

Bundle Trust Board (Open Session) 26 May 2022

Agenda attachments

ITEM 0 Open Agenda 26 May 2022 (2).docx

ITEM 0 Open Agenda 26 May 2022 (Cym).docx

- 0 OPENING ITEMS
- 1 09:30 - Chair Welcome, and apologies for absence
- 2 09:31 - 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)*
- Professor Kevin Davies, Trustee of St John Cymru*
- Ceri Jackson, Trustee of the Stroke Association*
- 3 09:32 - Minutes of Last Meeting
- ITEM 3 Trust Board Minutes Open 24 March 2022 TM.docx
- 4 09:33 - Matters Arising and Action Log
- ITEM 4 Action Log.docx
- 5 09:35 - Chair's Report - Verbal update
- 6 09:45 - Chief Executive Update
- ITEM 6 CEO REPORT TO TRUST BOARD 26 MAY 2022 Final.docx
- 7 10:00 - Questions from Members of the Public
- 8 10:10 - Staff Experience
- 8.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 9 10:25 - Monthly Integrated Quality and Performance Report
- ITEM 9 MIQPR SBAR April 2022.docx
- ITEM 9.1 Annex 1 MIQPR April 2022.pdf
- ITEM 9.2 Top indicators MIQPR Dashboard April 2022.pdf
- 10 Board Committee Reports
- 10.1 10:50 - Quality, Patient Safety and Experience Committee
- ITEM 10.1 Quest Committee Highlight Report May 2022.docx
- 10.2 11:00 - Finance and Performance Committee
- ITEM 10.2 Finance and Performance Committee Highlight Report May 2022 (3).docx
- 10.3 11:10 - People and Culture Committee
- ITEM 10.3 People and Culture Committee Highlight Report May 2022.docx
- ITEM 10.3a Appendix Partnership Working - Annual Report (1 April 2021 - 31 March 2022).pdf
- 10.4 11:20 - Academic Partnership Committee
- ITEM 10.5 Academic Partnership Committee Highlight Report for May 2022 Trust Board.docx
- 10.5 11:30 - Charitable Funds Committee
- ITEM 10.6 Charitable Funds Committee Highlight Report 5th May 2022.docx
- 10.6 11:40 - Remuneration Committee
- ITEM 10.7 Remuneration Committee Highlight Report May 2022.docx
- 10.7 11:45 - COMFORT BREAK
- 11 12:00 - Risk Management and Board Assurance Framework
- ITEM 11 Executive Summary Risk Management Report Trust Board 260522.docx
- 12.1 12:10 - Financial Performance Year end 2021/22
- ITEM 12.1 Finance Report Month 12 2021-22 - TB FINAL.docx
- 12.2 12:20 - Financial Performance Month 1

- ITEM 12.2 Finance Report Month 1 2022-23 - TB FINAL.docx
ITEM 12.2a 9D905412.pdf
ITEM 12.2b TRUST BOARD and AGM _2022-23 1. 26 May 2022 Public ITEM 12.2 Finance Report Month 1 2022-23 - TB FINAL.xlsx
- 13 12:25 - Integrated Medium Term Plan 2022-25: Outturn for 2021/22
ITEM 13 Executive Summary - IMTP 2021-22 Delivery Tracker Board May 22.docx
ITEM 13.1 Appendix 1_IMTP Delivery Programmes Assurance Report March 2022 (1).docx
- 14 12:40 - Annual Board and Committee Effectiveness 2021/22
Item 14.1 SBAR to May Board on Board and Committee Effectiveness Reviews 21-22 (2).docx
Item 14.2 WAST Self Assessment against Code of Governance 2017.docx
Item 14.3a - Academic Partnership Committee Annual Return 21-22.docx
Item 14.3b - Academic Partnerships Committee TORs (Marked Up) for annual report.docx
Item 14.4a - Audit Committee Annual Return 2021-22.docx
Item 14.4b - Audit Committee TORs (Marked up) for annual report.docx
Item 14.5 - Charitable Funds Committee Annual Return 2021-22 and TORs (Marked Up).docx
Item 14.6a - Finance and Performance Committee Annual Return 2021-22.docx
Item 14.6b - Finance and Performance Committee TORs (Marked Up) for annual report.docx
Item 14.7 - People and Culture Committee Annual Report 2021-22.docx
Item 14.7a - People and Culture Committee TORs (marked up) for annual report.docx
Item 14.8a - QUEST Committee Annual Report 2021-22.docx
Item 14.8b - QUEST Committee TORs (Marked Up) for annual report.docx
Item 14.9a -RemCom Annual Report 2021-22.docx
Item 14.9b -Remuneration Committee ToRs (Marked Up) for annual report.docx
- 15 12:50 - Governance Report
ITEM 15 Governance Report.docx
ITEM 15.1 Governance Report annex 1 - Initial Revenue Budget 2022-23 - TB via CA - FINAL.docx
- 15.1 12:55 - CONSENT ITEMS
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.
Minutes of Board Committees
- 16 Minutes of Committees
16.1 Charitable Funds Committee
16.2 Quality, Patient Safety and Experience
16.3 People and Culture Committee
16.4 Academic Partnership Committee
16.5 Finance and Performance Committee
ITEM 16 Minutes of Committees.docx
ITEM 16.1 CONFIRMED CFC 10 FEB 22 MINUTES.docx
ITEM 16.2 CONFIRMED QUEST OPEN MINUTES 17 February 2022 TM and WH.DOC
ITEM 16.3 CONFIRMED OPEN P and C mins 22 February 2022 (1).docx
ITEM 16.4 CONFIRMED APC MINUTES 8 MARCH 2022.doc
ITEM 16.5 CONFIRMED OPEN F and P Minutes 17 March 2022 V3.doc
- 17 Reports from EASC, WHSSC and NWSSP
ITEM 17 Joint Committee Update Report.docx
ITEM 17.1 Confirmedminutes_EASC_15Mar2022_EASC_10May2022.doc
ITEM 17.1a Chair's EASC Summary from 10 May 2022 Final.docx
ITEM 17.2 WHSSC JC Briefing (Public) 15 March 2022.pdf
ITEM 17.2a WHSSC Joint Committee Briefing (Public) 10 May 2022.pdf
ITEM 17.3 SSPC Assurance Report 24 March 2022.doc
- 17.1 CLOSING ITEMS
- 18 13:00 - ANY OTHER BUSINESS
To consider any other business to the agenda items listed above.

19

DATE OF NEXT MEETING

The next meeting of Trust Board will be 13 June 2022 (Accounts and Accountability report) Held Via Teams

20

Exclusion of the press and members of the public.

To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

21

Acronyms - Welsh Ambulance Services NHS Trust

ITEM 21 Acronyms.docx



AGENDA

MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 26 May 2022 from 09.30 to 13:05
Meeting held in Beacon House, William Brown Close, Cwmbran, NP44 3AB

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Martin Woodford	Verbal	5 mins
2.	Declarations of interest	Information	Martin Woodford	Verbal	
3.	Minutes of last meeting	Approval	Martin Woodford	Paper	
4.	Matters arising and action log	Review	Martin Woodford	Paper	
5.	Chair's Report	Information	Martin Woodford	Verbal	10 mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 mins
7.	Questions from Members of the Public	Discussion	Estelle Hitchon	Verbal	10 mins
PATIENT/STAFF EXPERIENCE					
8.	Staff Story Impact of current pressures on Clinical Contact Centre Staff	Information Discussion	Catherine Goodwin	Verbal/Video	15 mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
9.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	25 mins
10.	Board Committee Reports				
	10.1. Quality, Patient Safety and Experience Committee	Assurance	Bethan Evans	Paper	10 mins
	10.2. Finance and Performance Committee	Assurance	Kevin Davies	Paper	10 mins
	10.3. People and Culture Committee	Assurance	Paul Hollard	Paper	10 mins
	10.4. Academic Partnership Committee	Assurance	Kevin Davies	Paper	10 mins
	10.5. Charitable Funds Committee	Assurance	Ceri Jackson	Paper	10 mins
	10.6. Remuneration Committee	Assurance	Martin Woodford	Paper	5 mins
COMFORT BREAK 15 Minutes					
11.	Risk Management and Corporate Risk Register	Assurance	Trish Mills	Paper	10 mins
12.	12.1. Financial Performance Year end 2021/22 12.2. Financial Performance Month 1	Assurance	Chris Turley	Paper	15 mins
13.	Integrated Medium Term Plan 2022-25: Outturn for 2021/22	Assurance	Rachel Marsh	Paper	15 mins



No.	Agenda Item	Purpose	Lead	Format	Time
14.	Annual Board and Committee Effectiveness 2021/22	Assurance Approval	Trish Mills	Paper	10 mins
15.	Governance Report	Assurance	Trish Mills	Paper	5 mins

CONSENT ITEMS

The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.

16.	Minutes of Board Committees	Information	Martin Woodford	Paper	5 mins
16.1	Charitable Funds Committee				
16.2	Quality, Patient Safety and Experience				
16.3	People and Culture Committee				
16.4	Academic Partnership Committee				
16.5	Finance and Performance Committee				
17.	Reports from EASC and NWSSP and WHSSC	Information	Martin Woodford	Paper	

CLOSING ITEMS

18.	Any other business	Discussion	Martin Woodford	Verbal	5 mins
19.	Date and time of next meeting – 13 June 2022 (Accounts) at 09.30 Via Teams.	Information	Martin Woodford	Verbal	
20.	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Martin Woodford	Verbal	
21.	Acronyms	Information			



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Lead Presenters

Name of Lead	Position of Lead
Mr Lee Brooks	Director of Operations
Mrs Hannah Rowan	Non-Executive Director
Prof Kevin Davies	Vice Chair of Trust Board, Chair of Charitable Funds Committee and Academic Partnership Committee
Ms Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Ms Catherine Goodwin	Interim Director of Workforce and Organisational Development
Mr Andy Haywood	Director of Digital
Ms Wendy Herbert	Interim Executive Director of Quality and Nursing
Ms Estelle Hitchon	Director of Partnership and Engagement
Mr Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Mrs Ceri Jackson	Non-Executive Director
Mr Jason Killens	Chief Executive Officer
Dr Brendan Lloyd	Medical Director
Ms Rachel Marsh	Director of Strategy and Planning
Mrs Trish Mills	Board Secretary
Mr Andy Swinburn	Director of Paramedicine
Mr Chris Turley	Executive Director of Finance and Corporate Resources
Mr Martin Turner	Non-Executive Director; Chair of Audit Committee
Mr Joga Singh	Non-Executive Director
Mr Martin Woodford	Chair of Trust Board



AGENDA

CYFARFOD BWRDD YR YMDDIRIEDOLAETH

Cynhelir y Sesiwn Agored ddydd Iau 26 Mai 2022 rhwng 09.30 a 13:30
Cyfarfod a gynhaliwyd yn Nhŷ Bannau, William Brown Close, Cwmbrân, NP44 3AB

No.	Eitem agenda	Diben	Lead	Fformat	Amser
EITEMAU AGORIADOL					
1.	Croeso i'r Cadeirydd, ymddiheuriadau a chadarnhad o gworwm	Gwybodaeth	Martin Woodford	Llafar	5 mun
2.	Datganiadau o fuddiant	Gwybodaeth	Martin Woodford	Llafar	
3.	Cofnodion y cyfarfod diwethaf	Cymeradwyo	Martin Woodford	Paper	
4.	Materion yn codi a log gweithredu	Adolygu	Martin Woodford	Paper	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Martin Woodford	Llafar	10 mun
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Paper	15 mun
7.	Cwestiynau gan Aelodau'r Cyhoedd	Trafodaeth	Estelle Hitchon	Llafar	10 mun
PROFIAD Y CLAF/STAFF					
8.	Stori'r Staff Effaith y pwysau presennol ar Staff Canolfan Cyswllt Clinigol	Gwybodaeth Trafodaeth	Catherine Goodwin	Llafar/Fidio	15 mun
EITEMAU AR GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH					
9.	Adroddiad Misol Ar Ansawdd a Pherfformiad Integredig	Sicrwydd	Rachel Marsh	Papur	25 mun
10.	Adroddiadau Pwyllgorau'r Bwrdd				
	10.1. Pwyllgor Ansawdd, Diogelwch a Phrofiad Cleifion	Sicrwydd	Bethan Evans	Papur	10 mun
	10.2. Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Kevin Davies	Papur	10 mun
	10.3. Y Pwyllgor Pobl a Diwylliant	Sicrwydd	Paul Hollard	Papur	10 mun
	10.4. Pwyllgor Partneriaeth Academaidd	Sicrwydd	Kevin Davies	Papur	10 mun
	10.5. Pwyllgor Cronfeydd Elusennol	Sicrwydd	Ceri Jackson	Papur	10 mun
	10.6. Pwyllgor Cydnabyddiaeth Ariannol	Sicrwydd	Martin Woodford	Papur	5 mun
Egwyl 15 Mun					



No.	Eitem agenda	Diben	Lead	Fformat	Amser
11.	Rheoli Risg a'r Gofrestr Risgiau Corfforaethol	Sicrwydd	Trish Mills	Papur	10 mun
12.	12.1 Perfformiad Ariannol Blwyddyn diwedd 2021/22 12.2 Perfformiad Ariannol Mis 1	Sicrwydd	Chris Turley	Papur	15 mun
13.	Cynllun Tymor Canolig Integredig 2022-25: Alldro ar gyfer 2021/22	Sicrwydd	Rachel Marsh	Papur	15 mun
14.	Effeithiolrwydd Blynyddol y Bwrdd a'r Pwyllgorau 2021/22	Sicrwydd Cymeradwyo	Trish Mills	Papur	10 mun
15.	Adroddiad Llywodraethu	Sicrwydd	Trish Mills	Papur	5 mun

EITEMAU CANIATÂD

Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd aelod yn dymuno trafod unrhyw un o'r eitemau hyn, gofynnir iddynt hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.

16.	Cofnodion Pwyllgorau'r Bwrdd 16.1 Pwyllgor Cronfeydd Elusennol 16.2 Ansawdd, Diogelwch a Phrofiad Cleifion 16.3 Y Pwyllgor Pobl a Diwylliant 16.4 Pwyllgor Partneriaeth Academiaidd 16.5 Y Pwyllgor Cyllid a Pherfformiad	Gwybodaeth	Martin Woodford	Papur	5 mun
17.	Adroddiadau gan EASC a NWSSP a WHSSC	Gwybodaeth	Martin Woodford	Papur	

EITEMAU I GLOI

18.	Unrhyw fater arall	Trafodaeth	Martin Woodford	Llafar	5 mun
19.	Dyddiad ac amser y cyfarfod nesaf – 13 Mehefin 2022 (Cyfrifon) am 09.30 drwy Teams.	Gwybodaeth	Martin Woodford	Llafar	
20.	Gwahardd y wasg ac aelodau o'r cyhoedd. Gwahodd y Wasg a'r Cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Penderfyniad	Martin Woodford	Llafar	
21.	Acronyms	Gwybodaeth			

Cyflwynwyr Arweiniol

Enw'r Arweinydd	Swydd yr Arweinydd
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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Mr Lee Brooks	Cyfarwyddwr Gweithrediadau
Mrs Hannah Rowan	Cyfarwyddwr Anweithredol
Prof Kevin Davies	Is-gadeirydd Bwrdd yr Ymddiriedolaeth, Cadeirydd y Pwyllgor Cronfeydd Elusennol a'r Pwyllgor Partneriaeth Academaidd
Ms Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad a Diogelwch Cleifion
Ms Catherine Goodwin	Cyfarwyddwr Dros Dro y Gweithlu a Datblygu Sefydliadol
Mr Andy Haywood	Cyfarwyddwr Digidol
Ms Wendy Herbert	Cyfarwyddwr Gweithredol Dros Dro Ansawdd a Nyrsio
Ms Estelle Hitchon	Cyfarwyddwr Partneriaeth ac Ymgysylltu
Mr Paul Hollard	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Pobl a Diwylliant
Mrs Ceri Jackson	Cyfarwyddwr Anweithredol
Mr Jason Killens	Prif Swyddog Gweithredol
Dr Brendan Lloyd	Cyfarwyddwr Meddygol
Ms Rachel Marsh	Cyfarwyddwr Strategaeth a Chynllunio
Mrs Trish Mills	Ysgrifennydd Bwrdd
Mr Andy Swinburn	Cyfarwyddwr Parafeddygaeth
Mr Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol
Mr Martin Turner	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Archwilio
Mr Joga Singh	Cyfarwyddwr Anweithredol
Mr Martin Woodford	Cadeirydd Bwrdd yr Ymddiriedolaeth

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE
SERVICES NHS TRUST BOARD, HELD on THURSDAY 24 MARCH 2022
MEETING HELD VIA ZOOM**

PRESENT:

Martin Woodford	Chair of the Board (Part)
Jason Killens	Chief Executive
Stephen Clinton	Assistant Director of Operations
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director and Vice Chair (Part)
Bethan Evans	Non Executive Director
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Executive Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce & Organisational Development

Member of British Sign
Language, staff in
attendance and viewers on
Facebook: 16

Apologies

Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Joga Singh	Non Executive Director
Damon Turner	Trade Union Partner

21/22 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting explaining the need to continue using the Zoom facility for Board meetings. He advised that the meeting was originally scheduled for a face to face meeting at the International Convention Centre in Newport, however due to an outbreak in Covid amongst several Board members the meeting was being held via Zoom.

The Chair advised attendees that the meeting was being recorded and that apologies had been received from Joga Singh, Non Executive Director, Lee Brooks, Director of Operations and Damon Turner and Craig Brown, Trade Union Partners. Stephen Clinton was in attendance as deputy for Lee Brooks.

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, Ceri Jackson, a Trustee of the Stroke Association and Claire Vaughan, Independent Member of Aberystwyth University.

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

22/22 PROCEDURAL MATTERS

Minutes: The Minutes of the last Board meeting on 27 January 2022 were presented and approved as a correct record

Action Log: The Board received the action log and noted the updated position.

Action 8.22 – Annual EASC update, Chair and Chief Executive to hold discussions with Chair of EASC and the Commissioner to consider mutual concept of risk and risk appetite. Jason Killens commented this subject had been raised during recent discussions with the Commissioner with further discussions to be undertaken in the near future. Action Closed

Action 9.22 – Board and Committee calendar, start time of Quest Committee confirmed as 09:30. Action Closed.

RESOLVED: That

- (1) the Minutes of the meeting on 25 November 2021 were confirmed and approved as a correct record; and**
- (2) the action log was noted.**

23/22 CHAIR'S REPORT AND UPDATE

The Chair reported on the following for the Board's attention:

1. Chair's actions taken since the last Trust Board meeting:

14 February 2022: Settlement of a clinical negligence claim.
15 February 2022: Extend the Mobile Testing Unit from March to June 2022.
2. Private Board decisions made since the last Trust Board meeting:
 - a. The Trust Board met in private session on 27 January 2022 to discuss matters of commercial sensitivity, the 2022/23 financial plan, and the Remuneration Committee highlight report. The Trust's new behaviours were approved at this meeting to enable them to be launched at the Chief Executive Roadshows in March. A short video was shown to the Board which illustrated the Trust's new behaviours.
 - b. The Trust Board also met in private session on 25 February 2022 to discuss the 2022/23 financial plan and to approve the affixing of the Trust common seal to the license for alterations (minor works) at Vantage Point House.
3. Trust Board and Committee Membership for 2022/23
The Board Committees undertook their effectiveness reviews in Quarter 4 which had resulted in amendments to their terms of reference and membership. The full Committee annual reports and revisions to those terms of reference will be before the May Board for approval. In the meantime, the Board were asked to note the proposed Board and Committee membership which also included details of the Board Champion roles.

RESOLVED: That

- (1) the Chair's Actions as described were ratified;**
- (2) the decisions made in private session since the last Board meeting were noted; and**
- (3) details of the Trust Board and Committee Membership was noted.**

24/22 CHIEF EXECUTIVE UPDATE

In presenting his report, Jason Killens drew the Board's attention to the following key highlights:

1. Nine CEO staff roadshows had recently been held across Wales with a total of around 500 people being in attendance. Furthermore, a Manager's symposium was held in Mid Wales in which discussions included the transformation agenda and the challenges being faced by the Trust.
2. It was now confirmed that the first cohort of Clinical Support Mental Health Practitioners had commenced their learning programme on 7 March with the second cohort due to commence on 4 April.

3. The Trust's proposal for a Faculty of Emergency Mental Health Practice and Mental Health Response Vehicles was currently under consultation as part of the wider Mental Health Workforce Plan for Wales. Consultation was expected to close by 31 March and it was anticipated funding would be confirmed by 31 May 2022.
4. A shadow Board, as part of the Assistant Directors Leadership Team (ADLT) development programme had recently been introduced. This will enable learning and a level of knowledge and understanding of operating at a Board level. This was a great opportunity for aspiring members of the ADLT to develop going forward; and also provides the chance to develop a succession plan for the Trust.
5. The commemorative coins issued by the Trust to all staff and volunteers in recognition of their fantastic work during the pandemic had been well received.
6. The roll out of the new electronic Patient Care Record (ePCR) was almost complete across Wales; the final health board was expected to go live by 31 March 2022.
7. Sicknesses absence rates remained a challenge and it was expected these rates would return to normal levels as the last wave of the Omicron variant eased.
8. Roster review – A national roster review was underway which was part of the demand and capacity review taken in 2019. This will see an additional 34 Emergency Ambulances and an increase in the establishment of 236 Whole Time Equivalent staff which will largely be deployed operationally. There will be more ambulances and less Rapid Response Vehicles; the modelling has shown that this ratio was better for patients overall. The work to develop these rosters for implementation will be concluded by quarter 3.
9. In response to the broader system wide pressures a two week period of reset across the NHS in Wales took place from 3 March. A range of actions were implemented and as yet there has been limited impact; a learning report will be presented to the Board in due course.
10. The increase of staff in the Clinical Support Desk continues with early indications that it was having a positive impact on consult and close (formerly hear and treat) with daily levels reaching 14%, the target being 15%.

The Board welcomed the comprehensive report and raised the following comments:

1. What was the current situation in terms of system pressures? Jason Killens explained that it remained very high with record losses in terms of delayed transfer of care in February. The emergency ambulance production will decrease by 10-15% following the military withdrawal at the end of March. Approximately 100 new staff will become operational in April/May which will mitigate some of the military loss and also the Clinical Support Desk will have doubled its capacity very soon. There were other schemes such as cohorting at emergency departments and third party ambulance support. He added that

the next few weeks will continue to be challenging and regrettably, less serious patients will wait longer than normal for an ambulance.

2. Could an update be provided on the collaboration and engagement work with local authorities? Estelle Hitchon updated the Board on the work of the Regional Partnership Boards, which the Trust was a member of. Furthermore, she explained the complexities of particular areas adding that the Trust was working with practitioners in local authorities to consider several options in improving collaboration going forward. Any changes for improving patient experience of will take time and will mean doing things differently and on a collaborative basis.
3. The Board particularly acknowledged the significant work involving the new ePCR and the peer review on the major trauma service which were both of enormous beneficial change to patient care.

RESOLVED: That the update was noted, received and commented upon.

25/22

QUESTIONS FROM MEMBERS OF THE PUBLIC

1. There had been some internal operational questions and Estelle advised that these would be addressed through the Trust's internal platform on Monday next week.
2. One question was the concern expressed about the lengthy hours paramedics were working and would this lead to burnout? Claire Vaughan explained the issue of long hours was a common problem across the whole NHS. The Trust, through its people's strategy and wellbeing strategy provides the opportunity for staff to work shorter shifts and to self-roster. The last two years have extended the shifts due to delays outside hospitals and as the pandemic eases, the Trust can focus more on its staff from a welfare perspective and see real change.
3. A further question enquired whether there an option to set up a student paramedic scheme as opposed to paramedics coming in straight from university? Claire Vaughan informed the Board this idea had been considered previously and work had been paused due to the pandemic. She referred to an NHS Nurse Cadet scheme that had been successfully run and also a scheme through St John Cymru. The Trust was continuing to encourage younger people to join the ambulance service. Andy Swinburn added that reaching out to younger persons was currently very topical and welcomed any new initiatives going forward.

RESOLVED: That the update was noted.

26/22

PATIENT EXPERIENCE

1. Wendy Herbert introduced a video which highlighted the experience Hannah had recently had with the Trust. The video had recently been shared at the last Quality, Patient Experience and Safety (Quest) Committee meeting and it was felt it was important for this video to be shared more widely. Hannah was part of an advocacy group for people with learning disabilities.

2. Hannah expressed the anger and distress she and her family experienced when they were told that it would be a two hour wait before an ambulance could reach her mother who had suffered a stroke. On hearing the news that the ambulance would not arrive until at least two hours, members of Hannah's family decided to take her mother to the hospital. At the hospital Hannah's mother was diagnosed with a Transient ischaemic attack. Fortunately, Hannah's mother was doing well and Hannah added that she would have liked the ambulance to be able to arrive much quicker in cases like this.
3. Whilst it was known there were significant pressures on the service at the time of the call with the two closest hospitals experiencing extended 90 minutes average handover delays, a wait of two hours was not the service which the Trust would wish to provide.
4. Wendy Herbert added that as a result of Hannah's story, one of the learning points was the importance of advising callers that an ambulance response may be delayed for several hours, and they should make an informed choice regarding transportation to hospital.

Comments:

1. Bethan Evans informed the Board that following the Quest Committee meeting she had personally written to Hannah thanking her for sharing her story.
2. Sadly, Hannah's experience has highlighted the fact that it was not possible for the Trust to provide a timely response at all times.
3. Wendy Herbert assured the Board that a quarterly report containing details of patient experience, serious adverse incidents and lost hours due to handover delays was shared with all health boards. Furthermore, regular executive peer to peer group meetings across all health boards took place to ensure effective collaboration in dealing with the system pressures.

RESOLVED: That the patient experience was noted.

27/22

INTEGRATED MEDIUM TERM PLAN AND FINANCIAL PLAN 2022-25

Integrated Medium Term Plan (IMTP) 2022-25

Rachel Marsh provided an outline of the IMTP and drew the Committee's attention to the following points:

1. The plan is to be a three year plan with a renewed focus on recovery.
2. The Ministerial Priorities were set out in July 2021, and in relation to urgent and emergency care the Trust was guided by the Six Goals policy and programme;
3. Ambulance Care will also be impacted by the requirement to recover planned care in health boards

4. The plan will be accompanied by a Minimum Data Set to establish activity, workforce and financial forecasts into the next year.
5. There has been regular engagement in developing the plan both with internal and external stakeholders
6. Despite the pandemic, good progress has been made against most of the deliverables in the 2021-2024 IMTP.
7. The expansion of resources in the Clinical Service Desk, including mental health clinicians has enabled the Trust to increase its consult and close rate. This will mean less of a reliance on ambulances, take fewer people to the emergency departments which will improve the overall patient flow.
8. In terms of the Emergency Medical Services (EMS), the IMTP sets out to improve the current position notwithstanding the factors outside of the Trust's control, i.e., an increase in red calls and an increase in hospital lost hours. The Trust will be recruiting up to 294 staff additional staff as part of its transition plan; this will ensure that rosters were fully staffed and enable the Trust to fully staff the new service model, Cymru High Acuity Response Unit (CHARU) and also to look at increasing the level 2 falls response.
9. Over the next three years the Trust would consider ways of decreasing staff abstraction rates to around 6%.
10. Shared working with Trade Union Partners continued, particularly around post production lost hours and to agree the appropriate and achievable improvements going forward; this will allow for more hours from the rosters.
11. Whist at the moment there was no growth for additional capacity, considerable action was being taken to ensure the current resources will be used to the best effect.
12. In respect of Ambulance Care, several developments were underway to improve the overall patient experience in respect of non emergency transport. A new transfer and discharge model was being developed.
13. There were several key risks to the delivery of the plan:
 - a. Availability of revenue funding for core and transformational elements of the plan.
 - b. The reduction in capital available to NHS Wales, which will impact on delivery of some of the Trust's core enabling plans such as estates improvement plans
 - c. Securing internal stakeholder support. Work will be ongoing within the next few months to find a way to work more effectively together with Trade Union partners in the delivery of this plan
 - d. Securing external stakeholder support, particularly for the EMS transition plan;
 - e. Ongoing impacts of COVID-19 recovery both internally within WAST and as the Health Boards recover their activity;

- f. Capacity within the organisation to deliver the change required, within the resource envelope available.
- g. Demand for Trust services increasing at a greater rate than the demand and capacity forecasts;
- h. Pressures on the service arising from external factors, particularly the continuing impact of hospital handover delays;
- i. Health and wellbeing of the workforce in the face of continued pressure

Financial Plan

Chris Turley provided an update on the financial plan through a PowerPoint presentation. He drew attention to the following:

1. The Accountable Officer letter had been submitted to Welsh Government (WG) on 28 February 2022; this was essentially a draft of the financial plan for 2022/23 which had been a deficit plan. Since that time, it was clear the Trust's intention was to move to a balanced financial plan.
2. The financial plan consisted of 4 parts which were the underlying position, the core financial plan, recognised system wide pressures and any additionality proposed, including that for Covid recovery for 2022/23.
3. Key updates since submission of the draft plan;
 - a. Revised income/funding assumptions which included the variable costs in energy, additional employers national insurance contributions and various Covid related costs. The Trust can now assume, based on a baseline to be agreed with WG and Commissioners, this will be funded, the impact of this was in the region of over £4m based on the costs included in the Trust's previous estimate.
 - b. The Trust was expecting further clarity on funding from Commissioners, in particular on the costs relating to the backfill of the Clinical Service Desk.
 - c. There were still areas where the Trust could further refine its costs; i.e., Think 111 First.
 - d. The plan still assumes a significant level of savings, currently targeted c£4.3m being delivered on.
 - e. The summary financial plan for 2022/23, assuming the costs will be funded, was now being presented as a balanced financial plan. Going forward years 2 and 3 would be significantly more challenging.
 - f. Members were updated on the key risks to the delivery of the plan and these included; the ability to deliver a minimum of a 54% increase in savings from 2021/22 and the ability to manage cost reductions for schemes already agreed to be decommissioned.
 - g. Capital, there had been a 24% cut in the discretionary capital from the previous year

Comments:

1. The Board recognised the vital importance of having a balanced financial budget during this critical time.
2. The Chair of the Finance and Performance Committee, Emrys Davies, outlined the discussion from its meeting last week, assuring the Board the plan had been discussed in detail, accepting at that stage it was not a balanced plan.
3. It was suggested that whilst it was implicit in the plan, more emphasis and narrative in terms of the Putting Things Right (PTR) agenda would be welcomed. Rachel Marsh acknowledged its importance and advised the Board that PTR was a business as usual function. Wendy Herbert added that PTR was embedded throughout the plan.
4. How will the plan be simplified and used as a communication tool both internally and externally. Rachel Marsh advised the Board that an easy read plan was being implemented. Estelle Hitchon informed the Board that short videos and podcasts to illustrate parts of the plan were also being considered as an option going forward.
5. The Chair, recognising the need for the Board to approve a budget prior to the start of new financial year, requested a Chair's Action (CA) be convened early next week for that purpose. The budget document to be approved by CA was a technical document, the details of which had been presented to the Board and the Finance and Performance Committee but will be drawn out in more detail. It was also agreed that this CA would be held virtually rather than circulated by CA email so that appropriate discussion could take place where necessary.
6. The Board recognised that the Trust should now relook at its performance modelling in the context of the resources available; and should actively consider which initiatives could be paused and/or do differently in the absence of additional investment. Rachel Marsh added that quarterly modelling of expected performance would be conducted.
7. A note of thanks to Chris Turley, Rachel Marsh and their teams in producing the plan was recorded

RESOLVED: The Trust Board;

- (1) Approved the IMTP 2022-25 to enable submission to Welsh Government by 31 March 2022;**
- (2) Approved the financial plan on the assumption that reasonable latitude was afforded to Chris Turley for any minor amendments;**
- (3) Agreed that the detailed budget be approved through a chair's action/virtual board meeting early next week;**

(4)

28/22

QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK

1. Rachel Marsh informed the Board that the framework had been previously considered at several Committee meetings and also at a Board development session.
2. The Framework assures the Board that the Trust has a clearly defined approach for the delivery of quality and performance at all levels of the Trust. The Framework is designed to be integrated and combines quality and performance; and reflects the statutory duty of quality as per the Health & Social Care (Quality & Engagement Act) and the Trust's Quality Strategy.
3. A steering group has been established which will ensure the roll out of the framework and the Finance and Performance Committee will receive regular updates going forward.

Comments:

1. Emrys Davies gave an overview from the Finance and Performance Committee perspective who were keen to see the Trust develop its metrics and pursue improvement actions.
2. The Board were pleased to see the strategic link with the IMTP and this framework along with other work the Trust was undertaking.
3. Following a query in terms of roles and responsibilities, notably of the Director of Operations within the IMTP, Rachel Marsh agreed to review this through the steering group for further analysis noting they would be refreshed and refined on a regular basis

RESOLVED: The Board approved the Quality & Performance Management Framework 2022-2025.

29/22

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

1. Trish Mills explained that the purpose of this report was to provide an update in relation to the Trust's corporate risks with a particular focus on the work that has taken place to rearticulate and strengthen the highest scoring corporate risks.
2. The Audit Committee approved a request to pause reporting of the Board Assurance Framework (BAF) for a period of 3 months to enable the Governance team time to develop a transitional BAF with risk owners which will be presented at the Audit Committee in June 2022 and the Trust Board in July 2022.
3. By way of assurance, a high level report will be provided to the Trust Board and each scrutiny Committee during May 2022 on each of the corporate risks

with a particular focus on the developing controls and assurances of the Trust's highest scoring risks.

4. The Board were informed of the work being undertaken to review the highest scoring risks:
 - a. ID 223, The Trust's inability to reach patients in the community causing patient harm and death
 - b. ID 224, Significant handover delays outside A&E impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service
 - c. ID199, Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation
 - d. ID 316, Potential for a high volume of personal injury claims due to work acquired Covid infection
 - e. ID 160, High sickness absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.
5. These five high scoring risks have remained static apart from ID 160 which had increased to 20 from 16 and ID 316 which had reduced in score from 16 to 12. These changes had been approved by the Executive Management Team
6. The ownership of Risk ID 224 had been transferred from the Director of Operations to the Director of Quality and Nursing on the basis that it related to patient safety.
7. ID 458, a confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning and ID 139, Failure to deliver our Statutory Financial Duties in accordance with legislation have both been rearticulated and increased in score from 12 to 16. These 2 risks would be reviewed again prior to the next Board meeting.
8. Two new risks have been escalated to the Corporate Risk Register; ID 163 the maintaining effective and strong Trade Union Partnerships and ID 260 A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.
9. Chris Turley reiterated the unpredictability of the financial plan going forward noting that the risks ID 458 and 139 would continue to be reviewed dynamically and at this stage the scores were right.

Comments:

1. Risk 201, Trust Reputation. The Board welcomed that the re-articulation of this risk would be reviewed further, especially in light of media coverage regarding public concern in respect of response times. Estelle Hitchon reiterated that the risk would be reviewed and possibly escalated in the next quarter.

2. In respect of Risk 160, High sickness absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service, it was queried whether ownership of this risk be transferred to the Director of Operations. Claire Vaughan commented that the solutions to develop the health and well-being of staff was the responsibility of the workforce directorate adding that, whilst the majority of staff came under the operations directorate it was felt that workforce should take overall ownership. Members recognised the separate lines of responsibility to manage sickness for each directorate and agreed there should be an overall framework that took ownership of the risk. Members discussed the issue of ownership in more detail.
3. How much information should the Board receive on the top 5 risks? Trish Mills referred to the risk management transformation programme in which the Board would, in the future, be presented with a BAF which will set out the risks to the Trust's strategic objectives. This would include the full risk description, controls and assurances against controls, and clear actions to address the gaps in controls and actions. The Board noted the paper evidenced the systematic review of these risks, giving appropriate assurance to the Board.

RESOLVED:

The Trust Board noted:

- a. **The pause of the Board Assurance Framework (BAF) for 3 months.**
- b. **The re-articulation of the Trust's highest scoring risks.**
- c. **The transfer of Risk 224 from the Director of Operations to the Director of Quality and Nursing.**
- d. **The closure of Risk 109 and Risk 316 from the Corporate Risk Register.**
- e. **The increase in score of Risk 458 from 12 to 16.**
- f. **The increase in score of Risk 160 from 16 to 20.**
- g. **The change in title of Risk 139 and the increase in score from 12 to 16.**
- h. **The escalation of Risks 163 and 260 to the Corporate Risk Register.**

30/22

WAST APPROACH TO IMPROVING ATTENDANCE

1. Claire Vaughan informed the Board that sickness absence levels were recognised as a significant concern in the Trust. To address these levels, an Improving Attendance Project Plan had been developed and was being delivered into the organisation.
2. The purpose of the project plan was to combine the activities which were underway and to introduce new activities to support attendance in a connected way. Each work stream has a lead and the team meet every two weeks to inject pace, unblock any challenges quickly and review the progress and impact of activities being delivered. Regular updates on progress will be presented to the Executive Management Team. The project plan has been shared with Trade Union partners who have been supportive.

3. It was intended that a staff attitude survey would be conducted to understand any patterns and what was driving absence and how these could be addressed. The Trust would use the data to target 'hot spots' and any areas of concern.
4. The Trust was now piloting, in North Wales, absence calls being taken by a line manager as opposed to a resources department; it will be interesting to see if this has any tangible impact on attendance.
5. Sickness levels had peaked in December 2021 when they were at 12.33%, these levels appeared now to be on a downward trajectory and in February 2022 were just under 11%. This was in line with what the Trust would expect with seasonal trends. It was noted that the lowest rate of recorded absence was in July 2020 when it was at 5.59%. The highest rates of sickness absence were in the Clinical Contact Centres; sickness absence in these areas were now beginning to decrease.
6. In terms of improvement, over the three year period of the IMTP, the intention is to see a downward trajectory with the aim of reaching 10% at the end of year 1, 8% at the end of year 2 and 6% at the end of year 3. Other expectations include a reduction in the average length of long term sick cases, fewer long term sick cases and a reduction in short term sickness instances. It should be borne in mind that the impact of Covid would affect these rates going forward.
7. Claire Vaughan strongly advocated that development of the ideas in the plan such as mandatory decompression breaks frontline staff would have a significant benefit for staff.
8. The Board should note that staff Covid absence cases were having an impact on the Trust's long term sickness rates

Martin Woodford leaves meeting, Emrys Davies takes over as Chair

Comments:

1. The Chair of the People and Culture Committee, Paul Hollard, assured the Board that the plan had been recommended for approval; noting the importance of monitoring and delivery of the plan. In terms of the pilot whereby staff will call a line manager regarding absence, he advised that the Committee looked forward to receiving the results.
2. The Board welcomed the plan, noting the requirement to address sickness in a sensitive and supportive approach.
3. It was felt the sickness target rates for sickness could be more challenging. Jason Killens explained that he had set these cumulative targets for the next three years; 10% at the end of year 1, 8% at the end of year 2 and 6% at the end of year 3, noting that the three year point would bring the Trust back to pre-pandemic rates. This has taken into account the current sickness rate, the area detailed in the plan. He stressed that to achieve these rates the work will take time and must be conducted with a dignified and compassionate

approach, with a particular emphasis with staff on long term absences. He added that it would not be prudent to set an unrealistic trajectory under the current system pressures. Claire Vaughan added that whilst the figures illustrated could be more challenging; going forward, they were realistic given the last two years.

RESOLVED: The Board agreed to receive project updates going forward, initially through the People and Culture Committee.

31/22

**BENEFITS OF ADDITIONAL EMERGENCY MEDICAL SERVICES (EMS)
INVESTMENT IN 21/22**

Rachel Marsh provided an update by way of a PowerPoint presentation and drew attention to the following areas:

1. The Demand and Capacity review conducted over 2 years ago had outlined a model based on several assumptions which included; demand would continue to grow by 2.3% each year, lost capacity due to abstractions from the roster would decrease to around 30% and the hear and treat rate would increase to just over 10%. Should these and other assumptions happen, the Trust was expected in December 2021, to see a red response time of 67.3% and an amber one median response time of 35 minutes.
2. Members noted that demand had increased cumulatively and was now around 10% which was higher than was originally modelled.
3. In terms of capacity, funding has been confirmed for additional staff, and it was expected that by end of March 2022, that number would be 252 Whole Time Equivalents.
4. With regard to staff abstractions, this was above the 30% target and as at January 2022 was around 40%. Several factors were affecting this rate and sickness was an area where the Trust was taking action to reduce.
5. Overtime levels were lower this year than in previous years and this has an impact on the number of hours the Trust produces for front line staff.
6. Unit Hours Production (UHP) (the % of rosters that can be filled). In respect of EMS UHP these had increased, part of this was as a result of military support.
7. Handover lost hours. The original model had anticipated a loss in the region of 6,000 hours; in December 2021 the Trust was seeing a loss of around 18,000 hours with further increases in January and February. This was a huge amount of capacity being lost as a result of these delays and will impact on the red response times.
8. Hear and Treat. The Trust had achieved the target of 10.2% and continued to do so and hopefully increase this further going forward.

9. The Board recognised that several of the assumptions in the demand and capacity review had not been achieved; however, the IMTP has laid out the foundation to improve this situation.

Comments:

The Board welcomed the update and noted the work to address the issues raised.

RESOLVED: That the update was noted.

32/22 FINANCIAL PERFORMANCE MONTH 11

Chris Turley in giving an overview of the update drew the Board's attention to the following areas:

1. The Trust was reporting a small year to date revenue surplus (£69k) for Month 11, 2021/22 and continued to forecast an underlying breakeven position for the 2021/22 financial year, noting the required accounting treatment of a donated asset to the value of £0.185m.
2. Capital expenditure was forecast to be fully spent in line with updated plans.
3. In line with the financial plans that support the IMTP gross savings of £2.756m have been achieved against a year to date target of £2.649m.
4. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.1% for the number, and 98.2% of the value of non NHS invoices paid within 30 days.

RESOLVED: The Board

- (1) **Noted and gained assurance in relation to the Month 11 and forecast revenue and capital financial position and performance of the Trust as at 28th February 2022, noting that this was also presented to the Finance and Performance Committee meeting on 17th March 2022.**
- (2) **Noted the Months 10 & 11 Welsh Government monitoring return submissions included within Appendices 1- 4 as required by WG.**

33/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

1. Rachel Marsh explained that the purpose of the report was 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 was for January 2022 and (where data was available) February. It was noted that several of the key areas had previously been discussed during the meeting and Rachel Marsh highlighted the following area for the Board's attention

2. 111 service, recruitment continues with a further 30 WTE funded by the 111 Programme Board. The teams have increased the capacity (including physical capacity) in the training cohorts planned from January onwards in order to achieve this uplift in Q4 (complete). Again, this funding was non-recurrent and meetings were being held to agree a funded establishment level for 2022/23. In the main performance remains very good.
3. The Trust was expecting that April would be a challenging month for response times.

Comments:

1. The Board were pleased to see the improvements in call handling and that the additional number of staff had made a significant and positive difference.
2. The Trust should be congratulated on achieving the full roll out of the 111 service.

RESOLVED: The Trust Board considered the February 2022 Integrated Quality and Performance Report and actions being taken and determined that it provided sufficient assurance.

Martin Woodford resumes as Chair

34/22

CHARITABLE FUNDS COMMITTEE UPDATE

1. The meeting had been chaired by Emrys Davies who referred to the highlight report, and drew attention to the following:
 - a. The full audit of the 2021/22 accounts may be limited due to Audit Wales being unable to evidence opening fund balances. Further discussions are being undertaken with Audit Wales to resolve this. Chris Turley added that this was a technical issue adding there was no concern regarding the systems and processes and the Trust wanted to carry out a full audit of the 2021/2022 Charity Accounts as opposed to an independent review which were previously undertaken over the past years.
 - b. The Emergency Ambulance, as part of the legacy bequeathed to the Trust, was purchased in quarter three.
 - c. A dedicated finance resource had been recruited to work on charitable funds. It was anticipated this post would be funded through a grant from the NHS Charities Together.
 - d. An amount of £315,000 remained available for the Trust to apply from the NHS Charities Together; deadline for applications was the end of 2022.
 - e. Two bids for the consultancy work to develop the charity's strategy had been received and would be reviewed shortly. Estelle Hitchon updated the Board on the recruitment advising them that Claire Snook had been appointed.

- f. The recommendations of the effectiveness review were all agreed, the terms of reference amendments and priorities for the Committee had been approved
- g. A new streamlined digital platform and scoring matrix process was approved for any new bursary panel applications from April 2022.
- h. Amendments to the membership of the Bids Panel together with a new chair, were approved.
- i. The finance highlight report covered the income and expenditure for the first six months noting much of the income received was due to the investment performance.
- j. Those bursary panel applications already received were being monitored and progressed and would be presented to the next meeting for approval.

RESOLVED: The Board received the report.

35/22

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE UPDATE

1. The Chair of the Committee, Bethan Evans, drew the following key points for the Board's attention:
 - a. The red performance indicators have been consistently below the 65% target this quarter, being 50%, 53% and 51% respectively, with some Health Board variation. Whilst this has improved into January 2022, response times continued to be much longer than the Trust would want. The Committee discussed the capacity, demand and efficiency actions being implemented and would continue to monitor performance. They were assured of the ongoing work being carried out to improve this and to minimize the impact on patients in the community
 - b. The Committee expressed their grave concern regarding the patient safety impact due to hospital handover delays; these delays had significantly increased since those reported at Quarter 3. Members considered this issue in more detail accepting the Trust had limited control over handover delays, they requested further information in terms of how the Trust was addressing the situation.
 - c. Going forward, the Committee noted that the modelling indicated that the position in April would continue to worsen, impacted by the end of Military assistance.
 - d. Risks assigned to the Committee were discussed in detail noting they had been rearticulated to provide more clarity.

RESOLVED: The Board received the report.

36/22

PEOPLE AND CULTURE COMMITTEE UPDATE

1. The Chair of the Committee, Paul Hollard presented the report advising that several of the items discussed at Committee had already been mentioned during this meeting. Notwithstanding that he drew attention to the following:

- a. Personal Annual Development Review (PADR) rates for January 2022 remained low at 58.84% against a target of 85%. The Committee discussed how to address this issue in great detail and would receive further assurance at their May meeting.
- b. The staff story at this meeting was presented by Lorna Woodley, a Paramedic Operational Driving Instructor for the Trust. Lorna told the Committee of her journey which began as a Paramedic from the second cohort of HEIW students, The Committee recognized the hard work it took to qualify, particularly as she was working operationally during the pandemic and balancing a busy family life.
- c. The people and culture deliverables and priorities included in the 2022/25 Integrated Medium Term Plan were reviewed. Two priorities from 2021/22 have been recast for 2022/23 relating to change management and the workforce planning strategy.
- d. The Committee had agreed to defer the refresh on the People Strategy, and it has been confirmed this will be taken forward from 2023 onwards.
- e. A presentation was received by the Committee on the Leadership and Management Development Strategy 2019-2022 and work was underway to refresh the Engagement Framework.
- f. The Welsh Language Standards compliance was reviewed, and the Welsh Language Advisory Group will focus on options to address the standard relating to Welsh language capability at their next meeting. The Committee expressed its condolences on the passing of Welsh Language Commissioner.
- g. The audit tracker was reviewed with no overdue recommendations. The teams were commended on this achievement.

RESOLVED: The Board received the report.

37/22

AUDIT COMMITTEE

1. The Chair of the Committee, Martin Turner presented the report and drew attention to the following:
 - a. The Committee agreed to pause reporting on the Board Assurance Framework (BAF) until the June Audit Committee meeting to allow the team to develop a transitional BAF.
 - b. The Committee expressed their strong wish for the All Wales Review of Unscheduled Care being undertaken by Audit Wales to conclude as soon as possible, given the significant handover delays and patient safety issues. Jason Killens advised he would raise this at his upcoming meeting with Audit Wales and share the update with the Board.
 - c. The Committee approved the Internal Audit Plan for 2022/23, which contained several reviews planned throughout the year:

Comments:

In respect of the Limited Assurance report on the NEPTS transfer, Paul Hollard advised that it related to a benefits and realisation issue, which had not been carried out, as opposed to the transfer of services itself.

RESOLVED: The Board received the report.

38/22

FINANCE AND PERFORMANCE COMMITTEE

1. The Chair of the Committee, Emrys Davies presented the report and drew attention to the following bearing in mind that several issues had previously been captured earlier in the Board meeting.
 - a. The withdrawal of military resources and the potential impact for the end of March was noted.
 - b. The 2022/25 Integrated Medium Term Plan and the finance position was considered and approved
 - c. The Trust's Decarbonisation Action plan was reviewed and approved.
 - d. 111 roll out to the Cardiff and Vale was completed on 16 March 2022, with full coverage now in existence across all of Wales.
 - e. Members reviewed and endorsed for Board approval the Quality and Performance Management Framework.
 - f. An update was received from the Operations directorate which highlighted the services pressures and the work being done to improve the Trust's position.
 - g. The Fire safety policy was approved.
 - h. Noting it was his last meeting, the Chair going forward would be Kevin Davies
 - i. The Committee reviewed its effectiveness and approved its terms of reference; these would be presented to the Board in May 2022.
 - j. An update on the audit recommendations was provided and the Committee noted the recommendations in respect of the 111 service were deferred for 12 months.
 - k. In the private session an update on Salus and a review of the Trust's major incident arrangements was provided. These were taken in private session due to commercial and other sensitivities in the discussions and papers.

RESOLVED: The Board received the report.

39/22 ACADEMIC PARTNERSHIP COMMITTEE

1. The Board received an update from Paul Hollard as the Chair, Kevin Davies had left the meeting.
 - a. The Trust's application for University Trust Status was yet to be determined by Welsh Government, however the Trust Board will be further updated at the next meeting.
 - b. The Committee discussed the three priority areas aligned to University Trust Status and proposed that a mapping exercise be carried out to enable the Committee to have overarching oversight of the success of these areas; Priority 1: Digitisation Enabling Better Outcomes, Priority 2: Advanced Practice and Specialist Working, Consult and Close and Service Transformation, Including Research and Priority 3: Decarbonisation, Fleet Modernisation and Sustainability. Estelle added that a further priority would be to invite Trade Union partners to future meetings.
 - c. The Committee reviewed its effectiveness and approved the terms of reference.

RESOLVED: The Board received the report.

40/22 REMUNERATION COMMITTEE

1. The Chair Martin Woodford, provided an update on the following areas which had been discussed at two previous meetings since the last Trust Board meeting:
 - a. The arrangements for the Vice Chair and the change in voting directors at the Board was reviewed and approved. The addition of the Director of Operations as a voting member from 1 April 2022 and the transfer of voting rights from the Director of Workforce and Organisational Development to the Director of Strategy, Planning and Performance from 25 April 2022.
 - b. Details of the recruitment of the post of Executive Director of Quality and Nursing and the Director of Workforce and OD were supported and approved.
 - c. Three voluntary early release scheme applications had been considered and were approved subject to Welsh Government approval.
 - d. The Committee reviewed and approved its terms of reference.

RESOLVED: The Board received the report.

41/22 IN APPRECIATION: CLAIRE ROCHE, CLAIRE VAUGHAN AND EMRYS DAVIES

The Chair firstly thanked the contribution of Claire Roche, the former Executive Director of Quality and Nursing who had left the Trust in February, but unfortunately

was unable to make this meeting. Claire had made a huge impact over the last few years particularly in bringing the experiences and safety of the patient to the Board helping with the success of the Quality, Patient Safety and Experience Committee.

This was the Executive Director of Workforce and Organisational Development Claire Vaughan's last Board meeting. He extended his and the Board's thanks for her contribution over the last 7 years. Members were informed of the work that Claire had overseen which included amongst many other initiatives, a substantial recruitment campaign, changes and improvements to the Trust's training and education functions, organisational development, advances in inclusion and diversity and the improvements to staff wellbeing. Claire Vaughan thanked the Chair for the kind words and was looking forward to her renewed challenge with St John.

The Chair thanked the Emrys Davies for his contribution as a Board member and Chair of several Committee during the last eight years. Of particular recognition was the ground-breaking and tireless work of setting up the Quest Committee, a template that was replicated by other Committees. Emrys had been a champion and advocate in many areas within the Trust including Welsh language, environmental sustainability and quality improvement. His wise counsel and support has been greatly appreciated and valued at all levels throughout the Trust. Emrys Davies expressed his appreciation for the generous words and wished everyone good luck for the future.

42/22 CONSENT ITEMS

The following items were included in the consent item section of the agenda and were noted for information.

1. Audit Wales Annual Audit Report.
2. The Trust Board noted the minutes of Board Committees as follows:
 - a. Quality, Patient Safety and Experience, 16 November 2021
 - b. People and Culture Committee, 30 November 2021
 - c. Audit Committee, 2 December 2021
 - d. Academic Partnership Committee, 9 December 2021
 - e. Charitable Funds Committee, 17 January 2022
 - f. Finance and Performance Committee, 20 January 2022
3. The NHS Wales Shared Services Partnership Committee Assurance report dated 20 January 2022.
4. The Welsh Health Specialised Services Committee Joint Committee Joint Committee Meeting Briefing dated 18 January 2022.

RESOLVED: That the reports were noted and received.

43/22 CLOSING ITEMS

EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 24 MARCH 2022

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960). It was also noted that the Board would resolve to meet in private on 24 March 2022.

RESOLVED: The Board would meet in private on 24 March 2022.

Date of next Open meeting: 26 May 2022

DRAFT

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
38.22	24 March 2022	Audit Committee Update	Update on meeting with Audit Wales regarding report on Unscheduled care	Jason Killens	26 May 2022	Update for 26 May meeting Audit Wales has published the commencement of the work and that has been circulated to the Board	Complete



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

AGENDA ITEM No	6
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	One

CHIEF EXECUTIVE REPORT: 26 MAY 2022

MEETING	Trust Board
DATE	26 May 2022
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	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 24th March 2022. 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 26th May 2022.

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 24th March 2022.

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, Commissioners, AACE, EASC and senior elected representatives.
- Since the last Trust Board meeting Claire Vaughan, left the Trust to take up a new role as Director of Workforce at St John Ambulance. Claire contributed so much to the Trust in the last 8 years and I'm sure she will be equally successful in her new role. Dr Catherine Goodwin has accepted the role of Interim Director of Workforce while an external recruitment process is completed. I shall keep Trust Board colleagues up to date with the appointment process and interviews are currently scheduled for 7th June 2022.
- The Executive Team attended a successful Joint Executive Team meeting with Welsh Government colleagues on 31st March.
- The Roster Review has raised concerns with a number of local and national politicians. Estelle Hitchon and I have been able to provide assurance that this project will allow the Trust to provide a more responsive emergency response to our patients.
- I was delighted to be able to welcome a new cohort of trainee 999 call handlers and explain the Trust's priorities and share our pride in everything our people do to help those in need. Likewise, I was delighted to attend the paramedic Big Bang recruitment event. It is always a pleasure to meet students with an ambition to join #TeamWAST.
- An important meeting of Directors and Assistant Directors was held to discuss in detail plans to ensure we achieve our saving plans for 2022/23 and beyond. This is an important work stream and work continues at pace to ensure we can achieve financial balance.
- We held the first of six long service award events last week in North Wales to recognise those achieving long service milestones of 20 years or more. There is a long list of colleagues to be seen as a result of the pandemic so over the course of the next few months we will recognise and thank over four hundred staff for their service.

CORPORATE GOVERNANCE

4. The Risk Management Team have been working with risk owners to re-articulate the highest rated risks and conduct a wholesale review of ratings, controls and assurances, and the actions to address the gaps. This has resulted in good engagement on risk management and supports the embedding of a maturing risk culture at the Trust. The transitional Board Assurance Framework which will be presented to the Audit Committee in June alongside further detail and timescales for the Risk Management Transformation Programme will be strengthened by this work. The annual internal audit review on risk management and assurance which was conducted in quarter 4 resulted in a reasonable assurance rating.

5. Cycles of business for the Board Committees are being developed through quarter 1 to support the work of the Committees and to provide assurance mapping, certainty of assurance and to aid in the building of a legislative and regulatory compliance framework.

6. The draft 2021/22 Annual Report was submitted to Welsh Government and Audit Wales in accordance with their timetable. The final Annual Report and Financial Accounts will be presented to the Audit Committee on 7th June and approved by the Trust Board on 13th June. The Annual General Meeting will be held on 14th July.

7. The Board held a development session on the Covid-19 Public Inquiry Preparedness in February. A Pandemic Governance Group has been formed to steer the preparation of the Trust's pandemic timeline and prepare for the inquiry.

8. There have been developments in improving Welsh language service delivery for the 111 Service that includes:

- Focused staff continuing professional development training on how to deal with Welsh language calls.
- Welsh 111 messaging and options menu.
- Targeted recruitment for call handlers with Welsh language skills in North Wales.
- Weekly Welsh language provision service analysis.

9. The Welsh Language Framework that will include a skills audit from the bilingual skills strategy, training and education plan, accompanying policy and procedures, standards compliance and resourcing will be presented to the People and Culture Committee.

OPERATIONS DIRECTORATE

Pandemic Response

10. Case rates of Covid 19 have continued to decline across Wales and Public Health Wales and Welsh Government have arguably commenced a transition from pandemic to endemic. Now that community transmission has declined and generally at steady and sustained pace, the Trust has reviewed the use of the pandemic call handling protocol. Protocol 36 was first de-escalated to the surveillance level on 24th February 2022, with a subsequent removal of the protocol in its entirety and a move to the Emerging Infectious Diseases Surveillance (EIDS) tool on 10th March 2022.

11. On 17th March 2022 the Senior Pandemic Team took forward a recommendation for the organisation to alter its position according to our Pandemic Plan. As a result, on 21st March 2022 the Trust transitioned from the Response Phase Monitor Position to the Recovery Phase of the Pandemic Plan. This coincided with a phased withdrawal of the military as part of military aid to civil agency arrangements with a full withdrawal of military colleagues that was affected by 31st March.

12. We place on record our full and unreserved thanks to our military partners for the support they provided to the Trust since October 2021. Our Business Continuity and Recovery Team (BCRT) now has primacy for the organisation's recovery efforts.

13. The BA2 Omicron variant took hold as we moved toward the end of March, increasing staff absence to circa 220 FTEs due to the virus. This occurred as military support wound down. Since the end of March, Covid 19 related absences have reduced and are now at levels sub 100 across the Operations Directorate.

National Operations and Support

Make Ready

14. During April 2022, the new Make Ready facilities at Cardiff Ambulance Station went live. Seven day Make Ready services are available following a recruitment and training programme.

15. Funding for the temporary make ready facility at Singleton Hospital site ceased at the end of March 2022. We are conscious this means there is no MRD facility in the Central and South Central area and a long term solution will need to be considered in our broader estate agenda.

Mobile Testing Unit (MTU) Programme

16. The Mobile Testing Unit (MTU) Programme has been extended by Welsh Government until the end of June 2022. Welsh Government continues to determine future Covid-19 testing requirements for Wales. Whilst these discussions are ongoing, we are exploring what opportunities may exist within the organisation for staff who were employed to support the MTUs on fixed term arrangements and wish to remain in the Trust's employment.

Emergency Preparedness, Resilience and Response (EPRR)

17. Work with multi-agency partners in assessing and mitigating identified risks is ongoing. Multi-agency exercises have been conducted testing our response to Control of Major Accident Hazards (COMAH) sites and other sites of interest, working with our military colleagues when responding to an incident and assessing our preparedness to respond to power outages. Internally the Team have been focusing on the Trust's business continuity and is working across the Trust's various directorates to ensure robust plans exist in the event of loss of ICT and critical systems.

18. Exercises planned for the future include a large multi-agency exercise looking at the Wales response to a Manchester style attack, our response to a nuclear accident and our cross-border response to an incident within the Severn Tunnel.

19. This year the Trust's Hazardous Area Response Team (HART) celebrates being in operation for 10 years and we are looking forward to celebrating this milestone. A business case to enhance the Trust's Specialist Operations Response Team (SORT) to maintain parity with the same arrangements in England, was previously submitted to Welsh Government and a decision is awaited. In the meantime, work has started within the team to prepare for the training of the additional 290 SORT volunteers.

Emergency Medical Service (EMS)

EMS Roster Review

20. The purpose of the EMS Roster Review project is to: deliver EMS Response rosters for Cymru High Acuity Response Unit (CHARU) replacing Rapid Response Vehicles (RRV), Emergency Ambulance (EA) and Urgent Care Service (UCS) aligned to patient demand; improve staff well-being and achieve an efficiency gain (not saving) of 72 FTEs, by December 2024.

21. A series of 'Working Parties 2' commenced on 17th January 2022. These were well attended by all staff groups. Feedback to the Project Board was that the sessions were positive and engaging with questions raised by the attending staff. Working parties are supported by Working Time Solutions Consultants (WTS) who assist the Operational Lead chairing the meeting, staff and TU colleagues engaged in the process. 'Working Parties 3' commenced on 28th February 2022. These sessions provided an opportunity for staff to feedback on iterations of roster options with final amendments expected.

22. Recent modelling undertaken in May using a data sample from January to April 2022 supports that in the current operating context, proceeding with the roster change benefits patients by reducing waiting times, particularly for the amber tail (95th percentile).

Ambulance Care

Transfer of UCS to Ambulance Care

23. The Urgent Care Service (UCS) is a non-emergency crew that is trained and equipped to care for and transport urgent and non-urgent patients who require basic care e.g. giving pain relief during their journey to hospital. The transfer of UCS staff from the Emergency Medical Service (EMS) to Ambulance Care is scheduled to be concluded on 1st July 2022. There have been several staff engagement sessions, surveys and communications issued to ensure staff are kept aware of key dates.

NEPTS Cleric Upgrade

24. The new externally hosted environment for the upgraded NEPTS Computer Aided Dispatch (CAD) System is being built by Cleric. Training with the lead trainers has been completed and the new system is on schedule to go live in August 2022.

Resourcing & EMS Coordination

25. Following the move to the Recovery Phase of the Pandemic Plan, Contact Centres across the Trust have eased restrictions to enable key educational, leadership,

wellbeing and partnership working visits. Infection Prevention Control measures remain in place, but this is a first step towards living with Covid19.

26. As part of the Emergency Services Mobile Communication Programme (ESMCP) EMS Coordination teams have been supporting the project to implement a new control room solution for Integrated Communication Control Systems (ICCS). As we move to a planned transition, the EMS Coordination team have taken the first steps by training 12 members of the team as instructors in the new LifeX software solution. As we move towards Q1 of 2022/23 these new instructors will be rolling out training across EMS Coordination, NEPTS and EMRTS and supporting key critical systems testing in readiness for the next stages towards transition.

Integrated Care

111

27. 111 services became available to patients in Cardiff and Vale University Health Board area on the 16th March. This marks the culmination of a six year roll out programme with 111 now live across all Health Boards. Those patients who previously accessed CaV 24/7 will now also ring 111 for assessment, triage and if required booked for an Emergency Department appointment.

Physician Triage and Streaming (PTaS)

28. The 111 team have successfully trialled and implemented a new scheme of passing suitable daytime callers back into urgent primary care and alternative care pathways within ABUHB to ease the pressure on the OOH system when callers call 111 when they cannot get an appointment with their GP. This builds on a similar process to the Physician Triage and Streaming service already in Integrated Care for callers to the 999 service who are triaged by a Physician in the Health Board to look for alternative care pathways than Ambulance or an Emergency Department.

Clinical Support Desk (CSD)

29. More clinicians have joined the Clinical Support Desk, including Mental Health Practitioners meaning the Trust has 83 FTE clinicians working on Consult and Close activities. This has increased the numbers of 999 callers receiving self-care, a referral or suitable alternative transport, saving ambulance responses and visits to the Emergency Department. On some days Integrated Care is achieving 15% Consult and Close (150+ patients per day), our target for later this year.

Emergency Communication Nurse System (ECNS)

30. ECNS is the new triage system in Integrated Care, Clinical Support Desk which, at the time of writing, is due to go live on 17 May 2022. It provides for a more streamlined triage of the 999 caller once they reach the Clinical Support Desk and more efficient processes for quality assurance and governance. This is supported by the new Operations Practice Education Team who will not only lead on increasing the training and development of all CSD Clinicians but also form the audit and governance team within the department.

FINANCE AND CORPORATE RESOURCES

Finance

31. The Finance Team have supported the closure of the 2021/22 financial position for the Trust and during April a draft set of statutory year end accounts have been prepared. Subject to audit the Trust has achieved all statutory financial obligations by reporting a retained surplus of £75k, not overspending against the Capital Expenditure Limit and paying trade creditors promptly. During May and early June, the Audit Wales Team will be working with the Finance Team on the year end financial audit in advance of the presentation of final audited accounts to Trust Board on 13th June 2022.

32. A balanced financial plan for the 2022/23 financial year has been included in the IMTP submitted to Welsh Government on 31st March 2022 and the Trust continues to monitor the associated risks included as the financial year opens.

33. In light of the reduced Capital allocation for 2022/23, plans are being worked through in terms of key priorities, including the carry forward of schemes, which the Trust is contractually obligated to complete along with the schemes previously approved by Trust Board, details of which are included within a separate paper for consideration.

Capital & Estates

34. A brief update on the main Capital and Estates projects are outlined below:

- Vantage Point House (VPH) reconfiguration work is progressing at pace, with the completion of Phase 1 (operations management accommodation, ICT, reception, and associated areas) achieved on 6th May. Phase 2 work commenced on 16th May and is scheduled to run until early August 2022.
- Aberaeron Ambulance Station opened in March 2022 and positive feedback has been received from Operational staff.
- Cardiff Ambulance Station opened at the end of March 2022 which has been transformational for staff previously stationed in Blackweir.
- Beacon House opened at the end of April 2022 and the GUH Discharge and Transfer staff have relocated. Corporate staff are commencing working from the facility on an agile basis.
- EMS Interim Solutions Programme – work continues to progress on solutions for the Betsi Cadwaladr and Aneurin Bevan areas and implementation works commencing at Newport and Rhyl. Locker reviews in North East Wales will inform capacity availability for future staffing requirements.
- South East Fleet Workshop – the Project Board is being established and initial works related to security have commenced. Work will progress on the design phase over the coming months.
- Work to establish Project Boards in support of the suite of business cases within the 2022/25 IMTP objectives will commence in the coming weeks.
- The Dobshell decarbonisation project works has been completed. Other renewable schemes at Porthcawl, Lampeter and Bargoed are also progressing.
- Ty Elwy – the development of the ground floor 111 facility is progressing well with completion scheduled for July 2022.

Fleet

35. The delivery of the Vehicle Replacement Project carried forward from 2021/22 has increased in pace with many of the 44 Emergency Ambulances (EA) commissioned into operational service. These state of the art EAs come equipped with an electrically operated patient lifting system that can be used to transfer the patient from a wheel chair or carry chair directly onto the stretcher with minimal physical effort from staff.

36. Ten NEPTS Ford Transit Customs converted into single wheelchair accessible vehicles will be delivered in the coming weeks and will then start the commissioning process. Seventeen Renault Masters on order are being affected by the worldwide supply chain issues and delivery has slipped to August 2022. They will be converted into a mixture of double wheelchair accessible vehicles and stretcher bearing vehicles. All of the stretcher bearing vehicles will be equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads.

37. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) 2022/23, was approved by Welsh Government, which enabled a section of the 2022/23 BJC to be accelerated and as a result 23 RRVs, built on Toyota plug-in petrol hybrids have been delivered to the commissioning centre at Caerphilly and are starting to go into operational service. A further 48 Mercedes Sprinter EA chassis have been ordered and will be delivered during August and September.

MEDICAL AND CLINICAL SERVICES DIRECTORATE

Change of Directorate Name

38. Following the appointment of the Director of Paramedicine, and acknowledging the changes to the Senior Management Team, it is proposed to change the Directorate name to 'Clinical Services Directorate' to better describe the leadership, function and scope of the Directorate.

Digital Pen Decommissioning

39. As a result of the implementation of ePCR, a digital pen decommissioning process was established in January 2022. To ensure that the Trust capture all digital pen data, the Clinical Audit & Effectiveness Department (CAED), along with support from a Project Manager, are coordinating the return of Digi Pens and the uploading of PCR data. To facilitate the uploading of digital pen data and the processing of PCRs that remain in the system, an extension to the contract with Anoto has been agreed. To date, the CAED have received and processed 836 (approx. 40%) Digi Pens and uploaded 1,830 PCRs. Regular communication with operational colleagues is taking place for the return of Digi Pens, and updates are provided at the TerraPace Project Board meetings.

ePCR Programme

40. The ePCR Programme achieved a significant milestone at the end of March when all Wales went live on the new TerraPACE Solution. The delivery team will have a full compliment of staffing from May 2022 to deliver phase 2 workstreams in the TerraPACE Project which include developing the Community First Responder solution, digitising patient referrals, interfacing into primary care records and digitising handover to a further 8 English Hospitals.

41. The Trust currently has almost 4,300 users from WAST EMS and hospital sites. At the end of April, some EMS users experienced issues with the performance of the TerraPACE Application which, in a limited number of cases gave the appearance of data disappearing. A server issue was identified as the cause of the problem and the issue was resolved. All data input into the application had been captured.

42. Programme activities for 2022/23 will focus on developing the new capability that TerraPACE brings to the Trust and wider NHS Wales, for the realisation of the benefits identified within the Full Business Case.

EMS2022 European EMS Championship

43. EMS2022 European Championship was held during the European Emergency Medical Services Congress at the Scottish Event Campus in Glasgow over three days from the 4th to 6th May 2022. The gathering of the EMS society was insightful with presentations, discussion sessions and opportunities to learn and network with prehospital staff from round the world.

44. The competition is made up of pre-hospital healthcare professionals from around the world including registered doctors, paramedics, EMTs and nurses. This was the first time the Trust had entered the competition to demonstrate their skills and experience. The team from Aneurin Bevan included Robert Horton (Paramedic), Tamara Williams (Senior Paramedic), Richard Orrill (Advanced Paramedic Practitioner) and Thomas Catalano (Senior Paramedic) who all demonstrated a high standard of clinical care and gained a commendable fourth place.

Swansea Bay Palliative Care Paramedics

45. The collaboration between Welsh Ambulance Services NHS Trust (WAST) and Swansea Bay University Health Board (SBUHB) Specialist Palliative Care Team (SPCT) continues to develop, with early data indicating positive results. In the first 4 months of the new role, 76% of the paramedic's calls were for urgent unplanned visits to patients either known to the SPCT or following an emergency referral to the team. Fifty seven percent of the urgent unplanned visits were associated with a symptom control need. The primary symptom requiring support was pain, making up 56% of the symptom control calls. Eighty one percent of patients were able to remain in their own care setting following an urgent unplanned visit from a palliative care paramedic. Of the 15 patients requiring admission, only 2 were admitted to the emergency department.

46. Alongside their clinical role, the four paramedics also continue to undertake specialist training and education provided by SBUHB. They have also received training from external providers that include symptom management, difficult conversations by phone and advanced communication skills. The team are also currently undertaking the European Certificate of Palliative Care.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

47. After a period of engagement and consultation the new People Services Structure was launched from the 1st May 2022. The new structure will support #TeamWAST on its journey to being 'Our Best'. Our longstanding and new colleagues in the People Services team are highly skilled professionals with expertise in all things relating to

our people, from hire to retire. The structure will enable the team to forge closer links not only within the Workforce and Organisational Development directorate, but also with managers, teams, and Trade Union Partners across our organisation; whilst embedding our new behaviours and enhancing our organisational culture.

48. The latest sickness absence levels for March 2022 of 11.88% show a slight increase from February's 10.91% but a decrease from December 2021 of 12.43% and January's 12.10%. During these months we have seen an increase in Covid19 absences which had increased the overall sickness absence levels. Considerable focus has commenced across Operations (EMS) to improve attendance at work which includes a comprehensive action plan and the introduction of several pilots.

49. Covid19 vaccination rates remain a priority. The autumn booster programme is currently being planned and is expected to commence in September/October with NHS front line staff believed to be contained within the JCVI priority groups.

50. Final data regarding flu vaccination rates for 2021/22 provide that 38.5% of our total staff received their vaccination through WAST; 58.8% of Medical and Clinical Directorate and 38.3% of Operations Directorate staff received their vaccinations. These figures are not completely accurate as some staff were offered their flu vaccination when they received their Covid19 booster and the Trust does not have access to that information, therefore, the take up is believed to be higher than reported.

51. Over 100 colleagues have begun their allyship journey. It continues to be well received and work has begun to make sure the programme is updated and bespoke wherever possible as this leads to greater engagement.

52. The recently appointed Head of Inclusion & Engagement has met with numerous colleagues throughout the whole of the organisation to clarify and ensure understanding of equality, diversity, and inclusion (EDI). The 'Warm WAST Welcome Sessions' have continued, and aspects of EDI have been discussed. One of the three planned 'Mind Over Mountains' events have also successfully taken place.

53. Learning and Development continue to support colleagues on various initiatives and projects, including the development of CHARU. New colleagues are also familiarised with ePCRs to facilitate its usage when they begin working operationally. The Learning Launchpad on Teams is continually updated to reflect changes in policies and procedures and provides staff with on-demand learning opportunities to maintain and enhance their knowledge and understanding.

54. The Leadership, Management and Organisational Development Team have recommenced the delivery of face to face and on-line learning with supporting materials on the Learning Launchpad which include; Compassionate Conversations, Wellbeing Leadership Advance, Coaching & Mentoring bite-size and a Leading on Wellbeing suite of interventions. The team are supporting several interventions to support teams across the Trust commissioned via an OD Commissioning Framework.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Commissioning and Planning

55. The Commissioning & Performance Team continues to provide a significant amount of quality & performance information to senior decision makers at key

meetings. In addition to the usual run of reports the Team produces deep dives, the last two being on Shift Left and Post Production Lost Hours. The Team has also recently supplied EASC with a “Focus On” NEPTS, all of which aid senior decision-makers knowledge of key areas of the Trust’s work.

56. The Team has been heavily involved with year-end reporting including the Annual Performance Report and year end positions on the EASC commissioning intentions; the Trust is considered to have made good progress on these intentions. 2022/2023 will see a change in the Ambulance Service Indicators (previously the Ambulance Quality Indicators) moving to monthly reporting with planned changes to what is reported. The EMS commissioning framework is also currently being updated.

57. Current areas of development include; the work programme for the Quality & Performance Management Framework, in particular, the local frameworks for each service area; supporting the final stages of the pre-implementation stage of the Ambulance Response re-roster project, in particular, voting on roster preferences and further patient safety modelling within the context of the extreme levels of hospital handover; programme management of the EMS Operational Transformation Board which includes the Ambulance Care roster review, but also the CHARU project, CCC Reconfiguration project etc.; supporting WOD colleagues with detailed workforce planning on Ambulance Response FTEs; supporting the Ambulance Care Transformation Board and also taking forward the findings from a recent 111 demand & capacity review.

Planning and Transformation

58. Following considerable work undertaken across the organisation, the Trust submitted its 2022/23 Integrated Medium Term Plan (IMTP) to Welsh Government. Whilst Welsh Government review our submission a concise summary document is being prepared for sharing with our people and stakeholders. Work has continued to refresh the key deliverables and work streams outlined in our new IMTP which will be managed and delivered through the established programme board structures reporting to the Strategic Transformation Board (STB).

59. The Transformation Support Office continues to provide project support to a number of these deliverables with notable progress made to enable the planned implementation of the new ECNS system, ongoing improvement work across the 111 service and early work to develop the future Transfer & Discharge service model.

60. The Director of Strategy, Planning & Performance continues to lead the ongoing EMS transformation work stream to ‘Invert the Triangle’. Work is continuing to establish a formal programme team and put into place the core programme arrangements to deliver this work.

61. The Assistant Director of Strategy and Planning chairs the Business Continuity and Recovery Team (BCRT) with a focus on supporting the response phase, whilst maintaining a line of sight to further recovery following the Covid19 Omicron wave.

62. The team continues to engage and support a range of Health Board led service reconfiguration plans taking place across NHS Wales. Key service changes we are closely engaged with include the vascular centralisation plans across South East Wales and the early planning to support the site selection process to establish a new

urgent & emergency care hospital in Hywel Dda. These changes continue to be monitored via the Integrated Strategic Planning Group.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

63. April saw a continued uptick in media and stakeholder enquiries, particularly in respect of response times, patient experience and the EMS roster review. The Trust's Director of Paramedicine and Executive Director of Operations gave an interview to Wales Online to speak to these issues and more, for which we were praised for our candidness and transparency.

64. We ramped up our messaging around Easter to ask the public to use NHS services appropriately, and are making the same preparations for the four-day Jubilee weekend in June. We unveiled new ambulance stations in Aberaeron and Cardiff, for which we received generous media coverage. We are also working with BBC Wales on a package to mark one year since the launch of the Trust's flagship anti-violence campaign, #WithUsNotAgainstUs.

65. To celebrate the rollout of NHS 111 Wales pan-Wales, we held a '111 week' in April, in a concerted effort to raise the profile of the service and educate the public on what it has to offer. An initial evaluation suggests that our activity on social media that week, and the activity of the health board partners we had enlisted to amplify the message, was far-reaching.

66. May also marked the long-awaited move to a new content management system for the Trust's website. With a significant demand for digital health and care services since Covid-19, there is a spotlight on new digital solutions. Playing a role in this digital development is a refresh of around 300 websites across NHS Wales to be powered by a new, modern content management system called Mura.

67. The Chief Executive and Director of Partnerships and Engagement have had a busy period on the stakeholder engagement front, particularly in relation to the all-Wales Roster Review, while a Board development session is due to be held at the end of May on the evolving engagement framework to support the Trust's long term strategy work.

68. Finally, following the completion of an organisational change process, as of May 1, Executive Support colleagues will now report to their respective director. We thank all our Executive PAs for their hard work in the Directorate of Partnerships and Engagement over the last six and half years, and wish them well as they continue to support the work of Directors. Jonathan Jones and Elizabeth Thomas remain within the Partnerships & Engagement Directorate supporting the CEO.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

International Nurses Day

69. The 12 May 2022 marked the International Nurses Day and the Trust celebrated this event in recognition of all our wonderful nurses. Nurses and midwives told their personal stories so that the general public could gain a greater understanding of the vast diversity of roles and expertise and how these professionals have an impact on our patients and wider society.

Mobile X Ray Project

70. The Head of Quality Improvement and the Research, Innovation & Improvement Lead have successfully secured a highly coveted Bevan Commission funding award, totalling £78,165. Their innovative 'domiciliary x-ray' collaboration with Fujifilm and Aneurin Bevan University Health Board, involves the introduction of an X-ray Urgent Response Team (XURT) that provides imaging for both 999 and elective requests e.g. home care and is endorsed by Welsh Government's 'A Healthier Wales' plan. The Quality Improvement project will evaluate; equipment suitability and image quality, risk and governance from a medical physics perspective, cost-benefit and added value, system process/infrastructure integration and impact on the Trust's demand profile. It is anticipated that this exciting project will springboard multiple future workstreams. The team will be working closely with colleagues from Research and Development, Clinical and Operations to further develop this project.

Welsh Health Hack Funding

71. The Research, Innovation and Improvement Lead has also secured £20,000 of Welsh Health Hack funding and negotiated a cost-free package that connects the Trust to community support teams across Wales (estimated value to the Trust exceeds £200,000). Working collaboratively with industry (CHAI.com: technology and IP owned by Scienap), a CHAI® 999 digital dashboard will provide each CCC with urgent 'eyes-on' their patient to ensure most appropriate response, including alternative pathways and safe patient disposition. This project has been confirmed by Health Technology Wales as innovative, with "no similar products known or identified".

Missed Opportunities

72. The Research, Innovation and Improvement Lead, having previously secured Spread and Scale Academy funding (£6,000) to 'capture the Local Health Board voice', continues this work with a pan-Wales Missed Opportunities pain-point evaluation. Emergency Departments and Trust practitioners will be provided with opportunities to share accounts of ED referrals that could have been avoided (the missed opportunity). Synthesised data will elicit barriers and opportunities for shift-left modelling and support the design and delivery of the transformation programme.

Falls and Frailty Response Model:

73. The Trust continues to expand the Falls and Frailty Response Provision across Wales, with more patients receiving a designated Falls Response. During April 2022, falls resources responded to 765 incidents across Wales, this has increased from 365 incidents, during the same period in 2021. Two additional Falls Assistants have operated by night within South East and South Central areas, with funding extended until June 2022. A multidisciplinary Falls Team (Paramedic and Therapist) has commenced in Betsi Cadwaladr University Health Board, with a further team likely to commence later this month on a trial basis. The Improvement Team have worked closely with the CPAS (Clinical Prioritisation Assessment Software Group) to gather and present evidence which determines the most suitable AMPDS codes, which could benefit from a Falls Assistant Response. CPAS have agreed two changes in the past 6 months, identifying 5 AMPDS codes as suitable for immediate dispatch of a Falls Assistant without the need for an initial telephone triage. This has resulted in a significant increase in the utilisation of falls resources across Wales.

SCIF Update

74. It remains that the vast majority of incidents reviewed at SCIF are in relation to patients being correctly categorised as Amber1 priority calls, and sadly deteriorating while waiting in the community for a response. Many of the patients discussed at SCIF continue to be ROLED (Recognition of Life Extinct) at scene. Other cases discussed include harm caused to patients due to delays in the handover of care at emergency departments.

DIGITAL DIRECTORATE

Digital

75. The end of last financial year saw Digital teams complete over £2.3 million of procurements funded by the Welsh Government Digital Priorities Investment Fund (DPIF) to upgrade key elements of our Digital Infrastructure and train our people in the most modern technology.

Cyber Security

76. As part of the increased threat, WAST has upgraded its network firewalls using the DPIF funding mentioned above. Additionally, Digital teams continue to work with colleagues in the Operations Directorate to develop improved response plans that are live to the latest threats, leading to a second planned exercise later this year.

EPCR

77. EPCR is now a national service across Wales. This is a huge achievement that has involved thousands of our staff and hundreds more colleagues across health boards, particularly given the fact that the rollout was achieved over winter whilst the Trust was at REAP 4. Since commencement of live service, the focus has been on stabilisation of the product ironing out any initial issues, in what has been a huge cross-functional effort across digital, clinical and operational teams.

Estates

78. A significant amount of effort within our ICT teams has been to fit out multiple WAST buildings with the latest technology. At Beacon House and our new Cardiff Station, this has involved installation of the latest video conferencing and collaboration technology, whilst at Vantage Point House and Llangunnor, key call handling technology has been upgraded to improve our call handling capability.

111.wales

79. Our national website now has a completely new look and feel, with a UK first capability for people in Wales to utilise location services on their mobile device to find services near them. In addition, our new specialist clinician has developed a next stage proposal for how our digital gateway can be utilised to direct people with urgent care needs to the most appropriate care without the need for a telephone call.

Data and Analytics

80. Multiple members of our informatics team have been training on the latest data visualisation techniques during May, in readiness to make even more use of the Power BI platform we receive as part of our Microsoft Agreement. In addition, multiple new reports and dashboards and reports have been delivered, covering post production lost hours, developments to the ODU dashboard and tyre vehicle checks.

RECOMMENDATION

81. That Trust Board notes:

- a. The contents of this report.
- b. The change of name of the 'Clinical and Medical Services Directorate' to the 'Clinical Services Directorate'.



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AGENDA ITEM No	9
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – April 2022

MEETING	Trust Board
DATE	26 May-22
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Kerri Hitchings – Commissioning & Performance Manager Nicola Quiller – Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Nicola.Quiller@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **April 2022** (with the exception of Sickness).

RECOMMENDATION

Trust Board is asked to:-

- **Consider** the April 2022 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 are to be undertaken through Executives.

KEY ISSUES/IMPLICATIONS

Overview

This Integrated Quality & Performance Report contains information on 28 key indicators at a highly summarised level which aims to demonstrate 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'.

As previously agreed, the metrics which form a part of this Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against our plans (IMTP) and strategies. This annual review is underway and discussions will take place with Chairs of FPC, QUEST and PCC to agree which metrics should be added or included in the Board report and which should be/or are already reported through other means. The intention is for any amendments to be agreed and applied to the MIQPR for July 2022 FPC.

A year end benchmarking exercise examining the Trust's performance against similar English targets is also underway with further analysis required in the light of different data definitions across the border. It is hoped that a report will be available for the next FPC and Board.

Our Patients – Quality, Safety and Patient Experience

Call answering (safety): The speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.

999 answering times have been challenged through significant increases in demand. The median and 65th percentile performance remain good, but the call answering tail remains at just over one minute. 111 call answering performance saw a slight decline in April 2022 with an increased demand over the easter period.

For the 999 calls, additional recruitment was being agreed internally in 2021/22; however, recurrent funding has not been secured into 2022/23. Forecasting and modelling is being undertaken on the future call taker requirement through to December 2024, but as above funding is not available at this time.

The 111 team successfully delivered two cycles of additional Call Handler and Clinical Advisor recruitment in January & February 2022; however, the 111 establishment and future transformational actions are now being reviewed as the service stabilises post pandemic and after a recent demand & capacity review of 111 by Operational Research in Health (ORH).

Within the 111 service, a recently implemented telephony system for interactive voice response provides callers with expected answer times and sets out alternative options as the caller waits (for example, informing callers that they may find answers on the 111 website). In due course, there will also be an option for the caller to be

called back rather than hold on. This will improve the patient experience, reduce numbers of calls that end up with the call handler and reduce abandonment rates.

111 Clinical response: whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance across all the priorities was seen in April 2022. The Trust knows that the waits for a clinical ring back are too long. Recruitment and retention of clinicians remains a priority.

Ambulance Response (safety / patient experience): Red and Amber response times declined into April 2022 despite a decrease in patient demand. In particular, the amber 1 tail (95th centile) was the longest it has ever been, at 7 hours 18 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

Capacity:

- Recruitment: The Trust was on course to close the relief gap early in 2022/23 following two years of (263 FTE delivered). However, in order to fund the uplift of 36 Paramedic FTEs into the Clinical Support Desk (CSD) the Trust will now have to hold open 46 ACA2 vacancies in 2022/23 i.e. recurrent funding has not been made available by EASC. No additional funding has been made available by commissioners for the Transition Plan which offered the system a further uplift of 294 FTEs including 95 FTEs to fill the Cymru High Acuity Response Unit (CHARU) roster keys.
- Securing of additional temporary capacity: A significant number of additional hours were provided through the winter period as a result of support from the Trust's partners. With military support ending in March 2022, as expected, emergency ambulance unit hour's production (UHP) reduced to 90% in April 2022 i.e. falling below the benchmark of 95%. Only very limited short term funding has been made available in April 2022 for some St John capacity.

Efficiency (rosters, abstractions/sickness absence and post production lost hours):

- The Ambulance Response roster review is on target for go live between September 2022 and November 2022. This will have the equivalent performance impact of 72 FTEs. There is an increasing amount of stakeholder interest which is being fielded by senior officers of the Trust;
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. This is planned to reduce sickness absence in line with a trajectory included in the IMTP.
- Further discussion continues constructively with trade union partners on a range of other potential workplace efficiencies.

Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now in place. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate for the second half of 2022/23, an increase in the previous target of 10.2% which has been delivered.

Work continues on a range of other tactical actions, supported by forecasting and modelling, with the results for spring provided to senior decision makers. The focus is now on forecasting, modelling and planning for summer.

However, one of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. There were over 23,000 hours lost in April 2022, which represents 30% of the total number of conveying resource hours produced for the month. The levels are so extreme that all the actions within the Trust's control cannot mitigate them.

Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in April 2022 and has improved for patients requiring discharge; however, overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. EASC (10th May 2022) had a "focus on" development session on NEPTS, which included looking at the imbalance of demand and capacity and options for resolving this. Other areas of focus include call answering performance, which is currently being addressed through a range of actions and oncology. Oncology may require a change in performance standard as the NEPTS Demand & Capacity Review identified that achieving the current standard through increasing FTEs would be prohibitively expensive. The feedback from the "focus on" session with EASC indicated a need to look at NEPTS changing demand and the capacity to support this; pre-work is being undertaken on a potential roster review next year. A more efficient management of demand is another line of enquiry.

National Reportable Incidents (NRIs) / Concerns Response: the Trust reported 3 NRIs to the Delivery Unit in April 2022, compared to 7 in March 2022; and 19 serious patient safety incidents were referred to health boards under the "Appendix B" arrangement, compared to 7 in March 2022. Complaint response times declined to 52% therefore failing to meet the 75% target. In the main, many of these incidents will be as a result of continued longer response times and the actions outlined below therefore are key.

Our People (workforce resourcing, experience and safety)

Hours Produced: 111,067 EMS ambulance unit hours were produced in April 2022. The emergency ambulance UHP was 90% in April 2022 and RRV UHP was 71%. This reduction was expected as a result of the end of military support in March 2022. Key to the hours produced is the abstractions which remain high as set out below.

Response Abstractions: Abstraction levels decreased in April 2022, which was positive, however, they remain very high at 41% (benchmark 30%). COVID-19 has had a significant impact on abstractions with sickness abstractions being 13% in April 2022 (benchmark 5.99%). Workforce fatigue is also an issue.

Trust Sickness absence: The Trust's overall sickness percentage (March 2022) was 11.88% 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. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.

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 #WASTMakeItHappen tagline to reinvigorate My Learning on ESR to improve compliance rates for corporate staff.

Finance and Value

Financial Balance: The Trust has reported outturn performance for April 2022 with a surplus of £4,000 and has a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.

Post-production lost hours: The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied, with around 5,500 attributed to return to base for meal break in April. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base meal breaks. The Trust and TU partners continue to work together on options for change. Modelling indicates that the efficiency gain in PPLH is very small in comparison to the impact of handover lost hours.

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; and the Trust achieved 11.8% in April 2022, compared to the benchmark of 10.2%, which was exceeded during 2021/22.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both consult and close and see & treat, a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and a 5 mental health professionals FTEs into the Clinical Support Desk (CSD). The Trust is also implementing new clinical triage software (now live) and working with health boards on how they can support remote demand management. There will be a revised ambition of 15% for consult and close into 2022/23 (for the second half of the year).

The Trust **conveyed** 34% of patients to emergency departments in April 2022, analysis shows that conveyance rates may be linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, and with many patients cancelling the ambulance due to the long response times. Further strategic modelling work has recently been completed on “inverting the triangle”.

Handover lost hours: 23,382 hours were lost in April 2022. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours through various efficiencies, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government. Fortnightly meetings have been established with each health

board by the CASC, which WAST attends, which are designed to focus on action plans and trajectories for improvement. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022.

Summary

The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides to patients. Demand across the EMS service decreased in April 2022, however demand for 111 services increased, this coupled with other factors such as the continuation of the COVID-19 variants, high levels of sickness (including COVID-19 related absence) and extreme handover lost hours continue to impact on the Trust, in particular, the EMS. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, supporting a range of mitigations; however, funding for further initiatives has now largely stopped as the Trust moves into 2022/23. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however for Ambulance Response the Trust cannot take sufficient actions within its control to mitigate the impact of demand and handover lost hours. As a result all three committees have expressed serious concern about the impact of handover lost hours on patient safety and staff well-being.

REPORT APPROVAL ROUTE

Date	Meeting
05 May 2022	Commissioning & Performance Manager Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
10 May 2022	People & Culture Committee
12 May 2022	QUEST
16 May 2022	Finance & Performance Committee
26 May 2022	Trust Board

REPORT APPENDICES

Appendix 1 – Top Indicator Dashboard

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x

Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x



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Monthly Integrated Quality & Performance Report

April 2022

Annex 1 – Top Indicator Dashboard





Section 1: Monthly Indicators /Top Indicators Dashboard

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Apr-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience					
111 Abandoned Calls	< 5%	18.60%	10.2%		R
111 Patients called back within 1 hour (P1)	90%	94.00%	93.0%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	01:19		R
999 Red Response within 8 minutes	65%	55.2%	51.2%		R
Red 95th percentile	00:14:00	00:21:51	00:24:24		R
999 Amber 1 95th percentile	01:18:00	04:52:34	07:18:40		R
Return of Spontaneous Circulation (ROSC)	Improve	12.85%	-		G
Stroke Patients with Appropriate Care	95%	96.73%	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	78.55%	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	79%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	91%		G
National Reportable Incidents reports (NRI)	Reduction Trend	5	3		R
Concerns Response within 30 Days	75%	61%	52%		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)

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Feb-22	Mar-22	Apr-22	2 Year Trend	RAG
Our People							
EMS Abstraction Rate	29.92%	42.00%	41%	49%	41%		R
Hours Produced for Emergency Ambulances	95%	95.0%	110%	98%	90%		A
Sickness Absence (all staff)	5.99%	10.48%	10.91%	11.88%	-		R
Frontline CoVID-19 Vaccination Rates	-	3913	4,278	4,279	4,282		-
Statutory & Mandatory Training	>85%	82.3%	83.34%	84.15%	84.64%		A
PADR/Medical Appraisal	>85%	60%	54.19%	51.46%	52.89%		R
Ambulance Response FTEs in Post	1700	1607	1639	-	-		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1568	1763	1754	1717		-
Value							
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%		G
EMS Utilisation metric	57%	-					-
Post-Production Lost Hours (All Vehicle Types)	Reduction Trend	11,730	12,381	12,886	11,624		R
Partnerships / System Contribution							
111 Consult and Close	Improve	7,843	6,699	8,432	10,295		G
Combined 999 & 111 Hear & Treat	10.2%	10.4%	10.8%	11.8%	11.8%		G
% Incidents Conveyed to Major EDs	<48.6%	35.99%	35.34%	32.21%	34.05%		G
Number of Handover Lost Hours	< 150 hrs per day	15,955	23,232	24,479	23,382		R

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





COVID-19 Virus Monitoring

Wales Situation Report

Source: Welsh Government
Waste Water Monitoring Report extracted 12/04/2022

Since last week, SARS-CoV-2 viral load has decreased across the country. However, the signal continues to increase in Clwyd, Wye and Ynys Môn.

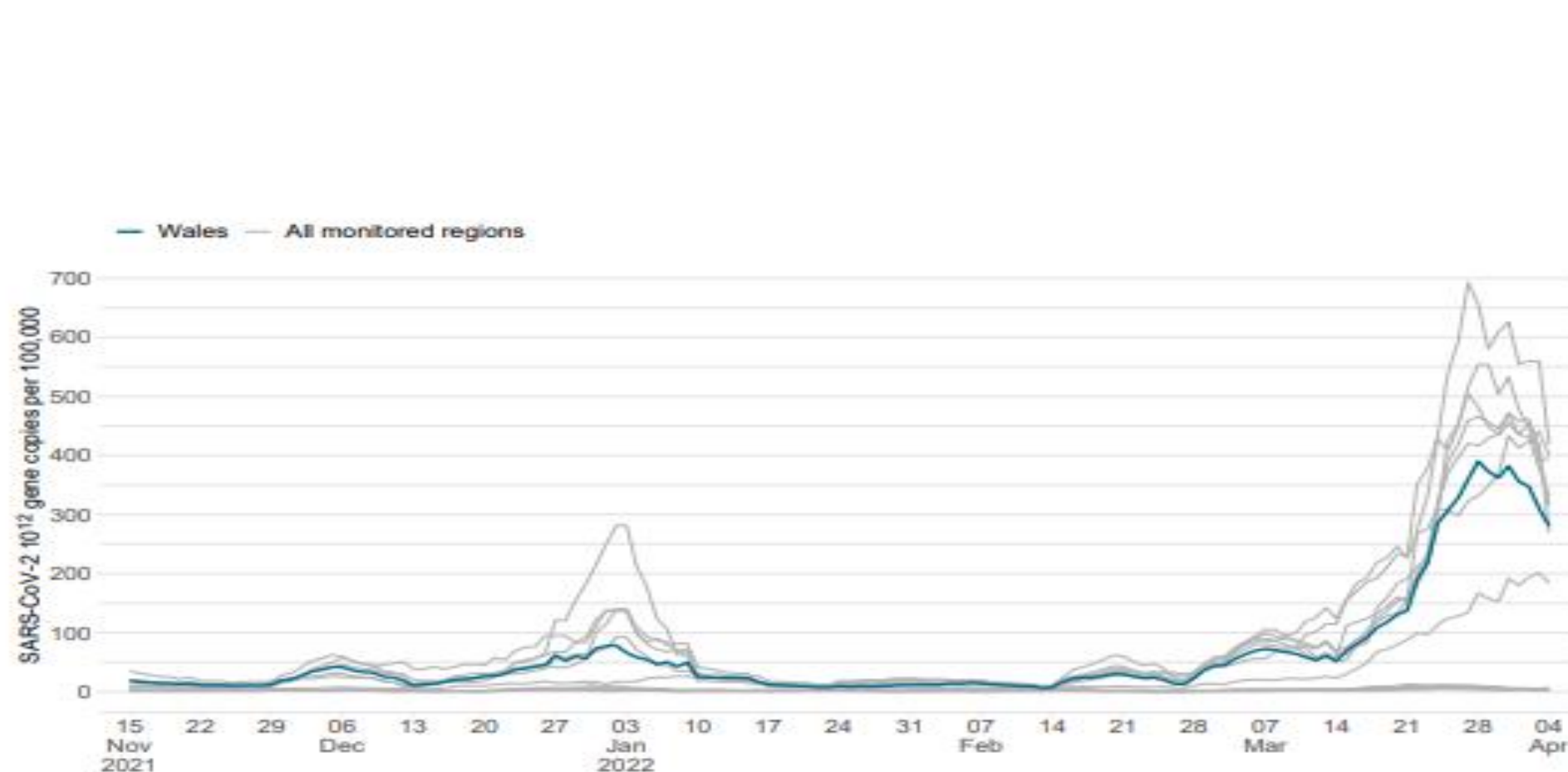


Figure 2 - National (blue lines) and Regions (grey lines)
Rolling Mean SARS-CoV-2 gc/day per 100k

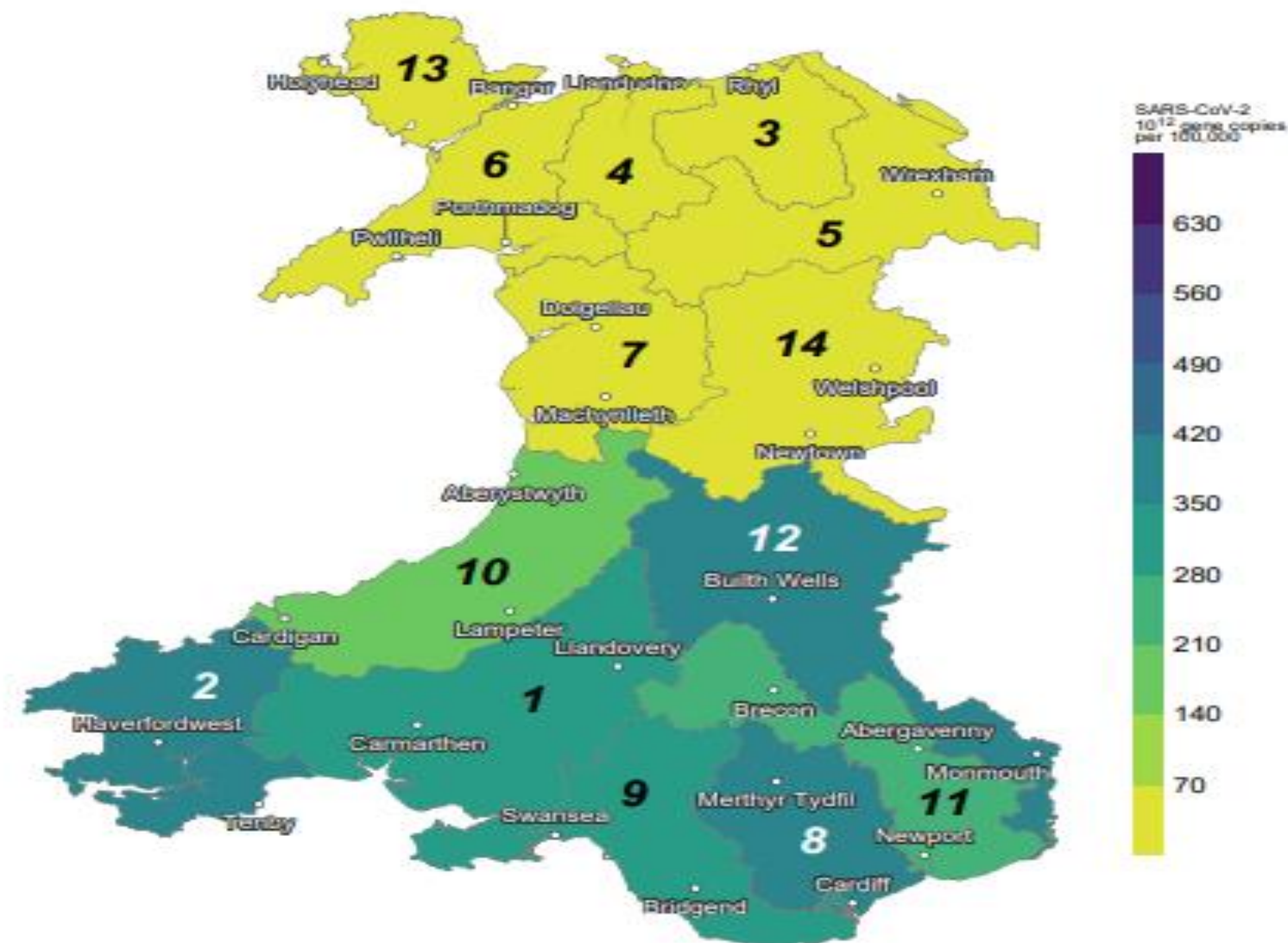


Figure 3 - National Heat Map showing Regional
Mean SARS-CoV-2 gc/day per 100k



(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust



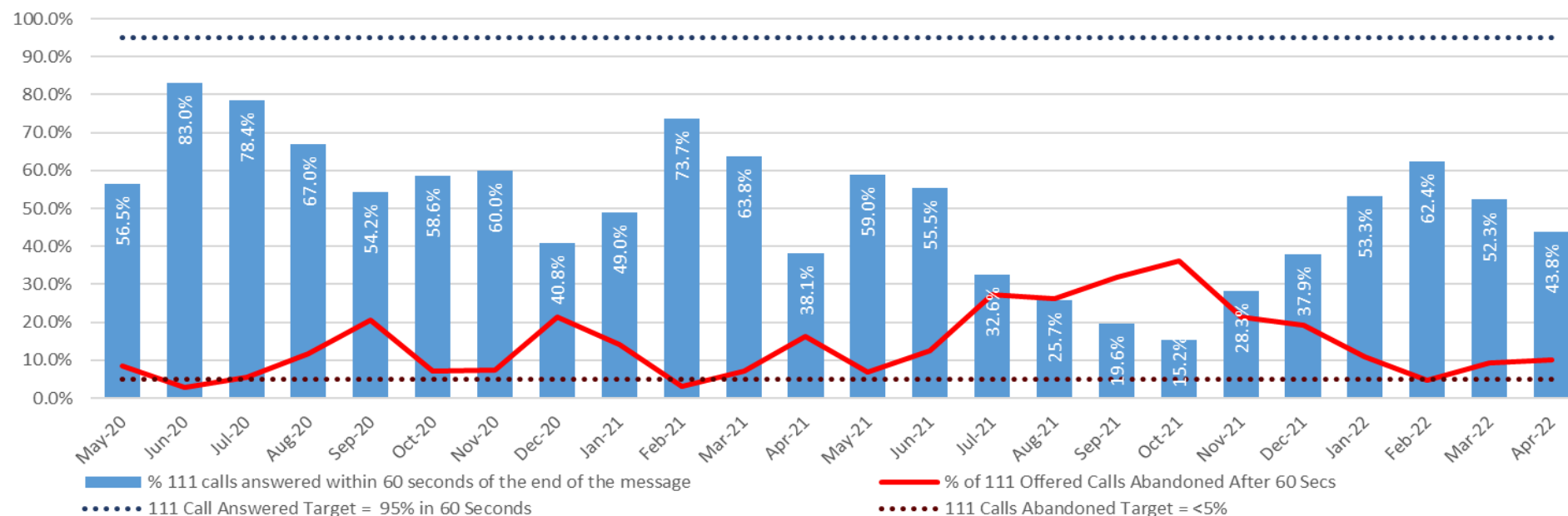
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators



Influencing Factors – Demand and Call Handling Hours Produced

111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key patient safety indicator for the service. **April 2022** saw a decline (worsening) in **abandonment rates** to 10.2%, therefore failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message also declined in April 2022 to 43.8%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a patient experience which didn't meet the levels achieved during February 2022 however the delivery in March continues to represent a significant improvement trajectory.

111 call demand increased in April 2022 compared to the previous month, as seen in the graph. This is principally due to 111 becoming available in Cardiff and Vale UHB.

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 are high sickness absences (which includes COVID-19 Sickness), which sat at 14.08% for NHS111 in March 2022. This means that demand is higher than forecast, capacity is lower than planned leading to the longer average call answer times as seen.

Communication regarding the use of 111 is regularly circulated to the public, which includes utilising online 111 Wales; in April 2022 there were 351,750 visits to the website. In April 2022 COVID-19 symptom checker stomach accounted for 33,190 hits followed by generally unwell symptom checker which recorded 19,956 hits and abdominal pain symptom checker which saw 16,201 searches.

Remedial Plans and Actions

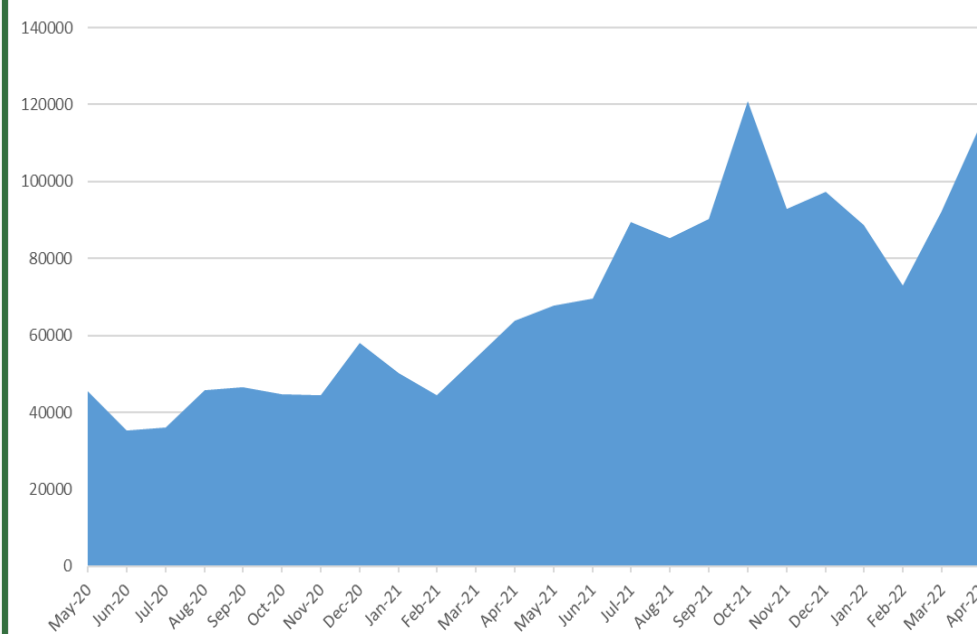
- Following a successful launch in Cardiff & Vale Health Board (C&VUHB) on the 16th March the 111 service is now live across Wales. Bringing an end to the NHS Direct Wales Service. Additionally, the Trust saw CaV24/7 being replaced by the 111 First service.
- To enable the launch of 111 service in C&VUHB strong progress has been made in Q3 & Q4 to deliver the accelerated 111 Recruitment & training plan to increase the Call Handler & Clinical Advisor workforce.
- The increased estates and training capacity enabled the January training cycle to deliver 24 X FTE Call Handlers & 11 FTE Clinicians, with a further 50 WTE Call Handlers and 11.6 WTE Clinical Advisors on the February cycle.
- The additional w/f numbers meet the Call handler requirements for the C&V core 111 roll out and the projected expansion for the 111 First Service. The Clinical Advisor numbers meet the requirements for C&V core 111 roll out, however further recruitment would be required to meet the 111 First service needs Pan Wales (if funded).
- Welsh Government have indicated that there is unlikely to be recurrent funding to continue the implementation of the 111 First Service across Wales. Discussions are continuing with Welsh Government and plans are being considered to manage the impact of this decision.
- A number of service improvement initiatives including the introduction of new IVR messaging, review of the Clinical Advice Line (CAL) and the ongoing recruitment positions have had a positive impact to help stabilise the 111 call abandonment rate and improve call to answer times.

The workforce FTE table has been removed in this iteration as the numbers are linked to the budget deliberations, in particular, 111 First; consequently, it is difficult to provide numbers with any degree of certainty at this point in time

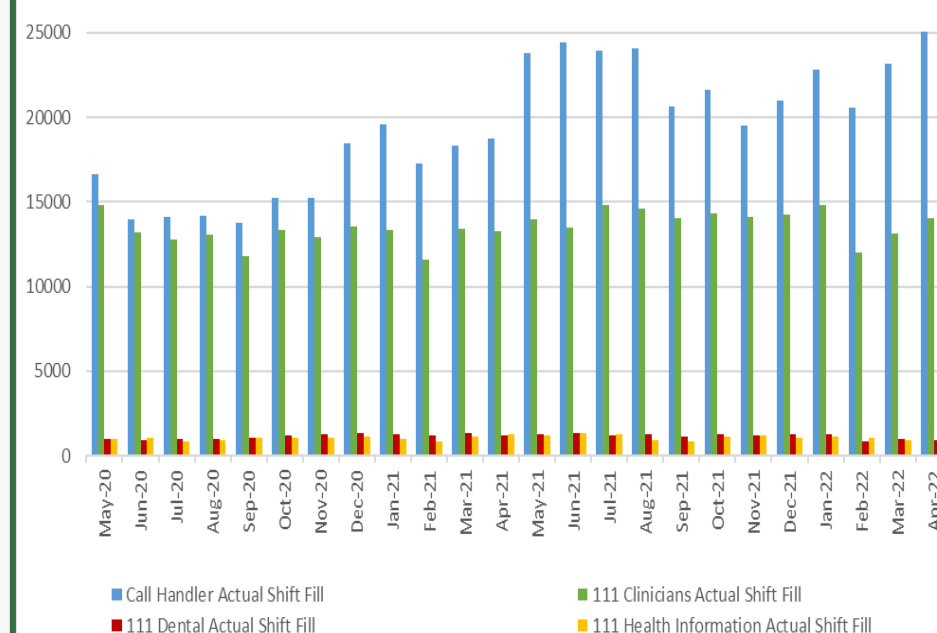
Expected Performance Trajectory

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 relies on our continued recruitment into funded posts and improved efficiency gains, with work ongoing to develop innovative solutions

Total 111 Calls



NHS111 Shift Fill - Total Actual Hours



(Responsible Officer: Lee Brooks)

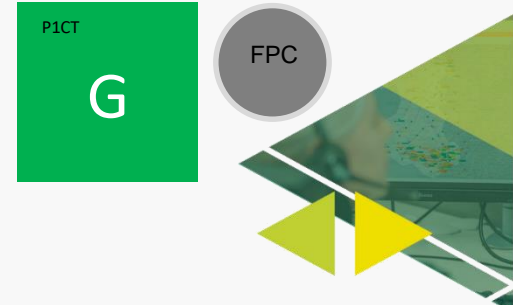
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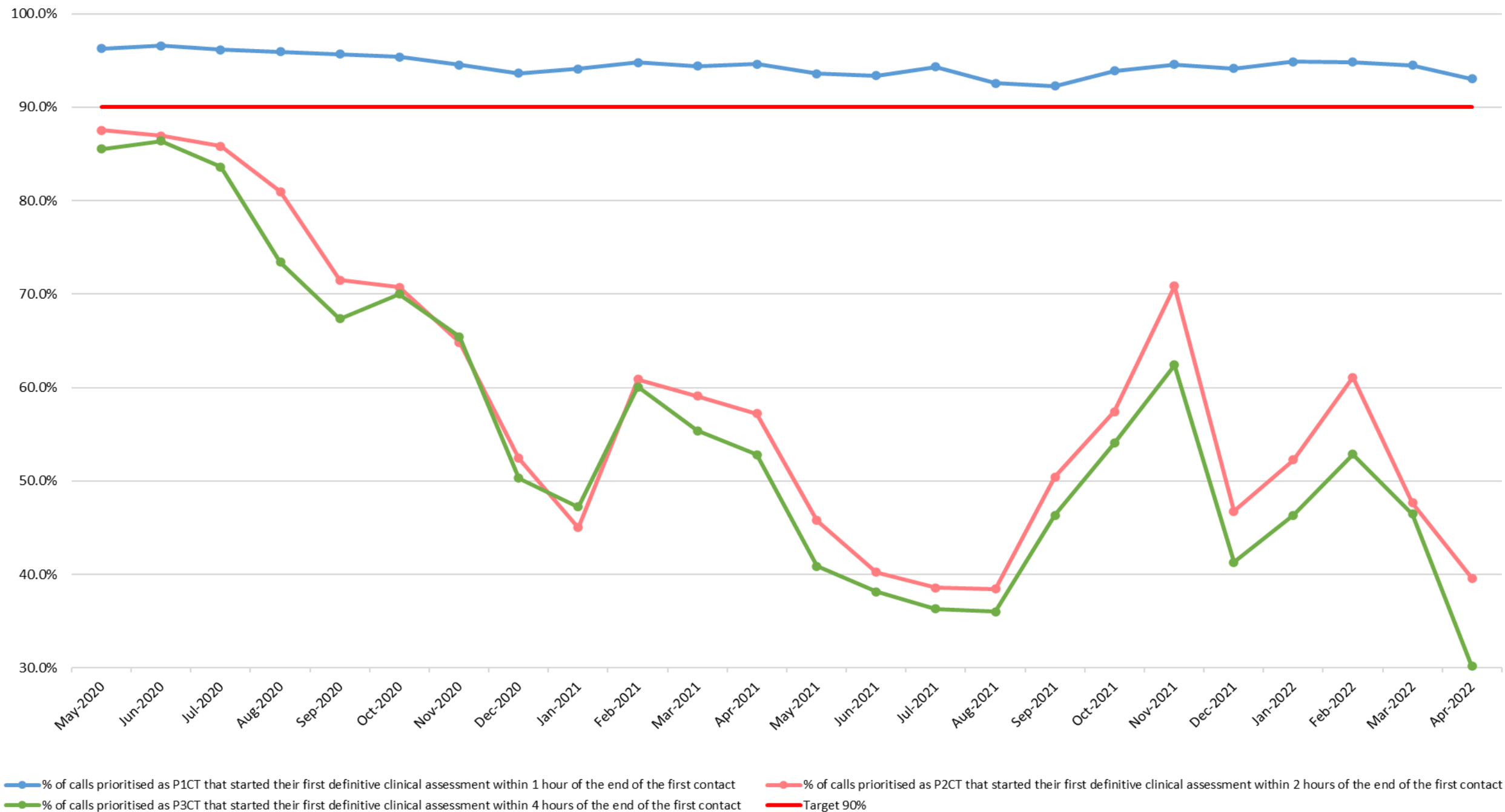
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111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment 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 March 2020, has continuously achieved the 90% target.

For lower category calls, we are not meeting the 90% target, in April 2022 a decline was seen in all categories with the exception of P1CT.

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.

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 the Trust needs fewer in the future, in particular, work is focusing on the use of the Clinical Advice Line.

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 the Trust would want for some time to come.



(Responsible Officer: Lee Brooks)

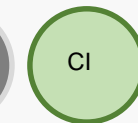
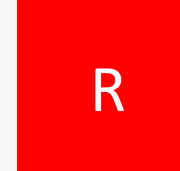
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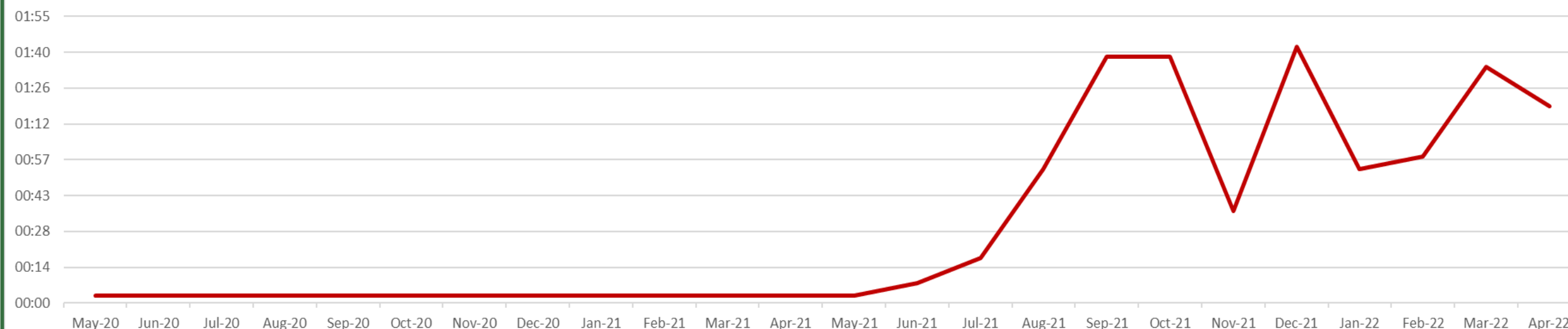
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999 Call Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



95th Percentile 999 Call answer times



Analysis

The 95th percentile 999 call answering performance saw improvement in April 2022 to 1 minute 19 seconds, compared to 1 minute 35 seconds in March 2022, failing to meet the 6 second answer target for the tenth consecutive month largely as a result of increased call demand, particularly at weekends. 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 April 2022 65th percentile continued to average at 3 seconds.

The Trust received 47,072 emergency 999 calls in April 2022, a decrease compared to March 2022, but higher than both April 2020 and April 2021. 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 (17%) in the call centres which is reducing capacity.

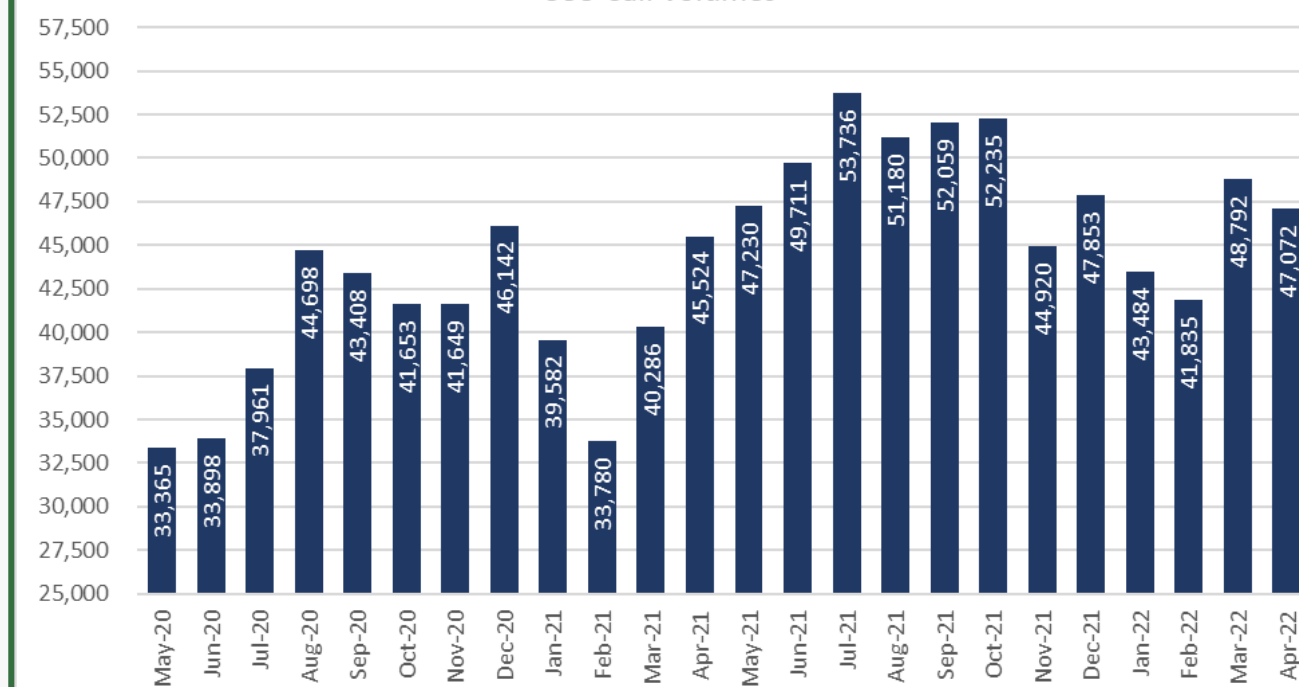
Remedial Plans and Actions

- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7 day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- Additional funding original approved has been withdrawn this fiscal year and as such EMD establishment will remain at baseline demand levels within the financial envelope for EMS Coordination.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.

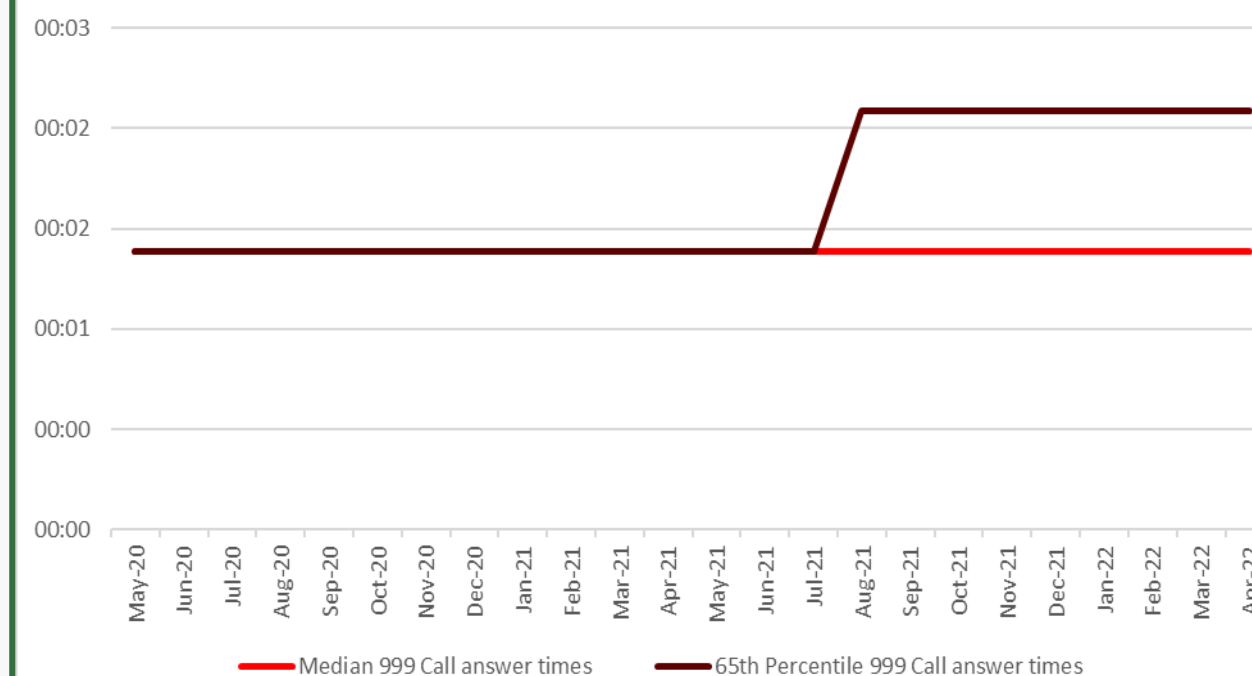
Expected Performance Trajectory

Performance is expected to continue to be difficult with demand forecasted to increase throughout the fiscal year. EMS Coordination continue to focus on proactive recruitment to mitigate the impact of current attrition rates

999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



(Responsible Officer: Lee Brooks)

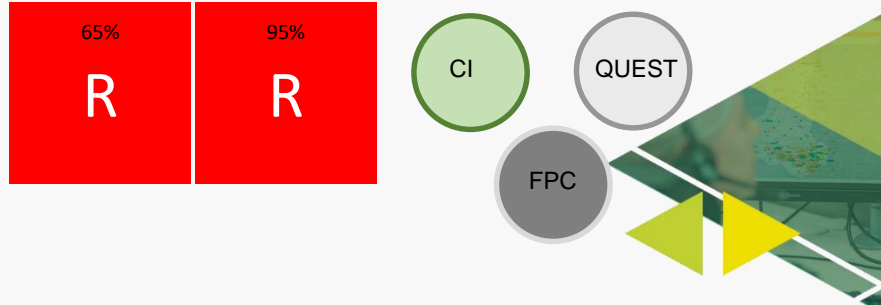
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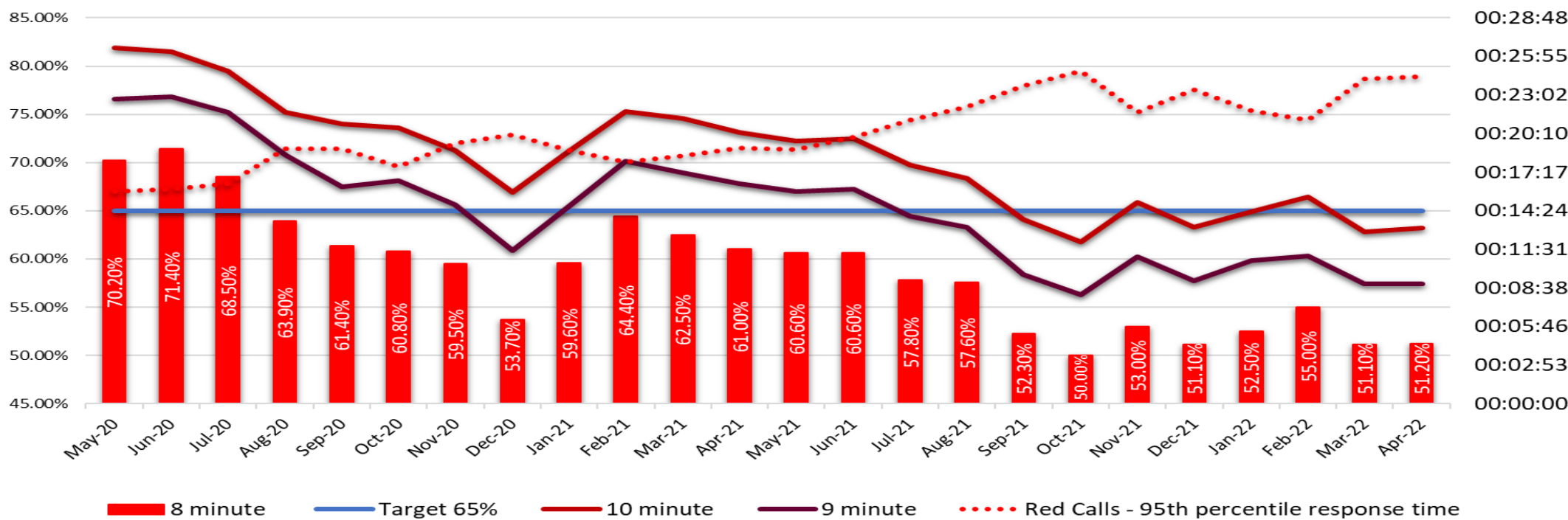
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Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



% Of Emergency Responses to Red Calls Arriving Within (up to and including) 8, 9 & 10 Minutes Against Red Calls 95th Percentile



Analysis

Although minor improvements have been seen, red performance did not achieve the 65% target in April 2022 and the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieved the 65% target. A continuing level of poor performance was forecast in the spring plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance also continues to affect Red 9 minute responses, which achieved 57.4% and Red 10 minute performance, achieving 63.2% in April 2022.

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, outside of normal expected variation which is impacting on response times.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours with April 2022 having the highest ever recorded. The number of EA hours produced fell slightly in April 2022 likely as a result of support from the military having now ceased, RRV hours again saw less actual hours for April 2022 than planned.

Other factors continue to affect performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to Red calls relating to respiratory disease/issues. The latter in particular was shown to add several minutes to a response, and this requirement remains in place.

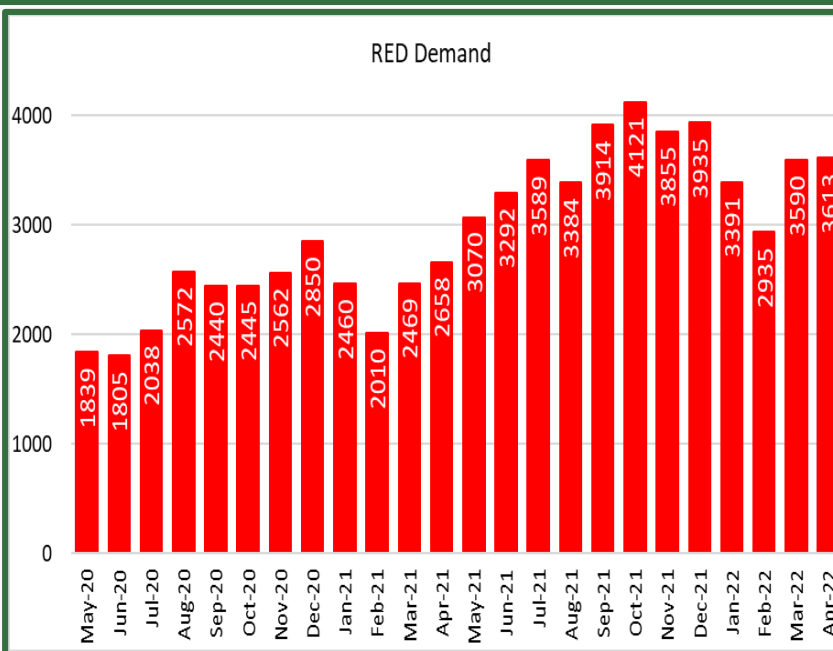
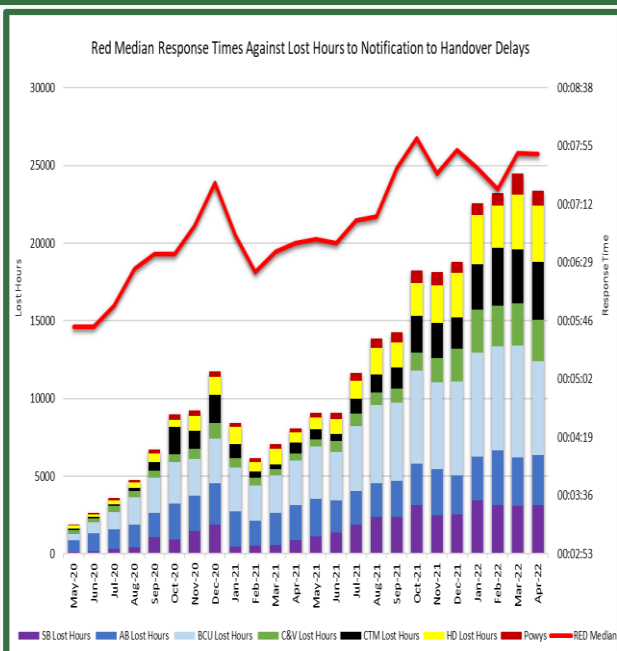
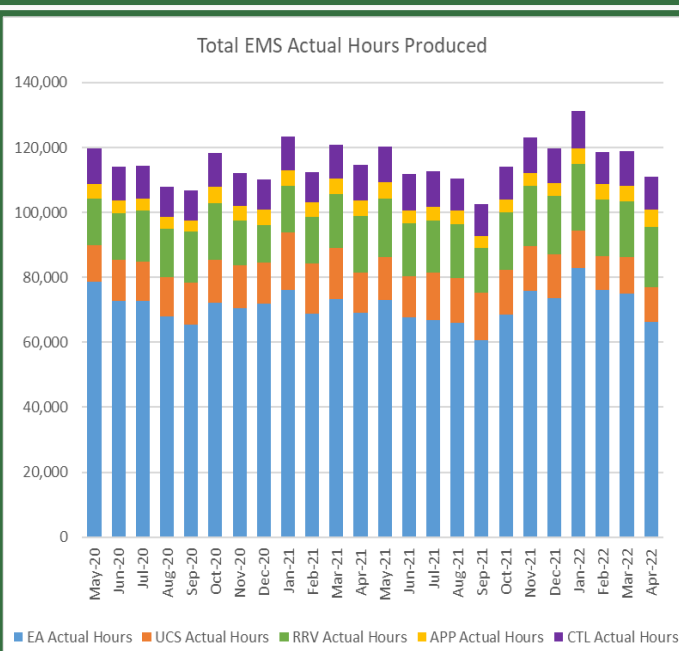
Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of March 2021. This will be complemented by a further 81 FTEs early 22/23. This is revised down from 127 FTEs due to lack of recurrent funding to fill 46 ACA2s as the last part of the backfill on the 36 FTE Paramedic FTEs into the CSD.
- Reduce hours lost through modernisation of practices and supporting staff well-being. This is temporarily paused.
- Working with partners to reduce hours lost at hospital. Handover reduction plans and trajectories are currently being developed by health boards facilitated by the NCCU.
- 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 Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

Expected Performance Trajectory

Unless Red demand reduces or the Trust is able to boost its RRV production Red performance is unlikely to achieve the 65% target; however, the Trust is building the CHARU keys into the re-rostering project, which along with other aspects of the Transition Plan (if funded) could stabilise performance. Funding is not currently expected.



(Responsible Officer: Lee Brooks)

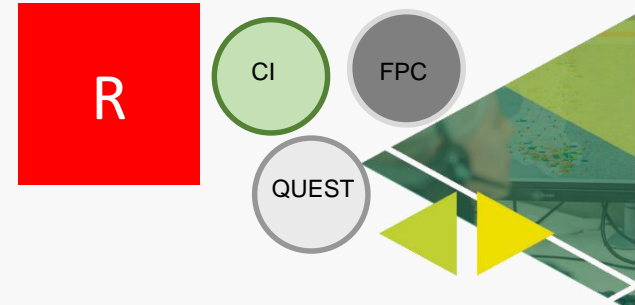
Welsh Ambulance Services NHS Trust



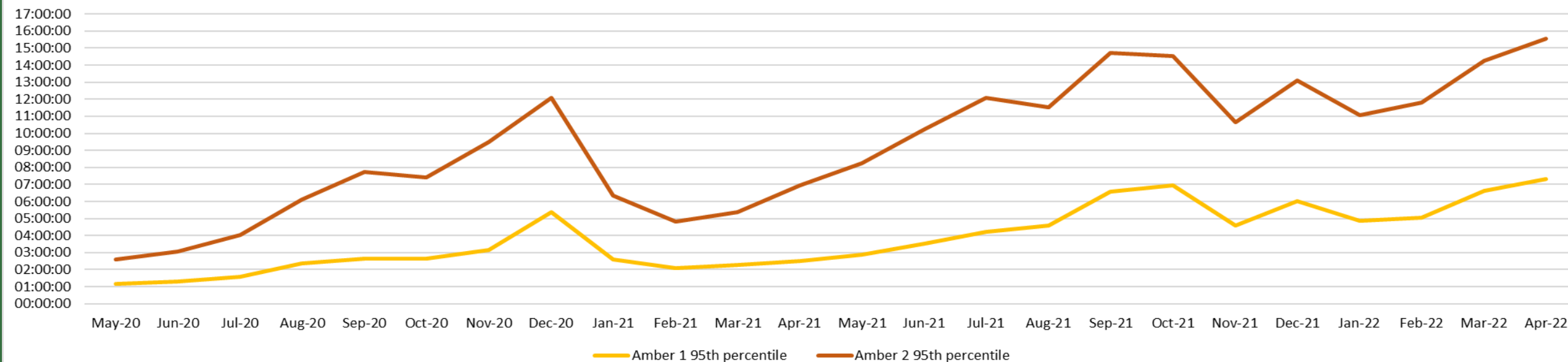
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 & 2 - 95th Percentile



Analysis

Amber performance declined across the percentiles in April 2022; with some very long patient waits. The ideal Amber 1 median response time is 18 minutes.

In April 2022, 819 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to March 2022, continuing to represent a very poor quality and experience of service. 695 of these patients were in the Amber category.

Amber demand decreased in April 2022; however, activity remains at a high level and handover times continued to worsen.

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 April 2022 decreased to 23,382. however, this remains higher than the worst recorded in December 2019 (13,820).

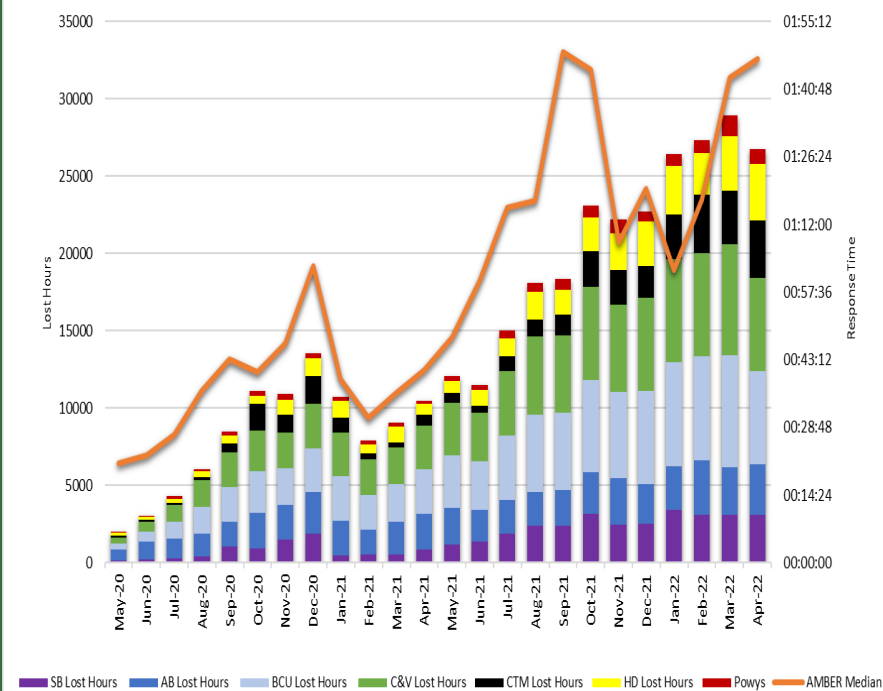
Remedial Plans and Actions

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 November 2020 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.

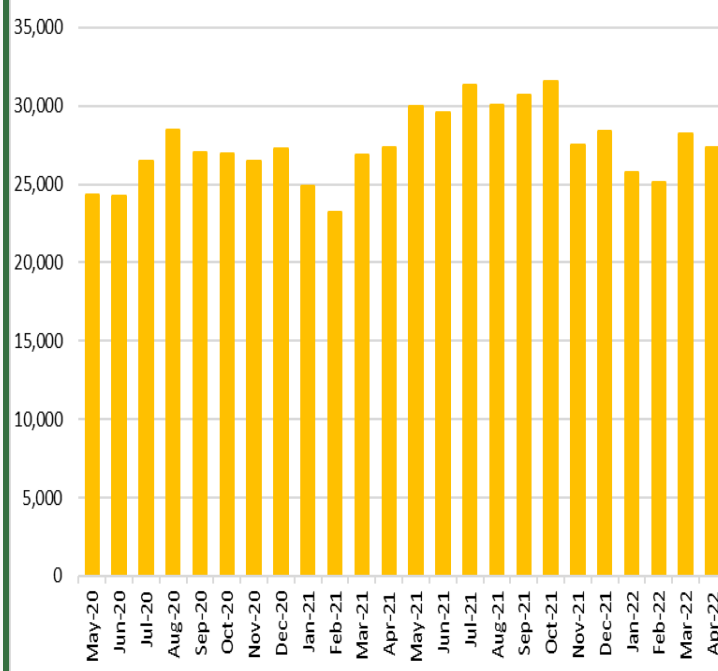
Expected Performance Trajectory

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 December 2021. 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 the Trust's control, and which are unlikely to show improvement in the coming months.

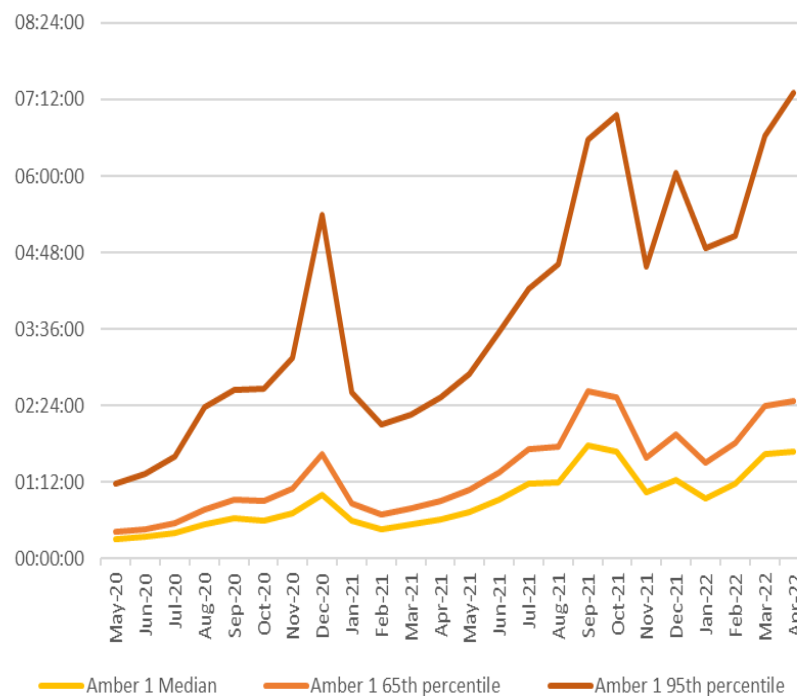
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 Median, 65th and 95th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

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

Stroke/ROSC/
Sepsis &
Febrile Con.
G

Hypoglycaemic, (STEMI)
Acute Coronary & Hip
fracture
A

Self Assessment:
Strength of Internal
Control: Moderate

QUEST

NB: Currently unable to report Clinical Indicators due to implementation of ePCR / Next reporting cycle Apr-Jun-22 due Jul-22

Analysis

Clinical Outcomes: The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 10.9% in November 2021. Rates of ROSC are complex and determined by numerous factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation

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 98.4% in November 2021** a continued increase which saw it achieve the 95% target for the 6 of the last 7 months.

The ST segment elevation myocardial infarction (STEMI) indicator was previously an area of concern but has recovered in recent months, reporting 85.7% in December 2021. The Clinical Audit and Effectiveness Department (CA&ED) undertook a deep dive of the STEMI compliance, and an improvement plan was agreed and is being progressed. These percentages refer to the application of a whole bundle of care.

Mortality Review: There remains a challenge in undertaking mortality reviews in a timely manner due to the inability to access to access Corpuls records to support individual cases.

The Delivery Unit has issued guidance to all NHS bodies in Wales on how mortality reviews should be undertaken moving forward. This aligns mortality reviews with request for information from the Medical Examiner, this should then link with organisation Putting Things Right process.

Remedial Plans and Actions

Clinical Outcomes: A new chronic obstructive pulmonary disease (COPD) clinical indicator has been developed to support the Band 6 Paramedic project. The onward referral aspect of this indicator is work in progress and forms part of the national COPD pathway development. The Clinical Audit & Effectiveness Department have undertaken a benchmarking exercise to test the COPD Clinical Indicator which has been presented to the Clinical Intelligence Assurance Group. The testing highlighted the requirement for manual scrutiny of all COPD Patient Clinical Records and the need to refine the criteria to automatically capture more of the data. Feedback from the group will Finalise the required criteria, Health Informatics can then develop the reporting dashboard.

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 2022/23, subject of course to funding being agreed.

It is anticipated that the ePCR 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: The Trust is currently looking to change the way it undertakes Mortality Reviews; this will follow guidance offered by the Delivery Unit to align mortality reviews with requests for information received by the Medical Examiner. This same guidance highlights that mortality reviews should link with the Trust Putting things Right (PTR) processes. Work is progressing with the PTR team, and a paper will be presented to the Clinical Quality Governance Group on 29 April 2022.

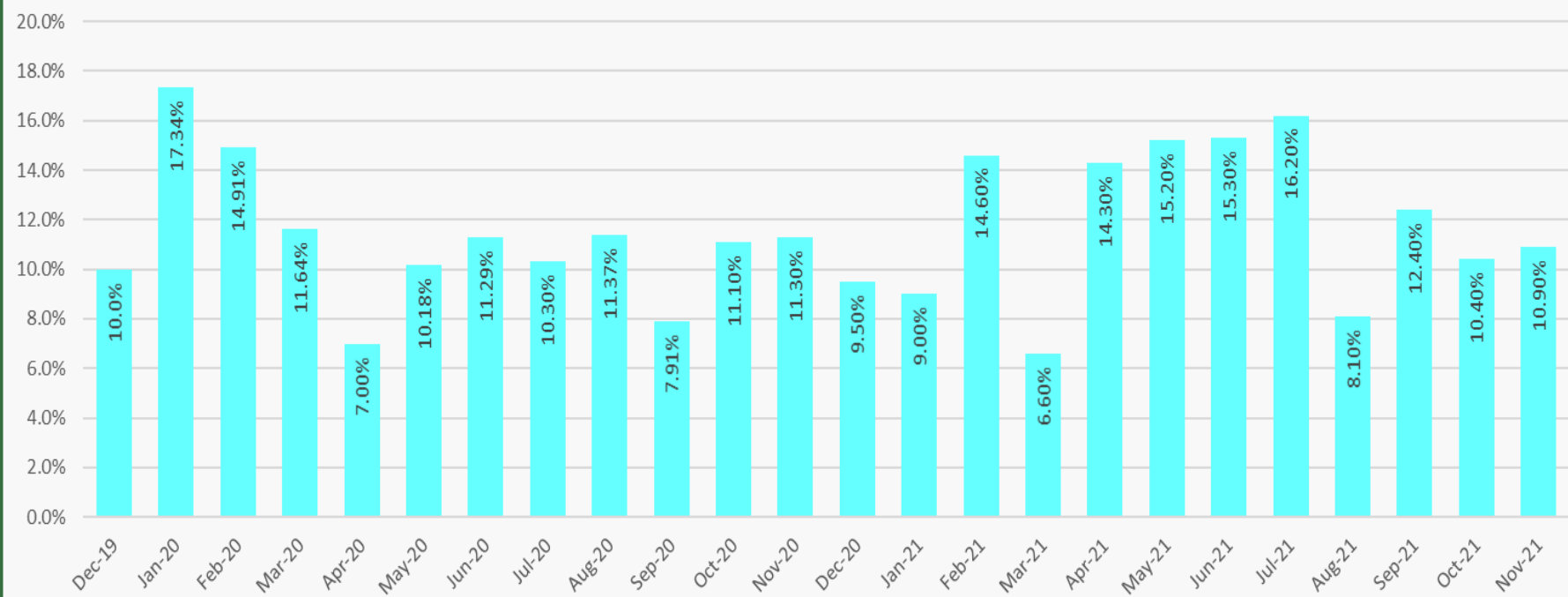
Expected Performance Trajectory

Clinical Outcomes: As part of its plans for 2021/22, the Trust is developing the concept of CHARU for implementation. This concept is in place in several areas across the UK and has been very successful in increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.

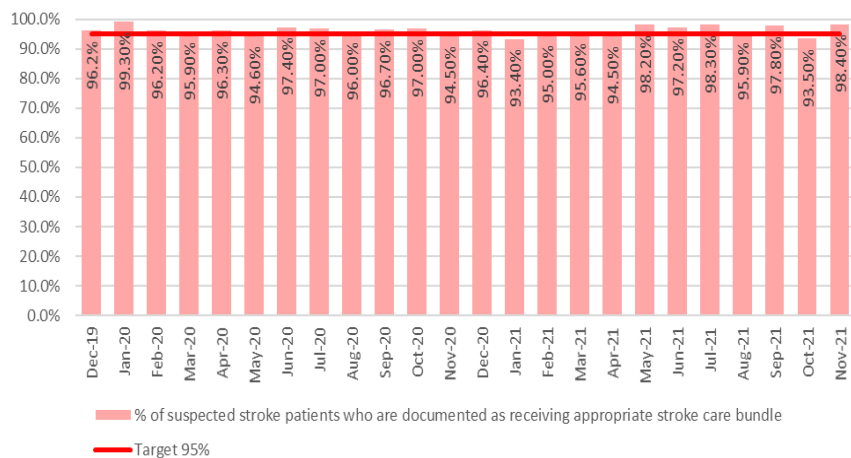
Mortality Review: Changes to reporting systems will allow for more accurate and timely mortality reviews in line with Putting Things Right processes.

Mortality Reviews Data source: Internal Web Application

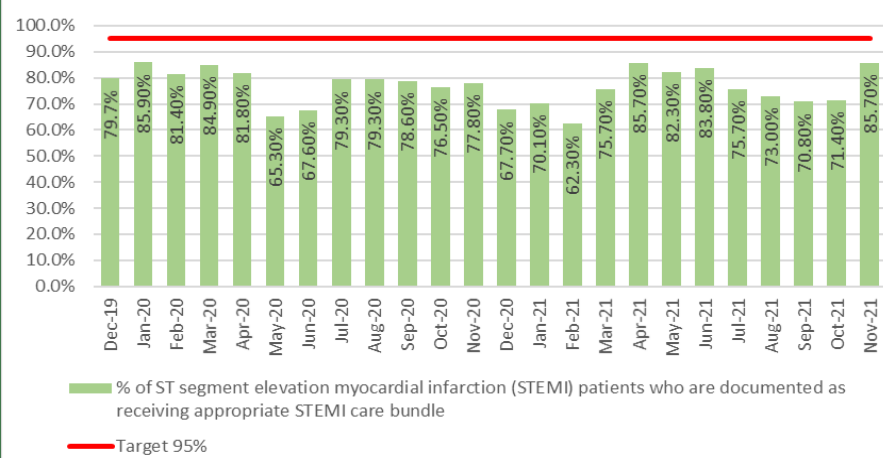
% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door



% 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



(Responsible Officer: Andy Swinburn)

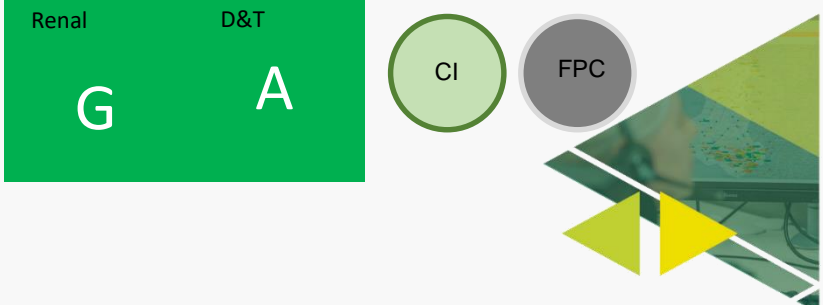
Welsh Ambulance Services NHS Trust



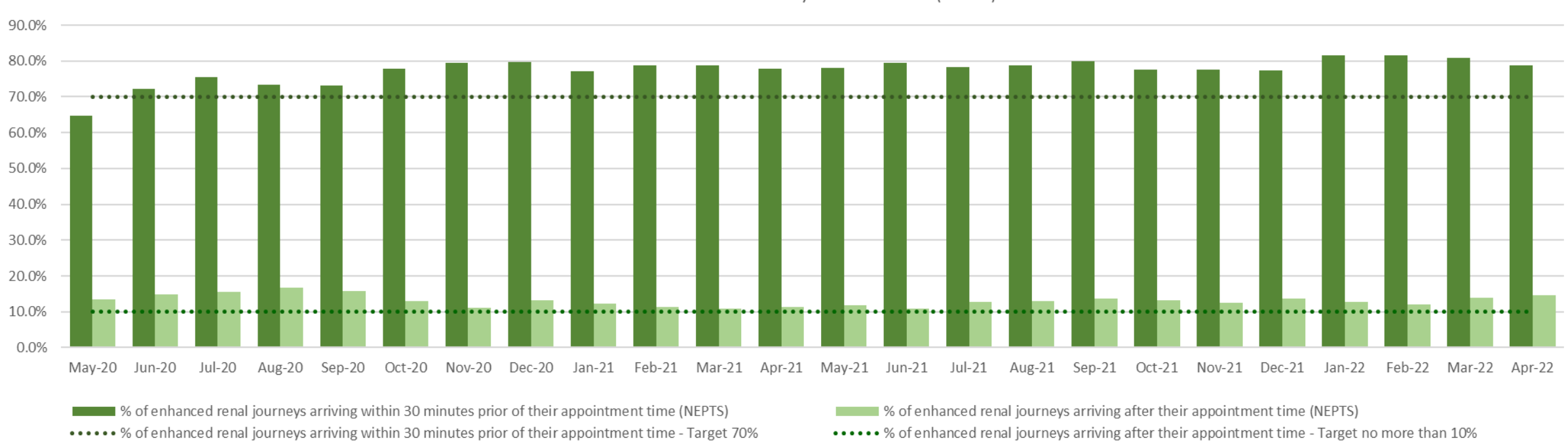
Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

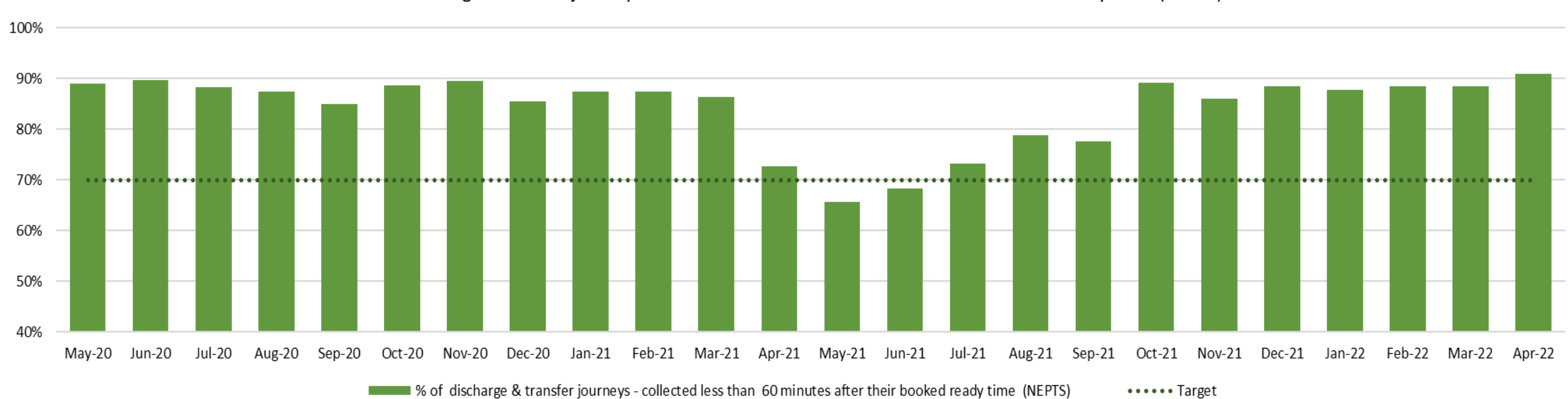
Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



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



Analysis

Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience. In April 2022 91% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, an improvement compared to March 2022 (88%). 79% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 15% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- The service is still impacted by the effects of physical distancing, although in Apr-22 steps have been taken to begin a move towards a new Living with Covid position by increasing maximum patient loading by 1 per vehicle.
- 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;
- Overall demand for the service continues to increase across all areas and in March 2022, overall demand was at 90% of the equivalent month in 2019 and was 10% busier than any month since February 2020. Only outpatient activity remains suppressed with all other areas at or in excess of pre-pandemic activity levels
- As the Trust emerges out of pandemic response and the health system is “re-set” it is anticipated that further demand increases will be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

Remedial Plans and Actions

- Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- Demand:** In the absence of additional funding, the service has implemented a capacity management plan to assist it in ensuring it remains within budget and prioritises resources for those most in need
- Efficiencies:** Work is underway on actions to improve efficiency, including those actions identified through the D&C review.
- Capacity:** discussions with EASC on options for balancing demand and capacity.

Expected Performance Trajectory

At present, the uncertainty around demand and future impacts of the pandemic and system recovery means that it is difficult to forecast performance. However, it is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

SCIF.
A

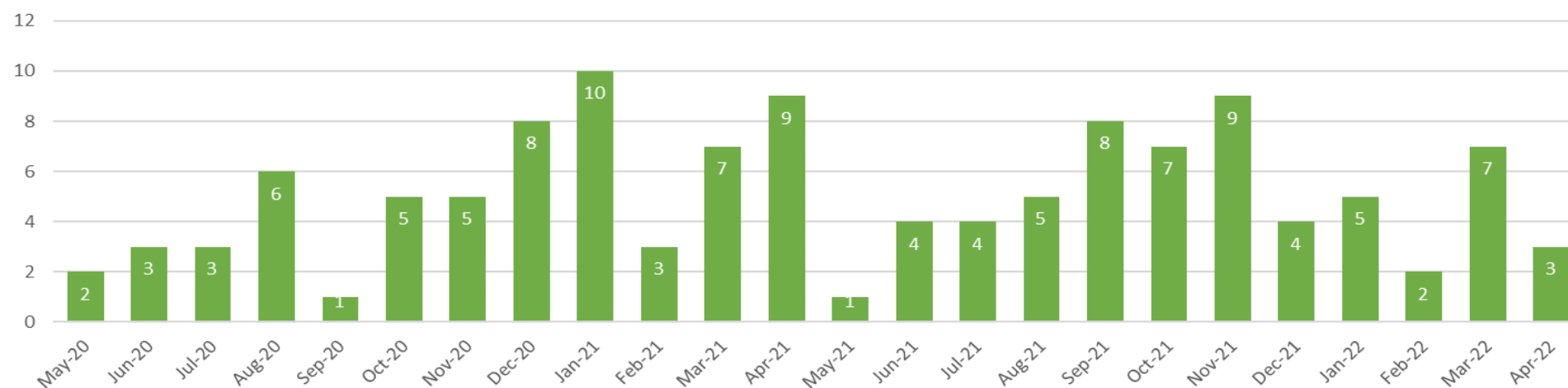
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

Health & Care
Standard
Health - Safe Care /
Timely Care

NB: March 2022 CCP data unavailable

Number of SCIF cases reported as National Reportable Incidents (NRI) By Date Reported to the Delivery Unit by WAST



Analysis

The **percentage of responses to concerns decreased** in April 2022 to 52%, compared to 76% in March 2022, therefore not achieving the 75% target for the first time in 12 months. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in April 2022 (60) when compared to March 2022 (107).

There were 3 SCIF forums held in April 2022, during which 26 cases were discussed, 3 of these cases were reported to the Delivery Unit and 19 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of NRIs is on an increasing trend. The sharp increase seen in September – November 2021 and again in March 2022 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In April 2022 there were 0 NRIs relating to Red calls, 3 relating to Amber calls and 0 relate to Green calls. There were 0 NRIs as a result of calls prioritised Amber which should have been Red.

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. In February 2022 there were 2 complex cases, however at the date of reporting neither if these have been referred to the redress panel. IT IS NOT POSSIBLE TO REPORT THESE DUE TO THE IMPLEMENTATION OF THE NEW DATIX SYSTEM

In April 2022 819 patients waited over 12 hours a continued increase month on month and when compared to 210 in April 2021 and 17 in April 2020.

42 Compliments were received from patients and/or their families in April 2022, an increase compared to the previous month.

Remedial Plans and Actions

A range of actions are in place:-

- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint investigations where the primary causal factor is in relation to delayed handover.
- Concerns have been highlighted following a Delivery Unit report into the Health Boards handling of Appendix B cases, some of which should potentially have been reported as Nationally Reportable Incidents (NRI's) by the HBs.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
- The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

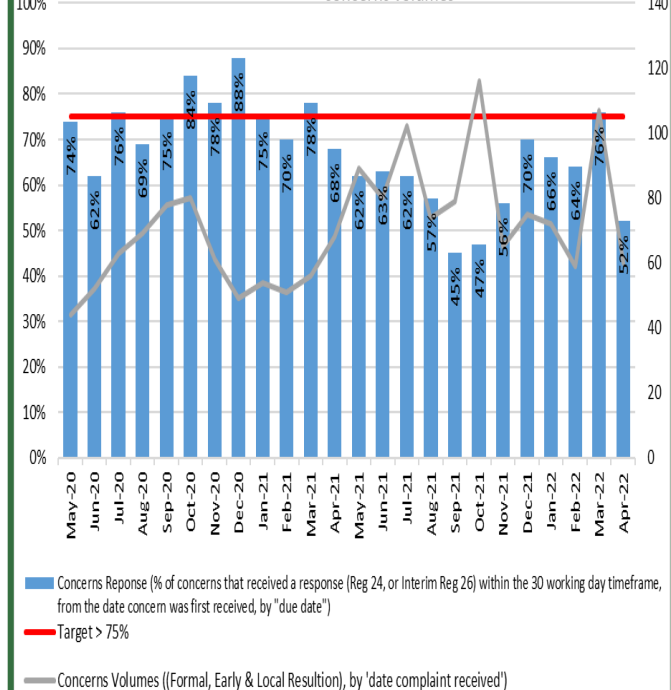
Following the end to Military assistance on 31 March 2022, the Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge for the Trust.

****NB: April 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

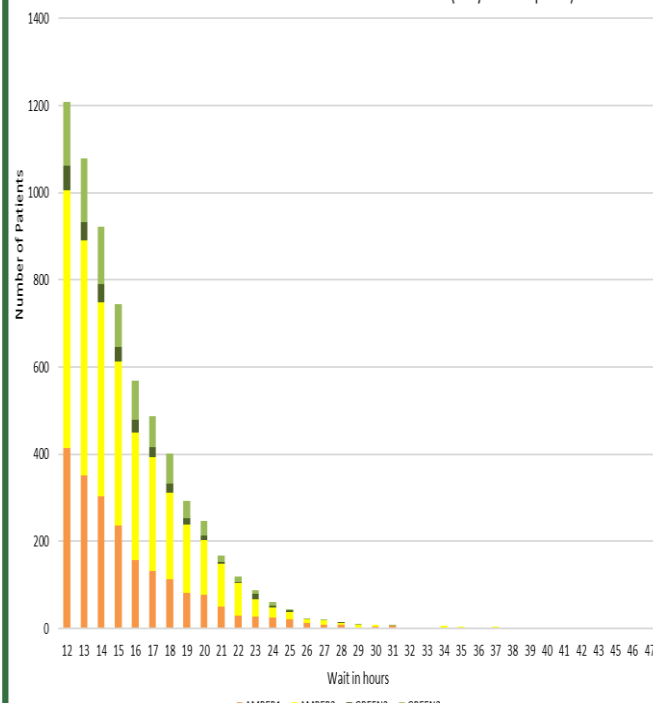
****NB: Complex Cases will always report one month in arrears**

NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager

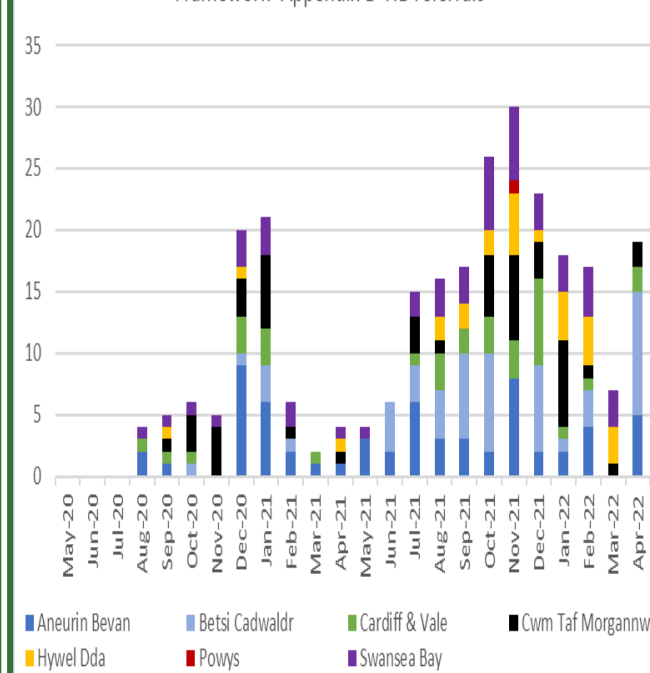
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type Cumulative Position over last 12 months (May-21 to Apr-22)



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



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient Safety Indicators

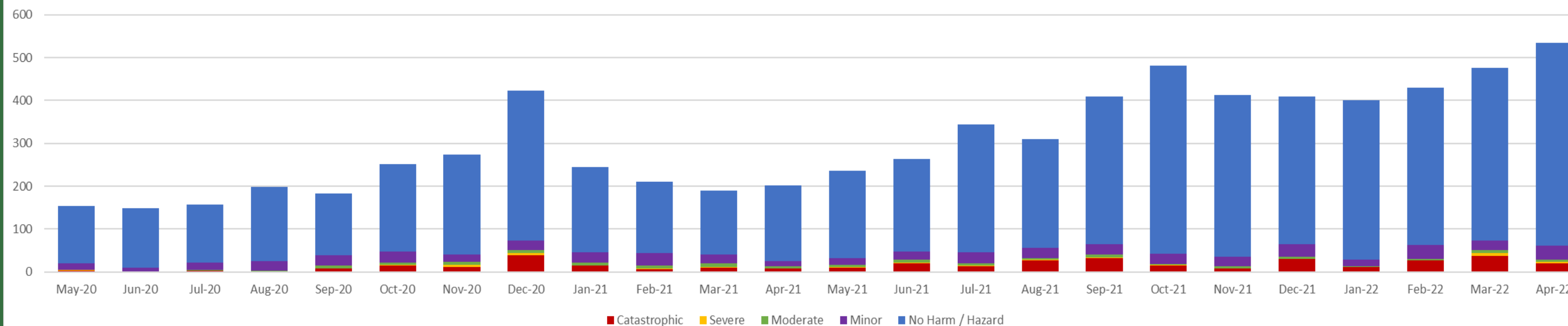
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

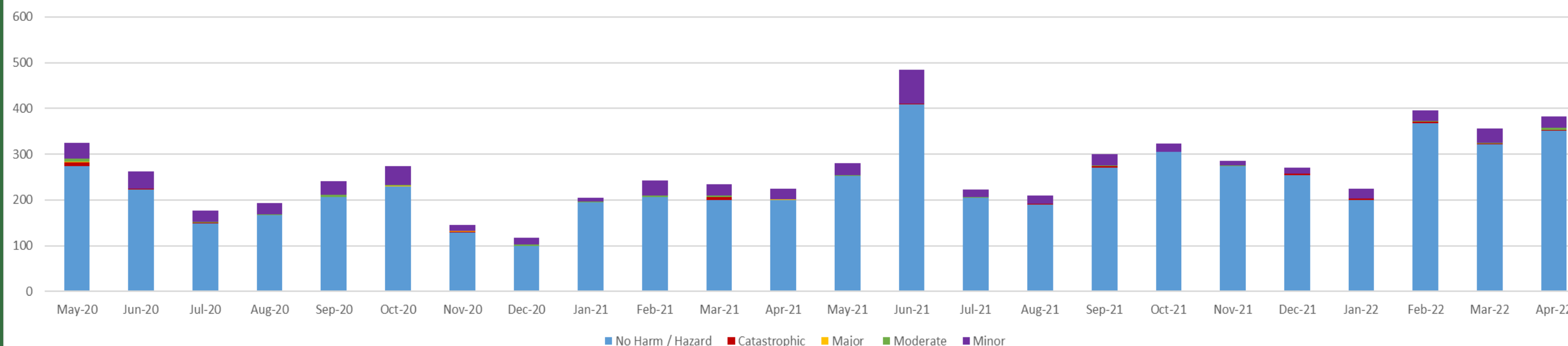
Health & Care
Standard
Health – Safe Care



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



Number of 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 April 2022 increased to 535; 474 of these were in relation to incidents where there was no harm or hazard, 33 were minor, 5 was moderate, 3 were severe and 20 incidents were catastrophic. 389 cases were closed in April 2022 in comparison to 363 in March 2022.

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 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.

Performance

****NB: April 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

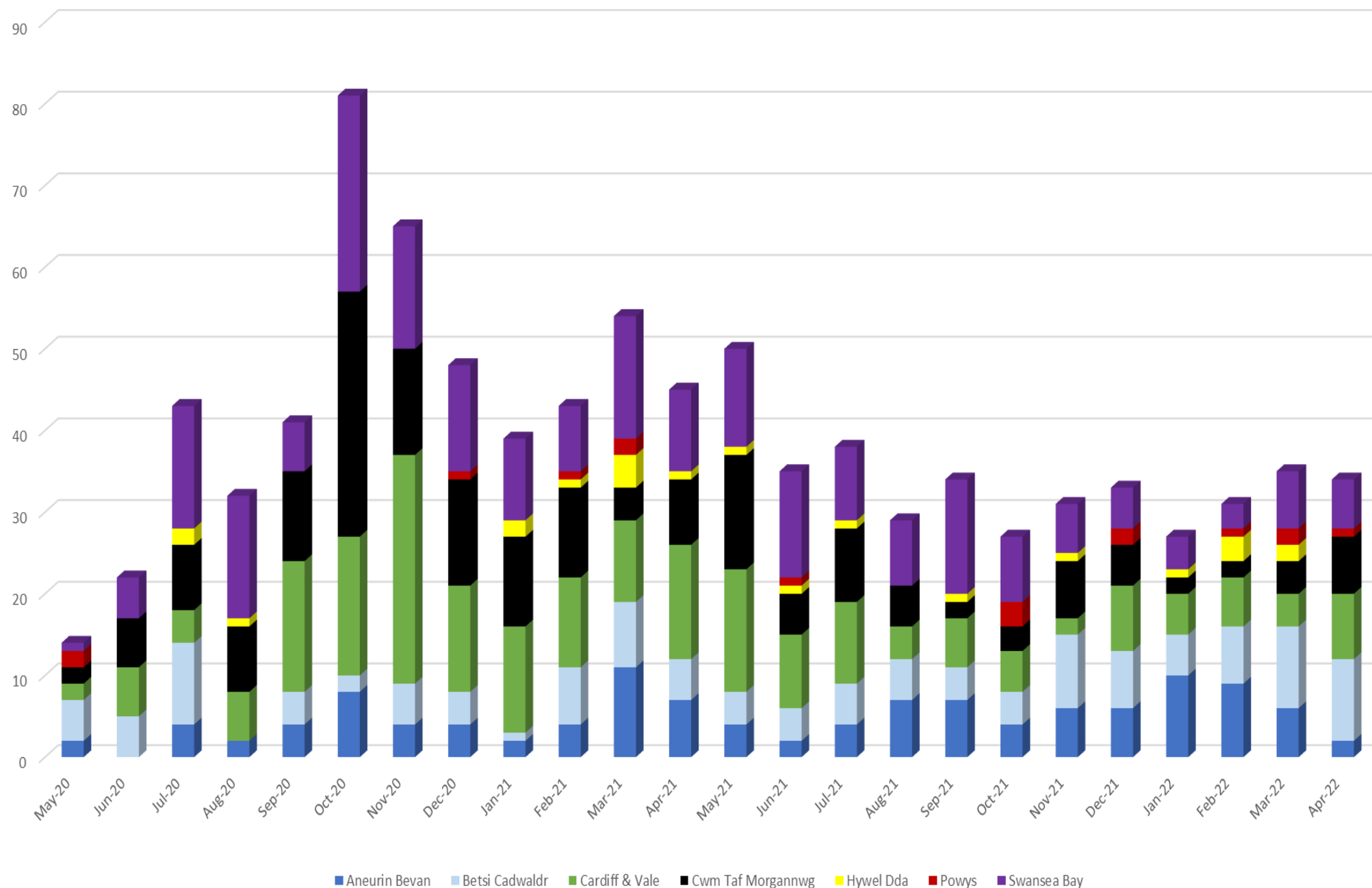
Coroners and Ombudsmen Indicators

Self Assessment:
Strength of Internal
Control: Strong

QUEST

Health & Care
Standard
Health – Safe Care

Number of Coroner Requests by Health Board



Analysis

Coroners: April 2022 has seen those cases identified as having the potential for the Trust to be an interested party, move into cases where it is confirmed that the Trust is an interested party in the inquests. The number of in month requests continue to be increased from pre-pandemic request. The timeliness of the Trust's response and unexpected deaths continues to be the main themes. The complexity of the requests being received continues to be high, with multiple statements and additional information being requested, sometimes at very short notice.

Ombudsman: There are currently 19 open Ombudsman cases in April 2022. At present cases are not being investigated, which supports the Trusts actions.

Remedial Plans and Actions

Coroners: The Team is recovering from the unprecedented number of requests for information from Coroner's courts, that have been received from July 2020. There has been an increase in the number of cases in which staff attend to provide continuity evidence. The complexity of requests continue to be high, with multiple statements being requested for each inquest. 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..

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.

The Trust also continues to engage with our Health Board colleagues where the Trust has 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.

