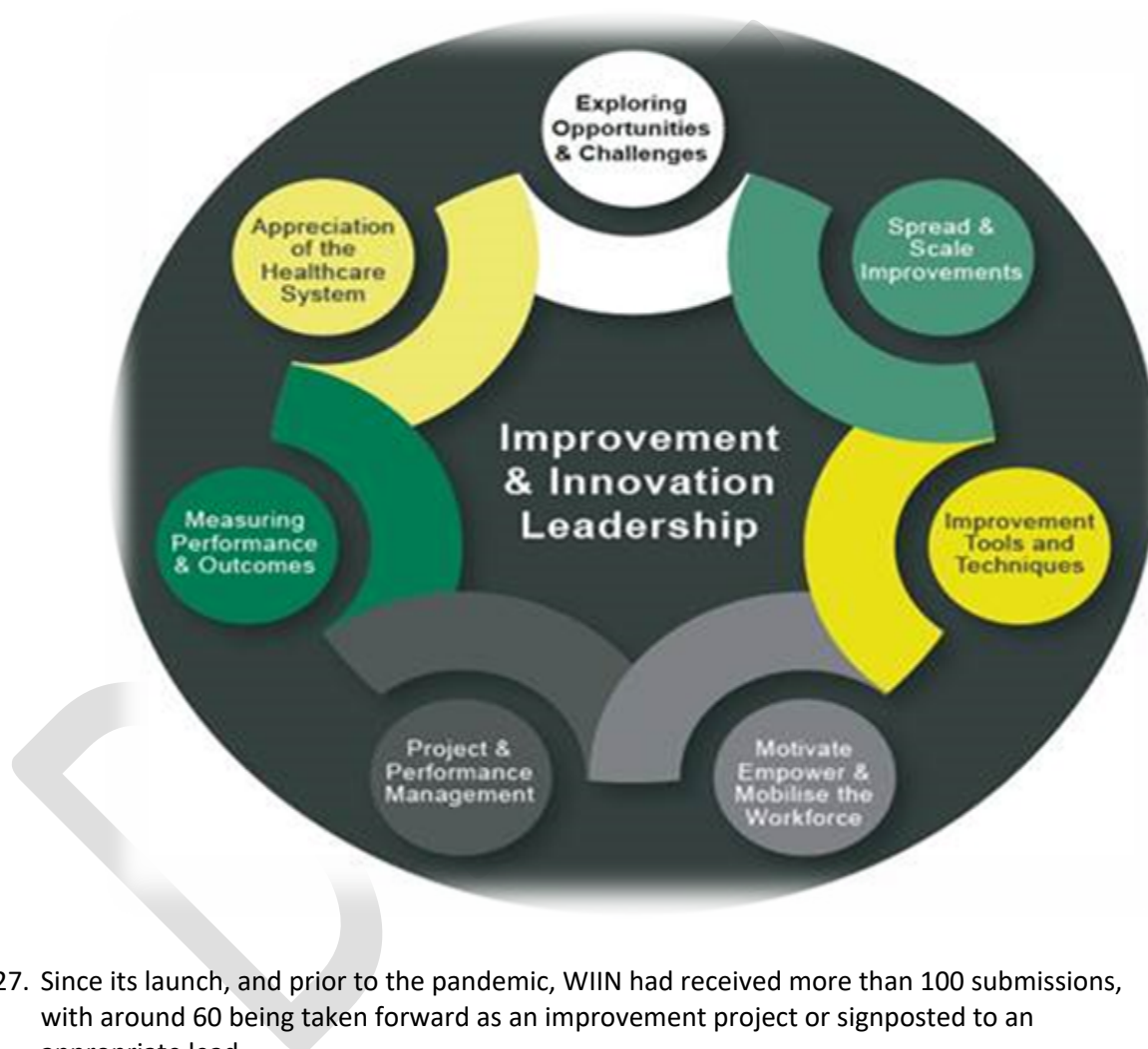
## Innovation

23. Innovation and modernisation have been increasingly visible and potent elements of the Welsh Ambulance Service's organisational ethos for a number of years.
24. To embrace a systematic and prospective approach to the innovation landscape, the Trust has developed an innovation, education and research and development framework – the WAST Improvement and Innovation Network (WIIN), which was adopted by the Board in 2018/19.
25. 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 to enable small and large scale improvements, crucially linking innovation, improvement, research and programme management, with the aim of facilitating and embedding an organisational culture where

innovation, education and high quality “real-world” research and development are at the heart of our activities.

26. Importantly, WIIN is designed as an integrated set of measures that together will support the Welsh Ambulance Services NHS Trust in achieving a systematic change in the way the organisation operates. The infographic below summarises WIIN’s principles and functions.

**Figure 1: Welsh Ambulance Services NHS Trust Improvement and Innovation Network**



27. Since its launch, and prior to the pandemic, WIIN had received more than 100 submissions, with around 60 being taken forward as an improvement project or signposted to an appropriate lead.
28. During the height of the pandemic, the WIIN process was suspended to focus efforts at a particularly difficult time. Since May 2021, submissions have re-opened, with some 143 ideas submitted since then, 42 of which are in active development with clinical leads.
29. Staff have been supported to progress Silver Improving Quality Together (IQT) projects and links are developing with the research function of the Trust, as well as with our Project Management Team, where successful small scale improvements are intended for scale up.

30. 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.
31. Ideas that are not immediately supported and progressed are transferred to the “Ideas Warehouse”, with a number of these having already been taken forward.
32. While the Covid-19 situation may understandably have meant an initial slow-down in WIIN’s routine activity, the pandemic itself has been a catalyst for significant innovation across the organisation.
33. One such example was an urgent need to address the rapid sanitisation of ambulances. At the outset of the pandemic, it was identified that the extended time needed to clean ambulances thoroughly once a patient with suspected Covid 19 had been transported to hospital was adding to the already significant pressure on the service, particularly as the previous cleaning regime could take up to two hours and sometimes had to be undertaken at specialist cleaning centres, which could be some distance from the ambulance station or hospital.
34. Funded by Welsh Government and working with the Small Business Research Initiative (SBRI) Centre of Excellence, a rapid challenge was developed to work with industry, academia, the Ministry of Defence and Innovate UK to find innovative methods of faster sanitisation.
35. Typically, a SBRI bid can take around a year to complete, but this new rapid process slimmed it down to six weeks, during which time more than 200 applications were received, a number of which were trialled and a contract subsequently awarded.
36. This project has resulted in a number of improvements, including reducing the time it takes to clean an ambulance by 86%, giving staff the time to undertake other duties whilst the cleaning process is happening, and a significant reduction in the cost of cleaning an ambulance. As a result, work is underway to look at how learning from this project can be used in other areas, such as schools.
37. This initiative also scooped the [Science and Technology category at the St David Awards 2021](#), receiving national recognition for its significance.
38. Recognising that the Trust is still in the early days of its innovation journey and that there is some way to go before it is embedded in the everyday work of the organisation, it is absolutely clear that innovation will be more important than ever if WAST is to adapt at pace to the post-pandemic challenges it will inevitably face.
39. On that basis, and recognising the role of all staff in the development of ideas and improvement, there remains a strong commitment to the WIIN concept, as evidenced in the organisation’s current IMTP and in the encouraging levels of interest in WIIN and innovation more generally across the organisation.
40. As innovation becomes central to the organisation’s development, it will also provide the vehicle for external partnerships and creative solutions to system challenges.

41. This includes looking at commercial partnerships, like those emerging with Microsoft and other tech firms to support us as we seek to further harness the potential of digital technologies.
42. Similarly, we have been working with industry partners to design state of the art vehicles for driver education, leading the way in the UK, while the next generation of emergency ambulances will be equipped for the first time with hoists, with the concept being developed with commercial partners and currently being trialled.

## Research and Development

43. We are proud of the research that we conduct, and recognise the pivotal role that both research and innovation (R&I) have to play in the organisation. The Trust's Pre-Hospital Emergency Research Unit (PERU), which is part of the Health and Care Research Wales arm of Welsh Government, is widely recognised as having a strong research focus and as an attractive place to undertake pre-hospital research because of our track record for delivery.
44. The post-pandemic environment will understandably influence the locus of our research and development activity, but there is no doubt that it will remain core to our commitment, both as a learning organisation and as one committed to achieving university status.
45. During the COVID-19 pandemic, studies were paused across the health and care system, resulting in significant disruption of WAST's non-COVID-19 research activity, which has restarted in line with National Institute for Health Research (NIHR) guiding principles. It has been challenging to strike a balance between restoring our active portfolio against the need to continue to support the COVID-19 effort. However, we have now recovered all of our existing research, along with supporting two COVID-19 urgent public health studies and, whilst organisational challenges continue, these remain our research priorities.
46. Our research and wellbeing and organisational psychology teams are also working closely together on the mental health and wellbeing impact of the pandemic on Welsh Ambulance Service staff, an area of interest which is likely to develop as the full ramifications become apparent.
47. This emergent work is already highlighting new networking and collaboration opportunities and, with recovery from the pandemic likely to dominate thinking for some time to come, the Welsh Ambulance Service is well placed to contribute to the national and international body of evidence in this area, with the future achievement of University Trust status likely to offer additional opportunities in this space.
48. Our COVID-19 recovery planning recognises the need for resilience, growth and the potential high-value environment of WAST for clinical research. We continue to reflect Wales and UK wide research strategic aims, such as those set out in the Support and Delivery Service Strategic Framework 2017-2022.
49. We maintain a research and innovation tracker, which is reported through the Medical and Clinical Services Directorate and reflects progress in all our research and innovation studies, including those at an early stage or where there are other interesting developments on the horizon, including large multi-centre trials, and international bids on-going and in development in areas such as artificial intelligence.

50. At the heart of the Welsh Ambulance Service's post-pandemic research approach will be a focus on research which can translate into practical application, for the benefit of patients and staff.
51. During our recent clinical restructure, research and innovation were included as core elements within job descriptions and, whilst competing operational pressures continue, we remain steadfast in our aspirations for research, development and innovation in clinical leadership.
52. We have continued to build on long-standing partnerships such as those with PRIME Centre Wales, Warwick University and others to develop and deliver high quality studies, and as we recover, we look forwards to delivering large studies which we have developed with partners, such as PARAMEDIC 3 and RAPID 2.
53. We are also seeking out new partnerships and emerging opportunities to conduct innovative research in faster and more efficient ways. We have worked with local, national and international partners to explore digital tools and infrastructure, and continue to seek and secure funding in areas such as artificial intelligence and robotics, which includes our ongoing research, ASSIST.
54. One example is [work with the University of Manchester and partners Swift Flight Avionics to test the use of drone to deliver defibrillators](#) to remote rural areas, recently tested in Snowdonia. This has real potential to enhance the chain of survival for cardiac arrest patients in remote areas and work continues to test the viability of the concept.
55. Notwithstanding current challenges, our aim is to continue to work with local health boards, academia and industry to build research capacity to open and run clinical trials and other research programmes close to patients' homes.
56. As our research activity begins to rebuild, we will ensure that patients and carers receive high quality information about clinical trials and their results, and are given the opportunity to contribute to the development and review of research studies, through our patient and community involvement work.
57. While the organisation has established R&D strengths in the field of pre-hospital care, and these will remain core, there is also a commitment to foster the development of non-clinically driven research and innovation, which looks at the business of the organisation more holistically and supports "real world" research and innovation, which contributes to the body of academic knowledge in any given field while also translating to the well-being and success of the organisation and, by extension, the wider NHS and society more generally.
58. It is a given that WAST will wish to disseminate the results of its research work in order to share good practice, discovery and learning. Such dissemination will continue to take a number of forms, including publication, at conferences and through the appropriate national and international fora.
59. We envisage that university status will enable us to become more attractive and competitive in research and in grant capture activities, with a positive impact on revenue, supporting the

sustainability of high-quality research and development at the Welsh Ambulance Service moving forward.

## Training and Education

60. Training and education are central to the Welsh Ambulance Service. Historically, the focus has been on developing, maintaining and advancing the skills of our clinical workforce but, as we move forward with ambitious plans for 2030 and beyond through our long term strategy, [\*Delivering Excellence\*](#), that focus has very much extended to colleagues across the organisation, significantly influencing our organisational ambition and design.
61. The value and importance of education in healthcare is unequivocal. It underpins the delivery of safe, quality care; keeps staff motivated and up-to-date with latest treatments and technologies and enables patients to be involved in decision making and self-management – making best use of limited health care resources. There is a benefit to planning and delivering these activities jointly.
62. Education also helps promote patient (and staff) activation, dignity and respect, whilst breaking down barriers between teams, encouraging joint learning, service improvement and the ability to safely raise concerns/ask searching questions.
63. Variation in care and outcomes can be reduced through education. It also has a crucial role in facilitating a sustainable healthcare system by enabling change and maintaining staff numbers through reputation, recruitment and nurturing the skilled workforce of the future, supporting staff retention and career progression.
64. All of these benefits chime with what are trying to achieve long term at the Welsh Ambulance Service, not just because focusing on education, learning and development is the right thing to do, but because the service faces real and fundamental challenges which require an educational response.
65. The broadening of our training and educational focus reflects a number of imperatives:
  - The march of technology and the recognition that the clinical practitioner of the future will need to be multi skilled, will operate increasingly in digital and/or alternative clinical environments, with a case load that is much more diverse
  - The challenges of recruitment in a number of non-clinical but critical professions, for example digital services, data analysis, modellers etc., as well as the competitive environment in which WAST operates and the challenge of attracting the best candidates in a range of both clinical and professional, administrative and corporate functions, particularly in a post-pandemic world where appetite to work in healthcare may have altered
  - The opportunity presented by technology to deliver training very differently, harnessing the best of digital and face-to-face delivery to create a more diverse, exciting and immersive learning environment
66. As articulated in *Delivering Excellence*, services and care provided by the Welsh Ambulance Service will increasingly become centred around, and tailored to, the individual and will be delivered more locally to the patient.



67. This can be achieved only if the concept/scope of education is broadened and receives investment, focusing not only on training but on improving the information provided to, and the health literacy of, the population we serve, empowering patients and people to make informed decisions which best suit them.
68. The organisation's commitment to investing in education and training, reflected in its relationships with, and expertise of providers, is predicated on a number of core beliefs, notably that investing in education and training:
- Helps equalise the patient/professional relationship
  - Supports the delivery of clinical care in an integrated manner across Wales, involving a more diverse number of clinical staff delivering care more locally to patients and in more diverse settings, including digitally
  - Helps meet the projected increase in demand for pre-hospital emergency and non-emergency care services in Wales
  - Supports the long-term sustainability of clinical care through reputational benefit and staff recruitment/developing the skilled workforce of the future, as well as supporting career progression and retention
69. The Welsh Ambulance Service already has significant and strengthening relationships with higher education institutions, both in Wales and further afield.
70. While the organisation's relationship with Swansea University is particularly strong, ties are also developing rapidly with other universities across Wales, for example Bangor, Glyndwr and the University of South Wales, while there is an established relationship with the Russell Group Warwick University in the field of research.
71. This diversification of relationships is something we want to consolidate and grow further, recognising that a broad base of engagement and work with a range of educational partners is key to securing University Trust status.
72. We are strongly of the view that holding University Trust status would not signal the end of our engagement with educational providers and partners but, rather, the beginning of different, more dynamic and more fruitful relationships with partners, with benefits for all involved.
73. We recognise that, as a pan-Wales ambulance service, with a clear ambition to make a system contribution beyond that routinely anticipated of a traditional ambulance service, our training, development and learning requirements extend across a number of disciplines, with a commitment to working with the most appropriate institutions to support our people and our wider organisational ambitions.
74. As an organisation, we have already embraced the benefits of higher level skills for our clinical staff. An example is our work to develop a cohort of prescribing paramedics, the first in the country, facilitating better care for patients in the community and developing skills which can be applied across a range of healthcare settings. More detail can be found [here](#).
75. Similarly, the last few years have seen great progress in the development of advanced practice, supporting an increasing number of clinicians to pursue masters' level qualifications. More detail on how the work of our advanced practitioners is benefitting patients and the communities of Wales can be found [here](#).



76. The challenge for the organisation now is to marry its own training and development capacity, in which WAST is investing heavily with [the opening of a new, £0.5m](#) pound digitally enabled training facility at our Matrix development in Swansea (replacing the ageing National Ambulance Training College in Cefn Coed), with the best from the higher and further education fields to provide a pan-organisation educational and development offer that spans everything from improving qualification and basic skill levels to enable staff to progress, right the way through to post-doctoral opportunities.
77. There is no doubt that this ambition represents a cultural, but necessary, shift for WAST, and the securing of University Trust status will have significant role to play in developing and supporting the cultural readiness of the organisation as it enters a period of significant modernisation and evolution.
78. The current pandemic has driven an intense period of complete change in the organisation's approach to the delivery of training, accelerating by some margin the delivery of training using a predominantly digital approach.
79. An example of this is the development, in response to the pandemic, of a digital and distance-learning Emergency Medical Technician (EMT) course. Through the implementation of this virtualised turnkey solution, learning is now taking place via a combination of live streamed, interactive lectures, collaborative virtual sessions, small group work and self-directed study alongside highly managed practical assessment sessions.
80. Despite apprehension at the start, feedback from the cohorts has been extremely positive, with colleagues quoting greater flexibility, efficiency and an ability to learn and progress at an individual pace. Furthermore, colleagues' confidence and ability in relation to digital literacy improved significantly and the approach negated the need to hire a training venue or to accommodate learners, which resulted in large scale financial savings (c. £135,000).
81. Purpose-built space at the new Matrix House premises has allowed us to expand and develop virtual training delivery strategies and applications, such as its immersive training suite. The utilisation of technology and need to think differently about work has shown real innovation, enabling us to continue to deliver some of our key services despite the current challenges. While it has been a rapid learning curve, the organisation is now much better placed to harness the benefits of a blended learning approach, and has much to offer education partners in terms of sharing its learning to-date, and working together to now refine and promote new methods of training.
82. Nor is the organisation's focus solely on higher tier learning. If the Welsh Ambulance Service is to be successful, both as a provider of care but also as an innovative employer with a strong commitment to learning for all, then it needs to work closely with educational providers in the further education space to support as broad a cohort of learners as possible.
83. By way of example, the Welsh Ambulance Service has embraced the concept of whole organisational apprenticeships.
84. Providing work based learning opportunities in clinical and corporate roles will require engagement of the whole post 16 provider landscape, with further education, work-based learning providers and higher education engaging with the Welsh Ambulance Services NHS

Trust to co-produce learning programmes to meet the existing and future needs of the service.

85. Welsh Government has supported the development of the first of these programmes with the Level 4 Associate Ambulance Practitioner Higher Apprenticeship framework, funded to recruit and develop the first Apprentice EMTs in Wales as of January 2020.
86. Reinvestment of Levy contributions enables sustainable support to attract, recruit, train, professionally develop and retain the best talent from the communities we serve. Our inclusive ethos, which celebrates diversity and delivers equity, aims to reflect our population and in particular, it focuses on strategies to improve:
  - Good communication;
  - Health literacy;
  - Shared treatment decision-making;
  - Self-management of patient health and wellbeing;
  - Creation of learning environments;
  - Enhancing social movement and its contribution to the wellbeing of future generations;
  - Innovation and supportive technologies.
87. In a typical year (2019/20), the Welsh Ambulance Services NHS Trust delivers learning placements/education, and designs, delivers and, in some cases, awards regulated qualifications for more than 1000 individual health care staff, including undergraduate and postgraduate activities across a broad range of professional groups.
88. Many of these activities are for our staff who are in formal training roles, with the bulk of the remainder being designated as specific knowledge and skills development for the purposes of technical CPD. The Trust plays an active part in HEIW's graduate placement programme and enjoys hosting those taking their first steps into the NHS.
89. These activities vary from providing online learning opportunities (e.g. micro-learning and e-learning programmes for healthcare support workers), through short educational events such as lectures/short courses (day/half day) delivered within a locality or region, through to longer term practice placements designed to expose staff to experiential learning which consolidates technical learning and which may span periods of up to 18 months for Higher Apprenticeships.
90. Statutory and mandatory training is also delivered for both clinical and corporate staff.
91. One of the most significant areas which is yet to be fully realised by WAST in the education and training realm, and which the attainment of University Trust status provides an opportunity to address and optimise, is the wider system and community benefit of a highly skilled, able and productive workforce, whether that be in clinical or corporate roles, and the concomitant investment which the organisation makes in its education and training capacity and provision.
92. Such benefits might include:
  - Advantages for the people of Wales: local communities (who could use facilities); schools (education programmes, health care career promotion) which

could support prevention, better informed self-care and healthy lifestyles, supporting a productive economy.

- Education opportunities in areas of current unmet need, e.g. paramedic education around oncology.
- Many of the skills involved in healthcare are transferable (for example, communication skills, patient education, and activation). Our education service could offer benefits to healthcare and other Blue Light service providers more broadly.
- Research teams: connecting clinical and research teams supports both the stimulation of ideas and joint working.
- Research opportunities around education. We could support in the development of an evidence base around educational best practice for immersive and technology-enabled learning, linking in with local and national education research teams.
- Industry collaboration: gives the opportunity to generate income, build new collaborative teams and enhance innovation.

## Economic Contribution

93. As Wales emerges from the ravages of the Covid-19 pandemic, there is no doubt that the societal and economic infrastructure of the country will have been fundamentally affected.
94. The role of the public sector, NHS Wales and, specifically, the Welsh Ambulance Service, will not just be as providers of services, but rather vehicles of social cohesion and economic growth.
95. With a dynamic and far-reaching agenda, as outlined in the organisation's 2030 long term plan, *Delivering Excellence*, the organisation's role as an employer of choice, with a range of clinical and corporate opportunities from apprentice level up, will be even more important as we seek to recover from the pandemic.
96. As a provider of secure and long term employment, it is incumbent on the ambulance service to ensure it is meeting the aspirations of its employees and supporting them to be skilled, productive and effective members of their communities, particularly as it is unlikely that the employees of the future will remain in the same role for the entirety of their careers. Supporting employees to grow and develop will, in turn, feed through to community-wide economic benefit.
97. Similarly, in line with the wider public service and working with NHS Wales' Shared Services Partnership, the organisation has a duty to redistribute its purchasing power as locally as possible, to ensure that local suppliers and companies have an opportunity to work with us to meet our supply needs, while keeping that spend circulating within the Welsh economy.
98. Harnessing the skills of academic partners will allow us to really model the impact we can make as a lynchpin employer in local communities, allowing us to understand the ambitions of local people, any barriers to entry to our organisation/professions and help us find solutions which allow us to ensure a stream of high quality and diverse applicants for roles across our organisation, at all levels.

99. Similarly, we would wish to work with academic partners to build ongoing support for employees so that their skills are maintained and developed throughout their career with the Welsh Ambulance Service,
100. Ambulance services are, historically, not particularly adept at exploiting the social or intellectual capital that they have, particularly in terms of working with commercial partners either to problem solve or to “spin out” ideas into workable commercial propositions.
101. While this element of WAST’s activity is very underdeveloped, it is an area of increasing interest and, with the support of a range of academic partners from a broad group of disciplines, could provide wider long term economic benefit.
102. Similarly, the nature of the people we employ across Wales, including rural areas, means we are in a position to provide long-term, stable employment with opportunities for career development in those areas of Wales most in need and where, historically, there has been a haemorrhaging of talent as a result of lack of opportunity.

## Enablers to University Trust Status

### Academic Partnerships

103. WAST has well established partnerships with a wide range of organisations. These include, but are not limited to, the University Health Boards, ambulance service networks, The College of Paramedics, The Health and Care Professions Council (HCPC), Swansea University and other higher education institutions, Life Sciences Hub Wales and various third sector partners.
104. The ambition is that, with the attainment of University Trust status, and by combining the components of innovation and resultant service improvement, training and education, and life sciences research and development, WAST seeks to go far further by enhancing existing partnerships, identifying and developing new ones (within the public and commercial sector), and developing an R&D network, infrastructure and facilities that set a new standard for ambulance services internationally.
105. While the organisation remains on its journey to optimise the benefits of academic (and commercial) partnership, it is anticipated that some of the benefits will be achieved through:
- Vertical integration within WAST: a stronger focus will be provided on the development of effective organisational processes and structures that ensure R&D knowledge is optimised and shared across the Trust;
  - Horizontal integration: development of a collaborative framework which allows for strategic collaboration with our healthcare partners in areas of pre-hospital emergency and non-emergency care which have a community interest/benefit;
  - Strategic relationships: identifying and actively pursuing potential research partners and developing strong strategic relationships;
  - Partnership: working with partners to agree a coherent and strategic approach to R&D which articulates collective and individual priorities, lead organisation(s), resource requirement and opportunities for grants/income generation;

- System leadership: WAST will undertake a system leadership role in relation to the wider unscheduled care system in Wales, including through the development of the 111 service, which has significant potential as a digital and telephony gateway;
- Commercial developments: Developing a commercial strategy which seeks to take advantage of all commercial opportunities and develops a range of transformational strategic partnerships at a national and international level.

106. The Trust has established an Academic Partnerships Committee (further detail below) and, at the time of writing, is awaiting a response from Universities Wales in respect of university representation on that committee.

## Governance Arrangements

107. In crafting this submission in relation to securing University Trust status for the Welsh Ambulance Service, it is evident that, while significant elements of the qualifying criteria are in place or development, it is recognised that there is much more to go at.

108. A key enabler will be the academic partnership and governance arrangements which the organisation puts in place to support its pursuit of all the benefits outlined in this document.

109. Crucially, it is these governance arrangements which will help drive benefit from academic/organisational relationships, regardless of whether University Trust status is, in the final analysis, attained.

110. This is particularly the case given the Welsh Ambulance Service's commitment to pursuing extended and reinvigorated academic partnerships, not because they can be badged against University Trust accreditation, but simply because it is the right thing to do.

111. The Trust has already established its Academic Partnerships Committee and is currently working with Universities Wales on securing higher education representation.

112. Importantly, the establishment of a committee of the Board focused on academic partnership, and chaired by the Vice Chair of the Board, signifies the seriousness with which the Trust takes its relationships with academic partners and its ambition to secure University Trust status.

113. It also provides the Board and partners with assurance that the organisation is "walking the talk". This includes providing assurance that progress is being made in the organisation's academic endeavours against a suite of metrics to be developed with partners.

114. The committee will also provide a vehicle for the development of an academic strategy and forward work programme that is informed by intelligent, patient-related outcome measures which ultimately lead to a better understanding of 'what worked and what didn't'.

115. Executive leadership is being provided by the Director of Partnerships and Engagement, supported by the Board Secretary, with plans in development to develop effective structures to work laterally across the organisation on this important agenda, harnessing the skills and insights of colleagues with a passion for this work.

116. In this respect, and following discussion with the relevant Directors and feedback from colleagues working across our thematic areas of innovation, research, education, training, improvement and operations, a review of the configuration and matrix approach to working is planned to ensure we are optimising the value of our work in this realm.
117. Similarly, work is underway to scope how delivery can be accelerated through the creation of an “engine room of innovation”, bringing together the right teams to drive forward our University Trust delivery aspirations, with regular feedback to Committee and the wider Board.
118. In so doing, the Welsh Ambulance Service plans to accelerate its innovation using University Trust status as a galvanising force for change, rather than something to add to its headed notepaper.

## Next Steps

119. It is hoped that this document has provided panel members with a flavour of the Welsh Ambulance Service’s enthusiasm and commitment to attaining University Trust Status.
120. While the organisation’s relatively small size places it in undoubtedly a different position from a larger health board, it is hoped that what it lacks in raw numbers it makes up for in ambition and commitment.
121. It is recognised and acknowledged that there are areas on which we will need to focus moving forward: how best to configure ourselves internally to optimise the opportunities for collaboration and innovation; how to better engage and work with commercial partners to innovate and find solutions to practical problems; making sure our governance is right and that we are engaging with, and collaborating with, the best academic partners for our needs.
122. We believe that securing University Trust status can assist us with all these things and more, providing the Welsh Ambulance Service with a platform from which to continue to grow and develop.
123. With our focus on real world solutions to real problems, translated to improvements in service delivery, educational levels, confidence and economic impact, we realise there is much more to do, but believe University Trust status will provide further purpose and opportunity as we move into the post-pandemic world and all that will bring.

Ends/EVH/Sept21



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

AGENDA ITEM No	4.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

## RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	30 <sup>th</sup> September 2021
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Trust Board with a position statement in respect of the Trust's Corporate Risks aligned to the Board Assurance Framework (BAF).

#### RECOMMENDATION:

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

### KEY ISSUES/IMPLICATIONS

3. The ADLT reviewed the existing and proposed new corporate risks at regular intervals during the period and undertook a deep dive into the Trust's two highest scoring risks on the 5<sup>th</sup> July 2021.
4. The Executive Management Team received feedback from ADLT in July, August and September 2021 on activity relating to the Corporate Risks.
5. Furthermore, principal risks assigned to the following Committees were considered during this period for scrutiny and strategic oversight.
  - a) **People & Culture Committee** (7<sup>th</sup> September 2021)
  - b) **Quality, Safety & Patient Experience Committee** (9<sup>th</sup> September 2021)
  - c) **Finance & Performance Committee** (23<sup>rd</sup> September 2021)



### REPORT APPROVAL ROUTE

6. The report has been considered by:
- EMT – 1<sup>st</sup> September 2021
  - Audit Committee – 16<sup>th</sup> September 2021
  - EMT – 22<sup>nd</sup> September 2021.

### REPORT APPENDICIES

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

### REPORT CHECKLIST

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

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

## **SITUATION**

- 1 The purpose of this report is to provide the Trust Board with a position statement relating to the Trust's Corporate Risks, which are aligned to the Board Assurance Framework (BAF), and describes the key internal and external controls, sources of assurance and additional actions to be taken.
- 2 An extract from the Corporate Risk Register (CRR) is detailed in Annex 1 as a short summary report.
- 3 A further extract from the Board Assurance Framework (BAF) report is included in the paper in Annex 2.
- 4 A 'live' review of each of the Corporate Risks is available through the electronic Datix Register.

## **BACKGROUND**

- 5 Work has commenced to scope the future ambition of risk management and the Board Assurance Framework, noting the significant amount of work already done to set the foundations. This will include work to refresh the risk management strategy and procedure, and implementation of the Once for Wales Datix Risk Module. The Audit Committee is due to discuss this at the meeting in December 2021, with regular updates submitted to the Trust Board while the improvement programme is being shaped.
- 6 The Governance Team are continuously working with the Assistant Directors Leadership Team (ADLT) to review and report Corporate Risks to the Executive Management Team (EMT), each Committee and Trust Board through the mechanism of the Risk Management and BAF report alongside the current electronic Datix E-Risk module.
- 7 The ADLT were scheduled to undertake a full review of all Corporate Risks including current controls and actions and any gaps during an extraordinary meeting on 31<sup>st</sup> August 2021; however, this was stood down due to Reap 4 pressures. This session will be rearranged with a focus on the highest scoring risks in the first instance; however, a deep dive into the Trust's two highest scoring risks has been undertaken.

## **ASSESSMENT**

- 8 Principal risks assigned to the People & Culture, Finance & Performance and the Quality, Safety & Patient Experience Committees for strategic oversight were reviewed at each of their meetings during July and September 2021.
- 9 The full CRR and BAF was presented and discussed at the Audit Committee on the 16<sup>th</sup> September 2021.

- 10 The Trust's Corporate Risks have been closely aligned to the BAF as at 30<sup>th</sup> August 2021; these have been extracted from the Datix E-Risk module.
- 11 The ADLT reviewed the existing and proposed new Corporate Risks at regular intervals during the last quarter and undertook a deep dive into the Trust's two highest scoring risks, **Risk ID 223** and **Risk ID 224** with subsequent work taking place to develop the articulation of Risk ID 223.
- 12 Several additional controls and actions were identified that capture and describe the breadth of activity being undertaken across the Trust to mitigate these two risks; despite this, the scores were reviewed, and it was agreed that the highest possible score of 25 remained appropriate.
- 13 Additional controls and treatments identified include but are not exhaustive:
- Improvement activity and commissioning intentions re: reducing hospital handover delays to 150hrs/day.
  - Internal efficiencies such as Leading Change Together discussions, acknowledge factors contributing to lost hours.
  - HIW Review of Handover Delays.
  - AACE involvement, Ambulance Task Force.
  - Additional pathways in place to provide safe clinical admission avoidance available through the Consultant Connect App.
  - Clinical Support Desk.
  - Caller ring back process.
  - Initiatives to reduce demand.
  - Alternatives to conveyance.
  - Patient safety reports.
  - NEPTS Demand & Capacity review – timely conveyance.
  - Demand Management Plan Prioritising - responding to most critical patients first.
  - Increasing capacity in our EMS service.
  - The development and piloting of a rural model.
  - Military assistance request for support personnel.
  - Additional clinicians in CSD to increase ability to triage greater number of calls.
- 14 The controls outline WAST's positive contribution to mitigating the risks from a system perspective; however, these continue to remain high. Work has begun to align controls, assurance and actions, particularly for risk 223. This will be replicated for the highest scoring risks in the upcoming risk forums, together with a review of the risk descriptors.
- 15 One new Risk has been included on the CRR, **Risk ID 424** Resource Availability (capital) to deliver the organisation's IMTP. The capital element has been separated out of **Risk ID 109** which now contains just the revenue considerations of delivering the IMTP.
- 16 No risks have been de-escalated to Directorate Registers or escalated to the

Corporate Register during this period.

**RECOMMENDED:**

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

## Appendix 1 – Corporate Risk Register Summary

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

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Operations Directorate	15 (3x5)	Finance & Performance Committee
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST.	Service Developments	Planning and Performance	12 (3x4)	Finance and Performance Committee
139	Non delivery of financial balance	Statutory Duties	Finance and Corporate Resources	12 (3x4)	Finance and Performance Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	12 (3x4)	Finance and Performance Committee
424 NEW	Resource Availability (capital) to deliver the organisation's IMTP	Service Developments	Planning & Performance	12 (3x4)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical & Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
109	Resource availability (revenue) to deliver the organisations IMTP	Service Developments	Planning and Performance	8 (2x4)	Audit Committee; Finance and Performance Committee
343	Failure to undertake tactical seasonal planning (winter, now every season)	Service Delivery	Planning and Performance	8 (2x4)	Finance and Performance Committee
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	6 (2x3)	Finance and Performance Committee

**Appendix 2 – Board Assurance Framework**  
*Begins at the top of the next page*

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
223	Unable to attend patients in community who require See & Treat	20 4x5  QTR 2 19/20	25 5x5  QTR 2 21/22	10 2x5  QTR 2 21/22	<p><b>Last reviewed on Datix: 22/09/21</b></p> <ol style="list-style-type: none"> <li>Welsh Government have set a target that ambulance handovers at ED will be no longer than 15 minutes.</li> <li>Commissioning intention to reduce total lost hours at Welsh Hospitals do not exceed 150 hours per day.</li> </ol>	<ul style="list-style-type: none"> <li>2016 Welsh Health Circular</li> <li>2021/22 Commissioning Intentions</li> <li>Deep Dive x2 Risks - QUEST Presentation. ADLT and EMT review.</li> <li>Ambulance Taskforce</li> <li>Red immediate release request refusals now being recorded on Datix.</li> <li>Datix recording all handover delays over 6 hours.</li> <li>Weekly review of the impact of hospital waits data shared with the Chief Operating Officers group.</li> <li>Weekly report to CEO and EMT and ADLT.</li> <li>Return to response – monitor phase of Pandemic Plan</li> <li>Re-establishment of the Pandemic Structures</li> <li>Health Board to Health Board Executive reports.</li> <li>Directors Peer Group meetings</li> </ul>	<ul style="list-style-type: none"> <li>Continue to engage in improvement work at Health Board level and as part of the EDQDF.</li> <li>Leading Service Change Together programme of work is being developed in partnership. No outputs as yet as the programme is underway but the expectation is that modernisation proposals will be agreed to achieve internal, improved staff wellbeing and welfare, patient safety and organisational improvements by Q3 of 2022.</li> <li>Schedule of workshops to be agreed by the working group.</li> <li>ADLT to report outcome of the programme to Executive Management Team in Q1 of 2022.</li> </ul>	
					<ol style="list-style-type: none"> <li>Regional Escalation Protocol agreed between each Health Board and utilised by ODU to dynamically divert between Health Boards and manage system flow. The implementation of a risk based RES to incorporate an ambulance distribution framework that is intelligence led to help to improve the safe delivery of services to all patients requiring unscheduled care.</li> </ol>	<ul style="list-style-type: none"> <li>Daily 11am conference calls to agree RES levels in conjunction with HBs which is published in the On-call structure daily. It is used to determine delays in the system.</li> </ul>	<ul style="list-style-type: none"> <li>Development and pilot of a Rural Model (p18 of IMTP) Paper has been submitted to Commissioner on pilot for consideration by Director of Planning &amp; Performance. The pilot is managed by Ben Collins, Interim Ambulance Operations Manager for Powys.</li> </ul>	
					<ol style="list-style-type: none"> <li>REAP (Resource Escalation Action Plan – hyperlink the document?)</li> </ol>	<ul style="list-style-type: none"> <li>REAP level is reviewed on a weekly basis by Senior Operations Team and can be dynamically reviewed by the Strategic Commander at any point.</li> </ul>	<ul style="list-style-type: none"> <li>Exercise scheduled for 13/10/21 to test REAP as part of winter planning exercise linked to demand forecasts.</li> <li>The plan is subject to annual review and the current review commencing September 2021.</li> </ul>	
	<b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST <b>DIRECTORATE:</b> OPERATIONS							



Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
					5. The Operational Delivery Unit is the first point of contact for all escalation issues and work is underway in October 2021 to become a 24/7 service. Escalation by the on-call system as and when required. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.	<ul style="list-style-type: none"> <li>The On Call OOH rota is bolstered by clinical and some corporate services. Duty Operations Manager appointed.</li> <li>Shift reports received by Exec, SOT and On-Call team from ODU at start/end as well as ODU Dashboard.</li> </ul>		
					6. Alternative care pathways in place to provide safe clinical admission avoidance and available through the Consultant Connect App. This in addition to the Clinical Support Desk and Operational Advanced Paramedic Practitioners.	<ul style="list-style-type: none"> <li>Reports from Health Informatics on use of national pathways.</li> <li>Care Closer to Home Group developed and implemented alternative pathways providing consistency across the organisation.</li> <li>Monitored through programme of work and conveyance</li> <li>APP dashboard monitors collective and individual patient disposition.</li> <li>Senior Paramedics in place and conducting operational contact shifts with their teams and encouraging use of alternative care pathways.</li> <li>Consultant Connect provide regular reports on the use of the app.</li> </ul>		
					7. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111). Enhanced the 111 services through the 111 initiative.	<ul style="list-style-type: none"> <li>CSD rates monitored through AQIs and number unique visits to the 111 Wales website as described in the performance report. The EASC AQI report is an output.</li> </ul>	<ul style="list-style-type: none"> <li>111 element to be reflected in the performance report.</li> </ul>	
					8. Developing community resilience in line with the 5 year Volunteering Strategy to reach patients sooner who require help when we can't get a resource to them.	<ul style="list-style-type: none"> <li>Operations Manager Community Support – CFRs and Operations Manager Community Support – Alternative Responders. Volunteering Team is focussed on community resilience. MOU with St John Ambulance and Fire Services. Volunteer Strategy signed off.</li> </ul>	<ul style="list-style-type: none"> <li>The action plan to support implementation of the volunteer Strategy is awaiting sign off by Trust Board on 30<sup>th</sup> October 2021 and will be monitored by People &amp; Culture Committee.</li> </ul>	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			<i>What measures are already in place to mitigate the risk?</i>	<i>What evidence is available to show that the controls are effective?</i>	<i>What additional actions need to be or can be taken to mitigate this risk</i>	
	Title and Description	Initial	Current	Target				
					9. Clinical Safety Plan replaces the Demand Management Plan brining WAST in line with other UK Ambulance Trusts. Introduction of ETA scripting enables patients to make an informed choice.	<ul style="list-style-type: none"> <li>Optima modelling. Clinical agreement to escalate into higher levels. Live reporting through the ODU dashboard. Calls received Vs attended calls attributed to alternatives to dispositions and DMP. AACE paper through National Director of Operations group.</li> </ul>		
					10. Increasing capacity in our EMS Service through internal reconfiguration and recruitment (p18 of IMTP). Work with external partners and agencies.	<ul style="list-style-type: none"> <li>Monitored through the EMS Transformation Board. Seasonal planning approach incorporated into Senior Pandemic Team. Tactical Approach to Production. Winter modelling and forecasting through Optima. Performance Improvement Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Considering additional actions through the Trust's Tactical plan and the Performance Improvement Plan which are both reported and considered by the Senior Pandemic Team and reported to the Executive Pandemic Team. Monitoring those plans on a weekly basis.</li> <li>Expansion of numbers of clinicians (paramedics) into CSD to increase ability to triage greater number of calls having benefits for patients</li> <li>Additional Military Support request made for 250 personnel.</li> </ul>	
					11. Bi-Weekly SCIF meetings	<ul style="list-style-type: none"> <li>Outcomes reported to the Patient Safety Learning and Monitoring Group and then to the Clinical Quality Governance Group. Quarterly Scrutiny Panels are held led by NEDs. Patient Safety Highlight report for Trust Board and Committee and Chief Executive Report to EMT. By Claire Roche weekly.</li> <li>Monthly meeting to discuss the information shared through SCIFs at the WAST and Health Board Patient Safety Meetings.</li> <li>Identified Learning is cascaded to the appropriate department or Directorate.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
224	<p>Patients delayed on ambulances outside A&amp;E Depts (CRR57)</p> <p><b>ASSIGNED TO:</b> <b>COMMITTEE:</b> QUEST</p> <p><b>DIRECTORATE:</b> OPERATIONS</p>	<p>20 4x5</p> <p>QTR 2 19/20</p>	<p>25 5x5</p> <p>QTR 2 21/22</p>	<p>10 2x5</p> <p>QTR 4 20/21</p>	<p>Last reviewed on Datix: 28/06/21</p> <ol style="list-style-type: none"> <li>Welsh Government target that ambulance handover at ED will be no longer than 15 minutes</li> <li>Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments</li> <li>REAP (Resource Escalation Action Plan) and Demand Management Plan in place</li> <li>Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans</li> <li>Alternative pathways in place</li> <li>Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111)</li> <li>Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles)</li> <li>SAls identified as being directly due to hospital handover delays are reassigned (in the form of an Appendix B) to the respective Health Board to investigate</li> <li>SOP for managing patients on the back of ambulances</li> <li>Lost hours due to Hospital Handover Delays are reviewed routinely by senior operational management team</li> <li>Operational Delivery Unit (ODU) having oversight of the Regional and National positions, enabling live review of demands and delays, and arranging redirection of crews and resources as appropriate</li> </ol>	<ol style="list-style-type: none"> <li></li> </ol>	<ol style="list-style-type: none"> <li>WAST exploring the possibility of cohorting patients delayed outside EDs on agency vehicles managed by agency paramedics (no accommodation inside hospital offered by any of the Health Boards)</li> <li>Transforming and modernising our service offer, including Mobile Urgent Care (p19-20 IMTP)</li> <li>Working with the system to consider how we can support the Welsh Access Model and implementation of Contact First across Wales (p16 &amp; 18 IMTP)</li> </ol>	<ol style="list-style-type: none"> <li>CEO letters to Health Boards.</li> <li>CEO to CEO meetings.</li> <li>Ambulance Task Force.</li> <li>Medical Director/ COO/Nurse Directors meetings.</li> <li>Visits to HB Quality Committees.</li> <li>Joint Investigation Framework.</li> <li>Deep Dive x2 Risks - QUEST Presentation (Feb20).</li> <li>Regional Escalation Protocols - Establishment of Operational Delivery Unit (ODU) in WAST.</li> <li>Demand Management Plan (DMP) and clinical review of no sends (DMP 4 and above)</li> <li>Significant incident declared on 03/12/20 as a result of whole system pressure and escalation to REAP 4 for a sustained period throughout Dec20 into mid Jan21.</li> <li>Extended hours of opening in ODU and recruitment to commence imminently.</li> <li>Tactical Approach to Production (TAP)</li> <li>One additional UCS capacity in place by SJC through existing MOU agreed by EMT for 6mths Apr-Sept21.</li> <li>Duty Operations Managers (DOMs) appointed and induction commencing May 2021. Senior Paramedics recruitment &amp; induction also underway.</li> <li>Weekly review of the impact of hospital waits data shared with COO group</li> <li>Red immediate release request refusals now being recorded on Datix</li> <li>Datix of all handover delays over 6hrs</li> <li>HIW undertaking a review of patient experience as a result of</li> </ol>

