Bundle Trust Board (Open Session) 19 September 2019

Agenda attachments

Directions Hyperlink.docx

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 included 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 Chief Executive Report to Trust Board September 2019. Final.docx

1.5   09:50 - Procedural Matters

       ITEM 1.5 Procedural Matters.docx

       ITEM 1.5a Trust Board Open Minutes 18 July 2019 v3.docx

       ITEM 1.5b Action Log.docx

       ITEM 1.5c Chair's Action SBAR.DOCX

1.6   09:55 - Appointment to the Post of Executive Director of Quality and Nursing (CV)

SUPPORT the decision of the Chief Executive, and CONFIRM the appointment of Mrs Claire Roche to the post of Executive Director of Quality and Nursing for the Welsh Ambulance Service NHS Trust.

       ITEM 1.6 SBAR TrustBoard Exec Director of Quality and Nursing Appointment Sept 2019 (003).doc

1.7   10:00 - Patient Story

2   STRATEGIC AND FORWARD LOOK BUSINESS

2.1   10:40 - Health and Social Care (Quality and Engagement) (WALES) BILL (CB)

To note and receive assurance

       ITEM 2.1 SBAR Health and Social Care (Quality & Engagement) (Wales) Bill.docx

       ITEM 2.1a Health and Social Care (Quality & Engagement) (Wales) Bill (Annex 1).pptx

2.2   11:05 - A Major Trauma Network For South Wales And South Powys – The Trust Business Case (RM)

To Note

       ITEM 2.2 SBAR Major Trauma v3.docx

       ITEM 2.2a Attachement 1 - WAST MT Programme Business Case August 2019 FINAL.docx

       ITEM 2.2b Annex 2 - Timelines.xlsx

       ITEM 2.2c Annex 3 - Draft Major Trauma Network Programme.docx

       ITEM 2.2d Annex 4 - SWOT Analysis.docx

       ITEM 2.2e Annex 5 -Training SWOT.docx

2.2.1   11:30 - BREAK

2.3   11:40 - Brexit Update (EH)

To update the Board on the organisation's planning in relation to the United Kingdom's proposed exit from the European Union on or after 31 October 2019.

       ITEM 2.3 SBAR B rexitOpenBoardSept19.docx

3   PERFORMANCE, GOVERNANCE AND ASSURANCE

4.3	EASC Minutes
	http://www.wales.nhs.uk/easc/committee-meetings
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 21 November 2019

https://www.google.com/maps/dir/Cwmbran/52.512184,-3.3226144/@52.5106389,-3.3199758,499m/data=!3m1!1e3!4m9!4m8!1m5!1m1!1s0x4871e0a711239893:0xbd7eed51434987e1!2m2!1d-3.0317889!2d51.6496546!1m0!3e0

Note: The postcode is SY16 1EN, this however on some sat navs takes you to a housing estate.

Please use the directions that have been entered on the hyperlink which will take you to a building called the Club House. (A stone's throw away from the venue). The Directions are from Cwmbran, please change as necessary.

There is a large car park adjacent to the football ground which is about a 2 minute walk to the venue. There is also space for approximately 15 vehicles in the ground itself.

The Board meeting is taking place in the building marked Newtown Association Football Club.

AGENDA ITEM No	
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

CHIEF EXECUTIVE REPORT: 19TH SEPTEMBER 2019

MEETING	TRUST BOARD
DATE	19th September 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	19TH SEPTEMBER 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 18th July 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 18th July, items of note include:

- Attending the EASC meeting held on 23rd July and again on 10th September where positive discussions took place around the development of referral rights for WAST staff to existing community pathways; tackling long waits and hospital handover delays; stabilising red performance delivery and the emerging outcomes from the demand and capacity review.
- Chairing a joint Executive Management Team and Assistant Director Leadership Group Strategy Review and Planning Day with further sessions to develop our offer in line with our stated strategy to 2030 planned.
- Undertaking a rideout in the Hywel Dda University Health Board area.
- Represented AACE at an LGBT Forum held in SECAmb Headquarters, Crawley
- The Executive Director of Quality and Nursing, Director of Planning and Strategy and Executive Director of Finance Corporate Resources and Director of Digital Services roles have now been advertised. Interviews for the Director of Quality and Nursing were held on 12th September with the others planned in October and November.
- Attending regular meeting of the NHS Executive Board, NHS Executive Team and Collaborative Executive Group. I have discussed with my Chief Executive colleagues proposals for improving arrangements for the daily unscheduled care conference calls and new arrangements led by the Trust are now in place to ensure a greater focus and accountability on improving patient flow and ambulance availability.
- The Chair and I have started our joint 'two at the top' coaching programme.

OPERATIONS DIRECTORATE

Community First Responder Conferences 2019

Following the success of the previous Community First Responder (CFR) conferences across Wales, the Trust is hosting a further 3 conferences which started in Cardiff on 8th September 2019 at Cardiff University School of Medicine. I was delighted to be invited and speak at the conference which was entitled 'the chain of survival'. The second will be held in North Wales on 19th October and conclude in Swansea University on 2nd November.

Staff Officer Appointments

As the existing Operations Staff Officers come to the end of their secondments, two new Staff Officers have been appointed on a secondment basis (one for 6 months and the other for 9 months). The 9 month secondment will be the first to be aligned to the WiiN Fellowship, working closely with and receiving guidance and support from WAST's Head of Service Improvement. At the end of the secondment the post holder will be able to take the service improvement knowledge and skills with them when they return to their substantive role. This is an exciting opportunity which I hope will further develop our improvement approach. CCC are also in the process of recruiting to a first Staff Officer post and interviews are scheduled to take place during this month.

Joint Response Unit (JRU) Pilots

Joint Response Units (JRUs) are rapid response vehicles (RRVs) staffed with a paramedic and police officer enabling prompt responses to calls where both services are likely to be required and avoid ambulances being at scene for long periods of time. This provides a model of collaborative working between emergency services and is intended to benefit both the ambulance and police services.

WAST has been piloting JRUs in Aneurin Bevan, Swansea and Cwm Taf, with varying methods of deployment and operation. In order to assess the value and effectiveness of these pilots via measurable outcomes, a more consistent approach and a common operating procedure is required. Therefore, following a review of demand, JRU pilots will continue in Aneurin Bevan and Swansea, but the Cwm Taf pilot will cease and be replaced by a scheme in Cardiff, focussing on the areas with greatest demand for certain types of patients.

A review of all three schemes will be undertaken at the end of the pilot period to provide tangible measurable evidence of whether JRUs are sufficiently productive to prove an improvement to reducing inappropriate demand and should be continued. If they are found to be effective, improving the quality of life for both patients and the wider communities, this will support a business case to potentially extend the practice across Wales.

CCC Clinical Review

Starting this month, there will be a review of the clinical services delivered from within the Clinical Contact Centre (CCC) setting. This review has been jointly commissioned by the Medical and Operations Directorates supported by the Executive Management Team (EMT), in partnership with Trade Unions. The priority of this review is to consider the clinical services provided to patients and to evaluate their efficiency, quality and safety. The interface with NHS Direct Wales/111 services and the Emergency Medical Retrieval and Transfer Service (EMRTS) will also be considered as part of the review. Trust Board will be kept up to date on the review's findings.

Peer Review

The Trust's 111/NHSDW service was reviewed in August 2019 as part of a clinically led data driven process involving each health board acting as a 'critical friend'. The peer review considered the operational and clinical infrastructure for call handling, nurse triage and the clinical support hub functions. The Trust welcomed the support and has received a positive report and recommendations for further improvement. An action plan is being developed to ensure learning results in service improvements.

111 Roll-out

Following detailed planning, successful recruitment of additional Clinical and Call Handling colleagues into the service and the final round of SRO (senior reporting officer) assurance calls, the 111 service was successfully rolled out into Aneurin Bevan Health Board on 13 August 2019. A series of daily calls between the organisations' operational and clinical leads were held to capture and respond to any minor operational issues. These have now been stood down and the service is running as 'business as usual'. This brings WAST's 111 service to Hywel Dda, Swansea Bay, Powys and Aneurin Bevan. Cwm Taf Health Board will follow in 2020 with Cardiff & the Vale and Betsi Cadwaladr coming online the following year.

999 Weekend

The first 999 Weekend will be taking place 21st 22nd September 2019 in the Cardiff Bay. We will be showcasing how we work with our multi-agency partners from South Wales Police, South Wales Fire and Rescue and wider health partners. The event is aimed at family groups and each service will have the opportunity to demonstrate their capabilities and promote their safety and wellbeing messages. WAST will have a large presence at the event with members of staff from across the organisation being involved and a number of our vehicles being on display.

Major Incident Training

Major Incident training, including responding to a Chemical, Biological, Radiological and Nuclear (CBRN) incident, is now being included on all WAST Induction courses. The roll out of this commenced on 4th September 2019 and will continue to be delivered by the Resilience Team, working with the training school instructors. Additional work has resulted in initial training now being delivered by Swansea University as part of the paramedic degree programme.

Medical Response Team (MRT) Training

The Medical Response Team (MRT) training course has been developed by the Resilience Team. This course is based on the London Ambulance Service course and has been adapted, with their knowledge, to take into account lessons identified by our team. The course will enable the MRT personnel to work within our locations and to support LAS if required. The first course will be delivered in October.

Major Incident Exercise

A Tier 1 CBRN (Chemical, Biological, Radiological and Nuclear) Exercise will be taking place within the South East region from 2nd until 4th December 2019. This exercise is primarily designed to test the military response and the Ministerial response to a CBRN incident. However, the exercise has been extended, within Wales, to include the involvement of HART (Hazardous Area Response Team), Tactical Commanders and Strategic Commanders from across the Emergency Services.

Exit from the European Union (EU) – Contingency Planning

Planning for the EU Exit has commenced across Wales via the four Local Resilience Forums (LRFs). North Wales LRF are presently holding regular planning meetings to enhance contingency planning for Holyhead Port. Planning across the other three LRFs is in line with the Wales EU Exit Risk Assessment. WAST's Resilience Team is fully engaged with this planning.

NON EMERGENCY PATIENT TRANSPORT SERVICE

The Transfer of Work programme continues to progress with Swansea Bay Health Board transferring on 1st September 2019. Discussions are ongoing with the remaining Health Boards in relation to future transfers and programme roll out.

33 replacement vehicles have been ordered to meet specific regional requirements for this year's NEPTS vehicle replacement programme. The team are working with fleet and TU partners to develop the specification for next year's build which will be the first build to weigh over 3.5 tons. The team are currently reviewing the ability to include in this a new wider tail lift, which has bariatric capacity. In addition, a number of NEPTS and TU partner representatives recently attended the NEC Mobility show in Birmingham to scope out options on smaller vehicle replacements planned for next year.

The Deputy Director of NEPTS has facilitated a number of engagement sessions with Operational and CCC Team leaders across Wales, with one area remaining, which is on track to be completed in September 2019

An assessment panel visit took place in July for the NEPTS NHS Wales award entry 'Delivering Patient Centred Services for the End of Life Care Rapid Transport Service'. The service has also been selected as one of the finalists in the Health Service Journal awards which are being held in November.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT

Paramedic Recruitment

Following a decision made by the Executive Management Team on 1st May to over recruit, we have offered over 30 of our EMTs (who successfully graduated from the EMT to Paramedic conversion course) a role in the organisation as a Newly Qualified paramedic (NQP). We have also made offers to a further 70+ NQPs

following our annual Big Bang Paramedic recruitment event to NQPs graduating from universities across the UK. 27 of these have already started their driver training course, with the remaining due to start in a phased approach before December 2019, pending clearance of final pre-employment checks. Given the success of our recruitment, the Trust is predicted to be over recruited with paramedics by approximately 5-10FTE in readiness for the winter period and will return to a balanced position by the end of the financial year due to predicted leavers and internal movements (e.g. into new APP posts).

Paramedic Transition to Band 6

The Trust's first cohort of NQPs are due to conclude their 2 year NQP period, with completed portfolios being reviewed by our team of Educational Support Managers. Following successful completion, these NQP colleagues will progress onto the band 6 profile.

Sickness Absence

While sickness rates remain a significant concern for the Trust it is acknowledged that a continual month on month reduction has seen a decrease of 0.65% from 6.95% March 2019 to 6.30% in June 2019. The health and wellbeing of our staff remains a considerable focus with managers, with HR and Occupational Health meeting regularly to review short and long term sickness absence. The Trust has received a final report undertaken by the Swansea Centre for Health Economics entitled '*Evidence review of interventions to reduce sickness absence in high pressured work environments for the Welsh Ambulance Service NHS Trust'*. This report will be used to support future developments to support health and wellbeing across all roles undertaken within the Trust.

Education and Training

Progress has been made in relation to the delivery of the Transforming Education and Training Strategy year one ambitions, including introduction of a second Immersive Learning Environment in our Ty Elwy education venue.

The Education and Training Team are preparing for the development of additional Driving Instructors, in order to enable effective succession planning and to meet the requirements of the imminent changes to Section 19 of the Road Traffic Act. The development process will commence in November, with candidates supported to achieve the Level 4 Diploma in Emergency Response Ambulance Driving Instruction, Level 4 Certificate in Education and Training and the Level 3 Certificate in Assessing Vocational Achievement.

Wellbeing

Discussions about the wellbeing agenda continues across the Trust as part of the engagement process for the development of the 'Being Well, Being Me Strategy'. Crucially, we are helping colleagues and others to understand that wellbeing is individual and unique which means a move to a culture of individuality with high choice and a leadership culture of high trust. We will continue to develop participation and ownership through a range of discussions including through a series of workshops and events across Wales.

Treating People Fairly

Linked to a culture of recognising, understanding and valuing difference, Treating People Fairly continues to drive and support the change of culture. With our annual report published and available on our website, our focus is now on delivering our plans, including the development of our next Strategic Equality Objectives with stakeholders across Wales.

PLANNING AND PERFORMANCE DIRECTORATE

Healthier Wales Funding

The Chief Ambulance Services Commissioner undertook 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 put forward five bids and these were considered at an evaluation panel which met on Friday 26th July. Bids were shortlisted and categorised into the following:

Green (Approved)

- Older people

Amber +

- Next phase implementation of the Trust falls framework
- Further rollout of joint response units (JRUs)
- NEPTs

Amber -

- Implementation of the volunteer strategy
- Mental health

Further work needed (Local projects with potential to scale up)

Rejected

Those that fall within the Amber + & Amber - categories required more information and will be reconsidered by the panel. This additional information has been provided and final decisions are now expected by the time Trust Board meets on 19th September..

Transfer and Discharge

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. 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 new service.

Using the principle of "tell us (WAST) what you want and we will tell you (Health Boards) what you need", information gained from the workshop can now be used to propose what the service should look like for testing with the Executive Management Team, Trust Board and the CASC. Availability of key personnel over the summer period meant it was not possible to undertake this exercise (and subsequently means we will not be able to articulate this offer by the end of Quarter 2 as initially planned). However, a meeting has been arranged for mid-October and it is anticipated a proposal can be tested and agreed by the end of 2019.

Strategic service change

On the 21st August, Welsh Government confirmed that the submission date for the 2020/21 IMPT has been slipped from the 31 December to the 31 January 2020. This decision was based on a number of issues that cumulatively have the potential to impact on the integrated planning system both in the NHS and in Welsh Government.

Transformation Support Office (TSO)

To support the continued transformation of the organisation and realisation of ambitions detailed in the organisation's IMTP, Trust Board members will recall that support has been given for the creation of a TSO. The function of the TSO is threefold:

1. To support process and governance arrangements regarding plan delivery
2. To provide project management support to high value, high risk, high reputational projects.
3. To provide project management training and education to grow internal capacity in the discipline.

The first function has been supported by the successful recruitment of two project managers who are now in post. At the Strategic Transformation Board meeting in August a prioritisation exercise took place to determine which pieces of work these project managers should support. This exercise was based on the perceived priority of all the commitments made in our IMTP considering risk, service delivery, statutory duties etc.

Those pieces of work receiving immediate support include:

- Improving resource availability
- The development of e-timesheets
- Developing the organisation's ambition to be a call handler of choice
- Implementing recommendations of the amber review including pathway development

Elements two and three of the TSO will commence in earnest when the post of Head of Transformation is successfully appointed.

MEDICAL AND CLINICAL DIRECTORATE

Advanced Paramedic Prescribing

On the 11 September 2019, the Health and Social Services Minister, Vaughan Gething AM, visited our regional headquarters in Cwmbran to meet the Executive Management team, Senior Clinical Team and our Paramedic Prescribers to find out more about the contribution made by APPs and undertook a rideout with Health Board Clinical Lead and APP, Peter Green. The Minister was delighted to meet our Advanced Paramedic Practitioners who have passed their university programme and enabled the Trust to be the UK's first ever ambulance service to deploy prescribing paramedics.

JRCALC

The Directorate have purchased 1700 licences for the next 3 years to enable Trust EMS staff to subscribe to and to have access to the JRCALC Plus App. To date, almost 1000 staff have subscribed to App. This will ensure that clinicians will have the most up to date guidance available to them at all times of the day.
As well as the App, a JRCALC Plus App Development Group has been formed and consists of cross directorate attendance. The purpose of the Group is to support further development of the JRCALC Plus App to meet the requirements within the Welsh Ambulance Services NHS Trust. The Pocket Books and large JRCALC books have also been purchased and are being distributed to ambulance stations.

In the longer term the App will be placed on the new ePCR solution and the use of books will cease.

Flu Campaign

The Medical and Clinical Services Directorate are leading the Flu Campaign for the Trust for 2019/20.

In order to make the campaign successful, a fixed term Staff Officer has been appointed to assist with the coordination of this project. Work is underway to establish a coordinated programme, with key interventions aimed at increasing the take up of the vaccine.

Basic Life Support (BLS) and AED Familiarisation

The Welsh Ambulance Services NHS Trust facilitates two projects every year in relation to Basic Life Saving skills; namely, Restart a Heart (RSAH) and Shoctober. It has been highlighted that there is a need for Corporate Staff to undertake Basic Life Saving and Defibrillator Familiarisation Training to increase the number of staff who will be able to undertake this skill and also potentially consider signing up to the GoodSAM app. In August 2019, the Trust's Executive Team asked the Medical and Clinical Services Directorate to provide corporate staff with Basic Life Saving Skills and Defibrillator training in a similar way to RSAH and Shoctober. Six training sessions have been arranged over 3 days with over 100 staff already booked on to the training courses.

'Clinical Matters' Directorate Newsletter Launched

The first edition of the Medical and Clinical Services Directorate Newsletter has been launched. Hard copies have been sent to Ambulance Stations across Wales, it has been published on Siren and uploaded on to the JRCALC Plus App.

Winter Planning engagement with Primary Care

In June, we launched a communications initiative with colleagues in Primary Care to advise them of how to access and best use WAST services. We're already receiving positive feedback on this and are currently strengthening these messages with the delivery of education sessions with GP colleagues via their protected learning sessions.

Clinical Strategy Development

Following the publication of the Trust's Long Term Strategy: Delivering Excellence, we are now developing our Clinical Strategy. This strategy aims to address the shift from a medical transportation service to a much greater clinical offering. The strategy will also address the challenges that our service faces and how we propose to address this with a renewed focus on quality improvement, innovation and value in all that we do.

ePCR Project

Following submission of the Trust's ePCR Outline Business Case V1.1 to Welsh Government, the Trust has been asked to explore a potential fifth option for consideration within the case. This option is to extend the Welsh Clinical Portal (WCP) System to include a dedicated WAST front end to WCP without the requirement for a self-contained ambulance ePCR solution. The Trust does not have the expertise to determine the feasibility of this option and will therefore require external specialist support to undertake a feasibility study. At the time of writing consultancy effort is being procured to support this activity.

QUALITY, SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Safeguarding Referral Process

The new electronic Safeguarding Referral Process commenced roll out across the organisation in July 2019. This is an important system change for our staff to be able to make timely electronic referrals to safeguard our public. Feedback from the first two sites and our partner agencies is positive and we will progress the roll out to the Emergency Medical Services in North Wales from October 2019 onwards. The plan is to achieve full implementation across the organisation with staff using the new system by the end of March 2020.

e-Risk

The e-Risk Project went live in Quarter 1, 2019/20, with Directorate Risk Leads migrating their existing and potential corporate risks into the Datix e-Risk Module. A number of individual/group training and awareness sessions have been held with teams across the Trust to facilitate this. Currently, there are 138 open risks being monitored by the e-Risk Module, as many teams have taken the opportunity to migrate their local and

directorate risk registers into the system at the same time. Supporting the implementation of the e-Risk Module throughout the Trust will remain a key priority during the remainder of 2019/20.

The revised risk management process took effect from Quarter 1, 2019/20. The Assistant Director Leadership Team (ADLT) produced a first report to the Executive Management Team (EMT) to recommend risks that should be included on the Corporate Risk Register and have oversight by the Trust Board via the Board Assurance Framework (BAF). In addition, ADLT presented a second report to EMT to provide an update of the progress with the electronic risk assessments being undertaken as a result of the scoping of potential new WAST corporate risks undertaken and identified by EMT. There are currently 16 open risks being monitored on the Corporate Risk Register.

Carers

Our first public 'Engaging Carers' Event was held in Merthyr Tydfil on 18 July 2019. We will continue to run our Carer's Survey until our third and last Carers Event has taken place early in the New Year, when the survey will close. This survey will run annually throughout June to coincide with Carers Week.

At the 'Engaging Carers' Event there were some really useful points raised, as well as initiatives from a local perspective that operational colleagues in Aneurin Bevan locality are following up. We have identified services that we can potentially link with in the future, and are following them up to ensure inappropriate conveyance/admissions to hospital are avoided wherever possible and that carers are identified and supported when people call our services. The next event is planned for October 2019 in Carmarthen.