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

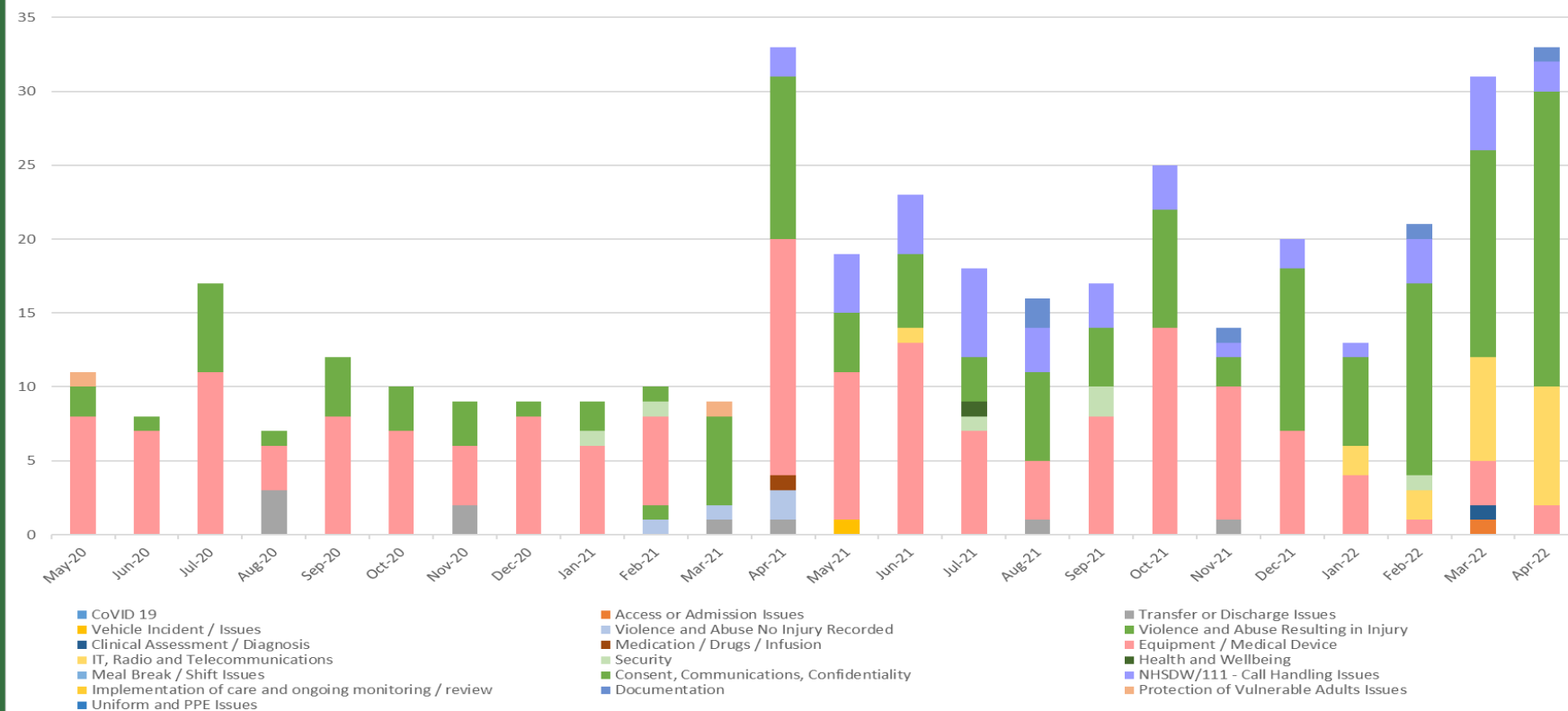
Health & Care
Standard
Health – Safe Care

Self Assessment:
Strength of Internal
Control: Strong

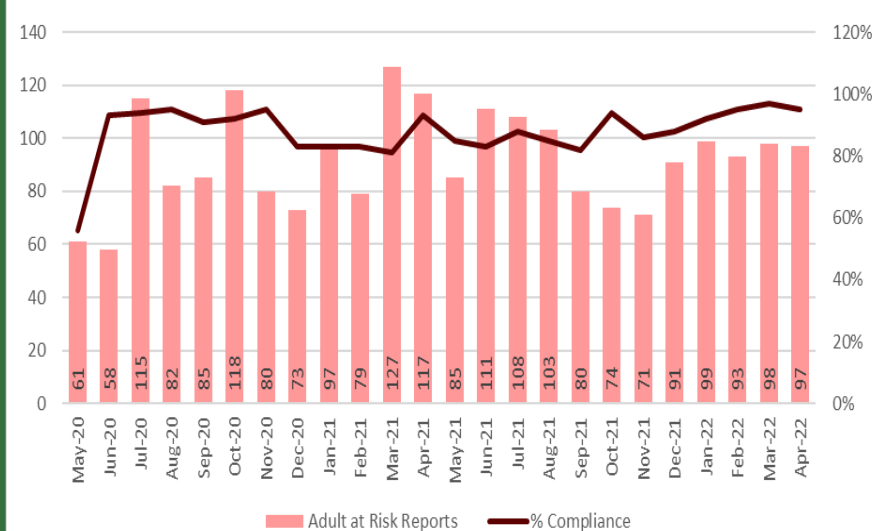
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NB: Public Engagement next update (Apr-Jun 22) due Jul-22

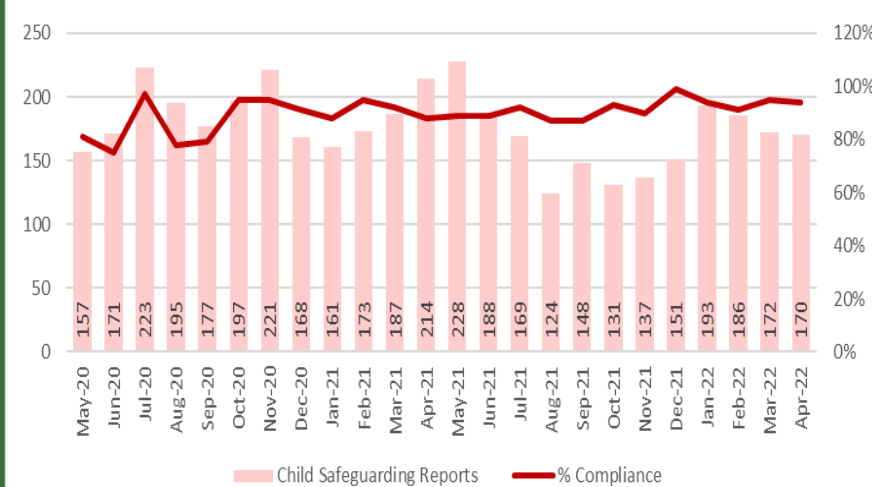
Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018



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



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Analysis

Safeguarding: In April 2022 staff completed a total of 97 Adult at Risk Reports, a decrease compared to March 2022 when 98 were reported. 95% of these were processed within 24 hours.

There have been 170 Child Safeguarding Reports in April 2022, a decrease from March 2022 when 172 reports were made. In April 2022 94% were sent within 24 hours.

Data Governance: In April 2022 there were 33 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, an increase when compared to March 2022. 20 related to Consent, Communications or Confidentiality; 8 related to IT, Radio and Telecommunications, 2 related to 111 Call Handling issues, 2 related to equipment / medical devices and 1 related 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 77 engagement events held in Quarter 4, allowing engagement with 1,450 people. Easing of COVID-19 restrictions has allowed the Trust to make a cautious return to face-to-face engagements within the community, along with a continuation of some online virtual engagement sessions. 68 NHS 111 Wales website surveys were returned, 28 people completed a new survey about their experience of calling NHS 111 Wales. The Trust continues working with NEPTS colleagues to promote patient experience surveys for users, surveys are sent direct via post, text and online. 280 NEPTS surveys were completed in this quarter. 131 compliments were also logged and processed and 104 people left comments, suggestions and messages through our 'Have Your Say' function on the Welsh Ambulance Service Website. Engaging with people and communities continues to be a priority for the PECI Team, this engagement allows us to share important information about WAST services with communities and enables the collection of feedback and experiences which help us understand if services are meeting patient needs and expectations.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support staff with the use of the Docworks Scribe App and liaise with local authorities when or where required. Numbers of paper safeguarding reports have significantly reduced with the embedding of Docworks; however, they are used as a back-up and are sent directly to the Safeguarding Team for further action. Continued monitoring supports practice in this area which is seeing a steady improvement.

Data Governance: During the reporting period, of the 31 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

Public Engagement: Within this reporting period remaining COVID-19 restrictions ended, and the Trust made a cautious return to engaging with people and communities in person again. The PECI Team are extremely happy to be engaging with people in person again and look forward to re-building relationships with groups and communities whom the Trust have not been able to meet due to the pandemic. To ensure the safety of our Team members and communities whilst we do this, the Trust have reviewed and updated our existing processes and risk assessments to incorporate some additional COVID-19 safety elements. Recognising that not all people feel ready to return to engaging with us in the way they would have before the pandemic, the Trust continues to offer opportunities to engage using online platforms that have become so familiar.

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, and the Trust's FY21-22 IG Toolkit responses have now been submitted.

Public Engagement: The PECI Team will continue to share good practice and learning from our engagement with partners, stakeholders and colleagues at Ambulance Services across the UK. The Trust will continue to proactively communicate with people and communities, sharing important information regarding Trust services, appropriate use of these during the current period of increased demand. With most coronavirus restrictions now lifted in Wales, the team are receiving invitations to engage with people and communities, and are looking forward to attending these over the coming months.

Safeguarding Data source: Doc Works



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

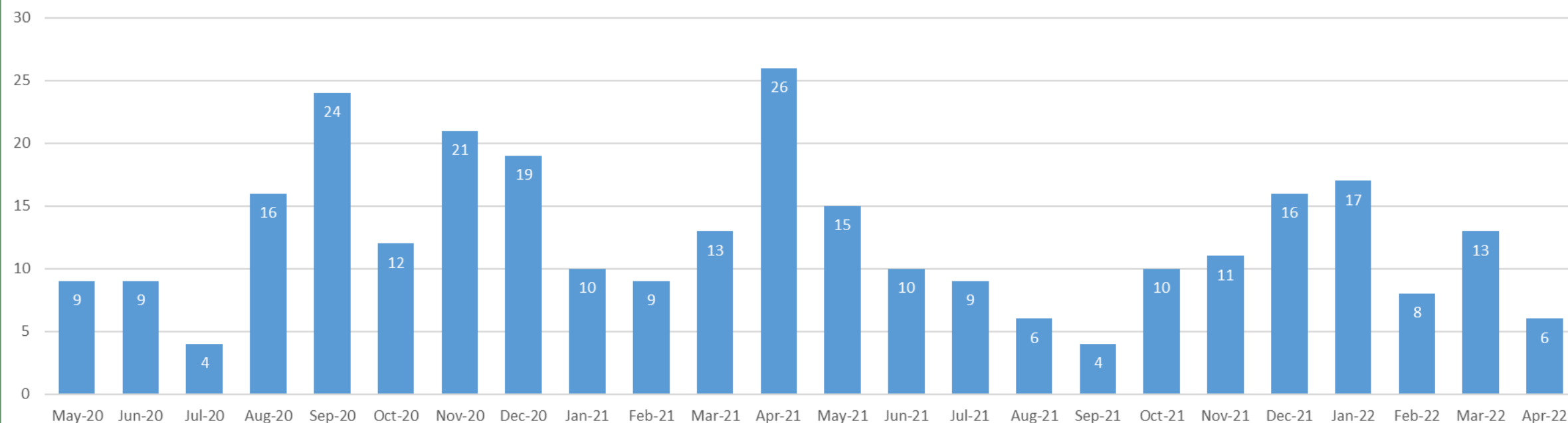
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

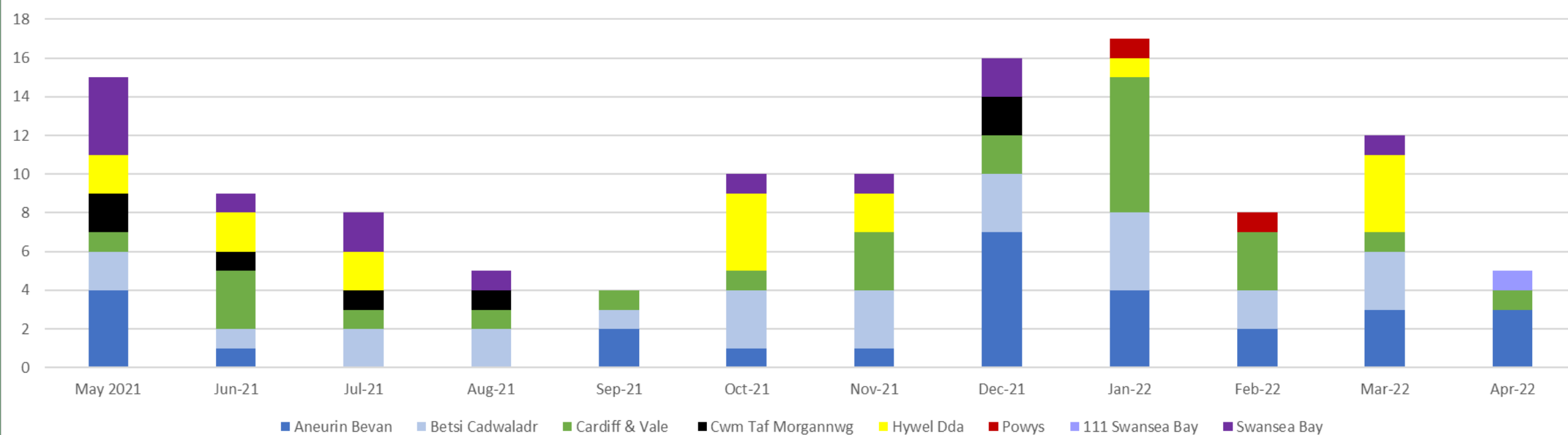
Health & Care
Standard
Health – Safe Care



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 to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 4 (January - March 2022) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In April 2022 RIDDORS reported were for 111 ABUHB (1), ABUHB (3), CVUHB (1) and 111 SBUHB (1).

Remedial Plans and Actions

Some members of the Health & Safety Team have 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, one key member responsible for reporting of RIDDORS left the organisation in November 2021. Additionally, the Regional H&S Manager also responsible for reporting is on long terms sickness absence.

The Trust's compliance with Health and Safety legislation requires further work to specify and detail areas to improve compliance. A draft transformation plan has been approved by EMT endorsing the commencement of this comprehensive holistic action plan, through a Working Safely Programme.

Expected Performance Trajectory

The Trust continues 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 in the Trust's Health and Safety Policy and the Adverse Incident Reporting Policy. Both policies will be going through the Trust's policy approval process within the next couple of months

****NB: April 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



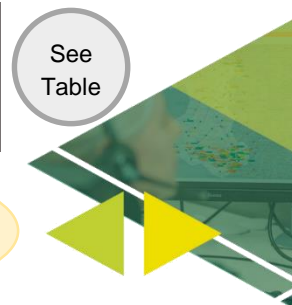
Our Patients: Quality, Safety & Patient Experience

Corporate Risk Indicators

Self Assessment: Strength
of Internal Control:
Moderate - Strong

See
Table

Health & Care
Standard
- GLA3



Currently unable to report - Slide Under Review

NB: Next Update (April- June 2022) due July 2022

Data source: Electronic Risk Register



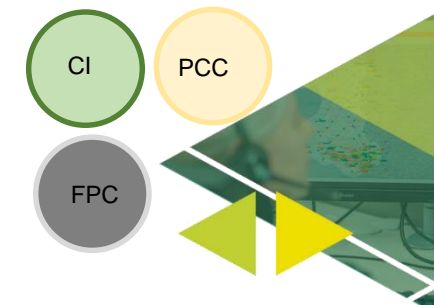
(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust

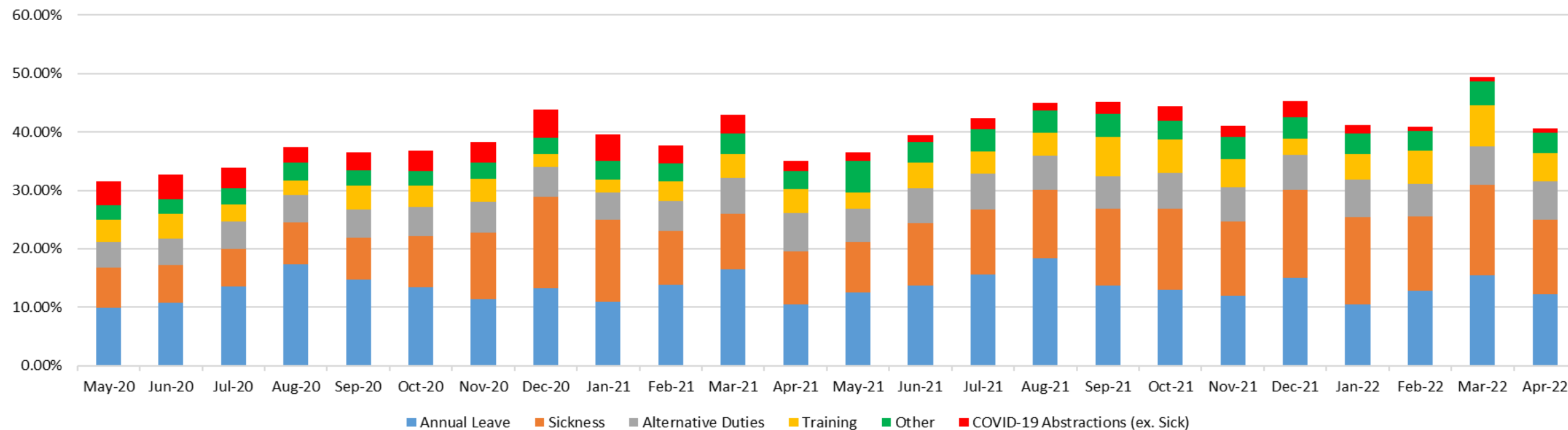


Our People

Ambulance Abstractions and Production Indicators



Pan Wales EMS Total Rota Abstraction Hours



Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In April 2022, total abstractions stood at 40.53%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was sickness at 12.81% and Annual Leave at 12.21%. Sickness abstractions for April 2022 were higher than the previous year (9.12%); however, COVID-19 related abstractions decreased in March 2022 when compared to March 2021 accounting for 0.64% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 90% in April 2022 (66,276 Actual Hours), therefore falling below the 95% benchmark. RRV UHP achieved 78% (18,552 Actual Hours) compared to 71% in March 2022. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In April 2022 the Trust produced 111,067 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably.

Following a short period in REAP 3, the Trust escalated to REAP 4 on 18 March 2022 and is now operating under the Pandemic Monitor Mode which was introduced on 21 March 2022. The Trust continues to maintain a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity have been actioned to help offset the level of abstractions.

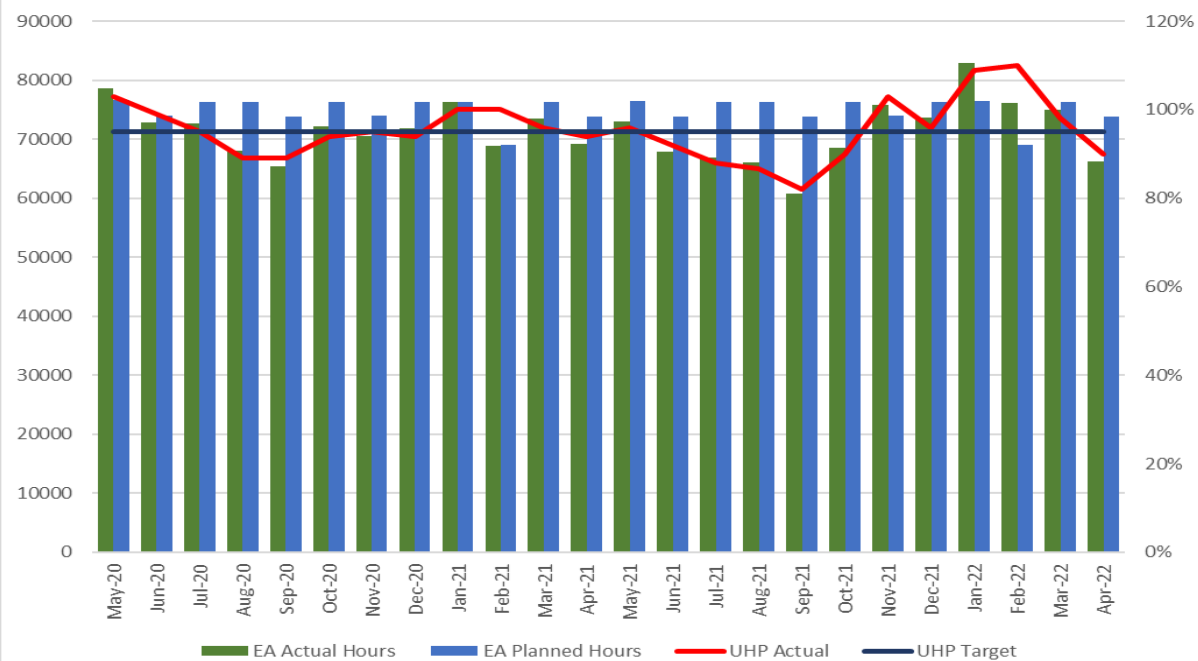
Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new programme of work is being commenced to review and take action to reduce sickness absence / alternative duties. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 81 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 e.g. military aid.

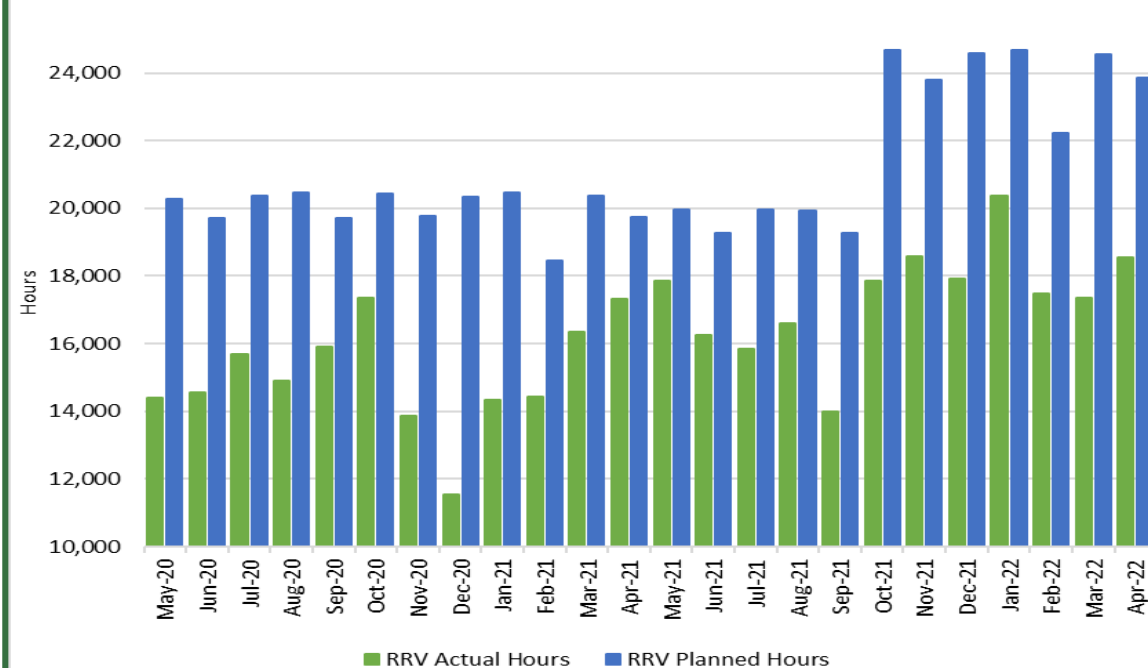
Expected Performance Trajectory

Subject to the longer-term impact of COVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%. The Trust is proposed, as part of the Transition Plan, that a higher level of abstractions (and relief) is used.

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

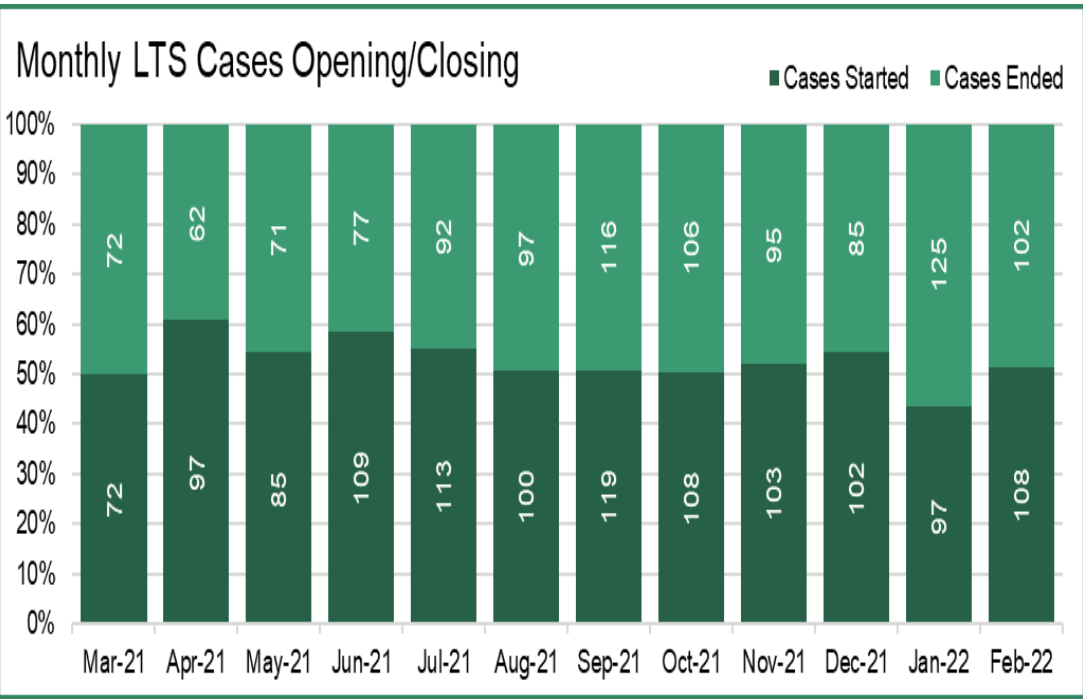
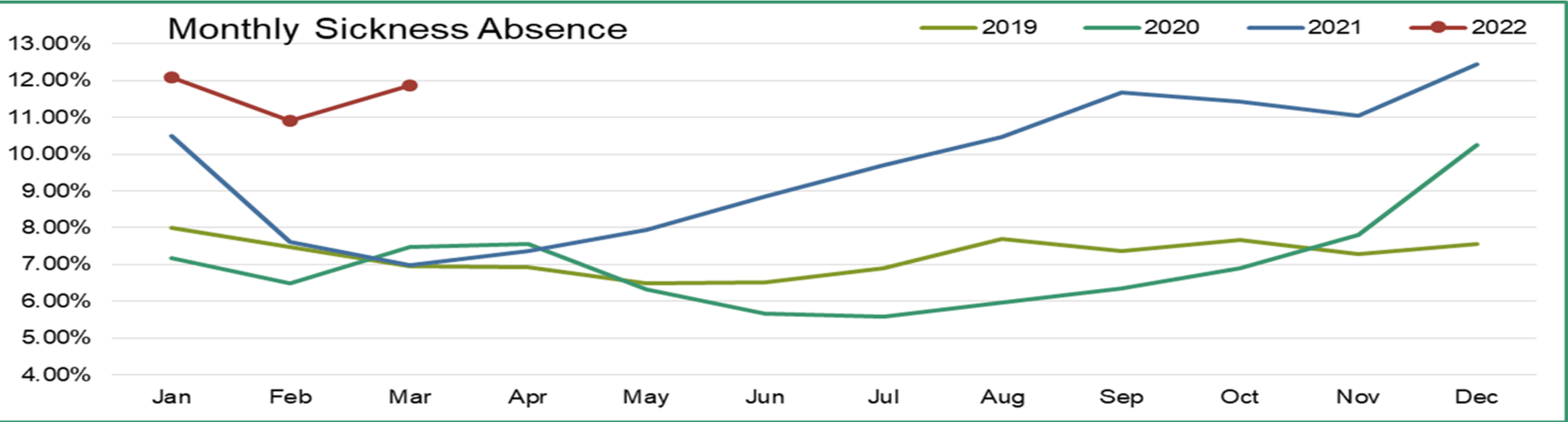


Our People Sickness Absence Indicators

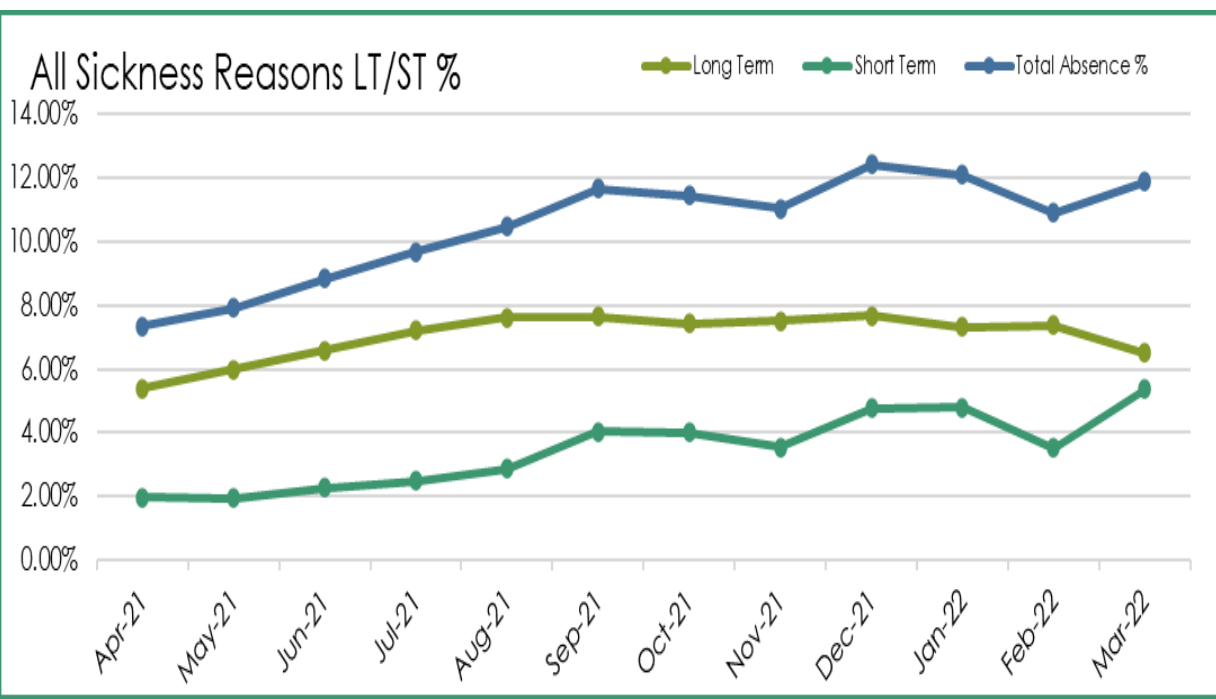
R

CI

NB: April 2022 data not yet available to report



Average working days lost per FTE (Annual)	
23.96 days	
Single month Absence %	
11.88%	
Long Term	Short Term
6.51%	5.37%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.80%	(excluding Back) 1.37%



Analysis

The monthly sickness absence figure for March 2022 was 11.88%, a decrease of 0.97% from last month; however, sickness levels remain the highest recorded in a 5 year period with increases in both short term and long term absence.

Remedial Plans and Actions

Physiotherapy referrals slightly increased to 31 referrals for this month, with 45% off work at time of referral. Majority of referrals were for back symptoms, closely followed by shoulder issues. Referrals to our EAP decreased against February at 72 calls. 10 of these calls were for legal concerns which is a large increase in this area.

Expected Performance Trajectory

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



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust



Our People

Staff Vaccination Indicators

NB: April 2022 COVID-19 Vaccine Data not Available

Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

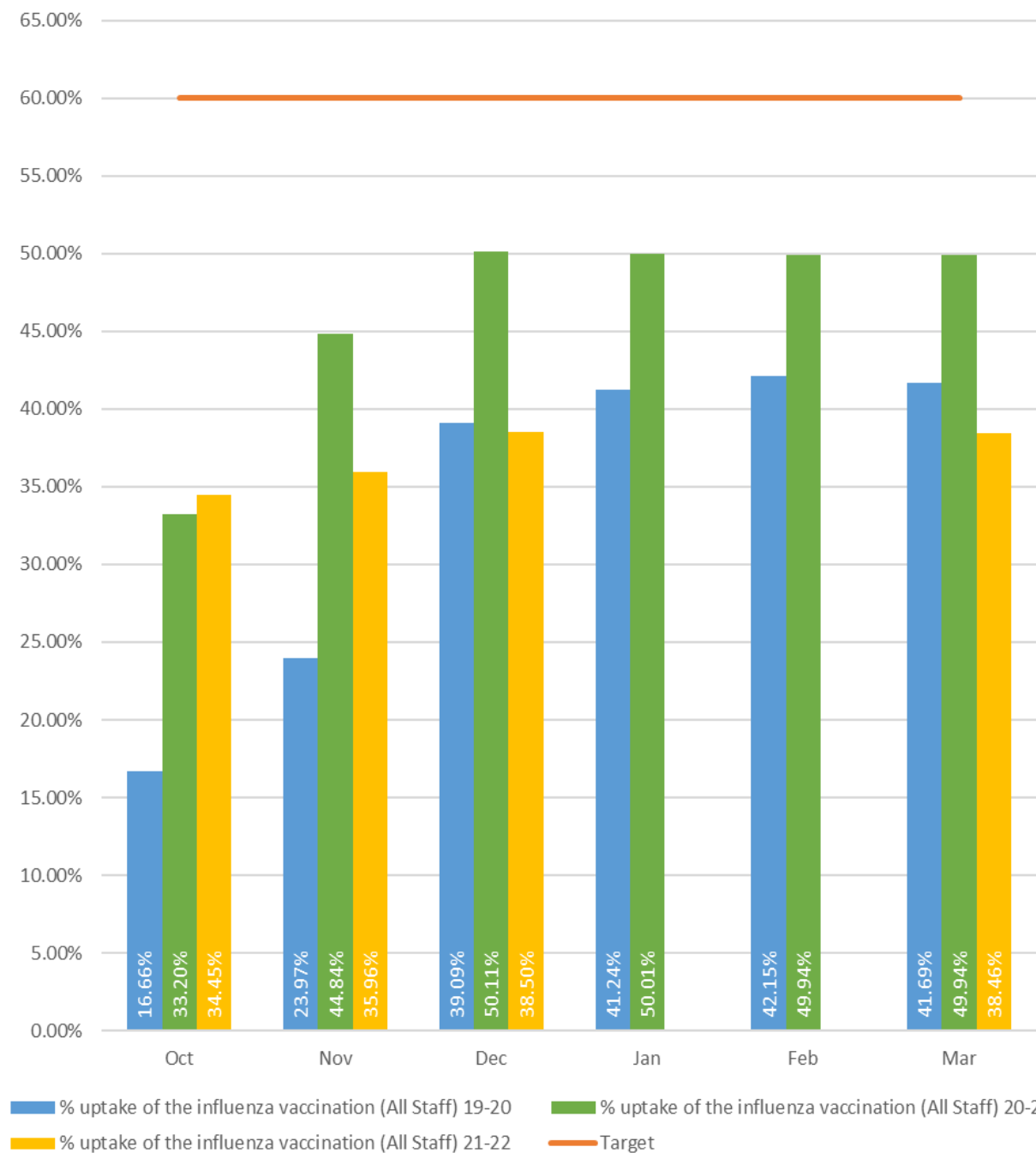
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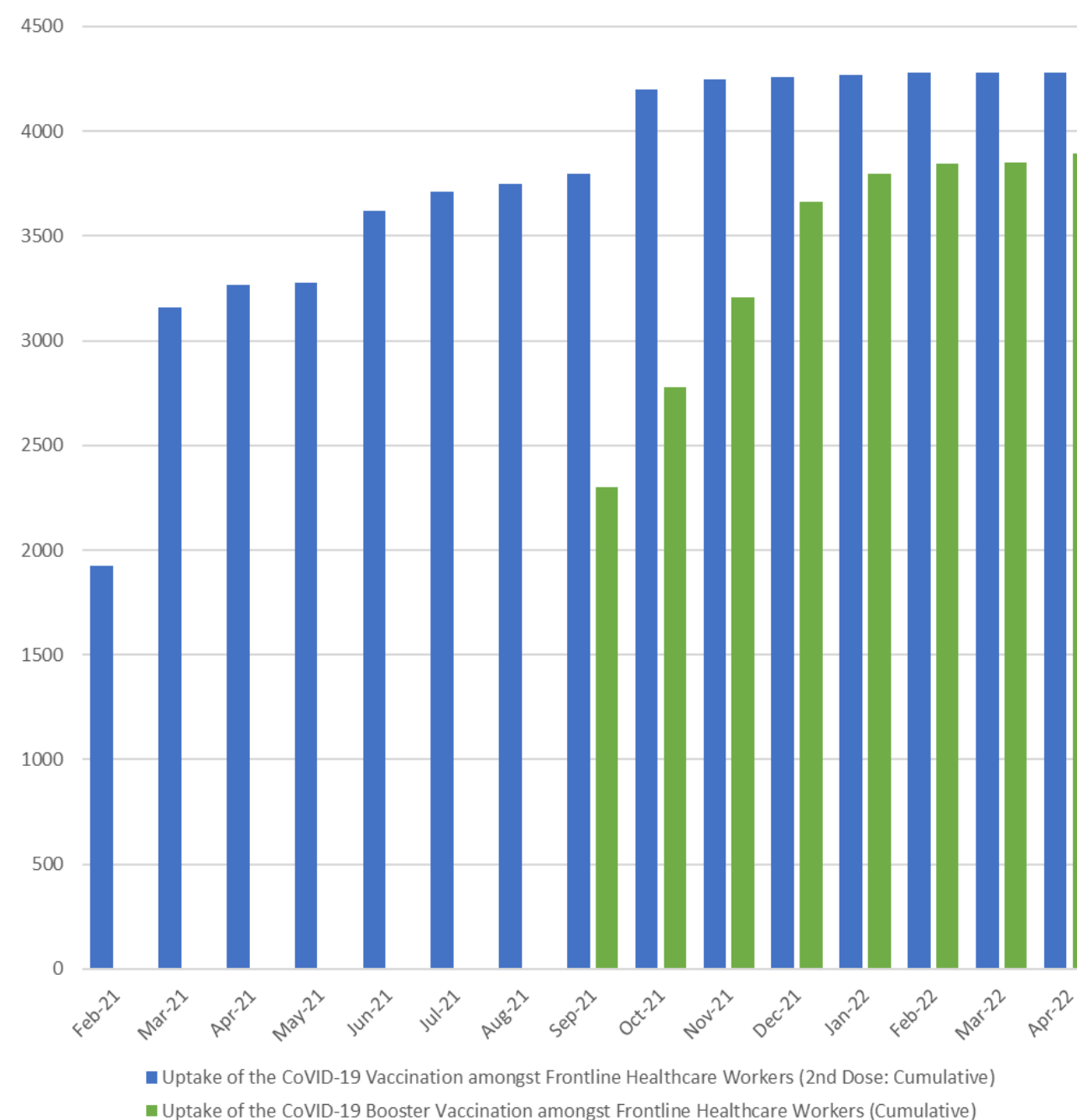
Health & Care
Standard
- Health (PPI)

NB: Next Reporting Flu Campaign October 2022

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



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



Analysis

The 2021-22 flu campaign got underway in Oct-21 and has now concluded; as indicated in the graph to the left 38.46% of EMS (response) and NEPTS staff received a vaccination, therefore not achieving the 60% target.

Due to a technical error in the downloading of data for the Trust are unable to report monthly data for January & February 2022.

Of the 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose COVID-19 vaccination, 94% (4,282) have received a second dose and 86% (3,892 Staff) have received a booster vaccination. In addition 94% of volunteers have received a first dose vaccination, 93% have received a 2nd dose and 88% have received a booster vaccination.

Remedial Plans and Actions

Staff data has been refreshed to accurately staff numbers employed by WAST.

Expected Performance Trajectory

Due to the escalation to Alert Level 2 in Wales and a reduction in public mixing over the festive period, to date the expected surge in flu rates have not been seen in the 2021/22 winter period. This, combined with an uptake in vaccination across priority groups in Wales has meant that more people than ever before received an influenza vaccination and for the first time ever, over one million vaccinations were given in Wales. The Trust is still cautious that an easing of restrictions could see cases increase and winter planning has been key in preparing for this scenario.

Date source: Cohort Electronic System / Welsh Immunisation System (WIS)



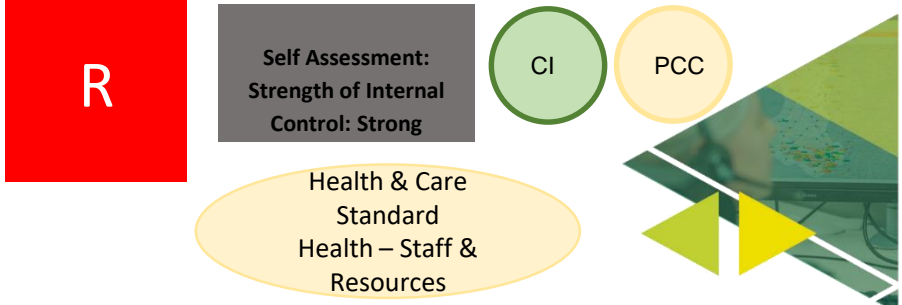
(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust

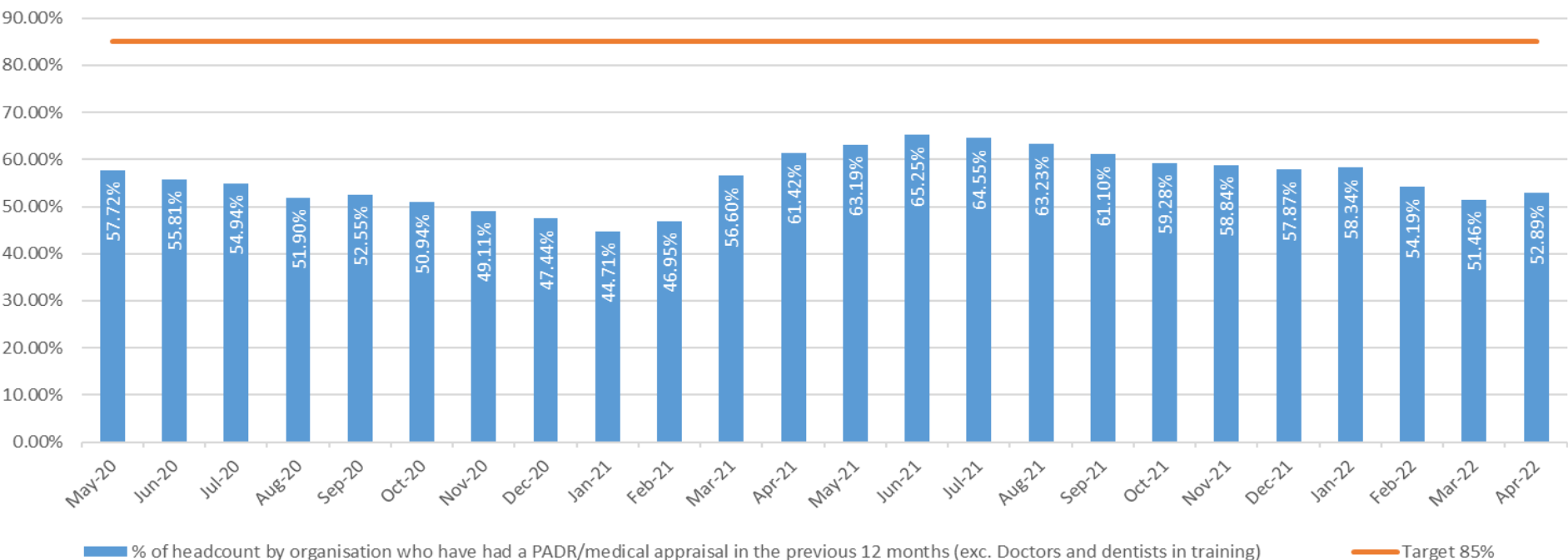


Our People

PADR and Training Rates Indicators



% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



Analysis

PADR rates for April 2022 improved marginally to 52.89% however they continue to remain well below the 85% target.

April 2022 Statutory & Mandatory Training rates increased by 0.49% from the March 2022 figure remaining just under the 85% target. Fire Safety (67.09%), and Moving & Handling (82.97%) both failed to achieve the 85% target; however, Information Governance (85.41%) and Safeguarding Adults (88.26%) achieved the target in April 2022.

In April 2022 Band 6 Paramedic Competency rates (All Staff) are 84.97% for year 1, 79.77% for year 2 and 74.59% for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity. Of the original Band 6 paramedic cohort, the rates are 100% for year 1, 100% for Year 2 and 100% for year 3.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These are listed in the table to the right.

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

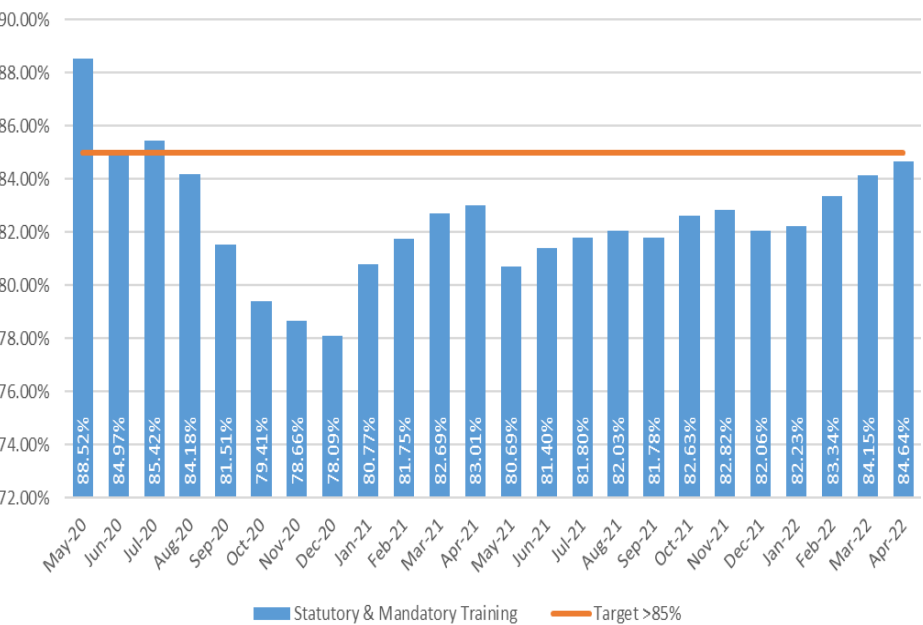
Since the onset of CoVID the Learning and Development team have moved the Trust towards a more blended model of education. All staff are actively encouraged to take ownership of their e-learning through self-identification of topics they are required to update. This is done through logging into ESR and reviewing individual compliance. Where e-learning is appropriate staff log in and complete this in a timely manner. This then negates the need for colleagues to attend classroom based CPD days where it is not necessary. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via Yammer.

Targeted communication via Siren and Yammer will continue using the #WASTMakItHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance will continue. . In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor.

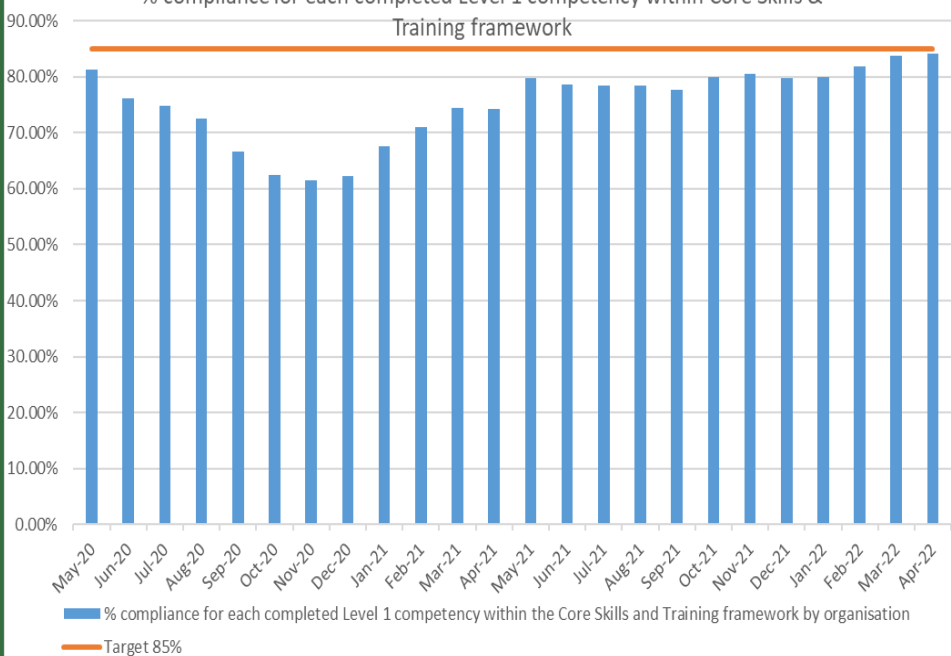
Expected Performance Trajectory

Uptake in the e-learning based topics continues to be very positive and staff of all grades have embraced the concept and are engaged with this new concept. Staff seem to have bought into the “new normal” and the Trust expects to continue to see improving compliance figures across the Trust.

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



% compliance for each completed Level 1 competency within Core Skills & Training framework



Data source: ESR



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust



Finance and Value

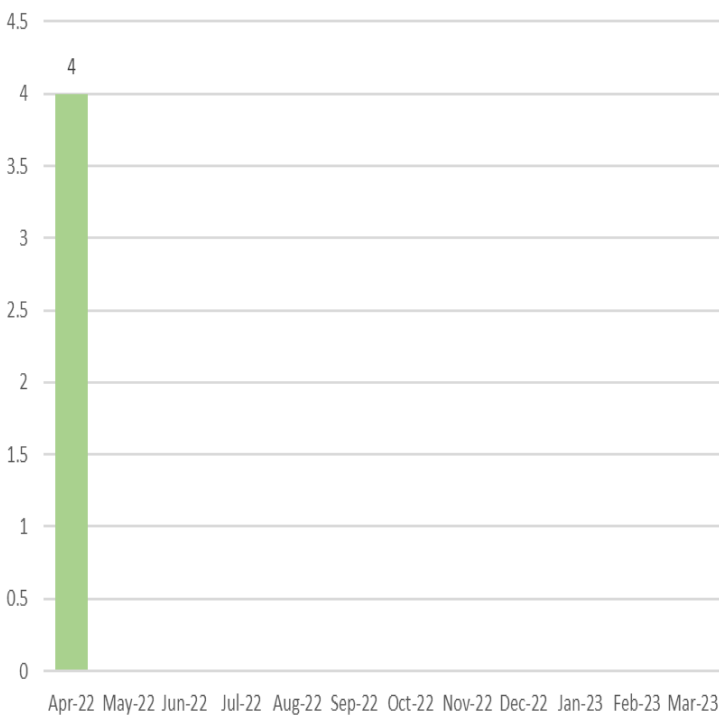
Finance Indicators



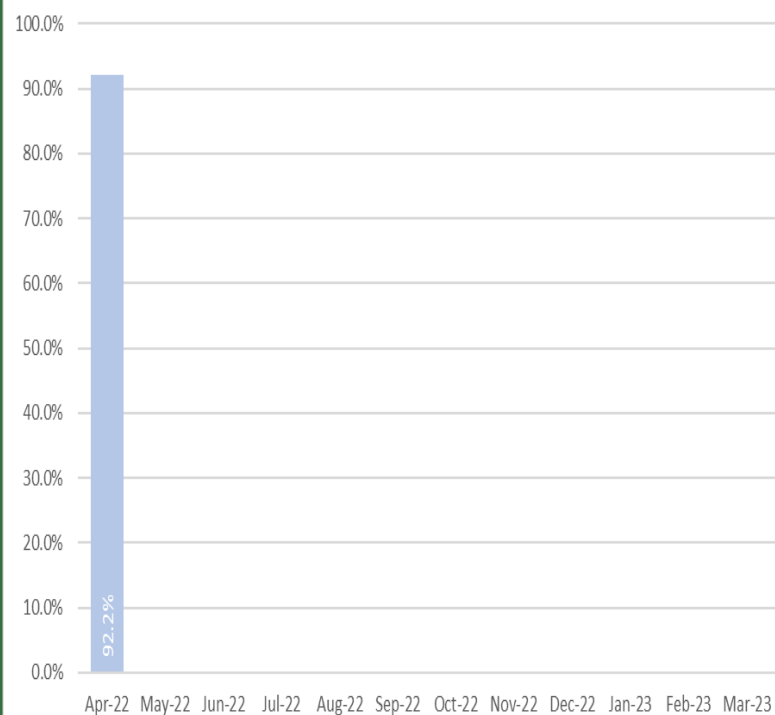
Financial balance - annual expenditure YTD as % of budget expenditure YTD



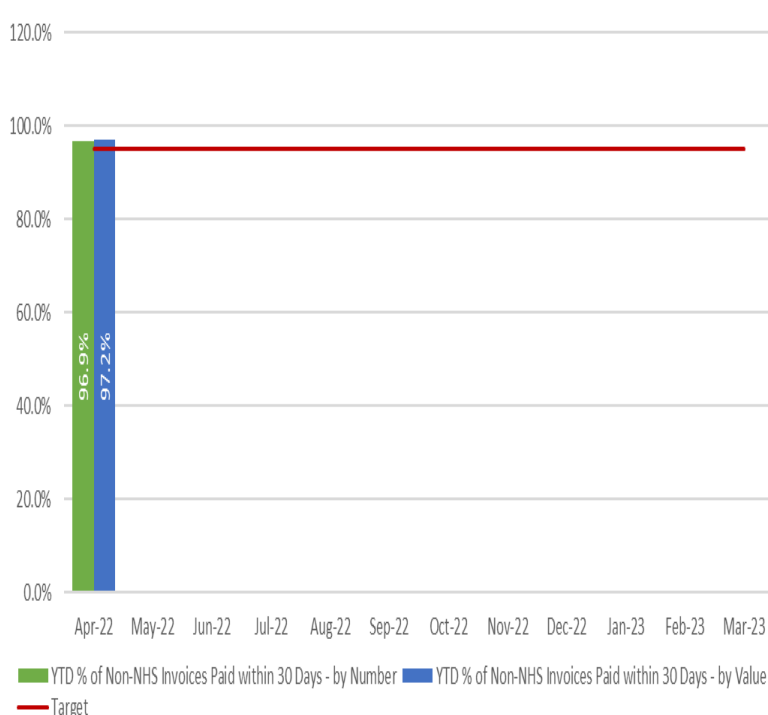
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Analysis

The reported outturn performance at month 1 is a surplus of £4,000, with a forecast to the yearend of breakeven.

For month 1 the Trust is reporting planned savings of £0.371m and actual savings of £0.342m, an achievement rate of 92.2%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of April 2022 was 96.9% against a target of 95%.

As of April 2022, 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 2022-25 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 2022-25 financial plan was submitted to WG following Board sign off on 31st March 2022.

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both the Trust's ambitions and savings targets. The Trust continues to seek to strengthen where it can its 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 2022/23 financial plan include:

- Continuing financial support from Welsh Government in relation to Covid costs;
- 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 the Trust will continue to meet its statutory financial duties, as outlined in its 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 2022/23.



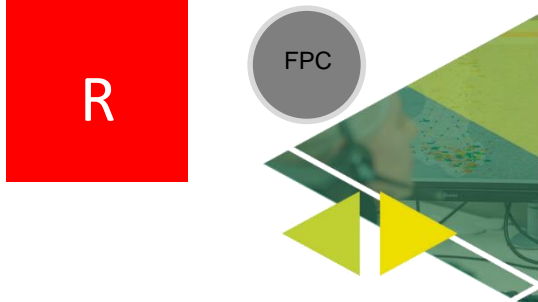
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust



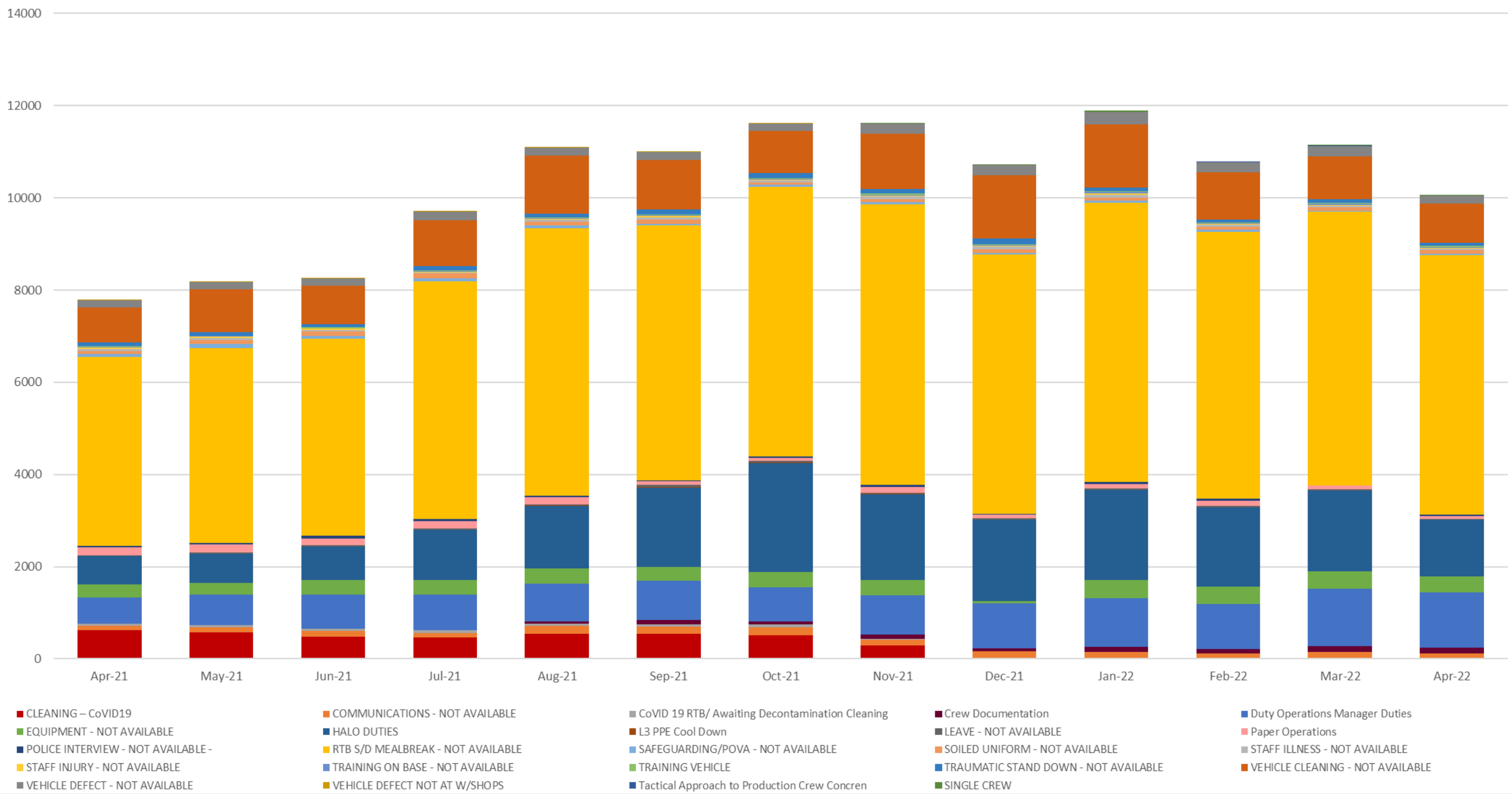
Value / Partnerships & System Contribution

EMS Utilisation & Post Production Lost Hours Indicators



NB: Revised data reported based on amendments in QlikSense and refinements applied to improve accuracy in reporting

Post Production Lost Hours - By Unavailability Reason



Analysis
There were 11,624 post production lost hours (PPLH) across all vehicle types in April 2022; a decrease when compared to March 2022 (12,886).

In April 2022 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (5,634 Hours), HALO duties (1,222 hours), Duty Operations Manager duties (1,203 Hours) and Vehicle cleaning (848 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
This is currently an area of focus via a series of workshops with TU Partners, which commenced in Sep-21. The current focus continues to be on data accuracy, modelling of options and potential tests of change.

Expected Performance Trajectory
The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favorably with two other ambulance services, but less so with a third. Contact is being sought with this third service. A deep dive on PPLH is going to May-22 F&P Committee.

****NB: PPLH Data correct at time of extract**



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



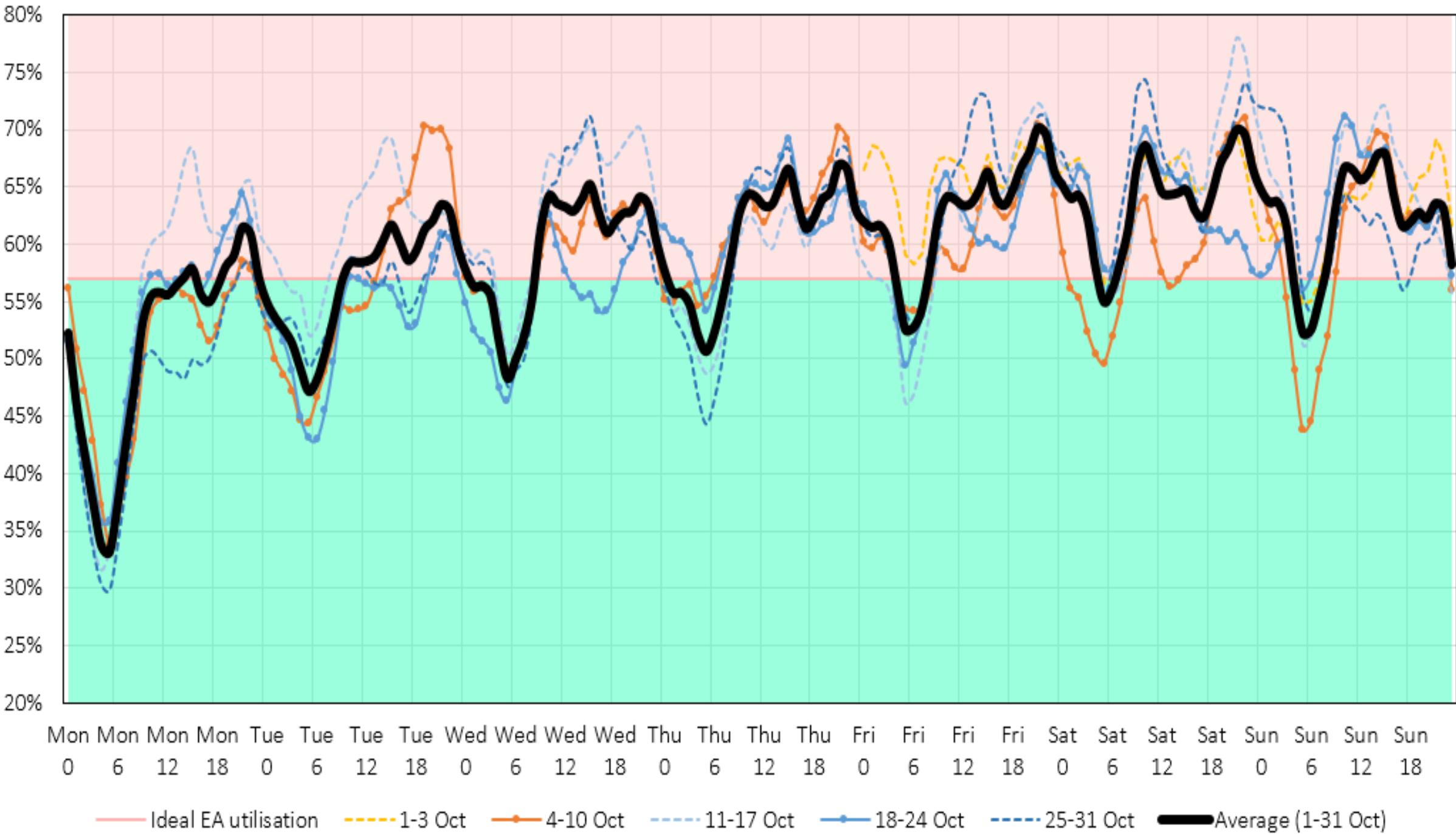
Value & Partnership Contribution

Utilisation Indicators



Slide Under Development to provide Net Utilisation – there is an issue with PPLH data that is preventing this indicator being further developed at this point of time. Optima liaising with new AD Data & Analytics

EA Historical Gross Utilisation October 2021 (Busy Hours / Actual Hours)



Analysis

The chart outlines the gross utilisation for WAST; the ideal gross utilisation has been set as 57% after an extensive data analysis (the split between green and pink area in the chart). Achieving this level of utilisation enables the Trust to exactly deliver a 30 minute Amber 1 response time.

In addition each health board area has their own ideal EA utilisation. Analysis has indicated that this is higher for urban areas and lower for rural areas. A high degree of rurality means that more resources need to remain available more often to achieve the 30 minute Amber 1 response times.

The chart shows that's the EA utilisation has consistently been much higher than the Trust would like in October 2021; this extensive utilisation also explains why response times have been much slower than desired.

The dip seen during the early hours on a Monday is as a result of the data being available in weekly blocks which causes some of the workload within the first few hours of the dataset to be invisible. The 'tuning' of the ideal utilisation is revised periodically on larger datasets that do not contain these dips.

NB: The thick black line identify the average hour-of-week EA utilisation for WAST, the thin lines indicate the values for every week within October. The green and pink indicate the split below and above ideal utilisation

Remedial Plans and Actions

The Trust is currently receiving support through additional hours obtained from the Military Aid to the Civil Aid (MACA) and Fire Service.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported into Executive Management Team every 2 weeks set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Application of the clinical Safety Plan is being utilised to ease pressures on the Trust during periods of excessive demand.

Expected Performance Trajectory

Further work is required on the measure, in particular, data issues around PPLH.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



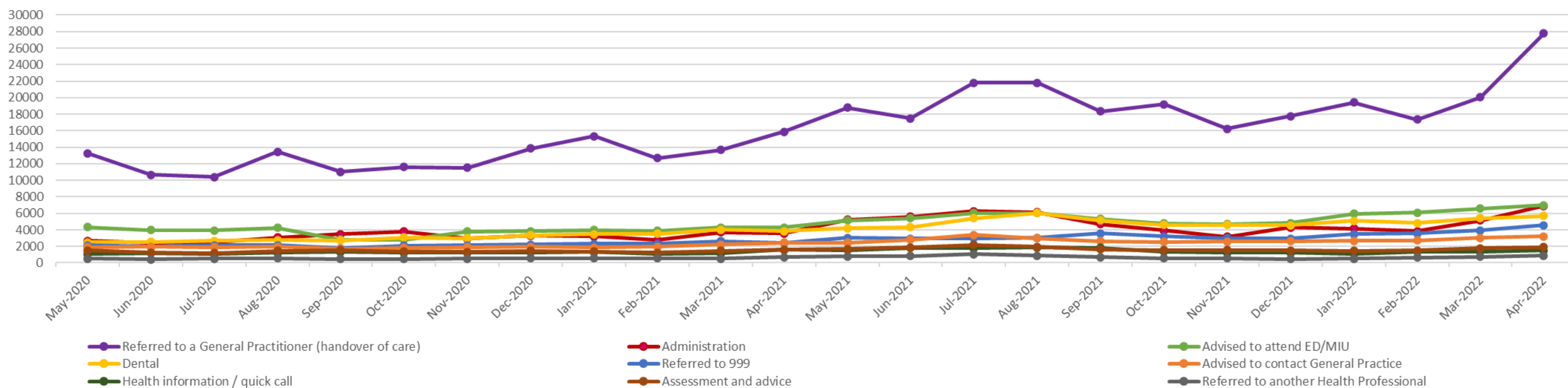
Our Patients: Quality, Safety & Patient Experience

111 Hand Off Metrics and 111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Calls By Final outcome



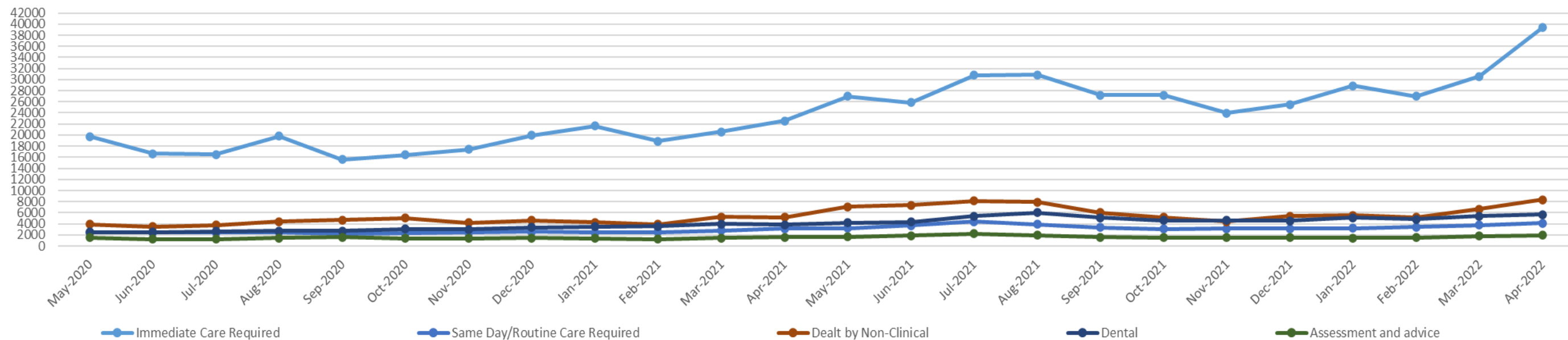
Analysis

In April 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 47% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (27,775) and advised to attend ED/MIU (7,004), following this calls in relation to Dental was the next highest category (5,689).

In April 2022 59,438 calls were received in the 9 categories displayed in the top graph, an increase when compared to 48,120 in March 2022; 24,050 in April 2020 and 36,301 in April 2021.

111 Calls by Final Outcome



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 in relation to whether patients are directed to the most appropriate and best outcomes.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Partnerships / System Contribution

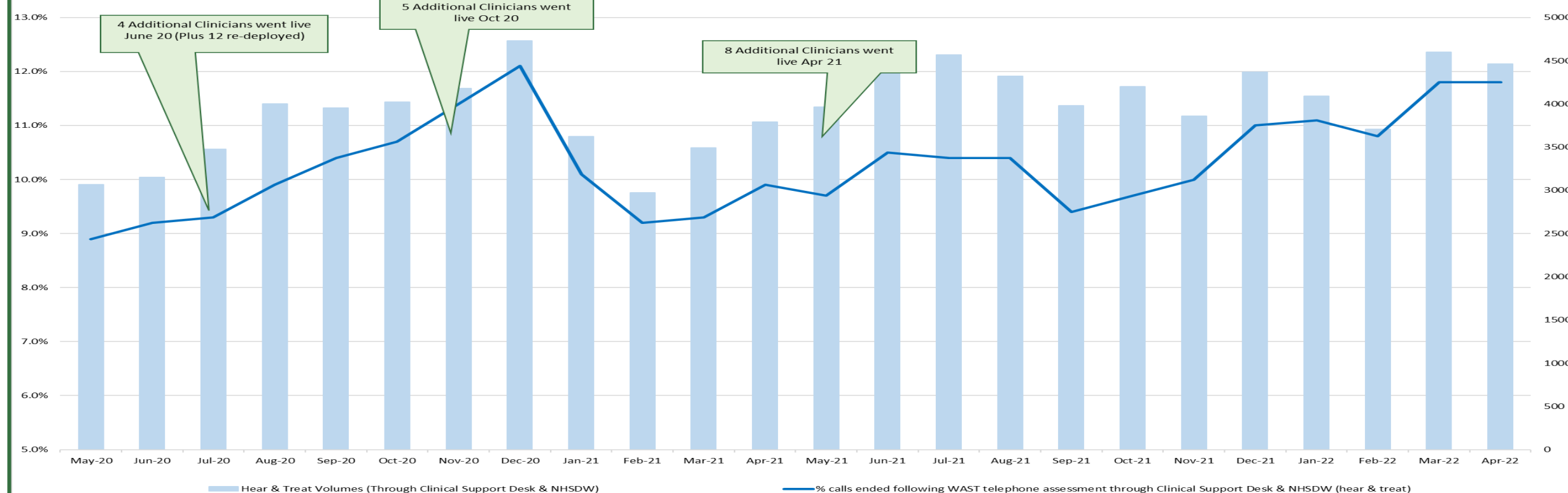
Hear & Treat Indicators



G

FPC

Hear & Treat



Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 11.8% performance in April 2022, therefore continuing to achieve the 10.2% target for the sixth consecutive month.

8.6% of hear & treat volumes were achieved by the CSD in March 2022. In comparison, 3.2% 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 March 2022 were 5.7% a decrease compared to 6% in February 2022, this is also a decrease compared to 7.1% in March 2021.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased month on month to 76% in April 2022; by comparison, this figure was 67% in April 2021.

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 4 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 complete, onboarding in February 2022.
- Commissioners have also agreed to fund an additional 36 paramedics (achieved) 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.

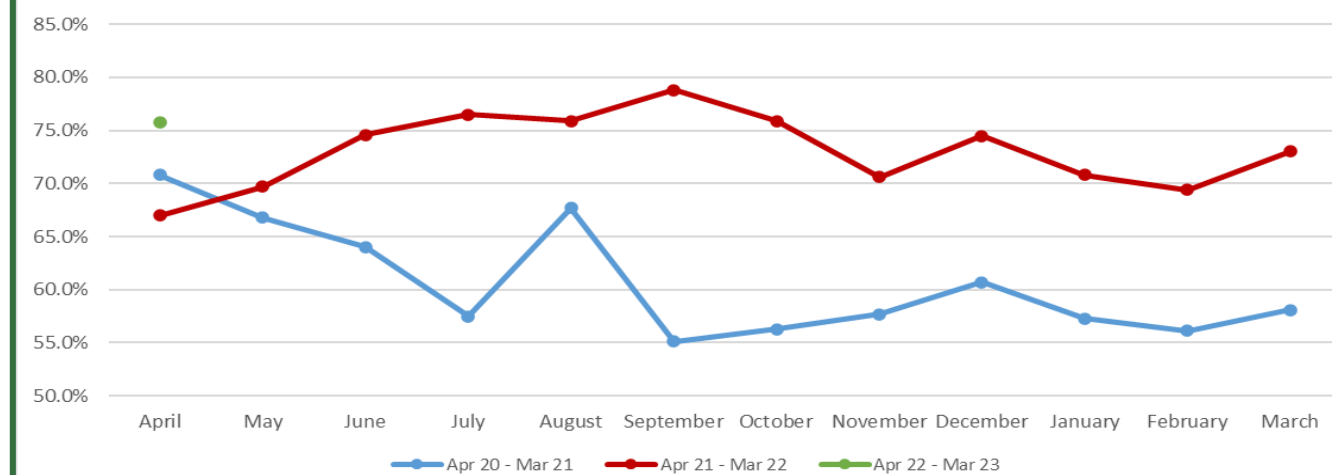
Expected Performance Trajectory

The current benchmark is 10.2% hear and treat rate. The Trust is developing a trajectory of 15% for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling.

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



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



(Responsible Officer: Lee Brooks)

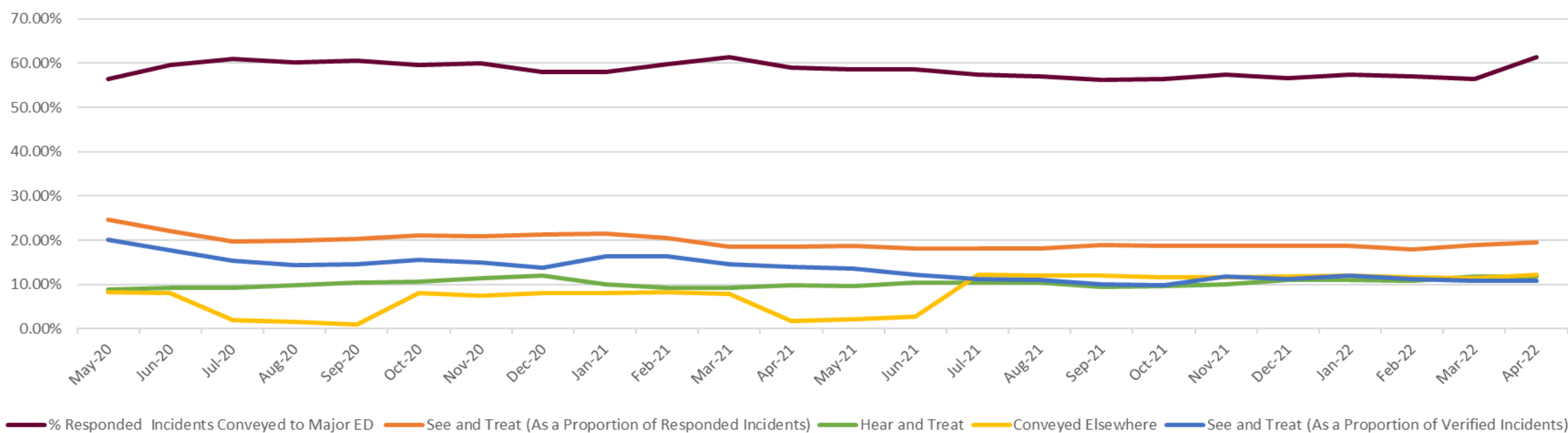
Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Conveyance to ED Indicators



% of Patients Conveyed to Major ED, Triaged through Hear or See and Treat or Conveyed Elsewhere



Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In April 2022 conveyance to EDs as a proportion of total verified incidents was 34.05% (compared to 44.49% in April 2021).

The combined number of incidents treated at scene and referred to alternate providers decreased in April 2022 when compared to March 2022. 1,911 incidents were referred to alternative providers in April 2022 and 2,214 incidents were treated at scene; however, 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 remains an indicator which may mean patients reach hospital via another route. In April 2022 11,759 ambulances were cancelled by patients, 623 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 362 patients made their way to hospital using their own transport.

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. The initial results of this modelling are expected w/c 24 January 2022 (received).

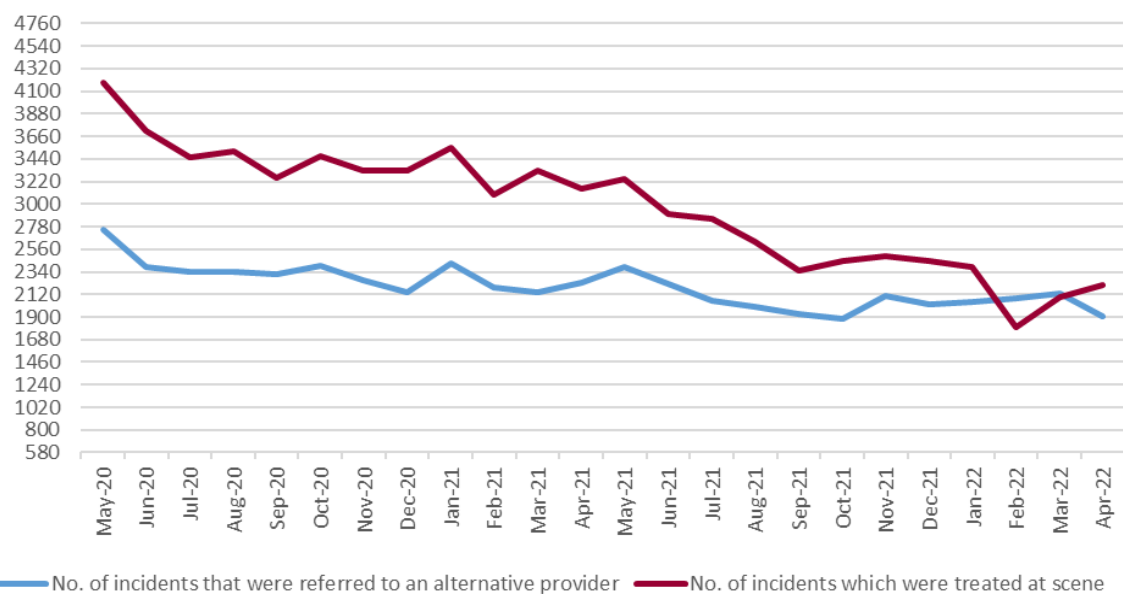
As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the 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 the Trust’s 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.

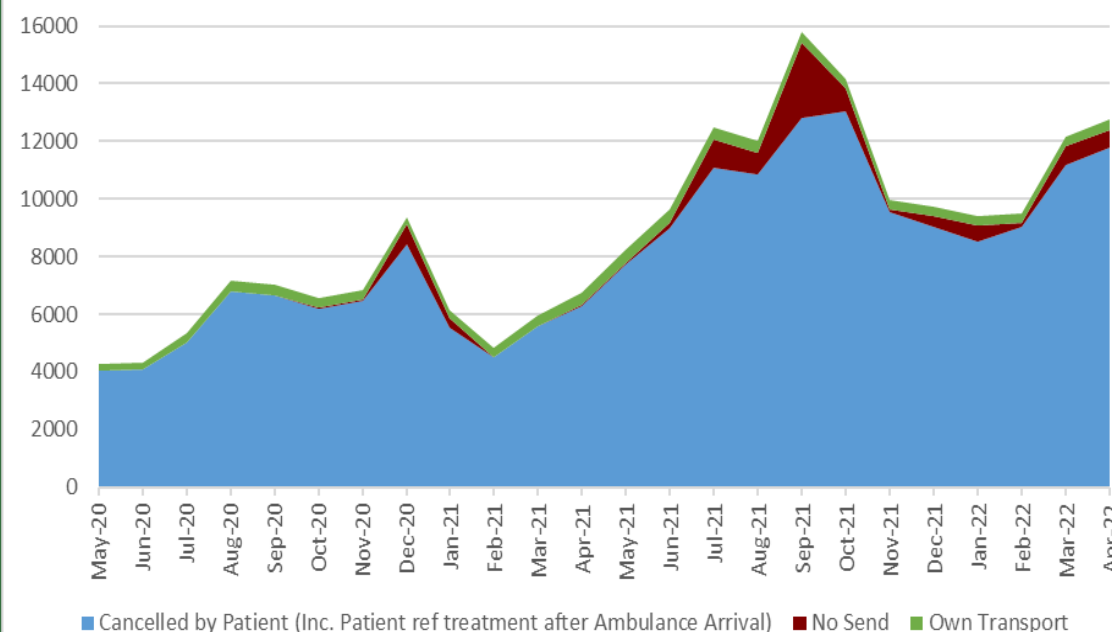
Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well.

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



Number of Incidents Stopped by reason



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Handover Indicators

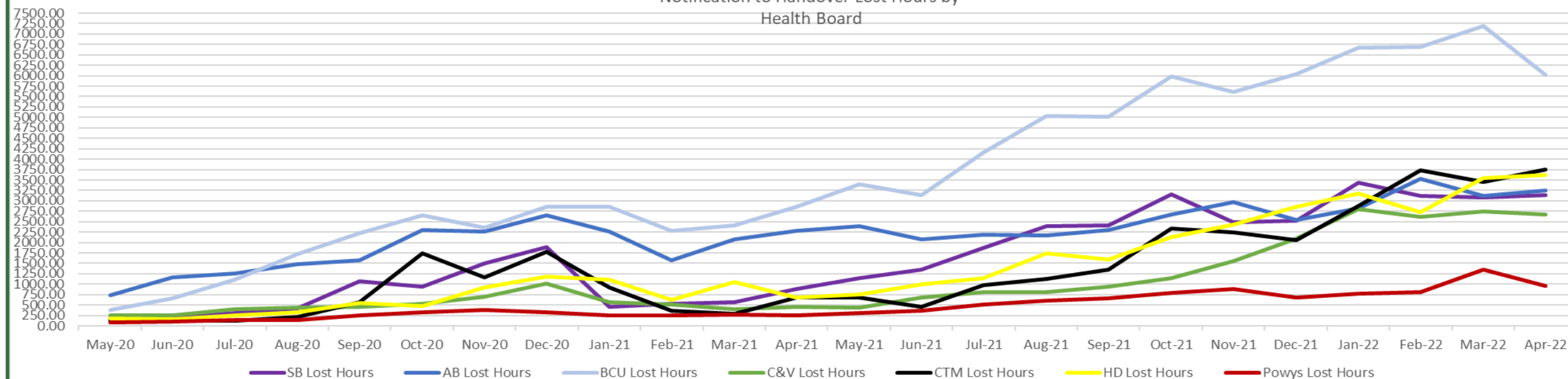
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QUEST



Notification to Handover Lost Hours by
Health Board



Analysis

206,755 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 79,284 in same period a year ago (May 2020 to April 2021). 23,382 hours were lost in April 2022, a 65% increase compared to 8,088 lost hours in April 2021 and also an increase when compared to 13,820 recorded in December 2019, the previously worst recorded month, prior to August 2021. The hospitals with highest levels of handover delays during April 2022 were Morriston Hospital (SBUHB) at 2,958 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,840 lost hours, Grange University Hospital (ABUHB) at 2,668 lost hours and University Hospital of Wales (CVUHB) at 2,469 lost hours.

Notification to handover lost hours averaged 783 hours a day in April 2022, 522% higher than the commissioning intention of no more than 150 hours per day.

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.

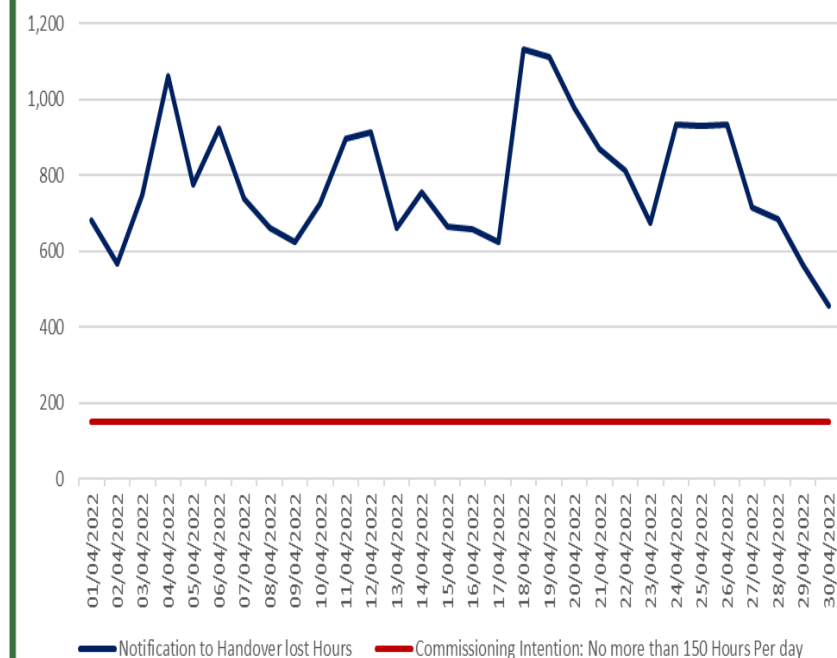
Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 31 ideas have been received through the WIIN platform from staff in March 2022

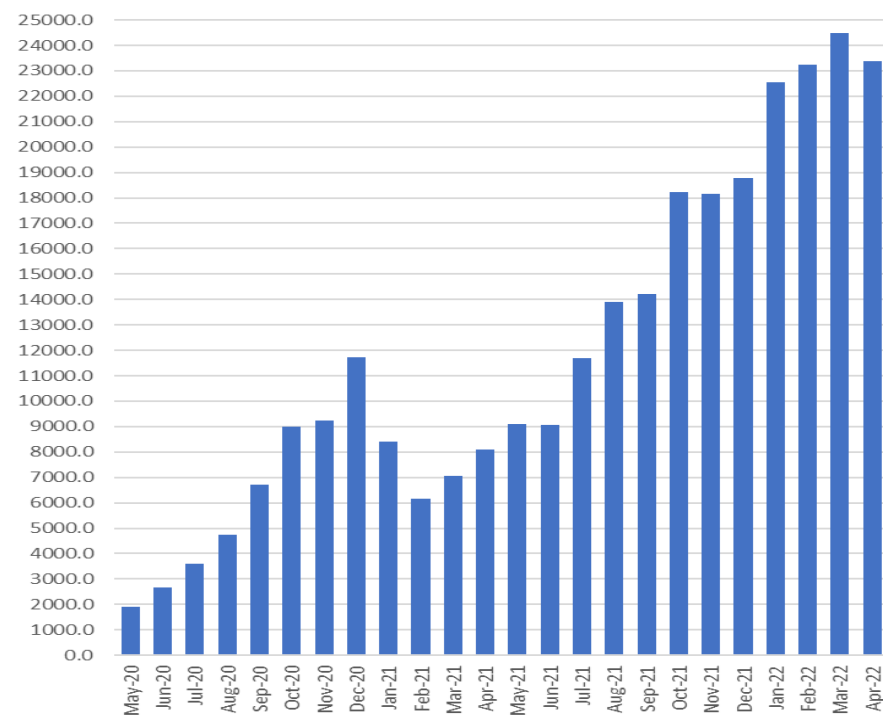
Expected Performance Trajectory

The NCCU is currently facilitating discussions between each health board and WAST on handover reduction plans and improvement trajectories.

