

Bundle Trust Board (Open Session) 18 July 2019

1 PROCEDURAL BUSINESS

1.1 09:30 - Welcome and Apologies for Absence

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

1.2 09:33 - Declarations of Interest

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

The board noted the standing declarations of interest in respect of:

Mr Emrys Davies, Retired Member of UNITE

Professor Kevin Davies, Independent Trustee St John Wales

Nathan Holman, Chair of the Llannon Community Council

1.3 09:35 - Chairman Introduction and Update

To receive an update from the Trust Board Chairman.

1.4 09:40 - Chief Executive Update

To provide an overview of progress made in key work streams and forward look of future events

ITEM 1.4 CEO REPORT TO TRUST BOARD JULY 2019 FINAL.docx

1.5 09:50 - Minutes and Action Log

ITEM 1.5 Procedural Matters.docx

ITEM 1.5a Trust Board Open Minutes 30 May 2019 v2.docx

ITEM 1.5b Trust Board CLOSED Minutes 30 May 2019.docx

ITEM 1.5d Action Log.docx

1.6 09:55 - Staff Story

2 STRATEGIC AND FORWARD LOOK BUSINESS

2.1 10:25 - Engagement Framework (EH)

To gain Board approval for the Revised Draft Strategic Framework for Engagement 2019-22 and associated Delivery Plan.

ITEM 2.1 BoardPaperEngStrategyJuly19.docx

ITEM 2.1a EngagementFrameworkDeliveryPlanv2July19.docx

ITEM 2.1b EngagementStrategyV2July19.docx

2.2 10:40 - Capital Programme (RM)

Board Paper - July 2019 final.docx

Case for capital funding matrix one swansea.docx

case for capital funding pembroke dock.docx

2.3 10:55 - NEPTS Third Party Management Solution (PT)

To seek approval for the proposed award to 365 Response for the provision of Non-Emergency Patient Transport.

ITEM 2.3 NEPT- SBAR re Contract Award - Trust Board.docx

2.4 11:10 - Transforming Education and Training Strategy (CV)

Seek Board approval for new strategy

ITEM 2.4 SBAR - Transforming Education and Training Strategy - Trust Board 18 07docx

ITEM 2.4a Final Draft E and T Strategy v1.9_.docx

2.5 11:25 - Update on University Status (CV)

To seek Trust Board support to make an application for University Trust Status

ITEM 2.5 SBAR - University Status - Board 18.07.19.docx

ITEM 2.5a University Status Board 18.07.19 Appendix 1.docx

2.6 11:35 - BREAK

3 PERFORMANCE, GOVERNANCE AND ASSURANCE

- 3.1 11:45 - IMTP 2019/20 – Quarter one Delivery Report (RM)
• *Provide an initial update to Trust Board on the progress which the organisation is making in regards to delivering its 2019/20 IMTP commitments.*
• *Propose a long-term term approach as to how this assurance is given.*
• *Confirm with board the early work being undertaken to re-fresh the plan for 2020/21.*
ITEM 3.1 1920 IMTP update TB 0719 FINAL2.docx
- 3.2 12:05 - Monthly Integrated Quality and Performance Report (RM)
To note and discuss the Trust's performance and improvement actions
ITEM 3.2 SBAR IPR May V1.2 (002).pdf
ITEM 3.2a Annex 1 - IPR Dashboard May 2019.xlsx
ITEM 3.2b Annex 2 - MIQPR Graph Pack May 2019.pptx
ITEM 3.2c Annex 3 - RED PERFORMANCE IMPROVEMENT PLAN v6 (002).docx
ITEM 3.2d - REDImprovementPlanSummaryHB20190710(3)FINAL.xlsx
- 3.3 12:25 - Financial Performance Month 3 2019/20 (CT)
To provide the Board with an update on the financial performance of the Trust for Month 3 of the 2019/20 Financial year
ITEM 3.3 Finance Report M03 19-20 - Final for TB.docx
- 3.4 12:45 - Board Assurance Framework (KC)
To set out the quarterly BAF report for review and comment.
ITEM 3.4 BAF Report SBAR for TB 180719.docx
- 4 12:55 - CONSENT ITEMS
- 4.1 Update from Committees
a. *People and Culture*
b. *Finance and Performance*
ITEM 4.1a Chair Briefing PCC 09 07 19 v2.pptx
- 4.2 Minutes of Committees
No Minutes from Trust Board Committees are being presented at this time. This is due to the timing of Board and Committees,
Minutes of Committees will be presented at the September meeting.
ITEM 4.2 Minutes of Committees.docx
- 4.3 EASC and WHSSC Minutes
EASC minutes Link.docx
WHSSC Llnk.docx
- 5 ANY OTHER BUSINESS
To consider any other business to the agenda items listed above.
- 6 DATE OF NEXT MEETING
The next meeting of Trust Board will be on 19 September 2019



Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	1.4
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

CHIEF EXECUTIVE REPORT: 18TH JULY 2019

MEETING	TRUST BOARD
DATE	18th July 2019
EXECUTIVE	Chief Executive
AUTHOR	Chief Executive
CONTACT DETAILS	Jason Killens – Jason.Killens@wales.nhs.uk

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

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

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
TRUST BOARD	18TH JULY 2019	FOR INFORMATION

SITUATION

1. This report provides an update to the Trust Board on key activities, matters of interest and material issues since our last meeting held on 30th May 2019.

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 on 30th May, items of note include:

- Between 11th April and 18th June I hosted 22 CEO Roadshow events across Wales which have been attended by over 532 staff, Community First Responders, Volunteer Car Drivers and Health Board colleagues. I would like to put on record my thanks for the Board's support in attending the events and my grateful thanks for everyone who took time out of their busy schedules to attend and take part on open and constructive discussions. I have published on Siren my reflections and actions that will be taken forward as a result of the roadshows.
- I was delighted to attend the Trust's 4th 'Being Our Best Day' held on 6th June in Llandrindod Wells which gave participants the opportunity to build relationships with colleagues from across the #TeamWAST family. This year we showcased the newly launched WAST Innovation and Improvement Network (WIIN) to give colleagues a better understanding of how they can influence and bring forward improvement ideas. There were fun and creative workshops aimed at improving personal wellbeing and team working.
- The first 2019/20 JET meeting was held on 7th June. The meeting was constructive and provided an opportunity for EMT to have a focussed discussion with Welsh Government colleagues about Red performance and our improvement plan, the Amber performance and the Amber Review, NEPTS, 111, our Learning from the Cwm Taf Maternity Review and the actions we are taken to support our staff who suffer incidents of violence and aggression
- The Trust is participating in an Emergency Services Celebration Day taking place in Cardiff Bay on 21st September. I met with colleagues from South Wales Police and South Wales Fire and Rescue Service to agree the format and activities for the day which will be a great opportunity for the public to find out more about the important 'blue light' services we provide and how to use our services appropriately.
- The contract for the Demand and Capacity Review has been awarded to ORH Limited and work has begun to determine the key assumptions and interdependencies. I will keep the Board up to date as work continues before reporting in the autumn.
- Paramedic Victor Williams and I were proud to represent the Trust at the South Wales Police's 50th anniversary celebrations held on 2nd July and be presented to HRH Prince of Wales.

4. I am delighted that Lee Brooks joined the Trust on 8th July as our new Director of Operations. I'm sure that Lee will help us continue on our transformation journey and build on the great work Louise Platt has done as our Interim Director over the last 8 months.

5. I would also like to put on record my admiration for the 21 colleagues who completed the Swansea Half marathon to raise money for a fantastic charity that's close to us, TASC, The Ambulance Service Charity. TASC does a great job in supporting people in the ambulance sector and it was touching that our people chose to offer their time and commitment in support of this valuable cause.

Operations Directorate

Resilience

6. Clare Langshaw took up post as Resilience Manager for South East Wales in February 2017. She led a fundamental review and redesign of the Trust's command training and developed competency based courses that meet the national command guidance and the national occupational standards for ambulance commanders and JESIP principles. This ensured that our commanders are as well prepared as possible to deal with some of the challenging incidents. More importantly it gives them credibility for their role when facing inquiries and court cases and provides additional protection for them, our patients and the Trust.

7. The review team have successfully delivered the following courses since 1st May 2018:

- 2 one day strategic courses training 15 Strategic Commanders
- 4 two day tactical courses training 43 Tactical Commanders
- 14 two day operational courses training 131 Operational Commanders

8. One final operational course will be delivered at the end of July and all necessary colleagues will have their training up to date. All commanders need to keep CPD portfolios of evidence for their command roles and we will be moving into the consolidation stage to review progress with portfolios and ensuring we give our commanders exercise opportunities.

Ambulance Response

Red Performance Improvement Plan

9. Work is ongoing to reduce the percentage stand down rate for calls assigned to CFRs. Discussions are also taking place between I.T. colleagues and the supplier of the hand held devices to explore ways in which mobile connectivity for CFRs can be improved whilst the National Airwaves Programme is being progressed.

New Schemes to Increase Capacity

10. Agreement has been reached with St John Ambulance to build additional responder capacity across Hywel Dda and Powys. The 10-week process which is due to commence imminently will provide an additional 36 responders to be trained to CFR standards.

Implementation of Dual PIN

11. The Trust continues to implement the roll out of dual pin handover screens across Wales. The first sites went 'live' during Quarter 1 of 2019/20, with the remaining sites scheduled for the early part of Quarter 2. Guidance for staff and Health Boards has been developed which sets out in detail the point at which the staff from the Trust and Health Boards should enter their respective pins to ensure clear and consistent handover practices.

Clinician in a Car Pilot – Aneurin Bevan North

12. A pilot project will soon be commencing in North Aneurin Bevan with the aim of increasing operational staff confidence in using this service. The car will be staffed by individuals on light duties and receive referrals where conveyance to hospital of a 'fit to sit'/ambulatory suitable patient is required. It is hoped that patients are conveyed at the earliest opportunity and avoid significant waits. It will also support staff on sickness absence to return to work at the earliest opportunity and release EMS vehicles at scene enabling them to attend to other 999 calls.

Vehicle Replacement Programme

13. Work is ongoing with regards to the Trust's annual vehicle replacement programme. Members of the Fleet Management Team met in Wrexham last week to review and score tenders received. The Trust has also received a reasonable assurance rating on our Vehicle Replacement Programme. This audit contained four areas of substantial assurance on the programme and highlighted 4 medium recommendations.

Non-Emergency Patient Transport Services

14. The transfer of work process continues to move forward with the Swansea Bay transfer preparation work now complete and progress being made on the other remaining areas despite some Health Boards being unable to rapidly gather the information to support the process. The commissioner and the NEPTS Delivery Assurance Group are sighted on these challenges through monthly updates provided to the group.

15. Meetings have been held with Hywel Dda and Cardiff and Vale Health Boards to discuss how the transfers of work have progressed. Both Health Boards report that the new service is functioning well and the transfers have gone smoothly. Through the course of July the evaluation will continue with the focus on how the transfers are performing financially.

16. The NEPTS team, working in partnership with the Healthcare Informatics team have developed and approved the QlikSense tool to support the rollout of a new performance management framework. The system will help improve the performance management of the service and make information more accessible and relatable to the team.

17. The NEPTS team have reviewed the systems employed within certain control functions and will now make significant improvements, initially to the South East region, which should help ensure that the team are more focused on both quality and service cost.

18. Finally, work continues with our commissioners to identify any areas where efficiencies can be made across the system. From this work renal transport has been identified as a key area of focus. A renal mapping and redesign meeting has been planned with the key directorates across Wales and the Renal Network in August to help streamline system flows and maximise performance and minimise inefficiency.

Medical and Clinical Directorate

Advanced Paramedic Prescribing

19. The Trust is the first Ambulance Service in the country to provide a role for Paramedic Non-Medical Prescribing. Our first three APP Prescribers have successfully completed their education programme, with the remaining two aiming to complete later this year. We have also enrolled a further five APPs into the programme for this September. The Prescribing Policy has been approved with the final elements of the supporting governance arrangements due for completion imminently. The organisation is at an early stage in this ground breaking development and evidence of its impact will be shared over the following months to illustrate how this intervention is positively impacting on patient care and flow through the Unscheduled Care System.

The European EMS Championships

20. Approval has been gained from the Executive Team to field a Welsh Team for the European EMS Championships. This competition takes EMS Teams through a challenging and competitive clinical process, assessing them against a range of scenarios. Previous UK winners of this competition have been from London and East Midlands Ambulance Services. There will be an internal process to select a team to represent the Welsh Ambulance Service. The competition is a great opportunity for wider engagement with the clinical scenarios aiming to drive up clinical standards as the competition unfolds.

AACE Ambulance Service Clinical Practice Guidelines App

21. The Trust went live with the new JRCALC App on 5th July which will ensure that up to date and complete clinical practice guidance is available for our clinical staff.

WIIN Platform Update

22. There has been a positive response to utilising the WIIN Digital Portal which is capturing key ideas and suggestions for improvement. Since the launch of WIIN, 54 ideas have been submitted via the intranet portal, 12 of which will be completed as part of an IQT Silver learning course in addition to the eight recently completed IQT Projects. 35% of the submissions were categorised as clinical ideas/suggestions for improvement with the main themes being EMS and CCC. Key clinical Improvement projects identified relate to falls, the improvement of stroke admission times, hospital handover delays and the categorisation of pregnancy related calls.

23. A Service Improvement Officer has now been recruited and will support the WIIN business process, in particular assisting in the management and coordination of the clinical improvement projects.

24. The Trust hosted its fourth annual Being Our Best Day on the 6th June and this year's event showcased WIIN to give colleagues a better understanding of how they can influence and improve #TeamWAST. At the event colleagues participated in table top exercises which utilised the improvement approaches promoted by WIIN, followed by a 300 second presentation which focused on improvement projects, three of which were recently completed IQT projects. Positive feedback was received from all colleagues.

Clinical Indicator Review Group

25. The newly established Clinical Indicator Review Group has begun to review and revise the existing clinical indicators with plans to produce two new indicators by September. The group is also leading a piece of work to improve the quality of our clinical datasets by linking PCR and CAD data thereby providing a more complete picture of our clinical interventions.

ePCR Project

26. The ePCR OBC signed off by Trust Board has been sent on to Welsh Government for approval. As per the recommendation, received from the Informatics Business Case Assurance Group, the ePCR Project Board are developing a Procurement Strategy to document the preferred approach to achieve value and minimise the corporate risk of not having a solution in place by March 2021.

Advanced Paramedic Practice

27. Momentum in expanding the APP cohorts continues at pace as the Clinical Team have now finalised an agreement with HEIW to increase educational places on a full-time programme. This will allow for a rapid increase in APP numbers across all Health Board areas, but more importantly Powys and Cardiff and Vale who until this time have not had a specific programme. Further updates will detail the time line and predicted numbers but it is anticipated that approximately 27 Paramedics will commence the education programme at three sites across Wales and complete the clinical elements of the programme towards the middle of next year.

Dispatch Cross Reference Table (DCR) with the NHS England's Ambulance Response Programme (ARP) comparison work

28. At the request of the CEO the Directorate have undertaken a mapping exercise to evaluate the Trust's Dispatch Cross Reference Table (DCR) with the NHS England's Ambulance Response Programme (ARP). All 999 calls received by the Trust are processed using the Medical Priority Dispatch System (MPDS) and each call generates a MPDS 'code'. This code is mapped against the locally determined DCR Table, the output of which is a priority (reflected as a colour – Red, Amber1, Amber2, Green2, Green3) and a suggested 'ideal' response type (for example 'Emergency Ambulance' or 'Rapid Response Vehicle'. The outcome of this work will be reported at a future meeting.

Planning and Performance Directorate

Commissioning & Performance

29. The 4th June 2019 Ministerial Statement at the half-way point of Amber Review Recommendations Delivery provided a positive report about progress made and Amber performance this winter. A key part of the Delivery Plan is the Demand & Capacity Review. The contract has been awarded to ORH who are international market leaders in emergency services operational research. The project plan has been designed to deliver the final Demand & Capacity Review (and supporting delivery plan) to the EASC meeting in November 2019.

30. The Trust continues to meet with the NCCU on a weekly basis to discuss the Red Improvement Plan against a back drop of red performance improving pan Wales and across each Health Board. The Trust is focusing on overproducing on RRVs, deployment in particular standby points and overnight RRV shifts. Health Informatics, Planning and Performance and Operations colleagues are using QlikSense and Optima Predict to drive improvement. There is a focus on CFR coverage in Hywel Dda which is below the national average. The Trust has started producing a specific weekly Red Scorecard which is shared with key stakeholders and brings together information on demand, response and capacity.

Healthier Wales Funding

31. The Chief Ambulance Services Commissioner is currently running a process with WAST and Health Boards to identify suitable initiatives to invest the reoccurring £1.7m which the Minister has made available to progress the implementation of the Healthier Wales strategy.

As an organisation we have put forward five bids;

- Next phase implementation of the Trust falls framework
- Implementation of the volunteer strategy
- Further rollout of joint response units (JRUs)
- Older people
- Mental health

32. A funding panel will meet on the 26th July where a decision is expected to be made.

Transfer and Discharge

33. Both the WAST and EASC Integrated Medium Terms plans articulate a commitment to develop a single "All Wales" transfer and discharge service. A further commitment was made to be able to articulate what this service could look like by the end of quarter two. A workshop was subsequently held on the 9 July to work with Health Board partners and the CASCs office to collaboratively identify what the required outcomes and quality expectations are for patients who require transfer and discharges. Using the principle of "tell us (WAST) what you want and we will tell you (Health Boards) what you need this information is now being used to propose what the service needs to look like. We will look to test / share this model with Trust Board in the autumn before taking it into the EASC forum for a wider conversation and to agree next steps. The types and timescales of a number of strategic service changes taking place across South East Wales over the next two years mean there is a particular urgency for this service in this region. The South East will likely be the 'pilot' area for any service.

Strategic Service Change

34. Whilst there is no routine strategic service highlight report at this meeting the Board should note that in late June the Trust submitted to the NHS Wales Collaborative its section of the South Wales and South Powys major trauma business case. A full copy of the document is available to Board upon request and will be going through the Planning and Performance subcommittee retrospectively. The business case makes the case for just over £1.3m in 2020/21, £0.768m 2021/22 and £0.773m in 2022/23 to enable:

- Conveyance, secondary transfer and repartition implications to be managed.
- The establishment of a 24/7/365 major trauma desk to be co-located and with the EMRTs air desk in VPH.
- Online and face to face training of all relevant operational staff to support them in using, in particular, the new major trauma triage tool which has been developed.
- The creation of an expanded transfer and repatriation co-ordination service (this is linked to the above piece of work as it is envisaged that the major trauma network could be an initial pilot of a transfer and discharge service).

2020/21 IMTP development

35. The Trust's 2020/21 internal planning cycle which will support the refresh of the organisation's current IMTP is underway. There is an ongoing period of engagement with staff to understand their views of where the continued focus of our plan should be and these views are being sought in a number of ways which include:

- An informal series of 'conversations' being led by managers and Assistant Directors through existing meetings and touch points which they have with staff.
- An online survey
- A series of webinars which are being hosted by the CEO and Interim Director of Planning and Performance.

36. This information will be used to inform the discussion with Trust Board at the end of July when a proposition of the scheduled board development day will be to provide members with the opportunity to do their own thinking around the Trust's 2020/21 plan. Part of this session will also include some protected time to consider what the organisations 'mission critical' priorities are so that the appropriate assurance and reporting mechanism can be established to give board members the level of assurance information they require.

Transformation Support Office (TSO)

37. To support the continued transformation of the organisation and realisation of ambitions detailed in the organisations IMTP board members will recall that support has been given for the creation of a TSO. The function of the TSO is threefold:

- Support process and governance arrangements regarding plan delivery
- Provide actual project management support to high value, high risk, high reputational projects.
- Provide project management training and education to grow internal capacity in the discipline.

38. The first function has been supported by the successful recruitment of two project managers who will start in August. At the next Strategic Transformation Board meeting in late July a prioritisation exercise will take place to determine which pieces of work these roles will initially support.

Partnerships and Engagement Directorate

39. It has been a busy and productive couple of months for the directorate. The Annual Report was published on time in line with the change in requirements by Welsh Government to publish by 1st July. Planning has also been undertaken for the first "Big Community Conversation" (incorporating our AGM) in Anglesey on 18th July.

40. In line with our commitment to improve our internal engagement and how we digitally connect with colleagues, we have launched a "closed" Facebook group for staff as a way for colleagues to share thoughts and ideas, as well as to disseminate information. To date, some 1,000 staff have joined, approximately a third of the workforce and the group has already engaged in some lively debate. Operational managers are being encouraged to take an active role in responding to comments and ideas, recognising the need for local ownership of ideas and issues.

41. Planning has also been underway for October's Staff Awards, with a range of judging panels being held to choose this year's winners.

42. Following discussion at the Cardiff and Vale Regional Partnership Board at its June meeting, an offer to present on our long term strategy has been welcomed and will be scheduled for a forthcoming meeting. This is now an offer we will make to other RPBs as a way of furthering our engagement and collaborative opportunities.

43. Work continues to ensure the Executive Support Team infrastructure remains fit for purpose, recognising recent and forthcoming changes to personnel, while we have welcomed an additional member of staff to the Communications Team.

Finance and ICT Directorate

Finance

44. The audit of the 2018/19 annual accounts concluded at the end of May reporting a positive and clean audit opinion to Trust Board on 30th May 2019. These accounts were submitted by the Welsh Audit Office to the Welsh Government on 31st May 2019 and formally signed off by the Auditor General for Wales on 11th June 2019. Following the completion of the Trust's annual accounts, the finance team have provided final Trust Memoranda Statements to the Welsh Government in respect of the Whole of Government Accounts process for the 2018/19 financial year.

45. Following acceptance by Trust Board to new guidelines and changes in the process for applying for Charitable Funds, work has been undertaken by the finance team to ensure that processes align within Oracle to ensure a smooth transition for successful bidders.

46. The patient level information costing system funding has been approved by Internal Capital Planning Group, this funding will allow the Trust's finance team to be able to acquire and build a system over the next 12 months, to produce costings of individual incidents on an actual bases, allowing for much better financial information, which can then feed into other systems within the organisation, to assist with decision making.

47. Detailed work is ongoing around existing and future capital business cases, ensuring the business cases are fully costed and future commitments of the Trust are documented and understood. Approved scheme budgets are now being set to ensure a successful delivery of schemes such as the 2019/20 vehicle procurement, Cardiff MRD fees and a number of discretionary schemes which have either been approved or are currently going through final approval routes prior to being signed off.

48. Detailed work continues by the finance team supporting budget managers to maintain financial balance for the Trust. Work to finalise the final distribution of the small residual 2019/20 budget, assessing current cost pressures and development opportunities, will be completed by the end of July.

49. The Trust remains one of only two NHS organisations who have been supported by the Bevan Commission for a specific, dedicated finance exemplar project. Finance & Performance Committee is receiving a presentation updating on this, "A shock to the system" on 16th July,

ICT

50. The ICT team have been progressing ongoing work on long term projects as well as dealing with an increase in demand for normal ICT incidents and service requests which is up by 4.53% on last year. Incident resolution remains slightly below our target of 95% at 92.1%, with 93% in May and 90.1% in April. The department's Senior Management Team are looking at short term mitigation to improve performance levels.

51. The new training facility in Ty Elwy, is now operational and has been kitted out with new Smart Boards and student laptops. In addition one room has been temporarily converted into a training centre for NHSDW new recruits.

52. With the recent large scale site relocation work now largely completed, it has allowed the department to catch up on some of its departmental work on infrastructure improvements, with the main areas of focus over the last period has been on:

- Ty Elwy training
- Improving and updating the ICT infrastructure
- Addition of servers to the Citrix farm to meet performance demands
- Implementation of the New Safeguarding Referral core system
- NHSDW Home Working Pilot system
- Update of GPS software on Sepura devices
- Resolving issues post move to Matrix One
- Providing Wi-Fi in all stations

Health Informatics

53. Phase 1 of the Qlik Sense project is now complete and priorities for Phase 2 have been agreed with senior stakeholders. The Information Management Team has undertaken a period of concentrated effort to the Red Performance Improvement Plan using Qlik Sense as a dynamic, interactive analytical tool for actionable insight and intelligence. The project team are currently discussing some of the internal resourcing with the Project Board to ensure maximum value can be derived from this software.

54. The Records Management Team have started the tender process to clear and scan the PCRs (Patient Care Records) from within the Cefn Coed site. This pilot will inform a Trust-wide endeavour to digitalise its archived records.

55. The Information Governance Team have made good progress populating the pilot version of the new NHS Wales IG Toolkit. The Toolkit will replace the Caldicott Principles into Practice (C-PIP) assessment and report in 2020/21 but is being completed in tandem with the current C-PIP assessment this financial year. Evidence is started to be gathered and priorities set for each of the areas.

56. The initial Welsh Ambulance Services NHS Trust Information Standards Board (WISB) was held with representatives from Directorates from the Trust. The group will raise awareness and highlight the need to implement standards across the Trust through standardising specific work streams. From the first meeting the Data Quality Team have met with staff from QSPE to standardise the quality indicators contained within the assurance report to come up with a common language for definitions and metrics across Trust reports.

57. The Information Governance and Data Quality Team have undertaken preliminary testing into the new dual pin and handover processes within A&Es. The implications to management information reporting and official statistics is being gathered and will be presented to relevant groups and stakeholders during July 2019.

58. Following the successful rollout of the Trust's website, the Web Team are now progressing discussions to scope out the requirements for a refreshed Intranet for the Trust.

59. Other key projects being supported by Health Informatics are the Demand and Capacity Review, the Amber Review project, unscheduled care performance improvement, the All-Wales Care Home Project and the Volunteers Strategy. A key development for the period is to strengthen data governance and standards relating to 111 activity and performance, working with Welsh Government and Health Board stakeholders.

Corporate Governance

60. The Charitable Funds Bids Panel held its first meeting earlier this month considered and approved several applications from staff across the Trust wishing to access Charitable Fund money. The scheme will be promoted again at the end of the summer with further applications to be reviewed in October.

61. Work continues with Welsh Government's Public Appointments Team in progressing the NED recruitment and agreeing a timetable. Adverts and information packs are being prepared. In order to attract a wide a field as possible, consideration is also being given to holding open days, perhaps at an ambulance station in the north and south, where potential candidates can come along and learn more about the ambulance service and meet a selection of key staff (Board Members, directors, staff etc).

62. The Governance Team continue to process Freedom of Information (FOI) requests and are committed to raising current performance in order to meet the ICO target of 90%. The FOI year to date figure (January to May) is currently 79%. FOI performance is currently being audited and the findings will be shared later in the year.

63. Since the Trust received its Welsh Language Standards Compliance Notice on 30 November 2018 progress on implementing the standards is on target:

- Guidelines on implementing the standards have been developed and are available to Trust staff on a dedicated Welsh language standards intranet page.
- Standards that have been identified that require further time to implement by 30 May 2019 have been challenged.
- Further work is required to identify standards that may need to be challenged with compliance times of 30th November 2019 and 30th November 2020.
- The Trust is working towards utilising BCU's translation service in carrying out translation work on behalf of the Trust. SLA between BCU and the Trust is currently being drafted.

Workforce and Organisational Development Directorate

Education and Training

64. WAST and Swansea University colleagues have been working to finalise the BSc Paramedic Science curriculum in preparation for its introduction in September 2020. Significant progress has been made with minor work now required prior to submission to the HCPC for approval. Subject matter experts have been involved in discussions to ensure high quality, collaborative delivery of important topics such as Safeguarding, Mental Health, Health and Safety and Resilience.

65. A trial 'Local Learning Community' in the Pembroke Dock area has produced excellent results with 95% of EMS colleagues completing the 2019/20 CPD programme in 9 weeks. This has been achieved through meaningful collaboration and local ownership between managers and teams. The Education and Training Team are currently undertaking a piece of work to share lessons learnt and best practice with other localities.

Organisational Development

66. I can report that our emerging Wellbeing Strategy is continuing to develop as we explore and test the extent to which we can change our mindsets and approach to work. The foundations of the draft strategy's principles are:

- Good work is good for us, bad work is very bad for us
- Wellbeing is unique to each individual
- Wellbeing needs to be seen through the lenses of a hierarchy of needs (if we don't have our basic needs met, it is very difficult to really participate in our work);
- There are tried and trusted approaches including the Five Ways to Wellbeing which will form a basis of the work.

67. We are pleased to publish our annual report for Treating People Fairly (our approach to equality, inclusion and fairness) which will soon be available on our website. The next steps will be beginning the process of producing a refreshed Treating People Fairly strategy for 2020-24.

68. Our approach to colleague experience continues to be successful, particularly using the Staff Survey results. There has been extensive local conversations across the Trust and these have allowed us to collate and focus themes for the Trust to develop. Along with local actions, the corporate themes are: improved communication, more mental health support and a focus on workplace conflict (particularly through the lens of bullying and harassment).

69. The Trust's approach to Leadership and Management development continues with ongoing delivery of approaches as well as planning for activities which help improve leadership capability and confidence.

Human Resources

70. The 12 month turnover rate for the Trust in April 2019 was 7.4%. This has slightly increased from March's rate of 7.3%. As of 30th April 2019, there were 56 ambulance response vacancies, which is an increase from 38 vacancies in March 2019. This includes slightly more CTL vacancies (from 16 to 21) and 20 UCS vacancies (from 16 to 21) due to turnover. APP vacancies have been excluded in the numbers for the purpose of this briefing due to recent changes in the budget resulting in an inflation in overall vacancy numbers for the ambulance response service.

71. You will be aware from the previous report that in May 2019, over 90 conditional offers were made to newly qualified paramedics (NQPs) from universities across the UK (which includes a cohort of existing technician staff who have trained to become paramedics via an 18 month conversion course). This will enable an over-recruitment to cover predicted turnover and internal movements to April 2020. It also includes an additional number of NQPs to backfill and facilitate the roll out of advanced paramedic practitioners across Wales. Pending successful graduation and pre-employment checks, NQPs will be joining the Trust in a phased approach up to December 2019.

72. Sickness rates remain a significant focus for the Trust and a priority area to deliver considerable improvements. High focus has continued to achieve our target reduction rate. The Trust's sickness absence rate in May 2019 was 6.28% (cumulative rate of 7.10%) and is the lowest recorded rate since April 2017 (5.73%). This is a reduction on the same time last year (May 2018) of 0.49%%. The focus on regular meetings with managers, OH and HR to undertake long term sickness case management and review short term sickness episodes has been acknowledged as supporting these reductions. Monthly meetings with the Director of WOD to discuss long term sickness cases has also given assurance that the Trust is managing and supporting staff effectively during periods of absence.

73. The Improving Attendance at Work Nine Point Action Plan continues to report progress against the actions that remain open. The first draft research paper has been received from the Swansea Centre for Health Economics (SCHE) outlining the 'Evidence review of effective interventions to reduce sickness absence in high pressure work environments'. It is anticipated that the collaborative working with SCHE will provide an opportunity to support future changes and initiatives that focus of employee Health and Wellbeing. Training on the new All Wales Attendance at Work has continued and it is anticipated that the internally set target of 85% compliance will be achieved by September 2019.

Quality, Safety and Patient Experience Directorate

Infection, Prevention & Control

74. The Infection Prevention and Control (IPC) Team launched the 'All things IPC' guidance document in June 2019, which is a resource for all clinical staff. The document consists of an A-Z Compendium of Common Diseases, levels of vehicle cleaning, Personal Protection Equipment (PPE) and guidance on the cleaning requirements of vehicles after exposure or contamination.

75. The guidance also includes information on hazard groups 3 & 4 High Consequence Infectious Diseases (HCID'S) as categorised by the Health and Safety Executive. (HSE). Contents of the document also includes:

- Common specific infections;
- The spread of infection;
- Actions following a needle stick or splash injury;
- Personal health and hygiene;
- Personal Protection Equipment (PPE) and advice on High Consequence Infectious Diseases (HCID) e.g. Ebola including handwashing;
- Patient placement and isolation;
- Anti-microbial resistance;
- Aseptic non touch technique;
- Frequently asked questions on health care associated infections;
- Waste management, premises and front line vehicles;
- Compendium (A-Z) of common diseases and guidance on PPE and required cleaning of vehicles' post exposure/contamination;
- Notifiable diseases;
- Welsh Ambulance Services NHS Trust (WAST) cleaning wipes;
- Management of influenza and influenza like illnesses; and
- PPE poster.

76. The document is evidence based and referenced, has the most up to date information available and has been developed to be mindful of the out of hospital environment. In addition to this a non-clinical version is in development to support our non-clinical workforce, to include such issues as Norovirus outbreaks and how to manage. This version is due to go for consultation with staff groups soon in order to make sure the contents are applicable and relevant.

77. Future guidance documents may be added to the 'All things IPC' document as they are developed with an aim for there to be a one central point of access for staff. This is currently on the intranet in the IPC resource folder. The IPC Team will ensure that the document remains up to date and will act on any suggestions for improvements to the document to ensure it remains fit for purposed and a resource for staff when they need it and will ultimately lead to better and more efficient patient care by a better informed workforce.

Education Professional and Clinical Practice

78. Student nurse placements have been reintroduced into the Clinical Contact Centres (CCC) with the first student nurse from the University of South Wales joining us at Vantage Point House during the week commencing 17th June 2019. This is a five day observational placement which aims to introduce telephone consultation and facilitates a wider understanding of WASTs commitment to urgent, emergency and unscheduled care across the whole of NHS Wales. The placement areas include: Non-Emergency Patient Transport Services (NEPTS), Emergency Medical Services (EMS), NHS Direct Wales (NHSDW)/111 and the Clinical Support Desk, and allows the student to listen in and interact with staff.

79. The evaluation from our first student was very positive. She felt the experience was extremely valuable in aiding her understanding of WAST's services and the work undertaken by the staff working in the CCC. The student praised all staff for their welcoming manner, for taking time to explain their roles and commended their professional attitude. The student would highly recommend WAST as a placement for other student nurses.

80. We will continue to work with the University of South Wales and are in various stages of the process with all other Welsh Universities so this experience can be offered to more nursing students across Wales.

Recognition for our Dementia Programme

81. ITN are working with Alzheimer's Disease International to develop a programme titled 'Challenging Stigma' which will include several short films, showcasing international stories about Dementia. The films will include best practice from around 14 other countries. WAST has been chosen to take part in the programme representing the UK, with just one other UK based organisation.

82. The programme will provide a platform to showcase innovation and action in this field, promoting initiatives across the World. It will engage with government, academia, care providers, charities, pharmaceuticals and specialist organisations who are demonstrating leading work across one or more of the following key themes: Prevention, Diagnosis, Treatment, Management, Education & Research and Public Engagement.

83. The programme will be screened at a series of high-profile events during World Alzheimer's Month in September, before being disseminated to a global audience. This is an incredible opportunity for the Trust to showcase our dementia work and promote the exiting Dementia Programme we have in Wales.

84. Dementias are one of the most expensive disease groups and one of the very few chronic disease areas without effective treatment. It is estimated that there will be 131.5 million cases of dementia by 2050 if coordinated action and prevention is not taken now.

Patient Safety and Experience Learning and Monitoring Group

85. The Welsh Ambulance Services NHS Trust has established a Patient Safety and Experience Learning and Monitoring Group, which is a sub group of the Quality Steering Group. The purpose of the group is to provide assurance on quality, governance, improvement and learning, within the context of Patient Safety, across all Trust Operational Directorates.

RECOMMENDATION

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



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

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

PROCEDURAL MATTERS

MEETING	Trust Board
DATE	18 July 2019
EXECUTIVE	Board Secretary
AUTHOR	Corporate Governance Officer
CONTACT DETAILS	Steve Owen, 01745 532994, steven.owen2@wales.nhs.uk

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

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

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

Minutes

- 1 To confirm as a correct record the minutes of the open and closed session of the meeting of the Board held on 30 May 2019.

Matters arising

- 2 To deal with any matters arising from those minutes not dealt with elsewhere on this agenda. In addition, the Trust Board Action Log is attached for consideration.

Use of the Trust Seal

- 3 Since the last Trust Board meeting the Trust Seal has been used on the following occasions:

0202: Alterations and improvements carried out at Colwyn Bay ambulance station

0203: Alterations and improvements to Bryn Tirion Control Centre

0204: TR1 Land Registry – Sale of Llanidloes ambulance station to Kevin Jones cars.

RECOMMENDED: That

- (1) the minutes of the meeting of the open and closed session of the Board held on 30 May 2019 be confirmed as a correct record and consideration be given to any matters arising, together with the actions set out in the action log; and**
- (2) the use of the Trust Seal as described be noted.**

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON 30 MAY 2019 AT MATRIX ONE, NORTHERN BOULEVARD, MATRIX PARK, SWANSEA

PRESENT:

Martin Woodford	Chairman of the Board
Jason Killens	Chief Executive
Claire Bevan	Director of Quality and Nursing
Julie Boalch	Corporate Governance Manager rep. Keith Cox
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Pam Hall	Non Executive Director
Mark Harris	Deputy Director NEPTS
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director and Interim Deputy Chief Executive
Rachel Marsh	Interim Director of Planning and Performance
Louise Platt	Interim Director of Operations
Bleddyn Roberts	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce and Organisational Development (OD)

IN ATTENDANCE:

Jill Gill	Financial Accountant
Helen Higgs	Head of Internal Audit
Gwen Kohler	Interim Deputy Director of Finance
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer
Claire Roche	Assistant Director of Quality and Governance (Part)
Ross Whitehead	Assistant Chief Ambulance Commissioner

APOLOGIES

Keith Cox	Board Secretary
Chantal Patel	University Representative

30/19 CHAIRMAN INTRODUCTION AND UPDATE

The Chairman welcomed all to the meeting advising that it was being audio recorded. The declarations of Mr Emrys Davies as a former member of UNITE, Professor Kevin Davies as an Independent Trustee of St John Cymru and of Mr Nathan Holman as Chair of the Llannon Community Council were noted by the Board.

Prior to outlining the Board with his update the Chairman commented that it was an honour to have been selected as substantive Chairman; and looked forward to the next three years.

He briefly referred to the following events which had recently taken place and expanded on each one in further detail:

1. Bing Bang recruitment – Held at the Liberty Stadium Swansea; this had attracted a high number of high calibre candidates from across the UK
2. Staff survey workshop
3. AACE Chairs and Council meeting
4. Ride out in North Wales
5. Chairs meeting with Minister for Health and Social Services

He made reference to the day's Agenda which contained items that concerned people and the Trust was connecting with them

RESOLVED: That

- (1) the declarations of interest as described above were noted;**
- (2) the apologies as stated were noted; and**
- (3) the Chairman's update was noted.**

31/19 CHIEF EXECUTIVE UPDATE

Jason Killens Chief Executive, explained that the report was intended to update the Trust Board on key activities and material issues since the last meeting. He drew the Board's attention to the following areas:

1. Advanced Paramedic Prescribing – The Trust became the first ambulance service on a global basis to have paramedic prescribers, three at present with a further five being trained later in the year
2. End of Life Care – JRCALC guidelines were being developed which details best practice in terms of guidance on the management of patients at their end stage of life
3. Performance – Further work was ongoing to improve red performance with a heightened focus on the challenges being faced

RESOLVED: That the update was noted.

32/19 PROCEDURAL MATTERS

Minutes

Prior to discussion of the Minutes, the Chairman commented that he would be discussing with the Board Secretary in terms of how and/or should individual challenge from Members be recorded.

The Minutes of the open and closed session of the meeting of the Board held on 28 March 2019 were confirmed as correct subject to the minor amendments as described:

Amendment to the Declaration of Interest in respect of Nathan Holman: Delete Cross Hands Community Health Council and insert Llannon Community Council

Trust Board Action Log

The items on the action log were considered and agreed for closure and where appropriate updates on each item were provided.

Use of the Trust Seal

Members noted the use of the Trust Seal since the last Board meeting as below:

1. All seals referred to the Leasing of Omnicel Cabinets at the premises listed below:

0199 – Aneurin Bevan Health Board

0200 – Morriston Hospital

0201 – Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital

RESOLVED: That

- (1) the Minutes of the meeting of the open and closed session of the Board held on 28 March 2019 were confirmed as correct subject to the minor amendment as detailed above; the actions set out in the action log were dealt with as described; and
- (2) the use of the Trust Seal as described was noted.

33/19 BOARD COMMITTEES: REVISED TERMS OF REFERENCE (TOR) AND OPERATING ARRANGEMENTS – CHARITABLE FUNDS AND REMUNERATION COMMITTEE

Professor Kevin Davies gave a brief outline of the Charitable Funds Committee TOR explaining they had been subject to previous scrutiny following which they were now being presented to Board for approval.

In terms of the Remuneration Committee TOR, the Chair explained the key changes that had been included within them. Following a comment regarding clarity in terms of the mechanism the Committee would adopt in seeking approval from Welsh Government, should it be necessary, it was agreed that the Director of Workforce would liaise with the Board Secretary to insert the appropriate wording.

RESOLVED: That the Committee terms of reference and operating arrangements for the Charitable Committee and the Remuneration Committee were approved subject to minor changes.

34/19 STAFF STORY

Prior to the Staff story, Trust staff who had recently passed their Basic Sign Language course were presented with their certificates. Martin Woodford noted that the forum for presenting certificates in future would need to be considered.

In terms of the staff story, Claire Bevan gave an overview of the project being undertaken in respect of the level three (Injury fall Emergency response) falls assistants role and the feedback from the staff involved. Reference was also made to the WAST falls framework which had been developed to provide clarity within the Trust and to recognise that not all falls require an emergency response

The Board were shown a short video which highlighted the views of falls team staff both from actually attending to a patient and also taking calls in respect of people who had fallen. The feedback given by staff was very positive and it was noted that fallers were being given the most appropriate response in a timely manner. The staff in the video commented that more resources and a dedicated falls desk with a clinician earmarked specifically for falls would be of great benefit going forward.

Claire Roche gave further details in terms of how the Trust was addressing the feedback given by staff in the video. The Board were informed of further learning which had been gleaned from staff and a recent patient survey. This had illustrated the benefit of having a falls assistant on scene which was of added value to the patient and the paramedic should the faller have sustained an injury. Members were informed that following an evaluation, it had been estimated that 1,026 EMS hours had been saved as a result of the approach to dealing with fallers.

Members raised the following comments:

1. It would be of use to see more data; noting that the impact on releasing EMS crews had been significant to the Trust's performance
2. What were the next steps following evaluation? Claire Roche advised further data was awaited in terms of benefits realisation. Going forward further funding was required for the existing schemes and details of the requirements to deliver levels one (non injury fall) and two (possible injury fall) were being considered.
3. How was the project deployed across Wales? Claire Roche advised that the St John falls assistant were covering five health boards across the M4 corridor¹. Others were based in the South Wales valleys.

The Board discussed the funding requirements in more detail and recognised the work hitherto of the team involved in driving the project forward.

RESOLVED: That the story was noted.

35/19 ANNUAL ACCOUNTS AND ACCOUNTABILITY REPORT

Accounts

The Board gave detailed consideration to the Trust's accounts for the year ended 31 March 2019 which had been prepared by the Trust to comply with International Financial

¹ https://en.wikipedia.org/wiki/M4_corridor

Reporting Standards under Schedule 9, Section 178, Paragraph 3 (1) of the National Health Service (Wales) Act 2006.

In providing an overview of the final accounts Chris Turley informed the Board of progress prior to the accounts reaching this stage in the process. During the process he informed the Board that the accounts had been scrutinised in great detail at the last Audit Committee meeting. He advised the Board of the following:

1. Income for the year was £187m, this was an increase of around £10m from the previous year. The vast majority of the income came via EASC and Welsh Government
2. A surplus of £0.057m was reported for the year
3. Statutory Financial duty – the Trust must break even over a three year cycle and have an approved IMTP; both of these requirements continued to be achieved

An update was given by Paul Hollard who had chaired the Audit Committee meeting where the accounts had been presented. He advised the Board of some of the issues which had been raised at that meeting and reported that all of them had been rectified and/or clarified. The Audit Committee had recommended that the accounts were approved.

Accountability Report

Chris Turley gave an overview of the accountability report and reminded the Board that it was part of the annual accounts process and consisted of three parts:

- 1) Corporate Governance Report
- 2) Remuneration and Staff Report
- 3) Accountability Audit Report

The accountability report sets out the Trust's governance framework and brought together all the key matters relating to governance, risk and control. Feedback from Welsh Government had been very complimentary.

The report had been discussed in depth at the last Audit Committee meeting. Welsh Government had provided feedback and were content with the report.

Members commented that regular e mail correspondence in respect of the Accountability Report had proved invaluable and this had led to its seamless endorsement.

Wales Audit Office (WAO) – Audit of Financial Statements Report

Chris Turley advised the Board that the WAO audit of financial statements report had also been presented and discussed in detail at the last Audit Committee meeting. The report included a letter of representation which confirmed the WAO view of an unqualified set of accounts which provided a true and fair view.

The Board acknowledged the work undertaken by all the staff involved with regard to the production of the accounts and the accountability report.

RESOLVED: That the Trust's Annual Accounts and Accountability Report for 2018/19 were approved, following which were signed in accordance with Welsh Government requirements

36/19 ANNUAL QUALITY STATEMENT

Claire Bevan informed the Board that the Annual Quality Statement (AQS) formed part of the Trust's annual reporting process. It was representative of what had happened across the Trust during 2018/19 from a quality perspective

The Trust was required to publish an AQS that was written first and foremost for the public. Within the AQS, information should demonstrate to the public how it was delivering quality, safe, and effective patient centred services to the people of Wales. It illustrated the achievements the Trust had committed to in the 2017/18 AQS and set out the priorities for the Trust for 2019/20

Following recommendations from Audit & Assurance Services the AQS has had input from identified individuals from across various Directorates/Teams within the Trust using an agreed template to populate their information and evidence to inform the development of the AQS.

It was of note that the Older People's Commissioner for Wales had recognised the Trust's work in supporting older people in the Community.

This year Health Boards and Trusts in NHS Wales were informed that the AQS should be published no later than 31 May 2019. This presented a challenge and a special note of thanks should be recorded for Leanne Hawker and her team in achieving this deadline.

Members noted the contents and whilst it was felt it may be slightly verbose for a public facing document, recognised that the diversity of the ambulance service was fully captured within it.

The Board discussed methods of communicating and disseminating information to community councils. It was agreed that Estelle Hitchon would incorporate this as part of the engagement strategy going forward.

RESOLVED: That

- (1) the 2018/19 Annual Quality Statement was approved;**
- (2) the Annual Quality Statement would be published by 31 May 2019 on the Trust's website; and**
- (3) the Annual Quality Statement be made available in appropriate hard copy format for public events and to those who request a copy.**

37/19 WELSH AMBULANCE SERVICES NHS TRUST DRAFT ANNUAL REPORT – 2018/19

Estelle Hitchon explained that the report had been drafted in line with Welsh Government guidance contained in the Manual for Accounts 2018/19. This year, the format proposed for approval varied from the normal procedure and was detailed below:

1. The Performance Report, which must include:
 - a. An overview
 - b. A Performance analysis
2. The Accountability Report, which must include:
 - a. A Corporate Governance Report
 - b. A Remuneration and Staff Report
 - c. A National Assembly for Wales Accountability and Audit Report
3. The Financial Statements, including
The Audited Annual Accounts 2018-19

The deadline for publication in 2019/20 had been brought forward to 1 July 2019, putting significant pressures on timescales which was a significant change from recent years.

In order to circumvent the requirement to hold a further Board meeting in June, authorisation to delegate final sign off to the Chair and Chief Executive prior to publication and submission to Welsh Government was sought and agreed.

Members considered the report in more detail and raised the following points:

1. It was suggested that a much more abridged version should be presented at the Annual Meeting. Estelle Hitchon advised that the public would be shown a digital version of the report which would contain the important messages the Trust wanted to convey.
2. Members held a detailed discussion in terms of how the Annual General Meeting would run and also the mechanics regarding the formal sign off and submission of the report.

RESOLVED: That

- (1) the initial draft of the Annual Report 2018/19 was considered; and**
- (2) the Board delegated final sign off to Chair and Chief Executive further to WAO review and prior to submission to Welsh Government and publication on 1 July 2019.**

38/19 ANNUAL PERFORMANCE REPORT 2018–19

Rachel Marsh reminded the Board that a Performance Report was required as an integrated part of the Annual Report. Whilst the final Annual Report does not have to be submitted until 1 July 2019, a draft of the Performance Report was required to be submitted by 31 May 2019.

The requirements of the Annual Performance Report should include:

1. An overview – a summary to provide sufficient information to understand the Trust's purpose and the key risks to the achievement of its objectives; and
2. A performance analysis – this summarised the Trust's delivery against its performance ambitions.

In terms of detail within the report the Board's attention was drawn to the following areas:

1. There were two lenses in which performance was reviewed; the ambition the Trust sets out in its IMTP and the other being Welsh Government in which they had numerous indicators to measure the Trust's performance against. The latter of which there was a total of 31 indicators which applied to the Trust. 12 of these measures had been achieved, 1 was just slightly off target and 18 had not been achieved.
2. The Trust should reflect upon those areas where it could and should improve upon by driving up the performance measures; for example through the Strategic Transformation Board.

Jason Killens commented that the report did not necessarily reflect the excellent progress in the qualitative work that had been being undertaken.

Members reflected upon and considered in more detail how the Board could track the performance measures more efficiently and effectively going forward. The Board also recognised that in some areas performance was below the expected standard.

The Board also raised the following point:

1. In terms of the Wales Audit Office recommendations and the current position on progress, was it a requirement for this statement to be included? Rachel Marsh advised that it was a requirement.

The Board understood that the report was still in draft form and noted there was still further work to fine tune it; it was agreed that any further comments to the report should be forwarded to Rachel Marsh at the earliest opportunity. It was agreed that following amendments to the report the Board sanctioned approval for sign off to be delegated to the Chair, Chief Executive and Director of Planning and Performance.

RESOLVED: That

- (1) the information in the Performance Report was considered;**
- (2) the draft Performance Report was approved; and**
- (3) final approval of the Annual Performance Report was delegated to the Chair, CEO and Director of Planning & Performance.**

39/19 ENGAGEMENT STRATEGY

Prior to the update, the Chairman explained that a working group had been established to develop the strategy prior to presentation at the July Board meeting.

Estelle Hitchon briefed the Board on how the Trust had been developing its relationships with stakeholders on a number of fronts in recent years; directly; through partnership,

planning and commissioning arrangements, through its pro-active engagement with patients and the wider community.

The Trust has committed to engagement and this was reflected in its Long Term Strategic Framework and IMTP. These had identified the need for partnership and engagement with all stakeholders across Wales. The delivery of the Engagement Strategy and its progress against the supporting delivery plan would be reported to the Board on a quarterly basis.

Members deliberated in greater detail the contents of the report and raised several points which included:

1. Was the relationship with health boards part of the engagement strategy? Estelle Hitchon commented that all health boards, including primary care were part of the strategy but more work was required in some areas to realise the Trust's ambitions. Dr Brendan Lloyd updated the Board on the engagement with GP's and the more specialised units within the NHS
2. In terms of the stakeholder analysis how was the assessment reached and whether the process in reaching this assessment should be broadened? Estelle Hitchon referred to the delivery plan which had captured the reasons on reaching the particular assessment

The Board recognised that the engagement strategy would form part of the evidence base behind the Trust's adherence to the Quality and Governance bill; demonstrating its duty of candour and engaging with the citizen's voice.

Members discussed in more detail what the Trust's priorities were and to focus on exactly what it was trying to achieve in terms of its engagement strategy; going forward. The establishment of a task and finish group to develop this would be beneficial. Initial support to be part of the group was shown by Paul Hollard, Martin Turner and Nathan Holman.

RESOLVED: That

- (1) the direction of travel set out in the Draft Strategic Framework for Engagement was supported;**
- (2) the Draft Delivery Plan and proposed reporting schedule was endorsed; and**
- (3) the establishment of a task and finish group to be set up by the Director of Partnerships and Engagement was agreed.**

40/19 111 UPDATE

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

1. Implementation into Aneurin Bevan University Health Board was now progressing well
2. Recruitment of a Band 6 clinical role into NHS DW
3. A deep dive was being undertaken with regard to some ongoing recruitment issues

Members held a discussion which focused around the challenges in terms of recruitment and retention. It was noted that a more comprehensive review of 111 would be undertaken

ion the closed session of the Board immediately following this meeting; and that any further updates would be provided on a quarterly basis.

RESOLVED: That the update on the implementation of the 111 service in Wales was noted.

41/19 IMTP 2018/19 – QUARTER FOUR DELIVERY REPORT

Rachel Marsh explained that the report outlined the Quarter 4 2018/19 position against the 2018/19 – 2020/21 IMTP commitments.

In terms of the strategic actions emanating from the IMTP whilst it had been expected to have completed 30 of the actions from 2018/19, currently there were 21 which had been completed.

Members raised the following:

1. ePCR business case – Had there been any feedback from the Strategic Outline Case (SOC) that had recently been submitted. Chris Turley updated the Board with progress of the SOC
2. Off target performance ambitions – with regard to mental health and well-being of patients, was this ambition a mandatory one? Claire Bevan commented that when the ambitions were originally set, there had been an issue with training, this had now been resolved and a great deal of mental health resilience training had taken place this last year.

RESOLVED: That the update was noted and agreed.

42/19 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

The Board was given an overview by Rachel Marsh who explained that the purpose of the report was to provide a single report which detailed the Trust's performance against key quality and performance indicators for March 2019.

Reference was made to correspondence received from the Deputy CEO NHS Wales which detailed concerns regarding red performance in that over the last few months it had been hovering slightly under the expected target. The Trust had responded by saying that there had been a significant increase in red demand and also mentioned the impact of reviewing "running calls". A "running call" was when operational ambulance staff "encountered" an incident and then subsequently notified the Clinical Contact Centre. They were classified as red calls and by their very nature has a zero response time. The increased consistency in the application of our internal Running Call Standard Operating Procedure has meant that the overall number of running calls coded has decreased, which in turn had an impact on red performance.

Going forward, the Trust would now work with the Commissioner to review achievable levels of performance.

The Board discussed the report in more detail and agreed that it would be useful in terms of being able to measure performance within health board areas, to illustrate actual figures

as well as percentages. Rachel Marsh provided the Board with some context in terms of the figures for May; 76 red calls in Powys Teaching Health Board and 416 in Betsi Cadwaladr University Health Board.

In terms of the monthly performance indicators, the Board's attention was drawn to the top ten in which Rachel Marsh provided further details on each one. It was noted that a statement from the Health Minister would be forthcoming next week with regards to the amber review.

A discussion was held in which the Board considered the issue of hospital handover delays; the Jason Killens and Louise Platt provided an update on the ongoing work to resolve them.

In terms of sickness absence the Board were provided with some headline detail by Claire Vaughan which included:

1. Levels of staff sickness absence were continue to reduce; notably long term sickness, with the majority returning to work and the average length was decreasing.
2. Although levels of sickness was on the decline, there was still more work to do to maintain the reduction

The Board recognised the achievement by all those involved in reducing the levels of staff sickness across the whole workforce.

RESOLVED: That

- (1) the performance outlined in the March monthly integrated quality and performance report was discussed and noted;**
- (2) the revised format was noted and discussed; and**
- (3) it was agreed that future reports should contain actual figures as well as percentages in terms of red performance.**

43/19 INTERNAL GUIDANCE ON THE USE AND APPLICATION OF CHARITABLE FUNDS

Professor Kevin Davies presented the report informing the Board that the Charitable Funds Committee had expressed some concern over the growing level of funds accumulating in the Fund. It had been noted that the number of applications from staff to access the Fund were very low. The Committee was keen to ensure that charitable funds were used appropriately and for the purpose for which they were donated.

To that end the Committee established a process by which staff could have access to the funds more efficiently. The process would also involve the creation of a new Bids Panel for which the Terms of Reference were also being presented for approval. The Bids Panel would ensure there was equality on the appropriateness of the level of spend across Wales. Professor Davies added that the panel would consider each and every bid on its own merits.

RESOLVED: That the process and guidance and Terms of Reference for a newly formed Bids Panel were considered and approved.

44/19 FINANCIAL PERFORMANCE MONTH ONE 2019/20

In providing the update, Chris Turley informed the Board that the financial position of the Trust as at month one was a small underspend of £0.001m.

The Board's attention was drawn to the following areas within the report:

1. A further 1% funding to specifically be incurred on additional costs associated with delivering "A Healthier Wales"
2. The new Microsoft Enterprise Agreement; an element of funding was being retained until the number of unknowns, from a cost perspective, was clarified. At this stage it was not known how much funding would be forthcoming from Welsh Government.
3. Changes to the Welsh Government Monitoring Return process: NHS Wales organisations were issued with new guidance from Welsh Government in relation to the completion of the monthly financial monitoring returns submitted to them.

The Board supported in principle and endorsed the need for NWIS (Velindre Trust) to negotiate and conclude the renewal of Microsoft licences as part of an all Wales agreement, ahead of the current licence agreement which expired on 30 June 2019. Should any cost consequences of this be of a value that then required further Board approval, this would be brought back to either a future Board meeting or an alternative method of attaining such approval (e.g. Chair's Action) would be required. In implementing the outcome of any new agreement (e.g. MS Office 365) it was noted that the Trust would need to ensure that its ICT infrastructure was able to support any such transformation"

RESOLVED: That

- (1) **the Month one revenue and capital financial position and performance of the Trust was noted; and**
- (2) **the Trust's agreement to the upcoming new Microsoft contract renewal was formally supported in principle, as described above.**

45/19 PARTNERSHIP AGREEMENT WITH TRADE UNION

Claire Vaughan presented the report to the Board explaining that The Partnership Statement – Go Together Go Far, had been developed in partnership and was signed by the Chief Executive and the TUP representatives (UNISON, Unite, RCN and GMB) and demonstrated their commitment.

Furthermore, the refreshed Partnership Statement provided a renewed opportunity to promote the Trust's desire to "Go Together Go Far" across the Trust. It would involve engagement with colleagues and ensure that the Partnership Statement was visible at all Trust Premises.

The Board welcomed the progress being made in the relationship and welcomed the positive step going forward.

RESOLVED: That the Partnership Statement – Go Together, Go Far, was noted and welcomed by the Board.

46/16 UPDATE FROM COMMITTEES

- a. People and Culture**
- b. Finance and Performance**
- c. Quest**
- d. Audit**

The Chair of each of the above Committees gave an update on their relevant Committee, each referring to the written briefs which had been presented for noting.

47/19 MINUTES OF COMMITTEES

The Minutes of the Audit committee dated 7 March 2019 and the Quality Patient Experience and Safety Committee dated 26 February 2019 were presented to the Board.

RESOLVED: That the minutes of the above meetings as presented were received and adopted.

48/19 WELSH HEALTH CIRCULAR – NATIONAL CLINICAL AUDIT PLAN

RESOLVED: That the circular was noted

Date of next meeting: 19 September 2019

**UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH
 AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 30 MAY 2019
 at MATRIX ONE, NORTHERN BOULEVARD, MATRIX PARK, SWANSEA**

PRESENT:

Martin Woodford	Chairman of the Board (Interim)
Jason Killens	Chief Executive
Julie Boalch	Corporate Governance Manager
Dr Brendan Lloyd	Medical Director
Claire Bevan	Director of Quality and Nursing
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Pam Hall	Non Executive Director
Mark Harris	NEPTS General Manager South East
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Rachel Marsh	Interim Director of Planning and Performance
Louise Platt	Interim Director of Operations
Bleddyn Roberts	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce and Organisational Development
Ed Roberts	Project Accountant, Finance Department
Rachel Powell	Assistant Director of Research, Audit and Service Improvement

**TRUST BOARD
REPRESENTATIVES**

Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer

**VIRTUALLY
PRESENT**

Patricia Gaskell via Audio Dial-in	Trust Solicitor
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APOLOGIES

Keith Cox	Board Secretary
Chantal Patel	University Representative

16/19 RESOLUTION TO MEET IN CLOSED SESSION

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

17/19 PROCEDURAL MATTERS

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

Apologies were recorded from Keith Cox and Chantal Patel. The declarations of Mr Emrys Davies as a former member of UNITE, Professor Kevin Davies as an Independent Trustee of St John Cymru and of Mr Nathan Holman as Chair of the Llannon Community Council were noted by the Board.

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

18/19 111 PROGRAMME UPDATE

Interim Director of Finance and ICT Chris Turley gave an update of the current position in terms of the ongoing procurement process for a new integrated NHSDW / 111 / GPOoHs system for Wales, and also sighted the Board on recent correspondence received from Welsh Government in relation to the Trust's ongoing position in terms of its status as the provider of the 111 service in Wales.

Chris Turley explained that the procurement of the replacement 111 IT System had reached the Invitation to Submit Final Tender (ISFT) stage and the remaining two suppliers submitted their final bids on 29th March 2019. Unfortunately, neither bid was deemed acceptable, with the strong recommendation of the procurement project team being that neither be recommended for contract award. Both bidders had been notified and offered the opportunity to change their ISFT responses in respect of the feedback from the procurement project team. It was expected that this further round of dialogue, bid resubmission, re-evaluation and recommended outcome would be completed by the end of June or early July.

Chris Turley then referred to the letter sent from Andrew Goodall to the Chief Executive regarding the Long Term Hosting Arrangements for 111. The purpose of this was for the Board to discuss the contents of the letter and agree an appropriate response. Key points of discussion included the existing programme structure and governance arrangements, contracting authority for the new 111 system, the requirement to "ring fence" 111 within the Trust and how the Trust's Establishment Orders currently impact the organisations ability to undertake primary care face to face and home visiting functions.

In considering the update in further detail members raised the following points:

1. If the procurement process failed to find an acceptable bidder, would this cause contractual problems with the current provider? Chris Turley confirmed that the current CAS contract ran until November 2020 and the Adastral contract didn't expire until March 2021.

2. The understanding and expectation from Andrew Goodall with regards to the Trust's hosting/delivery of the 111 service appeared to potentially differ from that of the Board. In addition, there was still uncertainty over who would be the 'Contracting Authority' as this currently sat with Procurement Services but the expectation was that this would switch to the Trust.

3. In terms of good governance practices and the requirement for due diligence, the Trust would require greater clarity and understanding of what was being asked and expected of the organisation before being able to commit.

4. While the letter was generally positive, it was clear that further discussion was required in order to gain clarity over the Trust's role.

In response to the points raised above, the Board agreed that further discussions were required and a formal written response should be sent from the Trust. Jason Killens agreed to hold further informal talks with Andrew Goodall in order to gain a greater understanding of his position prior to drafting a formal written response which would outline and clarify the Trust's position in relation to the 111 programme.

RESLOVED: That

(1) the contents of this additional update on the 111 Programme were NOTED;

(2) the update and current status of the new system procurement was NOTED; and

(3) the letter received from Andrew Goodall on 12 April was DISCUSSED and NOTED and keys lines to be included in a required response were AGREED.

19/19 ELECTRONIC PATIENT CLINICAL RECORD – OUTLINE BUSINESS CASE

The Medical Director Dr Brendan Lloyd and Assistant Director of Research, Audit and Service Improvement Rachel Powell, gave an update on the ePCR Outline Business Case (OBC). The Board was being asked to endorse the ePCR OBC for submission to Welsh Government. Brendan Lloyd explained that the Trust's current digital pen contract expired on 31 March 2021 and to ensure business continuity, the Trust had developed the business case in order to bid for external funding from Welsh Government to replace the current digipen system.

Rachel Powell gave further details regarding the process of compiling the OBC and highlighted some key issues which had emerged. These included the difficulty in quantifying any potential benefits which would be gained from replacing the current digital pen system when compared to the cost of implementation.

Members noted the work which had gone into the preparation of the OBC and confirmed that while discussions with the Ambulance Commissioner had also identified a lack of quantifiable benefits, the Commissioner still endorsed the ePCR proposals.

In addition, Members noted that the current digipen system was only intended for short term use and would be unsustainable in the long term. In contrast, the ePCR represented the next stage in a longer term plan for service improvement.

RESOLVED: That the submission of the ePCR OBC to the Welsh Government via the formal scrutiny process was ENDORSED.

20/19 STRATEGIC SERVICE CHANGES

Rachel Marsh, Interim Director of Planning and Performance gave an update on strategic service changes which had been identified as having an impact on the services which the Trust provided. This included the opening of the Grange Hospital in ABHB

Members raised the following points:

1. Early modelling on data shared by ABHB suggested a best case scenario of circa £2m implication for the Ambulance service through to a worst case scenario of £6m in additional cost for patient transport and conveyance following the opening of the Grange hospital. However, these were indicative figures which had been derived from preliminary modelling. Further discussions were to be held with ABHB in July when there would be a greater understanding of the pathways being used at the Grange Hospital and the figures may change once more accurate data was available.
2. The decision by CASC to collapse its governance structure and disband the PDEG and JMAG groups was a cause for concern. The Board noted that CASC had stated their intention to replace these with a single "Joint Management Committee", however, to date this group was yet to meet and no proposed dates had been shared.

RESOLVED: That the contents of the paper were NOTED.

21/19 PARTNERSHIP PROPOSAL TO SUPPORT THE 108 AMBULANCE SERVICE IN THE STATE OF KARNATAKA, INDIA

Chief Executive Officer, Jason Killens gave a verbal update on the partnership proposal to provide technical support to the 108 ambulance service in the state of Karnataka, India. Jason Killens explained that this would essentially mean the Trust was providing a knowledge transfer and technical advice to the service without committing any financial support or additional resources.

In response to the proposal, members raised the following points:

1. India had sufficient resources to enable them to implement a service without needing technical advice from the Trust.
2. What did the Trust stand to gain from entering into a partnership with India and what were the potential risks to the Trust?

In response, Jason Killens stated that the risk to the Trust was purely reputational should the partnership be unsuccessful. The Trust was not committing any resources or financial support to the partnership and would only be providing technical advice and knowledge. Jason Killens explained that the proposal was in line with similar projects being supported by other NHS Trust's in Wales and any dealings would be at arm's length. The Trust would also set out in writing the scope of its involvement with clear break points should the Trust wish to end the partnership.

The Board felt that further information and discussion was required in order to fully understand what was being asked of the Trust before committing to the partnership.

RESOLVED: That the verbal update was received by the Board.

22/19 AMBER REVIEW - PRESENTATION

Interim Director of Planning and Performance, Rachel Marsh gave a presentation on internal actions following the Amber review. Key factors for consideration included:

An increase in RED calls coupled with a rise in the number of AMBER1 calls. AMBER2 calls showed a decrease meaning the AMBER category as a whole was fairly static. Green calls also showed a slight decrease in volume. Overall, this represented an increase in call volume for the most critical call categories with a slight reduction in the less critical calls.

In terms of performance, the 65th and 95th percentiles had not improved although there had been a significant reduction in the number of patients experiencing very long waits.

The performance report showed the number of planned resources compared against the number of actual resources was lower than expected, especially on RRV's.

There were nine recommendations which had resulted from the Amber review; reference was made to them in the update

Members considered the update in more detail and recognised that the Trust must continue to address issues which affected its performance.

RESLOVED: That the presentation to the Board was NOTED.

23/19 SIGNIFICANT CLAIM – CLAIMANT G

Patricia Gaskell joins via Audi Dial-in

Trust solicitor Patricia Gaskell sought authority from the Board to make a Part 36 offer of settlement for £50,000 (net of recoverable benefits) to the claimant. In the event that this was rejected, Patricia Gaskell sought authority to settle the claim up to a maximum of £100,000 (net of recoverable benefits).

Recoverable benefits for the claimant were £51,000. Therefore the total exposure to the Trust would be £101,000 for the Part 36 offer (£50,000 + £51,000 recoverable benefits) up to a maximum of £151,000 (£100,000 maximum authority to settle + £51,000 recoverable benefits).

The claimant had initially indicated that they were seeking damages of circa £700,000 which was regarded as wholly unrealistic. Counsel for the claimant had since suggested a figure of circa £185,000. The case was currently scheduled for trial in July 2019.

Trade Union Partner, Nathan Holman declared an interest in the claim as the claimant was a GMB member known to him.

Patricia Gaskell leaves the meeting

In considering the claim, Members discussed why the Trust was potentially vulnerable, what had been learnt and what was in place now to mitigate the Trust's liability. Claire Vaughan, Director of Workforce and Organisational Development explained that this was an historic case dating back to 2013. Since then, the Trust had taken steps to recognise the potential effects on staff of witnessing traumatic events with the Trauma Risk Management (TRiM) Programme being a good example of this.

RESOLVED: That

(1) Authorisation to make a counter Part 36 offer in the sum of £50,000 (net of recoverable benefits) was APPROVED.

(2) Settlement to a maximum authority of £100,000 (net of recoverable benefits) was APPROVED.

(3) The declaration of interest by Nathan Holman was NOTED.

27/19 ANY OTHER BUSINESS

Director of Quality and Nursing, Claire Bevan announced her decision to retire after a 37 year career in the NHS. This would be a transitional retirement with a view to selecting and appointing a successor before leaving the Trust in December.

Date of next meeting: 18 July 2019

**WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 30 MAY 2019**

CURRENT ITEMS

	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
23	24/19	28 March 2019	Discussion on Performance Indicators: Tolerance levels	Item for Board Development Day	Board Secretary	Scheduled for 30 July
24	39/19	30 May 2019	Engagement Strategy	Set up a task and finish group to develop the strategy – provide update at 18 July meeting	Director of Partnerships and Engagement	
25	42/19	30 May 2019	Monthly Integrated Performance Report	Actual figures to be included in future reports	Interim Director of Planning and Performance	

COMPLETED ACTIONS

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
1	Open Session 11/17	23 March 2017	Engagement And Communications Framework: Proposed Delivery Plan	The submission of an update report for consideration by the Board on a quarterly basis, beginning June 2017 was agreed.	E Hitchon	COMPLETED
2	Open Session 19/17	23 March 2017	Board Assurance Framework	The proposed process for implementation with the view to presenting the 'live' BAF report to the 29 June Board meeting was agreed.	K Cox	COMPLETED
3	Open Session 21/17	23 March 2017	Revision to Standing Orders and Scheme of Delegation and Delegation of Powers	Revisions to be implemented going forward	P Hollard	COMPLETED
4	Open Session 29/17	20 July 2017	Clarification on wording for resolution on Clinical Contact Centres (CCC) from March 23 Minutes	Agreed that the Director of Planning and Performance liaise with Board Secretary to provide clarity with the wording on the resolution regarding the CCC (Minute 06/17 refers)	K Cox	Clarity on wording provided and Minute amended to reflect change COMPLETED

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
5	Open Session 40/17	20 July 2017	Board Assurance Framework	Final BAF be presented to Trust Board at 28 September 2017 meeting	K Cox	On Agenda COMPLETED
6	Open Session 41/17	20 July 2017 and 28 September 2017	Revision to Standing Orders and Scheme of Delegation of Powers	A formal report on progress was to be presented at the Trust Board on 28 September 2017 meeting – Formal report deferred to 14 December 2017	K Cox/ P Hollard	COMPLETED Board delegated approval to Task and Finish Group to finalise following minor amendments
7	Open Session 54/17	28 September 2017	IMTP Refresh	In terms of the refreshed five priorities for the Trust, it would be advantageous to broaden the effective partnerships to include the third sector and patients within future reports	H Evans	COMPLETED
8	Open Session 58/17	28 September 2017	Standing Orders	A working group, to include the Executive Directors be set up in November to consider the Draft Standing Orders prior to submission to the Board	K Cox	COMPLETED
9	Open Session 70/17	14 December 2017	111 Service	A discussion on the next steps to be taken with 111 was agreed to be held at a future Board Development Day	H Evans	COMPLETED
10	Closed Session	22 March 2018	EMRTS	Invite Professor David Lockey to a future Board meeting to present an update on EMRTS	K Cox	COMPLETED
11	Open Session 40/18	19 July 2018	RISK MANAGEMENT STRATEGY AND FRAMEWORK 2018/21	Members noted that at paragraph 3.3 of the Risk Management Strategy and Framework, the structure shown	C Bevan	Risk Management Strategy and Framework has

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
				reflected the old IMTP structure and it was agreed this would be updated to illustrate the new structure		been updated COMPLETED
12	Open Session 42/18	19 July 2018	ADVANCED PRACTICE MODEL BUSINESS CASE	The Board was to receive regular updates on progress	B Lloyd	Update will be provided during Medical Director update COMPLETED
13	Closed Session	19 July 2018	Development of a Long Term strategic Framework	Board to receive update at next meeting – 27 September 2018	E Hitchon	On Open Agenda COMPLETED
14	59/18	27 September 2018	Patient Story	Update following any actions taken following the story presented at Board meeting on 27 September 2018	C Bevan	Update provided by CB, Item closed
15	60/18	27 September 2018	IMTP	Update to be provided at next meeting	E Hitchon	On Agenda Closed
16	74/18	13 November 2018	Update on actions to address those recommendations in the Amber Review which the Trust could progress immediately	To be presented at Trust Board in December	J Killens	Item On Agenda Closed
17	83/18 Open Session	13 December 2018	REVISED GOVERNANCE AND ACCOUNTABILITY FRAMEWORK	Finance and Performance Committee terms of reference be prepared for discussion at the Trust Board meeting of 28 March 2019	Keith Cox	On Agenda for 28 March 2019 meeting
18	87/18 Open Session	13 December 2018	DEVELOPMENT OF A LONG TERM STRATEGIC FRAMEWORK	Updated following comments to be presented to Trust Board on 29 January 2019	Rachel Marsh	COMPLETED On Agenda
19	28/18 Closed	13 December	SIGNIFICANT VALUE CLAIM – PATIENT P	Once settled, claim to be presented to Board for final sign off	Claire Bevan	Ongoing

Wednesday, 10 July 2019

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
	Session	2018				
20	29/18 Closed Session	13 December 2018	SIGNIFICANT VALUE CLAIM – PATIENT W	Virtual Board meeting was to consider further clarity on costs. Formal update to be presented at next Board meeting	Keith Cox Claire Bevan	Completed 29 January 2019
21	30/18 Closed Session	13 December 2018	NHS STRATEGIC SERVICE CHANGES	Deferred to 29 January 2019 Trust Board Meeting	Rachel Marsh	COMPLETED On Agenda
22	18/19	28 March 2019	Patient Story	Update following story regarding Rosalyn	Director of Nursing	Comprehensive update provided by Claire Bevan at 30 May meeting



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

AGENDA ITEM No	2.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

Developing Our Relationships: A Revised Draft Strategic Framework for Engagement for the Welsh Ambulance Service 2019-22

MEETING	Board
DATE	18/07/2019
EXECUTIVE	Director of Partnerships and Engagement
AUTHOR	Director of Partnerships and Engagement
CONTACT DETAILS	Estelle Hitchon M: 07990 085055 E: estelle.hitchon2@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP Objectives
CORPORATE RISK (Ref if appropriate)	CRR 34: Trust Reputation
QUALITY THEME	7 Staff and Resources
HEALTH & CARE STANDARD	3.2 Communicating Effectively

REPORT PURPOSE	To gain Board approval for the Revised Draft Strategic Framework for Engagement 2019-22 and associated Delivery Plan.
CLOSED MATTER REASON	Not applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Board Development Session	October 2018	Early engagement and discussion
Board Development Session	February 2019	Further discussion
Executive Management Team	May 2019	Initial draft circulated and comments received
Board	May 2019	Framework reviewed. Further work advised

NED T&F Group	July 2019	Further discussion and subsequent revision of draft
NED T&F Group, Chair and Executive Team	July 2019	Final observations incorporated into updated draft

SITUATION

1. An initial draft engagement framework and associated delivery plan was presented to the Board at its May 2019 meeting.
2. Board members recognised the extent of the work described and the limited resources available to deliver, suggesting that a small group of non-executive directors with an interest in the field work with the Director of Partnerships and Engagement to support the prioritisation of activities.
3. This revised framework is the result of that prioritisation process.

BACKGROUND

4. The Welsh Ambulance Service's first engagement framework was adopted by the Board in 2016. Since that time, the organisation's reputation and organisational narrative have continued to develop positively.
5. As the organisation enters the next phase of its development, and with significant challenges ahead to realise the ambitions outlined in its *Delivering Excellence* long-term strategic framework, the need to prioritise engagement with key stakeholders and galvanise their support has become even more acute.

ASSESSMENT

6. The revised draft engagement framework outlines the strategic drivers which have informed its development and provides detail on purpose and outcome, key stakeholders, messaging, resourcing, roles and responsibilities.
7. The associated delivery plan details 2019/20 actions to ensure engagement activity is targeted in those areas where optimum benefit can be derived and/or where there is greatest organisational/reputational risk.
8. These areas have been kept deliberately few in number, recognising the challenge of resourcing and the need to remain focused.
9. That said, those activities outlined within the delivery plan do not represent the entirety of the organisation's engagement with stakeholders. Significant work is undertaken as part of "business as usual" activity. The delivery plan calls out those areas where specific focus is required to move forward the organisation's strategic agenda.

RECOMMENDED:

- That the Board supports the direction of travel set out in the Revised Draft Strategic Framework for Engagement
- That the Board endorses the Revised Draft Delivery Plan and proposed reporting schedule

EQUALITY IMPACT ASSESSMENT

An EQIA will be undertaken to ensure the rights of protected characteristic groups are respected and that there is no adverse impact.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or “Not Applicable”
Equality Impact Assessment	To be completed
Environmental/Sustainability	Not applicable
Estate	Likely to be impacted by collaborative working
Health Improvement	See framework
Health and Safety	Not applicable
Financial Implications	Not identified at this stage
Legal Implications	Engagement activities will need to comply with the requirements of the Welsh Language Standards where applicable.
Patient Safety/Safeguarding	Not applicable
Risks	See framework
Reputational	Throughout
Staff Side Consultation	Staff partners have been actively involved in the development of the long term strategy and IMTP from which this framework is derived. Issues of reputation and engagement are routinely discussed at the bi-monthly Welsh Ambulance Services Partnership Team meetings.

Issue	Action	Who	When	Progress	Anticipated Outcome
Response to staff survey results 2018	Development, delivery and evaluation of organisational response plan, which responds to issues raised, including: <ul style="list-style-type: none"> - Visibility of leaders - Bullying - Violence and aggression - Management of change - Communication at all levels - Mental wellbeing - Team working 	Director of WOD Director of Partnerships and Eng	Update to July 2019 People Committee Review end qtr 4 2019/20 to assess progress and next steps		Colleague experience improved Improved confidence in leadership in responding to colleague concerns Colleagues better understand long term strategy and direction of travel Colleagues feel safer in the workplace
Workforce issues: Meal breaks Rostering Role reviews e.g. CTL Band 6 benefits Shift patterns Consultation on portfolio changes Proposed NEPTS social journeys changes Improved approach to recruitment and support of volunteers, with concomitant impact on service contribution	TUs (local and regional officers where required) engaged early in all relevant discussion Clear communication with managers and colleagues about proposed developments with opportunities for two-way engagement External stakeholders identified and appropriate communication in place, e.g. CHCs, WG, commissioners, CASC, patients etc	Director of WOD Interim Deputy Director NEPTS Director Ops Director Partnerships and Eng	By end quarter 4 2019/20		Workforce understand and accept need for change and are responsive External stakeholders acknowledge and are supportive of changes. Mutual benefits are clearly identified. Patients experience service appropriate to their needs Existing and potential volunteers feel supported and committed

Issue	Action	Who	When	Progress	Anticipated Outcome
Amber Review: WAST Response	Develop and deliver a programme of public engagement that focuses on call prioritisation and resource utilisation in line with the recommendations of the Amber Review	Director of Nursing and Quality (PECI)	March 31 2020		People understand the way in which calls are prioritised and the resources available. They are able to make better choices when selecting services appropriate to their need
	Work closely with CASC and NCCU colleagues to engage staff in the progress of the actions emanating from the Amber Review	Interim Director of Planning and Performance	March 31 2020		Teams understand the implications of the Amber Review and recognise and support the need for the changes required
	Manage collaboratively the messaging around the outcome of the demand and capacity review through development of a comms plan with CASC (as per Amber Review)	Chief Executive Director of Partnerships and Engagement Interim Director of Planning and Performance	October 31, 2019		Outcome of Demand and Capacity Review is understood and accepted by colleagues, commissioners, CASC, WG and politicians.
Commissioner/LHB engagement	Work closely with the CASC to finalise revisions to Ambulance Quality Indicators and ensure their communication to stakeholders	Interim Director of Planning and Performance	September 30 2019		AQIs are agreed and supported as appropriate measures of quality and performance
	Develop monthly briefing for EASC members on WAST developments, performance etc.	Interim Director of Planning and Performance	September 30 2019		Commissioners have accurate and timely information. Relationships are strengthened

Issue	Action	Who	When	Progress	Anticipated Outcome
Commissioner/LHB engagement	Continue engagement with primary care clusters and LMCs to secure understanding of ambulance call prioritisation system and out of hospital opportunities	Medical Director	March 31 2020		Primary care colleagues understand call prioritisation and dispatch system. Rotational model continues to develop
	Collaborate with health boards to deliver a range of referral pathways – ensure engagement is consistent and that benefits of pathways are mutually agreed and understood Ensure representation and attendance at regional planning committees to optimise opportunities for discussion.	Interim Director of Planning and Performance (supported by Director of Ops and Medical Director)	March 31 2020		More referral pathways are developed and/or existing pathways accept referrals from ambulance staff. Conveyance rates to EDs reduce. Health board colleagues understand clinical model, profile of patients and recognise need to improve pathway availability. Relationships improved
	Identify and action opportunities to promote the work and development of the APP model and other alternative models of care	Director of Partnerships and Engagement (Comms Team) Medical Director	March 31 2020		The model of delivery and potential of the APP role is understood and supported

Issue	Action	Who	When	Progress	Anticipated Outcome
Commissioner/LHB Engagement	Review and agree lead Exec roles in relation to health board areas, with anticipated outcomes clearly identified	Chief Executive (supported by Director of Partnerships and Engagement)	September 30 2019		Clarity of role and expectation. Relationships with health board colleagues improved.
	Review and agree lead NED roles in relation to health board areas, with anticipated outcomes clearly identified	Chair	September 30 2019		Clarity of role and expectation. Relationships with health board NEDs improved. Opportunities for further collaboration identified.
Schools engagement	Map current schools engagement activities and develop a standards framework as a baseline for further development and systemisation in years 2 & 3	Director of Nursing and Quality (PECI Team)	March 31 2020		Organisation has clear roadmap for schools engagement, with appropriate governance and standards framework. Consistency of messaging.
Wider system, public service and political engagement	Provide system leadership in the development, implementation and evaluation of a system wide communication and engagement plan for winter 2019/20, working closely with health boards, Welsh Govt and CASC	Director of Partnerships and Engagement	October 31 2019		Demand is reduced, particularly at key pinch points, e.g. festive season, periods of adverse weather. WAST messages are basis for system messaging.

Issue	Action	Who	When	Progress	Anticipated Outcome
Wider system, public service and political engagement	Ensure representation on a minimum of three regional partnership boards, ensuring WAST is visible at strategic level and identifying strategic collaboration opportunities with a range of stakeholders that reflect organisational strategy, ambition and deliver improved services for patients	Director of Partnerships and Engagement	December 2019		WAST is visible at RPB level. Strategic significance of the organisation is identified & welcomed. Opportunities for further collaboration identified, improving patient care and meeting organisational ambition. Alternative funding for developments identified
	Develop collaborative opportunities with a range of stakeholders to provide estates opportunities that meet organisational ambition	Interim Director of Planning and Performance	March 2020		New and alternative estates opportunities are available. Improved environments for staff. Relationships with partners improved.
	Undertake a “voice of the stakeholder” exercise to gauge and understand stakeholder views and perceptions of the Welsh Ambulance Service and from which a year 2 and 3 engagement delivery plan can be built	Director of Partnerships and Engagement	31 March 2020		Organisation understands how it is perceived by stakeholders. Engagement plan 2020-21/21-22 better reflects need and addresses any issues. Stakeholders feel heard and able to influence

Issue	Action	Who	When	Progress	Anticipated Outcome
Wider system, public service and political engagement	Continue programme of political meeting as appropriate, including briefing in advance of winter 2019/20 to group leaders	Chief Executive (supported by Director of Partnerships and Engagement and CASC)	March 31 2020		Organisation is viewed as receptive and transparent. Politicians have access to current and accurate information
	Continue to identify opportunities to submit evidence to assembly inquiries/reviews	Director of Partnerships and Engagement	March 31 2020		Organisation is seen as having constructive views and ideas to offer. Policy-makers view WAST contribution as important and valued.
	Ensure clear and timely engagement with WG colleagues in relation to issues of assurance, performance and service developments in order to secure appropriate support and engender confidence	Chief Executive / Executive Team	March 31 2020		Confidence in ability to deliver is maintained and improved. Information is shared in a timely manner. Issues are identified and flagged early, with appropriate remedial action identified. Proposed service developments are understood and supported

Issue	Action	Who	When	Progress	Anticipated Outcome
Engagement with HE	Identify and implement regular programme of engagement with HEIW /HE providers to ensure early involvement in workforce planning and support for new roles	Director of WOD Medical Director	March 31 2020		Support is secured for WAST requirements in education commissioning process. Curricula are influenced. HEIW and HEIs respond positively to innovation, creation of new roles etc
	Develop appropriate relationships with HE providers that support securing of University Trust status and deliver range of organisational and patient benefits	Director of WOD	December 31, 2019		University Trust status is supported by HE partners and delivers appropriate organisational and patient benefit
Private sector engagement	Scope potential partnering with private sector organisations to work collaboratively on digital solutions in the context of improved colleague, patient and public experience	Director of Digital	March 31 2020		Organisation is visible to potential private sector partners. Partners are aware of direction of travel and are responsive
Messaging	Suite of core messages to be developed and refreshed at quarterly intervals (or sooner if required) and distributed to Board members, senior leaders and managers	Director of Partnerships and Engagement	From July 2019		Consistency of messages to support engagement activities Staff, stakeholders remain connected to the key tenets of organisational strategy and operational priorities

Welsh Ambulance Services NHS Trust

Draft Strategic Framework for Engagement: 2019-22

Introduction

As a core NHS service with a national footprint and responsibility, it is crucial that the Welsh Ambulance Service engages effectively with its many stakeholders to deliver the best possible services for the people of Wales.

The Trust's first Board-level engagement framework was approved in 2016 and, since that time, the organisation has made considerable progress in reframing its relationships with a range of stakeholders, contributing to a shift in our organisational narrative and releasing a number of opportunities for further strategic and operational developments. The framework was also recognised as an example of good practice in NHS Wales by our internal auditors.

2018/19 has seen the development of both a new Long Term Strategic Framework for the Welsh Ambulance Service, which sets the vision and aspiration for the organisation to 2030, as well as a new Integrated Medium Term Plan, which identifies the steps we will take to begin to operationalise that vision over the coming three years, from April 2019.

Similarly, the outcome of the 2018 NHS Wales staff survey demonstrates not only significant improvement in engagement levels, but also signals the need for a greater focus on communication and connectivity with colleagues.

It is important that, as an organisation, we retain the confidence of our many stakeholders and maintain our own credibility and influence as a forward-thinking and reliable provider of out-of-hospital care, especially as we enter a new period of change and evolution of our services, with the attendant challenges and risks this brings.

These factors, coupled with the growing maturity of the organisation as a key player within NHS Wales and the ambulance service's role as a commissioned provider, mean that now marks an appropriate opportunity to redefine our approach to engagement as we seek to deliver excellence.

Strategic Context

Since the development of the Trust's original engagement framework in 2016, there have been a number of strategic and political developments which will now need to influence the next iteration of the Trust's organisational approach to engagement.

The publication in 2018 of the Welsh Government's long term strategy for health and care in Wales, *A Healthier Wales*, marked a clear expectation that health and social care partners should work far more collaboratively to deliver the resilient communities and effective, personalised care that the people of Wales need now, and will do increasingly in the future.

A collision of demographic, workforce, social, economic and other pressures means that traditional models of care and of public expectation of how, when and where healthcare is delivered, which have evolved over the more than 70 years of the NHS' existence, will need to alter radically if we are able to provide the level of care which is required to keep the people of Wales healthy and well over the longer term.

Our public education work and engagement with patients will be critical in helping the people of Wales understand how we configure our services, how calls to 999 are prioritised and how to ensure that services are readily understood and used appropriately, particularly as our service offer widens and become less focused on the traditional model of ambulance deployment. Improved public engagement also features as a recommendation of the *Amber Review*, which was published in November 2018.

Similarly, the *Wellbeing of Future Generations Act 2015* and the expectations of our health board commissioners, as reflected in their annual commissioning intentions, commit us to thinking more strategically about the importance of collaboration as part of our commitment to delivering sustainable services which reflect the healthy, prosperous and resilient Wales outlined in Welsh Government's strategy for the nation, *Prosperity for All*.

We also have a significant role in both the process of NHS Wales' system leadership and in anticipating and understanding the needs of a changing population, ensuring that our services are resilient and agile enough to meet continual changes in pattern of demand and patient acuity, working with partners, rather than in isolation, to deliver this.