An internal carers survey has been conducted and to date 20 staff have completed the Carers Survey. A key theme is that people generally feel that WAST is not identifying or supporting staff quickly enough with caring responsibilities. Comments included:

- General lack of awareness of any policy for Carers;
- Identify signs of stress/pressure that Carers are going through; and
- Being a parent of a child with a disability is extremely isolating. Work/life balance difficult. Benefit from a WAST Support Group or something similar to support parents with experiences/specialism

WAST Improvement and Innovation Network (WIIN) update

To date, the WIIN network has received a total of 69 submissions. Those that wish to develop and test their ideas are offered opportunities to attend an IQT Silver educational day and are also appointed an Improvement Coach to assist them work through their idea. 150 staff have undertaken the training resulting in 15 completed IQT silver projects. A dashboard has also been developed to illustrate the key process/outcome measures, themes and trends. Subject to approval (via the WIIN Steering Group), this dashboard report will be shared across Trust groups and available to all colleagues via the WIIN intranet page.

WIIN Fellowships

The requirement to build capacity and capability across the Trust to embed and inspire confidence and a culture of quality improvement (QI) for our people is essential to achieve the quadruple aims in the Healthier Wales Plan. The Trust desire is to explore how we can maximise our resources to support the Strategic Transformational Board (STB) ambitions through applying effective QI methodology. A proposal for the development of a WIIN Fellowship Programme was provided to the Executive Management Team. The principle of the Programme was approved with the test of concept to be undertaken within current resources and evaluated. Subsequently, interest has been received from several Trust Directorates in the Programme, largely utilising staff on existing secondment roles.

Work has begun to progress this Programme for an initial 'trial' cohort in October 2019. This trial cohort will be fundamental to the development a substantive Programme, and seek to establish the wider support Fellows are able to provide to the Trust's Improvement & Innovation Network.

Project A

The UK-wide Ambulance Project A work has continued, with commencing discussions on transition into business as usual and legacy outputs. In May 2019, colleagues form across UK Ambulance Services met in Edinburgh as the 'Ambulance Q' Network. Focus was centred on collaborative working across services and developing a sustainable network.

Q Exchange Funding

The QI Team has led on an application for £30,000 of *Health Foundation Q Exchange Funding;* this application was co-produced with other UK Ambulance Service QI Leads. This has positioned the Trust to continue our externally supportive activity within the Ambulance Sector. The aspirations for the use of funding will be for generating further interest in improvement across frontline ambulance colleagues, facilitate the hosting of a sharing/collaborative conference in Wales for UK Ambulance Services, and provide training and resource for digital media & information sharing.

UK Ambulance Improvement Faculty/Academy

Early discussions, through the Association of Ambulance Chief Executives (AACE), have arisen in the potential formation of a UK-wide Ambulance Improvement Faculty/Academy. This vision for this Forum is to address inappropriate variation in service delivery across the UK and provide a structure to align improvement efforts. The Trust is fully involved in this early development work, currently being led through AACE.

FINANCE AND ICT DIRECTORATE

Finance

The Charitable Fund Annual Accounts and Annual Report for 2018/19 have been drafted and submitted to the WAO for Independent Examination. It is anticipated that the final accounts and annual report will be available to present to the November Trust Board for approval.

The Finance Team have made excellent progress against recommendations made by the external audit team, the WAO, following the conclusion of the year end audit. The majority of these recommendations are either now in place or minor in nature and require very little further work.

The Financial Accounts Team are continuing to undertake work in connection with forecasts for Welsh Government relating to the application and funding of IFRS (International Financial Reporting Standard) 16 in relation to Leases. This is being applied to the NHS in Wales from 1 April 2020. This new standard introduces a single lessee model, bringing the majority of leased assets onto the balance sheet, and will result

in a more faithful representation of a lessee's assets and liabilities. Together with enhanced disclosures, this will provide greater transparency of an organisations' financial affairs. A more detailed update on the practical implications of this change will be provided to Finance & Performance Committee in October.

Funding for the patient level information costing system 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 basis, allowing for much better financial information, which can then feed into other systems within the organisation, to assist with strategic decision making.

Health Informatics

Phase 2 of the Qliksense implementation is underway, the team have been working closely with NEPTS stakeholders and in July the first iteration of the application went live with great user feedback. The team are currently working on the EMS and NHSDW applications with key stakeholders and these are due to go live this quarter. The requirements gathering phase for the next two applications is now complete (Ambulance Quality Indicators and Integrated Quality Performance Reports).

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.

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 starting to be gathered and priorities set for each of the areas.

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.

The Data Quality Team have been working with the NHS Wales Informatics Service to develop a core data set to be included on the NHS Wales data dictionary. This will assist NHS Wales organisations when receiving WAST data to understand the data and its definitions. This will lead to better decision making across NHS Wales and enable a common language approach to data provision.

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.

ICT

Demand for normal ICT incidents and service requests continues to increase with volumes to date up 5.58% on last year. Incident resolution remains slightly below target of 95% despite efforts to improve performance. This is now reflected in our customer satisfaction statistics which has reduced to 90.6% against our target of 95%. Renewed effort will be undertaken over the coming weeks to improve both measures.

In parallel to providing day to day support, ICT staff have also been working on several projects over the same period which has seen improvements to ICT infrastructure, GRS, Cleric and the introduction of an electronic safeguarding application into NHSDW call centres.

The focus for the next period will be in the following areas;

• CAD Phase 2 including electronic incident transfer.
• Deployment of further 400 Staff Tablets
• CAD / GRS interface.

- Increase access to Welsh Clinical Portal
- Office 365 migration
- e-Timesheets
- Further improvement to ICT infrastructure

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

Work has begun on refreshing the new intranet site which will be modelled on the updated website. The Communications Team has liaised with all directorates to ensure page content and documents are updated, cleansing content as necessary to improve relevance and navigation. The team is also working closely with colleagues in the Governance Team to ensure that all policies are current. ICT has confirmed that the server for Sharepoint will be built in September following which the web team can begin to build the new platform. There are plans to engage with staff via a survey to gather feedback on the current site and to understand staff requirements for the new platform. This should ensure that we are meeting our statutory and organisational requirements, including compliance with the Welsh language standards

Plans for the Staff Awards 2019 are on track. The shortlist has now been announced to the organisation and invitations have been issued. The host for this year's event will be Wynne Evans (opera singer, Radio Wales presenter and star of the Go Compare adverts). The event takes place at City Hall on October 9.

Communication plans for both winter planning and this year's flu campaign are well underway. Both will have a very digital feel this year with more video content.

The Communications Team is working closely with colleagues in Resilience on the branding for the forthcoming Emergency Services Weekend to maintain a consistent message between all three emergency services. The event will be held at Cardiff Bay on Saturday 21/Sunday 22 September.

Two RPB meetings have been attended since the last Board (Gwent Adult Strategic Partnership and North Wales RPB). There are plans to present the long term strategy at Cardiff and Vale RPB and North Wales RPB over the coming months, with an invite issued to chairs of RPBs where WAST is not represented offering the same opportunity.

CORPORATE GOVERNANCE

Charitable Funds Bids Panel

Following its inaugural meeting, the Charitable Funds Bids Panel will be holding its next meeting on 18th October to consider and approve applications from staff across the Trust wishing to access Charitable Fund money. The scheme will be promoted across the Trust via Siren to allow time for applications to be submitted ahead of the next meeting

Recruitment of NEDS

Work continues with Welsh Government's Public Appointments Team in progressing the NED recruitment. Adverts went live in late July and considerable promotion of the vacancies has taken place through networks and social media. There has been wide interest in the vacancies. A NED recruitment event was also held at Barry Ambulance Station on 6th September and was attended by 11 potential candidate. Closing date for applications was 13th September 2019.

Freedom of Information

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 July) is currently 82.7%. FOI performance has recently been audited and the findings will be shared later in the year.

Welsh Language Standards

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

Standards have been identified that require further time to implement beyond 30 May 2019 and were challenged with the Welsh Standards Commissioner. An initial response to the challenges has been received from the Welsh Language Commissioner which has highlighted that additional work is required in gathering evidence in order to successfully challenge. The Trust has an opportunity to engage with the Commissioner before he makes a final determination on 30 September 2019.

There is ongoing work 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. An SLA between BCU and the Trust has been being drafted and is currently being scrutinised before being approved.

RECOMMENDATION

That Trust Board note the contents of this report.

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

PROCEDURAL MATTERS

MEETING	Trust Board
DATE	19 September 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 session of the meeting of the Board held on 18 July 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:

0205: Lease of premises for Omnicel cabinet at the Royal Gwent and Nevill Hall hospitals

0206: Lease of land by St Kentigern's Hospice at the HM Stanley site, St Asaph

RECOMMENDED: That

**(1)	the minutes of the meeting of the open session of the Board held on 18 July 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.**

DRAFT MINUTES OF THE <u>OPEN</u> MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON 18 JULY 2019 AT MENAI SCIENCE PARK, GAERWEN, ANGLESEY, LL60 6AR

<u>PRESENT:</u>

Martin Woodford	Chairman of the Board (Interim)
Jason Killens	Chief Executive
Claire Bevan	Director of Quality and Nursing
Craig Brown	Trade Union Partner
Lee Brooks	Director of Operations
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Pam Hall	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Dr Brendan Lloyd	Medical Director and Deputy Chief Executive
Rachel Marsh	Interim Director of Planning and Performance
Chantal Patel	University Representative
Louise Platt	Assistant Director of Operations for Ambulance Response
Phill Taylor	General Manager NEPTS
Damon Turner	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)

<u>IN ATTENDANCE</u>:

Julie Boalch	Corporate Governance Manager
Caroline Jones	PA to the Board Secretary
Jeff Prescott	Corporate Support Officer
Rachel Watling	Interim Head of Communications
Baptiste Fesselet	Communications Specialist

<u>APOLOGIES</u>

Nathan Holman	Trade Union Partner
Mark Harris	NEPTS General Manager South East

49/19   CHAIRMAN INTRODUCTION AND UPDATE

The Chairman welcomed all to the meeting advising that it was being audio recorded. Particular welcome was given to the new Director of Operations Lee Brooks, Damon Turner, Trade Union Partner, Craig Brown, Trade Union Partner and Phil Taylor. General Manager for NEPTS to their first meeting. The declaration of Mr Emrys Davies as a former member of UNITE, Professor Kevin Davies as a Trustee of St John Cymru and Chantal Patel as a member of Swansea University was acknowledged by the Board.

The Chairman gave an overview of his work related activities in the last quarter, the notable highlights of which were:

1. Accountability: Formal PADR review with the Minister for Health and Social Services which had been positive
2. Leadership: The Trust was in the process of recruiting three Non Executive Directors and recruitment of key Members of the Executive Team. There were several joint initiatives being undertaken with local health boards which would help in delivering change going forward
3. Engaging and connecting, both internally and externally: There was always room for improvement in this area, especially with patients
4. Health and Social; Care Leadership Forum; held in Llandudno and this looked at how the Trust could help in delivering a healthier Wales.
5. Various other meetings were attended which included Health Inspectorate Wales and also with Swansea Bay LHB to consider the educational agenda going forward
6. The well supported Chief Executive roadshows across Wales were recognised

RESOLVED: That the update was noted.

50/19   CHIEF EXECUTIVE UPDATE

Jason Killens Chief Executive referred Members to the report and drew attention to the following highlights within it:

1. Between 11 April and 18 June, 22 CEO Roadshow events took place across Wales and were attended by around 600 staff. The support of Board Members and all staff for their contributions at these events was acknowledged. Progress updates from issues that arose during the events would be published in due course
2. Formal welcome to Lee Brooks as the new Director of Operations and a thank you to Louise Platt as Interim Director of Operations was endorsed
3. Red Performance Improvement Plan – the all Wales position was in excess of 70%. However still further work to be undertaken
4. Advanced Paramedic Prescribing - the Trust was the first Ambulance Service in the UK to provide a role for Paramedic Non-Medical Prescribing. Three AP Prescribers have successfully completed their education programme, with the remaining two aiming to complete later this year.
5. Dementia Programme – The Trust was continuing to showcase and promote its dementia work

RESOLVED: That the Board noted the update.

51/19 PROCEDURAL MATTERS

Minutes

The Minutes of the open and closed Minutes from 30 May 2019 were considered and subject to the following amendments were agreed:

Open Minutes:

Page 9, Minute 39/19 add another resolution: **(4) an improved version of the framework was to be presented to the Trust Board at its next meeting.**

Page 13, Minute 46/19, add sentence**: It was agreed that the People and Culture Committee had a governance role with WASPT in that the latter reported through them**

Page 4, Minute 34/19. **Paragraph 2, line 2, should read level one (non injury fall)**

Trust Board Action Log

The Trust Board action log was considered:

Action Number 23: Item for Board Development Day – Completed
Action Number 24: Engagement Strategy – Completed
Action Number 25: Figures to be added to IPR - Completed

Use of the Trust Seal

Members noted the use of the Trust Seal as below:

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.

RESOLVED: That

(1)   the minutes of the meeting of the open and closed session of the Board held on 30 May 2019 were confirmed as a correct record; subject to the changes as described above, and consideration was 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 was noted.

52/19 STAFF STORY

Claire Vaughan introduced Anne-Marie Ridley, an Emergency Medical Technician based at Porthmadog station who had been the subject of an act of aggression by a member of the public whilst she was on duty.

Anne-Marie recalled to the Board the incident which involved attending to a patient, whom Anne-Marie had treated on two previous occasions and had not felt threatened by him. On this particular occasion, Anne-Marie and her crew member received a call which asked them to deal with a patient who was sitting on a park bench and had appeared to be intoxicated.

On arrival the patient was assessed and agreed to go into the back of the ambulance to be assessed further. Whilst in the back of the ambulance which had the door closed for privacy, Anne-Marie dealt with the patient on her own. During Anne-Marie's attempt to observe the patient, he became aggressive and pinned her against the door to the ambulance. Anne-Marie was trapped with seemingly nowhere to go. He became verbally abusive towards her and tried to throw a punch at her, in the meantime the other crew member Sarah intervened and grabbed his arm. Sarah then contacted Control and requested Immediate police assistance; she also opened the back door of the ambulance whereupon a member of the public, who had heard shouting from within the ambulance, gained access, grabbed the patient and along with Sarah put him face down on the stretcher.

The member of the public who had provided assistance had moved to the back of the ambulance and was positioned on the steps of the ambulance; at that moment, the patient attacked Anne-Marie again. In the meantime the police arrived and took control of the patient.

Several weeks after this incident Anne-Marie was sent to a call involving a woman who had shouted abuse at her when she arrived to attend to her complaining that the ambulance should have arrived a lot earlier. Following further torrents of abuse being aimed at her which continued for around 45 minutes and the futile attempts to calm the woman down Anne-Marie became upset, anxious and thought she might be assaulted again. Eventually, it was decided to back off from the scene and return to the ambulance where Anne-Marie broke down

Following this second incident Anne-Marie has become very reticent, lost confidence and afraid of working on her own and had even considered leaving her role.

Anne-Marie gave details of the support from both the Trust and the police, which had been great; and would like to see the Trust invest more in training especially in dealing with patients with mental health issues. Further training on breakaway techniques would also be very useful

To add to her distress her name was published in the press and social media following her attendance at court; she suggested it would be more appropriate just for PIN's to be disclosed.

Anne-Marie gave further suggestions in terms of how the Trust could improve the safety of ambulance crew which included; the wearing of body cameras, staff feedback sessions on incident learning from violence and aggression and the installation of an emergency activation strip at the back of the ambulance above the door.

Anne-Marie's crew member at the time of the first incident Sarah, recalled the events of the day informing the Board that the police had advised them that this was a targeted attack against women. She felt that the training provided by the Trust to deal with these kind of situations was inadequate. Sarah felt that the actions she could take were limited due to the legal issues involving the use of force. Sarah gave details of previous incidents she was involved with which related to violence and aggression.

Jason Killens explained there was work underway considering a pilot scheme on the use of body worn cameras. In terms of the disclosure of names, he agreed to consider the implications of this and to seek further guidance going forward. Regarding the installation of an emergency panic strip in the back of the ambulance, this would also be looked into.

Claire Vaughan apprised the Board in terms of the plans and proposals following this story in order for the staff to be better prepared.

The Board reflected upon the story and thanked Anne-Marie for her courage to relay it and the support from Sarah and other colleagues involved. The following comments were raised:

1. Was the Trust's CAD system able to identify known aggressors? Claire Vaughan advised that work was underway to flag addresses of known aggressors whereby the crew can be alerted to the potential danger and make an informed decision. There were however a number of limitations in that it was the property that was flagged and not the individual. The Trust would continue to share known information with other emergency services as best as possible.
2. Risk Registers – Claire Bevan emphasised that these types of incidents were being risk assessed to inform the revision of the Corporate Risk Register
3. Dr Brendan Lloyd commented that the flagging of these types of patients on the Trust's system needs to be strengthened; and the sharing of information once the electronic patient record system was fully implemented would be beneficial

The Board recognised the traumatic events that Anne-Marie had been subjected to and offered their assistance going forward.

In terms of actions Jason Killens confirmed that the following areas would be taken forward for further consideration:

1. Disclosure of names/PIN
2. De-escalation/breakaway – use of reasonable force in a confined space
3. Vehicle design
4. Wearing of Body Cameras
5. High risk address register

RESOLVED: That

(1) the staff story was noted; and

(2) the actions as described be forwarded to the Executive Management Team.

53/19 ENGAGEMENT FRAMEWORK

Estelle Hitchon reminded the Board that an initial draft engagement framework and associated delivery plan had been presented at the May 2019 meeting.

The revised draft engagement framework outlined the strategic drivers which had informed its development and provided detail on purpose and outcome, key stakeholders, messaging, resourcing, roles and responsibilities.

The Board recognised that further work was still ongoing in order to reach a formalised agreement going forward.

Members considered the report in further detail and raised the following:

1. Was there a detailed plan to engage with the community? Estelle Hitchon referred to the Patient Experience Community Involvement (PECI) team who focussed on communicating messages to the public regarding options and useage in terms of the ambulance service. Members were also informed there were other workstreams involved in delivering the strategy
2. Were the necessary resources in place to deliver the outcomes? Estelle Hitchon explained that should there not be the capacity at any stage of the process, this would be brought to the attention of the Board
3. It was recognised that the list of priorities would need to be refined and a sustained engagement campaign with the community beyond that of the PECI team be considered

RESOLVED: That

(1) the direction of travel set out in the Revised Draft Strategic Framework for Engagement was supported;

(2) the Revised Draft Delivery Plan and proposed reporting schedule was endorsed; and

(3) the EMT would refine the list of priorities and consider implementing a sustained public engagement campaign.

54/19 UPDATE ON 2019/20 CAPITAL PROGRAMME

Rachel Marsh in presenting the report advised the Board that a paper was considered at the Finance and Performance Committee (FPC) in April 2019 meeting on the allocation of the discretionary capital funding. It had been noted that an element of the funding had already been committed, for example, through slippage of schemes approved in 2018/19, which had left £4.814m to allocate.

A number of schemes below £100k had been prioritised and approved by the Internal Capital Planning Group, in line with delegated financial limits. These business cases were illustrated in table two of the report.

There were two schemes requiring Board approval as they exceeded £250k. One of the schemes related to expansion work on Matrix One in Swansea in order to provide more space for the Trust which had an indicative cost of £600k. The Board discussed in more detail as to potentially what the space could be used for.

The second case related to refurbishment work at Pembroke Dock which would create facilities to deliver a Make Ready service and cost in the region of £330k.

Following a discussion the Board approved the two schemes as described above.

RESOLVED:

(1)   the update provided on the current approved schemes for 2019/20 was noted;

(2)   a verbal update on discussions at FPC relating to the six highlighted discretionary capital schemes which fell between £100k-£250k with spend across 2019/20 was received; and

(3)   The two discretionary capital schemes which were above £250k were approved.

55/19   NEPTS THIRD PARTY MANAGEMENT SOLUTION

The Board were given an overview of the report by Phil Taylor which in essence was to seek approval for the proposed award to 365 Response for the provision of Non-Emergency Patient Transport.

The proposed contract award value was currently estimated at £2.1 million per annum and 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 was 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 did not commit the Trust to this spend.

Members noted that the process had been fully supported by the Commissioner.

RESOLVED: That

(1)   the contents of the report were noted; and

(2)   the decision to award to 365 Response for the provision of a third party management solution was approved.

56/19   TRANSFORMING EDUCATION AND TRAINING STRATEGY

Claire Vaughan gave an overview of the report and drew the Board's attention to several notable achievements within the Trust's Senior Education and Training Team over the last three years; regular accreditation for EMT's, developments in apprenticeships and the Band 6 paramedic competency work.

There was a focus on high quality and innovative education and training will also play a key role in enabling the Trust to be recognised and renowned as being an exceptional place to work, volunteer, develop and grow.

The 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.

Work was ongoing to ensure that CPD was current, interesting and challenging. The biggest challenge was the shift of ownership with individuals in terms of their education going forward.

Claire Vaughan advised that the strategy had been scrutinised at the People and Culture Committee and through the EMT and was being presented to the Board for approval.

Members raised the following points:

1. What was the final purpose of the training? Claire Vaughan explained that the workforce vision of the Trust was to have staff working at the top of their scope of practice that they need to care for patients in the best possible way
2. It was suggested in order to gauge strategic direction, that dynamic links to governing bodies such as the NMC and GMC be added to the strategy
3. The Board noted that the People and Culture Committee held deep dives into several areas and it was anticipated a deep dive on education and training would take place in the near future

RESOLVED: That

(1)   the progress to date was noted; and

(2)   the publication and implementation of the strategy was approved

57/19   UPDATE ON UNIVERSITY STATUS

Claire Vaughan explained that the purpose of the report was to apprise Board with considerations so far and to seek approval, in principle, to progress an application for University Status in September 2019 to Welsh Government.

In 2013, Health Boards in NHS Wales were invited by Welsh Government to seek University Status for the first time. At that point, the 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.

Following further discussion at the People and Culture Committee and Board Development Session a draft business case was compiled to identify associated resource implications, risks and benefits. Having considered the draft business case the EMT had 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.

It was 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.

Pending Board support, a draft submission would be made and focussed work would be undertaken regarding areas of weakness in evidence as identified in the report.

Members having considered the update fully supported the application, recognising the challenges involved and raised the following points:

1. Following a query regarding a process issue in terms of resource requirement and the cost involved which at this stage was unknown; Claire Vaughan reassured the Board that the business case as seen by the EMT contained funding requirements which did not require Board approval. Jason Killens added that the costs involved would be on a phased basis going forward; however any unforeseen costs would be brought to the attention of the Board.
2. The Board recognised that this was part of the organisational development going forward and should be featured within the IMTP.
3. It was stressed that whatever the Trust committed to in terms of achieving university status, it must be delivered
4. Members noted that this was 'stage one' within the application process and the Board were being asked to give approval to proceed with the application; in recognition that this was a three year programme of activity.