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			<i>What measures are already in place to mitigate the risk?</i>	<i>What evidence is available to show that the controls are effective?</i>	<i>What additional actions need to be or can be taken to mitigate this risk</i>	
	Title and Description	Initial	Current	Target				
								<p>handover delays</p> <p>19. The role of the Operational Delivery Unit</p> <p>20. Transforming and modernising our service offer, including Mobile Urgent Care</p> <p>21. Working with the system to consider how we can support the Welsh Access Model and implementation of Contact First across Wales</p>

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
199	<p>Compliance with Health &amp; Safety legislation</p> <p>ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY &amp; PATIENT EXPERIENCE</p>	<p>20 4x5</p> <p>QTR 2 19/20</p>	<p>20 4x5</p> <p>QTR 2 21/22</p>	<p>10 2x5</p> <p>QTR 4 21/22</p>	<p>Last reviewed on Datix: 20/08/21</p> <ol style="list-style-type: none"> <li>Leadership and direction set by Executive Management Team and Head of risk and H&amp;S.</li> <li>Health and Safety Governance structure (National Health and Safety Committee Meeting and Regional Meeting held in Q3&amp; Q4 2020/2021.</li> <li>Structure and arrangements reviewed with view of implementation Q2 2021/22.</li> <li>Health and safety Policy and topic specific policies and procedures.</li> <li>Health and Safety mandatory training</li> <li>IOSH health and Safety training for Managers and Leaders.</li> <li>IOSH Managing Safely re-established March 2021.</li> <li>Programme for IOSH Leading Safely training for SMT and Execs under development view of implementation Q1 2021/22.</li> <li>Local H&amp;S Inspections (COVID secure inspections undertaken)</li> <li>Rolling programme of H&amp;S Review visits - (temp suspended to COVID).</li> <li>Rolling programme of inspections to be developed for 2021/22.</li> <li>Health and Safety improvement plan actions incorporated into draft H&amp;S Transformation Plan. Plan presented at TU Cell, National HS Committee,</li> <li>Local risk assessments (COVID)</li> <li>Workplace Risk assessments prioritised rolling programme in place, monitored at SPT meetings.</li> <li>RA facilitation workshops held in May &amp; June to assess scope of Ra/SOPS required for EMS and NEPTS activities.</li> <li>Two H&amp;S Coordinators fixed term contracts cease on 31 August 2021.</li> <li>Serious incident investigation template developed.</li> <li>Working Safely paper presented at EMT on 16.06.21</li> </ol>			<ol style="list-style-type: none"> <li>Internal Audit Reports</li> <li>External Audit Reports</li> <li>HSE Visits / Inspections</li> <li>Local Authority Inspections</li> <li>HSE Covid Learnings Report / Trust Position Report</li> <li>Working Safely Report presented to EMT on 16/06/21</li> <li>Local H&amp;S Inspections – scope of inspections strengthened</li> <li>Rolling programme of H&amp;S Review visits</li> <li>Health and Safety improvement plan</li> <li>Monitored through Health &amp; Safety Committee, QuEST, EMT and ADLT.</li> <li>Health &amp; Safety Committee received a draft review of the Health &amp; Safety Improvement Plan for initial approval. Due to be presented to EMT for final approval.</li> <li>HSE CoVID Learning Report / Trust position report.</li> <li>Local Risk Assessments</li> <li>Health &amp; Safety mandatory training</li> <li>IOSH Health &amp; Safety Training for managers and Leaders</li> <li>Draft transformation plan</li> <li>Working safely action group established</li> <li>Local Risk Assessments</li> <li>Health &amp; Safety Governance Structure reviewed to strengthen existing arrangements for implementation Q2 21/22</li> </ol>

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
					19. Head of H&S appointed 18.06.21 20. Funding agreed to resource Working Safely Programme 02.08.21 21. Working Safely Programme board established 03.08.21 22. Working Safely Dynamic Delivery Action Group established 10.08.21 23. Working Safely Programme Manager Appointed 17.08.21. 24. IOSH Leading Safely Training piloted 13.08.21 25. WAST Leading Safely Behavioural audits training piloted 13.08.21			
316	Increased risk of personal injury claims citing COVID exposure  ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY & PATIENT EXPERIENCE	20 5x4  QTR 2 20/21	20 5X4  QTR 2 21/22	12 3x4  QTR 4 20/21	Last reviewed on Datix: 20/08/21 1. RIDDOR Investigation Tool trailed with developments undertaken to undertake amendments to accommodate 111 and strengthen Corporate investigation criteria. 2. Amendments made to tool January 2021 to incorporate MRD, MTU and include vaccination information. 3. Group established to investigate backlog of cases. 4. Central coordinator assigned to manage retrospective cases. 5. Operational staff members appointed to assist with completion of COVID Investigation tools. 6. Shielded staff member appointed and trained to review COVID investigations 7. Volume of cases challenging for staff to undertake a thorough investigation during periods of high operational demands. 8. Operational central coordinator appointed in Jan 2021 to coordinate backlog of retrospective cases. 9. Several changes in designated coordinators and support teams throughout Q4 20.21 - Q2 2021/22	1.	2.	1. Outbreak Management SOP 2. SBAR Trust Cleaning Provision Options V5 Oct 30 19 3. IPC Policy reviewed and updated 4. Competencies for Fit Testing on ESR 5. IPC Group feeds into QUEST 6. IPC Improvement Plan and monitoring 7. Pandemic Plan 8. HSE - RIDDOR Regulations 2013. 9. Local Authority local inspections 10. Regional Groups previously established to review and RA suitability and integrity of donated PPE. 11. Pan Wales group established to discuss RA's and information share.

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
160	High Sickness Absence Rates  ASSIGNED TO: COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: WORKFORCE & OD	16 4x4  QTR 1 19/20	16 4x4  QTR 2 21/22	12 3x4  QTR 4 19/20	<b>Last reviewed on Datix: 10/08/21</b> 1. Sickness Absence Policy. 2. Sickness Action plan. 3. Health and Wellbeing Strategy. 4. Operational Workforce Recruitment Plans. 5. Roster Review & Implementation. 6. Monthly performance review meetings. 7. Reported at ET, FRC, Board.			Under Review
244	Impact on EMS CCC service delivery due to estates constraints  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS	20 5x4  QTR 3 19/20	16 4x4  QTR 2 21/22	8 2x4  QTR 4 21/22	<b>Last reviewed on Datix: 14/05/21</b> 1. Full review of CCC room configuration completed. 2. CCC Management team prioritise how the space is used on each shift to align it to priorities associated with safe service delivery.			1. Risk Assessments have been undertaken on all three sites. 2. VPH Reconfiguration plans in progress 3. Temporary capacity 2nd floor Llangunnor 4. Logistics cell review 5. Use of the major incident room to facilitate social distancing in Bryn Tyrion 6. 5. Use of Ty Elwy in North Wales for 111
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH.  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: FINANCE & CORPORATE RESOURCES	16 4x4  QTR 2 20/21	16 4x4  QTR 2 21/22	8 2x4  QTR 2 20/21	<b>Last reviewed on Datix: 17/02/21</b> 1. Estates SOP Delivery Group. 2. EMS D&C Programme Board. 3. NEPTS D&C Review. 4. GUH Programme Team and development of a "mega" s/sheet that is combining all the information into the total cumulative impact on estate (and fleet), led by AD Commissioning & Performance.	1.	2.	1. Development of the refreshed Estates SOP is progressing, good engagement with Operational colleagues. Further engagement with EMT planned in March and onward to F&P and Trust Board for approval and onward to WG. 2. A detailed programme has been developed by the Estates team for the staff increases identified within the D&C data and subsequent megasheet. 3. Further resources have been agreed to commence the delivery of the programme as part of the Capital and Estates team.



Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
201	Trust Reputation  ASSIGNED TO: COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: PARTNERSHIPS & ENGAGEMENT	15 3x5  QTR 2 19/20	15 3x5  QTR 2 21/22	10 2x5  QTR 4 20/21	<b>Last reviewed on Datix: 09/07/20</b>  1. Regular engagement with senior stakeholders, namely, Minister, senior Welsh Government officials, commissioners, elected politicians, and NHS Wales organisational system leaders. 2. Programme of media engagement including challenging of reporting to ensure accuracy and media liaison to ensure relationships developed with key media. 3. Appointment of Head of External Communications in October 2019 supports efforts to engage media and stakeholders. 4. Board approved Engagement Framework (July 19) focuses on a range of actions to manage reputation. 5. Engagement Framework delivery plan developed to specify discrete actions and forms basis of monitoring.			1. Quarterly reports to Trust Board 2. EMT discusses "reputational forward" look fortnightly at formal EMT 3. Horizon scanning 4. Engagement Delivery Plan Framework (qtrly to Board) 5. Ad hoc board updates to reflect incidents 6. Board updates - comms in real time to inform members - daily updates 7. Quarterly Board reports monitoring progress against Engagement Framework deliver plan from November 19 (identified as good practice by internal audit and believed to be unique in Wales) 8. Risk register reviewed by Heads of Comms, Assistant Corporate Secretary and Director at directorate business meeting
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS	15 3x5  QTR 3 19/20	15 3x5  QTR 2 21/22	6 2x3  QTR 3 19/20	<b>Last reviewed on Datix: 02/06/21</b>  1. National EMS CCC Business Continuity Plan. 2. Clinical remote working. 3. Single instance CAD allowing virtualisation 4. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts	1.	2.	3. Senior manager on duty capacity increased through the ODU 4. Business continuity plans and outbreak management SOP activated during recent Covid-19 outbreaks in North Wales (EMS and 111); resilience and Trust's ability to maintain service upheld. 5. Increased cleaning provision has been provided as a result of recent outbreaks especially within the CCC environment although not solely at CCC buildings. 6. Management teams are also reinforcing the principals social distancing, cleanliness, temperature testing and masking.

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
100	<p>Failure to collaborate and engage with EASC on developing ambitions and plans for WAST</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: PLANNING &amp; PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 3 20/21</p>	<p><b>Last reviewed on Datix: 29/07/21</b></p> <ol style="list-style-type: none"> <li>1. EASC/WAST Forward Plan.</li> <li>2. EASC Management Group (replacement for PDEG/JMAG/ NEPTS DAG, 111 engagement and Mental Health engagement - with NCCU and HBs).</li> <li>3. Monthly catch up between CASC/CEO.</li> <li>4. Collaboration on specific projects e.g. Amber Review, EMS D&amp;C Programme Board.</li> <li>5. There is also now a monthly CASC Assurance Quality &amp; Delivery meeting.</li> <li>6. A two weekly "touch point" meeting for the commissioning intentions/IMTP has been introduced in Jan-21.</li> <li>7. Collaborative Programme Board for EMS D&amp;C and one being established for Ambulance Care (NEPTS).</li> <li>8. There are strong committee mechanisms in place and NCCU have also appointed an officer to support with their governance.</li> </ol>			<ol style="list-style-type: none"> <li>1. EASC Management Group agendas and minutes.</li> <li>2. CASC Assurance Q&amp;D agendas and minutes.</li> <li>3. EMS D&amp;C PB agenda and minutes.</li> <li>4. Ambulance Care (NEPTS) programme governance map</li> <li>5. NEPTS DAG agenda and minutes</li> <li>6. 111 First Programme docs</li> <li>7. Correspondence with the IMTP on 111 roll out</li> <li>8. Cases for investment.</li> </ol>
139	<p>Non delivery of financial balance</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE AND AUDIT COMMITTEE DIRECTORATE: FINANCE &amp; CORPORATE RESOURCES</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 4 21/22</p>	<p><b>Last reviewed on Datix: 09/06/21</b></p> <ol style="list-style-type: none"> <li>1. Financial reporting to EFG &amp; FPC, policies in respect of financial management.</li> <li>2. Regular engagement with commissioners of our services.</li> <li>3. Ensuring good governance and compliance with Trust Standing Orders.</li> <li>4. Welsh Government Reporting.</li> <li>5. Regular review of savings targets via ADLT.</li> <li>6. Diarised dates for EFG and FPC.</li> <li>7. Budget management meetings. Approval of hierarchies.</li> <li>8. ADLT.</li> <li>9. EASC management meetings. Fortnightly meetings with EASC. DAG meetings for NEPTS.</li> <li>10. Monthly Monitoring Returns.</li> </ol>			<ol style="list-style-type: none"> <li>1. Discretionary capital planning group</li> <li>2. IA review of Fuel Spend (19/20)</li> <li>3. IA review of Discretionary Capital (19/20)</li> <li>4. IA review of Lessons Learned from Losses &amp; Special Payments (18/19)</li> </ol>

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			<i>What measures are already in place to mitigate the risk?</i>	<i>What evidence is available to show that the controls are effective?</i>	<i>What additional actions need to be or can be taken to mitigate this risk</i>	
	Title and Description	Initial	Current	Target				
283	EMS Demand and Capacity Review Implementation Programme  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE	16 4x4  QTR 4 20/21	12 3x4  QTR 2 21/22	8 2x4  QTR 2 20/21	<b>Last reviewed on Datix: 29/07/21</b> 1. Implementation Programme Board firmly established. 2. Executive SRO in place. 3. Programme Manager and programme support office functioning. 4. Programme documentation in place and developing. 5. Clear links to EASC Management Group and EASC. 6. Ambulance Availability Taskforce restarted. 7. Programme budget. 8. Agree funding from EASC for 21/22 recruitment and training programme with possible further uplift.	1.	2.	1. D&C Programme Board highlight report and Minutes 2. Executive Programme Review undertaken on 18 Jan-21.
424	Resource availability (capital) to deliver the organisation's IMTP  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE	12 3x4  QTR 1 21/22	12 3x4  QTR 2 21/22	4 1x4  QTR 4 23/24	<b>Last reviewed on Datix: 07/06/21</b> 1. Regular Capital Management Board meetings 2. Prioritisation process 3. Regular CRM meetings with WG 4. Capital Business case process through ADLT for small discretionary 5. Finance & Performance Committee scrutiny 6. Standing Financial Instructions for levels of sign off 7. WG processes are strong to ensure full scrutiny across the 5 step model	1.	2.	1.

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			<i>What measures are already in place to mitigate the risk?</i>	<i>What evidence is available to show that the controls are effective?</i>	<i>What additional actions need to be or can be taken to mitigate this risk</i>	
	Title and Description	Initial	Current	Target				
303	<p>Delayed initiation of chest compressions (resuscitation)</p> <p>ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: MEDICAL &amp; CLINICAL</p>	<p>15 3x5</p> <p>QTR 1 20/21</p>	<p>10 2x5</p> <p>QTR 2 21/22</p>	<p>10 2x5</p> <p>QTR 3 21/22</p>	<p><b>Last reviewed on Datix: 14/06/21</b></p> <ol style="list-style-type: none"> <li>Ready available PPE: ease of access.</li> <li>Repeated and regular communication to staff via written and broadcasts/ videos/ podcasts.</li> <li>Clarity of guidance to staff (infographic).</li> <li>Communication to caller via CCC call handler regarding BLS.</li> <li>Clinical Cell will review frequently and amend guidance if required.</li> <li>Patient safety incidents will be monitored and reported via EPT/TPT.</li> <li>Dissemination of a process for rapidly donning PPE disseminated.</li> </ol>	<ol style="list-style-type: none"> <li></li> </ol>	<ol style="list-style-type: none"> <li></li> </ol>	<ol style="list-style-type: none"> <li>Operational performance appears to be improving in recent weeks, mitigating the impact of donning PPE.</li> <li>Switching back on of GoodSam App which will increase the number of provider available to respond in a timely manner (albeit L3 PPE still required)</li> <li>Existing guidance from RCUK still current and not been amended.</li> <li>Now rapid donning process has been disseminated this now has the potential to improve the speed at which PPE can be donned.</li> <li>The evidence of performance is reported through to Senior Pandemic Team.</li> </ol>
109	<p>Resource availability (revenue and capital) to deliver the organisations IMTP</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: PLANNING &amp; PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>8 2x4</p> <p>QTR 2 21/22</p>	<p>4 1x4</p> <p>QTR 2 21/22</p>	<p><b>Last reviewed on Datix: 16/07/21</b></p> <ol style="list-style-type: none"> <li>EASC governance structure whereby the performance and wider scrutiny of the organisations IMTP delivery and proposed funding requirements are discussed.</li> <li>Strategic Transformation Board oversight of delivery</li> <li>Set up Transformational Boards</li> <li>Gap analysis of capacity being undertaken by each transformation board</li> <li>Focus on product delivery with aligned resources</li> <li>Discretionary capital planning group.</li> <li>Finance and Performance sub committee.</li> <li>FRC Executive group.</li> </ol>	<ol style="list-style-type: none"> <li></li> </ol>	<ol style="list-style-type: none"> <li></li> </ol>	<ol style="list-style-type: none"> <li>IA review of IMTP (19/20)</li> <li>IA review of Performance Management LDPs (18/19)</li> <li>STB governance map</li> <li>Transformation programme documentation</li> </ol>

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions	Intentionally Blank for Risk 223. Populated from Risk 224 onwards as Source of Assurance
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk	
	Title and Description	Initial	Current	Target				
343	<p>Failure to undertake tactical seasonal planning (winter, now every season)</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: PLANNING &amp; PERFORMANCE</p>	<p>16 4x4</p> <p>QTR 2 20/21</p>	<p>8 2x4</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 3 21/22</p>	<p><b>Last reviewed on Datix: 03/08/21</b></p> <ol style="list-style-type: none"> <li>Seasonal Planning lead (AD Response and AD Commissioning &amp; Performance).</li> <li>Annual review of winter (workshop this year due to CoVID-19).</li> <li>Forecasting of daily demand.</li> <li>Modelling of winter scenarios.</li> <li>Development of seasonal initiatives (to attract stakeholder funding)</li> <li>Scenario exercises and seasonal plan using thematic headings linked to WG advice.</li> </ol>	1.	2.	<ol style="list-style-type: none"> <li>WAST Winter Plan Final</li> <li>ADLT Monitoring</li> <li>SD Letter to CEOs - Winter Delivery Funding</li> <li>Annex A - reporting arrangements - winter delivery milestones</li> <li>Template for USC Winter Monies</li> <li>Summer Planning Group</li> </ol>
229	<p>Impact of proposed Brexit on service delivery</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: OPERATIONS</p>	<p>12 3x4</p> <p>QTR 2 18/19</p>	<p>6 2x3</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 3 20/21</p>	<p><b>Last reviewed on Datix: 28/06/21</b></p> <ol style="list-style-type: none"> <li>A separate Brexit Risk Register has been developed detailing all the mitigated risks and the control on place.</li> <li>This is regularly monitored by the Executive management team and has been considered by the Trust Board in March 2019 and will be further considered Sept 2019.</li> <li>Due to the delay of the EU Exit to December 31st 2020 this will need to be reconsidered again, however the risks change to now include a) resurgence of COVID-19 and impacts on infrastructure; b) winter pressures; c) seasonal flu; d) severe weather.</li> </ol>			<ol style="list-style-type: none"> <li>SBAR on implications of Brexit - 28th Jan 2019</li> <li>SBAR on Risk Assessment for Brexit - 28th Jan 2019</li> <li>Brexit Risk Register under review</li> <li>EU exit plan v3.2 December</li> <li>EU Transition reporting template</li> <li>D20 BRAG reporting (now by exception – Apr21)</li> </ol>

#### Strategic Aim Key

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



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

<b>AGENDA ITEM No</b>	<b>4.2</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1 (1)</b>

## Financial Performance as at Month 5 – 2021/22

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 <sup>th</sup> September 2021
<b>EXECUTIVE</b>	Executive Director of Finance & Corporate Resources
<b>AUTHOR</b>	Navin Kalia / Jill Gill
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

### EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2021/22 financial year, as at Month 5 (August 2021).

The Board is asked to scrutinise, comment and receive assurance on the financial position and 2021/22 outlook and forecast of the Trust, noting that this was discussed in detail at the meeting of the Finance & Performance Committee on 23<sup>rd</sup> September 2021.

### KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£8k) for Month 5 2021/22;
- The Trust is forecasting to breakeven for the 2021/22 financial year;
- Capital expenditure is forecast to be fully spent in line with current plans, with any risks of doing so, alongside mitigating actions, being picked up separately;
- Other risks of delivery are as detailed in the paper.

### REPORT APPROVAL ROUTE

- F&PC – 23<sup>rd</sup> September
- Trust Board – 30<sup>th</sup> September

REPORT APPENDICIES
The full Month 5 Finance Performance Report, by way of an SBAR, is attached.

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



# WELSH AMBULANCE SERVICES NHS TRUST

## TRUST BOARD

### FINANCIAL PERFORMANCE AS AT MONTH 5 2021/22

#### INTRODUCTION

1. This report provides the Board with a summary update on the revenue financial performance of the Trust as at 31<sup>st</sup> August 2021 (Month 5 2021/22), along with a brief update on the 2021/22 capital programme. The Board will also receive a more detailed update on the Discretionary Capital Programme separately.

#### BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2021/22 year to date** (1<sup>st</sup> April 2021 – 31<sup>st</sup> August 2021) are that:
  - The cumulative revenue financial position reported is a small **underspend against budget of £0.008m**. The year-end forecast for 2021/22 is a balanced position;
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £1.888m have been achieved against a year to date target of £1.760m.
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.2% for the number, and 98.8% of the value** of non-NHS invoices paid within 30 days.
3. The risks stated in the Welsh Government Monitoring Return at Month 5 submitted by the Trust are set in line with the submitted Annual Plan and IMTP. These continue to be routinely assessed, however at present it is considered that there are no high likelihood risks that the Trust is aware of and we will continue to review the risks each month to ensure that the level of likelihood is assessed along with the financial value.
4. In addition to the risks, it is also key to continue to highlight to the Board the current position, funding assumptions and spend continuing to be committed for a number of schemes for which formal funding sources and funds flow via the Commissioner have yet to be fully identified; many of these being schemes being led by the Trust for the wider NHS Wales system (e.g. ODU / 111 First) and for which a clear steer remains for the Trust to continue with these developments and subsequent expenditure, for which full additional funding is assumed. F&PC also received a presentation of this continued approach and discussed its impact on the Trust's current risk profile.

## REVENUE FINANCIAL PERFORMANCE

5. The table below presents an overview of the financial position for the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> August 2021.

Revenue Financial Position for the period 1st April - 31st August				
	Annual Budget £000	Year to date		
		Budget £000	Actual £000	Variance £000
Income	-253,247	-103,036	-103,193	-157
Expenditure				
Pay	181,558	71,510	70,902	-608
Non-pay	49,844	20,158	20,915	757
Total pay & non-pay expenditure	231,402	91,668	91,817	149
Depreciation & Impairments / interest payable & receivable	21,845	11,368	11,368	0
Total	0	0	-8	-8

### Treatment of Covid-19 spend

6. Due to the Covid-19 pandemic, the Trust has recorded additional unavoidable spend in the Month 5 position totalling **£2.159m**, of which **£0.713m** are pay costs, and **£1.446m** are non-pay costs. This is in line with that suggested in the submitted financial Annual Plan within the IMTP, for which support has been received and for some elements funding now already confirmed and invoiced. Full additional funding for this is therefore assumed to cover these costs, as was the case in 2020/21.
7. A summary of the Covid-19 revenue costs reported in the Month 5 financial position are shown in the table below including an update of the current full year forecast. This will be further updated as part of the M06 / mid-year review with WG colleagues to reflect further unavoidable spend likely now due to the continuing and increasing system pressures:

	YTD £'000	FYF £'000
Total Pay	713	894
Total Non Pay	1,446	3,102
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>2,159</b>	<b>3,996</b>

### Income

8. Reported Income against the budget set to Month 5 shows a small overachievement of **£0.157m**. This includes the assumption of funding for the COVID expenditure of **£2.159m**.

### Pay costs

9. Overall, the total pay variance at Month 5 is an underspend of **£0.608m**.

10. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.713m**.

### Non-pay Costs

11. The overall non-pay position at Month 5 is an overspend of **£0.757m**, this was due to overspends on fleet maintenance costs, fuel and Taxis.
12. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 5 totalled **£1.446m**. Areas of additional spend included:
- Clinical and General Supplies, Rent, Rates and Equipment - £0.323m;
  - PPE - £0.329M;
  - Health care services provided by other NHS Bodies - £0.627m;
  - Cleaning Standards - £0.167m

### Savings

13. The continued assumption is that the Trust will look to now achieve its original saving target of £2.8m in order to achieve a breakeven, however at present it is not clear how this may be fully achieved so is also included as a low category risk of £1.0m within the risk table submitted to WG. Given delivery to date, this will however be further reviewed as part of the M06 / mid-year review with a likelihood of this value being refreshed going forward. It may also feature in updated discussions with WG over the continuing unavoidable impact of the pandemic and funding requirements to support this through the remainder of the financial year.

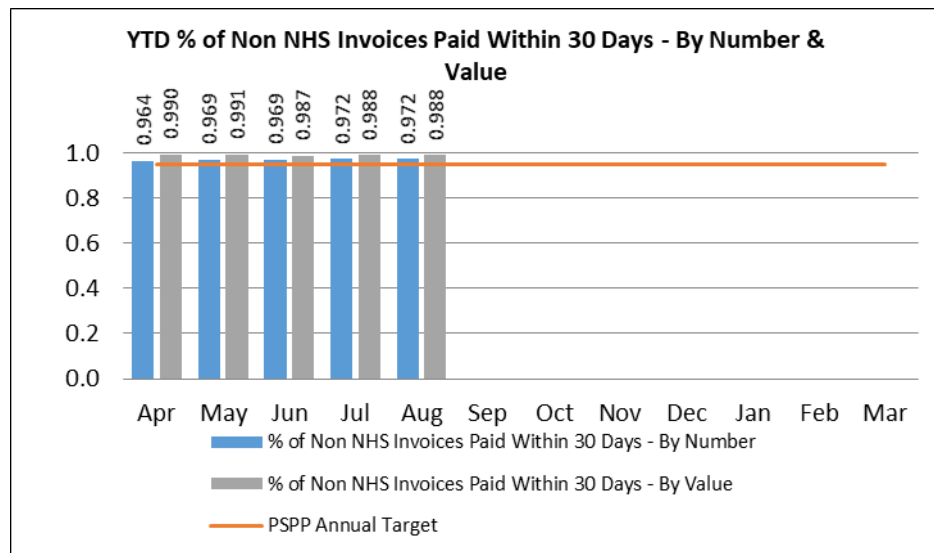
### Financial Performance by Directorate

14. Whilst there is a small surplus reported at Month 5 there are a few variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. These are fairly minor in nature but will continue to be closely monitored.

Directorate	Financial position by Directorate @ 31st August				
	Annual Budget £000	Year to date			
		Budget £000	Actual £000	Variance £000	Tolerance %
Operations Directorate	124,659	51,006	51,124	118	0.2%
Chief Executive Directorate	1,801	746	756	10	1.3%
Board Secretary	314	128	122	-6	-4.8%
Partnerships & Engagement Directorate	679	251	239	-12	-4.7%
Finance and Corporate Resources Directorate	32,528	13,559	13,631	71	0.5%
Planning and Performance Directorate	701	320	259	-61	-19.0%
Quality, Safety and Patient Experience Directorate	4,319	1,806	1,670	-136	-7.5%
Digital Directorate	10,915	3,944	3,958	14	0.4%
Workforce and OD Directorate	3,983	1,531	1,520	-11	-0.7%
Medical & Clinical Services Directorate	2,647	1,025	990	-34	-3.3%
Trust Reserves	13,594	687	733	45	6.6%
Trust Income ( mainly WHSSC)	-196,140	-75,002	-75,009	-7	0.0%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-8</b>	<b>-8</b>	

## PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

15. Public Sector Payment Policy (PSPP) compliance up to Month 5 was **97.2%** against the **95%** WG target set for non-NHS invoices by number and **98.8%** by value.



## CAPITAL

16. At Month 5 the Trust's current approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2021/22 still stands at **£23.424m**. This includes **£17.173m** of All Wales Approved schemes and **£6.251m** for Discretionary schemes.
17. In addition to the funding provided by WG, the Trust is required to re-invest any remaining Net Book Value on disposed assets, as such the Trust is forecasting a reinvestment of **£0.130m** in 2021-22, and therefore the total amount to be spent in year is **£23.554m**.
18. To date, as at Month 5, the Trust has expended **£3.670m** against the All Wales capital scheme budget of **£17.173m** and **£0.749m** against the discretionary budget of **£6.251m**.
19. Below is a summary of the current capital position.

	Actual £'000	Plan £'000
<b>All Wales Capital Programme:</b>		
<b>Schemes:</b>		
ESMCP – Control Room Solution	(3)	492
111 Project Costs	230	1,694
WAST - Make Ready Depot - Cardiff	1,365	3,162
GUH transfer vehicles	2	804
WAST vehicle replacement programme	2,028	8,845
EPCR	38	1,242
National Programme – Fire	10	109
National Programme – Infrastructure	0	438
National Programme – Decarbonisation	0	387
<b>Sub Total</b>	<b>3,670</b>	<b>17,173</b>
<b>Discretionary:</b>		
I.T.	212	677
Equipment	239	344
Statutory Compliance	0	0
Estates	271	3,734
Other	27	230
Unallocated Discretionary Capital	0	1,396
<b>Sub Total</b>	<b>749</b>	<b>6,381</b>
<b>Total</b>	<b>4,418</b>	<b>23,554</b>
Less NBV reinvested		(130)
<b>Total Funding from WG</b>	<b>4,418</b>	<b>23,424</b>

20. As can be seen above, as at Month 5 the Trust had a remaining unallocated capital budget of c£1.4m, the allocation of this is to be discussed in more depth within the Capital update paper, along with any emerging spend and delivery risks, areas of potential slippage and how it is proposed these be managed, both internally and with WG.

21. Included at **Appendix 1** is the latest estimated capital cash flow position.

## RISKS AND ASSUMPTIONS

22. The risks included within the Month 5 position include the risks highlighted as part of the 2021/22 Annual Plan submitted to WG.

23. Under achievement of savings have been included as low risk taking into consideration that whilst the Trust has a detailed savings plan in place, these savings could be at risk resulting in plans being placed on hold depending on how the pandemic continues to run now that winter is not far off. Whilst it is hoped that should this be the case further non delivery of savings could be recognised as an unavoidable cost of the pandemic, at this stage this could not necessarily be guaranteed.

24. Following the Welsh Partnership forum agreeing a framework in respect of settling the impact of voluntary overtime on holiday pay, details of all arrears for the period 1st October 2018 up to March 2021 were processed and paid in August 2021. Payments totalling £3.189m were made, these were partly met by the accrual of

£1.761m. A balance of some £1.444m remains as an outstanding debtor from the WG. Support for arrears payments for the 2021/22 financial year (and recurrently) is also assumed to be covered by WG. Discussions with WG in connection with making arrangement for funding in respect of the shortfall continue, although this is now currently more about the mechanism for accessing this, with the funding principle having been agreed across the NHS in Wales. Once this has been fully concluded this risk will be removed.

25. As in previous years a risk has been included in relation to Winter pressure, this has currently been recorded as a medium risk however as the Trust moves through the financial year it is hoped that plans can be implemented to ensure that any future pressures can be fully supported financially by the Commissioner.
26. A risk remains of £1.5m re PIBS (Permanent Injury Benefit Scheme). As matched funding for this highly volatile area is provided by WG on an annual basis, we have assessed this as being a low risk.
27. The risk of non-funding of developments of £10.1m has been removed from the Trust's risk table, based on further discussions and assurances provided by WG. This related to the income currently included within the EASC income schedule under the non-contracted element, further breakdown and commentary of this is shown below. As in previous financial years, the expectation remains that we will continue to recover the income to offset the eventual actual cost incurred for these in year, and this has been assumed within the Month 5 financial position.

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

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

within it, including as part of his attendance at our Trust Board when the plan was approved.

WAST and EASC finance colleagues met on 9th September 2021 and have agreed a set of actions relating to the above which will include:-

- WAST to refine the full year projections for the initial schemes identified at IMTP stage (i.e. those included in the above table);
- WAST to include all further schemes that EASC / CASC have agreed to support post IMTP with arrangements that WAST can recover these on an actual costs. This will ensure a comprehensive list of all supported developments are then consolidated and tracked. This will therefore be able to be presented from M06 onwards and will include additional schemes to that detailed in the table above. It has been important up until now to remain consistent with that within the IMTP but at this stage of the financial year we now need to further refresh this, both in terms of updated forecasts for values within the initial plan and changes and additions since;
- EASC will then provide detail of funding arrangements / funding sources for all schemes;
- Monthly meetings will continue to monitor this list so any on-going income risks can be identified, alongside mitigating actions, at an early stage.

28. F&PC also received a presentation at its meeting on 23<sup>rd</sup> September on the potential impact of such a Commissioning funding strategy for developments and how this is best approached for future years.

**RECOMMENDED that the Trust Board:**

- **Notes** and gains **assurance** in relation to the Month 5 revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> August 2021, noting that the Finance & Performance Committee reviewed this in detail at its meeting on 23<sup>rd</sup> September 2021.



## Appendix 1

All Wales Capital Programme:		Capital Expenditure Monthly Profile															Risk Level
Schemes:	Budget £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	Total £'000		
ESMCP – Control Room Solution	492	(16)	0	4	0	9	0	0	0	504	0	0	(9)	(3)	492	Low	
111 Project Costs	1,694	45	38	31	47	69	146	88	88	528	96	90	428	230	1,694	Low	
WAST - Make Ready Depot - Cardiff	3,162	10	130	378	164	684	375	375	375	375	150	150	(4)	1,366	3,162	Low	
GUH transfer vehicles	804	1	0	0	0	0	0	0	0	298	100	200	205	1	804	Low	
WAST vehicle replacement programme	8,845	284	41	84	1,550	69	112	112	853	1,268	1,184	1,280	2,008	2,028	8,845	Low	
EPCR	1,242	6	6	7	6	13	78	147	71	103	57	57	691	38	1,242	Low	
National Programme – Fire	109	0	10	0	0	0	0	0	0	15	15	15	54	10	109	Low	
National Programme – Infrastructure	438	0	0	0	0	0	0	0	0	100	150	100	88	0	438	Low	
National Programme – Decarbonisation	387	0	0	0	0	0	0	0	43	77	77	77	113	0	387	Low	
Total All Wales Schemes	17,173	330	225	504	1,767	844	711	722	1,430	3,268	1,829	1,969	3,574	3,670	17,173		
Discretionary:																	
I.T.	677	86	58	0	(9)	76	53	90	60	60	60	60	83	211	677	Low	
Equipment	344	1	3	164	5	66	29	30	26	19	0	0	1	239	344	Low	
Statutory Compliance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low	
Estates	3,734	24	57	34	98	58	155	254	475	831	625	679	444	271	3,734	Low	
Other	1,626	0	6	4	16	1	160	170	175	180	180	190	544	27	1,626	Low	
Total Discretionary	6,381	111	124	202	110	201	397	544	736	1,090	865	929	1,072	748	6,381		
Total Capital Expenditure	23,554	441	349	706	1,877	1,045	1,108	1,266	2,166	4,358	2,694	2,898	4,646	4,418	23,554		



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

AGENDA ITEM No	4.3
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

## WELSH LANGUAGE STANDARDS ANNUAL REPORT 2020-21

MEETING	Trust Board
DATE	30 September 2021
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Melfyn Hughes, Welsh Language Officer
CONTACT	Melfyn Hughes <a href="mailto:Melfyn.Hughes@wales.nhs.uk">Melfyn.Hughes@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

On 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011.

The Trust needs to demonstrate how it fulfils its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards via its Statutory Compliance Notice. (click [here](#) to view notice). The annual report must be published on the Trust's website during September 2021.

The annual report is an opportunity for the organisation to publish its own evaluation of how it has promoted and facilitated opportunities to use the Welsh language and ensure that the Welsh language is not treated less favourably than the English language.

### RECOMMENDATION

**That the Trust Board note and approve the annual report.**

### KEY ISSUES/IMPLICATIONS

This is the Trust's second Annual Monitoring Report that focuses on our delivery in relation to the Welsh Language Standards which are categorised as follows:

- **Service delivery standards** to promote or facilitate the use of the Welsh language or to ensure that the Welsh language is treated no less favourably than English when persons that are subject to the standard deliver services to others, or when they deal with others in connection with the delivery of those services.

- **Policy making standards** to consider the effect of policy decisions upon opportunities for other persons to use the Welsh language, or upon treating the Welsh language no less favourably than English.
- **Operational standards** to promote and facilitate the use of the Welsh language in relation to the carrying out by a person of their functions, business or other undertaking.
- **Record keeping standards** to keep and maintaining details regarding compliance with the other standards as well as any other complaints concerning the language.
- **Supplementary Standards** the production of an annual report, monitoring arrangements and the provision of information to the Commissioner

### **Update on Welsh Language Commissioner Challenges**

There were two challenges made to the Welsh Language Commissioner on standards 10 and 39, with both challenges having been rejected by the Commissioner. These challenges were made due to the Trust's capacity to answer 111 calls in Welsh and for the translation requirements for the 111 website. Standard 10 was in relation for NHS Direct Wales 0845 / 111 service to deal with initial conversations in Welsh from service users. Standard 39 was in relation to the NHS Direct Wales / 111 website to be fully bilingual. 111 have already commenced on a plan to increase capacity to answer Welsh language calls, and an action plan is being developed for standard 39.

### **Update Risk**

Failure to comply with Welsh Language Standards as a risk has been recorded on DATIX with an Initial Risk Rating of Moderate. Following the Commissioner's decisions in relation to Standard 10 and 39 that risk is being reviewed.

### **Compliance Monitoring**

In monitoring compliance with the Welsh language standards across the Trust, a compliance assurance exercise was carried out during June and July 2021 via the ADLT. The responses have been included in a Welsh Language Standards Tracker Plan together with actions against standards not met or partially met. This will provide a clearer picture of the Trust's compliance with the standards and will be reported through appropriate governance structures to the People and Culture Committee. A monitoring and improvement programme is also being developed.

## **REPORT APPROVAL ROUTE**

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Welsh Language Advisory Group	7 July 2021	For comments and feedback
Executive Management Team	25 August 2021	Seek approval
Assistant Directors Leadership Team	2 September 2021	Note and review
People and Culture Committee	7 September 2021	Approve report for submission to Trust Board
Trust Board	30 September 2021	Approve report

REPORT APPENDICES	
<b>Annex 1: Welsh Language Standards Annual Report 2020 - 2021</b>	

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	Not applicable
Environmental/Sustainability	Not applicable	Legal Implications	Yes
Estate	Not applicable	Patient Safety/Safeguarding	Yes
Ethical Matters	Not applicable	Risks (Inc. Reputational)	Yes
Health Improvement	Not applicable	Socio Economic Duty	Not applicable
Health and Safety	Not applicable	TU Partner Consultation	Not applicable



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru

Welsh Ambulance Services  
NHS Trust

**WELSH AMBULANCE SERVICES  
NHS TRUST**

**WELSH LANGUAGE  
STANDARDS  
ANNUAL REPORT  
2020 - 2021**

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

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## Foreword

### **Croeso! Welcome!**

**As Chair and Chief Executive of the Welsh Ambulance Services NHS Trust, we are delighted to present our second report on implementing the Welsh Language Standards.**

The Welsh Language (Wales) Measure 2011 sets out a legal framework which imposes a duty on the Welsh Ambulance Services NHS Trust, among other public institutions, to comply with the Standards relating to the Welsh language and provides an opportunity to reinforce the requirements and to improve the quality and availability of services through the medium of Welsh.

There is a clear commitment from the Board in implementing the standards and during 2020/21. We have continued to raise awareness of the requirements of the Standards by including Welsh language requirements in staff induction sessions together with promoting the online module 'Croeso Cymraeg Gwaith' which has been key to supporting staff who are at the beginning of their journey to learn Welsh. In addition, Welsh language social media accounts for Facebook and Twitter have been set up to improve our communication with the Welsh speaking public.

In addition to the new Welsh language recruitment assessment form that was introduced to all managers to complete prior to posts being released for advert, we have introduced a guidance/process flow chart to assist managers in preparing adverts prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers.

This report sets out our compliance with the Standards and submits the necessary data for the reporting period 1 April 2020 to 31 March 2021. We recognise that we have made progress but that improvements are still required in order to improve the provision of our Welsh language services. In order to achieve these improvements, we have been working closely with the Welsh Language Commissioner and his team to establish solutions that meets our operational needs, as well as ensures the rights of Welsh language speakers.



**Jason Killens**  
Chief Executive



**Martin Woodford**  
Chair



## 1. Introduction

This is the second Annual Report of the Welsh Ambulance Services NHS Trust's work for 2020/21 of implementing the Welsh Language Standards.

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.

The Trust has continued to respond positively to the Welsh Language Standards as it provides an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh. Additional guidance on how to comply with the Standards have been developed and available to staff on a new Welsh Language Standards Intranet page. In addition, 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](#), such as the recruitment of staff with Welsh language skills.

## 2. About us

We are a team of over 3,700 people serving the 3.1 million people of Wales, along with the invaluable support of approximately 1,300 Community First Responders (CFRs), over 200 Volunteer Car Drivers who transport patients from their homes to hospital appointments and back again.