Our relationship with our health board commissioners via the Emergency Ambulance Services Committee continues to mature and it is important that we consolidate and continue to develop this important interface, meeting our commitment to deliver on our collaborative commissioning intentions.

Ensuring we remain an "employer of choice" in a highly competitive labour market where skilled professionals, be they clinical or in support services, are much in demand, means that we need to continue to invest in the culture of our organisation, with a firm and explicit focus on colleague engagement.

In response to these strategic drivers, the Welsh Ambulance Board has developed and agreed a long term strategic framework to 2030, which articulates the ambition and direction of travel of the organisation over the next decade. While the framework itself will remain a developing work, it is clear that the basic tenets on which it is predicated, namely demographic and technological change, workforce availability and skill, and resourcing, all require us to develop existing, and foster new, relationships.

Our delivery vehicle for our long term strategic framework is our three year Integrated Medium Term Plan, the most recent of which was approved by Welsh Government in March 2019 for the 2019-22 period.

It is also important to note that the Welsh Ambulance Service has a statutory need to engage continuously with patients as part of a cycle of continuous improvement, which provides a rich seam of learning for the organisation and which informs the way in which services are developed.

Finally, Welsh Government is bringing forward legislation, the *Quality and Governance in Health and Care (Wales) Bill* which proposes, amongst other things, to introduce a statutory duty of candour and replace the current Community Health Councils with a new citizen voice body.

The Bill has now been formally introduced (summer 2019) and must go through a number of stages before it becomes an Act. Once passed into legislation, the Act will clearly have an impact on our engagement activities, for which we need to prepare now.

Reputational Risks and Issues

Significant progress has been made in recent years in relation to the reputation of the Welsh Ambulance Service. The organisation is increasingly seen as delivery-focused, innovative and responsive.

However, reputation is hard won and easily lost. Having been on a steep trajectory of improvement, there are challenges in maintaining momentum, against the backdrop of a difficult performance environment, risking credibility and potentially denuding reputation, particularly in respect of public and governmental confidence in the service's ability to deliver reduced waiting times for patients whose needs are not categorised as immediately life threatening, as outlined in the *Amber Review* recommendations.

Similarly, the fact that the Welsh Ambulance Service is a commissioned provider, while retaining its status as a statutory and accountable body in its own right, could lead to confusion and tension with commissioners without strong relationships, especially as the organisation seeks to widen its clinical and service offer as part of its longer term ambitions.

These reputational risks are equally important when we consider the organisation's approach to engagement.

Resourcing

While it is clear that the organisation has a significant job of work to do in its engagement with stakeholders, it is equally clear that the resources available to deliver this are limited. While three separate Directors have a discrete element of engagement within their portfolios (Director of Partnerships and Engagement: external (media and political); Director of Quality and Nursing: patient experience and community involvement; Director of Workforce and OD: colleague engagement), all Directors have accountability for engagement with key stakeholders as they relate to their portfolios.

Add to this the range and complexity of stakeholders across Wales and it is clear that an element of prioritisation is needed to ensure that core relationships are developed, based on criticality to our organisational ambition, recognising that the resources simply do not exist to accord each stakeholder a comparable level of attention.

Those resources that exist to support organisational engagement need to be aligned to these priorities, while other colleagues who, through their roles, play an important part in engagement need to be clear on the priorities and the messages we need to share with our stakeholders, as well as the relationships on which we need to focus.

Purpose and Outcomes

While the principle of continuous engagement is one with which we have a statutory duty to comply, hence our adoption of the National Service User Frameworks and the National Principles for Public Engagement in Wales, it is important to be clear that all aspects of engagement must be able to demonstrate purpose and outcome.

While the organisation needs to be agile enough to harness opportunities as they arise through the engagement process, it is important that we are clear about the outcomes we are trying to deliver through improved engagement.

These outcomes might be summarised as:

- The workforce and trade union partners are engaged and understand and support the organisation's long term ambition and direction of travel. They recognise the need to be "change ready", adapting and developing roles, working patterns and practices to facilitate this.
- Commissioners (and commissioning infrastructure) support and understand the organisation's long term ambition and direction of travel, evidenced by the necessary redirection of resources to realise
- Political and civil service stakeholders support and understand the organisation's long term ambition and direction of travel, evidenced through support for business cases, investment decisions and developments in models of care
- Patients feel confident in giving feedback on our services, both positive and otherwise, and trust that this will be considered and, where appropriate, acted upon as part of a process of continuous improvement and that there is evidence to support this
- The people of Wales understand the role of the ambulance service as a clinical service that provides care in a number of ways, including via digital, telephone, face-to-face and that an ambulance or a Non-Emergency Patient Transport Service (NEPTS) vehicle is deployed only in cases of appropriate clinical need
- People increasingly know and understand the difference between services (e.g. 111/999) and when and how it is appropriate to contact them. The expectation of automatic dispatch of an ambulance and/or conveyance to a hospital or other facility will be reduced
- The media and political environment is supportive. When scrutiny is required, challenges are constructive rather than damaging and relationships are sufficiently strong to manage difficult issues

- Partners across the NHS, blue light emergency services and the wider public and, where appropriate, private sector, regard the Welsh Ambulance Service as a reliable and committed partner and are confident in collaborating on a range of initiatives where there is tangible and mutual benefit, organisationally and/or for citizens
- The Welsh Ambulance Service is able to progress some of its key enablers increasingly via collaboration, e.g. estates, including through formal partnership structures such as Regional Partnership and Public Service Boards, where its contribution is welcomed and recognised
- NHS partners involve the Welsh Ambulance Service in issues of service change at an early stage and reflect the aggregate impact of such changes across Wales in their commissioning intentions for emergency and non-emergency ambulance services
- Regulators and inspection bodies understand the organisation's ambition and direction of travel, are constructive in their scrutiny and receive an open and positive experience from the Board, senior leaders and staff during visits etc. They feel assured that challenges are being dealt with appropriately and that the governance of the organisation is strong, robust and forward-thinking
- The organisation has credibility and its reputation in the wider landscape of NHS Wales and ambulance services nationally and internationally continues to grow

It is important to note that this list is not intended to be comprehensive and that these outcomes are predicated on a sustained and long-term approach to engagement and communication, recognising that relationships are currently at different levels of maturity. Critically, higher levels of engagement in all these realms should result in improved patient care and experience.

Stakeholder Identification and Analysis

The Welsh Ambulance Service has a disparate and significant number of stakeholders, all of whom have an interest in the work and development of the organisation. Similarly, their level of influence and impact is differential.

As part of this strategy's delivery plan, stakeholders will be segmented into four broad constituencies of interest, which themselves will have a number of subsets which will not be demarcated here:

- Patients, public and communities
- Internal (colleagues, trade union partners and volunteers)
- System and government
- External stakeholder

The following table identifies a prioritised rather than comprehensive analysis of stakeholders. This is to ensure that engagement is focused on those stakeholders whose support is currently most important in helping the organisation deliver its organisational objectives. It should be noted that priorities are rarely static and will require regular review. This analysis is therefore proposed for discussion.

Stakeholder Domain	Stakeholder	Influence/Impact	Outcome Needed	Focus Level
<i>Patients, public, communities</i>	Patients	High	Understand response model and ambulance availability/resourcing Have confidence in service Feel confident in giving feedback and in quality of response received	High
	Public	High	Understand response model and ambulance availability/resourcing Have confidence in service Understand service offer & how to use various elements e.g. online/111 etc.	High
<i>Internal</i>	Colleagues	High	Support new patterns of working, skill mixes etc. Understand direction of travel and prepared to be agile to adapt as required	High
	TU partners (local and regional officer level)	High	Understand direction of travel. Understand and support need for changes to patterns of work, skill mixes etc. Advocates with workforce to support change readiness	High
	Volunteers	Medium	Improved recruitment and retention Improved contribution to organisational performance & delivery More resilient communities Improved outcomes for patients Increased take up of GoodSam app	High

Stakeholder Domain	Stakeholder	Influence/Impact	Outcome Needed	Focus Level
<i>System and Government</i>	Local Health Boards	High	Commissioners understand & support direction of travel Commission appropriately by reflecting in commissioning intentions Redirection of/support funding	High
	Primary Care	High	Understand service offer and call prioritisation model Support rotational model for APP Support communication with patients in relation to service provision e.g. NEPTS	High
	Health Education and Improvement Wales (HEIW)	High	Education commissioning numbers reflect organisational need and future skills requirements	High
	Chief Ambulance Services Commissioner (CASC)	High	Support for long term strategy Influences commissioners to ensure direction of travel is supported Offers constructive challenge Helps align strategy and organisation with wider NHS Supports collaborative working with agreed shared outcomes	High
	National Collaborative Commissioning Unit Team	High	Works constructively with organisation to ensure performance and developments are monitored and supported appropriately Agile to service requirement Supports collaborative working with agreed shared outcomes	High

	Stakeholder	Influence/Impact	Outcome Needed	Focus Level
	Politicians (MPs/AMs)	High	Understand and support model of care Understand and support long term strategy Offer constructive scrutiny and challenge Understand and take up opportunities to engage e.g. briefings	High
	Welsh Government (Ministers and civil servants)	High	Understand and support long term strategy Support developments aligned to strategy and reflect in allocation of resources Support relationships with commissioners/CASC and act as honest broker if required	High
<i>External Stakeholders</i>	Media (print, broadcast, digital)	High	Balanced reporting Understand direction of travel and recognise and publicise innovation Solid relationships with senior leaders and “go-to” organisation Seen as responsive, agile organisation	High
	Higher education providers	High	Support training requirements Agile responsive to organisational need Support diversity agenda Supportive of University Trust status	High
	Blue light partners (police/fire services)	Medium	Consider WAST as equal and reliable partner Understand direction of travel Recognise and support opportunities for collaboration and innovation	High

	Stakeholder	Influence/Impact	Outcome Needed	Focus Level
	Community Health Councils/successor orgs	Medium	Positive relationship predicated on mutual trust and respect Understand/support direction of travel Recognise changing face of service and act as trusted advisor on issues of service change Understand role of WAST in wider NHS system	High
	Local Authorities (members and officers)	Medium	Recognise system contribution of WAST and importance in community-based care Understand/support direction of travel Offer constructive scrutiny and challenge Recognise and support importance of WAST in planning, health and social care terms Advocate for WAST in partnership fora, e.g. RPBs, PSBs etc Supportive of, and enables programme of schools engagement Supports opportunities for collaborative working/facilities etc	High
	Private sector organisations e.g. technology field	Medium	Understand needs of organisation and recognise opportunities for partnering	High

NB:

- Stakeholders have been prioritised and list is not comprehensive
- Prioritisation based on level of focus required. High = requires additional or sustained high focus. Stakeholder critical or relationship underdeveloped. May require redirection of focus
- Where stakeholder influence/impact level is described as medium and focus is high, this may be a function of an evolving relationship which requires further focus to deliver optimum mutual benefit

Messaging

It is important that all members of the wider Welsh Ambulance Service team, from Board to floor, receive, understand and transmit a clear and coherent set of messages to all our stakeholders, recognising that all messages need to be tailored to their audience and regularly reviewed. Importantly, the feedback we receive will equally inform our thinking and, where appropriate, can be used to modify our messages and approach moving forward.

Indicatively, our core messages will include:

- The service is evolving at pace, driven by a commitment to high quality clinical care
- The Welsh Ambulance Service is not a transport service - its role in the out-of-hospital arena is about maintaining people in the community as far as possible, with conveyance being a last, rather than first, resort
- We are part of the wider out-of-hospital NHS team – we deliver care in a range of settings with a variety of other clinical professionals and this element of our work is growing
- Our role as an all-Wales provider gives us a “helicopter view” of services like no other organisation – this helps us support others in “joining up” services for patients
- We are increasingly a provider of, and signpost to, other services which are more appropriate to patient need e.g. 111
- We provide individualised, patient care – this results in different responses to different patients, dependent on need, including in our non-emergency service
- We are on a journey of professionalism, upskilling our people to be able to provide better quality and more appropriate care for our patients
- We lead the way in innovative workforce approaches and develop our people to be their best, including our volunteers
- We work as an equal partner in NHS Wales and contribute to all elements of the out-of-hospital care system
- We are a forward-thinking and agile partner, which actively seeks collaborative opportunities as a way of delivering our organisational ambitions and which delivers on our commitments
- We embrace opportunities and recognise the value that technology can add to our service
- We will advocate on behalf of our patients and our people to continue to improve the wider NHS system to ensure we can deliver a service that we can all be proud of
- We are open to challenge and scrutiny and learn from the experiences of our people and patients, taking concrete action to address issues raised or explain why we cannot change things
- We embrace diversity and work hard to reflect the communities we serve
- We do what we say we will do or justify early why we cannot.

These messages will be reflected across our communications platforms and in our stakeholder engagement activities, in language and in formats appropriate to our audiences. They will also be reviewed on a quarterly basis and refreshed as appropriate, to ensure that they remain current and provide for consistency, reflecting both strategic direction and operational exigencies.

Roles and Responsibilities

Engagement is very much a team sport and requires colleagues from Board to the frontline to play their part in delivering messages, listening to feedback, adjusting and modifying messages and approaches as a result, recognising that roles discretely focused on engagement are limited.

While individual directors are accountable for engagement activities in their own portfolio areas, it is the responsibility of the Board (both executive and non-executive directors) to set the tone for our approach, while the Board and the wider senior leadership team have a responsibility to work collaboratively, engaging with stakeholders in a manner appropriate to their respective roles.

All staff have an ambassadorial role with stakeholders, crucially patients, their families, carers and the public, as well as colleagues across the wider NHS and public service.

Indicative roles are as follows:

Non-Executive Directors

The core role of non-executive directors rests in the areas of governance, assurance, challenge, support and strategy.

In relation to stakeholder engagement, the NED role can be summarised as:

- Advocacy of the organisation, its ambitions and objectives, particularly in the realm of Health Board Independent Members i.e. NED to NED/Board to Board relationships
- Support and challenge of Directors on stakeholder engagement activities, particularly where there is a portfolio alignment
- Advocacy across the wider public service and other networks as appropriate, including through those geographic links as agreed with the Chair
- The Chair has a discrete role in advocating and gaining support for strategic direction with fellow Chairs and Ministerially
- Sharing intelligence and information regularly, through the Chair, in order that any emergent issues can be managed efficiently and effectively
- Representing the organisation as appropriate at a range of fora and events, as agreed and required

Directors

Directors have a significant role in furthering the ambitions and objectives of the organisation through:

- Regular and purposeful engagement and involvement of colleagues in the strategic direction of the organisation, supporting the translation of strategy into discrete action
- Advocacy of the organisation, its ambitions and objectives with a range of stakeholders as appropriate, based both on portfolio accountabilities and any geographic alignment/account management approach agreed with the Chief Executive
- Garnering support for the organisation and its strategic direction with professional peer groups and relevant professional bodies/organisations
- Identifying and progressing opportunities to collaborate where a partnership approach can deliver mutual benefit
- Sharing intelligence and information regularly, routinely through the Executive Management Team meeting process, in order that any emergent issues can be managed efficiently and effectively
- Representing the organisation as appropriate at a range of fora and events, as agreed and required by the Chief Executive

Senior Leaders

- Regular and purposeful engagement and involvement of teams in the strategic direction of the organisation, supporting the translation of strategy into discrete action
- Advocacy of the organisation, its ambitions and objectives with a range of stakeholders as appropriate, as agreed with the relevant Director
- Garnering support for the organisation and its strategic direction with professional peer groups and relevant professional bodies/organisations
- Identifying opportunities to collaborate where a partnership approach can deliver mutual benefit, in conjunction with, and with the approval of, the relevant Director
- Sharing intelligence and information regularly, routinely through the Assistant Director Leadership Team meeting process and, where appropriate, onward to the Executive Team via the linked Director (Board Secretary) in order that any emergent issues can be managed efficiently and effectively
- Representing the organisation as appropriate at a range of fora and events, as agreed and required by the relevant Director
- Encouraging contributions and feedback from staff through appropriate structures, for example team meetings, internal focus groups or local/national staff surveys, with a commitment to acting on the outcomes

Staff

- Advocates for the organisation with patients, their families and carers and the wider public
- Involvement in appropriate activities which support the development of key stakeholder relationships e.g. education, recruitment and public events etc.

- Sharing intelligence, information and patient feedback regularly through the team and line management process
- Completing local or national staff surveys to share information

Evaluation and Agility

The delivery of the Engagement Strategy forms a key tenet of the Trust's Integrated Medium Term Plan and, as such, progress against the supporting delivery plan will be reported to Board on a quarterly basis.

In addition, the Strategic Planning and Partnership Forum will be the main internal assurance group monitoring delivery, reporting through the Strategic Transformation Board.

Additionally, colleague engagement activity will reported via the People Committee and patient and community engagement through the Quality, Experience and Safety Committee (QUEST).

Given the changing nature of stakeholder relationships, it is important that this strategy is agile enough to respond to developments in this realm. On this basis, while this strategy is intended to cover the 2019-22 IMTP period, the appended delivery plan covers 2019-20 initially, with the 2020-21 delivery plan to be provided with the Board update in March 2020.

Ends/EVH/July19



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

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

Update on 2019/20 Capital Programme

MEETING	Trust Board
DATE	18 th July 2019
EXECUTIVE	Rachel Marsh, Interim Director of Planning and Performance
AUTHORs	Richard Davies, Assistant Director, Capital & Estates Ed Roberts, Capital Accountant
CONTACT DETAILS	Richard.davies16@wales.nhs.uk Edward.Roberts@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP Delivery
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	2.1, 2.4, 3.1

REPORT PURPOSE	To provide the Trust Board with an update on the 2019/20 capital position and provide recommendations for approval relating to the allocation of an element of the 2019/20 Discretionary Capital Programme.
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Finance & Performance Committee	16 July 2019	For noting and approval
Trust Board	18 July 2019	For noting and approval

WELSH AMBULANCE SERVICES NHS TRUST

UPDATE ON 2019/20 CAPITAL PROGRAMME AND RECOMMENDATIONS RELATING TO DISCRETIONARY CAPITAL PLAN 2019/20

SITUATION

1. This paper is to provide the Board with:
 - An update on the 2019/20 capital programme and spend for the Trust;
 - Information on schemes that have been prioritised as part of the Discretionary Capital Programme for 2018/19, two of which will require Board approval.

OVERALL CAPITAL SPEND 2019/20

2. Table 1 below details the current financial position as of month 3 for both the All Wales Capital schemes and the internal discretionary capital allocation (also included in the Finance Report). A more detailed breakdown of this expenditure is provided in Annex 1. Whilst it can be seen that only £270k has been spent to date, this is not untypical for this point in the financial year and is in line with plans.

Table 1

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
Brokerage return of St Asaph	(191)	(400)
ESMCP – Control Room Solution	29	313
Vehicle Replacement Programme 2019/20	329	13,586
Cardiff Make Ready Depot FBC Fees	0	559
Sub Total	167	14,058
Discretionary:		
I.T.	206	782
Equipment	(163)	152
Statutory Compliance	0	0
Estates	42	1,151
Other	19	3,870
Sub Total	103	5,955
Total Expenditure	270	20,013
Less NBV reinvested		(130)
Total Funding from WG	270	19,883

DISCRETIONARY CAPITAL PROGRAMME

3. A paper was considered at the Finance and Performance Committee (FPC) in April 2019 meeting on the allocation of the discretionary capital funding. It was noted that an element of the funding had already been committed, for example, through slippage of schemes approved in 2018/19, which left £4.814m to allocate.
4. Proposals for a range of top-slices were considered and approved by the Committee, including £500k for estates, £175k for ICT, £300k for fleet, £350k for project costs and £100k for design fees. This left a total of £3.519m to allocate.
5. Since the last FPC, the Internal Capital Planning Group (ICPG) has received a number of business cases. These have all been financially verified and then scrutinised by ADLT, prior to being scored and prioritised at the ICPG.
6. A number of schemes below £100k have been prioritised, which have therefore been approved by ICPG, in line with delegated financial limits. These relate to the following business cases detailed in table 2:

Table 2

Bid Ref	Title	Total Capital Cost Year 1	Total Capital Cost Year 2	Approval Route
	Remaining Discretionary Funding	- 3.519		
1920-R1-BID012	NEPTS CAD Business Case	0.060	-	Approved by ICPG 17/06/19
1920-R1-BID013	NEPTS Call Taking Integration Infrastructure	0.016	-	Approved by ICPG 17/06/19
1920-R1-BID017	Cycle Medical Response expanded into ABHB area	0.089	-	Approved by ICPG 17/06/19
1920-R1-BID018	Community First Responders Training Equipment	0.045	-	Approved by ICPG 17/06/19
1920-R1-BID019	NEPTS PDA's	0.020	-	Approved by ICPG 17/06/19
1920-R1-BID020	Patient Level Information Costing System (PLICS)	0.051	-	Approved by ICPG 17/06/19
	Remaining Discretionary Budget	- 3.239		

7. Of the remaining business cases that were prioritised through this process, eight exceed the approval limit of the ICPG delegated authority, with six requiring FPC approval (£100k-£250k) and 2 requiring Trust Board approval (over £250k). A summary of these schemes is shown in Table 3 below, which also indicates how the spend will be split for the scheme across 2019/20 and 2020/21. The business case for each of these schemes is attached to this paper, and a short summary of the scheme and its benefits is included below.

Table 4

Bid Ref	Title	Total Capital Cost Year 1	Total Capital Cost Year 2	Approval Route
	Remaining Discretionary Budget	- 3.239		
1920-R1-BID001	Matrix House Swansea	0.600	-	F&P then Trust Board
1920-R1-BID003	Relocation of Cowbridge AS to Cowbridge Fire Station	0.125	0.125	F&P
1920-R1-BID005	Relocation of Monmouth AS to Monmouth Fire Station (Establish an SDP at Monmouth)	0.125	0.125	F&P
1920-R1-BID021	Community First Responders SpO2 Probes, Fob Watches, Mangar Camels	0.160	-	F&P
1920-R1-BID030	Abergavenny - renew roof and upgrade WC area	0.170	-	F&P
1920-R1-BID032	Blackwood- renew roof and upgrade welfare area	0.140	-	F&P
1920-R1-BID033	Pembroke Dock – Phase 2 Wash & Stock	0.330	-	F&P then Trust Board
1920-R1-BID034	Various Sites - Replacement Garage Door	0.120	-	F&P
	Remaining Discretionary Available	- 1.469		

Matrix One Swansea

8. The Trust has recently taken the lease on one and a half floors in Matrix One, which has enabled the organisation to move out of Conwy House and to move a large number of staff previously accommodated in Cefn Coed Hospital. However, both the training function and NEPTS services remain in Cefn Coed, a building which is in an extremely poor state of repair, and which the Trust has committed to vacate as soon as possible. A further half a floor is available within the Matrix One building, and initial discussions with the training department and with the architects indicates that the space would be ideally suited to development of a new training facility. The space could also potentially house the NEPTS management team if configured efficiently, and is an option that will be explored further with the NEPTS service.
9. An indicative capital cost of £600k has been identified, based on the cost of refurbishment of the rest of the Matrix One scheme. The final cost of the scheme will be known once the design and tendering phases are complete. There is a revenue implication of £75k per year based on lease costs and utilities costs, which will not kick in until 2020/21, and will need to be picked up in next year's financial plan and budget setting, if approved.
10. The scheme as described will not allow for the transfer of the NEPTS call taking team, and further options are currently being explored around the Swansea area, with a further proposal to come back to the next FPC once finalised. Options are very limited and include reconfiguring space at Thanet House (severely constrained by car parking space) and additional space that may be available on the Matrix One site (not yet confirmed). It is acknowledged that a solution must be found as soon as possible.
11. The available space is currently occupied on a short term basis by a third party until the end of November 2019, and the Trust would be able to take occupation immediately after this, allowing the scheme to be completed in this financial year.
12. The principle benefits of this scheme therefore are that it will allow for further staff to be transferred from Cefn Coed site, to be situated adjacent to other Trust services, and will take us a step further in being able to vacate Cefn Coed entirely.

Abergavenny Station

13. The roof at Abergavenny has had a number of leaks and needs a new roof covering and insulation to meet current building regulations. The locker room and WC needs upgrading to make them fit for purpose. The scheme will also provide suitable storage for O2 and may allow for the addition of solar panels to provide free electricity and contribute to reduction in carbon emissions.

Blackwood Fleet Workshop

14. The roof at Blackwood has had a number of leaks and needs a new roof covering and insulation to meet current building regulations. The locker room and WC needs upgrading to make it fit for purpose. The scheme will also look to add PV if possible to provide free electricity, contributing to a reduction in carbon emissions.
15. Consideration was given at ICPG as to whether this money should be allocated, given that there is a business case currently being developed to build a new fleet workshop. However, given that we are currently only at OBC stage, it is likely that any new build will not be available for 2/3 years, and the situation at Blackwood is such that these improvements are required to provide suitable accommodation for the team. In addition, the site may not be disposed of, and may be refurbished as a local ambulance station.

Pembroke Dock

16. The scheme at Pembroke Dock is for phase 2 of refurbishment work on the site which will create the facilities to deliver a Make Ready service, as well as improving other aspects of the site. There are no Make Ready facilities in Hywel Dda and this was identified as one of the early priorities within the Estates SOP, which can be achieved via refurbishment, rather than a new build option.

Cowbridge / Monmouth Stations relocation

17. Cowbridge and Monmouth ambulance stations are over utilised and not fit for purpose being too small with limited internal and external parking. They are both ranked as buildings in Physical Condition Category D (lowest rank), and have been identified as priorities by Operations. A collaboration with SWF&R can accommodate the stations requirements in the Fire Stations adjacent to the ambulance stations and the existing buildings will then be sold. The schemes are likely to be undertaken over this and next financial year.

Community First Responders Equipment

SpO2 Probes

18. Our Volunteer Community First Responders are currently providing Oxygen (O2) to any patient that appears severely unwell, suffering severe trauma or is short of breath. The scheme will provide them with access to the WAST approved SpO2 probe which reads the O2 levels.

Mangar Camels

19. Following a successful pilot pan-Wales that extended the scope of practise for 30 Community First Responder (CFR) teams, we propose further expansion of the scope by providing an additional 61 Mangar Camel lifting devices to our CFR teams across Wales. This would allow for 20 devices per region and an additional training device for the Central and West Region. This aligns to the IMTP strategy for 2019/2020 to further expand WAST's capability to provide lifting responders to non-injured fallers.
20. If all of these schemes are approved as requested, this will leave a total of £1.469m left to allocate in this financial year.
21. Four additional large schemes are currently progressing through the business case, consideration and scoring process, which are likely to be put forward for approval in due course this year. These include:
 - RFID – The revised business case for delivering this is being finalised collaboratively between the Medical Directorate and ICT, likely to now be in the region of circa £500k;
 - Drains – Ensure surveys and amendments are carried out to the drainage systems with WAST estates in the SE and C&W region to ensure WAST complies with legislation and building on that recently completed in N Wales, circa £250k;
 - Snowdon House – Installation of air conditioning and other improvement works, circa £100k;
 - Provision of accommodation for the NEPTS call taking teams currently located in Cefn Coed. Options being considered include Thanet House (which would require car parking solutions) or additional space within the Matrix blocks.

POTENTIAL FUTURE SCHEMES

22. As part of the engagement work with the Operations and other teams to refresh the priorities within the Estates SOP, a range of other priorities have been identified which will also now be worked up as business cases over the coming weeks. These include:
 - Refurbishment of the remainder of the ground floor at Ty Elwy, to include improved resilience and additional car parking;
 - The re-configuration of Vantage Point House to introduce designated hot desk facilities and improved break out spaces as has been accommodated at Ty Elwy and Matrix One;
 - The development of proposals and ultimate business cases services from Cwmbwrla, Llanelli and Carmarthen; and
 - The demolition and rebuilding of Aberystwyth ambulance station to include make ready.
23. The full refreshed list of priorities for the Estate will be brought back to the next FPC meeting in October 2019.

STRENGTHENING THE APPROACH

24. The ICPG recognises the need to continuously learn from previous years of capital planning and delivery and to strengthen the pipeline of schemes across Estate, ICT, equipment etc. and be clearer on how the bids and investment relate to risk, transformation and health and safety. The Group now working under the title 'Internal Discretionary Capital Monitoring Group' will progress this work and feedback to future Capital Management Board Meetings and Finance and Performance Committees.
25. Lessons learned have been documented for fine tuning of the process for future years, lessons learned to date include the following;
- Sufficient number of reserve business cases ready for use in the event of additional capital monies and also as a result of slippage to approved business cases.
 - Sufficient allocation of resources to deliver a programme of projects such as those to improve the Estate.

CAPITAL MANAGEMENT BOARD

26. At the last FPC, approval was given to the establishment of an overarching capital management board. The first of these meetings has been arranged for the 13th August 2019.

RECOMMENDED: That the Trust Board:

27. **Notes the update provided on the current approved schemes for 2019/20; and**
28. **Receives a verbal update on discussions at FPC relating to the 6 highlighted discretionary capital schemes which fall between £100k-£250k with spend across 2019/20 and 2020/21**
29. **Approves the two discretionary capital schemes which are above £250k.**

Annex 1

Capital Programme - 2019/20

	2019-2020 Planned Expenditure £'000	2019-2020 Expenditure To Date £'000	2019-2020 Expected Final Cost £'000
Non-Discretionary Capital 2019/20			
ICT AWCP			
ESMCP - Control Room Solution	313	29	313
Total ICT AWCP	313	29	313
Estates 19/20			
Brokerage return of St Asaph	-400	-191	-400
Cardiff Make Ready Depot FBC Fees	559	0	559
TOTAL Estates 19/20	159	- 191	159
Fleet 2019/2020 BJC			
EMS Chassis 19-20	1838	0	1838
EMS Conversion 19-20	3572	0	3572
EMS Comms 19-20	194	0	194
EMS Equipment 19-20	1390	0	1390
RRV Chassis 19-20	663	0	663
RRV Conversion 19-20	447	0	447
RRV Comms 19-20	139	0	139
RRV Equipment 19-20	392	0	392
PCS Large Renault Master (stretcher) Chassis 19-20	144	0	144
PCS Large Renault Master (stretcher) Conversion 19-20	228	0	228
PCS Large Renault Master (stretcher) COMMS 19-20	11	0	11
PCS Large Renault Master (stretcher) EQUIP 19-20	121	0	121
PCS Large Renault Master (Double Wheel Chair) Chassis 19-20	536	0	536
PCS Large Renault Master (Double Wheelchair) Conversion 19-20	842	0	842
PCS Large Renault Master (Double Wheelchair) COMMS 19-20	40	0	40
PCS Large Renault Master (Double Wheelchair) EQUIP 19-20	85	0	85
Specialist (Paramedic) Chassis 19-20	108	0	108
Specialist (Paramedic) Conversion 19-20	155	0	155
Specialist (Paramedic) COMMS 19-20	4	0	4
Specialist (Paramedic) EQUIP 19-20	45	0	45
Specialist (HART) Secondary Equipment Carriers Chassis 19-20	161	0	161
Specialist (HART) Secondary Equipment Carriers Conversion 19-20	118	0	118
Specialist (HART) Secondary Equipment Carriers COMMS 19-20	26	0	26
Specialist (HART) Secondary Equipment Carriers EQUIP 19-20	53	0	53
Specialist (HART) Personnel Carrier Chassis 19-20	53	0	53
Specialist (HART) Personnel Carrier Conversion 19-20	40	0	40
Specialist (HART) Personnel Carrier COMMS 19-20	9	0	9
Specialist (HART) Personnel Carrier EQUIP 19-20	18	0	18
Specialist (HART) Staff Welfare Vehicle Chassis 19-20	53	0	53
Specialist (HART) Staff Welfare Vehicle Conversion 19-20	40	0	40
Specialist (HART) Staff Welfare Vehicle COMMS 19-20	9	0	9
Specialist (HART) Staff Welfare Vehicle EQUIP 19-20	18	0	18
Project Cost 19-20	128	10	128
Utilised in 2018/19	330	0	330
Utilised in 2018/19 - Repayment to Discretionary	319	319	319
Brexit contingency	647	0	647
Contingency 2019/20	610	0	610
TOTAL Fleet 19/20	13,586	329	13,586
Non-Discretionary Capital TOTAL	14,058	167	14,058

Funded from Discretionary Capital 2019/20			
Fleet Other - 8810			
Fleet Safety Costs - repairs to vehicles	150	5	150
Asset De-recognition - engine replacement for 515's	150	31	150
Repayment to Discretionary 2019/20 - Utilised in 2018/19	-319	-319	-319
Fleet Other 8810 - TOTAL	- 19	- 284	- 19
Fleet 2018/19 BJC			
EMS Conversion 18-19	0	6	0
RRV Chassis 18-19	0	-3	0
RRV Conversion 18-19	0	31	0
PCS Large Renault Master (Double Wheelchair) Conversion 18-19	0	1	0
Specialist (NREV) Conversion 18-19	0	9	0
Specialist (Driver Training) Conversion 18-19	0	6	0
Additional Communication Equipment ORH	0	1	0
Vehicle slippage 18/19	30	0	30
Fleet 2017/18 BJC			
PCS Large Renault Master (stretcher) COMMS 17-18	0	3	0
PCS Large Renault Master (Double Wheelchair) COMMS 17-18	0	5	0
Total FLEET	30	59	30
ICT Projects - 8830			
General replacement and new hardware	175	111	175
ICT year end slippage	203	0	203
Upgrade of WAST 999 Cisco Phone System	15	0	15
EMS CCC -CAD Phase 2 & 3 Implementation	120	0	120
CRS - ESMCP	254	0	254
Matrix ICT hardware	0	95	0
Extension to staff devices Pilot	0	-8	0
Training School @ Ty Elwy - slippage 18/19	15	7	15
ICT Projects - 8830 TOTAL	782	206	782
Estates Projects - 8840			
2019-20 Projects			
Estates Allocation	470	0	470
Design fees	100	0	100
Replacement AC condensers VPH	30	0	30
2018-19 Projects			
Bryn Tirion - Replacement Lighting and Mechanical Ventilation to Control	1	0	1
Colwyn Bay Amb Station - Replacement Boiler, Distribution and Control	0	2	0
Snowdon House - Replacement mechanical servicers	5	0	5
Cowbridge	14	4	14
Cefn Coed Relocation	3	-58	3
Relocation of Staff off Lansdowne	1	11	1
Unit 7 - HQ St Asaph relocation (Training School)	97	0	97
2017-18 Projects			
Llanidloes extension and relocation to Fire Station due to structural and	0	18	0
VPH CCC Technology refresh	30	2	30
Unit 7 - HQ St Asaph Relocation - Repayment to WG	400	62	400
Estates Projects- 8840 TOTAL	1,151	42	1,151
Equipment - 8820			
OHCA Improvement Plan	28	0	28
Control Drug Safe	113	61	113
Equipment - 8820 TOTAL	141	61	141
Project Support Costs - salary paid from capital	350	19	350
Discretionary Capital 2019/20 TOTAL	2,435	102	2,435
Non-Discretionary Capital Total	14,058	167	14,058
Discretionary & Non-Discretionary TOTAL	16,493	270	16,493
Unallocated Discretionary Capital (incl NBV proceeds)	3,520	0	3,520
Unapproved/Overspend Schemes	-	0	0
CAD underspend	-	0	0
TOTAL CAPITAL PROGRAMME	20,013	270	20,013

AGENDA ITEM No	
OPEN or CLOSED	-



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

To complete the vacation of Ty Maes y Gruffydd on the Cefn Coed campus

MEETING	Internal Capital Planning Group
DATE	6 th March 2019
EXECUTIVE	Rachel Marsh Director of Planning & Performance
AUTHOR	Richard Davies/Nia Cockburn
CONTACT DETAILS	Nia.cockburn@wales.nhs.uk 01745 532969

CORPORATE OBJECTIVE	To support the disposal of Ty Maes y Gruffydd on the Cefn Coed campus.
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	ALL
HEALTH & CARE STANDARD	ALL

REPORT PURPOSE	To seek permission to complete the relocation of teams from the Ty Maes y Gruffydd building on the Cefn Coed campus to appropriate accommodation within the leasehold estate in the Swansea area or similar if appropriate
CLOSED MATTER REASON	-

REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY

SITUATION

1. In addition to Tŷ Maes y Gruffydd, the Welsh Ambulance Services NHS Trust (WAST) occupies three other sites in Swansea; namely:
 - **Cwmbwrla** – Operational Station accommodating EMS, NEPTS and HCS. The Station is freehold, fully allocated and in a poor condition;
 - **Thanet House** – (1013m²) accommodates NHS Direct, 111; and a Management Team. Areas have been vacated as a consequence of the relocation of teams to Matrix One (leased). To be reviewed from April 2019, the vacated area has been surveyed and options have been discussed with teams, namely NHS Direct/111 and the NEPTS Management. The current lease expires April 2024 this allow us time to plan for future CCC needs within South Wales; and
 - **Matrix One** – (1389m²) accommodates all administrative teams previously occupying Conwy House and Cefn Coed. This is a newly leased property that has been fitted-out for administrative functions.
2. The Matrix One facility consists of three floors of which WAST currently occupies just over 50% of the building. New Zealand Manuka Honey occupy the second (top) floor. At present the remainder of the First Floor (see Appendix 1) is empty, although a short term let has been agreed between the Landlord and the DVSA. At present this lease will terminate in November 2019, whereby an option will be available in principle to WAST to lease this area for a longer term similar to current lease arrangements. At present an area is available on the top floor with MH however this would only be a short term option as WAST would be sub-letting the space. Currently there are minimal other options on the Matrix campus however there may be potential to explore the ground floor of Matrix House as there is uncertainty if this space has been allocated. However the area available is substantially larger than required.
3. A space planning exercise has been carried out to ascertain the best fit of the two remaining teams at the Cefn Coed campus. The remaining floor area on the first floor at Matrix One is approximately 360m². The current area solely occupied by the Training School at Cefn Coed equates to a similar area.
4. It has been identified as part of the Trust's strategic direction that there is a need to vacate the Ty Maes y Gruffydd building on the Cefn Coed campus. Since 25th March 2019 the Ty Maes y Gruffydd building has only housed the National Ambulance Training Centre (NATC) team and the Central and West team of the Non-Emergency Patient Transport Services (NEPTS).
5. It has been identified through an indicative space planning exercise that the space available at Matrix One would be unable to accommodate both the NATC and NEPTS hub as it would impact on the current working environment created within the remainder of Matrix. It is therefore proposed to relocate the NATC function and NEPTS management team to the remainder of the space at the Matrix One facility as well as re-configure areas already occupied. At present the one desk one person ratio has been utilised to develop Ty Elwy and Matrix One however this does not account for the occupancy rate of each facility therefore it is proposed to undertake a space utilisation exercise at Matrix One to ensure better use of under occupied areas.

- Approval for an allocation of £600K (comprising of £450K works costs, £50K furniture fittings, £60K contingencies and £40K fees all-inclusive of VAT) from the Trust's 2019-20 discretionary capital allocation, to refurbish and re-configure the specific areas at Matrix One for the NATC Department and any other team. An element of this investment will be recovered from the landlord to upgrade the air conditioning system as was negotiated for the other areas occupied by WAST;
- Note the commitment for future years indicative revenue costs for this relocation, is £75K per annum comprising rent at circa £50K and utilities/services cost circa of £25K;
- Further assessment of the areas available within the remit of WAST have been examined, the options are limited and consisted of Cwmbwrla and Thanet House;
- As stated Cwmbwrla is fully occupied by Operations and HCS and is therefore unable to accommodate additional personnel;
- Thanet House is the main contact centre for NHS Direct/111 within WAST. By re-configuring the space currently occupied an increase in staff could be accommodated within the facility. Expanding at present the extent of this expansion is unknown. However within the reconfiguration plans for the first floor of Thanet house the NEPTS call taking function can be accommodated within this floor. Recent consultation with the NEPTS Management Team has been positive. Further assessment of the proposed works will be required to allocate sufficient resource to undertake the reconfiguration works;
- The remainder of the ground floor space at Thanet House would also need to be reconfigured to allow improved resilience 111 NHS Teams and allow improved training facilities and space for managers;
- This paper identifies solutions to vacate Ty Maes Y Gruffydd, as a result of these proposed solutions, therefore funding would be required to re-configure Thanet House. As a result of discussions with local managers the Thanet House site is constrained by the amount of car parking available for the increased staff based at this facility. A review of current parking ratios per area of occupancy has highlighted that both Matrix One and Thanet House have acceptable industry ratios for administrative/office environments, namely, Thanet House (1:225 ft²) and Matrix One (1:250 ft²). Further work is progressing to identify over spill car parking for staff at Thanet House because at present due to the flexible working conditions there are times where car parking availability is an issue;
- Therefore to summarise, approval is sought to support the re-location of the management team of NEPTS to Matrix One; and
- To explore options within Thanet House to accommodate the NEPTS call takers and Management Team including options to extend car parking facilities.

BACKGROUND

6. WAST have known for some time that ABMUHB has an intention to dispose of large areas of the Cefn Coed site including the Trust's part which contains the Ty Maes y Gruffydd building. The Trust owns the building it occupies. No formal notice has been given to the Trust but the intent has been made clear by ABMU and in Capital Review meetings with Welsh Government. Building work has already commenced around the Cefn Coed site which is having a detrimental effect on the staff due to raised noise levels and the general surroundings.
7. The building itself is in a poor condition and frequently experiences issues with the supply of services (water/electricity) causing health and safety issues (which has been escalated to Union Representation) and more recently areas of the former hospital have also experienced a break ins.
8. The EMT of the Trust previously recognised the need to explore the opportunity presented by ABMU as part of the vacation of the Cefn Coed site. A project team was initially established to assess the feasibility of a move to the Baglan Energy Park. However following feasibility worked and feedback from staff further searches in the Swansea area were carried out and it was identified after scoring of both financial and non-financial elements of the short list options that Matrix One was the preferred option and subsequently a business case was approved by Trust Board to move colleagues based at Conwy House (due to the lease coming to an end) and all areas of Cefn Coed with the exception of NATC and NEPTS.
9. Both Teams remaining at Cefn Coed are aware of the urgency to vacate the facility and this remains a priority for the estates team to develop options for consultation with the teams remaining at the this campus.

ASSESSMENT

Scope

10. The scope of the relocation to the remainder of the first floor at Matrix One:
 - Relocate the NATC function as well as scope the option to re-configure areas to accommodate other teams; and
 - Develop a solution for the relocation of the NEPTS Call Taking Team to Thanet House as well as reconfigure the ground floor area.

Engagement

11. There has been engagement with the NATC Department and NEPTS hub management team in relation to relocating from Cefn Coed and initial feedback has been positive.
12. If approval is granted there will be a full Communications and Engagement plan that will include:-
 - Communications post Project meetings to confirm the key messages
 - Drop in staff sessions
 - Dedicated intranet page for the relocation
 - Site visits to Matrix
 - A dedicated email address for concerns to be raised
 - Updated on Siren

- Lessons learned from the relocation of staff at Matrix One and Ty Elwy
13. The benefits of moving the NATC and other teams to Matrix One:
 - Taking full advantage of centralising administrative departments in one location (please see Appendix attached with floor plan of space available at Matrix One);
 - Relocating staff from a currently dilapidated and outdated inefficient building to a modern fit for purpose for a modern health provider building;
 - Greatly improve working conditions and team development and working practices;
 - Improving health and wellbeing of the staff involved; and
 - Allowing the NATC to have an area dedicated to their training function and the potential to share office space with appropriate other teams.
 14. The key themes arising include:
 - Concerns around parking availability; and
 - Limited room for expansion, although the recent completion of works at Ty Elwy, Barry Fire Station and Tredegar has ensured bespoke training areas have been provided as well as multi-functional spaces for staff to utilise for both training and meetings.
 15. The majority of these themes, align with the key principles of the Estates SOP and formed part of the criteria against which the options were evaluated.

Capital affordability

16. The requirement for capital investment for the preferred option of Matrix One in 2019/20 is **£600K** broken down:-
 - £450K – Works costs
 - £50K – Furniture Costs and fittings
 - £60K – Contingency
 - £40K - Fees

Revenue affordability

17. It is accepted that this development will result in a recurring revenue cost pressure for the Trust, especially over the medium term, being in effect the premium cost of the rental and running costs of Matrix One when compared to that currently spent on Cefn Coed.
18. It should be noted that there will be further (but more modest than those associated with Conwy House) savings associated with Cefn Coed but only once it is fully vacated.
19. Indicative costs for total revenue each year is £75K comprising rent at circa £50K and utilities and services at circa £25K.

Next Steps and Milestones

20. Following approval of the business case, the project structure will be reviewed to ensure it has the requisite delivery and implementation focus.
21. To develop plans in consultation with the training/NEPTS team.
22. To further develop options for the relocation of the NEPTS call takers and Management Team to Thanet House.

RECOMMENDATION

23. This SBAR seeks approval of the business case and specifically:
 - **approval for an allocation of £600K from the Trust's 2019-20 discretionary capital allocation, to refurbish the additional space at Matrix One;**
 - **to develop the solution for the relocation of the NEPTS hub; and**
 - **to develop additional car parking solutions for both sites.**

Information on chemical, physical, biological or other hazards associated with the use of the product is provided in the instructions for use, which have been identified and have also been identified, identified as a result of the fact that several such identified safety data sheets (SDS) are available to the user and are available. The following is a list of the SDSs in contact with the product: the instructions for use and all other safety data sheets (SDS) are available to the user. The Chemical Safety and Health Information (CSHI) and all applicable Health and Safety legislation are available to the user.



024	Amendments added to [A] [B] [C]	025
026	Client amendments and link numbers added	027
028	Old [B] [C] added to [A] [B] [C]	029
031	New amendments to [A] [B] [C] and additional [B] [C]	032
033	Added [B] [C] [D] [E]	034
035	Workflows added for [A] [B] [C]	036
037	Workflows added for [A] [B] [C]	038
039	Workflows added for [A] [B] [C]	040
041	Workflows added for [A] [B] [C]	042
043	Workflows added for [A] [B] [C]	044
045	Workflows added for [A] [B] [C]	046
047	Workflows added for [A] [B] [C]	048
049	Workflows added for [A] [B] [C]	050
051	Workflows added for [A] [B] [C]	052
053	Workflows added for [A] [B] [C]	054
055	Workflows added for [A] [B] [C]	056
057	Workflows added for [A] [B] [C]	058
059	Workflows added for [A] [B] [C]	060
061	Workflows added for [A] [B] [C]	062
063	Workflows added for [A] [B] [C]	064
065	Workflows added for [A] [B] [C]	066
067	Workflows added for [A] [B] [C]	068
069	Workflows added for [A] [B] [C]	070
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095	Workflows added for [A] [B] [C]	096
097	Workflows added for [A] [B] [C]	098
099	Workflows added for [A] [B] [C]	100



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Proposed First Floor Plan

[illegible]



Welsh Ambulance Services NHS Trust

Discretionary Capital Programme 2018/19

BID	Version	(1.0)	Date:	(11/02/2019)
Titles of Business Case:		(Pembroke Dock – Phase 2 Wash & Stock)		
Date Submitted:		(12/02/2019)		
Directorate:		(Estates)		
Author:		(Shaun Rose)		
Person Responsible for Delivery:		(TBC)		
Approving Manager:		Richard Davies		
Managers Approval:		Yes/No		
Departmental Priority:		Please compare each of your bids and rank them in order of priority. "1" being the highest		
Bid Summary:		PDAS had various works ready to carry out Wash & Stock. We need to carry out phase 2 of these works, providing wash and stock, alterations to WC facilities and upgrade drainage		

COST SUMMARY:	
Total Capital Cost (Year 1):	(£330K including VAT and Fees)
Total Capital Cost (subsequent years):	(Retention at 2.5%)
Total Revenue Cost (year 1):	(N/A)
Total Revenue Cost (subsequent years):	(Depending on usage – Operational input required)
Is VAT included?	(Yes)
Is the item available on a framework?	(Design is on framework, works will need to be tendered)
How many quotes have been obtained?	(None at present)
Can the work be completed within the financial year? (March 2020)	(Providing early allocation of budget)

PRIORITISATION: (for Nia Cockburn to complete)	
Verified by Finance:	(Date and Name)
Internal Prioritisation Exercise:	(Date)
Score:	
Rank:	
Recommended for funding by ICPG?	(Date and minute)
Submitted to FRC?	(Date)
Approved for funding?	(Approved / On Hold / Removed / "On the shelf")
Cost Code:	(Cost Code)

Business Case Submission

1. Meeting the Business Needs of the Trust

Outline: The Trust's Integrated Medium Term Plan (IMTP), sets out the priorities for the modernisation and delivery of ambulance services in Wales. The IMTP is underpinned by the Trust's National Estates Strategy 2011 which identifies 3 core objectives for asset management and these are:

- Strategic management of Estates Assets
- Maintain the physical condition of the estate
- To manage and promote environmental sustainability

In addition, the National Estates Strategy will:

- ensure we have the right buildings in the right place to support our responses to patients' needs
- provide our staff with an environment which supports them in delivering the best care possible
- maximise the opportunities to collaborate with the NHS, emergency services and other partners and
- enable us to maintain our properties and estates in a good condition

The Trust's estates strategy and strategic outline case (SOC) set out a very clear direction of travel regarding the future type, nature and location of the estate. Under WAST's Estates Strategy, Pembroke Dock will be retained as a Reporting Station. There is also a strong focus to provide wash and stock facilities within existing freehold assets with Hywell Dda a high priority

Purpose: To provide wash and stock facilities in the West Wales, Hywell Dda area

Existing Objectives:

- Cost pressures within Welsh Government budgets and a more pragmatic approach to estates renewal has identified a need for the Trust to extract greater value from freehold sites already in its ownership
- A revised strategic approach to eliminating formal garaging for most vehicles and the move to external shoreline parking has created opportunities to remodel undercover space for 'wash and stock' or 'Make Ready' facilities
- The need to accelerate rollout of 'wash and stock' functionality within EMS to improve vehicle cleanliness and infection control
- Developments in the staff training field that encourage more use of local classroom facilities at operational sites

Other Stakeholders:

Operational staff, Head of Service, Director of Operations

Existing arrangements:

There is currently no facility within the Hywell Dda health board to provide Wash and Stock or Make Ready

Constraints:

Planning consent will be required, early allocation of budget

Internal / External Factors:

Availability of Estates staff and external Consultants, which can be managed with early allocation of budget

Benefits:

- Introduction of a safe and suitable modern working environment for staff and visitors with on-site parking.
- Enhanced infrastructure and facility security.
- Vehicle cleaning and re-stocking, with significant infection control and vehicle degradation benefits.
- More efficient management of equipment, stores, consumables and drugs.

Dependencies: *Do other schemes rely on this development being progressed in the first instance?*

This project is not reliant on other schemes

Risks:

Having approval early in the financial year to mitigate work having to be completed outside the best weather window and to allow adequate time for planning and tendering the works

Success:

Completion of the works with minimal disruption to the operational use of the building. Providing a fit for purpose wash and stock facility

Meeting the Needs of the Trust:

- Fit for purpose facilities and adequate parking and access for all.
- Provide for cleaning & restocking function.
- Potential productivity improvements through more efficient staff rostering.
- Reduction of risk by improving the physical condition of the asset.
- To address and eliminate the backlog maintenance attributed to this site.
- Re configuration of the internal layout of the existing building to improve efficiency and allow for better use of the asset.

Statutory Requirements: *Are there any legal / statutory requirements for the Trust to address this development(s)?* Building regulations, CDM,**Health and Safety:** *Are there any H&S implications in undertaking / not undertaking this work?*

ISO14001 is an Internationally recognised standard that specifies the requirements for an effective Environmental Management System which in turn helps organizations minimize how their operations affect the environment; comply with applicable laws, regulations, and other environmentally requirements with a programme of continual improvement.

Environment & Sustainability: – *How does this business case align with the Trusts*

Environmental Infection control and prevention. Drainage will be upgraded in accordance with environmental requirements.

Disposals:

Not applicable

Storage:

Any storage requirements will be managed through the design & tender documents and the main contractor will manage

Compliance Certification (to comply with ISO 14001):

All works will be designed to comply with ISO 14001 and all relevant legislation and best practice

Confidentiality Agreement

Contractors will be adequately vetted and sign confidentiality agreement

2. Identification of Options:

For comparative purposes, it is essential that at least 2 options are included (in addition to a "Do nothing/minimum" option) ie 3 options in total.

○ Do Nothing / Do Minimum

The do nothing option will not improve the current situation and there will be no wash & stock facilities within Hywell Dda. The female WC/ Locker room is not fit for purpose due to increased female staff numbers

○ Outline Option 1: Advantages and Disadvantages

Provide a wash and stock facility will assist with infection prevention and control, providing clean stocked vehicles ready for use. This will reduce down time and dramatically improve infection control

○ Outline Option 2: Advantages and Disadvantages

Please discuss any other suitable alternatives. Please include differences in costs between Options 1 and 2.

○ Preferred Option

The preferred option is Option 1 – provide the wash and stock facility as detailed

3. Affordability

Costs:

Cost of Works	£250,000 plus £50,000 VAT
Fee's, Building Regs, planning	£25,000 plus £5,000 VAT
Total Cost £330,000 inclusive of VAT and fees	

Whole-Life Costs of Project:

See Affordability – all costs are capital and to be expended in same financial year. There will be a revenue cost to operate the wash and stock facility, however this is not allowed for within this proposal

Invest to Save: *Expected source of funding for capital and revenue.*

Not applicable

4. Achievability

Specifications will be drawn up within 3 months of budget allocation. The works will be tendered through Shared Services with the process taking 3 months. The works should take 4 to 5 months. Similar project have been successful within financial year and budget

Project Roles:

Estates would manage the process utilising a consultant and tendering through shared services. Close liaison with Operational team and Wash & Stock manager

Identify Actions:

The Estates Manager, consultant and successful Contractor

Interdependencies (Other Departments): *Does the proposal require additional support from other departments (eg ICT / estates)? Do the other departments have capacity for this?*

Close liaison with Operational team and Wash & Stock manager

Project Plan:

To be completed within financial year 2019-20 exact timescale will be dependent on timing of available funding being confirmed

Contingency Plan:

There will be no wash & Stock facilities within Hywell Dda health board

5. Recommendations

The preferred option is to carry out the works to provide a wash & stock facility at PDAS



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AGENDA ITEM No	2.3
OPEN or CLOSED	
No of ANNEXES ATTACHED	1

NEPTS Third Party Management Solution

MEETING	Trust Board
DATE	18th July 2019
EXECUTIVE	Mark Harris
CONTACT DETAILS	Mark.Harris5@wales.nhs.uk

CORPORATE OBJECTIVE	Yes
CORPORATE RISK (Ref if appropriate)	CRR 4

REPORT PURPOSE	To seek approval for the proposed award to 365 Response for the provision of Non-Emergency Patient Transport.
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REPORT APPROVAL ROUTE

SITUATION

1. To provide Trust Board with the information to approve the proposed award to 365 Response for the provision of Non-Emergency Patient Transport (NEPTS), following the procurement process for a third party management solution to manage the dynamic procurement of Non-Emergency Patient Transport.
2. The proposed contract award value is currently estimated at £2.1 million per annum and therefore requires Trust Board approval to proceed to contract award.

BACKGROUND

1. To facilitate the transfer of NEPTS work from Health Boards and to ensure the timely supply of appropriate ambulance transport, the Welsh Ambulance Services NHS Trust (WAST) has identified the need to create and support a procured, compliant third party management solution for its non-emergency patient transport services (NEPTS) in addition to existing WAST NEPTS resources. This follows the recommendations of the NEPTS Business Case that was approved by the Welsh Government, appointing WAST as the single procurer of NEPTS on behalf of NHS Wales.
2. The third party management solution creates an online marketplace that allows suitable pre-approved providers to view and bid for work. The system will be capable of offering out a range of jobs from single journeys to mini-contracts for a service or particular shift pattern of up to 6 months.
3. This 365 Response solution will:
 - Secure a network of procured and assured suppliers for all service types to support front line patient transport operations in a flexible way.
 - Enable the use of technology to support compliance and ensure all dynamic, real time and pre-planned market competitions are (a) available to all suppliers and (b) that Trust specific KPI's, quality and performance rules are in place
 - Ensure Trust approved service, quality and governance standards are in place with all WAST required standards embedded into each and every dynamic purchasing decision made through the Digital Marketplace
 - Deliver a compliant process for the allocation of all patient transport dynamic competitions for third party shift and individual journey requirements.
 - Support WAST to deliver and manage all Health Board & Trust third-party transport requests via a single secured and digitally enabled compliant gateway.
4. At the 10th October, Executive Management Team meeting approval was given for the NEPTS service to proceed with the procurement of a system, subject to further clarity on proposed quality assurance processes and exit strategy. This was provided at a further EMT meeting in January 2019. This was further discussed at the 28th June EMT when approval to submit to F&P was given.
5. The proposal will also be presented to Finance & Performance Committee (F&P) on the 16th July to seek their approval to proceed prior to being presented to board.
6. NWSSP – Procurement Services have undertaken a tender exercise on an existing Crown Commercial Service framework, with a proposed award to 365 Response referenced in Annexe 1- NWSSP- Procurement Services Ratification Paper.

ASSESSMENT

1. As part of the mini-tender exercise, WAST and NWSSP Procurement team completed an evaluation of all compliant bids against a prescribed Evaluation Methodology to establish each bids suitability to provide the required services.

2. A single compliant bid was received from 365 Response and the attached briefing documents the procurement process followed and the resultant recommendation to award a contract to 365 Response.
3. For the purposes of the contract award an anticipated value of the contract had to be proved, this was set at £2.1 million. However, it should be noted that this is based on a projection of the value of work that may go through the framework derived from data presented by health boards indicating their current levels of spend and does not commit WAST to a spend of £2.1 million spend.
4. It is important to note that there are also no direct costs for the use of the framework. Instead 365 response will recover the costs from the provider in the form of a percentage of the overall work. Put simply, if we do not utilise the framework we will not incur any costs.
5. If approval to proceed is agreed at board, this decision will need to be further ratified by Welsh Government due to the level of expenditure that could be potentially incurred.

RECOMMENDATION

It is recommended that:

- Trust Board **note** the contents of the paper
- Trust Board **approve** the decision to award to 365 Response for the provision of a compliant third party management solution.

Annex

Annexe 1- NWSSP- Procurement Services Ratification Paper



NWSSP Contract
Ratification Briefing N



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

TRANSFORMING EDUCATION AND TRAINING STRATEGY

MEETING	Trust Board
DATE	18th July 2019
EXECUTIVE	Claire Vaughan, Executive Director of Workforce and OD
AUTHOR	Andrew Challenger Assistant Director, Professional Education and Training
CONTACT DETAILS	andrew.challenger@wales.nhs.uk 01792 562952

CORPORATE OBJECTIVE	6.3 Enable our people to be the best they can be
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	2.1, 2.4, 3.1, 7.1

REPORT PURPOSE	Seek Board approval for new strategy
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
People and Culture Committee	09.07.19	Approval
QSPE Bi-Monthly Meeting	20.06.19	Consultation / Comment
Board Development	22.05.19	Consultation / Comment
ADLT	16.05.19	Consultation / Comment
EMT	29.04.19	Consultation / Comment
Strategic Education Steering Group	21.01.19	Consultation / Comment
WASPT	30.07.18	Consultation / Comment
Board Development	12.04.18	Present Proposed Vision

SITUATION

1. Over several months the Trust's Senior Education and Training Team has been leading the work to develop our Transforming Education and Training Strategy which sets out an exciting vision and ambition for the future direction of education and training across the Trust. This new development highlights the importance of modernising and transforming our Education and Training provision to ensure our workforce is sustainable, highly skilled and capable. It also seeks to provide an umbrella of quality and assurance over all devolved education and training provision within the Trust.
2. The Board is invited to consider and approve this final draft of the Transforming Education and Training Strategy 2019 - 2022 for wider publication within the Trust and implementation.

BACKGROUND

3. Over the last 12 months, numerous workshops and engagement events have taken place and colleagues' input has been reflected in the draft document as well as the priorities of key documents and policies. It is also informed by documented evidence from a broad range of the latest thinking regarding healthcare and service delivery.
4. The Transforming Education and Training Strategy encompasses five key themes: *Quality; Technology Enabled Learning; Equity; Lifelong Learning* and *Learner Centred*. The strategy also aligns with the Trust's ethos of patients at the centre of all we do.
5. In keeping with other '5 step' initiatives across the organisation, we have designed an approach that aims to enable and support transformational learning throughout the organisation (**Fig. 1**).

Fig. 1



6. High quality, flexible education and training forms an integral element of our long term People and Culture strategic ambitions, and makes clear the importance of modernising and transforming our Education and Training provision in ensuring our workforce is sustainable, highly skilled and capable of working at the top of their scope of practice to maximise the impact they can have across the healthcare system to the benefit of our patients. A focus on high quality and innovative education and training will also play a key role in enabling WAST to be recognised and renowned as being an exceptional place to work, volunteer, develop and grow.

ASSESSMENT

7. We have shared this document widely and engaged in numerous conversations with colleagues across the organisation to ensure we have captured the aspirations of all.
8. We are confident that, having considered external influences and priorities as well as the voices of colleagues within the organisation, this strategy sets an exciting and ambitious future vision, whilst also demonstrating realism in terms of achievability.
9. This strategy sets a clear direction of travel for the Trust, and also provides a clear strategic backdrop to the development of any business cases for initiatives that may flow from its delivery. It is understood that where additional investment is required, such requests will be subject to normal scrutiny and prioritisation, and will be dealt with on a case by case basis.
10. In developing this strategy, we have remained cognisant of underpinning educational theories but have not shied away from being brave and introducing completely new learning concepts to WAST.
11. We believe the strategy also provides a flexible framework for the future, ensuring we are able to respond to as yet unknown demands on the sector. A key enabler of this is our desire to nurture a growth mindset amongst the workforce so that our people are more resilient and agile in the face of change. This is one of the ways we will assist the Trust in realising the ambitions of our Long Term Strategy.
12. Version 1.8 has been considered and endorsed by the People and Culture Committee having requested very minor amendments at its meeting on the 9 July 2019. Version 1.9 is now presented to Board for approval.

RECOMMENDATION

13. The Board is asked to:

- **NOTE** progress to date; *and*
- **APPROVE** the strategy for publication and implementation.

EQUALITY IMPACT ASSESSMENT

N/A

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or “Not Applicable”
Equality Impact Assessment	N/A
Environmental/Sustainability	N/A
Estate	Strategy sets an ambition for fit for future purpose education estate which will be dealt with as part of the estates strategy and prioritisation
Health Improvement	Para 6
Health and Safety	N/A
Financial Implications	Para 9
Legal Implications	N/A
Patient Safety/Safeguarding	Throughout
Risks	Developing risk – failure to ensure suitably skilled and trained workforce
Reputational	Throughout – linked to risk
Staff Side Consultation	Engaged through consultation – WASPT and TU partners on Board and Committees.



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Transforming Education & Training: *Our Strategy*

2019 - 2022

Version 1.9

Version Control

Version	Date	Editor	Comments
1.0	May 2018	AC / SD	
1.1	September 2018	AC / SD	Amended to reflect comments received from stakeholder engagement exercises
1.2	October 2018	AC / SD	Amended to reflect CV comments
1.3	November 2018	AC / SD	Amended following review of wider health and social care documents
1.4	January 2019	AC / SD	Amended to reflect wider consultation
1.5	February 2019	AC / SD	Amended to reflect wider consultation
1.6	April 2019	AC / SD	Amended following Senior Education and Training Team workshop
1.7	May 2019	AC / SD	Amended following final stages of consultation, in preparation for Board Development Day
1.8	June 2019	AC / SD	Amended following discussion at Board Development
1.9	July 2019	AC / SD	Amended following discussion at People and Culture Committee

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Executive Foreword

Welcome to our Transforming Education and Training Strategy, which articulates our ambition for the next three years. This document forms an integral part of our three year People and Culture Strategy, which aims to enable people to be their best.

We recognise the value of education and training in the delivery of high quality care and evidence-based practice. We are therefore committed to supporting our entire workforce to maximise the benefits of lifelong learning.

Our strategy is built upon 5 key themes: *Quality; Technology Enabled Learning; Equity; Lifelong Learning and Learner Centred*. The document also centres around the ambition to shift from 'taught' education to self-directed learning, creating an organisational culture of continuous learning and improvement.

Our strategy reflects the themes and priorities of several key publications in relation to health and social care in Wales, taking account of the increasing professionalisation of the sector, the ever complex environment we operate in and the need for us to support our people with underpinning education to make the autonomous judgements we will increasingly need them to make.



Jason Killens
Chief Executive

Quality lies at the heart of our education agenda and a positive learning experience is vital to the creation of a prosperous, successful, sustainable and skilled workforce. This in turn enables the delivery of high quality, safe and effective care for our patients.

The ambulance service in Wales faces some of its toughest challenges in relation to changing demographics and demand (ageing population, increased incidences of obesity, chronic conditions and co-morbidities as well as changing expectations of the workforce); this is set against a consistently demanding financial backdrop.

We must create a high quality, modern, flexible and adaptable model of education that encompasses our entire workforce, with the ability to meet the challenges ahead with ambition and confidence. Doing more of the same results in limited improvement; we will now do different things differently by working together.

The purpose of this document is to clearly articulate our vision for education and training in WAST going forward, identifying next steps and considerations to enable transformation of current provision.



Claire Vaughan
Executive Director,
Workforce and Organisational Development

Introduction

Purpose

The purpose of this strategy is to articulate our ambitious but achievable, transformational plan, to improve the quality and offering of education and training services for the entire WAST workforce, to be delivered over the next 3 years.

Aim

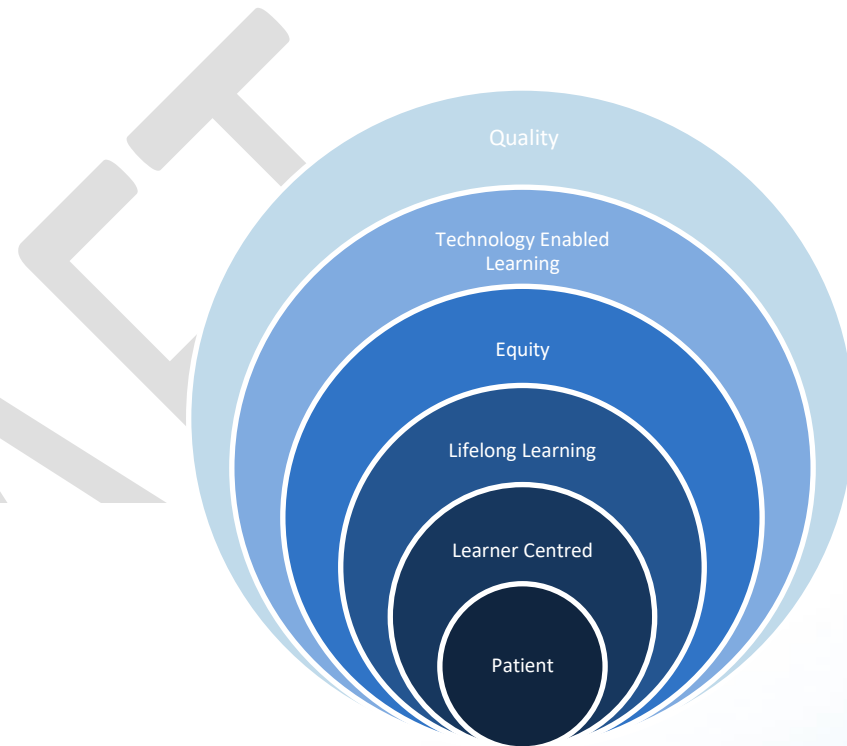
The principle aim of this strategy is to **articulate our plan to transform education and training services in WAST**. Importantly, we must continue to deliver whilst reshaping and transforming education and training provision within the organisation. Education and Training is key to the delivery of great care, by a great workforce; this document sets out our ambition and vision for Education and Training over the next 3 years.

Underpinning our plan is the ambition to enable and support transformational learning throughout the organisation, shifting away from 'taught' education where appropriate and increasing activities within the areas of facilitated learning, peer active learning and self-directed learning. Our educational ethos is defined by the need to nurture and develop a growth mindset amongst our entire workforce and a culture of open, honest, continuous learning and improvement throughout the organisation.



Our Vision

- a) *Provision of leading, Trust-wide education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high **quality** care and services with competence and confidence.*
- b) ***Technology Enabled Learning** will play a key role in education design and delivery, incorporating immersive and virtual learning, gamification and simulation, to provide meaningful and relevant education and training opportunities.*
- c) *Local, **equitable** access to high quality learning for the entire workforce that is evidence-based, innovative, supportive, flexible and person-centred.*
- d) *An empowered workforce committed to self-ownership of continuous, **lifelong learning** that is skilled at creating, acquiring and transferring knowledge.*
- e) *Nationally designed and quality assured, **learner centred** education that is facilitated locally, fully supported by networks of multi-disciplinary learning communities, maximising expertise, opportunities for collaboration and return on investment.*



Strategic Ambitions

Aligned to our vision, our principle strategic ambitions are to:

- **Facilitate** learning that is research driven and evidence based, that directly improves quality, safety and patient experience;
- **Nurture** development of a growth mindset amongst our workforce;
- **Promote** and nurture a supportive Trust-wide culture of lifelong, person-centred, independent learning;
- **Ensure** our colleagues are equipped with the necessary skills and knowledge to deal with future challenges (higher order skills and a focus on dementia, mental health, frailty and diabetes);
- **Remodel** education provision, to embrace the entire workforce, maximise expertise and peer learning;
- **Develop** innovative and technology enhanced learning opportunities, to complement learner experience;
- **Establish** a model of nationally designed and quality assured, locally facilitated and owned education to enable equitable access to learning communities for all.

Strategy Implementation

This strategy is one of the key enabling plans aligned to our People and Culture Strategy 2019-2022. The implementation of this strategy, including the associated risk identification and management, will be overseen in detail by the Trust's Strategic Education Steering Group, which is accountable to the Trust's Executive Management Team. Progress will be monitored via the LDP process and formally reported to the newly established People and Culture Committee.

Key to delivery of this strategy is recognition of the need for leaders to role model expected behaviours, adopting a growth mindset and demonstrating a commitment to continuous improvement and lifelong learning. To enable this, it is imperative to develop a culture of openness and honesty, where colleagues feel safe and secure enough to reflect on their practise, share learning and support peers to consistently develop and improve.

Facilitation of meaningful PADRs and honest, ongoing discussion in relation to performance and skills will enable the development of important and relevant education and training plans for the entire workforce. By collaborating with the Organisational Development Team, we intend to influence and inform the supportive resources available to colleagues facilitating and attending PADRs, to improve the quality of discussions and output.

Our Long Term Strategic People and Culture Ambitions

High quality, flexible education and training forms an integral element of our long term People and Culture strategic ambitions. Our 'Long Term Future of Work: People and Culture Ambitions' document articulates the importance of modernising and transforming our Education and Training provision in order to ensure that our workforce is sustainable, highly skilled and capable of working at the top of their scope of practice to maximise the impact they can have across the healthcare system to the benefit of our patients. A focus on high quality and innovative education and training will also play a key role in enabling WAST to be recognised and renowned as being an exceptional place to work, volunteer, develop and grow.

EDUCATING



expansion of the Apprenticeship agenda, creating more accessible development opportunities for existing colleagues and our future workforce



achievement of University Status, harnessing the potential of collaborative research, learning and innovation to promote quality improvement across all activities



implementing flexible and modern education and training programmes, including wider utilisation of Technology Enabled Learning and local delivery



widening our focus to enable development of the entire workforce, recognising the contribution and skills of all colleagues

Key Drivers for Change

There are a number of key drivers promoting change, both internal and external to the organisation, which have informed the development of our Transforming Education and Training strategy; these include:

- Our Trust's **vision and purpose**;
- The limitations of the **existing model** of education and training;
- The requirement for **innovative** delivery methods;
- A **Multi-generational** workforce;
- A growing and changing pattern of **need and expectation**;
- A fundamental requirement to widen our offering and **future-proof** our workforce and services.

In a **national context**, the following literature has influenced this strategy and our Education and Training priorities:

- [The Parliamentary Review of Health and Social Care in Wales \(2018\);](#)
- [A Healthier Wales: Our Plan for Health and Social Care \(2018\);](#)
- [Prosperity for All \(2017\);](#)
- [Topol Review \(2019\);](#)
- [Taking Wales Forward \(2016\);](#)
- [The Wellbeing of Future Generations Act \(2015\);](#)
- [Digital Inclusion in Health and Care in Wales \(2018\);](#)
- [Improving Safety Through Education and Training \(2016\);](#)
- [Health and Care Standards \(2015\);](#)
- The Williams Report (2016);
- [NHS Core Principles \(2016\);](#)
- [Prudent Healthcare \(2015\);](#)
- [Making Every Contact Count \(2017\);](#)
- [Amber Review \(2018\);](#) *and*
- [Carter Review \(2018\)](#)

Furthermore, from an **organisational** perspective, these drivers support the delivery of WAST's:

- Long Term Strategic Framework;
- Integrated Medium Term Plan (IMTP) 2019-22;
- People and Culture Strategy 2019-22;
- Local Delivery Plans (LDPs);
- Long Term Future of Work: Our People and Culture Ambitions to 2030; *and*
- Integrated Workforce Plan.

Common themes identified include:

- a need to reflect on ways people learn and adapt facilitation styles accordingly;
- a need to prepare for a digital future, recognising the benefits of digitally enhanced learning;
- changing demographic and increasing demand, with a particular focus on challenges associated with the prevalence of dementia, obesity, complex health needs and mental health; *and*
- the requirement to increase opportunities for inter-disciplinary learning.

Our Trust's Vision and Purpose

Our Trust's vision is to become a leading ambulance service providing the best possible care, through a skilled, professional and healthy workforce. Our Trust's purpose is to be a caring and responsive ambulance service for the people in Wales. Our Trust's vision and purpose are underpinned by our behaviours:



Our Trust's vision and purpose lie at the heart of this strategy and its implementation

Limitations of the Existing Model of Education and Training

Our current model, established in 1998, is outdated and predominantly reactive in nature. It is unsustainable to attempt to continue to deal with every issue as it comes along, achieving at best, slow, incremental change in the face of consistent pressure.

At present:

- core education is predominantly delivered at the National Ambulance Training College, with regional centres supporting the delivery of CPD for operational colleagues, meaning that colleagues are subject to **excessive travelling and residential training**. Moreover, at an organisational level, this results in additional significant financial pressures associated with travel and subsistence;
- CPD is focussed on **statutory and mandatory training** requirements, leading to colleague disinterest and disengagement;
- there is a focus is on **operational** education and training needs as opposed to those of the entire workforce;
- our estate provision is **outdated and inadequate**;
- the only training available to **Corporate colleagues** is statutory and mandatory training;
- NHSDW, 111 and CCC training is designed and delivered locally, with **minimal input** from the E&T Team;
- **expertise** is not maximised and learning is only shared on a limited basis;
- there are some excellent examples of **voluntary CPD** and participation but this is not overseen or quality assured by the Education and Training Team;
- our primary delivery method is face-to-face, **taught education**, with little to no flexibility and limited innovation;
- key subjects are taught by staff who do not possess the necessary **subject matter expertise**, affecting quality and experience;
- an inadequate ICT infrastructure is preventing expansion of **Technology Enabled Learning** (TEL);
- there are very **few opportunities** for the Education and Training delivery team to undertake development due to demand; *and*
- the utilisation of **CPD hours** is fragmented and not audited.

Our future Education and Training provision must address the risks and gaps associated with the existing model, whilst continuing to build on our successes to date

Requirement for Innovative Delivery Methods

There are significant benefits to be gained from developing and modifying existing education delivery methods, utilising simulation, virtual reality, gamification and state of the art vehicles, aligned to high quality, **adaptive and flexible lifelong learning**. Furthermore, our education and training must reflect learning from patient and service user experience.

Research endorses a **contemporary, innovative, person-centred** approach to learning, offering flexibility and a blend of experiential and academic education. We want to make learning in WAST high quality and a positive experience for everyone, not just a mandatory exercise, thereby encouraging colleagues to maximise the use of available learning time and ensure every education and training interaction is meaningful, relevant and interesting.

To this end, the design, delivery and facilitation of learning in the future will be underpinned by a number of effective education, learning and development theories. All those involved in the design, delivery and facilitation of learning will deploy formative assessment activities designed around Swan's Principles of Effective Assessment; they will refer to the evidence based work of Hattie, Petty and William in presenting colleagues with scenario and problem based activities. Within this transformed approach colleagues will benefit from learning appealing to Knowles' Principles of Andragogy, Kolb's Experiential Learning and Dale's Cone of Experience. Underpinning all of this, and in keeping with the wider aspirations for Workforce Development will be active evidencing of Senge's Learning Organisation where colleagues nurture their growth mind-set to embrace systems thinking, commit to personal mastery, challenge limiting mental models, build a share vision and actively engage in team learning.

Our Education and Training services must support an accessible, flexible delivery model, maximising the potential of Technology Enabled Learning and recognising the benefits of a blend of academic and vocational education

Multi-Generational Workforce

For the first time, four generations of colleagues will be working together. It is therefore imperative that we recognise that there are generational concepts that require consideration to enable us to support colleagues throughout their careers. Given the evident shift in mindset from our younger generations and the fact that older generations are working longer, greater flexibility and agility regarding employment is driving the requirement for **portfolio careers**. Linked to this, is the need for the organisation to provide appropriate, broad development pathways to enable and support colleagues to progress within and between roles. For those colleagues progressing into roles developing others, we must acknowledge their dual professions of Operational or Functional role and that of Educator by supporting CPD for both.

We must endeavour to better align support to meet individual needs, recognising that these generational groups exhibit differences in values, expectations, perceptions and motivations, all of which are highly relevant in terms of education and engagement. **Engagement** is fundamental to this, as well as a coaching approach to leadership and management, to empower and enable colleagues to develop continuously.

Our Education and Training provision must recognise and respond to generational variations within the workforce by offering choice, flexibility and support, enabling development of portfolio careers

Growing and Changing Pattern of Need and Patient / Public Expectation

A recent demand analysis exercise has indicated that there is and will continue to be a significant increase in **demand**, i.e. a cumulative rise of 14% by 2020 / 2021. This significant increase relates not only to call volume but also diversity and complexity of conditions.

Our service offer has evolved significantly over recent years and our educational framework must be aligned to recent and anticipated changes in demand and demographics, reflecting the changing role of ambulance staff and services and the need to work on a **whole-system** basis. This includes a shift from a focus on skills associated with trauma / life-threatening conditions to those required for management of chronic conditions and co-morbidities, including mental health. It also requires progression towards seamless integration of health and social care partners, sharing learning and maximising expertise to ensure our patients receive the best possible care from a skilled, knowledgeable and competent workforce that represents the communities we serve.

Mental Health, dementia, End of Life Care, frailty and obesity as well as population health need to form integral components of future education and training programmes, to ensure that our colleagues are well equipped to deal with the needs of the population we serve and to maximise the impact of ambulance service colleagues in the wider prevention agenda.

Our Education and Training service must adequately equip our staff to meet the changing, growing needs of our diverse and complex demographic, playing a key role in prevention and population health

A Need to 'Future-Proof' our Workforce

In line with the requirement to ensure our colleagues are equipped with the necessary skills to deal with a growing, changing caseload, it is imperative that we prepare for the advantages and challenges that **digital expansion, innovation and automation** will bring, as well as integration with social care and whole-systems approach.

In an increasingly digital society, the digital skills of our workforce will need to keep pace. Topol (2019) predicts that “within 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment. All staff will need digital and genomics literacy”. In the *Topol Review: Preparing the healthcare workforce to deliver the digital future (2019)*, the need to ensure opportunities to include digital skills to augment and to transform learning are taken. The Organisational Development Working Group of the Review Board recommends that “Employers must ensure that support for staff to develop and enhance digital literacy is built into training programmes, career pathways and placements” and that “Organisations responsible for employing and training must ensure that current and new staff are supported to reach an appropriate level of digital literacy for their career stage.”

The soft skills of the entire workforce will need to be a focus of our education agenda; as noted by Martin (2017), by 2022, approximately 35% of skills that are considered important in the present workforce will have changed. To this end, skills in relation to **problem solving, critical thinking, creativity, people management and decision making** – that are universal to all staff – will need to be developed. This is supported by Thomas (2001), who asserts that these are not ‘soft skills’ but higher order skills necessary for healthcare professionals for the complex arena of the NHS.

Our Education and Training agenda must support staff to prepare for digital expansion, by developing important and relevant higher order skills

Strategic Themes

Our **strategic themes** are aligned to these key drivers for change, informing our overall Transforming Education and Training strategy:

Theme One: Quality

*Provision of leading, Trust-wide education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high **quality** care and services with competence and confidence.*

Bringing quality to the forefront of the Education and Training agenda will enable us to directly impact patient care throughout all areas of the organisation. Education and training programmes will be evidence-based and tailored to meet the needs of our colleagues, with effective partnerships enabling progress towards delivery of seamless health and social care services. By having an overview of learning across the organisation, we will ensure adherence to relevant standards, providing quality assurance to local learning and enabling replication of best practice across all areas of the organisation.

The UK Core Skills Training Framework will continue to guide and inform our development of appropriate Statutory and Mandatory training for all and we will establish a network of Subject Matter Experts to deliver important topics such as Safeguarding, End of Life Care and Mental Health. We will maximise opportunities for collaboration and partnership, ensuring we provide flexible, high quality learning and development services.

Achievement of University Status supports purposeful and transformational **research & development, training & education, innovation** and directive relationships with **industry** across all functions within WAST, separately and collectively. It engenders equity across the service; enabling excellence to be identified and nurtured throughout the organisation. Externally, it reinforces the status of WAST as an equally vital component of a highly professional workforce, committed to challenging itself to contribute to a modern and effective NHS. University Status acts as a catalyst; realising ambition by forging partnerships which support and expose WAST to the latest thinking and facilities from technological developments, clinical excellence, operational intelligence to the leadership and management skillsets required to support, deliver and continuously improve.

Theme Two: Equity

*Local, **equitable** access to high quality learning for the entire workforce that is evidence-based, innovative, supportive, flexible and person-centred.*

We will remodel education and training to embrace the entire workforce, demonstrating clear lines of accountability and providing quality assurance to all education agendas. This will involve eradicating existing silos and fostering a shared purpose and sense of mutual accountability. We will develop a blended model of education and training to maximise the many benefits of academia, supported by vocational study and practice, thereby enabling a more flexible approach to learning. We must recognise and respond to the development needs of the entire workforce, providing opportunities for regular, continuous peer learning, supported by high quality facilities and resources.

Where such education and learning opportunities are digital, we understand that colleagues having the necessary skills will be vitally important. The Digital Literacy Skills as defined by Welsh Government are Digital Citizenship, Productivity, Information Literacy, Collaboration, Creativity and Learning. Developing these will assist colleagues in their learning and in their wider roles within WAST. Where they exist, we will build on individuals' skills to enable colleagues to engage with a rich range of learning opportunities and where colleagues require more in-depth skills development, we will ensure they access the support they need, ensuring that WAST does not contribute to the Digital Divide. Increasingly, our patients require assistance with their digital skills and our colleagues will be empowered to support them and work together to achieve the ambitions of A Healthier Wales and Digital Inclusion in Health & Care in Wales.

Establishing a flexible and adaptable education model to support new and existing colleagues will be a fundamental focus of this agenda, with a view to introducing education and learning opportunities that can be accessed more easily in terms of time, mode of delivery and venue. As part of this agenda, we will establish a 'Hub and Spoke' model of education provision, enabling greater access to local learning opportunities and maximising value and efficiency. This will include sharing educational spaces and facilities with key partners such as HEI, Blue Light and NHS colleagues.

Moving away from the historic focus on operational colleagues' learning and development, this programme of work will highlight the crucial role played by our wider workforce in delivering high quality ambulance services. Colleagues across all disciplines will be recognised as essential navigators of the health system, with the organisation offering meaningful education and development opportunities.

Theme Three: Lifelong Learning

*An empowered workforce committed to self-ownership of continuous, **lifelong learning** that is skilled at creating, acquiring and transferring knowledge.*

At the heart of this theme is the need to support development of a growth mindset amongst colleagues, as well as supporting them to enhance their skills and competence. Developing and supporting the reflective practitioner, at whatever stage in their career development, is key to this. The willingness to identify, challenge and engage with peers to further develop skills and knowledge will deliver more confident and resilient colleagues who recognise the benefits of team work and personal mastery and supports a culture of trust and innovative thinking.

We will support the development of career pathways for all grades of staff and foster a culture of personal ownership and continuous learning and development. We will further support and develop the HCSW and Apprenticeship agendas. We will continue to support the growth of the Charitable Funds Committee Bursary Scheme, to enable innovative developmental opportunities and journeys for our staff.

A shift from 'taught' to 'facilitated' education will enable us to better support colleagues to manage their own education and learning, embedding a culture of continuous learning and improvement throughout all levels of the organisation. Peer learning and wider sharing of development experiences will form a key part of this theme, to maximise knowledge and learning benefits. Implementation of a rotational staffing model for education will enable facilitating staff to maintain high standards of practice, undertake meaningful CPD and support colleagues more effectively to develop their knowledge and skills.

Theme Four: Learner Centred

*Nationally designed and quality assured, **learner centred** education that is facilitated locally, fully supported by networks of multi-disciplinary learning communities, maximising expertise, opportunities for collaboration and return on investment.*

The establishment of Local Learning Communities and a multi-disciplinary approach to education design and delivery will engender a sense of shared identity, ownership, belonging and purpose, whilst fostering stronger relationships and engagement. By delivering education as locally as possible, we will ensure that wellbeing, work life balance, fairness and parity are prioritised, placing our people at the heart of a patient-centred service model.

Expansion of our Apprenticeship agenda is an important part of this theme, providing an accessible route into the modern NHS and an opportunity for existing colleagues to earn while they learn. Apprenticeship development throughout both operational and corporate roles will support the provision of career pathways and enable us to widen our participation, improving recruitment and retention rates, enabling us to build a workforce that more effectively represents the communities we serve. As noted by Deloitte, the ability of employees to innovate increases by 83% when they feel included and think that their organisation is committed to and supportive of diversity.

We will continue to design and influence Driver Training Vehicles and Emergency Ambulances, to ensure we equip our colleagues with the very latest knowledge and skills to promote safe practice and reduce litigation. In partnership with Operations colleagues, we will introduce Training Vehicles to support the induction of new colleagues into the operational environment.

We will devise a robust process to enable PADR conversations to inform organisational development plans for all grades, supporting talent development that identifies and maximises colleagues' potential.

Theme Five: Technology Enabled Learning

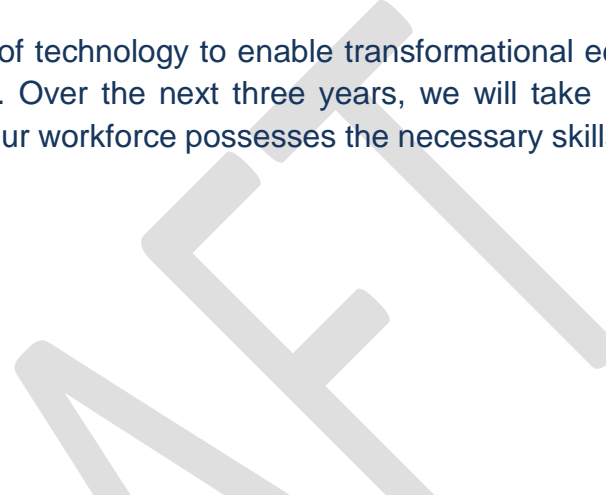
Technology Enabled Learning will be integral to the modernisation of education design and delivery, incorporating immersive and virtual learning, gamification and simulation, to provide meaningful and relevant education and training opportunities.

Technology Enabled Learning (TEL) offers an exciting opportunity to develop and promote innovation in our provision of education and training. A key focus will be collaboration with digital leads and other stakeholders to develop an effective digital infrastructure to support the expansion of eLearning and simulation, as well as the introduction of gamification, AR and VR concepts. Micro-learning makes learning more accessible by using AI Bots and Social Media to deliver short, relevant, on-demand content in a range of different formats. Active engagement in such learning deepens knowledge and provides an effective work and life balance solution for colleagues who have many competing demands without compromising on quality.

We will consider opportunities to collaborate with partners in relation to multi-disciplinary simulation environments and equipment, with a view to maximising resources and return on investment. Collaboration with Chester University presents an excellent opportunity to develop a virtual / augmented reality platform to enable learners and colleagues to practice key clinical skills.

Whilst technology will enhance education and training provision, many subjects / programmes will remain classroom-based due to their nature. Simulation suites and high fidelity equipment will be used to augment and improve the quality and experience of our learners across all disciplines. Innovation and technological development will play an increasing part in the way colleagues learn.

Learning from the education sector regarding the use of technology to enable transformational education, we will focus on modifying and ultimately redefining what our learners are doing. Over the next three years, we will take small steps towards preparation for increased automation and digitalisation, ensuring that our workforce possesses the necessary skills to respond to emerging technology and innovation.