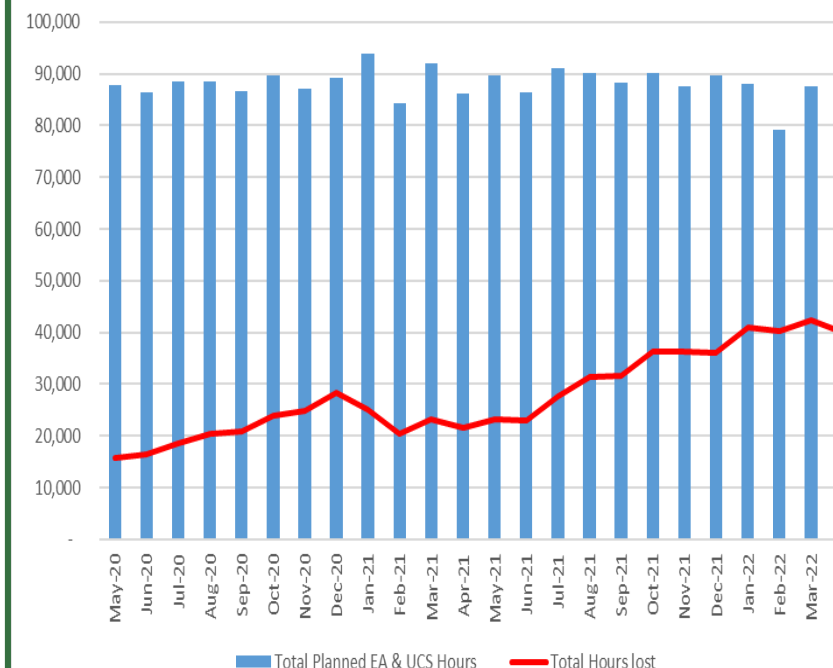
Notification to Handover Lost Hours - April 2022



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust



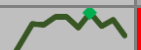

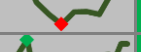

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	Hours Produced for Emergency Ambulances	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	Sickness Absence (all staff)	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	Frontline COVID-19 Vaccination Rates	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	Statutory and Mandatory Training	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	PADR/Medical Appraisal	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found.	Ambulance Response FTEs in Post	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	Financial Balance – Annual Expenditure YTD as % of budget Expenditure	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	Post Production Lost Hours	Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons (A detailed list of these is show in the graph on slide 22).
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	111 Consult and Close	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self care, referral, alternative transport) this is captured and forms part of the Trust's Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	999 Hear and Treat	Proportion of 999 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
National reportable Incidents (NRI)	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	% Incidents Conveyed to Major EDs	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of scute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	Number of Handover Lost hours	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.		



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



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	57%	-														-
Post-Production Lost Hours (All Vechicle Types)	Reduction Trend	11,730	9,264	9,380	10,936	12,573	12,477	13,146	13,142	12,273	13,468	12,381	12,886	11,624		R
Partnerships / System Contribution																
111 Consult and Close	Improve	7,843	8,728	9,197	10,310	9,896	7,670	6,722	5,915	6,875	6,943	6,699	8,432	10,295		G
Combined 999 & 111 Hear & Treat	15.0%	10.4%	9.6%	10.5%	10.4%	10.4%	9.4%	9.7%	10.0%	11.0%	11.1%	10.8%	11.8%	11.8%		G
% Incidents Conveyed to Major EDs	<48.6%	35.99%	42.54%	39.76%	35.41%	35.14%	29.80%	30.00%	36.57%	33.92%	36.65%	35.34%	32.21%	34.05%		G
Number of Handover Lost Hours	< 150 hrs per day	15,955	9,099	9,059	11,685	13,887	14,202	18,234	18,160	18,773	22,563	23,232	24,479	23,382		R



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	26 May 2022
Committee Meeting Date	12 May 2022
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. This Committee heard during the meeting of the **significant impact on staff and patients as a result of system pressures**, and particularly as a consequence of delays in handover at Emergency Departments.
2. The **NHS Wales Delivery Unit** attended the May Quest Committee meeting to present their Analysis of Appendix B reports which covered the period June to November 2021.
3. The Committee received a Report on the two **Coroner Regulation 28 – Prevention of Future Deaths – Report**.
4. The **Patient Safety Highlight Report** demonstrated the level and depth of increasing risk and harm to individuals, as a result of the system wide pressures. The Committee noted:
 - 14 nationally reported incidents were reported in the quarter.
 - 42 cases were referred to the Health Boards under Appendix B.
 - Timeliness to respond to concerns under Putting Things Right Regulations has increased in the quarter, ending with the target of 75% within 30 days being exceeded in March.
 - A number of historic patient safety incidents reported by staff via Datix will be closed to support the implementation of the All Wales Datix software system that went live in April. These closures will be risk assessed from a multi-disciplinary team to include an assurance mechanism regarding the appropriateness for closure of incidents.
 - Plans are in development for improving compliance with Health and Safety Executive timescales for reporting of RIDDOR incidents.
 - No information governance breaches were reported to the Information Commissioner's Office, and those reported on Datix were investigated and learning applied. Themes included consent, communications, confidentiality, IT, clinical assessment, equipment and medical devices. The Information Governance Toolkit was submitted on 31 March 2022.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)



5. **The Committee heard from Mr Hughes** who started a Go Fund Me page to raise money to buy a Manga Chair. Mr Hughes' mother suffered a series of falls where she was thankfully uninjured. On one occasion, after a six hour wait for the ambulance to arrive only to get his mother on her feet again after 10 minutes using the Manga Chair, he decided to purchase one for use in the community and to reduce the strain on the ambulance service in circumstances where someone who has had a fall is uninjured. The chair was purchased with money raised and has been used three times since last November. The Director of Quality and Nursing took forward an action to look into the availability of lifting chairs in care homes and the possibility of their use in the community via the Older Person's Steering Group. Whilst it was recognized that these chairs should be used with caution, particularly where a patient may be injured, the Committee commended Mr Hughes for his actions and thanked him for sharing his story.
6. Implementation of the **Quality Strategy Implementation Plan** commenced in April 2022. The plan had been delayed because of the Trust's response to the pandemic, and whilst work has commenced, the Committee were apprised of resourcing issues for the planned senior quality leads' roles, which may delay progress. These related to the embedding of quality leadership to form a triumvirate of clinical, quality, and operational leadership designed to quality culture and ethos for improvement. The senior lead quality posts, whilst included in the corporate posts from the Chief Ambulance Service Commissioner for 2021/22 are not being supported for 2022/23 because of increasing financial challenges. Opportunities for internal funding are being explored and the Committee will review this in more detail at their next meeting, particularly what practical steps are being taken to integrated quality into other roles. It was stressed that quality must be embedded throughout the organisation and owned by all, not just delivered by the Quality Team, particularly given the requirement to report against the Duty of Quality and Duty of Candour when it is implemented in April 2023.
7. In order to provide clarity, the **Committee's priorities for 2022/23** were amended to read "*to further embed oversight of patient safety, openness and transparency, the Committee will monitor the Trust's readiness for the introduction of the Duty of Quality and Duty of Candour when the Health and Social Care (Quality and Engagement) (Wales) Act comes in to force in the Spring of 2023*". The Committee will review progress quarterly.
8. The Committee received the quarterly **Operational Update** as a standing agenda item. This report provides helpful context for the Committee in its oversight role for quality, patient experience and safety.

ASSURE

(Detail here any areas of assurance the Committee has received)

9. The **Monthly Integrated Performance Report** and **Quarterly Quality Report** were received. The Trust Board will receive the Monthly Integrated Performance Report at its May meeting however, the Committee note the following on these reports:
 - The top reasons for post-production lost hours (PPLH) were reviewed and the Committee noted the Finance and Performance Committee were looking at PPLH in more detail in their May meeting.
 - Clinical indicators were not up to date due to Digipen decommissioning.
 - A Controlled Drugs Internal Audit review in November 2021 provided substantial assurance for the Medicines Management Policy and reasonable assurance for medicines management. The committee will continue to monitor the management actions to closure on these items.



- Key achievements, learning and improvements were presented and discussed.

10. The **Patient Experience and Community Involvement (PECI)** quarterly report for January to March 2022 was received. The Committee was assured that through the Continuous Engagement Model the Trust is appropriately engaging with patients and the community, capturing their experiences and reporting back to them to give them confidence they are being listened to and the Trust is acting upon their concerns with face to face events recommencing. The Committee heard of the significant amount of work that the Peci team has undertaken during the quarter, in particular that:

- Compliments, although decreased by 11% on the previous quarter (131 compared with 147), are being celebrated via the Trust's social media sites using the hashtag #ThankYouThursday. The Committee thanked and celebrated those who run the voluntary WISH Ambulance service, for the support they provide to palliative care patients.
- A majority of people (88%) scored their experience of the Non-Emergency Patient Transport Service (NEPTS) 8 out of 10 or higher, with historically less positive responses for wait times for booking calls to be answered, comfort and timeliness of transport.
- The Citizen's Voice – People and Community Network continues to grow with 78 members currently, and a relaunch in April 2022 designed to increase membership. Motivation to engage with the Trust and help improve services we provide remains high.
- Feedback received from NHS 111 Wales patient experience surveys, covering both telephony and online services shows people feel we could do more to improve their experience. This feedback has been shared with the appropriate colleagues across the Trust. 14 new symptom checkers were added and a number of pages have been redesigned for ease of access.
- Patients and families are frustrated about long delays, however when the crews arrive the feedback is very positive and that is achieved by colleagues in exceptionally difficult circumstances.
- A 'Welcome to Wales' pack for refugees has been translated to various languages.

11. The drivers for the **increased Red demand** and actions taken with EMS coordination to understand and respond to this position were discussed, noting that it was unlikely that there would be a reduction in Red activity in the short term. This report was taken to the Finance and Performance Committee in February. The Quest Committee reviewed the report for quality and patient safety and were assured that actions taken, and focused audit work planned, are appropriate and noted a number of ongoing actions to monitor this.

12. The **audit tracker** was reviewed for audits within the remit of the Committee. One high priority recommendation was overdue. The reasons for the delay were discussed and revised dates noted.

RISKS

Risks Discussed: The four corporate risks assigned to the Committee were reviewed and the Committee noted that whilst risks 223 and 224 remained at the highest risk score of 25, their rearticulation allowed for a clearer understanding of the risk. The Committee noted that the next meeting would see the reintroduction of the Board Assurance Framework where the current controls, assurances against controls and actions to mitigate risks would be included.

New Risks Identified: There were no new risks identified or added to the register in the period.



COMMITTEE AGENDA FOR MEETING

Staff experience	PECI quarterly report	Committee priorities 22/23
Operations Directorate quarterly update	Red review activity	Quality highlight report quarter 4
Quality strategy highlight report	Analysis of Appendix B reports submitted by WAST	Executive Director of Quality and Nursing Highlight Report
Coroner Regulation 28 prevention of future deaths report	Risk management and Board Assurance Framework	Internal Audit Tracker
Patient story driver diagram	Practical obstetric multi-professional training (PROMPT)	

COMMITTEE ATTENDANCE

Name	12 May 2022	11 Aug 2022	10 Nov 2022	9 Feb 2023	[insert date]
Bethan Evans					
Kevin Davies					
Paul Hollard					
Ceri Jackson					
Hannah Rowan					
Wendy Herbert					
Andy Swinburn					
Lee Brooks					
Andy Haywood					
Rachel Marsh	Hugh Bennett				
Trish Mills					
Angela Roberts					
Hugh Parry					
Craig Brown					

	Attended
	Deputy attended
	Apologies received
	No longer member



FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	26 May 2022
Committee Meeting Date	16 May 2022
Chair	Prof Kevin Davies

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. This Committee heard during the meeting of the **significant impact on staff and patients as a result of system pressures**, and particularly as a consequence of delays in handover at Emergency Departments.
2. **Post production lost hours (PPLH)** forms one of three key efficiencies via the commissioning process together with the roster review and absences/sickness absence. The Committee requested a deep dive on PPLH at this meeting to ensure the efficiencies to be gained by some of the initiatives to reduce PPLH are balanced and proportionate.

There are 16 different codes for PPLH, many of which are unavoidable e.g. traumatic incident stand down, and not all of which are considered to contribute to PPLH. The highest instances of PPLH are the rest break and HALO (Hospital Ambulance Liaison Officer). Returning to base for a rest break which is extended beyond the rest break window (two periods of break in a 12-hour shift) is counted as PPLH and the system pressures mean that many crews are unable to return to base for their set rest break due to handover delays. Often once they have handed over their patient at the Emergency Department they are immediately stood down for a rest break, becoming unavailable to attend any incident. Comparatively, if the capacity exists to facilitate the break within a break window, the crew remains available to attend a red incident whilst they return. The average time to return to base for the rest break was 18 minutes 51 seconds, which was not felt unreasonable given the geography of Wales. The issue being the near 17.5k times this is required in the month. HALO is when crews assist with arrangements at hospitals impacted by handover delays, with the average time lost for HALO being almost an hour.

The Committee noted that PPLH in April was 7-10% of produced hours (appreciating that not all of this is avoidable as many of these hours are operationally legitimate and necessary) as compared to 30% of conveying resources lost to handover delays. Whilst reducing handover delays will have the biggest impact on efficiency it was recognized that the Trust must continue to do all it can to gain efficiencies in this area, however small.

A new Standard Operating Procedure is being introduced to clarify the use of the PPLH codes and improve data accuracy, however a longer term solution is a fix within the Computer Aided Dispatch (CAD) system by the supplier. The Committee will be kept apprised of the timeline for this, but in the meantime Health Informatics have created an alternative interim report on PPLH which improves reporting.



The Committee found the presentation of the complex matter of PPLH extremely helpful, noting that the ambulance service's logging of lost hours in this way is in place to demonstrate availability of a resource, in circumstances where hospitals do not log similar lost hours such as recording medical notes, changing PPE, debriefing etc. It was recommended that a similar presentation will be made to the Emergency Ambulance Services Committee.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. The Committee received the **Quarterly Operational Update** as a standing agenda item. This report provides helpful context for the Committee in its oversight role for performance.
4. The Mobile Data Vehicle Solution (MDVS) full business case which seeks to replace the Ambulance Mobile Data Terminals was submitted to Welsh Government and following ministerial advice recommending approval, the Trust is awaiting ratification of formal assent. In parallel a formal **Project Assessment Review (PAR)** of MDVS was commissioned by Welsh Government and the Trust to provide assurance in relation to the 'funding decision' with a further PAR on 'readiness for service' due to take place in July. The PAR review provided a delivery confidence assessment of Amber, which is defined as *'successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun'*. The Committee reviewed the action plan against six key recommendations from the review and were assured on progress.
5. **The Decarbonisation Action Plan** was approved by the Committee in March 2022 and this meeting was updated on progress against the plan. The Trust is the only Ambulance Service in the UK to have ISO14001 (Environmental Management Systems) accreditation and the annual audit will take place in August, with some minor non-conformities from last year to be progressed prior to that audit taking place. A presentation on the Dobshill Carbon Neutral station was received.
6. The introduction of **IFRS16 (International Financial Reporting Standards)** for the Trust means that leased assets will transition from being treated as a revenue expense to a capital asset on the balance sheet with a financially neutral impact.
7. **In private session** the Committee received an update on Salus; reviewed the 2021/22 year end capital and 2022/23 initial capital programme; NHS Wales Microsoft Enterprise Agreement; and were informed of the need to extend the decommissioning of Digipen to enable patient records to be saved. These items were taken in private due to commercial sensitivities being discussed

ASSURE

(Detail here any areas of assurance the Committee has received)

8. The **financial performance year end (month 12) 2021/22** was reviewed and the Committee noted the following:
 - The Trust is reporting a small revenue surplus (£75k) for the 2021/22 financial year (subject to audit);
 - Capital expenditure is fully spent in line with updated plans;
 - In line with the financial plans that support the IMTP gross savings of £2.861m have been achieved against a target of £2.800m;
 - Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.



- Draft accounts were submitted to Audit Wales and Welsh Government on 29 April and final accounts will come to Audit Committee on 7 June and Trust Board on 13 June with the Annual Report.

The Committee commended the organisation for the positive position despite a challenging year and acknowledged the handling of a lot of short term, quick turnaround projects managed very well to get to this position.

9. The Committee received a presentation on the **financial position for Month 1 2022/23** and the Trust Board will have the full position before it for the May meeting and will note there is a small underspend against budget of £4K. The Committee noted the forecast for 2022/23 is currently one of breakeven but noted the risks which the Committee will continue to monitor through the year. Enhanced reporting will focus on the savings required for 2022/23.
10. The Committee reviewed the March/April 2022 **Monthly Integrated Quality and Performance Report (MIQPR)** which is also before the Board for this meeting. The Committee noted:
 - Challenges around 999 call answering times due to significant increases in demand. 111 call answering performance saw a decline in April linked to increasing demand. Actions to improve call answering times in 111 were discussed as was how efficiently to use call handler resource time. It was noted that during the pandemic additional resources to recruit call handlers was available and now an exercise in underway to determine baseline staffing requirements. Managing attendance in line with the absence management action plan is also underway.
 - Whilst clinical response times for call backs in one hour continues to perform well, improvements are now being seen for other categories of callers. This is because of significant clinician recruitment efforts.
 - Red and Amber response times declined in March caused by an increase in patient demand and the extreme number of hours lost to hospital handover. Red performance marginally improved in April, but Amber continued to worsen. This and other Committees will continue to monitor the capacity and efficiency actions to improve this position.
11. The end of quarter 4 2021/22 **outturn position on the delivery of the Integrated Medium Term** plan was presented. The Committee will continue to monitor progress against the six actions which are considered red which are:
 - Implement the new 111 system: SALUS delivery has slipped until at least May 23. The Committee received a presentation from Capita in its private session due to commercial sensitivities. The action to deliver new interactive services to the 111 website via SALUS is also linked to SALUS implementation delay.
 - CHARU (Cymru High Acuity Response Unit): No funding for 90 FTEs required for CHARUs. Options have subsequently been discussed and the preferred option is to maintain the CHARU Keys and partially fill (targeting a lower UHP to reflect the partial fill).
 - Roll out of Contact First: 111 First service commenced in Cardiff and Vale University Health Board on 16th March 2022 aligned to the roll out of the core 111 service. However, further funding to roll out 111 First is not forthcoming and plans are being developed to mitigate the impact of this within the core 111 service.
 - 111 as access point for mental health crisis: Work continue with Health Board on delivery of '111 press 2 for mental health support', 111 Press 2 roll out across Wales deadline of March will not be met by the 111 Programme Team. This has been rolled over into this year's IMTP
 - The development of the Quality Strategy Implementation Plan is being monitored by the Quality, Patient Experience and Safety Committee.



12. Whilst there were some overdue **audit recommendations**, the majority were in hand to be completed in March 2022, with four more completed by July 2022. The finalized internal audits in relation to the Cardiff Make Ready Depot (reasonable assurance); NEPTS Transfer of Operations – Benefits Realisation (limited assurance); and Digital Governance (reasonable assurance) were reviewed.

RISKS

Risks Discussed: The Committee noted the pausing of the Board Assurance Framework for three months, however it reviewed the corporate risks in its remit (risks 139, 244, 311, 458, 245, 260, 100, 283 and 424) and the rearticulation of those risks in the 'if, then, resulting in' format.

New Risks Identified: The Committee noted the development of the risk regarding the full delivery of the Decarbonisation Action Plan, i.e. the risk that the Trust will not be able to support the levels of investment required to achieve sufficient carbon reduction.

COMMITTEE AGENDA FOR MEETING

Operations Quarterly Report	Financial performance year end 2021/22	Financial position for month 1
Post production lost hours – deep dive report	Monthly Integrated Quality and Performance Report	Integrated Medium Term Plan: Outturn for 2021/22
Risk Management and Corporate Risk Register	Project Assessment Review – Mobile vehicle data solutions	Decarbonisation and sustainability update
IFRS16 – lease accounting	Internal Audit tracker report and reviews	

COMMITTEE ATTENDANCE

Name	16 May 2022	18 July 2022	19 Sep 2022	14 Nov 2022	16 Jan 2023	20 March 2022
Kevin Davies						
Bethan Evans						
Joga Singh						
Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks						
Andy Haywood						
Wendy Herbert	Jonathan Turnbull-Ross					
Liz Rogers	Catherine Goodwin					
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member



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PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	26 May 2022
Committee Meeting Date	10 May 2022
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. This Committee heard during the meeting of the **significant impact on staff and patients as a result of system pressures**, and particularly as a consequence of delays in handover at Emergency Departments.
2. **PADR** (Personal Annual Development Review) rates for March 2022 declined to 51.46% which is well below the 85% target. A revised approach to PADRs is being developed in partnership with a focus on how it can best support development and wellbeing, supported by an electronic solution linked to the learning management system within the ESR (electronic staff record).

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. The **staff story** at this meeting was presented by Lisa O'Sullivan, Senior Paramedic in Cardiff and the Vale. Lisa explained the split of her role which encompassed operational ride outs, clinical governance, and CHARU (Cymru High Acuity Response Unit) which sees her responding to the most critical calls. The Committee heard of the training which the Senior Paramedics provide, including airway training and practical obstetric multi-professional training. ROSC (return of spontaneous circulation) rates have increased from 8.5% in Cardiff and the Vale to 40% after the introduction of the Senior Paramedic role. Whilst there are challenges such as role allocation, geographical spread and workload, there has been positive feedback from colleagues following the introduction of the role.
4. The **quarterly updates** from the Interim Director of Workforce and Organisational Development and the Director of Operations were received with details on staff wellbeing and the offers in place and being taken up by colleagues. The effect on call handlers of an inability to send a resource to callers was discussed in some detail as was the support in place for them. The Trust Board will hear the staff experience from two call handlers at the May Board.
5. Oversight of **health and safety** was transferred to the Committee from the Quality, Patient Experience and Safety Committee from 1 April 2022. The Committee received an overview of the transformational efforts underway with the Working Safety Programme, and key matters for consideration, scrutiny and support which will inform its work programme for 2022/23.
6. Notwithstanding the corporate risk related to maintaining effective and strong **Trade Union Partnerships** increasing in its risk rating, the Committee was informed that management and the Trade Unions are working in a positive and constructive way to enable the Trust to meet and deliver



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on its organisational objectives. Attached to this report is the Trade Union Annual Report which highlights the key areas of activity during 2021/22 and the significant amount of work which took place through the Trade Union Cell. Revised terms of reference of the statutory advisory group (WAST Partnership Team) is underway. This, coupled with the development of an inclusive partnership working action plan will be an opportunity to build on successes and address challenges in relationships that risk future success.

7. Progress to reduce existing **disciplinary cases** and to ensure any new allegations are dealt with appropriately at initial assessment stage was noted. There has been an increase in requests for resolution in accordance with the Respect and Resolution Policy since it was introduced in June 2021, however no particular themes and trends have been identified. A review was undertaken of the learning from recent employee relations cases to improve the experience for those facing investigation and challenge any perceived blame culture and improve how we learn lessons from incidents, or when things go wrong. The Committee received the recommendations from the review which align to the principles of a just culture and includes a range of pre-investigation processes.
8. **Hannah Rowan**, Non-Executive Director, attended her first meeting of the Committee. **Andrew Challenger**, Assistant Director Professional Education and Training was thanked for his support of the Committee and to the Trust as this was the last meeting before his retirement.

ASSURE

(Detail here any areas of assurance the Committee has received)

9. **Sickness absence levels** saw a slight decrease for March 2022 to 11.88% (from 12.45% in December 2021 which was the last reporting period for the Committee). The **Improving Attendance** programme of work which is in place to address a significant increase in sickness absence levels was reported as being on schedule against the plan, with assurance that progress to date is in line with what was planned and is achievable. Automated processes are being explored which will improve data quality, timelines for the provision of information and enable the Workforce and Organisational Development Team to focus on support, advice and guidance to colleagues. A pilot project for colleagues in Conwy and Denbighshire to call their manager rather than 'resourcing' when reporting sickness is underway and a review of the impact of this will be reported to the next Committee meeting. However early indications are positive from a staff welfare perspective. Capacity to increase skill and capability for managers to support staff to improve attendance is in place. The Committee, as well as the Executive Management Team, will continue to monitor progress against the programme, as well as trends and themes.
10. **Recruitment timelines** continue to exceed the All Wales national target of 71 days, currently at 123 days. Whilst this is partly due to high volume, reports are being reviewed to remove any anomalies and advice on guidance for reducing time to hire for recruiting managers developed.
11. The Committee reviewed the **audit tracker** and the **internal audit review on Recruitment Practices – Equality, Diversity and Inclusion** dated February 2022 and which received reasonable assurance. Whilst it was noted that Welsh language was not particularly included in the scope of this audit, the Committee noted the intention to work closely with the Equality, Diversity and Inclusion Steering Group to ensure Welsh language has a strong presence in their work.
12. The Welsh Language Advisory Group alerted the Committee to a **significant increase in translation costs** and the intention to centralise translation services in house during 2022. The 111 service was commended for the work they are doing in the promotion of Welsh.
13. In private session the Committee reviewed progress on **suspensions over four months** for six Trust



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employees and were assured on actions in place to manage these.

RISKS

Risks Discussed: The following corporate risks were discussed:

160 – high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service, which has increased in risk rating from 16 (4x4) to 20 (5x4). See the assure section regarding the improving attendance programme which it is intended will mitigate this risk. **201** – damage to the Trust's reputation following a loss of stakeholder confidence has remained static in its score of 15 (3x5). The Committee supported the rearticulation of the risks and increases in scores on risks 160 and 163.

New Risks Identified: **163** – maintaining effective and strong Trade Union Partnerships was added to the Corporate Risk Register following an increase in risk rating from 9 (3x3) to 12 (3x4).

COMMITTEE AGENDA FOR MEETING

Director of Workforce and Organisational Development Update	Operations Quarterly Report	Staff Story – Senior Paramedic Role
Corporate Risk Register	Absence Management Action Plan	Trade Union Partnership Arrangement Update
Monthly Integrated Quality and Performance Report	Workforce Performance Scorecard Report (including PADR performance and 22/23 approach)	Working Safely Programme Introduction
Committee Priorities 2022/23	Internal Audit Tracker; Internal Audit report on recruitment practices (EDI); audit plan in remit of the Committee for 22/23	Welsh Language Advisory Group Report
Learning from recent disciplinary cases	Trade Union Partners Annual Report	Minutes of Sub-Groups

COMMITTEE ATTENDANCE

Name	10 MAY 2022	06 SEPT 2022	29 NOV 2022	21 FEB 2023	[insert date]
Paul Hollard					
Bethan Evans	From 10.50am				
Joga Singh					
Hannah Rowan					
Catherine Goodwin					
Chris Turley					
Lee Brooks					
Estelle Hitchon					
Andy Swinburn					
Wendy Herbert					
Alex Crawford	Hugh Bennett				
Trish Mills					
Angela Roberts					
Paul Seppman					
Craig Brown					
Ian James					

	Attended
	Deputy attended
	Apologies received
	No longer member



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The Welsh Ambulance Service Trade Union Partner Cell Activity Report

Annual Report (April 2021 – March 2022)

Our story so far in 2021/22
and our next steps



Contents

Contents	Page Numbers
What is the Trade Union Partner Cell?	3-4
Trade Union Partner Cell Membership, Frequency and Attendance	5-6
Review of Trade Union Partner Cell Activity and Engagement	7-15
Spotlight	16
TUP Hot Topics	17
Reporting, Engagement and Communication	18
Conclusion and the Way Forward	19



What is the Trade Union Partner Cell?

Introduction

This report reflects the Trade Union Partner Cell role and functions and summarises the key areas of Trade Union partnership activity undertaken by the Welsh Ambulance Services NHS Trust between April 2021 and March 2022. The report highlights some of the key issues which the Trade Union Partner Cell intends to give further consideration to over the next 12 months.

Roles and Responsibilities of the Trade Union Partner Cell

The Trade Union Partner Cell was established in March 2020 as part of its pandemic infrastructure, it is the forum where the senior leadership team and Trade Union Partners (TUPs) work together to improve the Trust's services for the people of Wales. It is the principle partnership forum for the discussion of national priorities, strategies and where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. The broad term used to describe this is "partnership working". All members of the Trade Union Partner Cell are full and equal members, and collectively share responsibility for the decisions made by the forum.

The virtual Cell has worked in partnership through a number of important issues, and provides the formal mechanism for consultation, negotiation and communication between the TUPs and management. The Trust involves staff representatives in policy formulation, implementation and evaluation at a strategic and operational level and in service decisions, problem solving, service planning, local management meetings and communications. At the earliest opportunity, the organisation engages with staff representatives in all key discussions and decision-making processes.

In addition, the Trade Union Partner Cell adheres to the Trades Union Congress six principles of partnership; a shared commitment to the success of the organisation, a focus on the quality of working life, recognition of legitimate roles of the employer and the trade union, a commitment by the employer to employment security, openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation adding value, a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees.

What is the Welsh Ambulance Services Partnership Team?

Purpose of the Trade Union Partner Cell

The purpose of the Trade Union Partner Cell is to:

- Support and enable consistent and timely sharing and sense making of information across the four recognised trades unions and lead trade union partners, and
- Enable discussion and a representative view from all trades unions to be gathered and fed back to each group via a single representative (regardless of trades union affiliation) to facilitate timely and effective decision making.

Duties of the Trade Union Partner Cell

The Trust and the Trade Union Partner Cell accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. The TUPs and management show joint commitment to the success of the organisation with a positive and constructive approach. The Trade Union Partner Cell provides the formal mechanism for consultation, negotiation and communication between the recognised TUPs, their members and management of the Trust.

Trade Union Partner Cell Agenda Planning Process

The Management and TUPs Secretary are responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of Management and TUPs Chairs.

The Deputy Director of Workforce and OD acts as Chair and Management Secretary and is responsible for the maintenance of the constitution of the Trade Union Partner Cell membership, the circulation of agenda and minutes and notification of meetings.

The agenda and any papers for the Trade Union Partner Cell are circulated to all attendees during the week prior to the meeting.



Trade Union Partner Cell Membership, Frequency and Attendance

All members of the Trade Union Partner Cell are full and equal members and collectively share responsibility for its decisions.

Trade Union Partners

Representation from UNISON, UNITE, GMB and RCN should reflect the distribution and staff groups employed within the Trust's workforce.

All Trust TUPs are nominated via their Trade Union, from the membership in their Division. The TUPs must be employed by the Welsh Ambulance Services NHS Trust, and be accredited by their respective Trade Union organisation. If a representative ceases to be employed by the Trust, then they automatically cease to be a member of the Trade Union Partner Cell. Full time officers of the recognised Trade Unions will also be invited to attend meetings of the Trade Union Partner Cell.

Management

The TUP Cell is chaired by the Deputy Director of Workforce and OD, supported by members of the Assistant Directors Leadership Team and Executive Director attendance as required. This includes:

- ❖ Director of Paramedicine
- ❖ Executive Director of Finance & Corporate Services
- ❖ Assistant Directors, Operations
- ❖ Assistant Director of Planning & Performance
- ❖ Director of Quality & Nursing
- ❖ Assistant Director of Quality Governance
- ❖ Director of Partnership & Engagement



Trade Union Partner Cell Membership, Frequency and Attendance



Other Attendees

Additional members may be co-opted to the Trade Union Partner Cell by agreement between the joint secretaries, including representatives from the TUPs team with expertise in particular issues.

The Workforce and OD Department provide the secretarial support for the meeting and in addition to the secretarial support, two members of the Workforce and OD department attend the meetings.

Attendance

Every effort has been made by all parties to maintain a stable membership of the Trade Union Partner Cell. There should be 50% attendance from both parties for the meeting to be quorate. If the meeting is not quorate no decisions can be made but information may be exchanged.

Consistent attendance and commitment to participate in discussions is essential. Since 15 June 2021 and in line with the Trust's "monitor" phase, the frequency of the Trade Union Partner Cell meeting continued to be fortnightly. Further to operational/service demands during the pandemic and escalation to REAP Level 4, the meeting frequency increased to a weekly basis, with effect from 4 January 2022, subject to review, with consideration of the de-escalation to REAP Level 3. The meeting is now chaired by the Deputy Director of Workforce and OD, supported by members of the Assistant Directors Leadership Team and executive director attendance as required. As part of this trial, the Trade Union Partner Cell also provided an opportunity to constructively discuss non-COVID agenda items.

Review of TUP Cell Activity and Engagement

The TUP Cell has continued to cover a wide range of activity and focussed on Trust Strategic and Operational issues. TUP Cell has provided the opportunity to inform, discuss and appraise Trade Union Partners on the following issues over the past 12 months:

Moving from a “Monitor” phase to “Recovery”: Our COVID-19 Pandemic Response

Trade Union Partners and senior leaders have worked together to make a significant difference and help to ensure that the effects of the pandemic have been minimised and that we continue to deliver high quality, safe patient care. A partnership working approach has been essential to support with educating, informing, protecting and equipping our workforce, and to limit the transmission of COVID-19. We have also discussed how we can further support the mental health and wellbeing of our workforce during these challenging times, through existing and new initiatives.

The Trade Union Partner Cell has created a more timely and responsive way for us to work together to improve the Trust's services for the people of Wales. We will continue to enable the discussion of national priorities, strategies and enable key stakeholders to engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

Clinically Extremely Vulnerable Staff Returning to Work

- The TU Cell provided a forum for regular dialogue between TU Partners, management and the WOD Team regarding how clinically extremely vulnerable staff (those who were shielding) could be supported in their return to work. The Wellbeing Team hosted sessions for colleagues who were returning to work after shielding.
- An Action Card was developed to assist managers and staff, and individuals were signposted to the All-Wales Covid-19 Risk Assessment.

COVID-19 Commemorative Coin

Staff and volunteers who worked during the first wave of the pandemic were presented with a COVID-19 commemorative coin, commissioned with funds from Sir Tom Moore's charitable donation. The TUP Cell were supportive of this small gesture to thank everyone at TeamWAST for their dedication during the pandemic.



Review of TUP Cell Activity and Engagement

COVID-19 Action Card updates for Managers and Staff

The TUP Cell were regularly made aware of new and updated COVID-19 Action Cards for managers and staff to refer to for practical guidance during the pandemic. This provided attendees with the opportunity to raise queries and feedback any issues or concerns.

AACE Survey

The TUP Cell were encouraged to raise awareness of the Association of Ambulance Chief Executives (AACE) Survey on Infection Prevention Control (IPC), which will provide data and information on attitudes, perceptions, and concerns regarding IPC in the pre-pandemic and pandemic era.



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CHIEF EXECUTIVES

FIT Testing Improvement Project

Regular updates on developments to assist with FIT Testing improvements within the Trust were shared at the TUP Cell. This is an important piece of work to ensure that all employees who may need to wear Respiratory Protective Equipment (RPE) have access to suitable equipment and have received competent FIT testing and training in its use.

Military Support

Throughout the pandemic, the TU Cell has acknowledged the extraordinary system pressures on our staff. Ahead of winter and the emergence of the Omicron variant, the Trust secured military assistance for the third occasion to increase emergency ambulance capacity across Wales. The final cohort of military colleagues completed their last shift on 30 March 2022.

Discussions at TUP Cell acknowledged that the media had reported on concerns raised by staff who were concerned about the system pressures and the safety of working with non-clinical military support.

Whilst it was recognised the way in which these concerns had been raised was disappointing, TUPs understood these concerns and have been raising similar concerns frequently at TU Cell. A formal Respect & Resolution was submitted on behalf of members from all 4 Trade Unions. It was acknowledged there are pockets of unhelpful management behaviour and we are keen to work together in partnership to address and consider how concerns are raised, as part of future developments to continue to support with appropriate behaviour at all levels across the organisation, in line with the refreshed TeamWast Behaviours.

Review of TUP Cell Activity and Engagement


Mental Health Innovation

The results of the 2020 **Staff Survey** were published in Spring 2021, and a different approach to the analysis was taken. Each Directorate nominated a staff survey champion who was responsible for initiating conversations throughout their teams and leading on meaningful responses.

WAST held its first **Wellbeing Week** in November 2021, and a check in with colleagues took place. The 315 colleagues who took part, have helped shape the WAST Wellbeing offer.

Awareness of women's health issues is growing due to the active **Women's Health Group** that meets biweekly.

Tailor built for WAST, the wellbeing app **Thrive** is now downloaded onto all Trust iPads but can be accessed on any device.



A collaboration with the charity **Mind Over Mountains** has provided colleagues with the opportunity to join a guided hike that encompasses mental health support.

Health engagement and promotion activity continues to increase. **Therapy Dog** visits take place across sites on a weekly basis. The Wellbeing Team continue to carry out **face-to-face visits** on a weekly basis.

The **Long Covid Support Group** connects TeamWast with North West Ambulance colleagues and remains a platform of support for those affected.

Project Zen was implemented at 3 Clinical Contact Centre sites during the Christmas 2021 period to support colleagues working over the festive period and into a challenging New Year. The first **Wellbeing chat podcast** was also launched across 111.

Review of TUP Cell Activity and Engagement

Operations Restructure

TUP Cell members were involved in shaping and influencing the roles and structures within the Operations directorate. This has helped to ensure that the organisation can respond to the changing and developing needs of the broader health system in Wales, providing the safest and most effective care as well as the best possible patient, service user, and staff experience.

#WithUsNotAgainstUs



I can't fight for their life if I'm fighting for mine.

#WithUsNotAgainstUs

The TUP Cell were encouraged to raise awareness of the Joint Emergency Services Anti-Violence Campaign #WithUsNotAgainstUs, which was launched to ask the public to treat emergency workers with respect.

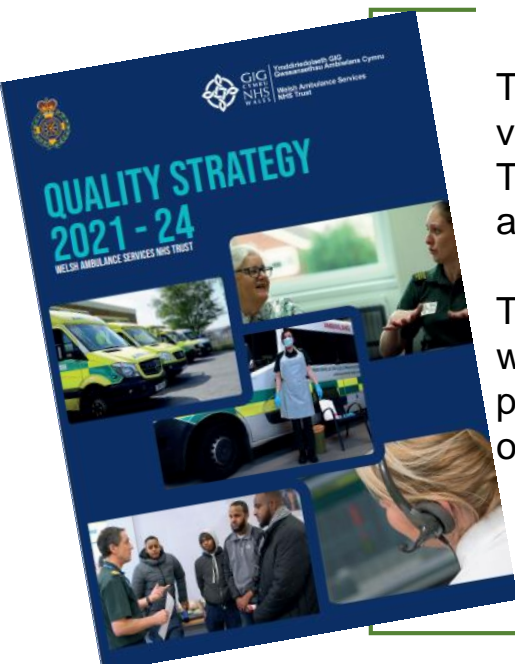
It comes as new data has revealed that assaults on emergency workers in Wales are on the rise.

More than 4,240 assaults were committed against emergency workers, including police, fire and ambulance crews, in the period April 2019 – November 2020, representing a monthly average increase from 202 in 2019 to 222 in 2020, or 10%.

Quality Strategy 2021-24

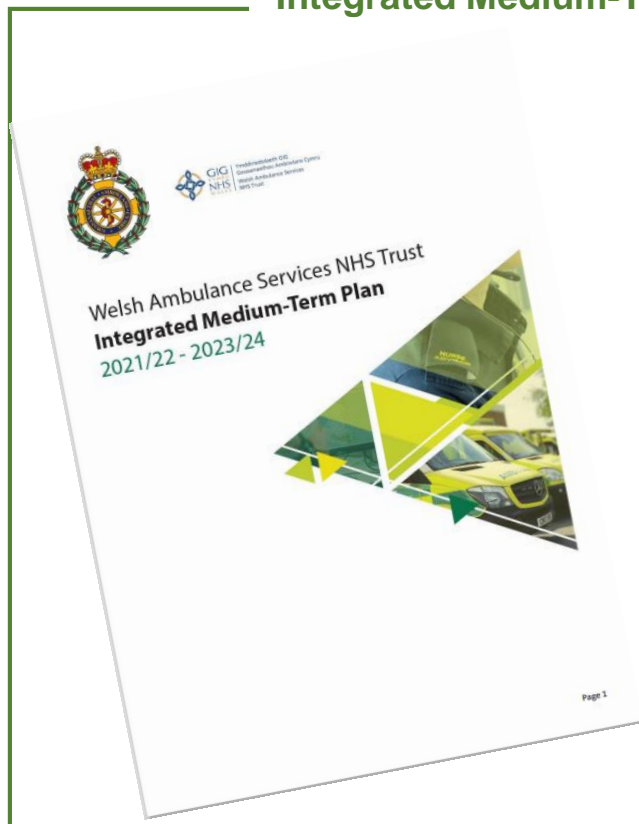
The WAST Quality Strategy, which sets out our vision for the future of WAST, was presented at TU Cell for discussion, prior to it being considered at Trust Board for approval and implementation.

This vision has been shaped through engagement with our patients, staff and key stakeholders and places quality as a core fundamental for attaining our vision for delivering excellence.



Review of TUP Cell Activity and Engagement

Integrated Medium-Term Plan (IMTP) Updates



TUP Cell attendees were invited to comment on the proposed IMTP, as part of ongoing developments to work closely with partners and listen to colleagues and service users through the year to refine our ambition and service offer for the future,

The plan includes actions we must take to continue to respond to the ongoing impact of the pandemic.

As a result of learning from the last year, we will also be looking to develop longer term approaches to agile, flexible, and remote working and training.

Recruitment and Selection: Working towards a more Diverse Workforce

The TUP Cell were made aware of work to ensure we recognise the value and benefits a diverse workforce can bring to improving access and the quality of health care to patient satisfaction and increased innovation.

Honne Behaviour Work

Honne, a team of values-led, business psychologists, engaged with the TUP Cell to present their work to help reset the leadership culture and collective behaviours of TeamWast. The TUP Cell were supportive of plans to assist with building an inclusive and healthy workplace that delivers excellence, with a focus on compassionate, courageous, and collaborative conversations.

EMS Roster Review

The TUP Cell were updated on plans to ensure that we have a competent skill mix with all crews as part of the Roster Review. Senior Leaders and Trade Union Partners met together to agree an approach for undertaking an EMS roster review project across Wales. Trade Union Partners play an important role in shaping the project, as members of the Project Board, and in the selection of Working Time Solutions (WTS) as a partner.

Review of TUP Cell Activity and Engagement

NHS Wales and WAST Policies

TUP Cell members were encouraged to comment on new and revised Trust policies and note their approval via the group. The TUP Cell were also informed of NHS Wales Workforce policies which were to be formally adopted by the Trust. A number of Policies, Procedures, Plans and Agreements have been presented to the Cell as part of the formal approval route:

- Revised NHS Wales Special Leave Policy
- Revised NHS Wales Secondment Policy
- Revised Procedure for NHS Staff to Raise Concerns
- NHS Wales Pay Progression Policy
- Respect and Resolution Policy
- Recruitment and Retention Payment Protocol
- Command Policy
- Uniform Dress Code SOP
- Crewing Guidance SOP
- OPRU SOP
- Airway Policy
- Fire Safety Policy
- Purchase Card Policy
- Facilities Agreement
- Driving at Work Policy
- Lone Worker Policy
- Fuel Disruption Plan
- Race Equality Action plan



Allyship Programme

WAST launched the Allyship Programme in December 2021, with a commitment by the Board to take forward the allyship journey, demonstrating WAST's view of the importance of ensuring a diverse and inclusive organisation. The TUP Cell are fully supportive of the Allyship Programme and look forward to raising awareness of the initiative within the organisation.

Financial Position 2022/23

Details of the financial position for 2022/23 were shared with the TUP Cell. There is expected to be further significant financial pressure on the Trust, alongside the rest of the NHS in Wales, which we are expected to see from 2023/24 onwards, and will require a different approach to the delivery of savings and efficiencies.

Review of TUP Cell Activity and Engagement

Changes to the Urgent Care Assistant job title and role

The TUP Cell were apprised of a formal consultation process to review the Urgent Care Assistant (UCA) role. Staff were invited to comment on the proposed changes to the UCA role. Several comments were received and were carefully considered and tested for influence on the Job Description and the scope of practice as a result, with the implementation of the new Ambulance Care Assistant 2 (ACA2) role.

Staff Wellbeing in Clinical Contact Centres

The TUP Cell discussed how staff wellbeing in Clinical Contact Centres (CCC) could be supported. These concerns were addressed, and the TUP Cell were also apprised of the following initiatives:

Therapy Dog visits take place across sites on a weekly basis.

Project Zen was implemented at 3 Clinical Contact Centre sites during the Christmas 2021 period to provide a listening ear and wellbeing support for colleagues working over the festive period and into a challenging New Year.



Annual leave: Selling and Carry over

Given the significant service demands over the past two years, while employees have been supported and encouraged to take their leave, it is acknowledged that this has not always been possible, and service constraints have resulted in individuals accruing annual leave which they may not be able to take before the end of the leave year.

The process for selling annual leave and the carryover of annual leave into the next leave year was discussed at TUP Cell in terms of its consistent application throughout the organisation.

RPE Delivery Structure

The TUP Cell were made aware of further details regarding the RPE delivery structure within the organisation, to ensure the safety of staff and patients.

WAST has a responsibility to ensure that all employees who may need to wear Respiratory Protection Equipment (RPE) have access to suitable equipment and have received training in its use.

Review of TUP Cell Activity and Engagement

New job role: Duty Operations Manager

The TUP Cell were apprised of plans to roll out the **Duty Operations Manager** (DOM) role, to assist with the continued development and progression of the organisation. The aim of the role is to address a number of the fundamental challenges of the previous Clinical Team Leader (CTL) role, whilst enhancing the presence of frontline clinical leadership.



Coaching & Mentoring Framework & Aspiring Leaders Programme

Details regarding the Coaching & Mentoring Framework and Aspiring Leaders Programme were shared with the TUP Cell. A dedicated section of the intranet provides all the latest news on team development and qualification opportunities for both **coaching and mentoring**, as well as how to access formal coaching with a qualified coach from the Pure Coaching Network.

The TUP Cell were also made aware of details regarding the **Aspiring Leaders Programme**, an exciting development opportunity aimed at the leaders of tomorrow.

Incident Response Plan for EMT

Details regarding the Incident Response Plan for EMT were shared with TUP Cell members,

The Incident Response Plan provides a framework for WAST to respond to incidents within Wales, including major, mass casualty incidents and incidents that require a specialist response.

MDVS Full Business Case

The Mobile Data Vehicle Solution (MDVS) Full Business Case was shared with TUP Cell members. MDVS is a project within the Operational Communications Programme (OCP) to replace the current MDT screens in all WAST fleet. WAST transition is planned to begin in September 2022 with an anticipated 18 month roll out across all fleet. Training for MDT users will be offered ahead of the roll out across the organisation.

Social Partnership and Public Procurement (Wales) Bill

A consultation response on draft legalisation to strengthen and promote consistency in the Welsh system of **social partnership** to deliver fair work outcomes, and to ensure socially responsible public procurement, was drafted in partnership with nominated trade union colleagues and senior management as part of the consultation process. WAST is supportive of the proposal to put social partnership arrangements on a statutory footing in legislation will build on our Welsh social partnership between employers and Trade Unions, to achieve mutually agreed goals, to the benefit of Wales.

Review of TUP Cell Activity and Engagement

Partnership Working: TUP Cell and WASPT

Towards the end of the reporting year concerns were raised by TUPs around Partnership working and the functionality of the TU Cell. Despite facilitated engagement sessions from IPA in June 2021 to address previous issues, there was a general feeling partnership working had not improved. Going forward with a commitment from both parties to try and resolve some of these delicate issues ACAS have been asked to help facilitate discussions. Sessions have now been arranged for the middle of June.

Ongoing discussions have highlighted that the current partnership forum of the TUP Cell needs to change in order to strengthen and improve partnership working.

This is an opportunity to emerge stronger from the coronavirus pandemic, with a refreshed Terms of Reference which aligns with the development of cycles of business and better meets the needs of our stakeholders to improve services for both our employees and patients.

An effectiveness review of the local partnership forum is therefore being undertaken to inform changes to the Terms of Reference, as part of a wider piece of work which is being undertaken by the Board Secretary to review the Committee Structure.



Spotlights

COVID-19

ESR COVID-19 data
FIT Testing compliance
Reporting of live cases

WAST Staff Awards

Partnership Working

Discussions have been ongoing in relation to:

- Modernisation Proposals, including rest breaks and end of shift arrangements, and time for CPD
- Job Description reviews

Homeworking

Policy Development

Health & Wellbeing

The TUPs were involved in the development of a number of Health and Wellbeing initiatives. These include:

- ❖ TRiM Programme
- ❖ #WASTkeep talking Portal
- ❖ Long Covid Support Group
- ❖ COVID-19 vaccinations
- ❖ Flu jab campaign
- ❖ TASC
- ❖ Mind Blue Light
- ❖ Mind Over Mountains
- ❖ Women's Health Group
- Suicide Prevention Self-audit Tool for the organisation
- Road to Recovery Group

Facilities Agreement

The Facilities Agreement for Trade Union Partners was reviewed to clearly reflect agreed process and practices, alongside a recommended standardised process to request and record Trade Union time.

TUP Hot Topics

**EMS Transition
Plan**

**Online
Transfer List**

**Pay and annual
leave carry
over/selling
arrangements**

**Military
support**

**FIT Testing
Improvement
project**

**Inter-site
transfers
across Wales**

**Cohort
modelling**

**Secondary
assignments**

**Overtime
and pay
during
annual leave**

**Night working
survey**

Working Safely

**COVID-19
Action Cards and
updates for
managers and
staff**

**Developing
inclusive
partnership
working
workshops**

Reporting, Engagement and Communication

The terms of reference for WASPT require that an annual report on its partnership activity be presented to the Trust Board through the People & Culture Committee within three months of the end of the reporting year, setting out its activities during the year and detailing the results of a review of its performance and that of any sub fora it has established (e.g., Employment Policy Sub-Group).

The Chief Executive, Director of Workforce & OD and TUPs meet on a monthly basis to discuss TUP activity, ongoing issues and any matters arising.

The TUPs meet regularly to discuss hot topics. In addition, staff were invited to attend the meeting to discuss their items. This included:

- ❖ COVID-19 Action Cards to support managers and staff
- ❖ Flu vaccinations
- ❖ Mechanical CPR
- ❖ Crew Welfare Plan
- ❖ Safeguarding investigations
- ❖ Digital Road Map
- ❖ ATP Swabbing
- ❖ Staff redeployment
- ❖ Recruitment
- ❖ Changes to the system for ordering supplies
- ❖ Health and Safety Transformation Plan 2021-26
- ❖ Estates Strategic Outcome Programme (SOP)
- ❖ Overpayments



Conclusion and Way Forward

The Trust Board and the Senior Management Team recognise the benefit and appreciate the engagement and participation of TUPs in the activities of the TUP Cell and other Trust meetings and activities. The positive and constructive way in which they have contributed has enabled the Trust to meet and deliver on its organisational objectives.

The next twelve months again provides opportunities and challenges for the TUP Cell. There is a need to continue to build on successes and address the challenges in relationships that risk future success and that way new and emerging workforce and service priorities and pressures can be addressed.

Future Proposed Activity

We are in the initial stages of developing an inclusive Partnership Working Action Plan. Some of the key actions we have discussed to take forward over the next twelve months include the following:

- ❖ Decide on the right model of partnership for WAST and then define what partnership is and isn't
- ❖ Look at how we can move forward together
- ❖ Embed partnership as business as usual activity
- ❖ Strengthen the organisational structure that supports and encourages partnership working
- ❖ What do we call ourselves?
- ❖ Clarify function of the Partnership Forum (local and Trust level) to avoid uncertainty and conflict.
- ❖ Clearly communicate across the organisation when decisions are made.
- ❖ Make partnership more visible – help people to understand what happens, what we discuss and how we do it.
- ❖ Clarify our Shared Purpose
- ❖ Model the behaviours we want to see embedded across the organisation

*“If you want to go fast, go alone
If you want to go far, go
together”*





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ACADEMIC PARTNERSHIP COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	26 th May 2022
Committee Meeting Date	26 th April 2022
Chair	Professor Kevin Davies

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. No alerts raised from this meeting.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The Committee discussed the benefits and limitations of the apprenticeships landscape from an education and training perspective. The different funding models between England and Wales were explored as was the potential for the Trust to become a Welsh Government contract holder after the current contracts to further education colleges and training providers expire in 2025, and to expand the apprenticeship model beyond the Emergency Medical Technician roles. Initial discussions on future income generation opportunities were also held including the selling of space on clinical programmes, which is advancing.
3. The Committee commended the team for its educational offer to staff and agreed to hold its next meeting at Matrix House to give members the opportunity to see the facilities and offering firsthand. It was re-emphasised that the focus of education and training opportunities should be organisational wide and not restricted to clinical colleagues.
4. We were joined at this meeting for the first time by Non-Executive Director Hannah Rowan, and Trade Union Representative Members Mark Marsden and Craig Brown.
5. Communication lines remain open with Welsh Government regarding the application for University Trust Status and with University Wales regarding representation from academia on the Committee. The Committee will continue to monitor progress.
6. The Committee is aware that there is potential for cross-over in the matters before it with other Board Committees and is mapping this to ensure quality and workforce matters in particular are not duplicated.

ASSURE

(Detail here any areas of assurance the Committee has received)

7. Ed O'Brien (Macmillan Paramedic End of Life Care Lead) and Rosana Ashford (Palliative Care Paramedic) joined the meeting for a Committee focus on University Trust Status Priority 2: 'Advanced



Practice and Specialist Working, Consult and Close and Service Transformation, including Research'. They gave a presentation on the work of the Specialist Palliative Care Paramedics and the rotational model which splits a paramedic's time between WAST front line duties and palliative care in Swansea Bay University Health Board. Members were assured that the service was embedding well, and data is being gathered to inform the introduction of the model in other Local Health Boards. The Committee discussed the exciting opportunities this model posed for education and research and the positive impact it is having on patients.

RISKS

Risks Discussed: No risks raised

New Risks Identified: No risks raised

COMMITTEE AGENDA FOR MEETING

- | | | |
|---------------------------------|--|-------------------------|
| 1. Apprenticeship status update | 2. University Trust Status Priority
1: Specialist Palliative Care
Paramedics | 3. Committee Priorities |
|---------------------------------|--|-------------------------|

COMMITTEE ATTENDANCE

Name	26 April 2022	19 July 2022	25 Oct 2022	17 Jan 2023	[insert date]
Prof Kevin Davies					
Paul Hollard					
Martin Turner					
Hannah Burch					
Catherine Goodwin	part meeting				
Estelle Hitchon					
Andy Swinburn					
Jonathan Turnbull-Ross					
Trish Mills					
Craig Brown					
Mark Marsden					
Duncan Robertson					

	Attended
	Deputy attended
	Apologies received
	No longer member



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CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	26 th May 2022
Committee Meeting Date	5 th May 2022
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. The engagement of a **charity consultant** to provide recommendations for the charity's strategic direction will be re-tendered due to a conflict of interest which has arisen between the preferred consultancy and the Chair of the Committee. It was agreed to re-issue the tender, noting that this will delay the start of the review.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. A **task and finish group** will be established to make recommendations to the Committee regarding appropriate models for holding charitable funds, the potential for devolving authority to fund managers in the Trust, and associated governance requirements as the charity's strategy is formed.
3. Plans are in place for the **2021/22 charity accounts** to be shared with Audit Wales to facilitate the agreed first full audit in Q3. The finance team are engaging with Audit Wales to work through the issues previously raised to Trustees that Audit Wales anticipate difficulty being able to evidence opening balances with this first isolated year audit, which may result in a qualification in this area of the accounts.
4. The **Bursary Panel** terms of reference were approved by the Committee as were six historical applications (from March 2020) against the bursary fund from staff. These included both clinical and non-clinical development opportunities for staff and ranged from the full amount requested to part funding. The total of the bids approved was £5,814. The new terms of reference provide that the Bursary Panel is delegated authority to approve bids up to £3K per application and they will be reported to the Committee at the next opportunity.

ASSURE

(Detail here any areas of assurance the Committee has received)

5. For the year ended 31st March 2022 the **fund balance** is £553K with income of £77K and expenditure of £261K in year including the ambulance of £185K and £54K for the Covid-19 commemorative coins. Income included an overall investment gain of the year of £42K following the stock market recovery after Covid-19, with the value of the COIF Charity Investment Fund units at £398K (up from £356K in 2020/21).



6. The **Bids Panel** approved five bids at their April meeting including a pressure washer, retirement buffet and thank you cards for WISH ambulance volunteers and partner organisations.

RISKS

Risks Discussed: No specific risks were discussed however the Committee agreed that a review of risks specific to the charity would be a part of the Committee's usual cycle of business.

New Risks Identified: None identified

COMMITTEE AGENDA FOR MEETING

Finance Update	Strategic Review Update	Bursary Panel Closing of Applications
Bursary Panel Terms of Reference	Charitable Funds Task and Finish Group	Bids Panel Highlight Report

COMMITTEE ATTENDANCE

Name	5 May 2022	6 July 2022	10 Oct 2022	9 Jan 2023	[insert date]
Ceri Jackson					
Bethan Evans					
Prof Kevin Davies					
Hannah Rowan					
Chris Turley					
Lee Brooks					
Catherine Goodwin					
Estelle Hitchon					
Andy Swinburn					
Trish Mills					
Hugh Parry					
Damon Turner					
Julie Boalch					
Andrew Challenger					

	Attended
	Deputy attended
	Apologies received
	No longer member



REMUNERATION COMMITTEE TO PUBLIC TRUST BOARD

This report provides the Board with key escalation and discussion point at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	26 May 2022
Committee Meeting Date	10 May 2022
Chair	Martin Woodford

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. There were no alerts to raise from this meeting.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. The Committee held an extraordinary meeting to agree the remuneration for the newly appointed Executive Director of Quality and Nursing.

ASSURE

(Areas of assurance the Committee has received)

3. Not applicable for this meeting.

RISKS

Risks Discussed: N/A

New Risks Identified: N/A

COMMITTEE AGENDA MEETING

Executive Director of Quality and Nursing		
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COMMITTEE ATTENDANCE

Name	10 May 2022	14 June 2022	6 Oct 2022	7 Dec 2022	7 Mar 2023
Martin Woodford					
Prof. Kevin Davies					
Bethan Evans					
Paul Hollard					
Ceri Jackson					
Joga Singh					
Martin Turner					
Craig Brown					
Damon Turner					
Jason Killens					
Trish Mills					



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Catherine Goodwin	Liz Rogers				
Damon Turner					
Chris Turley					

	Attended
	Sent Deputy
	Apologies
	No longer a member.



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AGENDA ITEM No	11
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	26 th May 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/ Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Trust Board with an update in respect of activity relating to the Trust's Corporate Risks.

RECOMMENDATION:

2. **Members are asked to consider the report and note the following:**
 - a) **The Trust's rearticulated Corporate Risks including titles, summary descriptions and scores.**
 - b) **The increase in score of Risk 160 from 16 to 20.**
 - c) **The increase in score of Risk 201 from 15 to 20.**
 - d) **The increase in score of Risk 245 from 15 to 16.**

KEY ISSUES/IMPLICATIONS

3. This paper sets out the outcome of the work that has been undertaken to date to strengthen and rearticulate the Trust's Corporate Risks including new titles, summary descriptions and scores which the Trust Board is asked to note.
4. A review of each Corporate Risk score has been undertaken by mapping each control to related assurances and by identifying any gaps in these as well as any actions that can be taken to further mitigate the risk. As a result of this, 3 scores have increased.
5. The Trust has recently undergone an Internal Audit review on Risk Management & Assurance and received a Reasonable Assurance rating.
6. The Executive Management Team (EMT) received formal, monthly feedback from the Assistant Director Leadership Team (ADLT) on activity relating to the corporate risks for approval.
7. Furthermore, each of the Corporate Risks were considered by the following Committees, as relevant to their remit, during the reporting period:
 - a) **People & Culture Committee** (10th May 2022)
 - b) **Quality, Safety & Patient Experience** (12th May 2022)
 - c) **Finance & Performance Committee** (16th May 2022)

REPORT APPROVAL ROUTE	
8.	<p>The report has been considered by:</p> <ul style="list-style-type: none"> • ADLT – 21st March 2022 • ADLT – 22nd April 2022 • EMT – 11th May 2022

REPORT ANNEXES	
9.	An SBAR report is attached to this Executive Summary.
10.	Annex 1 - Summary table describing the Trust's Corporate Risks.
11.	Annex 2 - Risk Matrices.

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

1. The purpose of this report is to provide an update in relation to the Trust's Corporate Risks with a particular focus on the work that has taken place to rearticulate and strengthen these.
2. A summary report describing each of the corporate risks as of 12th May 2022 is detailed in Annex 1 as an extract from the Corporate Risk Register (CRR).

BACKGROUND

3. The Risk Management and Board Assurance Framework Transformation Programme was supported as the direction of travel at the Audit Committee in December 2021 and has been included in the Integrated Medium Term Plan (IMTP) (2022/25). A progress report will be presented to the June 2022 Audit Committee as agreed.
4. The immediate priority was for a detailed review of the Trust's 5 highest scoring risks with the remaining corporate risks to follow. A programme of work has been undertaken to strengthen the articulation of the corporate risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
5. The Assistant Directors Leadership Team (ADLT) continue to review the risk assessments, which have been approved by the Risk Owner, on all new risks in addition to reviewing any changes to existing risks and mitigating actions, reporting activity to the Executive Management Team (EMT), Board Committees and Trust Board.

ASSESSMENT

6. There are currently 16 Corporate Risks on the register which are described in the summary table in Annex 1. The table sets out the rearticulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.

Highest Scoring Risks

7. The immediate priority of the transformation programme was to undertake a full review of the Trust's highest scoring risks: Risks 223, 224, 199, 316 and 160 which has been completed. New titles were determined, and the risks clearly articulated with new summary descriptions. The controls and assurances have been mapped together and any gaps identified. Further actions have been identified to mitigate the risks in addition to reviewing the scores and controls rating assurances.
8. The EMT has approved the rearticulation of each of the highest scoring Corporate Risks, which are included in the summary table in Annex 1, in addition to the approving the closure of Risk 316 from the CRR which was reported to the Trust

Board in March 2022.

9. The same process has been applied to the remaining 12 Corporate Risks on the CRR and these are described in the table in Annex 1 focussing on titles, summary descriptions and scores only. The full Risk detail will form part of the improved Board Assurance Framework (BAF) at the next Audit Committee meeting in June 2022 as agreed.

Closure and De-Escalation of Risks

10. No risks have been closed from the Corporate Risk Register or de-escalated to Directorate Registers since the last meeting in March 2022.

Changes to Risk Scores

11. The Board is asked to note that 3 Corporate Risk scores have increased due to the rearticulation of the risks and subsequent review of the controls, assurances, gaps and mitigating actions.
12. The Risks that have increased in score are Risks 160, 201 and 245 and these are described below. To support this, the Trust's Risk Matrices are included in Annex 2.
13. **Risk 160** - *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.*

***IF** there are high levels of absence*

***THEN** there is a risk of a reduced resource capacity*

***RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience.*

14. The Risk Owner and ADLT recommended the risk score be increased from 16 (4x4) to 20 (5x4) to reflect the significant, negative impact of absence on service delivery which impedes the Trust's ability to reach patients. The increase in score was approved by the EMT.
15. **Risk 201** - *Damage to Trust reputation following a loss of stakeholder confidence.*
The previous title was *Trust Reputation*.

***IF** the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations*

***THEN** there is a risk of a loss of stakeholder confidence in the Trust*

***RESULTING IN** damage to reputation and increased external scrutiny.*
16. The Risk Owner and ADLT recommended the risk score be increased to 20 (4x5) from 15 (3x5) as the ability to mitigate issues outside of the organisation are not within WAST's control these are contributing to the effects on the Trust's reputation. The increase in score was approved by the EMT.

17. **Risk 245** - *Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations.*

IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident

THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation, and facilities

RESULTING IN *potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005).*

18. The Risk Owner and ADLT recommended the risk score be increased to 16 (4x4) from 15 (3x5) given the potential impact on patients and staff. The increase in score was approved by the EMT.

Escalation and De-escalation of Risks

19. No risks were approved for escalation to the Corporate Risk Register or de-escalated to Directorate Registers during this reporting period.

Further Review of Risks

20. Work is ongoing to consider and develop potential new Risks for inclusion on the CRR and consideration will be given during the coming weeks to the following:

- *Patient Safety/Putting Things Right Team*
- *NHS Decarbonisation*
- *Supply Chain Issues – Digital Equipment*
- *Securing Stakeholder Support to Deliver the Strategy and IMTP*
- *Capacity to deliver change (IMTP)*
- *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP)*
- *Staff health and wellbeing in the face of continued pressure (IMTP)*

Board Assurance Framework

21. One element of the Risk Transformational Programme was to develop a transitional BAF that focusses the Board on the key risks that might compromise the achievement of the Trust's strategic objectives.
22. A new BAF will be populated with the 16 Corporate Risks and presented to the Audit Committee in June 2022. As the Trust's risk maturity advances this template will be used to capture the risks to the strategic objectives and will be cross-referenced to the principal corporate risks.

Internal Audit Review



23. The Trust has recently undergone an Internal Audit review on Risk Management & Assurance which received a Reasonable Assurance rating. This will be presented to the Audit Committee meeting in June 2022.

RECOMMENDED:

24. **Members are asked to consider the report and note the following:**
- a) The Trust's rearticulated Corporate Risks including titles, summary descriptions and scores.**
 - b) The increase in score of Risk 160 from 16 to 20.**
 - c) The increase in score of Risk 201 from 15 to 20.**
 - d) The increase in score of Risk 245 from 15 to 16**



Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223	<p>The Trust's inability to reach patients in the community causing patient harm and death</p> <p>Previous title: <i>Unable to attend patients in community who require See & Treat</i></p>	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Director of Operations	<p>25 (5x5)</p> <p>➡</p>
224	<p>Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service</p> <p>Previous title: <i>Patients delayed on ambulances outside A&E Departments</i></p>	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	Director of Quality & Nursing	<p>25 (5x5)</p> <p>➡</p>
160	<p>High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service</p> <p>Previous title: <i>High Sickness Absence Rates</i></p>	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of Workforce & Organisational Development	<p>20 (5x4)</p> <p>⬆</p> <p>New score up from 16 (4x4)</p>
199	<p>Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation</p> <p>Previous title:</p>	<p>IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p>THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and</p>	Director of Quality & Nursing	<p>20 (4x5)</p> <p>➡</p>



CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
	<i>Compliance with Health and Safety legislation</i>	associated regulations and other statutory instruments RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		
201	Damage to Trust reputation following a loss of stakeholder confidence Previous title: <i>Trust Reputation</i>	IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations THEN there is a risk of a loss of stakeholder confidence in the Trust RESULTING IN damage to reputation and increased external scrutiny	Director of Partnerships & Engagement	20 (4x5)  New Score up from 15 (3x5)
139	Failure to Deliver our Statutory Financial Duties in accordance with legislation Previous title: <i>Non Delivery of Financial Balance</i>	IF the Trust does: <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage	Director of Finance & Corporate Resources	16 (4x4) 

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
244	<p>Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service</p> <p>Previous title: <i>Impact on EMS CCC service delivery due to estates constraints</i></p>	<p>IF the Trust is unable to increase accommodation capacity</p> <p>THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives</p> <p>RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience</p>	Director of Operations	<p>16 (4x4)</p> <p>➡</p>
245	<p>Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations</p> <p>Previous title: <i>Inability to maintain safe and effective services during a disruptive challenge due to insufficient capacity in EMS CCCs</i></p>	<p>IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident</p> <p>THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p>RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	<p>16 (4x4)</p> <p>⬆</p> <p>New Score Up from 15 (3x5)</p>
311	<p>Inability of the Estate to cope with the increase in FTEs</p> <p>Previous title: <i>Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH</i></p>	<p>IF the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed</p> <p>THEN there is a risk that the Estate will not be able to cope with the increase in FTEs</p> <p>RESULTING IN potential failure to achieve the benefits/outcomes of</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> <p>➡</p>

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		the programme and reputational damage to the Trust		
458	<p>A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning</p> <p>Previous title: <i>Confirmed commitments from EAST and/or Welsh Government required regarding funding for recurrent costs of commissioning to deliver the IMTP and/or additional services</i></p>	<p>IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis</p> <p>THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p>RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> 
260	<p>A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems</p> <p>Previous title: <i>Cyber Risk</i></p>	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p>THEN there is a risk of a significant information security incident</p> <p>RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	<p>15 (3x5)</p> 

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
100	<p>Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience</p> <p>Previous title: <i>Failure to collaborate, engage and reach agreement with EASC on ambitions and plans for WAST</i></p>	<p>IF WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p>THEN there is a risk of a delay or failure to receive funding and support</p> <p>RESULTING IN a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	<p>12 (3x4)</p> <p>➡</p>
163	<p>Maintaining Effective & Strong Trade Union Partnerships</p> <p>Previous title: <i>Trade Unions/Partnership Working</i></p>	<p>IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained</p> <p>THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p>RESULTING IN a negative impact on colleague experience and/or services to patients.</p>	Director of Workforce & Organisational Development	<p>12 (3x4)</p> <p>➡</p>
283	<p>Failure to implement the EMS Operational Transformation Programme</p> <p>Previous title: <i>EMS Demand & Capacity Review Implementation Programme</i></p>	<p>IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme</p> <p>THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p>	Director of Strategy Planning & Performance	<p>12 (3x4)</p> <p>➡</p>

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		
424	Prioritisation or Availability of Resources to Deliver the Trust's IMTP <i>Previous title: Resource availability (capital) to deliver the organisation's IMTP</i>	IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139) THEN there is a risk that there is insufficient capacity to deliver the IMTP RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing	Director of Strategy Planning and Performance	12 (3x4) 
303	Delayed administration of chest compressions to patients as part of resuscitation <i>Previous title: Delayed administration of chest compressions to patients as part of resuscitation</i>	IF there is no universal guidance issued in relation to the level of PPE required when administering chest compressions and no reduction in infection rates of Covid-19 THEN there is a risk of delayed administration of chest compressions to patients as part of resuscitation due to WAST ambulance crews continuing to wear level 3 PPE RESULTING IN potential patient harm and damage to the Trust's reputation	Director of Paramedicine	10 (2x5) 

Annex 2 – Risk Matrices

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

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

Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
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Likelihood					
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	May occur in exceptional circumstances, simple process, and no previous incidence of non-compliance.	Do not expect it to happen/recur but could at some time. Less than 25% chance of occurring.	Might happen or recur occasionally. 25-50 % chance of occurring; Previous audits / reports indicate non-compliance; Complex process; impacting factors outside control of organization.	Will probably occur/recur; 50-75% chance of occurring; impacting factors outside of the control of the organization.	Can be expected to occur in most circumstances; more than 75% chance of occurring; impacting factors outside of the control of the organization.

Risk scoring = Consequence x Likelihood					
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5



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Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	12.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

Financial Performance as at Month 12 / year end 2021/22

MEETING	Trust Board
DATE	26 th May 2022
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Navin Kalia (Deputy Director of Finance & Corporate Resources) Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board, for information, the Financial Performance Report for the 2021/22 financial year, as at Month 12 (March 2022) / year end. This is ahead of the 2021/22 audited accounts being presented to the Board for approval on 13th June 2022.

The report was also considered and noted at the Finance & Performance Committee (F&PC) on 16th May 2022 and Trust Board is asked to note and receive assurance on the financial out turn position of the Trust for 2021/22, subject to audit.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£75k) for the 2021/22 financial year (subject to audit);
- Capital expenditure was fully spent in line with updated plans;
- In line with the financial plans that supported the IMTP gross savings of £2.861m have been achieved against a target of £2.800m;
- Public Sector Payment Policy continues on track with performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- EMT – 11th May 2022
- F&PC – 16th May 2022
- Trust Board – 26th May 2022
- Trust Board – receipt of 2021/22 audited accounts – 13th June 2022

REPORT APPENDICES	
None	

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	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 12 2021/22

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31st March 2022 (Month 12 2021/22 and therefore the draft 2021/22 year end position), along with an update on the 2021/22 capital programme, both of which are subject to audit.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2021/22** (1st April 2021 – 31st March 2022) are that:
 - The revenue financial position reported is a small **underspend against budget of £0.075m** (subject to audit).
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.861m have been achieved against a target of £2.800m, thus a small **over achievement** of plan.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value** of non-NHS invoices paid within 30 days.
3. Any risks previously reported were continued to be reviewed and fully assessed right up to the year end, however there are now no reported financial risks included in the year-end position.

REVENUE FINANCIAL PERFORMANCE

4. The table below presents an overview of the financial position for the period 1st April 2021 to 31st March 2022.

Revenue Financial Position for the period 1st April - 31st March				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-266,469	-266,469	-268,432	-1,963
Expenditure				
Pay	185,977	185,977	183,814	-2,163
Non-pay	57,380	57,380	61,436	4,056
Total pay & non-pay expenditure	243,357	243,357	245,250	1,893
Depreciation & Impairments / interest payable & receivable	23,112	23,112	23,107	-5
Total	0	0	-75	-75

Treatment of Covid-19 spend

5. Due to the Covid-19 pandemic, the Trust has recorded additional unavoidable spend up to the Month 12 position totalling **£12.959m**, of which **£7.680m** are pay costs, and **£5.279m** are non-pay costs. This is in line with that suggested in the submitted financial Annual Plan within the IMTP.
6. A summary of the Covid-19 revenue costs reported in the Month 12 financial position are shown in the table below:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	7,680	7,680
Total Non Pay	5,279	5,279
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	12,959	12,959

7. All of this cost has been separately funded by Welsh Government.

Income

8. Reported Income against the budget set to Month 12 shows an overachievement of **£1.963m**.

Pay costs

9. Overall, the total pay variance at Month 12 is an underspend of **£2.163m**.
10. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£7.680m**.

Non-pay Costs

11. The overall non-pay position at Month 12 is a reported overspend of **£4.051m** against the previously set budget; this was due to overspend on fleet maintenance costs, fuel and taxis, along with planned additional non-recurring spend towards the year end as a result of other variances. As previously reported to Board, this predominantly accelerated spend from the 2022/23 financial year
12. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 12 totalled **£5.279m**. Areas of additional spend included:
 - Clinical and General Supplies, Rent, Rates and Equipment - £0.888m;
 - PPE - £1.232m;
 - Health care services provided by other NHS Bodies - £2.661m;
 - Cleaning Standards - £0.422m
 - Think 111 First Campaign - £0.030m
 - Six Goal Emergency Funding - £0.046m

Savings

13. In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.861m have been achieved against a target of £2.800m, thus an over achievement of plan.

Financial Performance by Directorate

14. Whilst there is a small surplus reported at Month 12 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies.
15. As would be expected and planned, some additional expenditure has been agreed through Q4 2021/22 to be managed through either the Trust reserves and contingencies, or other centrally held budgets within F&CR, as also highlighted in the table below.

Financial position by Directorate @ 31st March	Annual Budget £000	Year to date			
		Budget £000	Actual £000	Variance £000	Tolerance 5% %
Directorate					
Operations Directorate	134,569	134,569	134,471	-98	-0.1%
Chief Executive Directorate	1,895	1,895	1,871	-24	-1.3%
Board Secretary	340	340	312	-28	-8.1%
Partnerships & Engagement Directorate	702	702	659	-43	-6.1%
Finance and Corporate Resources Directorate	32,132	32,132	32,749	617	1.9%
Planning and Performance Directorate	1,212	1,212	1,072	-140	-11.5%
Quality, Safety and Patient Experience Directorate	4,816	4,816	4,236	-580	-12.0%
Digital Directorate	10,993	10,993	10,751	-242	-2.2%
Workforce and OD Directorate	4,487	4,487	4,465	-22	-0.5%
Medical & Clinical Services Directorate	2,723	2,723	2,649	-74	-2.7%
Trust Reserves	-1,705	-1,705	-1,206	499	29.3%
Trust Income (mainly WHSSC)	-192,165	-192,165	-192,105	61	0.0%
Overall Trust Position	0	0	-75	-75	

16. A brief commentary on highlighted key variances above is as follows:-

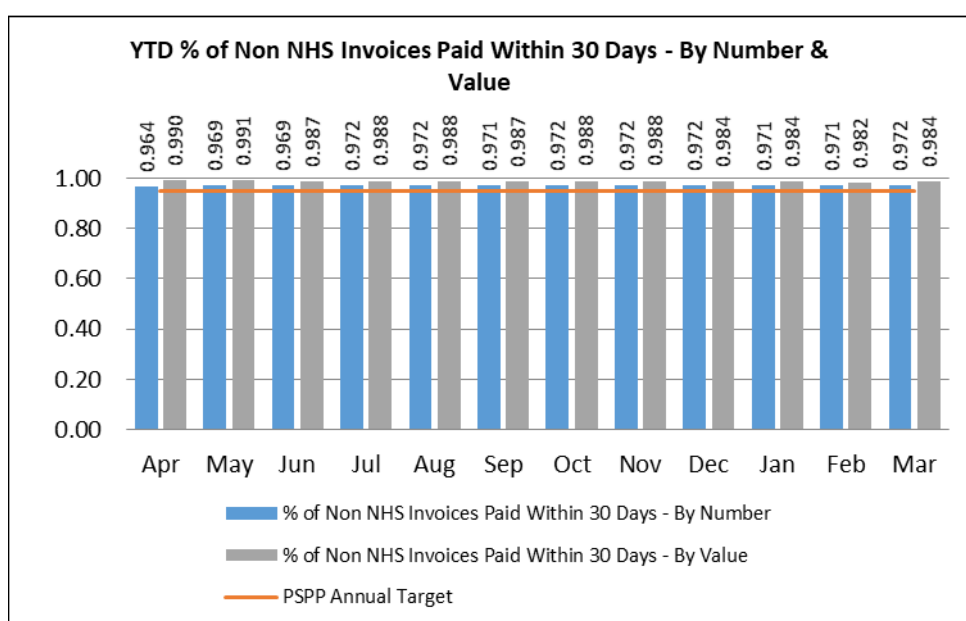
- Board Secretary - Funded vacancies from turnover of staff together with time taken to recruit as well as travel reduction and some software savings;
- Partnerships & Engagement - Funded vacancies from turnover of staff together with time taken to recruit. Travel reductions and majority of awards ceremonies currently arranged online;
- Planning & Performance - Funded vacancies savings from maternity, staff funded via development projects and turnover of staff together with time taken to recruit;
- Quality, Safety & Patient Experience – the vast majority of this underspend is on pay budgets and is broadly due to some recruitment challenges in filling vacancies linked to recruitment routes and limitations of talent pool once posts have been advertised, with a number of posts needing multiple attempts before suitable candidates can be appointed. This is across the varied portfolio of the directorate and not therefore necessarily concentrated in one area with the team progressing appointments as soon as possible,

accepting the pressure such vacancies can put on remaining teams. As with other corporate areas there has also been a significant reduction in travel and subsistence spend;

- Trust Reserves – agreed additional expenditure such as equipment & consumable purchases and provisions to offset underspends in other areas. Much of which is accelerating spend that would be required in early 2022/23.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

17. Public Sector Payment Policy (PSPP) compliance up to Month 12 was **97.2%** against the **95%** WG target set for non-NHS invoices by number and **98.4%** by value.



CAPITAL

18. At Month 12 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2021/22 is £27.942m. The Trust achieved the CEL target of £27.942m, with a very small underspend against plan of £12.07 (subject to audit).
19. Below is a summary of the capital position. This table is presented in the WG Monitoring Returns format and as such, vehicles are included within the equipment line below. A more detailed paper highlighting the final year end spend across a range of capital schemes, and in particular those funded via the Trust's discretionary capital allocation, and the resulting impact this has on an updated initial 2022/23 capital programme, is also being provided separately to Board.

	Actual £'000
All Wales Capital Programme:	
Schemes:	
ESMCP – Control Room Solution	49
111 Project Costs	742
WAST - Make Ready Depot - Cardiff	3,483
GUH transfer vehicles	110
WAST vehicle replacement programme	6,929
EPCR	822
National Programme – Fire	161
National Programme – Infrastructure	195
National Programme – Decarbonisation	604
COVID-19 Recovery Plans - 2021-22	200
NDR Programme	238
Additional Capital Funding - November - 2021-22	887
Purchase of Unit 2 Triangle Business Park, Merthyr Tydfil.	1,650
WAST vehicle replacement programme b/f 22-23	3,814
Additional DPIP Capital Allocations	1,169
Wrexham ARC Land Transfer to BCUHB	(29)
Extension to the Airwave contract 2021-22	704
Sub Total	21,729
Discretionary:	
I.T.	538
Equipment	416
Statutory Compliance	0
Estates	5,102
Other	157
Unallocated Discretionary Capital	0
Sub Total	6,214
Total	27,942
Less NBV reinvested	
Total Funding from WG	27,942

RISKS AND ASSUMPTIONS

20. There are currently no remaining or expected financial risks to the reported draft year end position (subject to audit).

2021/22 YEAR END AND FOCUS ON 2022-25 FINANCIAL PLANNING

21. The finance function continue to focus on the following priorities for the organisation:

2021/22 Year end accounts & audit work

22. Finalisation of the Accounts and audit work continues in respect of the 2021/22 Trust Annual Accounts. The draft accounts were submitted to WG and Audit Wales, as per the issued guidance, on 29th April 2022, with the audited accounts

to be presented to Audit Committee on 7th June 2022 ahead of seeking final approval of these at Trust Board on 13th June 2022.

23. The 2021/22 year-end audit is again being conducted virtually, maximising the use of technology and building on the experiences of the 2019/20 and 2020/21 audits through the pandemic.

2022/23 Financial Plan & IMTP 2022-25

24. The focus of the teams operationally and financially has also been to produce the detailed financial plan for 2022/23 that underpins the IMTP for 2022-25 which was signed off by Trust Board and submitted to WG by 31st March 2022 deadline. Given the financial outlook, planning for 2023/24 and beyond has already begun in earnest, across the organisation.

RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 12 (and therefore draft 2021/22 year end) revenue and capital financial position and performance of the Trust as at 31st March 2022.



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	12.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

Financial Performance as at Month 1 – 2022/23

MEETING	Trust Board
DATE	26 th May 2022
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Navin Kalia (Deputy Director of Finance & Corporate Resources) Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the first Financial Performance Report of the 2022/23 financial year, the reported position as at Month 1 (April 2022). A summary presentation of this position was also provided to the Finance & Performance Committee on 16th May 2022.

The Board is asked to review, comment, note and receive assurance on the financial position and 2022/23 outlook and forecast of the Trust.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£4k) for Month 1 2022/23. This is after funding has been assumed for all of the exceptional cost impacts that Welsh Government (WG) have indicated will be funded centrally as we go through the 2022/23 financial year;
- In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust is forecasting to breakeven for the 2022/23 financial year;
- Capital expenditure is forecast to be fully spent in line with updated plans;
- In line with the financial plans that support the IMTP, gross savings of £0.342m have been achieved against a target of £0.371m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.9% for the number, and 97.2% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE
<ul style="list-style-type: none"> F&PC – 16th May 2022 (via a presentation) Trust Board – 26th May 2022

REPORT APPENDICES
<i>Appendices 1 – 2 – Monitoring returns submitted to Welsh Government for month 1 – as required by WG</i>

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 1 2022/23

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 30th April 2022 (Month 1 2022/23) along with a brief update on the initial 2022/23 capital programme. Both of these were also presented in summary to the Finance & Performance Committee (F&PC) meeting held on 16th May 2022.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for M01 2022/23** (1st April 2022 – 30th April 2022) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.004m**, after assuming additional funding from WG for exceptional cost pressures. The underlying year-end forecast for 2022/23 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 £0.342m have been achieved against a target of £0.371m, thus a slight **under achievement to date against the phasing plan set at the opening of the financial year**.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.9% for the number, and 97.2% of the value** of non-NHS invoices paid within 30 days.
3. The risks stated in the Welsh Government Monitoring Return at Month 1 are set in line with the submitted Annual Plan and IMTP. Accepting that it is early in the new financial year, as we go through the financial year these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, as Board members will be aware, we do currently hold a greater number (and value) of financial risk as we enter into the 2022/23 financial year.

REVENUE FINANCIAL PERFORMANCE

4. The table below presents an overview of the financial position for the period 1st April 2022 to 30th April 2022.

Revenue Financial Position for the period 1st April - 30th April				
	Annual Budget £000	Year to date		
		Budget £000	Actual £000	Variance £000
Income	-267,034	-22,179	-22,035	144
Expenditure				
Pay	187,085	15,517	15,215	-302
Non-pay	56,384	4,698	4,864	166
Total pay & non-pay expenditure	243,469	20,215	20,079	-136
Depreciation & Impairments / interest payable & receivable	23,565	1,964	1,952	-12
Total	0	0	-4	-4

Treatment of Covid-19 spend

- Due to the Covid-19 pandemic, and that which has been indicated by WG that will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to the Month 1 position totalling **£0.037m** relating to non-pay costs. This is somewhat less than the figure estimated in the submitted financial Annual Plan within the IMTP, however given this is only month one, costs will be firmed up as we progress through the financial year. Full additional funding for this is therefore assumed to cover these elements of cost, as was the case in 2020/21 and 2021/22.
- A summary of the Covid-19 revenue costs reported in the Month 1 financial position are shown in the table below, including an update of the full year forecast:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	0	0
Total Non Pay	37	1,400
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	37	1,400

Other exceptional cost pressures

- In addition to the above, included within the WG Monitoring Return submissions for 2022/23, additional analysis was requested on the COVID-19 costs and the other exceptional cost pressures for the 2022/23 financial year, which were also, as part of the 2022-25 IMTP finalisation, indicated by WG would be funded in year. This detail is summarised in the table below; as above, additional funding has been assumed for these costs.

		Actual YTD £'000	Annual Forecast £'000
1	Expected Other C-19 Response Costs	37	1,400
2	Total Energy Costs	214	3,533
3	Total National Insurance Costs	158	1,900
4	Total Real Living Wage Costs	0	0

8. A number of the elements that make up these costs, especially in relation to the forecasted values and in particular those relating to energy (electricity, gas, fuel, etc) remain volatile and subject to change as we move through the financial year. The process by which we will be able to recover these costs, confirmation of the actual spend bases on which we do so, the baseline against which this is set etc is still being worked through across NHS Wales, as we go through Q1 2022/23. This is to ensure that all organisations are able to recover the correct and relevant levels of funding required for these exceptional pressures and which will be in line with guidance received from WG as part of the 2022/23 financial planning and IMTP finalisation process.

Income

9. Reported Income against the initial budget set to Month 1 shows an underachievement of **£0.144m**.
10. As above, within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures of additional National Insurance costs, energy, utilities, and fuel.
11. There is one income stream contained within our IMTP which is currently not assumed within the M01 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. This has yet to be secured by the CASC and subsequently this is not assumed within our current reported position. Whilst this is the cost of backfilling these with A4C Band 4 EMTs (EMS technicians), as detailed within the financial plan within the IMTP, this is currently being managed by holding a number of ACA (Band 3) vacancies within our front line operational workforce, in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed.

Pay costs

12. Overall, the total pay variance at Month 1 is an underspend of **£0.302m**. This is mainly in relation to vacancies with multiple directorates.

Non-pay Costs

13. The overall non-pay position at Month 1 is an overspend of **£0.154m**, this was due to overspends on medical & surgical consumables, fleet maintenance costs and some taxis spend.
14. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 1 totalled **£0.037m**. Areas of additional spend included:
- PPE - £0.004m;
 - Cleaning Standards - £0.033m.

Savings

15. As Board members will recall, the 2022/23 financial plan identifies that a minimum of **£4.300m** of savings and cost containment measures are required to achieve financial balance in 2022/23. This is a significant increase in that which has been able to be achieved in the recent past, and especially over the last couple of years.
16. For Month 1 the Trust is reporting planned savings of £0.371m and actual savings of £0.342m. Whilst a small under achievement this is still a reasonably encouraging position against such a step up in the total required. However, there clearly remains a risk of non-delivery of some of this target as we progress through the financial year and indeed, whilst some aspects have probably overachieved in month 1, there are other areas of the plan which are not due to be delivered yet and not therefore phased into that expected at the outset of the financial year. This risk is picked up further below, and further financial performance reports from the end of Q1 (Month 3) onwards will also include more detail in terms of the delivery and highlight reports for the key elements of this year's savings plan.