We provide thousands of patients a year with advice, support and signposting to the right services through our 'Hear and Treat' services. This includes NHS Direct Wales and the 111 service, which is an amalgamation of NHS Direct Wales (a 24-hour health advice and information service for the public) and the front-end call handling and clinical triage elements of the GP out-of-hours services and our Clinical Desk. We take hundreds of thousands of patients to a place of care, or home, every year through our Non-Emergency Patient Transport Service (NEPTS).

Our call handlers and clinical contact centre staff deal with more than half a million calls every year, 24/7 and 365 days a year. And we are at the frontline of service delivery, making sure that patients get the right advice and help.

We attend more than 250,000 emergency calls a year, over 50,000 urgent calls and transport over 1.3 million non-emergency patients to over 200 treatment centres throughout England and Wales.

### **3. Background to the Welsh Language Standards**

Under the Welsh Language (Wales) Measure 2011, all public service organisations in Wales are required to comply with language duties, which ensure that the Welsh language is not treated less favourably than the English language. The duties encourage promotion of the Welsh language, the use of Welsh within internal administration and require that provision is made for the accessibility of Welsh to the public.

Section 44 of the 2011 measure permits the Welsh Language Commissioner to issue a compliance notice, requiring a body to comply with one or more standards specifically applicable to it. The Welsh Language Standards (No.7) Regulations 2018 were then introduced to the health sector organisations in Wales.

In accordance with section 44 of the 2011 measure, the purpose of the Welsh Language Standards is to provide:

- Clarity for organisations on the Welsh language
- Clarity for Welsh speakers on what services they can expect to receive in Welsh
- Greater consistency in Welsh language services and improvement of quality for users

### **4. Accountability and Support**

#### **Welsh Language Leads and Champions**

Alongside the Trust's Welsh Language Officer, the Trust's Board Secretary is the executive lead for the Welsh language. In addition, the Trust Board has a Non-Executive Director who is the Board's Welsh Language Champion.

#### **Welsh Language Advisory Group**

The Welsh Ambulance Services NHS Trust has established a Welsh Language Advisory Group. This Group provides a mechanism for reviewing all aspects of the Welsh Language Standards and to ensure that a satisfactory service is maintained for all patients and members of the public who use the services of the Trust.

#### **Assistant Directors Leadership Team**

The Trust's Assistant Directors Leadership Team (ADLT) are responsible for supporting the Trust's Executive Management Team on developing and delivering strategic plans and objectives, financial targets and compliance with legislation requirements, standards and practices. A Welsh Language Standards Compliance Tracker has been developed which provides a RAG rating for compliance against each standard and is reviewed quarterly.

## People and Culture Committee

The Trust's People and Culture Committee provides assurance to the Board of its leadership arrangements and monitors progress and seeks assurance as to enable the Trust to discharge its statutory responsibilities in relation to the Welsh Language Standards, health, safety and welfare, equality and diversity, and relevant healthcare standards requirements.

## Trust Board

The final part of the of the governance route of the Trust's Welsh Language Standards Annual Report following its approval route via the Trust's Welsh Language Advisory Group, ADLT, Executive Management Team and the People and Culture Committee will be for the Trust Board to approve the report.

## Complaints Procedure

The Trust investigates concerns received under the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and provide an explanation to the concerns raised.

If a member of the public has a concern regarding a recent experience of using Trust services, they can register their concern in a number of ways which is best suited to them: email the concerns team: [Amb\\_PuttingThingsRight@wales.nhs.uk](mailto:Amb_PuttingThingsRight@wales.nhs.uk) or complete an online form: [Online Concerns Submission Form](#)

## 5. Compliance with the Service Delivery Standards

Arrangements that have been made to meet the Service Delivery Standards that have come into force which include the following:

### Correspondence

When the Trust receives correspondence in Welsh, the Trust will reply in Welsh, should a response be required. Where the Trust issues correspondence but the language preference of recipients is unknown, the correspondence will be issued in Welsh and English. Footnote at the bottom of the Trust's updated letter head explain that we welcome correspondence in Welsh and English:

*Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.*

*The Trust welcomes correspondence in Welsh or English - we will respond equally to both and will reply in your language of choice without delay.*

## Telephone Calls

The Welsh Language Standards as imposed upon the Trust place no legal requirement to answer 999 calls in Welsh.

For other calls, staff will give a bilingual greeting when answering the telephone and when the Trust establishes telephone contact with a service user for the first time, the service user will be asked if they would prefer to receive future calls from the Trust in Welsh or English. That language preference will be noted and respected. Calls to NHS Direct Wales/111 and NEPTS offer a language option for callers.

## NHS Wales 111 Service Welsh Language Calls

	Welsh Calls	Total calls answered in Welsh	% of Calls answered
Welsh Language Demand (1 April 20 - 31 March 21)	5436	3788	69.7%

Total number of both English and Welsh calls between April 20 - March 21 was 58,0457. Therefore, as a % only 0.93% of calls came through on the Welsh language line.

In the later part of the year, we expanded the service to now cover the “Think 111 First” service, which is a new service that patients in Aneurin Bevan University Health Board and Swansea Bay University Health Board are encouraged to contact 111 rather than attend an emergency department. In this process, patients are advised of the most appropriate course of action.

There has also been further expansion of the 111 service in Hywel Dda University Health Board area in the later part of 2020.

All this expansion came about during a very busy and demanding time with the global pandemic for the 111 service.

A successful Welsh language recruitment campaign for call handlers was completed in our Swansea call centre and throughout the year there have been regular recruitment of Welsh speaking call handlers in North Wales.

As a service, 111 has worked closely with the resource planning team to get a Welsh language coverage for the service.

## Meetings

When the Trust arranges a meeting with a member or members of the public, attendees will be asked if they wish to use the Welsh language at the meeting. Where individuals express a desire to use Welsh at a meeting, the Trust will respect and accommodate that preference.

## Public Events

In relation to face to face services offered at the event, the event's invitation or advertisement will ask persons to inform us if they wish to use the Welsh language. There is no requirement to provide a translation service if no-one has informed the organiser that they wish to use Welsh at the event.

## Documents and Forms

Any form that is to be completed by members of the public are available in Welsh. Documents produced by the Trust for the public are made available in Welsh if the subject matter of the document suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh. If separate Welsh language versions are required, the English language version will state that the document or form is also available in Welsh.

## Websites and Online Services

The Trust operates two websites, a [Corporate website](#) that has been redeveloped with a facility to switch between the two languages and the NHS Direct Wales website which was rebranded in May 2020 to GIG 111 Cymru [www.111.wales.nhs.uk](http://www.111.wales.nhs.uk).



**32** bilingual online symptom checkers which provide help and advice to the public on how they can manage their symptoms.



During the reporting period the website received **4,300,241** visits of which **26,979 (0.62%)** visits were to the Welsh language website.

From the launch of the newly branded NHS 111 Wales website, NHS 111 Wales has been operating its own Welsh and English social media Twitter accounts @GIG111Cymru with **56** followers and @NHS111Wales with **6,702** followers.

## Publicity and Advertising Material

During Covid-19, the Trust's Patient Experience and Community Involvement Team created the following publicity material for the public.



### Social Distancing poster

To help support younger children's return to school, we developed a social distancing poster that would help them understand what social distancing is, why it is important and enable them to visualise what a 2m distance is.

## Thank you certificates

As we understood that some younger children may have had mixed feelings about returning to school, as a small gesture we developed a Welsh Ambulance Service 'Thank you' certificate that families/carers could give to their children on our behalf. Featuring our Trust mascots Jack & Kim, the certificate thanks them for being brave, staying at home and always remembering to wash their hands.



## Social Media

Developments have included the setting up of Welsh language social media accounts for Facebook and Twitter. **See Appendix 1** for social media data.

## Signs and Notices

All new or replacement signage are produced bilingually with the Welsh positioned so that it is likely to be read first. During the reporting period new external and internal signage was produced and displayed at the Trust's north regional headquarters in Tŷ Elwy, St Asaph.



## Reception Services

The online module 'Croeso Cymraeg Gwaith' is available to staff working in reception areas in order to develop their Welsh language skills and be able to greet visitors bilingually.

## Awarding Contracts

Invitations to tender will be published bilingually if the subject matter of the invitation to tender suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the text should be produced in Welsh. Tenders may be submitted in Welsh, and a tender submitted in Welsh will be treated no less favourably than a tender submitted in English.

No requests for tenders or contracts have been issued in Welsh and none have been received in Welsh during this reporting period.

## Education Courses

Any education course that we would offer to the public we would invite the audience to let us know their language preference for participating in the course. Shoctober is an annual, month-long education campaign that runs every October and is designed to engage, educate and inform primary age learners about appropriate use of 999 services as well as teach vital lifesaving skills. Due to the ongoing restriction, we faced as a result of the coronavirus pandemic, we were unable to visit schools in person as we would usually when promoting this important campaign. Instead, we approached a media production service to assist the Trust to produce an accessible online educational animation that would be available in Welsh, English and British Sign Language (BSL).



## 6. Compliance with the Policy Making Standards

All new policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA). As part of this assessment, staff formulating new or revised policies are asked to consider the positive and/or negative impacts that could result from that policy for the Welsh language. Support from the Welsh Language Officer is available to any colleague completing an EqIA and is a standard procedure for all new and revised policies.

From April 2017, the Trust established a revised Trust wide policy process which ensures there is a robust structure in place within which to review existing or develop new policies.

During the reporting period, the Trust Board and its associated committees approved **13** policies (inclusive of new and revised policies). 100% went through the process of EqIA of which Welsh language is a standard equality strand. No policy required amending in relation to the Welsh language following EqIA.

## 7. Compliance with the Operational Standards

### Policy on the Internal Use of Welsh

A policy to promote the use of the Welsh language within the Trust has been developed for the formal and social use of Welsh amongst our workforce through regular learning and greater participation in a variety of formal and informal language networks and events. Part of this work was the introduction of a Welsh Language Award as one of the categories for the Trust's annual Staff Awards. The award is to recognise staff who have helped to promote the Welsh Language and improve bilingual provision in healthcare. During the reporting period, Joanne Hodson who is originally from Manchester and is the Trust's Resilience Manager and NILO for the North Wales Local Resilience Forum Area, was successful in winning the Trust's Welsh Language Award for her dedication in learning the language.

*"Winning the award reiterated to me that the Trust are supportive and encouraging of staff wishing to learn Welsh and has helped me encourage other staff to do the same. I think if they can see someone from Manchester doing what I'm doing, with no prior Welsh, and having the positive experience I have then it is beneficial to them."* Joanne Hodson, Resilience Manager, North Wales Local Resilience Forum Area, WAST.

### Employment Related Documents

We have not been asked by any member of staff for any employment-related documents to be supplied in Welsh. We have however ensured that all relevant documents (e.g. change of hours letters, secondment extensions, contract of employment) have been translated and are ready to use, should any member of staff wish to receive them through the medium of Welsh. Where NHS Wales Shared

Services Partnership (NWSSP) issues contracts of employment (via the recruitment process within TRAC), these are sent in both Welsh and English.

We have introduced a guidance/process flow chart to assist managers prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers – **see Appendix 2**. A translation Service Level Agreement with Betsi Cadwaladr University Health Board has been established and will be used to support the Trust's translation needs going forward.

The assessment form we introduced for all managers to complete to help assess welsh language requirement for posts, continues to be utilised, this forms part of a number of other check points, prior to a post being released for advert.

## Welsh Language Skills across the Workforce

**3,705 (91.32%)** of the Trust's workforce have self-assessed and recorded their Welsh language skills on ESR. Welsh language fluency intermediate to proficient **636 (15%)** of the workforce.

### Listening/Speaking Welsh Compliance - as of 31.03.2021

Assignment Count	Required	Achieved	Compliance %
4057	4057	3705	91.32%

Org L3	Assignment Count	Required	Achieved	Compliance %
020 BOARD SECRETARY (BX02)	6	6	6	100.00%
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	18	18	18	100.00%
020 DIGITAL DIRECTORATE (KX01)	43	43	40	93.02%
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	84	84	84	100.00%
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	50	50	50	100.00%
020 OPERATIONS DIRECTORATE (DX01)	3648	3648	3303	90.54%
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	17	17	17	100.00%
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	101	101	100	99.01%
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	11	11	9	81.82%
020 WORKFORCE & OD DIRECTORATE (PX01)	79	79	78	98.73%

### Breakdown by Skill Level

Count of Employee	Skill Level							Grand Total
	0 - No Skills / Dim Sgiliau	1 - Entry / Mynediad	2 - Foundation / Sylfaen	3 - Intermediate / Canolradd	4 - Higher / Uwch	5 - Proficiency / Hyfedredd	Unknown	
020 BOARD SECRETARY (BX02)	3	1			1	1		6
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	10	4	2		2			18
020 DIGITAL DIRECTORATE (KX01)	27	6	4		1	2	3	43
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	56	10	3	2	4	9		84
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	32	12	4			2		50
020 OPERATIONS DIRECTORATE (DX01)	2026	506	186	129	138	318	345	3648
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	13	2	1	1				17
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	67	13	1	8	4	7	1	101
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	4	4	1				2	11
020 WORKFORCE & OD DIRECTORATE (PX01)	48	18	5	2		5	1	79
<b>Grand Total</b>	<b>2286</b>	<b>576</b>	<b>207</b>	<b>142</b>	<b>150</b>	<b>344</b>	<b>352</b>	<b>4057</b>

## New and Vacant Posts

The table below confirms posts advertised between 1 April 2020 and 31 March 2021:

Total number of posts advertised: **270**

Category	Number of posts categorised	Percentage of posts advertised
Essential	10	3.71
Desirable	255	94.44
Needs to be learned	0	0
Not necessary	5	1.85

Welsh essential posts advertised:

Call Taker Non Emergency Patient Transport Service (NEPTS) – South East	Band 2
Call Handler Emergency Medical Service - North	Band 3
Call Handler Emergency Medical Service - North	Band 3
Call Taker Non Emergency Patient Transport Service (NEPTS) – North	Band 2
Call Taker Non Emergency Patient Transport Service (NEPTS) – Central & West	Band 2
Call Taker Non Emergency Patient Transport Service (NEPTS) – North	Band 2
Health Information Adviser 111 Service	Band 3
Call Taker Non Emergency Patient Transport Service (NEPTS) – North	Band 2
Clinical Advisor – Telephone Triage 111 Service	Band 6
Call Handler Emergency Medical Service - North	Band 3

## Training

We are aware of our obligation to offer the following training through the medium of Welsh:

- recruitment and interviewing
- performance management
- complaints and disciplinary procedures
- induction
- dealing with the public
- health and safety

We have not undertaken training for performance management or complaints and disciplinary procedures during the period that this report covers. Generally, training for these is conducted when a key change in policy and/or procedure is agreed and we have to ensure managers are aware of the change and its implication on their management of staff through one of these process.

We have not had the need to instigate training in these areas during this reporting period. We can however confirm that should training in these areas be necessary, candidates will be asked if they would like the training in Welsh and either a separate session through the medium of Welsh would be arranged or a translator to offer simultaneous translation would be sourced.

## Training carried out during the reporting period

No training was carried out for: Recruitment and Interviewing, Performance Management, Complaints and Disciplinary Procedures and Dealing with the Public.

Type of Training	Number who attended the Welsh version	Number who attended the English version	Percentage that attended the Welsh version
<b>Induction</b>	No one requested for our induction to take place in Welsh, however the induction workbook is routinely offered to all attendees in Welsh.	Total: <b>383</b> Course 1: 51 Course 2: 10 Course 3: 18 Course 4: 34 Course 5: 28 Course 6: 37 Course 7: 60 Course 8: 25 Course 9: 26 Course 10: 20 Course 11: 28 Course 12: 13 Course 13: 22 Course 14: 11	0
<b>Health and Safety</b>	Training (including IOSH Managing Safely) was suspended due to Covid-19. however, the Managing Safely course was ran in March 2020. No requested were received for the course in Welsh.	Total: <b>10</b> Course 1: 10	0

## Training to Improve Welsh Language Skills

The online module 'Croeso Cymraeg Gwaith' has been key to us as a Trust in supporting staff who are at the beginning of their journey to learn Welsh and **284** members of staff have registered onto the Welsh language beginners e-learning module facilitated by National Centre for Learning Welsh.

## Welsh Language Awareness Training

The Trust's welcome days includes Welsh language awareness and a total of **383** staff undertook this training during the reporting period.

## 8. Complaints

### Complaints received in 2020/21

Below, is a list of complaints received during 2020/21 along with a summary of the actions taken. Two complaints were received via the Welsh Language Commissioner.

	Complaint	Response and action
	<b>Service Delivery Standard</b>	
1	Complaint received from the Welsh Language Commissioner on 13/07/2020 about an alleged failure by NHS Wales 111 service to deal with a telephone call from a service user in Welsh.	Following the submission of information to the Commissioner in relation to NHS Wales 111 service a response was received by the Commissioner on 01/10/20 stating the Commissioner would not be carrying out an investigation due to the Trust's current challenge to standard 10 meaning that the standard was not in force at the time of the complaint.
2	Complaint received from the Welsh Language Commissioner on 13/07/2020 about an alleged failure by NHS Direct 0845 service to deal with a telephone call in Welsh due to an English only automated message.	Following the submission of information to the Commissioner in relation to NHS Wales 111 service a response was received by the Commissioner on 26/02/21 stating the Commissioner would not be carrying out an investigation due to the Trust's current challenge to standard 10 meaning that the standard was not in force at the time of the complaint. However, the Trust has now resolved this concern and the automated message is now available in Welsh.

## Priorities for 2021-2022

In order to reach the long-term outcome of the delivery of an “Active Offer” as an integral part of service delivery, the Trust will progress with its work in improving its services for its Welsh speaking patients in their language of choice.

Focus will be on the development of strategic planning in the following areas:

- Promoting and implementing the “Active Offer” principle in line with the Welsh Government’s Strategic Framework: *More Than Just Words*
- Profile/mapping data of Welsh language skill levels and capacity across the workforce.
- Matching Welsh language capacity available in the workforce with the language needs of service users through the implementation of a Bilingual Skills Strategy.

## Appendix 1

### Bilingual Social Media Accounts: Statistics from 1 April 2020 – 31 March 2021

#### Twitter

	@Ambiwlans_Cymru	@WelshAmbulance
New followers	134	3,059
Total amount of Tweets	572	753
Total impressions	249,011	7,106,000
Profile visits	4,041	117,993
Retweets	499	10,800
Likes	691	30,300

\*Note: the total amount of Tweets differs between both accounts for the following reasons:

- 'Emergency' demand posts are posted instantly in English. If emergency demand posts go out during working hours, we always try and send them for translation. However, a great deal of our emergency demand messages are requested to be published out of hours via a non-Welsh speaking on-call Communications Officer.
- 'Tweets' include quoted Tweets which are published more frequently on our English account due to other agencies, such as other UK ambulance services, not putting out content in Welsh.
- 'Tweets' also include replying to comments (e.g. complaints, thank you notes, general conversations) which are rarely received on the Welsh accounts. Over the busy winter period, we are frequently replying to complaints/feedback directed at us on our English Twitter account.

#### Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services NHS Trust
New followers	65	7,546
New page likes	59	6,815
Total post reach	12,612	2,135,600

\*Note: Post likes and shares could not be gathered as far back as April 2020 on Facebook. A more sophisticated software would be needed to gather this data.



## Appendix 2: Welsh Vacancy Advert Process

Recruiting Managers must **NOT use Bing or Google Translate**, Managers should follow the Welsh Translation process for advertising vacancies

### Introductory WAST Welsh translation text is pre-loaded into TRAC

The Welsh Ambulance Services NHS Trust responds to over 450,000 incidents and undertakes more than 750,000 Non-Emergency Patient Transport Services journeys every year. Operating 24 hours a day, 365 days a year the Trust provides both urgent and non-urgent health care services to the population of Wales, across all seven Local Health Board Areas.

Our workforce is made up of over 3,500 remarkable and skilled people who contribute to the delivery of world-class patient care across Wales. Whether you work in a patient-facing role or within our range of support services, the work that you do enables us to provide high quality care, wherever and whenever we're needed.

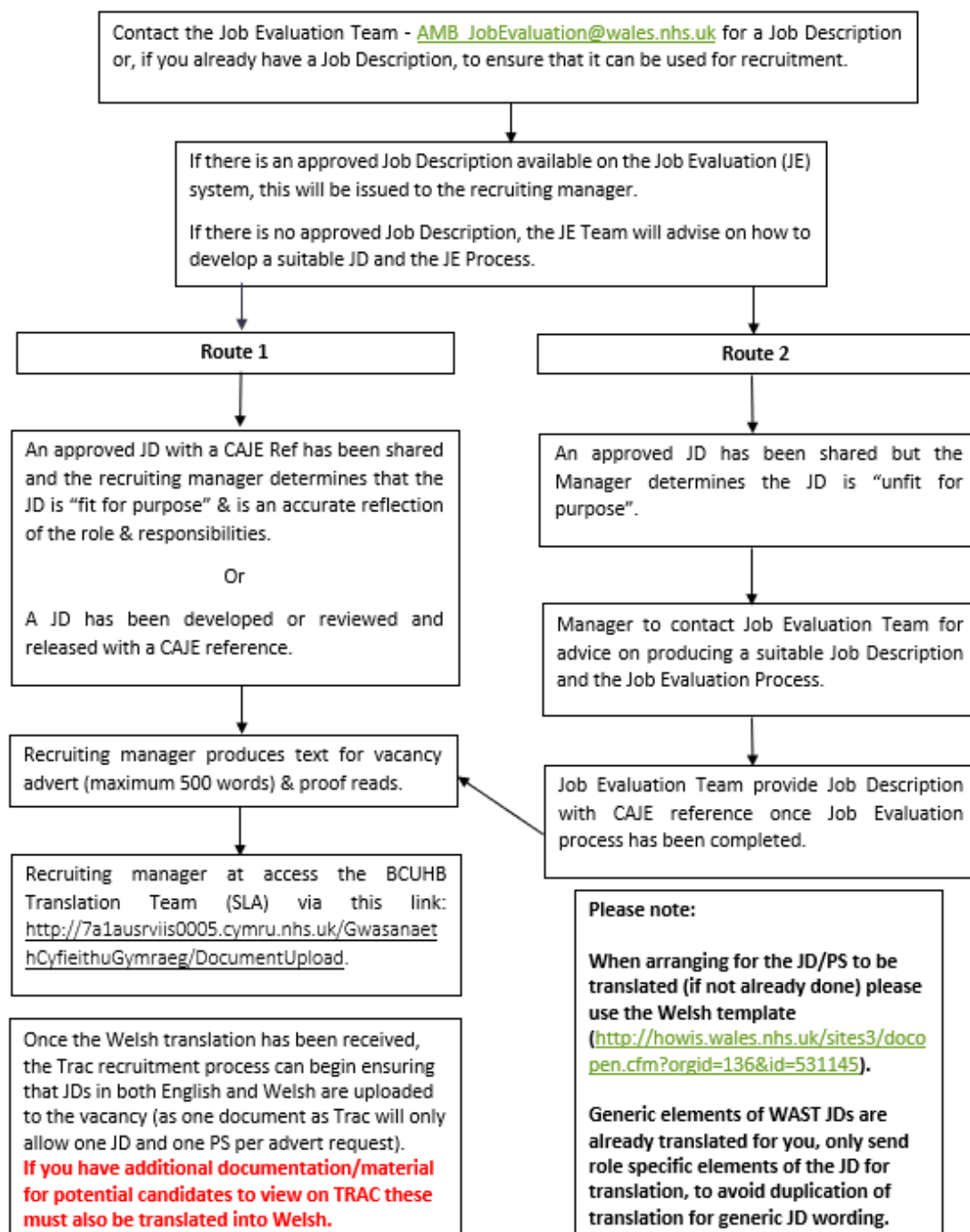
We remain committed to developing our remarkable people, supporting them in their development and with their individual career ambitions. We provide access to regular, high quality training, CPD opportunities and an annual Personal Development Review to ensure that every employee can be their very best.

We recognise that for our people to be remarkable, they must be encouraged to bring their whole selves to work. Consequently at WAST, we have created an environment where diversity is celebrated and inclusivity matters. We are also keen to ensure that our workforce represents the diversity of the population of the communities which we serve, and are particularly keen to hear from members of the BME Community and Disability Groups.

All applicants are invited to apply in Welsh, any application submitted in Welsh will not be treated less favourably than an application made in English.

## Welsh Translation Request – Advert Template

### Manager Advert Process (to be used for all vacancies where Welsh is essential/desirable/can be learnt)



## Further Information

For further information on the Welsh Language Standards please contact:

Melfyn Hughes  
Welsh Language Officer

Welsh Ambulance Services NHS Trust  
Tŷ Elwy  
Ffordd Richard Davies  
St Asaph  
Denbighshire  
LL17 0LJ

E-mail: [Melfyn.hughes@wales.nhs.uk](mailto:Melfyn.hughes@wales.nhs.uk)

Telephone: 01745 352519



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

**YMDDIRIEDOLAETH GIG  
GWASANAETHAU AMBIWLANS CYMRU**

**ADRODDIAD BLYNYDDOL  
SAFONAU'R GYMRAEG  
2020 - 2021**

<b>Cynnwys</b>	<b>Tudalen</b>
<b>1. Cyflwyniad</b>	<b>4</b>
<b>2. Amdanom ni</b>	<b>4</b>
<b>3. Cefndir Safonau'r Gymraeg</b>	<b>5</b>
<b>4. Atebolrwydd a Chymorth</b>	<b>5</b>
<b>5. Cydymffurfio â Safonau Cyflenwi Gwasanaethau</b>	<b>6</b>
<b>6. Cydymffurfio â Safonau Llundio Polisiâu</b>	<b>11</b>
<b>7. Cydymffurfio â Safonau Gweithredol</b>	<b>11</b>
<b>8. Cwynion</b>	<b>15</b>
<b>9. Blaenoriaethau ar gyfer 2021-2022</b>	<b>16</b>
<b>10. Atodiadau</b>	<b>17</b>

## Rhagair

### Croeso!

Fel Cadeirydd a Phrif Weithredwr Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru, mae'n bleser gennym gyflwyno ein hail adroddiad ar weithredu Safonau'r Gymraeg.

"Mae Mesur y Gymraeg (Cymru) 2011 yn nodi fframwaith cyfreithiol sy'n gosod dyletswydd ar Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru, ymhlith sefydliadau cyhoeddus eraill, i gydymffurfio â'r Safonau sy'n ymwneud â'r Gymraeg. Mae'r Ymddiriedolaeth wedi ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu'r gofynion ac i wella ansawdd ac argaeledd gwasanaethau drwy gyfrwng y Gymraeg.

Mae ymrwymiad clir gan y Bwrdd i weithredu'r safonau yn 2020/21. Rydym wedi parhau i godi ymwybyddiaeth o ofynion y Safonau drwy gynnwys gofynion y Gymraeg mewn sesiynau sefydlu staff ynghyd â hyrwyddo'r modiwl ar-lein 'Croeso Cymraeg Gwaith' sydd wedi bod yn allweddol i gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg. Yn ogystal, mae cyfrifon cyfryngau cymdeithasol Cymraeg ar gyfer Facebook a Twitter wedi'u sefydlu i wella ein cyfathrebu â'r cyhoedd sy'n siarad Cymraeg.

Yn ogystal â'r ffurflen asesu recriwtio iaith Gymraeg newydd a gyflwynwyd i'r holl reolwyr i'w chwblhau cyn i swyddi gael eu hysbysebu, rydym wedi cyflwyno siart llif canllawiau/proses i gynorthwyo rheolwyr i baratoi hysbysebion cyn i unrhyw swydd gael ei hysbysebu. Mae'r broses yn rhoi manylion am wasanaethau cyfieithu yn ogystal â rhywfaint o eiriad hysbysebu safonol a disgrifiadau swyddi i gynorthwyo rheolwyr.

Mae'r adroddiad hwn yn nodi ein cydymffurfiaeth â'r Safonau'r Gymraeg ar gyfer y cyfnod adrodd rhwng 1 Ebrill 2020 a 31 Mawrth 2021. Rydym yn cydnabod ein bod wedi gwneud cynnydd ond bod angen gwelliannau o hyd er mwyn gwella'r ddarpariaeth o'n gwasanaethau Cymraeg. Er mwyn cyflawni'r gwelliannau hyn, mae'r Ymddiriedolaeth wedi bod yn gweithio'n agos gyda'r Comisiynydd Iaith Gymraeg a'i dîm i sefydlu atebion sy'n diwallu ein hangen gweithredol, yn ogystal â sicrhau hawliau siaradwyr Cymraeg.



**Jason Killens**  
Prif Weithredwr



**Martin Woodford**  
Cadeirydd

## 1. Cyflwyniad

Dyma ail Adroddiad Blynyddol gwaith Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru ar gyfer 2020/21 o weithredu'r Safonau iaith Gymraeg.

Ar 30 Mai 2019 symudodd yr Ymddiriedolaeth o weithredu ei Chynllun Iaith Gymraeg o dan Ddeddf yr Iaith Gymraeg 1993 i weithredu Safonau'r Gymraeg fel rhan o Fesur y Gymraeg (Cymru) 2011.

Mae'r Ymddiriedolaeth wedi ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu a gwella ansawdd ac argaeledd ei gwasanaethau drwy gyfrwng y Gymraeg. Datblygwyd canllawiau ychwanegol ar sut i gydymffurfio â'r safonau ac maent ar gael i staff ar dudalen fewnrwyd newydd ar gyfer safonau'r Gymraeg. Yn ogystal â chydymffurfio a'r safonau, parhaodd yr Ymddiriedolaeth i weithio ar draws y sefydliad i ddatblygu'r camau gweithredu fel y nodir yng [nghynllun gweithredu interim Mwy na Geiriau 2019 a 2020](#) megis recriwtio staff â sgiliau iaith Gymraeg.

## 2. Amdanom ni

Rydym yn dîm o dros 3,700 o bobl sy'n gwasanaethu 3.1 miliwn o bobl yng Nghymru, ynghyd â chefnogaeth amhrisiadwy o tua 1,300 o Ymatebwyr Cyntaf yn y Gymuned, dros 200 o Yrwy'r Ceir Gwirfoddol sy'n cludo cleifion o'u cartrefi i apwyntiadau ysbyty ac yn ôl.

Rydym yn rhoi cyngor, cymorth a chyfeirio ein defnyddwyr gwasanaeth i'r gwasanaethau cywir i filoedd o gleifion bob blwyddyn drwy ein gwasanaethau "Clywed a Thrin". Mae hyn yn cynnwys Galw Iechyd Cymru a'r gwasanaeth 111 sy'n gyfuniad o Galw Iechyd Cymru (gwasanaeth cyngor a gwybodaeth iechyd 24 awr i'r cyhoedd), elfennau trin galwadau rheng flaen, elfennau brysbennu clinigol y gwasanaethau meddygon teulu y tu allan i oriau a'n Desg Glinigol. Rydym yn cludo cannoedd o filoedd o gleifion i fannau gofal, neu i'w cartref bob blwyddyn drwy ein Gwasanaeth Cludo Cleifion Di-frys (NEPTS).

Mae ein derbynwyr galwadau a staff y ganolfan gyswllt clinigol yn delio â mwy na hanner miliwn o alwadau bob blwyddyn, 24/7 a 365 diwrnod y flwyddyn. Rydym ar y rheng flaen o ran darparu gwasanaethau, gan sicrhau bod cleifion yn cael y cyngor a'r cymorth cywir.

Rydym yn mynychu dros 250,000 o alwadau argyfwng y flwyddyn, dros 50,000 o alwadau brys a chludo dros 1.3 miliwn o gleifion nad ydynt yn gleifion brys i dros 200 o ganolfannau triniaeth ledled Cymru a Lloegr.



### 3. Cefndir Safonau'r Gymraeg

O dan Fesur y Gymraeg (Cymru) 2011, mae'n ofynnol i bob sefydliad gwasanaeth cyhoeddus yng Nghymru gydymffurfio â dyletswyddau iaith, sy'n sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg. Mae'r dyletswyddau'n annog hyrwyddo'r Gymraeg, defnyddio'r Gymraeg o fewn gweinyddiaeth fewnol ac yn ei gwneud yn ofynnol i ddarpariaeth gael ei gwneud ar gyfer hygyrchedd y Gymraeg i'r cyhoedd.

Mae adran 44 o Fesur 2011 yn caniatáu i Gomisiynydd y Gymraeg gyhoeddi hysbysiad Cydymffurfio, sy'n ei gwneud yn ofynnol i gorff gydymffurfio ag un neu ragor o safonau sy'n benodol gymwys iddo. Yna cyflwynwyd Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 i sefydliadu iechyd yng Nghymru.

Yn unol ag adran 44 o fesur 2011, diben Safonau'r Gymraeg yw darparu:

- Eglurder i sefydliadau ar y Gymraeg
- Eglurder i siaradwyr Cymraeg ynghylch pa wasanaethau y gallant ddisgwyl eu derbyn yn Gymraeg.
- Mwy o gysondeb mewn gwasanaethau Cymraeg a gwella ansawdd i ddefnyddwyr

### 4. Atebolrwydd a Chymorth

#### Arweinwyr a Hyrwyddwyr y Gymraeg

Ochr yn ochr â Swyddog Iaith Gymraeg yr Ymddiriedolaeth, mae Ysgrifennydd Bwrdd yr Ymddiriedolaeth sy'n arweinydd gweithredol dros y Gymraeg. Mae gan Fwrdd yr Ymddiriedolaeth Gyfarwyddwr Anweithredol sy'n Hyrwyddwr yr Iaith Gymraeg.

#### Grŵp Cynghori'r Gymraeg

Mae Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru wedi sefydlu Grŵp Cynghori ar y Gymraeg. Mae'r Grŵp hwn yn darparu mecanwaith ar gyfer adolygu pob agwedd ar Safonau'r Gymraeg ac i sicrhau bod gwasanaeth boddhaol yn cael ei gynnal ar gyfer pob claf ac aelod o'r cyhoedd sy'n defnyddio gwasanaethau'r Ymddiriedolaeth.

#### Tîm Arweinyddiaeth Cyfarwyddwyr Cynorthwyol

Mae'r Tîm Arweinyddiaeth Cyfarwyddwyr Cynorthwyol yr Ymddiriedolaeth yn gyfrifol am gefnogi'r Tîm Rheoli Gweithredol yr Ymddiriedolaeth ar ddatblygu a chyflawni cynlluniau ac amcanion strategol, targedau ariannol a chydymffurfio â gofynion safonau ac arferion deddfwriaeth. Datblygwyd Traciwr Cydymffurfio â'r Safonau'r Gymraeg ac fe'i hadolygir bob chwarter.

## Y Pwyllgor Pobl a Diwylliant

Mae'r Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth yn rhoi sicrwydd i'r Bwrdd o'i drefniadau arwain ac yn monitro cynnydd ac yn ceisio sicrwydd ynghylch galluogi'r Ymddiriedolaeth i gyflawni ei chyfrifoldebau statudol mewn perthynas â Safonau'r Gymraeg, Iechyd, Diogelwch a Lles, Cydraddoldeb ac amrywiaeth, a gofynion perthnasol y Safonau Gofal Iechyd.

## Bwrdd yr Ymddiriedolaeth

Rhan olaf llwybr llywodraethu Adroddiad Blynyddol Safonau'r Gymraeg yr Ymddiriedolaeth ar ddilyn y llwybr cymeradwyo'r adroddiad drwy'r Grŵp Cyngori'r Gymraeg, Tîm Arweinyddiaeth Cyfarwyddwyr Cynorthwyol, Tîm Rheoli Gweithredol a'r drwy'r Pwyllgor Pobl a Diwylliant, fydd i Bwrdd yr Ymddiriedolaeth i'w adolygu a'i gymeradwyo.

## Y Weithdrefn Cwynion

Mae'r Ymddiriedolaeth yn ymchwilio i bryderon a dderbyniwyd o dan Reoliadau'r Gwasanaeth Iechyd Gwladol (Trefniadau Pryderon, Cwynion ac lawn) (Cymru) 2011, ac yn rhoi esboniad i'r pryderon a godwyd.

Os oes gan y cyhoedd bryder ynglŷn â phrofiad diweddar o ddefnyddio gwasanaethau'r Ymddiriedolaeth, gallant dderbyn a chofrestru eu pryder drwy: e-bostio'r Tîm Pryderon: [Amb\\_PuttingThingsRight@wales.nhs.uk](mailto:Amb_PuttingThingsRight@wales.nhs.uk) neu drwy lenwi ffurflen ar-lein: [Ffurflen Gyflwyno Pryderon Ar-lein](#)

## 5. Cydymffurfio â'r Safonau Cyflenwi Gwasanaethau

Trefniadau'r Ymddiriedolaeth i fodloni'r Safonau Cyflenwi Gwasanaethau:

### Gohebiaeth

Pan fydd yr Ymddiriedolaeth yn derbyn gohebiaeth yn Gymraeg, bydd yr Ymddiriedolaeth yn ymateb yn Gymraeg, pe bai angen ymateb. Pan fydd yr Ymddiriedolaeth yn cyhoeddi gohebiaeth ond nad yw dewis iaith y derbynwyr yn hysbys, bydd yr ohebiaeth yn cael ei chyhoeddi yn Gymraeg ac yn Saesneg. Mae troedyn ar waelod llythyr diweddaraf yr Ymddiriedolaeth yn esbonio ein bod yn croesawu gohebiaeth yn Gymraeg a Saesneg:

*Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.*

*The Trust welcomes correspondence in Welsh or English - we will respond equally to both and will reply in your language of choice without delay.*

## Galwadau Ffôn

Nid yw Safonau'r Gymraeg fel y gosodwyd ar yr Ymddiriedolaeth yn gosod unrhyw ofyniad cyfreithiol i ateb galwadau 999 yn Gymraeg.

Ar gyfer galwadau eraill bydd staff yn rhoi cyfarchiad dwyieithog wrth ateb y ffôn a phan fydd yr Ymddiriedolaeth yn sefydlu cyswllt dros y ffôn â defnyddiwr gwasanaeth am y tro cyntaf, gofynnir i'r defnyddiwr gwasanaeth a fyddai'n well ganddynt dderbyn galwadau gan yr Ymddiriedolaeth yn Gymraeg neu yn Saesneg yn y dyfodol. Caiff y dewis iaith hwnnw ei nodi a'i barchu. Mae galwadau i Galw lechyd Cymru/111 a NEPTS yn cynnig dewis iaith i alwyr.

## Galwadau Iaith Gymraeg Gwasanaeth GIG Cymru 111

	Galwadau Cymraeg	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y Galwadau a atebwyd
Galwadau Cymraeg (1 Ebrill 2020 - 31 Mawrth 2021)	5436	3788	69.7%

Cyfanswm nifer y galwadau Cymraeg a Saesneg rhwng Ebrill 2020 - Mawrth 2021 oedd 58,0457. Fel canran daeth 0.93% o alwadau drwodd ar y llinell Gymraeg.

Yn ddiweddarach y flwyddyn, ehangwyd y gwasanaeth i gwmpasu'r gwasanaeth "Think 111 First", sy'n wasanaeth newydd y mae cleifion ym Mwrdd lechyd Prifysgol Aneurin Bevan a Bwrdd lechyd Prifysgol Bae Abertawe yn cael eu hannog i gysylltu â 111 yn hytrach na mynychu'r adran frys. Yn y broses hon, cynghorir cleifion am y camau gweithredu mwyaf priodol.

Bu ehangu ymhellach ar y gwasanaeth 111 yn ardal Bwrdd lechyd Hywel Dda yn rhan olaf 2020. Digwyddodd hyn yn ystod cyfnod prysur a heriol i'r gwasanaeth 111 gyda'r pandemig byd-eang.

Cwblhawyd ymgyrch recriwtio lwyddiannus ar gyfer derbynwyr galwadau yn ein canolfan alwadau yn Abertawe a thrwy gydol y flwyddyn bu ymgyrch recriwtio derbynwyr galwadau Cymraeg yn rheolaidd yng Ngogledd Cymru.

Fel gwasanaeth gweithiodd 111 yn agos gyda'r tîm cynllunio adnoddau i ehangu'r darpariaeth o wasanaeth Cymraeg ar gyfer y gwasanaeth 111.

## Cyfarfodydd

Pan fydd yr Ymddiriedolaeth yn trefnu cyfarfod gydag aelod neu aelodau o'r cyhoedd, gofynnir i'r rhai sy'n bresennol a ydynt yn dymuno defnyddio'r Gymraeg yn y cyfarfod. Pan fydd unigolion yn mynegi awydd i ddefnyddio'r Gymraeg mewn cyfarfod, bydd yr Ymddiriedolaeth yn parchu'r dewis hwnnw.

## Digwyddiadau Cyhoeddus

Mewn perthynas â gwasanaethau wyneb yn wyneb a gynigir yn y digwyddiad, bydd gwahoddiad neu hysbyseb y digwyddiad yn gofyn i bobl roi gwybod i ni os ydynt yn dymuno defnyddio'r Gymraeg. Nid yw'n ofynnol darparu gwasanaeth cyfieithu os nad oes neb wedi hysbysu'r trefnydd eu bod yn dymuno defnyddio'r Gymraeg yn y digwyddiad.

## Dogfennau a Ffurflenni

Mae unrhyw ffurflen sydd i'w llenwi gan aelodau o'r cyhoedd ar gael yn Gymraeg. Mae dogfennau a gynhyrchir gan yr Ymddiriedolaeth ar gyfer y cyhoedd ar gael yn Gymraeg os yw pwnc y ddogfen yn awgrymu y dylid ei chynhyrchu yn Gymraeg, neu os yw'r gynulleidfa ddisgwyliedig, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r ddogfen yn Gymraeg. Os oes angen fersiynau Cymraeg ar wahân, bydd y fersiwn Saesneg yn nodi bod y ddogfen neu'r ffurflen hefyd ar gael yn Gymraeg.

## Gwefannau a Gwasanaethau ar-lein

Mae'r Ymddiriedolaeth yn gweithredu dwy wefan, sef gwefan [Corfforaethol](#) sydd wedi ailddatblygu gyda chyfleuster i newid rhwng y ddwy iaith a gwefan Galw Iechyd Cymru a ailfrandiwyd ym mis Mai 2020 i GIG 111 Cymru [www.111.wales.nhs.uk](http://www.111.wales.nhs.uk).



**32** o wirwyr symptomau ar-lein dwyieithog sy'n rhoi cymorth a chynghor i'r cyhoedd ar sut y gallant reoli eu symptomau.



Yn ystod y cyfnod adrodd, derbyniodd y wefan **4,300,241** o ymweliadau ac roedd **26,979 (0.62%)** o ymweliadau â'r wefan Gymraeg.