The Board further noted that the benefits realisation plan for years two and three, any adjustments to the Board structure and any resource implications would be presented to the Board in more detail in due course.

RESOLVED:

(1)   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 was noted;

(2)   the support of the EMT and People and Culture Committee in relation to making an application this year and the proposed approach was noted; and

(3)   in principle approved the Trust making an application for University Status and agreed for EMT to finalise and submit an application to Welsh Government in September 2019; on the assumption that any potential

benefits, cost implications and any governance restructure consequences be re-presented to the Board for discussion/approval as required.

58/19   INTEGRATED MEDIUM TERM PLAN 2019/20 - QUARTER 1 DELIVERY REPORT

Rachel Marsh advised the Board that the purpose of the report was to give an initial update on the progress in terms of delivering the 2019/20 IMTP commitments, propose a long-term term approach as to how this assurance was given and confirm the preparatory work being undertaken to re-fresh the plan for 2020/2.

Members were reminded that at the next Board Development Day there would be an opportunity to consider the top priority areas where assurance was required. Also as the next iteration of the IMTP was due at the end of December 2019; in terms of preparation, the 'first cut' would be available for consideration.

The Board, having reviewed the report in more detail sought clarity in terms of how assurance was given that the actions within the IMTP were on track. Rachel Marsh explained that clarity would be provided at the next Board Development Day

RESOLVED: That

(1)   the update provided was noted; and

(2)   the proposed approach to providing assurance on delivery of the IMTP moving forward was confirmed.

59/19   MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

The Board were provided with an update from Rachel Marsh in which details of the Trust's performance against key quality and performance indicators for May 2019 were given.

This report focused 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 were included in a dashboard in the *Assessment* section of this report, outlining the last 12 months performance, structured in line with the Trust's Long Term Strategic Framework.

In this particular report, the improvement actions have been structured to focus on progress against the IMTP deliverables and other key Improvement actions that would have an impact on performance.

Following on from the last Board meeting a number of actions had arisen and these had been articulated in this report; these included:

1. Graphs to be annotated where a change has occurred;
2. A review of 111 and NHSDW measures that are included in the report
3. Links to the Board Assurance Framework, in particular, to include key risks

4. Review of NEPTS indicators and if they should be built into this report on a monthly basis
5. Inclusion of Statistical Process Control (SPC) charts and trajectories;
6. 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
7. Reflect on the differences between outcomes and process.

Going forward Members noted that future iterations of the report would be assisted by an AQI dashboard in QlikSense. Following this, there was also an intention for a dedicated IPR dashboard to be built. There were no timescales currently set for completion due to current performance reporting pressures; however this remained a high priority for Health Informatics. Once complete this would assist in a more timely production of the IPR.

The Board raised the following points:

1. A discussion was held in terms of exactly what level of information the Board required in order to gain assurance on the actions being taken and it was decided this would be further discussed at the next Board Development Day
2. Members recognised that the reports were much more informative and lent themselves to an understanding of the data with more clarity
3. Reference was made to the long waits, and it was noted there had been an improvement however it should be highlighted more demonstratively to reflect that

RESOLVED: That

(1)   the performance outlined in the May Monthly Integrated Quality and Performance Report was noted and discussed; **and**

(2)   a further discussion would be held at the next Board Development Day.

60/19   FINANCIAL PERFORMANCE MONTH 3 2019/20

Chris Turley gave an overview of the report and advised the Board that the format of the Trust's Finance reports to Board and Committees had been reviewed and was 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 was the first publication of the revised financial performance report which would continue to be refined over coming months to reflect any feedback received, which was welcomed.

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

1. The cumulative revenue financial position had 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 remained a balanced position.

2. There had 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. The values and impact on these were detailed within the report.

3. The ESMCP project was delayed nationally with the result that it was necessary to extend the existing Airwave contract which would result in some additional costs. At this stage there were 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.

The Chair of the Finance and Performance (F and P) Committee Martin Turner, gave an overview of the discussions held at the last F and P meeting which included NEPTS and the increase in demand and the associated costs.

RESOLVED: That

(1)   the updated presentation and format of the Finance Report was noted; and

(2)   the Month 3 revenue and capital financial position and performance of the Trust as at 30th June 2019 was noted.

61/19   BOARD ASSURANCE FRAMEWORK (BAF)

Keith Cox reminded the Board that the report had 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.

The Trust's corporate risks have been closely aligned to each of the Trust's key deliverables; it was noted that further work on identifying and describing the Trust's corporate risks was being progressed during quarter one by the Assistant Directors Leadership Team. As a consequence, the risks on the BAF are those from quarter four 2018/19. The new and revised risks will be presented to the Board in September 2019.

Claire Bevan advised the Board that from November the paper based risk register would have migrated to the datix e risk system for all directorates and this would replace the paper based copy of the Corporate Risk register to an electronic one.

Following a query regarding the risk surrounding Band 6 competencies and its de-escalation, Claire Vaughan updated the Board on the current status commenting that the information available suggested the Trust was on track.

RESOLVED: That the update on the BAF was noted.

62/19   CONSENT ITEMS

Since the last Board meeting the only two Committees that had met were the People and Culture and the Finance and Performance.

An update was provided by the Chair of the People and Culture Committee, the main points included:

1. Deep Dive on Sickness Absence
2. People and Culture Strategy Development
3. Welsh Language Standards

An update was provided by the Chair of the Finance and Performance Committee, the main points included:

1. It had been agreed to increase the number of meetings per year from four to six
2. Rachel Marsh updated the Board on the status of ISO 14001 environmental certification which provided a framework for environmental management best practice to help organisations: minimise their environmental footprint and diminish the risk of pollution incidents. The item was discussed at the last meeting and the Board were assured that in terms of leadership and management it was noted that Emrys Davies had been appointed Champion. Furthermore the Board supported the actions that had been agreed at the F and P meeting

In terms of Minutes of Committees there were no Minutes to endorse, the Board were asked to note the status of them.

RESOLVED: That the updates were noted

Date of next meeting: 19 September 2019

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 18 JULY 2019

CURRENT ITEMS

	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
26	52/19 Staff Story	18 July 2019	Violence and aggression against staff	EMT to consider taking forward the areas below for further consideration 1. Disclosure of names/PIN 2. De-escalation/breakaway – use of reasonable force in a confined space 3. Vehicle design 4. Wearing of Body Cameras 5. High risk address register	EMT	Discussed at EMT on 4th September. CV taking actions forward
27	53/19 Engagement Framework	18 July 2019	Engagement Framework	EMT to refine list of priorities and consider a sustained engagement campaign	EMT	EH sent EMT initial proposal for comment 12 September 2019

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**

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
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**
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 5417	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	22 March	EMRTS	**Invite Professor David Lockey to a**	K Cox	**COMPLETED**

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
	Session	2018		future Board meeting to present an update on EMRTS		
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 reflected the old IMTP structure and it was agreed this would be updated to illustrate the new structure**	C Bevan	**Risk Management Strategy and Framework has 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**

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
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 Session	13 December 2018	SIGNIFICANT VALUE CLAIM – PATIENT P	**Once settled, claim to be presented to Board for final sign off**	Claire Bevan	**Ongoing**
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
23	24/19	28 March 2019	Discussion on Performance Indicators: Tolerance levels	Item for Board Development Day	Board Secretary	Scheduled for 30 July COMPLETED
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	On Agenda COMPLETED
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

AGENDA ITEM No	1.5c
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

CHAIR'S ACTIONS – PROCESSING AND REPORTING

MEETING	Trust Board
DATE	19 September 2019
EXECUTIVE	Board Secretary
AUTHOR	Assistant Corporate Secretary
CONTACT DETAILS	Tel: 01745 532906 Email: Mike.Armstrong@wales.nhs.uk

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

REPORT PURPOSE	To note the procedures for the processing and reporting of Chair's Actions.
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	19 September 2019	Noting

SITUATION

1   This paper explains procedures within the Trust for the processing and reporting of Chair's Actions

BACKGROUND

2   The Wales Audit Office 2018 Structured Assessment presented to Trust Board on 29 January 2019 made the following recommendation:

"The Trust should review the process for Chair's Actions and seek opportunities to reduce these where possible. Where Chair's Actions are necessary, the Trust should ensure there is sufficient description of Chair's Actions within Board papers."

3   The recommendation was accepted by the Trust Board who noted the following management response to the Structured Assessment recommendation:

"The number and frequency of Board meetings has increased recently which may mitigate the need for some Chair's Actions. All Chair's Actions are properly recorded and reported to the Board, in accordance with the practice adopted by the Board.

Nevertheless, we will review the current process and seek the Board's view on future arrangements, including justifications for Chair's Actions."

4   The supporting documentation to the 2018 Wales Audit Office Structured Assessment recommendation stated:

"Between December 2017 and September 2018 Chair's Actions were taken ten times by the Trust. The Trust's Standing Orders make provision for necessary decisions to be taken through this means. However, between these dates we note that Chair's Actions were either noted or approved within Board papers rather than considered and ratified by the Board as set out in the Trust's Standing Orders. The revisions to the Board meeting schedule should help reduce the need for Chair's Actions going forward. Inevitably, Chair's Actions are still going to be needed on occasions, and where they are taken, it is important that they are sufficiently described within Board papers, even if the item has already been discussed and agreed at one of the Board's committees. The Board has chosen to report Chair's Actions during its open session. However, in some instances, board papers lacked detail on the decisions taken to support ratification where potentially important and high-value decisions are made. For example, an item of business approved in December 2017 was simply described in board papers as 'Barry Ambulance Station'."

ASSESSMENT

5   With regards to Chair's Actions, the Trust's Standing Orders state:

"There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

Chair's Action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate."

6   The above wording confirms why Chair's Actions are required by the Trust and the reporting process to be followed. Implementation of the Wales Audit Office 2018 Structured Assessment recommendation does not require amendment to the Trust's Standing Orders.

7   However, in order to strengthen the reporting processes of Chair's Actions to Trust Board and to comply with the Wales Audit Office 2018 Structured Assessment recommendation, all future Chair's Actions reported to Trust Board will contain sufficient detail to enable ratification by Members of decisions. Where a Chair's Action relates to a confidential matter, the item may be considered as a 'Closed' business matter. The decision as to whether the Chair's Action is reported as an 'Open' or 'Closed' matter will be determined by the Board Secretary.

8   Since presentation of the Wales Audit Office 2018 Structured Assessment to Trust Board on 29 January 2019 (through to 31 August 2019), no Chair's Actions have been necessary.

RECOMMENDATION

That the procedures for the processing and reporting of Chair's actions be NOTED.

AGENDA ITEM No	1.6
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	

Appointment to the Post of
Executive Director of Quality and Nursing

MEETING	Trust Board
DATE	19 September 2019
EXECUTIVE	Executive Director of Workforce & OD
AUTHOR	Claire Vaughan, Executive Director of Workforce & OD
CONTACT DETAILS	Tel: 01633 626263 E: claire.vaughan@wales.nhs.uk

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

REPORT PURPOSE	To seek approval for the appointment of a new Executive Director of Quality and Nursing
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. This paper seeks the approval of the Trust Board for the appointment of a new Executive Director of Quality and Nursing.

BACKGROUND

2. At its meeting on the 27 June 2019, the Remuneration Committee approved the advertisement of the post of Executive Director of Quality and Nursing to replace the existing postholder, Mrs Claire Bevan who gave notice of her intention to retire at the end of the year, 31 December 2019. The post was advertised at the Executive and Senior Manager Pay (ESP) Band 10 with a pay range of £103,020 to £107,141, being the Band previously approved by the Remuneration Committee and the Welsh Government.

3. The process to recruit commenced in July 2019. Following a robust shortlising process, four candidates were invited to attend a two day selection process on the 11 and 12 September 2019.

4. The selection process comprised two stakeholder engagement events, psychometric personality profiling and a formal interview.

5. The process was led on behalf of the Trust by Jason Killens, Chief Executive with the support of Claire Vaughan, Executive Director of Workforce and OD.

6. The final interview panel comprised Jason Killens Chief Executive, Emrys Hughes Non-Executive Director, Claire Vaughan Executive Director of Workforce and OD and Jean White, Chief Nursing Officer, representing Welsh Government.

ASSESSMENT

7. On Thursday 12 September 2019, the interview panel conducted a thorough interview process with each of the four candidates. Following a period of deliberation, the panel unanimously agreed to offer the post of Executive Director of Quality and Nursing to Mrs Claire Roche.

8. Mrs Roche is an experienced, senior nurse leader and is currently Assistant Director of Quality, Governance and Assurance for WAST. The interview panel were satisfied that Claire's experience, determination, empathy, understanding and ambition for the organisation would add significant value, energy and drive to the existing Executive Management Team to move the Trust forward on its transformation journey.

9. Following conclusion of the interview process and panel decision on Thursday 12 September 2019, a verbal, conditional offer of the post of Executive Director of Quality and Nursing was made to Mrs Roche who has given a clear indication of her intention to accept on the terms offered, subject to receipt of a formal offer of employment.

10. The salary offered is £103,020 which is the minimum of the Executive and Senior Manager Pay (ESP) Band 10 and is in accordance with the rate previously approved by the Remuneration Committee. This is subject to completion of appropriate due diligence to be completed as part of the recruitment process.

11. As this post is an Executive Director of Trust, the decision to confirm the appointment is a matter reserved for the Trust Board, and as such, the Board is respectfully asked to support the recommendation of the interview panel and Chief Executive, and to confirm the appointment of Mrs Claire Roche to the post of Executive Director of Quality and Nursing.

12. Following this, a formal, written conditional offer letter will be issued to Mrs Roche to allow the process of resignation from her current role and enable her to be in a position to assume the role with effect from 1st January 2020.

RECOMMENDATION

13. The Trust Board is asked to **:**

- **SUPPORT** the decision of the Chief Executive, and **CONFIRM** the appointment of Mrs Claire Roche to the post of Executive Director of Quality and Nursing for the Welsh Ambulance Service NHS Trust.

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

HEALTH AND SOCIAL CARE (QUALITY AND ENGAGEMENT) (WALES) BILL

MEETING	Trust Board
DATE	19 September 2019
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Assistant Director of Quality & Patient Experience
CONTACT DETAILS	Wendy Herbert 01792 315886 Wendy.herbert@wales.nhs.uk

CORPORATE OBJECTIVE	Quality at the heart
CORPORATE RISK (Ref if appropriate)	Not Applicable
QUALITY THEME	Governance, Leadership and Accountability; Safe Care, Effective Care, Dignified Care, Individual Care
HEALTH & CARE STANDARD	2.1, 3.1, 3.2, 4.1, 6.2, 6.3

REPORT PURPOSE	To note and receive assurance
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	6 March 2019	For information and discussion
Board Development	30 July 2019	For discussion and inform consultation response
Trust Board	19 September 2019	For noting and assurance

SITUATION

1   This Report provides the Trust Board with assurance that the Trust has started to consider the implications for the implementation of the Health and Social Care (Quality and Engagement) (Wales) Bill within the Welsh Ambulance

Services NHS Trust. This is based on the current information available regarding the status of the Bill as it passes through the 4 key stages before it becomes an Act during 2020.

2   The Welsh Government is bringing forward this legislation ("the Bill") which proposes, amongst other things, to create a new overarching duty of quality on the Welsh Ministers and NHS bodies, to exercise their functions in relation to the Health Service, with a view to securing improvement in the quality of services.

3   On 17 June 2019 the Welsh Government introduced the Health and Social Care (Quality and Engagement) (Wales) Bill which will:

- Strengthen the existing **duty of quality** on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;
- Establish an organisational **duty of candour** on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- Strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales **Citizen Voice Body** that will represent the interests of people across health and social care; and
- Enable the appointment of **Vice Chairs for NHS Trusts**, bringing them into line with Health Boards.

BACKGROUND

4   In 2018, the Parliamentary Review of Health and Social Care in Wales set out a number of recommendations including those relating to improvement in the quality of services and closer integration of health and social care. These form key threads within the Welsh Government's response 'A Healthier Wales: Our Plan for Health and Social Care', and are supported by provisions in the Bill.

5   Continuous improvement in quality will be key to making the health and social care system in Wales both fit for the future and one which achieves value. The establishment of a Citizen Voice Body, covering both Health and Social Services, will ensure that the voices of citizens are engaged, listened to and clearly heard. This will mean that, going forward, Health and Social Care Services are designed and delivered around the needs and preferences of individuals.

6   One of the options in the consultation of the Bill would place an overarching duty on the Welsh Ministers and NHS bodies to exercise their functions relating to the Health Service with a view to securing improvement in the quality of services in the broadest sense.

7   This option proposes to adopt the internationally accepted definition, put forward by the then Institute of Medicine[1], that outlines six domains of health care quality as systems which are:

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[1]AHRQ (2016). *The Six Domains of Health Care Quality | Agency for Healthcare Research & Quality*. [online] Ahrq.gov. Available at: https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html [Accessed 28 Nov. 2018].

SBAR Health and Social Care (Quality & Engagement) (Wales) Bill/TB 19.9.19/AJKv1

- *Safe*: Avoiding harm to patients from the care that is intended to help them;
- *Effective*: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively);
- *Patient-centered*: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions;
- *Timely*: Reducing waits and sometimes harmful delays for both those who receive and those who give care;
- *Efficient*: Avoiding waste, including waste of equipment, supplies, ideas, and energy; and
- *Equitable*: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

ASSESSMENT

8   We have undertaken an assessment of our current position against the four themes of the Quality and Engagement Bill and undertaken a Gap Analysis of what is required to support our preparation for implementation of the Act, the outcome of which was presented and discussed as part of a Board Development Session on 30 July 2019 (**Annex 1**).

9   The discussion and information gathered from the Board Development Session informed and supported our contribution to the NHS Confederation response to the Health Social Care and Sport Committee Inquiry into the Health and Social Care (Quality and Engagement) (Wales) Bill ('Quality Bill').

10   The NHS Confederation response broadly welcomed the proposed introduction of the Quality Bill, highlighting a number of areas around the duties of quality and candour where further clarification is required.

11   Members of the NHS Confederation will be providing further detail to the Committee in the oral evidence sessions on 19 September 2019.

12   Whilst the Bill is progressing through the legislative stages, the Trust will continue to prepare for its implementation once it becomes an Act. Priority actions will be to:

- Raise awareness with staff across the Trust regarding the Quality & Engagement Bill, preparing communications when national materials are issued;
- Revise the Trust Quality Strategy to align with the Bill by November 2019;
- Revise the Quality, Patient Experience and Safety Committee agenda and Forward Plan to align with the quality domains;
- Revise the Trust Quarterly Quality Assurance Report to demonstrate our duty of quality and duty of candour;

- Further develop the newly formed Patient Safety & Experience Learning and Monitoring Group to align with the requirements of the Bill;
- Present to QuESt from 2020 on how often the duty of candour has been triggered, a description of the circumstances leading to the event and the steps taken, with a focus on preventing any further occurrence;
- Work in collaboration with Health Boards to implement the recently approved joint Framework for the investigation of patient safety incidents from September 2019, with a focus on whole system learning and improvements;
- On receipt of staff training materials to support the Bill, develop a Training Needs Analysis and Training Programme for our staff and volunteers;
- Undertake a resource assessment to consider the impact of implementing the Bill;
- To scope out the alignment of Trust Strategies with the Bill (including the Trusts Public Health Plan); and
- To reflect the requirements of the Bill into the Trusts Integrated Medium Term Plan.

RECOMMENDED: That

    (1) **the Board note and be assured that the Trust has considered the implications to inform the implementation of the Quality & Engagement Bill, based on current status of the Bill; and**

    (2) **the Board be assured that the Trust has contributed to the national Consultation on the Quality & Engagement Bill coordinated by the NHS Confederation.**

EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required for this report.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	Not Applicable
Environmental/Sustainability	Not Applicable
Estate	Not Applicable
Health Improvement	Not Applicable
Health and Safety	Not Applicable
Financial Implications	Not Applicable
Legal Implications	Civil Contingencies Act (2004)
Patient Safety/Safeguarding	Not Applicable
Risks	Not Applicable
Reputational	Not Applicable
Staff Side Consultation	Not Applicable
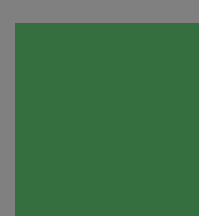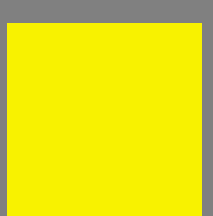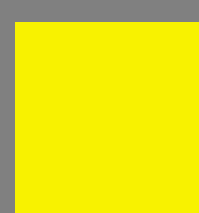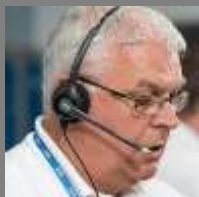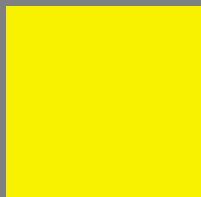
Trust Board Development:
Health & Social Care (Quality & Engagement) (Wales) Bill
30 July 2019

17 June 2019 the Welsh Government introduced the Health & Social Care (Quality & Engagement) (Wales) Bill which will:

- Strengthen the existing **Duty of Quality**;

- Establish an organisational **Duty of Candour**;

- Strengthen the voice of citizens with the establishment of a new **Citizens' Voice Body**; and

- Enable the appointment of **Vice Chairs** for NHS Trusts.

The Policy intent will be delivered through a mix of primary and secondary legislation, such as regulations and statutory guidance. Healthier Wales recommendations included: improvement in the quality of services and closer integration of health and social care.

Stages of the Legislative Process

The Bill was Introduced to the Assembly by the Cabinet Secretary for Health and Social Services.

The Bill will go through four stages before it becomes an Act:

- Stage 1: Consideration of General Principles
- Stage 2: Detailed Consideration by Committee
- Stage 3: Detailed Consideration by the Assembly
- Report Stage
- Stage 4: Final Stage

After being introduced, the Bill will be assigned to the relevant Committees for Stage 1 proceedings - expected the Subject Committee for this Bill will be the Health, Social Care and Sport Committee.