Outline Delivery Plan

Theme One: Quality

Objectives	Actions
<i>Create quality learning environments to enhance the learning experience</i>	<p>Review the capacity and capability of our education and training delivery structure and propose changes to improve</p> <p>Create modern, well equipped education centres which support the delivery of high quality education, supported by Local Learning Communities; this will include flexible educational space for Corporate Teams</p>
<i>Ensure there is a strong focus on Quality, Patient Safety and Experience in our educational agenda</i>	<p>Establish a clear process to embed learning from concerns and adverse incidents in education programmes and materials</p> <p>Identify topics requiring delivery by Subject Matter Experts and establish network of SMEs for delivery</p> <p>Establish a patient simulation programme whereby a network of Volunteer Imitation Patients (VIPs) fulfil the role of simulated patients, enhancing learner experience and patient outcomes</p>
<i>Maximise meaningful collaborative opportunities</i>	<p>Identify opportunities for collaboration to deliver apprenticeships and inter-disciplinary learning</p> <p>Develop plan to attain University status for WAST</p> <p>Identify ways to maximise physical and human resources, that promotes innovation in skills and workforce development, aligned to the priorities of each organisation (e.g. dementia, frailty, mental health)</p> <p>Develop and foster the delivery of collaborative learning environments, that promotes inter-disciplinary practice, knowledge and understanding</p>

<i>Statutory and Mandatory training supports our Quality, Patient Safety and Experience priorities and compliance is improved</i>	<p>Review compliance with UK Core Skills Training framework, specifically in relation to Fire Safety</p> <p>Review the design and delivery of Statutory & Mandatory training with a view to increasing relevance and contextualising QSPE learning</p> <p>Work with national groups to develop the content to support Statutory & Mandatory training to influence and contribute to programmes</p> <p>Separate appropriate Statutory & Mandatory topics from annual CPD programmes</p>
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Theme Two: Equity

Objectives	Actions
<i>Establish Hub and Spoke model of education</i>	<p>Progress via Transformation of Education and Training Programme Board</p> <p>Liaise with Estates and Operations colleagues to identify key locations, undertaking audit of available learning spaces including equipment available</p> <p>Develop Operational Tutors to support local delivery of education and rotational staffing model</p> <p>Liaise with Medical and Clinical Leads to ensure a collaborative approach to education design and delivery</p> <p>Establish flexible educational space for Corporate Teams within Hub and Spoke centres</p>
<i>Remodel education provision to embrace the entire workforce</i>	<p>Liaise with Assistant Directors to identify nominated educational leads for each area in order to identify education and training requirements for all Trust teams</p> <p>Compile development plans for all grades of staff, ensuring existing skills are refreshed and new knowledge acquired</p>

Theme Three: Lifelong Learning

Objectives	Actions
<p><i>Promote and nurture development of a growth mindset and a supportive Trust-wide culture of lifelong learning</i></p>	<p>Develop our Education and Training team to enable transition from a 'teaching' to 'facilitation' style</p> <p>Recognise dual professionalism of colleagues involved in education and provide meaningful CPD opportunities</p> <p>Encourage personal ownership of education and development by supporting and developing reflective practice, moving away from directed learning</p> <p>Support nominated education leads to identify and develop relevant learning opportunities for specific areas (to include Corporate teams)</p> <p>Conduct education and training survey(s) to better understand training needs</p> <p>Develop a Training policy that includes Statutory and Mandatory requirements</p>
<p><i>Provide a high quality education and development service and staffing model</i></p>	<p>Develop our Education and Training delivery team to ensure they have the appropriate qualifications and skills to provide and support education of the highest standard</p> <p>Establish a rotational model for education staff, which incorporates operational exposure</p> <p>Establish and implement development pathways for Clinical and Driving Instructor roles, enabling effective succession planning to take place</p> <p>Design and deliver appropriate CPD programmes for Practice Educators</p>

Theme Four: Learner Centred

Objectives	Actions
<i>Create a high quality, modern, flexible, agile and adaptable model of education</i>	<p>Collaborate with Swansea University colleagues to design Paramedic Science degree curriculum and programme, incorporating a blended, flexible approach</p> <p>Develop meaningful and accessible career pathways, including broad apprenticeship opportunities to place WAST as an inclusive employer and encourage a more diverse workforce</p> <p>Establish an effective method of channelling PADR and PDP trends to the Education and Training Team</p> <p>Support all colleagues with learning and development, recognising generational variations and encouraging peer learning, actively committing to the ethos of Diversity and Inclusion</p> <p>Introduction of Training Vehicles to support induction of new colleagues into the operational environment</p>

Theme Five: Technology Enabled Learning

Objectives	Actions
<p><i>Embrace and expand Technology Enabled Learning to provide meaningful and relevant education and training opportunities for all colleagues</i></p>	<p>Work with digital colleagues to expand our offering of eLearning to Operational staff</p> <p>Identify ways in which the current portfolio of simulation and immersive training can be further expanded and accessed by all staff groups (e.g. Simbulance concept)</p> <p>Devise a plan to introduce gamification and virtual reality modes of education and training</p> <p>Procure 360° camera to enable creation of WAST specific immersive learning scenarios</p> <p>Work with ICT colleagues to explore opportunities for delivery of education via Webinar</p> <p>Respond to the requirement to develop digital skills of the workforce, weaving into all learning interactions</p> <p>Identify ways in which learning content can be delivered using micro-learning approaches</p>

Summary of Key Deliverables

Theme	Key Deliverables	Year:	1	2	3
Quality	Modern, well equipped training venues		✓	✓	✓
	Robust E&T delivery and staffing model			✓	✓
	Training plan linked to concerns and SAIs		✓		
	Network of SMEs				✓
	SME delivery plan				✓
	University status		✓	✓	✓
	Joint E&T ventures, resources and facilities with relevant partners			✓	✓
	Delivery of appropriate S&M topics via eLearning for all staff groups			✓	
	Compliance with UK Core Skills Training Framework			✓	
Equity	Hub and spoke centres (Ambulance Service Academies and Local Learning Communities)		✓	✓	✓
	Outline plan of Trust wide education and training needs			✓	✓
	Traffic Light System prioritising CPD opportunities		✓	✓	
	Appropriate audit process for utilisation of CPD Hours		✓		
Lifelong Learning	Network of Education and Training Leads, accountable to the Asst. Director, Education and Training		✓		
	Education and Training surveys		✓		
	Training policy			✓	
	Development plan for Education and Training Team		✓		
	Rotational staffing model			✓	✓
	Development pathways for Clinical and Driving instructor roles		✓		
	PEd CPD programme		✓		
Learner Centred	Fit for purpose Paramedic Science degree programme		✓	✓	
	Apprentice career pathway		✓	✓	
	Register of Trust wide PADR / PDP trends and themes, informing training plans and CPD programmes			✓	✓
	Training Vehicles to support induction of colleagues into operational environment		✓	✓	
Technology Enabled Learning	Library of role-specific immersive scenarios		✓	✓	
	Plan to implement gamification and virtual reality modes of education and training			✓	✓
	Portfolio of immersive and simulation training opportunities			✓	✓

Measuring Success

Measuring success

Using both qualitative and quantitative performance indicators, transformed Education & Training will support the skills, knowledge and mindset required for an agile and robust workforce.

We will know we have been successful when:

- We note increased numbers of colleagues accessing learning and gaining success as they engage with a range of programmes
- Colleagues are accessing their learning in the most appropriate way for their professional development needs
- We see an increasing focus on self-served, self-directed learning and reflective practice which is facilitated locally in reliable, trust-based peer networks
- We have an efficient and effective Education & Training provision with clear, coherent progression routes for all career pathways within WAST which is engaged with for new learning and ongoing professional development with active curiosity
- We are providing learning that is accessible on demand, to fit around busy lives and can be consumed quickly whilst adding value, deepening knowledge and sharpening skills.

Closing Remarks

This strategy sets out the high level changes required for the transformation of education and training over the next three years. We must ensure that we provide high quality, innovative and flexible learning opportunities to meet the changing requirements of our multi-generational workforce and the growing, complex needs of the population we serve. This will support us to attract the highest calibre of staff to provide the highest quality patient care; similarly, this will enable us to attract the highest quality education and training facilitators.

We must provide exemplary, patient-centred education for our students and learners, who will become the workforce of tomorrow, both in WAST and the wider health and social care system. For the first time, we are looking to support the development priorities of the entire workforce, shifting our focus from a predominantly operational / EMS perspective to all grades and disciplines.

This transformational strategy demonstrates the Trust's commitment to valuing and engaging our colleagues, equipping them with the necessary knowledge and skills to effectively serve our communities. High quality education and training environments are a sound predictor of quality of care. Improvements to educational provision and environments also play a significant part in improving quality of care and increasing colleague and patient safety.

It is now widely acknowledged and accepted that health and care must be organised around individuals and that WAST is required to think and work differently and innovatively, in order to transform the way in which services are delivered. In the same vein, it is imperative that WAST recognise the need to prioritise learning and education, placing our valued workforce at the centre of our progressive education and training agenda.

WAST Vision: *To become a leading ambulance service providing the best possible care, through a skilled, professional and healthy workforce*



WAST People and Culture Strategic Framework: *Plan – Resource – Educate – Engage*

Our Vision for Education and Training: *Provision of leading, Trust-wide education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high **quality** care and services with competence and confidence. **Technology Enabled Learning** will play a key role in education design and delivery, incorporating immersive and virtual learning, gamification and simulation, to provide meaningful and relevant education and training opportunities. Local, **equitable** access to high quality learning for the entire workforce that is evidence-based, innovative, supportive, flexible and person-centred. An empowered workforce committed to self-ownership of continuous, **lifelong learning** that is skilled at creating, acquiring and transferring knowledge. Nationally designed and quality assured, **learner centred** education that is facilitated locally, fully supported by networks of multi-disciplinary learning communities, maximising expertise, opportunities for collaboration and return on investment.*

Quality	Equity	Lifelong Learning	Learner Centred	TEL
<p>Create quality learning environments to enhance the learning experience</p> <p>Ensure there is a strong focus on Quality, Patient Safety and Experience in our educational agenda</p> <p>Maximise meaningful collaborative opportunities</p> <p>Statutory QSPE priorities and compliance is improved</p>	<p>Establish Hub and Spoke model of education</p> <p>Remodel education provision to embrace the entire workforce</p>	<p>Promote and nurture development of a growth mindset and a supportive Trust-wide culture of lifelong learning</p> <p>Provide a high quality education and development service and staffing model</p>	<p>Create a high quality, modern, flexible, agile and adaptable model of education</p>	<p>Embrace and expand Technology Enabled Learning to provide meaningful and relevant education and training opportunities for all colleagues</p>

Year 1 Key Deliverables: Training plan linked to concerns and SAls - Appropriate audit process for utilisation of CPD Hours - Network of Education and Training Leads, accountable to the ADPET - Education and Training surveys - Development plan for Education and Training Team - Development pathways for Clinical and Driving instructor roles - PEd CPD programme

Year 2 Key Deliverables: Delivery of appropriate S&M topics via eLearning for all staff groups - Compliance with UK Core Skills Training Framework - Traffic Light System prioritising CPD opportunities – Training Policy – NEPTS and UCS RPL - Fit for purpose Paramedic Science degree programme - Apprentice career pathway – Training Vehicles to support induction of colleagues into operational environment – Library of role-specific immersive scenarios

Year 3 Key Deliverables: Modern, well equipped training venues - Robust E&T delivery and staffing model - Network of SMEs - SME delivery plan - University status - Joint E&T ventures, resources and facilities with relevant partners - Hub and spoke centres (Ambulance Service Academies and Local Learning Communities) - Outline plan of Trust wide education and training needs - Rotational staffing model - Register of Trust wide PADR / PDP trends and themes, informing training plans and CPD programmes - Plan to implement gamification and virtual reality modes of education and training - Portfolio of immersive and simulation training opportunities

What does the Transforming Education and Training strategy mean to me? A taste of what's to come...

Quality	Equity	Lifelong Learning	Learner Centred	TEL
Provision of leading, Trust-wide education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence.	Local, equitable access to high quality learning for the entire workforce that is evidence-based, innovative, supportive, flexible and person-centred.	An empowered workforce committed to self-ownership of continuous, lifelong learning that is skilled at creating, acquiring and transferring knowledge.	Nationally designed and quality assured, learner centred education that is facilitated locally, fully supported by networks of multi-disciplinary learning communities, maximising expertise, opportunities for collaboration and return on investment.	Technology Enabled Learning will play a key role in education design and delivery, incorporating immersive and virtual learning, gamification and simulation, to provide meaningful and relevant education and training opportunities.

As an NHSDW / 111 colleague I feel supported to keep my skills and knowledge up to date so I can keep building on my experience and use it to support patients and colleagues alike. I'm finding the immersive learning suite a great way to enhance my skills in a realistic environment.

As a Paramedic colleague I'm glad to see patients involved in the design and delivery of education. Hearing patient stories and understanding the impact makes it so much more valuable. The high fidelity simulation equipment also makes learning so much more interesting!

As a NEPTS colleague I enjoy completing my eLearning online – it means that we are able to use face to face CPD time to do more practical activities and have really good discussions about topics relevant to my role, such as dementia, end of life care and frailty.

As an EMT colleague, I feel supported and equipped to facilitate and direct my own learning, using the Trust's 'CPD Traffic Light System' to prioritise my learning time. I really enjoy attending CPD at my Local Learning Community and engaging in peer learning activities.

As a CCC colleague it's great to know the Trust is planning to use AR, VR and gamification concepts in learning. It's going to make Statutory and Mandatory training much more meaningful and enjoyable

As a Corporate colleague I'm really excited to see an inclusive focus on Education and Training, before now it was only focussed on EMS colleagues. I'm looking forward to taking part in immersive learning opportunities to develop my minute taking skills!

As a UCS colleague I'm interested to find out more about apprenticeship pathways – this could be my chance to progress to EMT and further, without the barrier of GCSEs



*"Develop a **passion** for learning. If you do, you will never cease to **grow.**" - Anthony J. D'Angelo*



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

AGENDA ITEM No	2.5
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

UNIVERSITY STATUS

MEETING	Trust Board
DATE	18 th July 2019
EXECUTIVE	Claire Vaughan, Executive Director of Workforce and OD
AUTHOR	Jo Kelso University Status Project Manager
CONTACT DETAILS	jo.kelso@wales.nhs.uk 01792 562952

CORPORATE OBJECTIVE	IMTP Key Deliverable 7
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	2 and 7
HEALTH & CARE STANDARD	2.1, 2.4, 3.1, 7.1

REPORT PURPOSE	To seek Trust Board support to make an application for University Trust Status
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
People and Culture Committee	09.07.19	Discussion / Approval
Executive Management Team	03.07.19	Direction
Board Development	22.05.19	Consultation
People and Culture Committee	09.04.19	Consultation
Executive Management Team	06.03.19	Appraisal
Strategic Partnership Board	10.01.19	Consultation

SITUATION

1. The Trust's readiness to make an application for University Trust Status has been recently considered at an Executive Management Team (EMT) meeting (03.07.19), and the Trust's People and Culture Committee (09.07.19). These discussions confirmed support to make an application within the 2019/20 application window, in line with the approach set out below.
2. The purpose of this paper is to bring the Trust Board up to date with considerations so far and to seek approval, in principle, from the Board to progress an application for University Status in September 2019 to Welsh Government.

BACKGROUND

3. In 2013, Health Boards in NHS Wales were invited by Welsh Government to seek University status for the first time. At that point, the Welsh Ambulance Services NHS Trust was not involved in this process. However, the Trust has subsequently made clear its intent to seek University Status at a time it felt ready and capable of making a successful application.
4. Over the past 9 months, further scoping work of the requirements and benefits of attaining University Trust status has been undertaken. This work has been led by the Executive Director of Workforce and OD on behalf for the EMT, with the aim of assessing potential readiness to proceed with an application in 2019/20. This would enable the Trust Board to refresh its ambition and intention to secure University Trust status, as set out in the Integrated Medium Term Plan 2019/20 – 21/22.
5. It is recognised that such status supports purposeful and transformational research and development, training and education, innovation and directive relationships with industry across all functions within our organisation, separately and collectively. It engenders equity across services and enables excellence to be identified and nurtured throughout the organisation. Externally, it reinforces the status of WAST as an equally vital component of a highly professional workforce, committed to challenging itself to contribute to a modern and effective NHS.
6. University Status can also act as a catalyst towards realising our long term ambitions by forging partnerships which support and expose WAST to the latest thinking, research and facilities from technological developments, clinical excellence, operational intelligence, to the leadership and management skills and mindset required to support, deliver and continuously improve. It also has the potential to support and enable the Trust to further develop a sound evidence base that is core to underpinning a quality driven, patient centred, value based approach to the health care we provide.
7. Following further discussion at the inaugural People and Culture Committee (09.04.19) and recent Board Development Session (22.05.19) a draft business case was compiled to identify associated resource implications, risks and benefits. Having considered the draft business case (03.07.19), the EMT has confirmed its support to make an application for University Trust status in this year, giving a commitment to make available future additional resource in a phased approach towards full benefits realisation, as detailed within paragraphs 8 to 11.

ASSESSMENT

8. It is proposed to make a submission for University Trust status to Welsh Government on the basis of existing achievements and partnership arrangements already in place with Swansea University, with a view to gradually expanding resourcing, provision and partnerships with Higher and Further Education and to fully maximise benefits over the next few years.
9. **Appendix 1** details the criteria WAST is required to meet in order to attain University Status; this has been colour coded using a RAG system to demonstrate a self-assessment of the robustness of our current evidence base.
10. There is a Strategic Partnership Board currently in existence, comprising WAST and Swansea University colleagues. It is envisaged that this would provide us with the springboard to develop a Transition Board for University Status and in time, constitute a formal Committee to oversee academic partnership relationships and benefits realisation. The expected reporting line for this future University Status Committee would need to be determined.
11. A robust benefits realisation framework and reporting mechanism will be developed in 2020/21; this is imperative for WAST to demonstrate quantitative and qualitative performance both for internal impact appraisal and external scrutiny under Welsh Government triennial review for University Status. In doing so, we will also compile a strong evidence base in relation to the Duty of Candour and Duty of Quality requirements, as outlined in the Quality and Governance Bill (2019).
12. Pending Board support, a draft submission will be made and focussed work will be undertaken regarding areas of weakness in evidence (amber) as identified in **Appendix 1**.

RECOMMENDATION

13. The Board is asked to:
 - **NOTE** the resolve of the EMT to make available future appropriate resource in a phased approach to ensure success and full realisation of the benefits of University Trust status,
 - **NOTE** the support of the EMT and People and Culture Committee in relation to making an application this year and the proposed approach; *and*
 - **APPROVE**, in principle, the Trust making an application for University Status and agree for EMT to finalise and submit an application to Welsh Government in September 2019. .

EQUALITY IMPACT ASSESSMENT

N/A

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or “Not Applicable”
Equality Impact Assessment	N/A
Environmental/Sustainability	N/A
Estate	N/A
Health Improvement	Paras 5 & 6
Health and Safety	N/A
Financial Implications	Para 7 – to be provided for in 2020/21 budget
Legal Implications	N/A
Patient Safety/Safeguarding	Paras 5 & 6 & 11
Risks	Paras 9 & 11 – failure to address weaknesses in application / failure to succeed.
Reputational	Paras 5 & 6
Staff Side Consultation	Identified in discussions on IMTP, with Board and Committees with TU colleagues present

Appendix 1 University Status Criteria – self assessment

Focus	Criterion
Training	providing clinical placement opportunities to university students in one or more health professions / disciplines across the health board area
	a formal agreement covering placement opportunities in place and reviewed on a 12 month basis to determine benefits to organisations and individuals concerned
	the provision and evidence of undergraduate postgraduate training opportunities and the benefit this is having on the short and longer term
	demonstration of the contribution clinical staff are making to undergraduate health education, apart from clinical placements
	demonstration that clinical staff are undertaking CPD activities
	demonstrate how collaborative working is developing good practice in areas such as degree programme design, delivery and sponsorship
Research	illustrate the research activity being taken forward by the LHB in collaboration with the affiliated university and how this is leading to better diagnosis and treatment and improved patient outcomes
	evidence clinical staff contribution to University / Health School research activity and how this is contributing to clinical improvements within the health board and beyond
	clinical staff holding honorary titles for research activities from the University and University staff holding honorary titles for clinical activities for the health board
	demonstrate how the health board is increasing commercial and non-commercial research across its health board area and how this is being translated into improved patient care
	demonstrate how the Health board is developing and encouraging clinical and research leadership
	demonstrate the active promotion of the value of research through clear communication strategies with a range of audiences, i.e. patients, clinicians and local organisations including universities
	describe the arrangements in place to ensure research feeds into the organisation's mechanisms for uptake of best practice, innovation and service change (demonstrating an evidence-based decision making culture of which R&D is a key component
	demonstrate how a culture has been/is being developed that values and promotes research through leading and/or hosting studies, and recognition and understanding by all staff of the role that research plays in increasing and delivering good quality care, including staff recruitment, retention and development
Innovation	demonstrate how patients are benefiting from research and training through the adoption of innovative practice and products
	illustrate how research and training is being used with purpose to improve efficiency, and to reduce inappropriate variation, errors, waste and harm
	illustrate how research, training and strategic partnerships are helping to attract high calibre staff to work within the health board, and helping to retain them and to make the most of their abilities
	demonstrate how valuable assets including knowhow, reputation, data and other forms of intellectual property are being recognised and protected, with plans where appropriate to realise additional value, for example through strategic partnerships, joint working with industry, and commercialisation
	evidence and demonstration of how clinicians are being supported to develop their research, training and innovation activity, linked to clinical practice improvement



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Welsh Ambulance Services
NHS Trust

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

INTEGRATED MEDIUM TERM PLAN

2019/20 QUARTER ONE UPDATE & 2020/21 PLAN DEVELOPMENT

MEETING	Trust Board
DATE	18 July 2018
EXECUTIVE	Rachel Marsh, Interim Director of Planning & Performance
AUTHOR	Jonathan Watts, Assistant Director of Strategy and Planning
CONTACT DETAILS	Jonathan.Watts2@wales.nhs.uk

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

REPORT PURPOSE	
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. The purpose of this report is to:

- Provide an initial update to Trust Board on the progress which the organisation is making in regards to delivering its 2019/20 IMTP commitments.
- Propose a long-term term approach as to how this assurance is given.
- Confirm with board the early work being undertaken to re-fresh the plan for 2020/21.

2. This paper asks Trust Board to:

- **NOTE** the update provided.
- **CONFIRM** the proposed approach to providing assurance on delivery of the IMTP moving forward.

BACKGROUND

3. In February 2019 the Minister for Health and Social Care approved WASTs' 2019/20 – 2021/22 Integrated Medium Term Plan.
4. This 2019/20 plan also marks the start of a new three year period following the Trusts first IMTP being approved in 2016/17. It also represents the first plan under the stewardship of a new Chief Executive and Chairman.

ASSESSMENT

5. This section of the paper is divided into three parts;

- ❖ An initial update on the progress which the organisation is making in regards to delivering its 2019/20 IMTP commitments.
- ❖ The proposed long-term term approach to providing assurance on IMTP delivery.
- ❖ Update on early preparations for the development of the 2020/21 plan.

I. QUARTER ONE UPDATE ON DELIVERY OF THE 2019/20 PLAN

6. The organisations current IMTP articulates forty-two priorities for the coming three years. Each priority aligns to one of the seven strategic themes of the organisations long term strategy.
7. Each strategic theme has an Executive sponsor.
8. In addition to aligning to the organisations long term strategy they also seamlessly align to Welsh Governments *A Healthier Wales* strategy.
9. As such, by default when Trust Board receives IMTP implementation and delivery assurance reports, it is also gaining assurance on the organisations contribution to system wide delivery of the national strategy.

10. **Annex one** provides an illustration of these various alignments and confirms the Executive sponsor for each theme.
11. Holistic oversight of delivery is then provided to the Strategic Transformation Board (STB) which is chaired by the Chief Executive. This Board meets monthly and reviews the progress of each strategic theme.
12. Table one below provides a current high-level position statement regarding some of the key achievements / progress which has been made to date.
13. Historically there has been a requirement for the Trust to submit its formal Trust Board IMTP quarterly report to Welsh Government as part of in year assurance mechanisms to government.
14. For 2019/20 the Trust is now only required to return a higher level reporting template that takes a “**by exception**” principle which the only areas of exception being the three specific issues which were listed in the accountability letter to the Trusts CEO from the Chief Executive of NHS Wales. These have to be reported on every quarter and are;
- Work with the Chief Ambulance Commissioner and health boards to respond to the recommendations of the Amber Review.
 - Work with the Welsh Government’s workforce team to provide assurance that the workforce strategy has clear deliverables, milestones, risks and mitigation.
 - Set out service plans to support the Major Trauma Centre and network.
15. This more proportional approach recognises, and rewards the organisation, for being in the lowest possible level of escalation- routine monitoring. A copy of the Trusts quarter one submission to Welsh Government is shown in **annex two**

Table 1

Strategic theme	Some key achievements to date	Healthier Wales Quadruple Aim
Delivering Excellence	<p>Continue expansion of APP role (if funded and agreed with commissioner)</p> <p>Despite the long term funding not yet being fully secured for the roll out of Advanced Paramedic Practitioners working within a rotational model, the Trust continues to grow this initiative with the most recent good news story being the decision that the organisation will look to over recruit ahead of winter to enable, in turn, an additional 24 APPs to be recruited and commence training in September.</p> <p>The benefits which the APP role can offer the wider system are enormous-</p> <ul style="list-style-type: none"> • Dramatic reductions in the number of ED conveyances. • The chance of ultimately requiring an emergency ambulance vehicle reduced if first seen by an APP. • Improved patient satisfaction. <p>The net effect for patients is that that they have access to the right care from the right clinician at a much earlier point than they may have done otherwise, and many more will be treated closer to home without the need for a hospital admission.</p>	Improved population health and wellbeing
	<p>Evaluate and implement APP/non-medical prescribing framework (if funded)</p> <p>The first WAST staff have recently completed their Non-Medical Prescribing Course meaning that the Welsh Ambulance Service is now a world leader in terms of having paramedics who are able to prescribe to patients.</p> <p>Expression of interest applications have subsequently been sought from other operationally active Advanced Paramedic Practitioners to form the second cohort.</p> <p>This powerful initiative supports all four elements of the quadruple aim.</p>	

<p>Whole system Partnership and Engagement</p>	<p>Ensure full engagement in preparations for the go live of a major trauma network for South Powys and South Wales on the 01 April 2020</p> <p>The creation of Major Trauma networks across England and Scotland have been proven to dramatically improve not only survival rates of patients who suffer a major trauma but also their longer term outcomes.</p> <p>WAST will play a critical role in the success of the South Wales and South Powys major trauma network when it goes live in April 2020 and as part of these preparations has/is playing a full and active part in the preparations. This includes;</p> <ul style="list-style-type: none"> ❖ Develop the networks Major Trauma and silver major trauma triage tools. ❖ In collaboration with HEIW and EMRTs developed both an online and face to face training for all paramedics to support them in operating within this new network ❖ Developed a proposal for a Major Trauma desk within the South-East Wales CCC. This desk will be fully integrated with the existing EMRTs Air desk. 	<p>Better quality and more accessible health and social care services</p>
	<p>Develop a Transfer & repatriation service</p> <p>Significant progress has, and continues to be made, in beginning to be able to articulate what an All Wales Transfer and discharge service for Wales could look like.</p> <p>A collaborative workshop with joint facilitation from across a range of Health Boards, WAST and the CASCs office took place on the 9th July with an agreed principle being followed of you tell us (WAST) what you want and we will tell you what you need.</p> <p>The creation of an All Wales approach to transfer and discharge will not only improve organisational and system efficiency but also ensure patients receive more timely and higher quality transfer/discharges.</p>	

Value and Efficiency in all that we do	<p>Deliver an improvement in resource availability levels</p> <p>There is a now a formal programme of work in place, lead by the Directors of WOD and Operations, to ensure there is a sustained shift in resource availability. Some early gains have been made during this first year.</p> <ul style="list-style-type: none"> • Unit hours production (planned vs. actual roster hours) above 90% • Roster reviews progressing in Aneurin Bevan and Cwm Taf and being finalised through the summer • Improvements in Meal Break compliance • Improvements starting to be seen in sickness levels, with LTS sickness cases reducing both in number and length of absence 	<p>Higher value health and social care</p>
Enable our people to be the best they can be	<p>Refresh our commitment to volunteering</p> <p>A volunteering strategy has been drafted and is due to go to Trust Board in September 2019 accompanied by an implementation plan. This will mark a significant step forward for the organisation as we look to harness the support and good will of volunteers in Wales.</p> <p>Volunteers not only play a vital role within the Welsh Ambulance service in improving people's experiences of care, building stronger relationships between services and communities, improving public health and reducing health inequalities but collectively across the system volunteers will be vital if the vision of a "A Healthier Wales" is to be realised.</p> <p>The requirement of volunteers is radically changing and there are huge opportunities for volunteers to help transform health and social care services across Wales.</p>	<p>A motivated and sustainable health and social care workforce</p>
Continue to provide the best possible	<p>Implement the recommendations of the Amber review</p>	<p>Better quality and more accessible</p>

<p>care, outcomes and experience to our patients</p>	<p>There has been significant progress on these recommendations of the Amber Review which are within the sole gift of the Ambulance service. This includes;</p> <ul style="list-style-type: none"> • Top Ten Amber condition codes being identified. Best practice pathways against codes also being identified and shared with health boards. • Strategy paper on optimum mix of clinicians in CCC will be available by August 2019 • A contract with the preferred company to undertake the Demand & Capacity Review has been signed and the Review has commenced. The final report will be available in September 2019. • Improvements have been seen in UHP delivery, with further actions on reducing abstractions • Increased scrutiny and intervention on Amber tail has removed longest waits (the demand & capacity review will need to determine a backstop and model achieving this). A formal mechanism will be introduced for reporting of all patients who have waited over 18 hours, which will go to the Commissioners. <p>The Trust also continues to work with other key stakeholders in the development of plans in the wider unscheduled care system.</p>	<p>health and social care services</p>
<p>Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology</p>	<p>Secure approval for the procurement of the ECPR</p> <p>The outline business case (OBC) for a new EPCR was approved by Trust Board in May 2019 and subsequently submitted to Welsh Government for approval in June 2019.</p> <p>The OBC was also taken through the external informatics business case assurance group where we were advised to develop a procurement strategy (subsequently completed).</p> <p>The Full Business Case (FBC) is now under development.</p> <p>Work has commenced to develop a map of our digital flows in line with the broader NHS digital architecture (another recommendation from the assurance group)</p>	<p>Improved population health and wellbeing;</p> <p>Higher value health and social care;</p>

<p>Quality at the heart of everything we do</p>	<p>Roll out of the Trusts falls framework</p> <p>A detailed level 1 falls assistant evaluation report has been developed and submitted to the CASC to support rollout of the scheme.</p> <p>This is a robust and powerful evaluation report which now makes a strong case for the rollout of the scheme through demonstrating;</p> <ul style="list-style-type: none"> • Timeliness to respond to people who have fallen improved • There have been no Serious Adverse Incidents relating to the St John Falls Assistants. • The conveyance rate to hospital was low and of those patients that have remained at home, the clinical decision has been demonstrated to be effective. • Patient and staff experience (demonstrated on video) has been overwhelmingly positive • We have had no direct complaints about the St John Falls Assistants and overall, concerns about timeliness in relation to Falls has decreased from last year. • There has been a substantial increase in the numbers of Falls incidents that have been dealt with by the CSD • There has been in improvement in the speed of which resources are allocated following completion of the triage. • 1026 Emergency ambulance hours have been estimated to be saved as a result of the Level 1 Falls Assistant Service, equating to a total of 85.5 EMS 12 hour shifts 	<p>Better quality and more accessible health and social care services</p>
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Current risks and issues associated with IMTP delivery

16. The Trusts 2019/20 IMTP articulated and prioritised six schemes for rollout and scale up following robust pilot schemes and evaluations. These were:
 - I. Implementation of our Falls Framework;
 - II. Increasing capacity to improve our Mental Health and Dementia services;
 - III. Development of an Older Person's strategy;
 - IV. Strengthening our volunteering structures and strategy;
 - V. Continuing to enhance our senior leadership through a leadership development and exchange programme;
 - VI. Creation of a Non-Emergency Patient Transport Service (NEPTS) Transport Booking Hub.
17. Timely rollout and scale up had been predicated on receiving the £1.7M Healthier Wales money which was ring-fenced for ambulance services by Welsh Government in January 2019.
18. These funds do not flow directly to WAST / EMERTS but instead are treated as a commissioning fund, with decisions to be made by the Emergency Ambulance Services Committee (EASC) on the priorities for investment.
19. The CASC and his office have subsequently developed a "Healthier Wales Evaluation Panel" and are inviting bids from WAST and all Health Boards in order to determine where funds could be allocated.
20. This ongoing process has been time consuming for the organisation. It is anticipated that the outcome of bids will be known late in July.
21. Should the Trust not be allocated the full resources, then there is a risk that the organisation will be unable to deliver on some of its highest profile priorities articulated within the IMTP.

II. A LONG-TERM TERM APPROACH TO PROVIDING IMTP DELIVERY ASSURANCE

22. Trust Board have always received quarterly updates on the progress being made in delivering its IMTP. Whilst these updates had always been well received it has been noted that now is the time to look to take a fresh approach as to how assurance is provided to Trust Board.
23. It is recognised that current approaches to providing board assurance on the IMTP has been quite activity and process focused. Two specific issues have become apparent;
 - i. The current approach does not give the Board the opportunity to 'zoom in' on specific priorities which have been identified by Board as areas of specific interest because of their priority, for example, in terms of risk (financial, operational, reputational etc) and/or opportunity to the organisation.

- ii. In addition, whilst the current approach allows for the general questions of ***“have we done what did we say we would do”*** and ***“have we done it by when we said we would”*** to be answered but does not address the ***“what difference has this made”*** question.
24. To address point one, some protected time has been set aside in the next Board development day on the 30 July 2019 to begin helping Board consider which of the organisations current 42 priorities it might which to identify as ‘mission critical’.
25. The ability to address point two will then flow from the exercise identified above once those ‘mission critical’ priorities for Board are known.
26. The ambition for the quarter two report (which board will receive in November) is that a IMTP dashboard can be shared with the function of providing not only high level assurance across the plan but also targeted assurance where required.

III. 2020/21 PLAN DEVELOPMENT

27. New Welsh Government timescales requiring a refreshed 2020/21 IMTP to be submitted by the 31 December 2019 mean the organisations internal planning cycle is underway.
28. There is an ongoing period of engagement with staff to understand their views of where the continued focus of our plan should be and these views are being sought in a number of ways which include;
- An informal series of ‘conversations’ being led by managers and Assistant Directors through existing meetings and touch points which they have with staff.
 - An online survey
 - Feedback from the CEOs roadshows which look place over the Spring
 - A series of webinars which are being hosted by the CEO and Interim Director of Planning and Performance.
29. This information will be used to inform the second part of the protected ‘planning’ time which Board have at their Board development day in July.
30. Recognising that the 2020/21 plan is being submitted only 9-10 months after our current plan was approved the intention is not to rewrite the plan (Welsh Government have indicated this is not what they are looking for either) but the information collated via the routes described above will allow Board to reflect and assure itself on whether;
- The plan is still articulating the right things;
 - There is a particular focus / emphasis on the right things;
 - What has emerged that is missing from the plan that needs to be in the plan.

31. Samia Saeed-Edmonds, Planning Programme Director for Welsh Government will also be joining Board Development day. Samia will offer a Welsh Government context to Board on how our current plan is viewed- its particular strengths and where there are opportunities to be 'bolder' in our thinking and planning.
32. Following Board Development day the next opportunity to Board to as a collective to review the emerging 20/21 plan will be at its Board meeting in September.

RECOMMENDATION

33. Trust Board are asked to:

- **NOTE** the update provided.
- **CONFIRM** the proposed approach to providing assurance on delivery of the IMTP moving forward

Annex 1 – Alignment of Trust strategic theme to the quadruple aim

WAST Strategic theme and associated priorities for 19/20 – 21/22	Link to Healthier Wales quadruple aim(s)	Executive Sponsor
Continue to provide the best possible care, outcomes and experience to our patients. <ul style="list-style-type: none"> ○ Deliver on the EMS commissioning intentions ○ Deliver NEPTs commissioning intentions ○ Review of approach to station cleaning ○ Implement the recommendations of the Amber review 	Better quality and more accessible health and social care services	Rachel Marsh, Interim Director of Planning & Performance
Quality at the heart of everything we do <ul style="list-style-type: none"> ○ Develop and approve Older People’s Framework ○ Engage and involve users with sensory loss to improve accessibility ○ Implementation of the Mental Health and Dementia Improvement Plan ○ Deliver prioritised actions of the Carter Review ○ Roll out Trusts Falls Framework 	Higher value health and social care / Better quality and more accessible health and social care services	Claire Bevan, Director of Quality and Nursing, Safety and Patient Experience
Delivering Excellence <ul style="list-style-type: none"> ○ Develop and approve a WAST Public Health Plan ○ Continue expansion of APP role (if funded and agreed with commissioner) ○ Evaluate and implement APP/non-medical prescribing framework (if funded) ○ Complete rollout of 111 service across Wales ○ Articulate Opportunities to be caller handler of choice ○ Deliver full benefits of the NEPTs business case ○ Complete transfer of work from Health Boards and Trusts ○ Design and implementation of improved booking and call taking processes and procedures ○ Develop new pathways with HB's 	Improved population health and wellbeing / Better quality and more accessible health and social care services	Brendan Lloyd, Medical Director

Enable our people to be the best they can be <ul style="list-style-type: none"> ○ Approve & Implement a HWB Strategy ○ Approve & implement a transforming education strategy ○ Implement the approved Leadership & Management Strategy ○ Refresh our commitment to volunteering 	Motivated and sustainable health and social care workforce	Claire Vaughan, Director of Workforce & OD
Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology <ul style="list-style-type: none"> ○ Develop a Digital transformation strategy ○ Develop specification and business case for new NEPTs CAD system ○ Develop access to services online and through internet applications ○ Secure approval for the procurement of the EPCR ○ Utilise technology to improve communication with staff ○ Utilise video and other technologies to enhance the way our services are accessed ○ Launch and develop the WIIN platform (WAST Innovation and Improvement Network) ○ Review of next priorities from estates SOP and development of cases for capital funding ○ Delivery of an MRD for Cardiff and new work shop for south east region ○ Modernisation of our fleet ○ Improve the capture sharing & utilisation of information through implementation & rollout of QlikSense & Optima 	Higher value health and social care / Better quality and more accessible health and social care services	Director of Digital – Upon Appointment Interim lead - Chris Turley, Interim Director of Finance & ICT
Value and efficiency in all that we do. <ul style="list-style-type: none"> ○ Explore opportunities for further work with ICHOM and the Bevan Commission ○ Maintain strong links with the other UK nations to enable sharing of best practice and collaborative work ○ Improve understanding of cost base and cost behaviour, including benchmarking based on outcomes as well as costs ○ Maximise procurement efficiencies ○ Improve efficiency in stock inventory and asset tracking, through RFID ○ Deliver an improvement in resource availability levels 	Higher value health and social care	Chris Turley, Interim Director of Finance & ICT
Whole system partnership and engagement. <ul style="list-style-type: none"> ○ Develop a Trust engagement plan 	Better quality and more accessible health and social care services	Estelle Hitchon, Director of

<ul style="list-style-type: none"> ○ Ensure full engagement in preparations for the go live of a major trauma network for South Powys and South Wales on the 01 April 2020 ○ Delivering a targeted and effective programme of schools and community engagement ○ Develop a Transfer & repatriation service 		Partnerships and Engagement
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Annex 2 – Quarter 1 IMTP report to Welsh Government

Quarter 1 - Reporting Proforma for NHS Planning 2019-20

Name of Organisation	Welsh Ambulance Services NHS Trust
Director of Planning	Rachel Marsh
Submission date:	

Include RAG Status in quarter just completed and the next quarter ahead

R	Milestones not achieved or off profile to achieve in the period: corrective action required or new milestones to be agreed
A	Milestones off profile to achieve in the period: corrective action can be taken to achieve within the agree timeline.
G	Milestones achieved or on profile to achieve in the period: maintain trajectory

Please evidence below how your organisation is delivering its specific accountability conditions and raise any other matters by exception.

This template must be submitted to HSS-PlanningTeam@gov.wales quarterly. The deadline date for quarter 1 is below:

Quarter 1 – **5 July 2019**

Accountability Conditions

Specific Issues	Evidence	Status
<p>1. Work with the Chief Ambulance Commissioner and health boards to respond to the recommendations of the Amber Review.</p>	<p>WAST is represented on the Amber Review Oversight Group, chaired by the Chief Ambulance Services Commissioner. WAST have also established an internal Amber Review Delivery Group, which includes representation from National Collaborative Commissioning Unit (NCCU). A Programme Plan is in place and reviewed every three weeks. The Programme is on target. Information was supplied in support of a half-way point Ministerial statement on the 04/06/19. One of the key components of the Programme is the undertaking of a Demand & Capacity Review. In this regard, a contract has now been awarded and the Review is underway, with the final report due to be presented to the Emergency Ambulance Services Committee (EASC) in November 2019.</p> <p>Despite actions being taken, amber performance remains a concern with Amber One median, 65th, 95th and 99th times being higher every week this year (19/20), compared to the same weeks last year. There is a clear correlation between Amber performance and notification to handover lost hours. The NCCU is leading on improving handover performance as part of this programme of work, with a particular focus initially on handover delays at Morriston Hospital. The Trust had a productive meeting with the CASC and colleagues from Swansea Bay recently, and a series of joint programmes of work have been agreed which we plan to deliver on collaboratively within the next 4-6 weeks. We will continue to actively collaborate with the NCCU at a national level on handover and within each health board.</p> <p>Some improvement has been seen in the reduction of the very longest waits.</p>	<p>Green- on target</p>
<p>2. Work with the Welsh Government's workforce team to provide assurance that the workforce strategy has clear deliverables, milestones, risks and mitigation.</p>	<p>WAST is developing a People and Culture strategy to drive performance improvements and culture change across the organisation. The Strategy is based around four key themes: Plan; Resource; Educate, and; Engage. The Strategy is in final stages of development and will provide opportunity for the</p>	<p>Green- on target</p>

	<p>Welsh Government Workforce team to receive the milestones and risks and mitigation.</p> <p>The Trust is also in final stages of developing a Transforming Education strategy, Volunteering Strategy and Wellbeing Strategy to set out the direction of travel over the next three years.</p> <p>Welsh Government workforce team are engaged in discussions with the Trust on the development of these strategies, and will continue to scrutinise and input into this work.</p>	
3. Set out service plans to support the Major Trauma Centre and network.	<p>WAST has been fully engaged in the Major Trauma networks preparations for ‘go live’ on the 01 April 2020. The pre-hospital/Ambulance element of the overarching PBC has been drafted in full collaboration with the CASC and EMRTs which articulates the implications for the Ambulance service across the following areas;</p> <ul style="list-style-type: none"> ❖ Additional conveyance, transfer and repatriation consequences ❖ Requirements for the creation of a major trauma desk ❖ Additional staff training requirements <p>This was submitted to the NHS Wales Collaborative on the 19th June 2019.</p> <p>In addition the organisation is leading on the development of the required trauma triage tools which will be fundamental to the success of the network</p>	Green- on target
<p>The headings below encompass generic conditions set out in your accountability letter. These can be completed at your liberty. Issues defined by your organisation as ‘by exception’ should be included.</p>		
<p style="text-align: center;">Commissioner Engagement</p> <p style="text-align: center;"><i>Exception reporting- you only need to raise issues with you feel WG should be aware of, or you want to make them aware of within the bullet point contexts below.</i></p>		

Continue to work collaboratively with EASC to meet expectations and adhere to the principles outlined in the Commissioning Quality and Delivery Framework Agreement for Emergency Ambulance Services; <i>Nothing to report</i>
Support and work collaboratively with Local Health Boards to meet their service improvement targets, for example around patient flow, pathway work etc. <i>Nothing to report</i>
<p style="text-align: center;">Quality</p> <p style="text-align: center;"><i>Exception reporting- you only need to raise issues with you feel WG should be aware of, or you want to make them aware of within the bullet point contexts below.</i></p> <p>Ensure that quality standards are maintained and improved across all of your services and with your partners (primary care, health boards, social care and the third sector).</p> <p>The continuing long response times for some amber and green patients continues to be a concern in terms of the quality of service provided and the patient experience. As discussed in the recent JET meeting, work is ongoing to review each of the longest waits to provide assurance around patient outcomes.</p> <p>The Executive Director of Quality, Safety & Patient Experience is currently undertaking a gap analysis based on the recommendations arising from the Cwm Taf Maternity review which will be taken to our QUEST Committee in September 2019.</p>
Continue to develop plans for the long term that provide sustainable services and improved outcomes for your population <i>Nothing to report.</i>
Provide ongoing assurance on the development/enhancement of the EMRTS and resource arrangements- <i>Nothing to report.</i>
Continue to work with EASC on the delivery of NEPTS – <i>Nothing to report.</i>
Develop workforce/estates and capital investment strategies consistent with the development of the EMS clinical response model. <i>Nothing to report.</i>
<p style="text-align: center;">Collaboration (including RPB priorities)</p> <p style="text-align: center;"><i>Exception reporting- you only need to raise issues with you feel WG should be aware of, or you want to make them aware of within the bullet point contexts below.</i></p>
It works at pace to resolve outstanding service and workforce planning issues for the South Wales Programme and Acute Care Alliances through the regional planning committee <i>Nothing to report.</i>

It continues to extend collaborative working and regional planning with health boards and trusts to develop regional solutions where applicable <i>Nothing to report.</i>
It continues to prioritise, strengthen and realise benefits through your partnership, collaboration and involvement arrangements, agreements and plans <i>Nothing to report</i>
It works with internal and external stakeholders and commissioners (including primary and community care, community health councils, third sector, social care and wider local authority partners) to explore potential solutions for transformation and new models of health and care. <i>Nothing to report</i>
<p style="text-align: center;">Performance</p> <p style="text-align: center;"><i>Exception reporting- you only need to raise issues with you feel WG should be aware of, or you want to make them aware of within the bullet point contexts below.</i></p>
<p>Meet the targets and profiles set out in your IMTP for year 1 in order to achieve the improved position in line with national priorities and targets and any service change proposals outlined in your IMTP</p> <p>There are four performance indicators applicable to WAST in the C1 Delivery Appendix of the IMTP: concerns final reply 30 days, serious incidents assurance, PADR performance and Level 1 Core Skills & Training Framework. Two are performing better than their profiles and two are below profile: serious incident assurance was 0% in April 2019 (awaiting May data) and PADR performance was 73.18% (81%) and 74.09% (84%) in May and June 2019 respectively (information in brackets is the target profile).</p> <p>Whilst the Red 8 minute target was not included in the C1 Delivery Appendix, nevertheless it continues to be a very important political indicator for the Trust. Due to a decline in performance over the last 12 months and continued variation across Health Board areas, the Trust has been required to enter into a period of enhanced monitoring of red 8 performance. As a result, information is shared weekly and daily with the Commissioner, together with detailed action plans, concentrating particularly on performance in Powys and Hywel Dda. Some improvements have been seen, with performance in June at 72.45% and every Health Board over 65%. A weekly red performance dashboard is now supplied to key stakeholders whilst we remain in enhanced monitoring.</p>
Demonstrate progress towards meeting targets set out in years 2 and 3 of your IMTP <i>Nothing to report</i>
Continue to have robust delivery, monitoring and performance management arrangements in place to assure your Board, Commissioners and Welsh Government that your plan is on track.

The Trust has reviewed and updated its Monthly Quality & Performance Report, which goes to Executive Management Team each month (and Board bi-monthly). The Trust continues to refine this, but it has had a substantial overhaul. The Trust has also established a Strategic Transformation Board, chaired by the CEO, to monitor IMTP Delivery each month. The Trust meets monthly with the NCCU (EASC/WAST Performance Meeting) to review progress. At the July meeting the Trust will review progress against all the commissioning intentions. These are contained in the C20 Local Measures IMTP template. July EASC will also see the introduction of a written report from the WAST CEO for the “Provider Update”, which will review quality, performance and IMTP progress.

Finance

Exception reporting- you only need to raise issues with you feel WG should be aware of, or you want to make them aware of within the bullet point contexts below.

Deliver a balanced financial plan, in line with the agreed plan in your IMTP, and maintain ongoing dialogue between your Board, commissioners and Welsh Government officials regarding financial assumptions and modelling;

One of the Trust’s key strategies for improving quality and performance is to continue to expand our Advanced Paramedic Practitioner (APPs) workforce. We have committed to putting a further 26 APPs through the MSc training programme from September 2018. An element of the funding for these additional posts has been agreed with the Commissioner, and we will continue to press for the full funding required.

Demonstrate the benefits of any additional investment, in particular any monies received via specific and targeted funding. You will be expected to provide updates on how this investment has yielded benefits at the JET meetings.

An additional 1% funding was provided by WG to support delivery of A Healthier Wales, and this funding is assumed within our IMTP. The use of the funding will be determined by the Commissioner, and a detailed process has been put in place for bids to be submitted, scrutinised and decisions made by a panel specifically commissioned to undertake this work. The panel is likely to meet at the end of July, with services therefore unlikely to be in place until the 3rd quarter of the year, which will reduce achievable impact in this financial year. The Level 1 Falls Assistant scheme, established last winter, is not yet recurrently funded.

Other comments/issues by exception



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	3.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– May 2019

MEETING	Finance and Performance Committee / Trust Board
DATE	16 July 2019 / 18 th July 2019
EXECUTIVE	Rachel Marsh – Interim Director of Planning and Performance
AUTHOR	Kerri Hitchings – Commissioning and Performance Manager Nicola Quiller – Commissioning and Performance Officer
CONTACT DETAILS	kerri.hitchings3@wales.nhs.uk

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

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

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT (Virtual)	10 Jul 19	Consideration and approval
Finance and Performance Committee	16 Jul 19	Consideration
Trust Board	18 Jul 19	Consideration

SITUATION

1. The purpose of this report is to provide a single report which details the Trust's performance against key quality and performance indicators for May 2019.

BACKGROUND

2. The Emergency Ambulance Services Committee (EASC) commissioning intentions (based on the Ambulance Quality Indicators (AQIs)) and the Welsh Government Delivery and Outcomes Framework (which in turn informs the Welsh Government Balanced scorecard) form the basis of the Trust's performance indicators. The Framework and the commissioning intentions represent what the Trust is held publically to account on in terms of our quality and performance metrics. Both are also brought together and reported on at the Joint Executive Team (JET) meeting with Welsh Government.
3. The Emergency Medical Services (EMS) AQIs are published quarterly by the Emergency Ambulance Services Committee (EASC) on their website; <http://www.wales.nhs.uk/easc/ambulance-quality-indicators>. The latest quarter (January 2019 – March 2019) was published on 24 April 2019. Monthly information is published by Welsh Government on Red and Amber performance. <http://gov.wales/statistics-and-research/ambulance-services/?lang=en>. The development of the AQIs is an iterative process, with constant refinement as we continually improve what we report. The next iteration of the EMS AQIs is due to be published on 31 July 2019 for the period April 2019 – June 2019.
4. This report focuses on a list of top measures drawn from the 2019/22 Integrated Medium Term Plan which identified, through the Strategy Map, an agreed set of headline outcome measures. These measures are included in a dashboard in the *Assessment* section of this report, outlining the last 12 months performance, structured in line with our Long Term Strategic Framework. A copy is also included in **Annex One**. Each of the top measures subsequently has a dedicated page with graph, analysis and improvement actions and also graphs of any linked indicators that may have an impact on its performance. For this iteration of the report, the improvement actions have been structured to focus on progress against the IMTP deliverables and Other Key Improvement Actions that will have an impact on its performance including expected completed dates, current position and RAG rating, in addition to any other local actions.
5. Quarterly versions of this report include an additional section for the key quarterly metrics, those being the Clinical Indicators and the Non-Emergency Transport Service (NEPTS) measures outlined in **Annex One**. These will each have their own dedicated dashboard and analysis pages. The next Quarterly version will contain the June 2019 position. Future iterations will also include the key NEPTS measures on a monthly basis, in addition to the more detailed set of quarterly NEPTS indicators.
6. **Annex One** contains a supplementary scorecard structured in line with our Long Term Strategic Framework, that includes the remaining indicators covering all Welsh Government targets that the Board/Committee are held to account on; additional measures from the Commissioning Intentions and IMTP outcome measures; and an updated set of NEPTS indicators. A separate

PowerPoint pack of graphs is included as **Annex Two**, which can be projected on screen during Board to aid discussion. Where possible the graphs provide two years of data so that a clear trend can be seen and enable seasonal comparison.

7. As requested by Board, markers have been added to this version of the report to identify which measures relate to the relevant committee. These markers have been added to the top left corner of each analysis page, for example *FPC* identifies the metric is most relevant to the Finance and Performance Committee. In addition, markers showing *CI* have also been added alongside to indicate which metrics form part of the commissioning intentions.
8. Feedback from the last Trust Board was positive, recognising that there are further developments required. Some of the key areas of feedback were:
 - Graphs to be annotated where a change has occurred - completed;
 - A review of 111 and NHSDW measures that are included in the report (see point 10 below);
 - Links to the Board Assurance Framework, in particular, to include key risks in this (see point 11 below);
 - Review of NEPTS indicators and if they should be built into this report on a monthly basis (see point 5 above);
 - Inclusion of Statistical Process Control (SPC) charts and trajectories;
 - Trust Board to have a dedicated session on performance to reflect on the extent to which core performance is tolerated for those critical areas; and
 - Reflect on the differences between outcomes and process.
9. The key updates to these actions are included in the points below.
10. Welsh Government have recently issued a new set of Standards and Quality Indicators for 111 and Out Of Hours in Wales. The standards developed are replacements for those currently in place for the 111 service and OOHs and have been divided into two parts. Part A outlines the delivery standards which are required to be reported monthly at either national or local level. Part B and C are quality indicators which require WAST and LHBs to collect and report the information either monthly, quarterly, six monthly or annually. Welsh Government require WAST and LHBs to produce an annual report on these indicators by July 2019 for 2018/19 activity. Once the new data has been developed and quality assured, the new standards will feature in this report, replacing those 111 indicators in the top 10 and any other 111 indicators that are contained in this report.
11. In April 2019, a review was undertaken to scope out how this report can link into the Board Assurance Framework (BAF) to provide further information and assurance on the Trusts key risks, their current performance and associated improvement actions. The BAF is currently being restructured in line with Long Term Strategic Framework and therefore once this is complete it will allow links with performance in this report to easily take place. Going forward there will be regular meetings between the lead manager of this report and the BAF to identify where there are gaps in assurance in the BAF or where there are concerns with performance

of any key risks, any key concerns will be highlighted in this report to ensure the Board are fully sighted.

- 12.** Future iterations of the report will be assisted by an AQI dashboard in QlikSense, this is one of the top priorities in phase 2 of QlikSense development. Following this, there is also intention for a dedicated IPR dashboard to be built. There no timescales currently set for completion due to current performance reporting pressures; however this remains a high priority for Health Informatics. Once complete this will assist in a more timely production of the IPR.
- 13.** WAST received two letters in early April 2019, from the Deputy Chief Executive Officer NHS Wales and the Chief Ambulance Services Commissioner (CASC) respectively, regarding Red performance and placing the Trust into enhanced performance management. The newly constituted Finance and Performance Committee, at its April 2019 meeting, requested a 'deep dive' into Red performance to come back to the July 2019 meeting. This information is presented as Annex 3 of this report.
- 14.** In relation to how this performance data will be monitored and managed within the Trust, this will be undertaken through the Strategic Transformation Board. Each programme of work will be aligned to one of the long term strategic framework themes and will therefore relate specifically to a suite of performance indicators. A programme plan will be developed for each area and a high level report developed monthly to demonstrate progress against the plan or any remedial actions. This will then allow information easily to be uplifted into this Board report.

SECTION 1 - MONTHLY INDICATORS

TOP 10 INDICATORS DASHBOARD

Themes	No.	Top 10 Indicators	Target 2019/20	Baseline Position (2018/19)	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	RAG
Our Goal - Delivering Excellence																	
Provide the right care in the right place, wherever and whenever it is needed	1	Number of hits to the NHSDW website	Improvement trend	3,696,770													R
	2	Call Volumes to NHSDW	Improvement trend	243,840	363,332	395,162	243,464	218,554	327,676	294,158	257,523	310,381	267,085	295,279	296,222	293,461	A
		Call Volumes to 111	Improvement trend	277,395	20,643	22,112	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	12.0%	7.8%	7.4%	7.3%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	8.4%	8.0%	8.6%	8.2%	R
	4	% of verified incidents that were conveyed to major Eds	Reduction Trend	48.60%	47.5%	47.5%	48.1%	48.7%	49.6%	49.14%	48.52%	48.23%	48.35%	48.91%	51.15%	47.78%	A
Our Strategic Enablers																	
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	5	% of emergency response to red incidents arriving within 8 minutes	65%	75.1%	75.6%	75.4%	74.4%	73.9%	74.7%	72.3%	72.8%	71.8%	72.4%	71.2%	70.3%	70.2%	G
		Red 95th percentile	Reduction Trend	00:15:25	00:14:51	00:15:43	00:15:56	00:15:26	00:15:20	00:15:30	00:15:59	00:15:26	00:15:35	00:16:06	00:16:32	00:16:03	R
	6	Amber 95th percentile	Reduction Trend	02:38:42	02:32:05	02:44:04	02:39:45	02:45:49	02:32:45	02:32:02	02:41:41	02:58:35	02:46:33	02:41:33	03:06:52	02:41:39	R
		Amber 65th percentile	Reduction Trend	00:37:00	00:36:03	00:37:19	00:37:20	00:38:38	00:35:27	00:35:52	00:38:14	00:40:05	00:40:04	00:39:55	00:42:45	00:40:32	R
		Amber Median	Reduction Trend	00:24:11	00:23:25	00:24:16	00:24:19	00:25:03	00:23:27	00:23:41	00:24:51	00:26:03	00:26:09	00:26:09	00:27:53	00:26:42	R
	7	Number of lost hours following handover to clear over 15 minutes	Improvement trend	11,282	816	909	916	888	961	1017	962	1,099	926	985	1,062	947	R
	8	% of concerns that received a final (reg 24) within 30 days on being received	75%	46%	56%	49%	51%	48%	53%	43%	59%	27%	33%	70%	63%	55%	R
		Serious adverse incidents assured within agreed timescales	90%	33%	0%	0%	0%	0%	33%	0%	0%	0%	0%	0%	0%	20%	R
	9	Emergency Ambulance unit hours production	95%	92.8%	91.0%	91.0%	89.0%	91.0%	94%	94%	95%	97%	92%	91%	95%	92%	A
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	6.3%	7.14%	6.61%	6.78%	7.25%	6.78%	7.02%	7.19%	7.85%	7.89%	7.45%	7.18%	6.77%	6.28%	A

OUR GOAL *DELIVERING EXCELLENCE*

PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

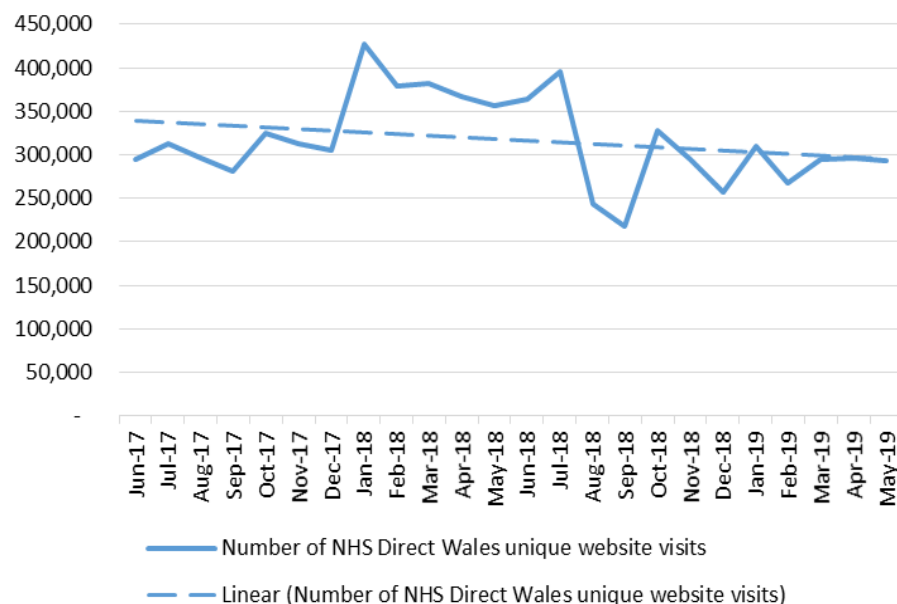
INDICATOR 1 – NUMBER OF HITS TO NHSDW WEBSITE

2019/20 Target – Improvement Trend

FPC

R

Number of NHS Direct Wales unique website visits



Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Develop a Digital transformation strategy	TBC	The appointment of the new Director of Digital will be key to the delivery of these objectives, and clear ambitious action plans and timescales are likely to be developed once they are in post.	-
Develop access to services online and through internet application	TBC		-
Utilise video and other technologies to enhance the way our services are accessed	TBC		-
Other Improvement Actions			
Continue to improve website through addition of new symptom checkers - Two to be added to NHSDW Website	Mar-20	There are currently 28 symptom checkers. The Practice Coach team are in the process of reviewing out of date symptom checkers (rolling every 3 years); however, due to limited availability, this has not been progressed due to other priorities.	GREEN
Promotion of the NHSDW website	Continuous	PECI Team actively promote website via social media majority of HBs are signposting to NHSDW website encouraging the public to Choose Well. Mental Health awareness week took place in May, prompting 640 visits to the encyclopaedia page on panic disorder.	GREEN

Analysis

There were 293,461 NHSDW unique website visits in May 2019. Of these visits, 65.1% were accessed by females and the largest proportion of viewers by age fell in the 25-34 years old band, 26.99%. In May 2019, the most viewed pages were: generally unwell; ovulation calculator; stomach pain; dental; and rash. At December 2018 Board, we reported a decline in NHSDW website unique visits; the rate dropped significantly in September 2018. This was due to a "Core Algorithm Update" from Google Analytics which affects how high up on the google search pages NHSDW presents. The Trust has no influence on this, other than to continue to improve the site. The number of visits has remained fairly stable in the last 3 months, however is considerably less than the same period last year but still higher than two years ago. The overall two year trend is decreasing, the target is an improvement trend.

It is recognised that this is not a particularly useful indicator and we need to investigate better ways of measuring the impact of this service. A review of NHSDW indicators to include in this report took place in April 2019 to enable us to provide more information on the type of visits to the website as provided above. The outcome of this review is an action to explore the establishment of a new indicator to report monthly on the top symptom checks used, how many visits to the page, the number of completed assessments and of those not completed, the % of the symptom check that was completed to enable trends to be built. In order to facilitate this work, a task and finish group has been set up in August 2019 to review the indicators under Step 1.

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INDICATOR 2 – Call Volumes to NHSDW and 111 2019/20 Target – Improvement Trend

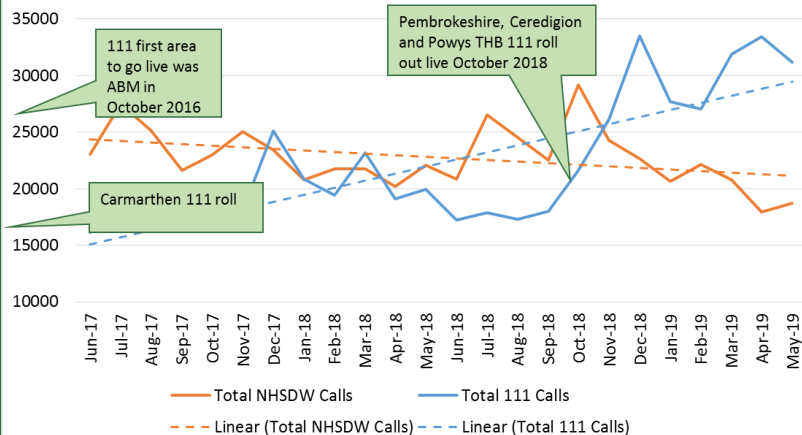
NHSDW

111

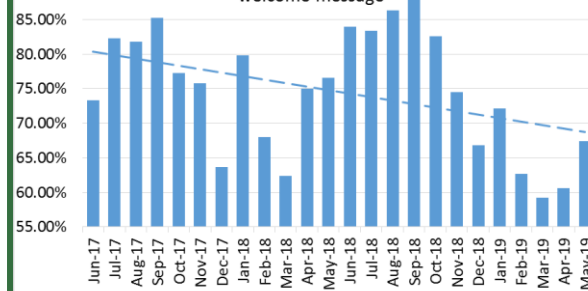
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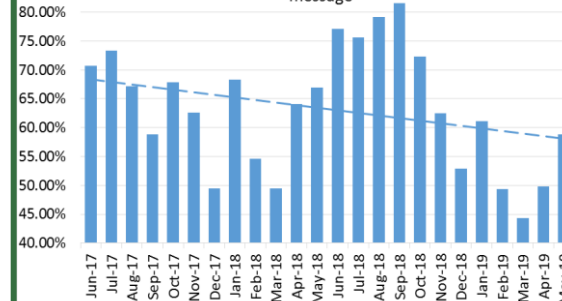
Total Calls for NHSDW and 111



% NHSDW calls answered within 90 seconds of the welcome message



% 111 calls answered within 60 seconds of the end of the message



Analysis

Since the roll out of 111 telephony, there has been a shift in call demand between 111 and NHSDW as expected. The first area to go live was Abertawe Bro Morgannwg UHB in October 2016. Subsequent roll outs included: Hywel Dda UHB and Carmarthen in May 2017 and Pembrokeshire and Ceredigion in October 2018; followed by Powys THB in October 2018.

NHSDW call demand continues to decrease overall. There has been a year on year decrease of 15.0%. Both the rate at which NHSDW and 111 calls are answered are on a downward trend. This could be attributable to the higher than expected demand on 111, which requires an overall higher level of call takes / clinicians for both services.

111 telephony overall demand continues to increase as the service is rolled out, with a considerable increase in October 2018 when the latest areas went live. There has been a year on year increase of 30.6%.

In July 2019, there will be a new set of 111 Standards implemented by Welsh Government, therefore future iterations of this report will be adjusted to include more meaningful 111 indicators that are reflective of the new WG standards.

Improvement Actions

IMTP Deliverable	Completion Date	Progress Update	RAG
Complete rollout of 111 service across Wales	2020/21	Following continued successful recruitment into the service, a new implementation date of 13 th August 19 has been agreed for the Aneurin Bevan UHB area. This did not take place in April 2019 as planned due to the levels of clinical staff not being safe and sufficient to do so. A number of actions have been put in place to actively increase the likelihood of both further recruitment at pace for the service, along with the need to better retain staff in the service once recruited and trained.	GREEN
Other Improvement Actions			
Recruitment Plans for Paramedics and Band 5 nurses to NHSDW	Ongoing	This will expand the clinical workforce, with a retention plan in place in order to secure appropriate clinical staffing levels. A number of meetings to further explore retention issues have been held and an action plan to enhance the existing retention plan is being developed.	GREEN
Review of 111 demand	TBC	The increase in demand the service has experienced, is above the initial demand projections that were initially projected which instigated a review of demand of both NHSDW and 111 to ensure the service is suitably resourced and able to meet demand and sustain performance. A meeting to review initial findings is taking place w/c 15 th July.	GREEN

OUR GOAL DELIVERING EXCELLENCE

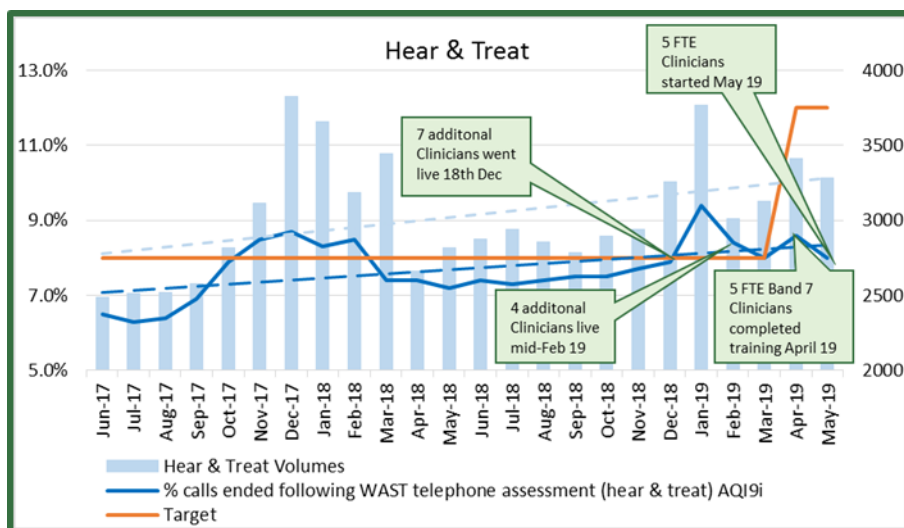
PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

FPC

INDICATOR 3 – % of calls ended following WAST telephone assessment (HEAR & TREAT)

2019/20 Internal Target – 12%: Commissioning Intention – increasing volumes

R



Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 8.2% performance in May 2019, compared to 7.2% in May 2018 and 6.4% in May 2017.

3,280 ambulances were stopped in May 2019, compared to 2,820 in May 2018; however, the percentage performance trend has not met the new 12% performance target for 2019/20.

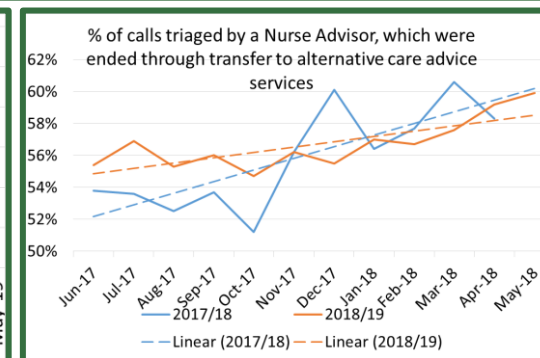
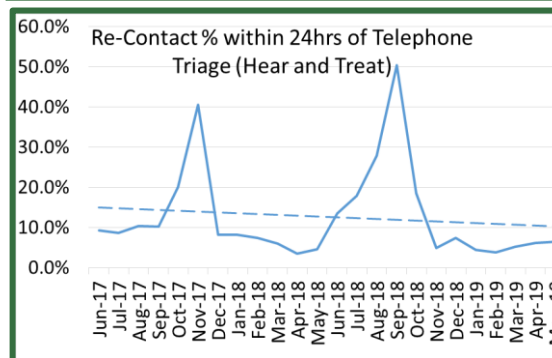
Detailed analysis has identified a positive relationship between additional WTEs who are fully operational on the CSD and the number of individual H&T incidents. Recently appointed clinicians, despite being fully operational, require additional support from Senior Clinicians which is reducing their delivery of H&T, therefore further improvements are likely to be realised through Q1 and Q2 2019/20.

The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated considerably over the last two years, in 2017 the rate peaked in November at 40.5%; and in 2018 peaked in September at 50.4%. The most recent peak from June to October 2018 was a result of one frequent caller who has now been taken through our frequent caller process, resulting in the re-contact rates to return to normal levels.

The percentage of calls ended through transfer of alternative care advice services is on a slight upward trend, demonstrating an increase in partnership working. Providing patients with options for alternative care will also have a positive impact on our re-contact rates.

Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Additional Clinicians for the CSD	Jun-19	The Trust received additional winter monies in 2018/19 for additional Clinicians for the Clinical Service Desk (CSD). The funding was for an additional 11 FTEs Band 6 and 5 FTEs Band 7, increasing current establishment from 32 FTEs to 48 FTEs. All additional posts were planned to be live by June 2019. An evaluation paper will be completed in July 2019.	GREEN
Clinicians in CCC Strategy Paper (Amber Review).	Aug-19	This is an important sub-action from the Amber Review with a purpose of improving the management and efficiency of the service which should have a specific impact on hear & treat. Strategy paper on target for Aug-19 (initial consideration by Amber Review Delivery Group) before being fed into the decision-making process.	GREEN
Winter Planning (Welfare Calls and C3 Remote Working)	Oct-19	The CCC have identified further actions relating to increasing welfare calls and introducing remote working. These should improve patient experience, but would require additional funding.	GREEN
Review of activity flows	TBC, within 2019/20	A structured review of activity flows between the CSD and NHSD commenced in Q4 18/19, with the purpose to ensure patients cohorts are being managed in the right place to maximise hear and treat rates, completion will be within 2019/20. Revised operating processes for the CSD will take place to focus clinician time on those patients groups that will deliver the best value from clinician input either to secure patient	GREEN



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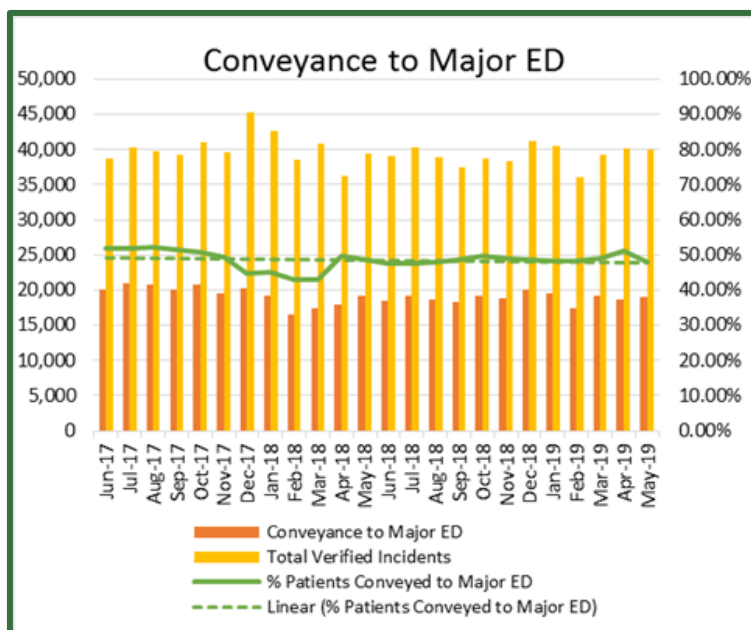
PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

FPC

INDICATOR 4 – % of verified incidents that were conveyed to Major ED

2019/20 Target – Reduction Trend

A



Analysis

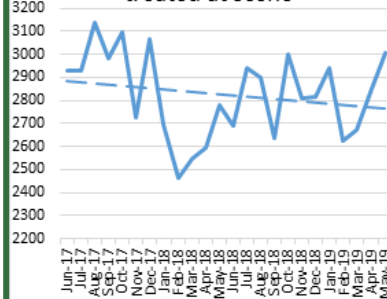
The Trust conveyed 19,089 of patients to major emergency departments (EDs) in May 2019, compared to 21,153 in the same period last year. The graph demonstrates that the volumes and proportions conveyed are both slightly higher this winter than last, although the measure is now on a downward with improvements in the last month. This indicator (it is not a formal measure at this time) captures the impact of all “shift left” activity, for example hear & treat, see & treat, pathways and conveyance to non-major ED’s. The target for this indicator is a reduction trend.

The slight increase in the last year may be linked to the downward trend in the number of incidents treated at scene, however the number of incidents referred to an alternative provider is on an upward trend. The percentage of see & treat incidents that re-contact the service within 24 hours remains very low.

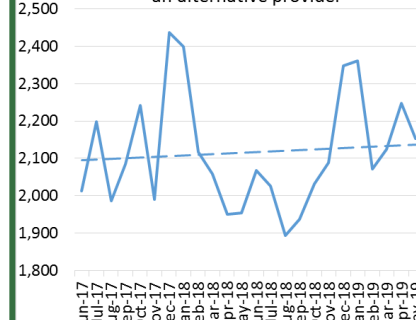
Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Continue expansion of APP role (If funded and agreed with Commissioner)	Sep-19	26 additional APP FTEs will start MSc training programme in September 2019. An element of the funding for these additional posts has been agreed with the Commissioner and work is ongoing to obtain the full funding required. Early data from the additional APPs introduced last winter is illustrating the impact of the model mirroring the findings of the North Wales pilot scheme, reinforcing the models feasibility. However, to have a major impact on conveyance rates, further APPs required.	GREEN
Evaluate & implement APP/non-medical prescribing framework	Mar-20	Three of the five prescribers have completed the programme. Two due to finish later this year. Once all five prescribers are in practice an evaluation framework will be designed.	GREEN
Develop new pathways with Health Boards	Baseline assessment and review Sept-19 Introduction of new pathways Oct – March 20	This is an Amber Review Implementation Programme action. A programme of work has been established, led by Andy Swinburn with formal PID completed, which will involve close engagement with Health Board colleagues. In addition, there are a number of existing agreed pathways set up to encourage non-conveyance to a Major ED. For example, the Mental Health Pathway, the Sepsis Pathway, the ROSC Pathway, etc. There is an established generic email account set up for pathway breaches to be reported. If operational staff are not able to access use of an agreed pathway, they should report it via email, which is then investigated locally to understand what the issues are and work in partnership to get the	GREEN

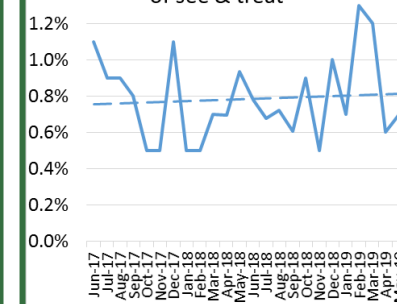
No. of incidents which were treated at scene



No. of incidents that were referred to an alternative provider



Recontact % within 24 hours of see & treat



OUR STRATEGIC ENABLERS

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

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

FPC

CI

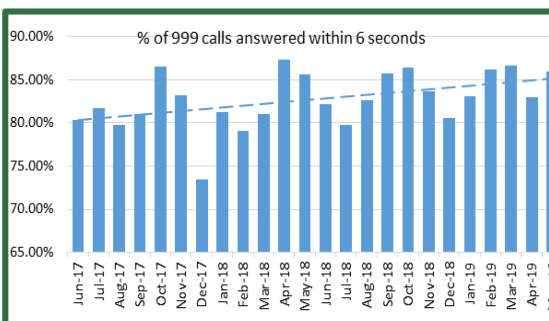
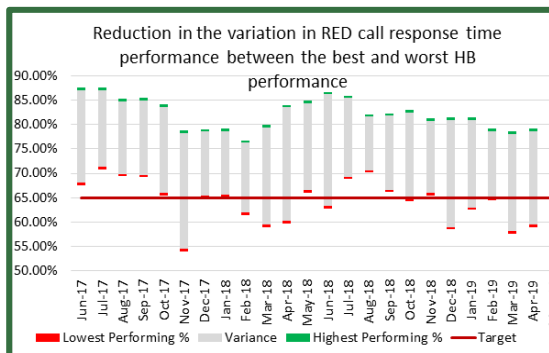
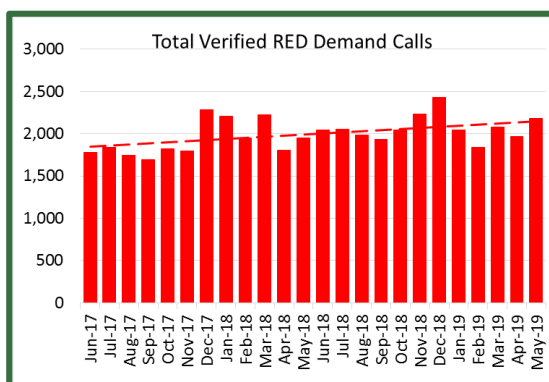
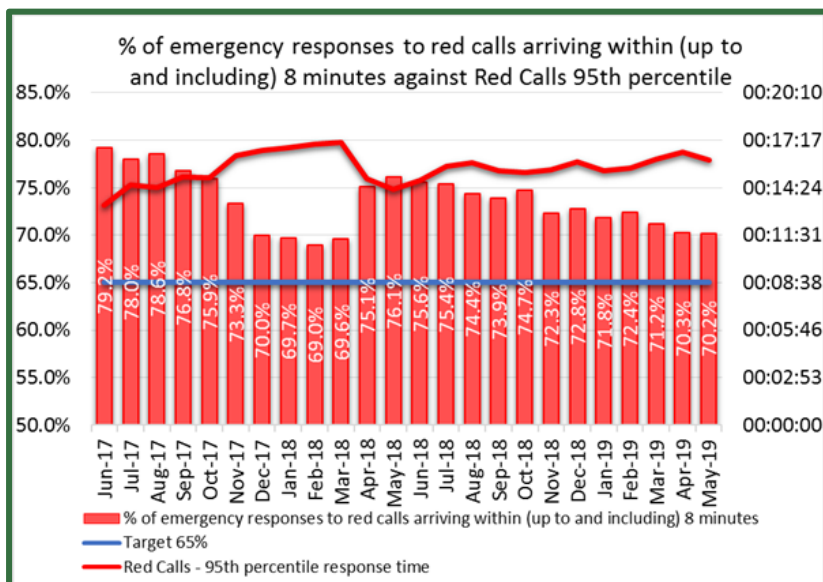
2019/20 Target – 65% and Red 95th Percentile reduction trend

65%

95th

G

R



Analysis

Red performance sustained above the 65% target at an all Wales level (70.2%). However, performance has been gradually declining over the last 12 months.

Target not achieved in all HBs for May 2019. (Powys 59.8%, 33 of the 82 incidents in Powys were missed). The variation between the best and worst Health Board area performance has increased year on year from 17.34% to 17.30%.

Red 95th percentile is on a gradual worsening trend over the two years displayed.

Red demand increased by 7.0% overall year on year, and in every Health Board area. Increased demand in almost every MPDS code, but biggest volume increases seen in breathing problems. Increases likely to be therefore genuine and due to increasing age / morbidity in general population.

Related measures include % of 999 calls answered within 6 seconds which is on a slight upward trend; and time allocation to red calls to reduce, this is a commissioning intention however the formal metric is under development.

Improvement Actions

Key Improvement Actions	Completion Date	Performance Update	RAG
Red Improvement Plan	Weekly updates ongoing, mechanism to cease enhanced performance management is yet to be agreed with NCCU.	A detailed update against the RED Performance Improvement Plan is included in the report attached as Annex 3 .	GREEN

Other Improvement Actions

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

The establishment of Amber Review Delivery Group will also impact on Red e.g. reducing abstractions (sickness), reducing handover delays, the Demand & Capacity Review etc.

The Finance and Performance Committee has requested a deep dive into issues relating to Red performance and this is included in Annex 3.

A red performance indicator dashboard is now shared widely on a weekly basis with key stakeholders.

OUR STRATEGIC ENABLERS

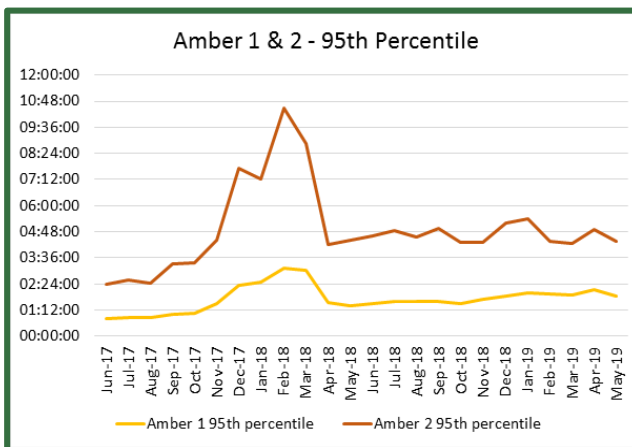
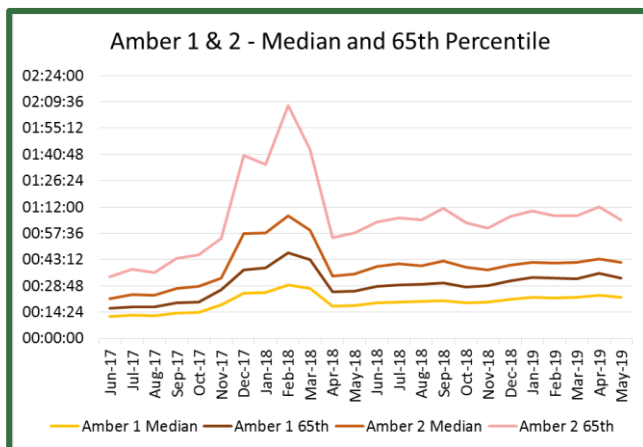
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

FPC

CI

INDICATOR 6 – AMBER Median, 65TH Percentile and 95TH Percentile to Reduce across all Health Board Areas 2019/20 Target – Reduction Trend

R



Analysis

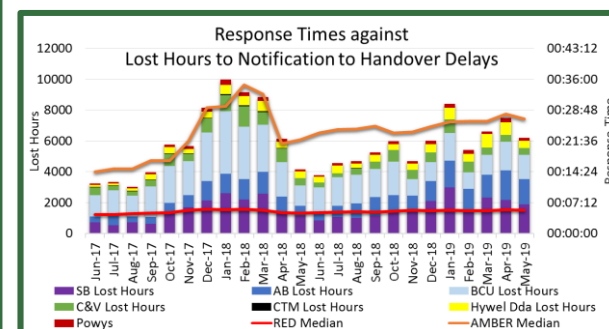
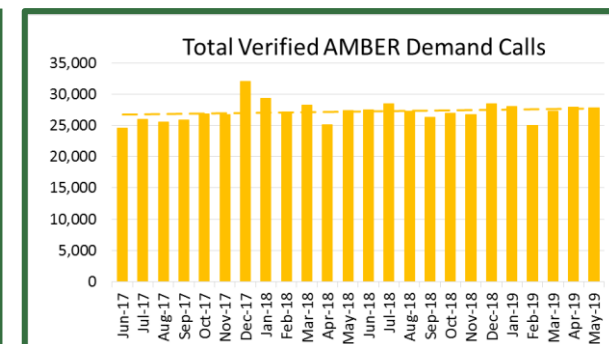
Amber performance continues to worsen overall for median, 65th and 95th percentiles; however, performance during winter 2018/19 was better than winter 2017/18. The target is a reduction trend. Verified amber demand is increasing, although amber demand which requires attendance at scene is actually slightly decreasing.

In May 2019, there were 122 patients waiting over 12 hours, compared to 120 in April and 98 in March 2019. Further detail on long waits is included in **Annex 2**.

The number of hours lost to notification to handover delays was higher in May 2019 at 7,100 hours, compared to 4,137 hours in the same period last year. 72,118 hours were lost in the last 12 months, compared to 71,347 hours the previous 12 months as graphed below. Full detail included in annex 1 and 2.

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Implement the recommendations of the Amber Review	Nov-19	Positive mid-point Ministerial oral statement in June. Programme Plan has 9 headline recommendations with sub-actions to deliver. Plan on target. See other key improvement actions.	GREEN
Roll out the Trusts Falls Framework	Mar-20	Level 1 Falls Assistants implemented in partnership with St John Cymru (South Wales). Data to date demonstrates an overall improved response time ALL Code 17 calls. Full evaluation undertaken to inform funding bid via 1% 'Healthier Wales' for recurrent funding.	GREEN
Other Key Improvement Actions	Completion Date	Performance Update	RAG
Demand and Capacity Review	Nov-19	ORH have been appointed and the review has commenced, with the first Steering Group meeting held on the 8th July. The review will inform the capacity needed and what opportunities will be possible to achieve. The final report is due for completion in September and will go to EASC in November 2019.	GREEN
Actions to reduce the very longest waits	Ongoing	The Executive team are also focussing on reducing the very longest waits, with weekly review and validation of any patients who have waited over 12 hours. The Operations Directorate have introduced a process which escalates any long waits internally. A formal reporting mechanism will be introduced which will require us to review and report to commissioners on any over 18 hour waits.	GREEN
Work with Health Boards to support the unscheduled care system to reduce hospital handover	Ongoing	Whilst responsibility for this lies ultimately with Health Boards, the Trust is working closely with them on improvements. Specific action plans developed jointly with Swansea bay relating to escalation, admission criteria to other hospitals and referral pathways.	