Financial Performance by Directorate

17. Whilst there is a small surplus reported at Month 1 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, given we are so early in the financial year, but they will be continued to be closely monitored.

Financial Performance Month 01 (April 2022/23)	Apr-2022				
	Annual	Cummulative	Cummulative	Cummulative	Cummulative
	Budget	Budget	Actual	Variance	Variance
	£000	£000	£000	£000	%
Chief Executive Directorate	1,806	151	167	16	10.6%
Board Secretary	437	36	29	-7	-19.4%
Partnerships & Engagement Directorate	685	57	55	-2	-3.5%
Operations Directorate	141,415	11,342	11,191	-151	-1.3%
Finance and Corporate Resources Directorate	32,381	2,708	2,701	-7	-0.3%
Planning and Performance Directorate	1,988	161	158	-3	-1.9%
Quality, Safety and Patient Experience Directorate	5,124	418	415	-3	-0.7%
Digital Directorate	12,564	889	885	-4	-4.0%
Workforce and OD Directorate	4,381	380	379	-1	-3.0%
Trust Reserves	6,992	102	109	7	6.9%
TRUST INCOME	-210,626	-16,378	-16,225	153	-0.9%
Medical & Clinical Services Directorate	2,853	134	132	-2	-1.5%
Overall Trust Position	0	0	-4	-4	

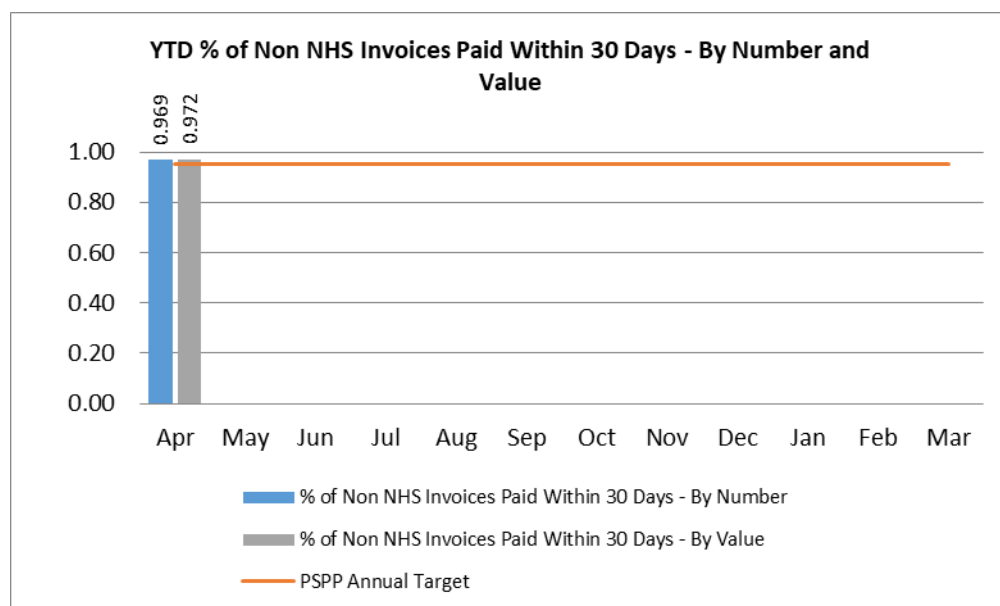
18. A brief commentary on highlighted key variances above is as follows:-

- Chief Executive – Variances due to unachieved savings target due to limited vacancies and overlap of an Executive Director position;

- Board Secretary – Funded vacancies against establishment as well some non-pay savings;
- Reserves – small overspend due to some residual spend from 21/22 financial year;
- Operations Directorate – as noted above, underspend due to 'hold' on vacancies to support continuing costs of the development and increasing WTEs of clinicians in the Clinical Contact Centre environment which is offset by a current reported under achievement of income from EASC not currently able to confirm the funding within the IMTP and financial plan for this. What is pleasing to note is that the NEPTS service within the Operations Directorate, an area which has historically seen some overspend, in particularly pre pandemic, has delivered within budget at the outset of the financial year. Whilst early days this is also encouraging given the focus on this.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

19. Public Sector Payment Policy (PSPP) compliance up to Month 1 was **96.9%** against the **95%** WG target set for non-NHS invoices by number and **97.2%** by value.



CAPITAL

20. At Month 1 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£33.405m**. This includes **£28.967m** of All Wales Approved schemes and **£4.438m** for Discretionary schemes
21. As we are in the early stages of the financial year the discretionary programme and resulting budgets are only now being set. A separate paper is to be presented to the Board, to confirm some initial allocation of scheme budgets, following a recommendation to do so at F&PC.

22. To date, as at Month 1, the Trust has expended **£0.365m** against the All Wales capital scheme full year budget of **£28.967m**. It is noted that this current planned annual value is expected to be updated over the coming months.

RISKS AND ASSUMPTIONS

23. Understandably this early in the financial year, the risks reported are still being fully assessed, however at present it is considered that there are no high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain full apprised of such risks and any mitigating actions.
24. At the outset of this financial year there are however a number of risks that need to be documented within this initial reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP. These are described below, along with a value currently placed on these risk, as required by WG as well as the current assessed level of risk. Inevitably at the start of any financial year many of these values are indicative.
25. Non delivery of remaining elements of recurrent saving schemes identified in this financial year have been included at **£1m**, which may be non-recurrent in nature, this is considered a **low risk** and under constant review.
26. Also included is a **low risk** of **£1.5m** as we await additional funding by Welsh Government in respect of the impact of voluntary overtime on holiday pay for the new financial year. Once fully confirmed, this risk will be able to be removed.
27. Given the pressures the Trust feels every winter, the Trust has included a figure of **£0.5m** to cover any unfunded winter pressures; this has been deemed as a **low risk**, based on support provided from Commissioners over recent years.
28. A **medium risk** is included of at least **£2m** for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This would be costs incurred later in the financial year, as these are currently now confirmed to be funded up to the end of July by our main commissioner EASC. However, the risk being this may not be funded for the full financial year, if required, although the Trust's starting point from a financial perspective would clearly be that costs could not continue if the additional funding previously provided to support these is not then available. This includes some of the ED cohorting that was put in place last winter.
29. The Trust has also included **c£6.8m** of **medium risks** in relation to the current estimate of full year costs identified, for which we are expecting funding, for the COVID and exceptional cost pressures, as above. Again, once funding routes for these costs are fully confirmed, this risk will also be able to be removed.
30. A **low risk** is also included for PIBS (Permanent Injury Benefit Scheme) of **£1m**. Matched funding for this highly volatile area is provided by WG on an annual basis, but is routinely flagged as a risk until received.

31. There are also a couple of more technical risks included, again until funding is confirmed. These are again **low risks** and relate to funding for depreciation, **c£3.3m**, and impairments, **c£5.3m**.
32. As noted above, whilst there are current no individually assessed high financial risks as we enter the financial year, the number and total value of financial risk described is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality, and experience, it is clear that, as expressed within the IMTP, this will likely be a challenging financial year, despite the initial continued good financial performance in Month 1. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees.
33. Alongside and as a result of some of the above, as Board members will recall, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 1 revenue and capital financial position and performance of the Trust as at 30th April 2022 and;
- b) **Notes** the Month 1 Welsh Government monitoring return submission included within Appendices 1 - 2 below (as required by WG).

Appendix 1

Attached

Appendix 2

Attached



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Martin Woodford

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th May 2022

Your ref: WAST\m12\ajh\ry

Dear Andrea

Re: **APRIL 2022 (MONTH 1 2022/23) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for April 2022.

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

In line with our submitted IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2022.

The Trust's performance against financial targets for Month 1 2022/23 is as follows: -

1. Actual Year to Date 22/23 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2022/23 being that the 2021/22 funding is, where applicable, fully recurrent, and the 2022/23 funding will include: -

- The nationally made available 2.8% uplift for core cost growth, which excludes any funding to meet the 2022/23 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects;
- As confirmed in WG correspondence in March 2022 and fully detailed in the IMTP, assumed funding support for the exceptional cost pressures of additional National Insurance costs, energy, utilities and fuel and some elements of continuing costs put in place as a result of the Covid-19 pandemic.

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwylans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

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

Ffôn/Tel
01633 626262

As such, Month 1 2022/23 therefore continues to include an income assumption to offset the net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £0.037m as shown in Table B3.

The resulting reported performance at Month 1 as per Table B is therefore a very small under-spend against budget of £0.004m, after allowing for the above IMTP and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 1 is an underspend of £0.302m.

The non-pay position at Month 1 is a reported overspend of £0.154m, this is made up of overspends on medical & surgical consumables, fleet maintenance costs and Taxis. As per Table B3 the COVID-19 non pay related costs in Month 1 totaled £0.037m.

Income at Month 1 shows an underachievement of £0.144m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures. However, there is one income stream contained within our IMTP which is currently not assumed within the M01 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. This has yet to be secured by the CASC and subsequently this is not assumed within our current reported position, as above. Whilst this is broadly the cost of backfilling these with A4C Band 4 EMTs (EMS technicians), as suggested within the financial plan within the IMTP this is currently being managed by holding a number of ACA (Band 3) vacancies within our front line operational workforce, in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs.

3. Risk (Table A2)

Understandably this early in the financial year, the risks reported in Table A2 are still being fully assessed, however at present it is considered that there are no high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain full apprised of such risks and any mitigating actions.

However, at the outset of this financial year there are a number of risks that need to be documented within this initial reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP.

Non delivery of a remaining element of non-recurrent saving schemes carried over from the last financial year have been included at £1m. Whilst considered a low risk, this is due to the inability to currently identify additional recurrent replacement schemes as the organisation has been responding and focusing on COVID 19 activities as well as extreme service pressures.

We have included a low rated risk of £1.5m as we await additional funding by Welsh Government in respect of the impact of voluntary overtime on holiday pay for the new financial year. Once fully confirmed this risk will be able to be removed.

Given the pressures the Trust feels every winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years,

Included within the table is a medium risk of at least £2m for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This would be costs incurred later in the financial year, as these are currently now confirmed to be funded up to the end of July by our main commissioner EASC. However, the risk being this may not be funded for the full financial year, if required, although the Trust's starting point from a financial perspective would clearly be that costs could not continue if the additional funding previously provided to support these is not then available. This includes some of the ED cohorting that was put in place last winter and some continued support from StJC.

The Trust has also included £6.8m of medium risks in relation to the current estimate of full year costs identified, and for which we are expecting funding, for the COVID and exceptional cost pressures, as above. Please also refer to the supplementary Other C-19 and Exceptional Costs 2022-23 submission for more detail. Again, once funding routes for these costs are fully confirmed, this risk will be able to be removed.

A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) £1m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon.

The projected low-level risk relating to funding for depreciation, £3.3m, and impairments, £5.3m has been included as at Month 1 whilst corresponding funding is awaited from WG.

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 as well as the 2022/23 pay award will be fully funded by WG.

As noted above, whilst there are therefore no current individually assessed high financial risks as we enter the financial year, the number and total value of financial risk described within these returns is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will likely be a challenging financial year, despite the initial continued good financial performance in M01. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

4. Monthly Profiles (Table B)

This table has now been completed in full, and in accordance with the guidance.

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

Agency costs for Month 1 totalled £0.233m. The current percentage of agency costs against the total pay figure is 1.5%, this is to cover vacancies. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance and information provided in the required table.

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

For Month 1 the Trust is reporting planned savings of £0.371m and actual savings of £0.342m, this small under achievement is in relation local schemes and vacancy management.

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

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

The Trust will be engaging with colleagues across NHS Wales to eliminate any variance within reported values elsewhere, which is always likely at the outset of the financial year as financial plans are fully aligned.

Confirmation has been received from the CASC that funding in relation to system wide support up to the end of July, on an actual cost recovery basis, for this cost pressure will be made available to the Trust as we move through the early months of the financial year. As above, the teams continue in constant contact to seek to ensure that the funding sources and mechanisms for this spend alongside other outstand values agreed, are identified as soon as possible, alongside the agreed required recharging mechanism(s).

On top of this, any further developments which the Trust may be seeking to progress, including anything else suggested as such within the IMTP or the separately submitted Transition Plan, will again only be progressed when a detailed line of sight to a funding source is known.

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

At Month 1 there are no invoices over 11 weeks. We will ensure all tables provide are populated correctly when required. (Action Point 12.1).

10. Cash flow (Table G)

The cash flow is not required as part of the month 1 submission.

11. Public Sector Payment Compliance (Table I)

This table is not required until month 3. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through 2022/23. (Action Point 12.1).

12. Capital (Tables I and K)

The capital tables are not required for Month 1.

13. Committee to receive Financial Monitoring Return

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

The Month 1 Financial Monitoring Return will be presented to Trust Board on 26th May 2022.

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

14. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc

cc:

Mr M Woodford, Chairman
Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2022-23

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	APR 22
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE L : EFL	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE N : GENERAL MEDICAL SERVICES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE O : GENERAL DENTAL SERVICES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR APR 22 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Welsh Ambulance Trust

Period : Apr 22

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	4	0

Period : Apr 22

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
Planned New Expenditure (Non Covid-19) (Negative Value)	-19,686	0	-19,686	-19,686
Planned Expenditure For Covid-19 (Negative Value)	-1,400	-1,400		
Planned Welsh Government Funding (Non Covid-19) (Positive Value)	5,800		5,800	5,800
Planned Welsh Government Funding for Covid-19 (Positive Value)	1,400	1,400		
Planned Provider Income (Positive Value)	9,586		9,586	9,586
RRL Profile – phasing only (In Year Effect / Column C must be nil)	0	0	0	0
Planned (Finalised) Savings Plan	4,300	0	4,300	4,300
Planned (Finalised) Net Income Generation	0	0	0	0
Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
	0	0		
Planning Assumptions still to be finalised at Month 1	0	0		
Opening IMTP / Annual Operating Plan	0	0	0	0
Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
Additional In Year Identified Savings - Forecast	0	0	0	0
Variance to Planned RRL & Other Income	0	0		
Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	0	0		
Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0		
In Year Accountancy Gains (Positive Value)	0	0	0	0
Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
Forecast Outturn (- Deficit + Surplus)	0	0	0	0
Covid-19 - Forecast Outturn (- Deficit + Surplus)	0			

[illegible]

Table A1 - Underlying Position

This table needs completing monthly from Month: 1

This Table is currently showing 0 errors

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

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

Welsh Ambulance Trust

Period : Apr 22

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Under achievement of Savings	(1,000)	Low
13	Holiday pay accrual	(1,500)	Low
14	Winter pressures	(500)	Low
15	Continuation of costs for system wide pressures	(2,000)	Medium
16	PIBS	(1,000)	Low
17	Depreciation	(3,268)	Low
18	Impairments	(5,332)	Low
19	WG exceptional cost pressures and Covid funding	(6,833)	Medium
20			
21			
22			
23			
24			
25			
26	Total Risks	(21,433)	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(21,433)	
38	Best Case Outturn Scenario	0	

Welsh Ambulance Trust

Table B - Monthly Positions

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

Period : Apr 22

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/Fcast												0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/Fcast												0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/Fcast	1,505	1,083	1,083	1,083	1,083	1,083	1,083	1,082	1,082	1,082	1,082	1,505	13,414
4	WHSSC Income	Actual/Fcast	18,052	19,161	19,161	19,161	19,161	19,161	19,161	19,161	19,161	19,161	19,161	18,052	228,823
5	Welsh Government Income (Non RRL)	Actual/Fcast	1,336	1,446	1,446	1,446	1,446	1,446	1,446	1,446	1,446	1,446	1,447	1,336	17,243
6	Other Income	Actual/Fcast	1,142	418	418	418	418	418	418	418	418	418	418	1,142	5,740
7	Income Total		22,035	22,108	22,108	22,108	22,108	22,108	22,108	22,107	22,107	22,107	22,108	22,035	265,220
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/Fcast												0	0
9	Primary Care - Drugs & Appliances	Actual/Fcast												0	0
10	Provided Services - Pay	Actual/Fcast	15,215	15,460	15,460	15,460	15,460	15,460	15,460	15,460	15,460	15,460	15,456	15,215	185,271
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/Fcast	3,728	3,862	3,871	3,873	3,877	3,871	3,872	3,874	4,186	3,872	3,872	3,876	46,634
12	Secondary Care - Drugs	Actual/Fcast	33	33	34	33	33	33	34	33	34	33	33	34	400
13	Healthcare Services Provided by Other NHS Bodies	Actual/Fcast												0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/Fcast												0	0
15	Continuing Care and Funded Nursing Care	Actual/Fcast												0	0
16	Other Private & Voluntary Sector	Actual/Fcast	1,025	721	721	721	721	722	721	721	721	721	721	1,025	8,958
17	Joint Financing and Other	Actual/Fcast												0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/Fcast	81	81	82	81	82	81	82	81	82	81	82	81	977
19	Exceptional (Income) / Costs - (Trust Only)	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/Fcast	(12)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(12)	(122)
21	Total Interest Payable - (Trust Only)	Actual/Fcast	3	3	3	3	3	3	3	3	3	3	3	2	35
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/Fcast	1,517	1,517	1,516	1,517	1,516	1,517	1,516	1,516	1,516	1,516	1,516	1,517	18,198
23	AME Donated Depreciation/Impairments	Actual/Fcast	444	444	445	444	444	445	444	444	445	444	444	445	5,332
24	Uncommitted Reserves & Contingencies	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit/Loss Disposal of Assets	Actual/Fcast	(3)	(3)	(14)	(14)	(14)	(14)	(14)	(14)	(330)	(14)	(14)	(15)	(463)
26	Cost - Total	Actual/Fcast	22,031	22,108	22,108	22,108	22,112	22,108	22,108	22,107	22,107	22,107	22,108	22,031	265,220
27	Net surplus/ (deficit)	Actual/Fcast	4	0	0	0	(4)	0	0	0	0	0	0	4	0

B. Cost Total by Directorate		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
28	Primary Care	Actual/Fcast												0	0
29	Mental Health	Actual/Fcast												0	0
30	Continuing HealthCare	Actual/Fcast												0	0
31	Commissioned Services	Actual/Fcast												0	0
32	Scheduled Care	Actual/Fcast												0	0
33	Unscheduled Care	Actual/Fcast	17,480	17,557	17,557	17,557	17,562	17,556	17,558	17,558	17,556	17,556	17,557	17,556	210,610
34	Children & Women's	Actual/Fcast												0	0
35	Community Services	Actual/Fcast												0	0
36	Specialised Services	Actual/Fcast												0	0
37	Executive / Corporate Areas	Actual/Fcast	2,422	2,422	2,422	2,422	2,422	2,422	2,422	2,422	2,422	2,422	2,422	2,422	29,064
38	Support Services (inc. Estates & Facilities)	Actual/Fcast	168	168	168	168	168	168	168	168	168	168	168	168	2,016
39	Reserves	Actual/Fcast												0	0
40	Cost - Total (Excluding DEL & AME Non-Cash Charges)	Actual/Fcast	20,070	20,147	20,147	20,147	20,152	20,146	20,148	20,148	20,146	20,146	20,147	20,146	241,690

C. Assessment of Financial Forecast Positions

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

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		48
34. Year to Date Trend Scenario		48

D. DEL/AME Depreciation & Impairments

D. DELTA/AME Depreciation & impairments			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
41	DEL															
	Baseline Provider Depreciation	Actual/Fcast	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,244	1,246	1,244	14,930
42	Strategic Depreciation	Actual/Fcast	273	273	272	273	272	273	272	272	272	273	272	271	273	3,268
43	Accelerated Depreciation	Actual/Fcast														0
44	Impairments	Actual/Fcast														0
45	IFRS 16 Leases	Actual/Fcast														0
46	Total		1,517	1,517	1,516	1,517	1,516	1,517	1,516	1,516	1,516	1,517	1,516	1,517	1,517	18,198
	AME															
47	Donated Asset Depreciation	Actual/Fcast														0
48	Impairments (including Reversals)	Actual/Fcast	444	444	445	444	444	445	444	444	445	444	444	445	444	5,332
49	IFRS 16 Leases (Peppercom)	Actual/Fcast														0
50	Total		444	444	445	444	444	445	444	444	445	444	444	445	444	5,332

E. Accountancy Gains

[illegible]

F. Committed Reserves & Contingencies

[illegible]

Welsh Ambulance Trust

Period : Apr 22

YTD Months to be completed from Month: 1

1

This Table is currently showing 0 errors

Forecast Months to be completed from Month:

1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12	Forecast	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	2,341	2,520	2,520	2,521	2,520	2,521	2,520	2,521	2,521	2,521	2,521	2,521	2,341	30,068
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered	1,019	1,022	1,021	1,022	1,021	1,022	1,021	1,022	1,022	1,022	1,022	1,022	1,019	12,258
4	Prof Scientific & Technical	5	14	14	14	14	15	14	14	14	15	14	14	5	161
5	Additional Clinical Services	6,511	6,555	6,555	6,555	6,555	6,555	6,555	6,555	6,555	6,555	6,555	6,555	6,511	78,616
6	Allied Health Professionals	5,178	5,164	5,166	5,164	5,165	5,163	5,166	5,163	5,164	5,163	5,163	5,160	5,178	61,979
7	Healthcare Scientists													0	0
8	Estates & Ancillary	161	185	184	184	185	184	184	185	184	184	185	184	161	2,189
9	Students													0	0
10	TOTAL PAY EXPENDITURE	15,215	15,460	15,460	15,460	15,460	15,460	15,460	15,460	15,460	15,460	15,460	15,456	15,215	185,271

Analysis of Pay Expenditure

[illegible]

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

[illegible][illegible]**C - Agency / Locum (premium) Expenditure**

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

[illegible]

Welsh Ambulance Trust

Period : Apr 22

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

[illegible]

[illegible]

[illegible]

A6	PPE, Long Covid & Other (Additional costs due to C19) enter as positive value - actual/forecast																		
142	Provider Pay (Establishment, Temp & Agency)																	0	0
143	Administrative, Clerical & Board Members																	0	0
144	Medical & Dental																	0	0
145	Nursing & Midwifery Registered																	0	0
146	Prof Scientific & Technical																	0	0
147	Additional Clinical Services																	0	0
148	Allied Health Professionals																	0	0
149	Healthcare Scientists																	0	0
150	Estates & Ancillary																	0	0
151	Students																	0	0
152	Movement of Annual Leave Accrual																	0	0
153	Other (only use with WG Agreement & state SoCNE/I line ref)																	0	0
154																		0	0
155																		0	0
156	Sub total Other C-19 Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
157	Primary Care Contractor (excluding drugs)																	0	0
158	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income																	0	0
159	Primary Care - Drugs																	0	0
160	Secondary Care - Drugs																	0	0
161	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line																	0	0
162	Provider - Non Pay - PPE	4	90	91	90	91	90	91	90	91	90	91	90	91	91	4	1,000		
163	Healthcare Services Provided by Other NHS Bodies																	0	0
164	Non Healthcare Services Provided by Other NHS Bodies																	0	0
165	Continuing Care and Funded Nursing Care																	0	0
166	Other Private & Voluntary Sector																	0	0
167	Joint Financing and Other (includes Local Authority)																	0	0
168	Other (only use with WG Agreement & state SoCNE/I line ref)																	0	0
169																		0	0
170																		0	0
171																		0	0
172																		0	0
173																		0	0
174																		0	0
175																		0	0
176	Sub total Other C-19 Non Pay	4	90	91	90	91	90	91	90	91	90	91	90	91	91	4	1,000		
177	TOTAL OTHER C-19 EXPENDITURE	4	90	91	90	91	90	91	90	91	90	91	90	91	91	4	1,000		
178	PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)	83	83	83	84	83	83	84	83	84	83	83	84	83	84	83	1,000		
179	MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE	79	(7)	(8)	(6)	(8)	(7)	(7)	(7)	(7)	(7)	(8)	(7)	(8)	(7)	79	0		
180	TOTAL ADDITIONAL EXPENDITURE DUE TO COVID	37	123	125	123	124	124	124	123	125	123	124	125	124	125	37	1,400		
181	PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)	116	116	117	117	116	117	117	116	118	116	116	118	116	118	116	1,400		
182	MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE	79	(7)	(8)	(6)	(8)	(7)	(7)	(7)	(7)	(7)	(8)	(7)	(8)	(7)	79			

Period : Apr 22

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Assessment		Full In-Year forecast		
																		Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Non Pay	Budget/Plan	105	82	83	82	82	82	82	82	82	82	83	82	105	1,009		1,009	0			
		Actual/F'cast	93	82	83	82	82	83	85	85	85	83	83	83	93	1,009	9.22%	1,009	0	0	1,009	1,009
		Variance	(12)	0	0	0	0	1	3	3	3	1	0	1	(12)	0	(11.43%)	0	0			
13	Pay	Budget/Plan	266	263	244	305	287	277	274	276	274	277	272	276	266	3,291		3,291	0			
		Actual/F'cast	249	263	244	305	294	287	274	276	274	277	272	276	249	3,291	7.57%	3,291	0	0	3,291	3,291
		Variance	(17)	0	0	0	7	10	0	0	0	0	0	0	(17)	0	(6.39%)	0	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total	Budget/Plan	371	345	327	387	369	359	356	358	356	359	355	358	371	4,300		4,300	0			
		Actual/F'cast	342	345	327	387	376	370	359	361	359	360	355	359	342	4,300	7.95%	4,300	0	0	4,300	4,300
		Variance	(29)	0	0	0	7	11	3	3	3	1	0	1	(29)	0	(7.82%)	0	0			
22	Variance in month		(7.82%)	0.00%	0.00%	0.00%	1.90%	3.06%	0.84%	0.84%	0.84%	0.28%	0.00%	0.28%	(7.82%)							
23	In month achievement against FY forecast		7.95%	8.02%	7.60%	9.00%	8.74%	8.60%	8.35%	8.40%	8.35%	8.37%	8.26%	8.35%								

Table C1- Savings Schemes Pay Analysis

Month			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan					
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4	Variable Pay	Budget/Plan	266	263	244	305	287	277	274	276	274	277	272	276	266	3,291		3,291	0			
5		Actual/F'cast	249	263	244	305	294	287	274	276	274	277	272	276	249	3,291	7.57%	3,291	0	0	3,291	3,291
6		Variance	(17)	0	0	0	7	10	0	0	0	0	0	0	0	(17)	0	(6.39%)	0	0		
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total	Budget/Plan	266	263	244	305	287	277	274	276	274	277	272	276	266	3,291		3,291	0			
20		Actual/F'cast	249	263	244	305	294	287	274	276	274	277	272	276	249	3,291	7.57%	3,291	0	0	3,291	3,291
21		Variance	(17)	0	0	0	7	10	0	0	0	0	0	0	0	(17)	0	(6.39%)	0	0		

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

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

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	371	345	327	387	369	359	356	358	356	359	355	358	371	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	342	345	327	387	376	370	359	361	359	360	355	359	342	4,300	0	4,300	0	4,300
	Variance	(29)	0	0	0	7	11	3	3	3	1	0	1	(29)	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	371	345	327	387	369	359	356	358	356	359	355	358	371	4,300	0	4,300	0	4,300
	Total Actual/Forecast	342	345	327	387	376	370	359	361	359	360	355	359	342	4,300	0	4,300	0	4,300
	Total Variance	(29)	0	0	0	7	11	3	3	3	1	0	1	(29)	0	0	0	0	0
	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Accountancy Gains	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	371	345	327	387	369	359	356	358	356	359	355	358	371	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	342	345	327	387	376	370	359	361	359	360	355	359	342	4,300	0	4,300	0	4,300
	Variance	(29)	0	0	0	7	11	3	3	3	1	0	1	(29)	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	371	345	327	387	369	359	356	358	356	359	355	358	371	4,300	0	4,300	0	4,300
	Total Actual/Forecast	342	345	327	387	376	370	359	361	359	360	355	359	342	4,300	0	4,300	0	4,300
Total Variance	(29)	0	0	0	7	11	3	3	3	1	0	1	(29)	0	0	0	0	0	

Welsh Ambulance Trust

Period : Apr 22

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,233	860	6,093
2	Aneurin Bevan University	13,071	685	13,756
3	Betsi Cadwaladr University	6,558	235	6,793
4	Cardiff & Vale University	4,768	3	4,771
5	Cwm Taf Morgannwg University	2,234	820	3,054
6	Hywel Dda University	4,670	673	5,343
7	Powys	1,467	30	1,497
8	Public Health Wales	0	108	108
9	Velindre	890	131	1,021
10	NWSSP	0	0	0
11	DHCW	0	208	208
12	Wales Ambulance Services			0
13	WHSSC	0	0	0
14	EASC	230,636	0	230,636
15	HEIW	0	407	407
16	NHS Wales Executive	0	0	0
17	Total	269,527	4,160	273,687

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
0	97	97
0	348	348
239	236	475
11	23	34
0	84	84
0	417	417
0	52	52
6	46	52
1,323	988	2,311
0	0	0
652	106	758
		0
0	0	0
0	0	0
0	22	22
0	0	0
2,231	2,419	4,650

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Apr 22

Table E - Resource Limits

1. BASE ALLOCATION

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

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 DEL Non Cash Depreciation - IFRS 16 Leases					0					
8 AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)					0					
9 AME Non Cash Depreciation - Donated Assets					0					
10 AME Non Cash Depreciation - Impairment					0					
11 AME Non Cash Depreciation - Impairment Reversals					0					
12 Removal of Donated Assets / Government Grant Receipts					0					
13 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
14 Removal of IFRS-16 Leases (Revenue)					0					
15 Energy (Price Increase)					0					
16 Employers NI Increase (1.25%)					0					
17 Real Living Wage					0					
18					0					
19					0					
20					0					
21					0					
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56					0					
57					0					
58 Total Anticipated Funding	0	0	0	0	0		0	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

59 Confirmed Resources Per 1. above	0	0	0	0	0		0	0	0
60 Anticipated Resources Per 2. above	0	0	0	0	0		0	0	0
61 Total Resources	0	0	0	0	0		0	0	0

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
62 Testing (inc Community Testing)						0	
63 Tracing						0	
64 Mass COVID-19 Vaccination						0	
65 PPE						0	
66 Extended Flu						0	
67 Cleaning Standards						0	
68 Long Covid						0	
69						0	
70						0	
71						0	
72						0	
73						0	
74						0	
75						0	
76						0	
77						0	
78						0	
79						0	
80						0	
81						0	
82						0	
83						0	
84						0	
85						0	
86						0	
87						0	
88						0	
89						0	
90						0	
91						0	
92 Total Funding	0	0	0	0	0	0	

Welsh Ambulance Trust

Period : Apr 22

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morganwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	Agreed full year income	5,233	13,071	6,558	4,768	2,234	4,670	1,467	0		890	0	0	0		230,636	0		269,527	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0	
3	DEL Non Cash Depreciation - Strategic														3,268				3,268	M1 based on IMTP submission
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	DEL Non Cash Depreciation - IFRS 16 Leases																		0	
7	AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)																		0	
8	AME Non Cash Depreciation - Donated Assets																		0	
9	AME Non Cash Depreciation - Impairment														5,332				5,332	M1 based on IMTP submission
10	AME Non Cash Depreciation - Impairment Reversals																		0	
11	Total COVID-19 (see below analysis)														1,400				1,400	See below analysis
12	Removal of IFRS-16 Leases (Revenue)																		0	
13	Energy (Price Increase)																		0	
14	Employers NI Increase (1.25%)																		0	
15	Real Living Wage																		0	
16	PIBS														1,000				1,000	M1 Jackie Salmon
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35																			0	
36																			0	
37	Total Income	5,233	13,071	6,558	4,768	2,234	4,670	1,467	0	0	890	0	0	0	11,000	230,636	0	0	280,527	

ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE		Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
38	Testing (inc Community Testing)			0	M1 Not invoiced
39	Tracing			0	
40	Mass COVID-19 Vaccination			0	
41	PPE		1,400	1,400	
42	Extended Flu			0	
43	Cleaning Standards			0	
44	Long Covid			0	
45				0	
46				0	
47				0	
48				0	
49				0	
50				0	
51				0	
52				0	
53				0	
54				0	
55				0	
56				0	
57				0	
58				0	
59				0	
60				0	
61				0	
62				0	
63				0	
64				0	
65				0	
66				0	
67				0	
68	Total Funding	0	1,400	1,400	

Welsh Ambulance Trust

This table needs completing monthly from Month: 3
This Table is currently showing 0 errors

Period : Apr 22

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 22 £'000	Closing Balance End of Apr 22 £'000	Forecast Closing Balance End of Mar 23 £'000
Non-Current Assets			
1 Property, plant and equipment			
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	0	0	0
Current Assets			
6 Inventories			
7 Trade and other receivables			
8 Other financial assets			
9 Cash and cash equivalents			
10 Non-current assets classified as held for sale			
11 Current Assets sub total	0	0	0
12 TOTAL ASSETS	0	0	0
Current Liabilities			
13 Trade and other payables			
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions			
17 Current Liabilities sub total	0	0	0
18 NET ASSETS LESS CURRENT LIABILITIES	0	0	0
Non-Current Liabilities			
19 Trade and other payables			
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 Non-Current Liabilities sub total	0	0	0
24 TOTAL ASSETS EMPLOYED	0	0	0
FINANCED BY: Taxpayers' Equity			
25 General Fund			
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 Total Taxpayers' Equity	0	0	0

	Opening Balance Beginning of Apr 22	Closing Balance End of Apr 22	Closing Balance End of Mar 23
EXPLANATION OF ALL PROVISIONS			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40 Total Provisions	0	0	0

ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
41 Welsh NHS Receivables Aged 0 - 10 weeks	0
42 Welsh NHS Receivables Aged 11 - 16 weeks	0
43 Welsh NHS Receivables Aged 17 weeks and over	0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44 Capital	0	0	0
45 Revenue	0	0	0

ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46 Capital	0	0	0
47 Revenue	0	0	0

Welsh Ambulance Trust

Period : Apr 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

[illegible]

Period : Apr 22

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

Table H - PSPP

30 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%

[illegible]

Welsh Ambulance Trust

Period : Apr 22

This Table is currently showing 0 errors

Table I - 2022-23 Capital Resource / Expenditure Limit Management

£'000
Approved CRL / CEL issued at :

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure</i>						
	All Wales Capital Programme:						
	Schemes:						
1				0			0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	0	0	0	0	0	0
	Discretionary:						
43	I.T.			0			0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other			0			0
48	Sub Total	0	0	0	0	0	0

	Other (Including IFRS 16 Leases) Schemes:						
49				0			0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	Sub Total	0	0	0	0	0	0
70	Total Expenditure	0	0	0	0	0	0
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0
	Donations:						
77				0			0
78	Sub Total	0	0	0	0	0	0
	Asset Disposals:						
79				0			0
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	Sub Total	0	0	0	0	0	0
91	Technical Adjustments			0			0
92	CHARGE AGAINST CRL / CEL	0	0	0	0	0	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		0			0	

Welsh Ambulance Trust

YTD Months to be completed from Month:	2
Forecast Months to be completed from Month:	2

Period : Apr 22

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
	Schemes:		Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1																	0	0	
2																	0	0	
3																	0	0	
4																	0	0	
5																	0	0	
6																	0	0	
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

	Discretionary:																	
35	I.T.																0	0
36	Equipment																0	0
37	Statutory Compliance																0	0
38	Estates																0	0
39	Other																0	0
40	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Other Schemes (Including IFRS 16 Leases):																	
41																	0	0
42																	0	0
43																	0	0
44																	0	0
45																	0	0
46																	0	0
47																	0	0
48																	0	0
49																	0	0
50																	0	0
51																	0	0
52																	0	0
53																	0	0
54																	0	0
55																	0	0
56																	0	0
57																	0	0
58																	0	0
59																	0	0
60																	0	0
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

62	Total Capital Expenditure		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Feb 23)	£'000	£'000	£'000	£'000	
1						463		463	To remove validation error
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	463	0	463	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Feb 24)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	Total for future years				0	0	0	0	

Welsh Ambulance Trust

Period : Apr 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

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

Table M - Debtors Schedule

Period:		Apr 22
11 weeks before end of Apr 22 =	12 February 2022	
17 weeks before end of Apr 22 =	01 January 2022	

[illegible]

Invoices paid since the end of the month		
Total outstanding as per MR submission date	0.00	0.00

Welsh Ambulance Trust

Period : Apr 22

Table N - General Medical Services
Table to be completed from Q2 / Month:

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
	LINE NO.					
Global Sum	1					
Practice support payment	2					
Total Global Sum and MPIG	3				0	0
QAIF Aspiration Payments	4					
QAIF Achievement Payments	5					
QAIF - Access Achievement Payments	6					
Total Quality	7				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 31)	8				0	
National Enhanced Services (To equal data in Section A (ii) Line 41)	9				0	
Local Enhanced Services (To equal data in Section A (iii) Line 94)	10				0	
Total Enhanced Services (To equal data in section A Line 95)	11		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	12				0	
Premises (To equal data in section C Line 138)	13				0	
IM & T	14				0	
Out of Hours (including OOHDF)	15				0	
Dispensing (To equal data in Line 154)	16				0	
Total	17	0	0	0	0	0

SUPPLEMENTARY INFORMATION		£000's	£000's	£000's	£000's	£000's
	LINE NO.					
Directed Enhanced Services Section A (i)						
Learning Disabilities	18				0	
Childhood Immunisation Scheme	19				0	
Mental Health	20				0	
Influenza & Pneumococcal Immunisations Scheme	21				0	
Services for Violent Patients	22				0	
Minor Surgery Fees	23				0	
MENU of Agreed DES						
Asylum Seekers & Refugees	24				0	
Care of Diabetes	25				0	
Care Homes	26				0	
Extended Surgery Opening	27				0	
Gender Identity	28				0	
Homeless	29				0	
Oral Anticoagulation with Warfarin	30				0	
TOTAL Directed Enhanced Services (must equal line 8)	31		0	0	0	0

National Enhanced Services A (ii)		£000's	£000's	£000's	£000's	£000's
	LINE NO.					
INR Monitoring	32				0	
Shared care drug monitoring (Near Patient Testing)	33				0	
Drug Misuse	34				0	
IUCD	35				0	
Alcohol misuse	36				0	
Depression	37				0	
Minor injury services	38				0	
Diabetes	39				0	
Services to the homeless	40				0	
TOTAL National Enhanced Services (must equal line 9)	41		0	0	0	0

Local Enhanced Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD		42				0	
Asylum Seekers & Refugees		43				0	
Cardiology		44				0	
Care Homes		45				0	
Care of Diabetes		46				0	
Chiropody		47				0	
Counselling		48				0	
Depo - Provera (including Implanon & Nexplanon)		49				0	
Dermatology		50				0	
Dietetics		51				0	
DOAC/NOAC		52				0	
Drugs Misuse		53				0	
Extended Minor Surgery		54				0	
Gonaderlins		55				0	
Homeless		56				0	
HPV Vaccinations		57				0	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		58				0	
Learning Disabilities		59				0	
Lithium / INR Monitoring		60				0	
Local Development Schemes		61				0	
Mental Health		62				0	
Minor Injuries		63				0	
MMR		64				0	
Multiple Sclerosis		65				0	
Muscular Skeletal		66				0	
Nursing Homes		67				0	
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		68				0	
Osteopathy		69				0	
Phlebotomy		70				0	
Physiotherapy (inc MT3)		71				0	
Referral Management		72				0	
Respiratory (inc COPD)		73				0	
Ring Pessaries		74				0	
Sexual Health Services		75				0	
Shared Care		76				0	
Smoking Cessation		77				0	
Substance Misuse		78				0	
Suturing		79				0	
Swine Flu		80				0	
Transport/Ambulance costs		81				0	
Vasectomy		82				0	
Weight Loss Clinic (inc Exercise Referral)		83				0	
Wound Care		84				0	
Zoladex		85				0	
		86				0	
		87				0	
		88				0	
		89				0	
		90				0	
		91				0	
		92				0	
		93				0	
TOTAL Local Enhanced Services (must equal line 10)		94		0	0	0	0
TOTAL Enhanced Services (must equal line 11)		95		0	0	0	0

GENERAL MEDICAL SERVICES
Operating Expenditure

LHB Administered	Section B	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Seniority		96					
Doctors Retention Scheme Payments		97					
Locum Allowances consists of adoptive, paternity & maternity		98					
Locum Allowances : Cover for Sick Leave		99					
Locum Allowances : Cover For Suspended Doctors		100					
Prolonged Study Leave		101					
Recruitment and Retention (including Golden Hello)		102					
Appraisal - Appraiser Costs		103					
Primary Care Development Scheme		104					
Partnership Premium - GP partners		105					
Partnership Premium - Non GP Partners		106					
Supply of syringes & needles		107					
Other (please provide detail below, this should reconcile to line 128)		108					
TOTAL LHB Administered (must equal line 12)		109				0	0

Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
TOTAL of Other Payments (must equal line 108)	128					0

Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents		129					
Actual Rents: Health Centres		130					
Actual Rents: Others		131					
Cost Rent		132					
Clinical Waste/ Trade Refuse		133					
Rates, Water, sewerage etc		134					
Health Centre Charges		135					
Improvement Grants		136					
All other Premises (please detail below which should reconcile to line 146)		137					
TOTAL Premises (must equal line 13)		138				0	0

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
TOTAL of Other Premises (must equal line 137)	146					0

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

GENERAL MEDICAL SERVICES
Dispensing

		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Dispensing Data						
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
Professional Fees and on-cost						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
TOTAL DISPENSING DATA (must equal line 16)	154				0	0

Welsh Ambulance Trust

Period : Apr 22

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2 / Month:

6

Operating Expenditure from the revenue allocation for the dental contract

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



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

AGENDA ITEM No	13
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Integrated Medium Term Plan 2022-25: Outturn for 2021/22

MEETING	Trust Board
DATE	26 May 2022
EXECUTIVE	Rachel Marsh- Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation
CONTACT	Alexander.Crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to set out the end of quarter 4 2021/22 outturn position on delivery of the Integrated Medium Term plan as WAST commences delivery of its 2022-25 IMTP.

RECOMMENDED:

That the Board:

1. Notes the IMTP Delivery Assurance Report attached (appendix 1) and headlines highlighted in this executive summary;

KEY ISSUES/IMPLICATIONS

Appendix 1 is an assurance report which provides the following information about transformation and enabling programme activity due by the end of quarter four and any risks going into next year's IMTP delivery cycle. It covers the following:

- Programme Governance
- IMTP Delivery;
- Achievements;
- Escalation of barriers and challenges to Strategic Transformation Board (STB);
- Remedial actions against any deviation from IMTP delivery timescales.

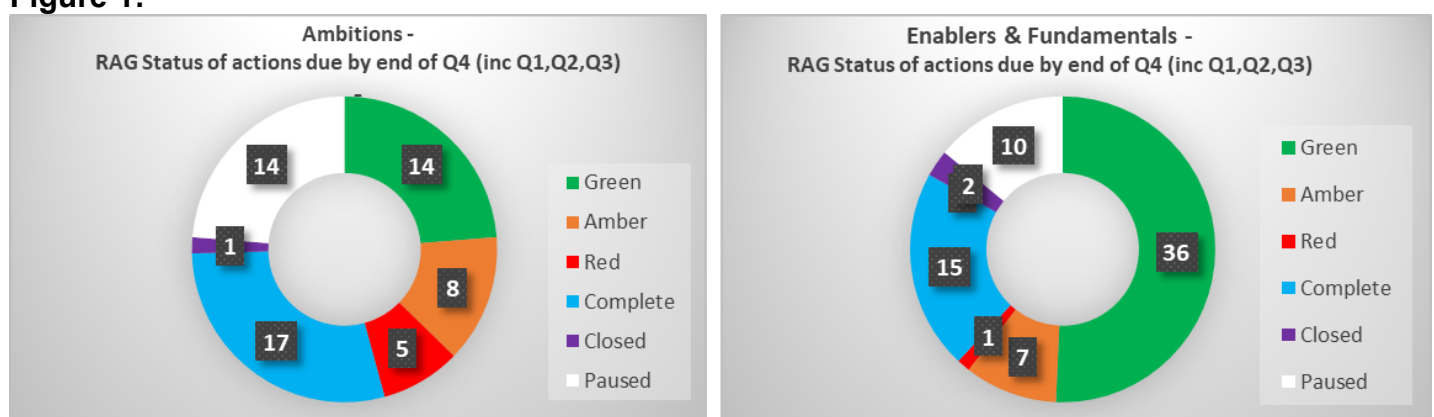
An IMTP delivery tracker has been established by mapping back all 2021-22 actions back into the agreed transformation and enabling programmes established within the STB structure.

- **EMS Operational Transformation** – builds upon the EMS Demand and Capacity (D&C) Programme to deliver wider projects to improve performance and transform services, also to address EMS commissioning intentions;
- **Ambulance Care** – this incorporates the implementation of the NEPTS D&C Review, ongoing NEPTS transformation projects and the emerging work around a Transfer and Discharge model for Wales, again in line with NEPTS and EMS commissioning intentions;
- **Gateway to Care** – this establishes a programme to bring together transformative projects around 111 and the CCC clinical review, including the ambitions for an Integrated Clinical Hub; This now includes elements of 111 digital programme
- **Clinical Transformation** – this has been established to drive forward the Clinical Strategy and our ambitions for mobile urgent care and mental health.

“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.

Finance and Performance Committee reviewed the detailed delivery trackers at its meeting on 16th May 2022 by way of assurance to the Board.

Figure 1:



Six actions were considered RED at year end:

- **Implement the new 111 system:** SALUS delivery has slipped until at least May 22. New date to be agreed.
- **Under Empower the digital patient-** Deliver new interactive services to the 111 website via SALUS – this is linked to SALUS implementation delay.
- Develop a **Quality Strategy Implementation Plan** to support us to self-assess our progress with Quality Governance – Implementation Action Plan drafted, A small Quality, Safety & Patient Experience (QSPE) Working Group has been initiated in November 2021 to accelerate progress, ahead of wider organisational consultation on actions proposed.
- **CHARU:** No funding for 90 FTEs required for CHARUs. Options have subsequently been discussed at EMT and Strategic Transformation Board. The preferred option is to maintain the CHARU Keys and partially fill (targeting a lower UHP to reflect the partial fill)
- **Roll out of Contact First:** 111 First service commenced in C&VUHB on the 16th March 2022 aligned to the roll out of the core 111 service. However, further funding to roll out 111 First is not forthcoming and plans are being developed to mitigate the impact of this within the core 111 service.
- **111 as access point for mental health crisis:** Continue to work with HBs on delivery of '111 press 2 for mental health support', 111 Press 2 scheduled for roll out across Wales by the end of March, this deadline will not be met by the 111 Programme Team Requirements include: MOU, agreed governance processes and further discussion on implementation and roll out. This has been rolled over into this year's IMTP

REPORT APPROVAL ROUTE
Strategic Transformation Board 28 March 2022 Finance and Performance Committee 16 May 2022

REPORT APPENDICES
1. IMTP Delivery Assurance Report – Q4 final

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	✓
Health and Safety	✓	TU Partner Consultation	✓

IMTP Delivery Programmes – Assurance Report

Quarter 4 Interim Position

Ambitions - Programmes

EMS Operational Transformation

Overall RAG - Amber

Key Achievements

- Relief gap on target for closure and establishment in CSD almost doubled.
- A benefits map has been produced.
- A benefits scorecard is produced every month, which details progress on key metrics. This is reported to programme board every six weeks.
- The scorecard is reported to EASC Management.
- CASC requested focus on “soft” benefits measures e.g. patient experience and staff well-being. This remains an outstanding action.
- The processes are in place to measure benefits, but it is difficult to quantify currently due to impact of pandemic e.g. staycation demand, CoVID-19 abstractions, support from FRS, SJA and Military etc.

Summary

Recruitment & Training

Currently forecasting a year end position of 1,680 FTEs including the 36 Paramedic FTEs and 5 MHPs into the CSD against what was a very ambitious target. The underlying relief gap is -52 FTEs. This would have been closed in Q1, but due to the non-recurrent funding of the CSD uplift an SBAR is going to EMT 21/03/22 recommending that 46 FTE ACA2s vacancies are held open to achieve the £1.8m saving. In addition, a further 90 FTEs are required to populate the CHARU roster keys, with funding not secure at this time., this will give a relief gap of 136 FTEs.

Roster Review

Roster review project which was paused to take account of stakeholder feedback and further modelling has been agreed to restart in January 2022. This has now restarted and includes the CHARU Keys (unfunded). If the CHARU keys remain unfunded a plan B SBAR has been submitted to EMT, which recommends that the roster keys are retained and that a partial file of the roster keys is undertaken using the existing Paramedics on RRVs rotas, but no option for current EA paramedics to transfer across to CHARUs. A lower targeted UHP would need to be set.

Estate Contingency

Estate interim plan on target, with exception of Llanelli station where work around required

The CCC Reconfiguration Project

Further dialogue on CCC reconfiguration options required with internal and external stakeholders (on hold pending budget issues).

Risk & Issues

Risk for Noting

- (1) The 22/23 budget issues are now the biggest risk to the programme, in particular the re-emerging relief gap linked to CHARUs and UCS.
- (2) There is some workforce unease around the roster review project, in particular CHARUs and also a collective grievance in CTM North.

- (3) There is high public/political interest, in particularly, in Monmouthshire (3 RRVs being removed no CHARUs) with active management by the CEO, Director of Partnerships and Engagement and AD Commissioning & Performance.

Issue for Noting

- (1) C1 Licence issue – paper submitted to STB 6th January 22
(2) COVID Sickness abstraction

Ask from STB

None

Ambulance Care Transformation Programme

Overall RAG - Green

Key Achievements

- NEPTS Roster Review: Surgeries are taking place with General Managers regarding reviewing the demand keys.
- Transport Solutions 'Contract Redesign and Renewal': the Schedule of Work (SoW) has been shared with providers for consideration as to the work providers wish to bid for. The Tenders for the initial tranche of work have been released and a programme to extend the use of a dynamic procurement system has been agreed with NWSSP.
- Transfer and Discharge: The membership of the T&D project group was agreed at the ACT Programme Board meeting on 16th March 2022.
- Upgrade of Existing CAD: The extension to the contract for cleric has been awarded and Cleric have advised with a 7 week building time. The date for delivering the training account is now 12th May, and the go live date is 24th August.
- NEPTS Operational Improvement: The trial of the oncology bookings process will start on 4th April and the trial of the focused usage of discharge lounges will start on 28th March. The first version of the post production lost hours reports are available to view within Qlik.

Summary

NEPTS Demand & Capacity Review

Roster Review: Surgeries are taking place with General Managers regarding reviewing the demand keys.

Oncology: The PID is being reviewed by the ACT D&C project team

Outbound Ready Times: The automated cancellation line and cisco agent tool have been introduced in December 2021 and January 2022 respectively. The PDSA regarding updating the throughput time in Cleric from 90 minutes to 30 minutes is in progress and a review is expected in early April on the findings.

NET Centre, Planning and Day Control: An SBAR has been submitted to EASC regarding an uplift of 12 FTEs. Work in ongoing with regards to NetCall to introduce a ring back service (the patient will not have to stay on hold, they will be called back when they reach the front of the queue) and this is expected to be implemented at the end of March 2022.

T1 Walkers Reduction: A workshop took place with the Chief Ambulance Services Commissioner's office on 4th March 2022 in which the future of eligibility was discussed. Further work will be carried out when guidance is received from Welsh Government and CASC.

NEPTS Plurality Model

The Procurement Plan has been created which breaks the procurement process down into 10 steps. Working Groups are to be established for each of the 10 steps.

An issue has been identified regarding the low value of the original contract for Response 365 The Dynamic Purchasing System (DPS). The contract will be re-tendered for the higher values expected to go through a DPS. This process is to begin immediately, with the current contract to remain in place until September 2022.

Transport Solution

The National Project Group, focusing on 'Contract Redesign and Renewal' have completed Alternative Provider engagement meetings with a focus on both quality and value for money and how that will shape procurement going forward.

The Local Resource Vehicle Pilot scheme is due to end on 31 March 2022 and an evaluation will be completed before decisions on further use are made.

The SOP has been updated regarding the booking system, and Health Boards are receiving training on the SOP and booking system as and when requested.

Transfer and Discharge

The NCCU are facilitating a Senior group to review the future service development. To date, meetings have not been scheduled with regards to discussing the future service development.

WAST has completed the self-assessment on time regarding the internal evaluation of the Major Trauma Network. A review meeting is due to take place on the 24th March which will focus on Operational policy, annual report and work plan.

The membership of the Transfer and Discharge project team has been confirmed.

The tender process for private provision of time critical transfers did not identify a suitable supplier. A recommendation is to be provided to the Executive Management Team and NCCU that this process is restarted in the new financial year.

NEPTS CAD

Upgrade of the existing CAD: The contract has been awarded and Cleric have been issued with a 7 week building time. The date for delivering the training account is now 12th May, and the go live date is 24th August. (As opposed to March and May).

New CAD system: The new CAD system is currently paused as previously agreed within the Ambulance Care Transformation Programme Board. This has been included in the IMTP as an action for years 2 and 3 (2023/24).

NEPTS Operational Improvement

Oncology: The National Process Document has been agreed in principle by Velindre. The PDSA regarding the national booking process is due to start on the 4th April and be reviewed after two weeks. The results will be shared with the Senior Team within NEPTS to consider the next steps.

Cancellations: The trial regarding maximising the use of the discharge lounge will commence with Ysbyty Gwynedd on the 28th March and run for one month, with weekly reviews. At the end of the trial, the process will be evaluated with a view to extending this across the 3 main sites in BCUHB.

National standardised guidance and risk assessments: The Working Group was established on the 16th March. Work is to be undertaken on the SOPs to support the risk assessments in those areas where a SOP does not currently exist.

Post Production Lost Hours: HI have created a new sheet for post production lost hours, which is within the existing Qlik report and the Project team have agreed the codes which need to feed into the report. These include, but are not limited to: Vehicle Moves, Wait and Return, Completing Datix, Training. The project team are exploring the creation of 3 reports within Qlik, the first version of which is available for review. These cover the total PPLH overview, PPLH breakdown, and PPLH trends.

Risk & Issues

Risk for Noting

The two highest scoring risks on the risk register with a risk impact score of 16 are:

1. *The Programme members' capacity to deliver during periods of high demand and pressure on resources.*

In terms of mitigations, the Programme Board will ensure regular communication with STB to inform of the Programme's progress, risks and issues. The objectives of the Ambulance Care Transformation Programme Board

form part of the IMTP and should therefore be treated as a Trust priority. Reducing the frequency of the ACT meetings to 6 weekly helps to mitigate this action. The post mitigation risk score is 8.

2. The impact of service changes by Health Boards on the Programme, resulting in resources being required elsewhere which affect the delivery of the programme.

In terms of mitigations, Health Board representatives are included in the programme board membership and standing agenda item has been added to allow Health Board representatives and Commissioner representatives to provide updates as and when required. The post mitigation risk score is 12.

Issues for Noting

Within the NEPTS Plurality project, an issue has been identified regarding the low value of the original contract for Response 365 The Dynamic Purchasing System (DPS). The contract will be re-tendered for the higher values expected to go through a DPS. This process is to begin immediately, with the current contract to remain in place until September 2022.

Ask from STB

None

Gateway to Care

Overall RAG - Amber

Key Achievements

- 111 Service successfully launched in C&VUHB on the 16th March 2022.
- 111 Accelerated Training Plan – January cycle completed with 24 X FTE Call Handlers & 11 FTE Clinicians joining becoming operational. February training cycle in progress with 50 WTE Call Handlers and 11.6 WTE Clinical Advisors.
- 111 Stabilisation Plan - CAL training and changes to flows implemented. IVR English and Welsh language Live.
- ECNS – Phase 1 'Implementation Planning' has been completed. Phase 2 'Software Install and CAD Testing' has commenced. Phase 3 'Training' has commenced. Starting to prepare for Phase 4 'go live'.
- 24.2 FTE equivalents paramedics recruited and operational in CSD, with a further 7.3 in mentoring and 1.8 awaiting start dates. Space has been made available by Estates in the C&W CCC for additional CSD staff.
- Clinical leadership 111 - Majority of clinical leadership posts recruited – 4x audit roles remain.
- Released 6 new web-guides for dealing with winter pressures (6 new of total 29 now live), and new landing pages for 'Check your symptoms' and 'Health A-Z'. Released v2 of 111.Wales DOS, and new homepage for 111.Wales.

Summary

The G2C programme continues to deliver good progress. The 111 service is now a national service following the successful launch in C&VUHB. 111 performance continues to show positive trends and stabilisation of key performance metrics including call abandonment and call answer times. Good progress with the CSD expansion and review of the CSD rosters.

Some projects are reporting amber due to delays against programme timelines. ECNS will be delayed due to testing issues and SALUS continues to be delayed by the external provider.

111 First is unlikely to be funded recurrently (awaiting formal confirmation from WG). This will impact delivery of the service and work continues to manage the financial impact on the Trusts 2022/23 budget.

Prioritisation of the CCC clinical review. 'Go live' delayed due to UAT issues.

Core 111 roll out

C&V UHB 111 service successfully launched on the 16th March 2022. Monitoring arrangements in place to embed the service with Operational teams.

111 First

111 First service commenced in C&VUHB on the 16th March 2022 aligned to the roll out of the core 111 service. Welsh Government have indicated that this project may not receive recurrent funding for 2022/23 and beyond. Impact on WAST IMTP funding has taken place with EMT.

111 Stabilisation & Transformation plan and Care in Time Improvement Programme

New IVR (Phase 1) is live in English and Welsh. Following review of the stabilisation plan, the recommendation to the Board is to close the stabilisation plan and repackage those actions which are ongoing into other deliverables for monitoring or as Business As usual activity.

CCC Clinical Review

ECNS: 31% of CSD staff are trained in both MPDS and ECNS. 16% are trained in MPDS only. 17% are trained in ECNS only. 41% of the documentation for ACE accreditation has been completed. Phase 1 'Implementation Planning' has been completed. Phase 2 'Software Install and CAD Testing' has commenced. Phase 3 'Training' has commenced. Starting to prepare for Phase 4 go live'. Issues during UAT may impact on the go live date.

CSD Roster Review: A lessons learned meeting is scheduled for the 29th March and a feedback meeting is scheduled for 26th April to discuss if the benefits of the roster are being realised in terms of both UHP and staff well-being.

Increasing the Clinical Support Desk (CSD) by 36 FTE Paramedics: 24.2 FTE equivalents paramedics recruited and operational in CSD, with a further 7.3 in mentoring and 1.8 awaiting start dates. Space has been made available by Estates in the C&W CCC for additional CSD staff. A lessons learned meeting is scheduled for the 29th March and a feedback meeting is scheduled for 26th April on the roster review.

Physician Triage Assessment and Streaming (PTAS): Currently, Hywel Dda and Betsi remain the only Health Boards who are live with PTAS. All other Health Boards are being contacted on a regular basis for an update on scheduling training and signing the required documentation (MoU, DPIA and JCA).

111 Digital Programme Capita continuing to develop the SALUS operating software and provide clear documentation to support User Acceptance Testing but continued delays regarding the readiness and quality of the SALUS system to enable User Acceptance Testing. Further delays to SALUS roll out puts more pressure on the CAS system and possible system issues due to the pausing of key software updates / development that may be required for continued use of the system.

Released version 2 of the 111.Wales DOS, introducing new features such as location services, and a new homepage for 111.Wales. Added additional links between webguides and pre-filtered DOS / Services Near you pages; which autopopulates the user's postcode (a field gathered during webguide completion) to highlight local services. Released new Check your symptoms and Health A-Z landing pages, to improve the ease with which content is found. Released 6 new webguides for dealing with winter pressures (29 new webguides made live in total). Added animations to the Live Well section.

Key Risk & Issues

Risk for Noting:

Capita Readiness: Continued delays regarding the readiness and quality of the SALUS system to enable User Acceptance Testing.

CAS system stability - further delays to SALUS roll out puts more pressure on the CAS system and possible system issues due to the pausing of key software updates / development that may be required for continued use of the system.

Lack of recurrent funding for 111 First service in relation to the circa £3million of committed funding for the project.

ECNS has faced issues during testing. The biggest unresolved issues is that LowCode does not allow the call to progress through the protocol questions when selecting the 'Yes' button on certain questions and protocols. The solution (and therefore the amount of work involved to resolve this) is currently unknown. This may impact on the go live date. This has been included as a caveat to the revised project plan.

Due to the delay in receiving the job descriptions back from the panel, there is a risk to recruiting audit positions as part of the expert leadership team around 111 First in the next financial year due to ongoing funding discussions.

Impact on 111 First funding position is currently unknown in respect to the 111 Workforce plan.

Ask from STB

(3) None

Clinical Transformation Programme

Overall RAG - Green

Key Achievements

Care Closer to Home:

- Consultant Paramedic commenced in post on 17/01/22
- COPD: Agreement on the Swansea Bay UHB COPD Referral Process. SOP developed and seeking approval by the Care Closer to Home Group.
- Non-Injury Falls: Ongoing discussions with TerraFIX regarding the design specification and referral process to be agreed prior to testing.
- Agreement by EMT to recruit (at risk) as many suitable APPs to backfill 14 vacancies; 23 interviewed and recruited 19.3 FTEs.
- Future APP provision submitted via the EMS Transition Business Case to support the concept of “Inverting the Triangle”, awaiting outcome from EASC.
- Agreement by WG to extend current service provider (Consultant Connect) until new provider has been sourced. Procurement Process has commenced with WAST representation on the scoring panel.

ePCR:

- Electronic Patient Handover: Progress made to complete all Health Boards with the exception of ABUHB. English Hospital connections commenced.
- DigiPen Decommissioning: ABUHB Implementation may impact. DigiPen return campaign underway.
- TerraPACE Project: Agreement to continue implementation plan to complete remaining workstreams. CFRs, WGPR interface & Major Incidents application
- Delivery Recruitment Team: Ongoing recruitment into the OCM and PM positions. Training Manager commenced in post.
- EMRTS Cymru Handover/Collaboration: Complete - EMRTS continue to use Welsh Clinical Portal to access records

Older Persons & Falls:

- BCUHB, SBUHB and ABUHB looking for longer term funding solutions / sustainable services for the Falls Response Teams
- Falls Framework now Falls & Frailty Framework, approved by EMT (Dec-21)
- Falls Assistants by Night commenced on 27/01/22 up until end March-22.
- Dedicated Falls Assistant by Night vehicle, funded by C&V up until end March-22, with initial negotiations to extend beyond this date.
- Presentation delivered to CPAS in relation to 4 codes that had been identified as suitable for Falls Assistants to attend without initial triage.
- Ongoing discussions with Care Homes to decrease the demand to 999 with patients who have fallen
- Frailty Response Unit introduced into ABUHB with Local Clinical and Operational Management Teams, operating under the “Pause & Reset” Programme of Work.

Mental Health & Dementia:

- Mental Health Practitioners in the CSD have commenced induction programmes
- 111 Press 2 Mental Health Pathway was not rolled out by March 2022 as planned.

Summary

Alternative pathway

- COPD now been implemented in ABUHB and CTMUHB and engagement continues. Initial discussions have taken place with ABUHB to explore the option to expand the pathway to breathlessness. Final governance arrangements are underway to implement the pathway in SBUHB.

- National Non-Injury Falls Pathway refreshed Paramedic Field guide approved by CC2HG based on information sent from Health Boards. Further discussions with TerraFIX regarding the design specification and referral process to be agreed. Once agreed, this would require testing and final sign off prior to implementation.

Expansion of APP workforce

- EMS Transition Plan Business Case submitted to EASC outlining an increase in APP provision in addition to increasing Independent Prescribing skillset to support the concept of "Inverting the Triangle". Awaiting outcome on funding.
- Two workshop held for initial thinking and shaping the vision of "Inverting the Triangle".
- Feedback received on the Specialist APP in CCC (as part of the rotational model) Job Description. Amendments require which will need resubmission to the job evaluation team for consideration by consistency panel. Aiming to recruit 9 APPs to provide a 24/7 cover in the CCC. Interim solution is to recruit the APPs on a 6 month secondment basis into the CCC. To date, 4 FTEs have been appointed. Ongoing recruitment via Expression of Interest underway to fill the posts.

Independent Prescribers

- Appointed 9 out of 10 Independent Prescribers. University Course have started.

Older Person

- ABUHB Frailty Pilot Evaluation was presented to CQGG, results demonstrating that patients with a high frailty score were able to be safely managed in the Community. This was by utilising a direct pathway between the Falls Response Service and the Community Rapid Medical Team (Consultant Led).
- Frailty Response Unit introduced into ABUHB with Local Clinical and Operational Management Teams. This included a Consultant and Paramedic Response Vehicle that was specifically responding frailty presentations, operating under the "Pause & Reset" Programme Work.
- Advice from Strategic Education Group that the frailty training would not be made compulsory. Training materials are being developed for ESR and Ambulance Learning LaunchPad.

Falls

- Betsi Cadwaladr UHB funding received until end April-22 and looking at longer term funding solutions. Swansea Bay UHB Falls Response Team ending in March-22 and looking at longer term funding solutions Aneurin Bevan UHB have had funding extended until the end Sep-22. Conversations ongoing between WAST and ABUHB Transformation Lead to develop a sustainable service model.
- ABUHB Frailty Pilot Evaluation was presented to CQGG, results demonstrating that patients with a high frailty score were able to be safely managed in the Community. This was by utilising a direct pathway between the Falls Response Service and the Community Rapid Medical Team (Consultant Led). CQGG to receive regular updates on progress.
- Frailty Response Unit introduced into ABUHB with Local Clinical and Operational Management Teams. This included a Consultant and Paramedic Response Vehicle that was specifically responding frailty presentations, operating under the "Pause & Reset" Programme Work. Learning has been identified. SBAR to be presented at SOT and CQGG (Q1).
- Falls Assistants by Night commenced on 27/01/22, a temporary in variation in contract notice was provided to St John's to cover up to Mar-22. Funding will cease, however SBAR will detail the evaluation of the period and will be presented to FIIG and SOT. Dedicated Falls Assistant by Night vehicle, funded by C&V up until March but negotiating an extension beyond this date.
- Presentation delivered to CPAS in relation to 4 codes that had been identified as suitable for Falls Assistants to attend without initial triage. Data shared which demonstrated improved number of attendances at scene, there were no clinical adverse clinical incidents reported during that period in relation to this change.

Mental Health & Dementia

- 2 out of 5 MH Practitioners (CSD) have begun their induction programme, remaining 3 due to start in April. Interviews held for the 6th post however no suitable candidates. Post to be re-advertised.

- 111 Press 2 scheduled for roll out across Wales by the end of March, this deadline will not be met. This work is being externally led by the 111 Programme, to mitigate this the 111 Programme are exploring the options for a new roll out date and currently there is no impact on WAST current.

EPCR

- Excellent progress made to complete Electronic Handover in all Health Boards, except for ABUHB. The delay in ABUHB implementation may impact on the Digipen Decommissioning, albeit DigiPen return campaign underway.
- Agreement from TerraPACE that they will continue to support the implementation plan to complete the remaining workstreams, this includes the following workstreams: CFRs, WGPR interface & Major Incidents application
- Ongoing recruitment into the Delivery Team, OCM and PM positions remain unfilled. Temporary PM in post. Training Manager has commenced in post.

Risk & Issues

Risks-For Noting

- **Programme:** Failure to deliver the IMTP objectives aligned to Clinical Transformation Programme Board due to increased operational pressures. MA: Prioritisation exercise to be undertake and decision made by EMT/STB (complete)
- **Older Persons:** Failure to deliver Frailty training and subsequent roll out of the Frailty Tool due to sustained REAP 4. MA: Potential for the sign up of the training package to be voluntarily, this creating a limited assurance around the benefits of the training and inability to understand the improvements that have been made.
- **Falls:** Unable to appropriately identify, assess and triage patients who have fallen via the Clinical Support Desk MA: Summer and Winter Tactical Bid submitted but no approved due to competing priorities. Extraordinary Falls Meeting with CCC to discuss urgent improvements.
- **Falls:** Failure to secure funding for the Level 2 Falls Response Model. MA: Develop a benefits realisation paper to be submitted to CTPB for decision.

Ask from STB

None

Enablers and Fundamental

Our People

The conditions relating to sick pay for long COVID are due to end at the end of March. The team has been working with those colleagues who are affected by the change who are currently absent to confirm routes back to work or alternative options for the longer term. We continue to press ahead with wellbeing commitments and supporting all colleagues in line with the Wellbeing strategy.

We have launched the new Behaviours, shared through a recent Leadership Symposium and CEO Roadshow events. We have now recruited the Head of Inclusion and Engagement and the Trust has commenced its Allyship Journey during quarters 3 and 4.

The project plan for developing the Strategic Workforce Plan has been drafted. We continue to deliver workforce aspects of the EMS Demand and Capacity Review implementation, with final cohort of EMTs due to operationalise in May 2022. Our offer has been supported by the development of modern training and education facilities across EMS, Ambulance Care and 111 at Matrix House, Cardiff Ambulance Station (opening week commencing 28.03.22) and Ty Elwy (works ongoing).

The development of the new People and Culture Strategy has been pushed into quarter 1 2022/23 and this will provide the context and basis for the refresh of the Leadership strategy/plan.

Some risks around our partnership relationships with TUs as well as the risk of temporary disruption due to the leadership changes in WOD senior team.

Innovation & Technology

Following TOM report presented to EMT and OCP in initial draft in Quarter 2 Recruitment ongoing. Significant number of gapped roles now filled.

Development of digital strategic outline programme is in progress, however, will not be submitted for approval until next financial year. This will be first of type for Digital in NHS Wales and is being worked through in consultation with WG leads who are supportive of the approach.

Funding secured for additional pilot activity in Digital Workplace with Robotic Process Automation (RPA). Activity and rollout will form part of next year's IMTP

Significant uplift in maturity and content, with new SALUS webg-uides included. However, majority of delivery is due to the interim web team funded by the 111 Programme. **SALUS delivery remains flagged as RED** - Refer to Gateway to Care section for detailed update

Technology for pilot video for patient and clinical interaction is now available however Operational and clinical processes still to be developed. **It will be pragmatic to build this into one of the key transformation programme delivery for 2022-23.**

New Control Room Solution as part of ESMCP- Ambulance Radio Programme – rollout plan agreed for January – August 2022

Full business case (FBC) for Mobile Data Vehicle Solution submitted to WG

Yammer rollout complete. Further development under consideration

Qlik being rebuilt in Power BI prior to testing and migration. CCC Dashboard complete. Additional development being conducted on ODU dashboard.

999 re-platforming being re-planned after resource diverted to 111 expansion, this should be viewed as a separate deliverable as 111 platform update has been completed.

Estate and Fleet SOP

Estate SOP continues to support the different short term contingency plans and long term strategic ambitions, however areas of resource constraint are highlighted and these will impact on timely completion. Actions, risks and issues are being managed via Estate SOP Delivery Group.

Commissioning of Cardiff Make Ready Depot (MRD) facility on track for revised opening date of 29th March 2022

The development of an OBC for Swansea MRD replacement will be rolled into 2022/23 IMTP.

CCC capability being increased at VPH and Ty Elwy. Timescales reprofiled to account for the VPH business case and full scope of required works. Works progressing well at Ty Elwy. Acknowledged from the start of the project that the work would continue into very early in next financial year for completion.

Site purchase completed on 18th February 2022 for the South East Fleet Workshop. Therefore action complete, with new programme of delivery to be scheduled within next year's plans and capital development programme.

Beacon House on track to finalise works at end of March with occupation from April 2022.

Revised vehicle replacement programme confirmed with WG and on target for new plan. BJC 22/23 document submitted to WG and gained formal approval to proceed.

The Trust has approved its first Environmental Strategy. This Strategy highlights the ongoing work, future requirements, plus a commitment to retaining the ISO14001 accreditation. WAST Decarbonisation Action Plan approved by F&P Committee in March 2022. Link to be included with IMTP submission.

Partnerships & Engagement

University Status

Application for UTS has been submitted and we await decision.

RIIC Hub

The WAST hub continues to engage with partners, stakeholders, and others, opening additional opportunities for research, innovation, and improvement (RI&I) collaboration.

A RIIC hub Sustainability Plan (beyond 2022) has been submitted to Welsh Government and the funding stream has now been confirmed for 2022-23. Information on specific delivery plans and alignment areas in line with investment objectives submitted will be available in quarter 4.

ODU

Moved to Business as Usual

MTU

The contract has been further extended to the end of June 2022. However, it is anticipated that testing will reduce over the coming months in line with national Pandemic to Endemic plans. Currently NHS staff will continue to be tested. MTU is now BAU for Operations.

Volunteer Strategy

In 2021/22 the Trust approved its Volunteer Strategy. The Volunteer Strategy concentrates on the themes of Governance, Value and Engagement. Year one brought together the Volunteer Car Service, Community First Responders and Alternative Responders services under the portfolio of the new National Volunteer Manager. The COVID-19 pandemic has impacted WAST ability to implement year one ambitions and so the ambitions for year two have been revised.

Year two will focus on a governance review to ensure our volunteers are supported by a suite of fit for purpose policies and procedures. We aim to develop a robust volunteer-led steering committee which will provide a structure across the volunteering portfolio, ensuring the voice of volunteers is heard across the organisation. We will also develop an engagement plan, working with colleagues across the Trust to extend our volunteer reach across diverse communities within Wales to ensure these communities are represented within the volunteer portfolio

Working Safely Programme

Working safely action group is making good systematic progress with the prioritised urgent actions with leads and task and finish groups taking responsibility of each action. Considering the operational pressures current work programme is focusing on areas that can be progressed without much involvement required from the operational teams but will get the actions in a state of readiness to engage with the teams later in the year.

Quality Fundamentals

The Quality Strategy Implementation Plan was endorsed at QUEST in February 2022; the implementation will continue into 2022/23 in preparedness for the enforcement of the Duty of Quality and Duty of Candour from April 2023. Significantly, 4WTE Senior Quality Lead roles were set to be introduced into the Trust over Q4 and Q1; this has ceased due to identified funding not being available into the next financial year. Consideration of mitigating options is currently being considered.

The Quality and Performance Management Framework was signed off at Board in March 2022. A Steering Group will commence in April to develop sub-frameworks which are the basis for the metrics/measurements of the quality management system. A review of Clinical Quality Governance Group sub-groups has not yet commenced in Q4 (at time of writing) due to competing demands and reduced workforce. It is expected this will commence from April 2022.

Management of overarching areas of risks to delivery

Securing stakeholder support

As recognised in the IMTP the importance of the stakeholder support required to achieve the Trust's ambition which applies both to external system partners such as WG, commissioners, health boards and clinical leaders, but also to our people and Trade Union Partners. The Trust continues to engage with all stakeholders at all levels for executing the in-year actions and long-term ambitions. "Voice of the stakeholder" currently being scoped to influence engagement framework moving forward. Stakeholder briefing issued August 2021 with a slew of political engagement either undertaken or in hand with MPs, MSs, local government councillors and officers/CEOs. Trust engages regularly with commissioners (NCCU) and Health Boards and Welsh Government through different forums on progress and performance issues. Internally all key stakeholders including Trade Union partners have membership on all key IMTP delivery programme boards.

Ongoing impacts or potential future waves of the COVID-19 pandemic

The key area of concern was the anticipated impact on staff Health and Wellbeing and sickness levels remain high (**CRR ID 160**) . At the beginning of the 2021-22 one of the key actions was to encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response. Staff feedback that the concept of pause was not helpful and this has been reframed as a reset and being explored through the culture work being carried alongside year one actions of Health and Wellbeing Strategy and sickness action plan.

Capacity within the organisation to deliver the change required

This will be mitigated in part by the growth in the corporate infrastructure to mirror the growth in front line services, which will provide some additional capacity, Example 2 x FTE additional project managers recruited into Transformation Support office . Additionally, this is being managed on case by case basis where change resource required is raised as part of funding request example ECNS Project.

Acknowledging additional resource there will still be pressure points and constraints due to timeline of various projects (Planned & Slippage) and ask on enabling functions to support delivery in different areas. Any such constraints on enabling functions will need escalated to STB and will need direction to prioritise resources.

Demand for our services increasing

Considering current service escalation levels and anticipating further pressure on services due to winter demand this is an area of concern. There is a need to prioritise IMTP deliverables to balance out time, resource and energies spent in dealing with today's problem and making steady progress in long term strategic direction. (**Prioritisation exercise completed**)

Pressures on the service arising from external factors

Handover delays remain an area of concern with crews waiting outside emergency department. WAST Improvement & Innovation Network (WIIN) has been collating ideas from staff on how WAST can influence and improve this partly.

Policy change as a result of the election

Welsh Parliament elections concluded in May 2021 and the results have not had any major change on overall policy and direction of NHS Wales that could have had impacted the submitted IMTP. The new Health Minister has outlined ministerial priorities and most actions in Trusts IMTP are within the envelope of these.

Financial Risk -

Revenue– (CRR ID 109)

NB the CRR 109 has been closed and has been replaced

The organisation has an ambitious IMTP which cannot be delivered in its totality without appropriate level of revenue income from EASC and other sources and associated staffing resources. There are deliverables waiting to make further progress as decision on funding is pending, Example **Level 2 Falls Response Model across Wales**

Capital – (CRR ID 424)

If capital investment is not available from the Welsh Government from the all Wales Capital programme or sufficient for our discretionary capital internal programme then IMTP deliverables requiring capital funding may not be funded or prioritised, thus resulting in delay or non-delivery of IMTP deliverables which will impact on our ability to deliver our strategic ambitions and improvements in digital, equipment, fleet and estate to enhance staff wellbeing and their ability to provide quality patient care. The likelihood of this risk is low as verbal assurance of funding requirements being met has been received but formal confirmation is still to be received. This is reflected in the corporate risk register and other programme board risk registers (EMS OPS Transformation – Capital Risk).



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

AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	9

ANNUAL BOARD AND COMMITTEE EFFECTIVENESS 2021/22

MEETING	Trust Board
DATE	26 May 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of assurance that support this assessment process for 2021/22.
2. The Board relies on external and internal sources of assurance to assess its effectiveness which in 2021/22 included two Audit Wales Structured Assessments; Joint Escalation Arrangements; externally facilitated Board development; a self-assessment against the Governance Code 2017; and Committee effectiveness reviews.
3. The Board Committees underwent a programme of effectiveness reviews in Quarters 3 and 4. Their annual reports attached set out an evaluation of their effectiveness following completion of self-assessment questionnaires and meetings with the Chair and Executive leads and the full Committee, culminating in amendments being made to their Terms of Reference and their operating arrangements.
4. In concluding the reviews for 2021/22 and in demonstrating continued self-reflection and an appetite for continuous improvement, the Board were asked to identify the areas where it was doing well, what it could improve, and to identify areas for development which will feed into the 2022/23 development programme.

RECOMMENDATION:

5. The Board is requested to
 - (a) review the external and internal sources of assurance to assure itself as to its effectiveness for 2021/22; and

(b) Review and approve the annual reports and amendments to Terms of Reference and operating arrangements for:

- Academic Partnership Committee
- Audit Committee
- Charitable Funds Committee
- Finance and Performance Committee
- People and Culture Committee
- Quality, Patient Experience and Safety Committee
- Remuneration Committee

REPORT APPROVAL ROUTE

All Committee effectiveness reviews, annual reports and changes to Terms of Reference and operating arrangements have been reviewed by the Executive Management Team and each Committee during Quarter 4 2021/22.

The Chairs Working Group reviewed the suite of annual reports and changes to the Terms of Reference and operating arrangements on 8th April 2022.

REPORT APPENDICES

1. Annex 1 – SBAR
2. Annex 2 – Self assessment against Governance Code 2017
3. Annex 3 – Academic Partnership Committee 2021/22 annual report and amended Terms of Reference
4. Annex 4 – Audit Committee 2021/22 annual report and amended Terms of Reference
5. Annex 5 – Charitable Funds Committee 2021/22 annual report and amended Terms of Reference
6. Annex 6 – Finance and Performance Committee 2021/22 annual report and amended Terms of Reference
7. Annex 7 – People and Culture Committee 2021/22 annual report and amended Terms of Reference
8. Annex 8 – Quality, Patient Experience and Safety Committee 2021/22 annual report and amended Terms of Reference
9. Annex 9 – Remuneration Committee 2021/22 annual report and amended Terms of Reference

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	Yes
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

BOARD AND COMMITTEE EFFECTIVENESS 2021/22

SITUATION

6. The Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of assurance that support this assessment process.

BACKGROUND

7. As the factors underpinning effective governance can change, for example as people leave, organisations restructure or strategy shifts, regular reviews of the Board and its Committees ensure governance remains fit for purpose. In addition, the Trust's Standing Orders and Committee Terms of Reference require that the Board and its Committees self-assess and evaluate their effectiveness annually.
8. During the 2021/22 year the Trust has undertaken and engaged in a number of assessments that provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness assessment.
9. Effectiveness reviews of the seven Board Committees were conducted in Quarter 3 and 4 of 2021/22 and the proposed changes to their terms of reference and operating arrangements were made as a result. The review of the Local Partnership Forum (Advisory Group) is being conducted during Quarter 1 of 2022/23 as that Group was stood down during the pandemic and its work is carried out by the Trade Union Cell under the pandemic governance structure.

ASSESSMENT

10. External Sources of Assurance

- 10.1. Two **Audit Wales Structured Assessments** were carried out in 2021. Phase 1 considered the planning arrangements underpinning the development and delivery of the Trust's operational plan for quarters 3 and 4 of 2020/21, with Phase 2 considering how corporate governance and financial management arrangements adapted over the year.

Relevant to the Board's effectiveness with respect to corporate governance, the Phase 2 report noted that the Trust has continued to develop its corporate governance, planning and financial management arrangements in the context of significant service delivery pressures which are compromising the effectiveness and safety of emergency ambulance services and longer-term service transformation.

The report added that improvements continue with respect to governance, risk management and quality and safety assurance arrangements.

- 10.2. Under the **Joint Escalation and Intervention Arrangements**, Health Inspectorate Wales meets with Welsh Government and Audit Wales twice a year to discuss the overall assessment of the Trust.

Two tripartite meetings were held in 2021-22 and on both occasions the escalation status of the Trust remained unchanged at 'routine arrangements'.

The most recent meeting in March 2022 noted concerns and issues to be addressed relating to handover and response time and the impact on patient experience; noted actions to address quality and governance measures and plans in place for capacity issues when the military exit in March 2022; and the ongoing relationship between management, the Trade Unions and staff.

- 10.3. During 2021 the Board engaged in an **externally facilitated Board Development programme with Hult Ashridge**. This included questionnaires and assessments carried out by Board members and a two day in person workshop covering good practice in Board governance and reflections on how the Board has developed. Changes to process and practice were made as a result of the sessions, and a commitment was made to further engage in this type of long term development.

11. Internal Sources of Assurance

- 11.1. An assessment was undertaken in March 2022 against the main principles of the **Corporate Governance in Central Government Departments: Code of Good Practice 2017** ('Governance Code') as they relate to NHS bodies. This is attached at Annex 2.

The Governance Code adopts a 'comply' or 'explain' approach. The Trust is satisfied that it complies with the principles of the Governance Code, is conducting its business in an open and transparent manner in line with the Code, and has held true to good governance in the arrangements it has in place.

- 11.2. The **Board Committees reviewed their effectiveness** in 2021/22. Committees play an important role in supporting the Board fulfilling its responsibilities by providing advice on strategic development and specific aspects of business; gaining assurance on key aspects of activity in organisational performance, supporting achievement of the Trust's strategic goals; and carrying out specific responsibilities on the Board's behalf.

Effective Committees provide a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues to a greater depth.

There is a programme in place to ensure Committees of the Board review the following activity on an annual basis:

- Terms of Reference and operating arrangements
- Committee effectiveness questionnaires
- Annual Committee reports on activity to the Board
- Annual priorities for Committees

The annual reports of the Board Committees, together with an evaluation of their effectiveness and proposed changes to their Terms of Reference and membership are attached as annexures 3 to 9 for approval by the Board.

Committee cycles of business are in the process of development for each Committee and will be reviewed annually along with the Terms of Reference.

Membership of both Non-Executive Directors and Directors has changed for some Committees as set out in their Terms of Reference, and the Board approved revised membership at their meeting on 24th March 2022.

The priorities set by Committees for 2022/23 are set out below and quarterly reports will be presented to the Committees on progress against each priority:

Committee	Priorities for 22/23
Academic Partnership Committee	University Trust Status priority projects of: <ul style="list-style-type: none"> • Priority 1: Digitisation Enabling Better Outcomes • Priority 2: Advanced Practice and Specialist Working, Consult and Close and Service Transformation, Including Research • Priority 3: Decarbonisation, Fleet Modernisation and Sustainability
Audit Committee	<ul style="list-style-type: none"> • Develop an induction programme for new Audit Committee Members • The transformation of risk management and the Board Assurance Framework
Charitable Funds Committee	<ul style="list-style-type: none"> • Development and recommendation to the Board of Trustees of the Charity Strategy • Effectiveness reviews of the Bids Panel and Bursary Panel for alignment of terms of reference and cycles of business
Finance and Performance Committee	Focus on assurance to be provided on the additions to the terms of reference i.e. estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response.
People and Culture Committee	<ul style="list-style-type: none"> • Monitor and support the actions to reduce absences due to sickness, gaining an understanding of the reasons for long standing high sickness rates to inform future learning. • Focus on the health and safety remit which is newly acquired by the Committee.

	<ul style="list-style-type: none"> Supporting the implementation and championing the strategic equality objectives, including Welsh language, to promote an inclusive organisation.
Quality, Patient Experience and Safety Committee	To further embed oversight of patient safety, openness and transparency, the Committee will monitor the Trust's readiness for the introduction of the Duty of Quality and Duty of Candour when the Health and Social Care (Quality and Engagement) (Wales) Act comes in to force in the Spring of 2023.
Remuneration Committee	Given the nature of this Committee no specific priorities were set

12. Board Member Reflections

In concluding the reviews for 2021/22 and in demonstrating continued self-reflection and an appetite for continuous improvement, the Board were asked to identify any areas of activity that are done well, or could be improved, with a summary of the response and themes set out below. The responses will be considered in the programme of work for the corporate governance team for 2022/23.

Question	Response
What is the Board doing well?	<ul style="list-style-type: none"> Well organised and co-ordinated; meetings are well chaired and managed; well written and presented reports. Plenty of opportunities leading up to Board to discuss and review issues; members of the public and staff have opportunities to pose questions and receive a response. With a good mix of skills and personalities it conducts itself well as a unitary Board, ensuring that all voting and non-voting members have the opportunity to contribute; healthy debate and discussion; expert insights. Transparent and inclusive; seeking explanations for areas of work where problems arise. Focused on the Board Assurance Framework and assurance from Committees. Increased emphasis on strategy, culture and behaviours. Continuing with the hybrid model of meetings enables it to reach a wider audience.
What could the Board be doing better?	<ul style="list-style-type: none"> Patient and staff stories which are more relevant to the key issues for the Board, with a good balance between both types of stories. Review length of Board papers and agenda items to manage time and prioritise important discussions; accessibility of Board papers. Using the Board Assurance Framework to drive the agenda; consider Committee reports earlier in the agenda to more clearly linked to risk and the roles of the Committees. More focus on risk and opportunities.

Question	Response
	<ul style="list-style-type: none"> • Maximise the strengths, skills and experience of the Board; build on the team culture of the Board to maximise effectiveness. • Increased strategic level reporting to Board.
<p>What are the training and development needs of the Board?</p>	<ul style="list-style-type: none"> • Trade Union representatives preparation to attend Board with possible use of the Shadow Board programme. • Risk management development and training, particularly regarding the Board Assurance Framework and risk appetite. • Long term development to assist the Board in articulating what 'great' looks like to inform the plans over the next 2-3 years to deliver this. • Better understanding of the wider system of health and social care. • Equality and diversity. • More development and concentration on strategy. • Board members sharing their background experience and how the board may best benefit from this experience and their broader networks. • Ongoing development of relationships with members of the Board. • Maintain up to date knowledge/awareness of key strategic/government directives.