Ers lansiwyd gwefan newydd GIG 111 Cymru, rydym wedi bod yn gweithredu cyfrifon Twitter Cymraeg a Saesneg @GIG111Cymru gyda **56** o ddilynwyr a @NHS111Wales gyda **6,702** o ddilynwyr.

## Deunydd Hysbysebu a Chyhoeddusrwydd

Yn ystod Covid-19, creodd Tîm Profiad Cleifion a Chynnwys y Gymuned yr Ymddiriedolaeth y deunydd cyhoeddusrwydd canlynol i'r cyhoedd.



### Poster Cadw Pellter Cymdeithasol

Er mwyn helpu i gefnogi plant iau dychwelyd i'r ysgol, datblygwyd poster cadw pellter cymdeithasol a fyddai'n eu helpu i ddeall beth yw ymbellhau cymdeithasol, pam ei fod yn bwysig ac yn eu galluogi i ddeall beth yw pellter o 2 metr.

### Tystysgrifau Diolch

Fel y deallasom y gallai rhai plant iau fod wedi cael teimladau cymysg am ddychwelyd i'r ysgol, ac o ganlyniad datblygwyd tystysgrif 'Diolch' Gwasanaeth Ambiwylans Cymru lle y gallai teuluoedd/gofalwyr ei rhoi i'w plant ar ein rhan. Mae'r dystysgrif yn cynnwys y cymeriadau Jack a Kim, sy'n diolch iddynt am fod yn ddewr wrth aros gartref a golchi eu dwylo bob amser.



### Cyfyngau Cymdeithasol

Mae datblygiadau wedi cynnwys sefydlu cyfrifon cyfyngau cymdeithasol Cymraeg ar gyfer Facebook a Twitter. **Gweler Atodiad 1** ar gyfer data cyfyngau cymdeithasol.

## Arwyddion a Hysbysiadau

Mae arwyddion newydd ac y rhai sydd wedi'i hadnewyddu cael eu cynhyrchu'n ddwyieithog gyda'r Gymraeg yn debygol o gael ei darllen yn gyntaf. Yn ystod y cyfnod adrodd cynhyrchwyd ac arddangoswyd arwyddion allanol a mewnol newydd ym mhencadlys rhanbarthol gogledd yr Ymddiriedolaeth yn Nhŷ Elwy, Llanelwy.



## Gwasanaethau Derbynfeydd

Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' ar gael i staff sy'n gweithio mewn derbynfeydd er mwyn datblygu eu sgiliau Cymraeg a gallu cyfarch ymwelwyr yn ddwyieithog.

## Dyfarnu Contractau

Bydd gwahoddiadau i dendro yn cael eu cyhoeddi'n ddwyieithog os yw pwnc y gwahoddiad i dendro yn awgrymu y dylid ei gynhyrchu yn Gymraeg, neu os yw'r gynulleidfa ddisgwyliedig, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r testun yn Gymraeg. Gellir cyflwyno tendrau yn Gymraeg, ac ni chaiff tendr a gyflwynir yn Gymraeg ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg.

Nid oes unrhyw geisiadau am dendrau na chontractau wedi'u cyhoeddi yn Gymraeg ac ni dderbyniwyd unrhyw geisiadau yn Gymraeg yn ystod y cyfnod adrodd hwn.

## Cyrsiau Addysg

Byddem yn gwahodd y gynulleidfa i roi gwybod i ni am eu dewis iaith ar gyfer cymryd rhan mewn cwrs. Mae Shoctober yn ymgyrch addysg flynyddol sy'n rhedeg bob mis Hydref ac sydd wedi'i gynllunio i ymgysylltu a phlant cynradd i'w haddysgu a hysbysu am ddefnydd priodol o wasanaethau 999 yn ogystal ag addysgu sgiliau achub bywyd hanfodol. Oherwydd y cyfyngiad parhaus, yr oeddem yn ei wynebu o ganlyniad i'r pandemig coronefirws, nid oeddem yn gallu ymweld ag ysgolion yn bersonol i hyrwyddo'r ymgyrch bwysig hon. Yn hytrach, cysylltwyd â gwasanaeth cynhyrchu cyfryngau i gynorthwyo'r Ymddiriedolaeth i gynhyrchu animeiddiad addysgol ar-lein a fyddai ar gael yn Gymraeg, Saesneg ac iaith Arwyddion Prydain (BSL).



## 6. Cydymffurfio â'r Safonau Llunio Polisiâu

Mae pob polisi a weithredir gan yr Ymddiriedolaeth yn destun asesiad o'r effaith ar Gydraddoldeb. Fel rhan o'r asesiad hwn, gofynnir i staff sy'n llunio polisiâu neu ddiwygio polisiâu ystyried yr effeithiau cadarnhaol a/neu negyddol a allai ddeillio o'r polisi hwnnw ar gyfer y Gymraeg. Mae cymorth ar gael gan Swyddog y Gymraeg yr Ymddiriedolaeth i unrhyw gydweithiwr sy'n cwblhau asesiad cydraddoldeb ac sy'n weithdrefn safonol ar gyfer polisiâu newydd a diwygiedig.

Ers mis Ebrill 2017, sefydlodd yr Ymddiriedolaeth broses bolisi diwygiedig ar draws yr Ymddiriedolaeth sy'n sicrhau bod strwythur cadarn ar waith i adolygu polisiâu presennol neu ddatblygu polisiâu newydd.

Yn ystod y cyfnod adrodd cymeradwyodd Bwrdd yr Ymddiriedolaeth a'i bwyllgorau cysylltiedig **13** polisi (gan gynnwys polisiâu newydd a diwygiedig). Aeth 100% drwy'r broses ar gyfer Asesiadau o'r Effaith ar Gydraddoldeb a'r Gymraeg. Nid oedd angen diwygio unrhyw bolisi mewn perthynas â'r Gymraeg yn dilyn asesiad.

## 7. Cydymffurfio â'r Safonau Gweithredol

### Polisi ar Ddefnydd Mewnol o'r Gymraeg

Datblygwyd polisi i hyrwyddo'r defnydd o'r Gymraeg o fewn yr Ymddiriedolaeth drwy ddefnydd ffurfiol a chymdeithasol o'r Gymraeg ymhlith ein gweithlu drwy ddysgu rheolaidd a chyfranogiad mewn amrywiaeth o rwydweithiau a digwyddiadau iaith ffurfiol ac anffurfiol. Rhan o'r gwaith hwn oedd cyflwyno'r Gwobr Iaith Gymraeg fel un o'r categorïau ar gyfer Gwobrau Staff blynyddol yr Ymddiriedolaeth. Mae'r wobwr yn cydnabod staff sydd wedi hyrwyddo'r Gymraeg a gwella darpariaeth ddwyieithog mewn gofal iechyd. Yn ystod y cyfnod adrodd, llwyddodd Joanne Hodson sy'n wreiddiol o **Fanceinion** ac yn Rheolwr Cydnerthedd yr Ymddiriedolaeth ar gyfer Ardal Fforwm Gwydnwch Lleol Gogledd Cymru, i ennill Gwobr Iaith Gymraeg yr Ymddiriedolaeth am ei hymroddiad i ddysgu'r iaith.

*"Roedd ennill y wobwr yn cadarnhau wrthyf fod yr Ymddiriedolaeth yn gefnogol i staff sy'n dymuno dysgu Cymraeg ac mae hyn wedi fy helpu i annog staff eraill i wneud yr un peth. Dwi'n meddwl os ydyn nhw'n gallu gweld rhywun o Fanceinion yn gwneud yr hyn dwi'n ei wneud, heb unrhyw wybodaeth flaenorol o'r Gymraeg, a chael y profiad positif sydd gen i, yna mae o fudd iddyn nhw."* Joanne Hodson, Rheolwr Cydnerthedd, Ardal Fforwm Gwydnwch Lleol Gogledd Cymru, WAST.

### Dogfennau sy'n Gysylltiedig â Chyflogaeth

Nid oes aelod o staff wedi gofyn i ni am unrhyw ddogfennau sy'n ymwneud â chyflogaeth yn Gymraeg. Fodd bynnag, rydym wedi sicrhau bod yr holl ddogfennau perthnasol (e.e. llythyrau newid oriau, estyniadau secondiad, contract cyflogaeth) wedi'u cyfieithu a'u bod yn barod i'w defnyddio pe bai unrhyw aelod o staff yn dymuno eu derbyn drwy gyfrwng y Gymraeg. Lle mae'r Partneriaeth



Cydwasanaethau GIG Cymru (NWSSP) yn cyhoeddi contractau cyflogaeth (drwy'r broses recriwtio o fewn TRAC), anfonir y rhain yn Gymraeg ac yn Saesneg. Rydym wedi cyflwyno siart llif canllawiau/proses i gynorthwyo rheolwyr cyn i unrhyw swydd gael ei hysbysebu. Mae'r broses yn rhoi manylion am wasanaethau cyfieithu yn ogystal â chynnwys rhestr o eiriad safonol ar gyfer hysbysebion a disgrifiad swyddi i gynorthwyo rheolwyr - **gweler Atodiad 2**. Sefydlwyd Cytundeb Lefel Gwasanaeth cyfieithu gyda Bwrdd Iechyd Prifysgol Betsi Cadwaladr a chaiff ei ddefnyddio i gefnogi anghenion cyfieithu'r Ymddiriedolaeth. Mae'r ffurflen asesu a gyflwynwyd gennym ar gyfer pob rheolwr ei chwblhau er mwyn asesu gofynion y Gymraeg am swyddi, yn parhau i gael ei defnyddio. Mae hyn yn un rhan o nifer o bwyntiau gwirio eraill, cyn i swydd gael ei rhyddhau ar gyfer ei hysbysebu.

## Sgiliau Iaith Gymraeg ar draws y Gweithlu

Mae **3,705 (91.32%)** o weithlu'r Ymddiriedolaeth wedi hunanasesu a chofnodi eu sgiliau iaith Gymraeg ar ESR. Rhuglder yn y Gymraeg, lefel canolradd i hyfedredd yw **636 (15%)** o'r gweithlu.

### Sgiliau Gwranddo/Siarad Cymraeg - 31.03.2021

Nifer	Angen	Cyrhaeddiad	Cydymffurfiaeth %
4057	4057	3705	91.32%

Org L3	Nifer	Angen	Cyrhaeddiad	Cydymffurfiaeth %
020 YSGRIFENNYDD Y BWRDD (BX02)	6	6	6	100.00%
020 CYFARWYDDIAETH Y PRIF WEITHREDWR (BX01)	18	18	18	100.00%
020 CYFARWYDDIAETH DIGIDOL (KX01)	43	43	40	93.02%
020 CYFARWYDDIAETH CYLLID AC ADNODDAU CORFFORAETHOL (FX01)	84	84	84	100.00%
020 CYFARWYDDIAETH MEDDYGOL A CHLINIGOL (UX01)	50	50	50	100.00%
020 CYFARWYDDIAETH GWEITHREDIADAU (DX01)	3648	3648	3303	90.54%
020 CYFARWYDDIAETH YMGYSYLLTU A PHARTNERIAETHAU (CX01)	17	17	17	100.00%
020 CYFARWYDDIAETH ANSAWDD, DIOGELWCH A PHROFIAD CLEIFION (JX01)	101	101	100	99.01%
020 CYFARWYDDIAETH STRATEGAETH, CYLLUNIO A PHERFFORMIAD (HX01)	11	11	9	81.82%
020 CYFARWYDDIAETH Y GWEITHLU A DATBLYGIAD SEFYDLIADOL (PX01)	79	79	78	98.73%

### Lefelau Sgiliau Iaith

Nifer o staff	Lefel Sgiliau							
	0 - Dim Sgiliau	1 - Mynediad	2 - Sylfaen	3 - Canolradd	4 - Uwch	5 - Hyfedredd	Dim ar gel	Cyfanswm
020 YSGRIFENNYDD Y BWRDD (BX02)	3	1			1	1		6
020 CYFARWYDDIAETH Y PRIF WEITHREDWR (BX01)	10	4	2		2			18
020 CYFARWYDDIAETH DIGIDOL (KX01)	27	6	4		1	2	3	43
020 CYFARWYDDIAETH CYLLID AC ADNODDAU CORFFORAETHOL (FX01)	56	10	3	2	4	9		84
020 CYFARWYDDIAETH MEDDYGOL A CHLINIGOL (UX01)	32	12	4			2		50
020 CYFARWYDDIAETH GWEITHREDIADAU (DX01)	2026	506	186	129	138	318	345	3648
020 CYFARWYDDIAETH YMGYSYLLTU A PHARTNERIAETHAU (CX01)	13	2	1	1				17
020 CYFARWYDDIAETH ANSAWDD, DIOGELWCH A PHROFIAD CLEIFION (JX01)	67	13	1	8	4	7	1	101
020 CYFARWYDDIAETH STRATEGAETH, CYLLUNIO A PHERFFORMIAD (HX01)	4	4	1				2	11
020 CYFARWYDDIAETH Y GWEITHLU A DATBLYGIAD SEFYDLIADOL (PX01)	48	18	5	2		5	1	79
<b>Cyfanswm</b>	<b>2286</b>	<b>576</b>	<b>207</b>	<b>142</b>	<b>150</b>	<b>344</b>	<b>352</b>	<b>4057</b>

## Swyddi Newydd a Gwag

Mae'r tabl isod yn cadarnhau'r swyddi a hysbysebwyd rhwng 1 Ebrill 2020 a 31 Mawrth 2021: Cyfanswm y swyddi a hysbysebwyd: **270**

Categori	Nifer y swyddi ymhob categori	Canran y swyddi a hysbysebwyd
Hanfodol	10	3.71
Dymunol	255	94.44
Angen dysgu	0	0
Nid oes angen	5	1.85

## Swyddi Cymraeg hanfodol a hysbysebwyd:

Derbynydd Galwadau Gwasanaeth Cludo Cleifion Di-frys (NEPTS) - De ddwyrain	Band 2
Derbynydd Galwadau Gwasanaeth Meddygol Brys - Gogledd	Band 3
Derbynydd Galwadau Gwasanaeth Meddygol Brys - Gogledd	Band 3
Derbynydd Galwadau Gwasanaeth Cludo Cleifion Di-frys (NEPTS) - Gogledd	Band 2
Derbynydd Galwadau Gwasanaeth Cludo Cleifion Di-frys (NEPTS) – Canolbarth/Gorllewin	Band 2
Derbynydd Galwadau Gwasanaeth Cludo Cleifion Di-frys (NEPTS) - Gogledd	Band 2
Cynghorydd Gwybodaeth Iechyd Gwasanaeth 111	Band 3
Derbynydd Galwadau Gwasanaeth Cludo Cleifion Di-frys (NEPTS) - Gogledd	Band 2
Cynghorydd Clinigol – Brysbennu Galwadau Gwasanaeth 111	Band 6
Derbynydd Galwadau Gwasanaeth Meddygol Brys - Gogledd	Band 3

## Hyfforddiant

Rydym yn ymwybodol o'n rhwymedigaeth i gynnig yr hyfforddiant canlynol drwy gyfrwng y Gymraeg:

- Recriwtio a chyfweld
- Rheoli perfformiad
- Gweithdrefnau cwyno a disgyblu
- Ymsefydlu
- Delio â'r cyhoedd
- Iechyd a diogelwch

Nid ydym wedi darparu hyfforddiant ar gyfer Rheoli Perfformiad, Gweithdrefnau Cwynion a Disgyblu ac Ymdrin â'r Cyhoedd yn ystod y cyfnod adrodd. Yn gyffredinol, caiff hyfforddiant ar gyfer y rhain ei gynnal pan gytunir ar newid allweddol mewn polisi a/neu weithdrefn a lle mae angen i ni sicrhau bod rheolwyr yn ymwybodol o'r newidiadau a'i oblygiadau ar eu rheolaeth o staff drwy un o'r prosesau hyn. Nid ydym wedi cael yr angen i ymchwilio i hyfforddiant yn y meysydd hyn yn ystod y cyfnod adrodd hwn. Fodd bynnag, gallwn gadarnhau, pe bai angen hyfforddiant yn y meysydd hyn, gofynnir i ymgeiswyr a hoffent dderbyn yr hyfforddiant yn Gymraeg, naill ai byddai sesiwn ar wahân drwy gyfrwng y Gymraeg neu drwy gynnig cyfieithydd ar y pryd.

## Mathau o Hyfforddiant a gynhaliwyd yn ystod y cyfnod adrodd

Math o Hyfforddiant	Nifer a fynychodd y fersiwn Gymraeg	Nifer a fynychodd y fersiwn Saesneg	Canran a fynychodd y fersiwn Gymraeg
<b>Sefydlu</b>	Ni ofynnodd aelod o staff am unrhyw un o'r cyrsiau ymsefydlu yn Gymraeg, ond cynigir y llyfr gwaith ymsefydlu yn Gymraeg fel mater o drefn i bawb sy'n bresennol.	<b>Cyfanswm: 383</b> Cwrs 1: 51 Cwrs 2: 10 Cwrs 3: 18 Cwrs 4: 34 Cwrs 5: 28 Cwrs 6: 37 Cwrs 7: 60 Cwrs 8: 25 Cwrs 9: 26 Cwrs 10: 20 Cwrs 11: 28 Cwrs 12: 13 Cwrs 13: 22 Cwrs 14: 11	0
<b>Iechyd a Diogelwch</b>	Ataliwyd hyfforddiant (gan gynnwys cwrs Rheoli yn Ddiogel IOSH) oherwydd Covid-19. Fodd bynnag, cynhaliwyd y cwrs Rheoli'n Ddiogel ym mis Mawrth 2020. Ni dderbyniwyd cais am y cwrs yn Gymraeg.	<b>Cyfanswm: 10</b> Cwrs 1: 10	0

## Hyfforddiant i Wella Sgiliau Iaith Gymraeg

Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i ni fel Ymddiriedolaeth wrth gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg ac mae **284** aelod o staff wedi cofrestru ar y modiwl e-ddysgu i ddechreuwyd Cymraeg a hwylusir gan y Ganolfan Dysgu Cymraeg Genedlaethol.

## Hyfforddiant Ymwybyddiaeth o'r Gymraeg

Mae diwrnodau Croeso i'r Ymddiriedolaeth yn cynnwys ymwybyddiaeth o'r Gymraeg a mynychodd **383** o staff yr hyfforddiant hwn yn ystod y cyfnod adrodd.

## 8. Cwynion

### Cwynion a dderbyniwyd yn 2020/21

Isod ceir rhestr o gwynion a dderbyniwyd yn ystod 2020/21 ynghyd â chrynodeb o'r camau gweithredu. Derbyniwyd dau gwyn drwy'r Comisiynydd y Gymraeg.

	Cwyn	Ymateb a Gweithrediadau
	Safon Cyflenwi Gwasanaethau	
1	Derbyniwyd cwyn gan Gomisiynydd y Gymraeg ar 13/07/2020 am fethiant honedig gan wasanaeth GIG Cymru 111 i ddelio â galwad ffôn gan ddefnyddiwr gwasanaeth yn Gymraeg.	Yn dilyn cyflwyno gwybodaeth i'r Comisiynydd mewn perthynas â gwasanaeth GIG Cymru 111 cafwyd ymateb gan y Comisiynydd ar 01/10/20 yn datgan na fyddai'r Comisiynydd yn cynnal ymchwiliad o ganlyniad i her a oedd yn bresennol gan yr Ymddiriedolaeth i safon 10 sy'n golygu nad oedd y safon mewn grym ar adeg y gwyn.
2	Derbyniwyd cwyn gan Gomisiynydd y Gymraeg ar 13/07/2020 am fethiant honedig gan wasanaeth Galw Iechyd Cymru 0845 i ddelio â galwad ffôn yn Gymraeg oherwydd neges awtomataidd uniaith Saesneg.	Yn dilyn cyflwyno gwybodaeth i'r Comisiynydd mewn perthynas â gwasanaeth GIG Cymru 111 cafwyd ymateb gan y Comisiynydd ar 26/02/21 yn datgan na fyddai'r Comisiynydd yn cynnal ymchwiliad o ganlyniad i her a oedd yn bresennol gan yr Ymddiriedolaeth i safon 10 sy'n golygu nad oedd y safon mewn grym ar adeg y gwyn. Fodd bynnag, mae'r Ymddiriedolaeth bellach wedi datrys y pryder hwn ac mae'r neges awtomataidd bellach ar gael yn Gymraeg.

## Blaenoriaethau ar gyfer 2021-2022

Er mwyn cyrraedd canlyniad hirdymor o ddarparu'r "Cynnig Gweithredol" fel rhan annatod o ddarparu gwasanaethau, bydd yr Ymddiriedolaeth yn symud ymlaen â'i gwaith o wella ei gwasanaethau i'w chleifion Cymraeg eu hiaith yn eu dewis iaith.

Canolbwyntir ar ddatblygu cynllunio strategol yn y meysydd canlynol:

- Hyrwyddo a gweithredu'r egwyddor y "Cynnig Gweithredol" yn unol â Fframwaith Strategol Llywodraeth Cymru: *Mwy Na Geiriau*
- Proffil/mapio data o lefelau sgiliau a capasiti'r Gymraeg ar draws y gweithlu.
- Paru capasiti'r Gymraeg sydd ar gael yn y gweithlu ag anghenion iaith defnyddwyr gwasanaeth drwy weithredu Strategaeth Sgiliau Iaith.

## Atodiad 1

**Cyfryngau Cymdeithasol Dwyieithog: Ystadegau 1 Ebrill 2020 – 31 Mawrth 2021**

### Twitter

	@Ambiwlans_Cymru	@WelshAmbulance
Dilynwyr newydd	134	3,059
Cyfanswm Trydar	572	753
Cyfanswm argraffiadau	249,011	7,106,000
Ymweliadau proffil	4,041	117,106,000
Ail-drydar	499	10,800
Hoffi	691	30,300

\*Noder: mae cyfanswm y Trydar yn wahanol rhwng y ddau gyfrif am y rhesymau canlynol:

- Mae 'Trydar' yn ymwneud ac argyfwng yn cael eu postio ar unwaith yn Saesneg. Os bydd trydar argyfwng yn mynd allan yn ystod oriau gwaith, byddwn bob amser yn ceisio eu hanfon i'w gyfieithu. Fodd bynnag, gofynnir i nifer o'n negeseuon argyfwng cael eu cyhoeddi y tu allan i oriau drwy swyddog cyfathrebu Di-Gymraeg ar alwad.
- Mae 'Trydar' yn cynnwys Trydar a ddyfynnir a gyhoeddir yn amlach ar ein cyfrif Saesneg oherwydd nad yw asiantaethau eraill fel gwasanaethau ambiwlans eraill y DU yn rhoi cynnwys yn Gymraeg.
- Mae'r 'Trydar' hefyd yn cynnwys ymateb i sylwadau (e.e. cwynion, diolchiadau, sgysiau cyffredinol) nad ydynt yn cael eu derbyn yn aml ar y cyfrif Cymraeg. Dros gyfnod prysur y gaeaf, rydym yn aml yn ymateb i gwynion a gyfeiriwyd atom ar ein cyfrif Twitter Saesneg.

### Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwls Cymru	Welsh Ambulance Services NHS Trust
Dilynwyr newydd	65	7,546
Hoffi tudalennau newydd	59	6,815
Cyfanswm cyraeddiadau post	12,612	2,135,600

\*\*Noder: Doedd dim modd casglu hoff bost ac ail-drydar mor bell yn ôl â mis Ebrill 2020 ar Facebook. Byddai angen meddalwedd mwy soffistigedig i gasglu'r data hwn.

## Appendix 2: Y Broses Hysbysebu Swyddi Gwag



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

Recruiting Managers must **NOT use Bing or Google Translate**, Managers should follow the Welsh Translation process for advertising vacancies

Introductory WAST Welsh translation text is pre-loaded into TRAC

The Welsh Ambulance Services NHS Trust responds to over 450,000 incidents and undertakes more than 750,000 Non-Emergency Patient Transport Services journeys every year. Operating 24 hours a day, 365 days a year the Trust provides both urgent and non-urgent health care services to the population of Wales, across all seven Local Health Board Areas.

Our workforce is made up of over 3,500 remarkable and skilled people who contribute to the delivery of world-class patient care across Wales. Whether you work in a patient-facing role or within our range of support services, the work that you do enables us to provide high quality care, wherever and whenever we're needed.

We remain committed to developing our remarkable people, supporting them in their development and with their individual career ambitions. We provide access to regular, high quality training, CPD opportunities and an annual Personal Development Review to ensure that every employee can be their very best.

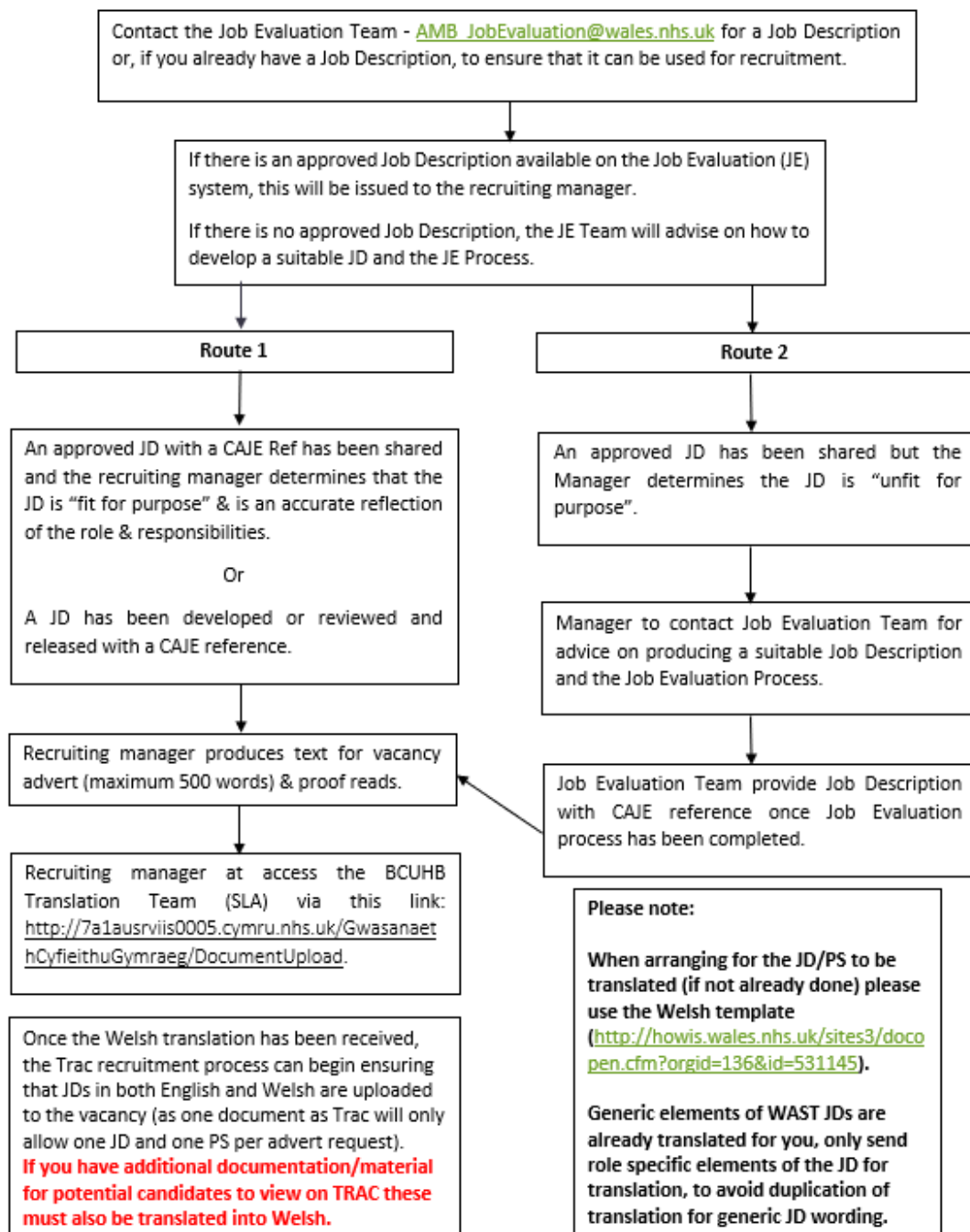
We recognise that for our people to be remarkable, they must be encouraged to bring their whole selves to work. Consequently at WAST, we have created an environment where diversity is celebrated and inclusivity matters. We are also keen to ensure that our workforce represents the diversity of the population of the communities which we serve, and are particularly keen to hear from members of the BME Community and Disability Groups.

All applicants are invited to apply in Welsh, any application submitted in Welsh will not be treated less favourably than an application made in English.



## Welsh Translation Request – Advert Template

### Manager Advert Process (to be used for all vacancies where Welsh is essential/desirable/can be learnt)



## **Rhagor o Wybodaeth**

Am ragor o wybodaeth am Safonau'r Gymraeg, cysylltwch â:

Melfyn Hughes  
Swyddog Iaith Gymraeg

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru  
Tŷ Elwy  
Ffordd Richard Davies  
Llanelwy  
Sir Ddinbych

LL17 0LJ

E-bost: [Melfyn.hughes@wales.nhs.uk](mailto:Melfyn.hughes@wales.nhs.uk)

Ffôn: 01745 352519



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

AGENDA ITEM No	4.4
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

## ANNUAL HEALTH AND SAFETY PERFORMANCE REPORT

MEETING	Trust Board
DATE	30 September 2021
EXECUTIVE	Executive Director of Quality and Nursing
AUTHOR	Head of Health and Safety
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### EXECUTIVE SUMMARY

This Report will provide an update to Trust Board on the key information in relation to health and safety performance and key activities over the period of April 20/21 - March 21/22.

### KEY ISSUES/IMPLICATIONS

**RECOMMENDED:** That the Board notes the report and its content and seeks assurance that the Trust is actively driving towards a mature health and safety culture.

While this report provides the health and safety performance within the last 12 months, the Trust recognises that the pandemic has severely impacted on resource capacity to progress with improvements to the overall health and safety management system. The approval and implementation of the Trust *Working Safely* Integrated Medium Term Plan deliverable will provide a holistic comprehensive means of ensuring a robust suitable and sufficient management system, additionally driving the Trust forward to a mature culture of interdependency.

### REPORT APPROVAL ROUTE

24 May 2021	Assistant Directors Leadership Team
2 July 2021	National Health and Safety Committee
25 August 2021	Executive Management Team
9 September 2021	Quality, Patient Experience & Safety Committee
30 September 2021	Trust Board

## REPORT APPENDICES

**Annex 1** - SBAR which provides the background for this report  
**Annex 2** - Staff Tested COVID+ by incident date  
**Annex 3 & 4** - COVID-19+ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) Investigations Statistics (as of 11 May 2021)

## REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	N/A	Financial Implications	NO
Environmental/Sustainability	N/A	Legal Implications	YES
Estate	YES	Patient Safety/Safeguarding	N/A
Ethical Matters	YES	Risks (Inc. Reputational)	YES
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	YES	TU Partner Consultation	YES

**SITUATION**

- 1 This report provides analysis of the level of health and safety performance throughout the organisation for 2020-2021.
- 2 The Health and Safety at Work etc. Act 1974 provides a legislative Framework to promote, stimulate and encourage high standards of health and safety at work.
- 3 In particular, it requires organisations to provide and maintain:
  - (i) A Health and Safety Policy;
  - (ii) A system to manage and control risks in connection with the use, handling, storage and transport of articles and substance;
  - (iii) A safe and secure working environment, including provision and maintenance of access to and egress from premises;
  - (iv) Safe and suitable plant, work equipment and systems of work that are without risk;
  - (v) Information, instruction, training and supervision as is necessary; and
  - (vi) Adequate welfare facilities
- 4 The legislation is enforced by the Health and Safety Executive (HSE) who has far reaching powers which include:
  - (i) Access to work from premises at any reasonable hour;
  - (ii) Freedom to interview staff and visitors, contractors or patients;
  - (iii) Confiscation of equipment and applicable documents;
  - (iv) Taking statements, photographs, measurements and samples;
  - (v) Issuing notices (Improvement and Prohibition) requiring respective improvements within a certain timeframe or stopping work until improvements are made, also within a timeframe; and
  - (vi) Initiating criminal Court proceedings for alleged breaches of health and safety legislation.

**BACKGROUND**

- 5 The fundamental purpose of the National Health and Safety Committee is to provide assurance around the organisation's arrangements for ensuring the health, safety, welfare and security of the organisation's business operations.
- 6 The National Health and Safety Committee Terms of Reference (ToR) is currently under review with a view of approval in Quarter 1, 2021. The revised ToR will require submission of an Annual Report to the Quality and Service User's Committee, with the intention of outlining the work of the National Health and Safety Committee and also to identify how it has fulfilled the duties required of it.
- 7 The Annual Report specifically comments on key issues considered by the National Health and Safety Committee in terms of health & safety, security and the adequacy of Policies and Plans in place.

- 8 During the period of April 2020 - March 2021 the National Health and Safety Committee met in September 2020. Meetings previously scheduled for December 2019 and New Year were cancelled, initially due to bad weather conditions and then subsequently due to the pandemic. The January 2021 Meeting was paused due to operational pressures and held on 9 March 2021.
- 9 Key challenges to date have included COVID, RIDDOR reporting, estates challenges, operational issues and health & safety resources.

## **ASSESSMENT**

- 10 In April 2020 an external interim Head of Risk Health and Safety was seconded to cover long term sickness for the substantive Head of Service, for a period of 6 months. This secondment was extended further in October 2020 to continue to provide cover until March 2021.

### COVID-19

- 11 During the period of wave 1 of the pandemic a Health and Safety Wellbeing Cell (HSWC) was established on 30 March 2020 which consisted of key stakeholders and Chaired by the Interim Assistant Director for health and safety (Wendy Herbert), which met 3 times a week.
- 12 This Cell's aims are to provide advice and guidance on matters arising, guidance on the recovery/adoption of business-as-usual governance, systems and processes required as a result of the pandemic feeding into Tactical Pandemic Team Meetings.
- 13 On 13 September 2020, the Tactical Pandemic Team was stood down, as the Trust moved into a recovery phase, with the Senior Pandemic Team Cell established on 14 September 2020.
- 14 HSWC was reduced to twice weekly and restructured to incorporate quality and infection, prevention & control (IPC) elements and renamed as the Quality and Safety and Wellbeing Cell. This Cell provides an advisory function on matters related to quality management, infection prevention & control, wellbeing, patient safety, and health & safety, to provide advice and guidance to Trust Teams, Groups and Cells. Chaired by newly appointed Assistant Director of Quality Governance (Jonathan Turnbull-Ross), this group fed into the recently established Senior Pandemic Team on a twice weekly basis.

### Workplace Risk Assessments

- 15 During wave 1, all premises were instructed to complete a Workplace Risk Assessment to demonstrate means of control for potential pathogen spread.
- 16 In the interim phase of waves 1 & 2, respective Leads were instructed to consider and work towards standards set by the Association of Ambulance Chief Executives (AACE) guidance document 'Working Safely during COVID-19 for Offices and Contact Centres May 2020'. The guidance was rolled out with a view of embedding COVID-19 controls for staff returning to the workplace.

- 17 Additionally, due to high footfall in some locations and the inability to conform to social distancing requirements, the Trust has located some staff and functions to alternative premises, supported by the health and safety function, such as, Hope Church, Bryncethin Community Centre, and Dragon Court etc. Compliance rate of completion is 100%.
- 18 Non-front-line staff and staff who had been advised by their General Practitioner to shield were informed to work from home. This was supported with Working from Home Guidance documentation and all staff concerned were requested to undertake online Display Screen Equipment training. This was further supported during wave 2 of the pandemic, where staff could apply for home working equipment. Although working from home provided many advantages such as lack of commuting, more flexible approach to work/life balance, there are also many negatives, such as feelings of isolation, IT issues with networks, potential for staff not to conform to Display Screen Equipment (DSE) requirements, potentially impacting on musculoskeletal conditions. This way of working also provided a lack of distinction between work and home life and the potential for burnout due to the months of daily back-to-back online meetings and often extended long workdays. Staff may also have experienced additional stress, learning to navigate the use of Microsoft Teams over a short timeframe. Additionally, the Teams function to set up multiple chat groups whilst useful, can also act as performance influencing factors and allow for texts/queries to be missed, again potentially impacting on individuals' stress levels.
- 19 During wave 2, the Workplace Risk Assessment (RA) has been amended as a collaboration of the merging of the original Workplace Risk Assessment, Working Safely Document and also some of the guidance within the AACE Working Safely December 2020, which have been adopted by the Trust. Additionally, some learnings have been considered which resulted from Local Authority inspection at Vantage Point House. As the Trust moved into the Monitoring Phase in March 2021, a Priority Reviewing Schedule was developed and implemented for the undertaking of reviewing all workplace RAs. Areas of concern will continue to be backed up by local health & safety inspections.

#### COVID incidents

- 20 793 staff have been reported onto DATIX as confirmed as tested positive for COVID-19 for the period of April 2020 - March 2021. A breakdown of reporting is located within **Annex 2**.
- 21 In April 2020 the Trust adopted the North West Ambulance Trust's COVID Investigation Tool as a means of reviewing individual reported incidents by a Stakeholder Panel to determine if reportable to the HSE, in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- 22 Performance Indicators measuring the progress of investigations and RIDDORs submitted to the HSE are presented at Senior Pandemic Team Meetings.



- 23 A Breakdown of these investigations as of 22 February 2021 is detailed within **Annex 3 and 4**.
- 24 There is potential for the Trust to receive Notifications of Contravention for late RIDDOR reports for COVID-19 cases, as a significant period of time is being required to complete local investigations. As a result, the Trust has sourced a team of shielding staff members to provide additional support to Line Managers and the health and safety function.

#### COVID-19 Fatalities

- 25 The Trust has experienced 4 staff fatalities with COVID-19 being detailed as the cause of death:
- April 2020 Paramedic in the Central & West area
  - January 2021 Non-Emergency Patient Transport Service (NEPTS) Call Handler - South
  - February 2021 Paramedic in the Central & West area
  - February 2021 ICT Service Desk Analyst in the North region.
- 26 Investigations were undertaken and subsequently reported to RIDDOR were identified as requiring submission.
- 27 The HSE feedback in relation to the first Paramedic's investigation, confirmed their conclusion that it was reportable under RIDDOR, however, it did not meet their criteria for further investigation.
- 28 The HSE made initial enquires into the passing of the NEPTS Call Handler and has reassigned the investigation to Torfaen Local Authority, as there are no Ambulance Services/Depot active on the site. The premises are leased from a private landlord and the Trust is not a Crown body.
- 29 An inspection by Torfaen Local Authority Inspectors was undertaken at Vantage Point House on 4 February 2021. Despite identifying some minor learnings, they confirmed that overall, they are of the opinion the workplace is COVID secure.
- 30 Furthermore, the systems and procedures in place at the time when the NEPTS Call Handler likely contracted the virus, also indicates that coronavirus was being managed in accordance with the Management of Health and Safety at Work Regulations 1999.
- 31 As of 25 February 2021, the HSE has made initial inquiries into the passing of the second Paramedic. The Trust is currently in the process of collating intelligence to provide to the HSE for scrutiny. An internal assessment of the ICT Systems Analyst case concluded that this case was not in line with RIDDOR Regulations and therefore not reported.

#### Health and Safety Executive Interaction

- 32 On 8 July 2020, the Trust received a Notice of Contravention (NoC) from Mrs Helen Turner (HT), HM Inspector of Health and Safety. The Notice was in

relation to a RIDDOR submitted in March 2020, regarding a case of disease in 1 of our employees who, a few days before, had attended a patient with an infectious disease. The NoC identified learning points for the Trust for confirmation of close out by 1 September 2020. It also requested further documentation in relation to a needle stick injury which had occurred in July 2019 but was not reported until January 2020.

- 33 On 23 July 2020, the Trust received another NoC following HSE enquiries into a reported needle-stick injury. The NoC stated that the HSE had identified contraventions of health and safety law and again required confirmation that actions had been addressed by 1 September 2020.
- 34 Following receipt of these, several meetings were held with relevant stakeholders to address concerns and undertake identified actions required. Actions undertaken included additions to relevant Policies and Procedures. Development of Risk Assessment for needle stick/drug use and progress of the Welsh Ambulance Services NHS Trust (WAST) Learning & Development Zone, IPC training development.
- 35 A follow up meeting was held with the HSE on 18 November 2020 to consider work undertaken to address actions. The HSE Inspector confirmed that she was satisfied with the work undertaken but would follow up in the New Year to monitor progress against the Training Programme.

#### RIDDOR Reporting Process

- 36 One of the actions identified by the HSE was the lack of timeliness in submitting RIDDOR reports by the Trust. As such, a new reporting process was communicated throughout and implemented on 26 August 2020. Previously, all RIDDORs were reported by relevant Line Managers and did not allow for quality control. The new process ensures RIDDOR submissions are overseen by the health and safety function only. This provides consistency and ability to submit in a timely manner as all incidents are reviewed by the function on a weekly basis.
- 37 Despite improvements, there are still challenges in obtaining staff personal information from Human Resource (HR) systems in a timely manner to report in line with RIDDOR requirements. Work is currently ongoing with the Trust Workforce and Organisational Development Directorate to further improve this process.

#### RIDDOR Reporting Rates

- 38 The tables below highlight rates of reporting RIDDORs within the previous process April 2019 - August 2020 (Line Managers report) and adoption of the new process September 2020 - March 2021 (Health and Safety Function report).