OUR STRATEGIC ENABLERS

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

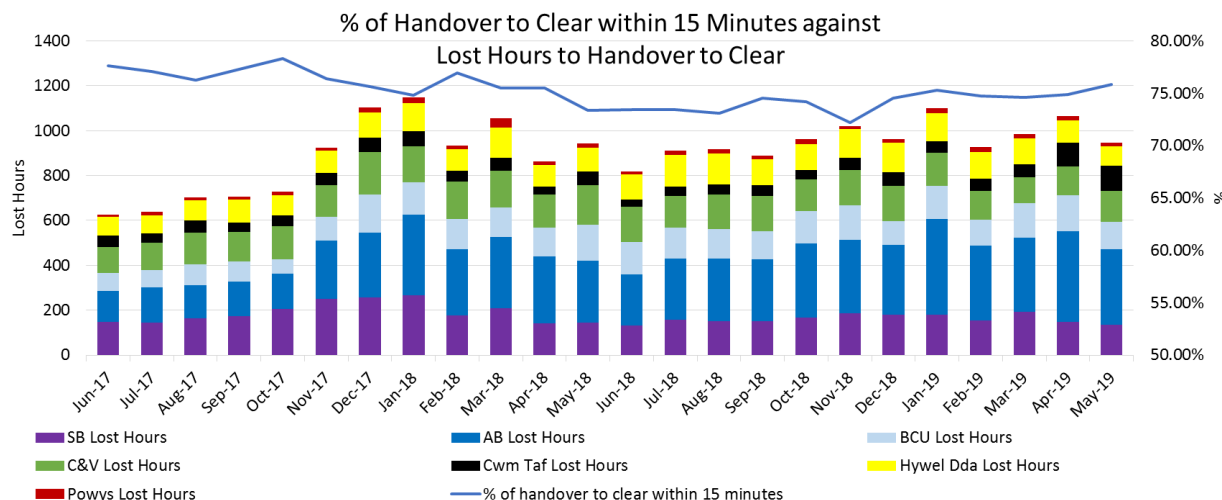
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CI

INDICATOR 7 – Number of hours lost due to *handover to clear* delays over 15 minutes

2019/20 Target – Reduction Trend

R

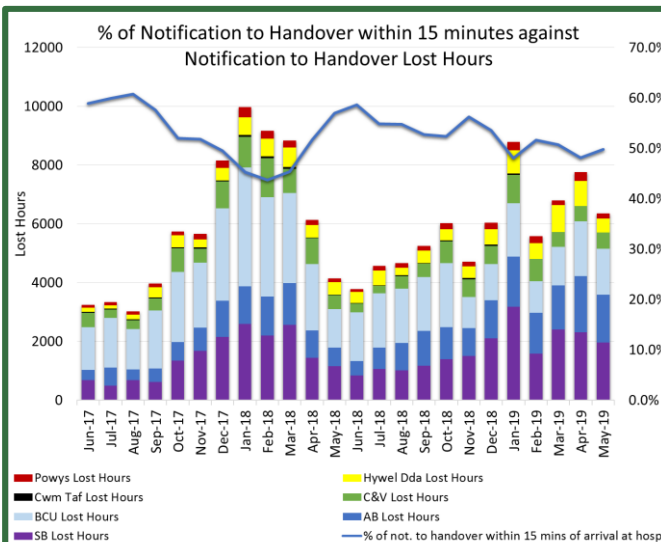


Analysis

Handover to clear delays are on an overall increasing trend. 11,488 hours were lost in the last 12 months, period June 2018 to May 2019, compared to 10,366 hours in the same period last year. In May, a total of 947 hours were lost to handover to clear delays.

The **percentage of handover to clear within 15 minutes** of transfer of patients to hospital staff was 75.8% in May 2019, compared to 73.4% in May 2018. The commissioning intention is an improvement, despite improvements in May 2019 the overall trend is still worsening, however early indications suggest performance is improving further through June 19.

76,105 hours were lost to handover to N2H over the last 12 months, compared to 71,347 in same period two years ago (Jun-17 to May 18). 7,101 hours were lost in May 2019 compared to 4,137 in May 2018 and 8,617 in April 2019.



Improvement Actions

Other Key Improvement Actions	Completion Date	Performance Update	RAG
Handover to Clear Improvement Plan	Ongoing	Plan was agreed in February 19, implemented March 19, with expectation to deliver an improvement of 25% in compliance with the H2C target across Wales by end of March 2020. From an ambulance response perspective, more effective performance management measures are in place with local teams and local actions plans in place from 8 th May, monitoring and review will continue throughout the year. From a CCC perspective there is the implementation of the DUAL Pin Process(see below action); a supportive approach to reducing H2C through a remote review in CCC; and re-categorisation of unavailability (e.g. for cleaning or restocking after clearing).	GREEN
Implementation of Dual PIN Process of the Hospital Arrival Screen (HAS) system or alternative technology. (A specific element of the H2C Plan above.	August 2019	The first sites will be live through Q1 of 2019/20 with the remaining sites in the early part of Q2. Guidance for staff and HB's has been devised which sets out at what point in the handover process both WAST and HB staff should enter their respective pins. The latest H2C data indicates improvements are being made through June 19 and into early July 19.	GREEN

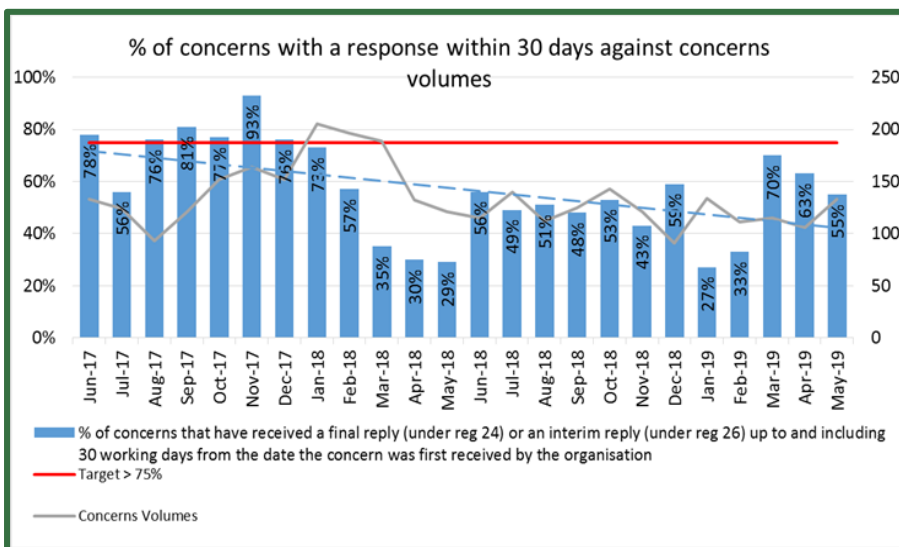
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

QUEST

INDICATOR 8 – % of concerns that received a final response under regulation 24 within 30 days

2019/20 Target – 75%

R



Analysis

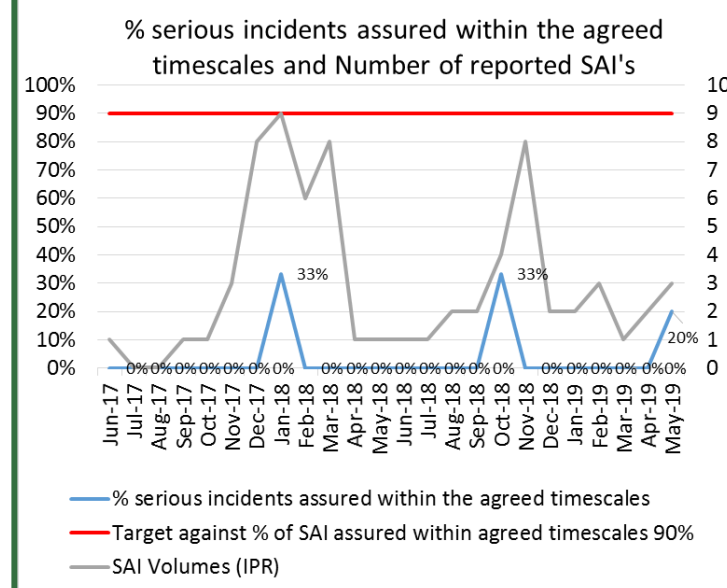
The **percentage of responses to concerns** has declined to 55% in May from 63% in April and 70% in March. **It must be noted that the way compliance against the 30 day target is calculated has changed.** The position in April and May 2019 is based on the number of concerns (formal concerns requiring a regulation 24 letter and On the Spot concerns that have exceeded 2 days are now known as formal concerns suitable for local resolution) closed during the month. Performance remains below the 75% target. The volumes of concerns are on a very slight downward trend, however peaks and troughs month to month appear to have an impact on the in-month performance.

SAI volumes recorded have increased to 3 incidents in May 2019. There was 5 SAI's due for closure in May. 1 (20%) met the closure target, however 2 of these were closed just outside of the deadline date in the first week of June.

Welsh Government requested the change in reporting for the percentage of responses to concerns in 30 days and have requested historical data is provided for 2018/19 by the end of May 2019. Once this new data has been confirmed, it will allow a clear comparison of the new performance position against previous month's performance. There is still further clarity required on the conversion of the On the Spot concerns that convert to a formal concern, whether they are included in the 30 day response indicator. Once clarity is received this will reflect the new Welsh Government requirements.

Improvement Actions

Other Key Improvement Actions	Completion Date	Performance Update	RAG
Winter Planning 2019/20	Sep-19	The Corporate Winter Planning Group was established in March 2019. As in previous years, part of the plan will include ways to increase capacity in the Concerns Team to respond to the increased concerns activity during the winter period.	GREEN
Creation of a Patient Safety and Experience Learning and Monitoring Group.	Ongoing	First meeting has taken place, below actions are in progress.	GREEN
Introduce training and opportunity to close a larger proportion of concerns received "at source"	Jan-20		GREEN
Redesign Investigation report templates and provide mechanism for earlier patient / family contact.	Sep-19	This will ensure the investigations are focused and the reports proportionate to the concerns raised.	GREEN
Integration of approved paragraphs into part-automated response letters	Complete	Increasing consistency whilst reducing completion lead times.	BLUE
Reconfigure Serious Incident Process	Mar-20	Reconfigure process to incorporate Review, Learn, Improve (RLI) methodology, which include "critical incident" review and "RLI learning events" within the target response date.	GREEN
Implementation of Serious Incident Joint Investigation Framework	Oct-19	To be undertaken with Health Board colleagues, pan-Wales	GREEN



OUR STRATEGIC ENABLERS

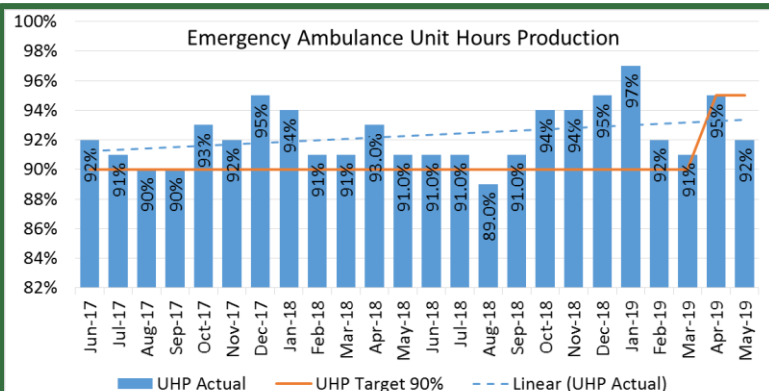
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

PPC

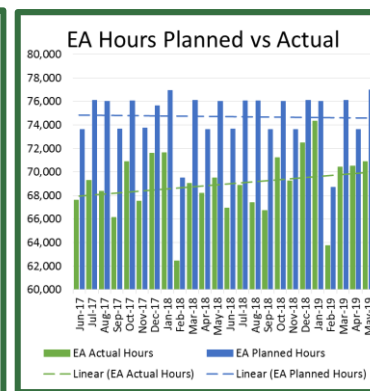
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INDICATOR 9 – Emergency Ambulance Unit Hours Production 2019/20 Target - 95%

A



Pan Wales Total Rota Abstraction hrs vs % Funded Contractual	FTE 03/09/18	
	WTE 1579.72	Monthly contractual hrs 257395.63
	Funded Relief	
	Hours 47169.32	Relief 18.33%
	May	
Annual Leave	37265	14%
Sickness	19122	7%
Alternative Duties	8549	3%
Training	5777	2%
Other	11213	4%
All Abstraction hrs	82202	32%
Pan Wales total* shift hours covered by Overtime/Bank v % funded Contractual	22682	9%

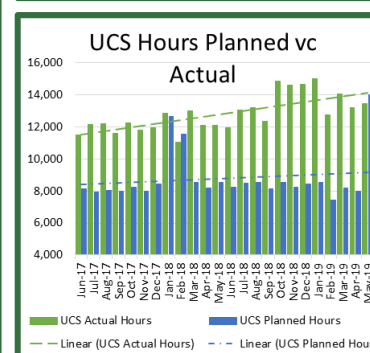
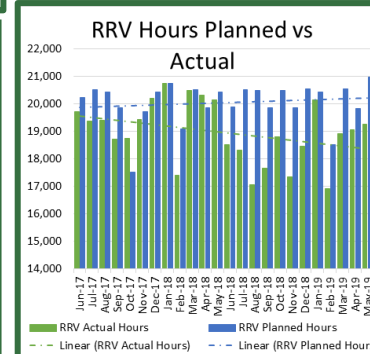


Analysis

Emergency Ambulance Unit Hours Production (UHP) saw a slight decrease to 92% in May. The actual emergency ambulance hours available over the last two years is at a stable level overall despite in month fluctuations. Linked to this are the actual hours available of UCS and RRV crews. UCS actual hours are on an upward trend, whereas RRV actual hours are on a downward trend.

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Deliver an improvement in resource availability levels	Mar-20	This programme is currently in development with timelines to be clarified. Post Production Lost Hours (post the actual hours delivered by the actual UHP) is a key area of focus. Information from C3 CAD will be transferred into the data warehouse and made available in QlikSense by 09 Aug-19. This will enable managers to more pro-actively manage this area. Negotiations are on-going with TU partners on return to base meal breaks, which is the largest reason for post-production lost hours. Other strands of the programme include Improving Attendance (see sickness indicator page 15), Improving recruitment timescales, modernising bank arrangements, transforming resource police, other workforce efficiencies and reducing handover to clear lost hours.	GREEN
Other Key Improvements Actions	Completion Date	Performance Update	RAG
Reduce vacancy levels through Big Bang events	Annually	Planned to undertake again in 2020. Levels of vacancies reduced, Has enabled us to over recruit against forecasted future vacancies, through improved workforce planning; and conversion of overtime to 35 WTEs in 2018/19.	GREEN
Roster reviews	Sep-20	Roster Reviews in AB and CT in progress, 33% have gone live, 48% agreed, 17% scheduled to be agreed in June and 2% going through dispute resolution process. Further reviews to take place on D&C Review completion.	GREEN
New Resource Dashboard	Continuous	Work on-going using a new Resource Dashboard which visually shows areas which are over-resourced as well as under-resourced. Allows staff and managers to redistribute resources appropriately to ensure that we maximise actual against	GREEN



One of the commissioning intentions is to improve our UHP and actual hours put out. It has subsequently been agreed with the NCCU that a 95% target for RRV and EA UHP would be acceptable as an interim measure pending the Demand & Capacity Review. This has been achieved for the first two months of 2019/20.

Monthly abstractions from the rosters have a big impact on UHP. These are included in the table above. In May 2019, 32% of contracted hours were abstracted, compared to 29% in April 2019. The highest proportion was annual leave at 14%. The abstractions were covered by a mix of relief (18.33%) and overtime (9%). The remaining gap explains the shortfall in UHP across all vehicles.

OUR STRATEGIC ENABLERS

SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

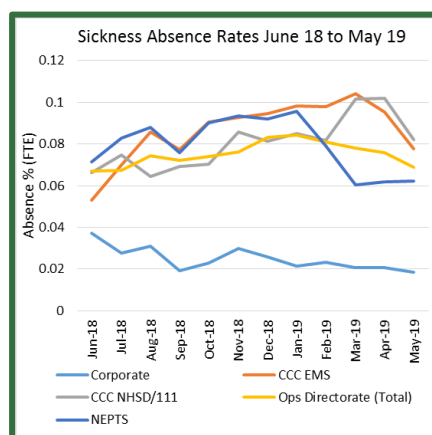
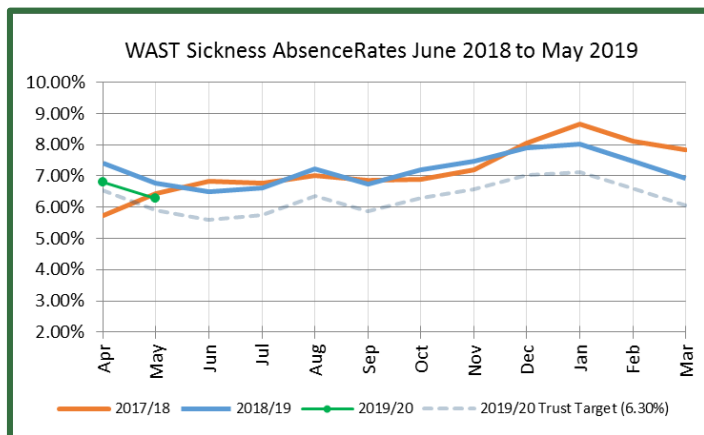
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INDICATOR 10 – % Sickness Absence for All Staff

2019/20 Target – 6.3%

A



Analysis

Overall Trust wide sickness absence was 6.28% in May 19, the lowest rate since June 2018. May sickness is 0.28% lower than the May 18 figure of 6.56%. Cumulative rate is slowly coming down at 7.10% (that is the 12 month rolling rate). In addition we are noticing a further reduction in long term sickness cases, and a slight decrease in short term absence. MKS and Mental Health continue to be the top two reasons for absence. Supporting managers and directorates across sickness absence and health and wellbeing remains high priority and this is evidenced through the continued reduction month on month.

Long term absence rate has reduced by 1.78% over 6 months from 5.91% in December 2018 to 4.13% in May 2019. The number of open LTS cases continues to reduce from 158 cases in Dec to 78 cases in May 2019 through proactive management. The majority of individuals are returning to work and numbers of dismissals are minimal. Average length of a long term absence has reduced from approx. 100 days in Nov/Dec to 67 days in May 2019. Average length of a mental health related long term absence has reduced from approx. 124 days in Dec 2018 to 78 days in May 2019. However we are not seeing any significant reduction in the average length of an MSK related absence as yet, so further exploration needed as to take up and impact of MSK service.

However, through this period short term sickness has unfortunately increased from 2% in December 2018 to 2.15% in May 2019. Some of this is to be expected as the usual seasonal trend, and next steps will be discussed with the WOD team in respect of addressing short term sickness.

Improvement Actions

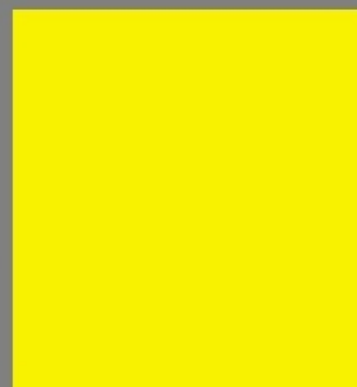
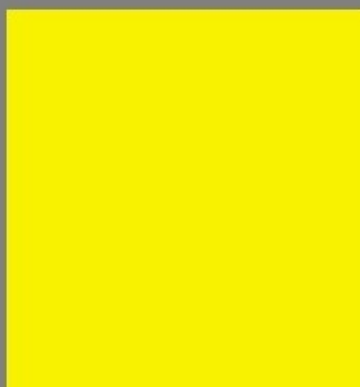
IMTP Deliverable	Completion Date	Performance Update	RAG
Approve & implement a HWB strategy	Sep-19	The Trust is collaboratively co-creating the Wellbeing Strategy. There is an engagement & development plan which includes workshops, the use of the Being Our Best Day, specific group/team discussions. The aim is as many colleagues (and other stakeholders) as possible are involved in shaping the 3 year strategy. The Strategy will be presented to the Board in September for ratification.	GREEN
Other Key Improvement Actions	Completion Date	Performance Update	RAG
Sickness 9 Point Plan	Ongoing	Many actions will be ongoing, others will be completed and closed. The main action that requires current focus is Fitness Testing, a considerable project if the Trust wishes to re-introduce. This is being discussed in the People & Culture Committee, 9 th July. Other key actions in progress are: Enhance services within Occ. Health to support staff with Mental Health issues; Engage fat-track physiotherapy services to review cases with musculoskeletal issues; scale-up services for frontline staff to access psychological support; pro-actively manage long-term sickness cases; ensure a clear, straightforward and compassionate dismissal process, and shift expectations to a focus on return to work in foreseeable future; strengthen our approach to 'suitable alternative duties' and develop a prevention focus and proactive "keep me in work" process; Seek further improvements with Trade Union Partners to rest break arrangements; and undertake study to explore the effects of 12 hour night shifts on the health and wellbeing of staff.	GREEN

May 19 In-Month	WAST	Ops Directorate	CCC EMS	NHSD/11	NEPTS	Corporate	Closed LTS Cases - May 2019 Data	
Sickness Rate	6.28%	6.90%	7.77%	8.22%	6.22%	1.85%	Average Length of MSK Absence	66.57
LTS Rate	4.13%	4.52%	5.11%	6.30%	4.31%	0.93%	Average Length of MH Absence	78
STS Rate	2.15%	2.38%	2.66%	1.92%	1.91%	0.92%	No. Open LTS Cases	78
Top Reason (% of overall Sickness) - Anxiety/Stress/Depression/Other Psychiatric		30.60%	47.40%	41.90%		45.20%	% Stress & Anxiety	28.60%
Other Musculoskeletal/Back Problems	29.20%				49.00%		% MSK	29.20%
							% Unknown/ Known - Not Specified	4.40%
							Longest Duration of Open Cases (Days)	469

RECOMMENDATION

The Finance and Performance Committee / Trust Board is asked to:-

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



Welsh Ambulance Services NHS Trust

Integrated Performance Report

2019/20

Themes	No.	Top 10 Indicators	Target 2019/20	Baseline Position (2018/19)	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	RAG
Our Goal - Delivering Excellence																	
Provide the right care in the right place, wherever and whenever it is needed	1	Number of hits to the NHSDW website	Improvement trend	3,696,770													R
	2	Call Volumes to NHSDW	Improvement trend	243,840	363,332	395,162	243,464	218,554	327,676	294,158	257,523	310,381	267,085	295,279	296,222	293,461	A
		Call Volumes to 111	Improvement trend	277,395	20,643	22,112	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	12.0%	7.8%	7.4%	7.3%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	8.4%	8.0%	8.6%	8.2%	R
	4	% of verified incidents that were conveyed to major Eds	Reduction Trend	48.60%	47.5%	47.5%	48.1%	48.7%	49.6%	49.14%	48.52%	48.23%	48.35%	48.91%	51.15%	47.78%	A
Our Strategic Enablers																	
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	5	% of emergency response to red incidents arriving within 8 minutes	65%	75.1%	75.6%	75.4%	74.4%	73.9%	74.7%	72.3%	72.8%	71.8%	72.4%	71.2%	70.3%	70.2%	G
		Red 95th percentile	Reduction Trend	0:15 tt:25	0:14 tt:51	0:15 tt:43	0:15 tt:56	0:15 tt:26	0:15 tt:20	0:15 tt:30	0:15 tt:59	0:15 tt:26	0:15 tt:35	0:16 tt:06	0:16 tt:32	0:16 tt:03	R
	6	Amber 95th percentile	Reduction Trend	2:38 tt:42	2:32 tt:05	2:44 tt:04	2:39 tt:45	2:45 tt:49	2:32 tt:45	2:32 tt:02	2:41 tt:41	2:58 tt:35	2:46 tt:33	2:41 tt:33	3:06 tt:52	2:41 tt:39	R
		Amber 65th percentile	Reduction Trend	0:37 tt:00	#####	#####	#####	#####	00:35:27	00:35:52	00:38:14	00:40:05	00:40:04	00:39:55	00:42:45	00:40:32	R
		Amber Median	Reduction Trend	0:24 tt:11	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	R
	7	Number of lost hours following handover to clear over 15 minutes	Improvement trend	11,282	816	909	916	888	961	1017	962	1,099	926	985	1,062	947	R
	8	% of concerns that received a final (reg 24) within 30 days on being received	75%	46%	56%	49%	51%	48%	53%	43%	59%	27%	33%	70%	63%	55%	R
		Serious adverse incidents assured within agreed timescales	90%	33%	0%	0%	0%	0%	33%	0%	0%	0%	0%	0%	0%	20%	R
	9	Emergency Ambulance unit hours production	95%	92.8%	91.0%	91.0%	89.0%	91.0%	94%	94%	95%	97%	92%	91%	95%	92%	A
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	6.3%	7.14%	6.61%	6.78%	7.25%	6.78%	7.02%	7.19%	7.85%	7.89%	7.45%	7.18%	6.77%	6.28%	A

				Reporting Frequency	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	RAG		
Our Goal - Delivering Excellence																				
Help patients and staff to healthy	1	% uptake of the influenza vaccination amongst healthcare workers who have direct patient contact	Annual	60%	-	-	-	-	-	19.6%	33.30%	34.46%	38.87%	40.17%	40.17%	-	-	R		
		Indicators Under Development	TBD	TBD	-	-	-	-	-	-	-	-	-	-	-	-	-	TBD		
Help patients more easily access our services at the right time	2	Indicators Under Development	TBD	TBD	-	-	-	-	-	-	-	-	-	-	-	-	-	TBD		
Provide the right care in the right place, wherever and whenever it is needed	3	% of NHSDW calls answered within 90 seconds of the welcome message	Monthly	Improvement Trend	84.00%	83.40%	86.30%	88.00%	82.60%	74.50%	66.80%	72.10%	62.70%	59.20%	60.6%	67.4%	R			
		% 111 calls answered within 60 seconds of the end of the message	Monthly	Improvement Trend	77.09%	75.56%	79.16%	81.60%	72.35%	62.45%	52.87%	61.10%	49.3%	44.3%	49.8%	58.8%	R			
		% of 999 calls answered within 6 seconds (will be replaced by banding indicator in January 2019)	Monthly	Improvement Trend	82.2%	79.8%	82.6%	85.7%	86.4%	83.7%	80.6%	83.1%	86.2%	86.7%	83.0%	86.0%	A			
		Recontact % within 24 hours of telephone triage (hear & treat)	Monthly	Reduction Trend	13.5%	17.9%	27.9%	50.4%	18.5%	4.9%	7.4%	4.4%	3.7%	5.2%	6.2%	6.5%	R			
		% of incidents where 2 or more vehicles arrived on scene	Monthly	Improvement Trend	14%	14%	14%	14%	14.9%	15.3%	15.8%	15.2%	15.6%	15.8%	16.0%	15.5%	A			
		% of Amber incidents where Ideal resource first on scene (note: Amber 1 used here)	Monthly	Improvement Trend	-	72.4%	72.8%	72.3%	74.6%	72.3%	71.0%	71.3%	71.0%	70.5%	68.1%	69.0%	A			
		Recontact % within 24 hours of see & treat	Monthly	Reduction Trend	0.80%	0.70%	0.70%	0.60%	0.90%	0.50%	1.00%	0.70%	1.3%	1.2%	0.6%	0.7%	R			
		% of patients conveyed to hospital following a face to face assessment	Monthly	Improvement Trend	67.7%	67.4%	68.0%	68.7%	68.3%	68.1%	67.9%	67.7%	67.3%	68.2%	66.5%	67.2%	A			
Our Strategic Enablers																				
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	4	Number of LHBs not achieving the Red incidents target	Monthly	0	1	0	0	0	1	0	1	1	1	2	1	2	R			
		Time to allocation for Red calls to reduce (in development)	Monthly	Improvement Trend	-	-	-	-	-	-	-	-	-	-	-	-	-	R		
		Reduction in variation in Red response times performance between the best and worst LHB performance	Monthly	Reduction Trend	23.0%	16.2%	10.9%	15.2%	17.8%	14.9%	21.9%	17.9%	13.7%	20.0%	19.3%	16.9%	R			
		Reduction in the variation in Amber call 95th percentile response times between the longest and shortest LHB performance	Monthly	Reduction Trend	1:37:00 AM	2:03:52 AM	1:58:59 AM	2:16:01 AM	1:30:34 AM	1:50:27 AM	2:44:56 AM	3:14:09 AM	1:58:14 AM	2:57:34 AM	3:42:10 AM	2:43:57 AM	R			
		Compliance with HCP time requests to improve across each LHB	Monthly	Improvement Trend	83.0%	82.7%	83.6%	82.7%	81.8%	82.1%	79.2%	78.6%	78.6%	79.9%	79.8%	80.3%	R			
		% of stroke patients documented as receiving the appropriate stroke bundle of care	Quarterly	95%	96.6%	96.8%	96.3%	97.4%	94.2%	95.8%	95.3%	96.0%	95.9%	96.8%	94.8%	95.1%	G			
		% of patients with a fractured hip/femur who are documented as receiving analgesia	Quarterly	95%	88.0%	92.6%	94.4%	90.9%	92.1%	92.5%	91.5%	91.7%	93.3%	94.3%	94.2%	91.4%	A			
		% of acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle	Quarterly	95%	74.3%	73.8%	81.1%	69.1%	60.8%	74.7%	76.3%	65.9%	60.0%	66.7%	71.9%	66.7%	R			
		% of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door	Quarterly	Improvement Trend	12.8%	17.1%	14.5%	13.7%	15.4%	11.0%	11.5%	15.0%	11.5%	13.3%	17.3%	-	A			
		% older people with suspected hip fracture documented as receiving appropriate care bundle	Quarterly	95%	75.5%	80.8%	82.3%	76.6%	81.2%	79.1%	79.0%	80.6%	82.7%	88.7%	85.0%	80.5%	A			
		% suspected sepsis patients who had a documented NEWS score	Quarterly	95%	100.0%	97.6%	98.0%	97.4%	98.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	G			
		% patients with suspect febrile convulsion documented as receiving appropriate care bundle	Quarterly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	G			
		% of hypoglycaemic patients documented as receiving appropriate care bundle	Quarterly	95%	90.5%	93.3%	91.7%	87.3%	89.9%	89.8%	87.2%	85.3%	89.0%	88.2%	93.1%	82.8%	R			
		% of handover to clear within 15 minutes of transfer of patient care to hospital staff	Monthly	Improvement Trend	73.4%	73.4%	73.1%	74.5%	74.2%	72.2%	74.5%	75.3%	74.7%	74.6%	74.9%	75.8%	R			
		% of calls answered within 30 seconds (NEPTS)	Quarterly	No target	-	45.7%	52.1%	58.4%	62.9%	51.7%	59.3%	53.4%	63.7%	73.6%	-	-	TBD			
		% of calls abandoned before being answered (NEPTS)	Quarterly	No target	-	19.0%	15.5%	13.0%	11.4%	14.1%	11.3%	15.2%	10.6%	8.3%	-	-	TBD			
		% of bookings made by fax/post/hand (NEPTS)	Quarterly	No target	-	26.0%	28.3%	26.8%	26.8%	24.9%	26.3%	23.8%	24.9%	24.6%	-	-	TBD			
		% of bookings made after 12 noon the day before travel (NEPTS)	Quarterly	No target	-	11.1%	11.6%	11.1%	10.8%	11.8%	13.8%	12.4%	12.5%	12.9%	-	-	TBD			
		% of journeys aborted (NEPTS)	Quarterly	No Target	-	12.4%	11.8%	12.5%	12.6%	12.5%	13.8%	13.5%	13.2%	12.1%	-	-	TBD			
		% of core journeys arriving less than 30 minutes of their appointment time (+/-) (NEPTS)	Quarterly	No target	-	64.5%	58.3%	58.0%	57.9%	59.0%	57.6%	58.0%	58.7%	58.7%	-	-	TBD			
		% of core journeys arriving more than 30 minutes prior to their appointment time (NEPTS)	Quarterly	No target	-	27.3%	27.9%	26.1%	27.6%	26.2%	25.4%	27.8%	26.5%	26.7%	-	-	TBD			
		% of core journeys arriving more than 30 mins after their appointment time (NEPTS)	Quarterly	No target	-	14.0%	13.8%	15.9%	14.6%	14.8%	16.9%	14.3%	14.8%	14.6%	-	-	TBD			
		% of enhanced renal journeys arriving within 30 minutes prior to their appointment time (NEPTS)	Quarterly	No target	-	62.3%	63.9%	63.5%	63.0%	61.9%	60.0%	59.1%	58.1%	59.4%	-	-	TBD			
		% of enhanced renal journeys arriving after their appointment time (NEPTS)	Quarterly	No target	-	13.2%	14.7%	14.8%	14.2%	16.8%	17.5%	17.7%	19.4%	18.8%	-	-	TBD			
		% of enhanced oncology journeys arriving within 30 minutes prior to their appointment time (NEPTS)	Quarterly	No target	-	37.3%	35.3%	35.4%	39.0%	38.0%	36.0%	39.5%	37.7%	37.7%	-	-	TBD			
		% of enhanced oncology journeys arriving after their appointment time (NEPTS)	Quarterly	No target	-	31.3%	33.5%	33.9%	33.0%	33.9%	35.8%	32.3%	30.3%	35.4%	-	-	TBD			
		% of discharge & transfer journeys - collected less than 60 minutes of their booked ready time (NEPTS)	Quarterly	No target	-	59.4%	59.9%	58.6%	61.9%	60.4%	59.4%	62.9%	61.8%	62.2%	-	-	TBD			
		% of core journeys - other (Outpatients, Day Case, etc.) - collected within 60 minutes of their booked ready time - (NEPTS)	Quarterly	No target	-	79.4%	79.9%	78.8%	78.0%	79.3%	78.8%	80.0%	79.0%	78.9%	-	-	TBD			
		% of core journeys - other (Outpatients, Day Case, etc.) - collected more than 60 minutes after their booked ready time (NEPTS)	Quarterly	No target	-	20.6%	20.1%	21.2%	22.0%	20.7%	21.1%	20.1%	21.0%	21.0%	-	-	TBD			
		% of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)	Quarterly	No target	-	70.8%	72.6%	70.4%	71.7%	69.5%	69.7%	70.5%	69.4%	67.7%	-	-	TBD			
		% of enhanced renal journeys - collected more than 30 minutes after their booked ready time (NEPTS)	Quarterly	No target	-	29.2%	27.4%	29.6%	28.3%	30.5%	30.3%	29.4%	30.6%	32.3%	-	-	TBD			
		% of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)	Quarterly	No target	-	51.6%	53.1%	53.1%	55.2%	50.3%	53.6%	53.6%	51.2%	50.8%	-	-	TBD			
		% of enhanced oncology journeys - collected more than 30 minutes of their booked ready time (NEPTS)	Quarterly	No target	-	48.4%	46.9%	46.9%	44.8%	49.7%	46.4%	46.4%	48.6%	49.3%	-	-	TBD			
% of staff that would be happy with the standards of care provided by their organisation if a friend of relative needed treatment	Annual	Improvement Between	71.0%													-	-	G		
% of employed NHS staff completing dementia training at an informed level (Level 1)	Half yearly	85%	76.57%	76.88%	77.09%	76.83%	76.08%	76.06%	76.17%	76.66%	77.31%	77.90%	-	-	R					
Whole system partnership and engagement	5	Percentage of total verified incidents referred to alternative pathways/services to increase following "hear & treat" and "see & treat".	Monthly	Improvement Trend	17%	13%	13%	12%	13%	12%	11%	11%	11.5%	-	-	A				
		Number of incidents that were referred to alternative provider	Monthly	Improvement Trend	2,067	2,026	1,894	1,936	2,031	2,088	2,348	2,361	2,071	2,125	2,248	2,152	G			
		% of notification to handover within 15 minutes of arrival at hospital			58.70%	54.70%	54.70%	52.50%	52.40%	56.20%	53.6%	47.6%	51.6%	50.7%	48.1%	49.8%	G			
		Number of lost hours following notification to handover over 15 minutes			3,777	4,562	4,669	5,253	6,020	4,707	6,038	8,781	5,610	6,833	8,766	7,100	G			
		% of staff who undertook a performance appraisal who agreed it helped them improve how they did their job	Annual	Improvement Between Surveys	51%													-	-	G
Support our people to be the best that they can be	6	Overtime use to reduce.	Monthly	Reduction Trend	Reduction of £56,000	Further reduction of £148,000			Further reduction of £54,000			-	-	-	-	-	G			
		% of headcount who have had a PADR/medical appraisal in the previous 12 months	Monthly	85%	77.03%	77.20%	76.80%	75.96%	74.72%	73.12%	71.47%	70.72%	72.37%	76.17%	73.18%	74.09%	R			
		% compliance for each completed level 1 competency within the core skills & training framework	Monthly	85%	86.04%	85.49%	85.70%	84.91%	84.46%	84.47%	87.35%	88.45%	89.98%	91.75%	90.59%	89.45%	G			
		% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework	Monthly	85%	66.57%	65.05%	66.31%	65.73%	65.44%	67.46%	78.98%	81.64%	86.37%	91.39%	92.03%	91.90%	G			
		% of CFRs where they were the first response arriving at scene	Monthly	Improvement Trend	83.7%	87.4%	87.8%	87.5%	86.8%	86.4%	86.9%	85.9%	85.5%	88.1%	86.5%	88.0%	G			
		Overall staff engagement score	Annual	Improvement Between Surveys	3.65													-	-	G
		Reduction in % of staff that has experienced harassment, bullying or abuse at work from managers/line managers/team leaders or other colleagues	Annual	Improvement Between Surveys	22.0%													-	-	A
Ensure the design and infrastructure of the organisation are at the forefront innovation and technology	7	Number of Health and Care research Wales clinical research portfolio studies	Half yearly	10% Annual Improvement	-	-	-	-	-	2	2	2	-	-	-	-	R			
		Number of patients recruited in Health and Care research Wales clinical research portfolio studies	Half yearly	10% Annual Improvement	-	-	-	-	-	18	18	18	-	-	-	-	G			
		Number of Health and Care research Wales commercially sponsored studies	Half yearly	10% Annual Improvement	-	-	-	-	-	0	0	0	-	-	-	-	R			
		Number of patients recruited into Health and Care research Wales commercially sponsored studies	Half Yearly	10% Annual Improvement	-	-	-	-	-	0	0	0	-	-	-	-	G			
		Our Golden Threads																		
		Number of patient falls reported as SAls.	Monthly	Reduction Trend	0	0	0	0	0	2	0	1	0	0	0	3	R			
		Number of never events	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	G			

[illegible]

SECTION 4: WAST Activity Dashboard

Description	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Calls Volume to NHSDW	22,651	20,643	22,112	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863
111 Call Volumes	19,976	17,304	17,905	17,361	16,959	21,611	26,152	33,479	27,720	27,045	31,900	33,450	31,170
Frequent Caller Call Volumes	2,163	2,216	2,186	2,147	2,185	1,947	2,397	2,151	2,155	1,892	1,979	1,278	2,257
999 Call Volumes	46,198	45,694	47,655	45,569	43,869	44,170	43,780	46,993	44,975	40,414	44,304	41,531	40,793
HCP Call Volumes	6,648	6,775	6,563	6,088	5,917	6,113	6,356	6,680	7,217	6,399	6,715	6,701	6,915
Hear & Treat Volumes (calls assessed and closed by the clinical desk)	2,820	2,876	2,942	2,854	2,784	2,895	2,937	3,257	3,765	3,011	3,130	3,412	3,280
Total Verified Incidents	39,459	39,042	40,289	38,940	37,463	38,691	38,424	41,237	40,452	36,119	39,283	40,042	39,954
Total Verified Incidents: RED	1,946	2,044	2,052	1,986	1,931	2,044	2,233	2,431	2,045	1842	2078	1967	2172
Total Verified Incidents: AMBER	27,437	27,483	28,460	27,248	26,351	26,937	26,727	28,484	28,051	25008	27230	27956	27684
Total Verified Incidents: GREEN	9,875	9,337	9,538	9,496	8,991	9,507	9,280	10,134	10,149	9096	9798	9937	9916
Number of incidents which were treated at scene	2,902	2,637	2,999	2,811	2,817	2,944	2,624	2,670	2,854	2,624	2,670	2,854	3,007
Conveyance Volumes	16,126	15,622	16,130	15,757	15,348	15,852	15,727	16,722	15,942	14,335	16,007	15,480	15,687
Conveyance to Major ED	19,193	18,555	19,153	18,721	18,260	19,203	18,882	20,007	19,510	17,465	19,213	18,622	19,089
NEPTS Patient Journeys	67,810	65,961	66,898	65,330	60,979	70,295	68,049	60,216	69,694	63,611	66,349	64,827	68,267
Number of Core Patient Journeys - Core Patient Journeys - Discharge & Transfer	-	-	3959	4033	3726	4170	4212	4020	4459	3906	4215	-	-
Number of Core Patient Journeys - Core Patient Journeys - Other (Outpatients, Day Case, etc.)	-	-	30650	28981	27295	31888	30709	23424	30648	28222	29583	-	-
Number of Enhanced Patient Journeys - Enhanced Renal Journeys	-	-	17460	18158	16546	18187	17527	18138	17902	16648	17922	-	-
Number of Enhanced Patient Journeys - Enhanced Oncology Journeys	-	-	4999	4806	4260	2273	1988	1544	5462	4862	4975	-	-
SAI Volumes	1	1	1	2	2	4	8	2	2	3	1	2	3
Concerns Volumes	121	115	140	112	125	143	121	91	134	111	115	106	133
Patient Safety Incidents, Near Misses and Hazards	140	148	133	140	164	134	161	137	182	136	133	138	149

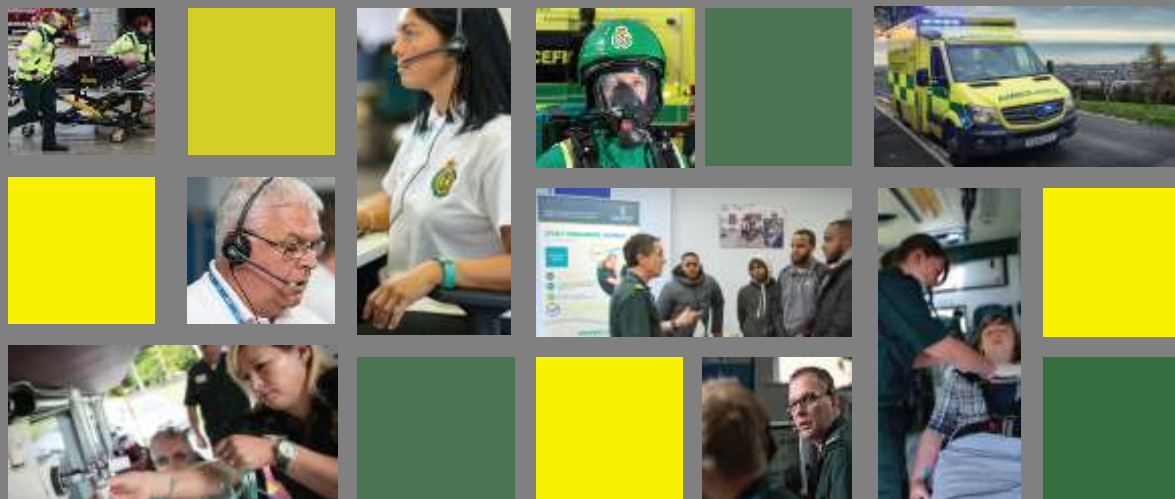


GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru

Welsh Ambulance Services
NHS Trust

Annex 2



Integrated Quality and Performance Report Welsh Ambulance Services NHS Trust May 2019

www.ambulance.wales.nhs.uk



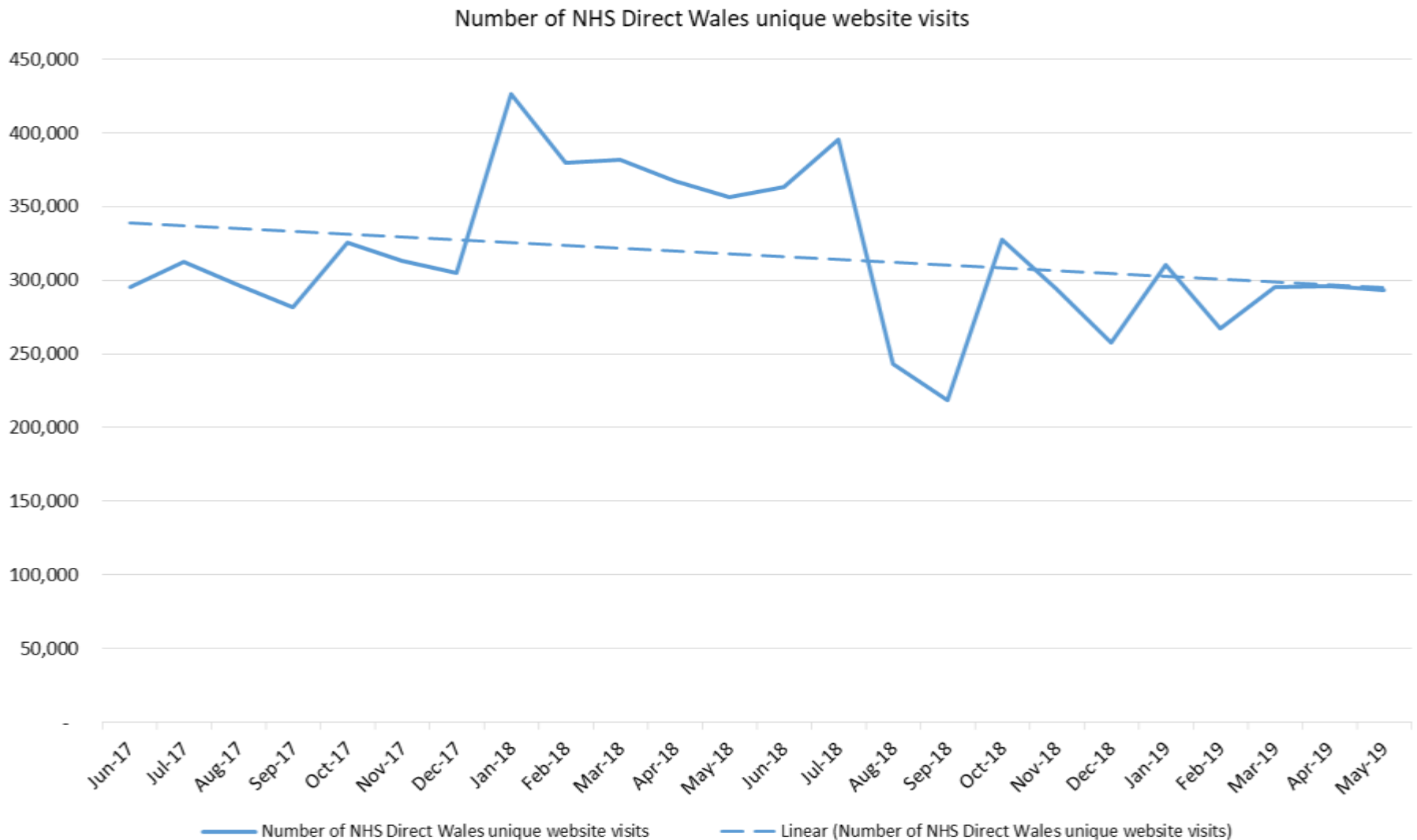
[welshambulanceservice](https://www.facebook.com/welshambulanceservice)



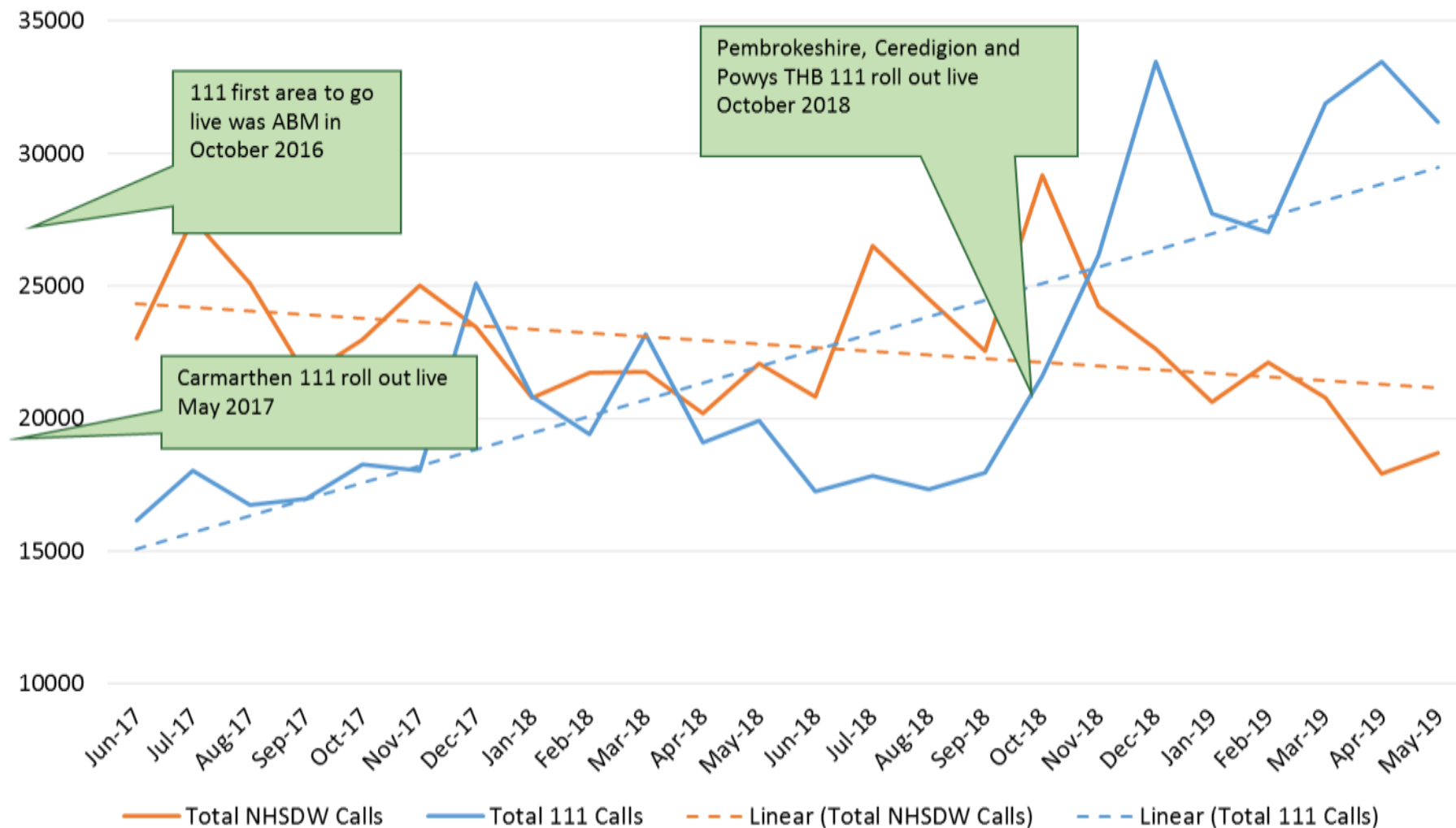
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OUR GOAL, DELIVERING EXCELLENCE

PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

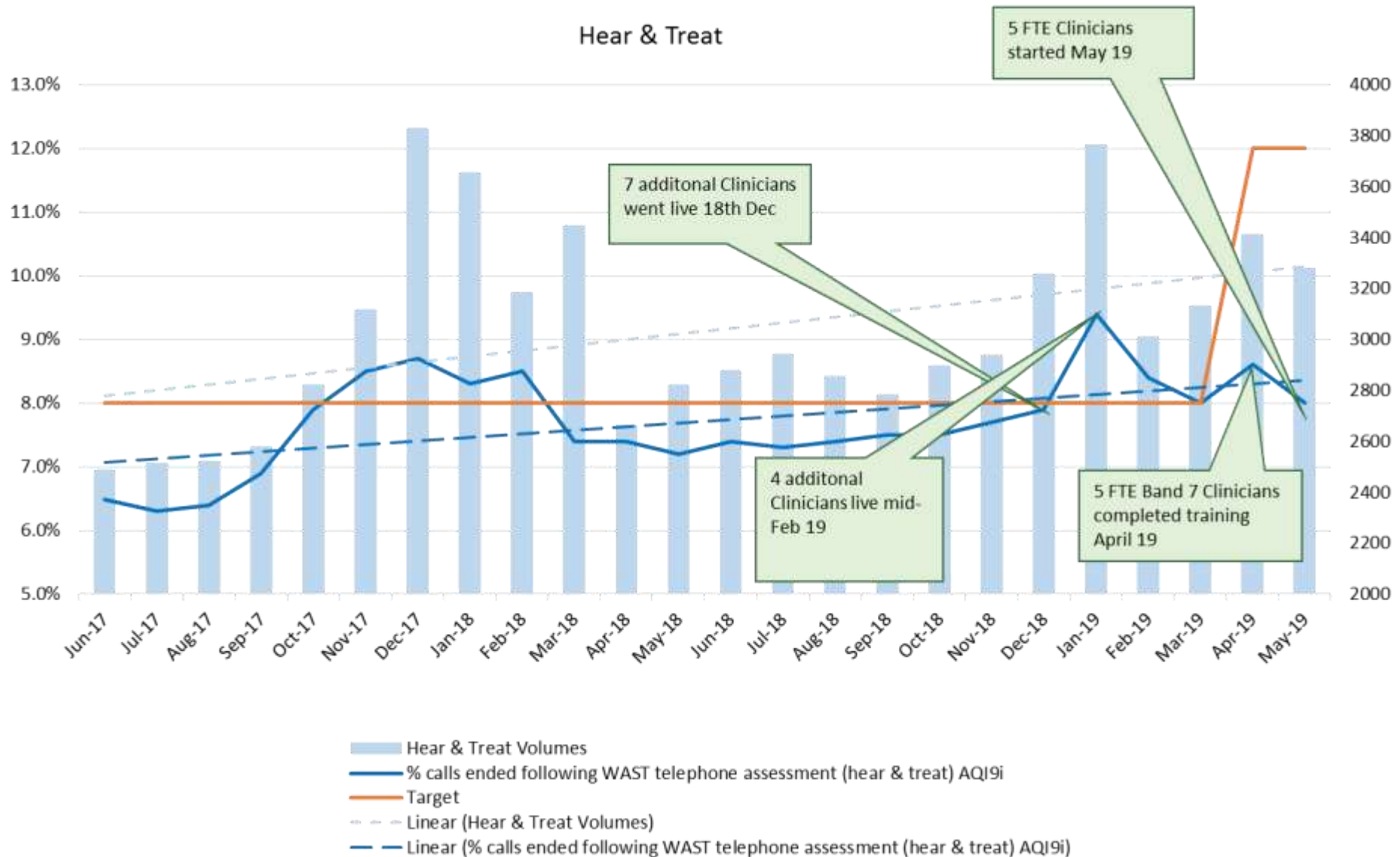


Total Calls for NHSDW and 111



OUR GOAL, DELIVERING EXCELLENCE

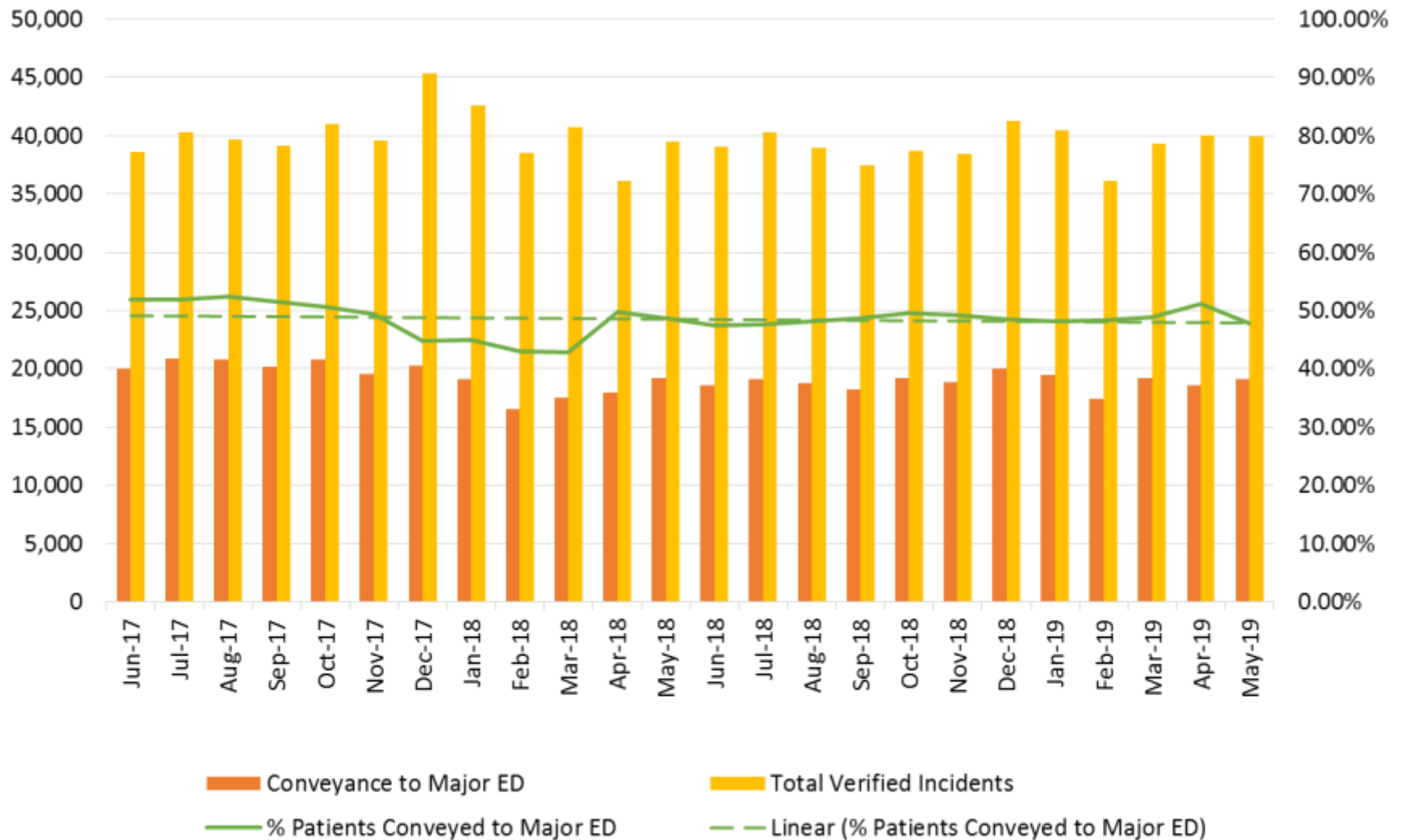
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



OUR GOAL, DELIVERING EXCELLENCE

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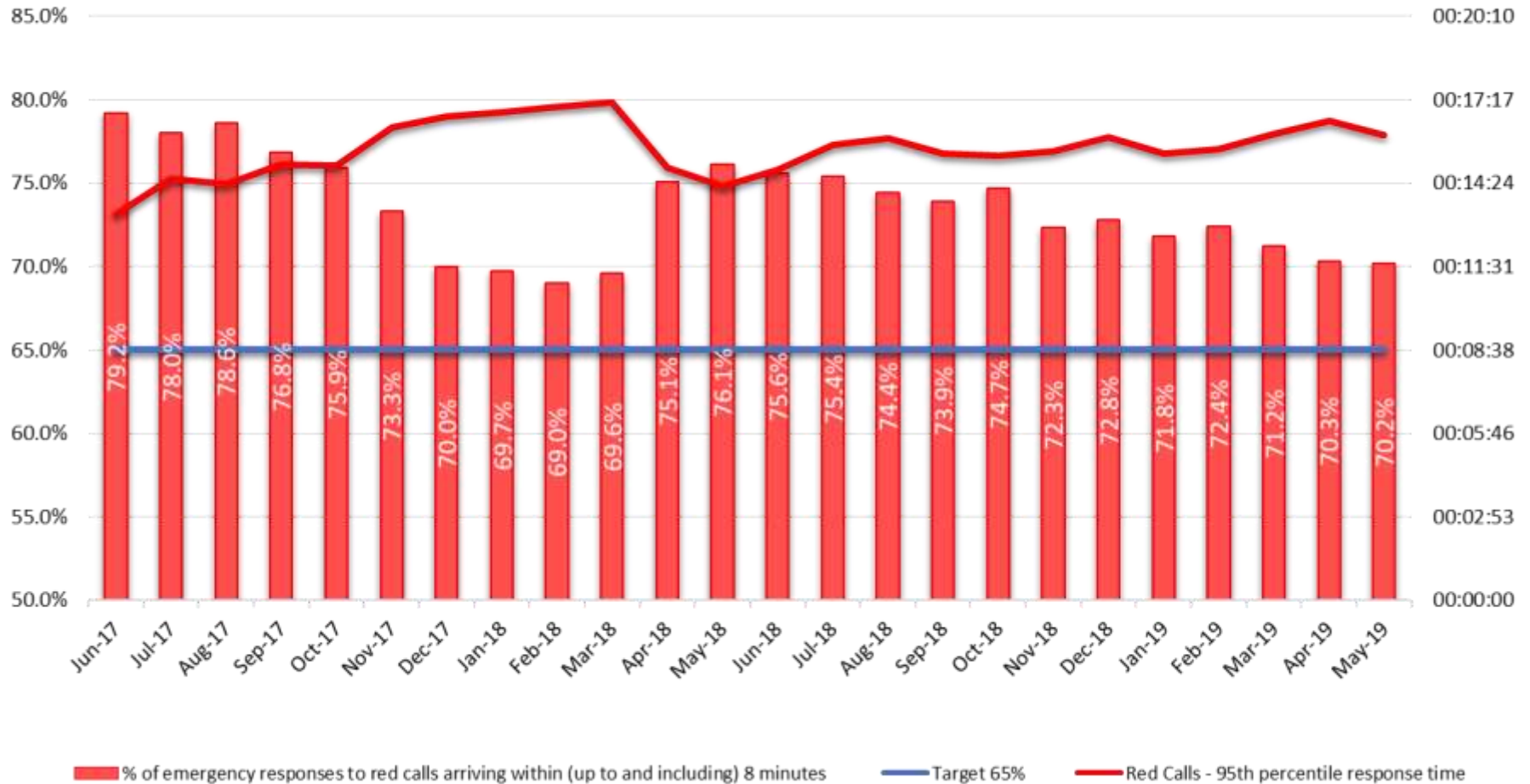
Conveyance to Major ED



OUR STRATEGIC ENABLERS

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

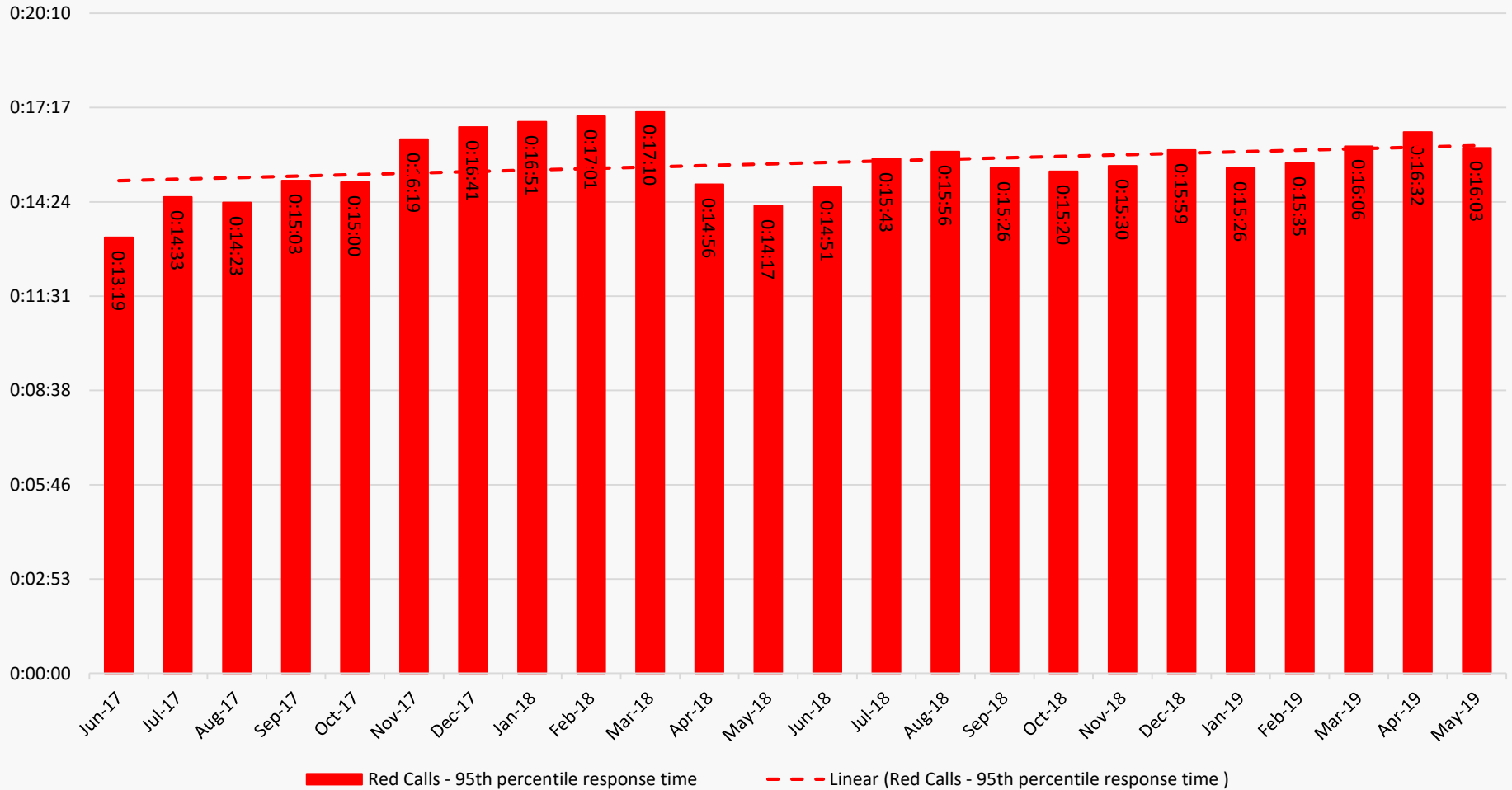
% of emergency responses to red calls arriving within (up to and including) 8 minutes against Red Calls 95th percentile



OUR GOAL, DELIVERING EXCELLENCE

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

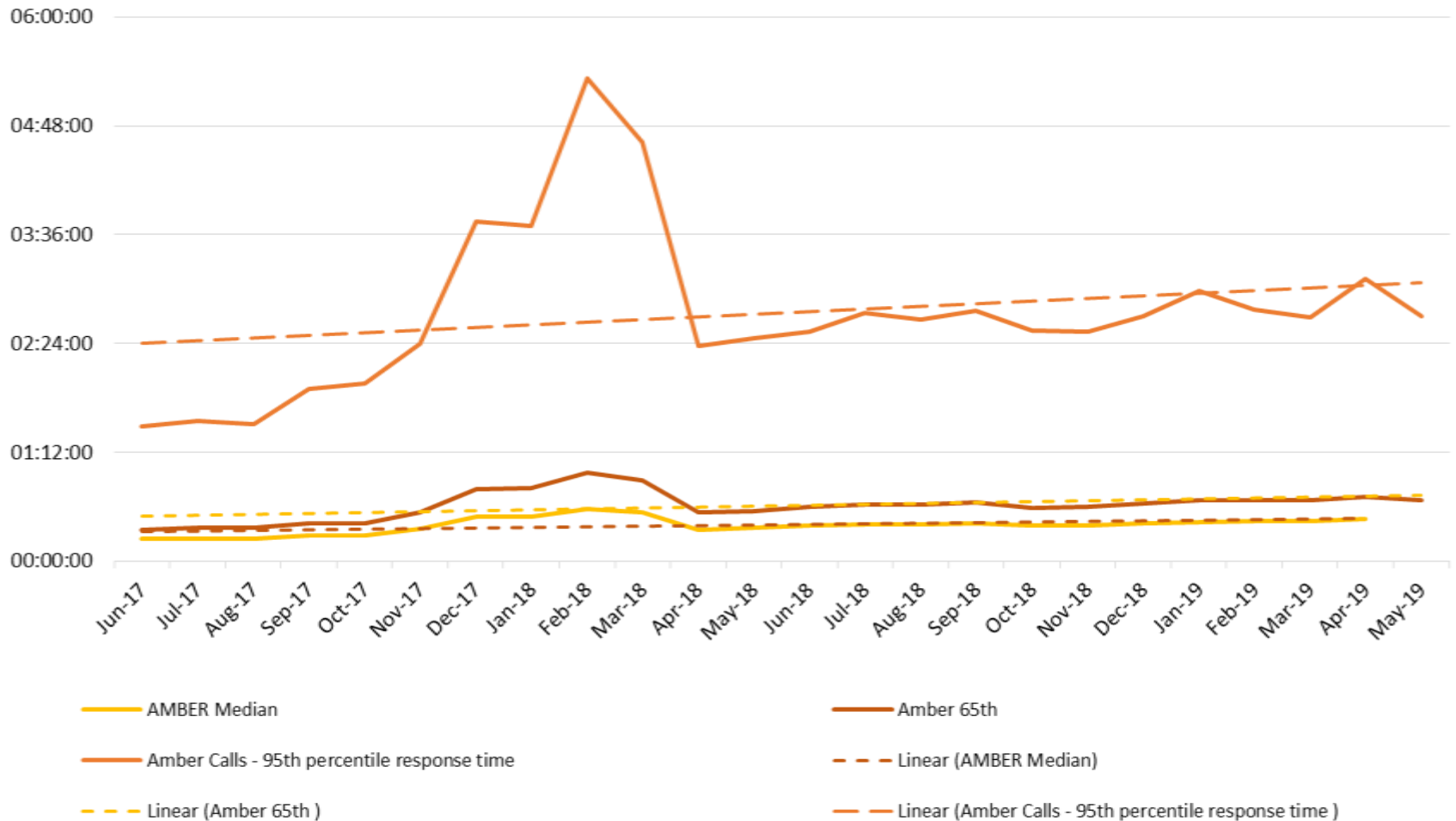
Red Calls - 95th percentile response time



OUR STRATEGIC ENABLERS

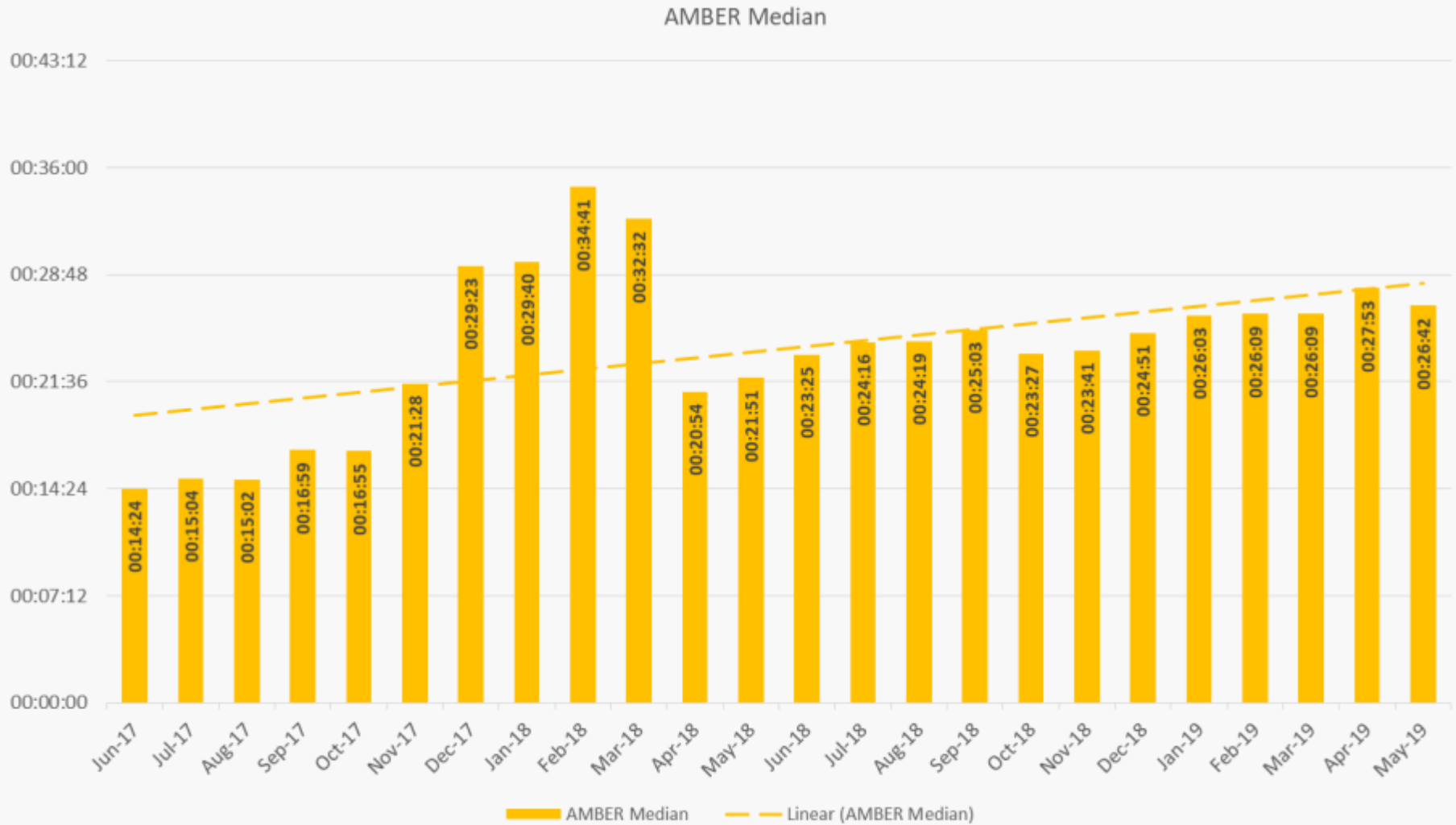
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

Amber Median, 95th & 65th percentile



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE



OUR STRATEGIC ENABLERS

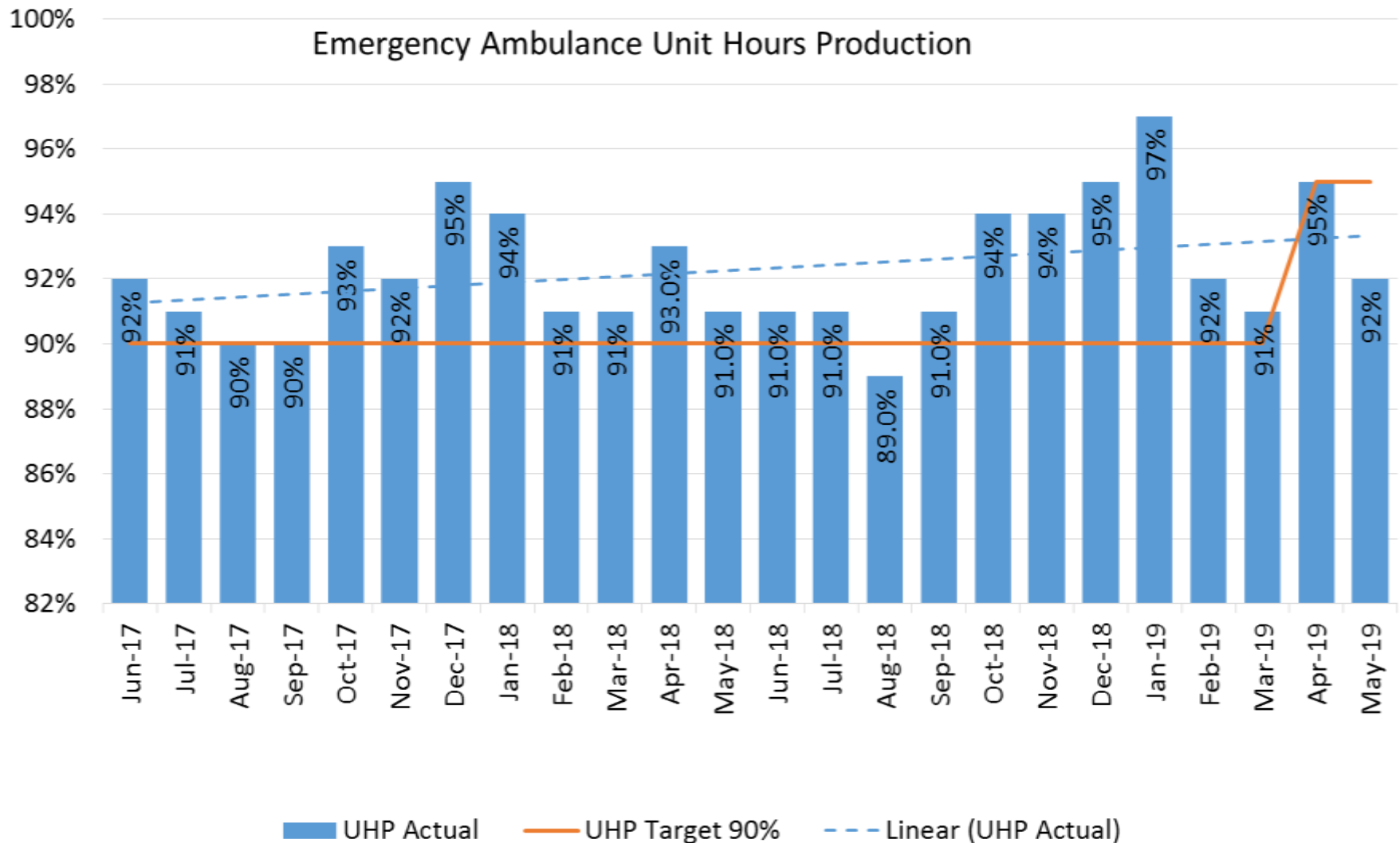
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Patient waits over 12 hours

Patient wait in Hours	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
12 Hrs	23	17	36	36	22	20	19	25	36	36	17	17	28	30
13 Hrs	18	32	24	20	14	13	14	16	26	23	21	27	29	25
14 Hrs	10	20	16	24	16	9	10	15	21	22	16	16	20	18
15 Hrs	7	13	7	13	12	10	12	10	21	19	13	8	10	16
16 Hrs	15	13	11	8	18	12	7	13	20	17	9	12	9	10
17 Hrs	12	11	3	5	4	3	5	10	13	19	8	7	11	13
18 Hrs	7	5	5	11	6	8	9	8	11	18	5	4	4	2
19 Hrs	7	12	5		4	5	1	2	7	8	9	2	5	7
20 Hrs	2	5	2	2	2		1	3	3	4	1	4	2	
21 Hrs	2	2	4		2	1	1	4	3	4	1	1	2	1
22 Hrs		1	1	1	1	1		1	4	2	4			
23 Hrs		1	1	1					1	2				
24 Hrs	1		3	1					2	1				
25 Hrs	1			1						1				
26 Hrs	1								1					
27 Hrs		1		1				3		1				
28 Hrs	1	1												
29 Hrs							1			2				
30 Hrs			1		1	1				1				
31 Hrs						1		1						
32 Hrs									1					
33 Hrs										2				
41 Hrs										1				
45 Hrs			1											
Grand Total	107	134	120	124	102	84	80	111	170	183	104	98	120	122

OUR STRATEGIC ENABLERS

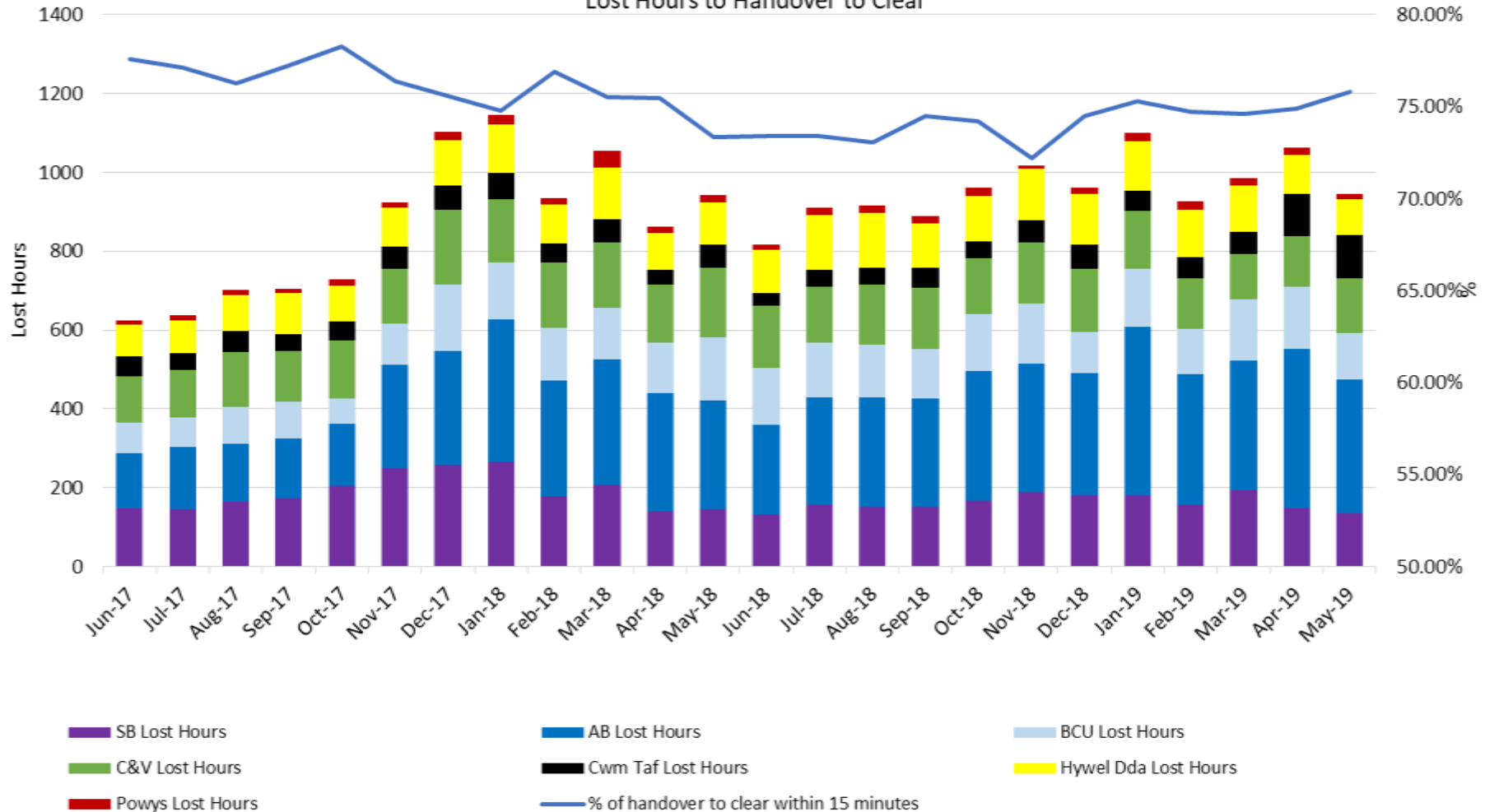
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES



OUR STRATEGIC ENABLERS

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

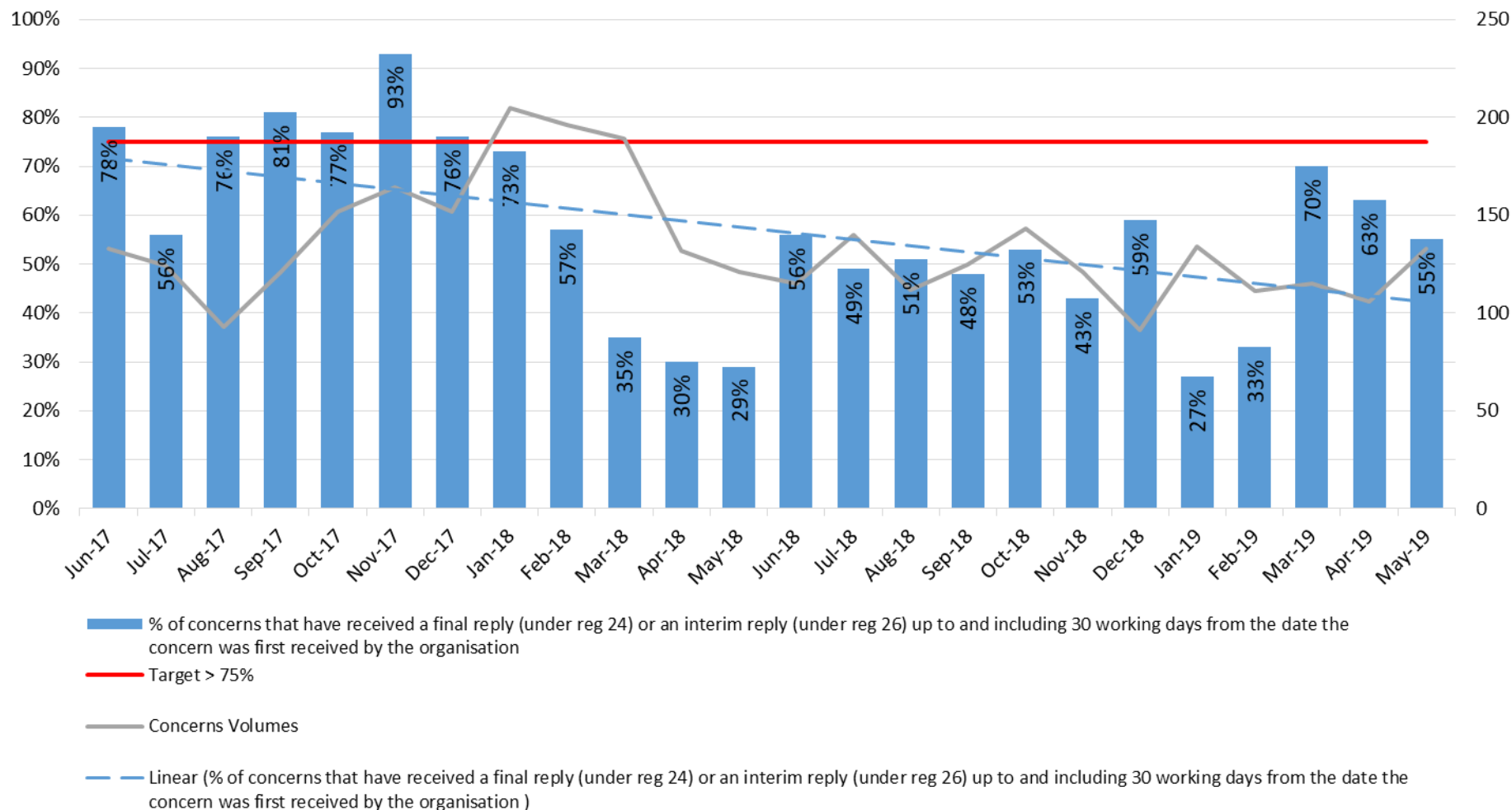
% of Handover to Clear within 15 Minutes against
Lost Hours to Handover to Clear



OUR STRATEGIC ENABLERS

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

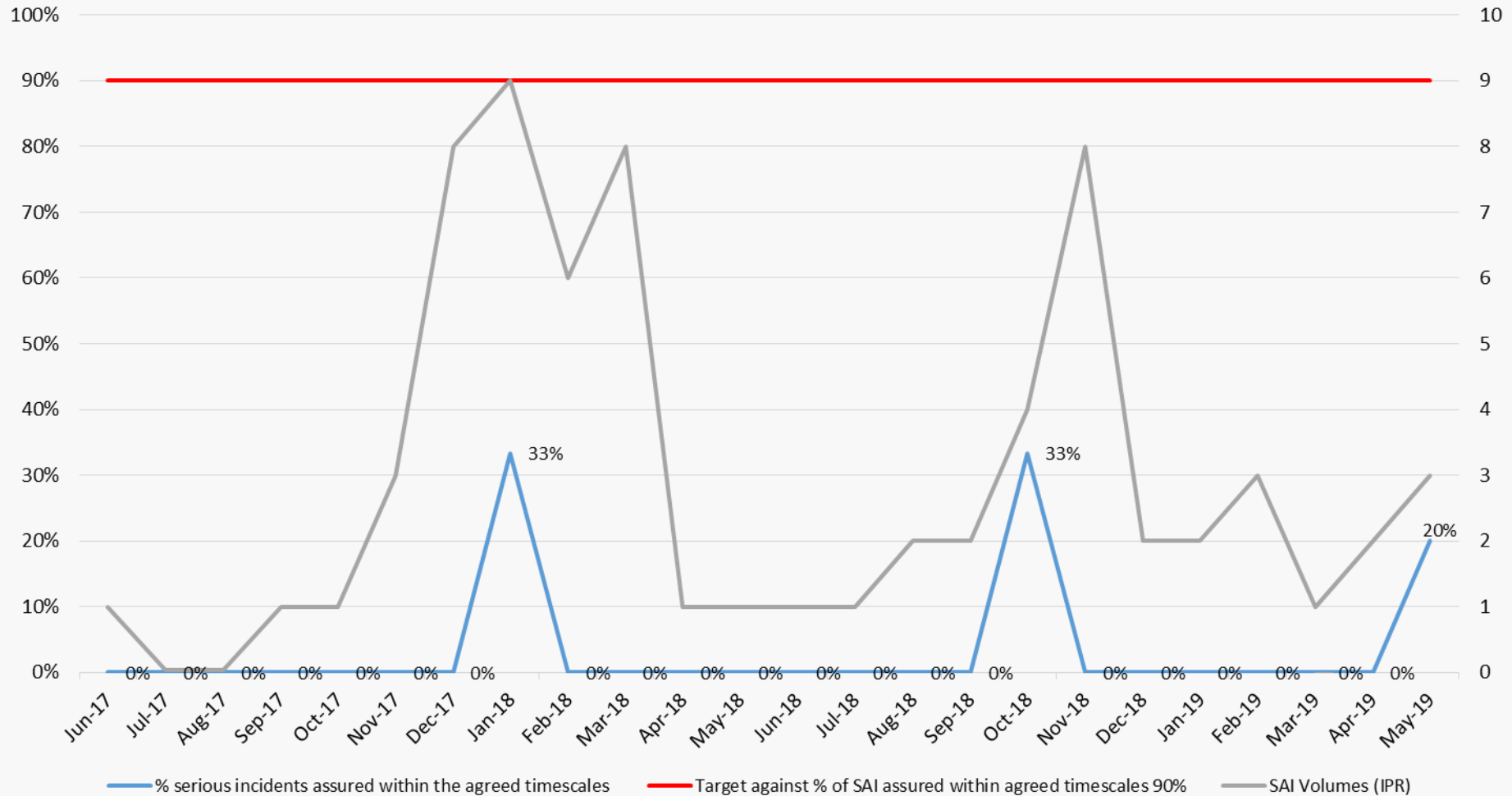
% of concerns with a response within 30 days against concerns volumes