RECOMMENDATION

13. The Board is requested to

13.1. Review the external and internal sources of assurance to assure itself as to its effectiveness for 2021/22; and

13.2. Review and approve the annual reports and amendments to Terms of Reference and operating arrangements for:

- Academic Partnership Committee
- Audit Committee
- Charitable Funds Committee
- Finance and Performance Committee
- People and Culture Committee
- Quality, Patient Experience and Safety Committee
- Remuneration Committee



2021/22 SELF ASSESSMENT AGAINST THE CORPORATE GOVERNANCE IN CENTRAL GOVERNMENT DEPARTMENTS – CODE OF PRACTICE 2017

[HTTPS://WWW.GOV.UK/GOVERNMENT/PUBLICATIONS/CORPORATE-GOVERNANCE-CODE-FOR-CENTRAL-GOVERNMENT-DEPARTMENTS-2017](https://www.gov.uk/government/publications/corporate-governance-code-for-central-government-departments-2017)

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	Comply or Explain	Supporting documentation
1	Each organisation should have an effective board, which provides leadership for the business, helping it to operate in a business-like manner. The board should operate collectively, concentrating on advising on strategic and operational issues affecting the Trust's performance, as well as scrutinising and challenging departmental policies and performance, with a view to the long-term health and success of the Trust. (Code reference 2.1 and 2.2)	<ul style="list-style-type: none"> The Board meets bi-monthly, and Committees meet quarterly, other than the Finance and Performance Committee which meets bi-monthly aligned to Board meetings. The Board routinely receives information on strategic activity, risk and performance as set agenda items. The Integrated Medium Term Plan (IMTP) is approved by the Board and performance is scrutinized by the Board. Joint Executive Team (JET) meetings are planned with Welsh Government colleagues. The Board collaborates with partners and key stakeholders as described in the IMTP. 	Comply	<ul style="list-style-type: none"> Board and Committee Minutes – demonstrate scrutiny and support. Board and Committee meeting schedule. IMTP delivery reports to Board and Committees. Audit Wales Structured Assessment 2021
2	The Board does not decide policy or exercise the powers of the ministers. The department's policy is decided by ministers alone on advice from officials. The board advises on the operational implications and effectiveness of policy proposals. The Board will operate according to recognised precepts of good corporate governance in business: <ul style="list-style-type: none"> Leadership – articulating a clear vision for the department and giving clarity about how policy activities contribute to achieving this vision, including setting risk appetite and managing risk 	<ul style="list-style-type: none"> In accordance with the set statutory duty, the Trust had its IMTP covering the period 2021-2024 approved by the Welsh Government. This demonstrates to stakeholders that the organisation possesses the requisite level of maturity to plan and deliver our services with confidence over a three year period. The IMTP is refreshed on an annual basis and approved by the Trust Board The Trust adopted the revised Model Standing Orders in January 2022. The Standing Orders translate the statutory requirements set out in the National Health Service Trusts (Membership and Procedure) Regulations 1990 (S.I.1990/2024) into 	Comply	<ul style="list-style-type: none"> Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions. IMTP Quality and Performance Management Framework Board minutes of meetings Committee annual reports Annual appraisals



	<ul style="list-style-type: none"> Effectiveness – bringing a wide range of relevant experience to bear, including through offering rigorous challenge and scrutinising performance Accountability – promoting transparency through clear and fair reporting. Sustainability – taking a long-term view about what the department is trying to achieve and what it is doing to get there. (Code reference 2.3) 	<p>day to day operating practice, and, together with the adoption of a Schedule of Reservation and Delegation and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Trust. These documents form the basis upon which the Trust's governance and accountability framework is developed and, together with the adoption of the Trust's Values Framework and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.</p> <ul style="list-style-type: none"> The Trust approved the Quality and Performance Management Framework in March 2022 which will promote transparency and accountability. Committee effectiveness is reviewed annually and Non-Executive and Executive Directors receive annual appraisals. 		
3	<p>The Board should meet on at least a quarterly basis; however, best practice is that boards should meet more frequently. The Board advises on five main areas:</p> <ul style="list-style-type: none"> Strategic Clarity Commercial Sense Talented People Results focus Management information <p>(Code reference 2.4 and 3.10)</p>	<ul style="list-style-type: none"> The Board meets bi-monthly, and Committees meet quarterly, other than the Finance and Performance Committee which meets bi-monthly aligned to Board meetings. The Board routinely receives information on strategic activity, risk and performance, workforce planning matters as set agenda items. Committees include these items in their terms of reference and appropriately scrutinise them at committee meetings, reporting to the Board by way of highlight reports and minutes. The IMTP is scrutinised by the Board. 	Comply	<ul style="list-style-type: none"> Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions. Board and Committee agenda and minutes Board and Committee meeting schedule Committee terms of reference Committee highlight reports
4	<p>The Board also supports the accounting officer in the discharge of obligations set out in <i>Managing Public Money</i>¹ for the proper conduct of business and maintenance of ethical standards. (Code reference 2.7)</p>	<ul style="list-style-type: none"> The Board approves the Accountability Report on annual basis which includes the Statement by the Accountable Officer assuring the Board on the System of Internal Control. 	Comply	<ul style="list-style-type: none"> Accountability Report



5	Where Board members have concerns, which cannot be resolved, about the running of the department or a proposed action, they should ensure that their concerns are recorded in the minutes. (Code reference 2.12)	<ul style="list-style-type: none"> Any concerns raised at Board and Committee meetings are formally recorded in the minutes. The Chair and Board Secretary are responsible for ensuring these matters are effectively managed, recorded and resolved where possible. 	Comply	<ul style="list-style-type: none"> Board and Committee minutes
6	The Board should have a balance of skills and experience appropriate to fulfilling its responsibilities. The membership of the board should be balanced, diverse and manageable in size. (Code reference 3.1, 3.11, 3.12 and 3.13)	<ul style="list-style-type: none"> The Trust Establishment Order sets out the Board composition and the Trust abides by this composition. The Standing Orders also captures the Composition of the Board. Executive Director Skill mix is considered prior to recruitment to align with strategic objectives and this is considered prior to new appointments. Welsh Government Public Appointments Unit supports the process for recruitment of Non-Executive Directors with a set role profile. Non-Executive Director Membership on Board Committees are rotated at appropriate times to ensure there is mix and balance of experience across all meetings. 	Comply	<ul style="list-style-type: none"> Establishment Order and Standing Orders Membership matrix Non-Executive Director recruitment campaign 2021/22
7	The roles and responsibilities of all board members should be defined clearly in the department's board operating framework. (Code reference 3.2)	<ul style="list-style-type: none"> These are included in the Establishment Order and Standing Orders, and Non-Executive Director appointment letters. Director Board members have individual job descriptions. Responsibilities for individuals captured where appropriate in annual appraisals. 	Comply	<ul style="list-style-type: none"> Establishment Order and Standing Orders Non-executive director appointment letters, and director job descriptions. Appraisals
8	The Finance Director should be professionally qualified. (Code reference 3.3)	<ul style="list-style-type: none"> Executive Director of Finance and Corporate Resources is professionally qualified. 	Comply	<ul style="list-style-type: none"> Human Resources personnel file
9	Independent Members will exercise their role through influence and advice, supporting as well as challenging the executive. (Code reference 3.5)	<ul style="list-style-type: none"> Annual Committee Effectiveness Reviews address the effectiveness of Committee operating arrangements. 	Comply	<ul style="list-style-type: none"> Committee annual reports Welsh Government Induction Training materials



		<ul style="list-style-type: none">Welsh Government Non-Executive Director training captures effective challenge and scrutiny role on the Board.		
10	The board should agree and document in its board operating framework a <i>de minimis</i> threshold and mechanism for board advice on the operation and delivery of policy proposals. (Code reference 3.15)	<ul style="list-style-type: none">The Terms of Reference Operating Arrangements for the Board Committees articulate the remit information that should be received.The Scheme of Reservation outlines the information that should flow through to Board and its Committees as appropriate.	Comply	<ul style="list-style-type: none">Terms of Reference and Operating ArrangementsStanding Orders and Scheme of Reservation



11	<p>The Board Should ensure that arrangements are in place to enable it to discharge its responsibilities effectively, including:</p> <ul style="list-style-type: none">• formal procedures for the appointment of new board members, tenure and succession planning for both board members and senior officials• allowing sufficient time for the board to discharge its collective responsibilities effectively• induction on joining the board, supplemented by regular updates to keep board members' skills and knowledge up-to-date• timely provision of information in a form and of a quality that enables the board to discharge its duties effectively• a mechanism for learning from past successes and failures within the departmental family and relevant external organisations• a formal and rigorous annual evaluation of the board's performance and that of its committees, and of individual board members• a dedicated secretariat with appropriate skills and experience <p>(Code reference 4.1)</p>	<ul style="list-style-type: none">• Non-Executive Director terms of office are monitored by the Chair and Board Secretary to ensure succession planning is timely and managed in conjunction with the Public Appointments Unit in Welsh Government• Standing Orders and Committee terms of reference provide for papers to be available to members in a timely manner, and a calendar incorporating these dates is maintained by the secretariat and communicated to members and report writers.• The Trust has an induction programme for new Board members. This programme consists of the following areas to ensure that a robust and supportive induction plan is in place for all new Board appointments:<ul style="list-style-type: none">○ Attendance at the Mandatory Welsh Government Induction Training.○ Finance training for Non-Executive Directors.○ Provision of a detailed induction Pack/Manual which includes information about the role of each Board Committee, their role as a Trustee as well as a Non-Executive Director.○ Core Induction Programme – planned within the first three months. This includes meeting with Executives, partners, and site visits.○ Completion of the Trust's Welcome Day induction for all new Trust Staff.• The Chair undertakes regular appraisals.• The Trust has a schedule of Board Development Sessions throughout the year to discuss topical issues.• Committee terms of reference and reporting to Committees and the Board embeds learning from events and post-implementation reviews.• There is a dedicated secretariat for the Board and its Committees.	Comply	<ul style="list-style-type: none">• Membership matrix for board• Standing Orders and Committee and Board paper deadline schedule• Induction programme and associated documentation• Appraisals• Board development calendar and outcomes• Committee terms of reference, agenda and Minutes
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12	<p>The terms of reference for the nominations committee will include at least the following three central elements:</p> <ul style="list-style-type: none"> • scrutinising systems for identifying and developing leadership and high potential • scrutinising plans for orderly succession of appointments to the board and of senior management, in order to maintain an appropriate balance of skills and experience • scrutinising incentives and rewards for executive board members and senior officials, and advising on the extent to which these arrangements are effective at improving performance (Code reference 4.5) 	<p>Explanation:</p> <ul style="list-style-type: none"> • The Terms of Reference and Operating arrangements for the Trust's Remuneration Committee are based on the model Standing Orders and the Scheme of Reservation as approved by the Welsh Government. • Scrutinising systems for identifying and developing leadership and high potential is within the remit of the People and Culture Committee which reports to the Board. • The Remuneration Committee approves the appointment of all Directors, including those with voting rights. Non-Executive Director appointments are managed by the Welsh Government Public Appointments Unit, with members of the Remuneration Committee and Board taking part in stakeholder panels. Appointments of Non-Executive Directors are made by Welsh Government. • Scrutiny of rewards and incentives, as well as performance of executive Board members are included in the terms of reference of the Remuneration Committee 	Comply	<ul style="list-style-type: none"> • Remuneration Committee Terms of Reference and minutes • Standing Orders and Scheme of Reservation • People and Culture Committee Terms of Reference • Welsh Government Non-Executive Director appointment process
13	<p>The attendance record of individual board members should be disclosed in the governance statement and cover meetings of the board and its committees held in the period to which the resource accounts relate. (Code reference 4.6)</p>	<ul style="list-style-type: none"> • Board Members attendance record for Trust Board is captured in the Accountability Report on annual basis and in each Committee highlight report. 	Comply	<ul style="list-style-type: none"> • Accountability Report • Committee highlight reports
14	<p>Where necessary, board members should seek clarification or amplification on board issues or board papers through the board secretary. The board secretary will consider how officials can best support the work of board members; this may include providing board members with direct access to officials where appropriate. (Code reference 4.10)</p>	<ul style="list-style-type: none"> • The role of the Board Secretary is to act as principal advisor to the Board and the organisation as a whole on all aspects of governance and ensure that it meets the standards of good governance set for the NHS in Wales. 	Comply	<ul style="list-style-type: none"> • Board Secretary job description • Standing Orders



15	<p>An effective board secretary is essential for an effective board. Under the direction of the permanent secretary, the board secretary's responsibilities should include:</p> <ul style="list-style-type: none"> • developing and agreeing the agenda for board meetings with the chair and lead non-executive board member, ensuring all relevant items are brought to the board's attention • ensuring good information flows within the board and its committees and between senior management and non-executive board members, including: • challenging and ensuring the quality of board papers and board information • ensuring board papers are received by board members according to a timetable agreed by the board • providing advice and support on governance matters and helping to implement improvements in the governance structure and arrangements • ensuring the board follows due process • providing assurance to the board that the department: • complies with government policy, as set out in the code • adheres to the code's principles and supporting provisions on a comply or explain basis (which should form part of the report accompanying the resource accounts) • acting as the focal point for interaction between non-executive board members and the department, including arranging detailed briefing for non-executive board members and meetings between non-executive board 	<ul style="list-style-type: none"> • The Board Secretary undertakes these roles for the Trust • The Board Secretary attends each Committee meeting 	Comply	<ul style="list-style-type: none"> • Board Secretary job description • Standing Orders
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	<p>members and officials, as requested or appropriate</p> <ul style="list-style-type: none"> • recording board decisions accurately and ensuring action points are followed up • arranging induction and professional development of board members (including ministers) <p>(Code reference 4.11)</p>			
16	<p>Evaluations of the performance of individual board members should show whether each continues to contribute effectively and corporately and demonstrates commitment to the role (including commitment of time for board and committee meetings and other duties).</p> <p>(Code reference 4.14)</p>	<ul style="list-style-type: none"> • Individual appraisals are conducted for Non-Executive Directors by the Chair, and Directors by the Chief Executive • Committee Effectiveness surveys indicate performance elements for the Chair • Attendance record reported in Accountability Report and Committee highlight reports 	Comply	<ul style="list-style-type: none"> • Committee annual reports • Committee highlight reports • Accountability Report • Appraisal Documentation and Process
17	<p>All potential conflicts of interest for non-executive board members should be considered on a case by case basis. Where necessary, measures should be put in place to manage or resolve potential conflicts. The board should agree and document an appropriate system to record and manage conflicts and potential conflicts of interest of board members. The board should publish, in its governance statement, all relevant interests of individual board members and how any identified conflicts, and potential conflicts, of interest of board members have been managed.</p> <p>(Code reference 4.15)</p>	<ul style="list-style-type: none"> • The Trust has an agreed process in place for managing Declarations of Interest. • All Board Members are asked to formally declare on an annual basis and advised of their responsibility to notify of any changes in year. • Declarations of interest are captured on a register which is available for public inspection. • Declarations of Interest are captured at the start of each meeting and a standing item on agenda. • The Gifts, Hospitality and Conflicts of Interest Policy and the Standing Orders detail the responsibility to declare interests. 	Comply	<ul style="list-style-type: none"> • Gifts, Hospitality and Conflicts of Interest Policy • Standing Orders • Declarations of Interest Register and Accountability Report



18	<p>The board should ensure that there are effective arrangements for governance, risk management and internal control for the Trust. Advice about and scrutiny of key risks is a matter for the board, not a committee. The board should be supported by:</p> <ul style="list-style-type: none"> an audit and risk assurance committee, chaired by a suitably experienced non-executive board member an internal audit service operating to <i>Public Sector Internal Audit Standards</i>¹ sponsor teams of the department's key ALBs (Code reference 5.1 and 5.8) 	<ul style="list-style-type: none"> The Audit Committee is chaired by a Non-Executive Director. NWSSP Internal Audit Services are appointed as the Trust Internal Auditors. The Board receives the key risks at each meeting, as does the Audit Committee 	Comply	<ul style="list-style-type: none"> Terms of Reference & Operating Arrangements for the Trust Audit Committee Accountability Report Board and Audit Committee minutes
19	<p>The board should take the lead on, and oversee the preparation of, the department's governance statement for publication with its resource accounts each year.</p> <p>The annual governance statement (which includes areas formerly covered by the statement on internal control) is published with the resource accounts each year. In preparing it, the board should assess the risks facing the Trust and ensure that the department's risk management and internal control systems are effective. The audit and risk assurance committee should normally lead this assessment for the board (Code reference 5.2 and 5.13)</p>	<ul style="list-style-type: none"> The Annual Governance Statement is included within the Accountability Report which is received by the Audit Committee to endorse approval formally by the Trust Board each year. 	Comply	<ul style="list-style-type: none"> Accountability Report Board and Committee minutes. Annual Report Timetable.
20	<p>The board's regular agenda should include scrutinising and advising on risk management (Code reference 5.3 and 5.10)</p>	<ul style="list-style-type: none"> The Risk Register and Board Assurance Framework is a standing agenda item for scrutiny and assurance on the Trust Board Agenda The Audit Committee provide assurance to the Board on the Risk Framework 	Comply	<ul style="list-style-type: none"> Trust Board Agenda and minutes Audit Committee agenda and minutes and terms of reference Audit Wales Structured Assessment



				<ul style="list-style-type: none"> Internal Audit Risk Management Review (due in Q4)
21	<p>The key responsibilities of non-executive board members include forming an audit and risk assurance committee.</p> <p>The board and accounting officer should be supported by an audit and risk assurance committee, comprising at least three members.</p> <p>An audit and risk assurance committee should not have any executive responsibilities or be charged with making or endorsing any decisions. It should take care to maintain its independence. The audit and risk assurance committee should be established and function in accordance with the <i>Audit and risk assurance committee handbook</i>.</p> <p>The board should ensure that there is adequate support for the audit and risk assurance committee, including a secretariat function.</p> <p>The terms of reference of the audit and risk assurance committee, including its role and the authority delegated to it by the board, should be made available publicly. The department should report annually on the work of the committee in discharging those responsibilities</p> <p>Boards should ensure the scrutiny of governance arrangements, whether at the board or at one of its subcommittees (such as the audit and risk</p>	<ul style="list-style-type: none"> The Standing orders are explicit that the Trust as a minimum must establish Committees that cover certain aspects, one of which is Audit. The Audit Committee is established. The Terms of Reference and Operating Arrangements in respect of the Audit Committee are clear in relation to its authority and delegated responsibilities. A full secretariat function is in place supporting the Audit Committee. The Audit Committee Terms of Reference are published as an appendix to the Standing Orders on the Trusts website. The Board Assurance Framework is scrutinised by the Board and Audit Committee. 	Comply	<ul style="list-style-type: none"> Standing Orders. Terms of Reference for the Audit Committee Board Assurance Framework reported to Board and Audit Committee throughout 2021/22 Board and Audit Committee minutes



	assurance committee or a nominations committee). This will include advising on, and scrutinising the department's implementation of, corporate governance policy. (Code reference 5.4 and 5.9, 5.11, 5.12 and 5.14 and 5.15)			
22	The head of internal audit (HIA) should periodically be invited to attend board meetings, where key issues are discussed relating to governance, risk management processes or controls across the department and its ALBs (Code reference 5.5)	<ul style="list-style-type: none"> The role of the HIA is clearly set out in the Trust Standing Orders. The HIA attends all Audit Committee meetings which report to Board. If there was anything specifically escalated to the Board then the HIA would be invited to attend. 	Comply	<ul style="list-style-type: none"> Standing Orders. Terms of Reference for the Audit Committee
23	The board should assure itself of the effectiveness of the Trust's risk management system and procedures and its internal controls. The board should give a clear steer on the desired risk appetite for the department and ensure that: <ul style="list-style-type: none"> there is a proper framework of prudent and effective controls, so that risks can be assessed, managed and taken prudently there is clear accountability for managing risks Departmental officials are equipped with the relevant skills and guidance to perform their assigned roles effectively and efficiently. 	<ul style="list-style-type: none"> The Trust will not accept risks that materially impair the ability to deliver services to a high standard of safety and quality or its reputation or cause any disrepute with its stakeholders. It is on this basis that the Board and Committees regularly review the corporate risk register and board assurance framework. The risk management strategy 2018-2021 was approved by the Board and is under review, however the content is still extant. A review of the framework and introduction of policy and procedures will be undertaken in 2022/23 as part of the IMTP programme. Risk appetite statements will also be developed. 	Comply	<ul style="list-style-type: none"> Board and Audit Committee agenda and minutes IMTP Risk management strategy 2018-2021 Internal Audit for Risk Management and Assurance



	<p>The board should also ensure that the department's ALBs have appropriate and effective risk management processes through the department's sponsor teams</p> <p>Advising on key risks is a role for the board. The audit and risk assurance committee should support the board in this role.</p> <p>(Code reference 5.6, 5.7 and 5.10)</p>	<ul style="list-style-type: none">• Members of the Board and Audit Committee regularly discuss, challenge and support the discussions on key risks.• The risk management framework is the responsibility of the Board Secretary.• The Internal Audit for Risk Management and Assurance in Quarter 4 of 2021/22 provided for 'reasonable assurance'.		
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ACADEMIC PARTNERSHIP COMMITTEE ANNUAL REPORT 2021/22

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 8th March 2022 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this Annual Report reflects on the effectiveness of the Committee in 2021/22.
5. This is a new Committee to the Trust's corporate governance structure, and as such its purpose and role is still forming and will continue to do so over the next twelve months as the Trust pursues University Trust Status.

ASSESSMENT

Purpose of the Committee

6. The Committee's (amended) purpose is:

The Committee recognises the wealth of knowledge, expertise and skill within the Trust, as well as the need to ensure that that skill and expertise is maintained at the forefront of clinical and professional excellence. It will ensure that its work 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. In so doing the Committee is responsible for:

- Overseeing strategic collaboration and partnership working with higher and further education, wider education providers and commercial partners across



and beyond Wales. Through this partnership working, the Committee will look to ensure that the Trust provides and strengthens patient safety and quality, identifies and implements best practice and gains an international reputation for excellence and innovation.

- Promoting collaborating with partners in efforts to improve the health and wellbeing of the general population in Wales, and where their strategic aims and objectives align, to optimise the benefits to patient care and health care service delivery through an inclusive and supportive approach.
- Facilitating a forward-looking organisational culture with partners which:
 - promotes quality improvement across all activities;
 - is rich in educational activities and staff development opportunities;
 - helps attract and retain the very best staff, including internationally leading clinical academics;
 - facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;
 - encourages innovation and modernisation;
 - encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;
 - builds capacity for translational research that allows all parties to compete at an international level;
 - integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
 - facilitates wealth and economic growth in the region and beyond;
 - supports the capture and analysis of the service user experience;
 - develops health informatics opportunities to achieve their potential;
 - Supports strategic planned lines of enquiry enabling knowledge creation.
 - use of digital technology to enhance our services.

Membership and attendance

7. The Committee is supported by a Chair and 2 Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2021/22:

ATTENDANCE				
Name	Apr 21	Sep 21	Nov 21	March 22
Kevin Davies				
Paul Hollard				
Martin Turner				
Claire Vaughan		A Challenger		A Challenger
Estelle Hitchon				
Trish Mills				
Duncan Robertson				



Keith Cox

	Attended
	Sent Deputy
	Apologies
	No longer member

8. Attendance is very good, recognising the challenges operational pressures have placed on the Trust from time to time throughout the year.
9. It is proposed that membership is further supported by the addition of the Director of Paramedicine, and the Assistant Director for Quality and Nursing. The Trade Union partner representation has specifically be included in the list of attendees, and discussions are underway as to which representatives will attend the Committee.

Committee Views on Effectiveness

10. The Committee's effectiveness was assessed through a review of its terms of reference, the responses to the questionnaires, discussion with the Chair and Executive Lead, and at the 8th March Committee meeting.
11. The questionnaires provided a good opportunity to gauge opinion on areas of good practice and areas that require improvement. Seven questionnaires were sent out and the response rate was low at 3. This may be related to them being distributed close to the end of the calendar year, together with a surge of Omicron cases.
12. Areas of good practice and key issues are set out below together with proposed actions where appropriate.

Issues raised	Commentary and proposed actions
What does this Committee do well?	<ul style="list-style-type: none"> • Good focus on academia and its role in ensuring this is supported by the Trust. • Well chaired with equity of contribution and time given for scrutiny. • Promotes innovation and collaboration.
What should this Committee do more of?	<ul style="list-style-type: none"> • Developing a strategic direction would assist in ascertaining appropriate representation from academia as core attendees. • Avoid duplication of oversight from other Board Committees. • Consider research and innovation being within its remit as opposed to QuEST. <p>Action: Other responses recognised it is early days for the Committee therefore some of these issues will evolve as University Trust Status is advanced. However revisions to the terms of reference will address oversight duplication.</p>



What should this Committee do less of?

- Responses recognised that it was difficult to ascertain what the Committee should do less of as it was a new Committee and its operating arrangements, purpose and membership are evolving.

13. Again, recognising the Committee is new and is still forming in its purpose, it has been effective in discharging its responsibilities in 2021/22, and examples of good practice and areas of improvement are set out in the Annual Report and will be put in place in 2022/23. Priority areas have been agreed and progress against these will be reviewed quarterly by the Committee. Changes to the terms of reference and core attendees will enhance the effectiveness of the Committee, as will a set cycle of business.

Proposed Changes to the Terms of Reference

14. At various stages of the review changes were identified to the terms of reference, with key changes as follows:

14.1. There has been wholesale amendment of the terms of reference to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.

14.2. The specific duties have been truncated to reflect the maturing nature of the Committee and to allow for flexibility during a period where the organisation's strategic direction is transforming. These duties focus on:

- (a) promoting and exploring opportunities with higher and further education, wider education providers and commercial partners and ensuring arrangements are in place that are clear on roles, responsibilities and expectations.
- (b) obtaining and maintaining University Trust Status.
- (c) oversight of programmes of work aligned to University Trust Status.
- (d) plans to build capacity for whole workforce opportunities in research.

15. A marked up copy of the terms of reference are attached at Annex 1.

Priorities Identified for the Committee for 2022/23

16. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2022/23, which are the University Trust Status priority projects of:

Priority 1: Digitisation Enabling Better Outcomes

Priority 2: Advanced Practice and Specialist Working, Consult and Close and Service Transformation, Including Research

Priority 3: Decarbonisation, Fleet Modernisation and Sustainability



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

17. A mapping exercise will be carried out to ensure progress on priorities is not duplicated across multiple Committees.

Next Steps

18. A cycle of Committee business will be developed aligned to the amended terms of reference and designed to grow organically through the year to illustrate compliance requirements and assurance mapping.
19. A review will be conducted of the Sub-Committees that should report in to the Committee during the 2022/23 year.

RECOMMENDATION

The Trust Board is requested to

- (a) Receive and note the contents of the Committee Annual Report for 2021/22 and its analysis of effectiveness**
- (b) Approve the changes to the Terms of Reference**



ACADEMIC PARTNERSHIP COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

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

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

2. PURPOSE

The Committee recognises the wealth of knowledge, expertise and skill within the Trust, as well as the need to ensure that that skill and expertise is maintained at the forefront of clinical and professional excellence. It will ensure that its work 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. In so doing the Committee is responsible for:

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

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

~~2.32 Promoteing and collaborating~~ with partners in efforts to improve the health and wellbeing of the general population in Wales, and where their ~~2.4 Review the strategic aims and objectives of each of the partners and where those aims and objectives appear to be usefully aligned,~~ to optimise the benefits to patient care and health care service delivery through an inclusive and supportive approach

2.3 Facilitatesing a forward-looking organisational culture with ~~across all~~ partners which: -

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



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

3. **DELEGATED POWERS AND AUTHORITYROLE**

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

3.1 Promote and support the exploration of opportunities with higher and further education, wider education providers and commercial partners across and beyond Wales to:

- (a) develop collaborative activities in relation to clinical and non-clinical services, research, and development, teaching and education, innovation and improvement, and commercial opportunities; and
- (b) influence programme design.

3.2 Promote and support collaboration with key partners in health, social care, local authorities, and the third sector, as well as patients and patient representative groups, developing opportunities for widening access and increasing participation in health and social care education amongst local communities.

3.3 Ensure appropriate arrangements are in place with partner organisations that establishes role, responsibilities and expectations, and supports the achievement of the highest standards of health, clinical care, research, innovation and health care education. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.



3.13.4 Oversee and contribute to the development of submissions to Welsh Government for University Trust Status and ensure the ongoing maintenance of that status and compliance with any conditions from Welsh Government.

3.5

3.23.6 Review and agree programmes of work aligned to University Trust Status, ensuring that they-:

- (a) explore and identify opportunities for the development of the whole workforce;
- (b) are appropriately resourced, and where possible maximise the benefits of shared resources and expertise, and availability of grants;
- (c) are clear where Board level scrutiny will take place, whether that is at this Committee or another Board Committee, to avoid duplication and support coalescence of Board oversight.

3.7 Monitor plans to build capacity for the whole workforce whether they be in a clinical, professional or corporate role, to participate in research; that opportunities to do so are being promoted; and that the workforce is encouraged to be professionally inquisitive.

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

~~3.3— Working and collaborating with key partners in health, social care, local authorities, third sector, academia, as well as patients and patient representative groups;~~

~~3.4— Explore and identify opportunities for the development of the whole workforce;~~

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

~~3.6— Explore opportunities for the development of collaborative activities in relation to research and to promote and plan for synergy in research;~~

~~3.7— Maximise the benefits of shared resources and expertise;~~

~~3.8— Monitor and facilitate the delivery of all aspects of undergraduate teaching and postgraduate training as delivered by the members of the partnership;~~

~~3.9— Promote excellence in education and training to develop a workforce with the capability and commitment to transform healthcare;~~



~~3.10— Build capacity for translational research across the integrated patient pathway that allows the Trust to compete at an international level;~~

~~3.11— Promote an outward-facing culture eager to build external links nationally and internationally with other clinical, academic and industrial partners;~~

~~3.12— Establish systems to recognise and reward innovation in education, research and practice, sharing best practice for stakeholders to learn from each other and facilitating the promotion of NHS clinicians to academic titles and academics to honorary clinical titles;~~

~~3.13— Establish specific task and finish groups, as necessary, to take forward any relevant initiatives;~~

~~3.14— Develop and agree a forward work programme, identifying key objectives and priorities~~

Corporate Risks and Audit Recommendation Tracker

3.16 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Sub-Committees

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

4. MEMBERSHIP

Members

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

Chair	Non Executive Director
Members	At least two other Non Executive Directors of the Board.

Attendees

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



following:-

- Executive Director of Workforce and Organisational Development
- Director of Partnerships and Engagement (Committee Lead)
- Director of Paramedicine
- Assistant Director for Quality and Nursing
- Assistant Director of Research, Audit & Service Improvement
- Board Secretary
- Representatives from Academia
- Up to two Trade Union Partners

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

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

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

Secretariat

- 4.3 Secretary As determined by the Board Secretary

Member Appointments

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

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

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

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



counted as part of the quorum for that meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Support to Committee Members

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

5. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Withdrawal of individuals in attendance

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

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

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

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

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

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

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



7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

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

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum – (as set out in section 5)

9. REVIEW

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



AUDIT COMMITTEE ANNUAL REPORT 2021/22

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 3rd March 2022 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this Annual Report reflects on the effectiveness of the Committee in 2021/22.

ASSESSMENT

Purpose of the Committee

5. The Committee's purpose is to:
 - Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.
 - Where appropriate, advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.



Membership and attendance

6. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2021/22:

ATTENDANCE					
Name	4 Mar 21	3 Jun 21	16 Sep 21	2 Dec 21	3 Mar 22
Martin Turner					
Emrys Davies					
Paul Hollard					
Joga Singh					
Chris Turley					
Trish Mills					
Keith Cox					
Internal Audit					
Lee Brooks					
Carl Window					
Audit Wales					
Hugh Parry TU					
Paul Seppman TU					

	Attended
	Sent Deputy
	Apologies
	No longer member

7. Attendance is excellent, recognising the challenges that operational pressures have placed on attendees from time to time throughout the year.
8. It is proposed that core attendees are further supported by the addition of the Executive Director of Quality and Nursing, and the Director of Workforce and Organisational Development, with the Chief Executive attending at least annually.

Committee Views on Effectiveness

9. The Committee's effectiveness was assessed through a review of its terms of reference, the responses to the questionnaires, discussion with the Chair and Executive Lead, and at the 3rd March Committee meeting.
10. Eleven questionnaires were sent to members and core attendees, as well as a self-assessment checklist which was completed by the Chair and Executive Lead as recommended by the NHS Wales Audit Committee Handbook. The questionnaires provided a good opportunity to gauge opinion on areas of good practice and areas that require improvement. There was a low response rate, with four questionnaires being completed, however the fact that these were



distributed close to the end of the calendar year and at a time of increasing Omicron cases may explain this.

11. Areas of good practice and key issues are set out below together with proposed actions where appropriate.

Issues raised	Commentary
Are boundaries between this Committee and others well define?	<ul style="list-style-type: none"> One responded raised the relationship of the Audit Committee to the Board and whether assurance from the Audit Committee to the Board is considered appropriate in all instances or whether the Board should require further assurance for itself rather than reliance on the Audit Committee view. <p>Action: The Board is free to seek additional assurance at any point, however the revised BAF, amended Committee terms of reference and cycles of business will provide strengthened line of sight of assurance for the Audit committee.</p>
Unnecessary duplication, overlap or gaps?	<p>Respondents noted:</p> <ul style="list-style-type: none"> Further work around coordinating lessons learned throughout the Trust to provide assurance to the Non-Executive Directors. Evident following the number of discussions that have been held at Audit Committee on the losses and special payments item in particular <p>Action: The terms of reference of all committees have been strengthened to include lessons learned and with a focus on continuous improvement; the board secretary attends all committee meetings and will assist in ensuring actions are appropriately transferred to other committees and fed back to the initiating committee, which should reduce duplication.</p> <ul style="list-style-type: none"> Should the Chair of Audit Committee attend each of the other committees on an annual basis to view how the committee operates and to seek assurance that their scrutiny is of an appropriate level <p>Action: The Chair of Audit Committee can be provided with invitations to Committee meetings throughout the year.</p>
Is the committee adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges/questions?	<ul style="list-style-type: none"> One respondent noted that attendance from Executive Directors is sometimes less that they would like, noting it did not feel like the committee is a priority for all Execs. In other organisations Audit Committee is the key committee for the Executive Team in terms of governance and probity. <p>Action: The terms of reference for the Committee have been strengthened to increase Executives for WOD and clinical as core attendees.</p>
Committee's effectiveness/ suggestions for improvement	<p>Respondents noted:</p> <ul style="list-style-type: none"> Quality of papers support the effectiveness of the Committee. They can then be taken as read which leads to more focussed discussion on the key matters.



- Consider seeking wider attendance at committee from others in teams to present, etc; If handled right this could be a good, positive experience for many.
- As soon as possible, and safe to do so, to move back to meeting face to face meetings.
- To be clear when the Trust is not pursuing audit recommendations and why. Understanding the risks associated with each audit recommendation and being clear of the level of risk the Trust is willing to bear.

Actions:

- As agreed at Board Development in October, presenters should take reports as read, leaving more time for discussion.
- Whilst Executive attendance at Audit Committee is the standard, the shadow board programme could include provision for other members of the team to attend.
- Face to face meetings will commence as soon as possible and the Board will be notified of arrangements for Board and Committees in that respect.
- The audit tracker includes rationale for changes in audit recommendations which is agreed at the Audit Committee and approved by internal audit.

12. The NHS Wales Audit Committee Handbook self-assessment checklist was completed by the Chair, Executive Lead and the Head of Risk and Corporate Governance on 3rd February 2022. Of the 85 questions, 51 are categorised as “must do” requirements, 25 as “should do”, and nine questions as “could do”. Of the 51 categorised as “must do”, the Committee met this requirement on 45 occasions. The 6 occasions where the view was that the ‘must do’ requirement was not met are set out in the table below together with action to address them:

Question	Commentary
9. Are new members provided with induction?	<ul style="list-style-type: none">• No current formal induction provided separately for Audit Committee. Informal discussions would be held with the Chair, other members and Executive Directors and other attendees. <p>Action: This will be included in the overall new Board member induction programme.</p>
19. Does the Committee review assurance and regulatory compliance reporting processes?	<ul style="list-style-type: none">• This was answered no. <p>Action: The new cycles of business which will be developed for each Committee will build a legislative and regulatory framework which will assist the Audit Committee to review assurance in this regard.</p>
23. Has the Committee formally considered how its work integrates with wider performance management and standards compliance?	<ul style="list-style-type: none">• The Committee is assured with respect to standards compliance for finance, but not with respect to performance management. <p>Action: The Finance and Performance Committee will monitor the Quality and Performance Management Framework and its implementation.</p>



28. Has the Committee reviewed the robustness of the data behind reports and assurances received by itself and the Board?	<ul style="list-style-type: none"> More work to be done in performance management and planning for e.g., regulatory frameworks around finance are excellent. <p>Action: QuEST has strengthened assurances in its terms of reference regarding information governance and information security.</p>
59. Does the Committee hold periodic private discussions with the Auditor General's representatives?	<ul style="list-style-type: none"> Would if required. <p>Action: Regular meetings will be incorporated into the cycle of business.</p>
80. Does the Committee receive and review a draft of the organisation's Annual Governance Statement?	<ul style="list-style-type: none"> Action: The timetable for the production of the annual report will provide for circulation of the draft AGS to the Board

13. The Committee has been effective in discharging its responsibilities and providing assurance to the Board in 2021/22, and examples of good practice and areas of improvement are set out in the Annual Report and will be put in place in 2022/23. Priority areas have been agreed and progress against these will be reviewed quarterly by the Committee. Changes to the terms of reference and core attendees will enhance the effectiveness of the Committee, as will a set cycle of business.

Proposed Changes to the Terms of Reference

14. At various stages of the review changes were identified to the terms of reference, with key changes including the addition of oversight of declarations of interests, and the register of gifts and hospitality, as well as arrangement as the bailee for patients' property. These additions are also set out in the Standing Orders and Standing Financial Instructions.

15. A marked up copy of the terms of reference are attached at Annex 2.

Priorities Identified for the Committee for 2022/23

16. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2022/23:

- Develop an induction programme for new Audit Committee Members; and
- The transformation of risk management and the Board Assurance Framework

17. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.



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Welsh Ambulance Services
NHS Trust

Next Steps

18. A cycle of Committee business will be developed aligned to the amended terms of reference and designed to grow organically through the year to illustrate compliance requirements and assurance mapping.

RECOMMENDATION

The Trust Board is requested to

- (a) Receive and note the contents of the Committee Annual Report for 2021/22 and its analysis of effectiveness**
- (b) Approve the changes to the Terms of Reference**



AUDIT COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Audit Committee ("the Committee") is to:
- **Advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:
- the adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) designed to support the public disclosure statements that flow from the assurance process, including the Annual Governance Statement and the Annual Quality Statement, providing reasonable assurance on:
 - the organisation's ability to achieve its objectives;
 - compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and



requirements set by the Welsh Government and others;

- the efficiency, effectiveness and economic use of resources; and
- the extent to which the organisation safeguards and protects all its assets, including its people,

— and to ensure the provision of high quality, safe healthcare for its citizens;

- the Board's Standing Orders and Standing Financial Instructions (including associated framework documents, as appropriate) and receive a report from the Board Secretary on any non-compliance
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors; the Committee shall approve all financial procedures.
- the Schedule of Losses and Special Payments
- the register of Single Tender Actions
- the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- the adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity;
- proposals for accessing Internal Audit services via Shared Services arrangements (where appropriate);
- anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.
- the adequacy of the arrangements for Declarations of Interests, providing an annual report to the Board to this effect.
- Arrangements for the discharge of the Trust's responsibility as bailee for patients' property.

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by reviewing:

- all risk and control related disclosure statements (in particular the Annual Governance Statement and the Annual Quality Statement) together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and



- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.
- 3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
- 3.4 This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:
- the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the Trust's activities, both clinical and non-clinical; and
 - the reliability and integrity of these assurances.
- 3.5 To achieve this, the Committee's programme of work will be designed to provide assurance that:
- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
 - there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee and ensure all reported fraud concerns and ongoing investigations are notified to the Committee.;
 - there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees.
 - the work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity.
 - the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply.
 - the systems for financial reporting to the Board, including those of budgetary control, are effective.
 - the results of audit and assurance work specific to the Trust, and the



implications of the findings of wider audit and assurance activity relevant to the Trust's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations' governance arrangements.

- monitor progress against the requirement of the Auditors' Management Letter;
- receive and review key Trust Annual Reports e.g. Trust Annual Report, Infection Control Annual Quality Statement; Annual Governance Statement and make recommendations to the Board for their adoption; and
- review the content of the Corporate Risk Register and obtain assurance that control measures are in place to mitigate all identified risks.

Corporate Risks and Audit Recommendation Tracker

- 3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated-presented to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. In addition, these Committees will follow due process to escalate any issues to Audit Committee for oversight, scrutiny and assurance. Regular reports will be provided to individual Committees on those items for which they have responsibility for oversight and overall Trust-wide progress reports will be presented to each Audit Committee.

The Committee will consider the control and mitigation of each risk and provide assurance to the Board that such risks are being effectively managed and controlled.

Authority

- 3.7 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.
- 3.8 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.
- 3.9 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.



Access

- 3.10 The Head of Internal Audit and the Engagement Leads/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.
- 3.11 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 3.12 The Chair of Audit Committee shall have reasonable access to Directors and other relevant senior staff.

Sub Committees

- 3.13 The Committee may establish sub- committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

- 4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board

- 4.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise e.g. Wales Audit Office, Internal Audit.
- 4.3 The Chair of the Trust shall not be a member of the Audit Committee.

Attendees

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

- Executive Director of Finance and Corporate Resources (Committee Lead)
- Board Secretary
- Head of Internal Audit
- Director of Operations
- Executive Director of Workforce & Organisational Development
- Executive Director of Quality and Nursing
- Local Counter Fraud Specialist
- Representative of the Auditor General
- Trade Union Partners (x2)



- Other Directors will attend as required by the Committee Chair

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

By Invitation

4.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

4.6 The Chief Executive (Accountable Officer) should-will be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.

4.7 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.8 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

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

4.10 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

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



Secretariat and Support to Committee Members

4.12 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board business and calendar of meetings. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

5.3 The Chair of Committee, External Auditor or Head of Internal Audit may request a private meeting if they consider that one is necessary.

Withdrawal of individuals in attendance

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

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

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

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

6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including where appropriate joint (sub) committees



and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information;

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

- 6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.
- 6.5 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, 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 (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Committee shall provide a written, Annual Report to the Board and the Chief Executive (Accountable Officer) on its work in support of the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Board Secretary, on behalf of the Board, shall oversee a process of



regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9. REVIEW

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



CHARITABLE FUNDS COMMITTEE ANNUAL REPORT 2021/22

SITUATION

1. The Trust's Standing Orders and Committee terms of reference require that Board Committees evaluate their effectiveness annually and present an Annual Report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 10th February 2022 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this Annual Report reflects on the effectiveness of the Committee in 2021/22.

ASSESSMENT

Purpose of the Committee

5. The Committee's (amended) purpose is to:
 - Contribute to the development of the charity's strategy and monitor its implementation
 - Assure the Board of Trustees that charitable funds are accounted for, deployed, and invested in line with legal and statutory requirements
 - Consider and endorse the annual accounts for approval by the Board of Trustees
 - Raise the profile and reputation of the charity within the Trust



Membership and attendance

6. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2021/22:

COMMITTEE ATTENDANCE 2021/22					
Name	June 21	Aug 21	Nov 21	Jan 22	Feb 22
Kevin Davies (c)					
Bethan Evans					
Emrys Davies					Chair
Ceri Jackson					
Chris Turley					
Lee Brooks					
Claire Vaughan		A Challenger			
Keith Cox (left 8/21)					
Trish Mills (start 8/21)					
Hugh Parry					
Gareth Price					

	Attended
	Deputy attended
	Apologies received
	No longer member
	Not previously invited

7. Membership attendance is excellent. Attendance has been good from attendees, recognising the challenges that operational pressures have placed on them from time to time throughout the year.
8. It is proposed that core attendee membership is further supported by the addition of the Director of Paramedicine, Director of Partnerships and Engagement (who has attended but was not listed in the terms of reference), Board Secretary and the chairs of the Sub-Committees. This will allow for strengthened clinical support and communication.

Committee Views on Effectiveness

9. The Committee's effectiveness was assessed through a review of its terms of reference, the responses to the questionnaires, discussion with the Chair and Executive Lead, and at the 10th February 2022 Committee meeting.
10. The questionnaires provided a good opportunity to gauge opinion on areas of good practice and areas that require improvement. Ten questionnaires were distributed to the members and core attendees of the Committee. Responses were received



from each member, however it was disappointing to see only 1 response from attendees. These were distributed close to the end of the calendar year, and this, together with a surge of Omicron cases will no doubt explain the low response rate.

11. Areas of good practice and key issues are set out below together with proposed actions where appropriate.

Issues raised	Commentary and proposed actions
What does the Committee do well?	<ul style="list-style-type: none"> • Oversight of the funds and assurance to Trustees • Collaborative and supportive • Acts at pace where necessary, but also gives members the space to explore issues before it and opportunities for innovation further • Increasing discussion on the strategic direction of the charity • Good quality documentation • Well chaired
What should the Committee do more of?	<ul style="list-style-type: none"> • Focused attention on the charity's strategy and the Committee's oversight at pace • Support and enhancement of the Bids and Bursary Panels • Explore opportunities to enhance the health and wellbeing agenda • Elevate the profile of the charity with the Board <p>Action:</p> <ol style="list-style-type: none"> (a) The work on the charity's strategy is currently out to tender and will be completed in the first quarter of 2022/23. Any specific focus areas such as health and wellbeing can be explored in that strategy and application of funds. (b) The terms of reference have been revised to include specific reference to the strategy and the Committee's oversight. (c) The strategy and a communication plan will be presented to the Board of Trustees. (d) Stand-alone Board of Trustee meeting to be scheduled at least bi-annually. (e) Annual Charity Board development session factored into the calendar.
What should the Committee do less of?	<ul style="list-style-type: none"> • Duplicate scrutiny of expenditure where that is delegated to other forums • Less of a transactional and operational focus. <p>Action:</p> <ol style="list-style-type: none"> (a) The terms of reference have been amended to reflect a strategic position for the Committee, and the cycle of business that will be developed will reflect that. (b) A review of terms of reference of the sub-committees will provide confidence to the Committee as to the application of charitable funds at that level.



12. The Committee has been effective in discharging its responsibilities and providing assurance to the Board in 2021/22, and examples of good practice and areas of improvement are set out in the Annual Report and will be put in place in 2022/23. Priority areas have been agreed and progress against these will be reviewed quarterly by the Committee. Changes to the terms of reference and core attendees will enhance the effectiveness of the Committee, as will a set cycle of business.

Proposed Changes to the Terms of Reference

13. At various stages of the review changes were identified to the terms of reference, with key changes as follows:

13.1. The Purpose of the Committee has been expanded to summarise the delegated powers and authority.

13.2. Delegated Powers and Authority:

- (a) The scope and duties section has been re-labelled 'Delegated Powers and Authority' to align with other Board Committee templates.
- (b) Duties 3.1 to 3.5 have been amended to provide clarity on the Committee's strategic, scrutiny, and oversight role.
- (c) The sections related to 'Investment' and 'Fundraising' in particular will develop as the strategy develops, therefore it is not expected that the Committee will be in a position to fulfil all these elements in 2022/23, but they indicate the intention to cover all these elements of the Committee's business.
- (d) The specific authority added to the Committee as a result of these changes has been replicated in section 5 of the current terms of reference.

13.3. Section 4 – 'Delegated Powers and Duties of the Director of Finance and ICT' has been removed because these duties are contained in the Standing Orders, Scheme of Reservation and Delegation, and the Standing Financial Instructions. These documents apply equally to the Trust and the Charity and are not required to be called out separately in the terms of reference.

14. A marked up copy of the terms of reference are attached at Annex 1

Priorities Identified for the Committee for 2022/23

15. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2022/23:



- (a) Development and recommendation to the Board of Trustees of the Charity Strategy; and
- (b) Effectiveness reviews of the Bids Panel and Bursary Panel for alignment of terms of reference and cycles of business.

16. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

- 17. A cycle of Committee business will be developed aligned to the amended terms of reference and designed to grow organically through the year to illustrate compliance requirements and assurance mapping.
- 18. A review will be conducted of the Sub-Committees that should report into the Committee during the 2022/23 year.



Annex 1

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In accordance with Standing Orders (and the Trust's Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee** "the Committee". The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. CONSTITUTION AND PURPOSE

2.1 The Welsh Ambulance Services NHS Trust Charity (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales.

2.2 The Welsh Ambulance Services NHS Trust is a corporate body in its own right. It is led by a Board of Directors comprising a Chairman, seven Non-Executive Directors, a Chief Executive, an Executive Director of Finance & Corporate Resources and three other Executive Directors. The Trust acts as the Corporate Trustee of the Charitable Funds held on behalf of the Welsh Ambulance Services NHS Trust and the members set out above are Trustees of the charity.

2.3 The purpose of the Committee is to:

- (a) make and monitor arrangements for the control and management of the Trust's Charitable Funds Contribute to the development of the charity's strategy and monitor is implementation.
- (b) -Assure the Board of Trustees that charitable funds are accounted for, deployed, and invested in line with legal and statutory requirements;
- (c) Consider and endorse the annual accounts for approval by the Board of Trustees.
- (a)(d) Raise the profile and reputation of the charity within the Trust.

3. SCOPE AND DUTIES DELEGATED POWERS AND AUTHORITY

~~3.1 Within the budget, priorities and spending criteria determined by the Trust as Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 and Charities Act 2011 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.~~



~~.2—To ensure that the Trust policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:-~~

- ~~■ Trustee Act 2000~~
- ~~■ The Charities Act 1993~~
- ~~■ The Charities Act 2006~~
- ~~■ The Charities Act 2011~~
- ~~■ Terms of the fund's governing documents~~

~~3.3—To oversee and monitor the functions performed by the Director of Finance and ICT and the Bids Panel as defined in Standing Financial Instructions.~~

~~3.4—To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.~~

~~3.5—To monitor and review the Trust's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.~~

Strategy

1. Oversee and contribute to the development of the Charity's strategies and plans and monitor their implementation.
2. Ensure there is clear, consistent strategic direction, strong leadership, and transparent lines of accountability.
3. Promote the charity within the Trust.

Charitable Funds

4. Ensure the management of the charitable fund is carried out within the terms of its Declaration of Trust and relevant legislation; ensure statutory compliance with the Charity Commission regulations.
5. Ensure systems and processes are in place to receive, account for, deploy and invest charitable funds in accordance with relevant legislation.
6. Receive assurance from Sub-Committees on the use of charitable funds in accordance with their terms of reference to ensure that any such use is in accordance with the aims and purposes of the charitable fund or donation.
7. Consider and authorise expenditure with a value above £50,000, ensuring that it is accompanied by endorsement from the Director of Finance and Corporate Resources.
8. Receive periodic income and expenditure statements
9. Receive and endorse annual accounts and consider the annual report from the auditors before submission to the Board of Trustees for their approval.
10. Approve the policies for the utilisation and investment of charitable funds, including the Reserves Policy and Charitable Funds Investment Policy.

Investment



11. Consider and agree an investment strategy for the safe and secure investment of funds not immediately required for use, taking into account any appropriate ethical considerations.
12. Consider the appointment of external investment advisors and operational fund managers.
13. Review the performance of investments on a regular basis (with the external investments advisors where appointed) to ensure the optimum return from surplus funds

Fundraising

14. Approve and regularly review the fundraising strategy for the charity, ensuring its compliance with Charity Commission legislation and guidance, and all other relevant regulatory requirements.
15. Monitor the implementation of the fundraising strategy
16. Ensure systems, processes and communication are in place around fundraising, staff engagement and funding commitments.

Corporate Risks and Audit Recommendation Tracker

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and board assurance framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level risks and provide assurance to the Board that such risks are being effectively controlled and managed.

4. DELEGATED POWERS AND DUTIES OF THE DIRECTOR OF FINANCE AND ICT

~~4.1 The Director of Finance and ICT has delegated responsibility for the Trust's Charitable Funds as defined in the Trust's Scheme of Reservation and Delegation and as detailed within the Charitable Funds Investment Policy. With support from the Bids Panel, the specific powers, duties and responsibilities delegated to the Director of Finance are:-~~

- ~~• That Charitable Funds held are managed and scrutinised appropriately~~
- ~~• Administration of all existing charitable funds.~~



- ~~Provide guidelines in response to donations, legacies and bequests, fundraising and trading income.~~
- ~~Responsibility for the management of investment of funds held on trust as detailed within the Charitable Funds Investment policy.~~
- ~~Ensuring that the banking arrangements for the charitable funds are kept entirely separate from the Trust's NHS funds.~~
- ~~Prepare reports to the Trust Board including the Annual Account.~~
- ~~Make arrangements for independent audit at appropriate times.~~

5. AUTHORITY

5.1 The Committee is authorised by the Board to:

- Approve expenditure over £50,000
- Approve plans and strategies that complement the charity's strategy, including those related to fundraising
- Approve policies within its remit
- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;
- by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee; and
- establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. (Formal sub-committees may only be established with the agreement of the Board.) ~~Reporting to the Committee is a Charitable Funds Bursary Panel whose duties and responsibilities are set out in the Bursary Scheme approved by Trust Board 28 January 2016. The Committee has also agreed a National Bids Approval Panel at its March 2019 meeting.~~

6. MEMBERSHIP

Members

6.1 The membership of the Committee will comprise:

Chair Non Executive Director

Members Three further Non Executive Directors of the Board

6.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.



6.3 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Attendees

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

- Director of Finance and Corporate Resources
- Board Secretary
- Director of Workforce and OD
- Director of Operations
- Director of Paramedicine
- Director of Partnerships and Engagement
- Trade Union Partners (x2)
- Chairs of the Bids Panel and Bursary Panel
- Board Secretary

By Invitation

6.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

6.6 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

Member Appointments

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

6.8 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

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



Secretariat and Support to Committee Members

6.10 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

7. COMMITTEE MEETINGS

Quorum

7.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of meetings

7.2 Meetings shall be held normally no less than twice in any financial year and otherwise as the Committee Chair deems necessary - consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

7.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

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

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

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

- joint planning and co-ordination of Board and Committee business; and
- appropriate sharing of information

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

8.3 The Committee will consider the assurance provided through the work of the Board's other Committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance,

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



REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the board in their capacity as trustees. This may include, where appropriate, a separate meeting with the Board of Trustees.

9.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum – as set out in section 7

11. REVIEW

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



FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2021/22

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met 17th March 2022 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this Annual Report reflects on the effectiveness of the Committee in 2021/22.

ASSESSMENT

Purpose of the Committee

5. The Committee's (amended) purpose is:

The purpose of the Finance and Performance Committee is to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP):
- monitoring of the IMTP and ensuring achievement of key milestones;
- robustness of any cost improvement measures and delivery of key strategies and plans;
- ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking;



- scrutinise business cases for capital and other investment
- oversight of the development and implementation of the digital, estates, fleet and environmental strategies
- emergency preparedness, resilience and response

Membership and attendance

6. The Committee is supported by a Chair and 3 Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 21/22:

COMMITTEE ATTENDANCE						
Name	13 May 21	22 Jul 21	23 Sep 21	18 Nov 21	20 Jan 22	17 Mar 22
Emrys Davies						
Bethan Evans						
Ceri Jackson						
Joga Singh						
Lee Brooks						
Rachel Marsh						
Chris Turley						
Trish Mills						
Keith Cox						
Nathan Holman TU						
Robert Morgan TU						
Gareth Price TU						

	Attended
	Sent Deputy
	Apologies
	No longer member

7. Attendance has been good, recognising the challenges that operational pressures have placed on the Trust from time to time throughout the year.
8. It is proposed that membership is further supported by the addition of the Director of Digital, Executive Director of Quality and Nursing to support the value based healthcare agenda, Deputy Director of Workforce and Organisational Development, strengthening representation for all areas of performance on in the MIQPR, Chairs of Sub-Committees, and the Board Secretary.

Committee Views on Effectiveness

9. The Committee's effectiveness was assessed through a review of its terms of reference, the responses to the questionnaires, discussion with the Chair and Executive Lead, and at the 17th March Committee meeting.



10. The questionnaires provided a good opportunity to gauge opinion on areas of good practice and areas that require improvement. Ten questionnaires were sent out with six responses, which was one of the best returns for the Committees and is reflected in the quality of the commentary below.
11. Areas of good practice and key issues are set out below together with proposed actions where appropriate.

Issues raised	Commentary and proposed actions
What does this Committee do well?	<ul style="list-style-type: none"> Papers are well written and presented; they allow for appropriate scrutiny and constructive challenge and provision of assurance to Board. The Committee accurately reports progress and identifies challenges to be resolved; it manages delegated actions well to conclusion. Deep dives are identified and explored. Focuses on key issues, good discussion on capital planning, cash flows and forecasting, whilst widening its remit to include value based healthcare and decarbonisation. Works well across committees. Well chaired and inclusive; membership is the right size to ensure robust discussion; good level of consistent attendance by officers. Transparent and open.
What should this Committee do more of?	<ul style="list-style-type: none"> As performance and quality reporting continues to improve, this will provide new opportunities to monitor and challenge performance against objectives. This scrutiny will provide more opportunities to focus on specific areas for improvement. Focus in this area will allow the organisation to deliver progress in all areas. Action: Further improvements will be supported by the QPMF; transfer of deep dives to appropriate committees are further supported via a cross-committee action log to close referred actions. More focus on longer term financial plan and strategy; when possible, will be good to see outcomes of PLICs and use in the VBHB agenda; even greater profile needed on environment and sustainability issues; more risk based approach to agenda setting. Action: Financial strategy added to terms of reference; value based healthcare agenda strengthened by the addition of the Director of Quality and Nursing to the Committee; specific duties for environmental and sustainability added to terms of reference; risk based approach to agenda will be applied in 2022/23 as the risk management framework matures. Expand the remit of the Committee to include oversight of the environmental, estates and information governance/digital agenda, as well as post-implementation reviews of business cases.



Issues raised	Commentary and proposed actions
	<p>Action: These have been added to the terms of reference (other than information governance which is in the remit of the Quality, Patient Experience and Safety Committee).</p> <ul style="list-style-type: none"> The Board may wish to consider delegating authority to Committee for approval of business cases to a level between that of the Chief Executive and the Board. <p>Action: For consideration by the Board when the delegations of authority are next reviewed.</p> <ul style="list-style-type: none"> Develop a cycle of business for the Committee <p>Action: This will be developed in Q1 22/23.</p> <ul style="list-style-type: none"> Better manage the balance of time spend on 'presentation of reports' allowing time for discussion. <p>Action: This was the agreed approach at Board Development in October 2021.</p> <ul style="list-style-type: none"> Focus on bigger picture; for complex papers, offer briefing/conversations before meeting to increase understanding. <p>Action: Executives are encouraged to speak with Non-Executive Directors ahead of meetings; Board development session principles agreed to include complex issues prior to presentation at Committee/Board.</p>
<p>What should this Committee do less of?</p>	<ul style="list-style-type: none"> Continue good work of concise papers making them less operational and ensuring more time is allowed for scrutiny vs presentation. Standardised agenda items to be developed. Late papers and presentations on the day to be avoided. A written report should be provided to the Board. <p>Actions: Above actions address these items, as will a realistic timetable for the filing of papers ahead of meetings. The Board report is prepared by the Board Secretary following the meeting.</p>

12. The Committee has been effective in discharging its responsibilities and providing assurance to the Board in 2021/22, and examples of good practice and areas of improvement are set out in the Annual Report and will be put in place in 2022/23. Priority areas have been agreed and progress against these will be reviewed quarterly by the Committee. Changes to the terms of reference and core attendees will enhance the effectiveness of the Committee, as will a set cycle of business.

Proposed Changes to the Terms of Reference

13. At various stages of the review changes were identified to the terms of reference, with key changes as follows:



- 13.1. Language has been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.
 - 13.2. Assurance on the post-implementation review (PIR) process has been added, with the Committee reviewing PIRs from time to time.
 - 13.3. Specific oversight of estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response have been added.
14. A marked up copy of the terms of reference are attached at Annex 1.

Priorities Identified for the Committee for 2022/23

15. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed it will prioritise a focus on assurance to be provided on the additions to the terms of reference i.e. estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response.
16. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

17. A cycle of Committee business will be developed aligned to the amended terms of reference and designed to grow organically through the year to illustrate compliance requirements and assurance mapping.

RECOMMENDATION

The Trust Board is requested to

- (a) Receive and note the contents of the Committee Annual Report for 2021/22 and its analysis of effectiveness**
- (b) Approve the changes to the Terms of Reference**



FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Finance and Performance Committee (the Committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP);
- monitoring of the IMTP and ensuring achievement of key milestones;
- robustness of any cost improvement measures and delivery of key strategies and plans;
- ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking; ~~and~~
- scrutinise business cases for capital and other investment
- oversight of the development and implementation of the digital, estates, fleet and environmental strategies
- emergency preparedness, resilience and response

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

Finance

- oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital



- monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances;
- review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy, including the efficiency review implementation and required savings targets;
- monitor achievement and planning of both in-year and recurring cost improvement plans and efficiencies. The Committee shall review the proposals for future efficiency schemes and make recommendations to the Board as appropriate;
- ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting
- monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board;
- Assurance that a business case post implementation review is in place and is effective; review post implementation reviews on specific business cases and capital investment schemes from time to time.
- receive, review and ensure mitigation of financial risks of delivery of plans;
- monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation; ~~and~~
- review performance against the relevant Welsh Government financial requirements

Performance

- review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators standards;
- monitor and review progress against the Trust's Integrated Medium Term Plan;
- review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework;
- agree and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;
- monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating as required.



- obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams; ~~and~~
- ~~consider and review all Corporate Risks which relate to those business areas which come under the scope of the Committee.~~

Planning

- oversee and contribute to the development of the Trust's Long Term Strategy and make recommendations to the Board;
- oversee and contribute to the development of the Trust's Integrated Medium Term Plan and make recommendations to the Board;
- ~~review proposals for corporate objectives and delivery criteria and make recommendations to the Board as appropriate;~~
- ~~develop and monitor the~~ obtain assurance on the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee;
- review the Trust's strategies and plans and make recommendations to the Board as appropriate and ensure that the financial considerations complement the business plans (this includes formally receiving all business cases that require approval by the Welsh Government and making recommendations to the Board regarding their annual submission to Welsh Government); and
- review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews.

Estates and Fleet

- oversee, contribute to, and monitor the implementation of, the Estate Strategy
- oversee, contribute to, and monitor the implementation of, the Fleet Strategy
- review proposals for acquisition, disposal, and change of use of land/buildings.

Environmental and Sustainability

- oversee, contribute to, and monitor the implementation of the Environmental Strategy
- ensure compliance with environmental regulations and national targets

Digital Systems and Strategy



- oversee, contribute to, and monitor the implementation of, the Digital Strategy
- review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects

Emergency Preparedness Resilience and Response

- oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and assurance that such plans are effective

Policies

- Oversight of policies within the remit of the Committee

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees



3.6 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

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

- Executive Director of Finance and Corporate Resources (Joint Committee Lead)
- Director of Strategy, Planning and Performance (Joint Committee Lead)
- Director of Operations
- Director of Digital
- Director of Quality and Nursing
- Deputy Director of Workforce and Organisational Development
- Trade Union Partners (x 2)
- Chairs of Sub-Committees
- Board Secretary

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments



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

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

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

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

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



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

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

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

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

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

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, 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 (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

- Quorum (as set out in section 5)

9. REVIEW

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



PEOPLE AND CULTURE COMMITTEE ANNUAL REPORT 2021/22

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 22nd February 2022 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this Annual Report reflects on the effectiveness of the Committee in 2021/22.

ASSESSMENT

Purpose of the Committee

5. The Committee's (amended) purpose is:
 - Enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.



- Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.
- Approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

Membership and attendance

6. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 21/22:

Name	Feb 21	May 21	Sep 21	Nov 21	Feb 22
Paul Hollard					
Kevin Davies					
Joga Singh					
Bethan Evans					
Claire Vaughan					
Estelle Hitchon					
Lee Brooks					
Angela Roberts					
Sharon Thorpe					
Craig Brown					
Paul Seppman					

	Attended
	Sent Deputy
	Apologies
	No longer member

7. Membership attendance is good, as is attendance from core attendees, recognising the challenges that operational pressures have placed on them from time to time throughout the year.
8. It is proposed that membership is further supported by the addition of the Director of Paramedicine, Assistant Director of Quality and Nursing, Board Secretary, and the chairs of the Sub-Committees. This will allow for strengthened clinical support and communication.



Committee Views on Effectiveness

9. The Committee's effectiveness was assessed through a review of its terms of reference, the responses to the questionnaires, discussion with the Chair and Executive Lead, and at the 22nd February 2022 Committee meeting.
10. The questionnaires provided a good opportunity to gauge opinion on areas of good practice and areas that require improvement. Thirteen questionnaires were distributed to the members and core attendees of the Committee, and 6 responses were received, 4 from members and 2 from attendees. These were distributed close to the end of the calendar year, and this, together with a surge of Omicron cases will no doubt explain the low response rate from attendees.
11. Areas of good practice and key issues are set out below together with proposed actions where appropriate.

Issues raised	Commentary and proposed actions
Committee Focus	<ul style="list-style-type: none"> Members have a chance to contribute to issues discussed at meetings. Improvements to the information the Committee receives will be addressed by developing a cycle of business aligned to the revised Terms of Reference. This will allow the Committee to be clear on the type of and regularity of assurance it receives. The necessary sub-committees that report to this Committee will be reviewed in 2022/23. Their Terms of Reference and cycles of business will be expected to mirror that of this Committee, providing clarity on the assurance they provide. A cycle of business will enable the Committee to be assured that all key areas of its remit are reflected in agendas and reports. This, and a clear line of sight to the sub-committees and maturing of reporting by exception will provide a more manageable agenda.
Committee Engagement	<ul style="list-style-type: none"> The Committee is clear about its role and has provided evidence of where it has focused on improvement as a result of assurance gaps identified. The Committee engages well with key stakeholders and in its transfer of actions to other Committees.
Committee Team Working	<ul style="list-style-type: none"> The Committee has the right balance of experience and knowledge to fulfil its role, and seeks attendance of those who will enable it to receive the information it receives. It ensures all those in attendance have an opportunity to express their views, doubts and opinions. Notwithstanding this, representative from clinical colleagues as key attendees is recommended. Most felt they were fully briefed on key risks, safety issues and any gaps and that these were discussed at each meeting, however there were two respondents that disagreed that this was the case.



Issues raised	Commentary and proposed actions
	<p>A maturing of the risk management framework and the BAF will assist all committees in this regard.</p> <ul style="list-style-type: none"> There was some disagreement on whether actions and decisions are implemented in line with timescales set down. The new action log and process should ensure that actions are transposed from minutes to ensure they are closed off. This will also help with cross-Committee actions.
Committee Effectiveness	<ul style="list-style-type: none"> The Committee receives good quality papers that allow for appropriate challenge and the Chair allows debate to flow. The free text response to question 34 indicated that a more targeted approach to the reports would be helpful to maximise time for discussion and debate. The reporting arrangements to the Board are appropriate and it is felt the Board understands the remit of the Committee. There is an opportunity to reflect on decisions at the end of meetings, or separately, on what worked well and what did not.
Committee Leadership	<ul style="list-style-type: none"> The Committee is well led. On the whole the Chair allows debate to flow freely. The Chair has a positive impact on the Committee's performance. Covid has impacted Board visits considerably, but notwithstanding this it was felt the Chair was visible in the organisation.

12. The Committee has been effective in discharging its responsibilities and providing assurance to the Board in 2021/22, and examples of good practice and areas of improvement are set out in the Annual Report and will be put in place in 2022/23. Changes to the terms of reference and core attendees will enhance the effectiveness of the Committee, as will a set cycle of business.

Proposed Changes to the Terms of Reference

13. At various stages of the review changes were identified to the terms of reference, with key changes as follows:

- 13.1. Language has been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role, and the purpose has aligned to the delegated powers.
- 13.2. Sections have been moved for better flow (not marked up).
- 13.3. Delegated Powers and Authority:
 - (a) additional item specific to raising concerns included to ensure arrangements are in place for staff to both raise concerns and for learning from those concerns to be taken into account;
 - (b) equality, diversity, and inclusion section strengthened for the oversight of the strategy and the Committee's role in championing this agenda;



- (c) whilst the current Terms of Reference includes compliance with statutory responsibilities, those related to Welsh Language, health and safety and professional standards have been clarified. Responsibility with respect to health and safety, and selection, training, registration and revalidation of staff has been made to the Committee from the Quality, Patient Experience and Safety Committee. Specific reporting of health and safety to be particularised in this Committee's cycle of business;
- (d) partnership and engagement reporting relevant to this Committee has been drawn out, noting that reporting of matters related to partnership and engagement will be more fully particularised in the revised engagement framework;
- (e) responsibility educational partners and university trust status has been transferred to the Academic Partnership Committee.

14. A marked up copy of the terms of reference are attached at Annex 1.

Priorities Identified for the Committee for 2022/23

15. The Committee will set its priorities at its May meeting and progress will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

16. A cycle of Committee business will be developed aligned to the amended terms of reference and designed to grow organically through the year to illustrate compliance requirements and assurance mapping.
17. A review will be conducted of the Sub-Committees that should report in to the Committee during the 2022/23 year.

RECOMMENDATION

The Trust Board is requested to

- (a) Receive and note the contents of the Committee Annual Report for 2021/22 and its analysis of effectiveness**
- (b) Approve the changes to the Terms of Reference**



PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the People and Culture Committee ('the Committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of ~~its the Trust's~~ leadership arrangements; ~~behaviours and culture;~~ training, education and development; ~~equality, diversity and inclusion;~~ agenda, health, safety and welfare; people and culture related partnerships and engagement; and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.

2.2 The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.

~~2.3 The Committee will also provide assurance to the Board on matters relating to partnerships and engagement, and in relation to the effectiveness of arrangements in place to ensure organisational wide compliance of health, safety and welfare requirements.~~

2.4 The Committee will approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee will, in respect of ~~With regard to~~ its role in providing advice and assurance to the Board, ~~the Committee will comment specifically upon the following:-~~



- oversee and contribute to the development and implementation of the Trust's People and culture strategy and associated strategies and plans, and monitor their implementation;
- monitor delivery of the Trust's strategic workforce priorities set out in the Integrated Medium Term Plan;
- monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change;
- champion the health and wellbeing of the workforce, monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff;
- consider the experience of staff and volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their ~~the experience of staff and volunteers and of plans in place to address areas of improvement;~~
- ensure arrangements are in place to allow staff to raise concerns in confidence, and that those processes allow any such concerns to be investigated proportionately and independently and that the learning from such concerns is considered and applied;
- oversee and contribute to the development of ~~champion~~ the Trust's equality, diversity and inclusion sStrategic Equality Pplan and –Treating People Fairly, and support the work of networks and monitor its implementation; ~~champion and support the plan and the work of the equality, diversity and inclusion networks~~ progress against our equality, diversity and inclusion goals;
- oversee the development and implementation of the Trust's workforce plans, and recruitment and retention strategies;
- ensure the Trust has in place appropriate policies and procedures for its workforce; development, implementation, approval- workforce policies and monitor compliance ~~with workforce policies and procedures;~~
- monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements;
- monitor performance against key workforce indicators such as sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinaries and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern;
- receive and consider projects of major strategic organisational change where there is a significant impact on the workforce;
- monitor progress and seek assurance ~~of an appropriate culture and that arrangements~~ are in place to meet the Welsh Language Standards and that the culture of Wales and the Welsh language is promoted within the Trust;
- ensure the ~~to enable the~~ Trust ~~to is~~ dischargeing its statutory responsibilities, including but not limited to ~~regards the Welsh Language Standards, health, and safety; and welfare, equality, and diversity and inclusion;~~ and relevant Health and Ccare Standards requirements; and



that professional standards of registration and revalidation are maintained;;

- all matters relating to partnerships and engagement relevant to the remit of the Committee, including but not limited to trade unions, external organisations and staff communications; and
- ~~monitor progress towards the achievement of the Trust's aspiration for University status and its relationships with educational partners; and~~
- any other matter in relation to the Committee's overall purpose and responsibilities.

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.6 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.



4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

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

- Trade Union Partners (x4)
- Executive Director of Workforce and Organisation Development
(Committee Lead)
- Director of Partnerships and Engagement
- Director of Paramedicine
- Assistant Director of Quality and Nursing
- Executive Director of Finance and Corporate Resources
- Director of Operations (or Deputy/Assistant Director)
- Assistant Director of Planning and Transformation
- Chairs of Sub-Committees
- Board Secretary

4.3 The Chief Executive will have a permanent standing invite to attend the Committee. Where the Director of Operations nominates a Deputy/Assistant Director to attend meetings, that individual will be approved by the Chair and must be a regular and consistent attendee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation (~~e.g. University representative~~) to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

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



4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

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

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

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

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

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



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

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

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

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, 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 (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9. REVIEW

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust



QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE ANNUAL REPORT 2021/22

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 17th February 2022 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this Annual Report reflects on the effectiveness of the Committee in 2021/22.

ASSESSMENT

Purpose of the Committee

5. The Committee's (amended) purpose is:
 - The Committee is responsible for scrutinising improvements in outcomes in quality, patient experience, effectiveness and safety, and will oversee the development and delivery of strategies to achieve this.
 - During the 2022/23 financial year the Committee will oversee the systems and processes being developed to ensure compliance with the Duty of Quality and the Duty of Candour as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 when it is implemented in 2023, and thereafter ensure compliance with the Act to improve the quality of healthcare provided by the Trust.
 - The Committee will provide oversight of, and seek assurance on statutory and regulatory compliance.



- Oversee the quality and integrity, safety and security, and appropriate access and use of information (including patient and personal information) to support the provision of high quality healthcare.

Membership and attendance

6. The Committee is supported by a Chair and four Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 21/22:

	07-May-21	09-Sep-21	16-Nov-21	17-Feb-22
Bethan Evans				
Emrys Davies				
Kevin Davies				
Paul Hollard				
Ceri Jackson				
Brendan Lloyd				D Robertson
Claire Roche				
Lee Brooks				J Edwards
Hugh Parry				
Angela Roberts				
Craig Brown				

Attended	
Deputy Attended	
Apologies Received	
Not a member	

7. Membership attendance is excellent. Attendance has been good from attendees, recognising the challenges that operational pressures have placed on them from time to time throughout the year.
8. It is proposed that membership is amended to include the Director of Paramedicine in place of the Medical Director who has taken a part time role from 1 January 2022. The Director of Digital Services has been added recognising the expanded information governance and information security provisions, and the chairs of Sub-Committees will also be core attendees to aid in communication. Trade Union representation had previously been agreed to increase to three and that has been reflected in the document.



Committee Views on Effectiveness

9. The Committee's effectiveness was assessed through a review of its terms of reference, the responses to the questionnaires, discussion with the Chair and Executive Lead, and at the 17th February 2022 Committee meeting.
10. The questionnaires provided a good opportunity to gauge opinion on areas of good practice and areas that require improvement. Ten questionnaires were distributed to the members and core attendees of the Committee. All 5 members completed the questionnaire; however, one respondent was unable to answer the questions as they were new to the Committee, leaving a total of 5 responses to be considered. It was disappointing to see only one attendee respond; however, the questionnaires were distributed close to the end of the calendar year, and this, together with a surge of Omicron cases will no doubt explain the low response rate.
11. Areas of good practice and key issues are set out below together with proposed actions where appropriate:

Issues raised	Commentary and proposed actions
What does this Committee do well?	<ul style="list-style-type: none">• Effective scrutiny of quality matters, highlighting challenging issues and influencing the Trust's continuous improvement actions• Deep dives into serious adverse incidents and patient complaints for clarity on issues and drives for improvement• Collegiate, collaborative, supportive• Explores issues from a number of perspectives• Methodical in its approach to the quality agenda; robust planning ahead of meetings• Well chaired and all given opportunity to contribute; good discussion, particularly of highly emotive issues; good balance of empathy and scrutiny• Good attendance and mix of skills, knowledge and interest; good partnership working between members and attendees• Clearly written reports• Person centred in its focus
What does this Committee need to do more of?	<ul style="list-style-type: none">• Deep dive into performance and the focus on our service as the metrics develop; hold to account where performance is challenging; explore the human impacts of service provision• Focus on the risk register, particularly where there are limited or no actions to address gaps• Ensure a focused quality agenda and transfer some areas to other committees; streamline agenda to allow more time for large/strategic items to be discussed• Targeted presentations, allowing more time for discussion/debate <p>Actions:</p>



Issues raised	Commentary and proposed actions
	<p>(a) The risk registers are being improved to provide clarity on the risks, controls, assurance and actions to further mitigate. The BAF for the Committee can then be used to drive the agenda, ensuring areas where there is limited assurance are prioritised in the meeting.</p> <p>(b) Support of the committee will continue as the metrics further develop; targeted focus where areas of concern are identified will continue.</p> <p>(c) Clear instructions on limiting introduction and presentation of papers which have been read to allow more time for discussion and debate and focus on improvements and assurance.</p>
<p>What should this Committee do less of?</p>	<ul style="list-style-type: none"> • Lengthy agenda and meetings. • Spend less time on issues that are of less priority for the Committee. • Less presenting and more scrutiny of effectiveness of actions in progress/completed. <p>Actions:</p> <p>(a) Clear instructions on limiting introduction and presentation of papers which have been read to allow more time for discussion and debate and focus on improvements and assurance.</p> <p>(b) The development of a cycle of business for the Committee which will focus the agenda and provide clarity of the assurance items</p>

12. The Committee has been effective in discharging its responsibilities and providing assurance to the Board in 2021/22, and examples of good practice and areas of improvement are set out in the Annual Report and will be put in place in 2022/23. Priority areas have been agreed and progress against these will be reviewed quarterly by the Committee. Changes to the terms of reference and core attendees will enhance the effectiveness of the Committee, as will a set cycle of business.

Proposed Changes to the Terms of Reference

13. At various stages of the review changes were identified to the terms of reference, with key changes as follows:

- 13.1. Language has been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.
- 13.2. Sections have been moved for better flow (not marked up).
- 13.3. The purpose has been revised to summaries the main delegated powers and to reflect the emphasis that will be placed on the Duty of Quality and the Duty of Candour as we prepare for its implementation in 2023.
- 13.4. Delegated Powers and Authority:



- (a) This section has been revised to follow the primary areas of responsibility of the committee i.e. strategy; safe care; effective care; citizen voice and patient experience; information governance and information security; and governance.
- (b) A transfer of responsibility with respect to health and safety, and selection, training, registration and revalidation of staff has been made to the People and Culture Committee. This enables the Committee to focus on safe, effective, patient centred care, whilst ensuring that the importance of quality reverberates through all Committees.
- (c) There is an emphasis on continuous improvement and evaluating the impact on patients, of good and poor performance.
- (d) The Committee's responsibilities with respect to information governance and information security have been strengthened and this will be reflected

14. A marked up copy of the terms of reference are attached at Annex 1.

Priorities Identified for the Committee for 2022/23

15. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priority for 2022/23:

- The organisation's journey towards further embedding the Duty of Quality and Duty of Candour into everything we do.

16. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

17. A cycle of Committee business will be developed aligned to the amended terms of reference and designed to grow organically through the year to illustrate compliance requirements and assurance mapping.

18. A review will be conducted of the Sub-Committees that should report into the Committee during the 2022/23 year.

RECOMMENDATION

The Trust Board is requested to

- (a) Receive and note the contents of the Committee Annual Report for 2021/22 and its analysis of effectiveness**
- (b) Approve the changes to the Terms of Reference**



QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".
- 1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Quality, Patient Experience and Safety Committee**. This Committee has a key assurance role on behalf of the Board in relation to the Trust compliance with the Commissioning Core Quality Requirements, the NHS Wales Health & Care Standards 2015 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020~~working towards the required compliance of the Welsh Government Quality and Governance Bill.~~ The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1. The Committee is responsible for ~~overseeing~~ scrutinising the improvements in ~~and~~ outcomes in quality, patient experience, effectiveness and safety, ~~and will oversee the development and~~ and delivering of the Quality Strategy to achieve this.
- 2.2. During the 2022/23 financial year the Committee will oversee the systems and process being developed to ensure compliance with the Duty of Quality and the Duty of Candour as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 when it is implemented in 2023, and thereafter ensure compliance with the Act to improve the quality of healthcare provided by the Trust.
- 2.3. The Committee will provide oversight of, and seek assurance on, statutory and regulatory compliance.
- ~~2.1.2.4.~~ Oversee the quality and integrity, safety and security, and appropriate access and use of information (including patient and personal information) to support the provision of high quality healthcare.
- ~~2.2. Its specific responsibilities are to provide:~~
- ~~2.3.~~

- ~~2.4. Evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to governance, quality and safety of healthcare;~~
- ~~2.5. **Assurance** to the Board in relation to the Trust's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.~~
- ~~2.6. The Audit Committee will need to have an effective relationship with this Committee to understand the processes in operation. The primary focus of this Committee in relation to risk is to:~~
- ~~• propose new policy when needed;~~
 - ~~• monitor the effectiveness of risk management processes, both clinical and non-clinical; and~~
 - ~~• intervene in the event of any risks arising which cannot be resolved by an alternative group or body of the Trust.~~

3. DELEGATED POWERS AND AUTHORITY

The Committee will ~~provide advice and assurance to the Board on the following:~~

- 3.1. Ensure the organisation, ~~at all levels (directorate/team/region/locality)~~ has the right systems and processes in place to deliver, ~~from a patients perspective—person centred, efficient, effective, timely and safe services;~~ services consistent with the six domains of quality (patient centred; safe; equitable; timely; effective; and efficient)
- 3.2. Advise the Board on a set of key indicators for quality, patient experience and clinical safety, and monitor performance against those indicators ~~for clinical performance and clinical safety and assess the effectiveness of the relevant indicators~~
- 3.3. **Strategy**
- (a) oversee ~~and contribute to the development of~~ the Trust's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
 - (b) monitor the implementation of strategies and plans within the remit of the Committee.
 - (c) Ensure there is clear, consistent strategic direction, strong leadership, transparent lines of accountability.

3.4. Safe Care

- ~~(a)~~ Ensure ~~that~~ the Health and Care Standards, Commissioning Quality Core Requirements ~~are~~ embedded Trust wide with actions taken in relation to any identified non-compliance.
- ~~(b)~~ (a) Ensure there is a process in place for quality impact assessments, and consider the implications for quality and safety and equitable care arising from the development of the Trust's corporate strategies and plans, or those of its stakeholders and partners, including those arising from any ~~Joint (sub)~~ Committees of the Board; ~~and~~
- ~~(c)~~ (b) Consider the implications for the Trust's quality and safety arrangements from review/investigation reports, external guidance and national reports and actions arising from the work of external regulators.
- (c) Monitor Trust compliance with the Mental Health Act 1983, and Code of Practice, and the Mental Capacity Act 2005.
- ~~(d)~~ Review the annual infection prevention and control plan and monitor its implementation ~~the outcomes of infection control audits and obtain assurance on the effectiveness of management actions relating to infection prevention and control~~
- ~~(e)~~ on the Trust's safeguarding matters and where appropriate make recommendations for change Ensure the Trust is meeting its obligations with respect to safeguarding of children and vulnerable adults
- ~~(f)~~ that the workforce is appropriately selected, trained, supported and responsive to the needs of the service, and that professional standards and registration/revalidation requirements are maintained Review the impact of professional standards and staffing issues on patient care, noting the People and Culture Committee has oversight of the selection, training, registration and revalidation for staff.
- ~~(g)~~ on the arrangements for the management of health, safety and security and compliance with relevant legislation
- (g) Ensure the Trust has systems and processes in place to support the delivery of an open and honest reporting and continuous learning culture in line with the Duty of Candour.
- (h) Oversee improvements and changes applied as a result of reviews of mortality, clinical incidents, complaints, litigation, external regulator reports etc., and their impact on minimising patient harm and maximising patient experience.

3.5. Effective Care

- (a) Ensure the care planned, and/or provided, across the ~~breadth~~ of the

organisation's functions ~~(including directorate/team/region/locality and those provided by the independent or third sector)~~ is clinically effective and quality driven consistently applied, based on sound evidence, is clinically effective and consistent with agreed standards e.g. NICE, JRCALC etc; and where this falls beneath expected standards, the impact is reviewed to support continuous improvement.

- (b) ~~sApprove the annual there is an effective~~ clinical audit plan and quality improvement plan and function that meets the standards set for the NHS in Wales; review the outcomes of clinical audits in line with the ~~C~~clinical Audit and Effectiveness Pplan and provide assurance to the Audit Committee in this respect;
- (c) There is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation

3.6. Citizen Voice and Patient Experience

- (a) Approve the patient experience/engagement plan and monitor its implementation.
- ~~(a)~~(b) Ensure the organisation, ~~at all levels (directorate/team/region/locality)~~ has a citizen centred approach, putting patients, patient safety, quality of care and safeguarding above all other considerations.
- ~~(b)~~(c) that Ensure the ~~work of the~~ Patient Experience & Community Involvement (PECI) continuous engagement model arrangements and associated service user experience feedback is taken into account in the design and delivery of services, ensuring the full implementation of lessons learnt;
- (d) Seek assurance that lessons are learned from patient experience information and patient safety and workforce related incidents, complaints and claims, and that learning from reports and incidents is embedded in the Trust's practices, policies and procedures
- ~~(c)~~(e) Ensure there is good collaborative team and partnership working to provide the best possible outcomes for its citizens
- (f) that a

- 3.7. Ensure any matters raised by the Medical Director, Director of Quality & Nursing, Director of Paramedicine, or other Directors in relation to patient safety and clinical risk are considered and addressed promptly and fully

3.8. Information Governance and Information Security

- ~~(a) Receive assurance the information governance and information security arrangements are appropriately designed and operating effectively to ensure the on the reliability, integrity, safety and security of the information to support the delivery of high quality, safe healthcare across the collected and used by the organisation.~~
- ~~(b) Review progress of measures to improve data information security and adherence to Caldicott performance principles against the Information Governance Toolkit, Network and Information Systems (NIS) Directive (2018), Data Protection Act (2018), and receive assurance on compliance with relevant standards, legislation and regulations;~~
- ~~(c) Receive assurance on, and review effectiveness of the Trust's information security protocols.~~
- ~~(a)(d) Review performance of the Trust in relation to statutory and mandatory information requests and reporting requirements including but not limited to freedom of information requests, data breaches, police requests and subject access requests.~~

3.8.3.9. Governance

- ~~(a) The Committee will, in respect of its assurance role, sSeek assurances that governance (including risk management, management of health and safety and security) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the Trust's activities, and that these are compliant with relevant legislation. Additionally, the Committee will provide advice and assurance on the reliability, integrity, safety and security of the information collected and used by the organisation.~~
- ~~(b) Approve the research governance framework and oversee its implementation in accordance with the Welsh Government Research Governance Framework for Health and Social Care.~~
- ~~(a)(c) that rRecommendations made by internal audit and external reviewers are considered and acted upon on a timely basis;~~
- ~~(d) Review and recommend to the Board the Trust's annual quality statement (as relevant) and quality improvement priorities for the coming year, monitoring progress against these priorities and their impact on patient safety.~~
- ~~(e) Review policies in its remit and endorse policies for Board approval that relate to complaints and incidents in line with Putting Things Right.~~

~~The Committee will be responsible for monitoring the Trust compliance~~

~~with the Mental Health Act and Code of Practice through the work of the Trust Mental Health Steering Group.~~

~~3.9. The Committee's programme of work will be designed to ensure that, in relation to all aspects of quality and safety:~~

~~3.10. Annex A sets out the main functions of the Quality, Patient Experience and Safety Committee~~

Corporate Risks and Audit Recommendation Tracker

~~3.11.~~ 3.10. The Audit Committee has overall **responsibility** for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

~~3.12.~~ 3.11. The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

~~3.13.~~ 3.12. The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

~~3.14.~~ 3.13. The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

~~3.15.~~ 3.14. The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

- 4.1. The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair Non Executive Director

Members Three further Non Executive Directors of the Board.