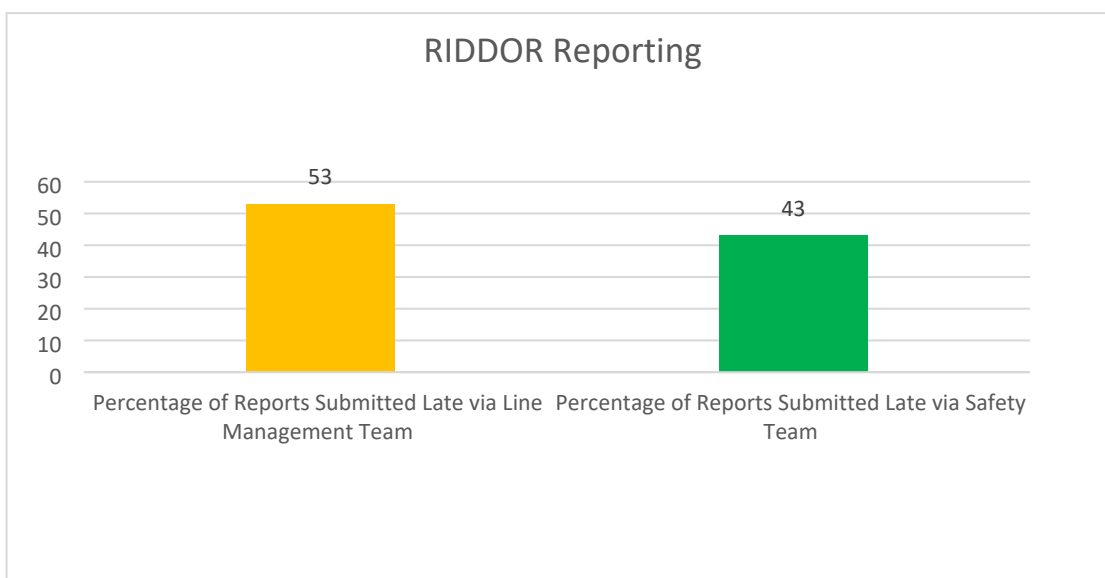


Table 1: Illustrates % RIDDOR reporting performance

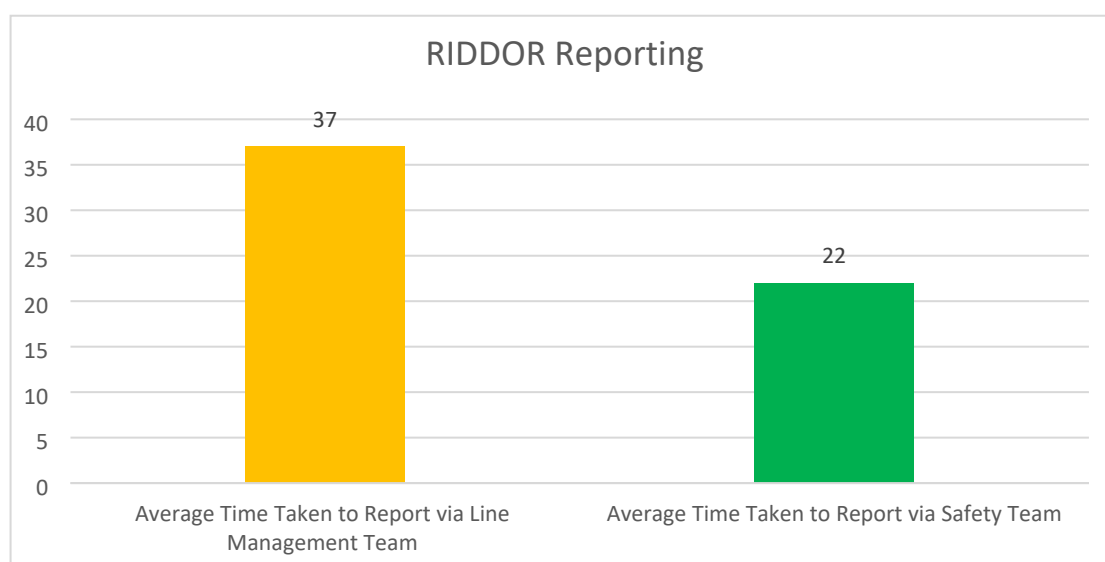


Table 2: Illustrates average number of days to report RIDDORs

### Number of RIDDORs reported 1 April 2020 - 31 March 2021

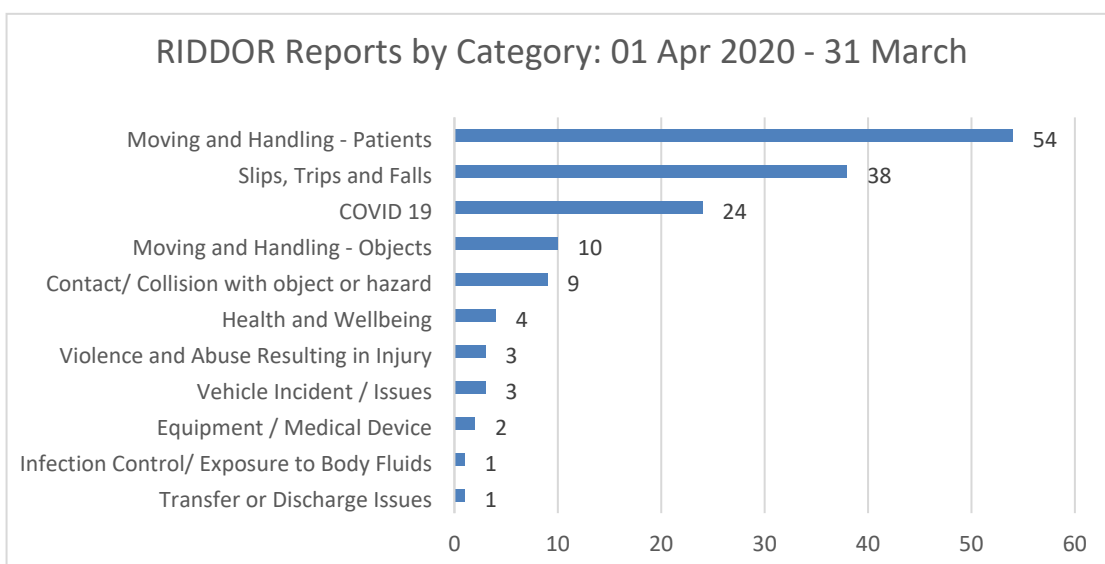


Table 3: Illustrates reported RIDDOR categories

## RIDDOR reported by Service Area and Harm Rating

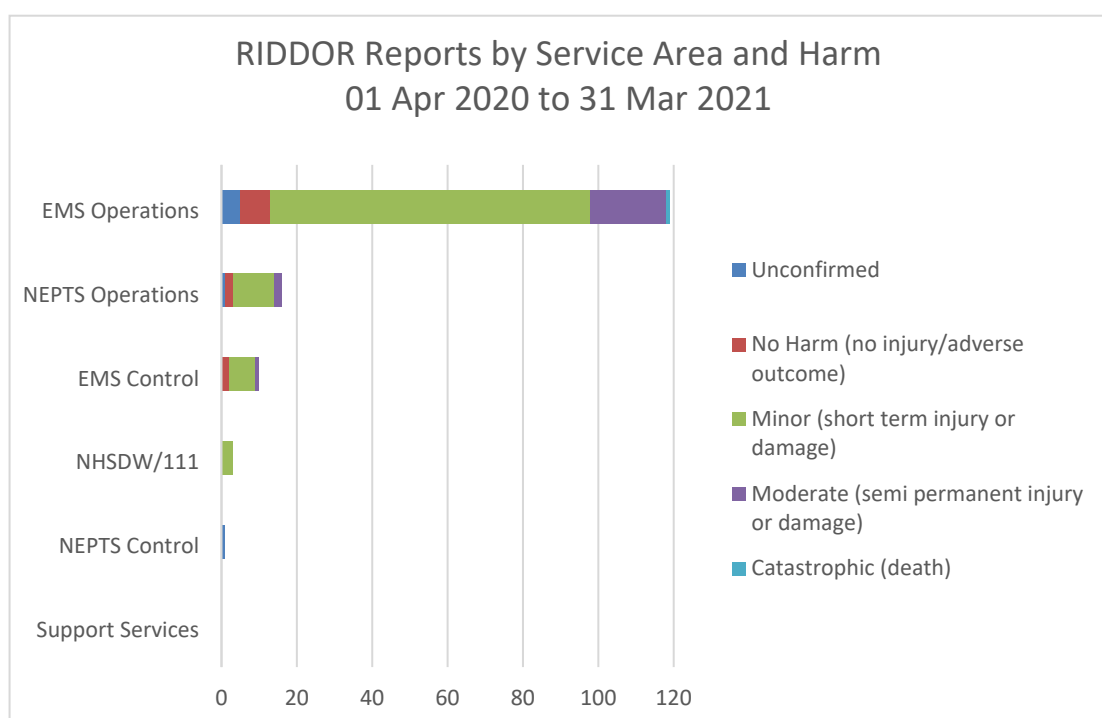


Table 4: Illustrates RIDDORS reported by Service Area

## Number of RIDDORs reported by Month April 20 - March 21

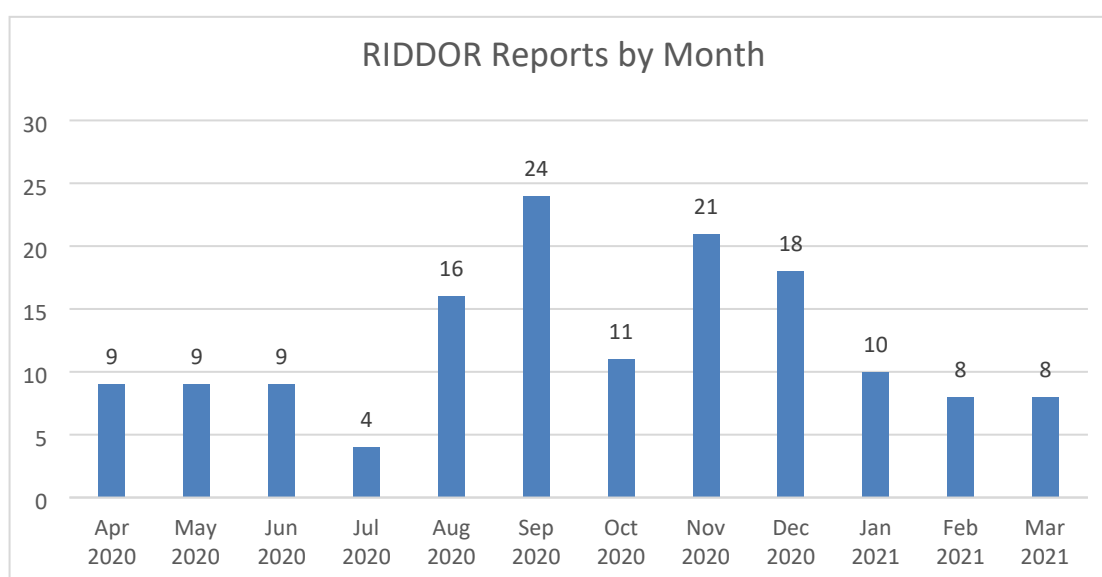


Table 5: Illustrates number of RIDDORS reported per month

## Incident Reporting

- 39 There have been 4,349 non-patient incidents reported in the current financial year to date, the vast majority related to Emergency Medical Services (EMS) Operations.

## Number of Non-Patient Safety Reported Incidents

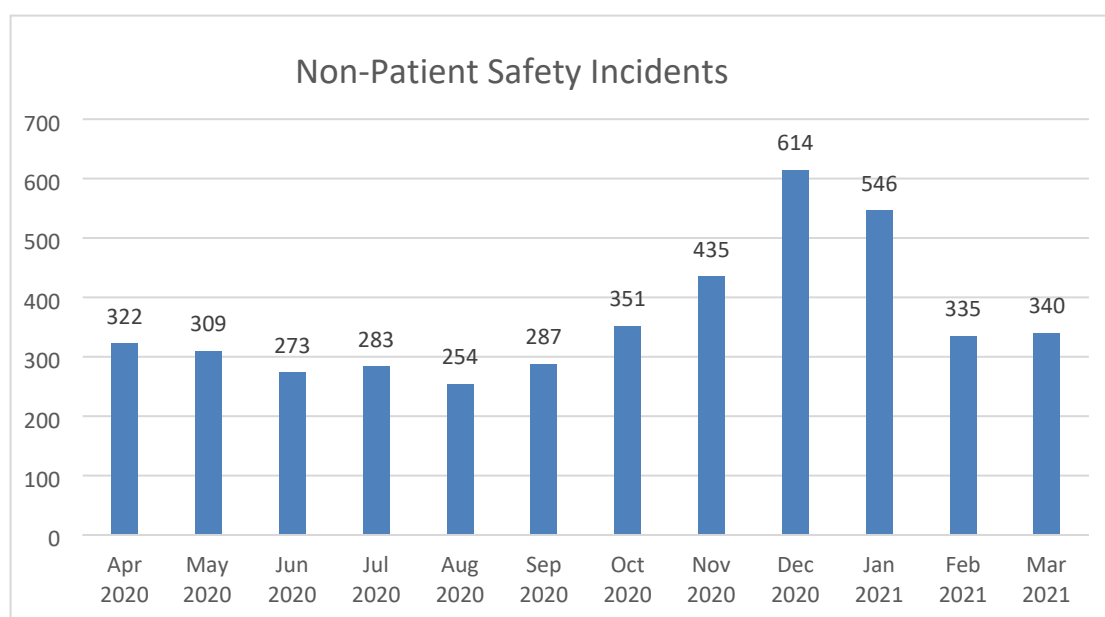


Table 6: illustrates number of Non-patient Safety Incidents by month

## Top 5 Non-Patient Incidents by Harm Rating

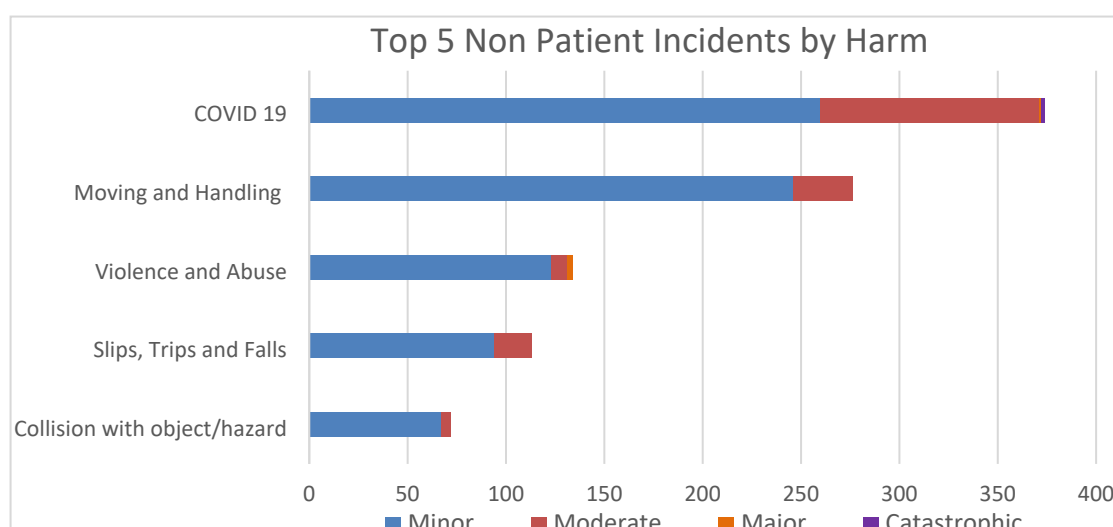


Table 7: Number of non-patient reported incident by harm rating

- 40 The high levels of COVID-19 incidents reflect the reporting of staff with COVID or its symptoms. These are also responsible for the surge in incident numbers during December 2020 and January 2021.
- 41 Manual handling injuries remain the primary cause of harm to staff (excluding COVID-19 related incidents) and of RIDDOR reportable incidents.
- 42 Personal safety incident volumes are slightly elevated compared to the previous year, particularly during May - Aug 2020.

### Number of Personal Safety Reported Incidents April 20 - March 21

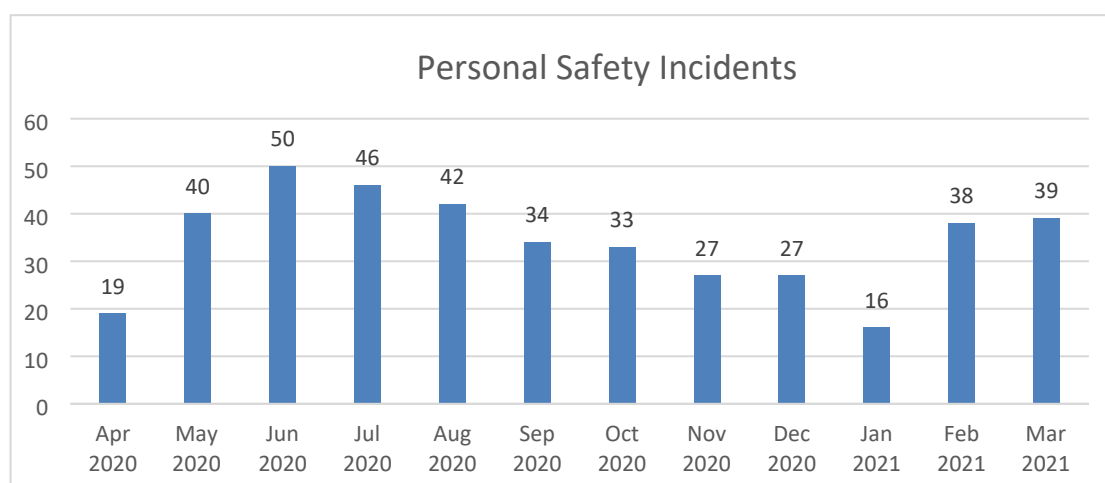


Table 8: Illustrating number of Personal Safety incidents

- 43 The high levels of incidents relating to equipment/medical devices reflects a more comprehensive approach to the recording of faulty or lost digi-pens.
- 44 Over 300 incidents were reported relating to health & wellbeing, missed meal breaks, shift over-runs, tiredness and fatigue, stress and anxiety, increasing during the winter period.

### Number of Welfare Related Reported Incidents

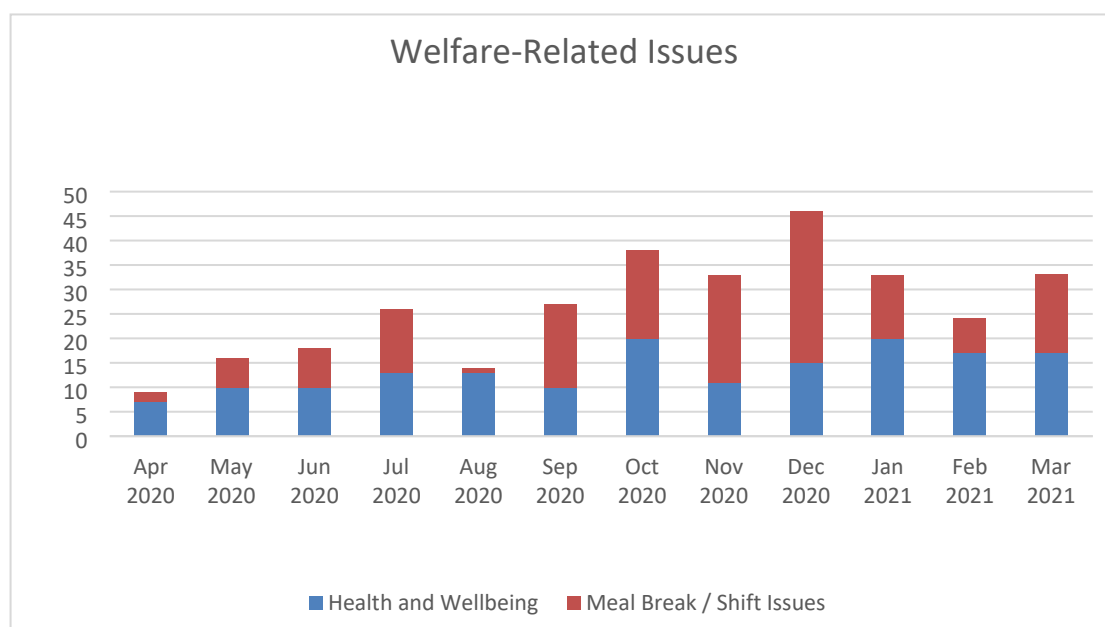


Table 9: Illustrating number of welfare related incidents April 20- March 21

## Top 10 Non-Patient Incidents Reported by Category

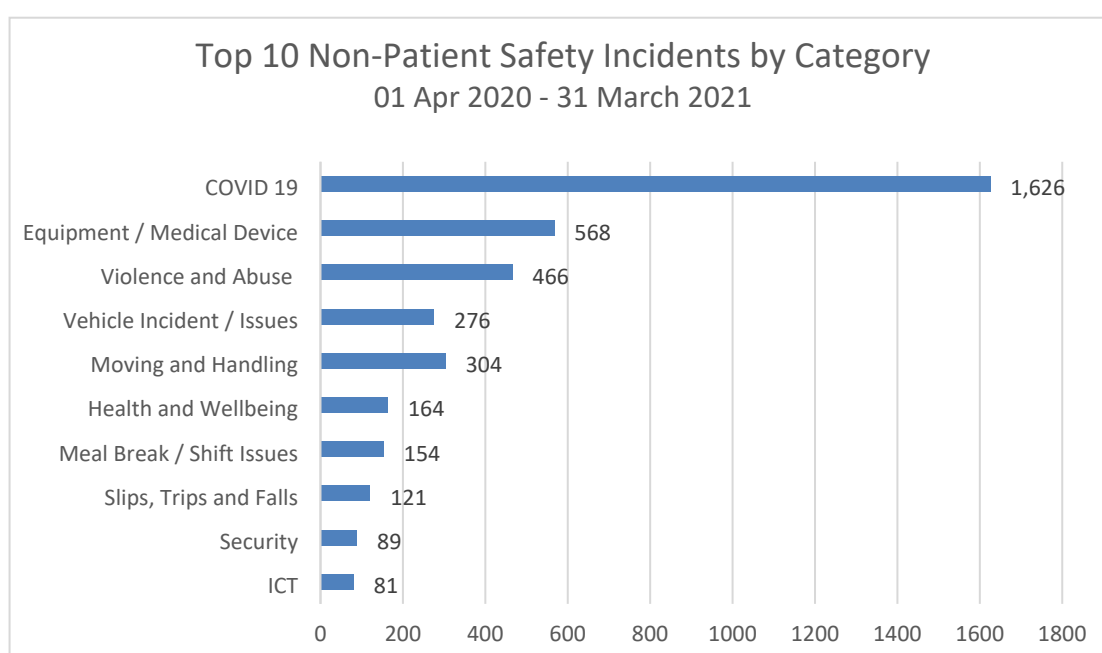


Table 10: Illustrating top 10 staff reported incident category

## Site Inspections

- 45 Following concerns raised, due to high footfall levels/building condition at Cwmbwrla Ambulance Station, a comprehensive health and safety inspection was undertaken in August 2020. The inspection focused on several facets such as welfare facilities, estates statutory legislative requirements to help assess whether the building is deemed fit for purpose and additionally to assist the Executive Management Team (EMT) in determining a way forward. Following the presentation to EMT, a Project Group was promptly established to identify actions to improve welfare and conditions, with a long-term action of relocation. As such, subsequent work has been undertaken at the site.
- 46 A follow up health and safety inspection was undertaken in November 2020, whereby a significant improvement had been achieved. Raising overall compliance levels from 34% to 70%.
- 47 As part of the Improvement Programme, a chimney and boiler were removed at the premises to provide additional room for welfare facilities. This involved the removal of asbestos insulating the boiler. To support this process an Asbestos Audit was conducted on 18 October 2020. The contractor was noted as using best practice methods for removal of asbestos containing material and subsequently all paperwork was in accordance with HSE requirements.
- 48 Further premise inspections have been conducted at several sites, to assess compliance to COVID requirements and control of pathogen spread namely:  
  
Bassaleg; Blackweir; Merthyr; Neath; Thanet House; Bronllys; Bryncethin; Newquay; Cymmer, Thanet House, Snowdon House and Ty Elwy, in response to cluster outbreaks in January 2021. Further inspections were undertaken in Quarter 4, 2020 for Bangor Fleet, Welshpool and Newtown.



49 Common themes arising from Workplace RA and site inspections are:

- Challenges around social distancing
- Disparity in cleaning regimes pan Wales
- Accumulation of 72-hour waste and footfall levels.

50 In order to address these concerns, the further fitting of screens have been risk assessed for areas where social distancing cannot be attained, cleaning regimes have been reviewed and supplemented by increased services incorporating frequent touch points (e.g. light switches), areas for improvement identified where additional cleaning products were being utilised for Personal Protective Equipment (PPE) cleaning not in accordance with Control of Substance Hazardous to Health Regulations (COSHH), 72 Hour Waste has been risked assessed to support, and over flow premises have been sought for some areas where high footfall is prevalent.

51 A priority schedule is currently under development for the rolling programme review of workplace risk assessment and annual health and safety inspections. Additionally, quarterly meetings have been scheduled with the health and safety function, estates and operational leaders.

#### Health and Safety Premise Compliance Inspections

52 Several comprehensive health and safety inspections have been undertaken on the following premises between the period of October 2020 - March 2021. The table below provides documentation at the time of inspection:

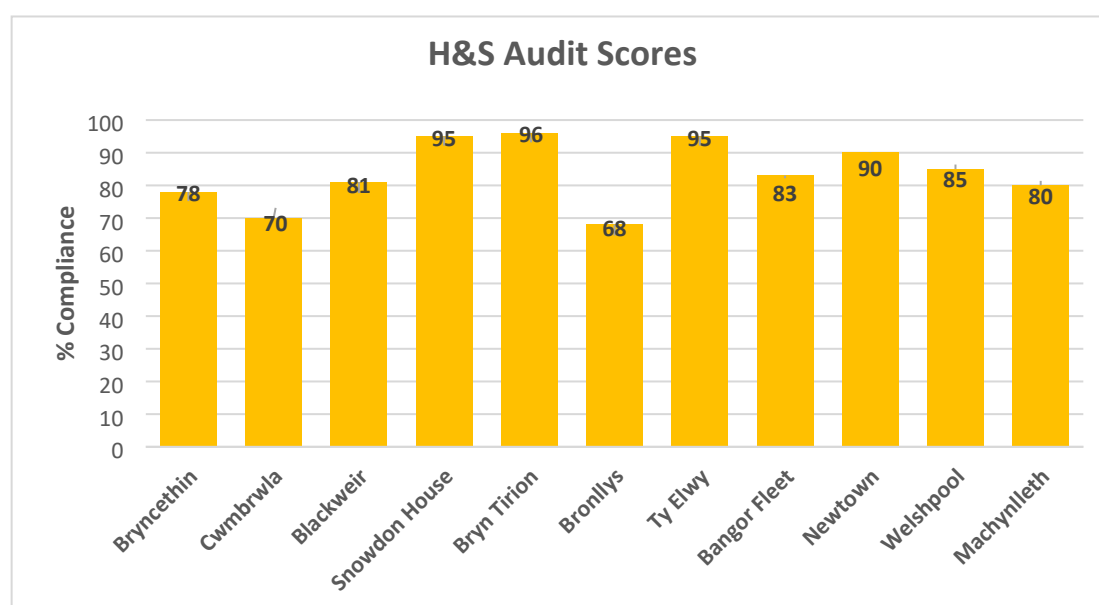


Table 11: Illustrates H&S compliance per premise October 2019 - March 2021.

#### Violence and Aggression

53 Since the rollout of the Obligatory Response to Violence (ORV) document which was released in November 2018, incident rates have increased in 2020. For the purpose of this report the reporting rates for 2018 and 2019 have been included to provide context around increase in reporting since launch of ORV document.

January 2019 - December 2019	366 incidents
January 2020 - December 2020	495 incidents totalling 879 reported incidents since the launch of the ORV
January - March 2021	114 incidents bringing the total number reported since the launch of the ORV to 993. There were 62 reports for the corresponding period January-March 2020 an increase of 83.3%.

- 54 This highlights a 32.5% increase in reporting 2019 to 2020. The table below details reporting of incidents on regional basis:

#### Number of Violence and Aggression Incidents 2019 - 2021

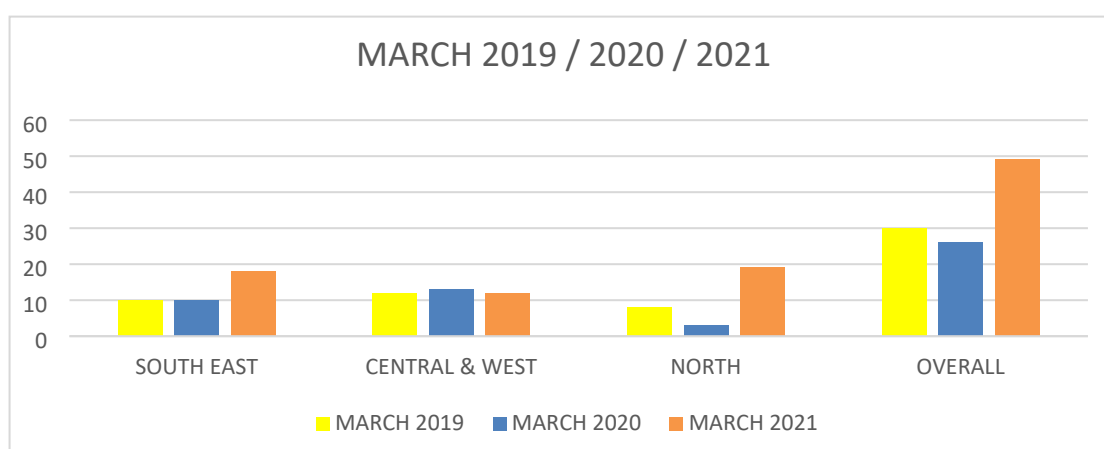


Table 12: Violence and Aggression incident reporting rates by volume of incidents. 2019-2021

#### Number of reported incidents rates per month Jan 2019 - March 2021

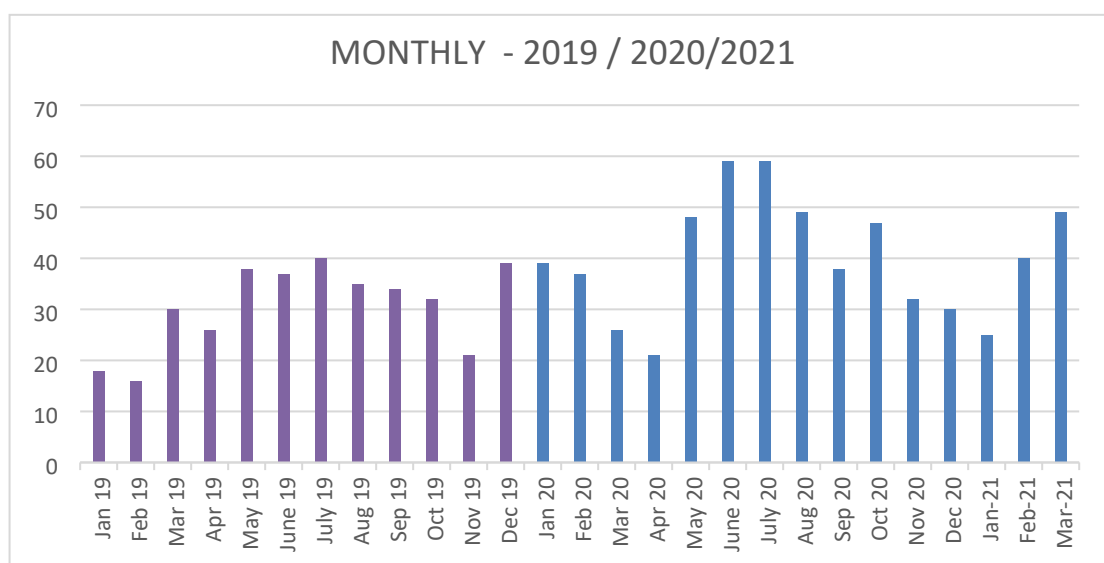


Table 13: illustrates number of V&A incidents reported per month during 2019-2021

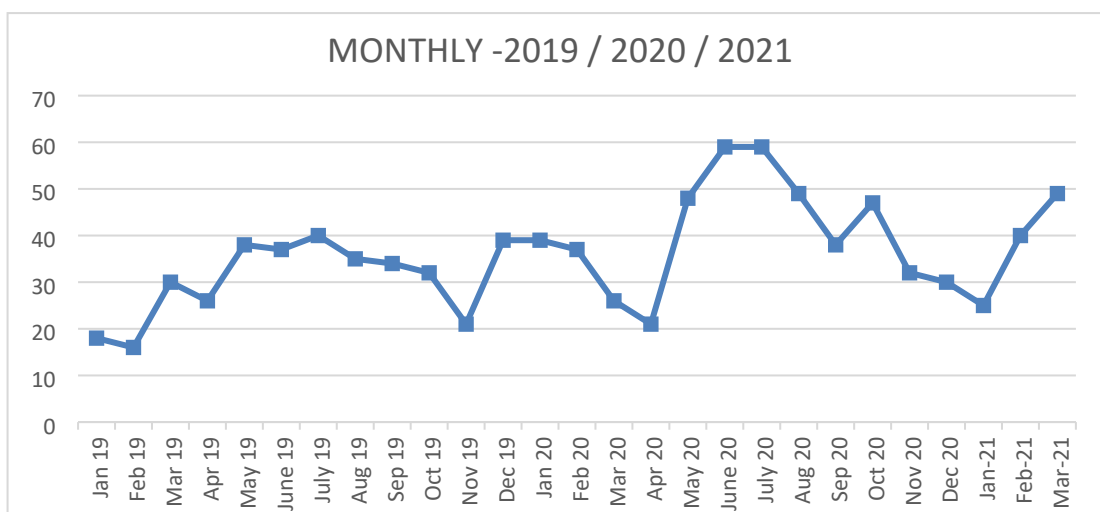


Table 14: Violence and Aggression reported incidents breakdown 2019 – 2021

### Court Outcomes

- 55 Since the launch of the ORV document in 2018, a number of cases have progressed through the Courts or received a summons.
- 56 Prosecutions have been processed for a variety of offences against WAST staff. These include physical assault, threats of violence, racial abuse, sexual assault, homophobic abuse, criminal damage, with some outcomes reported in the local and national press.
- 57 Examples include (not exhaustive) are namely, £1000 compensation order to staff; 15 months custodial sentence; 52-week custodial sentence; £918 compensation order to the Trust.
- 58 As of 4 March 2021, there are currently 5 scheduled hearings set for Magistrates Court and 1 for Crown Court in the next few weeks.

The table below details violence and aggression incidents outcomes:

Annum	Magistrates Court	Crown Court	Overall Total
2019	24	1	25
2020	37 - increase as cases have been heard recently from 2020	6	43
2021 (Jan-Feb)	3	1	4

Table 15: Breakdown of court Outcomes January 2019 - March 2021.

- 59 Additionally, there are 9 live ongoing Police investigations (one in North Wales, 2 in Central & West and 6 in the South East) at various stages from gathering evidence to waiting for a charging decision from the Crown Prosecution Service.
- 60 71 Service Impact Statements have been requested off the Chief Executive Officer. These are submitted to the Courts and inform the Court of the effect violence and aggression incidents have on the Trust.

- 61 24 prison sentences have been handed out by the Courts. The financial penalties include namely fines; Crown Prosecution Services (CPS) cost; victim surcharges; compensation orders (to staff and/or Trust) and have exceeded £14000 in value since the launch of the ORV.
- 62 The table below details sentences passed by Courts since the launch of the Obligatory Responses document on 21 November 2018.

<u>Period</u>	<b>Custodial Sentence</b>	<b>Suspended Sentence</b>	<b>Financial Penalty</b>	<b>Community Order</b>	<b>Out of Court disposals (Restorative Justice)</b>
Jan 2019 - Dec 2019	10	5	19	7	19
Jan 2020 - Nov 2020	11	12	30	17	19
Jan 2021 - March 2021	1	2	4	1	1

Table 16: Breakdown of court sentencing January 2019 - February 2021.

### Health and Safety Training (as of 31 March 2021)

Assignment Count	Required	Achieved	Compliance %
4057	4057	3736	92.09%

Org L3	Assignment Count	Required	Achieved	Compliance %
020 BOARD SECRETARY (BX02)	6	6	5	83.33%
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	18	18	4	22.22%
020 DIGITAL DIRECTORATE (KX01)	43	43	31	72.09%
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	84	84	78	92.86%
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	50	50	46	92.00%
020 OPERATIONS DIRECTORATE (DX01)	3648	3648	3387	92.85%
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	17	17	10	58.82%
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	101	101	97	96.04%
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	11	11	8	72.73%
020 WORKFORCE & OD DIRECTORATE (PX01)	79	79	70	88.61%

Table 17: Illustrates H&S Awareness performance

### Fire Safety Training

Assignment Count	Required	Achieved	Compliance %
4057	4057	2142	52.80%

Org L3	Assignment Count	Required	Achieved	Compliance %
020 BOARD SECRETARY (BX02)	6	6	3	50.00%
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	18	18	5	27.78%
020 DIGITAL DIRECTORATE (KX01)	43	43	31	72.09%
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	84	84	69	82.14%
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	50	50	34	68.00%

020 OPERATIONS DIRECTORATE (DX01)	3648	3648	1833	50.25%
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	17	17	15	88.24%
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	101	101	95	94.06%
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	11	11	9	81.82%
020 WORKFORCE & OD DIRECTORATE (PX01)	79	79	48	60.76%

Table 18: Illustrates Fire Safety performance

## Manual Handling

Assignment Count	Required	Achieved	Compliance %
4057	6546	3335	50.95%

Org L3	Assignment Count	Required	Achieved	Compliance %
020 BOARD SECRETARY (BX02)	6	6	5	83.33%
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	18	18	5	27.78%
020 DIGITAL DIRECTORATE (KX01)	43	43	28	65.12%
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	84	84	73	86.90%
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	50	61	37	60.66%
020 OPERATIONS DIRECTORATE (DX01)	3648	6102	3008	49.30%
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	17	17	14	82.35%
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	101	101	93	92.08%
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	11	11	9	81.82%
020 WORKFORCE & OD DIRECTORATE (PX01)	79	103	63	61.17%

Table 19: Illustrates Manual Handling performance

## Violence and Aggression

Assignment Count	Required	Achieved	Compliance %
4057	10075	8826	87.60%

Org L3	Assignment Count	Required	Achieved	Compliance %
020 BOARD SECRETARY (BX02)	6	6	6	100.00%
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	18	19	12	63.16%
020 DIGITAL DIRECTORATE (KX01)	43	43	41	95.35%
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	84	84	84	100.00%
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	50	90	89	98.89%
020 OPERATIONS DIRECTORATE (DX01)	3648	9556	8339	87.26%
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	17	17	16	94.12%
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	101	133	132	99.25%
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	11	13	11	84.62%
020 WORKFORCE & OD DIRECTORATE (PX01)	79	114	96	84.21%

Table 20: Illustrates Violence and Aggression training performance

### IOSH Managing Safely

- 63 An IOSH Managing Safely Course was delivered to 10 Supervisor Management staff members online, week commencing 21 February 2021 via Microsoft Teams. All were able to pass the course. Most learners were new to remote learning however, all found it to work well and the course to be very interactive. As a result, learners were able to clearly understand their health and safety accountability as Managers. All found the course material applicable to their roles and benefitted from the practical RA undertaken during the course, with the help of their Tutor. The feedback from all attendees was very positive. Following the course, Managers are actively engaging with the health and safety function for help and support with health and safety issues.
- 64 Furthermore, 50 staff members have requested to undertake the training course. Five further courses are to be scheduled on a monthly basis to satisfy current requirements. Programme schedule will continue in April 2022. Further courses will be scheduled upon request/demand.

### Policies

- 65 The Violence and Aggression Policy has been through the organisation's consultation and ratification process. It was approved at the People and Culture Committee on 4 February 2021.
- 66 The Lone Worker Policy was reviewed in partnership within Task and Finish Group Meetings and presented at Policy Group in November 2020 and January 2021, with a view of gaining approval to commence the consultation process. However, concerns raised at Policy Group by Trade Union Partners in relation to selection of staff section for RRV. Discussion currently ongoing with a view to re-presenting at Policy Group in May 2021.

### Additional Support

- 67 In addition to report content, the health and safety function has provided support on several key pieces of work namely (list not exhaustive):
- Rapid Sanitation Programme;
  - Face Fit Testing Audit development (with ongoing support to undertake audits);
  - supported and contributed to Outbreak Control Team Meetings;
  - Development of Safety Alerts;
  - Heat Stress Guidance;
  - PPE checklist for IPC control for crews; and
  - Investigations into face fit testing and road traffic incidents.
- 68 Working from home procurement of equipment and DSE Guidance; individual DSE Assessments; development of several COVID-19 Risk Assessments to support operational crews; supported Counter Fraud; significant investment in time supporting Local Managers in the development of local Risk Assessments and development of safe systems of work where health and safety expertise and guidance was required; provided assistance to legal and claims on specific personal injury claims.

## Health and Safety Transformation Plan

- 69 The Trust previously commissioned an external Audit in 2019 to review the current health and safety arrangements. As a result of this, an Organisational Change Process took place to move to a Health and Safety Business Partner (HSBP) Model to embed health and safety advice into our core functions.
- 70 Although progress has been made in relation the Health and Safety Improvement Plan, there are some actions that are still outstanding.
- 71 On 1 October 2020, the new HSBP Model was scheduled to commence, however, this is in the transitional phase as further work regarding the matrix style of working is required. This has currently paused due to capacity issues.
- 72 During Quarter 2 the Interim Head of Risk, Health and Safety was asked by the Executive Lead for Health and Safety to develop a paper for the Executive Management Team on their Initial observations, in relation to health and safety performance and the Trust's inherent safety culture, based on their observations of being in post for 6 months. This paper made recommendations based on these observations and with an understanding of what constitutes a mature safety culture. The paper proposed the establishment of a Rapid Improvement Task and Finish Group to develop a Transformation Plan with consideration of the development of actions, to align with the key factors described within the paper. Incorporating the current Health and Safety Improvement Plan into one cohesive Transformational Plan.
- 73 Partnership Workshops commenced on 11 November 2020 on the development of the Health and Safety Transformation Plan. The initial Project Group consisted of a wide scope of staff members mostly of whom have worked for the Trust for several years. This Workshop explored health and safety critical timelines to help us understand the current position.
- 74 A second Workshop was held on 9 December and featured 3 guest speakers from other NHS organisations presenting on rapidly improving health and safety within Cwm Taf Broganwg University Health Board, Behavioural Safety Coaching and Implementing Culture Change. This positive session raised awareness of what is possible and of the potential impacts that can be achieved if adopted by the Trust.
- 75 Due to concerns from Trade Union (TU) Partners around timing for commencement of the Plan and the pandemic response activity, Workshop 3 (initially to be scheduled in December 2020) was held in January 2021, with a smaller Stakeholder Group, which utilised Route Causality Tools to drill down into root causes to help influence the Action Plan.
- 76 This Plan was presented at the National Health and Safety Committee on 8 March 2021 before being presented to Trade Union Cell on 16 March 2021 and Assistant Directors Leadership Team on 25 March 2021. There is an expectation that this Plan will be presented to the Executive Management Team for approval, with a view of implementation Quarter 2, 2021/2022.



## Risk Register

- 77 During Quarter 2, 2020, it was recognised by the Trust that the health and safety position required significant input and did not have capacity to meet the requirements of also managing the risk profile. Subsequently, risk was suspended within the risk and health and safety portfolio and was managed for an interim measure of 6 months by the corporate governance function, until the health and safety position stabilised.
- 78 The Corporate Risk Register currently has 3 risks identified, which are monitored and updated by the respective Directorates and also reviewed by the health and safety division.
- 79 There is 1 health and safety risk on the Directorate Risk Register and 3 health and safety risks identified on the Corporate Risk Register. These are reviewed on a monthly basis with an agreed process of escalation and de-escalation of risks in place.