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

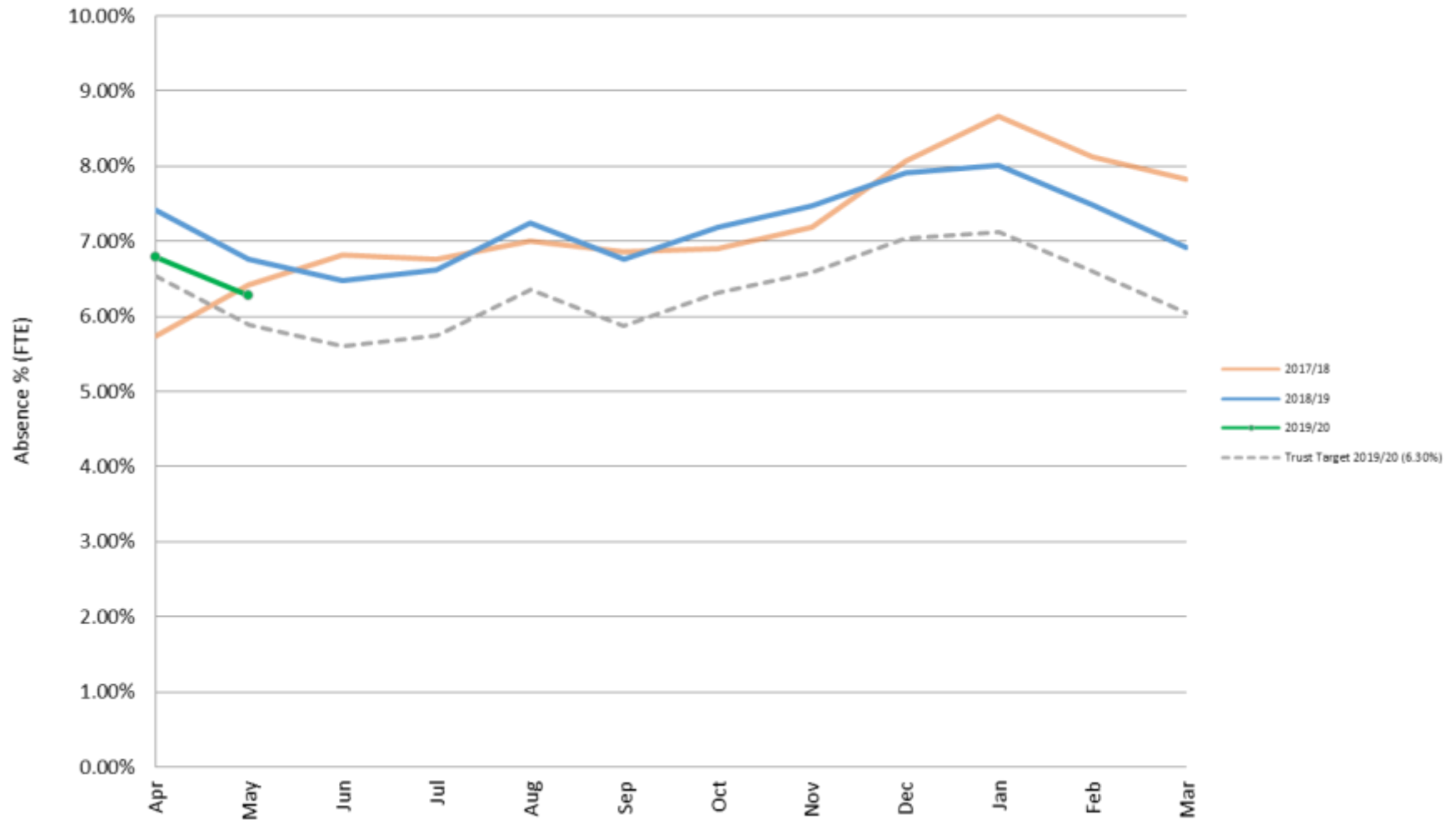
% serious incidents assured within the agreed timescales and Number of reported SAI's



OUR STRATEGIC ENABLERS

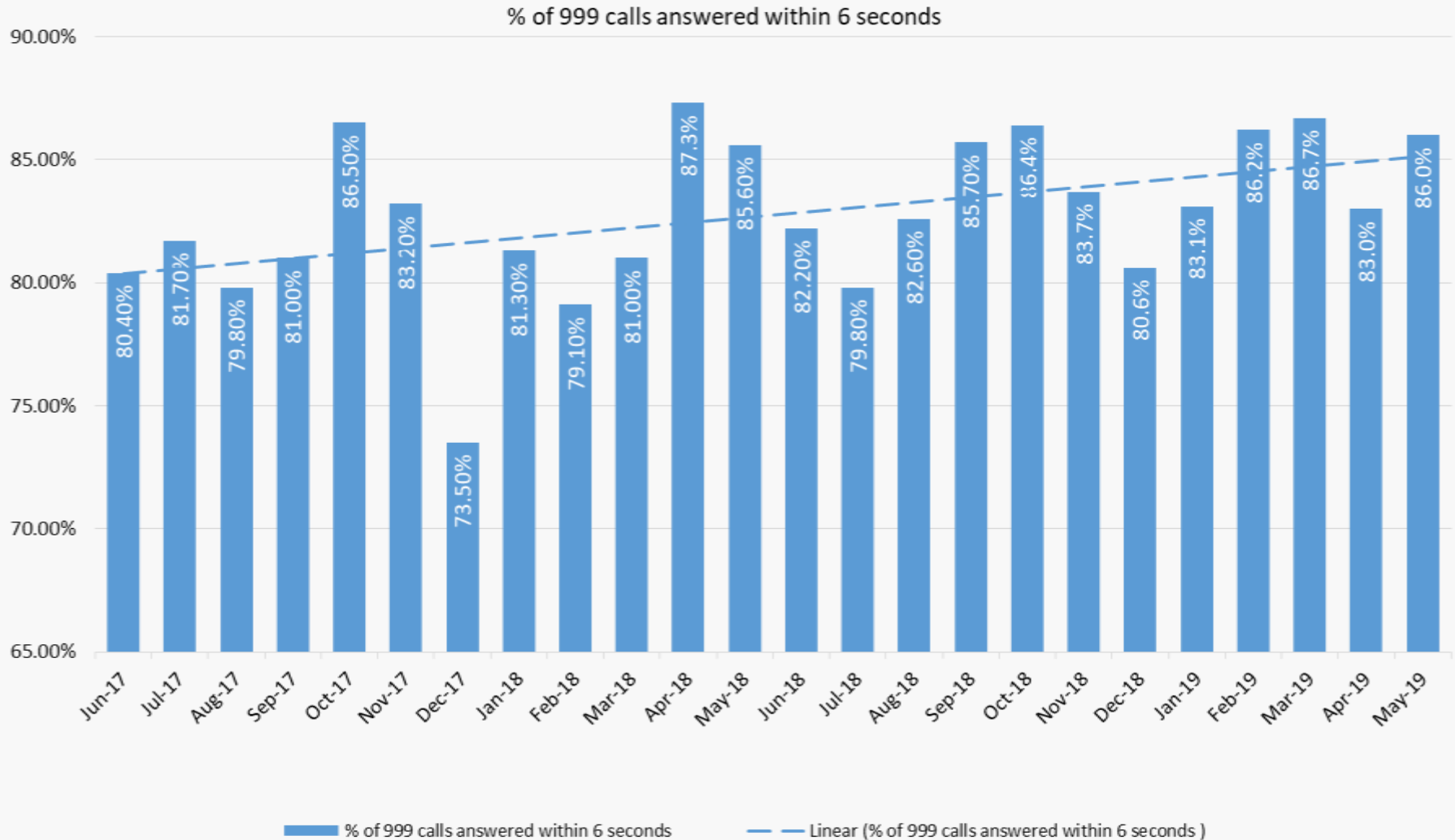
SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

Sickness Absence April 2018 - May 2019



OUR GOAL, DELIVERING EXCELLENCE

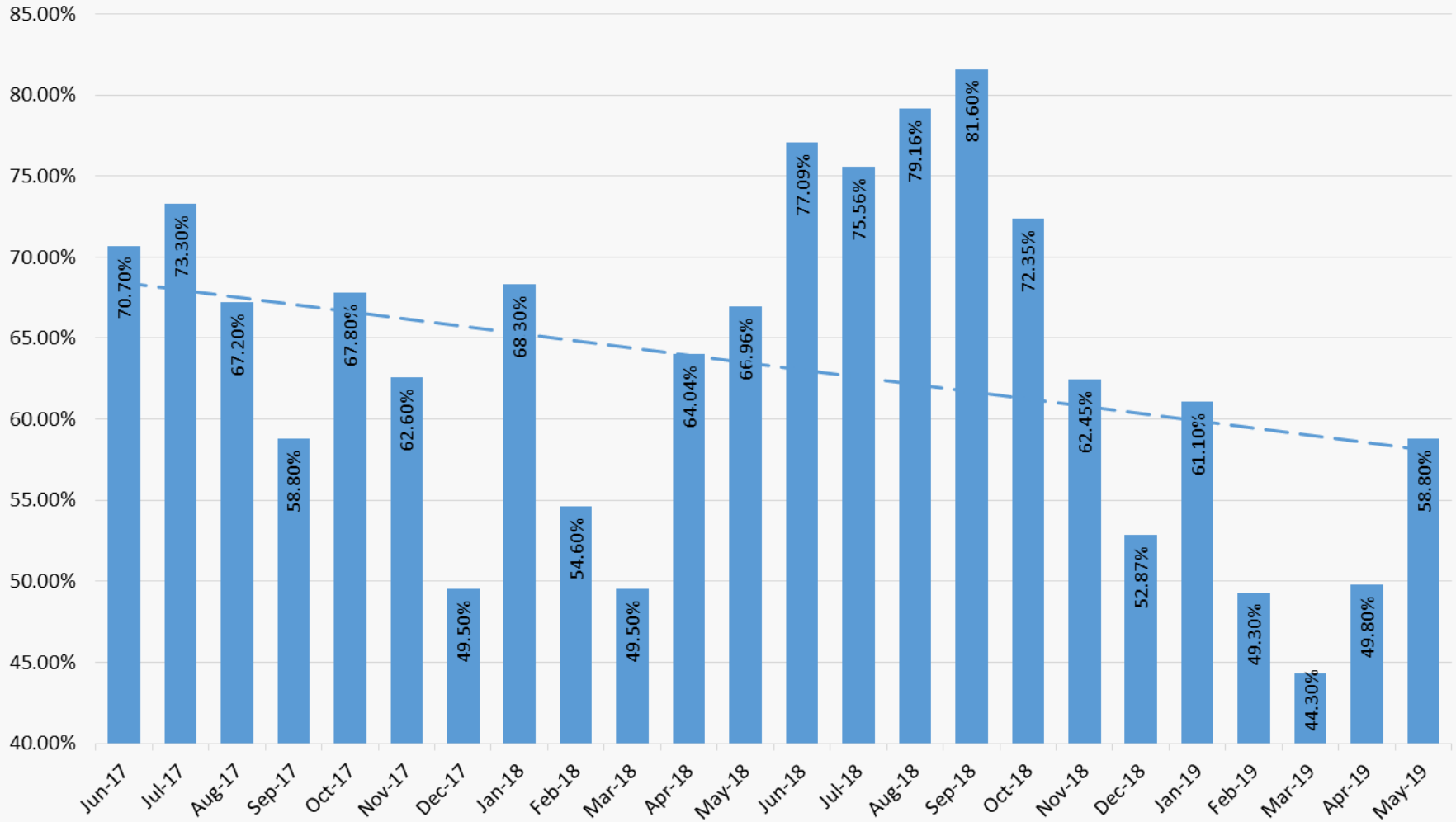
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



OUR GOAL, DELIVERING EXCELLENCE

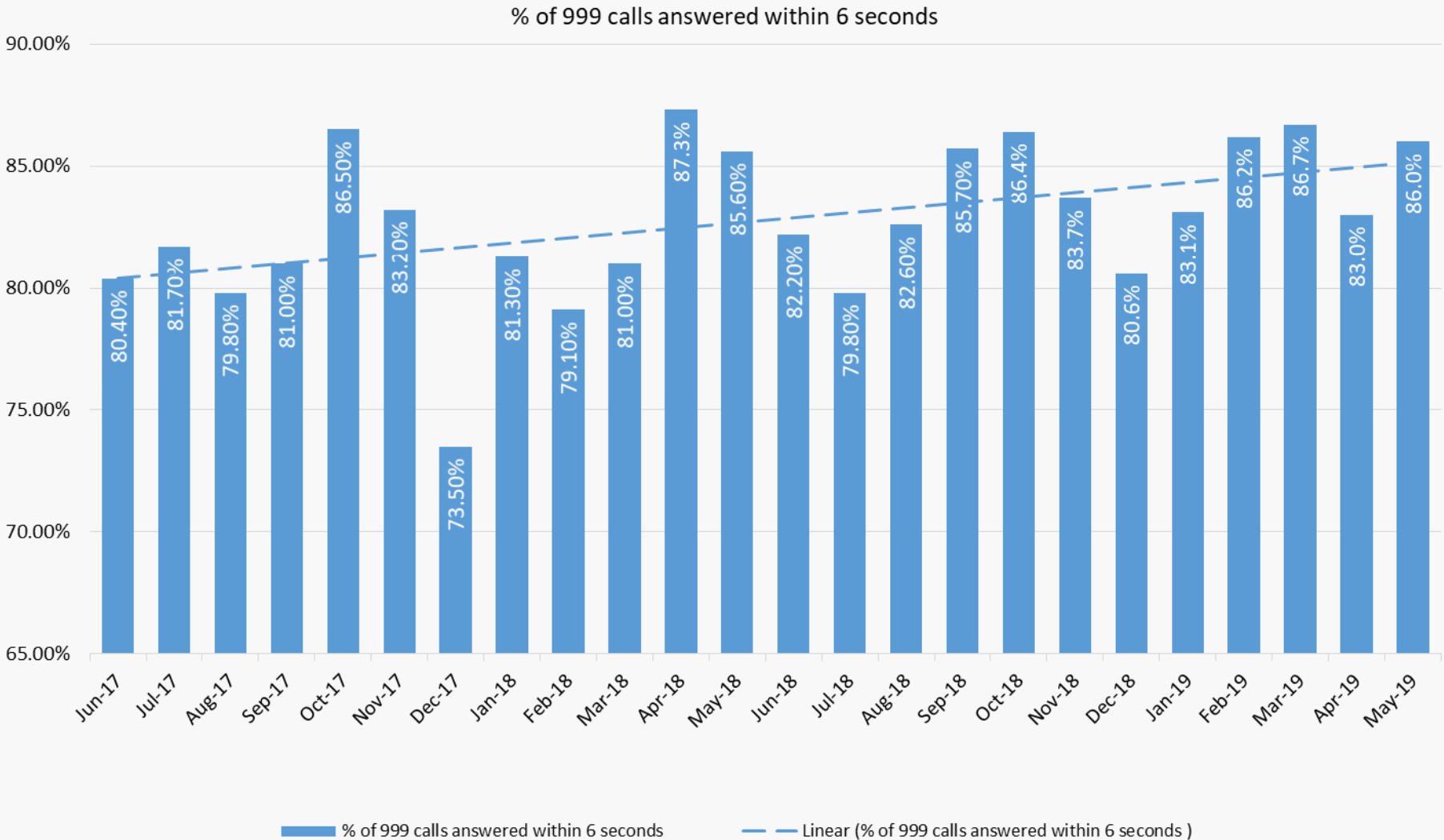
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% 111 calls answered within 60 seconds of the end of the message



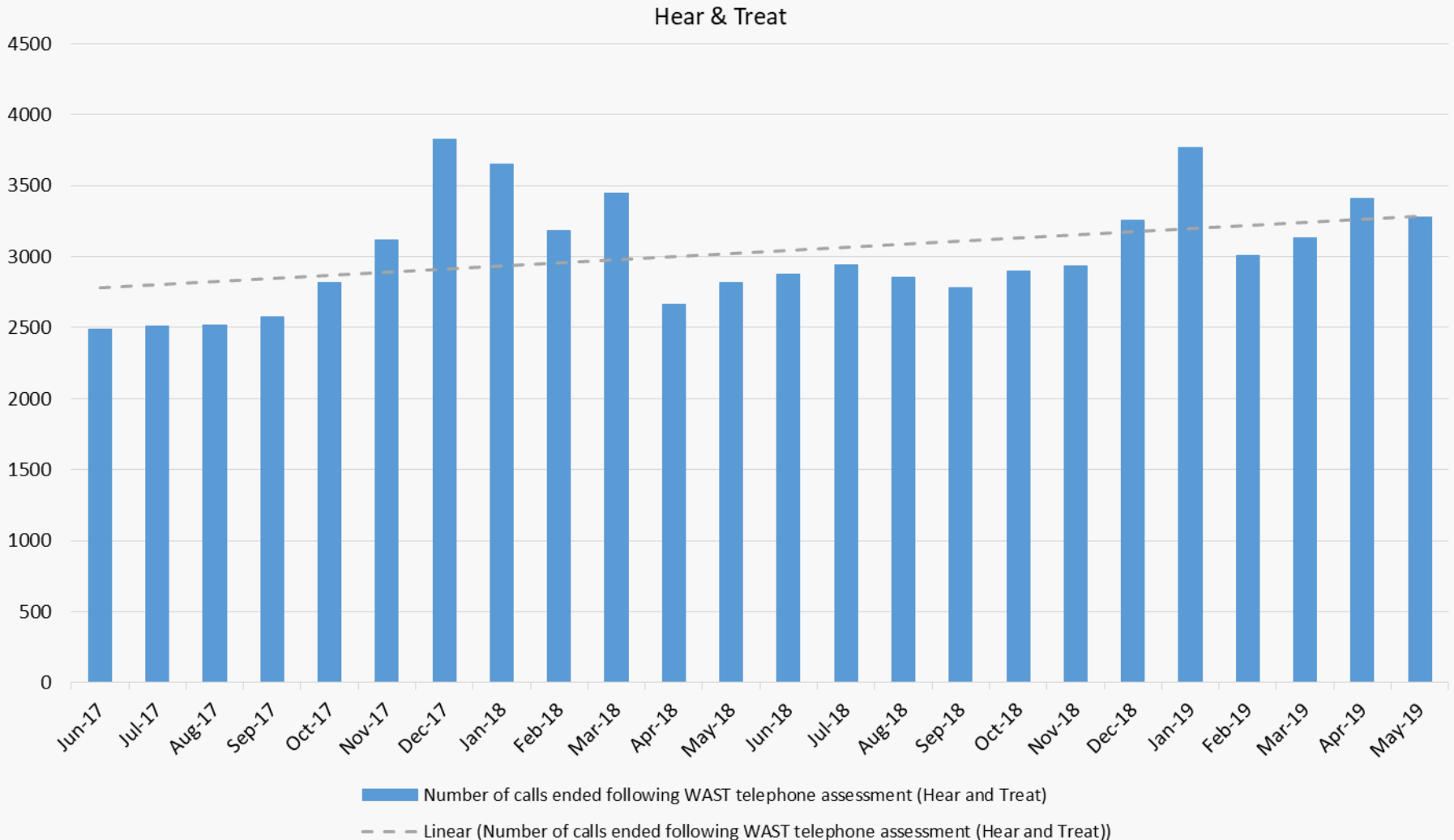
OUR GOAL, DELIVERING EXCELLENCE

PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



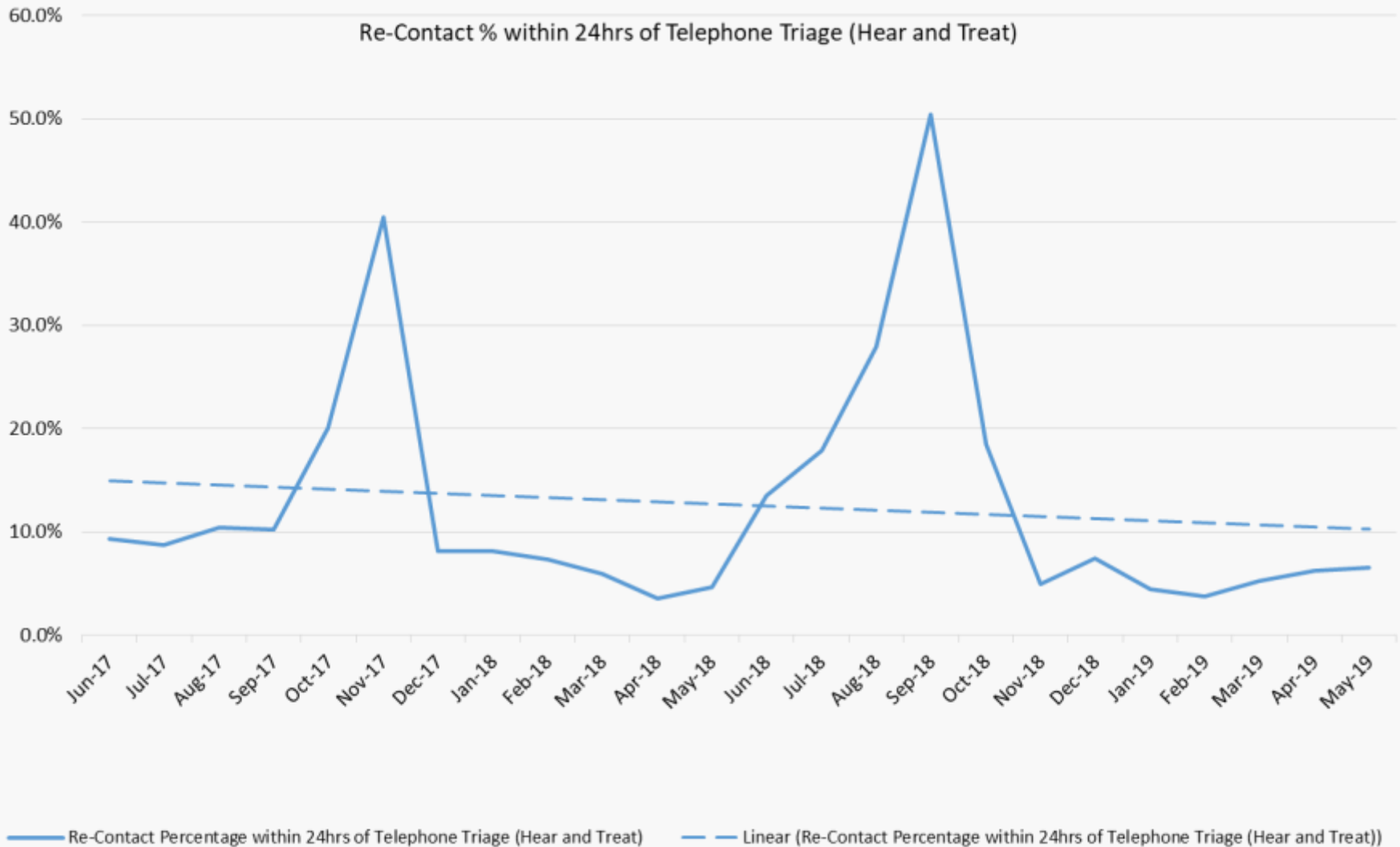
OUR GOAL, DELIVERING EXCELLENCE

PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



OUR GOAL, DELIVERING EXCELLENCE

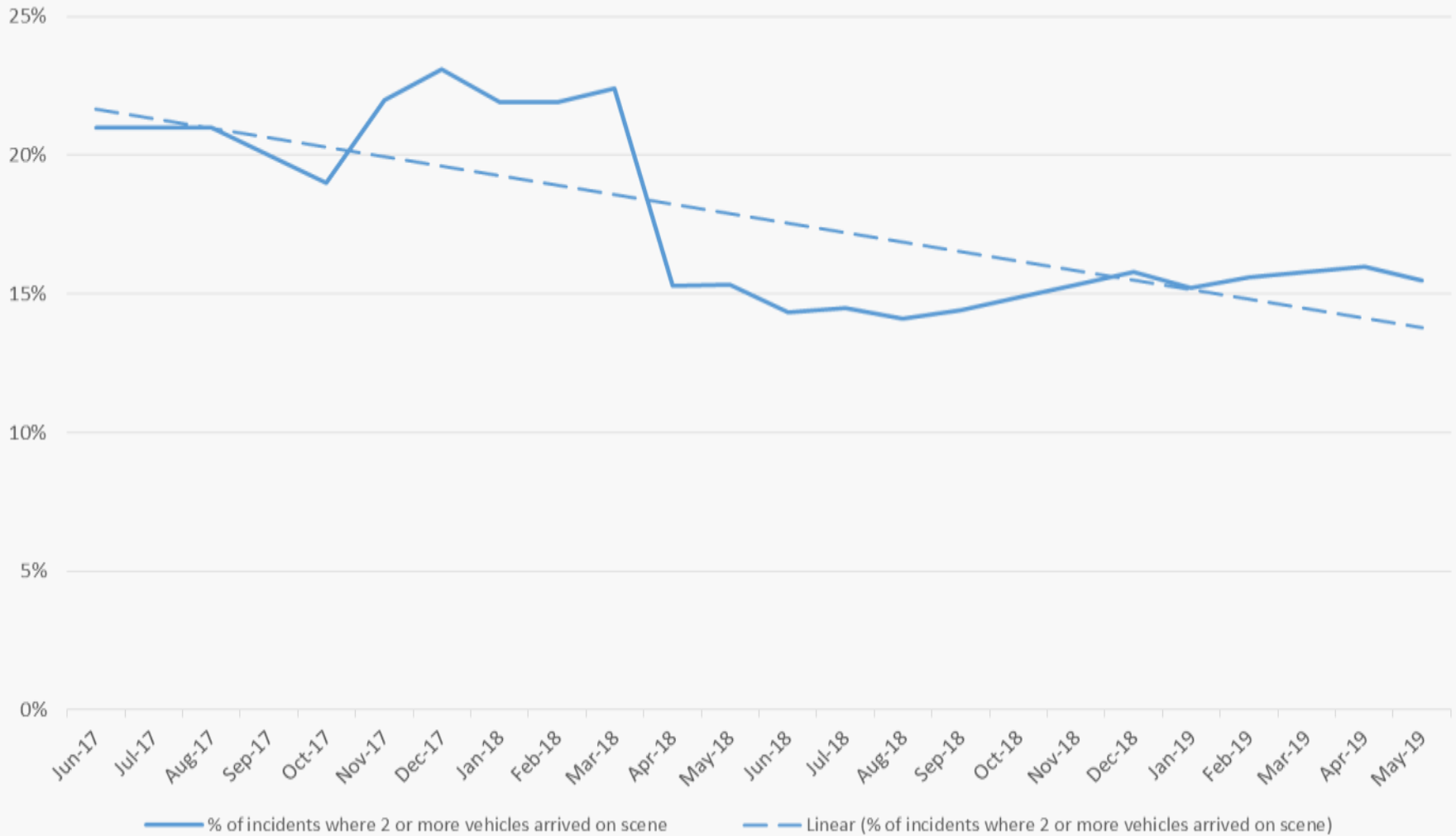
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OUR GOAL, DELIVERING EXCELLENCE

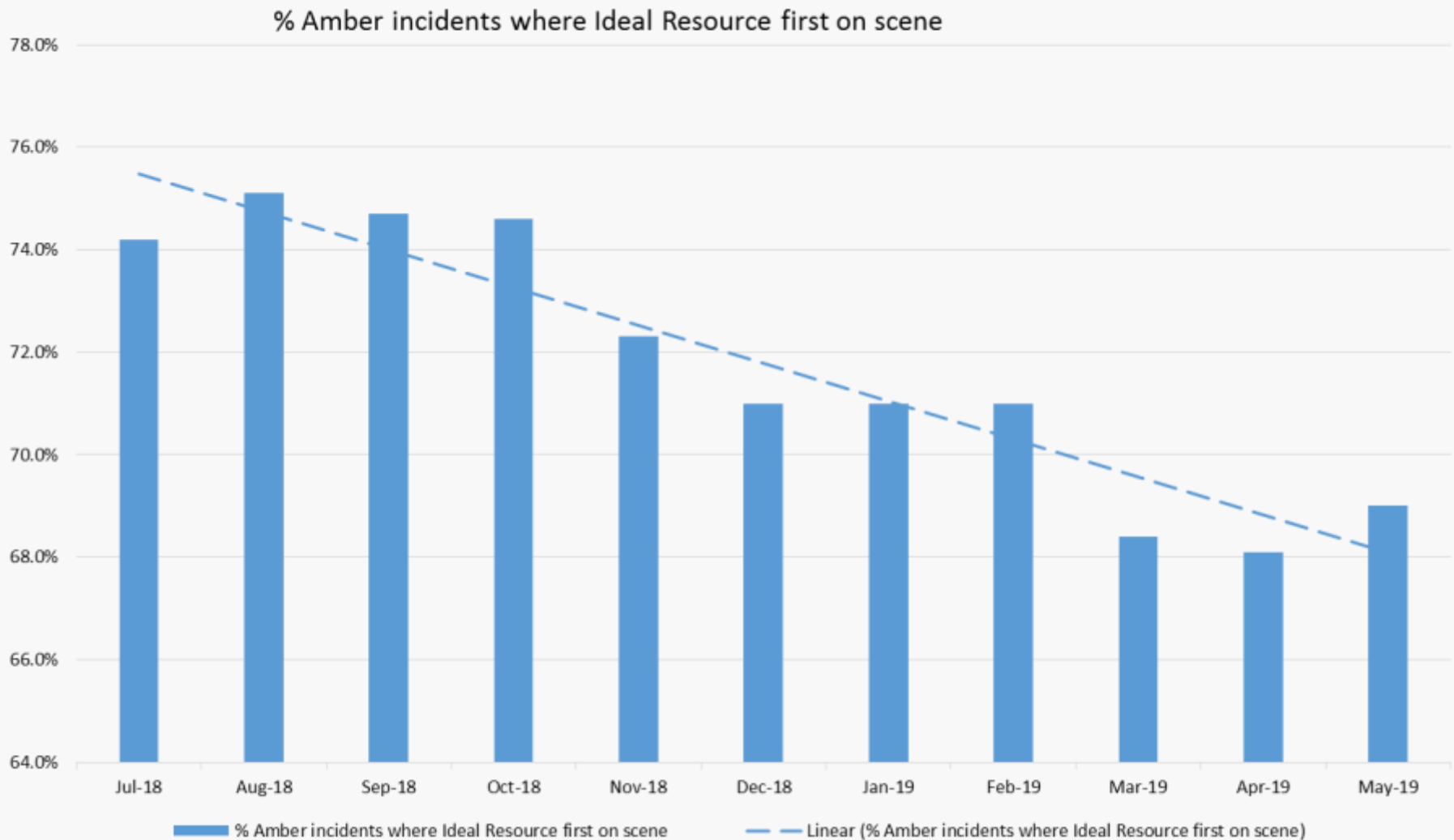
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of incidents where 2 or more vehicles arrived on scene



OUR GOAL, DELIVERING EXCELLENCE

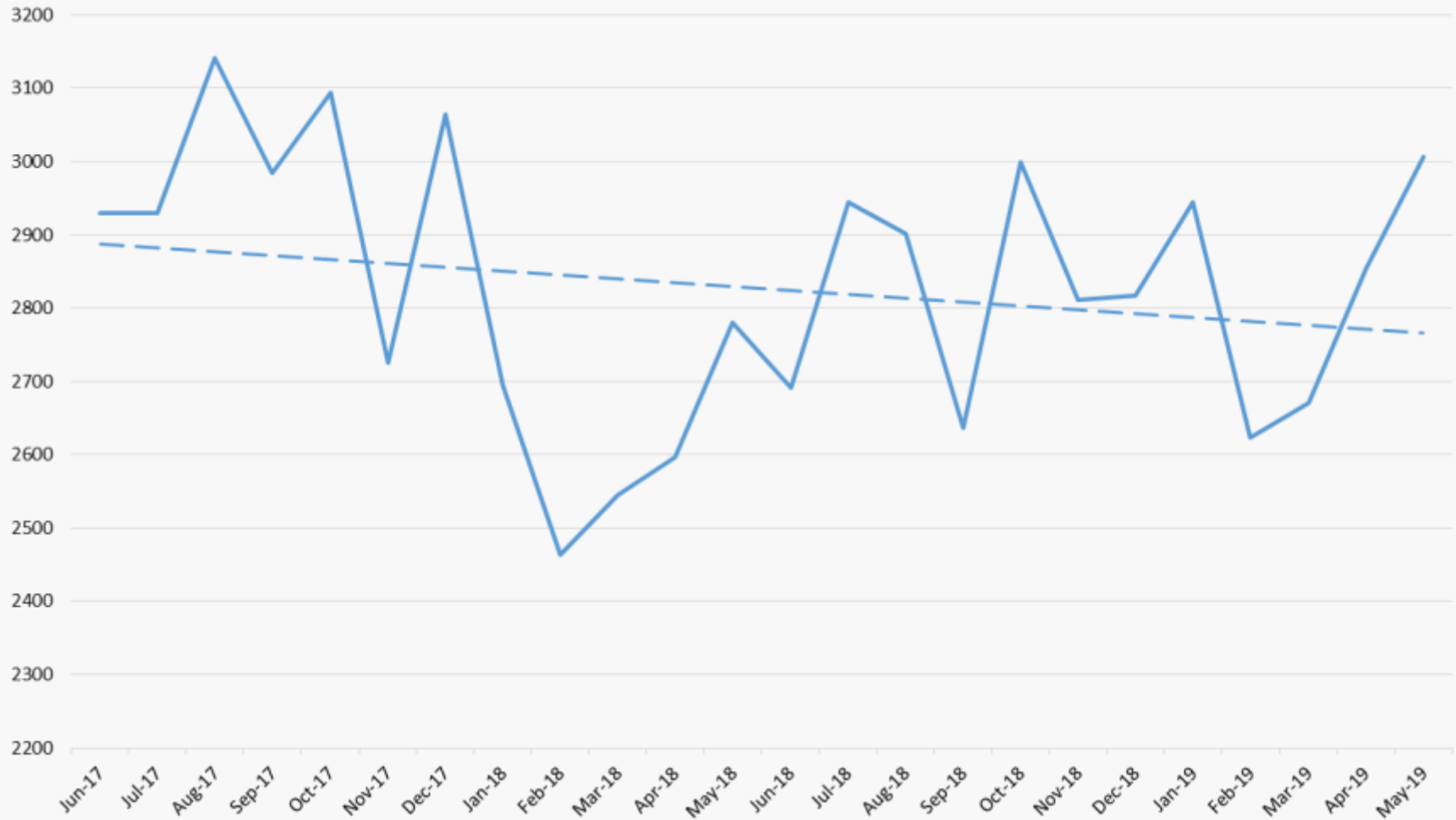
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



OUR GOAL, DELIVERING EXCELLENCE

PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

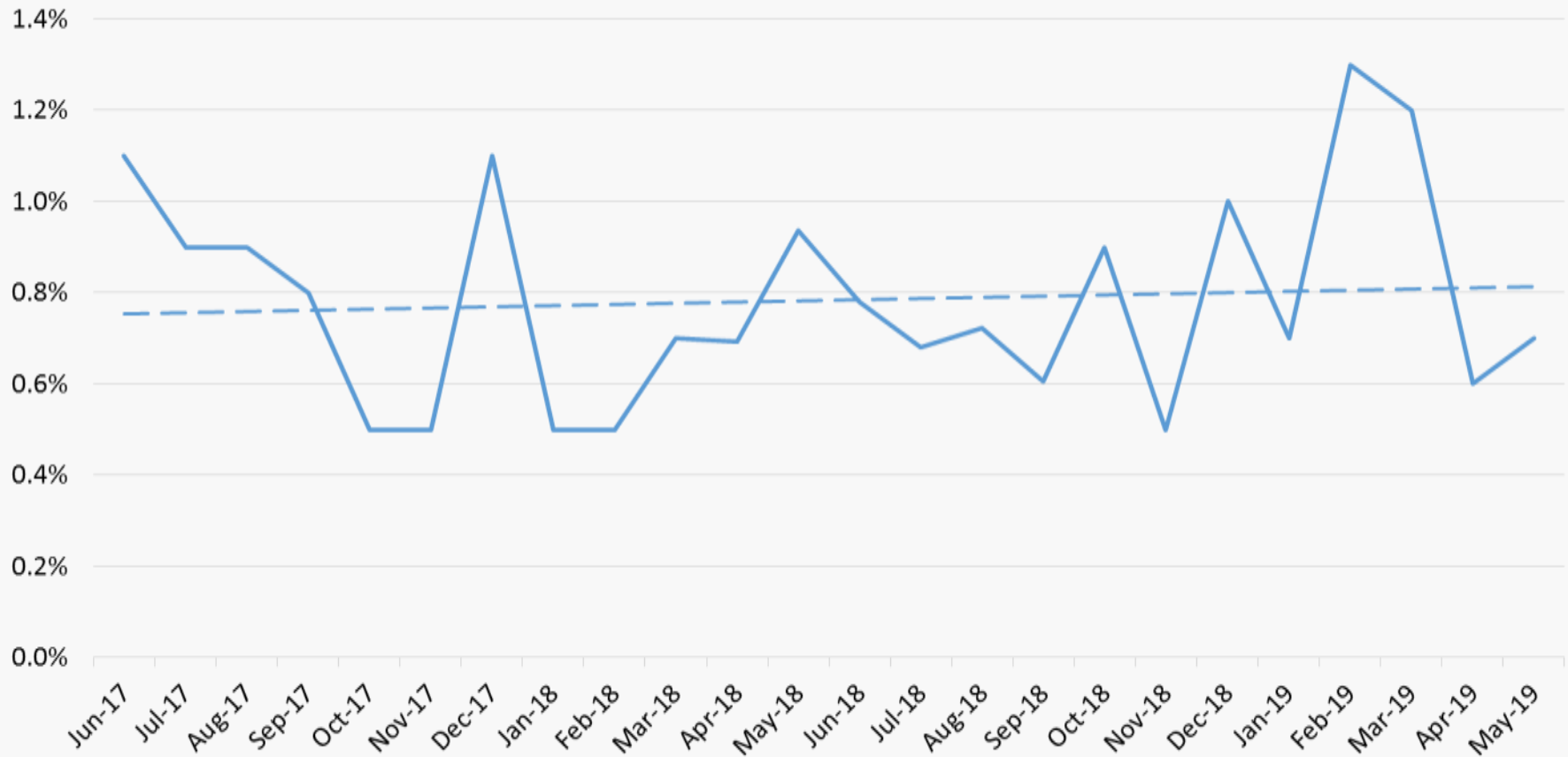
No. of incidents which were treated at scene



OUR GOAL, DELIVERING EXCELLENCE

PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

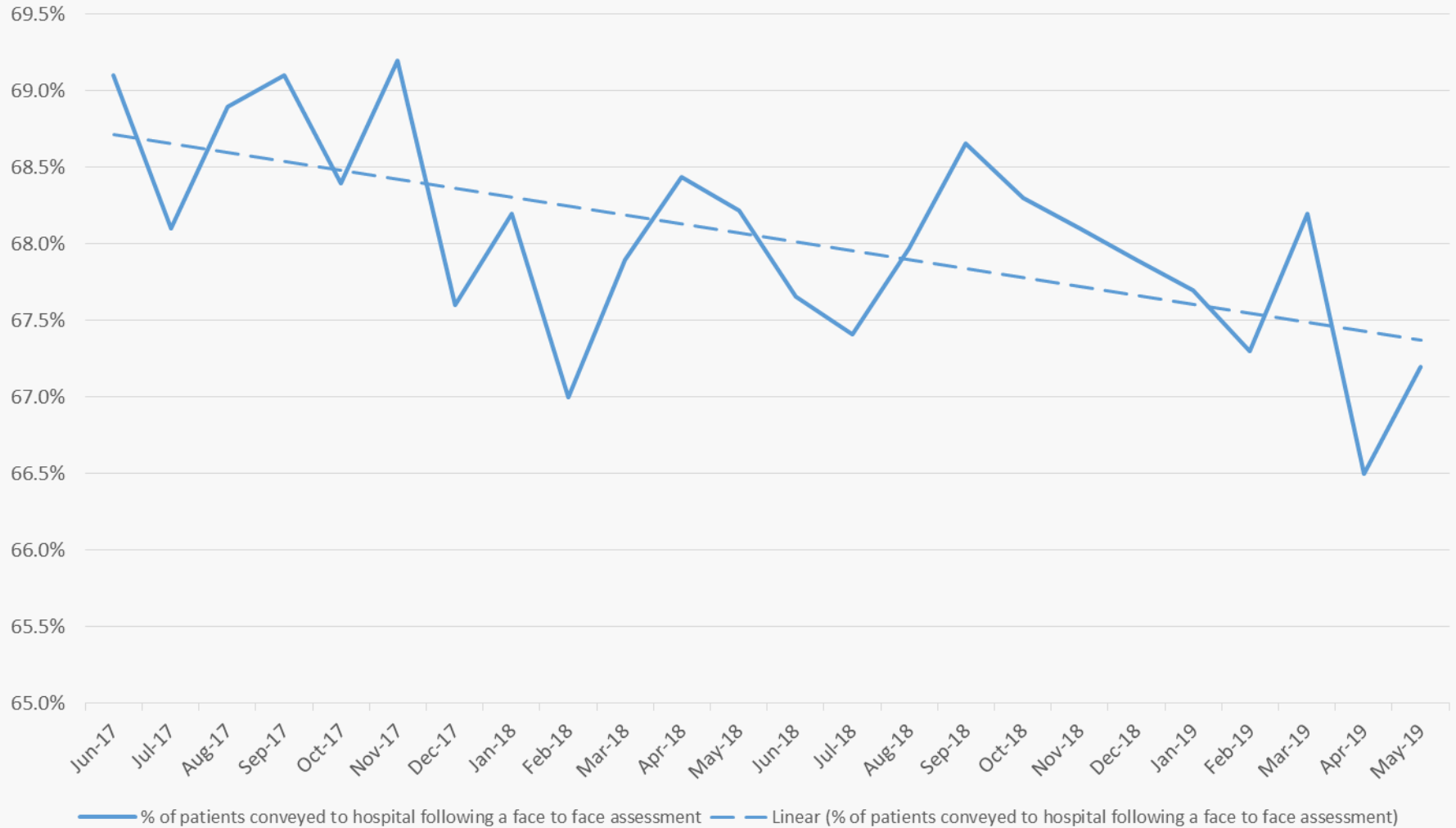
Recontact % within 24 hours of see & treat



OUR GOAL, DELIVERING EXCELLENCE

PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

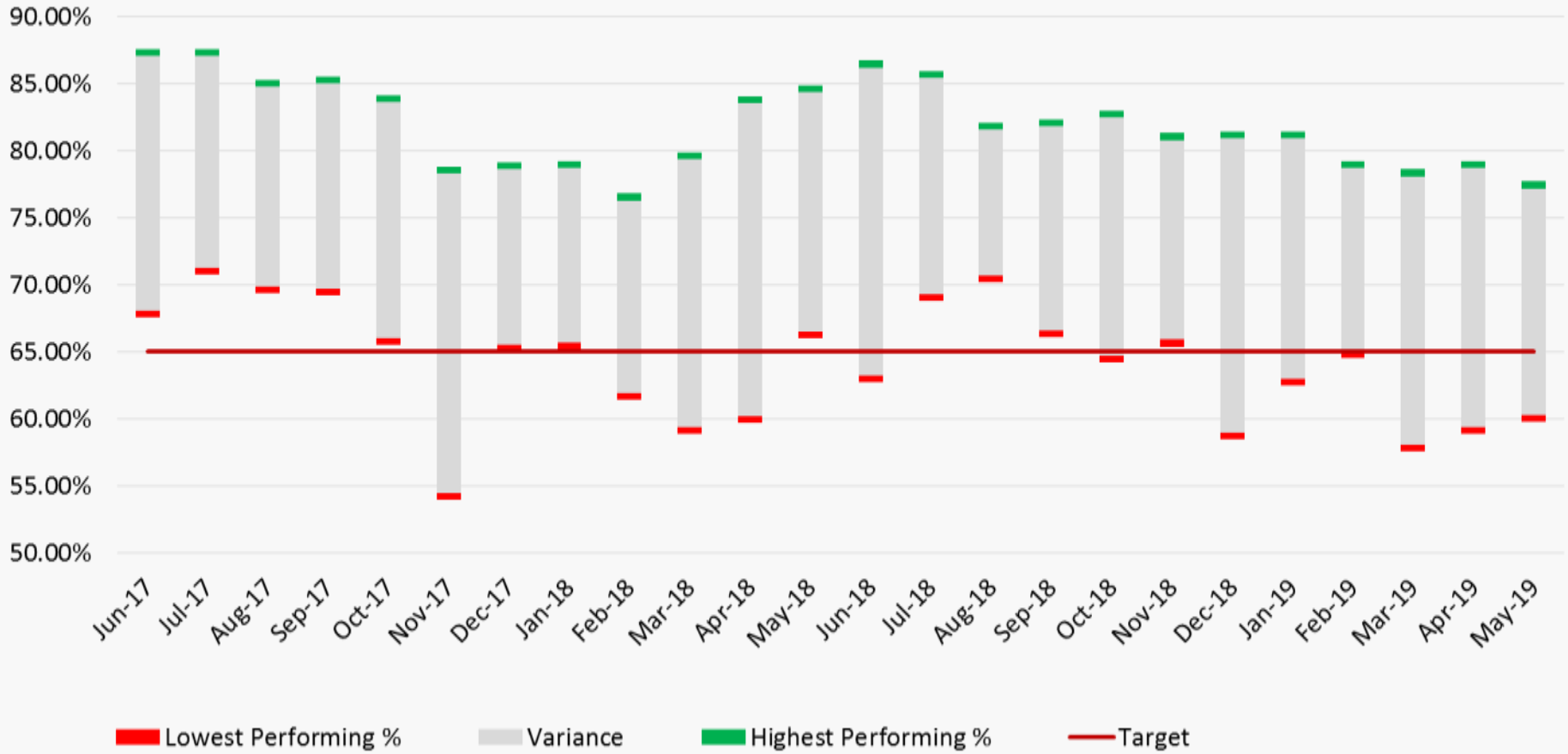
% of patients conveyed to hospital following a face to face assessment



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

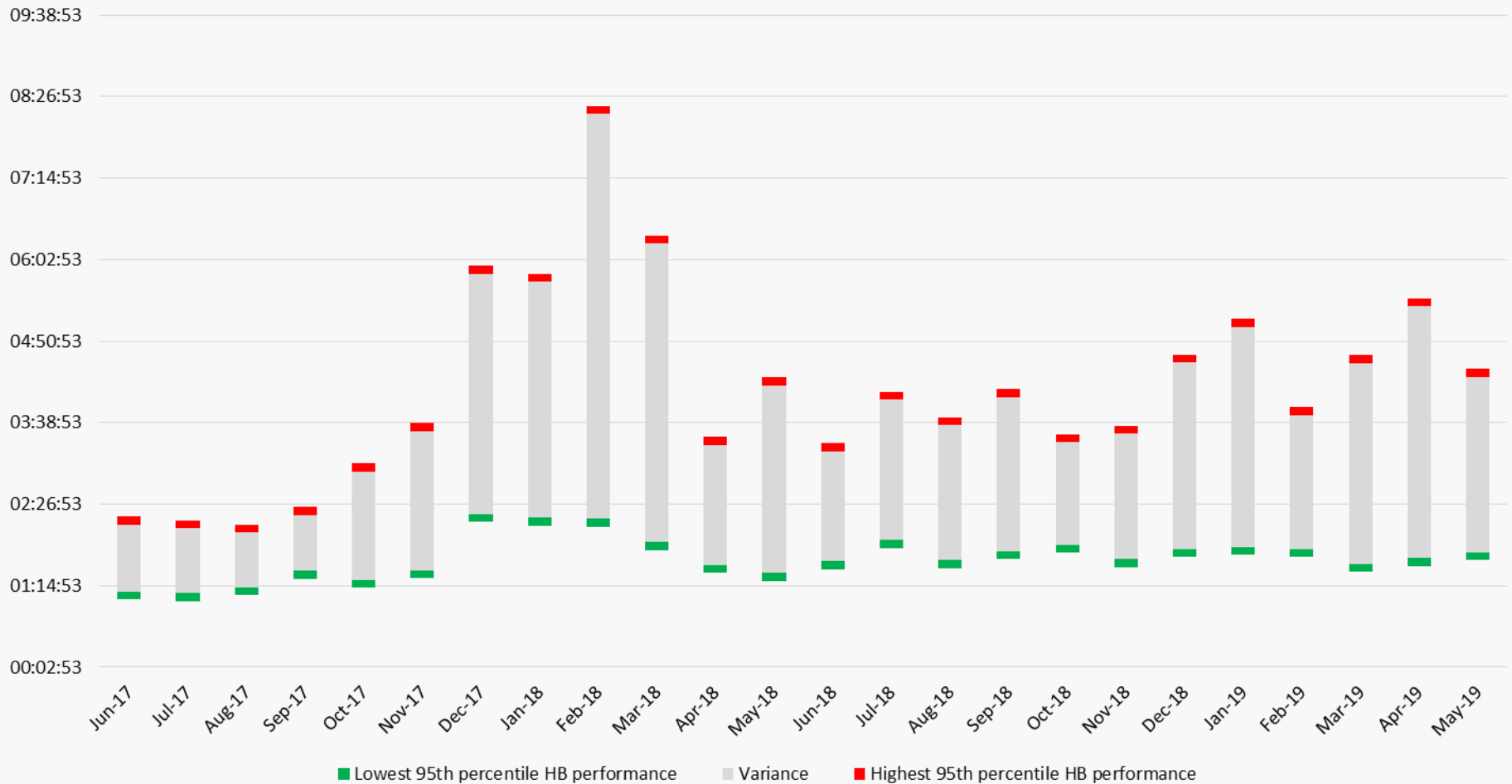
Reduction in the variation in RED call response time performance between the best and worst HB performance



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

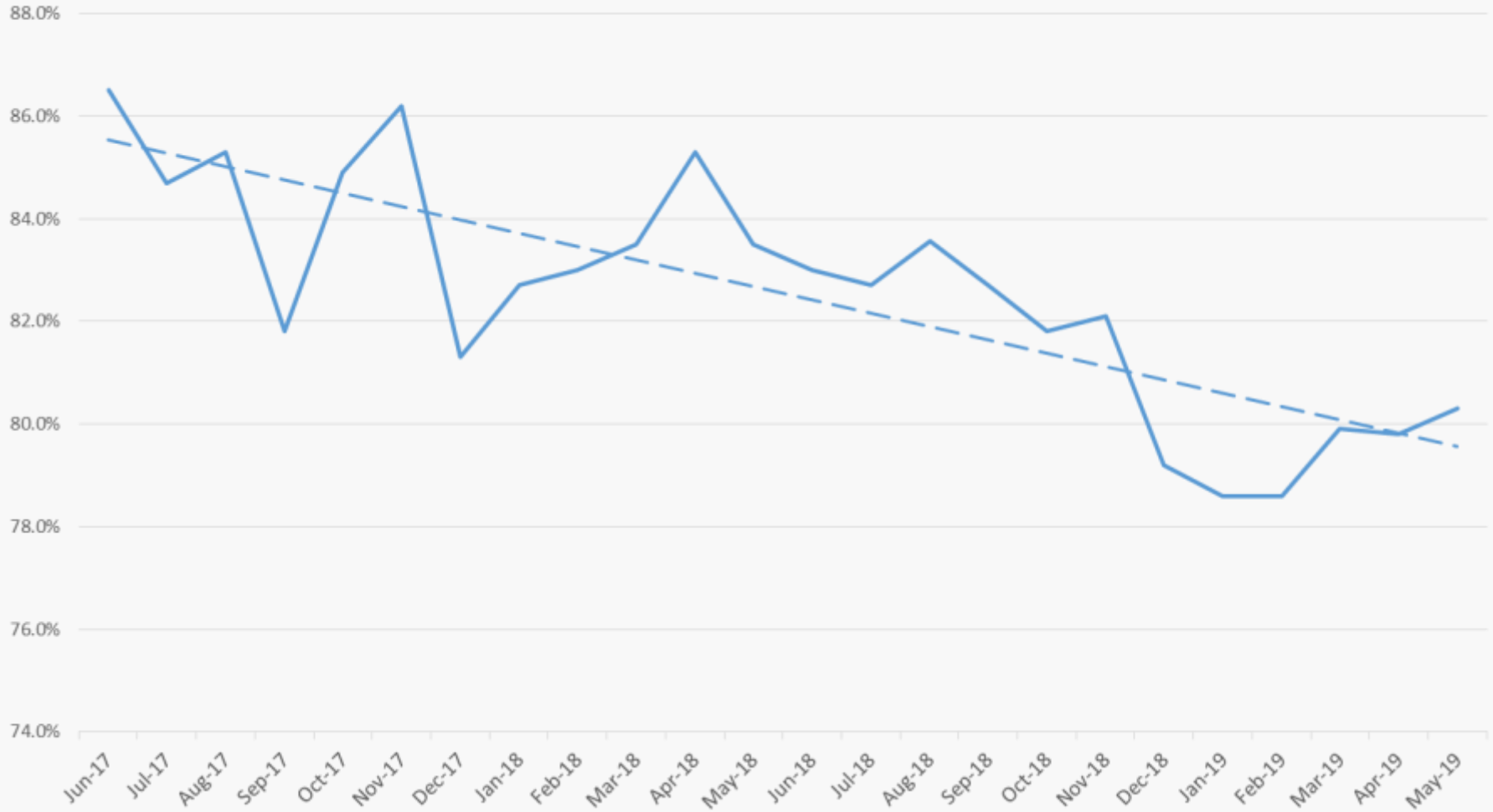
Reduction in the variation in AMBER call 95th percentile response times between the longest and shortest Health Board performance



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

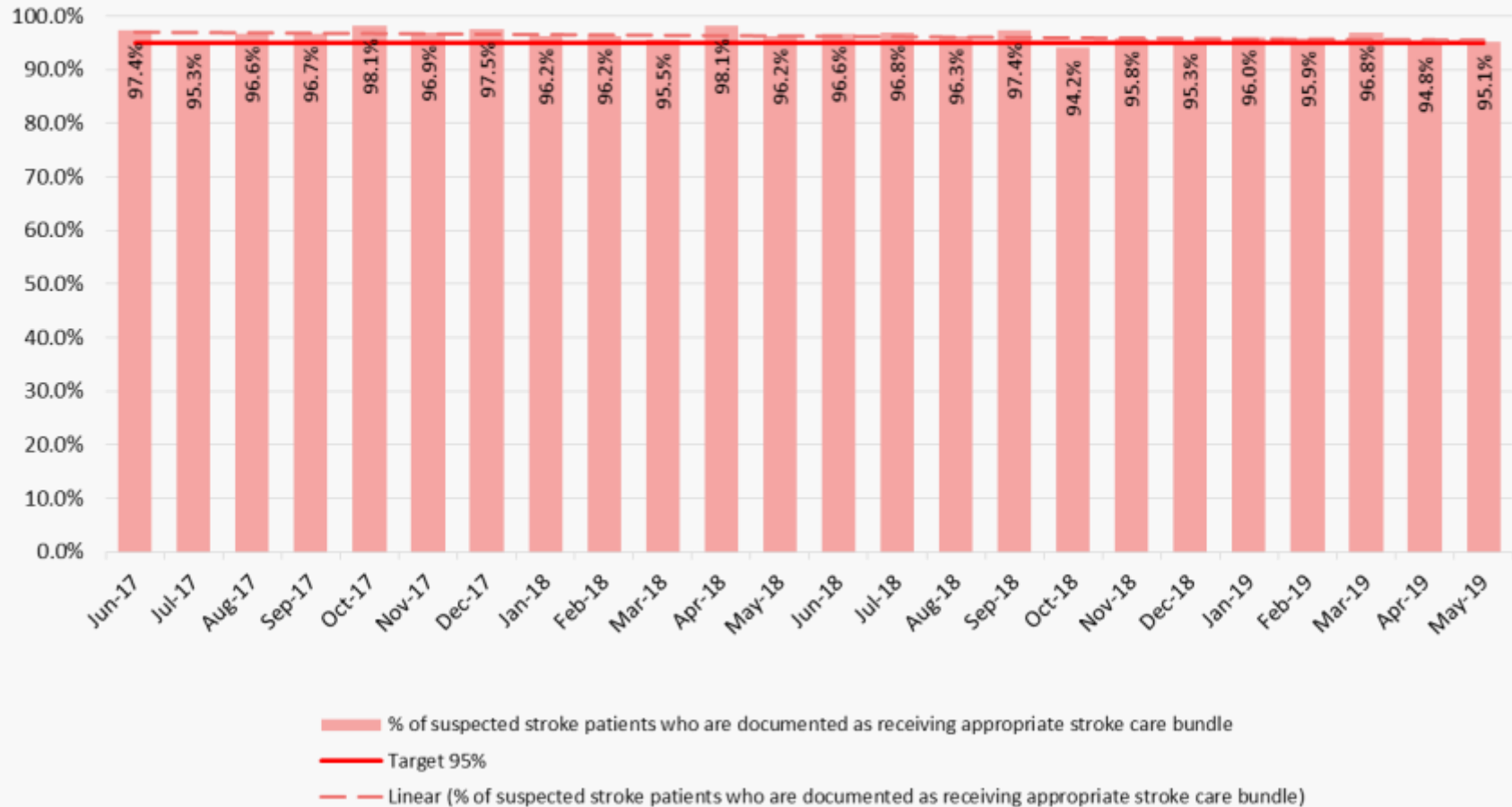
Compliance with HCP time requests to improve across each LHB



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

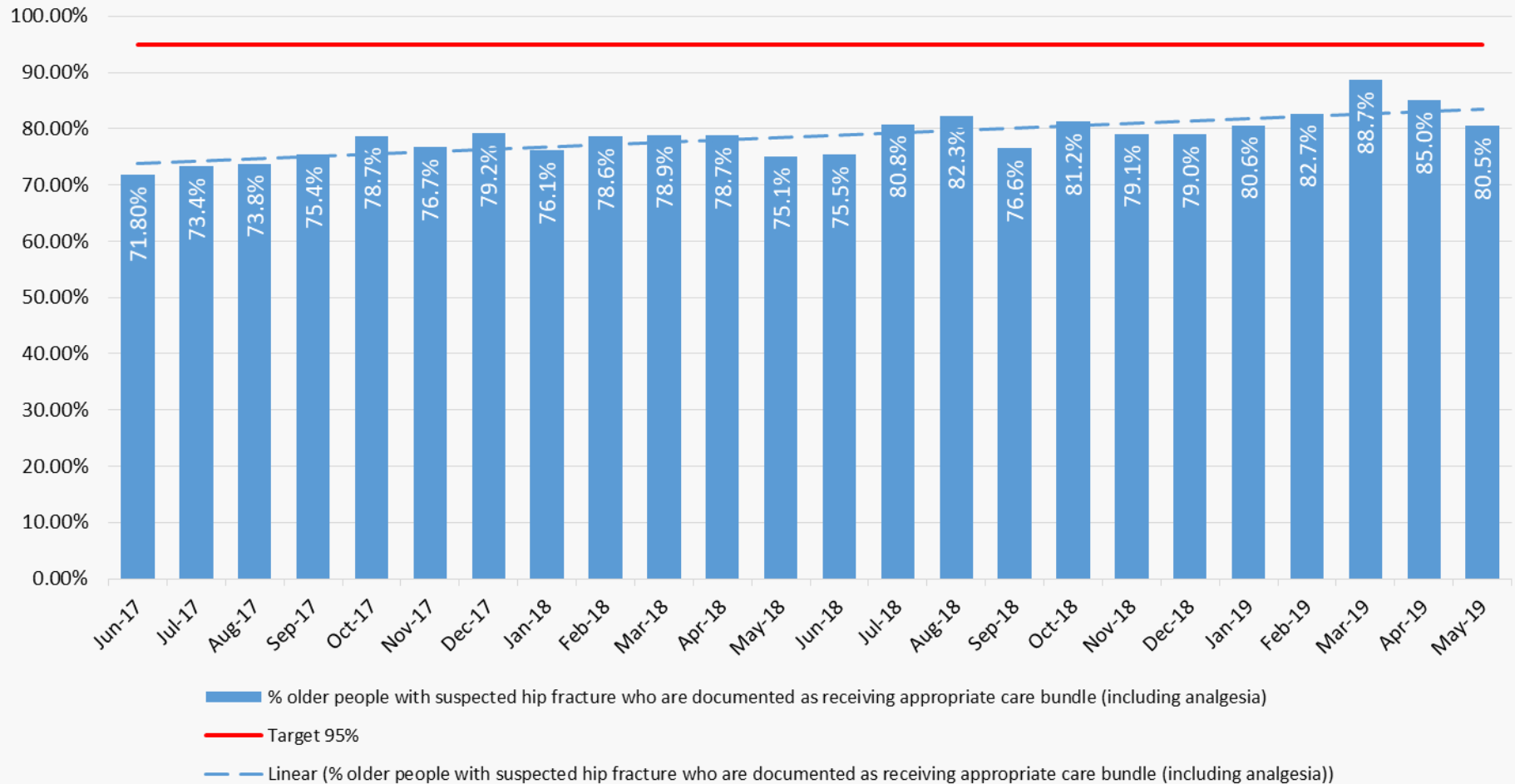
% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

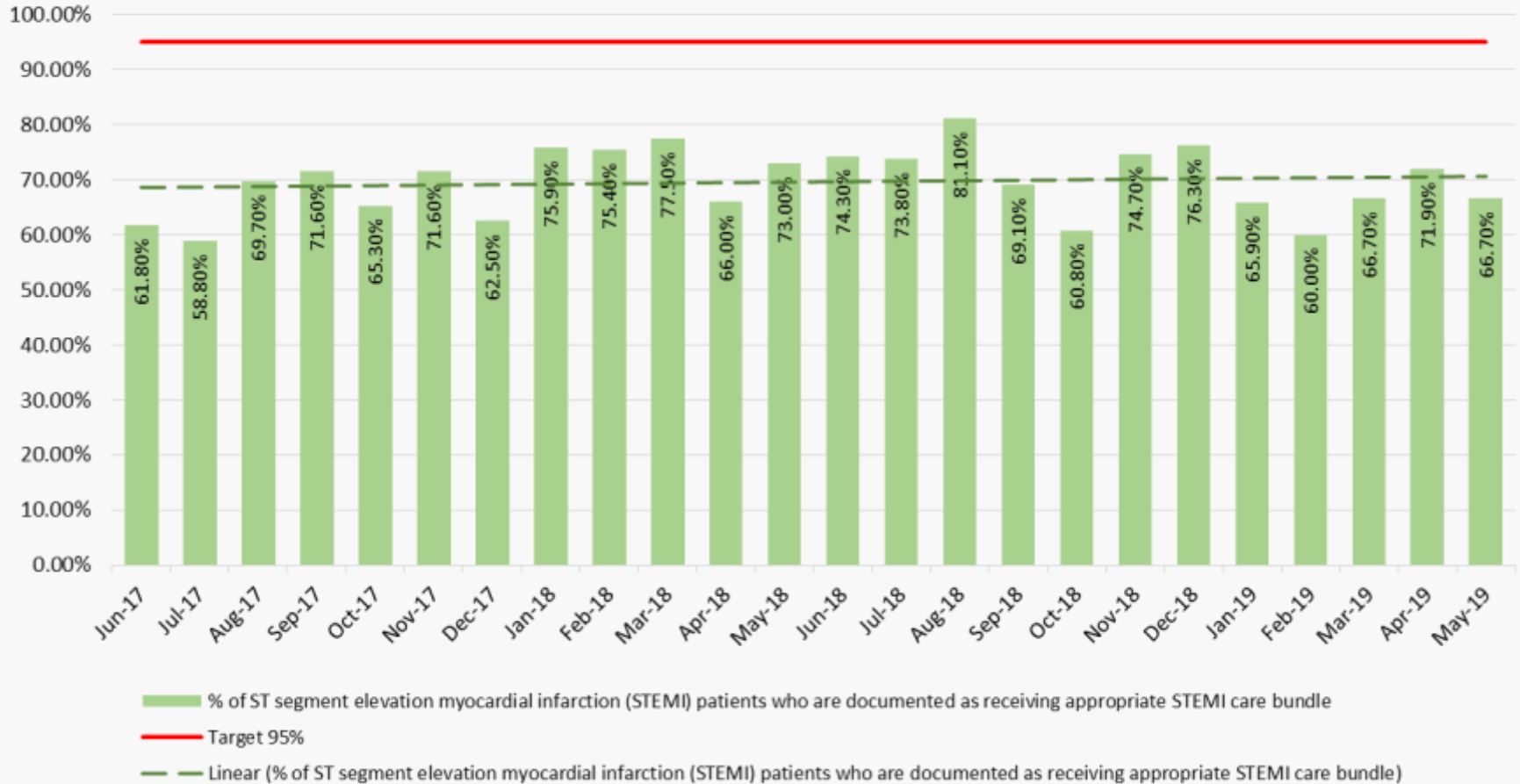
% older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

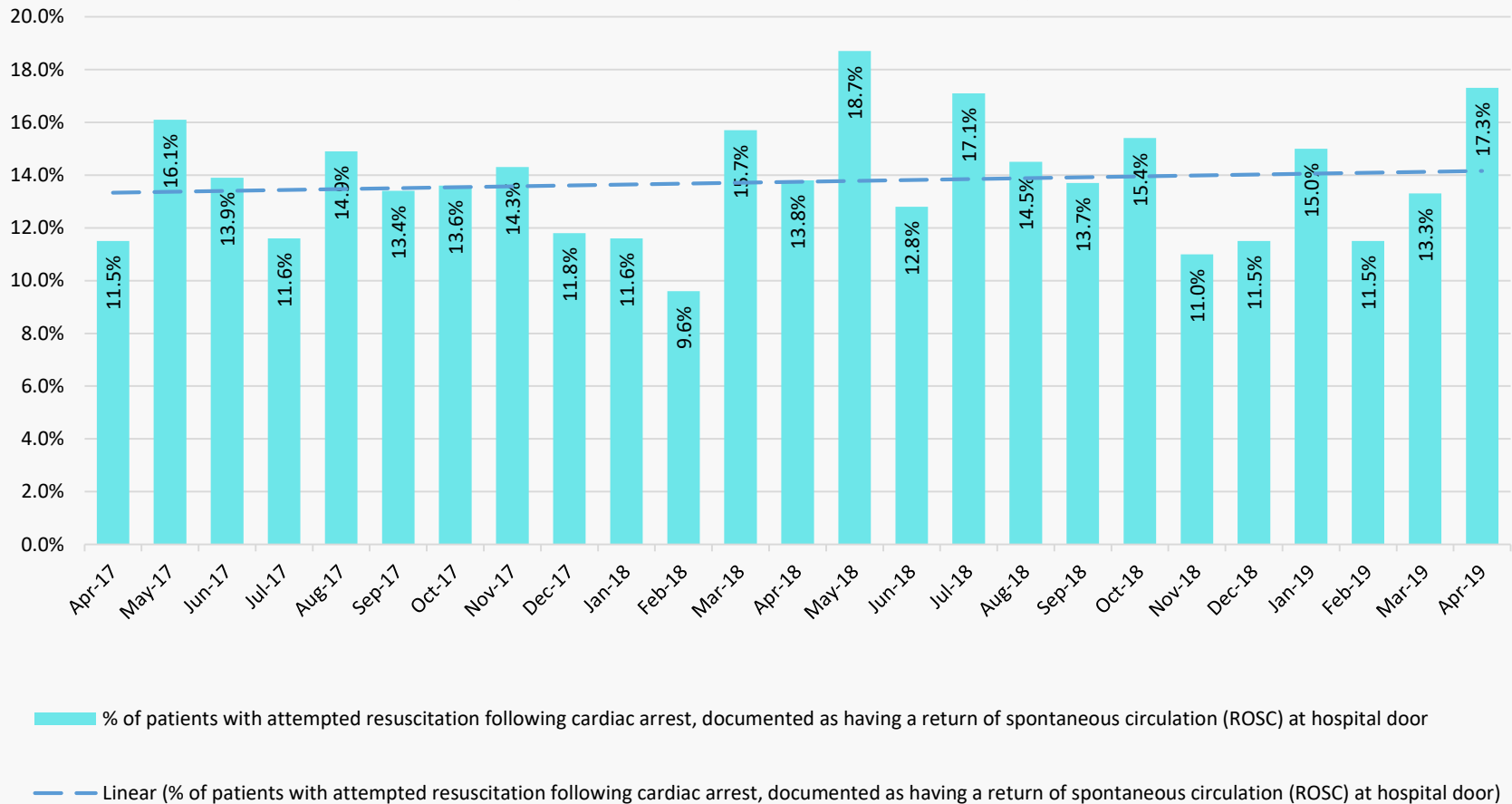
% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle



OUR STRATEGIC ENABLERS

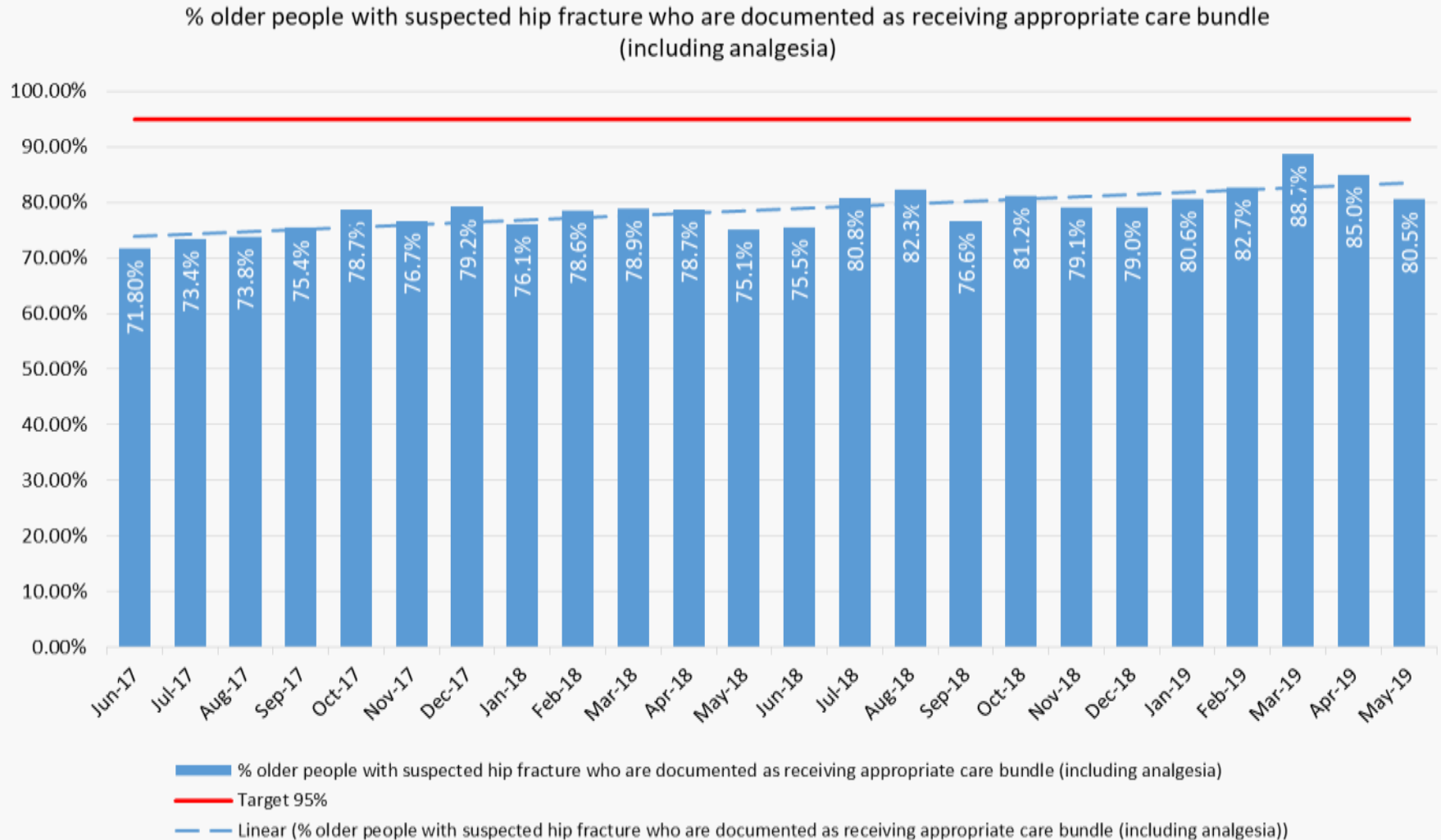
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

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



OUR STRATEGIC ENABLERS

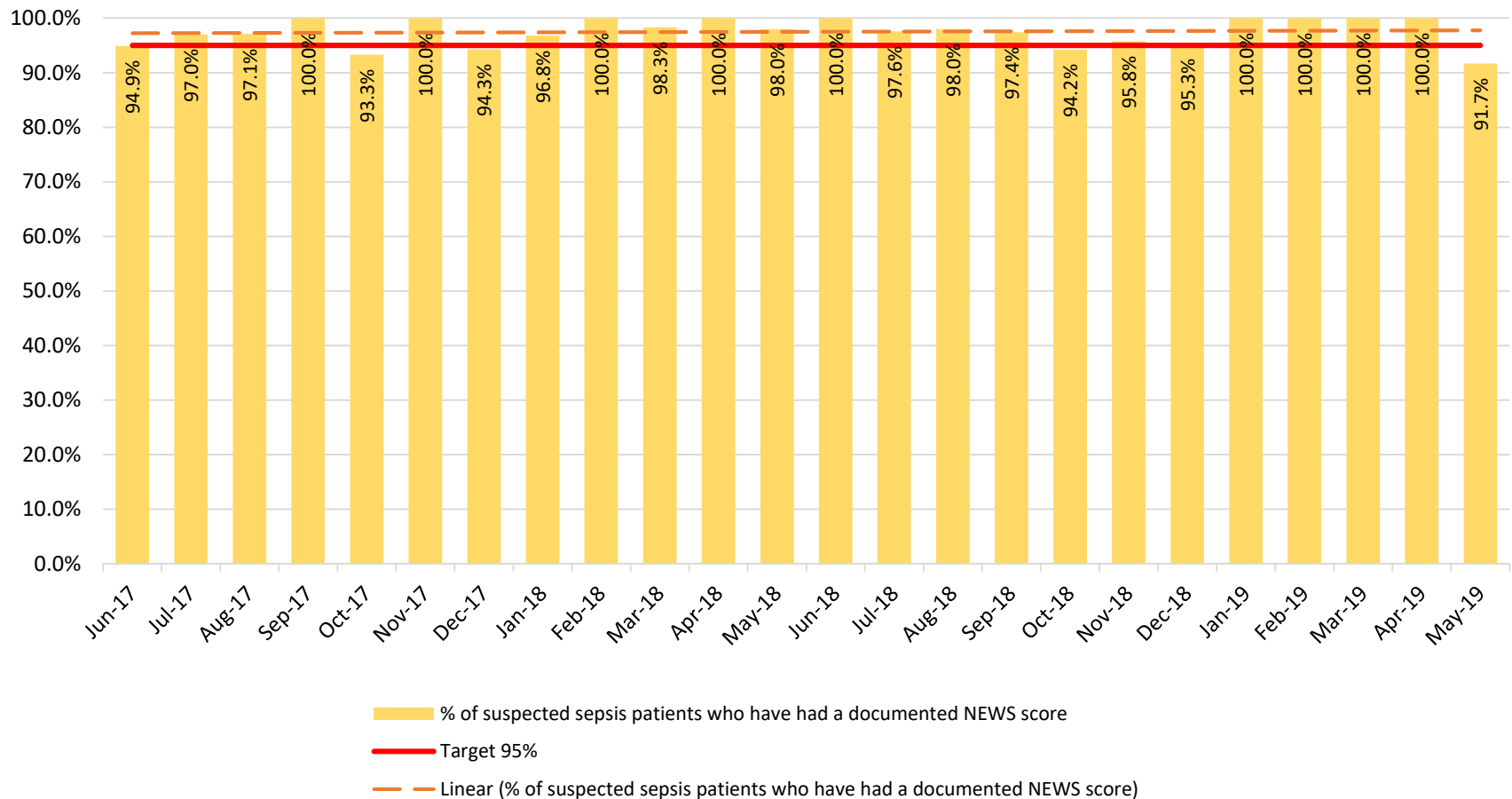
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE



OUR STRATEGIC ENABLERS

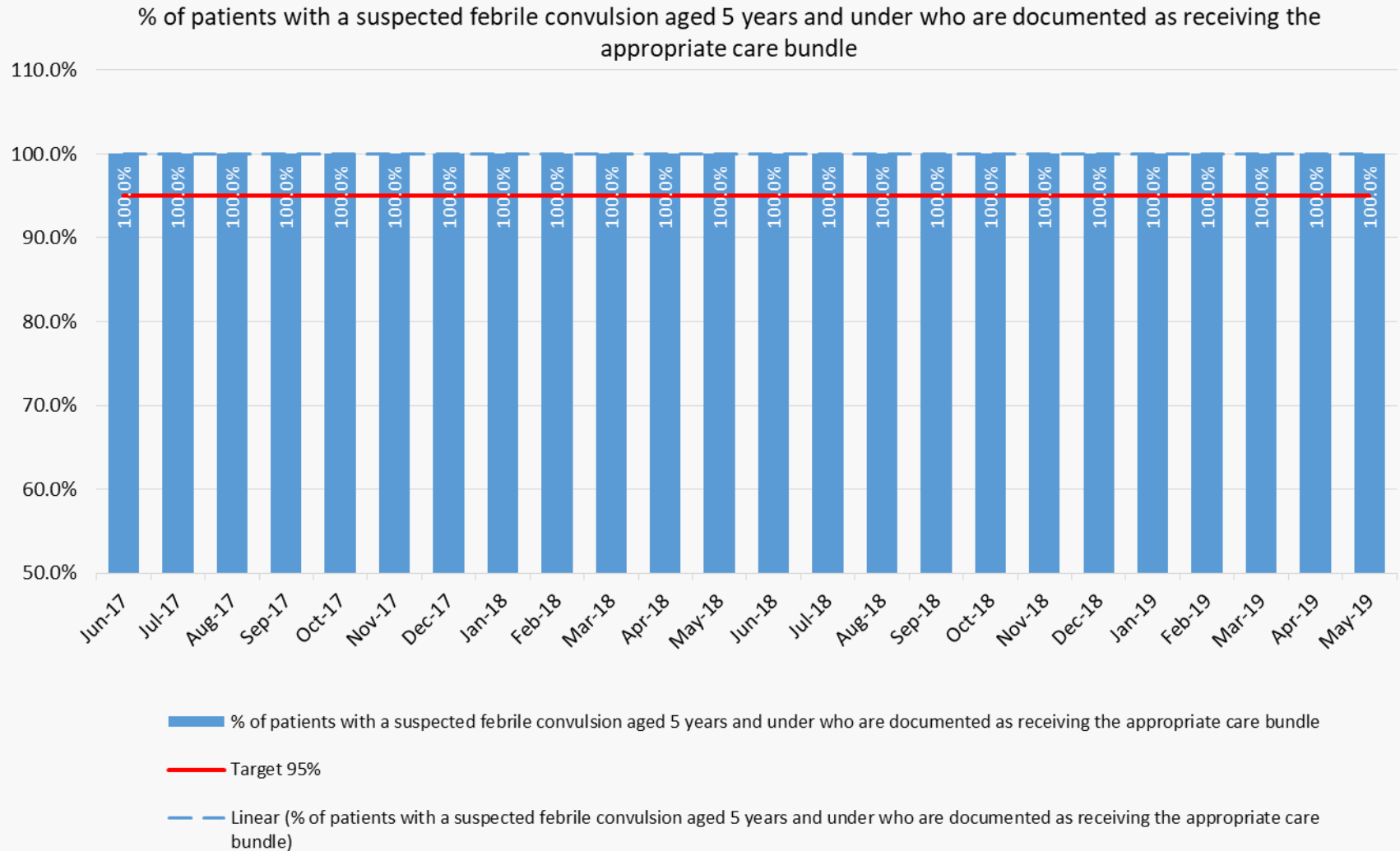
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

% of suspected sepsis patients who have had a documented NEWS score



OUR STRATEGIC ENABLERS

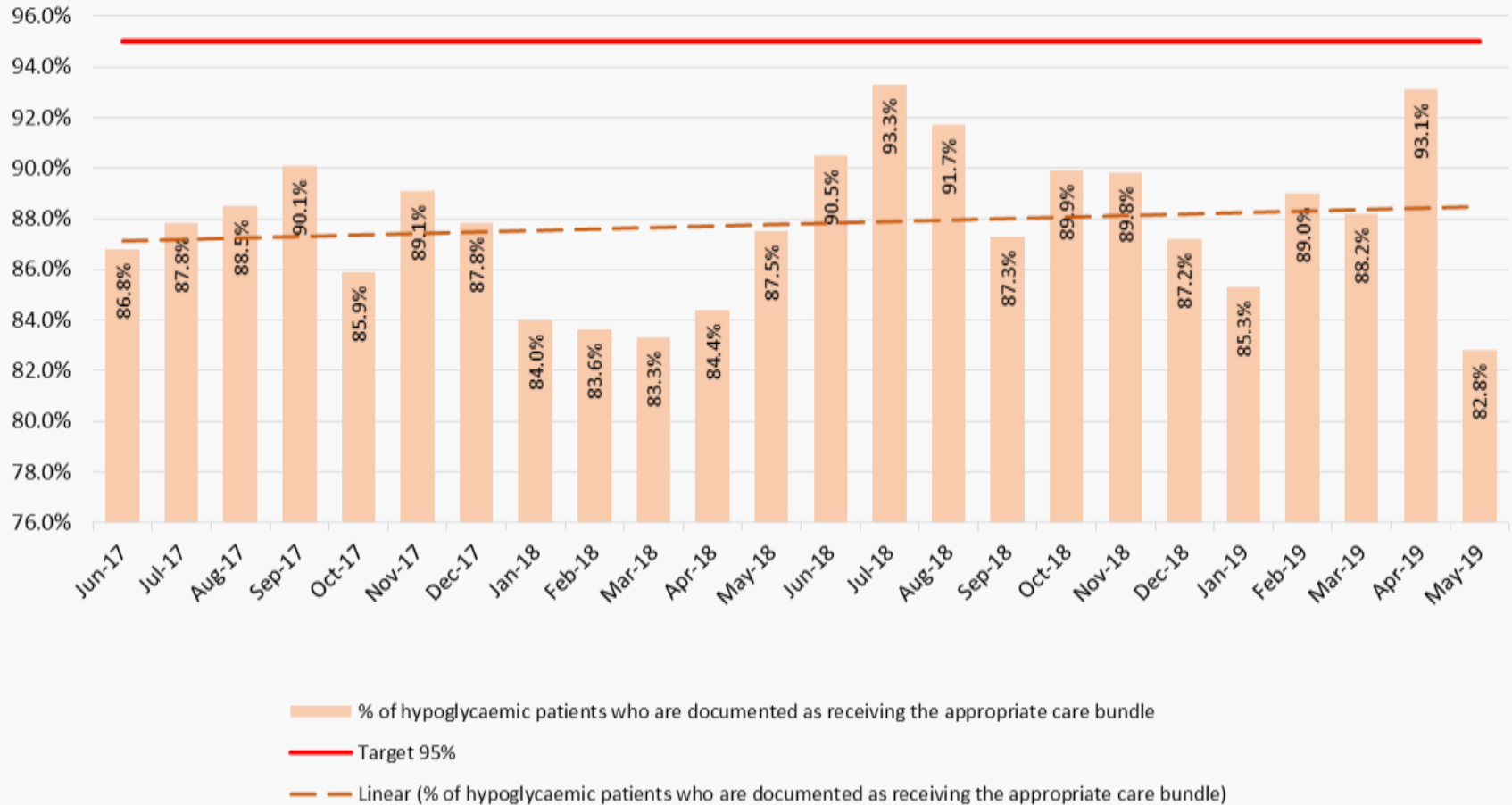
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

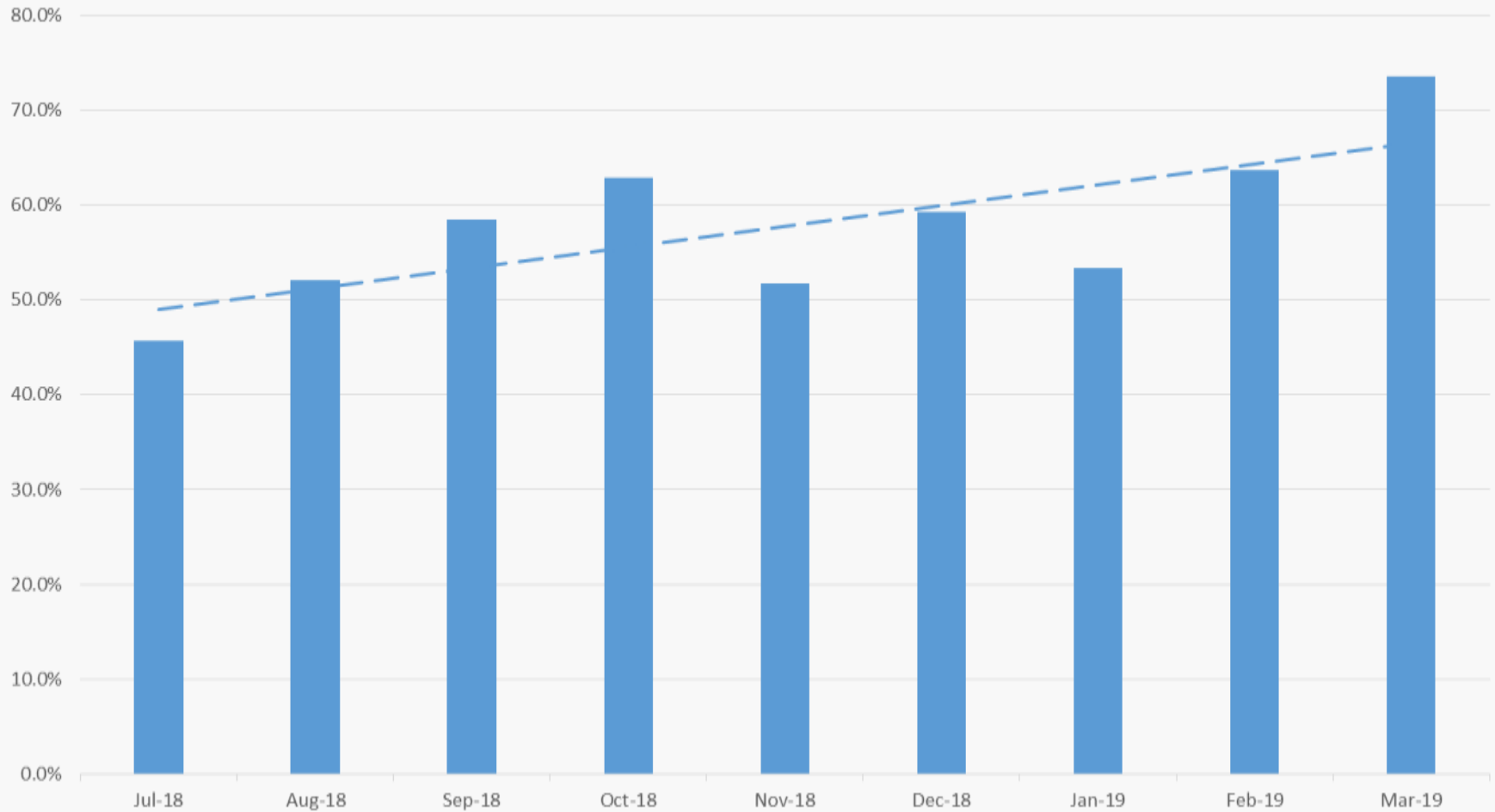
% of hypoglycaemic patients who are documented as receiving the appropriate care bundle