Continuous improvement is key to making the health and social care system in Wales fit for the future to provide **safe, effective, person centred, timely, efficient and equitable** health care in the context of a **learning culture**.

New overarching duty will require Welsh Ministers and NHS bodies to exercise their functions with a view to **securing improvements in the quality of services** they provide to their service users.
This duty will apply to **all of their functions**, not just clinical functions.
NHS bodies will be placed under **a duty to produce an annual report setting out how they have complied with the new duty.**

When making decisions about services - **consider whether the decision will improve service quality and secure improvement in outcomes**. Supporting the 5 ways of working in **Well-being of Future Generations** (Wales) Act 2015. The Statutory guidance will be developed in partnership with key stakeholders and **training** developed to support implementation.

Duty of Quality - Implementation

- **Digital awareness campaign** - an internal communications campaign to increase general awareness of the duty and highlight what this means for NHS staff.

- **Awareness training** - to embed a basic level of knowledge and understanding of the duty for all staff.

- **Board level training** - to support changes needed to implement and comply with the duty.

- **Supporting resources** - a suite of online resources, similar to those created for the Well-being of Future Generations Act; including **case studies** providing examples of how organisations have applied the principles of quality to secure improvement and supported by guidance.

Duty of Candour

A culture of **openness, transparency and candour** is widely associated with good quality care. Welsh Government are proposing a **statutory duty of candour** on providers of NHS services. **It is intended that the duty to be placed on NHS bodies at an organisational level and will support existing professional duties.**

The duty will require providers **to follow a process when a service user suffers an adverse outcome during the course of care or treatment and suffers harm. There is no element of fault.**

Using existing statutory powers, WG separately plan to make regulations under the **Care Standards Act** to place a duty of candour on regulated **independent healthcare providers**. This will then align the NHS, regulated independent healthcare, and regulated social care services (under RISCA) with a **system wide approach to candour.**

Why have a Duty of Candour

- A culture of openness, transparency and candour is widely associated with good quality care.
- Clarify a process to be followed by an organisation when something goes wrong or not as planned and people suffer harm.
- Enable a focus on learning and improvement, not blame.
- Builds on the 'Putting Things Right' expectations.
- Improves public confidence and organisational reputation
- The duty seeks to encourage organisational learning, avoiding future incidents.

The Bill requires NHS providers to report annually about when the duty has come into effect - how often the duty has been triggered, a description of the circumstances leading to the event and the steps taken by the provider with view to preventing any further occurrence.
The details of how the duty will work in practice will be contained in regulations, which will be developed in partnership with stakeholders.

Duty of Candour - Implementation

- **Public awareness campaign** - to increase public awareness of the duty of candour, empowering individuals to ask questions about the care and services they receive

- **Statutory guidance** for organisations to support discharging the duty

- **Awareness training** - to embed a basic level of knowledge and understanding of the duty for all staff.

- **Advanced staff training** - for specialist staff, concern teams and primary care practice managers/ complaints leads.

- **Board level training** - to support changes needed to implement and comply with the duty.

Citizens' Voice Body

- The proposals in the Bill will **replace CHCs** with a new, independent, national body that will **exercise functions across health and social services**.

- The new body will **strengthen the voice of the citizen**. It's overarching function will be to **represent the interests of persons** to whom NHS or social services are being provided in Wales.

- It will have **powers to make reports and recommendations to organisations**, such as health boards, trusts and local authorities, and to provide **complaints advice and assistance to citizens** when they have a complaint about NHS services and certain social services.

- It will be independent with powers to **employ its own staff and recruit volunteers**.

NHS Trust Vice Chairs

The proposal is to enable Welsh Ministers to appoint a **Vice Chair to NHS Trusts** if they consider it appropriate.

This will place NHS Trust Boards on the same statutory footing as local health boards in this respect and will **strengthen their governance structure**.

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

Duty of Quality - what do we have:

- IMTP & Long Term Strategy - quality at the heart
- Risk Register and Board Assurance Framework
- Annual Quality Statement & Annual Report
- Quality Strategy (Health & Care Stds)
- QUEST, QSG, Quality Assurance Report
- Patient Safety Learning & Monitoring group
- Scrutiny panels - Putting Things Right
- KPI's - quality measures
- PTR regulations - focus on learning
- Policy development framework - governance
- Serious Adverse Incident process early engagement
- WIIN and IQT (Team Leader Program)
- Research & Development governance
- Clinical Audit and Effectiveness governance
- Improvement plans (Health & Safety, IPC, Mental Health, Dementia, Safeguarding, etc.)
- Continuous engagement with service users
- Regulation for registered staff

Duty of Quality - what do we need?

- Revise the Trust Quality Strategy to align with the new Q&E Bill
- Qliksense digital data - one version of the truth quality measures
- Build quality statement into all procedures
- Focus to reduce inequalities of service provision
- Seek clarity from Welsh Government using the Quality Domains / Health and Care Standards Quality Themes to inform our structure of monitoring and reporting
- Engagement with the new 1000 I Cymru to inform IMTP key deliverables

![Welsh Ambulance Services NHS Trust logo - GIG CYMRU NHS WALES, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru, Welsh Ambulance Services NHS Trust]

DUTY OF CANDOUR

What do we have?

- Professional Codes of Conduct
- PTR Regulations (redress)
- Differing thresholds for family contact (redress)
- Clinical culture of openness
- Investigation reports shared with families
- Regulation 28 Responses in public domain QUEST
- Strengthened duty of candour UHB with
- Serious Case Incident Forum process
- Patient Safety Learning & Monitoring group
- Focus on reducing harm: long waits and Amber Review actions, Falls Framework, Pressure Ulcer prevention
- Open Reporting internal/ external (IPR, AQS, QAR)
- Transparency – good relationships with Health Boards re patient safety
- Benchmarking
- Risk registers
- Whistleblowing
- Patient Safety Solutions – reported open session
- Patient Safety News Letter

What do we need?

- Ensure common understanding of the meaning of "candour"
- All Wales process required for consistency
- Develop statement of commitment from the Board
- Align PTR/WG principle early engagement with coroners inquests
- Strengthen incident reporting culture
- Promote multidisciplinary learning across professions
- More benchmarking
- Improve standards for audit
- More transparency
- Joint investigation framework with Health Boards
- Improved timely access to Health Board Medical Records
- Work with Local Authorities re Duty to Report
- Proactive communication with Politicians and Media
- Consider the impact on volume of concerns/political concerns as a consequence of the Bill
- Escalation – duty of candour with Health Boards re resources etc. (if no GPOOHs cover etc.)
- Improve reporting of Near Misses
- Revisit Risk Appetite with the Board and how we report Risks
- Continue to be open about delays with service users

What do we have?

- Patient Experience & Community Involvement (PECI) continuous engagement approach
- PECI work plan; Amber Review engagement, patient stories
- Partnerships & Engagement plan
- Good engagement with CHC at QUEST and through complaints advocacy
- Good examples of co-production i.e. dementia, mental health

What else do we need?

- Understand the transition of change to citizens voice
- Potential impact on volume of complaints demand
- Associated costs with increased demand
- Embrace true co-production across the Trust with public
- Engage with Winter/escalation/innovation and improvement planning
- Deeper constructive challenge - across the entire system (Health & Social care) - collective responsibility - share solutions
- Will we need to address how we engage with the public (main stream not add on)
- Reliable qualitative data

What do we have?

- Individuals acting into role as required for vice chair group representation

How can we maximise the role of the Vice Chair?

- Formal appointment with clear role scope and objectives

- Be well briefed regarding core responsibilities of the role

- Represent the voice of the Trust at Vice Chairs group

- Further strengthen governance assurance and scrutiny

- The **general principles** of the Bill and the extent to which it will contribute to improving and protecting the health, care and well-being of the population of Wales;

- Any **potential barriers** to the implementation of the Bill;

- Whether there are any **unintended consequences** arising from the Bill;

- **The financial implications** of the Bill (within Part 2 of the Explanatory Memorandum);

- The **appropriateness of the powers** in the Bill for Welsh Ministers to make subordinate legislation (as set out in Part 1, Chapter 5 of the Explanatory Memorandum).

http://www.assembly.wales/laid%20documents/pri-ld12572-em/pri-ld12572-em-e.pdf

AGENDA ITEM No	2.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	5

A MAJOR TRAUMA NETWORK FOR SOUTH WALES AND SOUTH POWYS –
The WAST business case

MEETING	Trust Board
DATE	19 September 2019
EXECUTIVE	Rachel Marsh, Interim Director of Planning and Performance
AUTHOR	Jonathan Watts, Assistant Director of Strategy and Planning
CONTACT DETAILS	Rachel.Marsh3@wales.nhs.uk Jonathan.Watts2@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP priority objective
CORPORATE RISK (Ref if appropriate)	N/A
QUALITY THEME	
HEALTH & CARE STANDARD	Safe care / effective care / timely care / staff and resources

REPORT PURPOSE	To note
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive team	28 August 19	For approval
EASC	10 September 19	For approval

RECOMMENDATION. That

(1) TRUST BOARD note the contents of this paper; and
(2) TRUST BOARD note that the business case will retrospectively go to the organisations Finance, Performance and Planning sub-committee for support.

SITUATION

1. The purpose of this paper is to update Trust Board on the progress the organisation is making in supporting the system wide development of a major trauma network for South Wales and South Powys. It also specifically updates the Board on the business case which the Trust has recently developed and which went before EASC on the 10th September 2019.

BACKGROUND

2. The NHS Wales Health Collaborative (NHSWC) on behalf of Aneurin Bevan, Swansea Bay, Cardiff and Vale, Cwm Taf Morgannwg, Hywel Dda and Powys Health Boards is leading the development of a Major Trauma Network (MTN) for South Wales and South Powys. The network is scheduled to go live on the 01 April 2020.

3. After a lengthy engagement process it was decided in 2017 that the Major Trauma Centre (MTC) would be located at the University Hospital Wales, Cardiff (UHW).

4. It has subsequently been decided that the following sites across Wales will act as Major Trauma Units (MTU);

   - University Hospital Wales (in addition to MTC, UHW will also provide TU capability)
   - Morriston Hospital
   - Princess of Wales Hospital
   - Royal Gwent Hospital and Nevill Hall Hospital (only until the Grange University Hospital is fully operational)
   - Grange University Hospital (once fully operational)
   - Prince Charles Hospital
   - Glangwilli General Hospital (as interim TU pending new Urgent and Planned Care Hospital and, as noted in business case, subject to recent engagement, due to report soon)

5. The successful delivery of a MTN is seen as a priority for the Minister for Health and Social Care. The 2019/20 IMTP accountability letter issued by Welsh Government to WAST specified delivery of the Trust's commitments to the MTN as one of three issues which WG will actively seek assurance on in all in year performance meetings between WG and WAST.

6. The development of the business case has seen WAST continually engage with the Network Board, an external peer review lead by Mr Phil Cowburn, *Consultant in Emergency Medicine and Consultant Trauma Team Leader in NHS England, Acute Care Medical Director, South West Ambulance Service and Consultant Pre-Hospital Emergency Medicine, Great Western Air Ambulance* and the Assistant Chief Ambulance Services commissioner.

ASSESSMENT

7. The main components of the business case include;

Component	Brief descriptor	Resource implication	
Appropriate commissioning of additional journeys	Whilst no new cases will exist, the distance of conveyances and repatriations may well increase. In addition there may be a number of new secondary journeys.	Yr 1	£244,388
		Yr 2	£245,689
		Yr 3	£250,525
Establishment of a Major trauma desk	A new feature of any high performing major trauma network is a desk located in a CCC that works coterminously with the Air Ambulance to identify and coordinate major trauma cases	2019/20 (Yr 0)	£57,954
		Following Years	£266,452.60
Training	The creation of a major trauma triage tool to help paramedics identify the most appropriate hospital to take patients to requires the necessary wrap around training and familiarisation of staff to support them in the use of this tool.	£567,774 (non-recurring)	
Transfer and reparation service	To support the increased number of journeys which WAST will need to coordinate there is the opportunity to pilot an emerging transfer and discharge service which the organisation is developing.	£122,530 recurring	

8. The most contentious part of the business case has been seeking consensus agreement with stakeholders regarding the level and type of training which we believe our staff will require.

9. As part of the overarching efforts of the network board to reduce the cost of implementing a major trauma network, conversations took place with WAST regarding the viability of phasing training over three years and thus spreading the cost of training for the wider system.

10. Following careful consideration of this issue WAST remained of the view that training should be delivered over one year (2020/21) as phasing the training posed a disproportionate risk to the success of the network through poor use of the triage tool (resulting in over conveyance to the MTC) compared to any potential financial benefit of spreading the training cost over three years.

11. At EASC on the 10th September, approval was given to proceed with Year 0 costs (some start-up costs identified in this financial year). It also agreed that the case

would proceed to the Network Board and WHSCC for inclusion in the overarching programme business case.

12. Timely decisions on the various components documented in both this paper and the attached business case will materially determine whether;
   ➢ WAST will have the ability to support the Major Trauma Network on the 1st April 2020 with the vital Trauma Desk facility;
   ➢ WAST staff will have received the appropriate training, confidence building and awareness of the new triage tool in order to operate an effective and safe service to our patients.

APPENDIX

Attachment 1 - WAST Major Trauma Business Case
Attachment 2 - Timelines
Attachment 3 - Draft Training Programme
Attachment 4 - MT Desk SWOT Analysis
Attachment 5 - Training SWOT Analysis

South Mid and West Wales Trauma Network

Welsh Ambulance Services NHS Trust
Business Case

1. Context

1.1 The WAST internal context

Welsh Ambulance Service NHS Trust (WAST) is a critical enabler in the success of the South Wales and South Powys Major Trauma Network. For the vast majority of patients who suffer major trauma their first contact with NHS Wales will be with the ambulance service when they receive initial care at scene.

The service will also play a critical role in taking these same patients either home following care in the secondary care setting or onwards for their specialist rehabilitation.

The role which the ambulance service is being asked to play within the new network aligns seamlessly with the organisations recently agreed long term strategy for ambulance services in Wales - Delivering Excellence. A strategy which articulates a desire, by 2030 to;

➢ Ensure quality is at the heart of everything we do;
➢ Provide the right care, in the right place wherever and whenever it is needed;
➢ Enable our people to be the best they can be

However the ambulance service will be unable to play this leading role within the network unless it is resourced appropriately. Whilst the anticipated numbers of patients being cared for within this new model are not expected to change from historic numbers the new clinical model for major trauma will result in the ambulance service making many more 'new' journeys, journeys which may often involve significant distance. Existing resources may be taken out of its local area for much longer period of time.

These longer journeys will also result in some cases, patients needing to be cared for by Ambulance crews for much longer. This will be a significantly different way of working for our staff and they are going to need support to ensure they can care for their patients as well as they will want to.

Failure to ensure both these aspects are fully acknowledged and commissioned will ultimately result in the erosion of wider operational performance and patients not getting conveyed to the right location first time.

1.2 The wider context

Welsh Ambulance and EASCs 2019/20 Integrated Medium Term Plan both articulate a commitment to develop an All Wales Transfer and Discharge service.

With many more journeys relating to Major Trauma taking place across South Wales and South Powys the establishment of such a service will play a critical role in the success of the network.

However, early funding to support the establishment of this model will also play a role in supporting improvements in wider system flow. The creation of this model for major trauma will act as a 'spring board' to potential further expansion and rollout to support the transfer and discharge needs of other strategic service changes - most notably the opening of the new Grange hospital in ABHB which will flow circa twelve months after the major trauma network goes live.

1.3 The financial context

WAST makes ongoing commitments within its integrated medium term plans (IMTPs) to be a full and active partner in supporting the successful delivery of a major trauma network for South Wales and South Powys.

However, as a commissioned service through the Emergency Ambulance Services Committee (EASC) our current, and future, plans will stop short of being able to offer assurance on the service being fully funded from an Ambulance perspective until all of the elements of the new service have been agreed and funded by our commissioners.

1.4 1.4 Definitions

For the purpose of this business case WASTs definitions of the following terms are;

Repatriation	When a patient is taken from one hospital to another for specialist treatment
Transfer	When a patient is taken from one hospital to another
Conveyance	When a patient is taken from the scene of an incident to the relevant hospital
Discharge	When a patient is taken home or nursing home / home of carer

2. Description of the clinical and operational model for WAST

WASTs clinical and operational model that will support the major trauma network will be complementary to the organisations nationally agreed clinical model (below).

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

Step 2 – Answer my call

All calls which the Ambulance receives via 999 are classified as follows;

RED – BLUE LIGHTS	Immediately life-threatening calls	Multiple dispatch Blue light emergency response
AMBER – BLUE LIGHTS	Life-threatening / Serious calls	Blue light emergency response
GREEN 2 and 3– NORMAL ROAD SPEED	All other calls	Face to face response Clinical telephone assessment

The vast majority of major trauma cases will be classified as a red response – *immediately life threatening.*

Step 3 – Come to see me

Effective pre-hospital decision making will take place within this step and decisions will be taken as to the most appropriate response to send to each case- WAST, EMRTS or both.

This decision process would be facilitated by a Major trauma desk located within the Ambulance Services Clinical Contact Centre (CCC).

It is the assumption of this business case that EMRTS will be a 24/7 service by the time the major trauma network goes live.

Step 4 – Give me treatment

WAST has developed a pre-hospital triage tool in conjunction with the Major Trauma Network, which will be used to support pre-hospital decision making at this step with regard to direct transfer from scene to the MTC in appropriate cases. Good discussions have taken place with all stakeholders and refinements have also been made to the tool following the peer review workshop on the 13th August. It is now expected that this tool will be signed off at the major trauma network board in September '19

This tool will be supplemented with live clinical decision support of a major trauma desk (see section six) for more borderline cases.

Step 5 – Take me to hospital

Decision taken in step 4 guided by the effective use of the two major trauma triage tools will then determine if in this stage patients are conveyed to the nearest trauma unit or directly to the major trauma centre.

3. Overview of governance arrangements

WAST is a full member of the Major Trauma Network Board and has both clinical and planning representation on the group. WAST has also nominated individuals to all relevant task and finish groups which sit under the network board.

Internally WAST has established a Major Trauma project group which is constituted of all personnel who represent the organisation at the above external boards and task and finishes groups. This project group will meet monthly until the network goes live on the 01 April 2020.

The following specific governance arrangements have been agreed around the training elements;

Pre-hospital triage tool –the network will 'own' this tool.

Responsible – WAST will be responsible for developing the tool

Accountability – Network board will approve the tool. Monitoring of the tool through Network Board on behalf of WHSSC/EASC, however this will require data from WAST on compliance/LHB issues.

Consulted – WAST clinical governance/EMRTS/network governance subcommittee.

Informed – Providers

Online & face to face training

Responsible – WAST will be responsible for developing both of these elements

Accountability – EASC

Consulted – WAST learning and development, network training and education lead, HEIW

Quality Assure – HEIW and EMRTS (as preferred provider)

Informed – Providers

4. Phased Implementation

In an approach that is complementary to an underlying principle of the wider major trauma network board WAST is taking a 'phased approach' in regards to support of the network. We are committed to ensuring that the network is safe and effective on the 01 April 2020 and that from this point forward the service will be on a trajectory of continued improvement and maturity.

In this respect our phased approach is outlined below;

	Activities	Why	Additional Resource Required
Essential in place For Day 1	• Trauma Triage Tools	Supports patients being apparently triaged and conveyed to most appropriate location	See section 5
	• Online training for staff in relevant geographical areas	Further supports paramedic triage of patients and conveyed of patient to most appropriate location	See section 5
	• Trauma Support Desk / Expansion of EMRTS Desk to fulfil this function (including recruitment of relevant posts)	Final line of support in triage of patient by offering clinical leadership to on scene paramedics. Ensures most appropriate on scene car is provided and plays a system co-ordination role	See section 6
	• Agreement on commissioned activity levels for year 1	Ensures WAST is deploying the most appropriate amount of resources on any given day and that the go live of the network does not destabilise wider WAST operational performance and its ability to attend other non-major trauma cases in the community.	See section 5
Essential in Year 1	• Commencement and completion of 'face to face' staff training • Governance structure in place both network wide and internal to WAST (where relevant) to support decision making. • Transfer and discharge service		See section 7
Essential in Year 2-3	• Ongoing data collection • Dedicated EMRTS vehicle		
Essential in Year 4-5	• Ongoing data collection		
Desirable & aspirational goals	It is desirable for some face to face training to begin prior to go live		

5. Any additional resource requirements for increased ambulance journey's, based on the attached dataset signed off by network board (Figure 7 and the section on 'care closer to home' and any local HB work undertaken (e.g. Hywel Dda).

WAST have identified that the development of a major trauma network will have a significant impact on its resources. In beginning to quantify and understand these implications a number of existing policies, Welsh Health Circulars and agreed stances of Emergency Ambulance Services Committee (EASC) have been considered. These include;

- WHC (2017) 008 *NHS Wales policy for repatriation of patients*
- Designed for Life *Welsh guidelines for the transfer of the critically ill adult*
- Developing a Once for Wales approach to quantifying the impact of Health Board strategic service changes (26 June 2018)

In noting the documented implications on the Ambulance service in this paper it is important to note that it has been necessary to use a number of assumptions over and above those used in the production of the Predicted data activity for the Wales Trauma Network v0.8 (May 2019) paper which is the basis of the whole networks board planning.

Individual assumptions which have been used for particular areas are clearly documented within the relevant section of this paper. An Executive decision of the organisation was taken that where assumptions need to be used that 'worst case scenario' assumptions should be used.

In light of this it is highly recommended that after year one of the service when accurate 'actual' activity has been collected that further commissioning conversations are held regarding pre-hospital conveyance, secondary conveyance, repatriations and follow up rehabilitation activity.

5.1   Emergency Conveyance Times (job cycle times)

The implication here derives from the fact that traditional suspected major trauma cases would have been conveyed from scene to the nearest appropriate hospital. The new model will see the patient conveyed either to the nearest Trauma Unit (TU) or direct to the Major Trauma Centre (MTC) at the University Hospital of Wales, Cardiff (UHW).