## Corporate Risk Register

<b>Corporate Risk Register</b>	<b>Number of risks</b>	<b>No</b>
Health and Safety Division	3	199,316,315*
IPC	1	351

Table 20: Current position of number of H&S risks on the Corporate Risk Register

<b>CRR</b>	<b>Current Risk Rating</b>
Risk ID	
199	20
316	20
351	15
315*	9. To be de-escalated to Directorate Risk Register

Table 21: Current risk rating of H&S risks on the Corporate Risk Register

Staff Tested Covid+ by Incident Date

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
North Region	21	3	8	1	0	2	18	21	7	65	8	1	158
Central and West Region	22	6	4	1	0	5	16	34	97	37	5	1	233
South East Region	28	14	2	0	0	5	32	72	86	38	6	0	294
NHS Direct Wales	12	2	1	0	0	0	0	3	4	5	0	1	30
111 Service	47	8	0	1	0	1	0	5	16	18	2	1	100
Total	130	33	15	3	0	13	66	135	210	163	21	4	793

**WEEKLY REPORT TO SPT RE: COVID-19 POSITIVE STAFF CASES ~ UPDATE RE: REPORTED CASES & COMPLETED DEEP DIVE INVESTIGATIONS**

**Report Date**        **11 May 2021**

**Pandemic Wave One: Mar-Sep20**

Directorate	Service	No. Positive Cases Reported	Completed Deep Dive Investigations		No. Deep Dive Investigation Tools Reviewed		Cases Requiring Stakeholder Panels		Cases Deemed RIDDOR Reportable			No. RIDDOR Reports Completed	
			Total No.	% of Total Reported	No.	% of Tools Received	No.	% of Reviewed	No.	% of Panel Cases	% of Total Reported	No.	% of RIDDOR Reportable Cases
Operations	111 Service	56	49	87.50	48	97.96	0	0.00	0	#DIV/0!	0.00	0	0.00
	NHS Direct Wales	16	1	6.25	1	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	EMS Control Centre	2	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	EMS Clinical Desk	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0.00
	EMS Emergency Medical Service	82	7	8.54	6	85.71	2	33.33	1	50.00	1.22	1	33.33
	EMS RRV	5	1	20.00	1	100.00	1	100.00	0	0.00	0.00	0	0.00
	EMS Urgent Care Service	5	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	EMS Volunteer First Responder Service	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	EMS HART	6	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	EMS SORT	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	#DIV/0!
	EMS Resourcing	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0.00
	EMS Admin, MRD, Stores	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0.00
	Mobile Testing Unit (MTU)	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	NEPTS Operations	30	20	66.67	15	75.00	10	66.67	2	20.00	6.67	2	66.67
	NEPTS Control Centre	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	NEPTS Private Ambulance Services	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	Fleet Services	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0.00
Support Directorates	Estates	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	#DIV/0!
	Medical and Clinical Directorate	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0.00
	Planning and Performance	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	Quality, Safety and Patient Experience	3	3	100.00	3	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	Workforce and Organisational Development	2	1	50.00	1	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	Not Yet Defined	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	<b>Total</b>	<b>213</b>	<b>82</b>	<b>38.50</b>	<b>75</b>	<b>91.46</b>	<b>13</b>	<b>17.33</b>	<b>3</b>	<b>23.08</b>	<b>1.41</b>	<b>3</b>	<b>100.00</b>

**WEEKLY REPORT TO SPT RE: COVID-19 POSITIVE STAFF CASES ~ UPDATE RE: REPORTED CASES & COMPLETED DEEP DIVE INVESTIGATIONS**

**Report Date**      **11 May 2021**

**Pandemic Wave Two: Oct 2020 to Date**

Directorate	Service	No. Positive Cases Reported	Completed Deep Dive Investigations		No. Deep Dive Investigation Tools Reviewed		Cases Requiring Stakeholder Panels		Cases Deemed RIDDOR Reportable			No. RIDDOR Reports Completed	
			Total No.	% of Total Reported	No.	% of Tools Received	No.	% of Reviewed	No.	% of Panel Cases	% of Total Reported	No.	% of RIDDOR Reportable Cases
Operations	EMS SORT	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	NHS Direct Wales	14	4	28.57	4	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	EMS Control Centre	46	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	EMS Clinical Desk	46	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	EMS Emergency Medical Service	318	132	41.51	110	83.33	43	39.09	8	18.60	2.52	7	50.00
	EMS RRV	28	13	46.43	12	92.31	9	75.00	4	44.44	14.29	3	21.43
	EMS Urgent Care Service	31	16	51.61	13	81.25	4	30.77	1	25.00	3.23	0	0.00
	EMS Volunteer First Responder Service	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	EMS HART	11	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	EMS SORT	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	#DIV/0!
	EMS Resourcing	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0.00
	EMS Admin, MRD, Stores	11	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	Mobile Testing Unit (MTU)	12	1	8.33	1	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	NEPTS Operations	53	27	50.94	19	70.37	3	15.79	1	33.33	1.89	1	7.14
	NEPTS Control Centre	11	2	18.18	2	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	NEPTS Private Ambulance Services	3	2	66.67	2	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
Support Directorates	Fleet Services	2	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	Estates	1	0	0.00	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	0	#DIV/0!
	Medical and Clinical Directorate	5	1	20.00	0	0.00	0	#DIV/0!	0	#DIV/0!	0.00	0	0.00
	Planning and Performance	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0.00
	Quality, Safety and Patient Experience	4	1	25.00	1	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	Workforce and Organisational Development	7	1	14.29	1	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	Not Yet Defined	3	1	33.33	1	100.00	0	0.00	0	#DIV/0!	0.00	0	0.00
	<b>Total</b>	609	201	33.00	166	82.59	59	35.54	14	23.73	2.30	11	78.57



<b>AGENDA ITEM No</b>	<b>4.5a</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

**UPDATE FROM CHARITABLE FUNDS  
COMMITTEE MEETING – 26 August 2021**

<b>MEETING</b>	Trust Board Meeting
<b>DATE</b>	30 September 2021
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR(S)</b>	Trish Mills
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

**EXECUTIVE SUMMARY**

To present to the Board a summary of the items discussed at the meeting of the Charitable Funds Committee (CFC) held on 26 August 2021.

**RECOMMENDED: That the report from the Charitable Funds Committee meeting on 26 August 2021 be noted.**

**KEY ISSUES/IMPLICATIONS**

Key issues discussed at the CFC on 26 August 2021, and in particular the issues that the Committee agreed needed to be highlighted to the Board were as follows:

1. The Committee discussed the future purpose and focus of the charity, recognising there is an opportunity to refresh the charity's ambition and vision, with a focus on ensuring that optimum benefit is derived from the funds it is currently holding, while having a clear and ambitious focus on its future role and purpose, optimising income and delivering wider benefit from the funds it receives. A scope is being developed to engage consultancy support for an initial three-month period to support the development of a wider strategic plan for the Charity, which will inform next steps. The outline scope was discussed and will be reviewed further at an extraordinary meeting of the Committee on 4<sup>th</sup> November. A bid will be made to NHS Charities Together for this piece of work, as well as costs to secure additional operational resource to support with the management of existing funds. Trustees will be kept updated as this ambition develops to allow ample opportunity to shape the charity's strategic direction.
2. The draft financial accounts were not available for review by the Committee due to operational pressures, however an extraordinary meeting of the Committee will be held on 4th November prior to the Trustees approving the accounts on 25th November.

3. An invitation is extended to all Trustees to attend the extraordinary meeting of the Committee on 4th November.
4. The Bids Panel and the Bursary Panel reported on their work since the last meeting, with the former noting approval of nine applications with the value of £21,000 in July and August. The Bursary Panel intend to reconvene their meetings in October following operational pressures which meant that they had been able to meet as frequently as desired. As a consequence, no new bids had been approved since the last meeting, however a review of current applications and intentions had taken place. A process to digitise bids for both panels is underway.

### REPORT APPROVAL ROUTE

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

### REPORT APPENDICIES

None

### REPORT CHECKLIST

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



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

AGENDA ITEM No	4.5b
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

**Committee Report to Board:**  
***People and Culture Committee (7<sup>th</sup> September 2021)***

MEETING	Trust Board
DATE	30 September 2021
EXECUTIVE	Executive Director of Workforce and OD
AUTHOR	Claire Vaughan - Executive Director of Workforce and OD
CONTACT	Claire.vaughan@wales.nhs.uk

**EXECUTIVE SUMMARY**

Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to the Board on their activities. The People and Culture Committee ('the Committee') function is to provide assurance to the Board of the Trust's leadership arrangements, of behaviours and culture, training, education and development, equality, diversity and inclusion and Welsh Language agendas, and of action taken to address/mitigate identified risks and progress audit recommendations which fall within its purview. This paper provides an update of discussions from the most recent People and Culture Committee meeting held on 7<sup>th</sup> September 2021.

The Board is asked to **RECEIVE and ACCEPT** this report as assurance that the Committee has reviewed the status of key (relevant) risks and has been apprised of plans and actions designed to move the Trust forward in delivery of its strategic people objectives.

**KEY ISSUES/IMPLICATIONS**

This report provides an overview of discussions held at the 7<sup>th</sup> September 2021 People and Culture Committee meeting. The attention of the Trust Board is particularly drawn to the following :

- actions being taken to mitigate the risk to sustainable recruitment created by a diminishing pool of candidates with the requisite C1 Driver Licence risk.
- a need to revisit the proposed action to introduce a time recording process for trade union facilities time given TU partner continued concern.
- increasing sickness absence levels and the clear signs of burnout, moral injury and fatigue among our people as a result of systemic pressures outwith the Trust's present control.
- Themes and priorities emerging from the Trust wide listening and behavior refresh exercise conducted by Honne on behalf of the Board.
- the Committee's recommendation of the Trust's new Volunteer Strategy for **APPROVAL** by the Trust Board.



REPORT APPROVAL ROUTE
Trust Board 30 September 2021

REPORT APPENDICES
Appendix 1: SBAR

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

## Appendix 1: SBAR

### SITUATION

1. Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update on discussions at the People and Culture Committee meeting held on 7<sup>th</sup> September 2021.

### BACKGROUND

2. The Trust's People and Culture Committee was established in April 2019 and is chaired by Paul Hollard, Non-Executive Director. The purpose of the People and Culture Committee is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the NHS in Wales. It will also consider actions taken to address / mitigate identified risks and progress audit recommendations which fall within its purview.

### ASSESSMENT – SUMMARY FROM COMMITTEE

3. At its meeting on 7<sup>th</sup> September 2021, the following matters were considered and discussed:
  - **Director of Workforce and OD Update:** The Executive Director of Workforce

and OD provided Committee members with an overview of recent activity undertaken by the Team, particularly highlighting the work underway in relation to recruitment and selection for the post of Deputy Director of WOD, improved Job Evaluation processes, introduction of a Men's Health Group and planned roll out of Pertussis vaccination for frontline colleagues. The Committee also commended the continued work around wellbeing and Trauma Risk Management (TRiM).

- **Staff Story - Taking Care of Ourselves and Our People:** Howard Thomas shared with the Committee his experience of hypertension and stroke and his subsequent redeployment from Operations to the OH Team. Committee members were pleased to hear of Howard's positive experience in terms of management of his case and the ongoing support provided by the organisation.
- **Committee Assurance Framework:** The Committee was provided with an overview of the key people and culture risks and issues under its purview and a more detailed consideration of sickness absence. The Committee also took assurance from progress against delivery of Internal Audit recommendations. Committee members' attention was particularly drawn to the following:
  - The Committee was appraised of a new risk currently in development, in relation to **Emergency Response Driver Training** and the implications of imminent changes to the **Road Traffic Act (Section 19)** and the work ongoing nationally to understand the full implications and enable organisational planning and preparation to commence.
  - Members also discussed positive progress made in relation to implementation of a salary sacrifice scheme to support attainment of **C1 Driving Licence Category**, and procurement of training partners to support individuals in their training towards achieving the requisite standard of driving. The Committee recognised however the current risk is not entirely mitigated and there remains continuing reduction in supply of candidates for UCS roles already in possession of the C1, and that the Trust has limited control over accessing test dates for individuals. It was noted that a longer term solution was under consideration, in regards the composition of the fleet, and B category vehicles in future.
  - Slow progress is being made regards the **TU Facilities Time Audit Report** actions. The Agreement itself has been finalised and is ready for formal consultation, however there remains a strength of concern from TU partners on the proposed implementation of a new time / activity reporting standard form, recently piloted. The Director of Workforce & OD has considered whether the proposed action remains the right step, particularly in light of the emerging feedback from the behaviours refresh, and discussions on strengthening and re-setting partnership relationships and trust between management and trade unions. It was agreed she would seek an urgent meeting with Lead TU partners to review the position and alternatives.
  - An overview of progress made in relation to **Job Evaluation** was provided following the 'limited assurance' Internal Audit undertaken in February 2021. Committee members were pleased to note that

actions associated with 6 of the 7 recommendations have now been completed and that work is underway to address the final outstanding recommendation, with a projected completion date of October 2021.

- **Policies:** The following policies were received by the Committee with a recommendation that they be approved for implementation following progression through the Trust's formal policy review route:
  - NHS Wales Pay Progression Policy (revised);
  - NHS Wales Secondment Policy (revised);
  - WAST Driving at Work Policy.

The Committee approved these policies for introduction.

- **Committee Review:** The Board Secretary provided a verbal update on the proposed format for the review of the People and Culture Committee, which was well received by members and agreement was reached for the Board Secretary to commence this work, bringing a draft annual report to the November Committee meeting for consideration.
- **Welsh Language Standards Annual Report 2020-21:** The Welsh Language Officer presented the Trust's second Welsh Language Standards Annual Report for noting and endorsement, highlighting the key issues and associated planned actions. The report was approved by the Committee for onward submission to Board, with a recommendation that Trust Board approve the report for publishing.
- **Operations Quarterly Report:** Lee Brooks, Director of Operations, provided an overview of the Operations Quarterly Report. Highlights included:
  - Recent successful Assistant Director appointments associated with the restructure of the Operations Directorate;
  - Establishment of the Winter Delivery Group;
  - Current operational demand, system pressures and subsequent effect on colleagues;
  - Roll out of the Interoperability Toolkit.
- **Workforce Performance Scorecard:** The June 2021 scorecard was presented to the Committee, with particular attention drawn to:
  - Increased sickness absence levels and the clear signs of burnout, moral injury and fatigue among our people;
  - Significant improvements in relation to Job Evaluation and recruitment timescales;
  - Positive upward trend in PADR compliance rates; *and*
  - the impact of actions taken in response to REAP levels on CPD and statutory and mandatory training compliance rates.
- **Behaviours Refresh:** The Committee received a presentation from Jonathan Stott and Jill Williams at Honne, commissioned to design and deliver a Trust wide exercise to refresh organisational behaviours. The Committee was appraised of progress to date, including identification of the emerging cultural

themes and recommended key priorities: to address systemic and symptomatic wellbeing issues, to conduct a systematic review into bullying and harassment and to build psychological safety through inclusive leadership. The update was warmly received by Committee members as an important and timely opportunity to engage in a conversation with the workforce on behaviours, noting the links to issues such as inclusion and the findings of the recent Equality and Diversity Survey. It was noted that a further opportunity would be created for Board members to consider the emerging themes and priorities as part of a development session in due course.

- **Leading Change Together Update:** Judith Bryce gave a verbal update to the Committee on the proposed refreshed and reframed discussions with Trade Union partners on opportunities for future modernisation due to commence imminently. A more detailed update will be provided to the Committee at its next meeting.
- **WAST and the Armed Forces' Covenant:** The Director of Digital Services provided a summary of recent achievements in relation to WAST's work with Armed Forces partners, including receipt of Gold Status in recognition of the support afforded by the organisation to the Armed Forces community. Further potential developments were also highlighted to members, with a request that the Committee approve the intent for People and Culture Committee to act as the responsible Trust Board sub-committee for WAST's commitment to the Armed Forces Covenant.
- **Working Safely:** The Committee welcomed a presentation from the Director of Quality and Nursing presented an overview of the objectives of the Working Safely transformation programme, which aims to improve occupational health and safety across the Trust.
- **Visible Valuable Volunteering – Our Volunteer Strategy:** Committee members were pleased to receive the Trust's Volunteer Strategy which was endorsed for onwards submission to Trust Board and formally thanked colleagues involved in development of the strategy.
- **Engagement Framework:** The Director of Partnerships and Engagement shared a verbal update regarding work ongoing in relation to development of an organisational Engagement Framework and the proposal to facilitate an Engagement Framework workshop at the November Committee meeting was well received by Committee members.
- **Trade Union Partner Cell Quarterly Report:** Committee members were provided with an overview of key areas of activity undertaken in partnership through the Trade Union Partner (TUP) Cell during Quarter 1 of the financial year and a summary of further matters to be considered by the Cell during 2021/22, building on recent successes and addressing new and emerging workforce and service priorities.
- The Committee also received in closed session an update on current disciplinary suspensions of more than 4 months (3) and active employment tribunal claims (4) against the Trust.

## **RECOMMENDED:**

The Board is asked to **RECEIVE and ACCEPT** this report as assurance that the Committee continues to:

- proactively monitor the status of key (relevant) risks, and **NOTE** particularly the actions being taken to mitigate the risk to sustainable recruitment created by a diminishing pool of candidates with the requisite C1 Driver Licence risk
- be apprised of plans and actions designed to move the Trust forward in delivery of its strategic people objectives, and is pleased to **RECOMMEND** the Trust's new Volunteer Strategy for **APPROVAL** by the Trust Board.



GIG  
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NHS  
WALES  
Ymddiriedolaeth GIG  
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Welsh Ambulance Services  
NHS Trust

AGENDA ITEM No	4.5c
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

## UPDATE FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE - 9 SEPTEMBER 2021

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

### EXECUTIVE SUMMARY

The purpose of this report is to provide the Trust Board with a summary of the items discussed at the meeting of the Quality, Patient Experience and Safety Committee (QuEst) held on 9 September 2021.

**RECOMMENDED: That the report from the Quality, Patient Experience & Safety Committee meeting on 9 September 2021 be noted**

### KEY ISSUES/IMPLICATIONS

- Access to services from the sensory loss community
- Rising patient safety incidents including complex cases
- Reduction in Putting Things Right Tier 1 targets
- Receipt of Annual Health & Safety Report
- Focus on risk 223 and 224 (following internal deep dive)
- Quality Strategy Implementation update provided

### REPORT APPROVAL ROUTE

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

### REPORT APPENDICES

**Annex 1** - SBAR Quality, Patient Experience & Safety (QuEst) Committee sets out the key issues discussed at the QuEst Meeting of 9 September 2021.

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



## SITUATION

- 1 Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the Quality, Patient Experience & Safety Committee Meeting held on 9 September 2021.

## BACKGROUND

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

## ASSESSMENT

- 3 Set out below for Board attention are the key issues discussed at the QuEST Committee:
  - 3.1 **Patient Experience:** Deaf access paper being written to submit to the Assistant Directors Leadership Team for initial discussion of the main issues. Potential to share outside the organisation with the Association of Ambulance Chief Executives. Currently the team are promoting Interpreter Now and ReciteMe to the general public through their Continuous Engagement Model.
  - 3.2 **Patient Experience Driver Diagram:** A previous story from Tony resulted in a request (from Director of Operations) for a commitment to explore expanding Community First Responder scope of practice to enable administration of analgesia. This work is currently being progressed by the Assistant Director of Research, Audit and Service Improvement, Director of Medical & Clinical Services and Director of Paramedicine.  
  
 Story shared at Trust Clinical Contact Centre (CCC) Quality Meeting and as a result staff in CCC welcome the opportunity to record their experiences of managing increasing demand during this period.
  - 3.3 **Quality Strategy Implementation Update:** Presentation provided on the Quality Strategy Implementation Plan and a developing Framework for the delivery of the Quality Strategy. Regular progress updates will be provided to Committee.

- 3.4 **Patient Experience & Community Involvement (PECI) Highlight Report (Quarter 1):** Report well received. Note that members are looking for the impact of engagement and for this to be strengthened in the report going forward. Head of Peci verbally updated the Committee on the launch of the blue light app.
- 3.5 **Quality Assurance Report (Quarter 1):** Currently working on aligning the Quality Assurance Report with the Integrated Performance Report. The Committee were informed of the alignment with future reports to the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- 3.6 **Monthly Integrated Performance Report:** Director of Performance & Strategy updated the Committee on the developing Performance Improvement Plan which will now be considered at the Executive Management Team.
- 3.7 **Healthcare Inspectorate Wales (HIW) Annual Report:** Joseph Wilton provided a presentation on the HIW Annual Report 2020-21, ahead of its forthcoming publication. In addition, he updated the Committee on some of the findings of the recent HIW review into patient experience of handover delays. The Chair acknowledged that this important topic required further discussion with a wider group of Executives and Non-Executive Directors, outside of this meeting.
- 3.8 **Patient Safety Highlight Report (Quarter 1):** Committee received the Patient Safety Highlight Report for Quarter 1, 2021/22 and the below point were highlighted:
- Significant increase in activity, specifically in relation to red activity
  - The Trust lost a total of 26,246 hours to notify to handover delays during this quarter
  - Activity and complexity of cases resulting in a reduction in compliance with tier 1 targets
  - Increase in Patient Safety Incidents
  - Five Coroner's cases during this quarter requiring attendance by staff
  - An Action Plan will be presented to Executive Management Team to ensure increased capacity and resilience over the next 6 months.
- 3.9 **Risk Management & Board Assurance Framework Report:** An overview was provided on the 5 corporate risks assigned to the Committee. A full report will be presented to Audit Committee and Trust Board. Particular attention was paid to risks 223 and 224 and the Committee were informed of the deep dive into these risks by the Assistant Directors Leadership Team (ADLT).
- 3.10 **Internal Audit Tracker Report:** A deep dive has been undertaken on the outstanding 2018/19 and 2019/20 recommendations from Internal Audit which was presented to Executive Management Team and will be reported at Audit Committee. Counsel sought from the Head of Internal Audit who is comfortable with the proposals put forward providing plans are clearly articulated to members for assurance.

- 3.11 **Clinical Negligence Claims:** Deep dive outlining themes, trends and learning presented to the Committee. Paper to be presented to Audit Committee on 16 September 2021 to compliment the Special Payments and Losses paper.
- 3.12 **Annual Health & Safety Performance Report:** The Annual Health & Safety Report for 2020/21 was presented to the Committee, noting the context of this report during the COVID-19 pandemic. Committee were advised that they will receive a quarterly Health and Safety Report at each Committee going forward. A verbal update was given on the forthcoming Working Safely Transformation Programme.
- 3.13 **Operations current/Forward Look:** The Committee received a comprehensive report from the Director of Operations detailing a summary update of Quarter 1 2021/22. The report was not discussed as due to REAP 4 pressures; the Director of Operations and his team were unable to be in attendance.
- 3.14 **Non-Emergency Patient Transport Services (NEPTS) Quality Dashboard:** Committee received the NEPTS Dashboard. The Dashboard was not discussed as due to REAP 4 pressures; the Director of Operations and his team were unable to be in attendance.
- 3.15 **Items for Noting:** The following papers were noted by the Committee:
- Guidance for Recording Concerns Meetings
  - Risk 322 Progress Update - Committee welcomed this update and recognised the significant work undertaken in relation to FFP3 fit testing.



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<b>AGENDA ITEM No</b>	<b>4.65d</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

## AUDIT COMMITTEE UPDATE – 16<sup>th</sup> September 2021

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 <sup>th</sup> September 2021
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk & Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

The purpose of the report is to provide Trust Board with an overview of the items discussed at the Audit Committee meeting held on the 16th September 2021.

**RECOMMENDED: That the report from the Audit Committee meeting on the 16<sup>th</sup> September 2021 be noted.**

### KEY ISSUES/IMPLICATIONS

None

### REPORT APPROVAL ROUTE

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

### REPORT APPENDICIES

None

### REPORT CHECKLIST

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

**AUDIT COMMITTEE UPDATE  
16<sup>th</sup> September 2021**

**SITUATION**

1. Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to the Trust Board on the activities of the Committee. This paper therefore provides an update from the Audit Committee meeting held on 16<sup>th</sup> September 2021.

**BACKGROUND**

2. The Audit Committee is Chaired by Martin Turner, Non-Executive Director, and meets on a quarterly basis.

**ASSESSMENT**

3. A range of topics were covered; these included:

**2021/22 Internal Audit Reviews**

4. The Head of Internal Audit advised that the 2021/22 Internal Audit Plan was on track with 5 reports having been finalised to date out of the 23 in the plan.
5. The following Internal Audit Reviews were presented to the Committee:
  - NEPTS Procurement – Reasonable Assurance
  - Mobile Testing Unit – Substantial Assurance
  - IMTP – Reasonable Assurance
  - Service Management – Reasonable Assurance
  - Financial Planning & Budgetary Control – Reasonable Assurance

**2020/21 Internal Audit Reviews finalised during 2021/22**

6. Two Internal Audit Reviews that had been deferred from the 2020/21 plan and finalised during 2021/22 were presented to Committee:
  - Fire Safety – Limited Assurance
  - Role of Advanced Paramedic Practitioner – Reasonable Assurance

**Audit Wales Update**

7. Members received the Audit Wales report and were advised that the 2021 Structured Assessment was in progress and on track to be presented at the December 2021 meeting.
8. Emma Giles, Audit Lead, explained that the Audit Wales report detailed the work being undertaken during 2021/22 including the Quality Governance Review and the Review of Unscheduled Care, the scope of which is still to be finalised.

## **Risk Management and Board Assurance Framework (BAF) Report**

9. A summary report of the Corporate Risk Register and associated activity during the period was presented to Committee including the deep dive undertaken by the Assistant Directors Leadership Team on the Trust's two highest scoring risks. The detail of which had also been reported to the Executive Management Team, the Quality, Safety & Patient Experience Committee and the Finance & Performance Committee.
10. Members were advised of the planned improvement programme to deliver the future ambition for the Trust's Risk Management Strategy and BAF. A full report is to be presented to the December 2021 meeting describing this work.

## **Audit Recommendation Tracker**

11. The Committee received a position statement in relation to the recommendations on the audit tracker resulting from internal and external reviews. This provided assurance that good practice and progress continues to be made across the Trust in addressing recommendations.
12. Members were advised of the deep dive that had been undertaken to review all outstanding recommendations from 2018/19 and 2019/20 and that several closures had been made with the endorsement of the Head of Internal Audit. The 5 remaining outstanding actions from this period relate to the Trade Union Facilities Agreement which are due to be followed up during Quarter 3 2021/22 and the Once for Wales Datix system implementation which has been deferred.

## **Losses and Special Payments**

13. The total net Losses and Special Payments report was presented to Committee in line with Standing Financial Instructions. The report described the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> July 2021. Members were also provided with an overview of the cost of clinical negligence claims during the period 1<sup>st</sup> January 2018 to 31<sup>st</sup> March 2021.

## **Climate Change Risk: A Good Practice Guide for Audit and Risk Assurance Committees**

14. The Committee were briefed on the guide, published in August 2021, and it was acknowledged that work would be required to develop a framework to support the Trust in its approach to managing climate change risks.

## **CLOSED SESSION**

15. The Committee met under a Closed session to discuss updates relating to the Counter Fraud Progress Report covering the period 1<sup>st</sup> June 2021 to the 31<sup>st</sup> August 2021 alongside the Counter Fraud annual briefing, tender update report and single tender waiver requests.

## **RECOMMENDATION**

16. **That the report from the Audit Committee meeting on the 16<sup>th</sup> September 2021 be noted.**



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NHS Trust

AGENDA ITEM No	6.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	8

## MINUTES OF COMMITTEES

MEETING	Trust Board
DATE	30 September 2021
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

### EXECUTIVE SUMMARY

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

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

### KEY ISSUES/IMPLICATIONS

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

### REPORT APPROVAL ROUTE

Approved via the relevant Committees:

### REPORT APPENDICES

Minutes of Committees:

- 11 May, People and Culture Committee, open and closed
- 7 May 2021, Quest Committee open
- 3 June 2021, Audit Committee, open and closed
- 22 July 2021, Finance and Performance Committee, open and closed
- 3 June 2021, Charitable Funds Committee



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

## **CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 11 May 2021**

**Chair: Paul Hollard**

### **PRESENT:**

Paul Hollard	Non Executive Director and Chair
Keith Cox	Board Secretary
Chris Turley	Director of Finance and Corporate Resources
Alex Crawford	Assistant Director of Strategy and Planning
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Andy Haywood	Director of Digital Services
Joga Singh	Non Executive Director
Angela Roberts	Trade Union Partner
Lee Brooks	Director of Operations
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Andrew Challenger	Assistant Director, Professional Education & Training
Sarah Davies	Workforce and OD Business Manager
Clare Langshaw	Ambulance Operations Manager
Andy Swinburn	Associate Director of Paramedicine
Paul Seppman	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Helen Watkins	Deputy Director of Workforce and OD
Claire Roche	Director of Quality and Nursing
Jill Williams	Honne Partners
Jonathan Stott	Honne Partners
Jeff Prescott	Corporate Governance Officer

### **APOLOGIES:**

Sharon Thorpe	Trade Union Partner
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## **19/21 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Claire Roche.

## **20/21 DECLARATIONS OF INTEREST**

The standing declaration of Professor Kevin Davies as Independent Trustee of St John Cymru was recorded.

**RESOLVED: That the declaration as described above was RECORDED.**

## **21/21 MINUTES OF PREVIOUS MEETING**

The Minutes of the Open and Closed meetings held on 04 February 2021 were considered and agreed as a correct record.

**RESOLVED: That the Minutes of the meetings held on 04 February 2021 were AGREED.**

## **22/21 DIRECTOR OF WORKFORCE & OD UPDATE**

Claire Vaughan gave an update on the latest developments within the Workforce and OD Directorate and drew the Committees attention to the key highlights which included:

- The re-validation of the Corporate Health Standard which saw the Trust receive glowing feedback and achieve the Gold Standard Status. This was a reflection of the continued approach to putting wellbeing at the heart of Trust business and bringing this through to all levels of day to day business where possible.
- The Education & Training team had now moved from Cefn Coed into Matrix House, the new Workforce Education and Development Centre. This innovative and contemporary space would enable the continued transformation of education within the Trust.
- Work was continuing with the Resilience and Business Continuity Team to look at the roles of Corporate and Clinical staff who had the capacity for home working in order to realise any potential benefits to both staff and the organisation.
- Over the past two months, activity had been underway to develop an Aspiring Leaders Programme and Development opportunities with a number of focus groups being held to engage with Trust colleagues in order to determine the scope and content of the Programme of Development.

Members received the update and noted the significant progress in terms of recruitment, training and the Leadership programme. Recruitment and Training was a constantly evolving theme across all areas of the Trust and Members recognised that this applied to both Corporate and Clinical members of staff. As recruitment continued, the Trust would endeavour to ensure that equality and diversity continued to be strong throughout the workforce.

Members then noted the contribution and efforts of the Occupational Health Team who had performed so well in the last year, making sure that the majority of staff were able to be seen in a timely manner. Finally, Members recognised the need to maintain strong digital infrastructure across the Trust, as post pandemic, digital skills and reliance upon these systems were more in demand than ever before.

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

**23/21**

## **COMMITTEE ASSURANCE FRAMEWORK**

Claire Vaughan highlighted some of the key aspects of the developing Committee Assurance Framework for the Members' attention. The framework brought together developments and updates regarding potential risks and issues which fell under the purview of the Committee. These included:

- Sickness Absence - Across the Trust, March had seen a further decrease in sickness absence rates to 7.02% compared to 7.68% in Feb 2021 with the majority of areas across the Operations Directorate reporting a reduction during this period and showing a decrease in Covid-19 related absences.
- On-Call CCA Ability to Cover 24/7 Command - Following the review of the CTL role, which has been a long standing issue and risk for the Trust, all eligible CTL's had now transitioned to the new DOM role, with effect from 1st January 2021.
- Job Evaluation – A risk had been developed following the recent 'limited assurance' given by internal audit on the Job Evaluation function. While the report recognised improvements made in the governance and control arrangements for Job Evaluation, it highlighted concerns over a lack of strategic capacity and formalised action planning to meet the current and future demands for job matching and evaluation.
- Recruitment – Poor recruitment planning, constraints around numbers for training courses and delays with pre-employment checks could potentially result in delays in staff starting in post once recruited.

Members received the update and noted the work and improvements across the Trust in terms of addressing sickness absence. However, while it was positive to see the decreasing trend in absences, there was still work to be done in order to bring the figures down further.

**RESOLVED: That the contents of the report were NOTED.**

**JOB EVALUATION**

Helen Watkins provided the committee with an update on the recent 'limited assurance' internal audit undertaken on the Job Evaluation function. As discussed earlier in the Committee Assurance Framework, the report recognised improvements made in the governance and control while also raising concerns over a lack of strategic capacity and formalised action planning.

Following this, the Internal Audit Report provided seven recommendations, two were high priority and five were moderate. In order to provide further assurance, the Job evaluation report gave details of each recommendation made by internal audit along with updates on the progress being made to address these issues.

Helen Watkins informed Members that four of the seven recommendations had now been completed, including both of the high priority recommendations. The remaining three had progressed well and an action plan had been developed to ensure they were completed within the agreed time scales.

Members received the report and queried whether any steps had been taken to address the current shortage within the Trust of qualified job evaluation matchers. Helen Watkins assured Members that plans were in place with the all Wales Job Evaluation Unit to provide training in this area and to build up the capacity of in-house trainers. This training had begun last year but as a result of the pandemic, had stopped. However, the training had now moved online and was progressing well.

**RESOLVED: That the strategic review and ongoing improvement actions in relation to Job Evaluation were NOTED.**

**RECRUITMENT UPDATE**

Helen Watkins gave an update on the latest developments around recruitment and training activity and informed Members that work was underway to meet the targetted increase of 127 full-time equivalent staff within the EMS workforce. However, a risk that a shrinking recruitment pool would impact on the Trust's ability to meet that number had been identified through the Demand and Capacity programme and was now on the programme's risk register.

The report noted that while last year the Trust was able to fill the required number of places on the UCA training course, the recent response to UCS adverts from suitable candidates had been poor, with the common factor being the lack of a C1 category on a candidates' Driving Licence. This was due to the C1 category being removed from the list of automatic entitlements for anyone who passed their driving test after January 1997. This in turn meant that any applicants below the age of 40 were unlikely to hold the C1. Consequently, while the Trust was attracting a good number of applications, 40% of these were not progressed as they did not have this essential criteria.

To mitigate this risk, a number of actions had been put in place. A public information campaign had been released to inform future applicants of the need to hold C1 (preferably) or provisional C1, at the application stage. In addition, a salary sacrifice system to assist with payment of C1 related activity was in development for Trust employees.

In addition, Welsh Government had provided funds to Further Education until August 2021 for access by Trust staff and the public to assist with C1 related costs. This built upon the previous discussions between the Trust and the Department for Work and Pensions for applicants who are benefits claimants to access financial support relating to obtaining their C1 if its absence was the sole reason for not offering an employment contract.

Members received the update and queried whether the cost of obtaining the C1 category on an applicants driving licence was prohibitive? Helen Watkins and Andrew Challenger informed Members that the cost was approximately £1,000.00 and this included all the necessary medical checks as well as certification. Andrew Challenger went on to explain the the process was fairly lengthy and the cost was reflective of this. However, it was recognised that there was significant financial support on offer, including the salary sacrifice scheme which would allow an applicant to obtain the C1 accreditation and then repay the cost out of their salary through smaller and more manageable monthly payments.

**RESOLVED: That the contents of the report were NOTED.**

## **26/21      AUDIT RECOMMENDATIONS – PROGRESS SUMMARY**

Helen Watkins provided an overview of assessed deliverability of Internal Audit reports and associated recommendations with relevance to the People and Culture Committee. The purpose of this was to enable the Committee to be sighted on the recommendations and be aware of the current status of the agreed actions and potential risks to delivery. The report also outlined the impact of Covid-19 on the delivery of the agreed timecales and actions.

The report showed that there were currently seven internal audit reports where the Director of Workforce and OD was either the lead, or joint lead Director for the audit and the delivery of a number of recommendations contained within. Internal audits with Workforce and OD Leadership and of particular interest to the Committee were:

- Drivers' Medicals
- Health Board Areas / Station Review follow-up
- Personal Safety Violence and Aggression
- Trade Union Release Time
- Short term sickness absence
- Job Evaluation
- CPD Management follow-up

It was considered likely that the majority of the recommendations would be completed within the extended timescales. However, some of the progress had been hindered by the disruption caused by the second Covid wave and the movement of the organisation into the “response” mode and the associated demands on the Trade Union Partners and Trust Management. Consequently, two areas had been identified as being at risk of delay and were highlighted by exception for the Committee’s attention.

The first of these was the action required to develop a refreshed model of Trade Union (TU) working, facilities agreement and standardised mechanism for reporting and recording TU time and activity. A trial of the standardised process to request TU time had been agreed, effective from 2 February 2021, for a period of 2 weeks, and was completed by TU Partners. Further meetings were scheduled to review the Facilities Agreement in order to agree and implement a standardised process for requesting and recording TU time.

The second point of concern was in relation to the Drivers Medicals and a possible delay in the Driving at Work Policy going through Policy Procedures. It was envisaged that, following consultation with Occupational Health, Appendix 4 would be removed from the Policy and replaced with face-to-face assessments with all Trust drivers throughout their career. However, the cost implications of this proposed change in approach would need to be considered. A centralised system for recording driving licence information was also being explored.

Members received the progress summary and commented on the importance of continued partnership working as this had proven to be beneficial to both the Trust and Trade Union colleagues. Members noted that the events of the last 18 months following the start of the pandemic had placed great strain upon this relationship and it was very positive to see the continued commitment from all concerned. Accordingly, work would continue to achieve the recommendations set out within the internal audit report along with further discussions around continuing professional development for Trust employees.

**RESOLVED: That the report was NOTED.**

**27/21**

## **FACILITIES TIME AUDIT UPDATE**

Members were asked to note the report which provided an update on progress against the Trade Union Release Internal Audit report and associated recommendations with relevance to the People and Culture Committee. The Committee had previously been provided with an overview at the meeting held on 4<sup>th</sup> February 2021 and were sighted on the recommendations and status of the agreed actions. In addition, Members were updated on the potential risks to delivery together with an outline of the impact of Covid-19 on the delivery of the agreed action plan and the impact on timescales for completion.

**RESOLVED: That the report was NOTED.**



**COMMAND POLICY**

Clare Langshaw introduced the Command Policy and explained to Members that currently, the Trust did not have a policy in place which provided governance for its command activities. Therefore, the policy had been written to mitigate the risk of the Trust not having a Command Policy available for its commanders.

The report explained how the policy had been written using the National Ambulance Service Command and Control Guidance along with the Standards for NHS Ambulance Service Command and Control to ensure the Trust had a robust policy providing best practice and support for commanders and those staff that provided Command Support roles.

The policy introduced competency assessments for all commanders within the Trust along with Continuous Professional Development standards that commanders would need to achieve each year. This would ensure that staff in this role had a clear understanding of the expectations placed upon them and that their command capabilities were maintained.

The report also explained how the policy had been through the relevant stages of the policy review process and had previously been agreed by the Policy Review Group, the Trade Union Group and the Executive Management Team.

Members received the report and noted that the Command Policy had gone through rigorous scrutiny before coming to the Committee. Members were fully supportive of the policy and welcomed the clarity and comprehensive guidance it provided.

**RESOLVED: That the Command Policy was APPROVED.**

**ALL WALES SPECIAL LEAVE POLICY**

Helen Watkins introduced the All Wales Special Leave Policy and asked Members to note the revised policy prior to it being adopted by the Trust. The revised policy had previously been reviewed in partnership, and was agreed by the Welsh Partnership Forum on 12 November 2020 and had since become the standard policy for the application of special leave within the NHS in Wales. In addition, the policy could only be amended through agreement by the Welsh Partnership Forum.

Members noted the revisions and the requirement for agreement by the Welsh Partnership Forum for any further amendments. No further questions or queries were raised by Members prior to the policy being approved.

**RESOLVED: That the revisions were NOTED and the All Wales Special Leave Policy was APPROVED.**

**ALL WALES RECRUITMENT AND RETENTION PAYMENT PROTOCOL**

Helen Watkins updated Members on the revised NHS Wales Recruitment and Retention Payment Protocol which had also been reviewed in partnership, and agreed by the Welsh Partnership Forum on 12 November 2020. This had now become the standard protocol within the NHS in Wales, and as with the Special Leave Policy, could only be amended through agreement by the Welsh Partnership Forum.

Members were asked to note the revised All Wales Recruitment & Retention Payment protocol which was then to be adopted by the Trust. No additional comments or questions were received from Members and the revisions were noted.

**RESOLVED: That the revisions to the All Wales Recruitment and Retention Payment Protocol were NOTED and the Protocol was APPROVED.**

**RESPECT AND RESOLUTION POLICY FOR NHS WALES**

Helen Watkins and Claire Vaughan discussed the Respect and Resolution Policy for NHS Wales with Members and explained that the purpose of the report was to note the policy which was to be adopted by the Trust. As with the previous policies, this had been developed in partnership and was agreed by the Welsh Partnership Forum on 17 March 2021, and from 1 June 2021 would become the standard policy for Respect and Resolution within the NHS in Wales. The policy would replace the current All Wales Grievance Policy and Dignity at Work Process.

Members were informed that the policy had been developed as part of a very different approach to the Trust's traditional all Wales policies and procedures. It was felt that through working on a replacement to the Grievance Policy and Dignity at Work Process, there was a real opportunity for employers and Trade Union colleagues to work together to re-focus the traditional way of doing things and move to establishing ways of working which focused on early intervention and the prevention of problems through building healthier working relationships and workplaces.

Claire Vaughan explained the policy was the culmination of 18 months of engagement across Wales between different organisations and groups around their experiences of Grievance procedures and Dignity at Work. This approach aligned with the broader work being undertaken across NHS Wales by organisations on values and behaviours including the approach set out in the Workforce Strategy for Health and Social Care such as compassionate leadership.

Members received the update on the policy and noted the work which had been undertaken to create the policy before approving it for adoption by the Trust.

**RESOLVED: That the Respect and Resolution Policy for NHS Wales was NOTED and APPROVED.**

**COMMITTEE REVIEW**

Keith Cox gave a verbal update on the Committee Review and informed Members that previously, it had been agreed that feedback would be sought from Members and regular attendees to get a feel for whether the Committee was on course and providing effective support to the Board. To that end, the format and structure of these questions had now been agreed with the exception of a few minor points which were due to be agreed imminently. Therefore, it was anticipated that the results of the survey and the feedback provided would be available for review at the next People and Culture Committee meeting in September.

Paul Hollard and Claire Vaughan confirmed that they had been sighted on the initial questionnaire and were happy for this to go out to Members and regular attendees when the remaining minor points had been agreed.