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

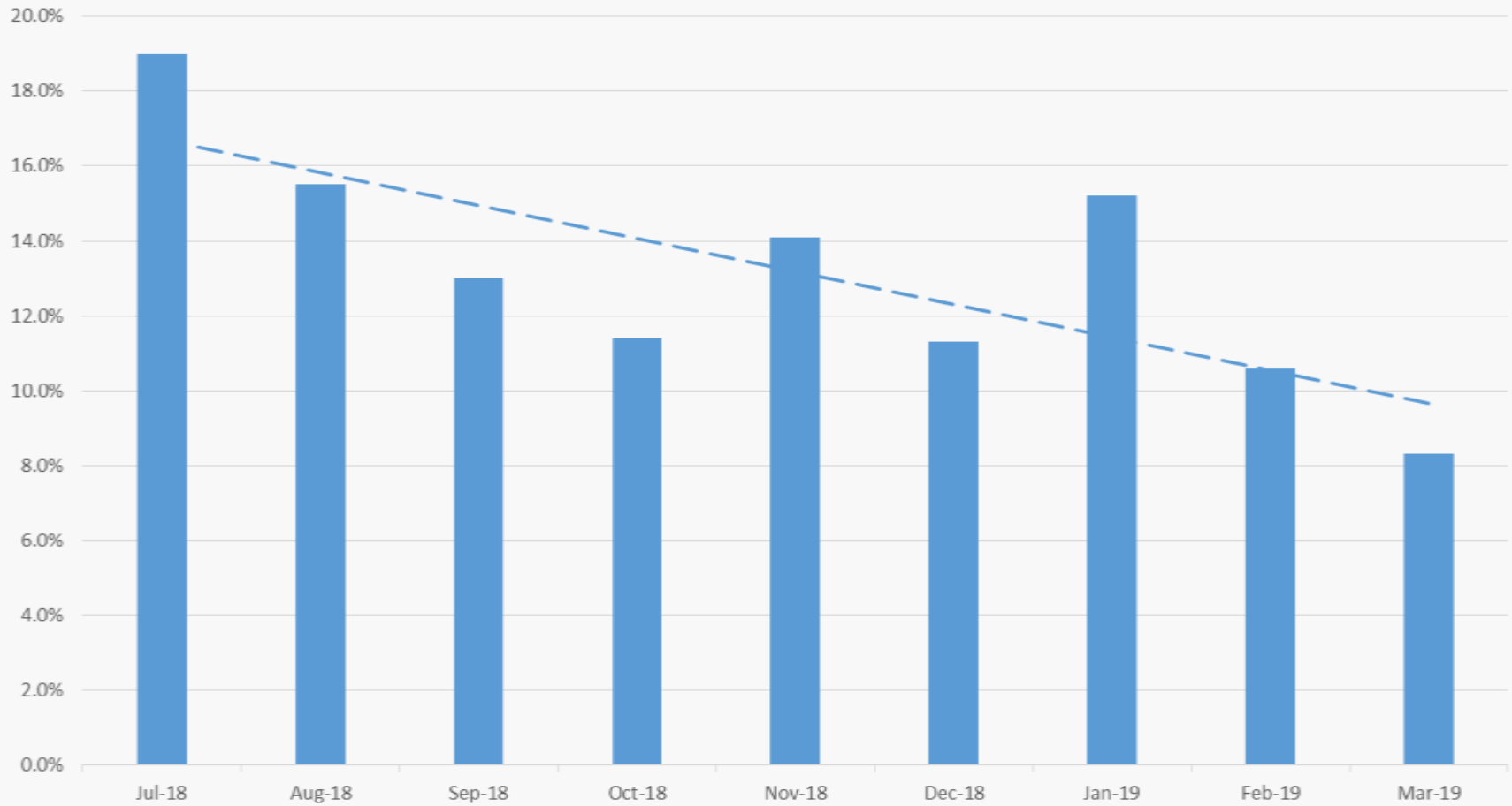
NEPTs Calls Answered within 30 seconds



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

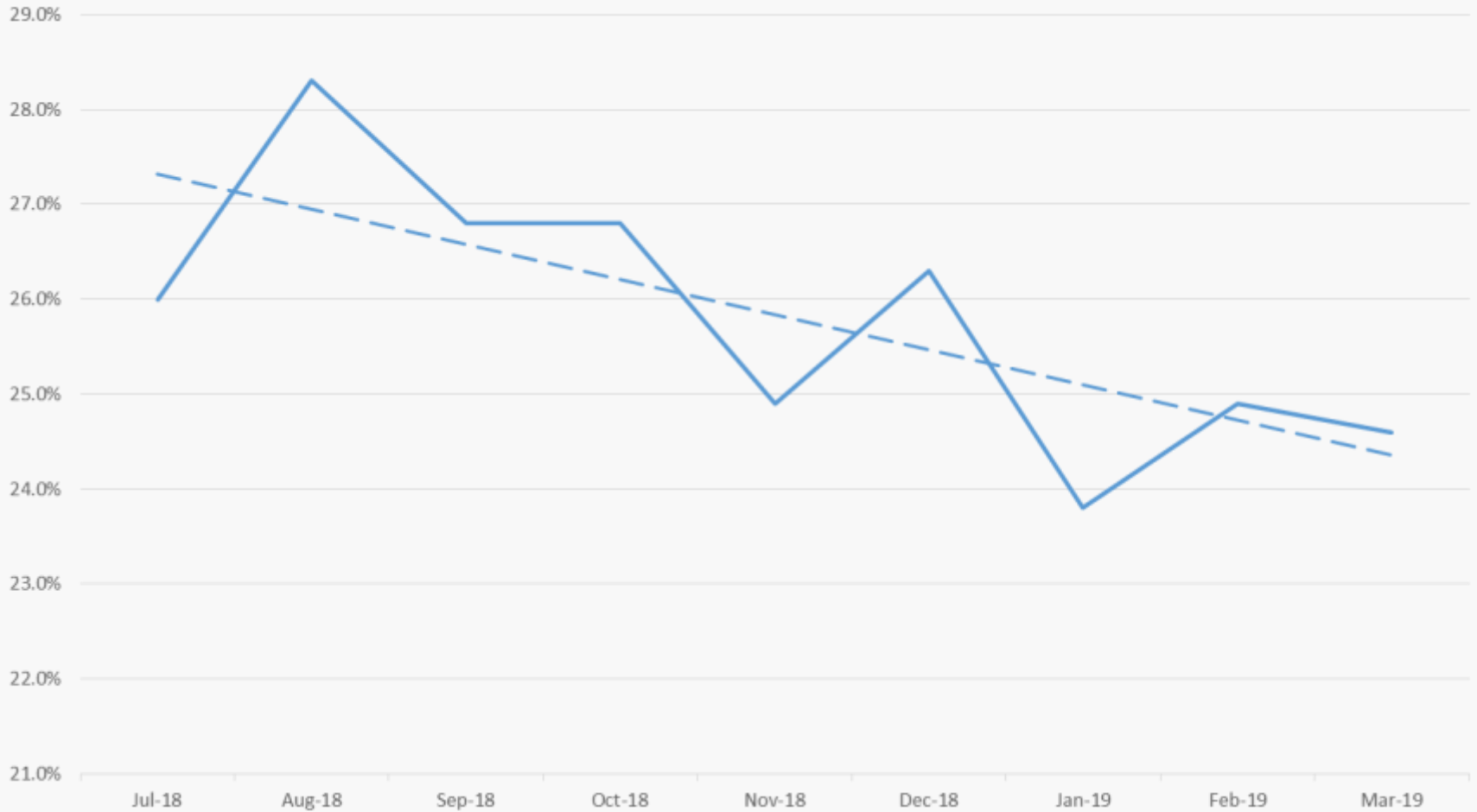
% of Calls Abandoned before being answered



OUR STRATEGIC ENABLERS

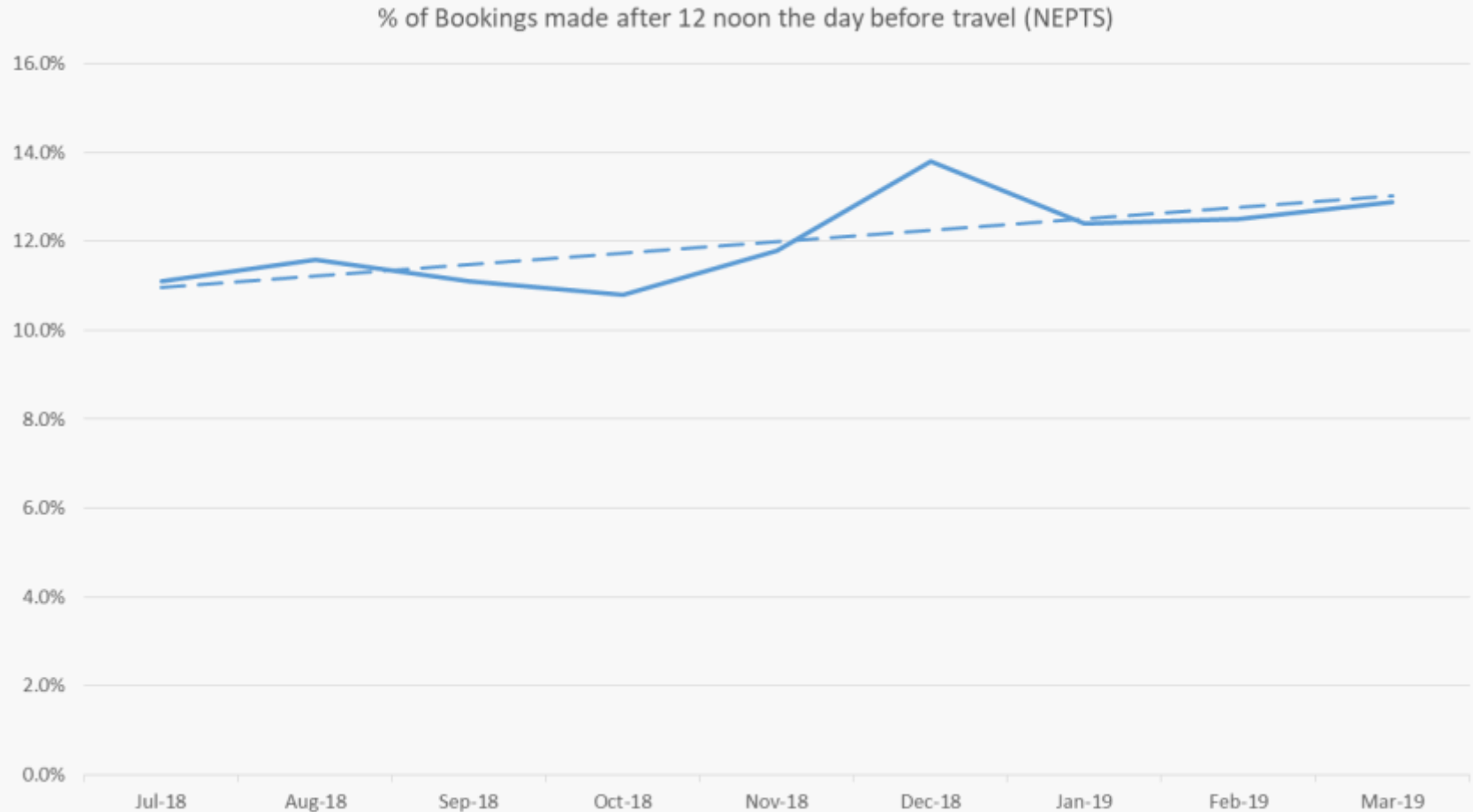
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

% Bookings made by fax/hand/post



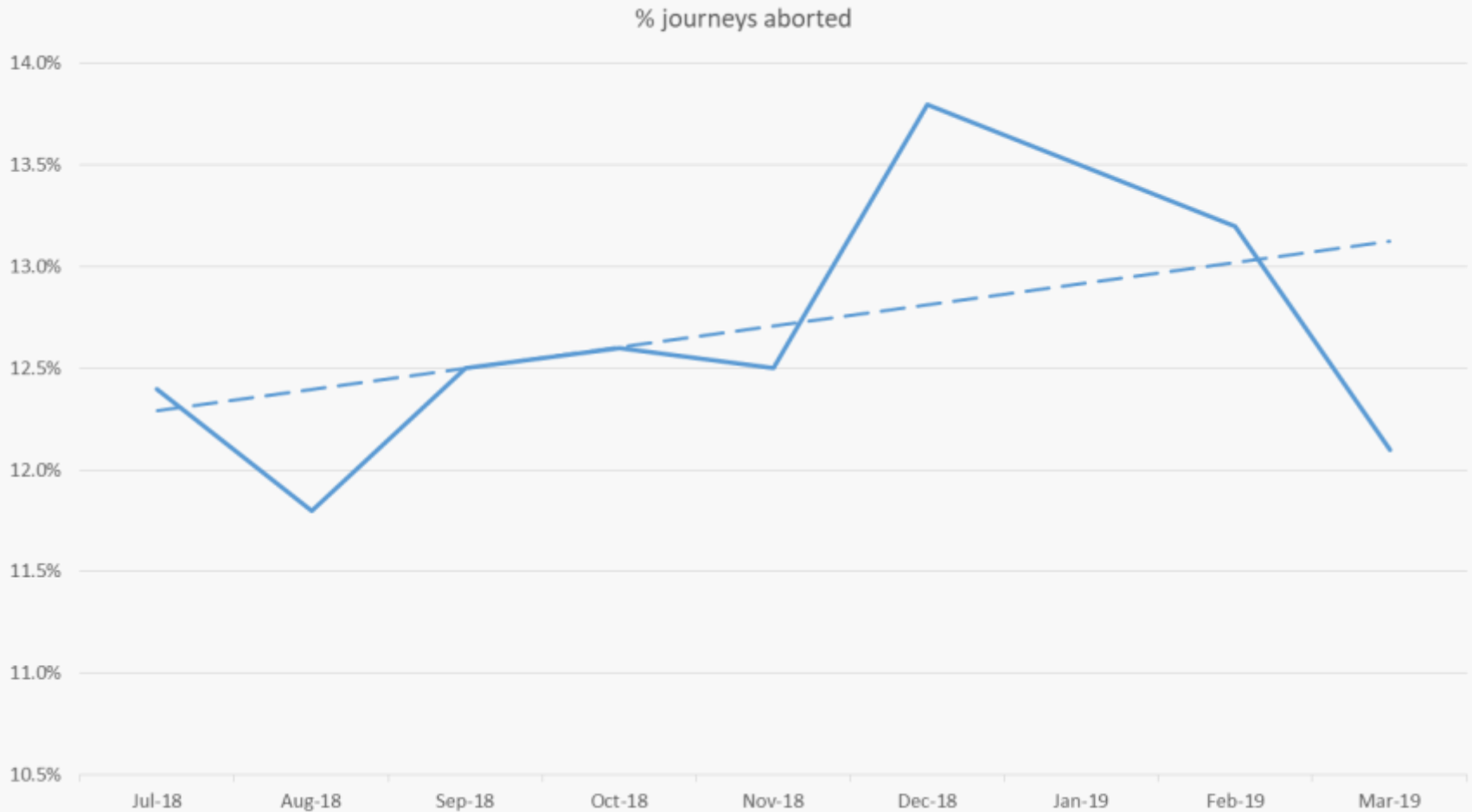
OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE



OUR STRATEGIC ENABLERS

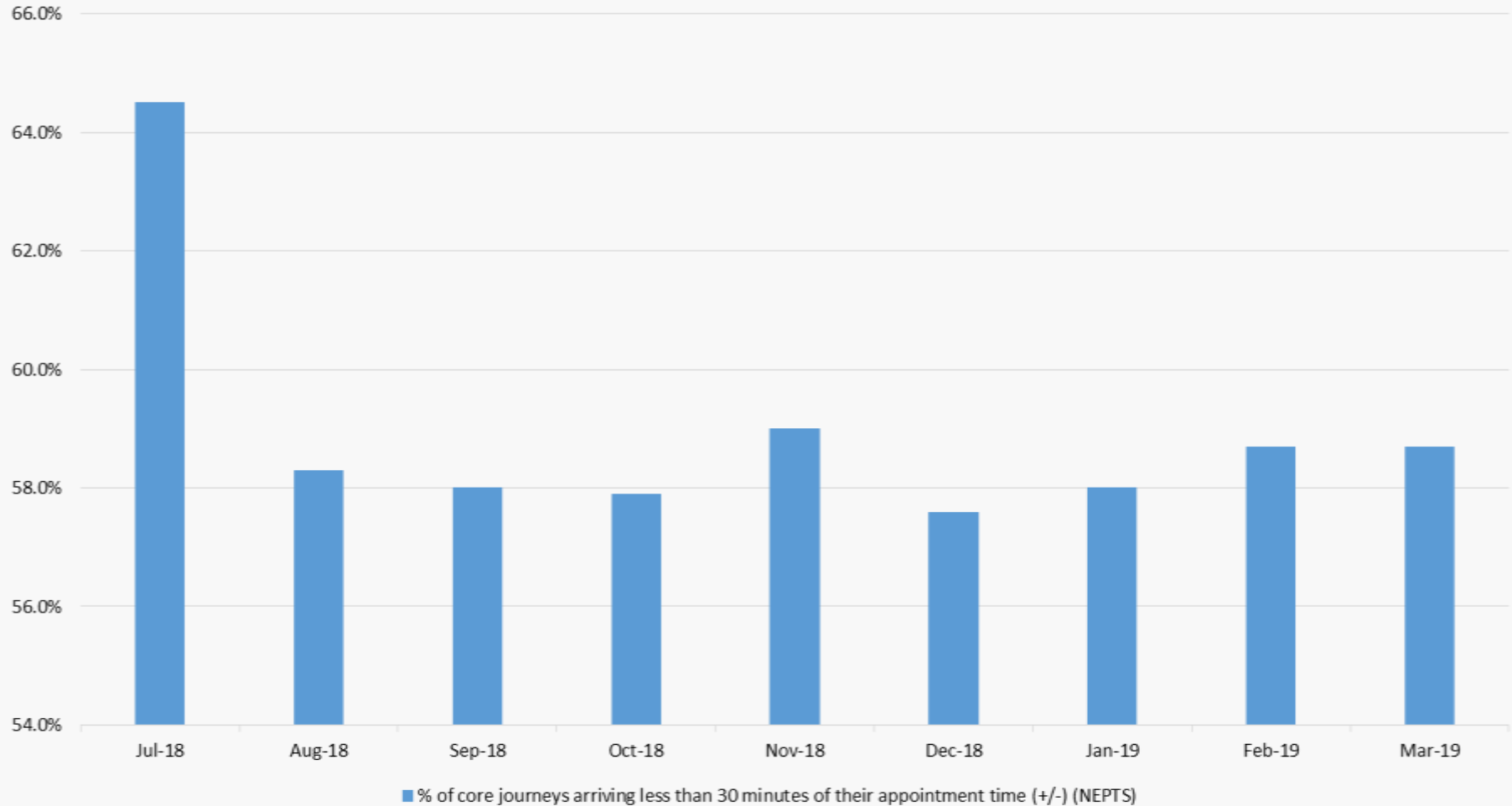
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

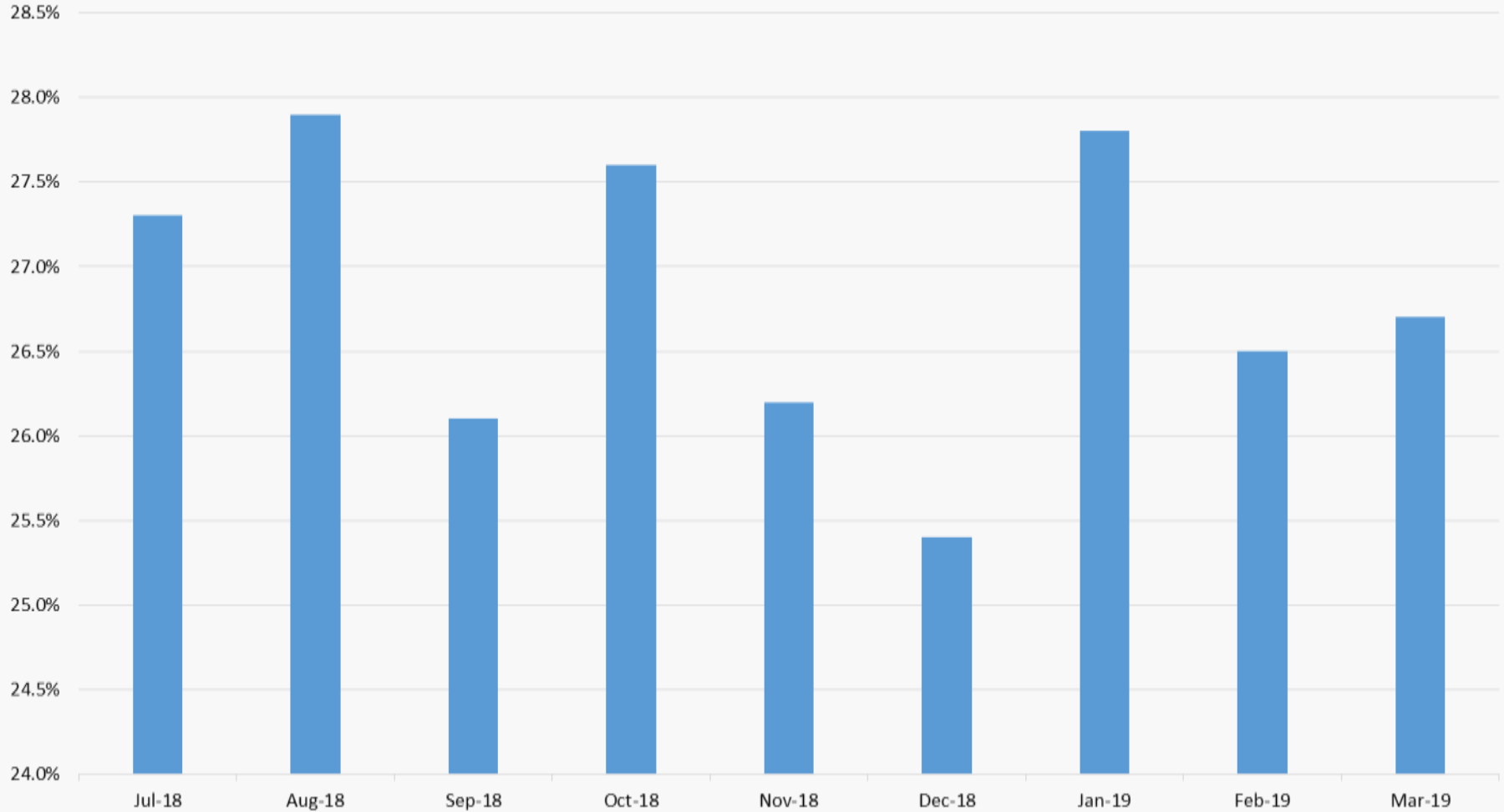
% of core journeys arriving less than 30 minutes of their appointment time (+/-) (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

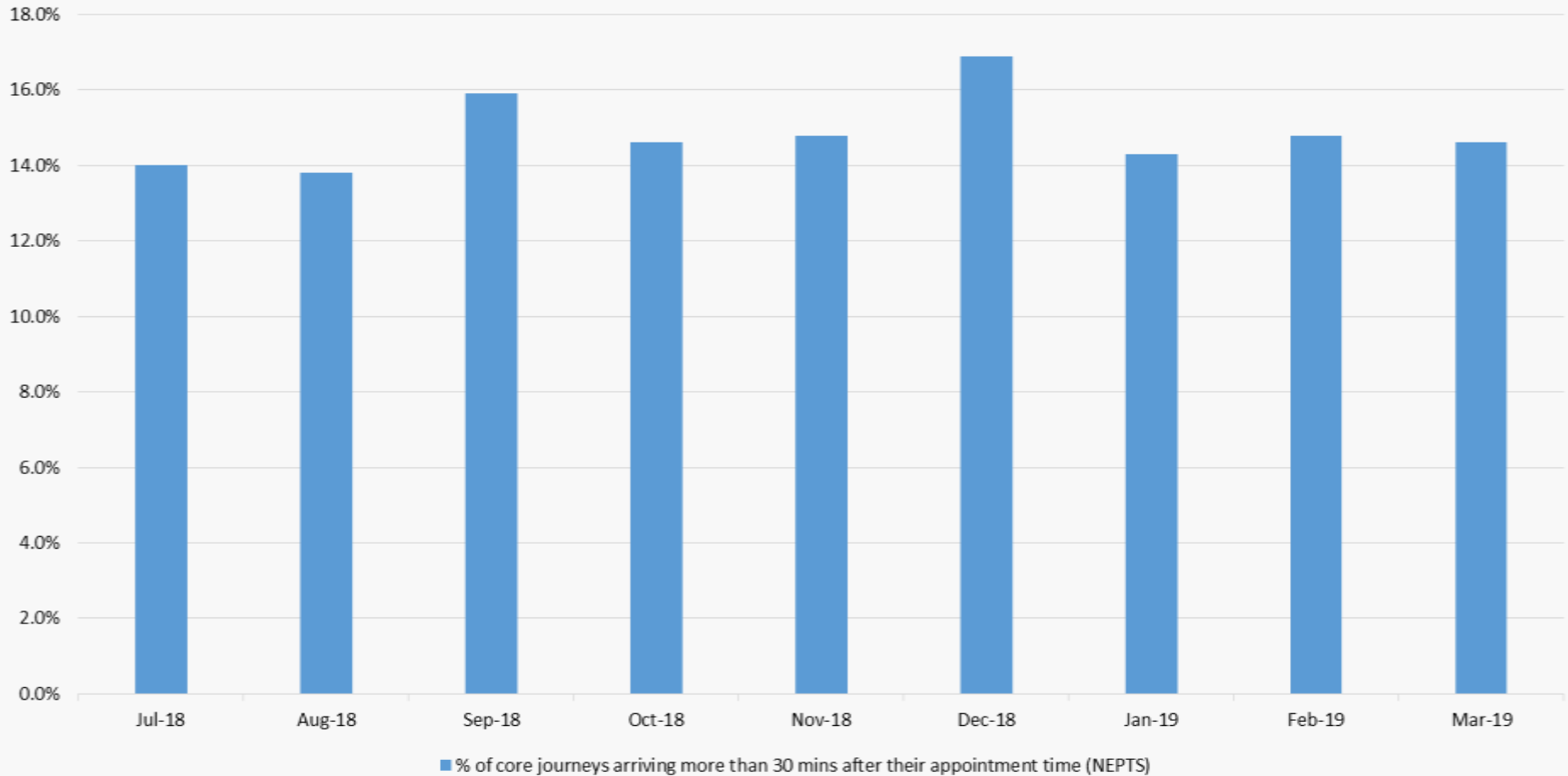
% of core journeys arriving more than 30 minutes prior to their appointment time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

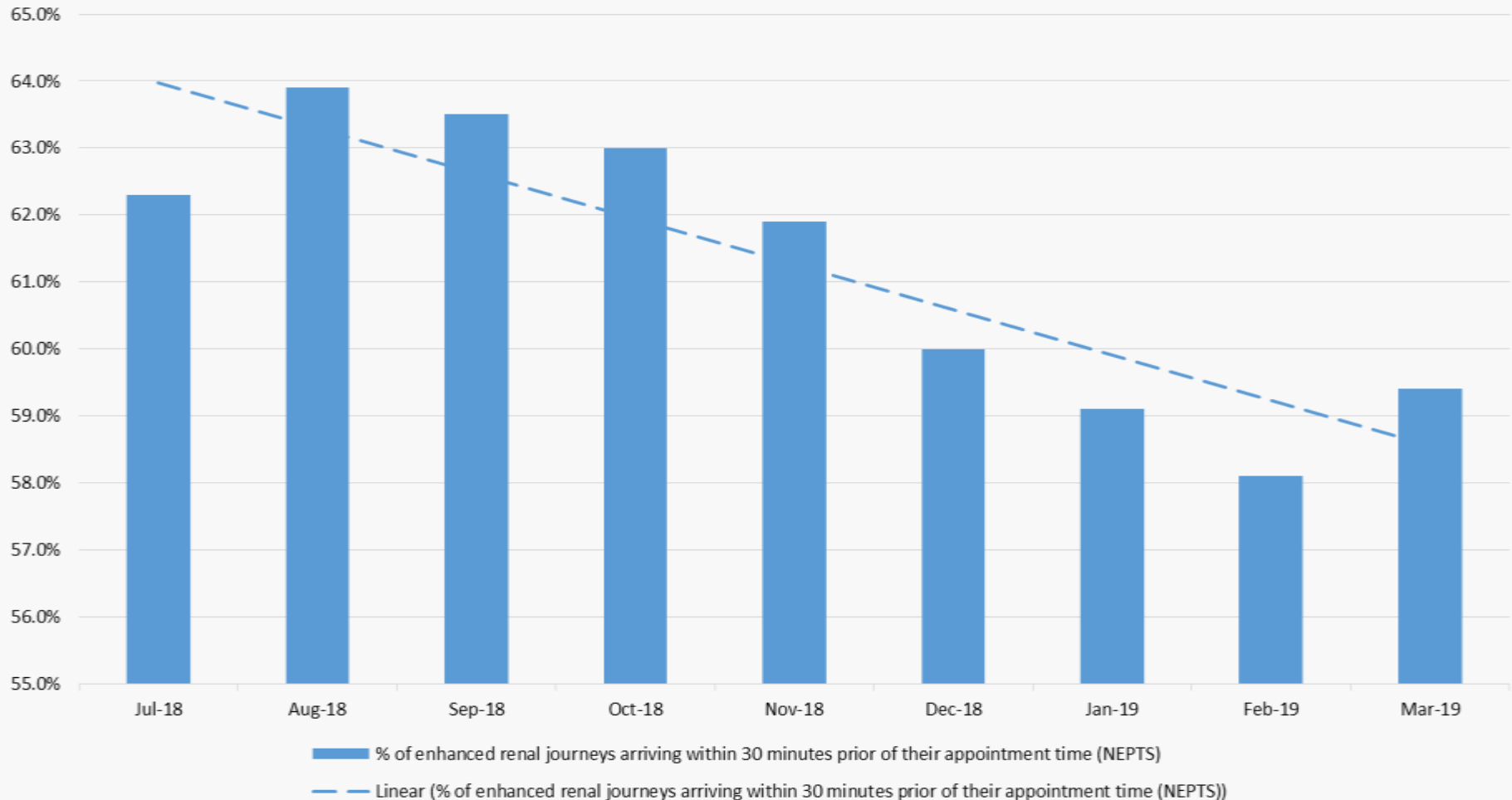
% of core journeys arriving more than 30 mins after their appointment time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

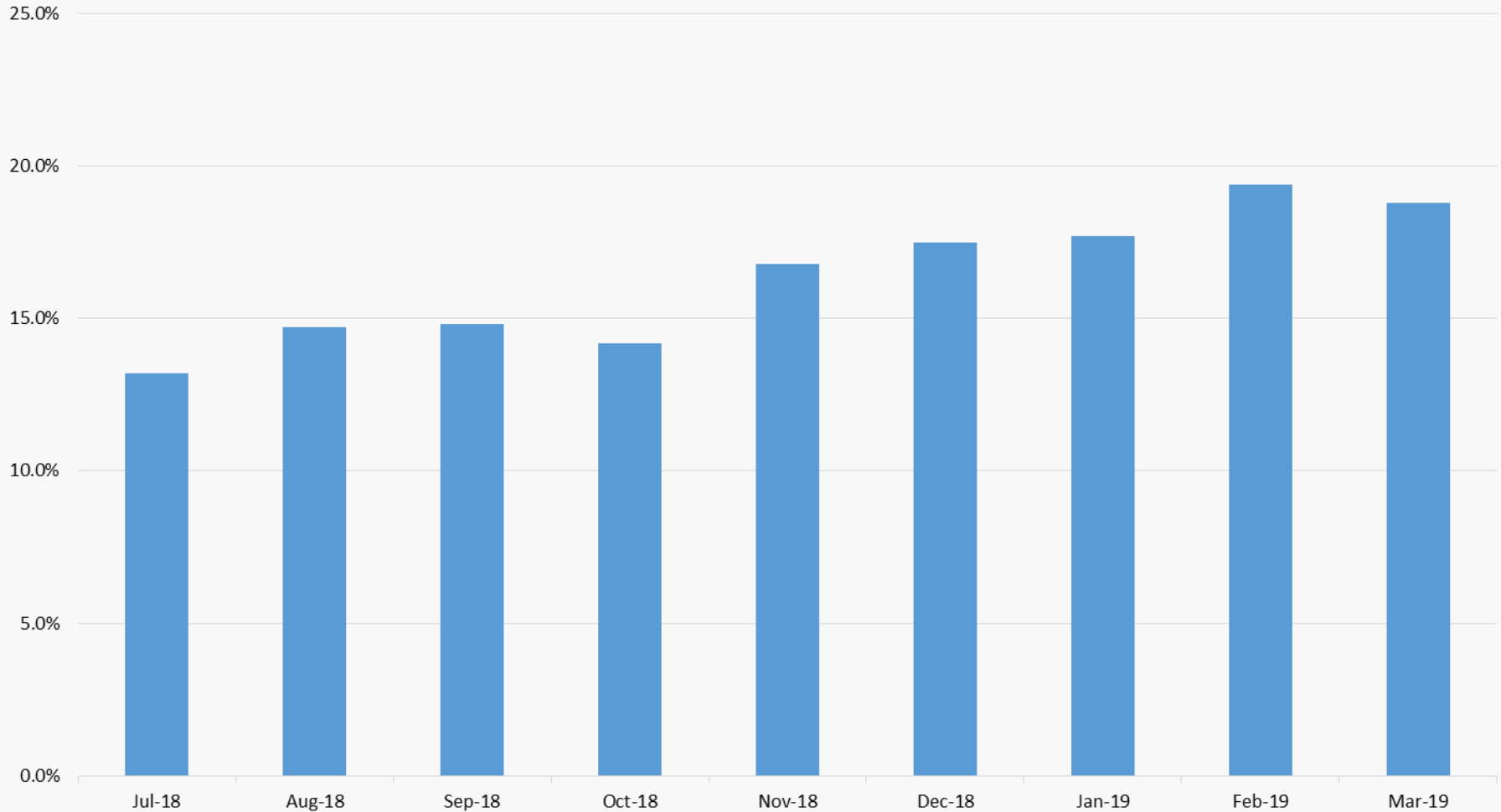
% of enhanced renal journeys arriving within 30 minutes prior of their appointment time
(NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

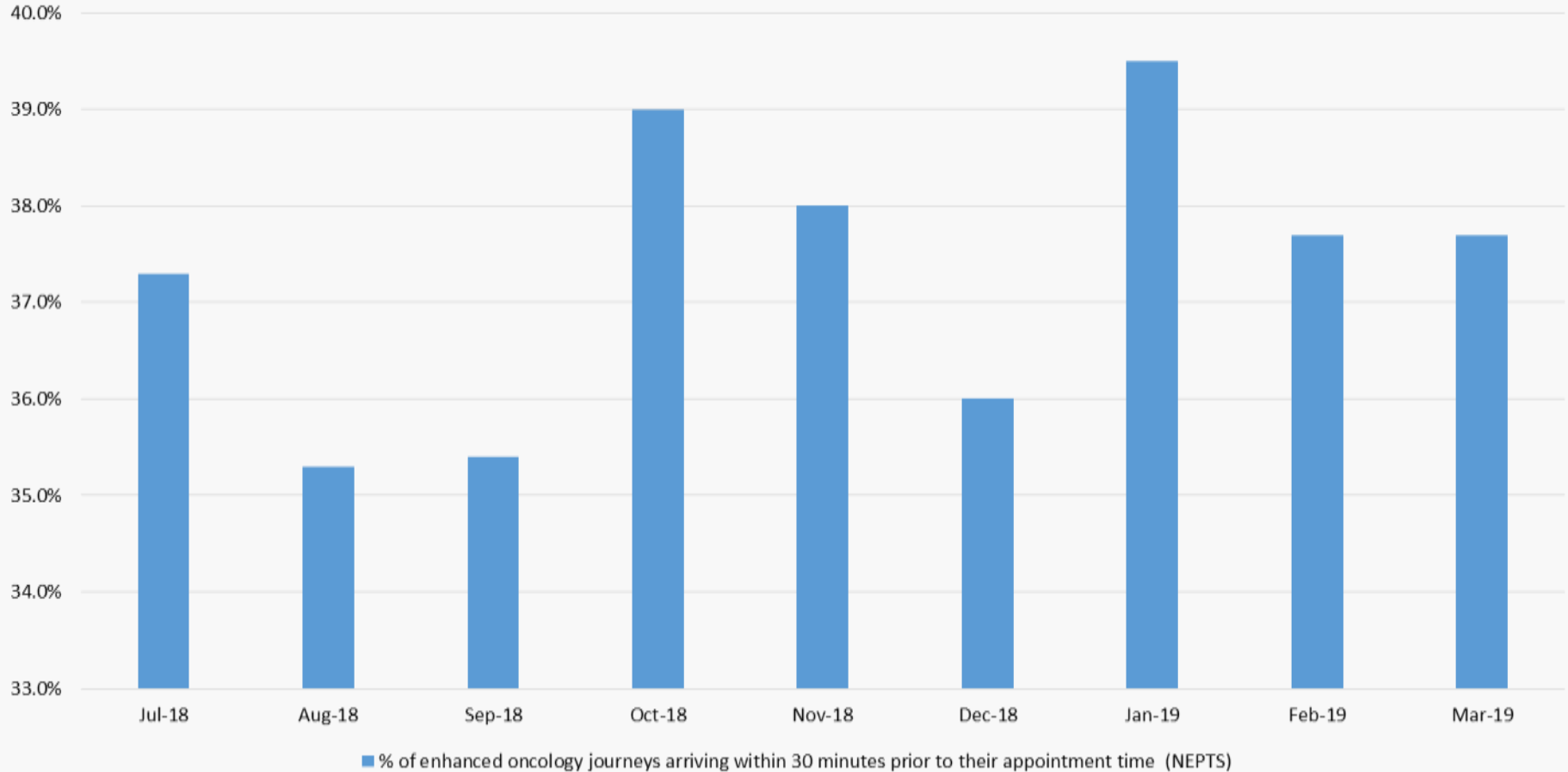
% of enhanced renal journeys arriving after their appointment time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

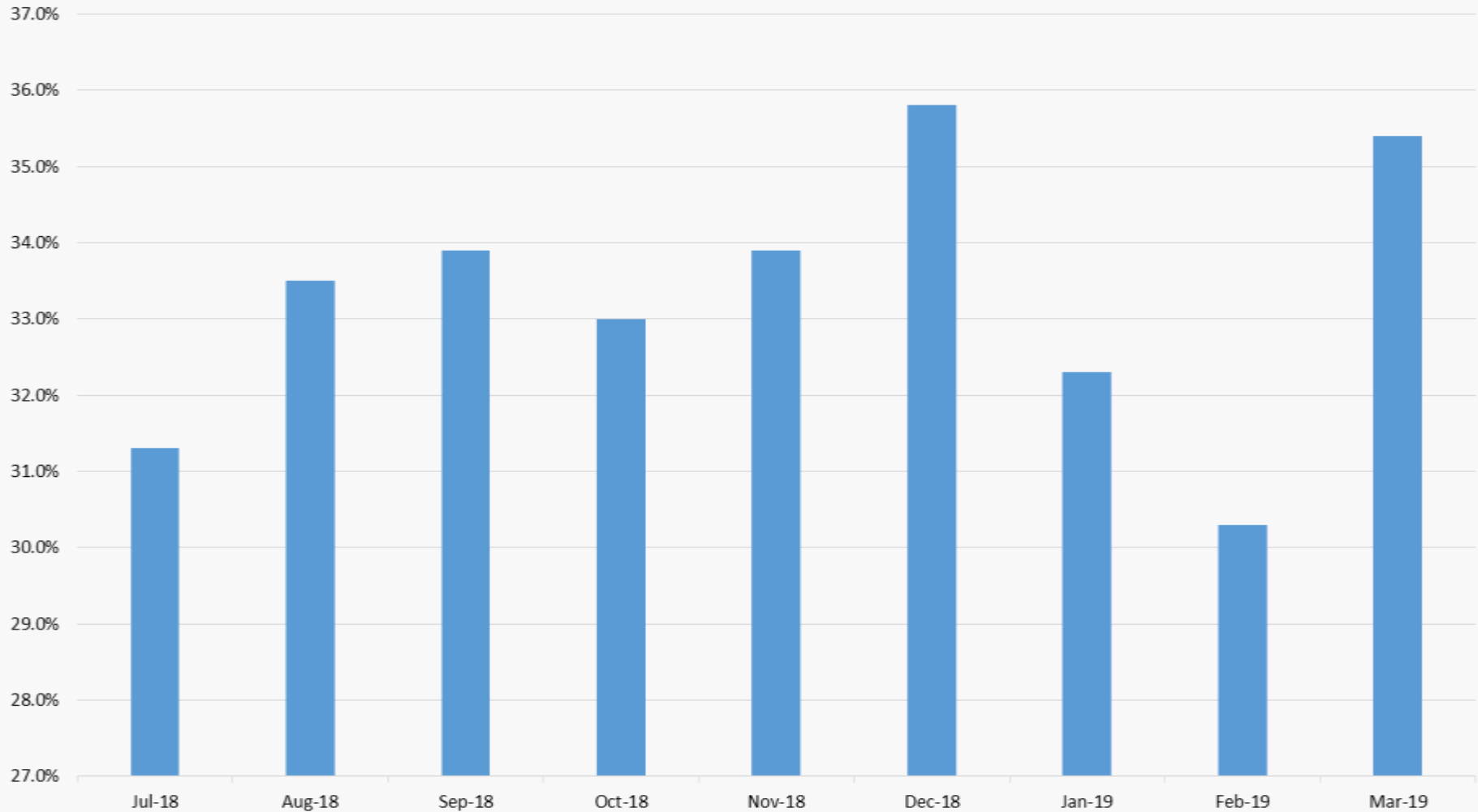
% of enhanced oncology journeys arriving within 30 minutes prior to their appointment time
(NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

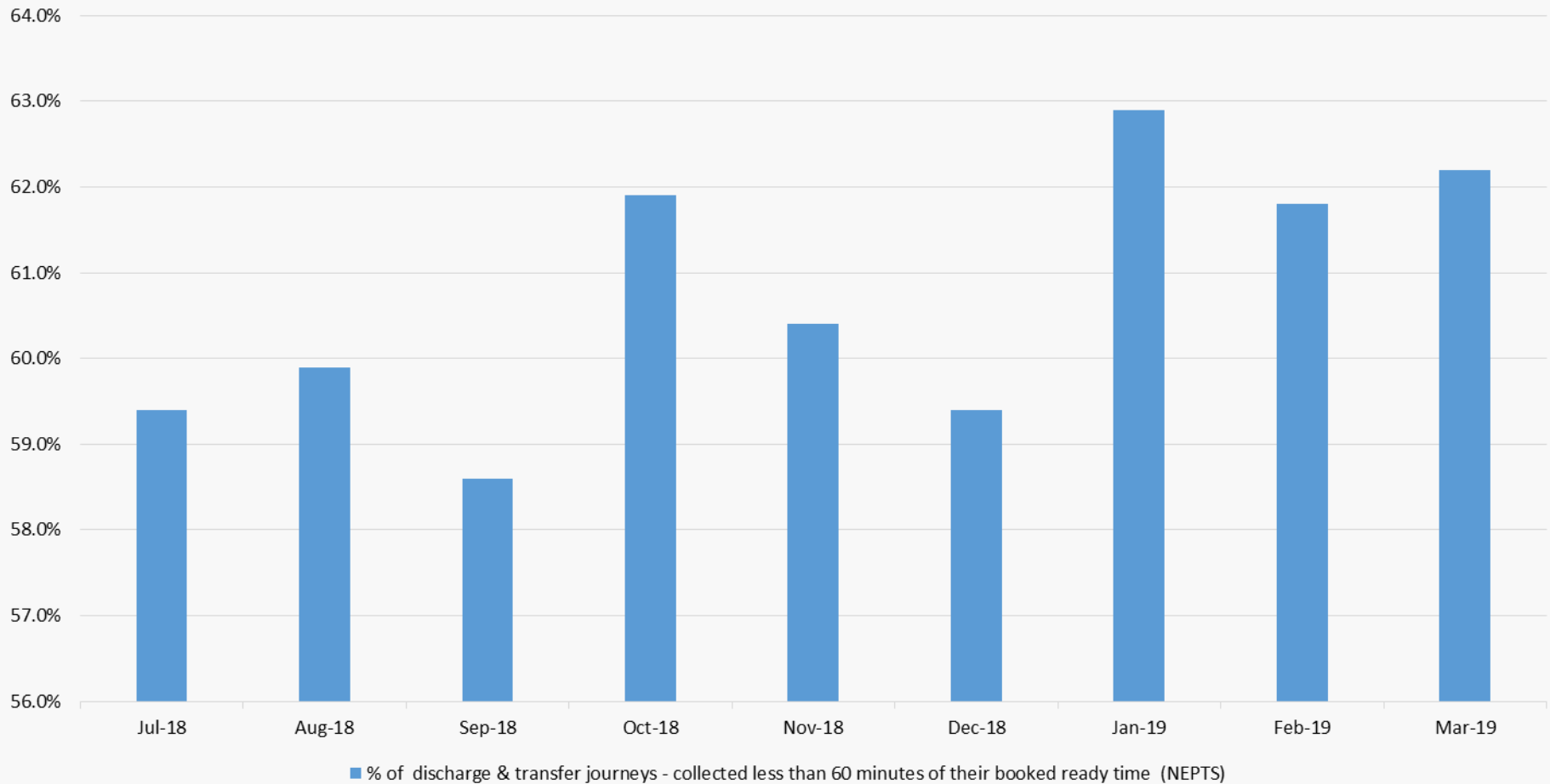
% of enhanced oncology journeys arriving after their appointment time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

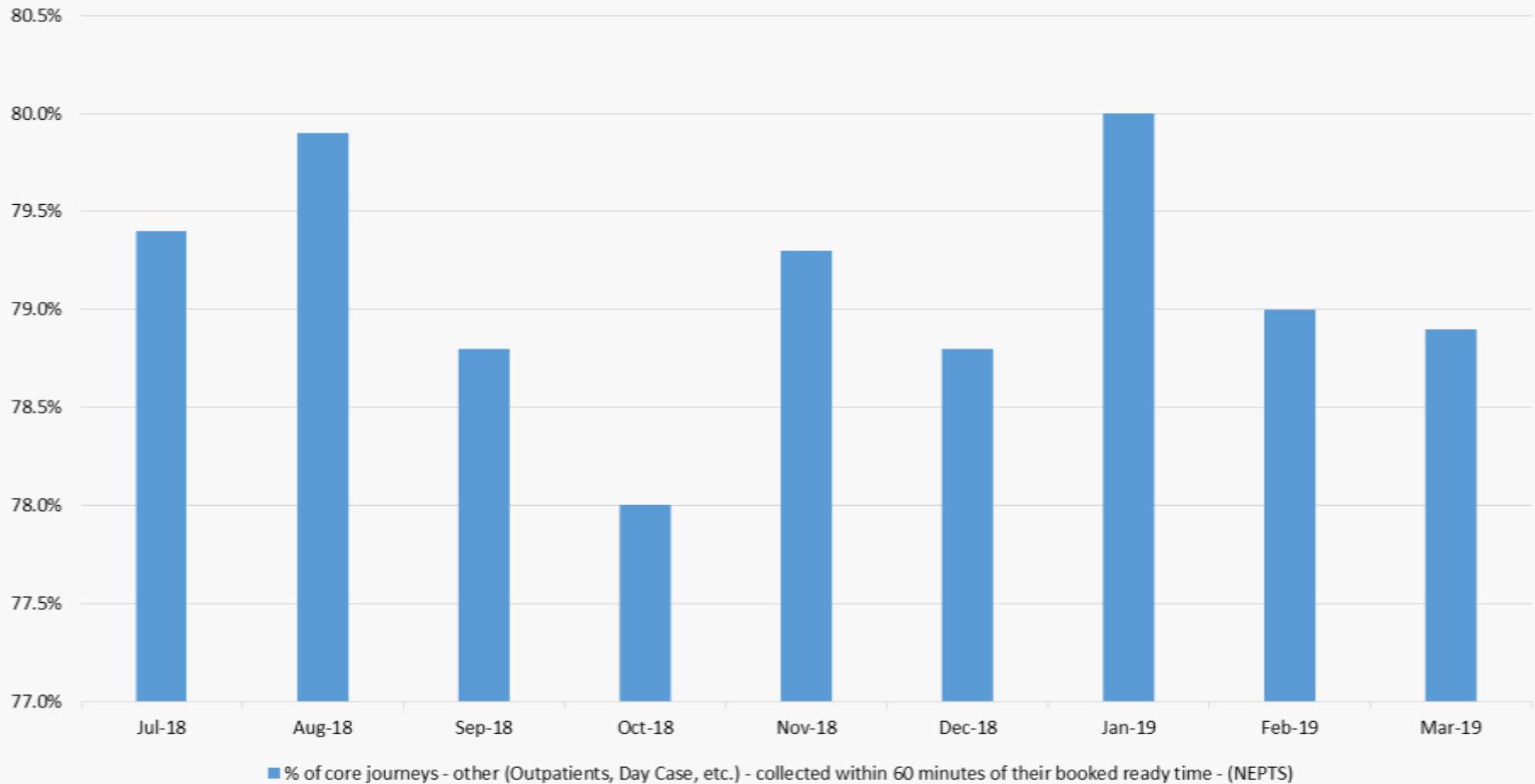
% of discharge & transfer journeys - collected less than 60 minutes of their booked ready time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

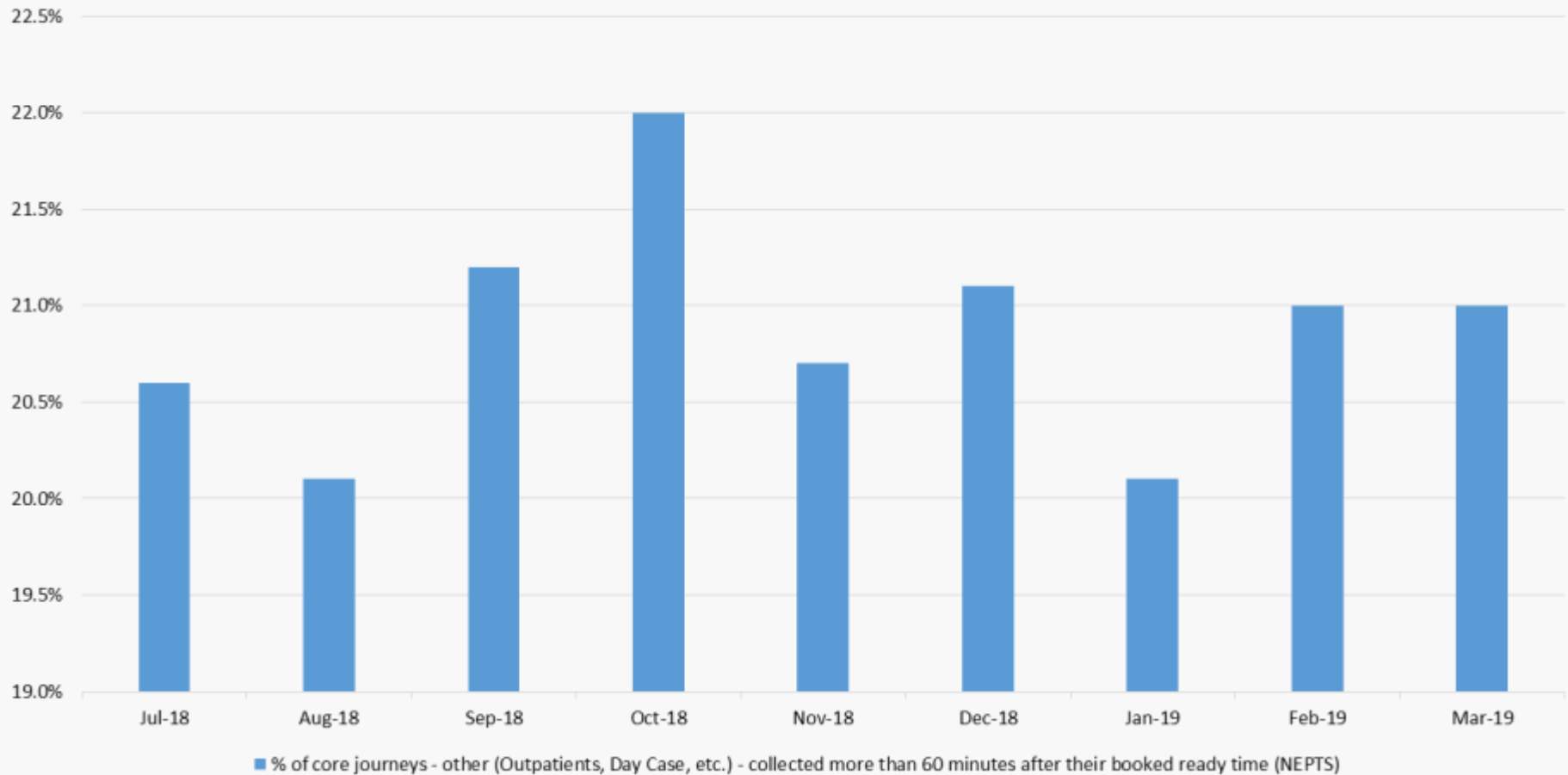
% of core journeys - other (Outpatients, Day Case, etc.) - collected within 60 minutes of their booked ready time - (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

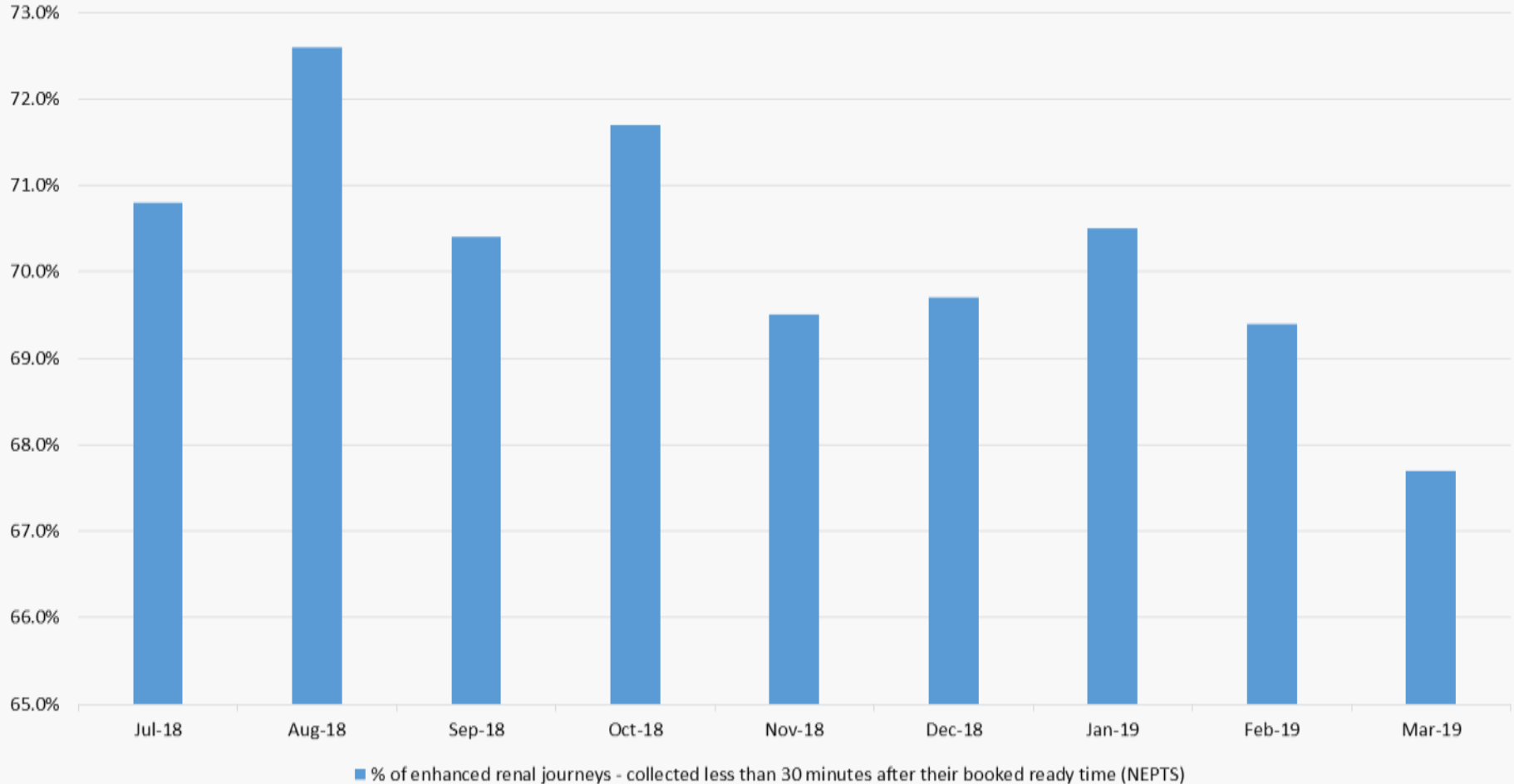
% of core journeys - other (Outpatients, Day Case, etc.) - collected more than 60 minutes after their booked ready time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

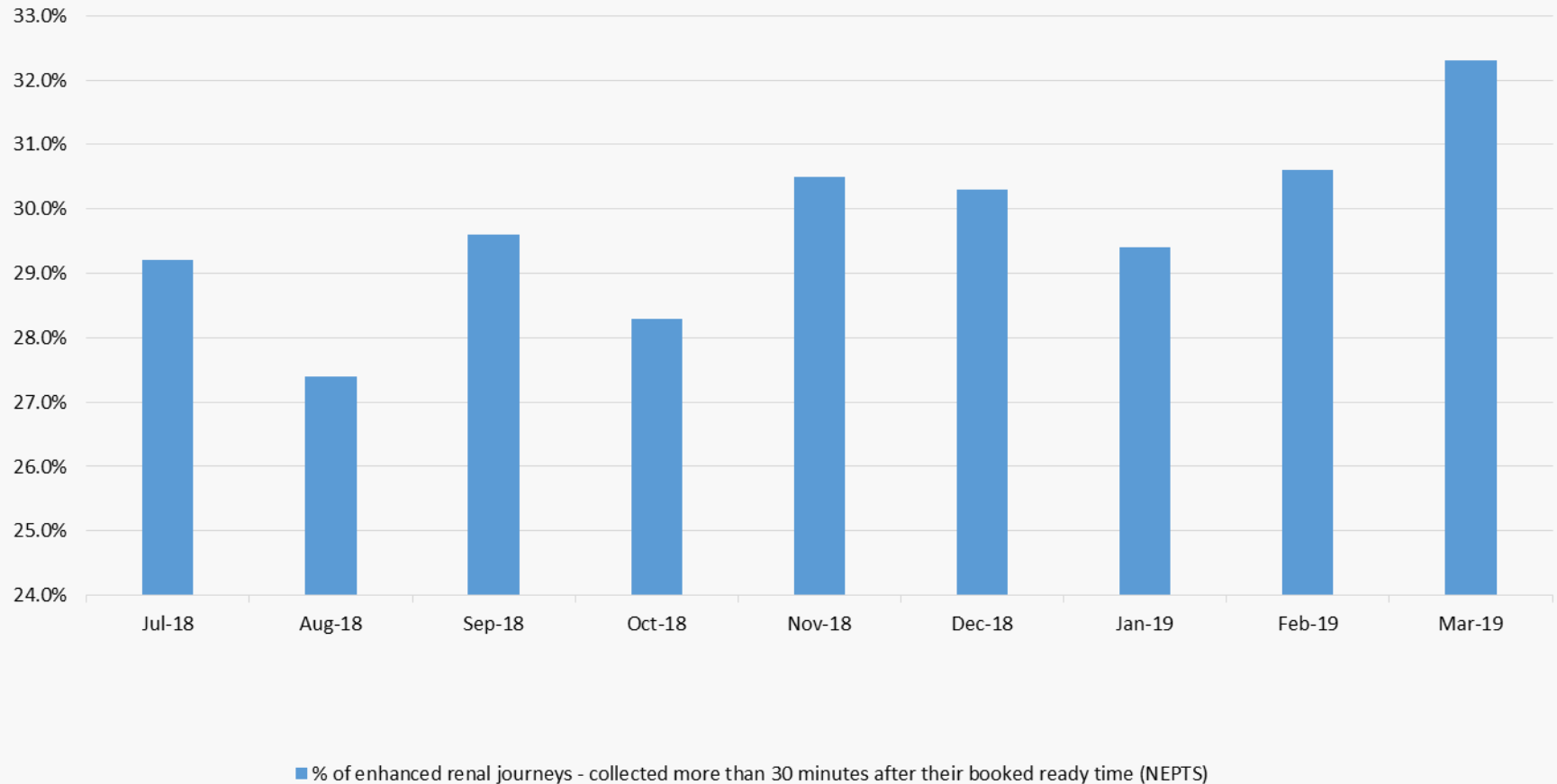
% of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

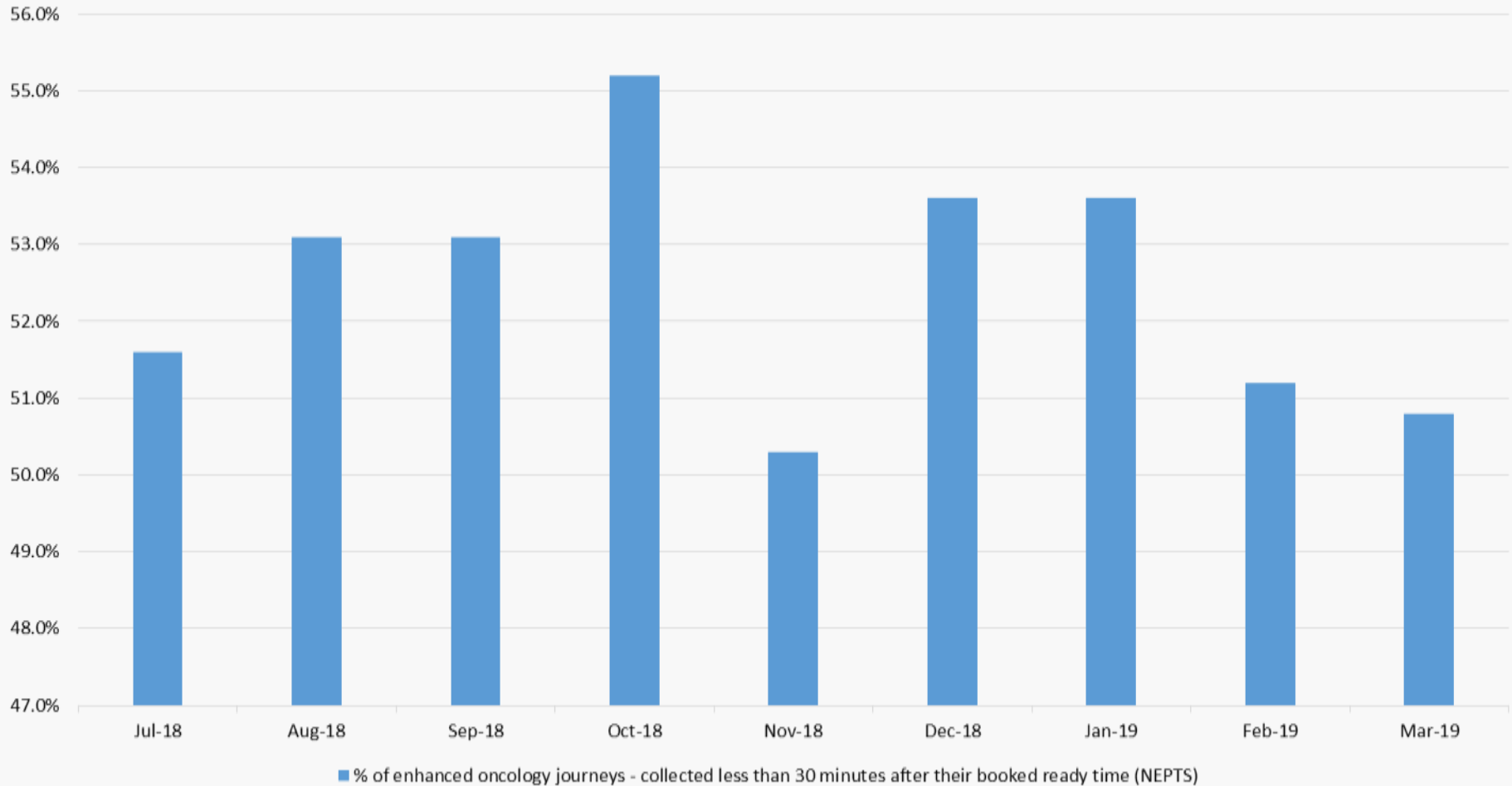
% of enhanced renal journeys - collected more than 30 minutes after their booked ready time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

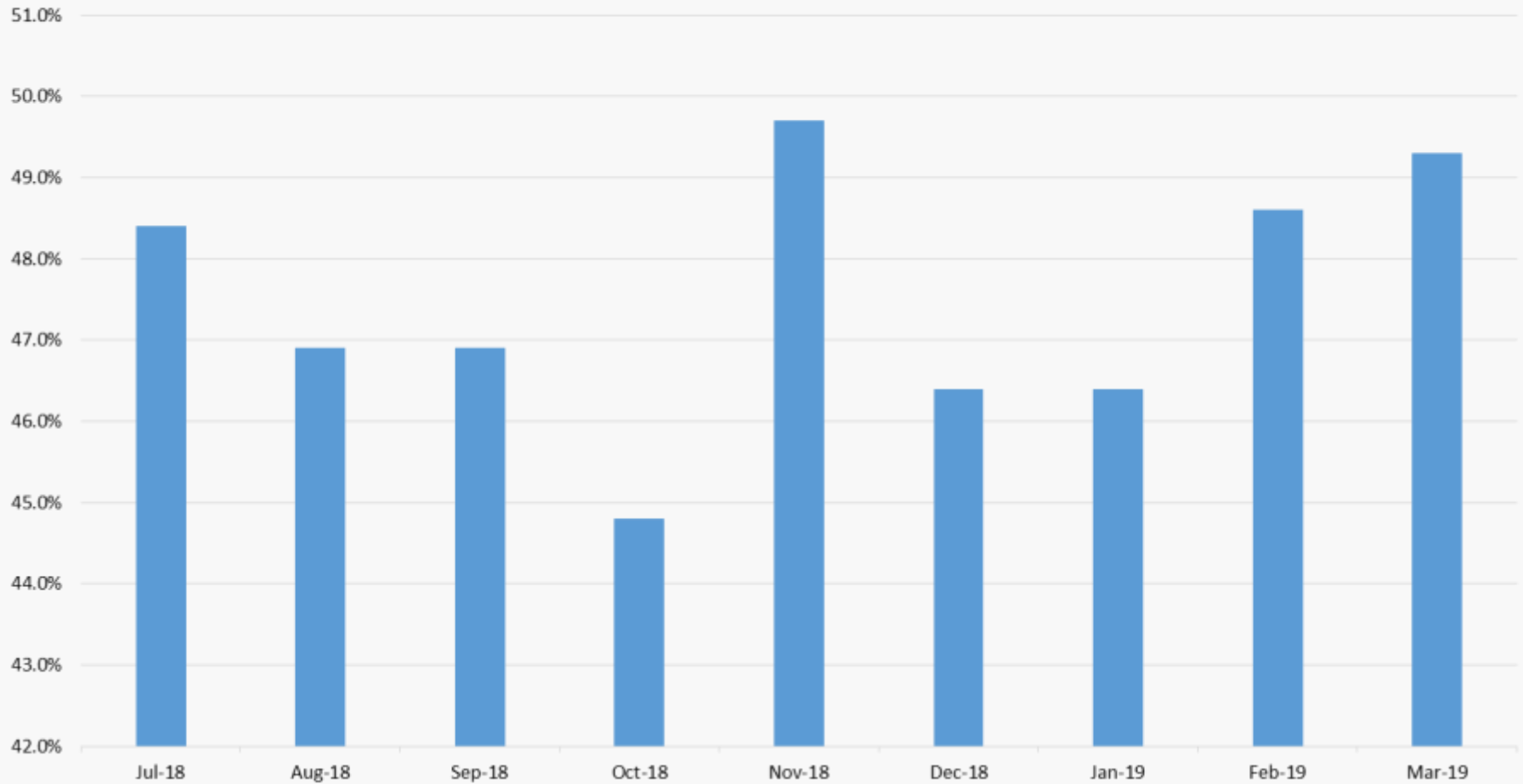
% of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

% of enhanced oncology journeys - collected more than 30 minutes of their booked ready time (NEPTS)



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

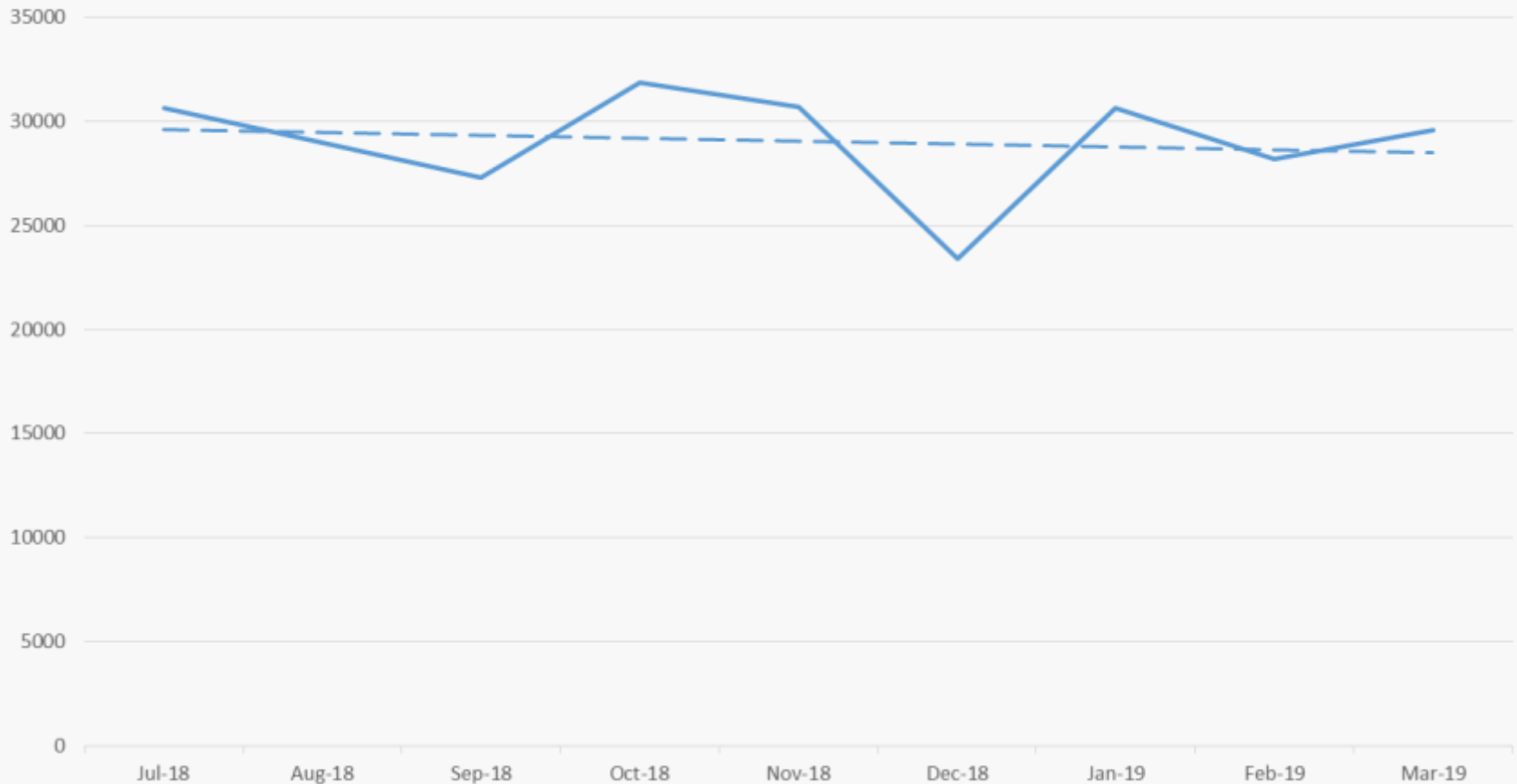
Number of Core Patient Journeys - Core Patient Journeys - Discharge & Transfer



OUR STRATEGIC ENABLERS

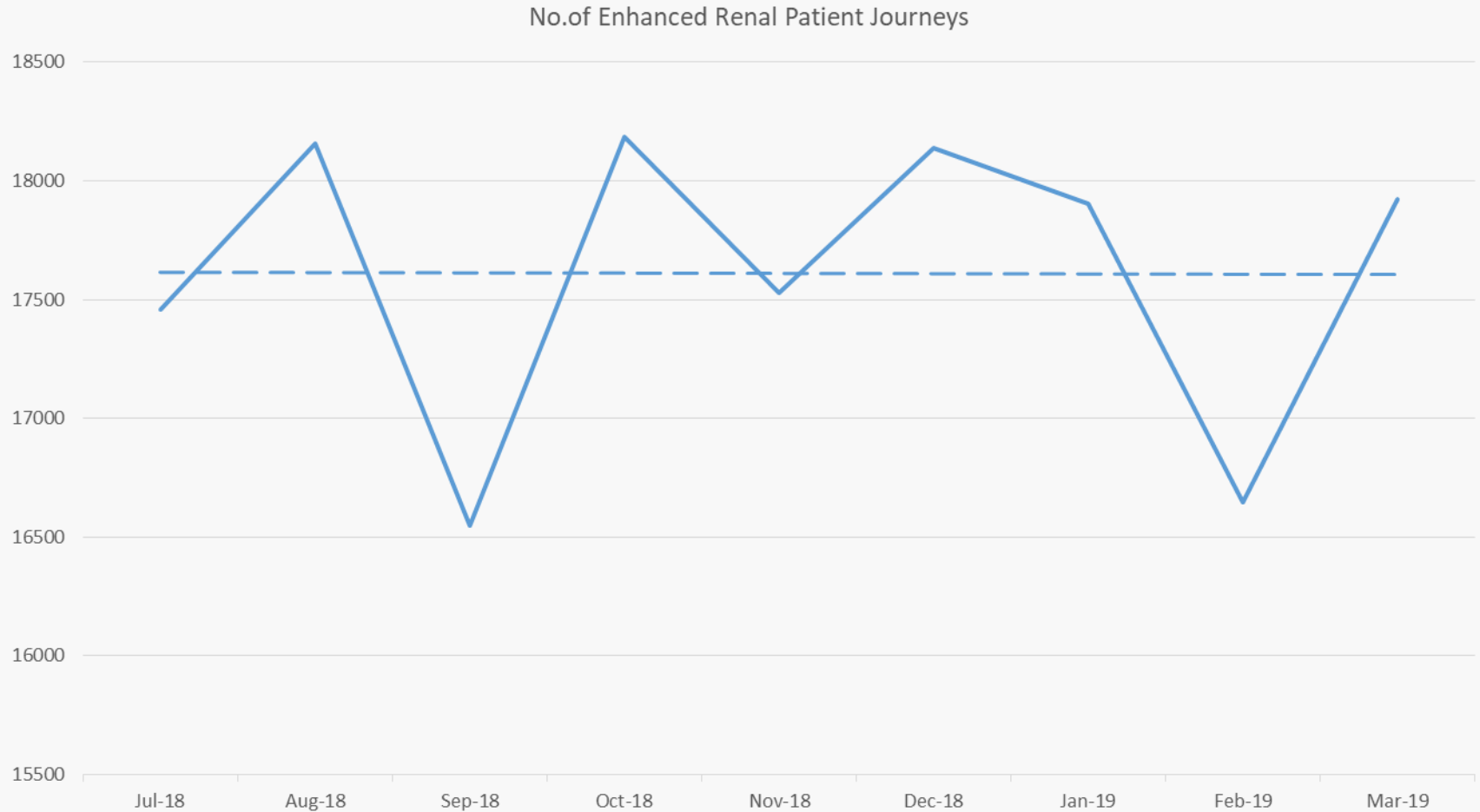
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

No. of Core Patient Journeys - Other (Outpatients, Day Case, etc.)