Attendees

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

- ~~Medical Director~~Director of Paramedicine
- Director of Operations
- Executive Director of Quality and Nursing (Committee Lead)
- Director of Digital Services (SIRO)
- Director of Strategy, Planning and Performance
- Trade Union Partners (x 23)
- Chairs of Sub-committees
- Board Secretary

- 4.3. The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

- 4.4. Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

- 4.5. The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.
- 4.6. Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on

an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

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

Secretariat and Support to Committee Members

- 4.8. The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1. At least two members must be present to ensure the quorum of the Committee. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

- 5.2. Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

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

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

- 6.1. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2. The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

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

- 6.3. The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.
- 6.4. The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1. The Committee Chair shall:

- report formally, 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 (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

- 7.2. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In so doing, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook and national guidance.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1. The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum (as set out in section 5)

9. REVIEW

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

The main functions of the Quality, Patient Experience and Safety Committee are to:

TO OBTAIN ASSURANCE:

- that the Health and Care Standards and Commissioning Quality Core Requirement are embedded Trust wide with actions taken in relation to any identified non-compliance;
- to provide assurance that the Trust is in compliance with the Mental Health Act and the Trust's Mental Health Improvement Plan;
- review the outcomes of clinical audits in line with the Trust's Clinical Audit and Effectiveness Plan;
- obtain assurance that the risks aligned to this Committee are supported with evidence of mitigation and controls assurance;
- assurance will be provided to the Committee by the Research and Development Forum with regards to the Trust's obligations for research and governance, as set out in the Welsh Government Research Governance Framework for Health and Social Care;
- review the outcomes of infection control audits and obtain assurance on the effectiveness of management actions relating to infection prevention and control;
- that recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
- that lessons are learned from patient experience information and patient safety and workforce related incidents, complaints and claims;
- on the Trust's safeguarding matters and where appropriate make recommendations for change;
- that the work of the Patient Experience & Community Involvement (PECI) arrangements and associated service user experience feedback is taken into account in the design and delivery of services, ensuring the full implementation of lessons learnt;
- on the arrangements for the management of health, safety and security and compliance with relevant legislation;
- that the workforce is appropriately selected, trained, supported and responsive to the needs of the service, and that professional standards and registration/revalidation requirements are maintained;
- progress of measures to improve data security and Caldicott performance against the Information Governance Toolkit; performance against indicators for clinical performance and clinical safety and assess the effectiveness of the relevant indicators



REMUNERATION COMMITTEE ANNUAL REPORT 2021/22

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 7th March 2022 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this Annual Report reflects on the effectiveness of the Committee in 2021/22.

ASSESSMENT

Purpose of the Committee

5. The Committee's (amended) purpose is:
 - Approve on behalf of the Board matters relating to the appointment, termination, remuneration, terms of service and appraisal for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and in accordance with the Standing Orders
 - Approve proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance
 - Provide assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.



Membership and attendance

6. During 2021/22 the Committee was supported by the Trust Board Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 21/22:

Name	Aug 21	Oct 21	Dec 21	Mar 22
Martin Woodford				
Martin Turner				
Emrys Davies				
Joga Singh				
Jason Killens				
Claire Vaughan				
Trish Mills				
Hugh Parry				
Craig Brown				
Damon Turner				

	Attended
	Sent Deputy
	Apologies
	Not a member at the time or no longer a member.

7. Membership attendance is good, recognising the challenges of operational pressures from time to time throughout the year.
8. Given the approval powers of the Committee it is proposed that membership in 2022/23 includes all Non-Executive Directors.

Committee Views on Effectiveness

9. The Committee's effectiveness was assessed through a review of its terms of reference, the responses to the questionnaires, discussion with the Chair and Executive Lead, and at the 7th March Committee meeting.
10. The questionnaires provided a good opportunity to gauge opinion on areas of good practice and areas that require improvement. Nine questionnaires were distributed to the members and core attendees of the Committee, and 3 responses were received, 2 from members and 1 from an attendee. These were distributed close to the end of the calendar year, and this, together with a surge of Omicron cases will no doubt explain the low response rate.
11. Areas of good practice and key issues are set out below together with proposed actions where appropriate.



Issues raised	Commentary and proposed actions
Committee Focus	<ul style="list-style-type: none">Positive responses were received regarding member contributions and good balance to all key areas within its remit.One respondent felt the Committee did not have a series of objectives set for the year or had made a conscious decision about the information it would like to receive. <p>Action: The cycle of business for the committee will provide clarity on the information and assurance to be provided to the committee.</p>
Committee Engagement	<ul style="list-style-type: none">The Committee is engaged and manages relationships with stakeholders well, noting limited data is not accepted when considering proposals, and providing examples of when the committee had focused on improvements as a result of assurance gaps identified.
Committee Team Working	<ul style="list-style-type: none">The right balance of skills and knowledge are present in the members.Where necessary, executives are invited to meetings to enable the members to fully understand matters before it.The Committee is briefed on risks, safety issues and gaps in control.Those attending meetings are able to freely express their views and the Trust's behaviours are reflected in the way meetings are conducted.Assurance providers are held to account for missing or late assurances and actions are implemented in line with agreed timescales.Potential for expansion of membership to all Non-Executive Directors, particularly when issues of remuneration are considered. <p>Action: Membership has been expanded to include all Non-Executive Directors.</p>
Committee Effectiveness	<ul style="list-style-type: none">Papers are of good quality and provide opportunities for genuine challenge.Debate flows well and each item is suitably closed off.The Board receives regular reports from the Committee and understands its areas of responsibility.The Committee is well attended and members are well briefed by executives.Timing of meetings could be more structured. <p>Action: All Committee dates have been agreed for 22/23 for quarterly meetings. Due to the nature of the matters before the Committee it is difficult to predict with any more precision the meetings required.</p> <ul style="list-style-type: none">A cycle of business that provides a line of sight to all business to be conducted by the Committee is required.



Action: This will be developed in Q1 22/23

- The Committee does not take time at the end of each meeting to reflect on decisions and discussion of what worked well, not so well etc.

Action: Chairs Working Group could consider whether a reflections section is added to the agenda as a standing item or conducted in a different way.

Committee Leadership

- The Committee chair is effective, has a positive impact and is visible within the organisation.
- The Chair allows debate to flow freely and does not assert his own view too strongly.

12. The Committee has been effective in discharging its responsibilities and providing assurance to the Board in 2021/22, and examples of good practice and areas of improvement are set out in the Annual Report and will be put in place in 2022/23. Changes to the terms of reference and membership will enhance the effectiveness of the Committee, as will a set cycle of business.

Proposed Changes to the Terms of Reference

13. At various stages of the review changes were identified to the terms of reference, with key changes as follows:

13.1. Wholesale changes have been made to reflect the amended Scheme of Reservation in the Standing Orders approved by the Board in January 2022. These amendments provide clarity as to the approval authority of the Committee with respect to appointments, terminations and suspensions of the Chief Executive and Board level appointees.

13.2. In addition to the specific approval authority with respect to voluntary early release applications, the section regarding termination payments has been revised to reflect the Welsh Government Manual for Accounts losses and special payments provisions

14. A marked up copy of the terms of reference are attached at Annex 1.

Next Steps

15. A cycle of Committee business will be developed aligned to the amended terms of reference and designed to grow organically through the year to illustrate compliance requirements and assurance mapping.

RECOMMENDATION

The Trust Board is requested to



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- (a) Receive and note the contents of the Committee Annual Report for 2021/22 and its analysis of effectiveness**
- (b) Approve the changes to the Terms of Reference**

REMUNERATION COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Remuneration Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Remuneration Committee (the Committee) is to ~~provide~~:
- ~~Advice to~~Approve on behalf of the Board matters relating to the appointment, termination, remuneration, terms of service and appraisal ~~Advice on remuneration and terms of service~~ for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and in accordance with the Standing Orders;
 - Approve proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance
 - Provide assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 ~~With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the~~The Committee will support the Board with regard to its responsibilities for remuneration and terms of service and will:
- Provide assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

- Approve the remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change, ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government, are applied consistently;
- Approve the appointment of the Chief Executive and Executive Directors (officer members of the Board).
- Terminate appointments and suspend officer members in accordance with the provision of regulations.
- Consider the appraisal of officer members of the Board.
- Approve the appointment, appraisal, discipline and dismissal of any other board level appointments and other senior employees, in accordance with Welsh Government Ministerial instructions, e.g., the Board Secretary
- ~~ensuring that there is a process in place which both sets Executive Directors and other VSMs objectives and subsequently assesses performance;~~
- Consider and approve redundancy and Voluntary Early Release (VERs) applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
- Approve proposals for novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered. regarding termination arrangements, ensuring the proper calculation and scrutiny of all termination/severance payments (including A4C) in accordance with the relevant Welsh Government guidance; with regard to consideration of applications under the Voluntary Early Release Scheme, the Committee is authorised to approve all applications up to and not exceeding a value of £50k. Applications above that amount will be considered by the Committee and if endorsed will then specifically require WG approval.
- ~~proposals in respect of any litigation claims in relation to any HR/employment matter which is not the subject of reimbursement by the Welsh Risk Pool.~~

Corporate Risks and Audit Recommendation Tracker

- 3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to

each Audit Committee. The Committee will consider the control and mitigation of high level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

3.3 The Committee is authorised to approve those matters listed at 3.1 above.

3.4 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.54 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements. .

Sub-Committees

3.5 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Trust Board Chair man
Members	Three further Non Executive Directors of the Board <u>All Non-Executive Directors of the Board, including the Audit Committee Chair.</u>

~~4.2 The Chairman of the Audit Committee shall be co-opted to the Committee with full membership powers.~~

Attendees

4.3 The ~~core~~ membership will be supported routinely by the ~~attendance of the~~ following core attendance:

- Chief Executive
- Director of Workforce and Organisation Development (Committee Lead)
- Board Secretary
- Trade Union Partner (x2)

Depending upon the sensitivities being discussed, the Chair may request that core attendees are not in attendance.

- 4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.
- 4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

- 4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.
- 4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

- 4.9 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least ~~two of the four~~ three members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

- 5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

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

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

- 6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:
- Joint planning and co-ordination of Board and Committee business; and
 - Sharing of appropriate information;
- in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.
- 6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.
- 6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, 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 (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9. REVIEW

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



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AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

GOVERNANCE REPORT

MEETING	Trust Board
DATE	26 May 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out:

- 1.1 Chair's Actions taken since the last Trust Board meeting
- 1.2 Use of Trust Seal

Recommendation: The Trust Board is requested to ratify the Chair's Actions taken and note the other updates.

KEY ISSUES/IMPLICATIONS

Not applicable

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

- 1. SBAR
- 2. Initial revenue budget 2022-23 paper

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	Y

GOVERNANCE REPORT

1. Chair's Actions Taken Since the Last Meeting

1.1. 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 circumstances, 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'*.

1.2. Urgent action was required between the March and May 2022 scheduled Trust Board meetings as follows:

- (a) On 29th March 2022 Chair's action was taken to approve the 2022-23 Initial Budget. The initial revenue budget 2022-23 paper which was presented is attached at Annex 1.

A meeting by way of Teams was held to take the Chair's action. Chris Turley reminded the Board that discussion on the 22/23 financial plan had taken place in a number of forums over the quarter, including Board development, Private Board and Finance and Performance Committee meetings, culminating in approval of the financial plan as part of the IMTP 22-25 on 24th March at Trust Board.

The Standing Financial Instructions requires the Board to approve a revenue budget prior to the commencement of the relevant financial year, which is why the 2022/23 Initial Revenue Budget is requested to be approved by way of Chair's Action. Chris Turley reminded the Board that the final position on the 22/23 financial plan was moving during the week leading up to the Trust Board and was further amended following a meeting with the Commissioner after Trust Board. It was therefore not possible to bring the 2022/23 Initial Revenue Budget to the meeting on 24th March.

The 2022/23 Initial Revenue Budget was based on the financial plan approved at the Board on 24th March, updated following discussions with the Commissioner which sees assumptions based on these discussions of identifying a further £1.8m funding to flow non-recurrently in Q1. It was noted that this was likely to fund the continuation of some of the non recurring schemes recent put in over winter, including cohorting and some of the SJAC support. Costs over and above that which are affordable within the budget will not be committed until this funding is fully confirmed by the Commissioner however.

Chris Turley advised that this is an initial revenue budget, and as with any budget it will change throughout the year, with Finance and Performance Committee overseeing this. The budget sets initial delegated budgets

formally from the Chief Executive to his direct reports as per the Standing Financial Instructions and meetings will take place with those direct reports, the Chief Executive and Director of Finance to confirm the budgets and work through the delivery and savings requirements.

It was noted that this was a revenue only plan, and whilst the financial plan as part of the IMTP 22-25 included a capital plan, a separate capital budget for 2022/23 will be brought to Trust Board separately.

The Board noted the challenging savings picture to balance the plan and the messaging required to staff that whilst a balanced plan has been approved, the savings targets and tightening of the position on funding from the Commissioners will mean that difficult decisions that will need to be made during the year. The need to keep a close eye on the savings targets and the importance of ensuring that the Finance and Performance Committee and the People and Culture Committee are linked in their oversight of the resources and workforce impact was emphasised. The associated risks on the risk register reflect the current situation.

The Chair and those present approved the 2022/23 Initial Revenue Budget, noting that the full brief will be appended to the Chair's report for the May Trust Board meeting for transparency.

- (b) On 27th April 2022 Chair's action was made to negotiate settlement of the Claimant's legal costs in a clinical negligence claim to a maximum authority of £133,300.60; and to pay a further £35,000 on account of costs which will form part of the maximum authority sought of £133,300.60. Urgency was required in order to save costs in preparation of further Court documentation.
- (c) On 9 May 2022 Chair action was made to extend cohorting through ID Medical supporting the Grange and Morriston Hospitals from May to July 2022.

2. Use of Trust Seal

The Trust seal was applied to the following documents on 30 March 2022:

- (a) Reference number: 0233 - Vantage Point House Storage lease.
- (b) Reference number: 0234 - Beacon House lease.



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

INITIAL 2022/23 REVENUE BUDGET

MEETING	Chair's Action
DATE	29 th March 2022
EXECUTIVE	Executive Director of Finance and Corporate Resources
AUTHOR	Jason Collins, Head of Financial Management
CONTACT	Jason Collins Tel 07921 584088 Jason.Collins@wales.nhs.uk

EXECUTIVE SUMMARY

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2022/2023 is translated into delegated budgets, the key assumptions made and any remaining choices required in doing so.
2. Following the requested approval of this initial 2022/23 budget, as in previous financial years, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2022/23 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs).
3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2022/23 financial year have been produced within the framework of the Trust's anticipated resource envelope.
4. ***Chairs Action are asked on behalf of the Trust Board to:***
 - **Approve** the initial 2022/23 revenue budget, building on the WAST Financial Plan included in the IMTP presented to Trust Board on 24th March 2022.

KEY ISSUES/IMPLICATIONS

1. The current planned resource envelope (planned income) for the Trust for the financial year 2022/23, as per the financial plan within the IMTP, totals **£266.6m** of which £203.6m is planned EMS commissioning funding via EASC, £26.9m is Ambulance Care commissioning funding via EASC (change in income flow for 2022/23 as previous years were paid direct by NHS organisations), £14.2m from other NHS Welsh Organisations, £19.5m from Welsh Government (WG) and £2.4m from other sources.
2. This total quantum is as presented to Trust Board on 24th March 2022 as part of the 2022/23 financial plan within the IMTP, with one addition. Following correspondence from the CASC to EASC members dated 22nd March 2022 requesting a further £1.8m non recurrent allocation from health boards to support front line provision during the start of 2022/23, this has also now been assumed as further additional income, with corresponding additional expenditure not included within the previous drafts of the financial plan.
3. Key elements of planned income includes agreed and anticipated full year impacts of continuing some of the 2021/22 EASC developments and some support for system pressures for Quarter 1, WG income to support 'exceptional estimated cost pressures' of utilities, fuel and Employers National Insurance increases and support for continuing elements of unavoidable costs as a result of the COVID-19 pandemic such as cleaning and PPE. No income (or expenditure) assumptions are included for the WAST Transitional plan.
4. Core initial operating revenue budgets for 2022/23 for Pay, Non Pay, plus any profit on sale of assets, interest and depreciation totals **£270.9m**. This recognises elements of the impact of non-pay inflation and agreed cost pressures but excludes the current expected impact of 2022/23 pay awards, the ongoing impact of the payment of holiday pay on overtime and any revenue cost implications of the introduction of IFRS16 as costs remain largely unknown and these are assumed as funded by WG as the year progresses. Revenue costs also includes the agreed and anticipated full year impacts of continuing some of the 2021/22 EASC developments and some support for system pressures for Quarter 1 but does not include the costs /associated income of the 2022/23 transition plan. Also as noted in the Income plan above 'exceptional estimated cost pressures' of utilities, fuel and National insurance increases and unavoidable costs as a result of the COVID-19 pandemic such as cleaning and PPE are included, at the current most likely cost estimates.
5. As a result, an initial savings requirements for the 2022/23 financial year within the balanced financial plan is **£4.3m**. Continuing development of the detailed plans for delivery and monitoring of the achievement of this will via ADLT and routinely scrutinised by Finance & Performance Committee.
6. Key risks and issues identified in the financial plan include the need to ensure full recovery of all of the updated income assumptions, ability to deliver a minimum of a 54% increase in savings over that made in 2021/22 and manage any in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

REPORT APPROVAL ROUTE

A high level summary of the latest draft of the 2022/23 financial plan was presented to Finance & Performance Committee on 17th March 2022.

Final underpinning financial plan was agreed by EMT on 21st March 2022

Final financial plan as presented to Trust Board on 24th March 2022 as part of IMTP submission. This budget includes one update from this, as highlighted in Key Issue 2. above.

REPORT APPENDICES

Appendix 1 includes the detail and narrative to support the Financial Plan for 2022/23. This includes two annexes of:

- Annex 1 – Savings Schemes
- Annex 2 – Opening Directorate Revenue Budgets

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

CHAIR'S ACTION

INITIAL 2022/23 REVENUE BUDGET

SITUATION / BACKGROUND

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2022/2023 is translated into delegated budgets, the key assumptions made and remaining choices required in doing so.
2. Following the approval of the initial 2022/23 budget, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2022/23 budgets, in accordance with the Trust Standing Financial Instructions (SFIs).
3. A final underlying financial plan for 2022/23 was presented to Trust Board and included in the IMTP on the 24th March 2022. The revenue elements of this paper is consistent with that contained within that IMTP financial plan and hence forms the basis of the revenue budget for 2022/23 with a recommendation to the Trust Board for approval. The only addition to that contained in the Trust Board approved financial plan is a further £1.8m of both income and expenditure not previously contained in previous drafts of the financial plan, following correspondence issued by the CASC to EASC members on 22nd March 2022 and subsequent discussions with the CASC on the proposed use and financial plan treatment of this potential additional income, in a meeting immediately following Trust Board on 24th March 2022.

ASSESSMENT

4. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2022/23 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the updated financial plan, the current WAST planned resource envelope for the 2022/23 financial year is currently **£266.6m**, summarised in table below.

Income Sources	£m	£m
<i>EASC / WHSSC</i>		
EMS	203.6	
Ambulance Care	26.9	
<i>Total EASC / WHSSC</i>		230.5
<i>Welsh NHS Organisations</i>		
111 - estimated	9.3	
Ambulance Care	0.7	
EMS Related	3.0	
Other	1.2	
<i>Total Welsh NHS Organisations</i>		14.2
<i>Welsh Government</i>		
HART / CBRN / SORT	3.1	
PIBS	1.0	
Depreciation (above baseline)	3.3	
Impairments	5.3	
Exceptional Cost Pressure Support - Utilities	1.7	
Exceptional Cost Pressure Support - Fuel	1.8	
Exceptional Cost Pressure Support - National Insurance	1.9	
COVID Costs - PPE	1.0	
COVID Costs - Cleaning	0.4	
<i>Total Welsh Government</i>		19.5
<i>Other Income</i>		
MTU's	1.0	
Other Sources	1.4	
<i>Total Other Income</i>		2.4
Total Income Assumptions		266.6

6. There are some key financial assumptions within the Trust's 2022/23 financial plan which are included as part of the Welsh Government budget uplift to the NHS in Wales and are which are assumed to be passed through to the Trust, as in recent financial years:-

- Recurrent impact of the 2021/22 pay award totalling £3.6m paid non recurrently in 2021/22 financial year;
- Ring-fenced funding will be provided in full to support the increasing cost profile of the approved Band 6 Paramedic business case (£1.56m) and funding confirmed within the 2022/23 NHS Wales Allocation Letter for the 111 service (that discussions continue to determine total income values for 2022/23).

“Core” EASC income

7. As can be seen above, the biggest single funding source to the Trust is via EASC and values have increased this year due to a change in funding flows for Ambulance Care related activities that in previous years were paid direct via NHS Wales's organisations. Current assumed income for 2022/23 is currently of **£230.5m** with £203.6m for EMS related services and £26.9m for Ambulance Care and include:

EMS Income includes the following:

- £5.6m as the recurrent cost to support the Demand & Capacity recruitment in 2021/22 of an additional frontline 127 WTEs and supporting Operational Managers;

- Continued baseline funding of £4.4m as the cost to support the Grange University Hospital inter transport service which, whilst funded specifically by ABUHB, the funding for which flows through to the Trust via this route;
- £0.9m for Operational Delivery Unit, £0.6m for Major Trauma Network, £0.6m for CSD (Mental Health).
- 2.8% growth uplift of £5.2m;
- Funding is also assumed to continue to flow from Welsh Government (WG) to EASC for the 2022/23 impact of the Band 6 Paramedic Business Case (£1.56m), continued support for Emergency Services Mobile Communications Programme (ESMCP) & airwave extension costs and the recurrent impact of the 2021/22 pay award totalling £3.6m paid non recurrently in the 2021/22 financial year direct by WG;
- Income assumptions also include £1.8m to support the 2021/22 agreed development of the cost of recruiting 36 EMTs to replace 36 additional Clinicians recruited to the Clinical Support Desk, £0.1m for the recurrent additionality of Neo Natal Transport provision and £1.0m for Mental Health Transport Crisis Pilot. As noted previously no income is included for the WAST Transition plan;
- Income assumptions of an additional funding value of further £1.8m is now included following discussions at the EASC meeting on 15th March and the subsequent further funding request to health boards from the CASC on 22nd March. This is then assumed to be matched by additional expenditure, the full details of which will be further confirmed with the CASC once this funding has been fully secured from all commissioners and as we move into the new financial year. However, it is expected as a minimum to support an initial continuation as we enter 2022/23 of Cohorting and St John provision.

Ambulance Care Income

- Core Ambulance Care contract value transferred from NHS Wales organisations of £21.0m;
- Transfer of Services values again transferred from NHS organisations totals £5.2m. Cwm Taf HB values of c£0.6m are not included in this value as an agreement has been made to monitor and recover these costs during 2022/23 on an actual basis to allow accurate transfer values in the 2023/24 financial year. This income is shown in the Ambulance Care section of NHS Wales's income;
- 2.8% growth uplift of £0.7m;
- Excluded from Ambulance Care income currently, but which has been followed up with separate correspondence sent to the CASC is to seek to confirm any ongoing funding availability for additional NEPTS capacity, including as a result of the need to socially distance on vehicles that was funded on a non-recurring basis in 2021/22 and that is due to cease on 31st March 2022.

8. As also detailed in the IMTP, there are also a number of other developments / offers we can make to the wider NHS system in Wales, but these have **not** yet been included in the financial plan and budgeted income assumptions. These could be delivered to the wider NHS system if funding was made available and would see a resulting increase to both the Trust's income

and expenditure budgets in year, with the key financial planning assumption being costs would only be incurred should such required additional income and funding to support these be confirmed upfront. These include:

- EMS Transition plan;
- Support to Critical Transport Services;
- Further expansion on Mental Health offer;
- Investment in Ambulance Care Day Control and Planners.

2022/23 Income from Welsh NHS bodies

9. The main items included here are as follows:

- Income assumed for the 111 service for 2022/23 is currently £9.3m with corresponding expenditure budgets set for the same value. Discussions continue with the 111 Programme Team and ABUHB on finalising income values especially as all 111 Health Board areas have now been implemented. This will also focus on what the recurring baseline funding and staffing is now needed to be for the full delivery of this service, and that needed post pandemic. It is however currently assumed that any fluctuations in this income level will be cost neutral;
- Residual NEPTS income not transferred to EASC and that mentioned above of £0.6m for pending Transfer of Services for Cwm Taf HB and £0.1m for Renal Transport Services;
- Locally commissioned EMS services include services such as prompt cardiac transport, dedicated discharge services, APP support to primary care services and neonatal clinical transport total £3.0m;
- Other health board income totals £1.2m and includes fleet maintenance income, rental income from WAST Estate, provision of Occupational Health Services, operational CPD income support and external secondments.

Income from Welsh Government

10. Included here are the following:

- Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) totalling £3.1m;
- WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed for 2022/23 at £1.0m;
- Income projections for current forecast for 'technical adjustments' of Depreciation above baseline (£3.3m) and Impairments (£5.3m). These are invoiced on actual values as the year progresses. Corresponding expenditure budgets have been set for the same value so any fluctuation is cost neutral;
- As per WG correspondence income assumptions have been set for the current forecast of the 'exceptional estimated cost pressures' of utilities (£1.7m), fuel (£1.8m) and National insurance (£1.9m) totalling £5.4m. Volatility of price bases for both utilities and fuel projections will need to be monitored as the year progresses. National

Insurance values are more fixed. Corresponding expenditure budgets have been set at a similar level for the same value so any fluctuations should be cost neutral;

- Ongoing impact of the unavoidable COVID estimated related costs such as PPE (£1m) and cleaning (£0.4m) are also assumed to be covered by WG totalling £1.4m.

Other Income

11. Other income includes :

- Continuation of 4 Mobile Testing Units (MTUs) currently contracted with Health Security Agency (HSA) to 30th June 2022 of £1.0m. Discussions continue on the actual funding flows for this which may result in this being paid by WG but this will not incur any income risk;
- Other income sources include Ambulance Care provision provided to English organisations, Compensation Recovery Unit (CRU) for Road Traffic Accidents, Welsh Universities for Paramedic Training, Operational Cover at Sports Events and Education Purchasing Unit supporting Clinical training and CPD totalling £1.4m.

OPENING REVENUE BUDGETS

12. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break even duty that align to the operational delivery plans of the organisation. From a high level budget setting perspective, the financial plan for 2022/23 is summarised below.

	Opening Budgets 22/23	Savings	Revenue Set Budgets 22/23
	£m	£m	£m
Income	266.4	-0.2	266.6
Operating Expenses	247.6	-4.1	243.5
Profit on Disposal	-0.5		-0.5
Interest Payable	0.1		0.1
Interest Receivable	0.0		0.0
Depreciation and Impairments	23.5		23.5
Total Expenditure	270.7	-4.1	266.6
Planned Budget Surplus (-) / deficit	4.3	-4.3	0

13. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring "rollover" position from the 2021/22 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process. This has resulted in a number of choices which then have to be made on how areas of financial pressure and

previous commitments are reflected in finalising the budget for 2022/23. This is also in the context of a number of “givens” as described below.

Pay

14. The pay budget for 2022/23 will increase from 2021/22 levels on the basis of the following assumptions.
15. NHS pay award rates for the 2022/23 financial year are currently unknown and therefore pay scales have been set at 2021/22 pay rates plus the impact of 1.25% increase in employers National Insurance. Budget control totals include pay progression up spinal points for those in post and all vacancies have all been set at entry point of scales. The following other key assumptions have been made:
 - Funded whole time equivalents (WTEs) are as rolled over from 2021/22 and flexed for agreed developments in 2022/23;
 - With the change in skill mix occurring from the Band 6 Paramedic Business Case where NQPs and EMT are now in situ, there is a need to update the budget for this new skill mix to be reflected in funded WTEs;
 - Impact of the additional 1 days annual leave for operational areas have been included to aid increased abstractions from core rosters as well as the cost impact of the additional bank holiday for the Queens Jubilee celebrations;
 - Impact of any holiday pay on voluntary overtime is **not planned to be included** in the initial delegated budgets, as this continues to be worked through nationally and underwritten by WG.
16. The plan provides that £0.18m of pay costs will be capitalised to support the development of the 2022/23 capital schemes (25% less than 2021/22 due to reduction in capital available for 2022/23), with a corresponding requirement being highlighted against the discretionary capital allocation for 2022/23.
17. As above, the financial implications of the full roll out of 111 have been included within the corresponding income stream of equal value until final negotiations are concluded.

Non-pay, contingency and “below the line” items

18. Non pay budgets for 2022/23 will be set taking into consideration the existing budget levels together with 2021/22 forecast expenditure outturn. Recognition of inflation uplifts on certain non-pay expenditure areas will be increased but there is an expectation that some of this will be required to be met within directorate core budgets and saving schemes. Revenue cost increases of the 2021/22 approved capital business cases have also been funded as part the 2022/23 budgets, these are predominately around fleet, estates and ICT.
19. As per previous years a contingency budget is included and the 2022/23 value proposed is £1.0m.
20. As in the 2022/23 financial year, the opening profit on asset disposal budget will be set at £0.46m. This includes the sale of vehicles, obsolete and replaced equipment and also some areas of the estate that did not materialise in the 2022/23 financial year and this element is off a non-recurrent nature.

21. Interest receivable budget has been set at zero due to very low (if any) interest now received on government accounts and interest payable budgets have been 'rolled over' at 2021/22 values.
22. Depreciation and impairment budgets corresponds with an income budget totalling £23.5m. It is assumed depreciation is 'ring fenced' by Welsh Government with under spends clawed back and agreed increases as a result of capital investments funded, therefore assumption is no under or overspends during the 2022/23 financial year.

NHS Wales Service Changes

23. It is expected that the additional costs of service change across Wales and system wide Major Service change programmes in which WAST participates will be funded to reflect the financial impact on services in the future. As part of this it will be vital that the full potential to maximise benefits from collaborative working are considered.

Cost pressures / Developments

24. Main cost pressures included in the financial plan for 2022/23 include
- Welsh Risk Pool increase in contributions (c£0.2m);
 - Microsoft Licences costs (c£0.5m);
 - Non Pay inflation uplifts (c£1.0m);
 - Impact of the additional 1 days annual leave for operational areas (c£0.7m);
 - Previously Committed costs including revenue impact of capital developments (c£2.0m);
 - Non recurrent savings brought forward from 21/22 (£1.0m);
 - Residual costs from previous funded developments (c£1.1m);
 - Exceptional Cost Pressures of fuel, utilities and national insurance (c£5.4m) with assumed funding from WG;
 - Ongoing impact of the unavoidable COVID estimated related costs (c£1.4m) again with assumed funding from WG.

SAVINGS AND EFFICIENCIES

25. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2022/23. As above, this is currently £4.3m and the themes as agreed within the IMTP through which these are to be progressed are detailed in **Annex 1**.
26. The Assistant Director Leadership Team (ADLT) and the creation of a savings sub group have been delegated with developing each savings theme (from the framework ideas set in the IMTP) which will include a profile of savings over the financial year by month, risk assessment for achievement, including quality and performance risks, and the procedure for monitoring each scheme.
27. As discussed as part of the finalisation of the financial plan, the current savings target requirement is £4.3m for 2022/23. This is 54% more than the £2.8m which was planned and forecast to be delivered in the 2021/22 previous financial year. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not out of kilter with that being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.
28. Formal reporting against these plans for the 2022/23 financial year will include savings performance incorporated in financial reports to EMT (via EFG), Finance and Performance Committee, Trust Board and externally to Welsh Government and Commissioners. ADLT will be the key link to ensure schemes are on track and delivering progress against plans and achieving savings targets.

Approach to approving delegation of remaining budgets and developments

29. As with previous financial years, there will inevitably also be a range of potential developments and cost pressures other than those already included in the financial plan that will emerge during the 2022/23. Each of these will require to be evaluated in detail and prioritised accordingly and released only where there is a corresponding funding source or agreed budget stream (i.e. from contingency or residual budgets).
30. It is again proposed that any such evaluation and prioritisation will be undertaken via the Executive Finance Group (EFG) through the financial year. This should enable a number of the remaining potential schemes to be fully quantified and a robust prioritisation methodology for investment (by assessing each bid against a defined set of criteria) to be undertaken.

Initial Directorate Budgets

31. **Annex 2** therefore provides a summary of much of the above and how these translate into proposed opening 2022/23 revenue budgets by Directorate. Due to the continuation of work on some funding / cost pressures these will be included in final budget values to be discussed in budget meetings planned with CEO, Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

Key risks

32. No financial plan is risk free, however as we head into 2022/23 the level of financial risk of delivering a balanced in year and year end position is clearly greater than in the recent past. This has therefore already been reflected in an agreed increase of the risk scoring for this on the Corporate Risk Register.
33. There are also a number of specific risks as we recover from the current pandemic for the Trust from a financial perspective, which will need to all be fully captured, managed or mitigated as we enter into the new financial year. These include:-
- As other NHS Wales organisations commence a return to baseline healthcare provision and assess backlog workload, it is currently unknown the impact on demand this may have for the core EMS and NEPTS services as the financial year progresses;
 - Workforce challenges and sickness reduction.
34. As included within the IMTP, a summary of the other key financial risks as we enter 2022/23 that will need close monitoring and mitigating actions should they materialise, through the upcoming financial year, include:
- The recovery of all of the updated income assumptions this balanced financial plan now makes;
 - The ability to deliver a minimum of a 54% increase in savings over that made in 2021/22. Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the 2022/23 savings plan;
 - The ability to manage cost reductions for schemes already agreed to be taken down / decommissioned, through natural wastage, turnover and attrition, and in line with the expected profile of these assumed within this plan;
 - The ability to also do likewise for any other areas where this may be further required due to ongoing funding discussions, including re Think 111 First and the eventual agreed

“core” 111 staffing establishments post the finalisation of the national rollout in March 2022 and what is now required for this service post pandemic;

- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

RECOMMENDATION:

35. *Chair's Action are asked to:*

- **Approve** the initial 2022/23 revenue budget, consistent with the financial plan contained within the IMTP.

Schedule of Savings 2022/23 - DRAFT				Rec	Non Rec
	£M	£M	Assumption	£M	£M
Operations					
Workforce Efficiencies	1.80		Overtime, Sickness, Skill Mix, Vacancy Management (non frontline)	1.80	
Uniform	0.03		Utilise 21/22 purchased stock - fwd benefit / stock control / new uniform supplier from Sept 22	0.03	
Fuel	0.05		Savings from swipe and save / Fuel provider contract	0.05	
M&S Stock Control	0.13		Stock control - minimum / maximum levels	0.13	
Medical Gases	0.02		Reduce cylinder holdings	0.02	
Travel & Subsistence	0.05		linked to overtime reduction	0.05	
Additional Income / External Contracts	0.24		seek to maximise / Contract reviews		0.24
In House Training (previously outsourced)	0.02		ad hoc	0.02	
		2.34			
Vacancy Management (Corporate Departments)		1.30			1.30
Estate utilisation, efficiencies and sustainability impacts		0.33		0.33	
Fleet Maintenance Efficiencies		0.08		0.08	
Non Pay Local Schemes / CIP / budget management (Corporate Directorates)		0.09		0.09	
Balance Sheet Management		0.16			0.16
Current Total Savings Plan		4.30		2.60	1.70

				Annex 2
Welsh Ambulance Services NHS Trust				
Opening Revenue Budgets 2022/23				
	Income	Pay & Non Pay	Savings	Net Opening Budget
	£000	£000	£000	£000
Chief Executive Directorate	-56	1,980	-118	1,806
Board Secretary	0	463	-26	437
Partnership & Engagement	-40	769	-44	685
Operations	-44,251	186,609	-2,227	140,131
Finance & Corporate Resources	-9,993	42,896	-622	32,281
Planning & Performance	-2	888	-41	845
Quality, Safety and Patient Experience	-400	5,867	-343	5,124
Digital Directorate	-23	12,793	-206	12,564
Workforce and OD	-710	5,404	-322	4,372
Medical & Clinical	-229	3,274	-193	2,852
Trust Core Income	-210,626	0	0	-210,626
Reserves	-330	10,017	-158	9,529
TRUST TOTAL	-266,660	270,960	-4,300	0



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

AGENDA ITEM No	16
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	5

MINUTES OF COMMITTEES

MEETING	Trust Board
DATE	26 May 2022
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 as below:

REPORT APPENDICES

Minutes of Committees:

1. Charitable Funds Committee – 10 February 2022
2. Quality, Patient Experience and Safety Committee – 17 February 2022
3. People and Culture Committee – 22 February 2022
4. Academic Partnership Committee – 8 March 2022
5. Finance and Performance Committee – 17 March 2022

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 MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 10 FEBRUARY 2022 VIA TEAMS

PRESENT:

Emrys Davies	Chairman & Non Executive Director
Bethan Evans	Non Executive Director
Jill Gill	Head of Financial Accounting
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Non Executive Director
Navin Kalia	Assistant Director of Finance and Corporate Resources
Trish Mills	Board Secretary
Hugh Parry	TU Partner
Chris Turley	Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce and OD
Nadia Frangos	Graduate Management Trainee (HEIW)
Caroline Jones	Corporate Governance Officer

APOLOGIES:

Lee Brooks	Director of Operations
Kevin Davies	Non Executive Director

10/22 WELCOME AND APOLOGIES

Emrys welcomed everyone to the meeting and informed members that he would be chairing the meeting in place of Non Executive Director, Kevin Davies, who had given apologies for this meeting together with those of the Director of Operations.

11/22 DECLARATIONS OF INTEREST

The standing declarations below were noted:

Emrys Davies - A retired member of Unite;

Ceri Jackson – Stroke Association Trustee; and

Claire Vaughan - Independent Sub-Committee Member for Aberystwyth University.

The Director of Finance and Corporate Resources also asked members to note he had been asked to become the treasurer for the Royal Gwent hospital League of Friends hospital charity.

RESOLVED: That the declarations as set out above be NOTED.

12/22 MINUTES OF PREVIOUS MEETING

The Minutes of 17 January 2022 were approved as a correct record.

RESOLVED: That the minutes be approved as a correct record.

13/22 ACTION LOG

The committee noted that both actions 15/21b and 18/21 were on the agenda for consideration and therefore both these actions could be closed.

14/22 FINANCE UPDATE

The report presented to Committee covered a number of themes and the Head of Financial Accounting highlighted to members some of the key areas. A summary of the income and expenditure for the first six months was presented, and members were informed that much of the income received during this period was due to the investment performance.

The Emergency Ambulance, as part of the legacy bequeathed to the Trust, had been purchased in quarter three.

Following discussions with Audit Wales (AW) to prepare for the full audit of the 2021/22 accounts later this year, AW had flagged that they anticipate some difficulty in evidencing the opening balances, with no previous full audits to draw from, which would amount to a considerable piece of work and would therefore limit the audit. It was likely that a qualification for the accounts may be required for that area. Further discussions with AW would take place later in the year to try and resolve this issue.

Discussions with NHS Charities Together (NHSCT) to utilise the funds allocated to WAST were ongoing. A recent change to their guidance which now stated that the money had to be used for “community based projects that would result in measurable improvements in health outcomes”, differed from initial conversations the Trust had had with NHSCT leads previously. The deadline for applications had been extended until the end of 2022. Once the outcome of the strategic review of the charity was known, applications would then be made, with a clear vision of how the Trust could best utilise those funds.

There was also an additional further grant available to the Trust, which would provide partial funding of the salaries for the additional posts required for the extra work associated with the charity.

A dedicated finance resource had been recruited to work on charitable funds and it was hoped this person would be in post by the end of March. Members also noted the need for funds as a whole, to be reviewed in terms of how the funds would be managed going forward.

The Director of Partnerships and Engagement added that reputational risks would be considered as part of the wider review and would be reported on.

RESOLVED: that

- 1) the update be noted;**
- 2) the full audit of the accounts for 2021/22 may require a qualified report, be noted; and**
- 3) the guidance from NHSCT that had been amended for funds to be utilised for “community based projects that would result in measurable improvements in health outcomes”, be noted.**

15/22 STRATEGIC REVIEW CONSULTANCY POST UPDATE

Two bids for the consultancy post to develop the charity’s strategy had been received and would be reviewed by a small group shortly. The Board will be updated on the current situation at its March meeting.

RESOLVED: the update be noted.

The Director of Finance and Corporate Resources together with the Director of Partnerships and Engagement left the meeting

16/22 COMMITTEE EFFECTIVENESS REVIEW

The Board Secretary reminded members of the requirement of Board Committees to evaluate their effectiveness annually and prepare an annual report to the Trust Board.

She confirmed she had met with the Chair and the Lead Executive to review and make changes to the terms of reference for the Committee to consider, whilst at the same time reviewed responses to the evaluation questionnaire.

The key changes to the terms of reference were set out within the report and the Board Secretary highlighted changes to the wording to reflect the scrutiny and oversight role, together with revised membership and a new fundraising section. Members noted that the section on fundraising may not come to fruition this year.

The Board Secretary continued to apprise members on the results of the questionnaires that were sent out, stating that the comments on what the committee does well should appear in the annual report to Trust Board. The actions arising from what the committee should do less of were endorsed.

Two priorities for the coming 2022/23 year were set out for members to consider which were:

- (a) The development and recommendation to the Board of Trustees of the Charity Strategy; and
- (b) Effectiveness reviews of the Bids Panel and Bursary Panel for alignment of terms of reference and cycles of business.

The recommendations of the effectiveness review were all agreed.

RESOLVED: That

- 1) the terms of reference were approved subject to some minor changes to be made by Board Secretary;**
- 2) the actions from the results of the effectiveness review were confirmed; and**
- 3) the priorities set for 2022/23 were agreed.**

17/22 BURSARY PANEL REVISED PROCESS

The Director of Workforce and Organisational Development assured members that the staff who had submitted applications in 2020, which had not been progressed due to the pandemic, had been regularly communicated with. Each applicant had been asked if they still wished to proceed and it was intended that these applications would be presented to the next meeting of the committee to close them.

A new streamlined digital platform and scoring matrix process was approved for any new bursary panel applications from April 2022, providing an opportunity to also review the current scrutiny processes at this time.

A reference to more assurances on equality, diversity and inclusion (EDI) was made and the Director confirmed that those reviewing the applications were made up of professionals from a cross section of staff who would have undertaken basic EDI training. The Director agreed to engage with Dr Catherine Goodwin and ask her to review the process to ensure any elements identified could be incorporated into the new process.

RESOLVED: that

- 1) the content of the report were noted;**
- 2) the changes to the scheme were approved; and**
- 3) it was noted that a new round of applications in April, be supported.**

18/22 BIDS PANEL REPORT

The Board Secretary confirmed that the main area of note was that in order for her to remain independent, she would be stepping down as chair of the Bids Panel and that the Panel supported the appointment of her deputy to take over from the next meeting.

The Panel also amended their membership to include a member of both the Digital and Estates departments, whilst also noting that Emrys Davies, Non Executive Director, who had been a member of the panel since its inception, would be leaving the Trust in March 2022.

RESOLVED: That the Amendments to the membership of the Bids Panel together with a new chair, were approved.

19/22 KEY MESSAGES FOR BOARD

- 1) The potential risks associated with a qualified report on the opening balances of the audit of the 2021/2022 accounts.**

- 2) A change in the guidance of the NHSCT guidance on how the funds can be utilised.
- 3) The priorities set by the Committee for the 2022/23 year.

20/22 Date of next meeting: 12 April 2022

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 17 February 2022 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
Ceri Jackson	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Corporate Governance
Hugh Bennett	Assistant Director, Commissioning and Performance
Jonathan Edwards	Assistant Director of Operations
Wendy Herbert	Assistant Director of Quality and Nursing
Peter Hindley	Community Health Council
Lucie Jones	Patient Safety Manager
Gerallt Jones	Health Inspectorate Wales
Alison Kelly	Business and Quality Manager
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Duncan Robertson	Assistant Director of Research, Audit and Service Improvement (North)
Claire Roche	Executive Director of Quality and Nursing
Chris Scott	Internal Audit
Gareth Thomas	Patient Experience and Community Involvement Manager
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

Apologies:

Craig Brown	Trade Union Partner
Leanne Hawker	Partners in Health Lead
Brendan Lloyd	Medical Director
Lee Brooks	Director of Operations
Andy Swinburn	Director of Paramedicine

01/22 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone. Attendees were advised that the meeting was being audio recorded. The Chair referred the Committee to Emrys Davies' declaration of interest as a retired member of UNITE, Professor Kevin Davies as a Trustee of St John Wales and Ceri Jackson as a Trustee of the Stroke Association.

Minutes

The minutes of the meeting held on 16 November 2021 were confirmed as a correct record.

The action log was considered:

Action 16/21: Viability of Community First Responders to administer pain relief. Further update to be provided at 12 May meeting. Action to remain open.

Action 30/21: Patient Experience Diagram to be updated to relating to Andrea's Story. Completed. Action closed.

Action F and P 1/21: QuEST to undertake a focused review of performance related to clinical outcome metrics at their 17 February 2022 meeting. Due to ongoing pressures it was agreed that a revised completion date of 12 May 2022 be given. Action to remain open.

Action 48/21: Update on the Quality Strategy Implementation Action Plan. Item on agenda, action closed.

Action 50/21a: Functionality of symptom checkers on the website: Extension was requested for this action until 12 May 2022. Action to remain open.

Action 50/21b: PEGI Highlight report. Further information was contained within the action log regarding the poor response to NEPTS patient experience survey in Cwm Taf. Action closed.

Action 57/21: Quarterly Integrated Performance Report to incorporate a 'deep dive' analysis. On agenda, action closed.

RESOLVED: That

- (1) the Minutes of the Open meeting held on 9 September 2021 were confirmed as a correct record;**
- (2) the standing declarations of Mr Emrys Davies as a retired member of UNITE, Professor Kevin Davies as a Trustee of St John Wales and Ceri Jackson as a Trustee of the Stroke Association were noted; and**
- (3) consideration was given to the Action Log as described above.**

02/22 PATIENT EXPERIENCE

Gareth Thomas introduced the patient experience which was a video showing Hannah who expressed the anger and distress her and her family endured having heard they would have to wait at least two hours for an ambulance to reach her mother who had suffered a stroke.

On hearing the news that the ambulance would not arrive until at least two hours, members of Hannah's family decided to take her mother to the hospital. At the hospital Hannah's mother was diagnosed with a Transient ischaemic attack, a 'mini stroke'

Fortunately, Hannah's mother was doing well and Hannah added that she would have liked the ambulance to be able to arrive quicker in cases like this.

Gareth Thomas added that the public expectation was that for stroke symptoms an ambulance would arrive quickly. This was a surprise to Hannah when she was told the ambulance would take two hours. At the time of Hannah's call the Trust was experiencing severe delays at the closest Emergency Departments.

Comments:

1. What would happen should a patient not have any other means to take them to hospital? Claire Roche explained that in times of extreme system pressures, when there are no immediate resources available, then a taxi could be arranged to take the patient to the emergency department as it is important for patients to have timely access to treatment. Duncan Robertson added that cases of stroke were in the amber 1 category and gave an overview of the findings from research undertaken by the clinical audit team to improve on scene time. Under normal circumstances the Trust would aim to reach the patient within 20 minutes; however long hospital handover delays have severely jeopardised this.
2. Members expressed concern that the same issues through these stories were being demonstrated with hitherto no improvement to the hospital handover delays. It was a system wide issue and Claire Roche assured the Committee that work was continuing to improve the situation.
3. Wendy Herbert reiterated that the current system wide issue was unprecedented adding that a joint investigation framework had been established with the health boards. It was hoped that working together more effectively would reduce avoidable harm in the community.
4. The Committee recognised that the current system wide pressures and the issues it entailed had been escalated on numerous occasions seemingly to no or little avail. This was of a serious concern to Members.
5. Members thanked Hannah for sharing her experience with the Committee and recognised there were several lessons to be learned going forward from the strong and sobering messages she depicted

RESOLVED: That the patient experience was noted.

03/22 COMMITTEE EFFECTIVENESS REVIEW

1. Prior to the update the Chair gave an overview of the process involved in how the Committee evaluated its effectiveness. The 2020/21 effectiveness review for the Committee included a review of the terms of reference and general operating arrangements, as well as a questionnaire completed by members and core attendees. Any amendments to Terms of Reference as a result of this process would thereafter be recommended to the Trust Board for approval.

2. Trish Mills further explained that as part of the evaluation process ten questionnaires had been sent out to Members and core attendees of the Quest Committee. Six responses were received and from that, a set of actions and proposed changes were drawn up. Full details of the issues raised and the proposed actions were contained in the report; the questionnaire asked for the responses to include information on what the Committee did well, what it needed to do more of and what it should do less of.
3. The Terms of Reference were reviewed to ensure all matters within the remit of the Committee were clear and that these were articulated with the strategic, oversight and scrutiny role of the Committee in mind. The Committee's attention was drawn to the key issues which were illustrated comprehensively within the report and outlined below:
4. Language had been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.
5. The purpose has been revised to summaries the main delegated powers and to reflect the emphasis that will be placed on the Duty of Quality and the Duty of Candour as its implementation in 2023 was being prepared for.
6. Delegated Powers and Authority: This section had been revised to follow the primary areas of responsibility of the committee
7. Membership :Following the Medical Director moving to a part time role from 1 January 2022, the Director of Paramedicine will attend in his place, and a new addition to the attendees was the Director of Digital Services, who was also the Senior Information Risk Officer. The chairs of Sub-committees established by the Committee will also be in attendance.

The Committee noted the priorities going forward for the year 2022/23 which included the remit of the Committee, Membership and attendance, preparing a cycle of business and the setting up of sub-committees to assist the Committee in its discharge of responsibilities.

RESOLVED: That the Committee:

- (1) Reviewed and approved changes to Terms of Reference;**
- (2) Confirmed the proposed actions for issues raised in questionnaire; and**
- (3) Set priorities for the Committee for 2022/23.**

04/22 OPERATIONS CURRENT/FORWARD LOOK

Jonathan Edwards presented the report and drew attention to the following highlights:

1. Pandemic response – the Trust had returned to its response position phase of its pandemic plan. The extension of military support to 31 March 2022 had been approved. Staff absences had increased during this reporting period which was partly attributed to the new Omicron variant.
2. Emergency Rule, in response to the increased and sustained pressure on the 999 call handling demand; and following a review of call handling escalation/business continuity plans from other UK ambulance services a proposal was submitted to the Executive Management Team (EMT) to enhance the Trust's Emergency Rule guidance. The International Academy of Emergency Dispatch (IAED) who provided the governance structure for the Medical Priority Dispatch System define the

emergency rule as 'designed to be used when a service's call volume suddenly and unexpectedly exceeds the services ability to handle their call volume'. In WAST this guidance meant that when implemented all advice including CPR instructions would be removed from the call handling process, due to the significance of this approach the Emergency Rule had not been implemented, even at times of significant pressures. Following EMT approval on 5 January 2022 a revised approach to Emergency Rule implementation had been agreed which applies the guidance in a phased approach and also reduces the questioning process to the minimum required to achieve a code. This has helped to manage the demand on the 999 system.

3. Emergency Medical Service (EMS), one of the efficiencies and recommendations identified in the 2019 Operational Research in Health report was to review all operational rosters within the EMS function by December 2021. This was designed to improve the safety of patients and the wellbeing of staff and in particular aligning peak production more closely to the daily patient demand pattern. This was supported by a recommendation to increase EMS staffing by 263 Full Time Equivalents to assist with closing the gap that was identified in relation to the capacity for relief working.
4. Ambulance Care (Non-Emergency Patient Transport Service - NEPTS), in September the Trust was awarded additional funding until 31st March 2022 to help continue to support Health Boards as they endeavoured to reduce the backlog of planned care.
5. Integrated Care, recruitment continues to satisfy the demand from the Pandemic and the final roll out of Cardiff and Vale to the NHS 111 Wales programme. A new Interactive Voice Recording system was introduced to the 111 telephone number which was helping to signpost callers to the right destination earlier in their call, prior to speaking to a call handler. In early results, 15% of callers were not remaining on the line to speak with the initial call handler.

Volunteering, following successful recruitment an appointment has been made to the Trust's inaugural National Volunteer Manager position. The new post holder brings with them a wealth of experience from the voluntary sector. Comments:

Clarification was sought on the Emergency Rule process, Jonathan Edwards advised that when the initial call was taken through the MDPS system a number of scripts were followed to arrive at the chief complaint. The average handling time was around 5 – 6 minutes. At times of extreme demand under the ER there was a graduated approach which gave the ability for the call script to be reduced; therefore reducing the average handling time, allowing call handlers to answer more calls.

In respect of calls where a stroke had been categorised, Jonathan Edwards clarified that should there be no other response available, the preference would be to send an Emergency Ambulance, failing that a single Rapid Response Vehicle would be despatched.

RESOLVED: That the update was considered and noted.

05/22 QUALITY STRATEGY PROGRESS REPORT

1. Jonathan Turnbull-Ross presented the report which provided an overview of the progress thus far in the implementation of the Quality Strategy.
2. The Committee's attention was drawn to the following two key actions; the recruitment of the senior quality lead role and the plans in place for that role once filled.

3. In terms of the wider issues concerning implementation of the strategy, workshops with Welsh Government were being held to finalise details and specifics.
4. In addition to the Trust's internal ambitions, the Strategy has been driven by new legislative requirements for health and care organisations in Wales: The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This places legal duties upon the Trust including, the Duty of Quality, the Duty of Candour, and engagement requirements with Wales' Citizen Voice Body.
5. It was anticipated by the spring time that a clearer indication of what the Trust was expected to do to progress the strategy would be clarified; therefore allowing sufficient time for any specific testing of its robustness.
6. In respect of the senior quality lead position, it was the intention that they would link in with clinical quality and local management leads

Comments:

In terms of the quality culture and the quality management systems it was not explicitly documented that there would be continuous service improvement; would it be helpful to more explicit? Jonathan Turnbull-Ross agreed that this should be drawn out more going forward. He added that the quality performance management steering group would discuss and consider areas of continuous improvement as part of their focus going forward.

Quality Performance Management Framework

1. Hugh Bennett reminded the Committee that the Quality & Performance Management Framework laid out an integrated approach to helping the Trust improve the quality of its services and outcomes for patients and achieve its ambitions and objectives by monitoring and improving the performance of people, teams, and the organisation.
2. He explained there were five building blocks which were key to the success of the framework; these were outlined as follows: Setting aspirational objectives, developing a coherent set of performance measures and targets, implementing rigorous assurance, enabling positive ownership and accountability and providing resources and the tools to support individual and team achievement. Hugh Bennett provided a further explanation on each of the building blocks.
3. Members noted that a shadow quality and performance management steering group had been established; at this forum, the local frameworks and strategic partnerships will be discussed.

Comments:

1. Clarity was sought in terms of the metrics and what was to be drawn from them. Hugh Bennett referred to the Monthly Integrated Quality Performance report in which the vital metrics relevant to the Trust were illustrated and contained sufficient indicators for members to receive the appropriate assurance.
2. Members observed that the outcomes and experiences of patients within the measures was an aspiration of Welsh Government as part of the Outcome and Engagement Act; noting it would be important to capture this detail within the framework. Hugh Bennett explained the reasoning of balanced measures whereby

the focus was not primarily on the statistics but would also look at the patient outcomes. Claire Roche added that it was key to capture details of patient outcomes at a local level.

RESOLVED: That the reports were received and considered.

06/22 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) HIGHLIGHT REPORT

The report was presented by Gareth Thomas; the following areas were brought to the Committee's attention

1. The majority of the engagement was conducted online, Shoctober start a heart and also building on community resilience. There was also target engagement working with dementia groups.
2. A lot of engagement with sensory loss groups focusing on sight loss groups and listened to the feedback and this was shared with the Non Emergency Transport Services Team. Going forward it was proposed to conduct an accessibility audit of NEPTS.
3. A recent patient survey had been carried out and the one that provided the most feedback was from NEPTS users. It was concluded that the service provided was generally good.
4. Work was underway with Civica who had been awarded the once for Wales contract for the patient experience and recording system. This will enable the Trust to capture quantitative data more effectively
5. The Trust continues to encourage and actively promote people to join the Community network and become advocates for the service within their community network. Following on from this the Trust sought feedback through this mechanism on the 111 website. It transpired that the response was poor and lessons have been learned to improve this.
6. Work was ongoing using the network team to provide them with the opportunity to comment, influence and shape the Trust's IMTP in certain areas going forward.

Comments:

1. Engagement on the IMTP, was there an opportunity for Non Executive Directors (NEDs) to attend any of these network sessions. Gareth added that the team was looking into this process and would look to engage the NEDs.
2. Children and young people was themed throughout the report and the Committee saw this was useful as a messaging tool.
3. Wendy Herbert assured the Committee that following feedback from the public, work was continuing to improve the website experience ensuring it was fit for purpose and more user friendly.
4. It was encouraging to see the feedback from the mental health and ethnic minority groups.
5. The Chair drew attention to a minor amendment on page 12 of the report which had

been rectified by Gareth prior to sharing with stakeholders

RESOLVED: That the Committee noted the findings of the report and agreed for the report to be shared with external stakeholders.

07/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch presented the report and provided the highlights from it as follows:

1. Phase one of the risk transformation programme was continuing at pace; the additional assistance of two risk officers in aiding this task would continue until 31 March 2022. Furthermore their work would include a detailed review of the corporate risks focussing on in particular, risks 223, 224, 199, 316 and 160. This would involve as a minimum strengthening the overall articulation, narrative and description of the risks.
2. Work continued on all the risks relevant to the Quest Committee, the detail of which will be reported to the Trust Board at its next meeting.

Comments:

1. Risk 199 – (Compliance with Health and Safety legislation), it was confirmed this would be transferred to the People and Culture Committee.
2. Risk 303 – (Delayed initiation of chest compressions (resuscitation)), clarification was sought on when this risk was last reviewed. Julie Boalch explained that the current datix system does not always automatically update and refresh data; the Committee were assured that this particular risk had recently been reviewed. The Committee also noted that when the new datix system was installed it would automatically update the system on a regular basis.

RESOLVED: That the Committee noted and discussed the contents of the report.

08/22 INTERNAL AUDIT TRACKER REPORT

Julie Boalch took the report as read and explained that the purpose of the report was to provide the Committee with an up to date position in relation to recommendations resulting from Internal and external audit reviews. The Committee's attention was drawn to the following key points:

1. Of the 17 recommendations, 5 have been completed during the reporting period, 7 were not yet due and 5 were overdue. Of the 5 that were overdue, none were rated as a high priority.
2. In respect of the 2 overdue recommendations from the 2019/20 financial year, one related to the Raising Concerns Report, whilst significant progress has been made on the Once for Wales Datix system, it was likely this could be further delayed due to an external issue outside of the Trust's gift.
3. The other overdue recommendation related to the Risk Management report; specifically the Trust's Risk appetite statement, in all likelihood this would require 12 months for it to be completed.
4. In terms of the remaining 3 recommendations shown as overdue from the 20/21 Concerns and Serious Incidents Management and the 21/22 Controlled Drugs review, these were on track to be completed by 31 March 2022.

RESOLVED: That

- (1) the Committee noted and considered the contents of the report; and**
- (2) considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Quest.**

09/22 QUARTERLY INTEGRATED QUALITY & PERFORMANCE REPORT and the MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

1. Jonathan Turnbull-Ross informed the Committee that the report provided assurance in line with the specific regulations and standards that aimed to promote a duty of quality and candour across the Trust.
2. He drew attention to the key challenges that the Trust had been focussing on during the last quarter notwithstanding the effects on the service following the emergence of a new variant of Covid-19.
3. Members were updated on the quality improvement focus area noting that a significant amount of strategic planning had been undertaken in order improve overall quality of patient care.

Comments:

1. In respect of the large amount of historic incident records, was there a process to close them off? Jonathan Turnbull-Ross explained that this issue will be considered at Executive Management Team level and a sensible and pragmatic view will be taken to establish a process. In the meantime the records will still be held on the system.
2. The Committee recognised and expressed their concern with the significant amount of Post Production Lost Hours (PPLH) that were not included in the handover delay hours; notwithstanding the ongoing work to resolve the issue. The Chair added that this would be escalated to the Board as part of the Committee's highlight report. Hugh Bennett added that a note of caution should be applied in respect of interpretation of the data as there were other factors affecting PPLH, albeit it was still a very high figure. The Committee held a detailed discussion with regards to understanding PPLH and how this figure would be perceived by the public. Members further expressed their serious concern with the number of potential catastrophic incidents and extreme levels of hand over delays; noting it was system wide issue. It was agreed going forward that the report should provide more clarity in terms of how PPLH was recorded.

MIQPR

1. Hugh Bennett explained that the report contained details for December 2021 and some aspects from January 2022.
2. It was recognised that with military support stopping at the end of March 2022 and with handover levels likely to remain very high, April was going to be a challenging month. The underlying message was that the Trust would not be able to offset the level of handover delays.
3. Shift left: The Trust continued to work tirelessly with health boards and other partners to provide the right care closer to home and reduce 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; and the Trust achieved 11.3% in Jan-22, compared to the benchmark of 10.2%.

4. Abstraction levels had decreased in Jan-22, however, they remained very high at 41% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 15% in Jan-22 (benchmark 5.99%). Workforce fatigue was also an issue.
5. Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in Jan-22 and has improved for patients requiring discharge; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels.
6. 111 Clinical response: Whilst the Trust continued to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance was seen in Dec-21 in the lower priority calls, but an improvement in Jan-22.

Comments:

1. Sickness and absence has always been an issue, and it was good to see it was being addressed; noting the pandemic had attributed to the increase.
2. It was suggested that Personal Appraisal Development Reviews should be targeted at 100%, with exceptions where applicable taking into account the disappointing rates of completion.
3. In respect of the Electronic Staff Record (ESR) online learning system, the Committee felt that the system could be improved and be more user friendly.
4. Once the military leave, any comments in terms of the impact? Jonathan Edwards gave an overview in terms of how the military assistance would taper off commenting there would be a transitional period starting from 21 March. The Operations team would factor this in when forecasting the Unit Hours Production in order to maximise productivity over that period.
5. As April was expected to be a very difficult month was there anything NED's could do to support the Trust? The Chair advised this would be escalated to the Trust Chair
6. Was it possible to set a timeline in respect of expected performance trajectory and have a more detailed report on Post Production Lost Hours? Hugh Bennett agreed to consider this for the next report.

RESOLVED: That the Committee noted and discussed the content of the reports.

10/22 QUARTER 3 PATIENT SAFETY REPORT

Wendy Herbert updated the Committee and drew attention to the following points:

1. The volume of 111 calls had increased significantly from the same period last year; in the region of 100,000 more.
2. There had been an increase of calls categorised as red, 11,911 as compared to 7,857 from the last year
3. Concerns and Serious Adverse Incidents (SAI) remained at a high level, particular SAls.
4. Due to the continued increased demand on the Trust, the capacity of Clinical Contact

Centre staff and 111 staff to carry out welfare checks for extended wait patients remains an ongoing issue. A review of the Welfare Standing Operating Procedure has been undertaken within CCC in order to provide clarity to staff on the process expected of them.

5. The joint working with Clinical Contact Centre and the Quality Directorate, particularly regarding Careline was very positive
6. The 2 day acknowledgement to reply to concerns had significantly dipped; this was due to staff resource
7. In terms of the performance target for a 2 day acknowledgement for formal complaints, this had increased to 70%.
8. Coroner's activity, the number of approaches from Coroners was slightly lower from the same time last year. It was noted however there had been 110 requests received in December
9. 143 incidents had been considered during the reporting period whereby patients had been harmed or it was a catastrophic outcome. 20 of these had been reported under the national incident reporting framework. 79 of the 143 had been passed on to Health Boards as Appendix B cases, all were in relation to timeliness. Of these 61 were in the amber 1 category and patients had waited over 6 hours for a response/care and treatment.
10. The learning from Patient safety incidents continued; a number of clinical alerts had been issued as a result.

Comments:

1. This report illustrated the system wide pressures and in particular the impact on patient safety.
2. The Committee expressed their serious concern with the significant negative figures and agreed that this should be escalated to the Board.
3. Claire Roche advised the Committee of the tripartite meetings with Health Boards occurring on a quarterly basis that ensured they were fully sighted on the issues concerning and impacting on patients. These meetings were extremely helpful and gave the Trust an opportunity to address any issues with alacrity.
4. Following a query in respect of the 79 incidents reported to Health Boards. Members were advised that the information which illustrated a breakdown of incidents by Health Board area was already contained within a graph contained in the report. Claire Roche assured the Committee that the Commissioner received this detail on a regular basis.
5. Further concern was expressed in relation to Immediate Release Requests, noting there were still varying levels of response across different health boards. Could the Trust challenge this at individual Health Boards going forward? Wendy Herbert explained that the Health Board reports contained details of immediate release or decline on an individual health board basis. Jonathan Edwards updated the Committee on the procedure concerning immediate release. The decision to release ambulances at the hospitals was made by the nurses in charge at the time with the rationale for the decision included in the information relayed to each of the Chief Operating Officers for each Health Board area.

RESOLVED: That the report was received for assurance and discussion.

11/22 DEEP DIVE: LOSSES AND SPECIAL PAYMENTS, PERSONAL INJURY

Wendy Herbert gave the Committee an overview of the report and highlighted areas for their attention as follows:

1. The report included details of all personal injury claims, received during 2020 and 2021. This was a total of 38 registered cases. Members should be mindful that some of these cases can take several years to resolve.
2. In terms of themes and trends, needle stick injuries and slips, trips and falls remained the highest number in relation to staff.
3. In 2020 there were 2 patient claims and 21 staff claims and in 2021 there were 3 patient claims and 12 staff claims.
4. The 3 patient injuries claims from 2021 were in relation to NEPTS; this involved the moving of patients to/from the ambulance

Comments:

Jonathan Turnbull-Ross assured the Committee that ongoing work and discussions on specific issues in relation to accidents at work with Trade Union partners continued.

RESOLVED: That the Committee considered the contents of the report.

12/22 EVALUATION OF THE LIVE REVIEW OF RED 999 CALLS BY CLINICAL SUPPORT DESK CLINICIANS

1. Jonathan Edwards explained that the report looked at how the Trust can ensure calls were being accurately prioritised by Clinical Support Desk (CSD) Clinicians by determining if the red priority was appropriate.
2. Between 20 August and 1 November 2021 11,535 Red incidents were recorded. CSD red Review was in operation on 27 days during this period (at various time points) and Clinicians recorded reviews of 471 incidents. The vast majority were appropriately coded. There were 78 calls downgraded to amber 1 and a further 11 were downgraded to amber 2 or green.
3. The chief nature of the complaint of the cases reviewed were in the main related to breathing problems.
4. This review has shown that going forward the CSD will continue to:
 - a. Use the red review process and continue to allocate Clinicians to the role during system pressure
 - b. Commission Health Information to produce a dedicated downgrade report to evaluate downgraded calls more easily / accurately
 - c. Look at EMS Coordination and Response noting they will undertake a focused MPDS audit of Red calls which were downgraded to further inform and alleviate sensitivities in the use of MPDS in the Trust
 - d. Review Red activity with the additional information and periodically report on activity and outcomes
 - e. And the Senior Operations Team will investigate the option to evaluate the impact that red review has on the Amber and Green pool of calls

Comments:

Had the Trust thought about focusing on the categorisation of ineffective breathing as a major issue? Jonathan Edwards advised that it had been a capacity issue with the CSD to focus on this particular area. As there was now additional resources at the CSD this could be considered and he agreed to arrange for this to be considered further.

RESOLVED: That the report was noted.

13/22 PATIENT EXPERIENCE DRIVER DIAGRAM

RESOLVED: That the diagram was noted.

14/22 KEY MESSAGES TO BOARD

The Chair and Trish Mills would review and finalise this after the meeting and gave a brief overview of the expected content.

1. Red performance
2. Patient safety impacts
3. Patient experience
4. New Terms of Reference had been agreed as part of the Committee effectiveness review.
5. Noting the progress of the Quality strategy
6. Managing the risk from April onwards with the removal of military assistance

RESOLVED: That the Committee noted the update.

15/22 ANY OTHER BUSINESS

As this was the last meeting for Emrys Davies and Claire Roche, they asked for a note of thanks be recorded for all the support received adding it had been a privilege to be part of the Trust's journey.

The Chair thanked both Emrys Davies and Claire Roche for all their contributions and wished them well for the future

Date of Next meeting: 12 May 2022

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING
(OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 22
FEBRUARY 2022**

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Trish Mills	Board Secretary
Chris Turley	Director of Finance and Corporate Resources
Hugh Bennett	Assistant Director, Commissioning & Performance
Julie Boalch	Head of Risk and Corporate Governance
Bethan Evans	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Angela Roberts	Trade Union Partner
Lee Brooks	Director of Operations
Wendy Herbert	Assistant Director of Quality & Nursing
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Sarah Davies	Workforce and OD Business Manager
Liz Rogers	Deputy Director of Workforce and OD
Paula Jeffery	Regional Clinical Lead
Melfyn Hughes	Welsh Language Officer
Hugh Parry	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Joga Singh	Non Executive Director
Kim Tovey	Senior Organisational Development Manager
Craig Brown	Trade Union Partner
Andrew Challenger	Assistant Director, Professional Education & Training
Jeff Prescott	Corporate Governance Officer

APOLOGIES:

Claire Roche	Director of Quality and Nursing
Andy Swinburn	Associate Director of Paramedicine
Paul Seppman	Trade Union Partner

01/22 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, Andy Swinburn and Paul Seppman.

02/22 DECLARATIONS OF INTEREST

The standing declaration of Claire Vaughan as an Independent Committee Member for Aberystwyth University was recorded.

RESOLVED: That the declaration as described above was RECORDED.

03/21 MINUTES OF PREVIOUS MEETING

The Minutes of the Open meeting held on 30 November 2021 were considered and agreed as a correct record.

RESOLVED: That the Minutes of the meeting held on 30 November 2021 were AGREED.

04/22 DIRECTOR OF WORKFORCE & OD UPDATE

Claire Vaughan presented the Workforce and OD update and gave a brief overview on highlights within the Directorate. Members attention was drawn to the Workforce and OD Organogram which followed on from the previous update given in November, clearly setting out the roles and structure of the Directorate as well as acknowledging the appointments to key roles of Keithley Wilkinson as Head of Inclusion & Engagement and Dee Udeze-Chibuzor as Head of Workforce Transformation.

Claire Vaughan also noted the success of the driver training cohort and informed Members that the Trust was now well placed in this regard, largely as a result of the investment which had been made to ensure sufficient recruitment and training ahead of the upcoming changes to the Road Traffic Act.

Members were also informed that the salary sacrifice scheme which allowed existing staff and new employees to undertake their C1 Driving course and qualification was now in place. It was anticipated that this would help in the recruitment of new staff and the career progression of existing staff who did not already hold this qualification but wanted to attain this in order to progress to roles within the organisation that required the C1 licence.

Members received the update along with the key developments and highlights set out in the report. Members also noted the significant levels of engagement the Trust had embarked upon with staff, stakeholders and the general public to promote and publicise the Trust's new behaviours and culture strategies and queried whether anything was being done to monitor or capture the level of engagement activity which had been undertaken. Estelle Hitchon informed Members that while there was an established engagement framework in place, further work was required in order to capture the significant amount of additional work which had taken place in recent months.

RESOLVED: That the update was NOTED.

05/22 STAFF STORY – DRIVING INSTRUCTOR

Andrew Challenger introduced Members to Lorna Woodley, who was an operational paramedic and also the first female driving instructor in the history of the Welsh Ambulance Services NHS Trust.

Lorna Woodley informed Members of her career progression through the organisation and the circumstances that led to her becoming a driving instructor. Members heard how she had began her career in 2011 and after completing her driving course, had always wanted to progress to being an instructor. When the opportunity arose, there was no hesitation and following a successful application, she became a trainee driving instructor.

Members heard how the process of becoming a fully qualified instructor was both long and challenging, with large amounts of theory based work and knowledge of road traffic laws to grasp and digest over a two year period. Lorna Woodley explained that during this time, she always felt fully accepted by her peers and the training team which was important, given the challenges of working full-time while studying for a new qualification and trying to juggle work and family commitments.

Members received the staff story and congratulated Lorna Woodley on her achievements, noting that she was an inspiration to others within the Trust who wished to progress and seek new challenges. Members also noted her passion and enthusiasm for the role and stated that she should not underestimate what she had accomplished or the impact that this would have in encouraging others to progress within the service.

Members then queried whether any more could be done to aid the recruitment and training process of driving instructors. Lorna Woodley commented that currently, the driving instructor course was only available in South Wales and in future, the Trust may wish to expand this pan-Wales in order to facilitate applications from the entire Trust.

RESOLVED: That the staff story was NOTED.

06/22 COMMITTEE ASSURANCE FRAMEWORK

Claire Vaughan and Trish Mills informed Members that the Committee Assurance Framework was currently being reviewed as part of the Committee Effectiveness Review in order to ensure that the Framework was suitable and fit for purpose.

Trish Mills explained that following the Effectiveness Review, the next step was to look at the cycle of business which the Committee would ordinarily focus on in line with the Terms of Reference to make it as robust as possible and to provide clarity over the risks and assurances were being provided.

Trish Mills also drew Members attention to Risk no:160 (Sickness Absence) which was currently rated as 16 on the risk register and noted that as a result of

increasing levels of sickness absence, it was likely to be re-evaluated to a higher risk score of 20.

Claire Vaughan also drew Members attention to Risk no:163 (Trade Unions / Partnership Working) and stated that following concerns raised by TUPs, it was proposed to escalate the risk associated with TU relationships and partnership working. While it was important for the Committee to be aware of this action, Members were assured that discussions were continuing to try and bring things back on track.

Members received the update and noted the review of the Committee Assurance Framework and the likelihood of a higher risk rating in regards to increasing levels of sickness absence and TU Partnership working.

RESOLVED: That the update was NOTED.

07/22 AUDIT RECOMMENDATIONS – PROGRESS SUMMARY

Julie Boalch presented the Audit Recommendations report as read, drawing Members attention only to the key aspects and points of the report. Members were informed that there were eight recommendations assigned to the People and Culture Committee for oversight. Five of these had now been completed with the remaining three not yet due for completion. All of the outstanding recommendations related to the 2021/22 Collaboration Reasonable Assurance review.

A number of older recommendations had also been closed off and the Committee were assured that all internal and external audit recommendations were now up to date.

Members received the report and noted that no high level recommendations were outstanding and that all other recommendations were either closed or not yet due.

RESOLVED: That

1) the contents of the report were CONSIDERED and NOTED,

2) the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to the People and Culture Committee were CONSIDERED, and

3) any specific items that the Committee wished to see raised to Senior Management and Audit Committee were AGREED.

08/22 WELSH LANGUAGE UPDATE

Melfyn Hughes gave an overview of the Trust's current position on the Welsh Language Standards. The purpose of the report was to provide the People and Culture Committee with an update on progress in implementing the Trust's Welsh Language Standards. Members were informed that as of 3 February 2022, there

were 21 Welsh Language Standards that were either part-compliant or considered as being 'not met'.

The Standards highlighted as being part compliant related to Service Delivery Standards for Correspondence, Telephone Calls, Meetings, Websites and Reception services. Accordingly, advice and guidance to Trust staff on how they could comply with these standards was promoted on Welsh Language Rights Day (7/12/21) and in order to carry this momentum forward, quarterly updates on compliance advice and guidance would be communicated to staff.

Members attention was drawn to the Operational Standards (91, 93 and 95) which all related to the Trust's intranet site. Melfyn Hughes stated that work was on-going in ensuring compliance with Standard 91 by 31 March 2022 and it was expected that Standards 93 and 95 would be compliant following the completion of work for Standard 91.

Melfyn Hughes then discussed proposals for monitoring compliance and noted that in order to gain an accurate picture across the Trust, there was a need to develop an effective compliance monitoring procedure. Therefore, it was anticipated that a monitoring procedure would be developed and trialled during July 2022.

Members received the update and acknowledged the large amount of work which was still to be done in order to comply with standards around the Trust's intranet and external website. Members also welcomed the development of a monitoring procedure in order to accurately track compliance with the Welsh Language Standards. Finally, Members expressed their sadness at the sudden passing of the Welsh Language Commissioner, Aled Roberts and noted his achievements and contributions over the course of his career.

RESOLVED: That the Trust's progress in complying with its Welsh language standards compliance notice was NOTED.

09/22 COMMITTEE EFFECTIVENESS REVIEW UPDATE

Trish Mills gave an update following the Committee Effectiveness Review which included a review of the terms of reference and general operating arrangements, as well as a questionnaire completed by members and core attendees. Members were reminded that any amendments to Terms of Reference as a result of this process would then need to be recommended to the Trust Board for approval.

Trish Mills explained that the Terms of Reference were reviewed to ensure that all matters within the remit of the Committee were clear and that these were articulated with the strategic, oversight and scrutiny role of the Committee in mind. In addition, this provided an opportunity to begin building the cycles of business of the Committee aligned to the specific areas of delegated powers.

The proposed amendments to the Terms of Reference were discussed with the key changes including alterations to the language in order to provide clarity on the Committee's strategic, scrutiny, and oversight role, the inclusion of an additional item specific to raising concerns to ensure arrangements were in place for staff to

both raise concerns and for learning from those concerns to be taken into account, and amendments to Membership to reflect regular clinical attendance from the Director of Paramedicine and Assistant Director of Quality and Nursing. Members received the update and noted the changes to the Terms of Reference and the outcomes of the questionnaires. Members then contemplated the areas of priority which the Committee would focus upon over the coming year, agreeing to set these in due course, once other agenda items had been fully discussed.

RESOLVED: That

(1) changes to Terms of Reference were REVIEWED and APPROVED;

(2) the proposed actions for issues raised in the questionnaire were CONFIRMED; and

(3) priorities for the Committee for 2022/23 were SET.

10/22 OPERATIONS QUARTERLY REPORT

Lee Brooks reported on developments within the Operations Directorate over the last quarter. Members were informed that there had been a recent de-escalation in the Pandemic response, with the Trust moving back to the Response/Monitor position. This was in addition to proposals to further reduce Protocol 36. Both of these moves reflected a positive outlook on Covid-19 related incidents with good indications that call outs had now stabilised.

Members were then informed about developments around the Emergency rule which was designed to be used when the Trust's call volume exceeded the services ability to handle the call volume. Following EMT approval on 5th January 2022 a revised approach to Emergency Rule implementation had been agreed which applied the guidance in a phased approach and also reduced the questioning process to the minimum required to achieve a code. This phased approach would allow EMS Co-ordination to protect the most vulnerable patients for as long as possible even in times of extreme pressure.

Lee Brooks then addressed the current impact of system pressures on handover times and informed Members that unfortunately, the Trust had recorded its second worst week on record for lost hours as a result of handover delays. This was despite the best efforts of the Trust and increased levels of resource escalation planning. Members were assured that all possible steps had been taken to raise this with Health Board partners and that these efforts would continue. However, at this stage there was little more that the Trust could do to alleviate these delays.

Members received the report and expressed concern over the current hand over delays and the detrimental effects that these would inevitably have upon staff morale and patient experiences. Members observed that this issue had also been raised at the recent meeting of the Quality, Patient experience and Safety Committee where it was noted that escalation plans had been implemented with varying levels of success, particularly in regards to Emergency release protocols.

Members observed that this issue had already been raised and escalated to the most appropriate levels and accordingly, could be assured that the Trust had done all it could to address these issues, recognising that this was a wider system issue which the Trust would not be able to resolve alone.

RESOLVED: That the update was NOTED.

11/22

MONTHLY INTEGRATED QUALITY & PERFORMANCE REPORT

Alex Crawford gave a brief overview of the Monthly Integrated Quality and Performance report and touched on the key points and areas of note for the Committee's attention. Overall, the report showed a continued trend in system pressures impacting heavily upon the Trust's performance. This was a result of multiple factors including sickness absences, post-production lost hours and handover delays.

Other factors such as the continuation of the Omicron Covid-19 variant, coupled with increasing levels of sickness and Covid-19 related absence had also continued to have an impact. Accordingly, the Trust had undertaken a prioritisation exercise with the result that some IMTP actions had been paused or slowed down to allow the Trust to concentrate on those programmes which would have the highest impact on patient safety and staff well-being.

Members received the report and noted the pressures and circumstances that were impacting upon performance and patient safety. Members discussed the significant increase in post-production lost hours, observing that this figure had almost doubled when compared to the same period the previous year and queried whether there was any obvious or underlying reason for this.

Lee Brooks informed Members that while there may be other factors, there appeared to be a correlation in post-production lost hours with lockdown periods where systems were settling in and handover delays where crews had faced significant waiting times, meaning they were required to return to base for meal breaks after handing over a patient rather than moving on to the next call.

In addition, Alex Crawford noted that the cleaning and preparation times of vehicles following a conveyance had increased significantly due to Covid-19 and that this had also resulted in an increase to post-production lost hours while the crew and vehicle were unavailable to respond.

RESOLVED: That the Jan-22 Integrated Quality and Performance Report and actions being taken provided sufficient assurance or whether further information, scrutiny or assurance was required, or further remedial actions were to be undertaken through Executives was CONSIDERED.

12/22 WORKFORCE PERFORMANCE SCORECARD REPORT

Liz Rogers presented the Workforce Performance Scorecard report as read, drawing out only the key points as the report was intended to be read in conjunction with the Monthly Integrated Quality and Performance Report, giving a high level overview of performance in relation to the People and Culture indicators.

In particular, Members attention was directed to the latest sickness absence figures from January and the continuing issues with PADR compliance. Members were informed that sickness remained high, with only minimal changes on the previous months' rates. In relation to PADR's, the figures showed a decline in the number being completed. For December the PADR percentage completion was 53.8% compared to 59.22% in November and 64.23% in August.

Members received the report and queried what was being done to tackle the declining rates of PADR completions, noting the importance of allowing staff and managers the 1-2-1 time to discuss their development and any issues they may have. Liz Rogers informed Members that this was being addressed and Managers had been requested to complete outstanding PADRs as soon as possible, with the Executive Management Team and ADLT being requested to monitor and support this.

Members reflected on the Personal Appraisal and Development Review process and queried whether this needed to be reviewed. Members suggested that the entire PADR process may need to be looked at again from a different perspective, asking what exactly it is that the Trust and employees wished to gain from the reviews and whether these objectives were actually being met.

RESOLVED: That the Committee RECEIVED and COMMENTED on the reported performance and associated actions.

13/22 OUR PEOPLE AND CULTURE DELIVERABLES

The People and Culture Deliverables paper was presented as read, noting that this had previously been discussed at EMT and Board Development on 18.02.2022. The purpose of the report was to provide the Committee with an opportunity to formally receive and comment on the proposed People and Culture IMTP deliverables (2022-2025), with the Committee also being asked to note the potential impact of transition from the existing Director of Workforce and OD to a new Director in the next few months.

Members received the report and noted the potential impact of transition from the existing Director of Workforce before formally receiving and commenting on the proposed People and Culture IMTP deliverables

RESOLVED: That the proposed People and Culture IMTP deliverables and priorities were RECEIVED and COMMENTED on.

14/22 REFRESHING OUR PEOPLE AND CULTURE STRATEGY

The paper on refreshing the Trust's People and Culture Strategy was presented as read with the Committee being advised of ongoing discussions at Board level on the principles of strategy development, which had the potential to impact on the future framing and timeframe for enabling strategies such as the People and Culture Strategy.

The paper set out the proposed approach to refreshing the Trust's People and Culture Strategy and the associated timelines for development and engagement. The Committee were then invited to receive and comment on the proposed plan, timescales and principles that had been designed to underpin the strategy's development.

Members received the paper and the proposals contained within before commenting on the strategic themes that were designed to underpin its development.

RESOLVED: That the proposed plan, format and timelines for refreshing of the next strategy as well as the suggested principles and strategic themes that would underpin its development were RECEIVED and COMMENTED on.

15/22 EDUCATION AND TRAINING PRESENTATION

Andrew Challenger gave a presentation on the progress which had been made in the Trust's Education and Training. Members were informed of key achievements and investments such as driver training units and the development of classroom based activities like the digital learning manager and the kit identification tool.

Andrew Challenger also explained how the Trust was looking to develop a virtual call centre to help in the training and education of staff. Members were informed that the Education and Training team had welcomed more than thirty new colleagues to the department, bringing much needed experience and capacity as well as improving the teams age profile and gender balance.

Furthermore, in house training had now developed to the point where the Trust was able to deliver formal teaching and assessing awards, namely certificates in Education and Training and Certificates in Assessing Vocational Awards. Following on from this success, the Trust was now introducing a Diploma in Education and Training.

It was observed that over the course of the pandemic, the Education and Learning Team had delivered training to around 350 Emergency Medical Technicians and 400 Military personnel, over and above core business. An apprenticeship scheme had also been launched for Technicians which had proven to be very popular and successful with roughly 200 apprentices currently taking part.

Members received the update and noted the key achievements and progress which had been made, despite the difficulties of delivering the training in the midst of the Covid-19 Pandemic.

Members also commented on the plans for the future training and development of colleagues, observing that the ambition and scope of these was testament to the service being provided by the whole Education and Training Team.

Members observed that the direction of training now appeared to be moving towards a primarily digital platform and queried whether support was available to any members of staff who were not as comfortable as others when using new technology, particularly those who were not as familiar with technology as the younger generations were. Andrew Challenger confirmed that the Trust was very much aware of the multi-generational demographic of trainees and that additional training in the use of new technologies was available for anyone who required it.

RESOLVED: That the presentation was RECEIVED and NOTED.

16/22 LEADERSHIP AND MANAGEMENT DEVELOPMENT STRATEGY UPDATE

Dr Catherine Goodwin and Kim Tovey gave an update on the Leadership & Management Development Strategy and began by recognising and thanking the key team members and colleagues within the wider Workforce and Organisational Development directorate for their efforts in bringing the strategy to its current position.

The report was presented as read with Members attention being drawn to the main areas of development and the proposed next steps moving forward, with three strategic priorities being identified. These were:

- The need to develop a structured approach to succession planning and the identification of current and future leaders and managers.
- The need to create and sign post staff to innovative opportunities for them to continue to develop their own leadership and management capability, capacity and competence through evidenced and recognised leadership and management competency and behaviour frameworks and activities.
- Embedding this approach through encouraging the workforce to take ownership of their personal and professional development and sustain and implement learning within the workplace.

The report emphasised the importance of effective leadership and how this would positively impact and influence others including patients and colleagues. The report made it clear that leaders and managers would play an integral part in achieving these aims regardless of their Directorate or role in the Trust, with the strategy embracing the philosophy that good leadership and management would help to maximise the effectiveness, efficiency and wellbeing of Trust colleagues. This would also be key to enabling colleagues to be their best, and was therefore an integral part of the strategy.