**RESOLVED: That the report was NOTED.**

**OPERATIONS QUARTERLY REPORT**

Lee Brooks gave an overview of the Operations Quarterly Report and brought Members up to speed on the latest developments within the Operations Directorate. Highlights included:

- Operations Directorate Management Structure - All comments and queries received as part of the consultation had been considered and the final structure, containing responses to feedback was published on 26th April 2021. One to one meetings with staff who were directly impacted by the changes had taken place ahead of the organisational announcement. The Trust would now enter the implementation phase and expected this to take several months. However, the aim was to have structures in and settling prior to the start of any winter pressures.
- The Duty Operations Manager (DOM) and Senior Paramedic (SP) work continued to progress well with the first DOM's having now started their inductions and training.
- Modernisation of Working Practices' - Modernising some practices was now required as the Trust began to see investment come to fruition. Discussions were ongoing with Trade Union (TU) partners on a proposal seeking to modernise rest breaks and end of shift arrangements coupled with the management of CPD time. Following an agreed period for TU colleagues to consider options and proposals, discussions were set to recommence in May 2021.
- Uniform for Trust volunteers (Community First Responders and Volunteer Car drivers) had been procured through year end funding. This was an exciting development which incorporated volunteers into Team WAST. The Trust's revised Uniform SOP was required before uniform could be distributed; however, this was expected to enter the governance structure imminently. In addition to uniform, replacement response bags, airways manikins and equipped kit bags to support extended skills for Community First Responders had also been purchased.

- Marauding Terrorist Attack (MTA) training in the form of briefings for Trust commanders was being provided to ensure that the Trust complied with recent changes aligned to the JESIP Joint Operating Principles

Members received the update and noted the ongoing work and developments highlighted within the report. Members were also pleased to see volunteers from the Community First Responders and Volunteer Car Drivers being issued with Trust uniforms, recognising their contribution and status as fully integrated members of 'Team WAST'.

**RESOLVED: That**

**34/21**

## **WORKFORCE PERFORMANCE SCORECARD REPORT**

Helen Watkins provided an overview of the key workforce performance data and trends up to March 2021 along with the associated improvement actions. The Committee were asked to note the following headlines and key trends by theme:

- Planning and Resourcing - Work was continuing on improving recruitment timescales as part of the Resource Availability work programme with improving performance against KPIs for non-EMS related recruitment activity. Discussions were ongoing on the progression of phase 2 on the deployment of an addition 6 to 8 Mobile Testing Units (MTU's) across Wales. The programme team were currently seeking suitable estate that MTUs could be deployed from. Clarity was still being sought to ensure any progression would not fall within TUPE regulations.

In alignment with improvement measures put in place with regard to Job Evaluation, specific metrics had now been added to the Dashboard, providing an overview of the number of job descriptions in process, the number of job descriptions completed and the average number of days to complete.

- Improving Attendance - Across the Trust, March 2021 saw a decrease of sickness absence to 7.02% compared with February's figure of 7.68%. The current sickness was broken down as 4.58% long term sickness (LTS) and 2.44% short term sickness (STS). Covid-19 absences across the Trust for March 2021 were 1.69%, a decrease from 2.48% in February 2021. Covid-19 absences were 0.93% LTS and 0.76% STS. The Trust also had 28 staff members who were on long term sickness absence as a result of Covid-19 symptoms. This was a reduction of 5 from the previous month.

Meetings were continuing to be undertaken across directorates with attendance from HR and OH to support absence management. Considerable focus had been given to supporting staff returning from shielding and those staff on long term sickness absence due to long-covid. To further develop the Workforce Performance Dashboard the Occupational Health and Wellbeing Team would develop suitable metrics to monitor the health and wellbeing of Trust colleagues.

- Education and Training – There had been reduced compliance in statutory and mandatory training, associated with delayed commencement of the 2020/21 CPD programme. As reported at the last Committee meeting, selected topics had been made available in e-Learning format using both the ESR My Learning gateway and WAST Learning Zone. Education and Training colleagues were actively engaging with Operations colleagues and Trade Union Partners to improve and increase compliance rates. As a result of colleague feedback on the functionality of the e-Learning and ESR platforms, the Education and Training team were continuing to support colleagues with completion, providing user guides and supportive video tutorials. The team had further meetings scheduled with the Ambulance Response Team to update on year end compliance and discuss actions to be taken with staff who are not compliant to CSTF. It was anticipated that the Education and Training Team would take this opportunity to introduce the 2021/22 CPD which reintroduces some face-to-face delivery.

- Leading and Engaging - Recognising the impact of the pandemic on the completion of PADRs, the Executive Management Team had approved a revised approach up until March 2021, focussing on the well-being of staff. The light touch PADRS and Well-being 1-1 conversations resulted in 174 forms being returned and uploaded to ESR. This approach been very well received and work was now underway as part of a PADR review to integrate these into the PADR discussions on an on-going basis.

Members received the report and queried the current compliance rates around PADR's and Statutory and Mandatory training. Helen Watkins acknowledged that PADR figures were probably not what the Trust would have liked, albeit the result of a very difficult and challenging twelve month period. Focus was now being shifted towards conducting and recording PADR sessions as well as looking at incorporating some of the very positive and well received feedback from the light touch approach which focussed more on the wellbeing of staff. Members noted the unprecedented pressure and strain which the Trust had been subject to as a result of the pandemic. However, while this had made it increasingly difficult to set aside 1-2-1 meetings between staff and managers, it was vital that in the future, time was allocated for these sessions to take place.

**RESOLVED: That the content of the report was NOTED.**

**35/21**

## **STRATEGIC EQUALITIES OBJECTIVES UPDATE**

Dr Catherine Goodwin gave a report to the Committee which provided an update on the Trust's Strategic Equality Objectives, which had previously been approved by the Trust Board in May 2020. The report provided summaries of each of the Trust's four Strategic Equality Objectives along with several other significant developments since the publication of the objectives.

These included the Reverse Mentoring Project, Inclusion Network, Neurodiversity Learning Launchpad, Webinar participation and hosting, increase in reporting of racist incidents towards staff, recruitment of the Equality lead within OD and early discussions with GoWales to provide work placements for those from diverse communities.

Furthermore, as part of the Association of Ambulance Chief Executives (AACE), the Trust had committed itself to the Stamp Out Racism promises and these were being shared across the organisation.

Members received the update and welcomed the progress and work being undertaken to achieve the Trusts strategic equality objectives. Members were particularly pleased to see the Trust's commitment to the AACE Stamp Out Racism promises and the clear stance which had been adopted.

**RESOLVED: That the contents of the report were NOTED.**

## **36/21 GENDER PAY GAP REPORT**

Dr Catherine Goodwin provided the Committee with a summary of the gender pay gap data for 31 March 2021. The key issues identified in the report were:

- Women employed by the Trust continued to be paid less per hour than male employees.
- In the upper quartile of highest paid workers within the Trust, 37.49% were women. There was a more even split in the three lower quartiles.
- More men than women were employed at all banding levels (apart from band 3), reflecting the overall slightly higher proportion of male employees within the Trust. However band 6 and band 8c had a significantly higher proportion of men than women at that level.

Dr Goodwin then outlined plans to decrease the gender pay gap, including thinking about flexible working, the women's mentoring network, barriers for women accessing paramedicine, the role of the inclusion network and the school outreach programme. It was recognised that from an organisational perspective, although there were disparities between male and female employees, overall the gender pay gap within the Trust was considered to be much lower than other comparable organisations. However, work would continue within the Trust to ensure that any disparities were minimised and any form of gender pay gap was reduced to the lowest possible levels.

Members received the report and noted the current position in regards to the gender pay gap along with the ongoing efforts and strategies to reduce this further.

**RESOLVED: That the report was NOTED.**

**BEHAVIOURS REFRESH**

Jonathan Stott and Jill Williams, behavioural psychologists from Honne Partners Ltd gave a presentation on the proposed behaviours refresh which would look at how the Trust could address difficult issues and immotive subjects, particularly in the wake of a very testing period which had seen enormous pressure placed upon staff and the service as a whole. The aim of this was to make the Trust as inclusive as possible, allowing for free and frank discussions and exchanges of views between managers and staff with an aim to building a more collaborative workplace where staff were engaged in the process.

The presentation set out the key aims of the refresh where it was envisaged that the process would enable leaders to be skilled in listening to the workforce who were 'the voice' of the organisation to better understand their feelings, frustrations, what was working well and whether anything needed to be changed. Over time, it was hoped that this would build a clear picture of the Trusts' culture, sub-cultures and what drove staff. A refreshed set of organisational behaviours could then be shaped along with a plan for how to embed these behaviours and achieve sustained change within the organisation.

Members received the presentation and expressed their enthusiasm and support for the behaviours refresh and its ambitions. It was noted that achieving the aims of the refresh would require significant engagement from staff and queried how the Trust would set about ensuring that sufficient numbers took part. Jonathan Stott informed Members that previous feedback from staff had shown an appetite and a desire for an organisational behaviours refresh and work was ongoing to ensure the most effective, engaging and inclusive messaging was used when the refresh was eventually communicated to staff. Estelle Hitchon confirmed that discussions had taken place around how the refresh would be framed and communicated. It was vitally important that staff bought into the aims of the refresh and contributed to the discussions as this would ultimately determine the direction and shape of the behaviours refresh.

**RESOLVED: That the Behaviours Refresh was NOTED.**

**DIGITAL STRATEGY: WORKFORCE ENABLERS**

Andy Haywood gave a verbal update and provided Members with an introduction to the Digital Strategy Workforce Enablers. The update focused on providing a digital workplace which would provide staff with all the training, tools and information required to perform their role to the highest level, anywhere, anytime from any device. This built upon the recognition that the Trust and its staff were becoming increasingly reliant upon technology, especially as home and agile working became more routine within the organisation.

This approach ensured that the Trust was in line with a number of Welsh Government and UK Government policies as well as Trust Strategies including:

- A healthier Wales – Strategic Digital Aim: Transforming Digital Services for Professionals.
- Wales 4.0 – Workstream 4: Delivering Education and Skills for the future of work.
- The Topol Review – Principles 2 & 3
- Welsh Ambulance Services NHS Trust - Delivering Excellence: Our Vision for 2030.

Andy Haywood explained that the Trust would review any cultural, wellbeing or organisational development considerations that could arise through the use of new technology, such as prolonged moves into remote working. Consideration would be given to training and skills development in order to facilitate the transition, expanding the roles of 'Digital Champions' within the workforce. The aim of this was to improve the remote working experience while contributing to the wider organisational change requirements brought about by new models of working. This would help the Trust achieve its aim of being an employer of choice for digital healthcare professionals, graduates and apprentices, supporting the vision for Wales 4.0.

Members received the update and welcomed the initiatives and aims of the workforce enablers. Members noted the importance of ensuring that a wide and varied group of staff were consulted and involved in the development process. This was particularly true of those who were perhaps not as comfortable using new technology or new systems of working as they were likely to be affected the most. Furthermore, this would help identify areas where a technological fix may not be possible and older systems of working would need to remain in place.

**RESOLVED: That the Digital Strategy: Workforce Enablers, was SUPPORTED.**

**39/21**

## **ISSUES TO BE RAISED AT BOARD**

The Chair observed that many of the items raised at the People and Culture Committee may warrant further scrutiny at Board. Accordingly, these would be discussed with Claire Vaughan prior to deciding which items would be taken forward.

**RESOLVED: That That further discussions were required in order to determine which items may be raised at Board.**



**PARTNERSHIP WORKING ANNUAL REPORT**

Helen Watkins introduced the Partnership Working Annual Report, highlighting some of the key areas of activity which had been undertaken in partnership through the Trade Union Partner (TUP) Cell. The TUP Cell was established as part of the partnership working response to Covid-19, during the period 1 April 2020 – 31 March 2021 and throughout this period the TUP Cell had met in place of the Welsh Ambulance Service Partnership Team (WASPT). The Cell had continued to work in partnership through a number of important issues, with good membership across all Trade Unions, executive colleagues and senior leaders.

Throughout the pandemic, Trade Union Partners had also been key members of the Health and Safety Cell, Logistics Cell, Business Continuity and Recovery Cell and Infection Prevention and Control Cell as well as the Strategic Pandemic team and their contribution was welcomed. Whilst recognising that there had been considerable partnership working throughout the period, there was now an acknowledgment of the need to review and consider how this was taken forward in an agile way. Therefore, a series of workshops were held during March and April, with honest discussions encouraged from all sides.

Members of the TUP Cell, with input from other key stakeholders, were invited to consider how they would describe partnership working within the Trust, what was getting in the way of early engagement, and what needed to change. Following this, an action plan was developed which captured the key outcomes and themes from these workshops and this would now be used as an opportunity to refresh and reset current partnership working arrangements and infrastructure going forward into 2021/22.

Members received the report and noted the difficulties faced by the Trust and its partners during the pandemic. Members acknowledged the success of the partnership working which had proven to be beneficial throughout the period and welcomed further meetings and discussions, perhaps on a similarly frequent basis to those over the last 12 months. Finally, Members expressed their desire to continue partnership working in the future to address other issues as they arise.

**RESOLVED: That the report was NOTED.**

**MINUTES OF SUB GROUPS**

The Minutes of the Equality, Diversity & Inclusion Steering Group and the Minutes of the Strategic Education Steering Group were agreed as a correct record.

**RESOLVED: That the Minutes were AGREED.**

**42/21 ANY OTHER BUSINESS**

Members thanked Keith Cox for his contribution to the People and Culture Committee and wished him well for the future ahead of his retirement.

**Date of Next Meeting: 07 September 2021**

## **CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (CLOSED SESSION) HELD VIA MICROSOFT TEAMS ON 11 May 2021**

**Chair: Paul Hollard**

### **PRESENT:**

Paul Hollard	Non Executive Director and Chair
Chris Turley	Director of Finance and Corporate Resources
Claire Roche	Director of Quality and Nursing
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Angela Roberts	Trade Union Partner
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Keith Cox	Board Secretary
Sarah Davies	Workforce and OD Business Manager
Andy Swinburn	Associate Director of Paramedicine
Claire Roche	Director of Quality Governance and Nursing
Paul Seppman	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Helen Watkins	Deputy Director of Workforce and OD
Andrew Challenger	Assistant Director, Professional Education & Training
Jeff Prescott	Corporate Governance Officer

### **APOLOGIES:**

Sharon Thorpe	Trade Union Partner
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### **05/21 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was closed to members of the public and was being audio recorded.

### **06/21 DECLARATIONS OF INTEREST**

The standing declaration of Professor Kevin Davies as Independent Member of St John Cymru was recorded.

**RESOLVED: That the declaration as described above was RECORDED.**

## **07/21      REPORT ON 4 MONTH+ SUSPENSIONS AND TRIBUNALS**

Helen Watkins updated Members on the number of suspensions in the Trust which were over 4 months in duration. The report also included a short summary of cases which had been lodged with the Employment Tribunal.

The report showed that there were currently five employees who had been on suspension for over four months under the Disciplinary policy within the Trust. In addition to this, four cases had been lodged with an Employment Tribunal against the Welsh Ambulance Services NHS Trust.

Helen Watkins provided Members with brief details of each case along with the reasons for suspension and the grounds upon which the Trust was being taken to Tribunal. Members received the update and noted the contents of the report.

**RESOLVED: That the contents of the report were NOTED.**

## **08/21      ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting: Tuesday 07 September 2021**

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 7 MAY 2021 VIA TEAMS**

#### **PRESENT:**

Bethan Evans	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director

#### **IN ATTENDANCE:**

Hugh Bennett	Head of Planning and Performance (Part)
Julie Boalch	Corporate Governance Manager (Part)
Lee Brooks	Director of Operations
Stephen Clarke	Head of Mental Health
Andrew Clement	Partners in Health Coordinator
Darryl Collins	Head of Patient Safety, Concerns and Learning
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Alison Johnstone	Partners in Healthcare Manager
Ceri Jackson	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director (Part)
Steve Owen	Corporate Governance Officer
Catharyne Punyer	Investigation Supervising Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Claire Roche	Executive Director of Quality and Nursing
Gareth Thomas	Patient Experience and Community Involvement Manager
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

#### **OBSERVERS**

Urvisha Perez	Wales Audit Office
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#### **APOLOGIES**

Rachel Marsh	Director of Strategy and Planning
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#### **15/21 PROCEDURAL MATTERS**

The Chair extended a warm welcome to everyone including Ceri Jackson, the newly appointed Non Executive Director to her first Quest Committee meeting. Attendees were advised that the meeting was being audio recorded. The Chair referred the Committee to

Emrys Davies' declaration as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales.

## **Minutes**

The minutes of the meeting held on 23 February 2021 were confirmed as a correct record.

The action log was considered:

Action Number 36. Update in combining the IPR and Quality Assurance reports. Claire Roche advised this would be referenced further in the meeting. Furthermore, there will be a focus on the quality and performance metrics which will be the starting point in terms of how the reports would be aligned going forward. These future reports would clearly demonstrate the metrics and identify progress. Action Closed

Action number 37. Update on Risk ID 322 (registered Fit testers). Jonathan Turnbull-Ross updated the Committee on the measures undertaken in order to address the risk. The Trust had significantly improved its Fit testing compliance and further work was underway to progress this. He added that the risk would be monitored by several groups and forums and advised that at the next meeting an update report would be provided. The action would remain on the log

### **RESOLVED: That**

- (1) the Minutes of the Open meeting held on 23 February 2021 were confirmed as a correct record;**
- (2) the standing declarations of Mr Emrys Davies as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales were noted; and**
- (3) consideration was given to the Action Log as described above.**

## **16/21 PATIENT EXPERIENCE**

Leanne Hawker introduced the patient experience which related to Tony. The Committee viewed a video in which Tony related his experience.

Tony explained that during a training session at his local gym last November, whilst he was exercising he sustained an injury to his knee. He was in extreme pain and was unable to move. The ambulance service was called and during the five hour wait the pain became more unbearable, he was also suffering from shock. The ambulance service was called again and this time the call handler spoke to Tony. Tony was advised there were 170 people ahead of him in the ambulance queue and that he should make his own way to hospital.

Tony, on receiving this news felt abandoned and was confused as to what to do next. He was desperate to receive some form of pain relief and continued to wait for the ambulance as making his own way to hospital was as he stated, "not an option"

Finally a paramedic arrived who instantly recognised the severity of the injury. Pain relief was administered immediately and they called for an ambulance to take him to hospital.

On arrival at the Grange hospital there followed a two hour wait and once admitted he underwent a knee operation and was then discharged after 10 days.

His admiration for the paramedics was clearly evident during his recollection of the incident and he could not thank them enough adding they were a credit to the service.

He hoped this story would have an effect on the long waits some patients experienced following a traumatic injury

Comments:

1. Leanne Hawker advised that following this incident the Trust had provided Tony with several areas to access information which could assist him in dealing with the issues he experienced
2. Claire Roche commented that she and the Chief Executive had met with Tony and his family; during the meeting Tony relived his experience and became very tearful and distraught. She added that Tony's story and Mr McTaggart's story would be shared at the Aneurin Bevan Health Board Quality group meeting next week. These stories, amongst others would be the vehicle to drive change across the NHS system. Furthermore, Claire advised that she would be contacting Tony following this meeting.
3. Members recognised this had clearly been a very traumatic experience for Tony and suggested it might be worthwhile that Tony sought the help from a sports psychologist going forward
4. Lee Brooks formally requested the Committee to explore the possibility of enabling Community First Responders to administer pain relief in situations like this. Claire Roche agreed to present this to the Clinical Quality Governance Group for discussion and update the Committee at its next meeting. Duncan Robertson agreed to escalate this to the Medical Director and the Associate Director of Paramedicine for their comments in determining the next steps going forward
5. The Committee recognised the courage of Tony to share his experience and suspected there would be other people in the community who had experienced a similar incident but were unwilling to come forward
6. Members noted that these types of stories relating to ambulance delays were becoming more prevalent. The Committee would again be escalating the issue of ambulance delays to the Chair of the Trust for him to reinforce the message to the Health Minister.
7. The Chair was struck by the fact that when Tony was speaking to the call handler and was told there were 170 people ahead of him, he used the phrase that this had felt really cruel and inhumane. It may be prudent to consider going forward how the Trust could manage the communication and expectations with the patients during the call handling process.

The Committee expressed their frustration and were extremely disappointed in terms of the unacceptable wait for a suitable response to Tony's situation.

### **Patient Story Diagram**

Claire Roche gave an update on Karen's story which had been presented to Quest at its last meeting. Claire explained the story had been shared widely across the NHS system including the integrated clinical governance group. This group had been commissioned by Welsh Government and focused on the clinical governance responsibilities during the patients' journey through the NHS system and how to improve that journey from the patient's perspective.

The Committee welcomed the update and stressed that navigating through the various clinical pathways and making it less complex must be standardised on an all Wales basis

Wendy Herbert advised that an initiative looking at improving the patient experience especially those with sensory loss was underway.

Leanne added that during Trust's carers' awareness week scheduled for June 7 – 13, several themes and trends from Karen's story would be used to shape the discussions of that week

**RESOLVED: That the patient story and the patient story diagram was noted.**

**17/21 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) HIGHLIGHT REPORT**

Leanne Hawker gave an overview of the report and drew attention to the following point

Accessibility to NHS Services. The Trust was working tirelessly with Health Board colleagues to improve the access to services for the people of Wales.

Comments:

1. Members commented that access to the Trust's website could be improved. Leanne advised there was a lack of resource and investment to bring about improvements. Claire Roche assured the Committee that this issue had been discussed at Executive Team level and was seeking the appropriate funding
2. Was the Trust also looking to improve the accessibility for those people with a sensory loss, particularly the elderly? Claire Roche advised that a framework for older persons had been formalised and gave details of its contents. She added that this framework would be presented at the next Quest Committee meeting.
3. In terms of engagement, it would be useful to have more detail regarding the outcomes of those engagements. Leanne Hawker advised that the narrative within future reports would be illustrated in future reports.

**RESOLVED: That**

- (1) members acknowledged the need to ensure focus and investment was given in ensuring that the Trust is becoming accessible to all members of the public;**
- (2) approved the Highlight Report for release to the Patient/Public Network and external stakeholders; and**
- (3) noted and supported the actions being taken forward.**

**18/21 MONTHLY INTEGRATED PERFORMANCE REPORT – March 2021**

Hugh Bennett gave a brief overview of the report and drew attention to the following areas:

1. The call answering for 999 calls continued to be excellent and exceeded the target rates. 111 calls answering had slightly declined and were outside of the 5% target
2. Ambulance response - Red performance was 62.5% which continued to be a cause



for concern. The amber one median was 32 minutes – the benchmark was 35 minutes.

3. An additional 127 staff would be recruited this year which would help in meeting the 97% Unit Hours Production target
4. Ambulance waiting times for patients continued to be an issue
5. The NEPTS targets had been achieved; it should be borne in mind that demand was currently restricted due to the pandemic
6. Serious Adverse Incidents (SAI) and Concerns – seven SAI's had been reported to Welsh Government. In terms of formal responses to concerns the target had been achieved
7. Military aid had ceased in April, this may have an impact on the Trust's response
8. The overall staff sickness absence was currently at 7.71%, which in the context of Covid was low
9. PADR's and statutory and mandatory training compliance were below target and this was related to the pandemic response
10. The Hear and Treat and See and Treat rates had improved
11. In terms of hours lost with handover delays 7,045, over 60% of these were attributable to the Aneurin Bevan and Betsi Cadwaladr Health Boards

#### Comments:

- 1 Post production lost hours, could an analysis be conducted to identify the causes? Lee Brooks agreed to conduct some proportionality work and update the Committee at the next meeting
- 2 Red and amber response times, how much was in the Trust's gift to improve and influence? Lee Brooks explained there were numerous variables which affected the response times and gave certain circumstance which were within the Trust's gift. Hugh Bennett advised of the 23 factors which affected response times, only three or four were within the Trusts' gift to control/influence; for example post production lost hours
- 3 Members recognised that sickness absence had always been an issue and suggested a renewed focus in this area be applied to address it
- 4 In terms of PADR's the Committee noted that a light touch was being applied. Were these still happening and were they included in the 46.9% compliance rates? Hugh Bennett agreed to confirm if this was the case. With regard to compliance in respect of Corporate staff, Paul Hollard advised that this would be considered at the People and Culture Committee at its meeting next week
- 5 How does the Trust separate what it is able to control from looking at the metrics and gain the necessary assurance? It was agreed that a discussion would be conducted offline which would involve several NED colleagues and the Director of Planning and Performance

- 6 Lee Brooks advised that his team would be looking at the issue of PADR's. He assured the Committee that regular performance and capacity meetings were held in which a number of performance measures were looked at.
- 7 In terms of red performance, Lee expressed his concern in this regard and was anxious that red demand would continue to grow based on the assumption of the developing and residual cardiac and respiratory conditions from the pandemic. Current forecasting suggested that the red performance target of 65% would not be reached throughout summer.

**RESOLVED: That**

**The Trust's March -21 Integrated Quality and Performance Report was considered and actions being taken and determined whether:**

- a) the report provided sufficient assurance;**
- b) whether further information, scrutiny or assurance was required, or**
- c) further remedial actions to be undertaken through Executives.**

**19/21 QUARTERLY QUALITY ASSURANCE REPORT**

Jonathan Turnbull Ross, prior to giving an overview of the report advised the Committee that the format of the report being presented was not being displayed correctly through ibabs. He gave assurances that the final document would be displayed correctly.

The report demonstrated the Trust's position against the commissioning core requirements and the all Wales health and care standards (2015) for the period January– March 2021.

In terms of highlights from the report the following key areas were highlighted:

1. The number of SAI's taken to Serious Case Incident Forums had significantly increased.
2. The quality and clinical governance group has been established which would meet on a monthly basis going forward.
3. In terms of the report itself, it would now be prudent to illustrate the relevant metrics to the Committee for its assurance; as an example a key metric would be health and safety.
4. From a health and safety perspective, the pandemic had given rise to the need for further training, a refresh of relevant risk assessments and safe systems of work. These were now progressing well and a great deal of work had been and will continue to be undertaken to ensure compliance

Comments:

1. In terms of the STEMI (the most serious form of Heart attack) care bundle compliance which was shown as 60%, (a reduction from February) what were the causes of this reduction? Duncan Robertson explained that the issue was part of the further ongoing detailed analysis and targeted work and gave further details in terms of how it was being addressed. The medical and clinical services directorate would embrace this as a piece of work going forward, the results of which would be monitored through the

clinical quality governance group; following that an update would be provided to the Committee

2. Risks 223 and 224 – It was agreed that a detailed review would be conducted and Claire Roche would update the Committee at the next meeting on progress. Members recognised also that these risks would be highlighted later in the Agenda within the Committee Assurance Report.
3. In terms of the issues regarding the timeliness of undertaking mortality reviews and the increasing backlog of cases to be reviewed, when would the issue of downloading this data from the Corpuls monitor be resolved? Also which risk register should mortality reviews be monitored on? Duncan Robertson confirmed that they would be on the directorate register. He gave an explanation regarding how the mortality reviews were carried out advising that due to technical issues the process was elongated in terms of downloading the information. He advised that the Trust were in talks with Corpuls to upgrade the current system and speed up the downloading process. Furthermore, Dr Brendan Lloyd commented that the purpose of these reviews was to learn lessons going forward. He added that the sheer volume of reviews had been one of the casual factors in the backlog of cases and it may be worthwhile to review a sample of cases as opposed to every single one going forward. Wendy Herbert assured the Committee that any issues identified through the mortality reviews would be scrutinised at the Serious Case Incident Forum
4. How was the Trust assessing home working conditions and was there any support for lone workers? Claire Roche commented that all staff had been required to complete a Display Screen Equipment assessment which would include an ergonomic assessment. Currently a review was underway to monitor compliance and also the breakdown of staff working from home or office based was being assessed by the business continuity and recovery cell. In addition, as part of the IMTP the Trust was committed to a 'working safely transformational programme' overseen by the Executive Management Team

**RESOLVED: That the Committee received the report and noted the ongoing work.**

## **20/21 QUARTER FOUR PATIENT SAFETY REPORT – 1 January 2021 – 31 March 2021**

Darryl Collins presented the report as read and highlighted the following points:

1. There was a slight Reduction in compliance with the 30 day formal response target
2. A reduction in the number of cases categorised as catastrophic was reported
3. Details of the actions emanating from the extraordinary scrutiny panel were provided which included the production of an aggregated review
4. Putting Things Right – it should be noted that the financial year the average target of response to concerns was achieved
5. Serious Case Incident Forums, 16 were convened which considered a total of 100 cases, an increase of 23 from the same period last year.
6. Clinical learning, eight clinical notices had been distributed and one regulation 28 had been closed. 80 clinical reviews had been undertaken during this reporting period and a formal note of thanks was recorded for Duncan Robertson and his team for their assistance

Comments:

1. Claire Roche asked the Committee to formally record its thanks to Darryl Collins, the PTR team and the patient safety managers within the CCC for its work in achieving the required targets during the pandemic
2. A new serious incident reporting framework was being established by the Delivery Unit which the Trust would share its own learning
3. Members asked that, as this was a public facing document, abbreviations should be written in full where required.

**RESOLVED: That the Committee received this report for information and discussion.**

## **21/21 QUALITY STRATEGY**

Claire Roche gave some background information in terms of the strategy's development and timeline adding that it had the full support of EMT. Furthermore a note of thanks to all those involved in its production was recorded.

Jonathan Turnbull-Ross presented the Committee with a presentation and drew attention to the following areas, providing more detail where relevant:

1. Timelines and development. The strategy had been greatly influenced by Covid-19 and indeed had been enriched by it.
2. Strategic influences – these included Delivering Excellence and several legislative documents and acts; such as the Health and Social Care (Quality and Engagement) Wales Act 2020
3. The landscape was evolving and ever changing and the strategy was influenced by the following factors: Learning from the pandemic, Digitalisation, the need to improve the positive patient experience and other factors such as an ageing population
4. Creating a culture of Quality and Candour – this was firmly embedded in the strategy and the Trust should remain open, transparent and honest and in particular acknowledge when expectations both from staff and patients has not been fully met.
5. Quality Management Systems – The Trust was focused on strong governance and quality management structures through quality leadership, empowering staff to be more proactive and improve data reporting at all levels
6. People and Community Network – Leanne Hawker explained that this network would enable inclusion of more diverse ideas and initiatives from the many different communities in Wales. It was an opportunity for the public to actively participate in the ongoing range of service improvement activities and working with staff to have their voices heard.
7. The development of the strategy had been further influenced through several forums and stakeholders
8. Wider Leadership Team – Lee Brooks gave an overview of the responsibilities of the team and its strategic quality aims. He added that the overall vision was to deliver excellence

Comments:

1. The Committee felt that within certain parts of the narrative more emphasis should be placed on the outcome of the patient's experience
2. There were other areas of quality that should be captured within the strategy for example administrative work and not just from a staff and patient perspective
3. The Chair commented that this was a huge piece of work noting the challenge in delivering engagement to the public and should not be underestimated. In terms of equitable care what were the issues sitting beneath these? Furthermore, consistency should be applied whether the strategy reflected patient centred or person centred. Were the transformational aspirations demonstrated and clearly captured within the strategy. The Chair advised that further comments would be e mailed offline for input in to the strategy.

Members welcomed the report and it was agreed that any further comments should be submitted by 11 May prior to submission to the Board for its meeting on 27 May 2021

**RESOLVED: That the Committee endorsed the Quality Strategy 2021-24 for Board approval, subject to several comments as described, and thanked the team for its production.**

## **22/21 COMMITTEE ASSURANCE REPORT**

Julie Boalch presented the report as read and highlighted the following;

1. There were currently five Corporate risks assigned to the Committee
2. The two risks. 223 and 224 remained the highest scoring risks at 25 and it was noted that these risks had already been discussed in a previous agenda item
3. Four risks have been de-escalated to the Quality Directorate Register; two had been reduced in score and two now sat under health and safety legislation

**RESOLVED: That**

**(1) the contents of the report was received and discussed; and**

**(2) any specific aspects or concerns highlighted would be raised at Senior Management and/or Audit Committee**

## **23/21 INTERNAL AUDIT TRACKER REPORT**

Julie Boalch presented the report as read reminding Members that the full tracker was continually monitored by the Assistant Directors Leadership Team. The Committee's attention was drawn to the following areas:

1. There were currently 76 recommendations on the tracker;
2. 16 were currently recommended to the Committee for review and scrutiny
3. Of those 16 relevant to the Committee 11 had been completed and five were currently overdue
4. In terms of those overdue under the Committee's scrutiny, they related to the years 19/20 and 20/21; of those 15 relevant to Quest, six were from Limited Assurance reports and nine were from reasonable Assurance reports

5. In terms of the seven high priority recommendations, four had been completed and three were overdue; these related to the cleaning standards review

Comments:

What was the plan to complete the overdue high priority recommendations? Julie commented that they were due for imminent closure. Jonathan Turnbull-Ross confirmed this was the case adding that the Infection Prevention and Control strategic group would be completing these actions

**RESOLVED: That**

- (1) the contents of the report and following was noted;**
- (2) the Trust's proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates, specifically focussing on those relevant to QuEST was considered; and**
- (3) any specific items that the Committee wished to raise to Senior Management or Audit Committee at the next meeting on 3 June 2021 were raised.**

**24/21 HEALTH INSPECTORATE WALES (HIW) EMS CCC PATIENT SAFETY REVIEW**

Lee Brooks provided an overview of the report which was the approved written response to HIW adding that there were no issues in relation to the ongoing actions

Comments

Members were pleased to see the number of actions completed acknowledging the significant amount of work to achieve this

**RESOLVED: That the report was acknowledged and noted**

**25/21 111 RECEPTIONIST PLAN-DO-STUDY-ACT (PDSA) EVALUATION FINDINGS**

The Receptionist concept had been developed by the Clinical Contact Centre Local Pandemic Team (LPT) as a response to increased demand in the pre-pandemic period of the COVID-19 outbreak in response to public concern over the virus. The receptionist model ran from October 2020 through to mid-February 2021.

The caller would ring 111 and ordinarily wait for a call handler to be available who would carry out the initial assessment process and escalate to a clinician if required. The caller would then wait for the clinician to call back. Lee Brooks explained that the concept of the 111 receptionist model was that the receptionist would answer calls prior to the call handler and deal with calls that did not require clinical input.

It had been anticipated that the percentage of calls being diverted away from the call handler assessment and clinician if required was between 9 and 16. There were several periods when this model was tested in order to discover the most operationally effective. This transpired to be Monday to Friday, 9am to 5pm and this led to a 10% reduction in demand from call handlers.

Lee Brooks gave further details in respect of call abandonment rates which still remained relatively high between the receptionist and the call handler; however the abandonment rate prior to the receptionist answering was down considerably.

It should be noted that during the whole process there was only one Datix report was submitted; with no adverse outcome.

The overall waiting time for the caller to speak to a call handler had extended slightly. however this should be tempered with the fact that the caller was in dialogue with the receptionist

Lee Brooks added that the model ceased functioning in February and it had proven to be a well assessed and advantageous concept to use in times of crisis to deal with spikes in demand on the 111 service. Lee Brooks added that the concept would be built into the business continuity plan going forward.

Comments:

Would it be possible to receive feedback from patients to ascertain their perspective on the service provided? Wendy Herbert advised that work was ongoing on all aspects of feedback from patients which would encompass this.

**RESOLVED: That the Committee received and noted the findings of the PDSA evaluation**

## **26/21 MENTAL HEALTH AND DEMENTIA PLAN 2021-24**

Stephen Clarke explained that the Mental Health and Dementia Teams were now integrated into one Improvement Team in WAST and Welsh Government funded both directly. It had therefore been agreed there would be one single plan spanning mental health and dementia.

Members recognised that whilst the Trust workforce were under the umbrella of the well-being strategy, this plan focused on members of the public.

The Committee were provided with further information as follows:

1. Self-harm, especially among young women had tripled coupled with high rates of Post-Traumatic Stress Disorder
2. There were high levels of psychological distress, particularly in young women and people living in poverty
3. 20% of all deaths relating to Covid had a diagnosis of dementia
4. There had been a 20% increase in alcohol related deaths

The Committee were advised that in terms of the actual plan, work was ongoing to make it more user friendly with the final version being presented at Board on 27 May 2021.

Stephen added that the dementia podcast was being broadcasted in the next two weeks and an article on the skills and competence on mental health triage was due for publication soon

Comments:

1. Clarity was sought in terms of Dementia and the referral to social care as it was not clearly illustrated within the plan. Stephen agreed to emphasise this more within the

narrative of the plan.

2. Following a comment regarding 'what does good look like' in the context of mental health, it was agreed this would be illustrated in more detail within the plan
3. It was recognised that the third sector was mentioned in the plan, was there any scope to reference the private sector as a significant number living with dementia and Mental Health issues are supported by this sector?
4. Working towards equality, should this not read equity?
5. Was the Trust confident that it consulted with and reached all parts of Wales for example those that lived in care homes
6. Recruiting and training of mental health practitioners as one of the initiatives to reduce the rates of conveyance to ED's; it would be worthwhile to add in this section, how the Trust worked in partnership with stakeholders which subsequently would reduce conveyance
7. Claire Roche welcomed the comments assuring the Committee they would be reflected in the final version.

**RESOLVED: That the Committee received the report, its key deliverables and noted the actions included in it.**

## **27/21 OPERATIONS CURRENT/FORWARD LOOK**

Lee Brooks updated the Committee on the following areas:

1. CCC accredited centre of excellence, the required standards had been maintained throughout the months of February and March
2. 111 Peer review – a closure report outlining the high level benefits will be presented to the Finance and Performance Committee next week
3. Marauding Terrorist Attack training for commanders – this was being aligned to recent changes in protocols and tactics contained in the Joint Operating Principles
4. An Incident Response Plan which replaced the Trust's major incident response plan will go live on 24 May 2021
5. The Interoperability Tool Kit, which would speed up the communications between call handlers and ambulances remained on track for completion by 30 June 2021.
6. Hazardous Area response Team - A quality dashboard was being implemented in which the Committee could gain assurance from a quality perspective

Comments:

1. When would the work conclude on the mental health triage system? Claire Roche advised that final confirmation was subject to funding approval, it was hoped this would be agreed shortly
2. The Committee welcomed the report which gave them a fuller picture from an operational perspective



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

**28/21 ITEMS FOR NOTING/APPROVAL**

**Adverse Incident Reporting Policy**

**RESOLVED:** That the policy was approved.

**Date of Next meeting: 9 September 2021**

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 3 JUNE 2021 VIA TEAMS**

#### **PRESENT :**

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

#### **IN ATTENDANCE :**

Lee Brooks	Director of Operations
Judith Bryce	Head of Operational Support
Keith Cox	Board Secretary
Alexander Crawford	Assistant Director of Planning
Helen Higgs	Head of Internal Audit NWSSP
Emma Giles	Audit Lead (Health), Audit Wales
Jill Gill	Financial Accountant
Navin Kalia	Deputy Director of Finance and Corporate Resources
Martyn Lewis	NWSSP
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Michelle Phoenix	Audit Manager, Audit Wales
David Poland	Audit Wales
Paul Seppman	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Kevin Webb	Head of Clinical Audit and Effectiveness
Mike Whiteley	Audit Wales
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Julie Boalch	Corporate Governance Manager
Andy Haywood	Director of Digital Services
Rachel Marsh	Director of Planning and Performance
Claire Roche	Director of Quality and Nursing
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Damon Turner	Trade Union Partner

## **09/21 PROCEDURAL MATTERS**

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

### **Declarations of Interest**

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

### **Minutes**

The Minutes of the open and closed sessions of the Audit Committee meeting held on 4 March 2021 were confirmed as a correct record.

### **Action Log**

The Committee considered the action log:

Number 62: Risk Register Development, Keith Cox advised that work was continuing and the action was to remain on the log

Number 65: Counter Fraud Annual Report, item discussed later in Agenda, to be marked as completed

Number 67: Counter Fraud Risk assessment, item discussed later in Agenda, to be marked as completed

Number 68: Risk management report to contain previous risk score. Completed

Number 69: Risk Management Narrative, Remain on log

Number 70: Process for closing down old recommendations, Remain on log

### **RESOLVED: That**

**(1) the Minutes of the Audit Committee's open and closed sessions held on 4 March 2021 were confirmed as a correct record;**

**(2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded; and**

**(3) the actions referred to in the action log were considered and actioned as necessary.**

## **10/21 ANNUAL ACCOUNTS AND ACCOUNTABILITY REPORT**

### **Draft Accounts 2020/21**

Chris Turley provided the Committee with an overview of the accounts and drew the Committee's attention to the following:

1. Unlike last year there were no extensions to the draft deadlines, the draft accounts had been submitted on 30 April 2021
2. All of the statutory financial duties had been met and a detailed audit had been undertaken by Audit Wales
3. There had been a retained revenue surplus for the year of £70k which was effectively a breakeven position. Income was c£242m and expenditure was c£242m
4. Reference was made to the additional 6.3% employers pension costs and the contingent liability regarding senior clinical pension contributions; the latter being unlikely to impact on the Trust as it mainly focused on consultants working in hospitals
5. Impact of Covid-19 including costs, income and stock levels
6. The Capital in year spend was delivered as set out in the Capital Expenditure Limit by Welsh Government
7. The External Finance Limit was again suspended due to the impact of Covid which had affected the Trust's ability to manage the cash balance
8. Income from patient related activities was £233m with the main part, £172m being received from EASC, other income included £22m from Welsh Government. The main increase for income from last year was mainly due to Covid-19
9. Other operational income was £9m making the total income for the Trust - £242m
10. The Net Book Value of the Trust's tangible fixed assets was £87m
11. Debtors – this had increased by £7m, £4m related to Covid-19

Members recognised that the final version of the accounts and the Audit Wales opinion (ISA 260) would be issued as part of the Board papers on 4 June 2021 for the Board meeting on 10 June and subsequent submission to WG by 11 June

The Committee noted the work undertaken by the Finance team, notably Jill Gill in respect of producing the accounts

### **Accountability Report**

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

The main part was the Corporate Governance report which contained the Annual Governance Statement; and this included governance structures and how the Trust managed risks

The Remuneration and staff report gave details of senior manager salaries and staff numbers.

The Accountability Report, as part of the scrutiny process, had been submitted to Welsh Government and Audit Wales, any comments where applicable had been inserted.

### **RESOLVED: That**

- (1) the Trust's Annual Accounts and Accountability Report for 2020/21 were recommended for formal approval by the Trust Board; and**

- (2) a note of thanks was recorded for Navin Kalia, Jill Gill and their respective teams for compiling the detailed accounts and the detailed audits and for Mike Armstrong in compiling the Accountability Report.

## **11/21 AUDIT WALES REPORTS – AUDIT OF ACCOUNTS**

Michelle Phoenix explained the report presented was the final one which would be submitted to the Board next week. It was intended to issue an unqualified audit opinion on the accounts.