OUR STRATEGIC ENABLERS

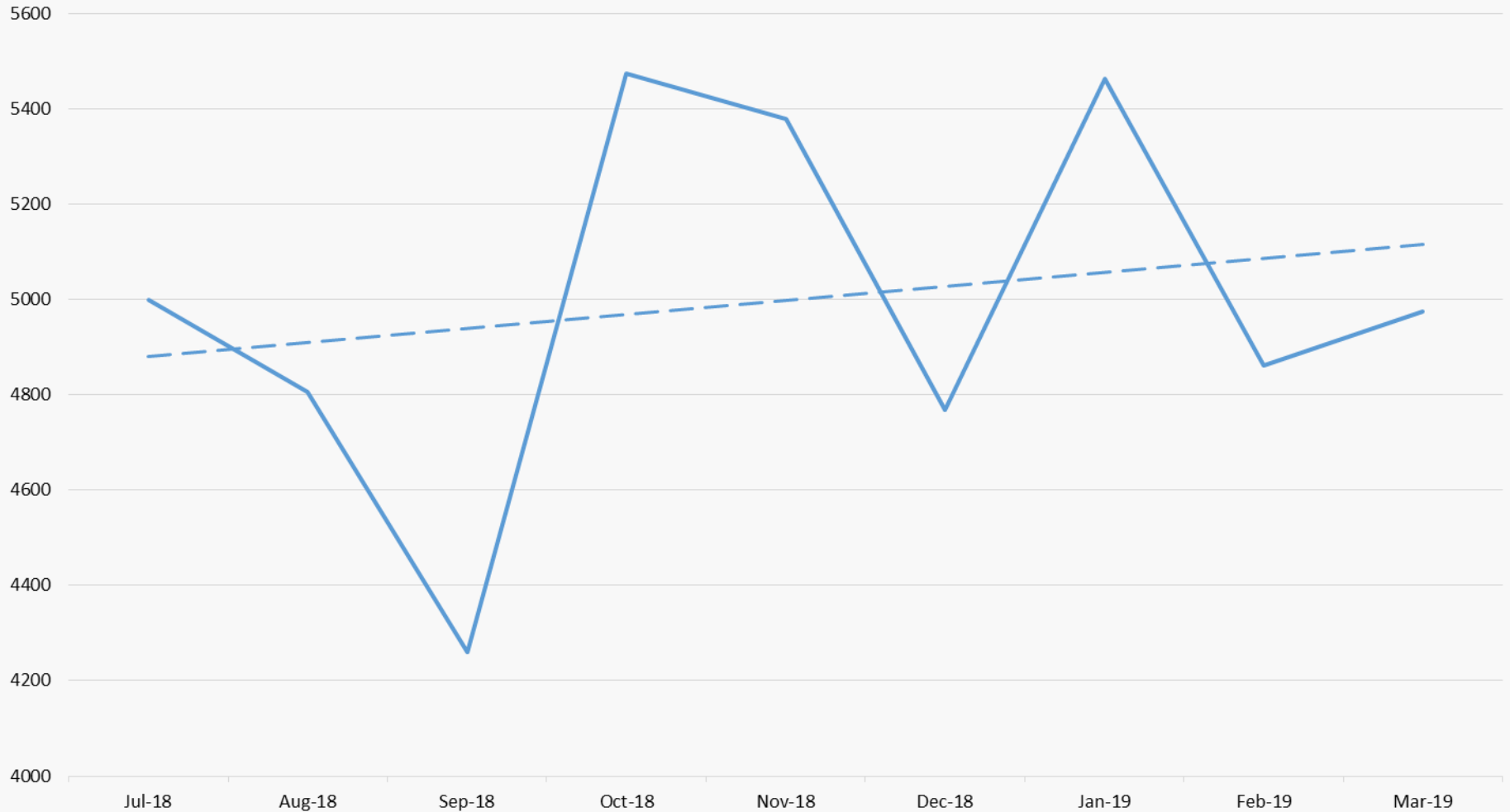
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

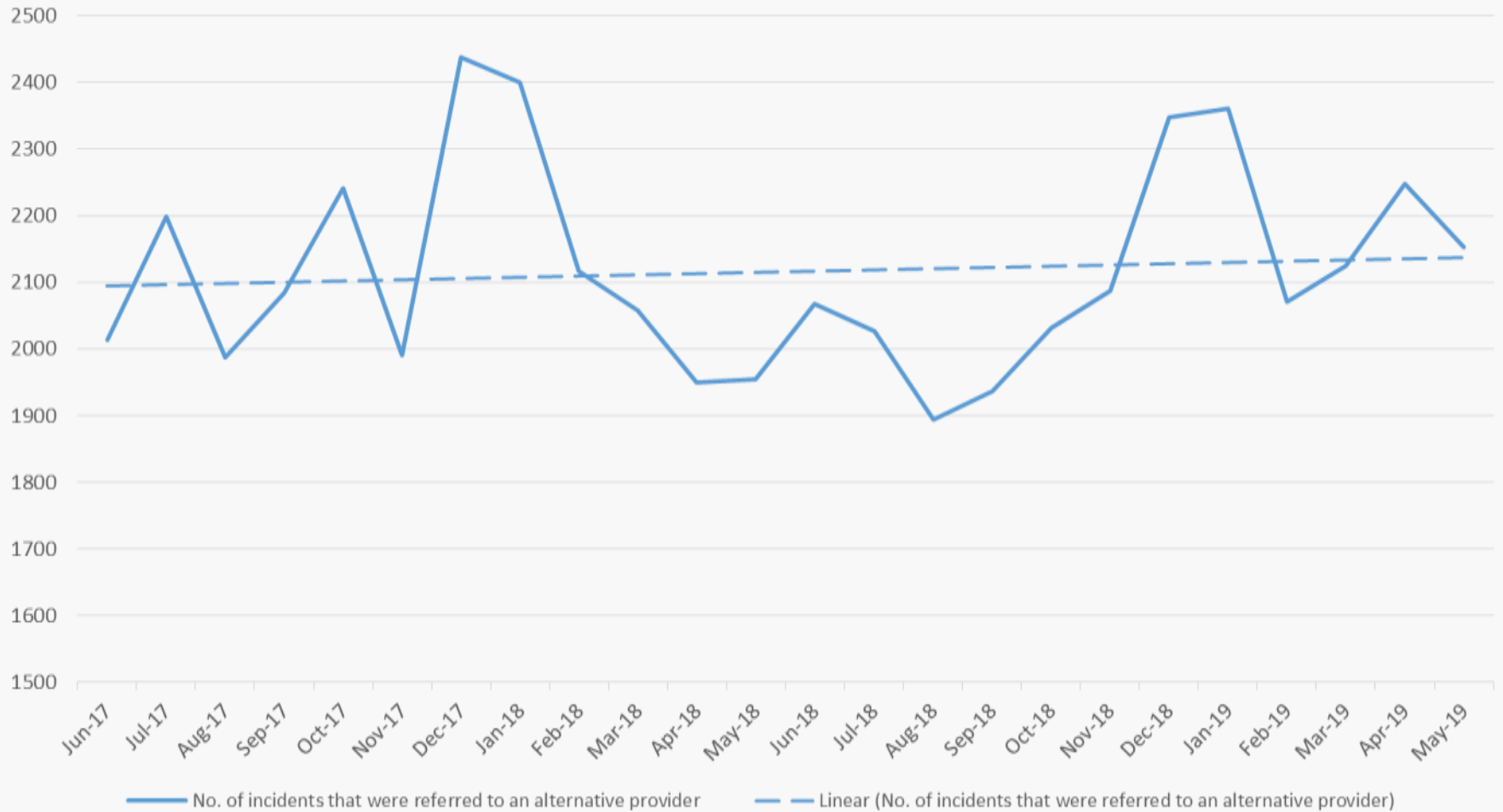
No. of Enhanced Oncology Patient Journeys



OUR STRATEGIC ENABLERS

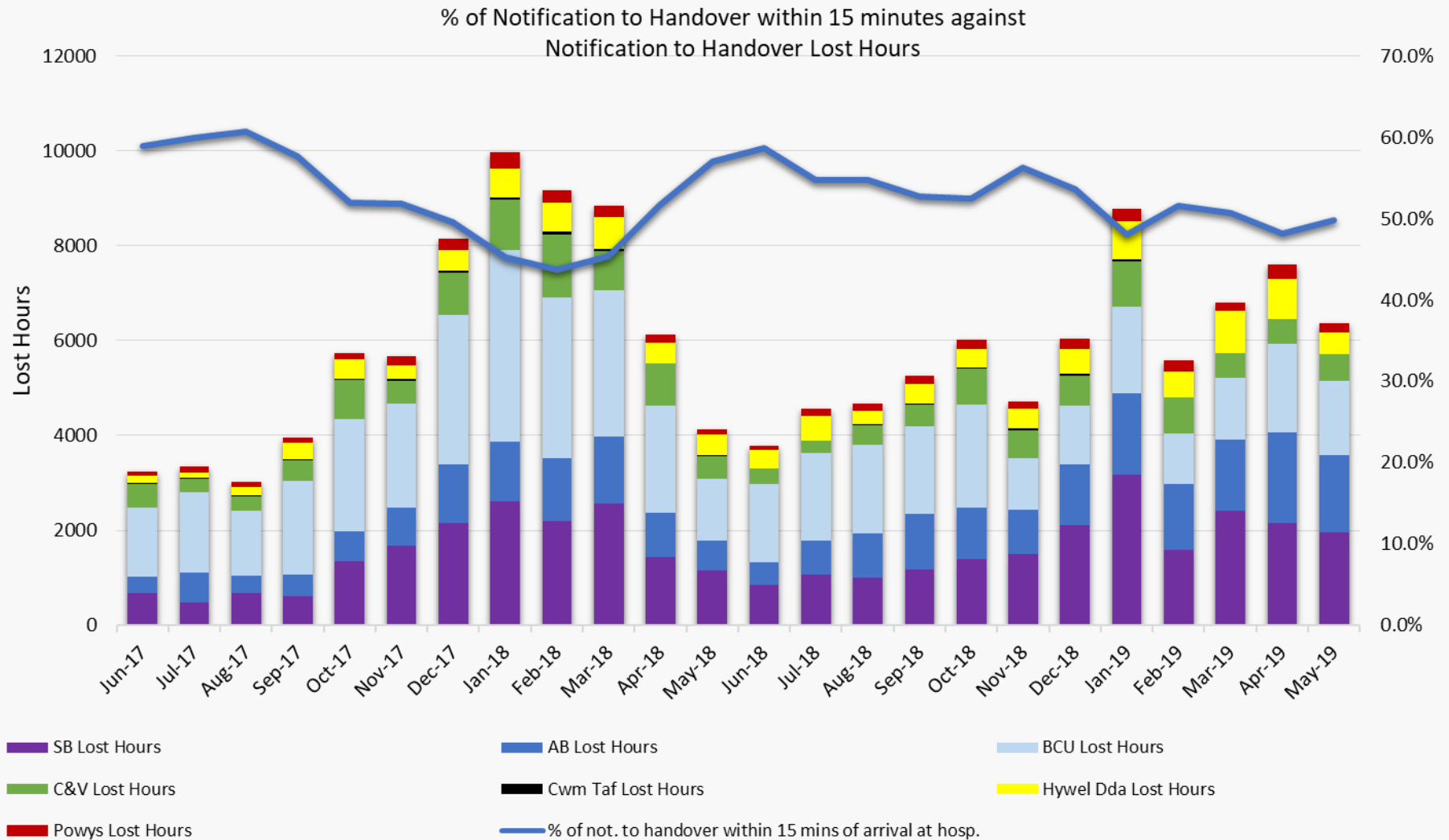
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

Number of Incidents that resulted in non conveyance to hospital



OUR STRATEGIC ENABLERS

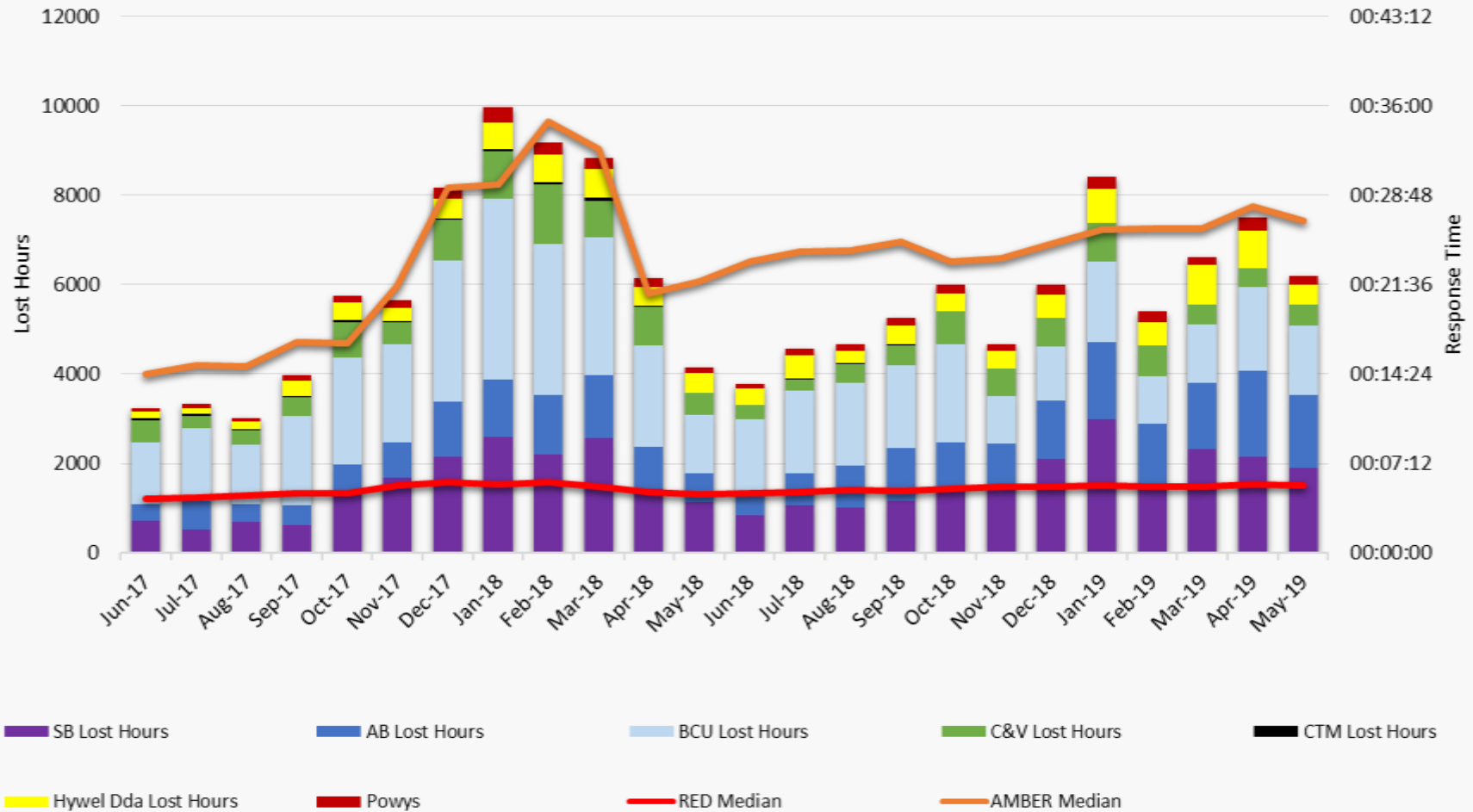
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT



OUR STRATEGIC ENABLERS

WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

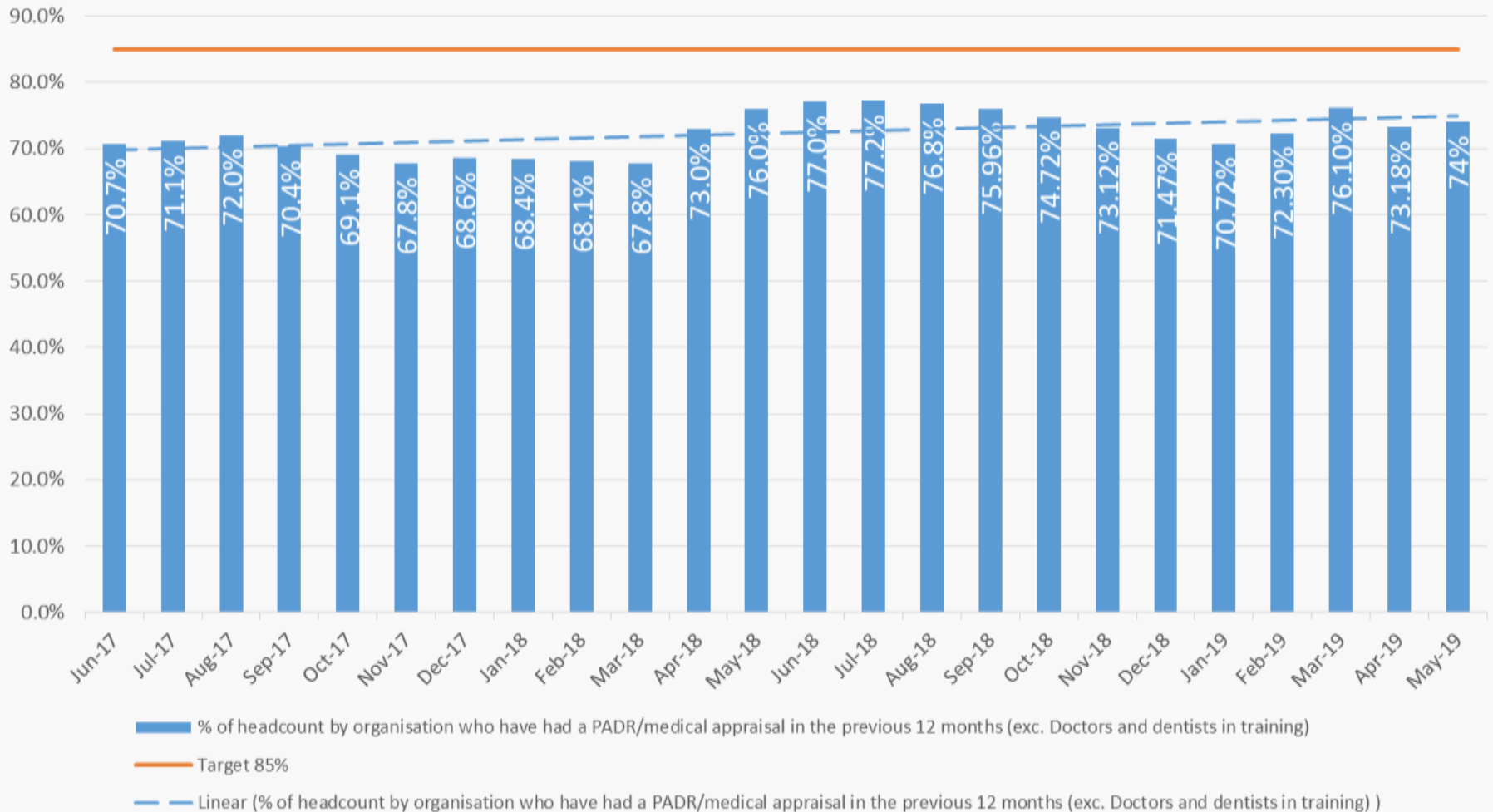
Response Times against Lost Hours to Notification to Handover Delays



OUR STRATEGIC ENABLERS

SUPPORT OUR PEOPLE TO BE THE BEST THAT THEY CAN BE

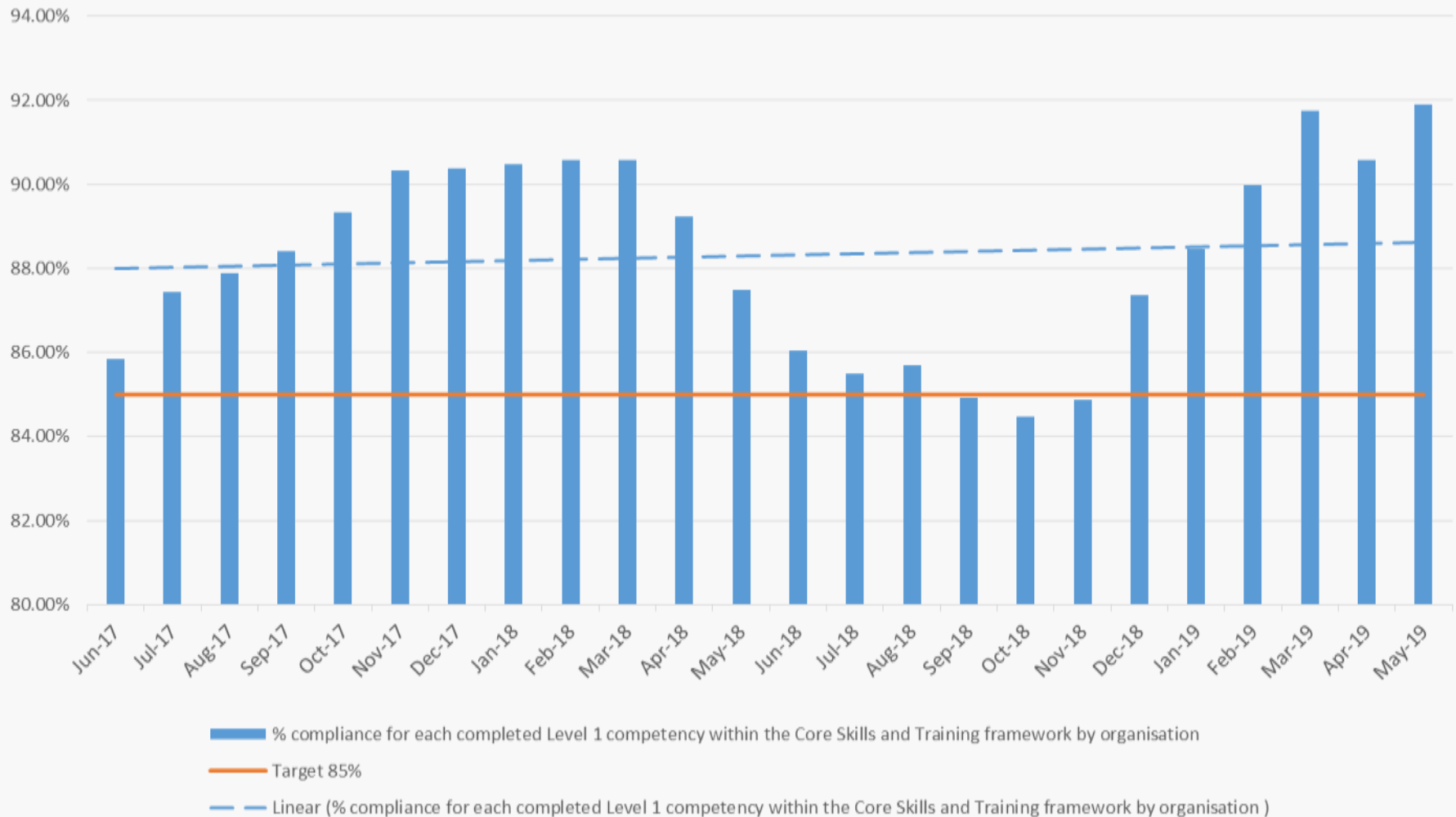
% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



OUR STRATEGIC ENABLERS

SUPPORT OUR PEOPLE TO BE THE BEST THAT THEY CAN BE

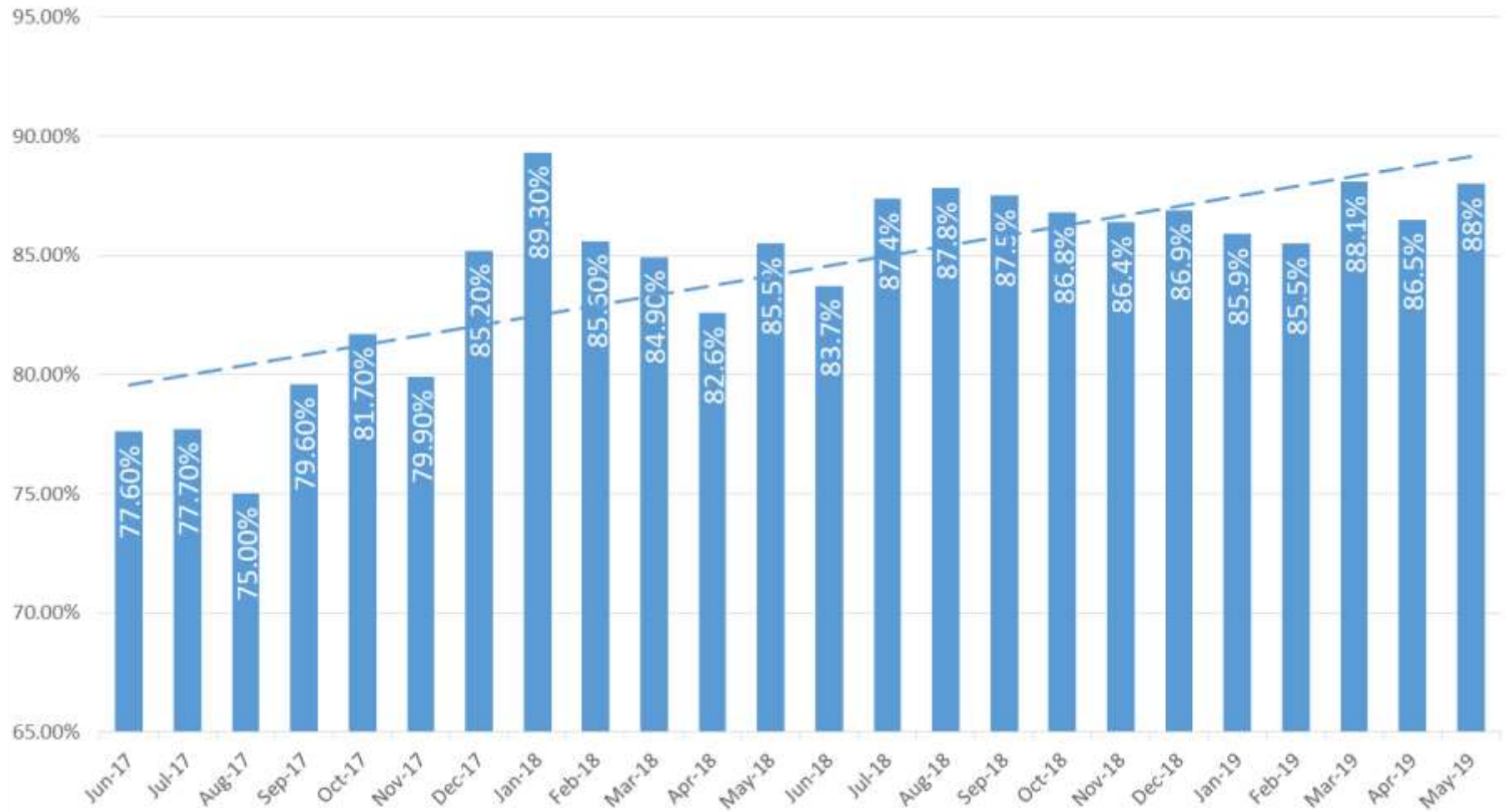
% compliance for each completed Level 1 competency within Core Skills & Training framework



OUR STRATEGIC ENABLERS

SUPPORT OUR PEOPLE TO BE THE BEST THAT THEY CAN BE

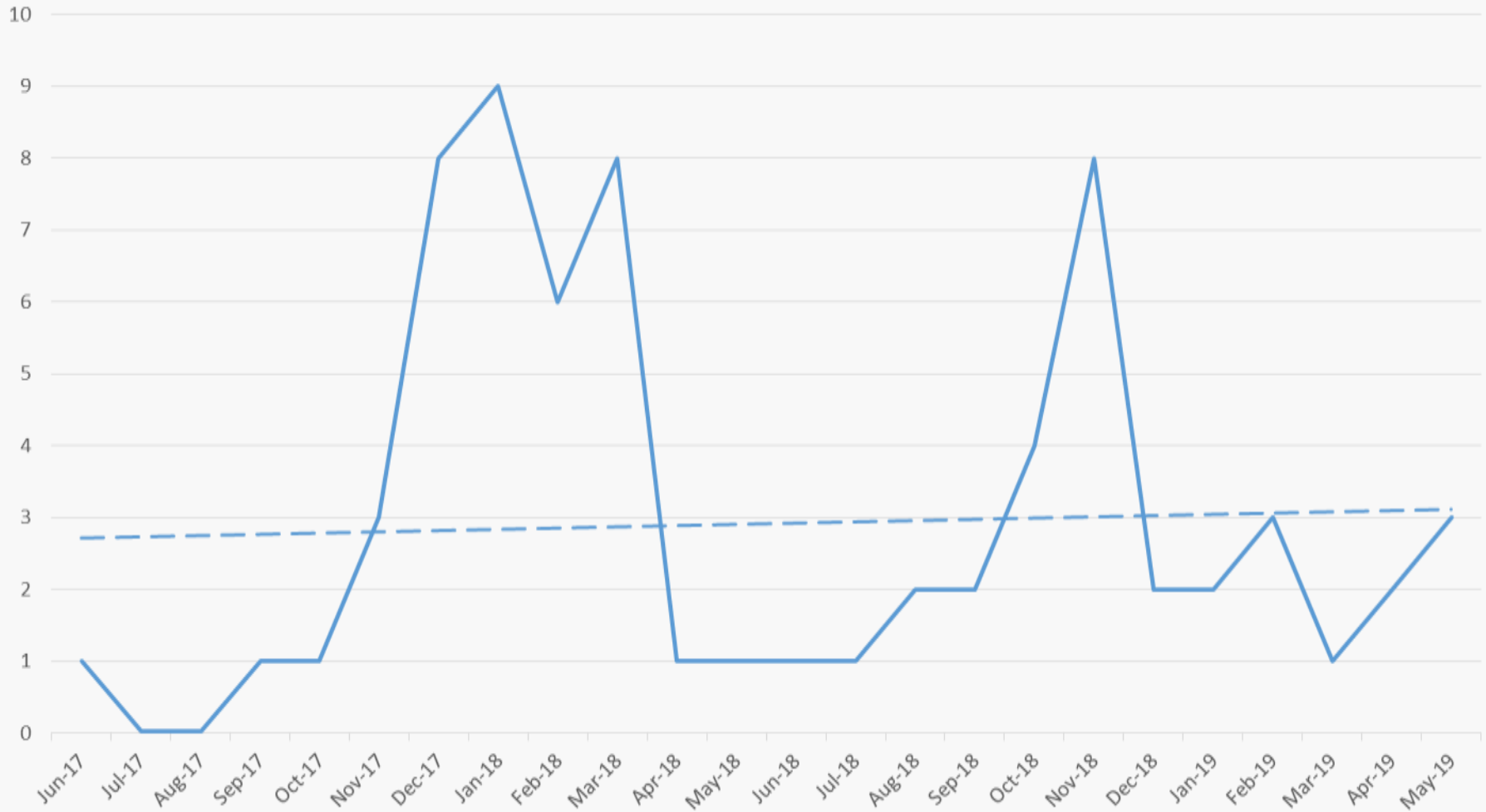
% Community First Responders attendances where they were the first response arriving at the scene



OUR STRATEGIC ENABLERS

QUALITY AT THE HEART OF EVERYTHING WE DO

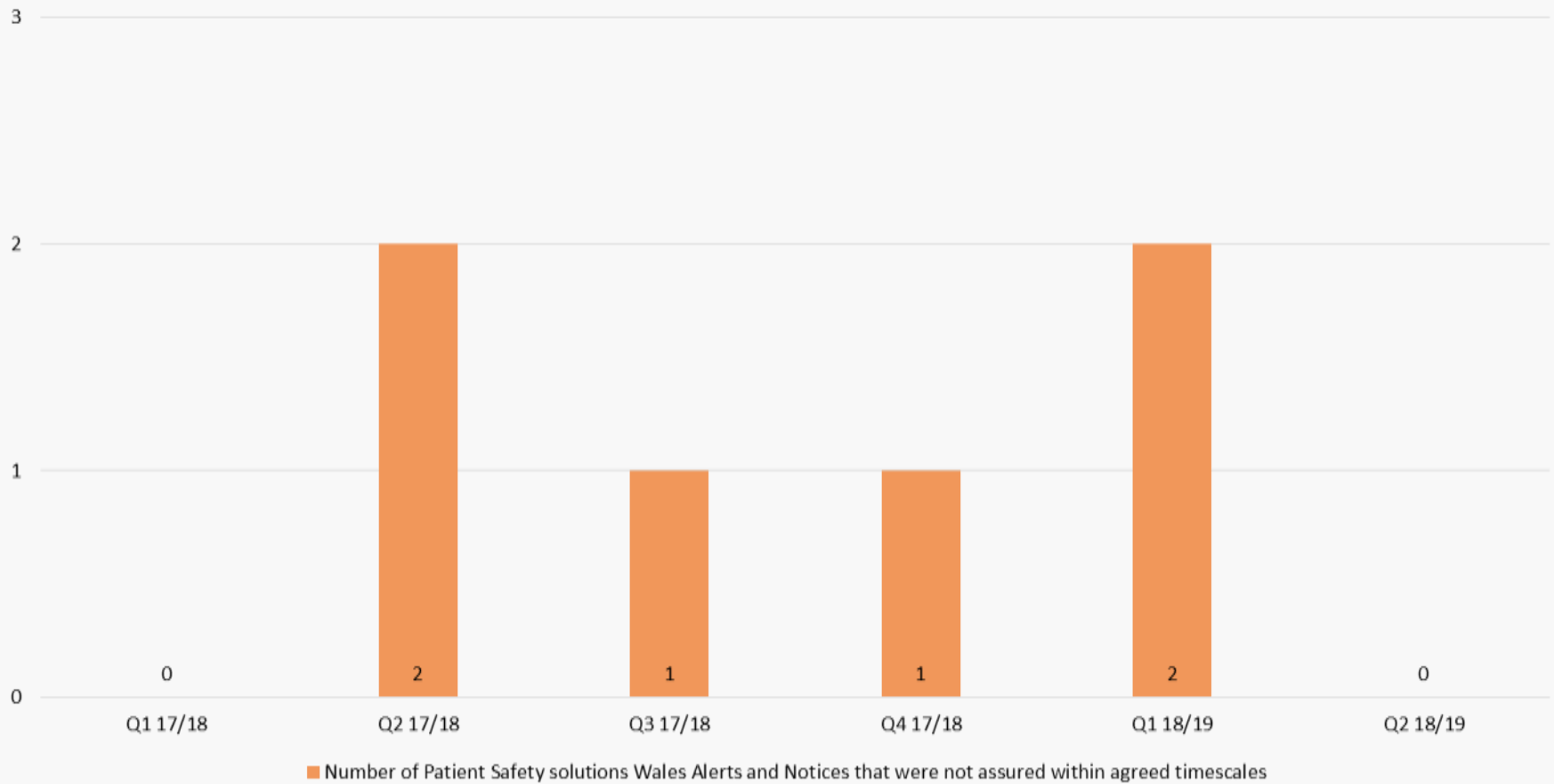
Number of Serious Adverse Incidents



OUR STRATEGIC ENABLERS

QUALITY AT THE HEART OF EVERYTHING WE DO

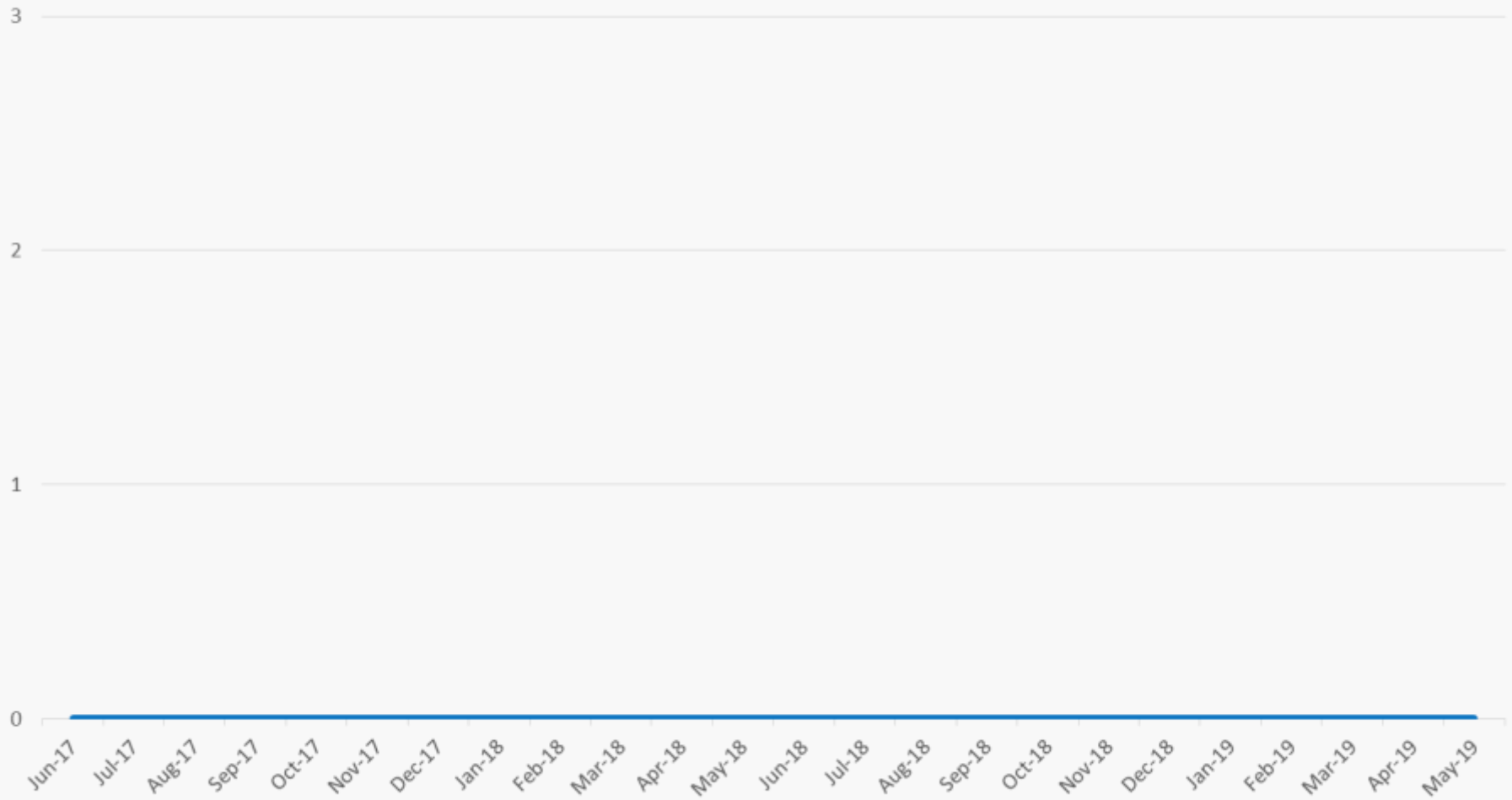
Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales



OUR STRATEGIC ENABLERS

QUALITY AT THE HEART OF EVERYTHING WE DO

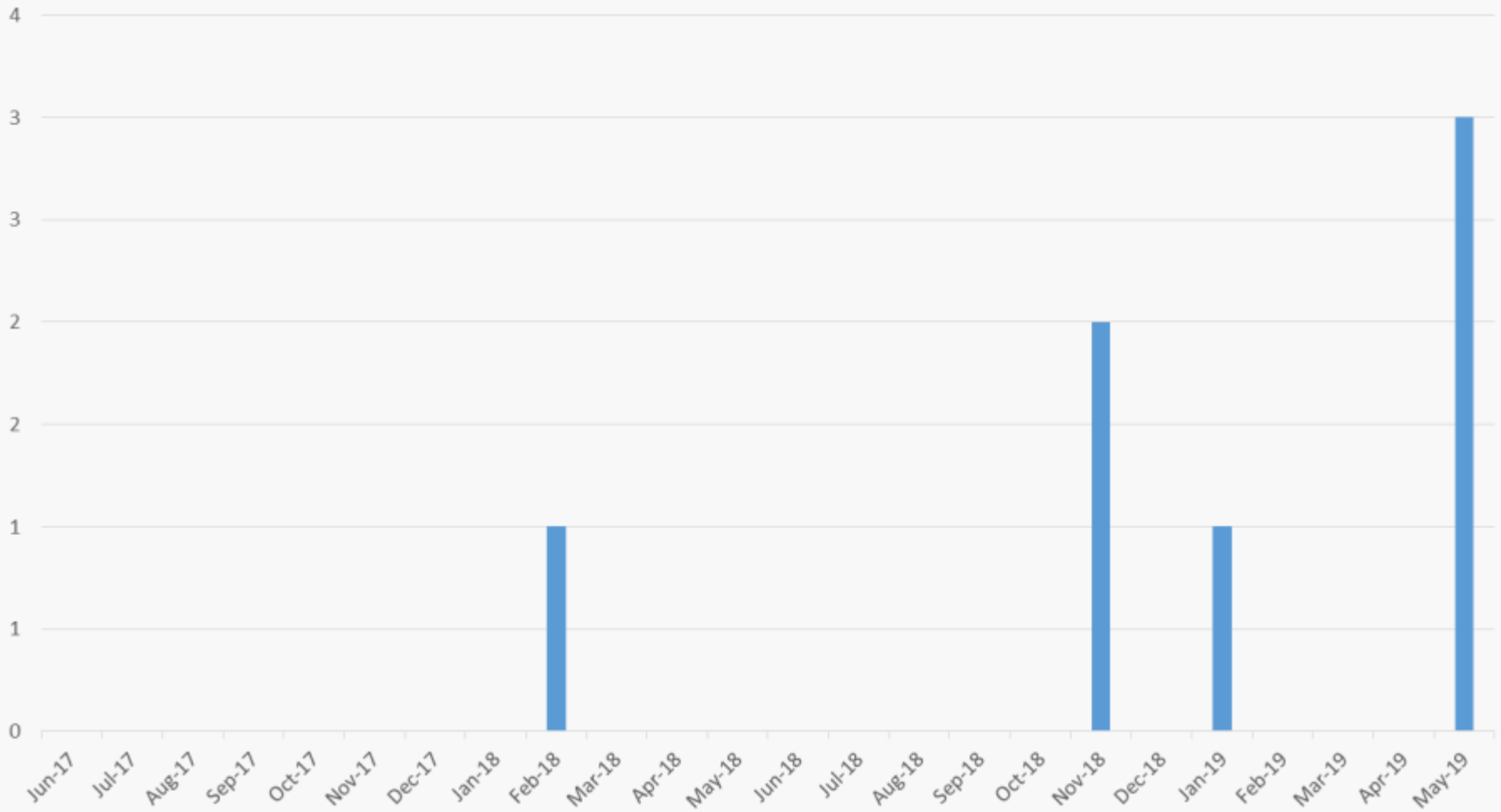
Number of administration, dispensing, and prescribing medication errors reported as serious incidents



OUR GOLDEN THREADS

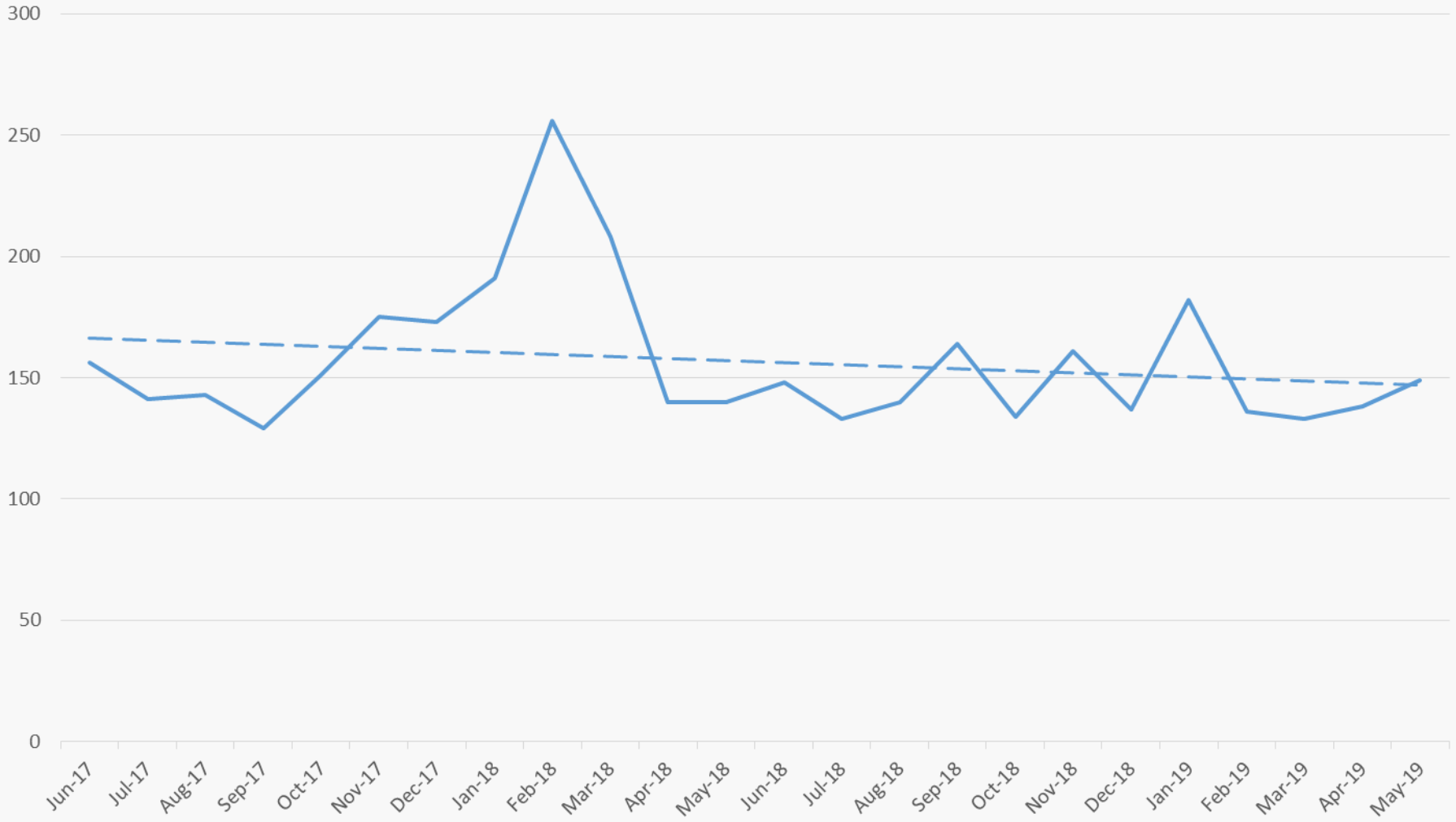
VALUE IN EVERYTHING WE DO

Number of patient falls reported as serious incidents



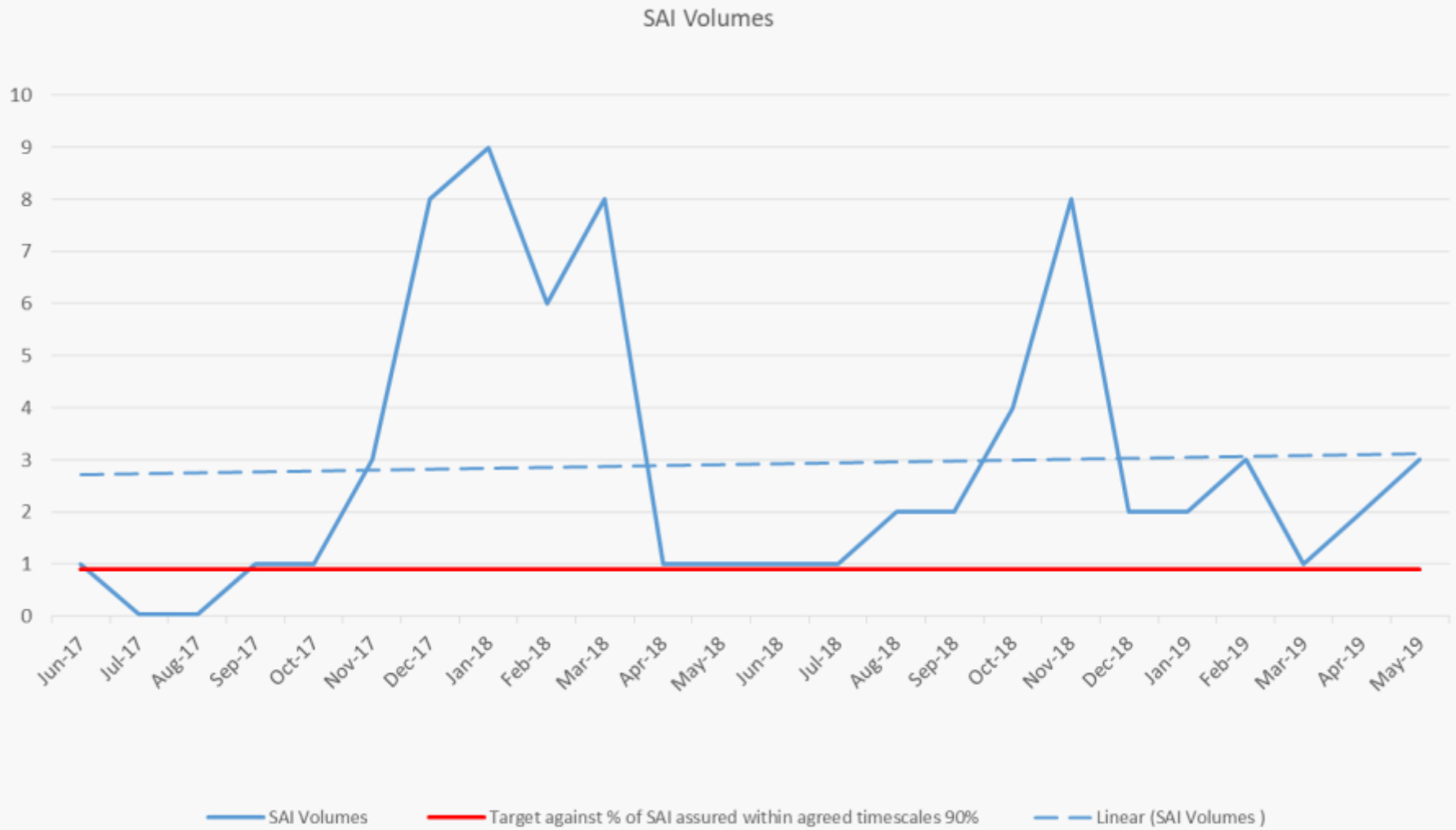
ACTIVITY

Patient Safety Incidents, Near Misses and Hazards



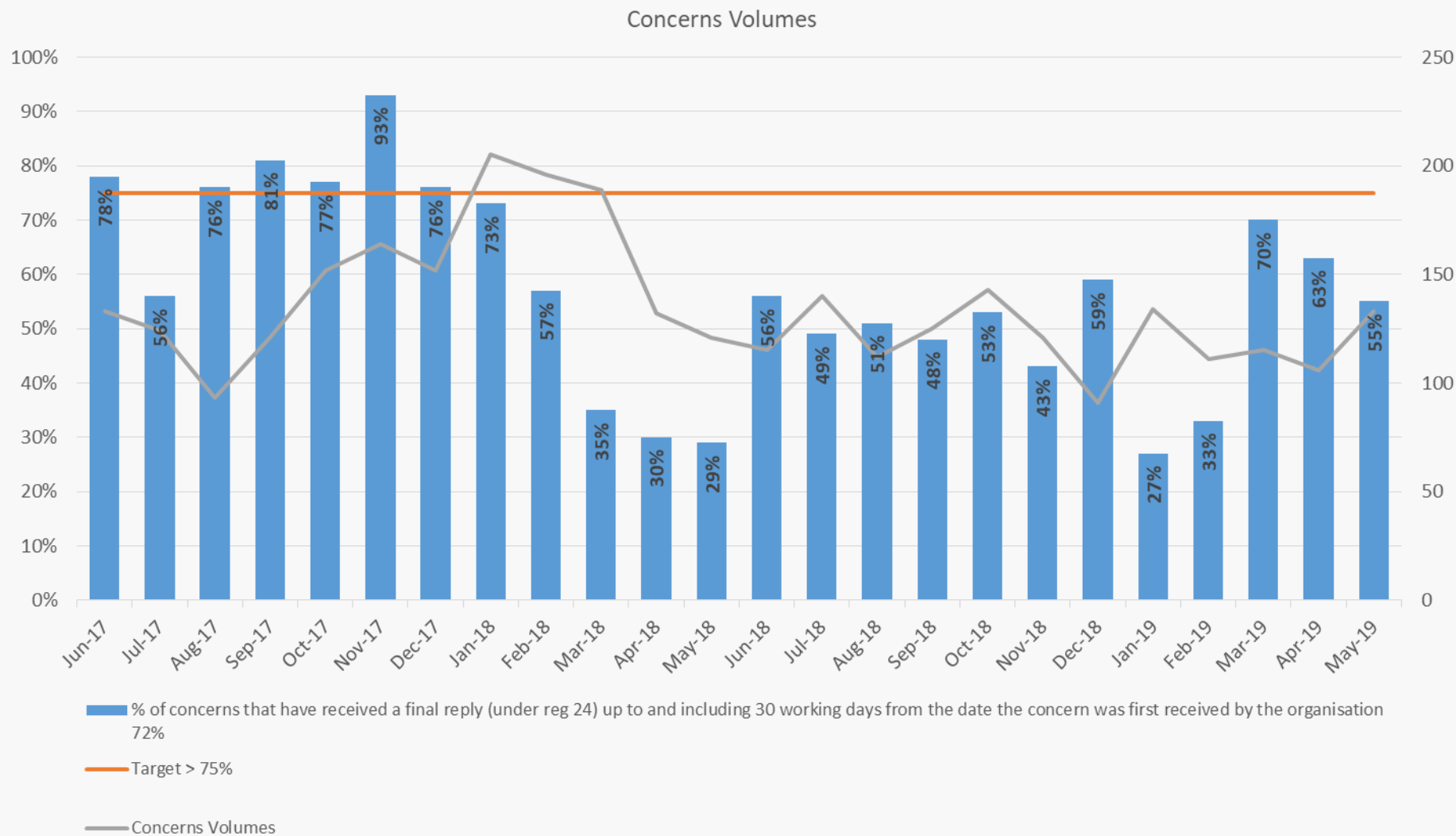
ACTIVITY

SAI Volumes

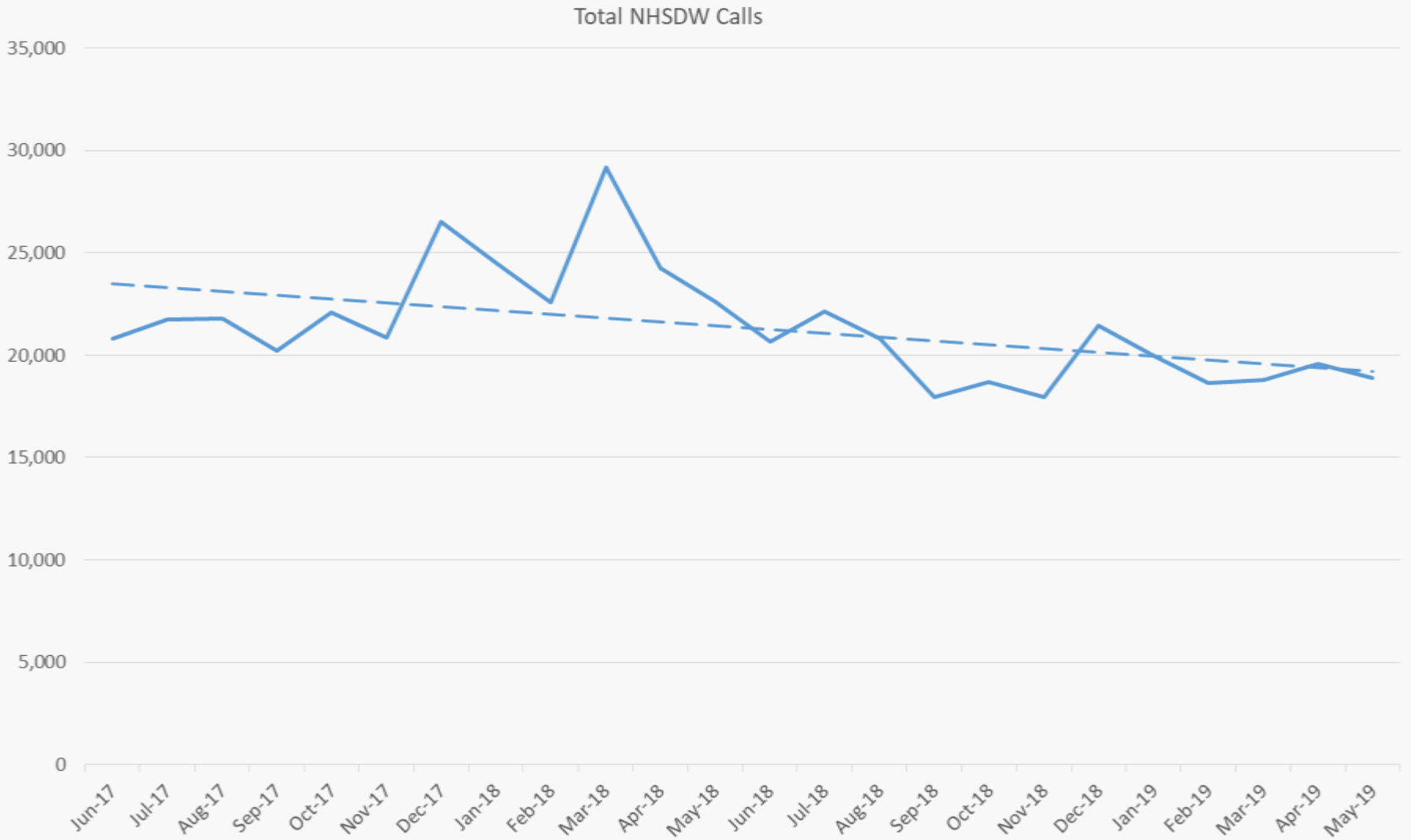


OUR STRATEGIC ENABLERS

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

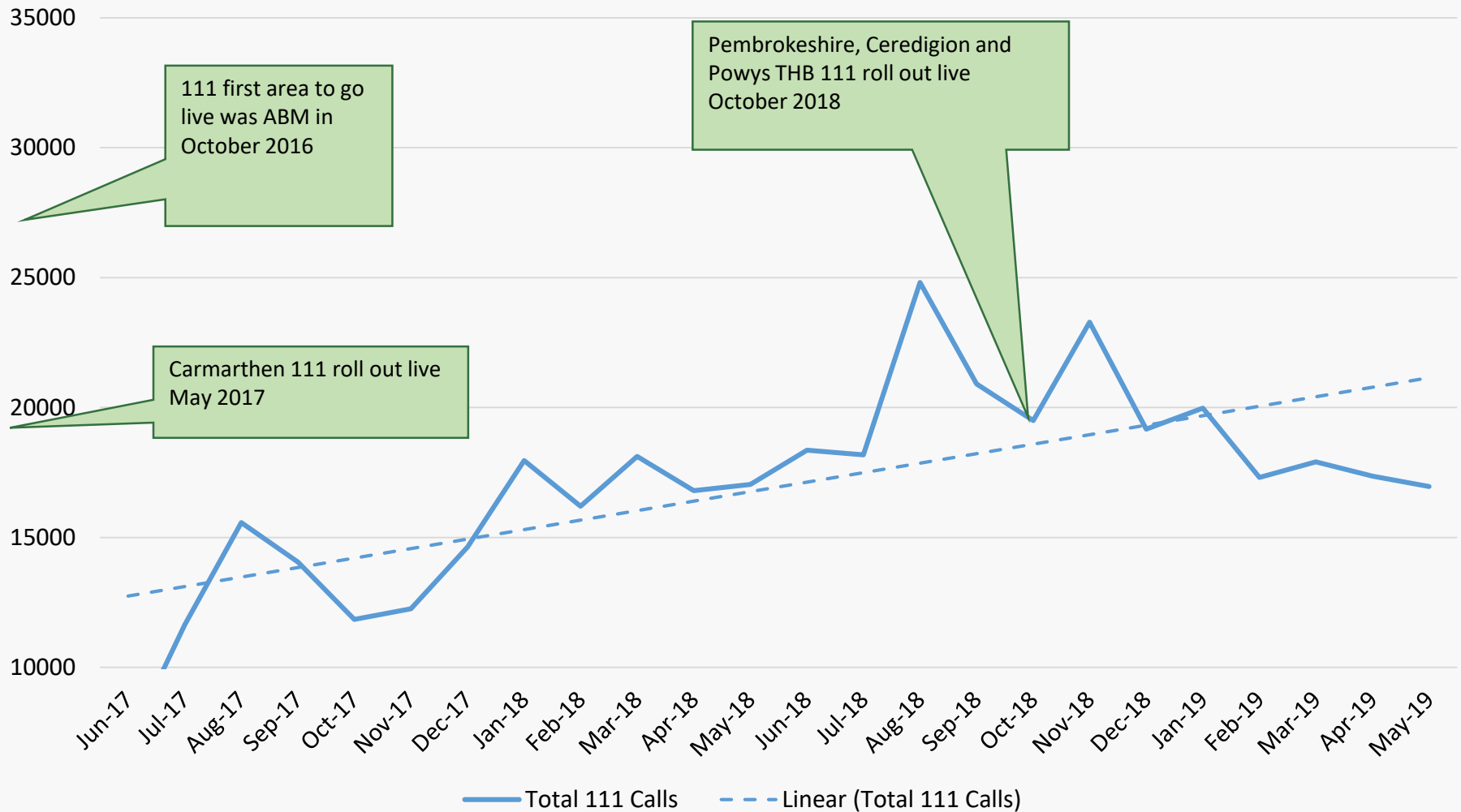


ACTIVITY



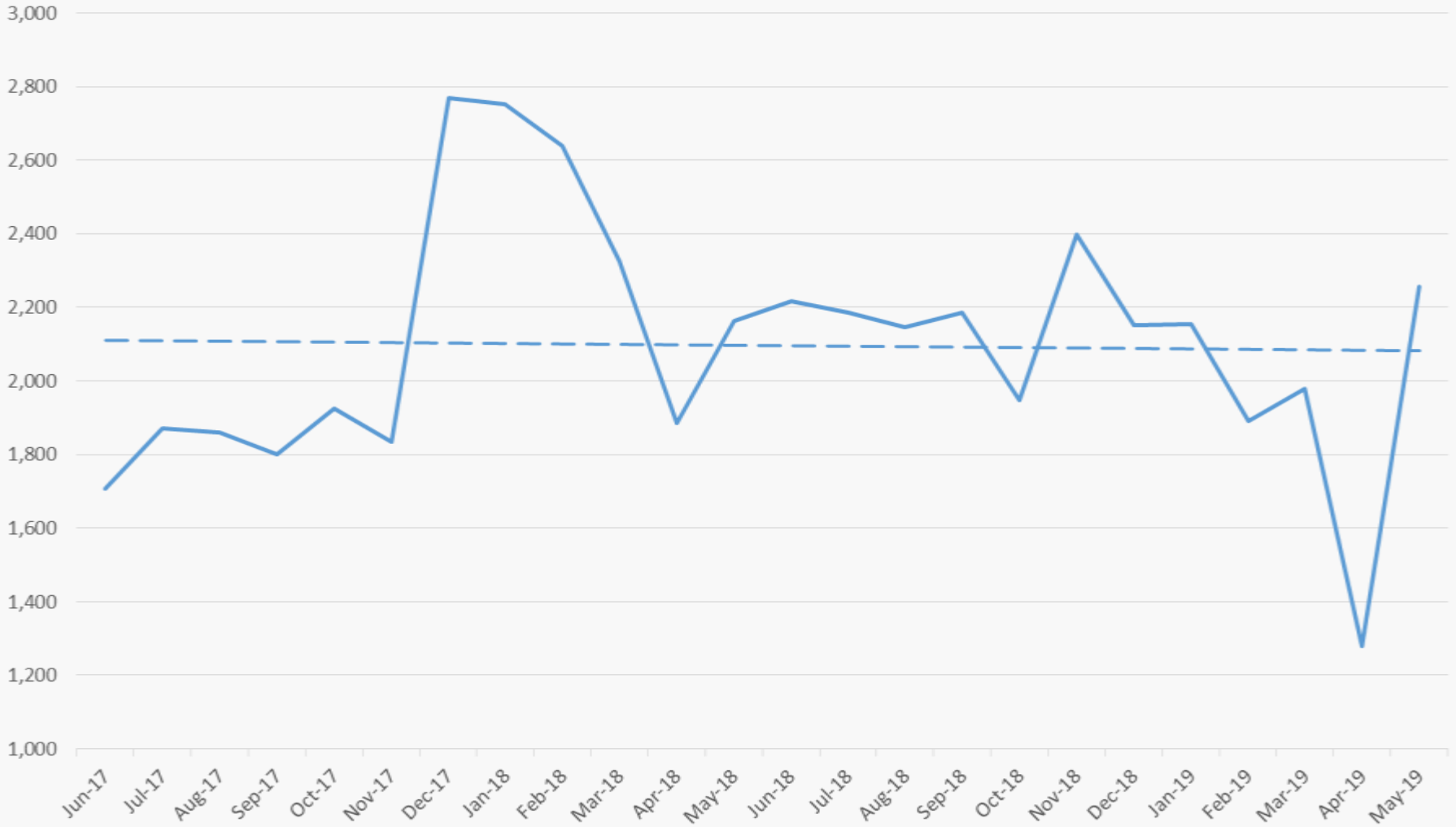
ACTIVITY

Total Calls for NHSDW and 111



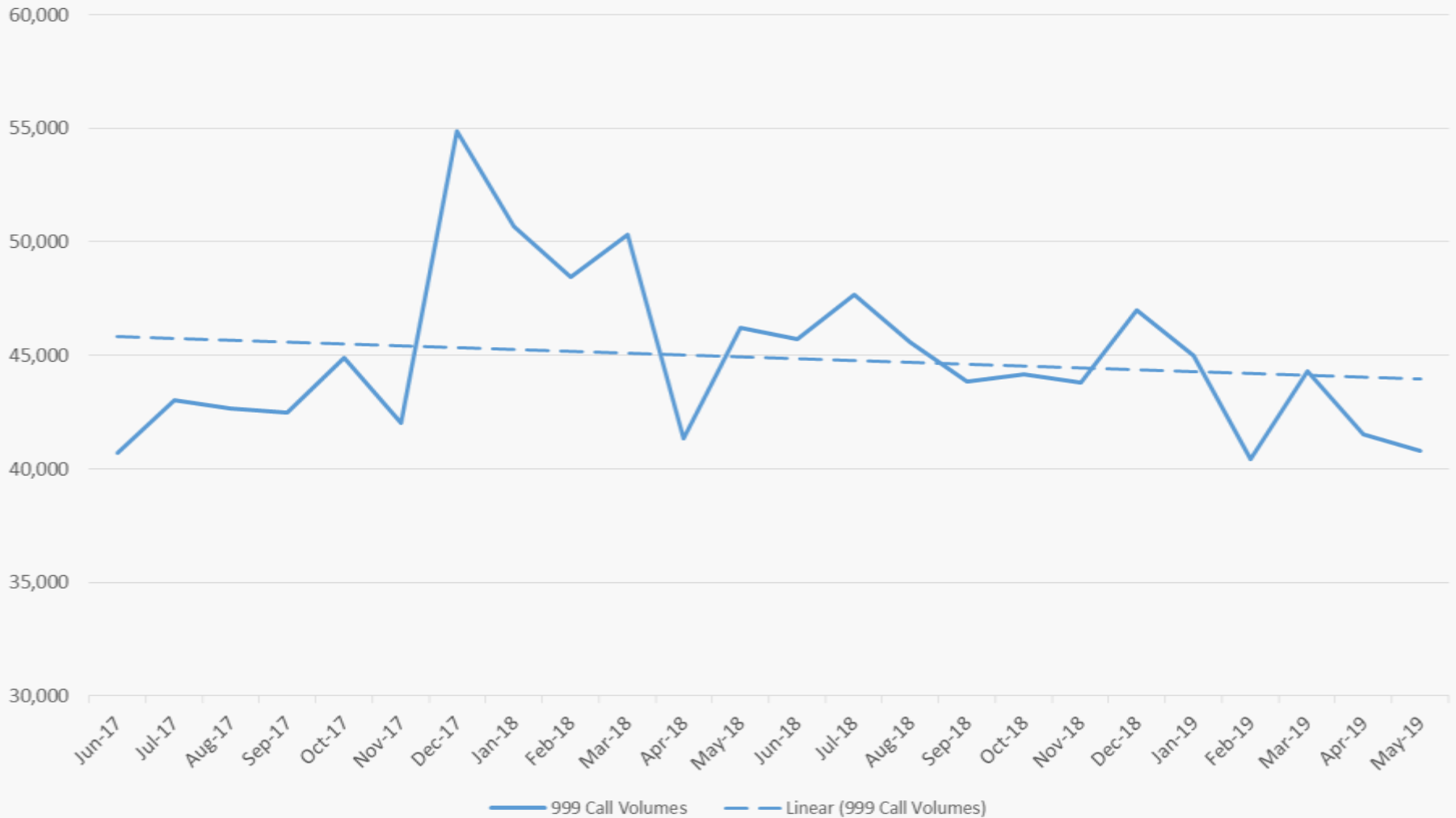
ACTIVITY

Frequent Caller Call Volumes



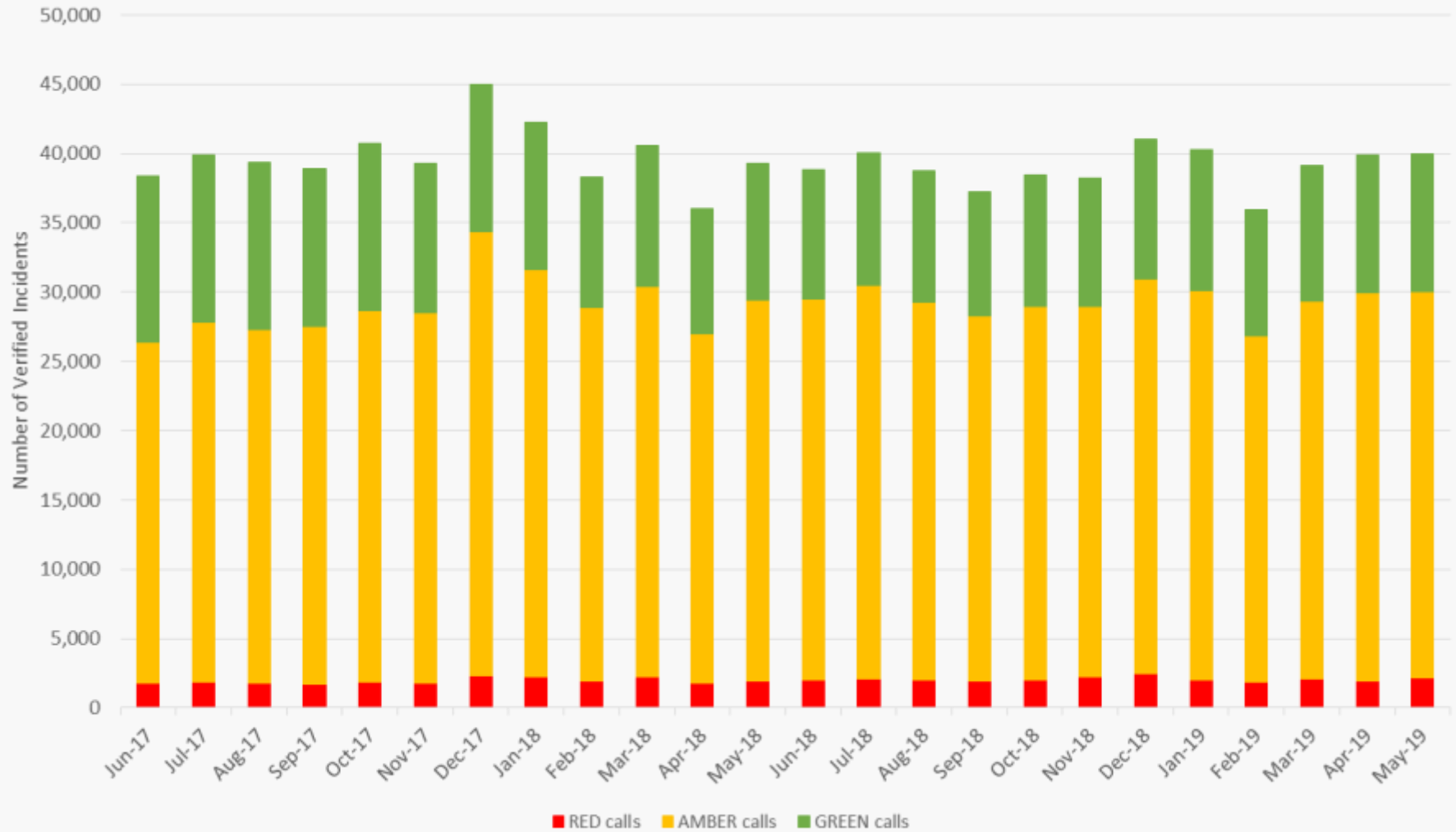
ACTIVITY

999 Call Volumes



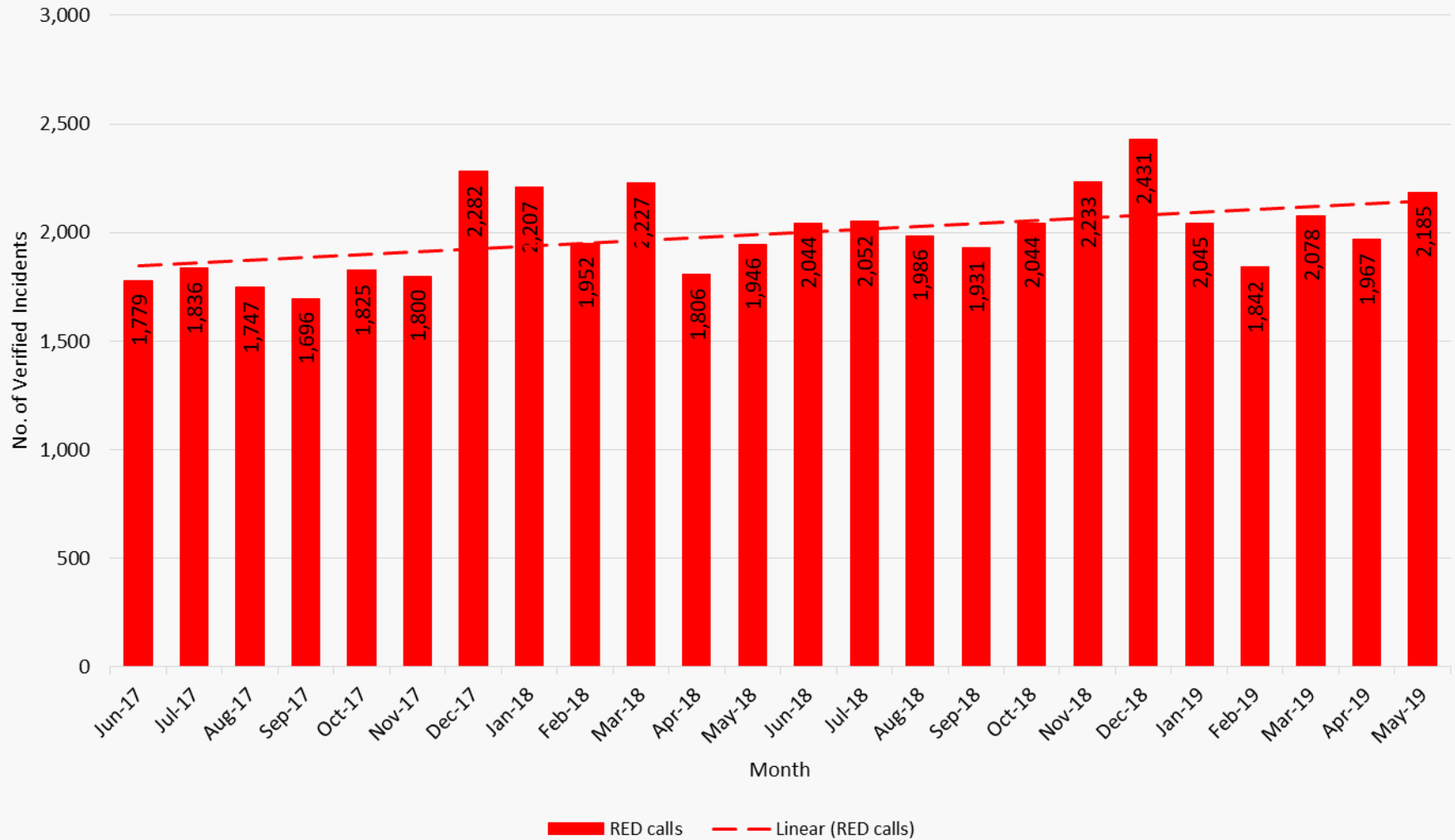
ACTIVITY

Total Verified Demand split by RED, AMBER, GREEN



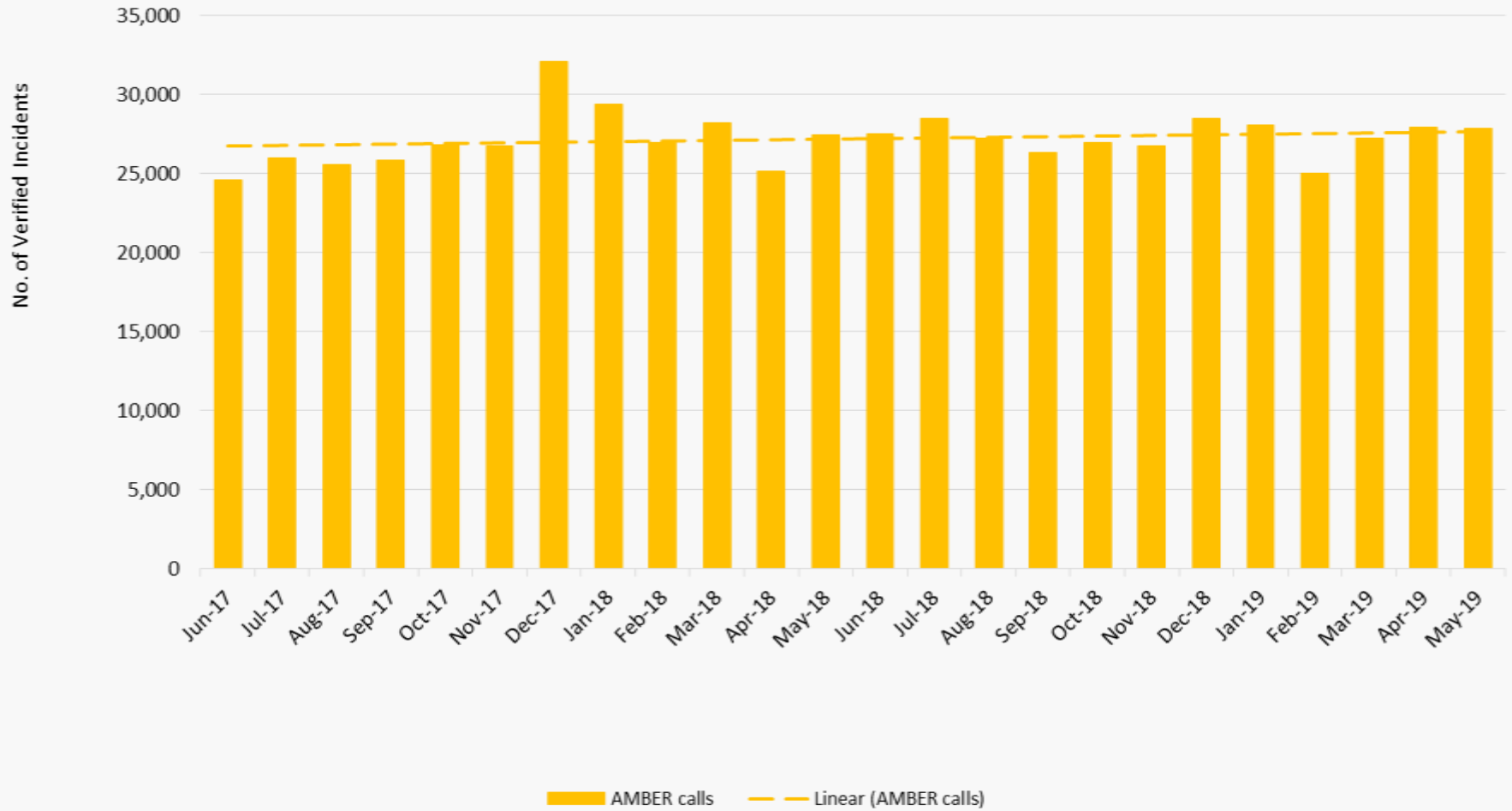
ACTIVITY

Total Verified RED Demand Calls



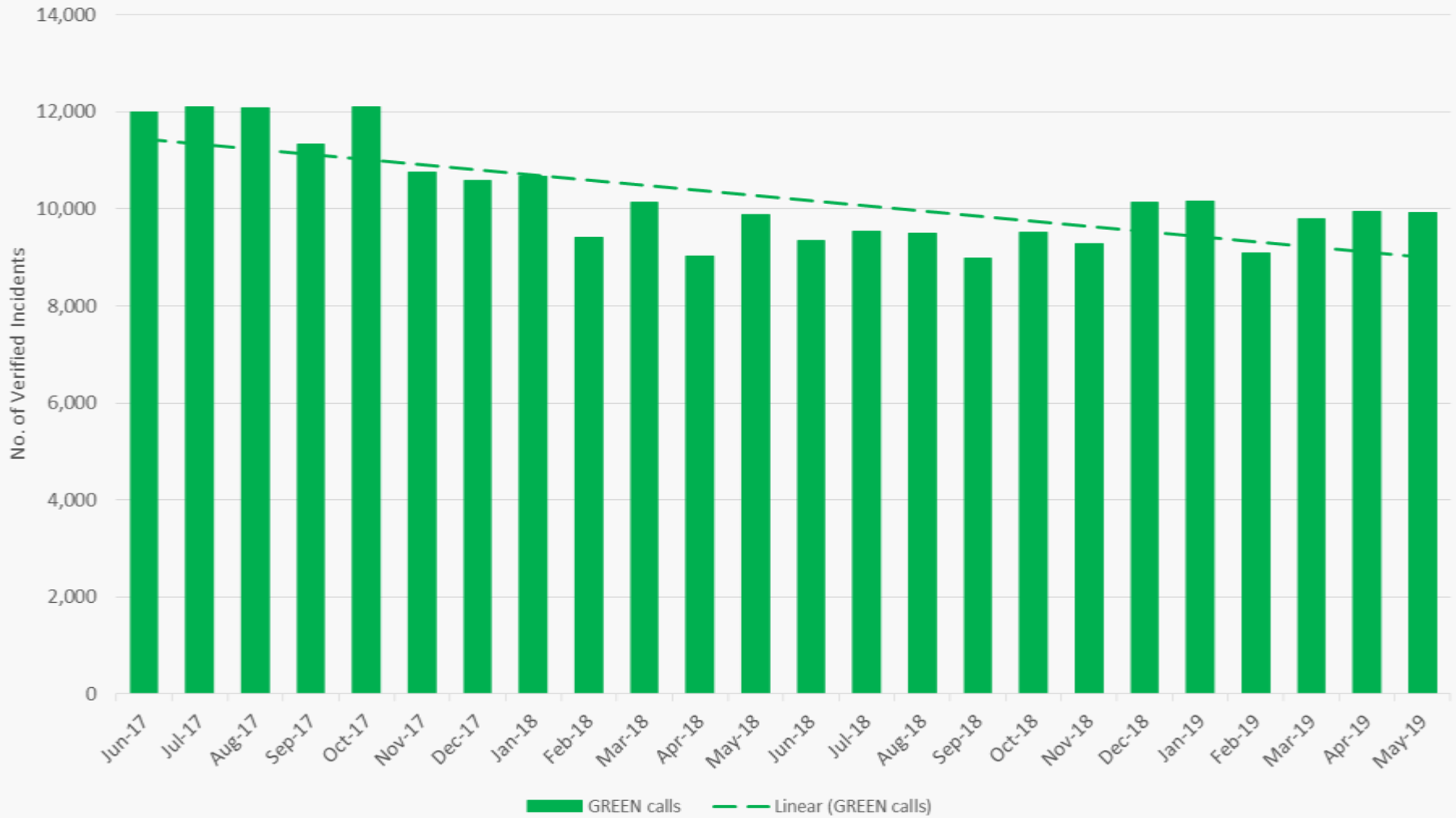
ACTIVITY

Total Verified AMBER Demand Calls



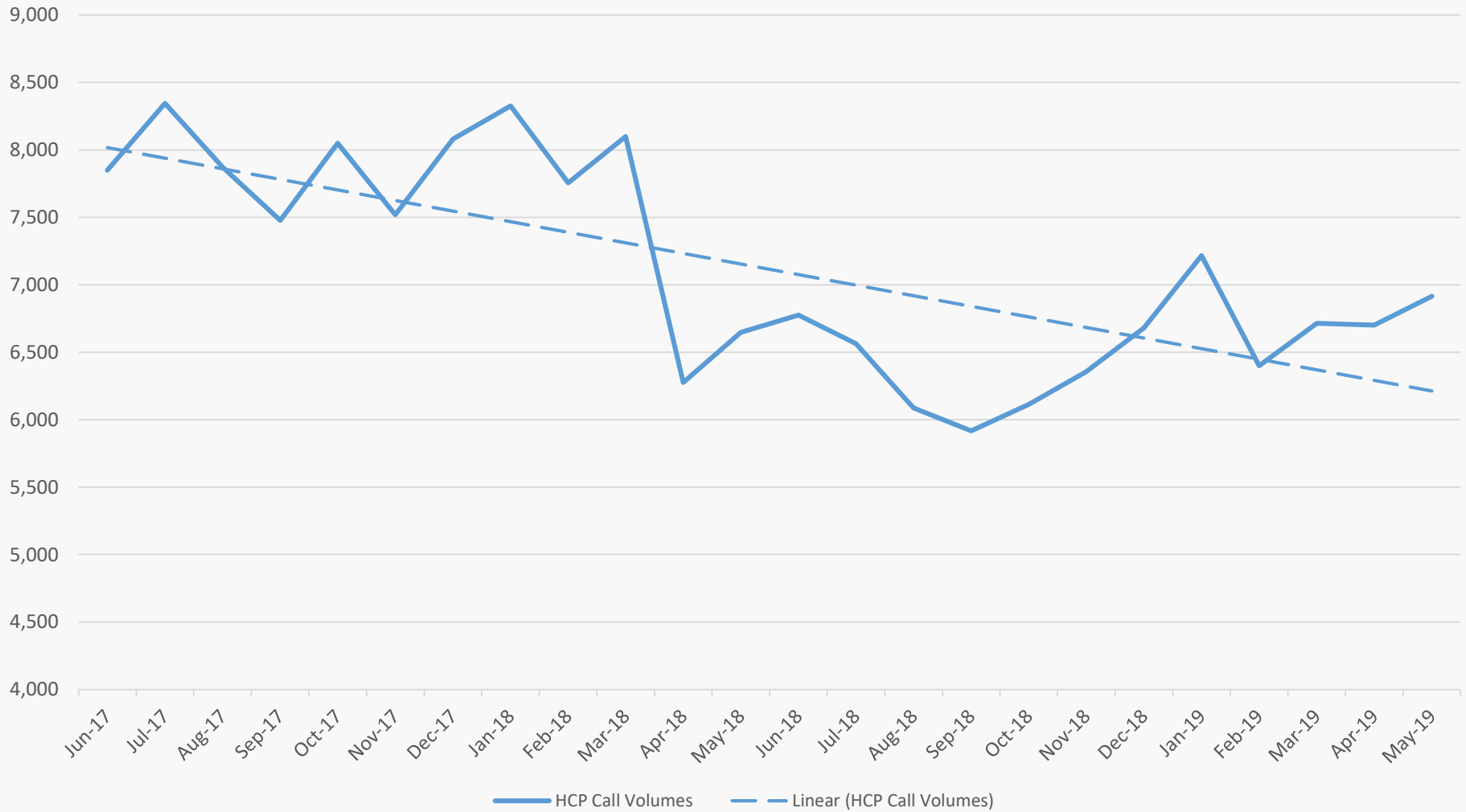
ACTIVITY

Total Verified GREEN Demand Calls

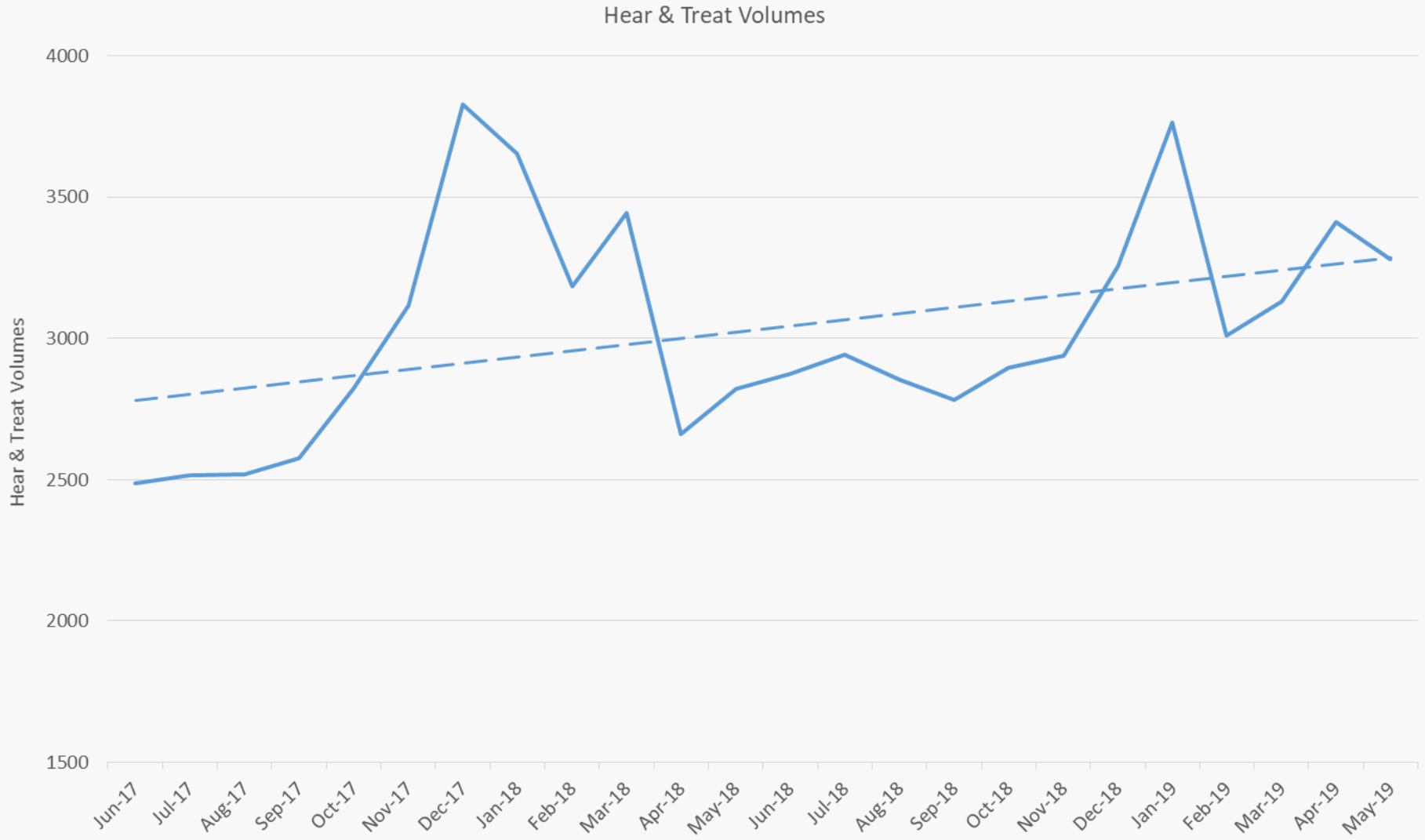


ACTIVITY

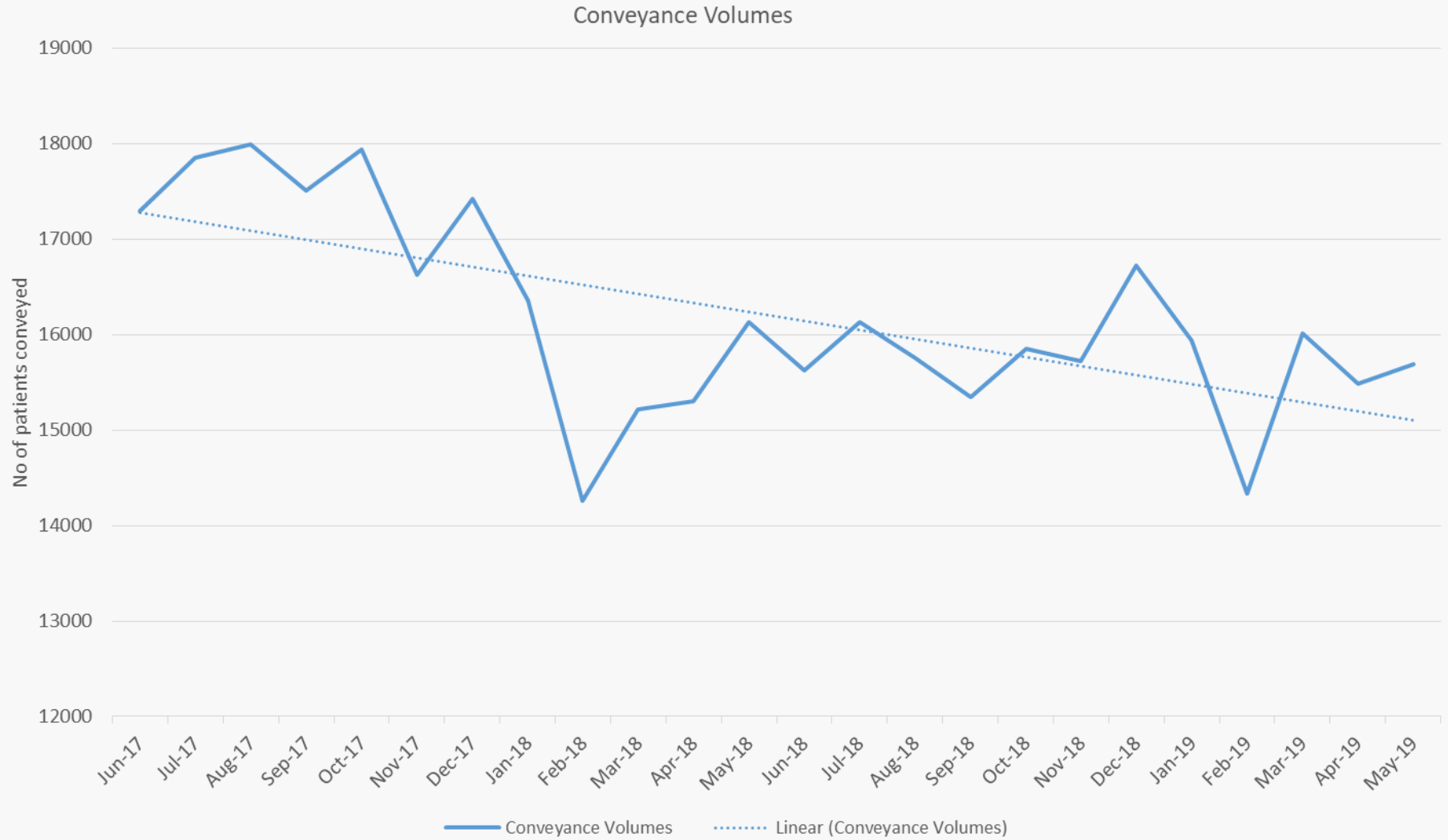
HCP Call Volumes



ACTIVITY

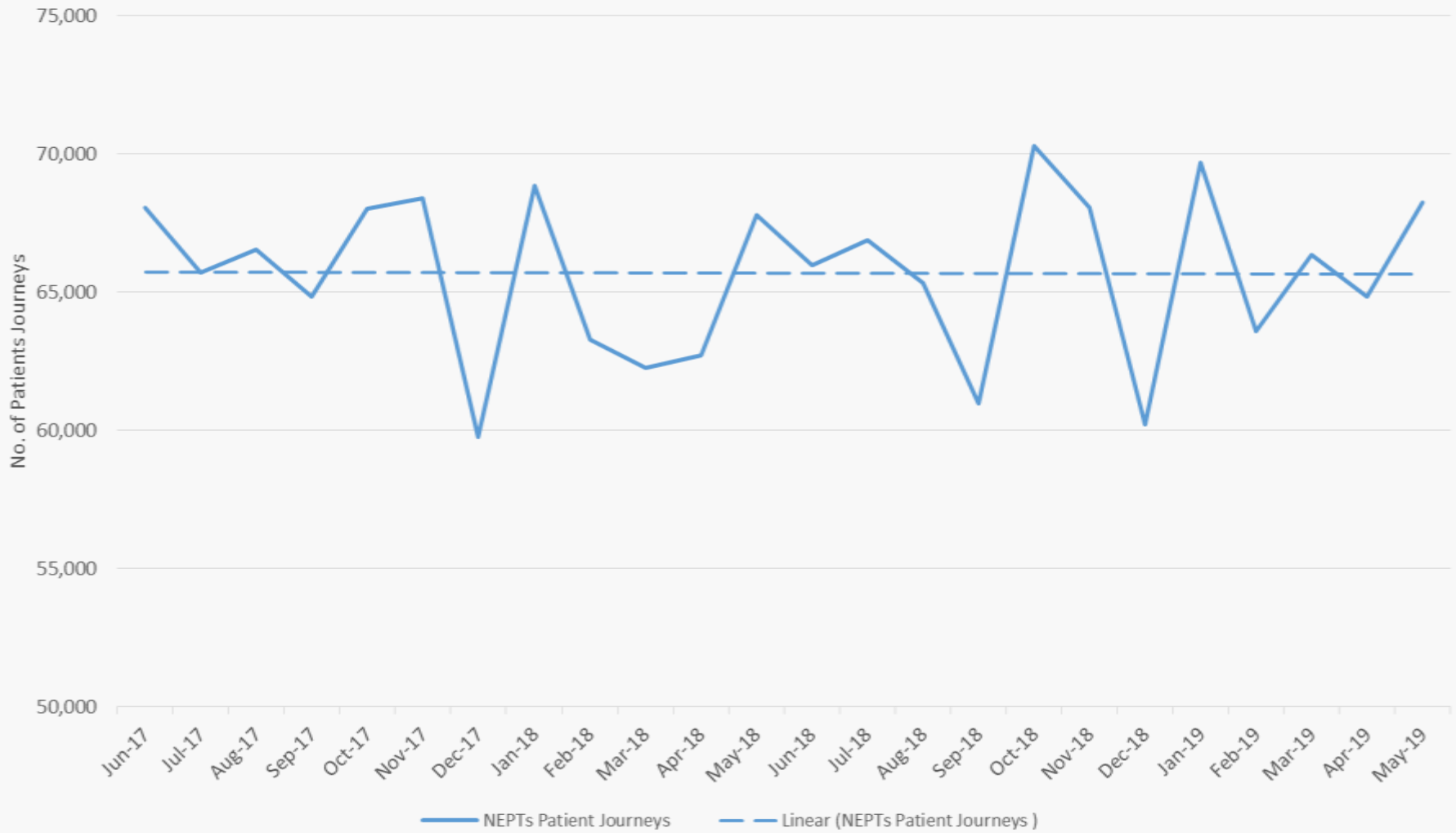


ACTIVITY



ACTIVITY

NEPTs Patient Journeys



RED PERFORMANCE DEEP DIVE AND IMPROVEMENT PLAN

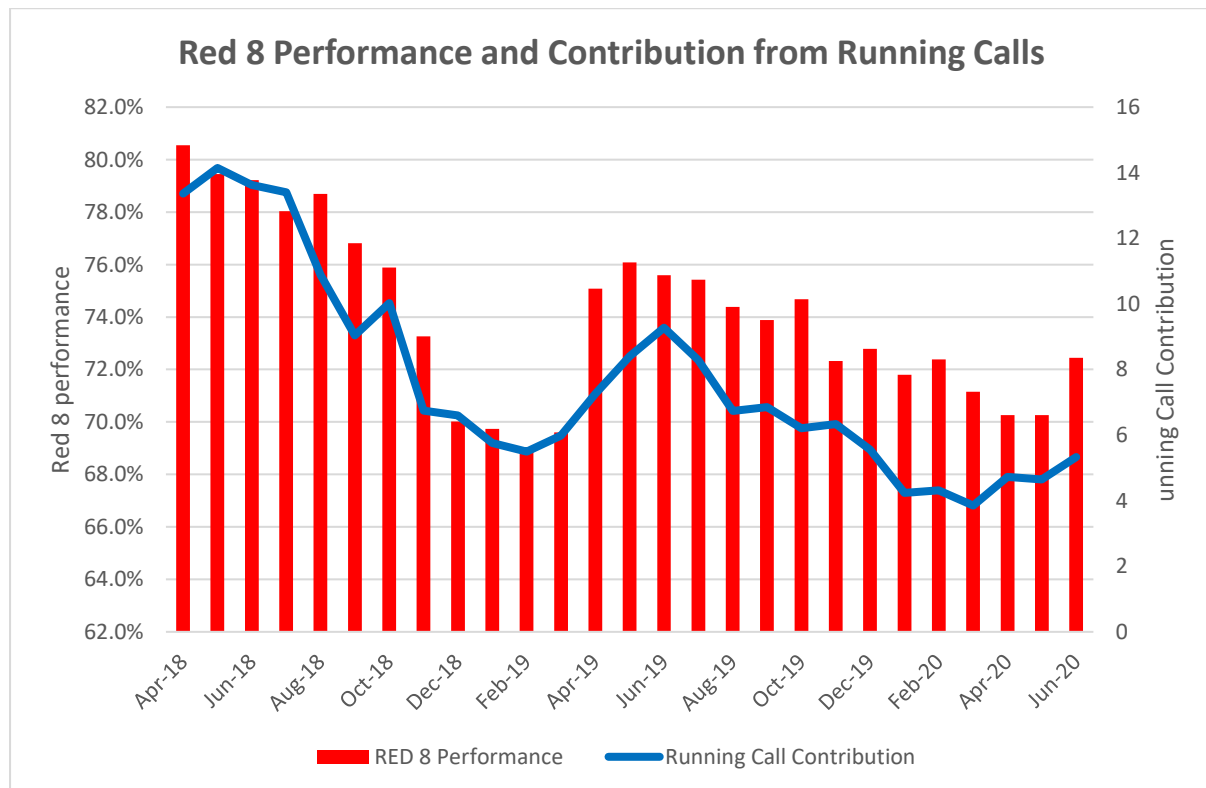
WELSH AMBULANCE SERVICES NHS TRUST

JULY 2019

1. Introduction and Background

Concerns have been raised by Welsh Government around an apparent deterioration in red 8 performance, and as a result, the Trust is complying with a requirement from the Commissioner for enhanced monitoring and reporting. Data is currently being provided on a weekly or daily basis, action plans are being developed, shared and monitored, and progress is discussed in a weekly teleconference call.