Assumptions

I.   NHS Wales is collectively unable to determine exactly where suspected major trauma incidents take place. To mitigate this an assumption has been made that they all happen at the hospital site to which they would have been conveyed under the existing model. This is clearly not reality.

II. Because existing incident locations are not known existing conveyance distances/times have not been able to be deducted to understand the 'new' element of activity.

III. HDHB are currently consulting on the status of Bronglais and Withybush hospitals within the new model. Whilst it is proposed that both sites become designated rural trauma facilities given this is not yet agreed and the granularity of detail as to what this

actually means is also not yet known the assumptions adopted in this paper remain that all forecast activity for these hospitals will initially be conveyed to Glangwilli only.

IV. It has been agreed between WAST, EMRTS and office of the CASC that there should be no attempt to split the total activity requiring conveyance between WAST and EMRTS and that instead it is clinically appropriate to model on the basis that WAST will have a role to play in all initial 999 major trauma calls.

5.2 Secondary transfers (transfer from TU to MTC)

The implication here for the ambulance services derives from the fact that in some cases it will be appropriate for the patient to be conveyed to the MTC via a TU, for stabilisation for example.

Within the traditional model it would have been unlikely for the patient to have ever been moved from the destination of their first conveyance thus this represents new activity for WAST.

5.3 Repatriations (back to TU and/or patients local DGH, to specialist rehabilitation site, home or home of a carer)

Whilst repatriations will have been a feature of current service provision there are 'new' implications for WAST in that there will now be a greater number of people in UHW that will now need repatriation.

Assumptions

i. Whilst some data exists to project the proportion of patients who will pass away whilst in UHW and some whom will require repatriation or transfer to specialist rehabilitation sites (and thus these numbers are built into modelling).

ii. No data exists to indicate that when a patient is ready to be discharged home / nursing home / home of carer etc. how they return to these places. It has therefore been assumed that WAST will undertake all of these discharges.

iii. In addition to the above existing places of residence and other key data information which determine where patients might need to be conveyed does not exist thus modelling is always based back to a local DGH. This will not reflect reality.

iv. A lack of data means it is not possible to understand existing repatriation distances/times and to deduct it in order to understand the 'new' element of repatriation activity.

v. Repatriations will be undertaken by WAST UCS and NEPTs crews in line with existing NHS Wales policy.

Key risks and Issues

As work continues with Morriston hospital to determine what acuity of patient it can treat as part of being an 'enhanced' trauma unit this could affect the quantified implications for the Ambulance service.

At the time of submitting this business case conversations continue regarding 'Orthoplastics' flow to this site. Suggestions are that the majority of cases are already going there directly (with EMRTS response road or air) but this has not yet been qualified by the Ambulance service and if proven not to be the case could have a material impact on patient flows with, for example, a Newport (Gwent) patient being triaged to Morriston.

As part of approving this business case commissioners should be aware there will be a requirement to review this situation retrospectively.

1. Staff Training

1.1 Background and Proposed Approach

The system of major trauma networks proposed for South Wales will require patients with identified injuries to be transported to the major trauma centre. A triage tool (and where necessary silver triage tool) would be used to identify patients who fall into the major trauma category and these patients would be taken directly to a Major Trauma Centre for optimal care.

This may require WAST EMS staff to manage patients with serious traumatic injuries for longer periods of time. This will require training of the management of trauma patients using the current trauma equipment supplied by WAST. It will also be necessary for staff to undertake training in utilisation of the pathway and familiarisation with the Trauma Network.

Whilst many of the organisations Emergency Medical Service (EMS) colleagues get 52 hours CPD time, others receive less (it is hoped that this allocation will be standardised across all staff in this group once an internal roster review exercise has been complete). In addition there is a long standing agreement with the organisations trade union partners that only fifteen hours of total CPD time is 'directed' by the organisation

The organisation recognises that the annual CPD programme for WAST colleagues would usually be the best option for delivery of such training, however, the directed fifteen hours' time for the next year has been ring-fenced for the Band 6 education process (which has been planned since 2017) and other standard mandatory training which staff are required to undertake.

Mandating staff to also use their CPD hours for the required major trauma training would require detailed conversations with our trade union partners to extend the number of CPD hours which the organisation currently ring-fences. Early discussions with trade union partners have begun but at this moment in time negotiations are ongoing. This business case is therefore predicated on the assumption that CPD hours cannot be utilised as this represents the worst case scenario financially for commissioners to plan against.

WAST is the only provider of emergency transport in Wales, operating in a complex environment in terms of geography and topography. Whilst the establishment of the South Wales Trauma Network presents many benefits and opportunities, it should be recognised that it compounds already existing service delivery challenges. We must ensure that our practitioners are fully equipped in terms of decision making and clinical intervention skills to fully support this initiative.

WAST currently operates from 105 sites across Wales meaning that education and training of colleagues is not a straightforward and simple task. It is important that we recognise and utilise the expertise of EMRTS colleagues in relation to trauma in order to ensure quality of learning. Support is therefore required from EMRTS colleagues in relation to delivering Train the Trainer sessions for our staff and quality assurance of our delivery.

Potential delivery options have been reviewed in collaboration with the Consultant Leads for the Major Trauma Network and the preferred option is set out below:

- All colleagues complete the eLearning module (1 hour) by 31st March 2020. This learning will be provided in workbook format for those colleagues who require it
- EMRTS have agreed to carry out 'Train the Trainer' training and quality assurance for WAST as part of their business as usual. Following this colleagues will then receive a 1 day (7.5 hours), face to face Trauma Network training session delivered by the recruited trained WAST tutors. These roles will need to be filled on a secondment basis, as the existing small Education and Training delivery team in WAST is fully committed to a challenging workforce / training plan. Additionally, there will be a need to recruit a Trauma Network Lead Tutor to oversee delivery, recording and reporting (please see **Fig. 1** below for details of team).

Fig. 1

The team would comprise:

- 1 x Lead Tutor (responsible for overseeing project delivery and reporting **and** delivery of training) – 12 month secondment at band 7
- 3 x Tutors (responsible for delivery of training) – 3 x 7 month secondments (delivery of South Wales training) and 3 x 5 month secondments (delivery of Mid and North Wales training) all at band 7

WAST recognises that whilst the face to face training is a one-off cost it will still represent a significant investment from the wider system which commissions Ambulance Services in Wales. Detailed conversations have taken place not only internally but also with the network board, commissioners and through the external peer review exercise as to the most appropriate way to roll out this training. Discussions allowed three options to be considered;

1. Do nothing – *have no face to face training.*
2. Conduct face to face training of all staff during 2020/21 with a prioritisation of staff in the most geographically important areas of Wales during quarter 1
3. Phase training over three years with a prioritisation of staff in the most geographically important areas of Wales during 2020/21

Option one was immediately discounted because of the significant impact of quality of service provision and the wider implications this would have for the success of the network.

A SWOT analysis of options two and three were subsequently undertaken (see annex 5). This has resulted in option 2 being the preferred option.

In summary this SWOT analysis confirmed that the totality of the required investment cannot be reduced and any phased approach to the delivery of training possess a disproportionate level risk to the success of the network compared to any benefits of spreading the cost of training over three years.

Training in year one will still be prioritised according to geographical complexity, i.e. recognising the challenges faced by colleagues in Hywel Dda and South Powys (longer journey times).

Timelines for training can be found in Annex 3 although it is still recognised that some face to face training may be able to be achieved prior to go live in year, if the wider system wishes to release in year funding to support this.

Whilst BCU and North Powys staff are already operating within an established English trauma network it is important that the service equity principles described in A Healthier Wales are 'lived' and that Ambulance staff operating in North Wales ultimately receive the same training as colleagues in the south so that they can continue to offer the best possible care to the people of North Wales.

Benefits of this approach:

- Timely delivery
- High quality training
- Appropriately skilled workforce
- Existing training plan is not adversely affected – ensure business continuity
- Enhanced trauma management skill set for colleagues across Wales
- Fully supports the Trauma Network initiative

As an organisation we work closely with our staff representatives and consequently we know what works and what does not work so well. As mentioned above our staff are geographically dispersed across Wales but also, in addition, are collectively a very different demographic from perhaps many other clinical workforces in Wales. A high proportion will not be IT literate or have experience in accessing clinical training online and/or remotely thus the face to face training is an important 'safety net'.

The 'face to face' exercise is also a very important opportunity for the organisation to win the hearts and minds of its clinical workforce and ensure that the principles and aims of the wider major trauma network are instilled within staff mind-sets and they see an understand the true value of embracing the networks way of working and not merely defaulting to existing working practices.

As part of the peer review exercise undertaken on the 13 August we have taken advice to evaluate the effectiveness and uptake of the proposed training at appropriate intervals.

<u>**ONLINE TRAINING**</u>

Our preferred supplier is Onclick as WAST is already using this company for other eLearning. Onclick are building a very good portfolio of eLearning packages and remain competitive in this field. Our operational and training teams are currently working through the training programme and elements needed to be included and ensuring it meets the requirements of EMRTS and revises the concept of the trauma network, the use of the triage tool and the role of the desk, as well as the trauma care concepts and equipment focussing on high risk key interventions. (Our timeline to rolling out the eLearning can be found in Annex 2).

COSTS

ELearning

Costs associated with the e-learning focus on the design and development of an interactive Major Trauma Triage tool, for installation on the WAST Learnzone. This will include instructional design and copywriting of content, custom graphic design and eLearning build. In addition a bank of multiple choice, case study-based assessment to be built within learning platform, with certification on successful completion. Further signposting and resources to be embedded within WAST Learnzone. Scheduled report to be set up for WAST and South Wales Trauma Network. £8,100

Duration of eLearning = 1 hour

Backfill costs (at time and a half) for eLearning: £35,969

- Paramedics (band 6): 949 @ £27.48hr = £26,078
- APPs (band 7): 19 @ £32.93hr = £626
- AEMTs / EMT3s (band 5): 92 @ £23.84 = £2,193
- EMT1 / EMT2 (band 4): 374 @ £18.91 = £7,072

We will be working with OnClick to ensure monitoring of our staff compliance and following a recommendation from the Professional Peer Review will be aspiring to achieve a minimum 70% trust wide compliance at 'go live' with an increase to 85% by three months in.

Face to face

Total number of staff to be trained: 1434

- Paramedics (band 6): 949
- APPs (band 7): 19
- AEMTs / EMT3s (band 5): 92
- EMT1 / EMT2 (band 4): 374

For the purpose of this business case we have costed for all EMS staff to be trained assuming that they all might need to use and initiate the major trauma triage tool and use relevant trauma skills to transport patients further to the major trauma centre at some point. Only providing the training to Paramedics would leave us 'at risk' as we operate double EMT crews on occasions and APP's are sometimes operating as paramedics operationally e.g. Clinical HB Leads or on an overtime basis at periods of high demand.

Delivery costs: £200,781.74

- 1 x Lead Tutor (band 7) x 12 months = £50,195.43
- 3 x Tutors (band 7) x 12 months (this would comprise 3 x 7 month secondments and 3 x 5 month secondments) = £150,586.30

As this learning will be undertaken by a separate team of educators predominately at venues close to the learners and not at WAST normal training bases, they will need to be self-sufficient and not reliant upon the existing training equipment held at the WAST training centres.

Also WASTs existing training equipment may need to be used to maintain business as usual and therefore not available for the Trauma Network training sessions which could hinder the role out. Therefore the following equipment would be required;

Equipment costs: Total approx. (incl. VAT): £31,171

4 x Windows based laptops	approx. = £3,200.00
4 x Multimedia projector	approx. = £2,000.00
4 x RSA SecurID	approx. = £320.00
4 x Airway Management Trainer	approx. = £6,560.00
4 x Cricoid stick Trainer	approx. =£2,505.60
4 x Chest Decompression Trainer	approx. =£4,272.00
8 x Quicktrack II airway device	approx. = £1,248.00
8 x Pneumofix chest decompression device	approx. = £200.00
12 x WAST trauma packs	approx. = £960.00
4 x Kendrick traction splints	approx. = £236.00
4 x Pelvic splints	approx. = £152.00
4 x EZ IO Training Kits	approx. = £1,000.00
2 x Trauma Manikins	approx. = £3,318.00

There has been a robust internal exercise to review the equipment requirements for this face to face training and we have satisfied ourselves that this ask of the training department is fair and proportionate. Included within annex 3 is a copy of a draft agenda of the training day to support evidence as to how and where equipment will be utilised

Travel costs (tutors):

£458 x 4 tutors x 12 months = £21,984

(This figure of £458 per month is based on mileage costs associated with delivery of the Band 6 education process)

Backfill costs (at time and a half) for face to face: £269,768

- Paramedics (band 6): 949 @ £27.48hr x 7.5 hrs = £195,585
- APPs (band 7): 19 @ £32.93hr x 7.5 hrs = £4,695
- AEMTs / EMT3s (band 5): 92 @ £23.84 x 7.5 hrs = £16,448
- EMT1 / EMT2 (band 4): 374 @ £18.91x 7.5 hrs = £53,040

Dependencies

This training requires the full support of WAST operational teams and resource departments to ensure staff attendance to maximise educator to student ratio.

Support is required from EMRTS in terms of Train the Trainer delivery and quality assurance. This support has been indicated from the organisation.

Support from Area Managers (WAST) is required in relation to accessing suitable teaching spaces at existing WAST sites.

The model requires full support of WAST Operations Directorate to release 4 x colleagues to facilitate this training (Lead Tutor and Tutor roles) on a secondment basis.

Full support from the Clinical and Medical Directorate is required, in terms of provision of advice, guidance and support from Health Board Clinical Leads / Consultant Paramedics.

Support from and collaboration with Trade Union partners is required, as well as engagement from staff.

Key Risks and Issues

  i.   *Failure to secure commissioning for the face to face element of the training:*

Should funding not be secured for the face to face element of staff training there is an increased risk that staff do not understand and/or buy into the opportunities and benefits which a high quality major trauma network can bring. As such there is an increased chance that a proportion of staff maintain existing working practices and take patients to inappropriate locations. This will affect not only patient outcomes but also the flow assumptions of the network.

  ii.   *Success is dependent on availability of funding and allocation in a timely manner.*

It is anticipated that a commissioning decision may not be taken until September 2019 when the Emergency Ambulance Services Committee (EASC) meets. Should a timely decision not be made at this meeting there runs the risk that the minimum number of, and highest priority staff, may not receive the required training before the network goes live.

The estimated implication for training is assumed to be a non-recurring cost of;

£567,774

2. The Major Trauma Desk

Recognising the vital role the trauma desk will play in supporting the network, from patient distribution through to support of crews and mobilisation of EMRTS critical care resources it has been agreed this is essential for 'go live'.

The desk will be staffed by appropriately trained and experienced senior clinicians which will give expansive depth and breadth of function. This will include;

- Scrutiny of calls on the CAD to target appropriate resources to likely major trauma and critically ill patients. This will require very close cooperation with the EMRTS clinicians to optimise appropriate resources to scene;
- Carrying out call backs on calls that may identify major trauma patients to gain additional information that may improve triage of appropriate resources, again in conjunction with EMRTS;
- Play a vital role in supporting WAST crews in decision making around destination hospital and clinical advice to support the possible distance transfer and be the final arbiters in the decision to transfer patients to the MTC or other facility;
- Assist in pre-alert and notification of major trauma cases to MTC or MTU;
- Support delayed primary transfer for those patients who have had to pit-stop at an MTU due to instability. This will also be in conjunction with EMRTS support for critical care transfer.

The screening of calls through the Major Trauma desk along with the tightness of the triage tool will hopefully reduce any potential over triage to the MTC to an appropriate level.

In order to accommodate the desk and for step two of our clinical model to operate as effectively as possible in the context of major trauma, new arrangements within WASTs clinical contact centres (CCCs) and current working arrangements with the existing EMRTS air desk have needed to be considered.

A field visit to the West Midlands Ambulance Service Air desk, who have been supporting their major trauma networks for five years, was carried out in May 2019.

Options considered included:

1. The status quo. No changes to existing practices and should paramedics on scene have queries regarding a patients suitability for conveyance to the MTC then dialogue directly with on-call MTC consultants takes place.

2. There is suitable expansion of the EMRTs air-desk in order for this service to co-ordinate the pre-hospital element of the network.

3a. The creation of a separate 'WAST' major trauma desk which works coterminously with the existing EMRTS air desk, is staffed by a band 7 clinician[1] and operates 24/7/365.

3b. As above but with a reduced operational hours. 14/7/365 (hours of the day being 0800-2200) and the function 'falling back' to the EMRTS desk out of hours.

4a. The creation of a separate 'WAST' major trauma desk which works coterminously with the existing EMRTS air desk, staffed by an additional allocator band 5 role and operates 24/7/365. Here the clinical decision making would rest with the EMRTS CCP on the desk with the band 5 freeing up CCP to make the clinical decisions, rather than undertaking non-clinical communication duties.

4b. As above but with a reduced operational hours. 14/7/365 (hours of the day being 0800-2200) and the function 'falling back' to the EMRTS desk out of hours.

Option 3b has been identified as the preferred option;

The is the creation of a separate 'WAST' major trauma desk which works coterminously with the existing EMRTs air desk, is staffed by a band 7 senior paramedic and operates 14/7/365 (hours of the day being 0800-2200) and the function 'falling back' to the EMRTS desk out of hours.

A SWOT analysis which summarises the decision making process is shown in annex 4. In reaching this preferred option the following points of the SWOT analysis were considered critical;

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[1] In parallel to the development of this business case WAST is also developing a new 'senior paramedic' role which would operate at a band 7 role. The potential to include duties on the Major Trauma desk are currently being explored. If this is not determined to be the best approach then a further 'bespoke' role will be developed.

- The desk needed to be appropriately resourced so that the existing EMRTS Clinical Care Practitioner (CCP) did not experience an experiential rise in workload. Specifically, potential queries from on scene paramedics and the application of the major trauma triage tool. This necessitated that staff has to be at band 7, senior paramedic level

- The configuration of any desk should 'future proof' itself so that it could suitably support other strategic developments potentially happening across NHS Wales. For example the developments planned in critical care as a result of the £15m investment into the service by the minister.

- Current data and predicted demand does not suggest that a 24/7/365 trauma desk offers value for money and that high quality and safe care can be provided directly by the Air Desk between the hours of 2200 – 0800.

EMRTs have confirmed that they are supportive of this preferred approach and it is recognised that the working relationship with the air desk staff is vital to the success of the desk.

To support the operation of the WAST Trauma Desk it's is essential that the clinicians maintain their clinical skills within a face to face role. Therefore, to facilitate this rotation between the Trauma Desk and operational setting, it is vital to create capacity in the clinician's roster hours to enable patient contact and the maintenance and develop of clinical skills. Therefore whilst draft versions of this business case have shown a necessity for 3.48 WTE this has been scaled up to 4 WTE to allow the aforementioned rotation.

In addition it has also been identified that to ensure the desk is providing an effective and safe service on the 01 April that it will be necessary for staff to have an element of additional training this will include operating in a 'shadow' environment for a period of time prior to go live as well as training on the systems. (The planned approach and timelines for this approach can be found in Annex 2). This business case therefore now identifies four months in year (2019/20) staff costs to facilitate this. The importance of this pre-live training and shadow form operation was again some helpful learning taken from the peer review exercise.

Key Risks and Issues

It is recognised that the banding of the WAST member of staff on the Trauma desk may create some initial disparity with the EMRTS CCP role which operates on the air desk. However it is important to recognise that CCP's only operate at a band 6 whilst they are undertaking their MSc qualification and upon completion of the course are then remunerated at band 7, thus creating parity.

Discussions have taken place with EMRTS on this issue and the service have confirmed that this is a situation that can be managed.

In confirming the preferred option for a major trauma desk it is noted that a key assumptions adopted is that the EMRTs service gets the required funding and subsequently launches its own 24/7 service.

The estimated revenue implication for staff is therefore assumed to be;

£266,452.60

3. Transfer and discharge model

With many more journeys relating to Major Trauma taking place across South Wales and South Powys the establishment of a function to effectively and efficiently co-ordinate these journeys will be critical.

An expanded additional call handler/dispatcher resource will provide the required capacity to ensure the safe delivery of journey co-ordination.

However, the need for an effective and efficient co-ordination of journeys function is not limited to the changes planned for major trauma. It will play an equally critical role in the success of other strategic developments across NHS Wales such as the opening of the Grange Hospital in AHBHB.

In recognising this both the WAST and EASC IMTPs make the commitment to develop a proposal for All Wales Transfer and Discharge service within 2019/20.

The creation of the major trauma network in South Wales and South Powys has been identified as being the ideal 'spring-board' for the potential creation of this test service that can be trialled and evaluated prior to wider rollout across Wales.

A wider piece of work is being taken forward by WAST, CASC and Health Boards to determine what the preferred model could look like. However for the purposes of this business case an assessment has been made as to what funding maybe required to support transfer and discharge service for major trauma. The figure represented in the business case for this part of the service represents the additionality in activity that is forecast to be created by the network.

The estimated revenue implication for an initial transfer and discharge service for major trauma is assumed to be;

£122,530

4. Financial Summary

	Recurring Costs		Non-Recurring Costs
Collective revenue implications for conveyances, secondary transfers and repatriations or discharge. These figures, as described in this paper, are based on 'worst case scenario' modelling. Following a year's operation of the network 'real' data will have been collected meaning a review of projected costs for years 2, 3 and beyond can be undertaken.	Year 1	£244,388	
	Year 2	£245,689	
	Year 3	£250,525	
			Total £567,774
Staff for Major Trauma desk	**2019/20	£57,954	
	Subsequent Years	£266,452.60	
Staff for Transfer & Discharge service for Major Trauma	£122,530		
Overall Cost Year 0	**£57,954**		
Overall Cost Year 1	**£1201,144.60***		
Overall Cost Year 2	**£634,671.60**		
Overall Cost Year 3	**£639,507.60**		

* A proportion of this training cost could be bought forward to 2019/20 should a timely commissioning decision be taken meaning training can be mobilised earlier than indicatively planned.

** This cost for 2019/20 will cover the Major Trauma Desk staff starting in January 2020 allowing them time to shadow EMRTS and undertake sufficient training ready for go live as recommended at the Network Board.