An emphasis of matter was included in the report which related to the contingent liability surrounding the Ministerial Direction issued on 18 December 2019 in respect of clinician's pension tax liabilities. It was noted that the inclusion of the emphasis of matter was in line with all health bodies in Wales

There was one uncorrected misstatement; this related to a provision for £134k for potential staff exit packages which Audit Wales did not feel complied with the necessary requirement. It was noted that the Trust did not amend this provision and had referenced it in the letter of representation on the accounts as it was not a material item.

Other issues as a result of the audit which were referred to in the report related to concerns around the monitoring and recording of assets under construction, the total value of defibrillators and the value of inventories as stated in the statement of financial position. It was recognised that the Trust had invested into a new system which would help to identify assets going forward.

Any amendments to the accounts following the audit were illustrated within appendix three of the report. Michelle thanked Jill Gill and her team in assisting with the audit.

### **Comments**

1. Where do the recommendations from the audit opinion get captured? Michelle stated that the recommendations would be submitted to the Committee in September and would also be updated on the audit tracker for monitoring. Chris Turley added that there were also minor suggested improvements that did not warrant inclusion with the Audit Wales opinion but would be helpful for the Trust to further improve the content of future audits
2. In terms of the Covid spend it was suggested that this should be monitored on a regular basis going forward. Chris Turley recognised that items already noted as Covid spend would become recurrent costs going forward

**RESOLVED: That the Audit Wales audit of accounts opinion report was noted**

## **12/21 INTERNAL AUDIT REPORTS**

Helen Higgs presented the Head of Internal Audit Opinion and Annual Report for 2020/2021.

It was noted that in response to the pandemic the number of audit reviews for the year had been reduced to 17. All of these had reached the final stage apart from the Fire

Safety which had only just been issued as draft and was therefore undergoing accuracy checking ahead of the drafting of a management response.

In total, the following had been issued; two substantial assurances, eight reasonable assurances, two limited and four that were non-rated or advisory. An overall assurance rating of reasonable was given

Any changes to the plan throughout the year had been reported to the Committee

Comments:

1. Chris Turley referred to the Fire Safety review and assured the Committee the outcome was being monitored noting it was still in draft and would be presented at the next meeting
2. Keith Cox asked the Committee to record a note of thanks to Helen Higgs and Osian Lloyd for their help and support throughout the year

Osian Lloyd provided the Committee with an overview of the following reviews:

**Follow up review of 2019/20 Limited Assurance reports: Substantial Assurance.**

The purpose of the report was to ascertain whether the Trust had implemented the recommendations raised in the four Limited Assurance reports from 2019/20. These reports were; Vehicle Hire, Appropriately equipped paramedics, Cleaning standards and Drivers' medicals.

Whilst conducting the review a sample of recommendations were tested which focused on those findings that were rated high and medium priority. An overall substantial assurance opinion had been issued which confirmed that all the recommendations selected had been appropriately completed as illustrated on the Trust's audit tracker

Comments

Keith Cox commented that this review supported the system the Trust had in closing down recommendations by way of the audit tracker.

**Transformation Programmes – Change Management: Reasonable Assurance.** The purpose of this review was to assess the mechanisms in place to effectively capture change in the Trust with a focus on the demand and capacity reviews.

There was one medium and one low priority finding; it was noted that the review was at the higher end of the reasonable assurance given. The findings related to ensuring there was a clear alignment between various programme documentation

The main focus of the review had been on the EMS demand and capacity review and concluded there were the robust arrangements in place.

Comments:

Alex Crawford advised that the Trust had initially felt that the review deserved a substantial assurance and had fed this back to Internal Audit.

### **Concerns and Serious Adverse Incidents (SAI) Management: Substantial**

**Assurance.** The purpose of the review was to ensure that SAI's were being appropriately managed and to consider how the Trust was ensuring that any lessons were being learnt.

The substantial assurance opinion was based on three low priority findings. The review identified that the Trust had a strong framework in place in respect of the management of concerns and SAI's

The Committee noted that the Trust had consistently performed well against the Key Performance Indicators; however it was worth noting that prior to the pandemic the Trust's performance in respect of concerns and SAI management had been a concern and had been reflected on the Corporate Risk Register

**NEPTS Journey Booking and Planning: Reasonable Assurance.** The purpose of the review was to provide assurance that journeys were planned and booked in the most cost effective manner.

The reasonable assurance opinion was based on three medium priority findings. It was recognised that a quality assurance process had been implemented in the booking centre with staff being made aware of performance.

Areas had been identified for improvement and these included; the quality of bookings, consistency of procedures and learning from complaints and incidents

Comments:

Was there going to be a review on the eligibility criteria for patients booking transport? Osian explained that the booking team determined eligibility using a patient needs assessment process. This was paused during the pandemic and was being resumed in due course

### **IM&T Control and Risk Assessment:**

Osian explained this was a final report and presented the report as read

**ICT Disaster Recovery – Limited Assurance:** Martyn Lewis presented the report and explained that the review was designed to confirm that the Trust had the appropriate arrangements in place for ICT disaster recovery.

Overall the review was a Limited Assurance based on three key findings; the process in developing continuity plans was not fully matured, there was a lack of a formal back up policy procedure and there was no procedure for testing the backups. Furthermore, the pandemic had clearly delayed any progress being made

Comments:

1. Members recognised that the resilience work with Operations was being jointly undertaken with the Digital Directorate. This work had been initiated in anticipation of the audit results.

2. It would be beneficial to have more regular updates in terms of systems failures
3. There was a need to ensure that the actions were completed within the specified time as detailed in the audit report.
4. Lee Brooks added that the outcome of the audit correlated within the recent ICT issue experienced; the operations team were looking at the critical systems in operations directorate and reviewing the business impact analysis.
5. The Committee noted that the mapping exercise being undertaken by the operations team was critical
6. Following a discussion in terms of which committee should oversee and monitor progress, it was agreed that the Finance and Performance Committee would expect an update at its next meeting in July

**RESOLVED: That the Audit Committee:**

- (1) noted all of the above reports;**
- (2) in terms of the *ICT Disaster Recovery* report a more detailed briefing for Committee members on the audit outcomes, areas of concerns and residual risks would be circulated in due course; and**
- (3) it was agreed that F&PC would be the Committee which would oversee the progress of all the items agreed to be responded to as part of the action plan following the *ICT Disaster Recovery* audit – an update report would be expected at the next FPC meeting in July.**

## **13/21 EXTERNAL AUDIT REPORTS**

**Phase One Structured Assessment** – David Poland explained that this assessment had been conducted earlier than in previous years. He explained that the assessment was undertaken using a modular approach, conducted in two phases.

Phase one reflected on the Trust's arrangements in terms of delivering the Trust's operational plans for quarters three and four. He asked that a note of thanks be recorded for those involved given the challenges of the pandemic.

It was a positive report and it was noted that the Trust's monitoring arrangements were paused during the pandemic.

There were some improvement areas which included providing more clarity on the respective roles of Board and Committees in the oversight of organisational plans.

It was recognised there had been no specific recommendations in phase one and phase two of the structure assessment would commence in the next few months. This would consider governance arrangements and the use of resources.

Comments:

1. Following a query in terms of how progress of the operational plan was being



monitored at Committee level, David Poland explained there had been a lack of clarity of tracking during the pandemic, this had now been restored. Alex Crawford explained that regular updates were provided to the Board and F and P Committee in respect of the activity specifically relating to the IMTP and by exception to the Strategic Transformation Board

2. In terms of the planning guidance issued by Welsh Government, Alex Crawford explained that whilst the Trust was required to write plans which addressed the planning guidance, large parts of the guidance were more applicable to Health Boards

**Update report** – Emma Giles advised the Committee of the work planned over the next few months which included:

1. Phase Two of the structured assessment
2. National pieces of work in particular the scoping on unscheduled care and blue light services
3. Personal Protective Equipment testing programme

Comments:

1. Had the original scope of audit in terms of unscheduled changed due to the pandemic and did the Trust have any input into it and what timeframe would be considered? Emma explained that the timelines involved would consider pre-Covid/during Covid and post Covid. It was envisaged that a high level review would be conducted on the three timescales. A deep dive would look at patients arriving at hospitals and the pathways that would follow. Audit Wales would engage with a wide range of stakeholders in order to ensure the scope was right; at this stage Emma was unable to confirm whether the scope had changed.
2. It would be helpful to receive an update from Audit Wales should there be any changes to the recommended scope of the audit.

**RESOLVED: That Audit Committee noted the reports.**

## **14/21 AUDIT REPORT**

Keith Cox presented the report to the Committee and highlighted the following:

1. There were 76 recommendations on the tracker, 28 were overdue with nine being of high priority
2. Six recommendations were still outstanding from 2018/19; there was a focus on clearing these
3. The Trust was still on track overall

Comments:

1. Good to see some progress with the tracker; the Trust should keep the momentum and not lose sight of the older ones
2. 2018/19. Was there a point in time when these would no longer be addressed and should they be kept on the tracker? Keith Cox advised that an in depth review of the long outstanding recommendations in conjunction with the Assistant Directors Leadership Team would be conducted; the report would be presented to the Committee in September
3. In terms of the long term high priority recommendations, it would be beneficial to receive more narrative on the reason why there appears to be no progression in clearing them

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

- a) the audit recommendation activity since the last Audit Committee in March 2021; and
- b) the Trust's proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates described within the audit tracker.

#### **15/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Keith Cox explained that the purpose of the report was to provide the Committee with a composite report containing the Trust's Corporate Risks. In terms of highlights from the report the following was drawn to the Committee's attention:

1. The two highest risk 223 and 224 which related to handover delays and reaching patients in a timely manner still remained on the Corporate Risk Register
2. Five risks have since been deescalated; details of which were provided

Members recognised that this report had recently been presented at the last Board meeting at which an action had emanated that a further update on risks 223 and 224 would be provided on a routine basis at the Board

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

- (1) the risk management activity since the last Audit Committee in March 2021;
- (2) the changes to existing Corporate Risk scores, oversight, and management; and
- (3) the Board Assurance Framework report was received.

#### **16/21 LOSSES AND SPECIAL PAYMENTS 1 APRIL 2020 to 31 MARCH 2021 and 1 APRIL to 30 APRIL 2021**

Chris Turley presented the report as read adding that it was a statutory requirement retrospectively reported to Committee. It was noted that a series of joint deep dives with the Quest Committee into particular areas, such as Road Traffic Incidents, had commenced.

**RESOLVED: That the Losses and Special Payments Report for this period was received.**

**17/21 ANY OTHER BUSINESS**

The Committee recognised this was Keith Cox's last Open meeting and thanked him for his contribution and commitment throughout the years.

**RESOLUTION TO MEET IN CLOSED SESSION**

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

**Reports relating to the items of business in these minutes can be found on the Trust's website, [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)**

**Date of Next Meeting: 16 September 2021**

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE CLOSED MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 3 JUNE 2021 VIA TEAMS**

**Chair: Martin Turner**

#### **PRESENT :**

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

#### **IN ATTENDANCE:**

Keith Cox	Board Secretary
Emma Giles	Audit Wales
Jill Gill	Financial Accountant
Helen Higgs	Head of Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Services
Osian Lloyd	Deputy Head of Internal Audit
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Paul Seppman	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Julie Boalch	Corporate Governance Manager
Andy Haywood	Director of Digital Services
Rachel Marsh	Director of Planning and Performance
Claire Roche	Director of Quality and Nursing
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Damon Turner	Trade Union Partner

#### **05/21 PROCEDURAL MATTERS**

The Chairman welcomed all to the meeting and advised that it was being audio recorded. The standing declaration of interest in respect of Mr Emrys Davies being a retired member of UNITE was noted

**RESOLVED: That the declaration of interest as described was recorded.**

## 06/21 COUNTER FRAUD PROGRESS REPORT

Carl Window provided an update from the report and expanded in further detail on the following areas:

**Progress Report.** This was split in four categories of reporting; Hold to account. Prevent and Deter. Inform and Involve and Strategic Governance. In terms of the latter Members noted that the Trust was obliged to adhere to a new national government working standard which effectively replaced the old counter fraud standards. The counter fraud team continued to promote risk and awareness messaging through a broad range of mechanisms.

**Annual Report.** In terms of highlights from the report, Carl drew attention to the following; these had been in excess of 100 enquiries undertaken, these included complaints and requests for data. Members noted that due to Covid, resources from the Team were deployed elsewhere which reflected in a slight decrease to Hold to Account investigation work.

Comments:

In terms of implementation of the fraud case management system referred to in the report, was this NHS wide? Carl explained it was a well-established national UK wide system currently being used by the police and will enable cases to progress quicker.

**Work Plan 2021/22.** Carl explained that the report considers the counter fraud work plan for the coming year; it was a mandatory government standard requirement to develop a plan. In terms of quarter one, the items were currently on track for completion

Comments:

The Committee recognised that the engagement work with staff regarding counter fraud was having a positive impact

Chris Turley advised the Committee there was potential scope for further resource in the Counter Fraud team, funding for which was in progress

**Counter Fraud Risk Assessment;** This report had been generated to identify risks relevant to the Trust and also any trends. The report highlighted the most significant fraud risks and illustrated ways to control them. It was proposed to review these risks on a regular basis going forward and inform the Committee as applicable.

Comments:

How did the Trust measure any recommendations made that were activated and completed within the designated time restraints. Carl advised that work was underway to resolve this issue

Members noted that both the Counter Fraud team and Internal Audit regularly exchanged information in order to avoid duplication of work and to influence new areas of work.

**RESOLVED: That**

**(1) the Counter Fraud progress report was acknowledged and accepted by the Committee; and**

**(2) the Annual work plan, the Annual report, and the Counter Fraud risk assessment was accepted and approved by the Committee for steering the year ahead work for Counter Fraud, and that the Fraud risk assessment featured upon the relevant risk register(s) for review.**

**07/21 TENDER UPDATE REPORT AND SINGLE TENDER WAIVE REQUESTS: 1 February 2021 – 30 April 2021**

Chris Turley provided an update on tenders issued and awarded during the period together with a summary of single tender waivers approved.

It was noted that four new tenders were issued during this period and eight tenders were awarded during this timeframe. There had been 12 requests to waive SFIs and nine were approved during the period.

Comments:

It was noted that some of the detail of the Single Tender Waiver was not clearly visible (Chris Turley to circulate separately) through iBabs and it was agreed that should excel spreadsheets not be displayed correctly in future these should be sent separately

Following a query in terms of one of the tenders, the falls response provider, Chris Turley gave further details, including noting this was a multiyear contract, adding that given the value of the contract it was with Welsh Government for final approval.

**RESOLVED: It was noted that:**

**(1) four new tenders were issued during this period and eight tenders were awarded during this timeframe; and**

**(2) 12 requests to waive SFIs were issued and nine were approved during the period.**

**Date of next meeting: 16 September 2021**

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 22 July 2021 VIA TEAMS**

**Chair: Emrys Davies**

### **PRESENT :**

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director

### **IN ATTENDANCE:**

Julie Boalch	Head of Risk and Corporate Governance (Part)
Andy Haywood	Director of Digital Services
Nathan Holman	Trade Union Partner
Rachel Marsh	Director of Planning and Performance
Steve Owen	Corporate Governance Officer
Nicola Stephens	Estates Officer (Part)
Chris Turley	Executive Director of Finance and Corporate Resources
Helen Watkins	Deputy Director of Workforce and OD

### **APOLOGIES:**

Joga Singh	Non Executive Director
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## **35/21 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. He added that the meeting was quorate. The declarations of interest in respect of Mr Emrys Davies as a retired member of Unite, Nathan Holman as a member of the Llannon Community Council and Ceri Jackson as a Trustee of the Stroke Association were noted.

### **Minutes**

The minutes of the open and closed sessions held on 13 May 2021 were considered by the Committee and agreed as a correct record

### **Action Log**

The action log was considered:

Number 61: MIPR – Refined report with more key metrics Following an update by the Chair and Rachel Marsh, the Committee noted that the current metrics would be finalised by the next meeting and continue until 31 March when a review would take place to consider effectiveness and any potential changes. To remain on log

Number 62: MIPR - Gant chart with recruitment timeline. Rachel Marsh agreed to disseminate to Members. Action Closed

Number 63: MIPR – Deep dive on red performance – Item was on the Agenda. Action Closed

Number 64: Committee Assurance Report. Risk ID 109, the Committee noted this had been split into two separate risks and would be reviewed later on in the Agenda. Action Closed

Number 65: Sustainability and Decarbonisation action plan. Item on agenda. Action Closed

**RESOLVED: That**

- (1) the Minutes of the open and closed meeting held on 13 May 2021 were confirmed as a correct record; and**
- (2) the declarations of interest as stated were noted; and**
- (3) the action log was considered and updated as described.**

**36/21 FINANCIAL PERFORMANCE AS AT MONTH 3 2021/22**

The Committee received a detailed paper on the financial performance as at month three by Chris Turley. Members' attention was drawn to the following key headlines:

1. Welsh Government have now confirmed that the unavoidable Covid costs, based on the Trust's estimate, which continue to be incurred would be funded going forward albeit within a more fixed allocation for this financial year compared with previous years. An invoice for the first 6 months estimated costs had been raised to WG.
2. The ongoing case relating to holiday pay costs which was a national issue, has now reached a successful conclusion. The cost impact should now be rolled into the Trust's normal funding streams
3. In terms of the overall capital programme, Chris gave further details highlighting the larger items which included the SALUS project
4. The Trust was in good financial position and continued to forecast a balanced going forward

**Comments:**

1. Would it be prudent to reference finance in relation to summer pressures? Chris Turley explained that from a financial perspective summer pressures were normally less than the winter pressures. He further explained there was a plan to mitigate the financial management for the summer period
2. It was suggested that the summer pressures be added to the red risk register. Chris Turley commented that at this stage it was not a risk from a finance perspective as there was a funding stream available to offset any additional costs. In terms of the



overall risk on the service Chris Turley agreed to highlight this at EMT.

3. Following a query in terms of the holiday pay costs, Chris Turley advised that this would be an ongoing recurrent cost and was subject to further ongoing discussion at an NHS wide level
4. Covid funding, was there a contingency allowance? Chris Turley explained that the cost estimate was being maintained at the higher level and funding had been allocated to support this from Welsh Government
5. The Committee asked that a regular update be provided in terms of whether the Trust was meeting its discretionary capital financial plan; this was acknowledged by Chris Turley who advised this would be presented at the next and subsequent meetings.

**RESOLVED: That**

- (1) the Month 3 revenue and capital financial position and performance of the Trust as at 30 June 2021 was noted; and**
- (2) the Month 3 Welsh Government monitoring return submission included within Appendices 1-2 of the report (as required by WG) was noted.**

**37/21 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Rachel Marsh gave a broad summary of the report and drew attention to the following key areas:

1. The 111 Call answering abandonment rate had increased – this was mainly due to a large increase in demand as a result of the new service in Betsi Cadwaladr Health Board going live in June. It transpired that the resources available were not sufficient to adequately answer the phone at all times. Rachel added that this issue was being considered in order to formulate an action plan ensuring that sufficient staff were in place to mitigate for the increase in demand.
2. NEPTS – in terms of patients requiring renal care, performance was good; however general transfers had seen a slight decline in performance. The reason for this decline was primarily due to the need for social distancing
3. Staff abstraction levels had increased in June; this was due to amongst other reasons annual leave and isolating due to Covid
4. Post production lost hours continued to be an issue. A programme of work in order to find solutions to this issue was underway
5. Hear and treat rates continued to perform above the required target and compared to England were very positive

**Comments:**

1. Had any lessons been learned from the forecasting in terms of the demand of 111 calls? Rachel Marsh commented that the forecasting was primarily based on historical data and going forward and advised that any lessons learned would be factored in to future resourcing and roll outs. It was agreed that Rachel Marsh would present a deep dive into the reasons for the high call abandonment rates at the next meeting

2. What could the Trust do to address the issue of social distancing under the assumption this would continue; Rachel Marsh added that factors being considered included looking into the eligibility of patients requiring transport and exploring the possibility of increasing capacity
3. Members recognised the increasing pressure upon the Trust which had been exacerbated through staff having to self-isolate and the significant number of lost hours through handover delays.
4. In terms of the quality and performance management framework, when was this likely to be finalised? Rachel advised that the report should be completed for the next meeting.
5. The Committee noted that response times to concerns had deteriorated. Rachel advised that when waiting times for ambulances increased so did the amount of concerns being raised. This, added to the Putting Things Right Team being redeployed due to the Trust's current intense period of demand did not ameliorate the overall response times to concerns

## **38/21 DEEP DIVE ON RED PERFORMANCE**

1. Rachel Marsh presented the Committee with a PowerPoint presentation which considered the Pan Wales red performance eight minute target in specific detail and the reasons/factors for the reduction in performance during the last 11 months. The Committee recognised that in terms of reaching patients within nine and ten minutes, this continued to perform significantly better
2. Information was given which showed the overall variation of red performance across all the health boards. This highlighted health boards which were consistently hitting the target and others including Powys who were consistently poor.
3. The analysis of red performance also looked at where the majority of red calls were from and using the latest software was able to identify where the response times were being missed and help to understand overall performance
4. A breakdown of red calls by hour over a 12 month period identified the times of higher demand and showed where the Trust had missed the most number of red targets. It was identified that Mondays, on the whole, had the worst performance
5. From a red demand perspective there had been a considerable increase from April 2021 onwards which was exceptional. Overall there had been more red than amber or green calls. Previous forecasting models had predicted a much lower surge in overall demand than expected
6. In terms of the types of reason for calling, the Committee were shown a graph which illustrated the reasons which ranged from falls to breathing problems. It was noted that there had been a rise in red demand in all categories
7. With regards to capacity, which was the proportion of hours available against the rosters for the three main resource types; Emergency Ambulances, Unscheduled Care Service and Rapid Response Vehicles. For EA's and UCS this mainly remained above the 95%, however for RRV's this fell below the target line; this reduced level of RRV production was very likely the reason for reduced red performance.

8. Response abstractions hours pan Wales – this related to the number of staff not available to fill front line shifts due to annual leave, training and leave etc... It had been expected that this figure would be around 30%, however this had recently been above 30% and continued to do so. This clearly had a significant impact on the Trust and in the main was Covid related.
9. Community First Responder contribution to red calls; since the start of the pandemic this had decreased significantly
10. Hear and Treat – This initiative was designed to prevent ambulances being sent to patients. This continued to meet the required target.
11. Job cycle – i.e. how quickly was the EA or RRV mobilised once it had been allocated. The trend was now showing an improvement in mobilisation from previous years. Lee Brooks added that at the start of the pandemic, staff donned PPE prior to mobilisation; however during the pandemic staff would mobilise, stop and then don PPE prior to reaching the scene. The donning time was a factor in the job cycle and was subject to further analysis in order to fully understand.
12. Post production lost hours, Lee Brooks explained the association between the hours lost to handover and the hours lost for staff returning for a break.
13. Members recognised that further work was being conducted which would be able predict weekly performance based on demand.
14. The committee was shown the Trust's action plan which contained several initiatives to mitigate the increase in red demand and improve performance, focusing on the demand and capacity and efficiency of resources; these included the increased use of overtime and additional RRV shifts

Comments:

1. It would be useful to see the 8, 9 and 10 minute performance on one graph in future reports.
2. The Committee recognised the pressures on the service would not lessen in the coming months and queried whether the issue of isolation was being addressed; Lee Brooks advised this was actively being considered by the relevant organisations.
3. Following a query regarding the overall health board area red performance, Lee Brooks explained that two all Wales 'Hackathons' (engagement in collaborative computer programming) had taken place in order to analyse the issues and learn from these events.
4. Lost hours in relation to staff breaks, were these hours not taken into account when in the context of production hours. Lee Brooks confirmed that break time did not count as a post-production loss; break time was removed as an available time when looking at utilisation
5. Deploying an RRV would improve the response time performance but does it necessarily make a difference on the impact for the patient. Lee Brooks referred to the 8 minute response target adding that the Trust did not measure the actual patient outcome

6. With regards to extended time being spent on scene with the patient Lee Brooks advised that work was ongoing to understand more fully the reasons for example organising different pathways
7. In terms of addressing the overall NHS system issues; Lee Brooks advised that whilst the volume of demand remained constant, cases were moving towards a higher acuity.

The Committee welcomed the comprehensive deep dive report and gained assurance from its content recognising the significant amount of work undertaken.

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

#### **39/21 QUARTER 1 2021/22 IMTP UPDATE**

Rachel Marsh explained that the report gave the Committee assurance in terms of the activity thus far with regards to delivery of the IMTP.

Furthermore, Members were updated on the Summer Plan which was not included within the report

Comments:

1. In terms of the development of further measures around patient experience Rachel Marsh agreed to provide this information at the next meeting
2. The Committee recognised there was nothing of immediate concern following the EMT review of the IMTP and it was agreed that a deep dive should be conducted in to any foreseeable risks to the delivery of the IMTP

**RESOLVED: That**

- (1) the IMTP Delivery Assurance Report and headlines highlighted in this executive summary were noted;**
- (2) the update on the delivery structures and programmes that have been established was noted; and**
- (3) any further information required to assure the Board around IMTP delivery was given.**

#### **40/21 OPERATIONS QUARTERLY REPORT**

The report was presented as read.

**RESOLVED: That the update was noted**

#### **41/21 TRANSFER OF NON-WAST WORK FROM CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD – ITEM WITHDRAWN**

**RESOLVED: That the item was withdrawn**

**SUSTAINABILITY AND DECARBONISATION ACTION PLAN**

Chris Turley advised the Committee that Welsh Government had recently published their NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 and gave some details of the defined work streams which were required to meet decarbonisation requirements for all Trust departments, which included a 16% reduction in CO<sub>2</sub> by 2025.

An action plan had been developed to meet targets, however timelines and departmental resource requirements were to be developed further as this strategy would impact every department.

Nicki Stephens gave further details of the action plan which included:

1. Vehicles – All of the Trust's vehicles were required to be electric vehicles by 2028 if possible; this would be a huge challenge going forward and have an impact on everybody
2. There were over 160 actions which the Trust was involved with; some specifically related to the estate as well as the fleet

Comments:

1. How would the plan be captured within the IMTP going forward and would progress of the actions be monitored? Chris Turley explained the plan would be delivered subject to factors beyond the Trust's control and in the short term add in some predicted costs. In terms of the IMTP, Rachel Marsh explained there was a series of deliverables around environmental sustainability with a mechanism in place which would monitor this going forward
2. Was there any risk in terms of finances? Chris Turley advised that he expected some additional funding to be available for this, but could not confirm exact details as the amount would be substantial going forward, some of which is currently largely unknown
3. Members recognised that the impact of the sustainability plan should be recorded and monitored on the Trust's risk register. Chris Turley commented that the action plan would be discussed at a future Board Development meeting

**RESOLVED: That the contents and requirements within the report were noted.**

**VALUE BASED HEALTHCARE**

Chris Turley gave a verbal update in terms of how the Trust could deliver value based healthcare taking into account the Commissioning intentions and it being monitored as part of the IMTP deliverables. He further explained it was not purely to be considered from a financial perspective but would also include patient outcome improvements and value to the patient

Comments:

Members also recognised that amongst other initiatives the prevention of taking patients to A and E by treating at scene would be seen as an example of value based healthcare

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

## **44/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch provided the Committee with an overview of the report and Members noted that the full report will be presented to the Board next week

There had been no significant changes to the report since the last meeting.

There were currently nine of the 17 corporate risks assigned to the Committee for review.

Attention was drawn to ID 244 and ID 245 which were in relation to the impact on EMS CCC service delivery and the inability to maintain safe and effective services due to insufficient capacity in EMS CCC respectively. Both risks had been escalated to EMT and would also be considered by the Senior Operations Team on a regular basis

Comments

Members noted that the two risks referred to above were directly linked to ID 223 and ID 224 both of which were being monitored at the Quest Committee

**RESOLVED: That**

- (1) the contents of the report were discussed and noted; and**
- (2) any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee were highlighted.**

## **45/21 INTERNAL AUDIT TRACKER**

Julie Boalch presented the report as read and drew attention to the following areas:

1. A deep dive was currently being undertaken by the Assistant Directors Leadership Team on all recommendations outstanding from 2018/19 and 2019/20 in advance of a full report being presented to the Executive Management Team
2. 81 recommendations were currently on the audit tracker with 55 being directly relevant to the Committee. Of those 55, 43 were not yet due, 7 were overdue and 5 had been completed. It should be noted there were no high overdue recommendations currently outstanding
3. There were no overdue recommendations from the year 2018/19 assigned to the Committee
4. In terms of the 10 outstanding recommendations from 2019/20, 6 were overdue and 4 were not, the Committee noted that they were being reviewed as part of the deep dive referred to above.
5. With regards to the 2020/21 recommendations, there were currently 44 assigned to the Committee with only one overdue, 4 had been completed and 39 remained not yet due

Comments:

1. Chris Turley commented that at the last Audit Committee, a formal referral was

requested that the F and P Committee review the limited assurance in relation to ICT disaster recovery

2. Andy Haywood by way of a PowerPoint presentation illustrated in more detail the reasons for the limited assurance audit review which was specifically around business continuity plans and the backup and recovery of data
3. The findings from the review included the requirement to have an effective audit trail and a formal policy/procedure for backup processes.
4. A mapping exercise had started and the Committee noted that the key issues raised by the review from an operations perspective should be completed by September with the policy being drafted by October 2021. In terms of the other areas of concern these should be completed by April 2022.

Comments:

The Committee noted the mapping exercise and the dates of projected completion and it was agreed that Andy Haywood would provide the formal response to the Audit Committee

**RESOLVED: That**

- (1) the contents of the report and following a “live” presentation of the tracker at the FPC meeting on 22<sup>nd</sup> July 2021 were noted;**
- (2) a deep dive that was underway to review each of the outstanding recommendations from 2018/19 and 2019/20 was noted; and**
- (3) any specific items that the Committee wished to see raised to Senior Management and Audit Committee were agreed.**

**46/21 KEY MESSAGES TO BOARD**

The Chair advised that the Board would be updated on the following:

1. Financially balanced
2. Performance – 111
3. NEPTS work increasing – looking at additional resource
4. Hear and Treat
5. Deep dive on red demonstrated a significant increase in demand
6. Increased hospital delays
7. IMTP was making good progress
8. Sustainability and decarbonisation
9. Value based strategy
10. Audit tracker; good work continues
11. Formally received report on ICT disaster recovery

**ANY OTHER BUSINESS**

The Committee noted this was Nathan Holman’s final meeting and thanked him for his input over the years

**Date of next meeting: 23 September 2021**



**CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (CLOSED SESSION) HELD ON 22 July 2021 VIA TEAMS**

**Chair: Emrys Davies**

**PRESENT :**

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director

**IN ATTENDANCE:**

Nathan Holman	Trade Union Partner
Rachel Marsh	Director of Strategy, Planning and Performance
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources

**APOLOGIES:**

Joga Singh	Non Executive Director
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**12/21 PROCEDURAL MATTERS**

The Chairman welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The standing declaration of interest in respect of Mr Emrys Davies as a retired member of Unite, Ceri Jackson as a Trustee of the Stroke Association and Nathan Holman as a member of the Llannon Community Council was noted.

**RESOLVED: That the declarations as described above were noted.**

**13/21 INTERIM ESTATES SOLUTIONS: IMPLEMENTATION OF THE DEMAND AND CAPACITY REVIEW**

1. Chris Turley explained that the report illustrated details of several projects identified in response to the interim estate requirements to increase estate capacity. Detailed work had already taken place to establish solutions to the existing locations in order to offset the increase in staff
2. Chris Turley provided more details of how the funding from the discretionary capital and additional resource funding of which would be spent and would require Board approval. He anticipated that these solutions would be on a short term basis, whilst more permanent solutions were delivered on the back of the recently refreshed estates SOP, although given capital lead times this would still likely mean these solutions may be needed for a few years. The capital costs would need to be funded

from the Trust's remaining discretionary funding this financial year.

3. The works programme was being refined and would be further developed by Estates to produce more exact costs and timescales for each project. Estimated costs for all the projects consisted of c£150k in revenue, and capital costs of c£665k

Comments:

1. Following a query regarding NEPTS, Chris Turley explained the Trust was intending to provide additional space for all staff which included NEPTS staff emphasising it was an interim solution.
2. Members recognised that affordability had been considered in detail when looking into these solutions. Chris Turley added that the relevant Area Operations Managers would further refine the works programme taking into account the cost
3. Was the Trust able to anticipate future proofing and minimise risk going forward? Chris Turley explained there were several variables to consider but recognised broadly the number of staff involved and the capacity required to accommodate them. He added that elements of social distancing had been considered in future plans
4. Mental health and well- being of staff, did this feature in the decision making process? Chris Turley explained that staff welfare was considered, noting that where possible gyms and quiet rooms etc... would feature in facilities going forward

The Committee, following further discussion supported and endorsed recommendation to the Board

**RESOLVED: That the Finance & Performance Committee noted the contents of the report and the current proposed interim estates solutions and recommended Trust Board approval for a resource envelope to be agreed out of the 2021/22 remaining discretionary capital funding to proceed with the final solutions identified locally, in full conjunction with operational colleagues and TU partners.**

**14/21 ANY OTHER BUSINESS**

Chris Turley gave an update on the South East Wales fleet workshop and Beacon house and how these projects were progressing. In terms of the former, this was likely to be further delayed due to losing the ideal site and in terms of the latter, the relevant due diligence was being conducted on the site ahead of signing off the lease.

**Date of Next Meeting: 23 September 2021**

## **UNCONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 3 JUNE 2021 VIA TEAMS**

### **PRESENT:**

Kevin Davies	Chairman & Non Executive Director
Keith Cox	Board Secretary
Bethan Evans	Non Executive Director
Emrys Davies	Non Executive Director
Jill Gill	Financial Accountant
Ceri Jackson	Non Executive Director
Navin Kalia	Deputy Director of Finance and Corporate Resources
Hugh Parry	TU Partner
Gareth Price	TU Partner
Chris Turley	Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce and OD
Caroline Jones	Corporate Governance Officer

### **APOLOGIES**

Estelle Hitchon	Director of Partnerships and Engagement
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### **01/21 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting noting it had been some time since the Committee had met. He referenced the coverage that had followed on from the "Volunteering Week" not least the uniforms which had been issued to both the CFRs and Volunteer Car Drivers.

Apologies were noted from the Director of Partnerships and Engagement.

### **02/21 DECLARATIONS OF INTEREST**

The standing declarations below were noted:

Professor Kevin Davies - Independent Trustee of St John Ambulance;  
Emrys Davies - A retired member of Unite; and  
Ceri Jackson – Stroke Association Trustee

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

## **03/21 MINUTES OF PREVIOUS MEETING AND ACTION LOG**

The Minutes of 3 September 2020 were confirmed as a correct record, subject to the inclusion of Emrys Davies in the attendance list.

The Chair noted the Commemorative Coin did not appear on the agenda, however the Board Secretary confirmed he would update members under the Bids Panel Agenda Item later on.

The Committee was content that all actions on the log were either marked complete or would be addressed later in the meeting via specific agenda items.

## **04/21 INCOME AND EXPENDITURE FOR THE YEAR ENDING 31 MARCH 2021 AND A GENERAL FINANCE UPDATE**

The Director of Finance and Corporate Resources introduced the summary of income and expenditure for the year, noting that whilst the Charity Accounts for the 2020/2021 period had not been finalised at this time, they would shortly be finalised.

Key highlights were an increased level of donations and funds, with possible further funding to come. The significant increase was largely due to the pandemic and the distribution of funds from NHS Charities Together. A sizeable legacy, for a specific purpose, had also been received.

It was noted that funds had been spent throughout the year, although not as prevalent as in other times, noting also that access to bursary academic courses had not been as opportune over the last twelve months. He referenced the commemorative coins which represented a substantial spend.

He referenced the need to consider a dedicated resource to support this going forward, building on the work already started in increasing the profile and expenditure plans for the funds, which would be discussed further under item 4.

The Financial Accountant addressed the concerns raised at the previous meeting around the investment which had taken a knock in terms of the fallen stock market at the end of 2019/2020. The overall gain of c£45k, at the end of March 2021 covered the 10k loss and showed a healthier balance, noting also that additional funds had been invested due to the overall increase in funds received.

It was confirmed that a management fee of £10k was included within the accounts and CT agreed to share the investment policy with Ceri Jackson.

A discussion was had around moving away from restricted donations, noting the challenges associated with them. Members agreed that the Trust could learn from HB partners. It was suggested that strategic priorities needed to be agreed and should donations not align to the Trust's strategic priorities following negotiation, the Trust should consider refusing the donation. The Trust would be looking to produce a document to manage donations in future.

It was anticipated that the resource, once appointed, would seek to promote the charity and increase revenue whilst developing expenditure and communication plans.

**RESOLVED: That the**

- 1) income and expenditure for the year to 31 March 2021, as presented be noted; and**
- 2) development plans be noted.**

## **05/21 CHARITABLE FUND AUDIT DISCUSSION**

The Chair began by providing the background of how, at the last meeting, members had agreed to apply good governance and had supported a full audit of the accounts for 2020/2021. On advice from Audit Wales, it was now proposed that an alternative approach may be considered.

The Director of Finance and Corporate Resources continued by outlining the substantial increase in cost for the external scrutiny and explained how he had challenged the cost, whilst Audit Wales had provided examples of the set up costs they confirmed they had expected the Trust to undertake an independent examination, as in previous years.

Audit Wales had suggested that the Trust could consider seeking additional assurances on its budgetary control and charity finances by way of an internal audit review, for which the Trust would be able to specify the scope of the review. It was hoped that internal audit would be able to incorporate this as part of their annual audit plan, however, should this not be possible, the Trust could pay for the internal audit review to be undertaken.

Members discussed what the cost benefit analysis against the value for money from either option might be. A discussion was also had around the benefits of an internal review and how the recommendations from that review could provide an opportunity to improve processes going forward. Views were sought from members on their preferred option in order to gain a consensus.

Following a robust lengthy debate, whilst members could see the benefit in both a full audit and the independent review together with an internal audit review, they felt that the safest option was a full audit, as had been agreed at the previous meeting. It was also agreed that the decision be fed back to the other Trustee's, to ensure they were comfortable with the approach taken. Members also asked that comparisons between the full and independent audits be reviewed, in order to inform the timeline for future audits.

**RESOLVED: That**

- 1) a full audit of the 2020/2021 accounts, at a cost of £9,500, by Audit Wales, be commissioned;**
- 2) comparisons between the full and independent audit be considered to inform the timeline for future audits; and**
- 3) the Trustees be updated on the approach taken by the Committee.**

## **06/21 CHARITABLE FUNDRAISER STAFFING PROPOSAL**

The Director of Finance and Corporate Resources updated members on the progress to date and assured them that discussions had been taking place internally.

He referred to raising the profile of the charity and modernising how donations could be made, making it the first charity of choice for our own staff undertaking fundraising activities.

Executives had discussed where best this person may be aligned to, with Partnerships and Engagement being considered a good match. Job descriptions had been reviewed from other ambulance services to gain an understanding of the profile of the resource(s) that may be required. The Financial Accountant had linked in with other English ambulance sectors to understand what others had done in similar regard. Whilst the full proposal was not yet completed, it was agreed that a paper would be presented to the next meeting to set out what the Trust would be seeking in terms of making an appointment, initially on a fixed term basis.

Members discussed whether a more strategic role or more operational role was required. It was acknowledged that both were possibly required. Key elements were defined as marketing, digital and engagement, with a strategy to align and fit with the wider ambulance strategy and the need to operationalise it going forward. They noted that setting the stall out correctly with the right person, the right brand, and right strategy would see the benefits realisation in a shorter timescale and welcomed some senior strategic experience from the Charity sector.

### **RESOLVED: That**

- 1) the proposal paper be brought, by the Director of Partnerships and Engagement, to the next meeting.**

## **07/21 BIDS PANEL UPDATE**

The Board Secretary updated members on the applications considered by the Panel since the Committee had met last. Of the five meetings held two were scheduled meetings and three were urgent meetings to discuss specific items such as commemorative coins, Covid artwork, the influenza vaccination incentive scheme, and memorial boards for colleagues.

During the pandemic the number of applications considered at the scheduled meetings were lower than previous meetings, although £18k spend was approved with £6k approved subject to specific conditions.

£100k business spend had been approved with other larger spending proposals expected ahead of the summer.

Members discussed the memorial boards and the issues surrounding pinpointing numbers of staff who had passed away, since the creation of WAST. It was

agreed that the start date for the memorial boards would be 1 April 2020. Consideration was also given to including a board in the Cardiff Make Ready building proposal.

Emrys Davies asked the Chair to consider who may be best placed to replace him as a member of the Bids Panel when his term with the Trust ends in March 2022.

**RESOLVED: That**

- 1) the spend be noted; and**
- 2) the Chair consider a replacement member to attend the Bids Panel meetings once Emrys Davies' term with the Trust ends in March 2022.**

## **08/21 BURSARY PANEL UPDATE**

The Director of Workforce confirmed that the bids process had been opened up last September, but then had subsequently had to be placed on hold. Staff within the Workforce Directorate were contacting those applicants who had applied previously, but had not been processed, to confirm if they still wished to proceed with their application and review panels would be set up for those wishing to continue.

The team were seeking support from the Committee to pause the process for a while longer, whilst they digitalised the process and refreshed the guidance. The aim would be to reopen a bursary round for staff towards the end of 2021 or early 2022.

An updated position on the applications already in the system, would be presented to the next meeting of the Committee, recognising the urgency around courses for those wishing to enrol in September.

Emphasis was required for staff to apply for wider CPD experience not just academic courses. Innovative wellbeing opportunities would be welcomed.

**RESOLVED: That the pausing of the bursary application process while updates were being made to the digitalisation and guidance, be supported.**

## **09/21 CFR FUNDRAISING AND ACCOUNTING**

The Board Secretary outlined the position to date in terms of the concerns relating to the controls around volunteers, how their funds were raised in association with Welsh Ambulance together with how funds were accounted for and if they were compliant with the charities commission.

He continued by confirming of the five ambulance services who had responded, they had all confirmed the volunteers were left to work on their own initiatives without involvement from their respective service.

Legal advice was also sought to reassure WAST that everything was being done to protect both the service and the volunteers.

It was noted that the volunteers were an integral part of the organisation and their contribution invaluable to the service WAST provides. Discussions at the Executive team concluded that members could work more closely with CFR, to support them and issue guidance to assist them. Initial conversations with CFR groups indicated that help and guidance would be welcomed.

The recent introduction of uniform would help considerably, as much fundraising was used to purchase uniform.

Members felt that the Trust had much more work to do in terms of providing more robust guidance, and policies to aid CFRs, noting that collaboration would yield the most positive results. CFR do have a management structure, however they could benefit from an enhanced financial structure.

**RESOLVED: That the progress to date be noted.**

#### **10/21 ANY OTHER BUSINESS**

The Chair thanked the Board Secretary for his advice and contribution noting it was his last meeting.

**11/21 Date of next meeting: 26 August 2021.**