Kim Tovey explained that in order to enable delivery of this, a leadership and management development framework was being created to sit as part of the new emerging People and Culture Strategy and ambitions.

Members received the report and expressed their agreement that good leadership and management was, and would continue to be pivotal in the wellbeing, efficiency and effectiveness of the Trust. Members also noted the importance of developing roles and queried whether any additional leadership training had been put in place for the recently created Duty Operations Managers (DOM's) roles. Kim Tovey responded that presently, the main focus was on the completion of the accredited essential qualifications set out in the job descriptions for the role. However, plans for further development would be implemented once these had been completed.

RESOLVED: That

1) the achievements demonstrated by the Team through what had been a very challenging 18 to 20 months were RECOGNISED, and

2) the proposal to refresh thinking and approaches to Leadership and Management Development through the creation of a Strategic Framework and leadership proposition was RECEIVED and SUPPORTED.

17/22 ISSUES TO BE RAISED AT BOARD

The Chair informed Members that discussions with Trish Mills would take place outside of the meeting to determine which items would be taken forward and raised at Board.

RESOLVED: That further discussions would take place to determine which items would be raised at Board.

18/22 TU CELL QUARTERLY UPDATE

The TU Cell quarterly update was presented as read and for information purposes only.

19/22 MINUTES OF SUB GROUPS

The Minutes of the sub-groups were presented as read and for information purposes only.

20/22 ANY OTHER BUSINESS

The Chair and the Committee expressed their thanks to Claire Vaughan who was leaving her role as Director of Workforce & OD after several years with the Trust. The committee noted Claire Vaughan's contributions to the NHS in Wales over the course of her career and also the very positive influence she had brought to the Committee, being a key driving force behind much of what the People and Culture Committee had been established to deliver.

21/22 DATE OF NEXT MEETING

The date of the next meeting was scheduled for 10 May 2022.



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 8 MARCH 2022 VIA TEAMS

PRESENT :

Kevin Davies	Non Executive Director and Chair
Paul Hollard	Non Executive Director

IN ATTENDANCE :

Andrew Challenger	Assistant Director, Professional Education & Training
Estelle Hitchon	Director of Partnerships and Engagement (Part)
Caroline Jones	Corporate Governance Officer
Trish Mills	Board Secretary

APOLOGIES

Duncan Robertson	Assistant Director of Research, Audit & Service Improvement
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce and OD

01/22 WELCOME AND INTRODUCTION

The Chair welcomed everyone to the meeting.

02/22 DECLARATIONS OF INTEREST

The standing declaration of interest of Professor Kevin Davies being an independent Trustee of St John Ambulance Cymru was recorded.

03/22 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 9 December 2021 were approved as a correct record.

04/22 ACTION LOG

03/21a TU representation – The Board Secretary updated members on the discussions that were taking place to secure TU partner membership to the Committee. The terms of reference had been updated recently as part of a wider committee review, with up to two seats available to TU partners at the Committee. A membership matrix following a similar review of all committees, would be presented to Trust Board later in the month.

03/21b HE/FE apprenticeship models – The Assistant Director, Professional Education & Training explained the differences in process for Wales compared to England in securing apprenticeship places and funding. Discussions that had been held recently with Neath Port Talbot indicated that the same level of funding, as had been provided in previous years, would not be available going forward. The contract which was due to expire in 2025 would allow the Trust valuable time to work with HEIW to look at possibilities for the future, whereby HEIW could possibly become the NHS partner.

It was recognised that entry requirements for paramedicine courses had been realigned. The Trust continued to engage with Swansea University for EMT staff to undertake the conversion course, for those not wishing to do a degree full time.

He referenced his Apprenticeship Status Update report, which once revised with latest developments, would be brought to the next meeting of the Committee.

11/21 Follow up letter to Chief Executive of Universities Wales –The Director of Partnerships and Engagement confirmed to members that following the meeting with Ben Arnold, it was for him to host internal discussions, engage with his colleagues and feed back to the Trust. The Director agreed to approach him again for a progress update and was hoping to suggest a further meeting to discuss how the Trust envisaged engaging with a University of Wales representative at Committee level, to represent all universities of Wales.

19/21 – University Trust Status Update was discussed as an agenda item.

RESOLVED: That

**1) a paper on Apprenticeship Status be brought to the next meeting; and
2) the Director of Partnerships and Engagement approach Ben Arnold for a progress update.**

05/22 UNIVERSITY TRUST STATUS UPDATE

The Director of Partnerships and Engagement informed the Committee that a decision had still not been formally received by the Trust on University Trust Status. The legislative position is that NHS Wales Health Bodies who have gained University Trust Status must have a statutory independent member on the Board who is aligned to their partner university. This is due to 'significant teaching commitments' with their partner university. A submission will be made to the Welsh Government panel to explain that WAST does not intend to have a singular relationship with a university, and will invite multiple academic partners to work with us. In addition, WAST does not have as part of its submission a 'significant teaching commitment' which would trigger the requirement for an independent member on the Board from a partner university. .

RESOLVED: That the Director confirm in a letter to Welsh Government the Trust's position relating to the alignment of a Non Executive Director to a specific university in Wales.

06/22 COMMITTEE EFFECTIVENESS REVIEW

The Board Secretary confirmed that the Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and prepare an annual report to the Trust Board.

The Terms of Reference were reviewed to ensure all matters within the remit of the Committee were clear and that these were articulated with the strategic, oversight and scrutiny role of the Committee in mind.

The duties of the Committee as set out in the report were agreed, allowing for flexibility to acknowledge the journey the Committee was on and its evolution as opportunities developed.

Membership had also been amended to include the Director of Paramedicine together with the Assistant Director for Quality and Nursing.

Members discussed the need to strengthen the wording within the purpose to reflect that opportunities were for all Trust staff and not only those in a clinical role, recognising that this Committee operated in a slightly different way to other committees and that the Terms of Reference would need to reflect the position.

The Board Secretary went on to explain how the feedback from the questionnaire had highlighted a good focus on academia and collaboration. With three priorities highlighted as part of the Trust's submission for University Trust Status, it was agreed that these would remain the priorities for the Committee to focus on throughout the coming year.

The Board Secretary agreed to prepare the annual report for members to be sighted on, prior to its submission to chair's working group at the beginning of April.

RESOLVED: That

- 1) the terms of reference were approved, subject to the amendments set out above to supplement both the purpose and paragraph 3.6;**
- 2) the actions raised in the questionnaire were confirmed;**
- 3) the priorities for 2022/23 were agreed; and**
- 4) the annual report to be prepared by the Board Secretary and circulated to members.**

07/22 TRUST PRIORITIES ALIGNED WITH IMTP

The Director of Partnerships and Engagement confirmed that the three priorities identified as part of the Trust's submission for university status and also for the Committee to focus on over year ahead, were already contained within the Integrated Medium Term Plan (IMTP). She was working with colleagues from the Strategy, Planning and Performance directorate to determine the best architecture and flow of these priorities within the document.

Members discussed how updates on the delivery of the priorities would be monitored. It was agreed that the priorities would be tracked by a primary committee, and that a mapping exercise would be undertaken to monitor the success, noting the journey and the progress of each priority.

The matrix would be key in evidencing the progress of the priorities to Welsh Government should University Trust Status be granted.

RESOLVED: That a mapping exercise of the three priority areas, to enable the Committee to monitor the success of these, be carried out.

08/22 KEY MESSAGES FOR BOARD

- 1) The Trust's application on University Trust Status had not yet been determined and the Board would be updated at its next meeting.
- 2) A wholesale review of the Terms of Reference had been undertaken.
- 3) A mapping exercise of the three priority areas to enable the Committee to monitor the success of these be carried out.
- 4) The three priorities were included within the IMTP.

09/22 ANY OTHER BUSINESS

It was agreed that the meeting scheduled for April was still required, to ensure the cycle of business remained aligned.

25/21 DATE OF NEXT MEETING:

26 April 2022

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 17 March 2022 VIA TEAMS

Chair: Emrys Davies

PRESENT :

Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Director of Operations
Andy Haywood	Director of Digital Services
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rhian Lewis	Internal Audit NWSSP
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES

Joga Singh	Non Executive Director
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14/22 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. He advised the Committee this would be his last meeting adding that Professor Kevin Davies would chair subsequent meetings. The 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 Professor Kevin Davies as a Trustee of St John Cymru was noted.

Minutes

The minutes of the open session held on 20 January 2022 were considered by the Committee and agreed as a correct record.

Action Log

The action log was considered:

Action Number 05/22a – Further details in respect of Ombudsman investigations. Details were provided, Action closed.

Action Number 05/22b – A deep dive was requested into the performance relating to the Trust's 'Shift Left' activity. A report was on the agenda, Action closed.

Action added from previous meeting: 05/22c, the Committee formally requested that the issues of performance relating to PADR's and Ombudsman cases were referred to the People and Culture Committee and Quest Committee respectively for further analysis. Action was forwarded to the respective Committees.

RESOLVED: That

- (1) the Minutes of the open and closed meeting held on were confirmed as a correct record;**
- (2) the declaration of interests as stated were noted; and**
- (3) the action log was considered and updated as described.**

15/22 OPERATIONS QUARTERLY REPORT

Lee Brooks provided a verbal update and drew the Committee's attention to the following:

1. In terms of pandemic related demand, Protocol 36, which was being used as the pandemic protocol for 999 call handling had been removed in its entirety - the emerging infectious disease protocol tool was now being used to track any potential cases.
2. The Trust will be transitioning from the response phase monitor position to the recovery phase from Monday, recognising there had been a slight increase in Covid cases, however at this stage it was not suggested this was creating further direct pressure for the Trust.
3. The extraction of military support commences from Monday 21 March and by the end of March support will have fully concluded. At this stage the Trust was not considering any further military support from April. It was highly likely that pressures on the system would continue in turn with impact for WAST for the next 8 weeks. The Trust continued to have dialogue with the Commissioner to consider other schemes that could be initiated in order to mitigate the pressures, such as St John and cohorting.
4. The EMS roster review continued to progress with good engagement between staff and project teams.
5. 111 went live in Cardiff and the Vale on 16 March 2022 and the data had already shown a positive response.
6. Progress on recruitment to support the Clinical Support Desk (CSD) continued at pace. At least of 18 of the 36 posts were operational with the remainder scheduled to be operational by the end of this month.
7. The roll out of the Emergency Communication Nurse System (ECNS) continued to progress well with a 'go live' date anticipated for by the middle of May. This will replace the existing Manchester Triage Tool System currently being used by CSD staff. The

ECNS is designed to work alongside the Medical Priority Despatch System and should reduce demand.

8. The Trust was currently engaged in a system wide NHS reset, part of this included the reduction, where safe to do so, of pressures the Trust might add at Emergency Departments. At this stage no tangible difference could be seen from the Trust's perspective in respect of improving pressures at the Emergency Departments.
9. Mobile Testing Units, it was unlikely this would continue beyond June and the Trust will look at redeploying those staff involved.
10. Business Continuity planning; the Trust was in the process of reviewing its current arrangements in light of the situation in Ukraine

Comments:

1. Abstraction of military assistance, was there still the same sense of risk from an Executive perspective in managing the demand from 1 April 2022? Lee Brooks was confident the Trust was alert to the risk, and also the Commissioner was clearly aware. In the meantime, the Trust would be moving to Resource Escalation Action Plan (REAP) level 4 on Friday 18 March.
2. Following a query in terms of the internal messaging around recovery, Lee Brooks gave a detailed explanation in which the aim was to transition into a business as usual position, recognising that this position currently was one of high pressure. He advised the Committee that a clear message would be relayed to staff going forward.
3. There appeared to be an increase of Covid in parts of Scotland and England, and the Committee noted that the Trust was aware to this and should it have to move out of position of recovery, plans were in place to implement this.

RESOLVED: That the Committee noted the update and acknowledged the work of the Operations Directorate.

16/22

QUALITY AND PERFORMANCE FRAMEWORK UPDATE

1. Rachel Marsh informed the Committee that the purpose of the framework was to deliver the appropriate patient care and staff well-being through the application of quality and performance management practice; this framework provides that assurance and was for the Committee to endorse and recommend for approval by the Board.
2. The framework was built upon five component parts which were outlined below:
 - a. Setting aspirational and stretching objectives for the Trust
 - b. Developing a coherent set of performance measures
 - c. Implementing rigorous assurance and review mechanisms
 - d. Enabling positive ownership and accountability throughout the Trust
 - e. Providing resources and techniques to support individual and team achievement
3. The framework was designed to be dynamic and ensure that quality and performance management practice was continuously being improved.

Comments:

1. The Committee welcomed the framework acknowledging the work undertaken and looked forward to see the impact of its implementation and tangible improvements going forward.
2. The Committee noted that it had been engaged throughout the development of the framework as had the rest of the Committees and the Board as a whole through Board Development.

RESOLVED: That the Committee:

- (1) Endorsed and Recommended the Quality and Performance Management Framework 2022-2025 for approval by Trust Board; and**
- (2) Agreed to review the impact and implementation of the Framework after six months.**

17/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

Rachel Marsh presented the Committee with the February 2022 report and drew their attention to the following highlights:

1. Call answering times – this was measured by how fast the Trust was able to answer a 999 or 111 call. 999 call answering times remained a challenge and 111 call answering times had seen an improvement; the latter being linked to increased capacity and a focus on improving efficiency. Furthermore several actions were in place to improve these targets including the recruitment of additional call handlers.
2. 111 Clinical response – It was acknowledged that the clinical call back times continued to achieve the target for the higher priority calls, however there had been a decline in performance in December with the lower priority calls; it was noted that there were improvements to this in January and February.
3. Ambulance response times – Red and amber response times had improved in January/February, however the number of lost hours at hospitals remained extreme, which severely hampered the Trust's overall ability to respond. The Trust continued to work on initiatives to improve its performance through increasing capacity.
4. Hours produced – 115,339 EMS ambulance unit hours had been produced in February 2022 which equated to 110%.
5. Staff abstraction – abstraction levels had decreased in February, however, they remained very high at 41% against a benchmark was 30%.
6. Post Production Lost Hours – The Trust continued to work on improving this, accepting there were many reasons for the figures to vary. Andy Haywood added that further work was ongoing to ensure that the data was as accurate as possible.

Comments:

1. Members noted that an initial report on the workforce modernisation agenda had been presented to EMT in February and the Committee awaited any updates on progress in due course.

2. With respect to post production lost hours, Members sought to receive a breakdown to better understand the component parts at its next meeting. Rachel Marsh advised that the report contained a graph which provided the breakdown in respect of the hours used. Lee Brooks added there were avoidable and unavoidable reasons for lost hours; the cleaning of vehicles was used as an example. Rachel Marsh added that this Committee was responsible to monitor this particular indicator and Trish Mills concurred that it rightly sat with this Committee as opposed to the Quality, Patient Experience and Safety Committee where a similar discussion had taken place on post production lost hours.
3. Following a question regarding the 999 call handlers attrition rate was there any further information on this? Lee Brooks explained that generally, there were high attrition rates in Clinical Contact Centres (CCC), due to the high pressured environment; however not all staff leave the organisation, some move on to other internal posts.
4. In respect of the new rosters being based on a 30% abstraction rate, but with the abstraction rate currently at 41% what was the risk in implementing the new rosters if that abstraction rate would continue to be around 40%? Lee Brooks remarked that the risks would be that the roster would run short or by adding more overtime to mitigate the rates, costs would increase; neither of which scenario would be ideal. He added that the relief gap (the gap between the number of full time equivalent (FTE) staff budgeted to fill its Response rosters and the FTEs required to fill the rosters) was closing and should the Trust achieve all the measures it was expected to, 100% of the roster would be reached. He added it was crucial that the Trust continued to reduce its rates of staff absence.

RESOLVED: That the Committee considered the February 2022 Integrated Quality and Performance Report and actions being taken and determined that the report provided sufficient assurance.

18/22 RED ACTIVITY REVIEW

1. Lee Brooks explained that the report had reviewed the drivers which had caused the increase in red demand and the actions taken to understand and respond to this increase. It was noted that red acuity incidents had increased in proportion to total verified incidents from 5% to 10% since November 2017.
2. As a result of a change in guidance from the International Academy of Emergency Dispatch (IAED), there had been a 1% increase from June 2019 with activity associated with ineffective breathing. The Trust therefore undertook a focussed audit in October 2020 to ensure that the red demand linked to ineffective breathing was still correctly prioritised in the Medical Priority Dispatch System (MDPS).
3. Lee Brooks advised Members that a further focussed audit on the application of breathing problems had been conducted and assured the Committee that the manner in which MDPS was being applied was correct.
4. Members were informed that breathing problems could be associated with other chief complaints such as falling; adding the seasonal impacts and Covid, had all contributed to the increase.
5. The audit had also shown an increase in breathing problems for patients aged between 0 and 4.

6. Other increases in red demand related to incidents involving overdose and poisoning falls associated with unconscious patients and cardiac, and patients with prolonged fitting.
7. Broadly speaking, Lee Brooks commented that these levels of red activity would continue for the foreseeable future.

Comments:

The Committee welcomed the informative and concise report

RESOLVED: That

- (1) **the outcome of the analysis of the red activity review was noted, and some additional work which included:**
 - a. **111/QSPE undertake further review of the origins and outcomes for 0-4yrs demand to understand any learning or systems changes that could better address this increasing Red emergency demand.**
 - b. **A clinical review of Red demand is commissioned to understand increased incidents associated with allergic reaction and to identify any trends in allergy triggers or clinical outcomes.**
 - c. **EMS Coordination continue to use focussed audit to explore areas identified for potential EMD learning.**
- (2) **there was no indication as a result of this review, save for some seasonal shifts for breathing problems, that red activity was likely to reduce to levels seen pre-IAED process change in 2019 was noted.**

19/22 DEEP DIVE ON SHIFT LEFT ACTIVITY

Hugh Bennett gave an overview of the report which was to inform the Committee of how the Trust was developing its shift left activity and drew attention to the following points:

1. The Trust continued to exceed the benchmark of 10.2% for the hear and treat rate.
2. The Trust had recently invested another 41 staff into the Clinical Support Desk (CSD) essentially doubling the current establishment of the CSD.
3. Around 50% of hear and treat has avoided a conveyance to hospital.
4. See and Treat, progress was being made with very low re-contact rates.
5. Senior paramedics were providing clinical ride outs in support of clinical practice and the positive impact on the reduction of conveyance.
6. The new Electronic Patient Clinical record will provide for a significantly improved clinical tool for response staff.
7. Current modelling has suggested that a combined shift left activity could reduce hand over lost hours by 8,000 per month.

Comments:

1. The Committee recognised the positive impact the Advanced Paramedics Practitioners were having on the shift left focus.
2. In response to the Trust's external communication messaging around the shift left initiative, Hugh Bennett explained that it was important to convey the message to the whole NHS system.

RESOLVED: That the report was noted.

20/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2021-2024

1. Rachel Marsh provided the Committee with an outline of the plan, recognising that it had been developed against the backdrop of the pandemic and that staff continued to work at pace. It was important to emphasise staff well-being and support going forward.
2. The IMTP illustrated several significant achievements during the last year which included; the uplift in frontline EMS staff, increasing the Clinical Support Desk (CSD) capacity by 50%, the roll out of the 111 service and completing the transfer of work in respect of Non Emergency Patient Transfer Service (NEPTS)
3. The IMTP sets out the mechanisms showing how the Trust will deliver, and track delivery of, the plan and ensure viability of the Trust's strategic ambitions which will be monitored through the Strategic Transformation Board.
4. It was of significant importance that the IMTP was mindful of the Commissioner's intentions and these were addressed within the plan.
5. Within the IMPT the feedback received from staff and patients and analysis of performance data had clearly shown that the long waiting times were having an effect on patient safety. The plan sets out a series of actions to address this issue. These were but not limited to; stabilising and sustaining the core 111 service, roll out of the 111 press 2 service, implementation of the new software system within 111 and maximising the impact of the additional number of clinicians with the CSD.
6. In terms of Emergency Medical Services, the immediate priority was to stabilise the service and improve response times to patients and reducing patient harm.
7. The Trust will also continue to work to reduce staff sickness levels to around 6% which was in line with the original demand and capacity review.
8. Work was also continuing with health boards and Welsh Government to increase the alternative pathways available which could provide care to patients closer to home and where appropriate avoiding hospital attendance or admission.
9. In respect of NEPTS, the Trust was continually working to improve productivity and efficiency and develop improved quality assurance mechanisms.
10. Another important element within the plan related to the Trust's work on being able to deliver its contribution to carbon neutrality by 2030.

Financial plan to support submission of the IMTP.

11. Chris Turley updated on the current position in relation to the continuing development of the 2022-25 financial plan. The Executive Management Team had again recently met to consider all actions to manage the current deficit forecast for 2022/23 and how to manage the costs in the context of the current resource envelope and that which is now expected to be funded going forward.,
12. Discussions continued with the Commissioner and Welsh Government to consider how to address the forecast deficit and to access any funding that could be made available.
13. All but one organisation across Wales had submitted a CEO accountable letter with a deficit forecast.
14. He added that, since the submission of an AO letter to WG at the end of February, WG had issued further correspondence this week that updated on some of the key financial planning principles for the coming financial year. This included that the increase in fuel costs and employers National Insurance will now be funded centrally, on an actual cost basis as we go through the 2022/23 financial year. This was currently estimated at £4m and therefore from a planning perspective these costs will be covered.
15. The Trust was therefore now much closer to being able to describe a balanced financial plan for next year; compared to just a few weeks ago.
16. Next steps include a further update expected from the Commissioner in terms of accessing further funding, and from that reframe the IMTP and following an EMT meeting on Monday, finalise the narrative which was hoped would now broadly describe a financial plan that was balanced. Chris Turley stated that whilst there will be risks going forward there was now much more confidence of being able to present a balanced financial plan to the Board next week.

Comments:

1. The Committee were reassured to hear the comments by Chris Turley in respect of the balanced budget. If not a balanced financial position it would be useful to identify the risks and more importantly what services, if any, the Trust would be standing down
2. Volunteering strategy, it was suggested there should be more narrative to include the significant amount of work carried out in this area and that the diversity element within the IMTP could be expanded.
3. Patient engagement and Putting Things Right (PTR), it was suggested that the commitment to quality and PTR was illustrated more explicitly. Rachel Marsh agreed to bring this detail more to the fore in terms of the language used to highlight this.
4. The Committee recognised that the context in which the Trust had and continued to operate in was clearly demonstrated within the plan. It was also noted that the Trust's ambitions were clearly illustrated.
5. It was requested that the wording on the top of page 27 in relation to the Cymru High Acuity response Unit (CHARU) be re-looked at.
6. It was also recommended that the details regarding Welsh Language be strengthened to accommodate the legislative requirements and regulations.

RESOLVED: That the Committee noted the progress; and endorsed the submission of the IMTP to the Board subject to final amendments and the financial plan being

included.

21/22 FINANCIAL POSITION FOR MONTH 11

Chris Turley provided the Committee with a presentation and highlighted the following points:

1. The cumulative year to date revenue financial position was a small underspend of £0.069m.
2. A donation of £0.185m was received during quarter 3 and would be included within the Trust's revenue income.
3. Members were updated on the financial performance broken down by each directorate.
4. Covid-19 revenue costs, the net year to date cost was £10.092m with the forecast for the end of year being £12.315m. These costs were fully funded by Welsh Government.
5. There was an increase in capital spend and it was expected there would be a balanced forecast going forward.
6. The Trust continued to work on the audit work in preparation for the Trust's 2021/22 annual accounts.

Comments:

The Committee were pleased to see that the Trust was in line to come in on budget with a slight underspend.

RESOLVED: That the Committee noted the update.

22/22 COMMITTEE EFFECTIVENESS REVIEW

1. Trish Mills reminded the Committee that Trust's Standing Orders and Committee Terms of Reference required that Board Committees evaluated their effectiveness annually and prepared an annual report to the Trust Board.
2. The Terms of reference had been reviewed in detail and the proposed changes included:
 - (a) Language had been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.
 - (b) Assurance on the post-implementation review (PIR) process had been added, with the Committee reviewing PIRs from time to time.
 - (c) Specific oversight of estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response have been added.
3. Furthermore the core membership had been increased to add the Director of Quality and Nursing to support the value based healthcare agenda, the Assistant Director of Workforce and Organisational Development, strengthening representation for all areas of performance on in the MIQPR, and the Director of Digital.

4. As part of the evaluation process a questionnaire was sent out to attendees; the feedback was analysed and several actions had arisen; the full details of these were listed within the report.
5. The Committee have also set some priorities for the forthcoming year in order to review its effectiveness and these would be tracked on a quarterly basis.

RESOLVED: The Committee:

- (1) Reviewed and approved changes to the Committee's Terms of Reference;**
- (2) Confirmed the proposed actions for issues raised in questionnaire; and**
- (3) Set the Committee's priorities for 2022/23.**

23/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF) REPORT

Julie Boalch raised the following key points for the Committee's attention:

1. The Audit committee had approved the request to suspend the reporting of the BAF for a period of three months; this will enable time to develop a transitional BAF and to realise the longer term ambitions of the BAF.
2. Risk ID 139 – Failure to deliver our Statutory Financial Duties in accordance with legislation has increased in score from 12 to 16.
3. The closure of Risk ID 109 and the increase in score of Risk ID 458 to 16.

RESOLVED: The Committee:

- a) Noted the suspension of the Board Assurance Framework for 3 months.**
- b) Noted the change in title of Risk 139 and the increase in score to 16.**
- c) Noted the closure of Risk 109 from the Corporate Register.**
- d) Noted the increase in score of Risk 458 to 16.**

24/22 INTERNAL AUDIT TRACKER REPORT

Julie Boalch drew the Committee's attention to the key highlights as follows:

1. There were currently 26 overdue recommendations directly relevant to the Committee; 4 of these were high priority but were due completion between April and July 2022.
2. Of the remaining overdue recommendations that were of a medium priority the majority of these due to be completed in March 2022.

Comments:

The Committee acknowledged the significant progress and noted that several recommendations would be closed at the end of March

RESOLVED: The Committee

- (1) Noted and considered the contents of the report;**

- (2) **Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC.**

25/22 DECARBONISATION UPDATE

1. Chris Turley updated the Committee on progress against the decarbonisation and sustainability work the Trust was currently undertaking.
2. The decarbonisation of NHS Wales had been structured into six main activity streams; Carbon management, buildings, transport, procurement, estates planning and approach to healthcare.
3. The Trust was required to comply with over 130 NHS wide strategic actions as well as 24 specific actions that required rapid completion
4. The Committee noted the significant amount of work that the action plan in response to the WG decarbonisation strategic delivery plan 2021-2030 had generated. The Committee were asked to approve the action plan which would be linked to the IMTP which the Board would have sight of.
5. There were several projects currently underway which were due for completion by the end of the financial year.

Comments:

The Committee recognised and were reassured by the way the Trust was managing the decarbonisation agenda

RESOLVED: The Committee:

- (1) **Noted this update; and**
- (2) **Approved the WAST Action Plan for onward submission to Welsh Government in March 2022 alongside the Trust IMTP 2022/25, as required by WG.**

26/22 VALUE BASED HEALTHCARE

Chris Turley explained that the majority of work in this area had been paused and would be restarted in the near future. Members noted that a fuller update would be provided at the meeting in July 2022.

RESOLVED: That a progress update on the plans would be provided at the July 2022 meeting.

27/22 POLICIES FOR APPROVAL

Chris Turley presented the Fire Safety Policy for the Committee's approval; adding that it had been subject to the appropriate governance procedures and was a refresh of the previous policy.

RESOLVED: That the policy was approved.

28/22 KEY MESSAGES

The Chair advised that the Board would be apprised of the following:

1. Handover delays remained extremely high.
2. Military withdrawal at the end of March 2022.
3. The good levels of hear and treat were noted.
4. The 2 week reset within the NHS had shown little improvement to date.
5. 111 had gone live in the Cardiff and Vale; all of Wales was now covered.
6. Concerns have been noted regarding amber calls
7. Red activity would continue at high levels
8. IMTP – recommended the plan to the Board subject to some minor revisions and the financial plan being finalised.
9. Financial position remained on track.
10. Risks; the BAF reporting had been suspended.
11. Decarbonisation – plans have been approved and recommended for Board.
12. Value based Healthcare – update planned for 18 July 2022 meeting.
13. The Fire policy was approved.

29/22 ANY OTHER BUSINESS

The Chair reminded the Committee it was his last meeting and thanked everyone for their valued support.

Chris Turley expressed his personal thanks for the Chair's contribution and overall support during his time with the Trust and also on behalf of all members of the Committee

Date of next meeting: 16 May 2022



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

AGENDA ITEM No	17
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

NHS WALES JOINT COMMITTEE UPDATE REPORT

MEETING	Trust Board
DATE	26 May 2022
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.

Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.

This report provides an update to Trust Board in respect of the following recently held meetings:

- Emergency Ambulance Services Joint Committee Meeting of 15 March 2022.
- Welsh Health Specialised Services Committee (WHSSC) meeting of 15 March 2022 and 10 May 2022.
- NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 24 March 2022.

The minutes, agendas and additional reports from EASC, NWSSP and WHSSC meetings are available from each Committee's websites via the following links

<https://easc.nhs.wales/> <https://whssc.nhs.wales/> <https://nwssp.nhs.wales/>

RECOMMENDED: That

1. the Minutes in respect of recent EASC, WHSSC and NWSSP meetings are received.

KEY ISSUES/IMPLICATIONS

Not Applicable

REPORT APPROVAL ROUTE

Not Applicable

REPORT APPENDICES

Annex 1: Minutes of the Emergency Ambulance Services Joint Committee meeting of 15 March 2022.

Annex 2: Minutes of the Welsh Health Specialised Services Committee (WHSSC) meetings of 15 March 2022 and 10 May 2022.

Annex 3: Minutes of the NHS Wales Shared Services Partnership Committee meeting of 24 March 2022.

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	Y



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
15 MARCH 2022 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Hayley Thomas	Deputy Chief Executive, Powys Teaching Health Board
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
In Attendance:	
Nick Wood	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government
Aled Brown	Policy Lead Official, Welsh Government
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Nick Lyons	Executive Medical Director, Betsi Cadwaladr BCUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/13	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair

	<p>Suzanne Rankin, the new Chief Executive of the Cardiff & Vale UHB and Hayley Thomas, Deputy Chief Executive of Powys Teaching HB were welcomed to their first EASC meeting.</p> <p>The Chair also took opportunity to reaffirm the role of the EAS Committee in terms of its role within the EASC Directions to plan and secure sufficient ambulance services in Wales in line with Welsh Government and NHS Planning Frameworks.</p> <p>In terms of context for many of the discussions to take place at the meeting, the Chair reminded Members of the agreed deliverables. In particular, the previous agreed commitment to reducing handover delays – no handover delays over 4 hours and reduce the average time of lost hours by 25% from October 2021 level. It was noted that the current position needed to be significantly improved. In addition, Members noted the phasing out of the military support to WAST at the end of March and the likely impact on performance.</p> <p>The Chair noted that due to these and other system issues, the ability of the EAS Joint Committee to plan and secure sufficient ambulance resources was at risk and therefore the need to reduce this risk, as soon as practicable, was critical.</p> <p>Members noted that the Chair had agreed to a request from Jason Killens to leave the meeting early, therefore the agenda had been rearranged to assist this.</p>	
EASC 22/14	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Jo Whitehead, Mark Hackett, Carol Shillabeer, Tracey Cooper and Ricky Thomas.</p>	Chair
EASC 22/15	<p>DECLARATIONS OF INTERESTS</p> <p>There were none. It was noted that the EASC Team would soon be asking for the annual declarations of interest and that this will need to be done specifically for EASC, in addition to those submitted to individual organisations.</p>	Chair
EASC 22/16	<p>MINUTES OF THE MEETING HELD ON 18 JANUARY 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 18 January 2022.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 18 January 2022. 	Chair

<p>EASC 22/17</p>	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/10 Key Reports and Updates It was noted that this work was progressing and would be included in a future report. This work would link to the roll out of the electronic case card.</p> <p>EASC 21/64 Ambulance Handover Delays Members were aware that the CASC had written to Chief Executives and Chief Operating Officers (COOs) with a request for detailed handover improvement plans; the Minister had also written to Chairs in this regard.</p> <p>The CASC reported that responses had been received from each organisation and that these included many actions to be undertaken across the system. Members noted that the next step would be to for the CASC to discuss actions with the COOs including how the actions would align; the impact of the ongoing system reset and anticipated outcomes would be included. Some health boards had identified specific actions and those would be shared with Members as soon as possible. Members noted that any actions that had a significant impact would be shared as soon as practicable. The CASC summarised the actions and shared the concern that safe ambulance services would not be able to be provided due to the escalating handover delays.</p> <p>EASC 21-26 Committee Effectiveness Members were reminded that the Chair was keen to ensure that appropriate representation of the 'patient voice' was included in the work of the Joint Committee. It was noted that the new national arrangements for the patient's voice may help in this regard. An update would be provided as soon as possible.</p> <p>EASC 20/74, 21/22 Serious Adverse Incidents (SAIs) It was noted that it was difficult to realistically benchmark the different ambulance services across the UK due to differing reporting arrangements that exist. In order to ensure that an element of benchmarking was available, it was agreed that the Association of Ambulance Chief Executives Report 'Delayed Hospital Handovers: Impact Assessment of Patient Harm' (AACE, Nov 2021)' would be circulated.</p> <p>The Deputy CASC reported that some work has recently been undertaken by Welsh Government Officials who had asked the Delivery Unit (DU) to review 'Appendix B Reports'.</p>	<p>WAST</p> <p>CASC</p> <p>Chair</p> <p>Ctte Sec</p>
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	<p>Members were aware that the nationally reported incident approach required incidents to be passed on from WAST to health boards for investigation where ambulance handover delays were deemed to be the underlying cause.</p> <p>Members noted that the report would be received and discussed by the Directors of Nursing (25 March 2022). Members noted that one recommendation within the draft report suggested that the EASC Team take a lead role in coordinating the work required within the system to improve processes and outcomes. Members noted that the EASC Team had not previously been involved in this work and it was felt this would be helpful to have additional input into this work.</p> <p>It was anticipated that the report would be shared with Members as soon as available and Members of the DU would be invited to attend the next meeting of the Joint Committee to present their findings.</p> <p>EASC 19/76 Emergency Medical Retrieval and Transfer Service (EMRTS) Evaluation</p> <p>It was noted that the EMRTS technical evaluation report had now been received and provided a positive review of the service to date. Members noted that the report would be received by the EMRTS Delivery Assurance Group at its next meeting and would then be shared with the Joint Committee.</p> <p>EASC 19/75 Chair and CASC Meetings</p> <p>Members noted that the Chair and CASC had presented slide packs at health board meetings developed to reflect the needs and challenges of the specific areas. The Chair explained that helpful discussions had been held and a generic feedback session report would be developed to share with Members.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>Ctte Sec</p> <p>Forward Look</p> <p>Forward Look</p> <p>Forward Look</p>
EASC 22/18	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	Chair
EASC 22/19	<p>CHAIR'S REPORT</p> <p>The Chair's report was received, Members noted that the Chair's objectives had been agreed and were included for information.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report 	Chair

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/20</p> <p>PERFORMANCE REPORT INCLUDING THE ANNUAL QUALITY INDICATORS (OCTOBER-DECEMBER 2021)</p> <p>The Performance Report was received. Members were reminded that the report presented information in line with the most recent publication of Ambulance Quality Indicators. Members noted that the AQIs would be published monthly from April 2022 providing an opportunity to discuss more recent information. In presenting the report, Ross Whitehead highlighted:</p> <ul style="list-style-type: none"> • the continued challenges around 999 call wait times • the growing gap between the number of calls answered and the number of incidents generated • slightly less incidents in January and February • mitigating action taken including investment in staff and technology • significant challenges in achieving red 65th percentile • growth in red demand – at 53% response and median 7mins and 30secs; joint work with Welsh Government and Digital Health and Care Wales looking at linked data sets related to patient outcomes and would report findings at a future meeting • amber responsiveness 95th percentile continued to grow with significant waits seen; Amber median 1hour 30mins (ongoing impact on patient journey) • More media stories and political interest being seen • in light of previous commitments to reduce ambulance handover delays, increases over recent months were noted, with the trend continuing into March (currently 700 hours per day) • with reducing staffing capacity, WAST forecasting the impact and the level of the Clinical Safety Plan to ensure response at red and amber 1. <p>The Chair thanked Ross Whitehead on the sobering performance information and invited further discussions.</p> <p>Nick Wood, Deputy Director of NHS Wales noted the mitigating actions and responses in place to deal with the current pressures within the system. Attention was drawn to the Red performance target being missed over a number of months and the record levels of handover delays across NHS Wales. Members were asked whether they felt their actions and mitigations would be sufficient to respond in a timely way to the current situation and reduce harm to patients.</p>	<p>Action Log</p>

Members recognised that the mitigation identified was maintaining the current level of performance but to improve the performance was the joint responsibility of WAST and health boards in responding to population needs and to ensure patient safety. Members highlighted the significant risks within the system for patients and suggestions were made to include the units of hours produced to understand where resources could be deployed. Members noted that despite the mitigations the risks continued to be realised. The recent reset underway over the last two weeks was also discussed although only marginal differences had been experienced by the ambulance services.

Nick Wood asked regarding the EASC perspective and the need for a joint response from WAST and health boards in relation to the safety of the service and meeting community expectations; the impact of the significant drift in lost hours, the deterioration in response rates, the increasing numbers of concerns and increasing numbers of serious adverse incidents. Members were asked if they were confident that their actions would mitigate against the identified risks and would lead to improvements in performance and reduce patient safety incidents.

Members felt this was a fair challenge although there were expectations that the actions identified in the health board plans would lead to improvements in reducing lost hours and a consequence improvement in working towards meeting the performance targets. The CASC agreed that the Committee was not in a position to provide the level of assurance needed due to the position with handover delays. The Joint Committee had not been complacent, and Members were aware that the planning assumptions had assumed a maximum of 5,000 handover hours in one month. Once these levels had been overtaken a number of mitigating actions had been put in place which included the WAST Clinical Safety Plan. At 20,000 lost hours per month Members were aware that ambulances would not be sent for Amber 2 patients.

Suggested solutions were proposed including to:

- provide temporary additional front-line ambulance capacity into WAST to support the system over the coming months to mitigate the removal of the support from the military and until the required improvements are in place to handover delays and impacting across the system
- continue to work with health boards to understand the variation across the system identified within the action plans submitted and to identify and share best practice

	<ul style="list-style-type: none"> • ensure that the handover improvement plans deliver the required gains, to be monitored by the governance arrangements including the Commissioning Framework • constantly challenge the current culture where handover delays are tolerated. <p>It was proposed that the following actions were put in place as the key elements of the system-wide handover improvement plan to address the patient safety concerns, particularly with the withdrawal of support from the military in April:</p> <ul style="list-style-type: none"> • maximise temporary additional front-line ambulance capacity during the coming period including overtime and WAST to operate at a higher state of emergency alert to maximise front-line resource • use of the agreed whole system escalation process and the actions taken • re-focus on 'red release' to allow WAST to respond appropriately and promptly (had been slippage) • health board resources in place such as same day emergency care, urgent primary care centres, flow centres or communication hub etc and identify two or three deliverables as part of this Handover Improvement Plan. This would include managing or challenging slippage and monitoring the impact on the patient experience and recognised the need to move at pace. <p>The key points of the discussion that followed included:</p> <ul style="list-style-type: none"> • acceptance that patients were waiting too long for ambulance services • the inclusion of the availability of resources in the performance report to add to the understanding of ambulance performance and response • that only marginal improvements had been experienced by the ambulance service following the recent system reset • that system wide responses were required including the need to improve flow and discharge patients, to address staffing challenges in community and social services although this would not be addressed quickly • a 'cultural acceptance' had emerged in relation to current levels of handover delay which was unhelpful in relation to patient safety and harm • re-visiting discussions with WAST on a health board by health board basis, understanding the local issues and jointly agreeing actions and trajectories. • The importance of the consistency of the approach • Receiving information from the North West Ambulance Service in terms of their approach to handover delays and seeking different solutions 	<p>All</p>
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	<ul style="list-style-type: none"> • acknowledgement of the continued existence of COVID-19 and its impact within the system. <p>Nick Wood asked why the action plans for handover delays had not been included on the agenda for the meeting as he considered this matter the most pressing for ambulance services; this coupled with the loss of the military support for the service would have a significant impact. Furthermore, he asked whether further actions would be undertaken as when he met with the Chief Operating Officers (COO) this necessarily was not their key issue to resolve. Nick Wood confirmed that he was very concerned regarding the actions and the timescales involved.</p> <p>The CASC confirmed that detailed operational matters were discussed at the EASC Management Group and would be escalated by exception to the EAS Joint Committee. The CASC confirmed that he attended the COO meeting to discuss handover delays and receive updates on the actions taken.</p> <p>The Chair thanked Members for the helpful discussion and emphasised the requirement for all Committee Members to respond urgently to the current position related to handover delays and to work with WAST to mitigate the impact of the loss of military resource at the end of March. The suggestions set out by the CASC were accepted and the Chair articulated the hope to see an improved position at the next meeting.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report and additional actions that would be taken to improve performance delivery to be included in the EASC Action Plan. • AGREE to include the units of hours produced to the next iteration of the Performance Report. 	
EASC 22/21	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report Jason Killens highlighted:</p> <ul style="list-style-type: none"> • phased withdrawal of the military support of approximately 250 staff (reduction in capacity of approximately 15% of production) by 31 March 2022 • approximately 100 members of staff were currently in operational training and would become operational in quarter 1, the capacity of the Clinical Service Desk would be doubled early in quarter 1 and this would allow the volume of calls closed via the 'consult and close' process to lift from 10-12% to approximately 15% 	

<ul style="list-style-type: none"> the additional offer to roll on some winter schemes including cohorting and third-party support should the required support and funding be available (non-core activities) red performance remained below target although an improving picture since December. A deep dive has been undertaken into red performance which was currently being finalised and would be presented to the EASC Management Group There were 503 long patient waits in January, this was a reduction compared to December, but rates were still very high with patients waiting excessively long times for services (some waiting more than 24 hours) the daily average handover position for the 10 services in England was shared, with WAST performance the worst, particularly in terms of the comparative fleet size electronic patient case card – this would be live in all health board areas by the end of March 2022, with many suggestions for improvements for phase 2 of the work the detailed briefing issued last week regarding roster changes had been extremely helpful in addressing the significant local, regional and national political interest. It was important for all to portray the positive story, (70 FTE additional staff) information would be circulated more widely to illustrate local level impacts including that 34.5 additional emergency ambulances would be operational across Wales as a result of this work. This would impact in Quarter 3 2022-23 high sickness levels and the work being undertaken to achieve the trajectory to return to pre-pandemic levels of 6.5%. It was acknowledged that current levels were far too high and that there would be a plan to reduce these in the next few months. 	<p>EASC MG</p>
<p>Discussion followed regarding:</p> <ul style="list-style-type: none"> the arrangements and assessments being made to revisit the risk assessments in light of the reissued Infection Prevention and Control guidance which was active and ongoing the impact of the strategic change agenda on the operational pressures, WAST would continue to work both individually and collectively with health boards where elements of this work required centralisation or regionalisation of services, this had been included in the IMTP the roster review and the positive benefits from the work Members felt this was a good example of improving efficiency although this was sometimes perceived as a negative in some communities; WAST offered to share additional information if needed 	<p>WAST</p>

<ul style="list-style-type: none"> the need to apply best practice from other areas in the development of handover improvement plans and the need to ensure that the required accountability and escalation requirements were included within the Commissioning Framework's schedules. 	
<p>The CASC emphasised the current focus in terms of:</p> <ul style="list-style-type: none"> Being clear what could be delivered on a quarter by quarter basis Encourage health boards to include gaps within plans to identify key requirements Commissioning Framework to include detail in terms of what was required. <p>The risks were clarified including the loss of the military personnel which would impact on about 15% of production and a further decay in performance. WAST would mitigate some of the issues but Members noted that quarter 1 was likely to be extremely difficult for the ambulance service and the consequential impact on patient experience. Members noted the additional service offer from WAST in its Transition Plan and the offer previously discussed.</p>	
<p>The Chair invited the CASC to outline other requirements for WAST which included:</p> <ul style="list-style-type: none"> reducing sickness and setting the required improvement trajectory agreeing timescales for reducing post-production lost hours and managing the inefficiency in the system ensuring all roster changes would be in place by end of November 2022 reducing the variation within the service by adopting good operational practice on a day by day basis 	WAST
<p>Members also noted that in relation to the handover improvement plans – the template circulated had included best practice and following on from the discussion it would be amended to include the work from the North West Ambulance Service.</p> <p>The Chair asked Members to actively support the roster review changes and recommended the use of the detailed briefing which had recently been shared. This was cited as an example of good practice which could be replicated for other areas of work.</p>	CASC
<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the report. 	

<p>EASC 22/22</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST DRAFT INTEGRATED MEDIUM-TERM PLAN (WAST IMTP) UPDATE</p> <p>The WAST IMTP report was received. In presenting the report, Rachel Marsh highlighted the executive summary and key elements of the Plan including progress made in terms of:</p> <ul style="list-style-type: none"> • Progress to recruit the additional 127 full time equivalent (FTE) staff as agreed following the Emergency Medical Services Demand and Capacity Review • doubling the capacity of the Clinical Support Desk • introducing mental health practitioners to the organisation • completing the roll-out of NHS Wales 111 with the programme team • completing the transfers of Non-Emergency Patient Transport Services (NEPTS) from health boards. <p>The plan also set out the organisation's desire to progress their ambition to 'invert the triangle' as presented and discussed at previous EASC meetings. The plan set out the strategy and a programme of work going forward. Members noted the offer from WAST for the provision of additional capacity to mitigate some of the immediate pressures on the system and releasing paramedics as part of their advanced paramedic practitioner training. For the NEPT Service the eligibility criteria and finding other ways of attending health care were considered important.</p> <p>Members noted that the plan did not include financial information at this point, as this was subject to ongoing discussions at WAST. A letter had been sent to Welsh Government and work was continuing in order to provide a balanced financial plan.</p> <p>Opportunities for joint working with academic institutions were noted and further discussions would be held outside of the meeting to consider opportunities across the system including joint appointments. The ongoing dialogue had continued between WAST and Health Education and Improvement Wales (HEIW) was noted along with WAST's ambitions to pursue University Trust status.</p> <p>The CASC highlighted the consistency between the WAST IMTP, the agreed Commissioning Intentions (CIs) and Welsh Government targets. The shortage of capital within the system was noted and, while WAST had a significant capital allocation, work would also be required to understand how capital could be a restricting factor in delivering some of the transformational initiatives.</p>	
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	<p>The scale of WAST's change programme was also highlighted and the risks associated with this, in relation to the impact on the workforce and working with trade unions and staff side organisations.</p> <p>Members noted that in terms of NHS Wales 111, a pragmatic approach had been adopted and an assumption that there would be no overhead contribution out of the 111 allocation had been made.</p> <p>In terms of the financial allocation, this would need to be clarified although there was a need for EASC to approve its own IMTP and this would provide the commissioning allocation that would need to be consistent with the WAST IMTP. If this was not so, the Chair and the CASC would not be able to support the WAST IMTP prior to submission to the Welsh Government (as in previous years). Assurance was given that no approval would be taken outside of the delegated authority of the Committee or outside of the EASC IMTP.</p> <p>Members noted that WAST had not presumed additional funding but would be able to move forward on proposed schemes if supported by the commissioners.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • SUPPORT the WAST IMTP, noting the risks and financial information to be worked through and mitigated, • The Chair and the CASC to subsequently endorse the final plan in line with the discussions at the meeting following WAST Board approval and prior to submission to the Welsh Government by the 31 March 2022. 	
EASC 22/23	<p>EASC INTEGRATED MEDIUM TERM PLAN</p> <p>The EASC IMTP was received. In presenting the report, Ross Whitehead highlighted that the EASC IMTP was consistent with principles presented at the Joint Committee meeting in January 2022 and had been presented at the recent EASC Management Group for endorsement.</p> <p>The plan focused on Commissioning Intentions (CIs) along with other priority areas for 2022-23 and the three-year planning cycle included the appetite for the commissioning of 111 Services and the development of a National Transfer and Discharge Service reflecting the regionalisation and reconfiguration of services.</p>	

The plan also articulated the need to respond to emerging system change and the role of EASC in working towards contributing to the delivery the 6 Goals for Urgent and Emergency Care. In particular the focus for EASC would be on Goal 4 but it was recognised that there could be a wider contribution to other goals. Members noted the intention to constantly refresh the Commissioning Framework to reflect these developments.

The draft EASC financial plan was included, this was consistent with that presented at the November Joint Committee meeting and subsequently presented to Deputy and Directors of Finance. Regular meetings also were taking place between the EASC Team and WAST Directors.

The CASC emphasised the consistency between EASC and WAST IMTPs and explained that the plan has been endorsed by EASC Management Group and shared with Welsh Government colleagues for comment.

It was agreed that the joint commitment to optimise conveyance strategy, including joint trajectories and expectations was a key part and joint commitment of the IMTP and that this should be emphasised.

The CASC reported that a financial allocation had initially been presented to Members in November, this had been shared with Deputy and Directors of Finance. Members noted that no assumption had been made regarding transformation within the financial schedules. For consistency, these schedules remained in the plan. No specific responses had been received in relation to the information presented.

Conversations with peer groups, EAS Joint Committee and EASC Management Group Members indicated that they would support the submission of a bid to the Welsh Government for funding from the 6 Goals for Urgent and Emergency Care programme; this assumption was included in the plan which asked that funding be made available to EASC from the £25m previously announced. The proposed use of the funding would be to expand the clinical resource 'hear and treat' and ensure that clinical advice using the emergency communications nurse system (ECNS) to support a clinical safety valve within the system to avoid harm to patients. The aim of the proposal was to ensure sufficient clinicians in the ambulance control to provide a ring back service to advise patients within an hour when an ambulance response could not be sent. This would strengthen clinical governance and allow individuals callers to have a more timely and flexible response.

This could include upgrading or downgrading of calls and would assist clinicians to provide alternatives for patients and facilitate referrals to available services such as urgent primary care, same day emergency care services, assessment centres, communication hubs etc where available. Members noted that approximately 30% of patients taken to an emergency department by WAST were discharged with no follow up required.

The CASC highlighted to Members the key inefficiencies in the system which included:

- Handover delays - It was suggested that the required system improvements that would reduce ambulance handover delays sufficiently would not be in place for some time and that it would be sensible to retain front line ambulance resource for the start of the 2022-23 financial year to manage the clinical risk and patient safety concerns that exist, until wider system improvements could be made.
- WAST financial plan included a £1.8m cost reduction plan to impact on front line costs which would reduce overtime and hold vacancies - it was suggested that this £1.8m be waived due to the current issues related to handover hours and the loss of the military personnel on a 'non-recurrent basis'. The proposal for the temporary resource recognised both the need for action across the system but also the length of time that it was anticipated that required improvements would take place.

Members noted that a scrutiny panel for the WAST Transition Plan had been held with health board colleagues on 8 February 2022 and that one of the outcomes was an expectation to revisit the cost improvement programme (CIP) level and to ensure that this was consistent with that required of health boards. Members noted that there was a choice to be made in this regard. At a 1% CIP level it was clarified that this assumed the £1.8m CIP would not be delivered. The CASC suggested that if a 1% CIP for WAST be maintained this would support the issues identified within Q1 in terms of the increasing handover delays and also the loss of the military personnel.

The CASC suggested that, on a non-recurrent basis to waive the £1.8m. If the improvements in handover delays did not materialise and if WAST did not meet their improved efficiencies, then a significant pressure would remain in the system. However, if improvements were made within the system and handover delays reduced then the ask for the funding would also be reduced. A mixture of improvement across the system would give a shared risk which would need to be further clarified.

Nick Wood asked the CASC to confirm the detail in the financial year 2022-23 which related to the assumptions of a non-recurrent bid to the Welsh Government 6 Goals for Urgent and Emergency Care funding (£25m). Stephen Harrhy confirmed that the assumption within the financial plan was a minimum of £750k but possibly would require some additionality in terms of coverage for the ECNS scheme. Nick Wood noted this and explained that this was under discussion by the Welsh Government Policy Lead officials who were considering the allocation.

Stephen Harrhy explained that this had been the approach suggested by health boards to apply for specific urgent and emergency care funding from the £25m which was reflected in the plan. Nick Wood thanked Stephen Harrhy for the clarification.

Members questioned the level of the CIP (1% would have been 2% if the £1.8m was included) and the CASC explained the WAST had also been asked not to make assumptions regarding their Transition Plan within the IMTP as this had not been widely supported at the scrutiny session. The option related to the WAST CIP which included the £1.8 million from front line staff remained contentious but the CASC suggested that the increasing concerns related to patient safety and the likelihood of harm within the current system this was an option to try and get to a balanced financial plan for WAST. Members confirmed that the financial envelope had been agreed by the Directors of Finance but questioned whether the CIP needed to be made from savings around front line staff, i.e. were there other options. Members explained that much higher levels of CIP had been agreed within health boards and felt that WAST should not be subject to different efficiency measures.

Members were keen that the CIP was revisited to be in line with health boards across Wales. The CASC responded and suggested that if additional funding, albeit on a temporary basis, was not provided to WAST the performance would deteriorate further and this would increase risks in terms of patient safety and experience. Stephen Harrhy suggested that if handover delays were reduced to 15,000 hours by April (which seemed unlikely) there remained a need for temporary funding for WAST. Furthermore, the CASC explained that without the temporary funding information would need to be provided to explain exactly what services could be offered by WAST.

	<p>Members suggested that they required more financial detail to discuss within health boards which would need to be balanced against other priority areas. Members felt they would need more granularity in relation to the ambulance services to balance for the wider health of local populations in decisions made by health boards.</p> <p>Stephen Harrhy agreed to write to Members to explain clearly how the options and opportunities on a Health Board by Health Board basis. This information could be presented in different ways including having a 2% CIP and a non-recurrent allocation of £1.8m. The implications of all options would be clarified although the CASC felt it was essential that WAST have additional funding due to the level of inefficiency within the system at present.</p> <p>Members agreed to the need for additional non-recurrent funding to ensure additional front-line ambulance capacity however more detail would need to be provided, as requested.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the process of engagement undertaken in the development of the EASC Integrated Medium Term Plan • APPROVE the EASC Integrated Medium Term Plan (2022-25) for submission to Welsh Government • Receive information on a health board by health board basis in terms of the WAST CIP and additional temporary funding 	CASC
EASC 22/24	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</p> <p>The CASC report was received. Stephen Harrhy presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • Non Emergency Patient Transport Services (NEPTS) <p>Members noted that detailed work was now being undertaken on NEPTS and the impact of health boards reset and reconfiguration on different elements of NEPTS activity, for example reduced outpatient journeys and an increase in demand for transfers and discharge. A 'Focus on' session will be held at the next EASC meeting exploring this on a health board by health board basis.</p> <ul style="list-style-type: none"> • EASC Action Plan <p>It was reported that the Minister had requested that the EASC Action Plan be updated to incorporate the expected impact of the actions being taken across the system. The latest version had been appended to the CASC report, this would now be updated.</p>	Forward Look

	<ul style="list-style-type: none"> • System Wide Escalation <p>Members noted that a conversation had been held at the recent NHS Wales Leadership regarding the final version of the System Escalation Plan. Members noted that the final version would be endorsed at the next meeting of the Leadership Board and implemented in April 2022.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	
EASC 22/25	<p>EMERGENCY MEDICAL SERVICES (EMS) COMMISSIONING FRAMEWORK</p> <p>The EMS Commissioning Framework report was received. Ross Whitehead presented the report and noted previous discussions at EASC Management Group and the recent scrutiny panel on the WAST Transition Plan held with health board representatives.</p> <p>Members noted that it had become clear from these recent discussions that health boards expected clarity on the commissioning of core ambulance service provision, separately from the transformation elements. This approach would provide health boards with the required clarity on how framework resources were being utilised to deliver the priorities of the Committee and would allow the development of different and transformational service offers within each health board areas to address the needs of their populations.</p> <p>Rachel Marsh suggested that it would be helpful to have a conversation with the team at WAST to discuss this approach to the development of the Commissioning Framework to understand what this would mean from the provider perspective. The ability to separate core service provision from transformational programmes was raised and whether it would be possible.</p> <p>Ross Whitehead responded and explained that at the scrutiny panel meeting to discuss the WAST Transition Plan and at the last EASC meeting health boards had their own views and expectations around WAST developments relating to pre hospital urgent and emergency care and that having clear lines of sight within the Commissioning Framework would be helpful. Members were also reminded that the framework was a live document that would be refreshed every 6 months, responding to developments within the service.</p>	

	<p>The Chair added that the key principle here was that as things progress Members did not lose sight of the core services; further detailed conversation with the WAST Team on this matter would be helpful and was agreed.</p> <p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the development of a framework that distinguishes between core service provision and transformational services • APPROVE the extension of the interim arrangements until the May Committee meeting. 	
EASC 22/26	<p>FOCUS ON SESSION – HEALTHCARE INSPECTORATE WALES (HIW) - REVIEW OF PATIENT SAFETY, PRIVACY, DIGNITY AND EXPERIENCE WHILST WAITING IN AMBULANCES DURING DELAYED HANDOVER</p> <p>The HIW review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover was received. Ross Whitehead presented the session and Members noted that many elements of this 'Focus On' agenda item had already been discussed earlier in the meeting.</p> <p>Members noted that the HIW report focusing on ambulance handover delays had already been considered at many health board sub committees. Twenty recommendations had been made which required a system wide response and it was confirmed that the action plan had been accepted by HIW.</p> <p>The EASC Management Group (EASC MG) agreed to establish a task and finish group to deliver the recommendations. Draft terms of reference had been circulated to EASC MG members with dates of the first two meetings and a request for clinical and operational representatives from each health board.</p> <p>It was agreed that regular updates on this work would be provided at future meetings of the Committee and the EASC Team would work closely with HIW on this matter. The first meeting would take place in early April and had been planned for 6 months in the first instance.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the HIW Review and responses to the recommendations • NOTE the establishment of a task and finish group to focus on delivery of the recommendations via the EASC Management Group. 	Forward Look

EASC 22/26	<p>FINANCE REPORT MONTH 11</p> <p>The Month 11 Finance Report was received. Stuart Davies presented the report and highlighted no significant changes and forecast end of year position of a £383k underspend. No significant movements were anticipated.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	
EASC 22/27	<p>EASC SUB GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • EASC Management Group – 21 Oct 2021 • NEPTS Delivery Assurance Group – 12 Oct 2021 • NEPTS Delivery Assurance Group – 30 Nov 2021 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. 	
EASC 22/28	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted:</p> <ul style="list-style-type: none"> • The EASC Risk Register including 2 new risks and the three red risks which were also being reported to the CTMUHB Audit and Risk Committee • Internal Audit report on EASC Governance. Members noted that the report provided reasonable assurance and the five recommendations have now been added to audit tracker. The two audit recommendations from a previous report had now been closed. • Standing Financial Instructions reflected those approved by WHSSC and were the first specific SFIs for EASC • The summary of the progress made to complete EASC Standing Orders, Members noted that actions would be completed by the July meeting of the Committee. • Scheme of Delegation and Schedule of Powers had been updated • The Annual Business Plan was received • Declarations of interest have all been received and would be reported in the Annual Governance Statement. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • APPROVE the Model Standing Financial Instructions 	

	<ul style="list-style-type: none"> • APPROVE the final information for the model Standing Orders namely the Delegation of Powers and Scheme of Delegation • NOTE and APPROVE the Draft Annual Business plan • NOTE the updates relating to red performance and the additional new risks • NOTE the progress with the actions to complete the EASC Standing Orders and the aim to complete all actions by the next meeting • NOTE the Internal Audit on EASC Governance and the plans to track the recommendations. 	
EASC 22/29	<p>FORWARD LOOK</p> <p>The Forward Look was received</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	
Part 3. OTHER MATTERS		ACTION
EASC 22/30	<p>ANY OTHER BUSINESS</p> <p>The Chair closed the meeting by reminding Members of the urgency of the work to reduce handover delays which were a matter of real concern in relation to patient safety and the patient experience.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 22/31	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 10 May 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed
Christopher Turner (Chair)

Date



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	10 May 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/may-2022/>.

The minutes of the EASC meeting held on 15 March 2022 were approved.

CHAIR'S REPORT

- Members noted the recent meetings attended by the Chair and that the end of year assessment with the Minister would take place on 30 May 2022.
- Following recent conversations with the All Wales Chairs' Group relating to the EASC agreed 'red lines' for ambulance handover delays (November 2021) it was agreed that the Chair's Summary would now also be sent directly to the Chairs, in addition to EASC Committee Members.

AMBULANCE HANDOVER DELAYS

- Noted the continuing unsustainable levels of ambulance handover delay and the inability to deliver safe and effective ambulance responses.
- Handover improvement plans were being developed by health boards that concentrated on the pre-front door and front door. Actions already being undertaken were noted, including:
 - Fortnightly tripartite meetings (Health boards, the Welsh Ambulance Services NHS Trust (WAST) & Chief Ambulance Services Commissioner (CASC))
 - Evolving handover improvement plans
 - NHS Leadership Board 'System Wide Review'
 - WAST Integrated Medium Term Plan (IMTP) commitments
 - All-Wales Escalation Framework
 - Welsh Government Integrated Quality Performance and Delivery (IQPD) meetings
 - Developing a new Commissioning Framework.
- Carol Shillabeer reported on the progress made at the NHS Wales Leadership Board in response to the sustained pressure across the health and social care system and increasing risk of harm to patients and staff.
- The Board recognised the need for a different approach, involving defined deliverables, a key one being to increase the community care capacity across the system by an equivalent of 1,000 beds by October 2022.

- Recognition that while there was a significant energy in relation to this work it would not in itself solve all of the current issues.
- Jeremy Griffith highlighted the significant risk implications for patients in relation to ambulance handover delays and their continued pattern of deterioration; the Welsh Government Integrated Quality Planning and Delivery (IQPD) meetings would now test the progress made against handover improvement plans.
- Members discussed the increase in red call demand (approximately 70% in the last two years); recently undertaken analysis to be shared and considered in more detail at the EASC Management Group.
- Noted the need to re-consider and agree a system-wide position for 'red-release requests' from the ambulance service, with release refusal to be considered a 'never event' and also noted the collective discussions among HM Coroners regarding their concerns in relation to ambulance delays and the potential Regulation 28 Prevent Future Deaths Reports.
- In addition to the existing actions, also a need to develop a 'Plan B' via the EASC Management Group in order to address the current position and patient safety issues.
- Noted the ongoing work in relation to Handover Improvement Plans and the need to analyse the impact on the patient experience and the requirement that actions must lead to improved outcomes for patients.

Members **RESOLVED** to: **NOTE** the report and the ongoing work on handover improvement plans.

PERFORMANCE REPORT

Received the Ambulance Quality Indicators for January to March 2022 and noted the:

- reduction in the volume of 999 calls relating to breathing difficulties
- number of re-contacts into the system within the following 24 hours
- impact of Community First Responders (CFR), particularly in rural areas and the ongoing discussions regarding the role of CFRs as part of the emergency ambulance services provision.
- Noted a reduction in both conveyance volume and percentage within the Performance Report, though it was noted that the impact needed to be considered in light of the decisions relating to the impact of the Clinical Safety Plan.
- that optimising appropriate conveyance was a key aim of the Six Goals for Urgent and Emergency Care programme within Goal 4.

Following discussion, Members **RESOLVED** to: **NOTE** the report and the published Ambulance Quality Indicators.

PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- key challenges in relation to handover delays and current position in terms of red and amber performance.
- the number of patients waiting more than 12 hours in the community, noting over 800 patients in March 2022 with some patients not receiving a same day service (these numbers will be higher in April 2022).
- Electronic Patient Clinical Record (ePCR) is live nationally, phase 2 would include connecting to the Welsh Clinical Portal and access to patient records for WAST clinicians in the community to support decision-making in terms of non-conveyance, see and treat and see, treat and refer in the community

- the implementation of the Emergency Communication Nurse System (ECNS - software to support and enhance 999 clinical triage) for 'consult and close' on track for planned implementation.
- the offers made by WAST in relation to the Six Goals for Urgent and Emergency Care Programme, particularly for Goals 2, 3 and 4.
- Noted that no specific resource had been made available to WAST to establish a dedicated team to progress this work. Members were asked to confirm their health board leads for this work in order that the WAST team could make contact.
- Noted that no resource allocation had been made to WAST from the £25m earmarked for urgent and emergency care and that WAST were bidding for resources following allocations made to health boards.

RESOLVED to: **NOTE** the report.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harrhy presented the report and highlighted the following:

- The £1.8m temporary funding agreed at the last meeting was being utilised to continue services such as cohorting in order to support patient safety within the system.
- 'System-wide Escalation Framework' agreed by the NHS Wales Leadership Board; the proposed next steps were noted.
- Proposal to create a new Commissioning Framework be considered at the EASC Management Group and received at the next EASC meeting for approval.
- A bid for funding had been made to the Six Goals for Urgent and Emergency Care Programme relating to the Emergency Communication Nurse System (ECNS), this would ensure the ability to clinically assess, advise and re-direct patients within the system; providing a key element of patient safety during the current and ongoing pressures
- NHS Wales Delivery Unit (DU) Review of Serious Adverse Incidents (SAI) in relation to Appendix B (transferred from WAST to health boards). The DU had undertaken a review and there appeared to be a mismatch between the incidents referred for further investigation in health boards and the subsequent assessment and reporting of those incidents formally to Welsh Government as SAIs.
- EASC Management Group have established a Task and Finish Group to consider the NHS Wales Delivery Unit's Review of Appendix B Serious Adverse Incidents and also a group to coordinate responses to the Healthcare Inspectorate Wales Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover.

RESOLVED to: **NOTE** the report.

CHAIR'S SUMMARY EASC MANAGEMENT GROUP – 21 APRIL 2022

- The Chair reminded Members that there was often a time delay in receiving confirmed minutes. Therefore, it was proposed that a Chair's Summary was produced after each sub-group meeting to mirror the arrangements of the EAS Joint Committee.
- For illustrative purposes, the Chair's Summary for the EASC Management Group meeting held on 21 April 2022 was presented.
- **APPROVED** the preparation of a Chair's Summary following each sub-group meeting.

EASC COMMISSIONING UPDATE

- Noted that there were a number of operational and commissioning documents that had been prepared and updated for the Committee. The Commissioning Update had been prepared to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach including:
 - Commissioning Frameworks
 - EASC Integrated Medium Term Plan (IMTP)
 - Commissioning Intentions
 - EASC Action Plan.

Noted that the EMS Commissioning Framework was currently being refined. The EASC Team would continue to progress the work and would engage further with the WAST team ahead of presentation at the next EASC Management Group. The EASC IMTP had been included for information and that a quarterly update with regard progress made against the IMTP would be provided going forward.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach
- **RECEIVE** the EASC IMTP, Commissioning Intentions Update (2021-22), the EASC Commissioning Intentions for 2022-23 and the EASC Action Plan
- **NOTE** the proposal to develop the EASC Commissioning Update to provide an overview of the progress being made against the key elements of the collaborative commissioning approach.

FOCUS ON SESSION: NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)

Rachel Marsh gave the presentation on the NEPTS service including the scope and scale of the service, managing demand and also the development of transfer and discharge services. Areas highlighted included:

- The differences with the Emergency Medical Services (EMS) including higher daily patient volumes and differing mobility requirements.
- In addition to WAST, the different transport providers of NEPTS as part of the plurality model
- It was a predominantly daytime weekday service with a small volume of activity at weekends
- Patient journey types, mainly for outpatient or enhanced care appointments.
- The impact of the pandemic on core outpatient demand and the effects of social distancing regulations (relaxed in recent weeks)–with additional resources provided in 2021-22 to engage private sector capacity to meet service demand.
- The requirement to understand health board plans for reset and recovery.
- Performance metrics centred around timeliness; noted a need for improvement particularly in relation to oncology patient journeys arriving within 30 minutes of appointment time and lost hours on transfers and discharges.
- Eligibility criteria and suggested that an indicative 30% of NEPTS transport provided to patients that were not eligible and WASTs intention to work with commissioners and health boards towards a position where non-eligible patients were steered towards alternative providers.
- NEPTS Demand and Capacity Review; identification of a range of efficiencies to be worked towards and the predicted impact on performance.
- The agreed commissioning intentions for NEPTS

- Map of key strategic changes being undertaken across health boards and the modelling undertaken to understand the impact on patient transport.
- Ambitions for the NEPTS service within the WAST IMTP.

Detailed discussion included:

- the current weekday nature of the service but that there could be flexibility to provide for services being delivered at weekends subject to the required activity profiles, workforce discussions and changes to roster patterns.
- that patient demand was at approximately 90% of the pre-pandemic levels including the sharp increase experienced in March and that work would be undertaken to understand this in light of the reduction in outpatient activities and increased use of digital technology.
- in terms of eligibility criteria, the likely political and public interest in relation to any proposal for changes to patient transport provision and the need to collectively undertake a robust equality impact assessment to progress this work.
- the need to agree the scope of the work to deliver a National Transfer and Discharge Service and sign off the sequencing of the implementation at a future meeting.
- the need for WAST to provide assurance regarding the efficiencies and additional investment intended for renal and oncology services, included in the original case for transforming NEPTS services.
- the need to consider the challenges and complexities regarding the cross-border activity and nature of Powys THB and the associated procurement routes.
- the fragmented NEPTS services that exist in England, with many small providers under differing contractual arrangements were noted in comparison.
- the specific need for performance improvement for oncology patients

Members **RESOLVED** to: **NOTE** the key discussion points and agreed actions.

FINANCE REPORT

The EASC Finance Report was received including the Month 12 outturn showing an underspend of £347k.

EASC SUB GROUPS

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- EASC Management Group – 24 February 2022
- NEPTS Delivery Assurance Group – 3 February 2022
- EMRTS Delivery Assurance Group – 28 September 2021 (meeting cancelled in December 2021 due to operational system pressures).

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

Members **RESOLVED** to:

- **APPROVE** the risk register and **NOTE** the updates relating to red performance
- **APPROVE** the EASC Annual Governance Statement 2021-2022
- **APPROVE** the EASC Response to the Annual Audit Enquiries Letter 2021-2022.
- **APPROVE** the EASC Annual Report 2021-2022
- **APPROVE** the EASC Audit Recommendations Tracker
- **APPROVE** the EASC Sub-Groups Annual Reports 2021-2022
- **NOTE** the EMRTS DAG Annual Report for 2021-2022 will be presented at the next Committee meeting.

Key risks and issues/matters of concern and any mitigating actions				
<ul style="list-style-type: none"> • Red and amber performance • Handover delays and the development of handover improvement plans in HBs • Community care capacity 				
Matters requiring Board level consideration and/or approval				
<ul style="list-style-type: none"> • To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to agree and implement a local handover improvement plan for every emergency department • System-wide position for 'red-release requests' from the ambulance service with health board release refusal to be considered a 'never event' • From the WAST report, the number of patients waiting more than 12 hours in the community, noting over 800 patients in March 2022 with some patients not receiving a same day service and the impact on patient safety and patient experience 				
Forward Work Programme				
Considered and agreed by the Committee.				
Committee minutes submitted	Yes	✓	No	
Date of next meeting	12 July 2022			

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 15 MARCH 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 15 March 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meetings held on the 11 January 2022, 18 January 2022 and 8 February 2022 were **approved** as a true and accurate record of the meetings.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Neonatal Transport Update

Members received an update report on progress to establish an Operational Delivery Network (ODN) for the neonatal transport service.

Members noted that the Joint Committee (JC) had supported that Swansea Bay University Health Board (SBUHB) host the ODN and the intention was that the ODN would be in place by January 2022. However, due to operational pressures and the ongoing pandemic progress had been delayed and the intended “go live” date for the ODN had moved to June 2022.

Members **noted** the report.

4. Chair’s Report

Members received the Chair’s Report and **noted**:

- No chairs actions had been undertaken since the last meeting,
- An update on the substantive appointment of a Chair for the Welsh Renal Clinical Network (WRCN),
- An update on WHSSC Independent Member (IM) Remuneration,
- Attendance at the Integrated Governance Committee (IGC) 28 February 2022; and
- 1 to 1 Meetings with Health Board (HB) CEOs.

Members **noted** the report.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- The SBUHB Welsh Centre for Burns; and
- The De-escalation of Cardiac Surgery at SBUHB from Level 4 to Level 3.

Members **noted** the report.

6. Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis

Members received a report seeking support for the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

Members (1) **Noted** the report; and (2) **Supported** in principle the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

7. WHSSC Process for Responding to the Ministerial Measures

Members received a report providing an overview of the recently received Ministerial measures and which proposed a process through which WHSSC could respond.

Members **noted** the new Ministerial priority measures and the process through which WHSSC will respond to them.

8. Major Trauma Update

Members received a report providing an update on the performance and key issues in the Major Trauma Network covering south, mid and west Wales.

Members **noted** the report.

9. Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group

Members **noted** that this agenda item had been deferred until the next meeting.

10. All Wales Individual Patient Funding Request (IPFR) Panel Update

Members received a report providing an update regarding proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel. The report also proposed that an engagement process is undertaken related to future changes to the ToR as well as arrangements for a strengthened governance structure for the Joint Committee's sub-committee.

Members discussed the ongoing risks to WHSSC and it was agreed that Dr Sian Lewis (SL), Managing Director, WHSSC would meet with Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG) to discuss how to progress the IPFR Governance issue as a matter of urgency within WG; and that the WHSS Team would write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and to provide him with a copy of the meeting report.

Members (1) **Noted** the progress made and the proposed changes to the All-Wales IPFR WHSSC Panel Terms of Reference (ToR), which are being discussed with Welsh Government, (2) **Noted** the progress made following discussions with Welsh Government regarding urgent changes to the existing NHS Wales Policy "Making Decisions on Individual Funding Requests (IPFRs)", (3) **Supported** that the WHSS Team undertake an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR; and (4) **Approved** an uplift to the Direct Running Costs (DRC) budget by £57K per annum to fund the additional governance resource within WHSSC.

11. Corporate Risk Assurance Framework (CRAF)

Members received the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Approved** the updated Corporate Risk Assurance Framework (CRAF); and (2) **Noted** that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

12. WHSSC Joint Committee Annual Plan of Committee Business 2022-2023

Members received the Joint Committee's Annual Plan of Committee Business for 2022-2023 that outlined the annual business cycle for the work of the Committee.

Members **approved** the Joint Committee's Annual Plan of Committee Business for 2022-2023.

13. COVID-19 Period Activity Report for Month 9 2021-2022 COVID-19 Period

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

14. Financial Performance Report – Months 10 and 11 2021-2022

Members received the financial performance reports setting out the financial position for WHSSC for months 10 and 11 of 2021-2022. The financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.

The financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of £14,058k.

Members **noted** the report.

15. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

16. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).

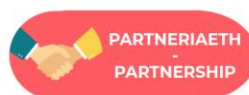
17. Any Other Business (AOB)

Members received verbal updates on:

- The Annual Committee Effectiveness Exercise for 2021-2022 which will be circulated at the end of March 2022 and all members were encouraged to complete the online survey; and
- Recognition that Ian Phillips, Independent Member (IM) WHSSC, would be resigning from his position, as he had been appointed as the substantive Chair of Welsh Renal Clinical Network (WRCN).



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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 10 MAY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 10 May 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 15 March 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Genomics Presentation

Members received an informative presentation on the All Wales Genomics Laboratory and how the Wales Infants and Children's Genome Service (WINGS) had pushed the boundaries of genomic testing in Wales to an unprecedented scale using whole genome sequencing which had the capacity to sequence the entire DNA structure of the human body in a matter of hours.

Members noted the Watson family's patient story (publically available on the BBC website) which shared their first hand experience of using the WINGS, when their baby suffered from breathing difficulties and complications to her nose and airways.

Members **noted** the presentation.

4. Chair's Report

Members received the Chair's Report and **noted**:

- An update on the proposal for an interim Chair of the Individual Patient Funding Request (IPFR) Panel,
- Attendance at the Integrated Governance Committee (IGC) meetings on the 30 March 2022 & 19 April 2022; and
- Attendance at key meetings.

Members **noted** the report.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- That WHSSC had been successful in publishing an article in the Applied Health Economics and Health Policy Journal on a "A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis",
- The first two NRP (Normothermic Regional Perfusion) organ retrievals undertaken by the the Cardiff Transplant Retrieval Service,
- The stakeholder engagement being undertaken on the Genomics Delivery Plan for Wales,
- The positive feedback received following the Extension of the FastTrack Process for Military Personnel; and
- The findings of a review into Molecular Radiotherapy (MRT) to guide development of an all Wales MRT service.

Members **noted** the report.

6. Interim Appointment of Chair for the All Wales IPFR Panel

Members received a report proposing that an Interim Chair is appointed to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to prepare for, and undertake, a recruitment process to appoint a substantive Chair.

Members (1) **Noted** the report; and (2) **Approved** the proposal to appoint an interim Chair to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to recruit a substantive Chair.

7. Neonatal Transport Operational Delivery Network

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) established to provide commissioner assurance on the neonatal transport service.

Members (1) **Noted** the information presented within the report; and (2) **Received assurance** that there were robust processes in place to ensure delivery of the neonatal transport services.

8. Draft Mental Health Specialised Services Strategy for Wales 2022-2028

Members received a report presenting the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and seeking endorsement for its circulation through key stakeholder groups for comment.

Members (1) **Noted** the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and provided comments on the document,

(2) **Noted** that the draft Mental Health Specialised Services Strategy for Wales 2022- 2028 would be circulated through a comprehensive stakeholder list in a bilingual format for comment and that the suggested date of between 10 May and 6 June 2022, would be reviewed and extended; and (3) **Noted** that it was anticipated that the final strategy would be published during Winter 2022, and will be brought back to the Joint Committee for approval.

9. Preparedness for the COVID-19 Inquiry

Members received a report providing an update on WHSSC's preparedness for the COVID-19 Public Inquiry.

Members **noted** the report.

10. Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group

Members received a report providing a brief overview of the work that had been undertaken by the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group and which was seeking support to disestablish the advisory group, as there was no longer a requirement for it to be established as a sub group of the Joint Committee.

Members (1) **Noted** the work undertaken by the Joint Committee's sub group the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group, (2) **Approved** the proposal to disestablish the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group; and (3) **Noted** that the work of the group had been incorporated into the Inclusion and Corporate Business Division within Social Services in Welsh Government (WG), and that further consideration was required on the system of oversight of health board commissioned LD placements.

11. Annual Governance Statement 2021-2022

Members received the Annual Governance Statement (AGS) 2021-22 for retrospective approval.

Members (1) **Noted** the report, (2) **Noted** that the Draft Annual Governance Statement (AGS) was endorsed at the Integrated Governance Committee (IGC) on 19 April 2022 and the draft was submitted to CTMUHB in readiness for the 29 April 2022 deadline set, (3) **Approved** the WHSSC Annual Governance Statement (AGS) 2021-2022, (4) **Noted** that the WHSSC Annual Governance Statement (AGS) 2021-2022 will be included in the CTMUHB Annual report being submitted to Welsh Government and Audit Wales by 15 June 2022, recognising that it had been reviewed and agreed by the relevant sub committees of the Joint Committee; and (5) **Noted** that the final WHSSC Annual Governance Statement (AGS) will be included in the Annual Report presented at the CTMUHB Annual General Meeting (AGM) on 28 July 2022.

12. Sub-Committee Annual Reports 2021-2022

Members received the Sub-Committee Annual Reports for the reporting period 1 April 2021 to 31 March 2022 which set out the activities of each sub-committee during the year and detailing the results of reviews into performance.

Members **noted** the Sub-Committee Annual Reports for 2021-2022.

13. Sub-Committee Terms of Reference

Members received the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG) for approval.

Members noted that ToR for the sub-committees of the Joint Committee were reviewed on an annual basis in line with Standing Orders and to ensure effective governance.

Members noted that ToR for the Welsh Renal Clinical Network (WRCN) were approved by the Joint Committee on 18 January 2022, and discussions were ongoing with Welsh Government concerning updating the ToR for the All Wales IPFR panel.

Members (1) **Noted** that the Terms of Reference were discussed and approved at sub-committee meetings on 30 March 2022 and 28 April 2022; and (2) **Approved** the revised Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG).

14. COVID-19 Period Activity Report for Month 11 2021-2022

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members (1) **Noted** the report; and (2) **Agreed** to hold an extended session on activity reporting at the next meeting of the Joint Committee in July to scrutinise provider recovery reports.

15. Financial Performance Report – Month 12 2021-2022

Members received the financial performance report setting out the financial position for WHSSC for month 12 2021-2022. The financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.

The financial position reported at Month 12 for WHSSC was a year-end outturn under spend of £13,112k.

Members **noted** the report.

16. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

17. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC)
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).



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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	24 March 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Recruitment Modernisation Programme

The Director of People and Organisational Development and the Deputy Director of Employment Services gave a detailed presentation of the work being undertaken in Recruitment to support the significant increase in activity since the start of the pandemic. Looking back to when NWSSP was first established in 2011, significant progress has been made in streamlining the recruitment process, demonstrated by a reduction in the average time-to-hire from 132 to 71 days. New services have been taken on and the Welsh Language functionality has been enhanced. Last summer, further initiatives were progressed relating to the Workforce Directors' Responsiveness Programme including enhancements to TRAC, development of the applicant web page, and maintaining virtual pre-employment checks.

During late summer 2021, the service was faced with unprecedented and unplanned levels of recruitment across NHS Wales due to the Covid response, resulting in the usual high level of compliance with KPI targets not being sustained. This led to the need to review the way in which recruitment is undertaken in Wales and where applicable modernise the service further through changes to processes, technology, and education.

The Deputy Director provided details of specific initiatives under each of the headings of process, technology, and education. One key technological initiative is investment in pre-employment check software that enables identification documents to be held in ESR and viewed via the ESR app. This has been promoted by the Home Office, however the technology is not currently available, but it will be fundamental to virtual pre-employment checks continuing after the current proposed Home Office end-date of September 2022. Due to the short notice provided by the Home Office over this software, funding to purchase it still needs to be confirmed.

The Modernisation Action Plan is to be taken to the All-Wales Workforce and OD peer group meeting in early April, with a formal update to the May Committee.

The Committee **NOTED** the presentation.

Chair's Report

The Chair updated the Committee on the activities that she had been involved with since the January meeting. This included chairing her first Welsh Risk Pool Committee which had been very informative; attending the Hywel Dda Sustainability Committee; and also attending the NHS Wales Chairs' meeting which allowed her to keep updated on the latest developments and issues. Going forward there will be a number of attendances at board meetings, starting with Digital Health Care Wales and then Health Education and Improvement Wales. The Chair is keen that these are not used solely for NWSSP to update on performance, but to elicit a two-way exchange of ideas and information.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The IMTP has now been formally submitted to Welsh Government for their consideration;
- As part of a UK-wide response to the war in Ukraine, Welsh Government asked NWSSP to identify any surplus equipment and consumables that could be donated to Ukraine. Review of current stocks identified items to the value of £524k that could be donated as they are surplus to current requirements (PPE, ventilators, and medical consumables). Thus far, over £131k of surplus items has already been sent to Ukraine from NWSSP;
- The purchase of Matrix House in Swansea was completed by the end of March. The building is currently 75% occupied by NHS Wales, with Public Health Wales and the Welsh Ambulance Service NHS Trust as tenants in addition to NWSSP. Acquisition of this asset will lead to a reduction in future revenue costs to NHS Wales and the opportunity to create a wider public sector hub at some point; and
- The Minister for Health and Social Care visited our Imperial Park 5 Warehouse on 17th March, providing an opportunity to demonstrate to her the extensive range of services that now operate from this facility.

Items Requiring SSPC Approval/Endorsement

Lease Car Salary Sacrifice

In July 2021, the Committee agreed to reduce the CO2 emissions for Salary Sacrifice vehicles through the NHS Fleet scheme. Whilst the intentions of this decision were well founded, the implementation of the first phase from 120g/km to 100g/km has generated the following issues:

- Those staff who do not have driveways and therefore home charging facilities, are either unable to participate in the scheme or have a very limited choice of cars;
- Only certain EV and hybrid cars meet the lower CO2 limits – therefore a large number of small fuel-efficient cars e.g. 1 litre VW Polo, Ford Ka etc are no longer available to staff. This is particularly problematic to those staff who live in the more rural areas

In view of the above it is evident that some staff are opting not to apply for salary sacrifice cars but instead are continuing to use their private cars, commonly referred to as the 'grey fleet'. These cars are generally older and emit more pollution than the vehicles that were previously available on the lease car salary sacrifice scheme.

In view of this, it was proposed to reinstate the 120g/km cap for petrol and hybrid vehicles from 1st April 2022 but not to allow diesel vehicles to be ordered. The impact of this will be to increase the range of vehicles available, remove new diesel vehicles from the Scheme and provide greater access to those staff who do not possess home charging facilities.

It was also noted that NWSSP do not administer this Service to all Health Boards and Trusts, and it was agreed that the provision of the administration of service to an all-Wales service should be explored

The Committee **APPROVED** the proposed:

- Adjustment in the CO2 emissions;
- Removal of the ability to order new diesel cars on the scheme

Items For Noting

Energy Update

The Committee received a paper relating to the current situation with energy prices. Due to the nature of the markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying.

There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided most of the price increases for gas and electric supply. Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23 because of the current contracts coming to an end.

The recent increase in energy costs is very unwelcome, but is unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, the EPMRG will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance – The Director of Finance & Corporate Services reported that NWSSP was on track to meet each of its revenue financial targets for 2021/22 and the projected outturn on the Welsh Risk Pool was in line with the Integrated Medium-Term Plan. Additional capital funding had been received in quarters three and four, but plans were in place to ensure the funding was fully utilised by the end of the financial year.

Performance – Most KPIs are on track except for those relating to Recruitment Services which was the subject of the deep dive earlier in the agenda. The move towards qualitative output focused measures continues within NWSSP.

People & OD Update – Sickness absence rates remain at very low levels with an absence rate of 2.93% for the last quarter. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. The ESR database has been modified such that most of the facilities it provides can be accessed and delivered in Welsh

Corporate Risk Register – there are two red risks. The first relates to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, which was the subject of the earlier deep dive. The second refers to the energy price increases which again was the subject of an earlier agenda item.

Papers for Information

The following items were provided for information only:

- PMO Highlight Report
- Audit Committee Highlight Report
- Quality and Safety Assurance Report
- 2022/23 Forward Plan
- Finance Monitoring Returns (Months 10 and 11)

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees	
N/A	
Date of next meeting	19 May 2022



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Acronyms (WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AMPDS	Advanced Medical Priority Dispatch System
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAS	Clinical Assessment Software
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CHARU	Cymru High Acuity Response Unit
DOM	Duty Operations Manager
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ESMCP	Emergency Services Mobile Communications Programme
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
HART	Hazardous Area Response Team



Abbreviation	Term
HoS	Head of Service
HCS	Health Courier Services
IMTP	Integrated Medium Term Plan
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MRD	Make Ready Depot
MTS	Manchester Triage System
MDT	Mobile Data Terminal
MDT	Multi Disciplinary Team
MTU	Mobile Testing Unit
NEPTS	Non Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWSSP	NHS Wales Shared Service Partnership
NEDs	Non Executive Directors
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PRINCE2	Projects in a Controlled Environment (methodology)
PTaS	Physician Triage and Streaming
REAP	Resource Escalation Action Plan
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, diseases and dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Abbreviation	Term
WHC	Welsh Health Circular