Major Trauma Desk

	Sep-19	Oct-19	Nov-19	Dec-19
Subject to funding approved at EASC	■			
JD / Advert through internal evaluation processes	■			
Advert go live & internal recruitment process take place		■	■	
Recruitment Complete				■
Senior Paramedic - Trauma Desk Begin Employment				
Phase 1 of Internal Training / Shadowing				
Phase 2 of Internal Training / ICT Systems / Team Building				
Begin work in new roles				

Jan-20	Feb-20	Mar-20	Apr-20

Face to Face Training

	Sep-19	Oct-19	Nov-19	Dec-19
Subject to funding approved at EASC	███			
JD / Advert through internal evaluation processes		███		
Advert go live & internal recruitment process take place			███	███
Recruitment complete				
Lead Trainer to start				
Trainers to start				
Train staff in Hywel Dda & South Powys				
Train staff in Swansea Bay, Cwm Taf, Aneurin Bevan & Cardiff & Vale				
Train staff in BCU & North Powys				
Monitor compliance and uptake of training				

Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20

Jan-21	Feb-21	Mar-21

	Sep-19	Oct-19	Nov-19	Dec-19
Triage tool agreed at Network Board	▓			
Final confirmation from Network Board on funding	▓			
E Learning go live			▓	
Roll out delivery across the Trust			▓	▓
All staff trained and training completed				
Monitor compliance and uptake of e learning				

E Learning

Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20

Jul-20

Learning & Development

Major Trauma Network Training

TIME	Content
0900 – 0915	Registration & Course Objectives
0915 - 1015	Major Trauma Network Overview & Trauma Triage Tool
1015-1045	Major Trauma Triage Scenarios & application of the triage tool
1045 - 1100	Break
1100 – 1230	Major Trauma Assessment Review (practical)
1230 - 1300	Lunch
1300 – 1500	Skills Station 1 Skill Station 2
1500 - 1510	Break
1510 – 1700	Skills Station 3 Skill Station 4
	Course Closure
1700	Reflection on the Day Feedback

This programme has been designed in collaboration with the Emergency Medical Retrieval & Transfer Service, Cymru.

Major Trauma Network Overview & Trauma Triage Tool

Training Equipment required

- Windows based laptops
- Multimedia projector

Major Trauma Assessment Review

Training Equipment Required:

- Trauma Manikin
- Emergency Response bag

Skill Station 1 - Airway & Breathing

Training Equipment Required:

- Airway Management Trainer
- Cricoid stick Trainer
- Quicktrack II airway device

Skill Station 2 - Airway & Breathing

Training Equipment Required:

- Chest Decompression Trainer
- Pneumofix chest decompression device

Skill Station 3 - Catastrophic haemorrhage Control

Training Equipment Required:

- WAST trauma packs
- EZ IO Training Kit
- Trauma Manikin

Skill Station 4 – Trauma Management Splintage

Training Equipment Required:

- Kendrick traction splints
- Pelvic splints
- Trauma Manikin

Option	Strength	Weakness	Opportunity	Threat
Option 1: *The status quo*	Resource neutral	High probability of high levels of inappropriate conveyance Poor levels of clinical support to paramedics Does not foster pre-hospital collaboration to ensure high quality on scene care and conveyance.		Ambulance staff are disengaged and the role they play in realising benefits of a major trauma network are not realised. MTC placed under high levels of pressure
Option 2: *Suitable expansion of the EMRTs air-desk*	Single organisation coordinating and owning desk functions Resource neutral from a Ambulance perspective	Does not foster pre-hospital collaboration to ensure high quality on scene care and conveyance.		EMRTs CCP role is placed under undue pressure managing the usual role of the of the Air desk in addition to increased levels of support to on scene paramedics
Option 3a: *Creation of a separate 'WAST' 24/7/365 major trauma desk*	Replicates best practice of other Ambulance services Provides highest level of assurance regarding conveyance to appropriate locations Provides the best possible clinical leadership to on scene paramedics	The most expensive option Places further pressure on the physical CCC environment Data suggests that occurrences of major trauma incidents between 2200 – 0800 are greatly reduced this service might not represent VFM	Desk could have a role in supporting other system changes for example critical illness	The ability for WAST to recruit the staff required

1

Option				
Option 3b: *Creation of a separate 'WAST' 14/7/365 major trauma desk*	Partial replication of best practice in other ambulance services Provides partial assurance regarding conveyance to appropriate locations Provides the best possible clinical leadership to on scene paramedics when demand is expected to be greatest Reduced cost compared to a full time desk	A major trauma incident can occur any time of the day and any patient experiencing such an incident when the MT is closed will have a sub-standard experience to other patients Places further pressure on the physical CCC environment	Data and intelligence suggests that the occurrence of major trauma between 2200 – 0800 are significantly lower than other times of the day. This approach allows that to be tested. Desk could have a role in supporting other system changes for example critical illness	There is an equity issue that the organisation could be challenged on The ability for WAST to recruit the staff required
Option 4a: *Creation of a separate band 5 'WAST' major trauma desk*	Provides non clinical support to the EMRTs CCP in dealing with enquires from on scene paramedics Establishes a WAST presence in the co-ordination of Major Trauma at a reduced resource implication compared to other options	Still offers no WAST ability to directly support its on scene staff clinically Places further pressure on the physical CCC environment	Offers a feasible approach of a wider 'phasing' of the approach to launching a major trauma network and specifically a major trauma desk.	There is a question mark regarding of added value that the band 5 would bring
Option 4b: *Creation of a separate band 5 'WAST' 14/7/365 major trauma desk*	Provides partial non clinical support to the EMRTs CCP in dealing with enquires from on scene paramedics Establishes a partial WAST presence in the co-ordination	Still offers no WAST ability to directly support its on scene staff clinically. Places further pressure on the physical CCC environment		There is an equity issue that the organisation could be challenged on. There is a question mark regarding of added value that the band 5 would bring.

	of Major Trauma at a reduced resource implication compared to other options			

Option	Strength	Weakness	Opportunity	Threat
Option 2: Conduct face to face training of all staff during 2020/21	All WAST staff have Appropriate training and awareness of the MT network as quickly as possible ensuring not only their personal effectiveness in the management of major trauma cases is maximised but also the immediate effectiveness of the wider network is maximised. Represents the best long term value for money for the wider system WAST has a track record in Its ability to mass train staff in a one year period successfully	There is a reduced opportunity to evaluate the approach and adjust the methodology if weaknesses are found		There is an absolute requirement to achieve a high penetration level amongst staff and delivering training within a year limits the opportunity to take migrating action if engagement is not good
Option 3: Phase training over three years	Spreads the non-recurring cost of training staff over a three year period which potentially spreads the cost for the wider system	Would require seconding trainers over three years instead of one which equally potentially Increases costs.	Provides an opportunity to evaluate the effectiveness of the course and make adjustments if required	Following evaluation and an adjustment to the course is required this could increase the cost implication further by potentially having to go back and retrain staff who have already been on the course. Some staff will not received face training for the first 2-3 years of he network which increases the risk of poor compliance with triage tool

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

Brexit Preparedness

MEETING	Trust Board
DATE	19/09/19
EXECUTIVE	Director of Partnerships and Engagement
AUTHOR	Head of Resilience
CONTACT DETAILS	Chris.sims@wales.nhs.uk 07710 152299

CORPORATE OBJECTIVE	All
CORPORATE RISK (Ref if appropriate)	CRR 229
QUALITY THEME	All
HEALTH & CARE STANDARD	All

REPORT PURPOSE	To update the Board on the organisation's planning in relation to the United Kingdom's proposed exit from the European Union on or after 31 October 2019.
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	11/09/19	Advisory/information
Trust Board	19/09/19	Assurance/advisory/information

SITUATION

1. Against a backdrop of continued political volatility, the planned date for the UK to leave the European Union at the time of writing remains at 31 October 2019.

2. While it is recognised that, currently, it is far from clear whether this will come to fruition, the Welsh Ambulance Service continues to plan for this eventuality on a "no-deal" basis, in line with Welsh Government advice.

3. This report outlines the planning undertaken to-date by the Welsh Ambulance Services NHS Trust, in conjunction with partners, in respect of the UK's planned exit from the EU.

BACKGROUND

4. The Welsh Ambulance Service has worked closely with partners across NHS Wales and through the Local Resilience Fora in Wales, in line with Welsh Government guidance, to plan for the UK's exit from the European Union. The organisation has developed a detailed plan, bespoke risk register and recognised the issue on its corporate risk register as part of its planning process.

ASSESSMENT

5. Given the current political volatility, it is, at the time of writing, difficult to predict whether 31 October remains a realistic date for the UK's exit from the European Union.

6. That said, the Board should be assured that the extensive planning undertaken, both internally to the organisation and as part of the wider public service and government landscape, puts the Welsh Ambulance Service in as strong a position as possible, given the uncertainty of the situation

7. It should be recognised that the situation remains dynamic and the organisation will need to remain agile to ensure that it is able to adapt plans as matters evolve.

RECOMMENDED: That

8. The Board notes the current understanding of the position regarding Brexit and notes the planning undertaken at organisational and national level to mitigate any risks to service delivery, the well-being of staff and patients.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	Throughout
Environmental/Sustainability	Throughout
Estate	Throughout
Health Improvement	N/A
Health and Safety	N/A in terms of legislation. The health and safety of the workforce and patients remains paramount in planning assumptions.
Financial Implications	Throughout
Legal Implications	Throughout
Patient Safety/Safeguarding	N/A
Risks	Throughout
Reputational	Throughout
Staff Side Consultation	WASPT to be updated 23/09/19

INTEGRATED MEDIUM TERM PLAN

2020/23 PLAN DEVELOPMENT

MEETING	Trust Board
DATE	19 September 2019
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	To provide formal feedback on the discussions held at Board development day on the 30 July and to confirm with Board what the focus of the 20/23 plan will consequently be.
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY

SITUATION

1. The purpose of this report is to update Board on the early work being undertaken to refresh the Integrated Medium Term Plan (IMTP) for 2020/23.

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

BACKGROUND

3. In February 2019 the Minister for Health and Social Care approved WAST's 2019/20 – 2021/22 Integrated Medium Term Plan. There is a requirement to update this plan and submit it to Welsh Government by the **31 January 2020**.

4. This represents a revised date following correspondence from Welsh Government in August which confirmed the date had been moved back from the 31 December 2019 because of issues emerging as a result of planning for Brexit.

5. Submission dates for 2021/22 and beyond will remain as 31 December.

6. Board development day on the 30 July gave Board members the opportunity to discuss the focus of the revised plan and this session was also attended by Samia-Saeed Edmonds and Alun Lloyd from Welsh Government.

ASSESSMENT

7. In developing the 2020/23 plan a number of principles to guide the work have been developed. These include:

    -   The plan will continue to be aligned to the long term strategy;
    -   The plan is a refresh in nature;
    -   There is a commitment to retain clear links to outcomes and benefits;
    -   There is a commitment to a frontline led and collaborative approach to planning, including close work with the Chief Ambulance Service Commissioner (CASC) and Health Board colleagues.

8. Of the existing commitments made in the Trusts 2019/20 plan, it was agreed that the following will rollover (some in a revised format to reflect the next phase of work required).

9. Where wording has changed from the 2019/22 plan the priority is marked with a *

1. Continued expansion of the APP role
2. Evaluate and implement non-medical prescribing framework
3. Complete rollout of the 111 service
4. Approve and implement a transforming education strategy
5. Implement the approved leadership and management strategy
6. Develop a digital transformation strategy
7. Develop access to services online and through internet applications
8. Utilise video and other technologies to enhance the way services are accessed.
9. Deliver an improvement in resource availability levels
10. Explore opportunities for further work with ICHOM and the Bevan Commission
11. Improve and capture sharing and utilisation of information though implementation and rollout of Qilksense and Optima
12. Focused action on the highest priority EMS commissioning intention(s)*
13. Focused action on the highest priority NEPTS commissioning intention(s)*
14. Focus on the outcome of D&C review recommendations*
15. Implement the Public Health plan with a focus on an initial element*
16. Implement the Health and Well Being Strategy*
17. Implement the volunteering strategy (subject to Board approval) *
18. Procure NEPTs CAD system*
19. Procurement of the EPCR*
20. Utilise technology to improve communication with staff with a focus on a specific issue(s) *
21. Implementation of the Trusts engagement plan with a focus on specific aspect(s) of the plan*
22. Full engagement in early evaluation of the major trauma network and engagement with ABHB on the opening of the Grange Hospital*
23. Pilot a transfer & repatriation service (subject to service being commissioned) *
24. Progress the defined call handler of choice opportunity*
25. Implementation of the older people's framework with a focus on level 2 falls*.
26. Further NEPTs transformation*
27. Progress delivery of next phase of estate SOP*

10. It addition to those priorities above, Board noted that the following material developments will also need to be reflected as 'new' priorities within the revised plan:

- Health and Social Care (Quality and Engagement) (Wales) Bill;
- Red improvement programme;
- Learning from the Cwm Taf Morgannwg Maternity services review;
- Wellbeing of Future Generations (WBFGA) - *Sustainability, including environmental sustainability.*

11. Welsh Government highlighted the following questions, which will need to be considered as the plan is developed;

- What are the implications arising from A Healthier Wales. What are the opportunities? What is WAST's ambition in this area?
- What are we learning from our approach to the WBFGA?
- How can we can strengthen relationships and ways of working with EASC?

- How are we using our unique position, and overview of health boards, in relation to national leadership?
- Where will our next set of savings come from?
- What opportunities could new funding streams present?
- How are we sharing learning from our own areas of good practice?

12. Subsequently, since Board development day, a number of issues of strategic importance have also emerged from recent meetings of EASC.

13. Trust Board should note the following risks and issues associated with plan delivery:

   I.   2020/21 commissioning intentions have not yet been made known by the CASC, although they are scheduled for discussion at the November EASC development session;

   II.   The irregularity of meetings to date of the EASC Management Group (sub-committee of EASC) mean there is a lack of clarity regarding how the emerging plan is tested with commissioners. A Management Group meeting is scheduled for the 25th September;

   III.   Ongoing issue of internal capacity to deliver an agreed plan must be balanced again system wide desire to see an ambitious Ambulance service IMTP;

   IV.   At the time of finalising the plan full financial allocations from Welsh Government may still not be known.

14. Trust Board should be assured that opportunities have been identified to engage with the following stakeholders as the plan is developed- staff (via WASPT), Welsh Government and Trust Board and its sub committees. In addition an NHS Wales winter planning event will be held to facilitate cross system plan alignment.

15. In addition, the Director of Planning and Performance and the Assistant Director of Strategy and Planning will look to create regular touch points with the CASC regarding the development of the plan.

16. Trust Board will be asked to approve the final plan on the 30 January ahead of submission to Welsh Government on the 31 January.

RECOMMENDATION

17. Trust Board are asked to NOTE the update provided.

INTEGRATED MEDIUM TERM PLAN

2020/23 PLAN DEVELOPMENT

BACKGROUND

1. The Welsh Health Circular *WHC/2015/043 NHS Planning Framework 2016/17* requires each Health Board and NHS Trust in Wales to prepare and submit a Board approved 3 year IMTP to Welsh Government.

2. WAST has made good progress in implementing these planning arrangements having gained ministerial approval of its 2019/22 plan, and the organisation is consequently entering into its fifth year of having an approved plan.

Overarching External Principles

3. Key expectations / principles from Welsh Government which were articulated to Trust Board include:

   • Retention of **"golden threads"** in plans;
   • Put **quality at the heart** of all services within NHS Wales;
   • Increase focus on **prevention** and **early intervention** within all aspects of care;
   • Promote **care close to home** and **primary care** led;
   • A place for secondary/ tertiary care but **prevent unnecessary admission, reduce stay, and re-able** people faster;
   • Place greater emphasis on **collaboration and engagement** across NHS organisations;
   • Drive the pace for change through **transformation**;
   • Ensure greater maturity in IMTP development, and **continual improvement** through delivery;
   • **Relationships** between IMTPs and longer term clinical services strategies and partnership plans must be clear;
   • Ministerial priorities are highly likely to remain unchanged and all Health Boards and Trusts should be clearly addressing;

      • Prevention
      • Reducing Health Inequalities
      • Primary Care
      • Timely Access to Care
      • Mental Health

Overarching Internal Principles

4. **Alignment with the Long term strategy**. The organisation has a Board and EASC endorsed long term strategy (image below) and this will remain the guiding principle against which we plan and articulate our medium term priorities.
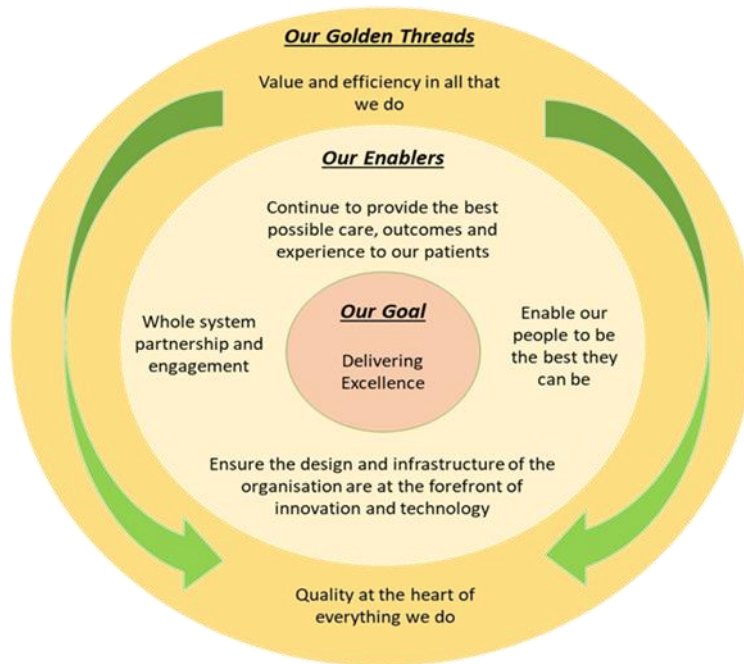
5. **An emphasis on refresh.** As we enter into the planning round for 2020/23 only seven months after submitting our 19/22 plan the emphasis needs to be on refresh and update. Welsh Government support this position.

6. Consequently Trust Board can expect a 20/23 plan which is very similar in style and layout to that of our current plan as we look to retain a consistent narrative and provide clear and tangible assurance that commitments have/are being delivered.

7. **Outcomes and benefits**. The plan will retain a commitment to outcomes and measurable benefits / performance indicators with a clear link to the actions we are progressing. The opportunity will, however, be taken to review them.

8. **A continued front line led approach**. The organisation continues its commitment to developing its IMTP through a front line led approach. This has included staff engagement on the shape of the 20/23 plan.

9. Our approach to front line led planning continues to mature and a number of changes have been made for this planning round. The most relevant of which is;

   ➢ To reflect the changes in Welsh Government timescales for submission, the development of Directorate LDPs will take place between January – March '20 and will plan against a finalised IMTP for the organisation.

ASSESSMENT

Board identified areas of Plan Focus

10. Whilst the emphasis is on refresh, Trust Board considered at its Board development session a number of important issues which have emerged over the course of the last twelve months and which will be new or strengthened areas of focus within the plan. These are set out in the paragraphs below.

11.   Health and Social Care (Quality and Engagement) (Wales) Bill.

It was noted that two aspects in particular needed to be reflected and addressed within the plan.

- "Duty of Candour" which requires providers to follow a process when a service user suffers an adverse outcome during the course of care or treatment and suffers harm
- The establishment of a new Citizens' Voice Body which will see CHCs being replaced with a new, independent, national body that will exercise functions across health and social services.

12.   Red improvement programme

Board members recognised the work which had been initiated by the Chief Ambulance Service Commissioner in response to the recent deterioration in red performance. It was noted that maintaining robust response times to the most seriously ill patients is a cornerstone of one of our long strategy themes '*continuing to provide the best possible care to patients'* and the actions within this improvement plan should therefore be front and central to the organisation's IMTP.

13   Learning from Cwm Taf Morgannwg Maternity services review

Work has been ongoing in this financial year to take the learning from the review into the provision of maternity services in Cwm Taf University Health Board, and, where applicable, apply them to the Welsh Ambulance Service.

Where appropriate it was recognised that it is critical that any opportunities to learn are clearly articulated in the revised plan.

14   Wellbeing of Future Generations Act - *Sustainability*

Whilst not a named body in legislation, the Trust Board have for many years maintained a commitment to nevertheless 'live' the principles of the Act.

Recognising the nature of our service, there is a further commitment from the Board that as an organisation we should be looking to particularly exploit the opportunities within the WBFG goal of *A prosperous Wales (*An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately).

As such, the refreshed plan will articulate these opportunities open to us.

15   *Welsh Government 'suggestions' for plan focus*

- What are the implications arising from A Healthier Wales. What are the opportunities? What is WAST's ambition in this area?
- What are we learning from our approach to the WBFGA?
- How can we can strengthen relationships and ways of working with EASC?
- How are we using our unique position, and overview of health boards, in relation to national leadership?
- Where will our next set of savings come from?
- What opportunities could new funding streams present?
- How are we sharing learning from our own areas of good practice?

Issues emerging from EASC

16   Subsequently since board development day a number of issues of strategic importance have also emerged from recent meetings of EASC which will need to be reflected and/or strengthened in the plan. These include:

- WAST relief gap;
- Service transformation and pathway development;
- System leadership;
- Healthier Wales funding.

Our existing commitments

17   The Trust's existing IMTP made a commitment to deliver forty two priorities over three years, aligned to the seven strategic themes within our long term strategy, and leading to a range of overarching benefits and outcomes,

18   Whilst it is important to retain a strategic direction of travel it is also important that any plan remains flexible and responsive to changing environments. As such an exercise was undertaken to:

- Forecast which actions will be completed by 2019/20 year end;
- Identify those that may be better categorised as 'business as usual' or managed through local delivery plans and therefore not focused on within the corporate plan;
- Identify those which can be merged into a single more focussed priority;
- Identify those which need reframed to reflect the next phase(s) of work required.

19   **Table one** below provides an overview of which of the existing forty-two priorities of the organisation will continue to be articulated in the 2020/23 plan (those priorities with a * have had their descriptor updated to best reflect the next phase of work required).