In response to this requirement for enhanced monitoring, the Trust has identified that the reduction in total number of running calls across Wales is the driver behind the overall decrease in red performance. The significant increases in demand were also noted. However, the Trust acknowledged that further work was required particularly to ensure that variation between Health Board areas was reduced.

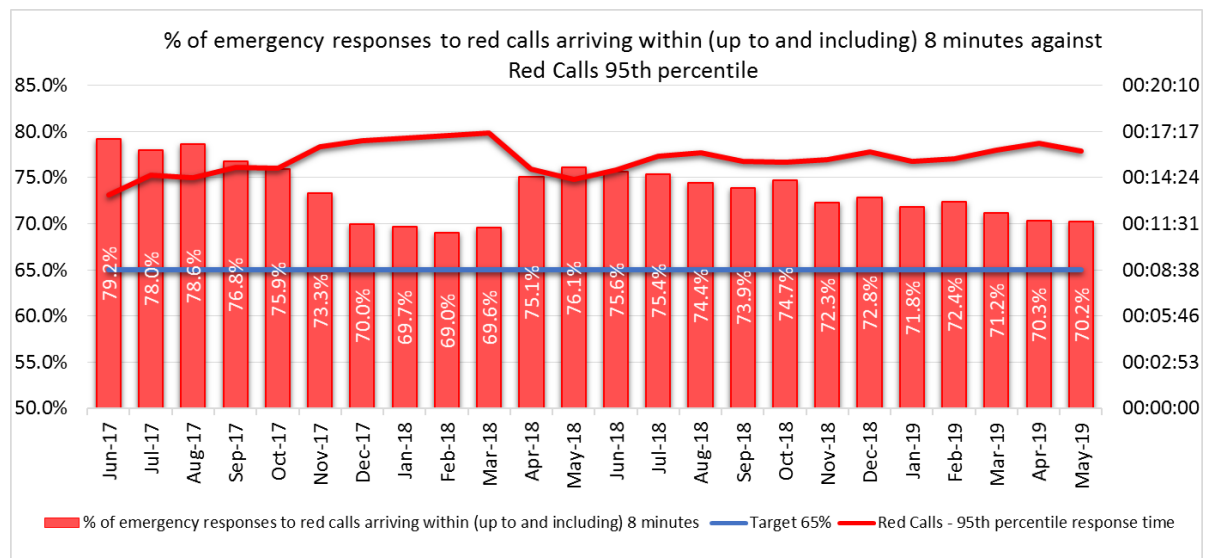


A deep dive into red performance was therefore undertaken and this paper is designed to review and summarise at a high level the outcomes from that deep dive, including the data that is being collected and analysed, and the actions that are now being taken to improve performance.

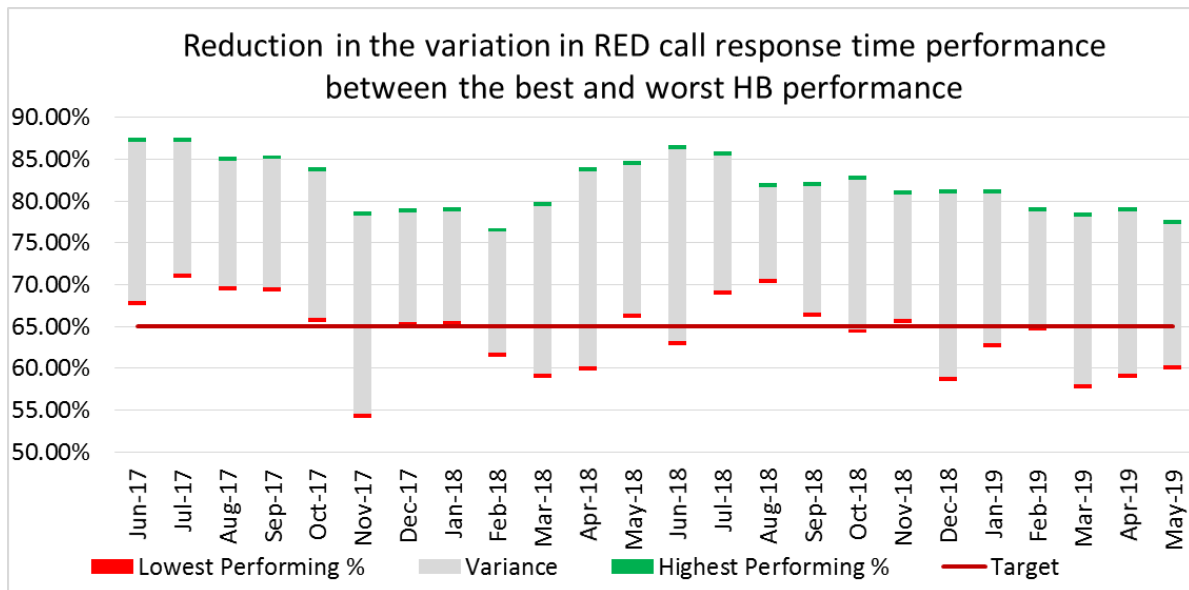
2. Current Red Performance

The first step in improving performance is to understand in detail the current performance levels; where performance is good and where it is not so good.

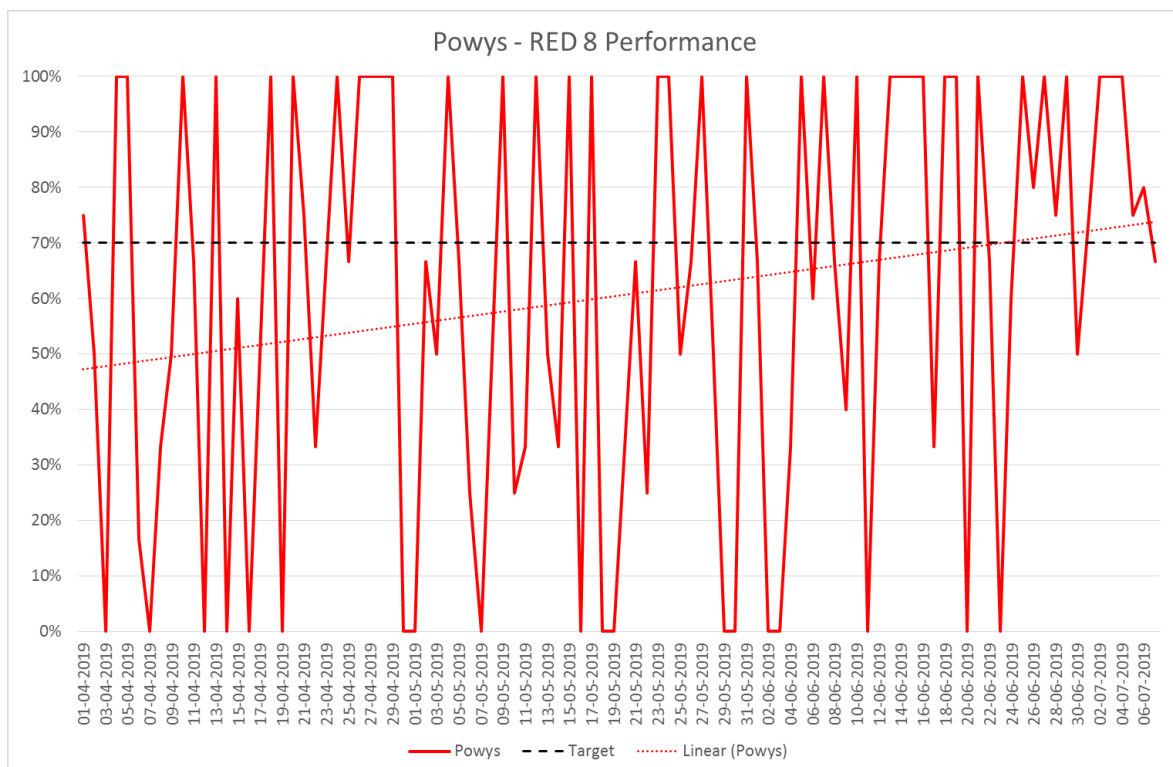
The graph below shows the Trust's red performance at a national level, which has reduced further in May with a performance at 70.2%. However, unverified June data is indicating an improved response at 72.5%. The 95th centile times have also continued to slightly increase over the last 12 months



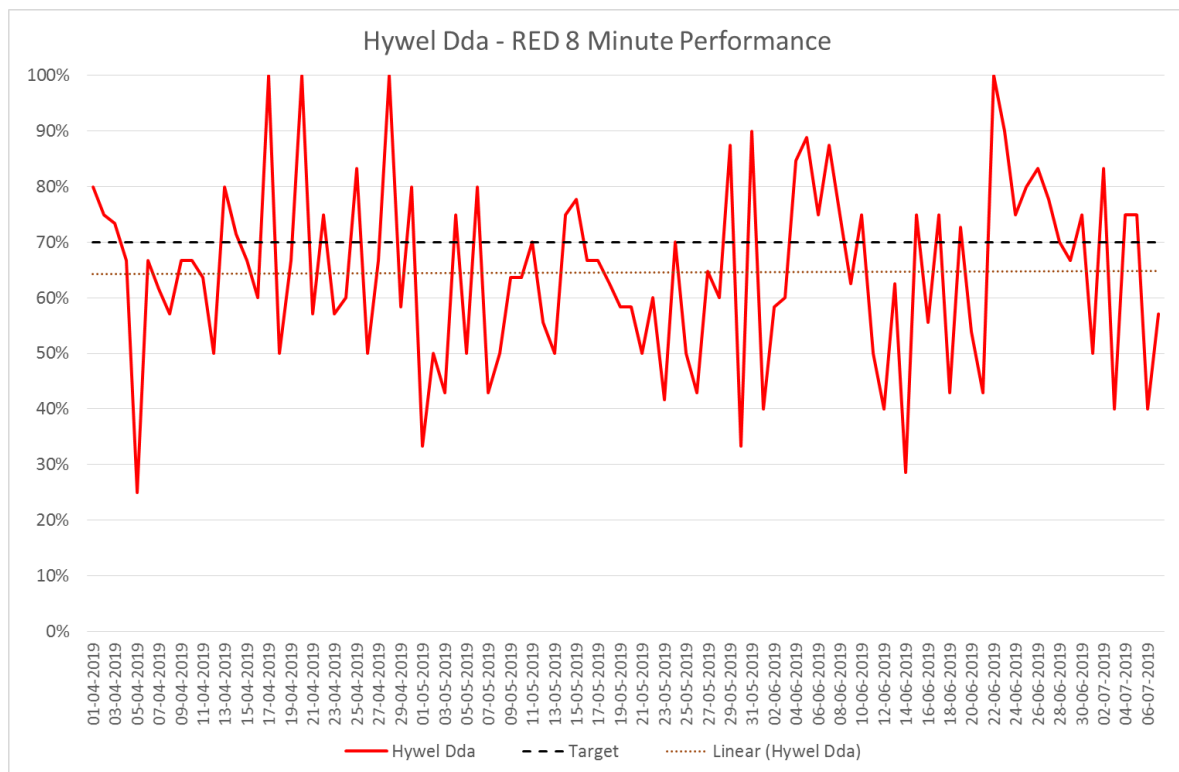
The next graph shows the variation between Health Boards in terms of performance, with the lowest performing health boards consistently being Hywel Dda and Powys, who often fall below 65%. In May 2019, all Health Boards were above 65% apart from Hywel Dda at 59.9% and Powys at 59.8%. June performance is showing all Health Boards at over 65%.



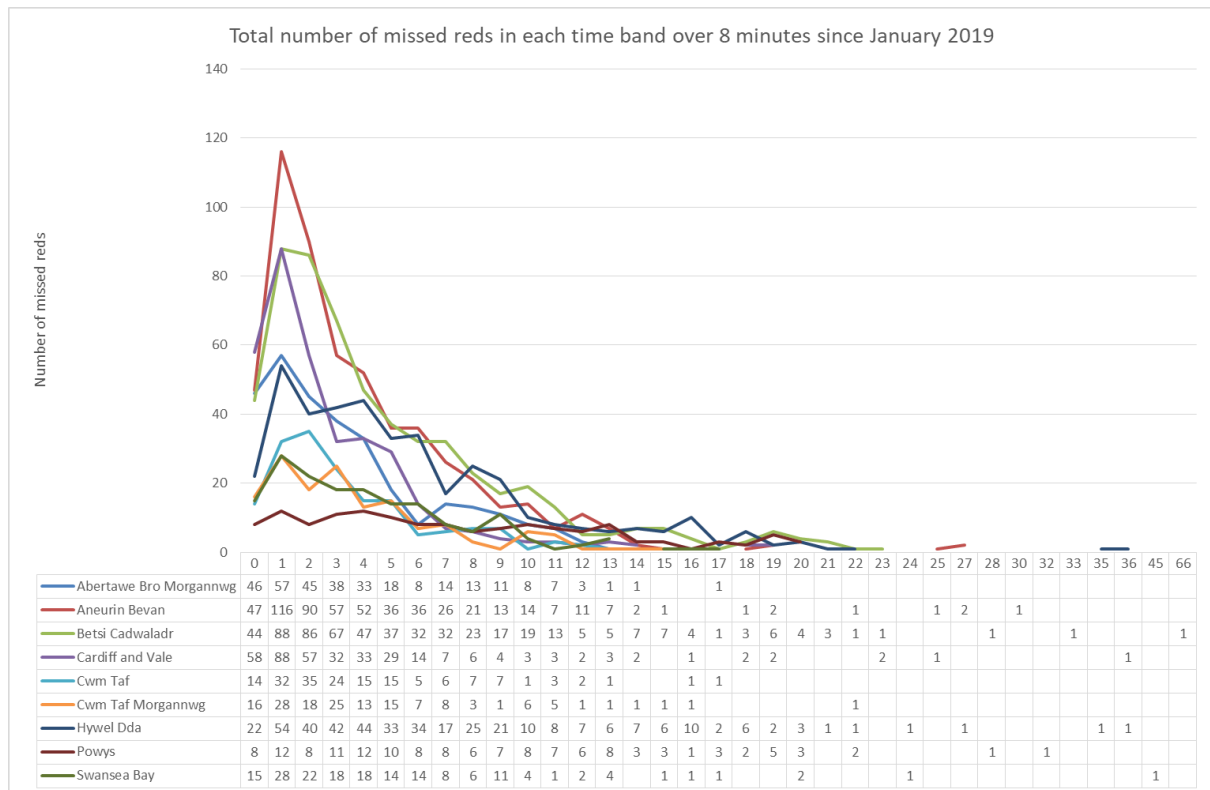
Data is also being provided and reviewed on daily trends in order to see if there are patterns of poor performance on certain days of the week. Graphs showing daily performance in Powys and Hywel Dda are shown below, and the latest information is showing significant daily improvement in Powys. The very small numbers of red calls each day in Powys are one of the reasons behind the big variation between 100% and 0%.



Annex 3



The spread of red response times across time bands is also important to consider, and the graph below shows (for the last 5 months data) the response times over 8 minutes, in 1 minute bandings, for all missed red calls. This shows that there are a considerable number of calls missed by less than one minute, which would indicate certain types of actions may be useful. However, it is worth noting that for Powys and other more rural areas, the spread is much wider.



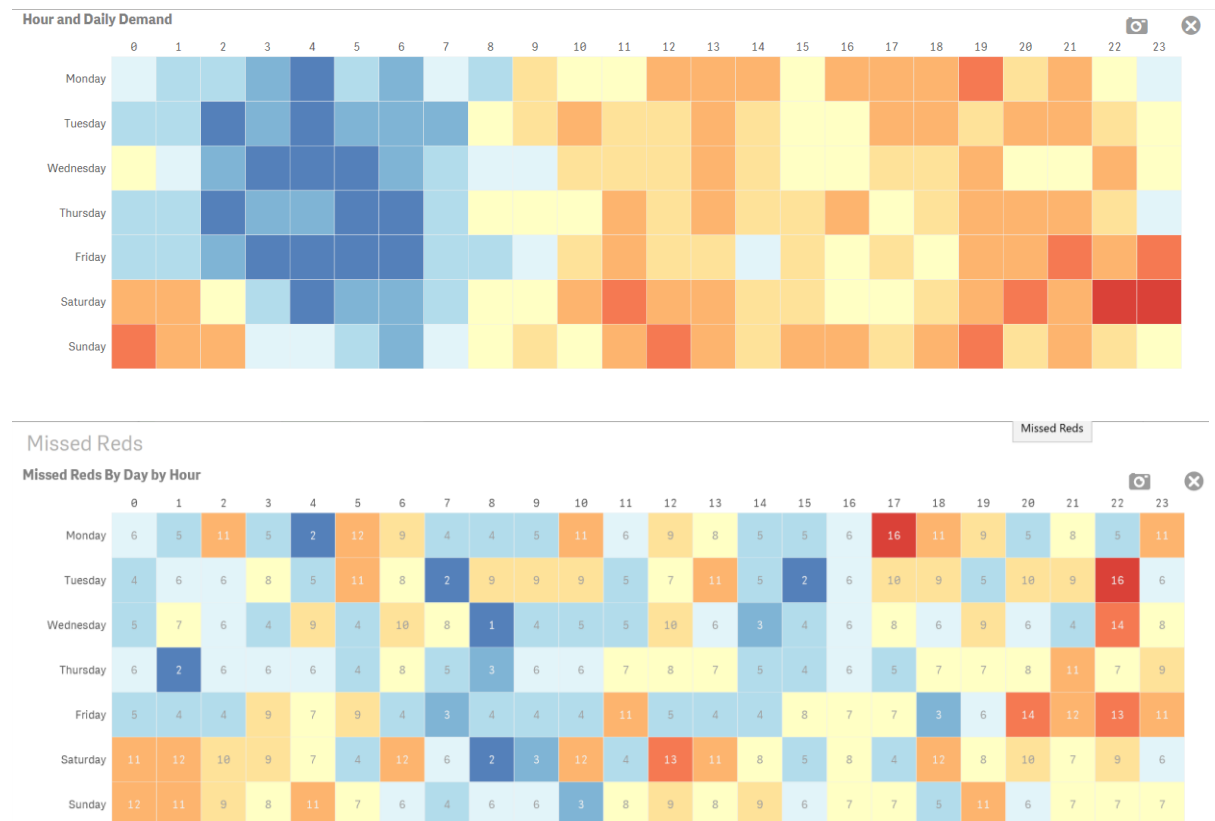
3. Understanding Performance – Data Analysis

The teams have reviewed and are continuing to review a range of data items to allow them to understand where performance is poor which allows a more nuanced approach to action planning and improvement. The lists below show the data items that are being considered currently, and those that are in development for use as soon as possible.

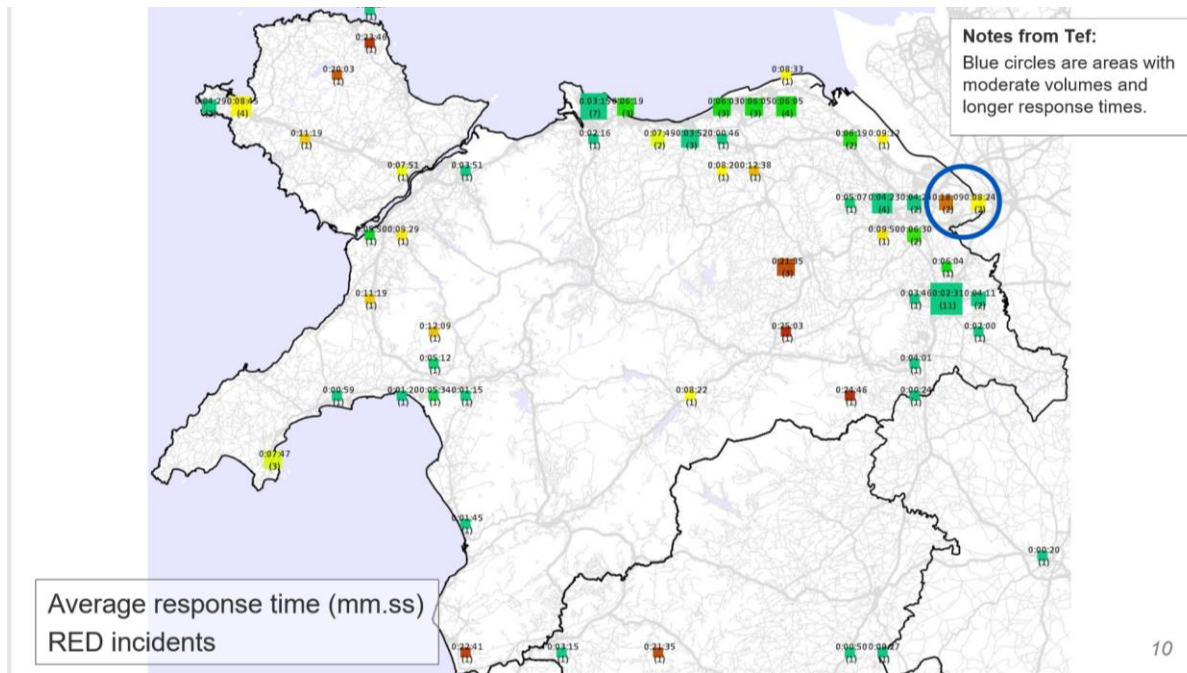
Demand

- HI currently provide a forecast of red demand for the week ahead. This is provided on a national basis, and may have limited use when planning on a Health Board area.
- The QlikSense app includes demand maps of historical demand which can be filtered by Health Board, by call category, by time of day, by call code etc. The first heat map below shows red demand within Aneurin Bevan Health Board area across the days of the week and hours of the day. The Friday and Saturday night increases in activity can be clearly seen here, and are consistent across most Health Boards. The second heat map, for the same period, shows the times of the day and week that the reds were missed.

Annex 3



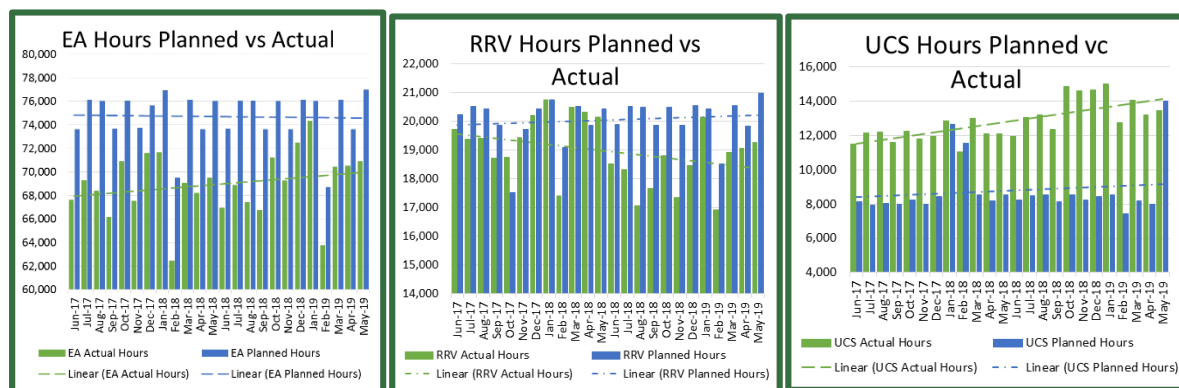
- Optima is now able to provide us with data on where demand originates from and the hot spots in terms of locations, as well as the response times visualised on a map. It is currently being used to support Red performance, in particular, the more effective use of deployment points. The figure below is an example showing the average response times for red calls in North Wales, by location.



10

Capacity

- Detailed data is collected and utilised on **planned versus actual UHP** for each group of vehicle / staff group (EA / RRV / UCS / APP) both on a national basis but also on a health board basis. The national monthly data (below) shows that, whilst overall UHP looks healthy, this hides the fact that EA and RRV resource is lower than planned, whereas UCS resource is higher than planned.
- On a health board basis, the weekly data sent to the commissioners shows big variations across times of the day, days of the week and between health boards. It is difficult to use these individual weekly sheets to get a sense of the ongoing pattern of capacity and at present concentrates on %s rather than actual hours.



EA UHP by Health Board

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
SB	96%	99%	102%	95%	93%	96%
ABHB	92%	98%	99%	93%	97%	100%
BCU	94%	92%	95%	92%	90%	93%
CV	99%	101%	102%	93%	94%	99%
CTM	94%	89%	97%	91%	89%	95%
HD	93%	96%	97%	94%	93%	97%
Powys	93%	93%	96%	92%	90%	93%

RRV UHP by Health Board

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
SB	122%	124%	133%	123%	121%	112%
ABHB	76%	77%	82%	76%	79%	91%
BCU	83%	81%	98%	96%	98%	87%
CV	77%	76%	83%	74%	70%	78%
CTM	96%	99%	99%	95%	91%	99%
HD	108%	141%	156%	125%	136%	153%
Powys	97%	91%	129%	136%	139%	139%

- **CFR / UFR contribution** by health board / locality is now collected. This shows clearly that there is a lack of CFR capacity / resource in some health board areas. Hywel Dda has a particularly low level of contribution.

ALL WALES

		Denominator	CFR Contribution	% Contribution
Mar-19	Red	2,036	42	2.1%
Feb-19	Red	1,825	37	2.0%
Jan-19	Red	2,018	44	2.2%
Dec-19	Red	2,405	48	2.0%

HYWEL DDA

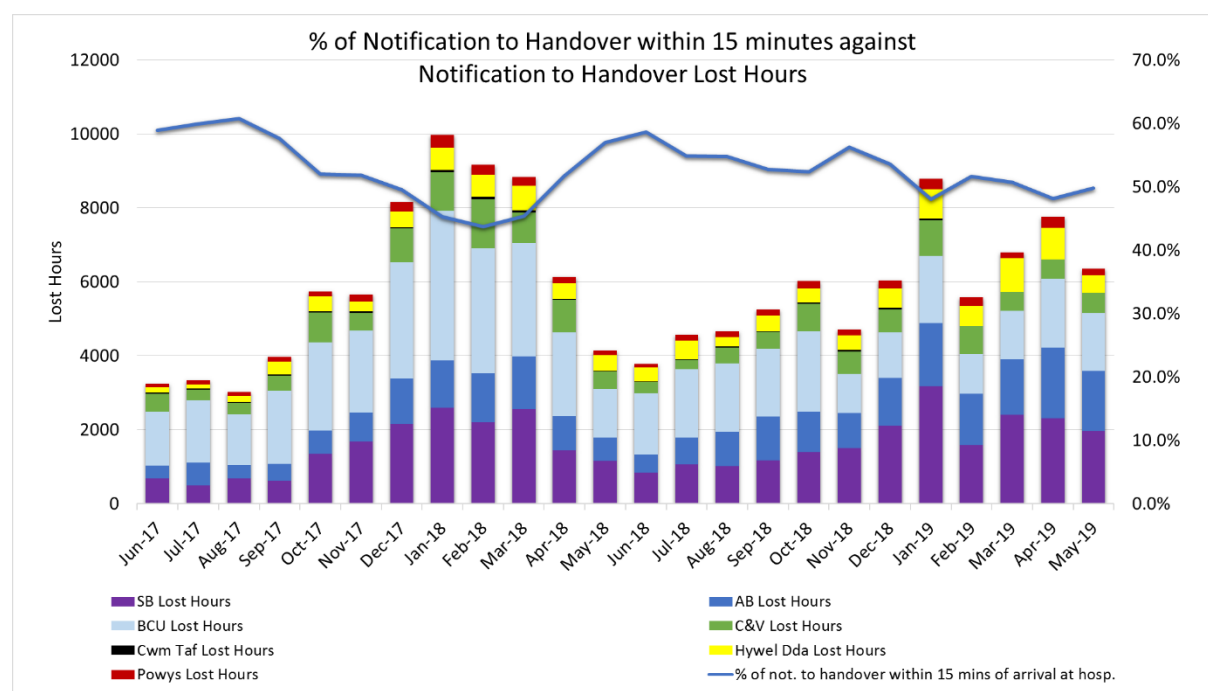
		Denominator	CFR Contribution	% Contribution
Mar-19	Red	218	3	1.4%
Feb-19	Red	211	0	0.0%
Jan-19	Red	239	3	1.3%

Dec-19	Red	249	2	0.8%
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- **Post production lost hours.** Data on lost hours shows a very large number of hours lost each month across all health Boards, with the majority related to either HALO duties or to crews being unavailable when they are on their way back to base for their meal break.

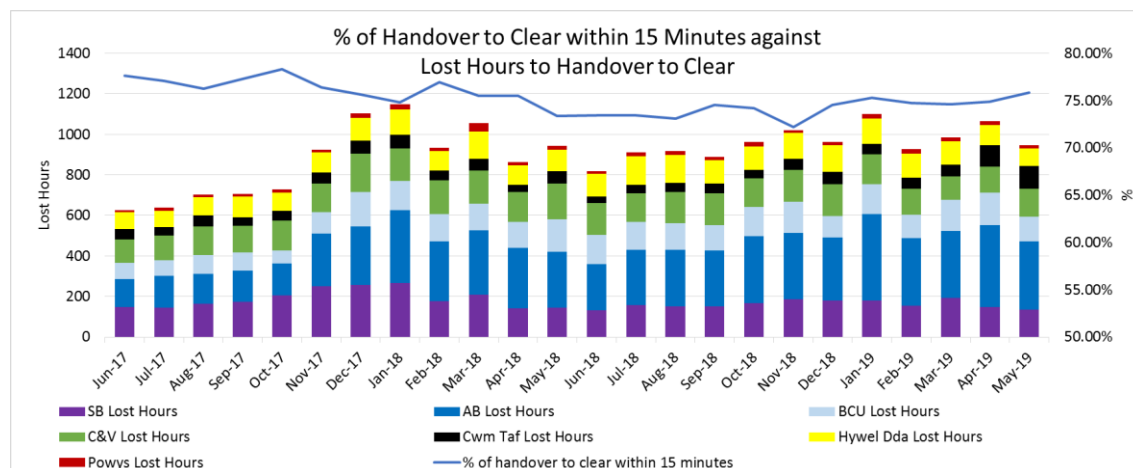
PPLH	Month Year									
LHB	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Grand Total
Abertawe Bro Morgannwg	961.22	860.35	1,138.47	1,347.33	1,194.25	1,488.82	1,637.63	1,777.88	2,479.03	12,884.98
Aneurin Bevan	910.80	1,072.13	1,391.27	1,476.33	1,535.87	1,639.75	1,461.05	1,721.38	2,071.33	13,279.92
Betsi Cadwaladr	840.65	1,075.35	1,296.12	1,235.57	1,391.37	1,518.68	1,224.60	1,365.73	1,557.65	11,505.72
Cardiff and Vale	707.32	764.53	948.67	1,006.12	1,030.15	1,195.52	1,034.07	1,337.77	1,265.65	9,289.78
Cwm Taf	509.45	627.52	682.67	653.12	740.10	810.60	783.15	673.42	731.05	6,211.07
Hywel Dda	635.73	627.52	845.63	783.28	823.55	846.92	898.82	1,004.77	978.98	7,445.20
Powys	243.50	281.42	348.38	438.88	354.77	449.17	383.73	417.67	468.87	3,386.38
Grand Total	4,808.67	5,308.82	6,651.20	6,940.63	7,070.05	7,949.45	7,423.05	8,298.62	9,552.57	64,003.05

- Hospital handover delays. This data is routinely collected by health board and by hospital, and continues to show an overall deterioration nationally although certain health boards have demonstrated real improvement.



- **Handover to Clear** delays are currently being managed through the Handover to Clear Improvement Plan. From an ambulance response perspective, the focus is on a more effective performance management of H2C as part of a local performance management framework within the Operations Directorate. From a CCC perspective, measures include: implementing Dual PIN as part of the

Hospital Arrival Screen (HAS) system or alternative technology. The first sites have gone live through Q1 of 2019/20 with the remaining sites to go live in the early part of Q2. The latest H2C data indicates improvements are being made through June 19.



- **Abstraction rates** are now being reviewed on a health board basis and show a higher level than that which is funded in establishments. In addition, data on specific types of abstraction show a relatively high level of alternative duties on top of high sickness levels.

Total Abstraction Hours V % Funded Contractual	Nov-18	Dec-18	Jan-18	Feb-18	March 2019	April	May	June
ABM	34.38%	30.52%	26.31%	31.19%	35.44%	32.05%	34.27%	33.59%
HD	31.23%	28.77%	30.20%	29.25%	33.60%	26.80%	30.73%	29.44%
Powys	33.79%	31.64%	30.18%	29.98%	33.95%	28.14%	32.71%	31.79%
BCU	28.66%	29.06%	27.77%	29.45%	33.98%	27.63%	29.97%	31.30%
AB	33.10%	33.08%	31.37%	34.09%	34.82%	27.51%	28.37%	29.99%
CV	31.86%	29.22%	27.84%	32.00%	34.06%	32.50%	35.59%	32.80%
CT	34.55%	37.07%	31.71%	34.79%	41.60%	31.88%	34.69%	29.25%
Pan Wales EMS	31.93%	30.85%	29.10%	31.25%	34.96%	29.06%	31.68%	31.14%

- **Overall capacity available to respond to incidents.** HI and Steve Clinton are reviewing a mechanism for identifying the total number of resources available each hour of the day, taking into account actual resource on the ground, losses at hospital and post production losses. This data is not yet available, work is still ongoing to resolve some anomalies in source data. This is likely to be a very useful tool for planning purposes.

Efficiency and Effectiveness

- Contribution by vehicle / responder type. Reviewing this data allows us to consider whether we have the right mix of responding vehicles.

Response to red calls – all wales

Best Responding Vehicle Type Group											
Click on + sign for more detail	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Emergency Ambulance	44.64%	46.52%	46.63%	44.32%	44.93%	46.04%	43.00%	41.81%	44.40%	43.42%	45.70%
RRV	36.21%	34.89%	33.62%	35.95%	37.14%	35.23%	39.23%	37.23%	36.36%	36.06%	35.57%
Medic/Dr/Defib	7.89%	6.92%	6.17%	5.86%	6.16%	7.33%	5.34%	6.36%	6.40%	6.92%	6.11%
HDS/UCS/St Johns	5.51%	5.69%	6.33%	6.07%	4.98%	4.79%	5.47%	6.56%	6.18%	6.34%	5.65%
Community First Responder	3.08%	2.80%	2.60%	3.30%	3.50%	2.67%	2.69%	3.30%	2.79%	2.78%	3.13%
Uniformed First Responder	0.89%	1.28%	0.71%	1.62%	0.94%	1.31%	1.24%	1.18%	1.15%	1.12%	1.95%
APP	0.69%	1.03%	2.65%	1.99%	1.33%	1.99%	2.07%	2.56%	1.64%	2.24%	0.79%
HART/SORT	0.35%	0.29%	0.66%	0.47%	0.44%	0.36%	0.66%	0.49%	0.66%	0.49%	0.45%
Other	0.25%	0.20%	0.26%	0.05%	0.34%	0.09%	0.21%	0.15%	0.11%	0.19%	0.36%
Air Ambulance	0.50%	0.20%	0.26%	0.26%	0.20%	0.09%	0.00%	0.10%	0.00%	0.10%	0.13%
NEPTS	0.00%	0.20%	0.00%	0.10%	0.00%	0.00%	0.04%	0.05%	0.05%	0.00%	0.10%
EMRTS	0.00%	0.00%	0.10%	0.00%	0.05%	0.09%	0.04%	0.20%	0.27%	0.34%	0.06%
TAXI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Response to all calls – all wales

Best Responding Vehicle Type Group											
Click on + sign for more detail	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Emergency Ambulance	63.33%	63.31%	63.49%	63.93%	62.79%	63.14%	61.80%	60.75%	60.36%	60.27%	62.15%
RRV	19.61%	19.23%	18.49%	18.74%	19.26%	19.10%	19.59%	19.76%	20.20%	20.11%	21.35%
HDS/UCS/St Johns	9.01%	9.24%	10.04%	9.18%	9.73%	9.65%	9.40%	9.79%	9.90%	9.96%	9.24%
Community First Responder	3.65%	3.79%	3.61%	3.64%	3.75%	2.94%	3.70%	3.75%	3.89%	3.66%	2.99%
TAXI	2.02%	2.08%	1.82%	1.82%	1.77%	2.03%	2.06%	2.58%	2.22%	2.13%	1.89%
Uniformed First Responder	0.41%	0.39%	0.29%	0.42%	0.38%	0.24%	0.37%	0.34%	0.34%	0.46%	0.73%
Medic/Dr/Defib	0.80%	0.58%	0.69%	0.51%	0.58%	0.89%	0.70%	0.53%	0.49%	0.56%	0.54%
APP	0.48%	0.86%	1.10%	1.30%	1.14%	1.34%	1.23%	1.47%	1.43%	1.60%	0.52%
HART/SORT	0.19%	0.23%	0.28%	0.24%	0.22%	0.19%	0.29%	0.24%	0.29%	0.30%	0.22%
NEPTS	0.26%	0.14%	0.03%	0.08%	0.23%	0.25%	0.71%	0.65%	0.67%	0.75%	0.17%
Other	0.09%	0.05%	0.03%	0.01%	0.04%	0.13%	0.07%	0.05%	0.05%	0.05%	0.10%
Air Ambulance	0.15%	0.11%	0.10%	0.10%	0.10%	0.05%	0.03%	0.05%	0.07%	0.08%	0.07%
EMRTS	0.01%	0.01%	0.04%	0.03%	0.01%	0.05%	0.05%	0.05%	0.11%	0.08%	0.02%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

- Time to allocation by region – at present, no data is available on the job cycle times, as there is an error in the way in which the allocation clock start is recorded. HI are now working on this as this may help identify areas where we can improve on some of the missed reds which are missed by seconds.
- Missed reds and reasons – Optima is now able to show where the missed reds are, shown on a map. In addition, this will also soon be added to the QlikSense app.

- Data on deployment points – the Optima maps, produced weekly, now enable us to review whether our deployment points are in the right places and to take action if not.

4. Improving Performance – Action Planning

As the sections above in this paper show, the Trust has a wealth of data which it is able to use at a national and local level on demand, capacity and efficiency.

The HI, operations and performance teams are continuing to develop and refine the information to allow even more sophisticated analysis and action planning. A “hackathon” was held in the week commencing 10 June 2019 using QlikSense to deep dive into Red performance. Optima Predict has been also been redirected to support the Red Improvement Plan and is being used to review deployment points.

A Red scorecard has been developed by Planning & Performance and Health Informatics that brings together Red demand, Red performance and capacity to deliver into one scorecard. This is now being sent out weekly to key stakeholders.

Action plans have been developed at a corporate and a Health Board level, using the data to understand what is required to improve performance. The latest action plan is attached to this paper.

Work will continue across the Trust on improving red performance using an iterative approach.

Highlight Report		SUMMARY NATIONAL RED IMPROVEMENT PLAN				April 2019 onwards	On target < One Month Off Target > One Month Off Target Completed/ongoing
Objective:-		To improve Red performance pan Wales with a particular focus on improving performance in HD and P.					
Key Deliverables / Milestones		Lead	Start Date	End Date	Status	0	
1) CFRs	Community First Responders (CFRs) a) Increasing the number of schemes.	BT/JB	May-19	Oct-19		SJW have agreed to deliver an additional 36 SJW CFR staff across HD and P HB areas, with a 10 week delivery programme using current volunteers. Further potential roll outs will be agreed following the first phase.	
	CFRs b) Improving the experience of current CFR schemes	BT/JB	May-19	Sep-19		Proposal to reduce the number of stand downs except for scene safety or clinical risk issues to ensure CFR job satisfaction and increase learning opportunity.	
	CFRs c) Improving the technology for mobilisations	AW/TR	May-19	Sep-19		Identified a wifi solution to improve mobile coverage that requires testing. Consideration of autopaging to be activated when CFR not logged on. To be reviewed with partners from IT, CCC & CFR due to conflicting needs. Initial workshop held to resolve and meeting now arranged with Terrafix 16/7/19 to progress a wifi solution.	
2) Blue Light	a) Joint Response Units (JRUs)	BT	May-19	EFG		EFG to consider business case for expansion in July 2019.	
	b) Uniformed Responders (UFRs)	BT	May-19	EMT		Paper to EMT in July 2019.	
3) Public	a) PAD sites and GoodSAM	AS/GL	May-19	Jun-19		Ensured all known sites are captured by CAD and data quality assurance process in place to satisfy all contribution is valid.	
	b) Increase the use of PAD sites and GoodSAM	AS/GL	May-19	Sep-19		Good SAM introduced internally. 528 authorised via WAST GoodSAM, other emergency services and St John Wales. In discussion with Health Boards to rollout with HCP staff. Increased the number of PADs sites focusing on schools and Police facilities. 476 additional AEDs will be in circulation by the end of Q2.	
4) Falls	Pilot Falls Desk in each CCC to focus on dispatching Falls Assistants to appropriate calls, reducing EA dispatch	SC/CR	May-19	Sep-19		PDSA being drafted by P&P and QSPE. Review of process currently being undertaken by systems administrator.	
5) SPM	Review of Status Management Plan deployment points (see also Analysis below)	LP/HB	Apr-19	Sep-19		Changes to Powys complete. AB and CT reviewed using Optima Predict. HD next priority. Other HBs to be reviewed by September 2019.	
6) RRVs	a) Making smarter use of overtime and targeting twilight RRV resource in areas of known missed red activity	LP	Apr-19	Live		Additional Twilight RRVs in place.	
	b) Work with TU partners and clinical and operational managers to agree expansion of categories of staff allowed to man RRV vehicles i.e. allow EMT and one year qualified NEPTS	LP	Apr-19	Stopped		Reviewed. Decision not to implement. Stopped.	
7) HB Plans	Recovery Health Boards	LP	Apr-May 19	Until Plans Stood Down		Recovery plans in place for HD and P. Performance in both improving, with P showing particular improvement. Plans will remain in place until performance sustained above target.	
8) Tactical Plan	Tactical Planning - twice weekly review of predicted UHP with AOMs (and every Wednesday with NCCU)	LP	May-19	Live		Twice weekly Operations Directorate tactical review meeting in place which reviews predicted UHP. Meeting every week with NCCU as well.	
9) Reduce Abstractions	Abstractions Management - review of long term abstractions/sickness absence management	LP/CV	May-19	Live		AD Response reviewing long term abstractions each month. Nine point Sickness Absence Management Plan in place. Also twice weekly review of abstractions as part of tactical planning. Abstraction rate was 32% in May (29% in April). Trust's May sickness was 6.28% (lowest since June 2018).	
ver	a) Patient Flow Co-ordinators (previously HALOs)	LP	Apr-19	Oct-19		JD/PS complete and currently being made available to HBs who can fund.	

Annex 3b

10) Handov	b) Amber Review - Handover Action Plans by DGH Site	SH/RW	Apr-19	Morrison current focus		NCCU lead for this action. WAST actively supporting through Amber Review with provision of information and support from Operations Colleagues. Initial indications from NCCU are that there is limited ability to improve handover at the ED front door and that the major issue is bed capacity/delayed discharge i.e. insufficient community provision to discharge patients too. This issue discussed at Amber Review PB and D&C project call. <u>D&C will model the maximum non-conveyance WAST can deliver.</u>
11) PPLH	Reduction of post production lost hours focussed on return to base for rest break (see also Analysis below)	LB	May-19	?		Responsibility transferred to the Director of Operations (08/07/2019). LB to arrange meeting with TU partners to progress. Timeline dependent on this meeting and also data availability (see 13 below).

Annex 3b

12) H2C	Reduce handover to clear (H2C) with dual pin process	LP	Apr-19	Aug-19		Good progress being made with full roll out expected by August 2019.
13) Improved Analysis	a) QlikSense	NM	Apr-19	Live		Create Red Insight Group using QlikSense to support analysis of causes of Red performance. Focus on call recategorisation, use of deployment points and overnight RRVs shifts. Also develop a QlikSense APP to support operational managers with the management of Post Production Lost Hours reduction. The aim is to resolve the data issues in August but this area is complex and dependent on resolving a number of data
	b) Optima Predict	HB	Apr-19	Live		Finalise go live of Optima Predict and redirect to Red Improvement Plan (see SPM above). Live and redirected. Now focused on SPM. Should also be able to support work on CFR schemes (see 1 above).



AGENDA ITEM No	3.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

FINANCIAL PERFORMANCE AS AT MONTH 3 2019/20

MEETING	Trust Board
DATE	18 th July 2019
EXECUTIVE	Interim Director of Finance & ICT
AUTHORS	Gwen Kohler
CONTACT DETAILS	Chris Turley Tel 01633 626201 Chris.Turley2@wales.nhs.uk

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

REPORT PURPOSE	To provide the Board with an update on the financial performance of the Trust for Month 3 of the 2019/20 Financial year.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Finance Group	10 th July 2019	To note the year to date financial position (as at M3)
F&P Committee	16 th July 2019	To note
Trust Board	18 th July 2019	To note

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 3 2019/20

SITUATION

1. This report provides the Trust Board with a detailed update on the financial performance of the Trust as at June 2019 (Month 3).
2. As advised previously the format of the Trust's Finance reports to Board and Committees has been reviewed and is starting to be updated in line with the publication of an NHS Wales Finance Academy good practice guide and toolkit on Board and Committee financial reporting. This is the first publication of the revised financial performance report which will continue to be refined over coming months to reflect any feedback received, which is welcomed.

BACKGROUND

3. Following adoption by the Trust Board on 30th May 2019 the 2018/19 annual accounts were approved by the Auditor General on 11th June 2019 and submitted to Welsh Government.
4. The key points to note in relation to the **delivery of the Statutory Financial Targets for the year 2019/20 to date** (1st April-30th June 2019) are that:
 - The cumulative revenue financial position has remained constant with a small **underspend against budget of £0.001m** with a breakeven position being achieved in June (month 3). The forecast for 2019/20 remains a balanced position.
 - In line with the financial plans that support the **approved IMTP** savings of £0.621m have been achieved against a year to date target of £0.600m, an **over achievement against the target of £0.021m**.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.4% for the number, and 97.4% of the value** of non NHS invoices paid within 30 days.
 - The organisation **remains within the External Financial Limit (EFL) of £19.883m**. External capital funding of **£13.586m has now been approved for investment in vehicles** by the Minister for Health and Social Services.
5. There have been some developments with regards to previously identified risks, with the conclusion of the national negotiations on the renewal of Microsoft licences and the planned move to Office 365, and the outcome of the current appeal against the ruling in relation to the payment of holiday pay on voluntary overtime. Each of these is described in more detail within this paper.
6. Similarly there has been some progress in relation to the additional investment to support the delivery of "A Healthier Wales" with a number of bids put forward to Emergency Ambulance Services Committee (EASC) for their consideration and approval.
7. Confirmation has also been received from Welsh Government that £0.122m of funding (previously non-recurrent) to support Mental Health will be now provided on a recurrent basis, which is very welcomed.
8. There have been no significant balance sheet movements in month.

ASSESSMENT

Revenue position

9. The table below presents an overview of the financial position for the period 1st April to 30th June 2019. The forecast outturn for 2019/20 remains breakeven.

Revenue Financial Position for the period 1st April - 30th June 2019				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income	-196,573	-48,094	-48,249	-155
Expenditure				
Pay	141,134	35,436	35,218	-218
Non-pay	55,439	12,658	13,030	372
Total pay & non-pay expenditure	181,660	46,866	47,008	142
Depreciation & Impairments / interest payable & receivable	14,913	1,228	1,240	12
Total	0	0	-1	-1

Key areas of variance

Income

10. Reported Income against the initial budget set at Month 3 shows a favourable variance of £0.155m. This is in part attributable to the recovery of costs of employees (£0.104m) who are on secondment to organisations outside of WAST. In addition there has been additional income received from providing ambulance cover at sporting events, plus extra contractual referrals within NEPTS and recharging for APP costs.

Pay costs

11. Overall the total pay variance at month 3 is an under-spend of £0.218m. Whilst there is a net underspend there are also some areas of overspend. The main areas of underspend include the overachievement of savings against vacancies, particularly within the corporate functions. This is offset by overspends within NEPTS of £0.102m. The current pay position also includes the expenditure incurred for staff who are on secondment to organisations outside of WAST and this totals £104k. These costs are offset by income. From Month 4 a corresponding income and expenditure budget will be set to eliminate both of these offsetting variances.
12. The recent big bang recruitment campaign has seen a number of paramedics offered positions of employment to support forecast vacancies that will occur during 2019/20.
13. Our plans currently assume a level of reduction of overtime hours linked to an improvement in sickness rates, however this will be offset by additional resources which have been deployed to respond to red demand and which will therefore impact on overall levels of overtime hours. It is

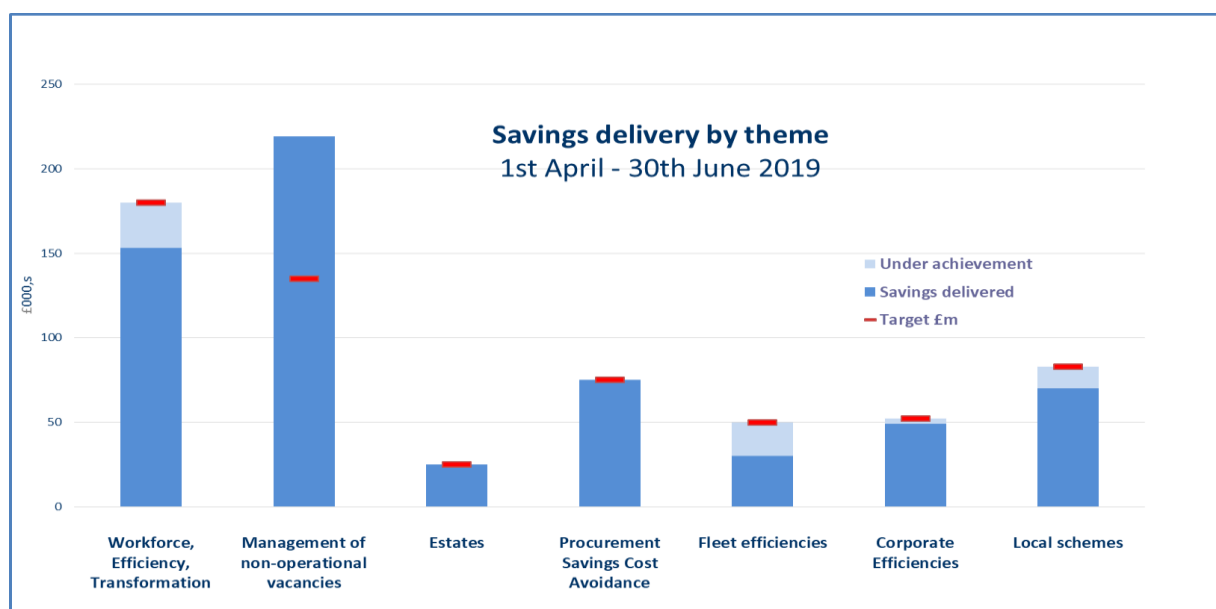
also recognised that in some cases the reduction in sickness may mean a return to alternative rather than full operational duties.

Non-pay

14. The non-pay position at Month 3 is an adverse variance of £0.372m, this is attributed to a number of factors including; further increases in fuel costs £0.021m, Taxi and other vehicle hire £0.088m, particularly within NEPTS (£0.057m) and voluntary and independent sector providers £0.040m of which the majority relates to NEPTS (£0.035m).

Savings

15. Our financial plan identifies that a minimum of £2.1m of savings and cost containment measures will be required to achieve financial balance in 2019/20. £0.621m of savings have been delivered between 1st April and 30th June against a target of £0.600m (29% of the total). Whilst our total savings plans are broadly in balance as at Month 3 there are specific schemes over achieving which are offsetting others that are under achieving; this is demonstrated in the graph below. Finance & Performance Committee on 16th July 2019 will also have received and reviewed detailed highlight reports for each of these areas.



16. The key highlights in terms of savings delivery year to date are as follows:

- Workforce, efficiencies and transformation has achieved savings / cost containment of £0.153m to Month 3 the financial year;
- Through management of non-operational vacancies £0.219m has been saved which exceeds the target to date by £0.084m;
- Challenges to the achievement of the savings target against fleet continue into 2019/20. Some savings totalling £0.030m has been achieved compared to the plan of £0.050m;
- Overall £0.049m has been delivered against corporate efficiencies against a target of £0.052m. Further detailed analysis work continues to reduce travel costs which includes extending the use and availability of pool cars and reviewing travel arrangements;

- There are a number of local schemes, some of which are attracting additional income rather than reducing costs.

Position by Directorate

17. Whilst there is a net break even position there are a number of variances between directorates. The financial performance by directorate is presented within the table below which highlights that a current overspend continues within NEPTS, and is offset by underspends predominately within a number of the Corporate Directorates.

Financial position by Directorate @ 30th June 2019				
Directorate	Annual Budget	Year to date		
	Budget	Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Directorate				
Operations Directorate*	111,520	27,754	27,748	-6
NEPTS Directorate*	2,319	533	705	172
Chief Executive Directorate	1,729	392	367	-25
Board Secretary	273	68	68	-0
Partnerships & Engagement Directorate	554	128	114	-14
Finance and ICT Directorate	9,762	1,992	1,934	-58
Planning and Performance Directorate	5,379	1,368	1,310	-58
Quality, Safety and Patient Experience Directorate	3,576	841	821	-20
Workforce and OD Directorate	3,676	909	893	-16
Medical & Clinical Services Directorate	2,681	535	544	9
Trust Reserves	18,689	4,334	4,347	13
Trust Income (mainly EASC)	-160,158	-38,854	-38,852	2
Overall Trust Position	0	0	-1	-1

* Annual Budget values is net of directly attributed income of £10.6m within operations and £22.4m within NEPTS. Future presentations of this summary will consider the "gross" values of the full delegated budgets, with all commissioned / contracting income presented centrally

18. Similarly there are variances within each of the Directorates. These are considered in the tables and narrative below.

Operations

Operations I&E @ 30th June 2019				
	Annual Budget	Year to date		
	Budget	Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income	-10,629	-2,510	-2,556	-46
Pay	106,830	26,559	26,372	-187
Non Pay	15,319	3,705	3,932	227
Total	111,520	27,754	27,748	-6

19. Income variance is due to providing operational cover at an increased number of sporting events and ad hoc recharges to NHS organisations for supplying operational staff.
20. Pay variances relate to vacancies including managerial and administrative areas, Advanced Paramedic Practitioners (APP) and Clinical Team Leader (CTL), Fleet management and workshops. These savings have in part been offset by agency costs and through non-pay external supplier costs.
21. Non Pay cumulative variances included fuel costs for the first two months of this financial year due to increased forecourt prices, taxi expenditure supporting the clinical model, clinical operating expenses and travel and subsistence.
22. The table below provides detail of how this translates against individual budget areas.

Breakdown of Financial position for Operations @ 30th June 2019				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Operational Budgets				
Operational Directorate Management and Support	2,602	477	439	-38
Operations Directorate - Resilience/Business Continuity	552	173	156	-17
National Fleet Services	5,872	1,462	1,466	4
Resource Department	1,185	297	297	0
Clinical Contact Centres	13,516	3,385	3,337	-48
NHSD / 111 Services	5,955	1,489	1,548	59
Ambulance Response	81,838	20,471	20,505	34
Total Operations budgets	111,520	27,754	27,748	-6

- **Non-Emergency Patient Transport (NEPTS)**

NEPTS I&E @ 30th June 2019				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000,s	£000,s	£000,s	£000,s
Income	-22,374	-5,679	-5,684	-5
Pay	16,797	4,257	4,358	101
Non Pay	7,896	1,955	2,031	76
Total	2,319	533	705	172

23. The following below provides detail of how this translates against individual budget areas and demonstrates that the main area of overspend is in the South East. Of the analysis above £0.095m of the pay and £0.046m of the non-pay overspend is attributable to the South East, in addition there is an under recovery of income of £0.014m.

24. Of this, the pay overspend relates to increased levels of overtime to provide core shift cover to meet demand with non-pay attributed to the increased use of taxi provision and travel expenses.

25. Along with the ongoing dialogue with the Commissioner in relation to the full delivery of the previously agreed NEPTS business case, the ongoing delivery against this in terms of non eligible journeys and the full transfer of work from health boards, the NEPTS Management team have also started to implement a suite of initiatives to strengthen the control of costs and to improve efficiencies including:-

- Review the planning and day control processes;
- Implemented a regional taxi / car desk to improve and reduce numbers of journeys;
- Review of patient motilities' to ensure correct vehicle allocation;
- ICT changes and upgrades to enhance user requirements.

Breakdown of Financial position for NEPTS @ 30th June 2019				
	Annual	Year to date		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
NEPTS Budgets				
NEPTS Deputy Director	952	222	208	-14
NEPTS General Manager Central and West	1,281	246	257	12
NEPTS General Manager North	481	139	158	19
NEPTS General Manager South East	-395	-74	81	155
Total NEPTS budgets	2,319	533	705	172

- Corporate

Corporate I&E @ 30th June 2019				
	Annual	Year to date		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income	-1,400	-549	-647	-98
Pay	16,852	4,109	4,012	-97
Non Pay	12,178	2,673	2,686	13
Total	27,630	6,233	6,051	-182

26. The directorate level table presented in paragraph 15 above provides detail in relation to the financial position of each of the corporate directorates. Specifically that the majority are underspent with a total underspend of £0.182m.
27. The table above demonstrates how this relates to pay, where there are a number of vacancies which are contributing to overall savings delivery. In addition there is an overachievement of income, predominantly linked to the recharges for seconded staff.

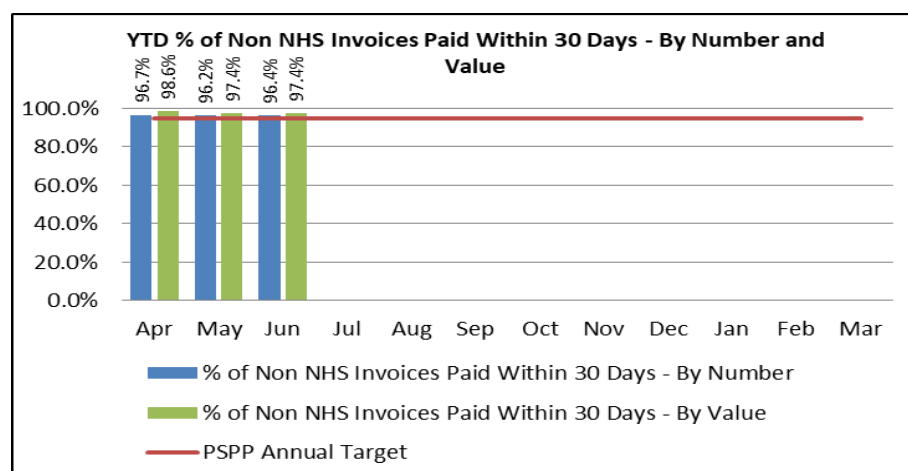
Trust Reserves / Depreciation and Other

	Reserves, Depreciation & Other I&E @ 30th June 2019			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income	-2,012	-503	-510	-7
Pay	654	512	476	-36
Non Pay	20,046	4,324	4,381	57
Total	18,688	4,333	4,347	14

28. The position above is inclusive of income from Welsh Government for Personal Injury Benefit scheme, depreciation costs of £14.930m, together with the costs of the one off A4C payment made in April as part of the pay award that was separately funded by Welsh Government.
29. The non-pay position also includes the Trust contingency and residual budget setting reserve (see below), plus £1.725m relating to the A Healthier Wales funding agreed as part of the IMTP – the utilisation of which is still being finalised with the Commissioners.

Public Sector Payment Policy (PSPP)

30. Public Sector Payment Policy (PSPP) compliance for the first quarter was 96.4% against the 95% WG target set for non-NHS invoices by number, and 97.4% by value. This is demonstrated in the graph below.



Capital

31. The Trust's current detailed capital expenditure by project is shown at **Annex 1**. At Month 3 the Trust's current approved Capital Expenditure Limit (CEL) is £19.883m, this has increased as the funding for this year's planned fleet replacement programme of £13.586m was approved by the Minister for Health and Social Services. This funding will provide investment to replace 46 Emergency Ambulances (EAs), 2 4X4 EAs, 25 Rapid Response Vehicles (RRVs), 33 Non-Emergency Patient Transfer Service (NEPTS) vehicles and 5 Hazardous Area Response Team (HART) vehicles.
32. To date there has been £0.270m of Capital expenditure incurred which is in line with our plans at this stage of the year.

Capital funding 2019/20	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
Brokerage return of St Asaph	-191	-400
ESMCP – Control Room Solution	29	313
Vehicle Replacement Programme 2019/20	329	13,586
Cardiff Make Ready Depot FBC Fees	0	559
Total All Wales Capital Programme:	167	14,058
Discretionary:		
I.T.	205	782
Equipment	-163	471
Statutory Compliance	0	0
Estates	42	1,181
Other	19	3,521
Sub Total	103	5,955
Total Capital Programme Less NBV reinvested		20,013 -130
Total Capital Funding from WG	270	19,883

Balance sheet

33. The Trust's balance sheet at Month 3 is shown at **Annex 2** and at this stage of the year there are no concerns.

Risks and assumptions

- **New Microsoft Enterprise Agreement**

34. Agreement has now been reached in respect of the allocation of the additional costs associated with the revised nationally negotiated and agreed Microsoft Enterprise Agreement. For WAST this will mean an additional cost of circa £0.200m for 2019/20 of which £0.100m will be required to be funded from the Contingency Reserve.

- **Holiday pay**

35. In recognition of legal advice received in relation to the case of East of England Ambulance Services NHS Trust vs Flowers an accrual was made in the 2018/19 accounts to reflect the potential impact of the payments of voluntary overtime on holiday pay. The value of this accrual was £1.505m and was funded by Welsh Government. This related to an estimate made on the impact for the two years ended 31 March 2019.
36. Following the outcome of the Court of Appeal the East of England Ambulance Trust has applied for permission potential to appeal to the Supreme Court. To further assess the position WAST is engaged with the Association of Ambulance Chief Executives to obtain further legal advice.
37. Based on an agreed all Wales approach, no additional accruals are included within the 2019/20 position at present a medium rated risk of £1.0m (full year estimated cost) has been highlighted, based on the methodology adopted for the 2018/19 accrual. If these estimates change as part of the appeal outcome, and the previous accrual is not sufficient, the assumption is that any additional costs from 2018/19 and 2019/20 would be met by the Welsh Government – however this risk includes the potential for this not to be the case.

- **Sickness payments**

38. Payments have continued to be made for sickness payments during unsocial hour periods. This has previously been identified as a risk with a potential value of c£1.2m however advice has been provided via Welsh Government to confirm that these costs will be matched by income, therefore this risk has been mitigated for 2019/20.

- **ESMCP**

39. This project is delayed nationally with the result that it is necessary to extend the existing Airwave contract which will result in some additional costs. At this stage there are discussions ongoing with Welsh Government to determine the extent of this and the funding arrangements for these costs, consistent with previous such costs. Should funding however not be available this could present a significant risk to the Trust.

Finalising budget setting for 2019/20

40. The Trust Board received a paper on 28th March 2019 which set out the initial 2019/20 revenue budget. This provided for, and in approving the budget the Trust Board agreed, a contingency of £0.5m together with circa £0.8m of residual budget funding to be prioritised and agreed by the Executive Finance Group (EFG). An update on progress against this was requested following Q1 (M03) of 2019/20 and F&P Committee were provided with a detailed update on this for its meeting on 16th July 2019.
41. In summary, EFG have agreed funding to support the following:-
- Investment in Partnerships & Engagement (Communications) team to build further resilience into this and ensure full coverage across the all Wales footprint;
 - Planning & Performance team development to support and enhance the continuing delivery of the IMTP, along with again recognising a previous (non recurring) commitment in relation to Clinical Audit within the Medical Directorate;
 - A realignment of volunteer mileage rates, to make these consistent across the Trust;

- The upcoming EMS / CCC – Demand & Capacity Review (if none of this gets externally funded by the Commissioners);
- The above Microsoft / Office 365 contract renewal;
- Training and associated non pay costs for the recruitment of the Newly Qualified Paramedics from the big bang recruitment exercise, and
- Some initial costs of the further development of Advanced Paramedic Practitioner (APP) Expansion Business Case – however, it is noted that the majority of this, especially on a recurrent basis, will need to be separately funded.

42. The total estimated costs of the above for 2019/20 are £0.888m (£0.949m recurrent). As these estimated costs are slightly greater than the remaining residual budget, the excess of c£0.090m has been allocated initially as a first call against the contingency – this may get revisited should any additional funding be agreed for any of the above items during the remainder of the financial year.

43. In addition there are emerging cost pressures / developments that may need to be considered for funding in this financial year. These will be assessed through EFG to develop. These will be prioritised alongside relevant funding streams which alongside the utilisation of the remaining contingency reserve may include, reprioritisation from existing budgets, identifying further savings as well as the potential for other sources of income.

44. As part of this additional savings will be need to be identified for future years, both to fund the full year effects of any new recurring costs and to reinstate the contingency reserve to £0.500m for future years. This will need to be built into our future financial plan together with some assumptions in relation to the risks noted above.

RECOMMENDED That the Trust Board:

- (1) Note the updated presentation and format of the Finance Report.**
- (2) Note the Month 3 revenue and capital financial position and performance of the Trust as at 30th June 2019**

Annex 1 - Capital Programme

Non-Discretionary Capital Programme - 2019/20	2019-2020 Planned Expenditure £'000	2019-2020 Expenditure To Date £'000	2019-2020 Expected Final Cost £'000
Non-Discretionary Capital 2019/20			
ICT AWCP			
ESMCP - Control Room Solution	313	29	313
Total ICT AWCP	313	29	313
Estates 19/20			
Brokerage return of St Asaph	- 400	- 191	- 400
Cardiff Make Ready Depot FBC Fees	559	0	559
TOTAL Estates 19/20	159	- 191	159
Fleet 2019/2020 BJC			
EMS Chassis 19-20	1,838	-	1,838
EMS Conversion 19-20	3,572	-	3,572
EMS Comms 19-20	194	-	194
EMS Equipment 19-20	1,390	-	1,390
RRV Chassis 19-20	663	-	663
RRV Conversion 19-20	447	-	447
RRV Comms 19-20	139	-	139
RRV Equipment 19-20	392	-	392
PCS Large Renault Master (stretcher) Chassis 19-20	144	-	144
PCS Large Renault Master (stretcher) Conversion 19-20	228	-	228
PCS Large Renault Master (stretcher) COMMS 19-20	11	-	11
PCS Large Renault Master (stretcher) EQUIP 19-20	121	-	121
PCS Large Renault Master (Double Wheel Chair) Chassis 19-20	536	-	536
PCS Large Renault Master (Double Wheelchair) Conversion 19-20	842	-	842
PCS Large Renault Master (Double Wheelchair) COMMS 19-20	40	-	40
PCS Large Renault Master (Double Wheelchair) EQUIP 19-20	85	-	85
Specialist (Paramedic) Chassis 19-20	108	-	108
Specialist (Paramedic) Conversion 19-20	155	-	155
Specialist (Paramedic) COMMS 19-20	4	-	4
Specialist (Paramedic) EQUIP 19-20	45	-	45
Specialist (HART) Secondary Equipment Carriers Chassis 19-20	161	-	161
Specialist (HART) Secondary Equipment Carriers Conversion 19-20	118	-	118
Specialist (HART) Secondary Equipment Carriers COMMS 19-20	26	-	26
Specialist (HART) Secondary Equipment Carriers EQUIP 19-20	53	-	53
Specialist (HART) Personnel Carrier Chassis 19-20	53	-	53
Specialist (HART) Personnel Carrier Conversion 19-20	40	-	40
Specialist (HART) Personnel Carrier COMMS 19-20	9	-	9
Specialist (HART) Personnel Carrier EQUIP 19-20	18	-	18
Specialist (HART) Staff Welfare Vehicle Chassis 19-20	53	-	53
Specialist (HART) Staff Welfare Vehicle Conversion 19-20	40	-	40
Specialist (HART) Staff Welfare Vehicle COMMS 19-20	9	-	9
Specialist (HART) Staff Welfare Vehicle EQUIP 19-20	18	-	18
Project Cost 19-20	128	10	128
Utilised in 2018/19	330	-	330
Utilised in 2018/19 - Repayment to Discretionary	319	319	319
Brexit contingency	647	-	647
Contingency 2019/20	610	-	610
TOTAL Fleet 19/20	13,586	329	13,586
Non-Discretionary Capital TOTAL	14,058	167	14,058

Discretionary Capital Programme - 2019/20	2019-2020 Planned Expenditure £'000	2019-2020 Expenditure To Date £'000	2019-2020 Expected Final Cost £'000
<u>Fleet Other - 8810</u>			
Fleet Safety Costs - repairs to vehicles	150	5	150
Asset De-recognition - engine replacement for 515's	150	31	150
Repayment to Discretionary 2019/20 - Utilised in 2018/19	- 319	- 319	- 319
<u>Fleet Other 8810 - TOTAL</u>	- 19	- 284	- 19
<u>Fleet 2018/19 BJC</u>			
EMS Conversion 18-19	-	6	-
RRV Chassis 18-19	-	3	-
RRV Conversion 18-19	-	31	-
PCS Large Renault Master (Double Wheelchair) Conversion 18-19	-	1	-
Specialist (NREV) Conversion 18-19	-	9	-
Specialist (Driver Training) Conversion 18-19	-	6	-
Additional Communication Equipment ORH	-	1	-
Vehicle slippage 18/19	30	-	30
<u>Fleet 2017/18 BJC</u>			
PCS Large Renault Master (stretcher) COMMS 17-18	-	3	-
PCS Large Renault Master (Double Wheelchair) COMMS 17-18	-	5	-
<u>Total FLEET</u>	30	59	30
<u>ICT Projects - 8830</u>			
General replacement and new hardware	175	111	175
ICT year end slippage	203	-	203
Upgrade of WAST 999 Cisco Phone System	15	-	15
EMS CCC -CAD Phase 2 & 3 Implementation	120	-	120
CRS - ESMCP	254	0	254
Matrix ICT hardware	-	95	-
Extension to staff devices Pilot	-	8	-
Training School @ Ty Elwy - slippage 18/19	15	7	15
<u>ICT Projects - 8830 TOTAL</u>	782	206	782
<u>Estates Projects - 8840</u>			
<u>2019-20 Projects</u>			
Estates Allocation	470	-	470
Design fees	100	-	100
Replacement AC condensers VPH	30	-	30
<u>2018-19 Projects</u>			
Bryn Tirion - Replacement Lighting and Mechanical Ventilation to Control	1	-	1
Colwyn Bay Amb Station - Replacement Boiler, Distribution and Controls	-	2	-
Snowdon House - Replacement mechanical servicers	5	-	5
Cowbridge	14	4	14
Cefn Coed Relocation	3	58	3
Relocation of Staff off Lansdowne	1	11	1
Unit 7 - HQ St Asaph relocation (Training School)	97	-	97
<u>2017-18 Projects</u>			
Llanidloes extension and relocation to Fire Station due to structural and a	-	18	-
VPH CCC Technology refresh	30	2	30
Unit 7 - HQ St Asaph Relocation - Repayment to WG	400	62	400
<u>Estates Projects- 8840 TOTAL</u>	1,151	42	1,151
<u>Equipment - 8820</u>			
OHCA Improvement Plan	28	0	28
Control Drug Safe	113	61	113
<u>Equipment - 8820 TOTAL</u>	141	61	141
<u>Project Support Costs - salary paid from capital</u>	350	19	350
<u>Discretionary Capital 2019/20 TOTAL</u>	2,435	102	2,435
<u>Non-Discretionary Capital Total</u>	14,058	167	14,058
<u>Discretionary & Non-Discretionary TOTAL</u>	16,493	270	16,493
<u>Unallocated Discretionary Capital (incl NBV proceeds)</u>	3,520	-	3,520
<u>Unapproved/Overspend Schemes</u>	-	-	-
<u>CAD underspend</u>	-	-	-
<u>TOTAL CAPITAL PROGRAMME</u>	20,013	270	20,013

Annex 2 - Balance Sheet

	Opening Balance as at 1st April 2019	Closing Balance as at 30th June 2019	Forecast Closing Balance as at 31st March 2020
Non-Current Assets	£'000	£'000	£'000
Property, plant and equipment	79,336	77,060	84,290
Intangible assets	5,713	5,426	5,713
Trade and other receivables	523	523	500
Other financial assets	-	-	-
Non-Current Assets sub total	85,572	83,009	90,503
Current Assets			
Inventories	1,418	1,419	1,200
Trade and other receivables	7,372	7,166	7,372
Other financial assets	-	-	-
Cash and cash equivalents	13,626	7,035	326
Non-current assets classified as held for sale	130	130	-
Current Assets sub total	22,546	15,750	8,898
TOTAL ASSETS	108,118	98,759	99,401
Current Liabilities			
Trade and other payables	23,673	14,256	10,527
Borrowings	941	582	-
Other financial liabilities	-	-	-
Provisions	4,884	5,143	5,143
Current Liabilities sub total	29,498	19,981	15,670
NET ASSETS LESS CURRENT LIABILITIES	78,620	78,778	83,731
Non-Current Liabilities			
Trade and other payables	-	-	-
Borrowings	-	-	-
Other financial liabilities	-	-	-
Provisions	6,974	6,228	6,228
Non-Current Liabilities sub total	6,974	6,228	6,228
TOTAL ASSETS EMPLOYED	71,646	72,550	77,503
FINANCED BY:			
Taxpayers' Equity			
PDC	68,386	68,386	73,340
Retained earnings	(6,254)	(6,253)	(6,254)
Revaluation reserve	9,514	10,417	10,417
Other reserve	-	-	-
Total Taxpayers' Equity	71,646	72,550	77,503



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

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

BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	18th July 2019
EXECUTIVE	Keith Cox, Board Secretary
AUTHOR	Julie Boalch, Corporate Governance Manager
CONTACT DETAILS	Tel: 01633 626251 Email: Julie.Boalch@wales.nhs.uk

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

REPORT PURPOSE	To set out the quarterly BAF report for review and comment.
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	03/07/19	For discussion
Trust Board	18/07/19	For review

SITUATION

1. The purpose of this paper is to set out the quarterly Board Assurance Framework (BAF) report for review and comment.
2. The BAF report has been designed to collate information relating to the Trust's strategic aims which have been aligned to the associated principal risks from the Corporate Risk Register. Furthermore, it describes the key internal and external controls, what the gaps are and where and how management and the Board receive its assurances.

BACKGROUND

3. Unlike in England, there is no requirement for NHS bodies in Wales to introduce BAFs. Nevertheless, it is considered best practice to do so and the Trust has made a commitment to do so following a Wales Audit Office recommendation. Other Health Boards and Trusts in Wales have also introduced BAFs.
4. The term 'Board Assurance Framework' should refer to the wider systems and processes of governance within the Trust. However, it has become common practice across the UK NHS to use this term to refer to the document used to record and report an organisation's key strategic aims, risks, controls and assurances to the Board. This is referred to here as the BAF report.
5. If used correctly, the BAF report is a key tool for the Board to use to gain assurance on how well the Trust is meeting its strategic aims. It cannot of course contain all the detail a Board member will need to be confident and assured and therefore the BAF report will not be the only report the Board receives. Nevertheless, the BAF report should be a record of the Board's confidence at any given point in time taking into account all the information the Board has received. The BAF report will also be a source of assurance for auditors and external regulators.
6. Members of the Trust Board received and approved the first functioning BAF report at the Board meeting on 28th September 2017. It was acknowledged that work would be undertaken to further refine the report and to realign the BAF report to the Trust's strategic aims following the planned refresh of the Trust's IMTP.

ASSESSMENT

7. The BAF report is stored in a shared drive and should be accessed by clicking on the following link - <\\se-fp-c01\\shared\\Ambulance\\BAF>
8. The document is most effective if reviewed electronically as it has been specifically designed to provide quick and easy access to review the sources of local, corporate and external assurances provided against each of the strategic aims.

9. The Excel spreadsheet is separated into nine tabs; which include the key deliverables as set out in the Trust's IMTP for 19/20 to 21/22 along with a reference guide describing the strategic actions and themes aligned to each of these deliverables.

BAF Report Risks

10. The Trust's corporate risks have been closely aligned to each of these key deliverables; however, the Executive Team recognises that further work on identifying and describing the Trust's corporate risks is still required and plans are in place to do this. As a consequence, the risks on the BAF are those from quarter 4 2018/19. The new and revised risks will be presented to the Board in September 2019. Nevertheless, the Board will wish to consider whether they feel sufficiently assured in each of these areas.
11. In particular, the Board may wish to note the following changes/movements since the last quarter:

The following risks have been de-escalated and changed in the Risk Scoring during Quarter 4, 2018/19:

- **CRR 37:** Corporate Governance/Board Secretary - *Out of Date Policies and Procedures*. This risk has been assessed and re-scored at 10. The target score has been met and this is recommended for de-escalation from the Corporate Risk Register.
- **CRR 66:** Operations - *That a significant number of WAST Paramedics may not submit portfolios of evidence relating to their Band 6 competencies by 31/3/19 and the subsequent impact of this on service delivery, patient care and ultimate*. This risk has been assessed and re-scored at 6. The target score has been met and this is recommended for de-escalation from the Corporate Risk Register.

The following risk has been removed from the Quarter 4 Corporate Risk Register, 2018/19 report as it has been re-assessed during the previous quarter and risk score is below 15:

- **CRR 4:** 'Non-Emergency Patient Transport Service - *Transfer of work from Health Board to WAST*. This has been de-escalated from 16 to 12 during Quarter 3, 2018/19.

Future Reporting Arrangements

12. The BAF report will continue to feature as a standing item on all future Board meetings and will also feature as a standing agenda item at respective Committee Meetings. The Committees will be asked to scrutinise the sources of assurances and the interventions contained within the BAF report on a quarterly basis.
13. The Assistant Director Leadership Team (ADLT) has undertaken a number of risk assessments as recommended by EMT. This is in line with a new Risk

Management Process that has been approved by EMT. The ADLT will now assess new risks and consider existing risks and their suitability for inclusion on the Corporate Risk Register. It is intended that this process will increase the Trust's risk maturity as risks will be considered holistically rather than just on based on their overall score.

14. The Risk Register Advisory Group will continue to provide a forum to further scrutinise alignment of associated risks to the Trust's key deliverables as set out in the IMTP.

Future Planned Developments

The Governance Team plan to continue to develop the BAF report which includes an assessment on how well the Trust is performing in meeting each of its key deliverables. This will be based partly on Board and Committee feedback.

In addition new developments will see the inclusion of a reference guide to the Commissioning Intentions 2019/20 and the IMTP 2019/20 Accountability Requirements.

RECOMMENDED: That

- (1) **Members of the Trust Board receive and comment on the BAF report.**



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People & Culture Committee Chair's Brief

Meeting held 9th July 2019

Workforce and OD Performance Dashboard

Director of WOD presented the refreshed Workforce and OD Performance Dashboard, designed to provide an overview of all workforce indicators in one document. The data, grouped under the 4 WOD strategic themes (Plan / Resource / Educate / Engage), provides a snapshot of performance as well as more detailed information pertaining to specific elements. The new format aims to reduce duplication of work and improve consistency of reporting, providing assurance to the People and Culture Committee and enabling effective business management across the organisation. Headlines: Sickness = 6.28% - lowest since April 2017; Statutory and Mandatory training compliance consistently exceeding 85% target; Employee Relations: 3 new grievances. Colleagues requested inclusion of DBS compliance data to provide assurance from a safeguarding perspective and suggested longer term datasets to provide a better picture in terms of trends and themes.

Deep Dive: Sickiness Absence

Data is showing a month on month reduction in sickness absence, with latest figure (6.28%) the lowest since April 2017. Colleagues recognised success in the reduction of open cases (158 open in December, 116 open in May) and duration of incidences of sickness absence (longest duration open case Oct 18 = 720 days, May 19 = 347 days). Average duration of Mental Health related absences is reducing (174 days Dec 18; 78 days May 19), associated with support provided to colleagues and early intervention. MSK related absence remains a challenge and the team are now looking at preventative measures such as improved Manual Handling training. Work is also underway to better understand the impact of violence and aggression incidents on sickness absence rates; and the team are actively working to improve resources available to managers and staff to support mental wellbeing - this will involve creating video resources for managers and staff. Attendees discussed the impact of long periods of training on colleagues' wellbeing (lack of opportunity to take annual leave; this will be explored further with Education and Training Team). We are seeing some excellent examples of managers thinking differently and keeping colleagues in work by signposting to support services and offering alternative duties / flexible working opportunities.

Improving Colleague Experience

The Chief Executive provided the Committee with an overview of the key findings from the recent CEO roadshow events, which c. 500 colleagues attended across the Trust. The feedback received is informing several key pieces of work including **refreshing the Trust's vision and purpose** (in terms of graphics and current / future context), **improving Occupational Health service provision**, **improving rest break arrangements** and **reviewing UCS and EMT roles**. Colleagues discussed the challenge of empowering greater local accountability and decision making and the need for the organisation to change and enable this to occur more regularly and more effectively. Colleagues agreed that there would be value in repeating the exercise next year, acknowledging the high participation and positive feedback.

The Assistant Director, Organisational Development provided colleagues with an overview of work undertaken to date in response to the 2018 Staff Survey, using the data as a catalyst for conversations across the entire organisation. Key priorities: **Bullying and Harassment, Communication, Mental Health**. An update report will be shared across the Trust to show progress. Next PCC meeting will focus on violence and aggression / bullying and harassment, following presentation at Board. Colleagues highlighted the need to ensure alignment with future digital strategy and proposed engagement framework.

People and Culture Strategy Development

The Director of WOD provided colleagues with an overview of progress in relation to development of key workforce strategies (Volunteering; Wellbeing; People and Culture) which will progress to Board in September. The Draft Transforming Education and Training Strategy was presented to the committee for approval prior to submission to Board on 18th July. Colleagues discussed financial implications and agreed that the strategy will also provide a strategic context for any associated future business cases for investment as required. The Director of WOD updated colleagues in relation to progress of University Status work, including work undertaken to assess resource implications and compilation of a business case. Colleagues concurred that investment in this initiative will need to be weighed against competing priorities and as such, propose that a submission be made in terms of achievements and arrangements already in place, with a view to gradually expand provision and resourcing to fully maximise benefits over next few years. Committee members voiced support for submission of an application and a phased approach to expansion and resourcing; this will now be discussed at Board on 18th July.

Following Board agreement, attendees noted that WASPT will report to the People and Culture Committee; ToR will now be amended to reflect this. Members discussed the possibility of establishing a steering group to report into PCC (similar to QUEST sub-group), recognising that an existing arrangement may be suitable to evolve into such a function.



People & Culture Committee Chair's Brief

Meeting held 9th April 2019

Leadership and Management Development Strategy

The Senior OD Manager provided the committee with an update regarding progress since implementation of the Leadership and Management Development Strategy and evaluation of the Team Leader Development Programme (TLDP). Progress is being made in planning to deliver against Year 1 priorities including developing a structured approach to succession planning and identification of current and future leaders and managers; creating and signposting to innovative opportunities to continue to develop own leadership and management capability, capacity and confidence; embedding our approach through encouraging our current workforce to take ownership for their personal and professional development. Expect to see introduction of leadership masterclasses from September; commencement of TLDP cohort 14, delivery of coaching programme and exploration of opportunities for reverse coaching in WAST. Colleagues discussed the positive feedback received from attendees on the TLDP and noted the numerous benefits being realised across the organisation including thinking differently, increased knowledge, improved engagement, colleagues feeling more valued and improved self awareness.

**Welsh
Language
Standards**

Committee members discussed implementation of the Welsh Language Standards and associated challenges and opportunities. The Welsh Language Officer provided an overview of progress to date, identifying that several challenges have been submitted and subsequently deemed valid by the Welsh Language Commissioner. Further work required to address key risks associated with Welsh language provision in the following areas: **NHSDW website**, **provision of training** and **Reception services** at Matrix One and VPH. The Committee thanked colleagues for the significant work undertaken to prepare WAST for implementation of the Standards and proposed that an Implementation Group be established to ensure maintained focus and compliance.



Treating People Fairly

The Committee received the Trust's Treating People Fairly Annual Report, detailing progress against WAST's Strategic Equality Objectives and Strategic Equality Plan. Colleagues acknowledged work undertaken to date and the report was approved for publication.



'Dying to Work' Charter

The TUC's 'Dying to Work' Charter was presented to the Committee, with the Director of WOD seeking agreement for WAST to sign up to the initiative. The Charter calls for additional employment protection for terminally ill employees, ensuring that terminally ill colleagues are provided with appropriate help and support to prevent additional stress in palliative stages of illness. Whilst this is no different to current practice normally adopted within WAST, by signing up to the Charter, the Trust would be formally demonstrating its commitment to supporting employees and their families during difficult times and respecting terminally ill colleagues' wishes. Noting previous Board approval of the associated policy, the Committee approved the request.



Risk

The Committee recognised the significant work undertaken by Workforce colleagues in relation to risk development and management and the developing committee assurance framework, and agreed to review risks in detail prior to next PCC meeting.

Date of Next Meeting: 15th October 2019



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AGENDA ITEM No	4.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

MINUTES OF COMMITTEES

MEETING	TRUST BOARD
DATE	18 July 2019
PRESENTED BY	Trust Board Chairman
AUTHOR	Board Secretary
CONTACT DETAILS	Keith Cox, 01633 626221, Keith.Cox2@wales.nhs.uk

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

REPORT PURPOSE	To formally receive the Minutes of Committees
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

MINUTES OF COMMITTEES

1. The Trust's Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance and following the review of structures undertaken by the Board in March 2015, the following bodies were established:

- Audit Committee
- Charitable Funds Committee
- *Finance and Resources Committee (Now disbanded)*
- Quality, Patient Experience and Safety Committee
- Remuneration Committee
- Welsh Ambulance Services Partnership Team

Following the disbandment of the Finance and Resources Committee in January 2019, two new Committees were formed:

- Finance and Performance Committee
- People and Culture Committee

2. The purpose of this report is to provide an update on the work of these bodies, the detail for which is listed below and appended are the relevant Minutes. The Board is asked to receive this report and to formally adopt the Minutes of the Committees. The Board are reminded that the Chairman at its meeting on 4 June 2015 proposed that only confirmed Minutes of Committees should be presented to the Board. This was formally accepted by the Board. As a result of this a number of actions and or recommendations outlined in the Minutes of these Committees have already been progressed.
3. The following Committee Minutes which have been approved by the relevant Committee are included in the supporting papers for adoption and noting by the Board:

PEOPLE AND CULTURE COMMITTEE

4. The Minutes of the People and Culture Committee held on 9 April 2019 were considered at the meeting of said Committee on 9 July 2019. The Minutes were approved subject to additional information being added and some minor amendments. Once updated the Minutes will be presented to the Board in September. However;
 - (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
 - (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

5. FINANCE AND PERFORMANCE COMMITTEE

The Minutes of the Finance and Performance Committee held on 25 April 2019 are due to be presented to the said Committee on 16 July 2019. Due to the short timeline, the Minutes will not be presented until the Board meeting in September. Notwithstanding that, the Chair of the Committee, Mr Martin Turner wishes to reassure the Board that:

- (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

RECOMMENDED: That the Board note the status of the minutes.

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

<http://www.whssc.wales.nhs.uk/joint-committee-confirmed-minutes>