Table 1

1. Continued expansion of the APP role
2. Evaluate and implement non-medical prescribing framework
3. Complete rollout of the 111 service
4. Approve and implement a transforming education strategy
5. Implement the approved leadership and management strategy
6. Develop a digital transformation strategy
7. Develop access to service online and through internet applications
8. Utilise video and other technologies to enhance the way services are accessed.
9. Deliver an improvement in resource availability levels
10. Explore opportunities for further work with ICHOM and the Bevan Commission
11. Improve and capture sharing and utilisation of information though implementation and rollout of Qilksense and Optima
12. Focused action on the highest priority EMS commissioning intention(s)*
13. Focused action on the highest priority NEPTS commissioning intention(s)*
14. Focus on the outcome of D&C review recommendations*
15. Implement the PH plan with a focus on an initial element*
16. Implement the HWB Strategy*
17. Implement the volunteering strategy (subject to Board approval) *
18. Procure NEPTs CAD system*
19. Procurement of the EPCR*
20. Utilise technology to improve communication with staff with a focus on a specific issue(s) *
21. Implementation of the Trusts engagement plan with a focus on specific aspect(s) of the plan*
22. Full engagement in early evaluation of the major trauma network and engagement with ABHB on the opening of the Grange Hospital*
23. Pilot a transfer & repatriation service (subject to service being commissioned) *
24. Progress the defined call handler of choice opportunity*
25. Implementation of the older people's framework with a focus on level 2 falls*.
26. Further NEPTs transformation*
27. Progress delivery of next phase of estate SOP*

20 Further details can be found in **annex 1** regarding the exercise which took place to arrive at this list of 27.

21 It is therefore anticipated that when new priorities have been drafted to reflect the new areas of focus which board identified that the Trust will have between 30 and 40 priorities within its 2020/23 plan.

Timescales and Engagement

22 Milestones for the development of the plan are shown in **table 2** below. Trust Board should be assured that opportunities have been identified to engage with the following stakeholders as the plan is developed. These include-

- Staff (via WASPT) and also a number of webinars which are being considered in order to 'test' the plan with wider staff members who wish to have a conversation.

- Welsh Government via monthly IMTP engagement meetings
- Trust Board and its sub committees.

23 In addition, an NHS Wales winter planning event will be held to facilitate cross system plan alignment, whilst WAST planning and performance business partners are co-ordinating meetings and touch points with Health Boards colleagues in order to ensure any necessary commissioning templates can be collaboratively completed and returned.

24 Whilst confirmation from the CASCs office is awaited on how the emerging WAST plan will be formally tested with EASC and its sub structures, arrangements are being made for the Director of Planning and Performance and the Assistant Director of Strategy and Planning to have regular 'informal' touch points with the CASC regarding the development of the plan.

Table 2:

Cycle Component	Milestone	Date
Plan Development	Board Development Day	July 30th
	1st WAST/WG planning engagement meeting	September 16th
	Trust Board	September 19th
	Internal Plan refresh with oversight from Assistant Directors Leadership Team (ADLT)	September '19 – January '20
	2nd WAST/WG planning engagement meeting	November 7th
	WASPT	November 18th
	Trust Board	November 21
	People and Culture	January 14th
	EMT/ADLT strategic away day	January 16
	Finance, Planning & Performance sub committee	January 23
Plan Approval	EASC endorsement	TBC
	Trust Board approval	January 30th
	Submission to Welsh Government	January 31st
Plan Delivery	Local Delivery plan development by Directorates	01 January – March '20

Risks

25   Trust Board are asked to note the current risks regarding successful
         production of a Board and EASC approved 2020/23 IMTP

   a. 2020/21 commissioning intentions have not yet been made known by
       the CASC.

This is being mitigated by maintaining close dialogue with the CASC office,
and a discussion is scheduled for the EASC development session in
November. It is also proposed that at a future management group meeting
WAST could proactively propose a set of intentions.

   b. The irregularity of meetings to date this year of the Management Group
       (sub-committee of EASC) mean there is a lack of clarity regarding how
       the emerging plan is tested with commissioners.

This is being mitigated by maintaining close dialogue with the CASC office
and being flagged with Welsh Government as part of monthly engagement
meetings with them.

   c. Ongoing issue of internal capacity to consequently deliver an agreed
       plan must be balanced again system wide desire to see an ambitious
       Ambulance service IMTP

This is being mitigated by early scoping of proposed priorities to understand
the resource implications.

   d. At the time of finalising the plan full financial allocations from Welsh
       Government may still not be known.

To mitigate this issue, the Trusts interim Director of Finance has his own
finance engagement events with Welsh Government.

Existing priorities which will rollover:

1. Continued expansion of the APP role
2. Evaluate and implement non-medical prescribing framework
3. Complete rollout of the 111 service
4. Approve and implement a transforming education strategy
5. Implement the approved leadership and management strategy
6. Develop a digital transformation strategy
7. Develop access to service online and through internet applications
8. Utilise video and other technologies to enhance the way services are accessed.
9. Deliver an improvement in resource availability levels
10. Explore opportunities for further work with ICHOM and the Bevan Commission
11. Improve and capture sharing and utilisation of information though implementation and rollout of Qilksense and Optima

Existing priorities which will either;

   a. Be moved into either business as usual
   b. Feature in local directorate plans
   c. We merged to form a revised priority

Existing Priority	Moving to BAU / moving to a local plan / being merged
Review of approach to station cleaning	BAU
Develop and approve Older People's Framework & Roll out Trusts Falls Framework	To be merged
Engage and involve users with sensory loss to improve accessibility	BAU
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	To be merged

Launch and develop the WIIN platform (WAST Innovation and Improvement Network)	BAU
Modernisation of our fleet	BAU
Maintain strong links with other UK nations to share best practice	BAU
Maximize procurement efficiencies-	Finance and Corporate resources LDP
Deliver a targeted and effective programme of schools and community engagement	QSPE LDP
Deliver prioritised actions of the Carter Review	Respective LDPs
Improve efficiency in stock inventory and asset tracking through RFID	Finance LDP
Improve understanding of cost base and cost behaviour, including benchmarking based on outcomes as well as costs.	Finance LDP
Implementation of the mental health and dementia improvement plans	QSPE LDP
Review of next priorities from estates SOP and development of cases for capital funding & Delivery of an MRD for Cardiff and new workshop for the South East region	To be merged

Existing priorities which are being reframed to better reflect the next phases of work which need to take place;

❑ Deliver on the EMS commissioning intentions	❑ Focused action on the highest priority intention(s)
❑ Deliver NEPTs commissioning intentions	❑ Focused action on the highest priority intention(s)
❑ Implement the recommendations of the Amber review	❑ Focus on the outcome of D&C review recommendations
❑ Develop and approve a WAST Public Health Plan	❑ Implement the PH plan with a focus on an initial element
❑ Approve & Implement a HWB Strategy	❑ Implement the HWB Strategy
❑ Refresh our commitment to volunteering	❑ Implement the volunteering strategy (subject to Board approval)
❑ Develop specification and business case for new NEPTs CAD system	❑ Procure NEPTs CAD system
❑ Secure approval for the procurement of the EPCR	❑ Procurement of the EPCR
❑ Utilise technology to improve communication with staff	❑ Utilise technology to improve communication with staff with a focus on a specific issue(s)
❑ Develop a Trust engagement plan	❑ Implementation of the Trusts engagement plan with a focus on specific aspect(s) of the plan
❑ 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	❑ Full engagement in early evaluation of the major trauma network and engagement with ABHB on the opening of the Grange Hospital
❑ Develop a Transfer & repatriation service	❑ Pilot a transfer & repatriation service (subject to service being commissioned)
❑ Articulate opportunities to be a call handler of choice	❑ Progress the defined call handler of choice opportunity

AGENDA ITEM No	3.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– July 2019

MEETING	Trust Board
DATE	19 September 2019
EXECUTIVE	Rachel Marsh – Interim Director of Planning and Performance
AUTHOR	Kerri Hitchings – Commissioning and Performance Manger
	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	11 Sept 19	Consideration and approval
Trust Board	19 Sep 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 July 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 (April 2019 – June 2019) was published on 31 July 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 30 October 2019 for the period July 2019 – September 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. This iteration includes 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. Feedback from the last Trust Board in July was positive, with agreement confirmed to remain with the new revised format of the report for this year. We will however continue to work on the outstanding actions that were raised in previous Trust Boards. The main areas are outlined below:

   • A review of 111 and NHSDW measures that are included in the report (see point 9 below);
   • Links to the Board Assurance Framework, in particular, to include key risks in this (see point 10 below);
   • Inclusion of Statistical Process Control (SPC) charts and trajectories (downloaded and currently being configured);
   • 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.

8. The key updates to these actions are included in the points below.

9. 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 required WAST and HBs to produce an annual report on these indicators by July 2019 for 2018/19 activity, however with agreement from WG, this is currently on hold due the HBs being unable to reconcile the 111 data. Due to the hold up, a discussion took place during the Step 1 Indicator Workshop, with agreement to explore the possibility of utilising QlikSense data to replace current measures in the top 10 and any other 111 indicators that are contained in this report.

10. 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 Trust's key risks, their current performance and associated improvement actions. The BAF is has been restructured in line with Long Term Strategic Framework and therefore enables 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.

11. 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.

12. 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 Finance and Performance Committee, at its April 2019 meeting, requested a 'deep dive' into Red performance. A detailed Red Performance report was provided via this report to the July 2019 meeting, including a detailed update on the Red Improvement Plan. The committee spent considerable time scrutinising the report and were comfortable the right actions were being undertaken. July 2019 verified data was just below 70%, as expected, in addition August 2019 data which has not been officially verified again indicates that national performance will be just below 70%. Further discussions are therefore ongoing with Welsh Government and the Commissioner on additional immediate or short term actions that could be taken.

13. 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.

14. Welsh Government have now established bi-monthly Quality and Delivery meetings with the Trust, co-chaired by the Chief Ambulance Service Commissioner, which will review performance in its broadest sense across Quality, workforce, service improvement and access indicators. The first meeting was held on the 9th August 2019, with a significant focus on red and amber performance.

ASSESSMENT

SECTION 1 - MONTHLY INDICATORS
TOP INDICATORS DASHBOARD

Themes	No.	Top 10 Monthly Indicators	Target 2019/20	Baseline Position (2018/19)	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-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	243,464	218,554	327,676	294,158	257,523	310,381	267,085	295,279	296,222	293,461	364,768	397,017	G
	2	Call Volumes to NHSDW	Combined Improvement trend	243,840	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863	17,721	17,894	G
		Call Volumes to 111		277,395	17,321	17,974	21,603	26,152	33,479	27,720	27,045	31,900	33,450	31,170	28,891	28,605	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	12.0%	7.8%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	8.4%	8.0%	8.6%	8.2%	8.7%	8.5%	R
	4	% of verified incidents that were conveyed to major Eds	Reduction Trend	48.60%	48.1%	48.7%	49.6%	49.14%	48.52%	48.23%	48.35%	48.91%	51.15%	47.78%	46.59%	50.52%	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%	74.4%	73.9%	74.7%	72.3%	72.8%	71.8%	72.4%	71.2%	70.3%	70.2%	72.5%	69.3%	G
		Red 95th percentile	Reduction Trend	00:15:25	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	00:16:04	00:16:38	R
	6	Amber 95th percentile	Reduction Trend	02:38:42	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	02:51:56	03:05:12	R
		Amber 65th percentile	Reduction Trend	00:37:00	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	00:41:04	00:45:21	R
		Amber Median	Reduction Trend	00:24:11	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	00:26:53	00:29:33	R
	7	Number of lost hours following handover to clear over 15 minutes	Improvement trend	11,282	916	888	961	1017	962	1,099	926	985	1,062	947	644	342	G
	8	% of concerns that received a final (reg 24) within 30 days on being received	75%	46%	51%	48%	53%	43%	59%	27%	33%	70%	63%	55%	33%	29%	R
		Serious adverse incidents assured within agreed timescales	90%	33%	0%	0%	33%	0%	0%	0%	0%	0%	0%	20%	50%	0%	R
	9	Emergency Ambulance unit hours production	95%	92.8%	89.0%	91.0%	94%	94%	95%	97%	92%	91%	95%	92%	91%	89%	A
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	6.3%	7.14%	7.25%	6.78%	7.02%	7.19%	7.85%	7.89%	7.45%	7.18%	6.77%	6.28%	6.24%	6.70%	A

INDICATOR 1 – NUMBER OF HITS TO NHSDW WEBSITE
2019/20 Target – Improvement Trend

FPC

G

Number of NHS Direct Wales unique website visits

— Number of NHS Direct Wales unique website visits

- - - Linear (Number of NHS Direct Wales unique website visits)

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Develop a Digital transformation strategy	Mar 20	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. However, a number of actions being taken forward including • First draft digital transformation strategy by Mar 2020 • Directory of Services redesigned and updated by Sept 2019 • Feasibility study undertaken on using Live Chat features by Mar 2010	-
Develop access to services online and through internet application	Mar 20		-
Utilise video and other technologies to enhance the way our services are accessed	Mar 20		-
Other Improvement Actions			
Continue to improve website through addition of new symptom checkers - Four to be added to NHSDW Website	Mar-20	Number of symptom checkers still stands at 28. The Clinical and PECI teams have collaborated on completing 4 new symptom checkers and are awaiting HI/Web technical team to make an alteration to the technical fields before they are uploaded onto the NHSDW website. The new symptom checkers are chest pain; falls; breathing difficulties and back injury.	**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. In addition we have been promoting the recently launched 'Dementia' section through social media. There have been 4667 impressions following four tweets about the new section.	**GREEN**

Analysis

There were 397,017 NHSDW unique website visits in July 2019. Of these visits, 65.6% were accessed by females and the largest proportion of viewers by age fell in the 25-34 years old band, 29.70%. In July 2019, the most viewed pages were: insect bites and stings; ovulation calculator; stomach pain symptom checker and generally unwell symptom checker. 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 shows a steady improvement in the last 3 months, however remains 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, first meeting took place on 21st August to review the indicators under Step 1.

(FPC)

INDICATOR 2 – Call Volumes to NHSDW and 111 as a combined total to increase
2019/20 Target – Combined Improvement Trend

G

Total Calls for NHSDW and 111

- 111 first area to go live was ABM in October 2016
- Pembrokeshire, Ceredigion and Powys THB 111 roll out live October 2018
- Carmarthen 111 roll out

Total NHSDW Calls   Total 111 Calls

% NHSDW calls answered within 90 seconds of the welcome message

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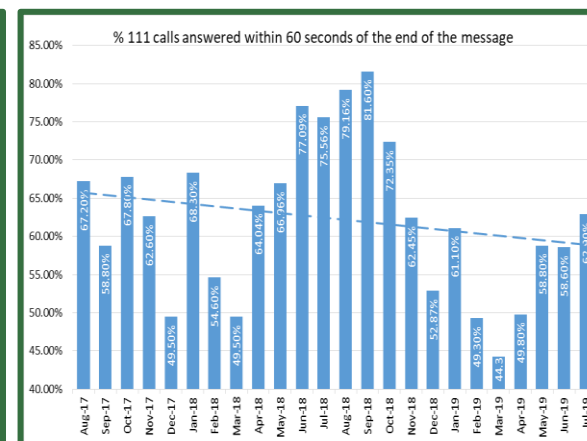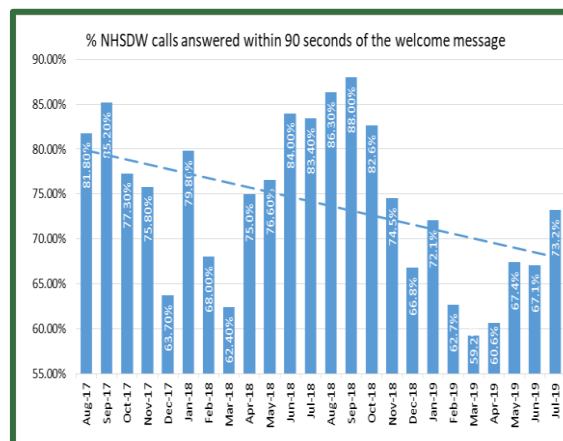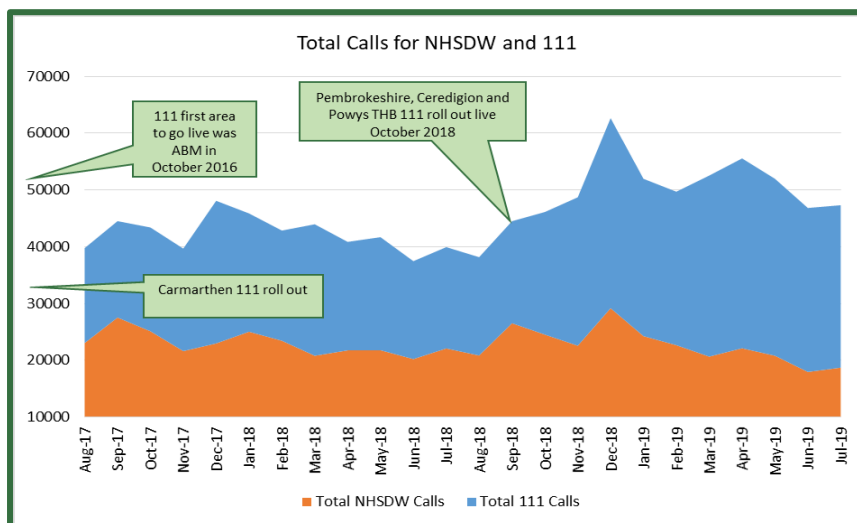
Analysis

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 17.7%. 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 takers / 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 39.78%.

In July 2019, there a new set of 111 Standards were implemented by Welsh Government. There are currently issues reconciling the data with Health Boards however once this is resolved, future iterations of this report will be adjusted to include more meaningful 111 indicators that are reflective of the new WG standards. In the meantime, whilst the issues are resolved, we are looking into the use of QlikSense data to revise the metrics used in this report.

Improvement Actions

IMTP Deliverable	Completion Date	Progress Update	RAG
Complete rollout of 111 service across Wales	2020/21	Following the final SRO call and assessment of preparedness the 111 service was successfully launched within ABHB on 13 August. The TUPE transfer of staff has been completed and these staff are now in a period of induction training. Planning for the roll out of 111 into Cwm Taf Morgannwg has now commenced with service launch estimated for Spring 2020.	GREEN

Other Improvement Actions

Recruitment Plans for Paramedics and Band 5 nurses to NHSDW	Ongoing	Clinical recruitment for 111 now routinely includes opportunities for paramedics. The review of attrition has been completed and shared internally and with Welsh Government. Further work is required to advance Band 5 nurse recruitment.	GREEN
Review of 111 demand	TBC	The review of demand and capacity for both 111 and NHSDW services has been concluded. The outcome of this work and next steps remain in discussion.	GREEN

INDICATOR 3 – % of calls ended following WAST telephone assessment (HEAR & TREAT)
2019/20 Internal Target – 12%: Commissioning Intention – increasing volumes

FPC

R

Hear & Treat

- 5 FTE Clinicians started May 19
- 7 additional Clinicians went live 18th Dec
- 4 additional Clinicians live mid-Feb 19
- 5 FTE Band 7 Clinicians completed training April 19

Legend:
- Hear & Treat Volumes (Through Clinical Support Desk & NHSDW)
- % calls ended following WAST telephone assessment through Clinical Support Desk & NHSDW (hear & treat) AQI9i
- Target

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 went live by June 2019. An evaluation paper was 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 the purpose of improving the management and efficiency of the service which should have a specific impact on hear & treat. Draft 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	The strategic Hear and Treat Plan is now being paused, pending the wider CCC Clinical review commissioned by EMT. This is due for completion mid-October 2019, upon which next steps will be decided.	GREEN

Analysis

The **Clinical Service Desk (CSD) and NHSDW (Hear & Treat)** achieved 8.5% performance in July 2019, compared to 7.3% in July 2018 and 6.3% in July 2017.

3,463 ambulances were stopped in July 2019, compared to 2,514 in July 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 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.

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

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

Legend:
- Aug-17 to Jul-18
- Aug-18 to Jul-19

FPC

A

Conveyance to Major ED

- Conveyance to Major ED
- Total Verified Incidents
- % Patients Conveyed to Major ED
- Linear (% Patients Conveyed to Major ED)

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Continue expansion of APP role (If funded and agreed with Commissioner)	Sep-19	26 places available with 25 candidates appointable after interviews 15 staff members being processed for full time MSc applications A further 7 staff members moving from part time offers to full time offers Total of 25 places to be offered, with 21 accepted; Glyndwr x 7, Swansea x 7 and University South Wales x 7	GREEN
Evaluate & implement APP/non-medical prescribing framework	Mar-20	3 of the 5 Prescribers have completed the programme. 2 due to finish later this year. A further 5 are due to commence the programme later this year Once all 5 Prescribers are in practice an evaluation framework will be designed. Health Minister meeting with Prescribers on 11 September 2019 in VPH and presentation being given by Assistant Director of Paramedicine to EMT. This continues to progress and is on target for completion.	GREEN
Develop new pathways with Health Boards	Baseline assessment and review Sept-19. Introduction of new pathways Oct – March 20.	It has been identified that a priority piece of work is to establish a baseline of all existing pathways with a view to introducing key and standardised pathways across the whole Trust 'once for Wales'. To undertake this work a Pathways Development Group has been created and will progress this work going forward.	GREEN

Analysis

The Trust conveyed 18,817 of patients to major emergency departments (EDs) in June 2019, compared to 19,153 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, and the number of incidents referred to an alternative provider is not showing an increasing trend. The percentage of see & treat incidents that re-contact the service within 24 hours remains very low.

No. of incidents which were treated at scene
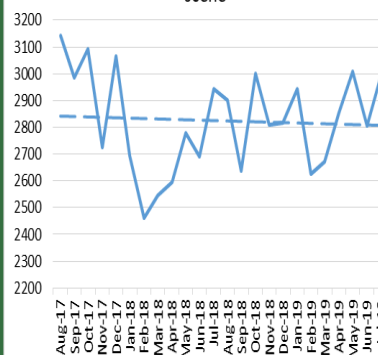
No. of incidents that were referred to an alternative provider
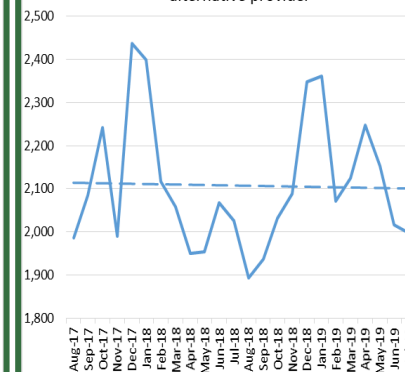
Recontact % within 24 hours of see & treat
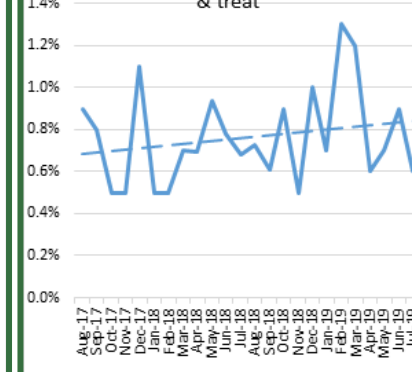
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

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

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

FPC CI

65%	95th
G	R

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

- % of emergency responses to red calls arriving within (up to and including) 8 minutes
- Target 65%
- Red Calls - 95th percentile response time

Total Verified RED Demand Calls

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

- Lowest Performing % — Variance — Highest Performing % — Target

% of 999 calls answered within 6 seconds

Analysis

Red performance sustained above the 65% target at an all Wales level (69.3%). However, performance has been gradually declining over the last 12 months, due to increases in demand and reduction in number of running calls. Changes to the treatment and recording of running calls to provide the most accurate presentation of true response performance have been notified to the Chief Ambulance Service Commissioner in correspondence dated 16 April 2019 and 13 August 2019.

The correlation between red performance and notification to handover delays must also be noted. This is can be seen in **Annex 2**, **slide 58** where peaks in the number of lost hours from handover delays, correlates with a deterioration in red median performance.

The 65th target was not achieved by 1 HB in July 2019, (Hywel Dda achieved 63.9%, 100 of the 277 incidents were missed). The variation between the best and worst Health Board area performance decreased year on year from 17.70% to 15.87%. Red 95th percentile is on a gradual worsening trend over the two years displayed.

Red demand increased by 6.7% overall year on year, and in every Heath Board area. Increased demand is reported in almost every MPDS code, but the biggest volume increases are 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 completed on a weekly basis, copy available on request	GREEN
Weekly Performance, Demand and Capacity Review meeting	Weekly ongoing	Meeting initiated by new Director of Ops in Sept 19, with purpose to utilise tactical forecast and resourcing information look ahead at predicted performance, in additional to the traditional review of historical performance. This work will be linked to Optima to model impacts on the system	GREEN
Immediate Release Requests Process Revision – agreed with NHS Wales Medical Directors	Aug-2019	The process relates to requests to release ambulances delayed more than 15 mins handing over patient care, where on receipt of a Red/Amber 1 call there are no resources available to respond in the local area. The request must be made by the Allocator/ Dispatcher direct to A&E. The revised process has allowed improved accuracy of reporting from 30th July – data on request.	COMPLETE

Other Improvement Actions

Due to the deterioration in Red performance, the Trust moved into enhanced performance management via the 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 F&P Committee considered a 'deep dive' into Red performance at its July 2019 meeting. The committee spent considerable time scrutinising the report and were comfortable the right actions were being undertaken. 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.

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

Further discussions were held at the Quality and Delivery meeting, and additional actions have been requested. Increased focus on job cycle / mobilisation times to move Red 9 to Red 8.

(FPC) (CI)

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

R

Amber 1 & 2 - Median and 65th Percentile

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

Amber 1 & 2 - 95th Percentile

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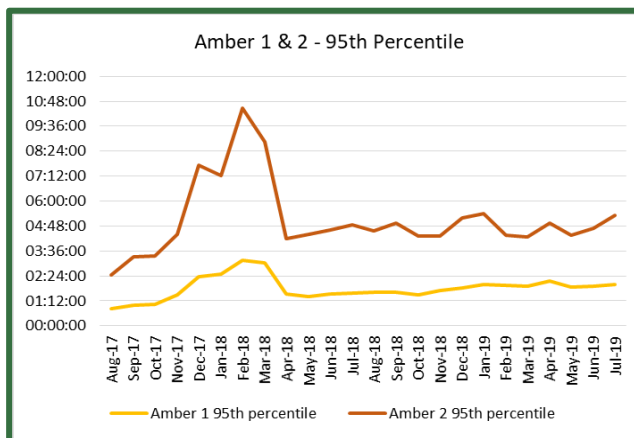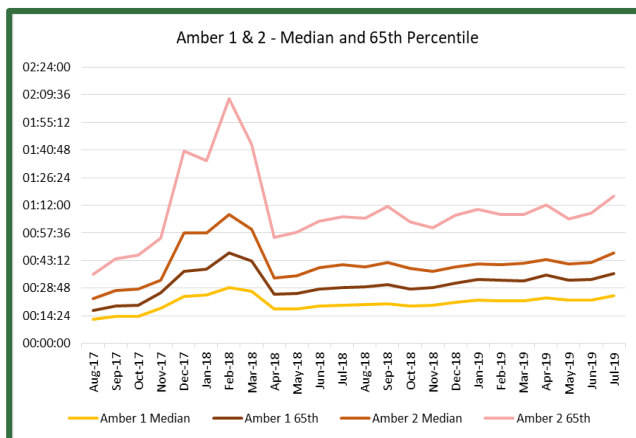
Analysis

Amber performance 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 July 2019, there were 154 patients waiting over 12 hours, compared to 98 in June and 122 in May 2019. Further detail on long waits is included in **Annex 2.**

There is significant correlation between amber performance and lost hours due to notification to handover delays, as demonstrated in the graph below. The number of hours lost to notification to handover delays was higher in July 2019 at 8,048 hours, compared to 4,563 hours in the same period last year. 79,151 hours were lost in the last 12 months, compared to 73,120 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. Impact on amber response times however may not materialise this winter. A progress report on the programme plan was taken to the Sep-19 QUEST meeting. This identified that of the nine assurance mechanisms to be delivered by WAST (some on collaboration with the National Collaborative Commissioning Unit), six are green (on-target) and three are amber (less than one month behind) and that the programme will be completed by Nov-19. Whilst WAST is on-track to deliver the projects and processes, Amber performance has been worse in every month of 2019/20, compared to 2018/19 (the relief gap and handover lost hours being the fundamental reasons).	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. Funding extended to Dec-19 whilst awaiting outcome of 1% Healthier Wales bid. 2 week trial commenced on 1st Sept where dedicated clinician and dispatcher are identifying appropriate falls patients and will co-ordinate a response.	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 latest Steering Group meeting held on the 29th August. At this meeting the assumptions, efficiencies and performance parameters for modelling were agreed in collaboration with the CASC and in partnership with trade unions. ORH will focus on modelling these in September with the draft report due for completion at the end of September. The final report will go to EASC in November 2019 with a supporting collaborative/in partnership delivery plan.	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 HBs to support unscheduled care system to reduce hospital handover	Ongoing	Whilst responsibility for this lies with HBs, 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. Options for mitigating these losses have been sent to commissioners including use of St John and other providers and further decision making support to paramedics to enable reductions in conveyance.	GREEN
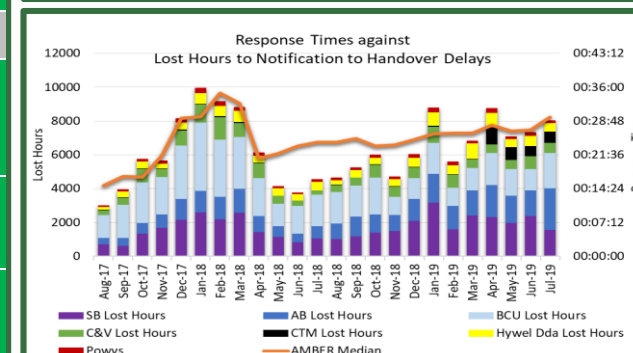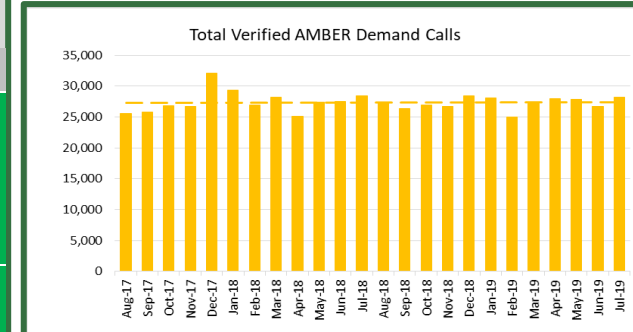
Total Verified AMBER Demand Calls

Response Times against Lost Hours to Notification to Handover Delays

Legend: SB Lost Hours — AB Lost Hours — BCU Lost Hours — C&V Lost Hours — CTM Lost Hours — Hywel Dda Lost Hours — Powys — AMBER Median

INDICATOR 7 – Number of hours lost due to *handover to clear* delays over 15 minutes
2019/20 Target – Reduction Trend

FPC CI

G

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

Legend: SB Lost Hours | AB Lost Hours | BCU Lost Hours | C&V Lost Hours | Cwm Taf Morgannwg Lost Hours | Hywel Dda Lost Hours | Powys Lost Hours | % of handover to clear within 15 minutes
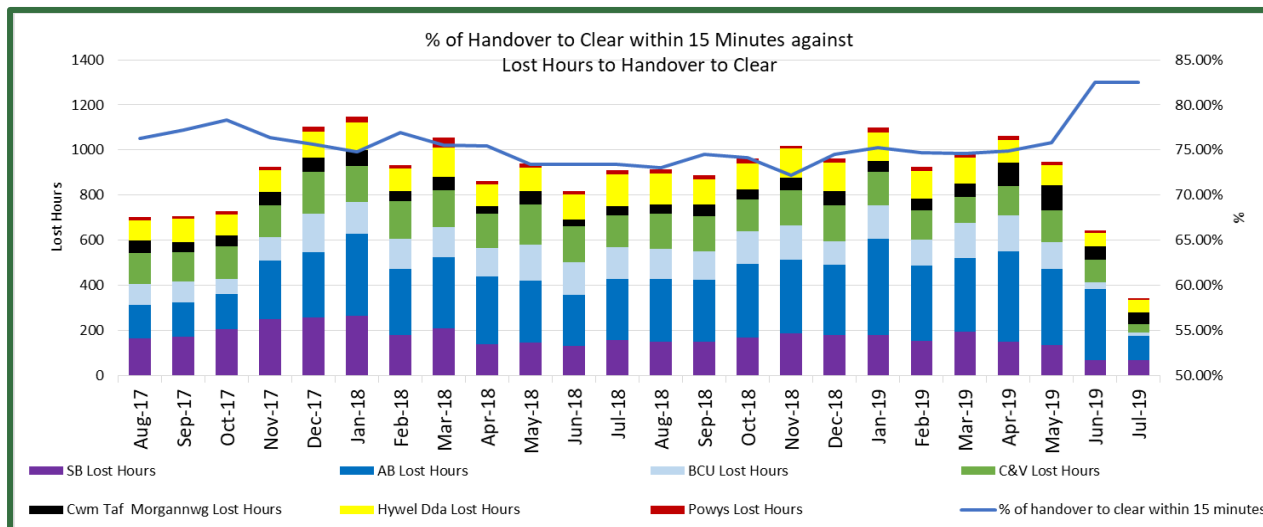
Analysis

Handover to clear delays are on an overall increasing trend. 10,748 hours were lost in the last 12 months, period August 2018 to July 2019, compared to 10,829 hours in the same period last year. In July, a total of 342 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 82.5% in July 2019, compared to 73.4% in July 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 July 19.

79,151 hours were lost to handover to N2H over the last 12 months, compared to 73,109 in same period two years ago (Aug-17 to Jul 18). 8,048 hours were lost in July 2019 compared to 4,563 in July 2018 and 7,325 in June 2019.

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

Legend: Powys Lost Hours | Hywel Dda Lost Hours | Cwm Taf M Lost Hours | C&V Lost Hours | BCU Lost Hours | AB Lost Hours | SB Lost Hours | % of not. to handover within 15 mins of arrival at hosp.

Improvement Actions

Other Key Improvement Actions	Completion Date	Performance Update	RAG
Handover to Clear Improvement Plan	Ongoing	Action plan in place has been delivered. To date there has been a Pan Wales improvement of 14.2% improvement, and work is ongoing to reach the expected target of 25% in compliance with the H2C target across Wales by end of March 2020. AB are still showing the greatest improvement. From an ambulance response perspective, more effective performance management measures are in place with local teams and local actions plans in place from 8th 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	All sites are now live with the new dual pin process. 1-1's are taking place with AOMs leading. The latest H2C data indicates significant improvements pan Wales and since March there has been a 12.8% performance gain. Lost hours have reduced by 71% from March 2019	**GREEN**

QUEST

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

R

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

- % of concerns that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation
- Target > 75%
- Concerns Volumes
- Linear (% of concerns that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation)

Analysis

The **percentage of responses to concerns** has declined to 29% in in July from 33% in June and 55% in May. Performance remains below the 75% target. However the improvements put in place will achieve an increase in compliance for August. The number of total concerns for July (123) increased compared to June (86) had an impact on the in-month performance.

It must be noted that the way compliance against the 30 day target is calculated has changed. The position will be reported 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. Welsh Government requested the change in reporting and have requested historical data is provided for 2018/19. The change in how the data is reported was implemented in Datix in August 2019 and will be amended in this report from September data onwards, including historical data.

SAI volumes recorded decreased to 3 incidents in July 2019. There were 2 SAI's due for closure in July, neither met the closure 60 day target. However the Patient Safety Team has been working closely with staff undertaking the role of Investigating Officer to draw out incidental learning themes and associated learning actions plans earlier in the process. This will allow assurance reports to be completed in a timelier manner. The themes and trends from those cases reported as SAI's are long handover and response delays, call categorisation, missed allocation and clinical practice issues. The overall volumes of SAIs are on a reducing trend.

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. The winter plan includes ways to increase capacity in the Concerns and Control room Teams to respond to potential increased concerns activity during the winter	GREEN
Creation of a Patient Safety and Experience Learning and Monitoring Group (PSELMG).	Complete	Meetings are established on a monthly basis, drawing together learning opportunities from across the Trust, as well as from external sources such as neighbouring services.	BLUE
Introduce training and opportunity to resolve a larger proportion of concerns received "at source"	Jan-20	A date is set for 17th September with the PTR teams to review the changes to regulations and proposed processes.	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	This document is now in its final version, and has been approved, presenting at the August PSELMG meeting. It has also now been approved at Nurse Directors Forum.	GREEN
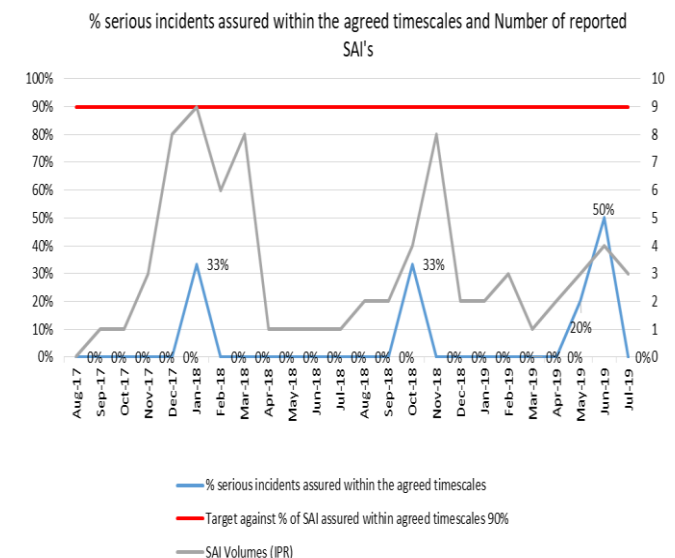
% serious incidents assured within the agreed timescales and Number of reported SAI's

- % serious incidents assured within the agreed timescales
- Target against % of SAI assured within agreed timescales 90%
- SAI Volumes (IPR)

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

PPC **CI** **A**

Emergency Ambulance Unit Hours Production

UHP Actual | UHP Target 90% | Linear (UHP Actual)
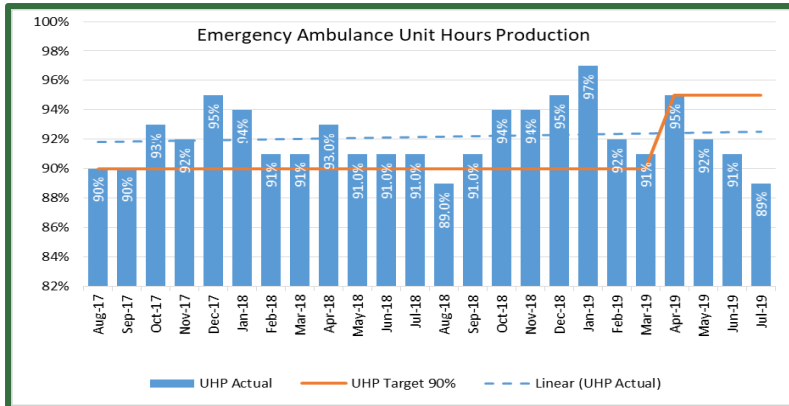
Pan Wales Total Rota Abstraction hrs vs % Funded Contractual	FTE 03/09/18	
	WTE 1592.72	Monthly contractual hrs 259513.8
	Funded Relief	
	Hours 47169.32	Relief % 18.18%
	Hours	%
Annual Leave	40562	15.63%
Sickness	21044	8.11%
Alternative Duties	9606	3.70%
Training	4096	1.58%
Other	10520	4.05%
All Abstraction hrs	86053	33%
Pan Wales total* shift hours covered by Overtime/Bank v % funded Contractual	23628	9%

EA Hours Planned vs Actual

EA Actual Hours | EA Planned Hours | Linear (EA Actual Hours) | Linear (EA Planned Hours)

UCS Hours Planned vc Actual

UCS Actual Hours | UCS Planned Hours | Linear (UCS Actual Hours) | Linear (UCS Planned Hours)

RRV Hours Planned vs Actual

RRV Actual Hours | RRV Planned Hours | Linear (RRV Actual Hours) | Linear (RRV Planned Hours)
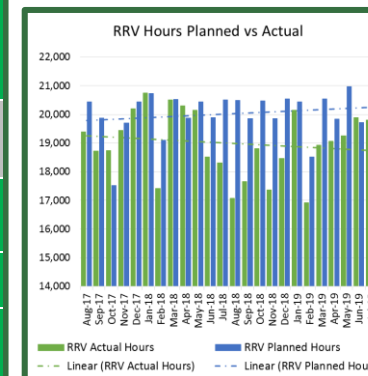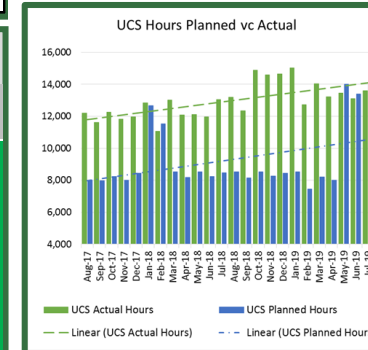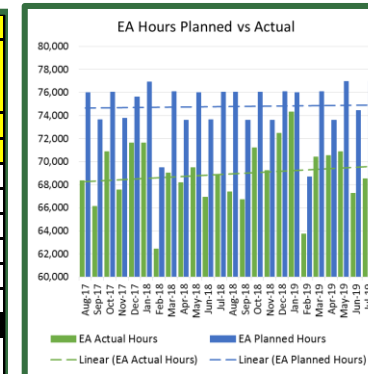
Analysis

Emergency Ambulance Unit Hours Production (UHP) saw a further decrease to 89% in July. 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, and RRV actual hours have increased in recent months.

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 July 2019, 33% of contracted hours were abstracted, compared to 31% in June 2019. The highest proportion was annual leave at 15.63%. 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.

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Deliver an improvement in resource availability levels	Mar-20	Post Production Lost Hours (post the actual hours delivered by the actual UHP) is a key area of focus. Information from C3 CAD has been be transferred into the data warehouse and being made available in QlikSense. The AD CCC and AD Commissioning & Performance have met with Health Informatics colleagues and agreed on what information is required within QlikSense. Health Informatics are now building this information in QlikSense. This will enable managers to more pro-actively manage this area. Further consideration will be given through the Demand & Capacity Review on modelling the return to base meal break efficiency. The Review has identified that WAST compares favourably with other ambulance services for handover to clear and post production lost hours, with the exception of return to base meal break lost hours 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 Improvement Actions	Completion Date	Performance Update	RAG
Reduce vacancy levels through Big Bang events	Annually	Planned to undertake again in 2020. Levels of vacancies reduced as a result of over recruiting against future forecasted vacancies. Further workforce planning work anticipated as a result of the Demand & Capacity Review.	**GREEN**
Roster reviews	Sep-20	All rosters agreed with two exceptions, one of which was outside of the original scope of the project. These are now going through the dispute resolution process.	**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 planned unit hours of production.	**GREEN**

INDICATOR 10 – % Sickness Absence for All Staff
2019/20 Target – 6.3%

(PPC) (CI) **A**

WAST Sickness Absence August 2018 to July 2019

Legend: 2017/18 — 2018/19 — 2019/20 — 2019/20 Trust Target (6.30%)
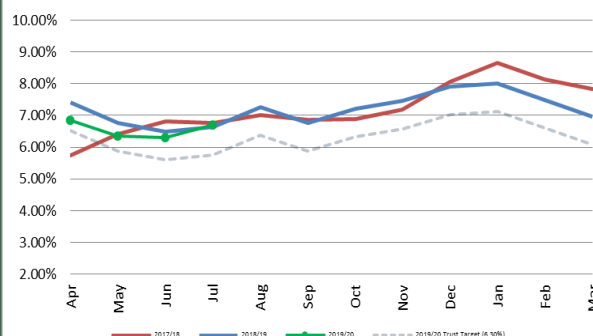
12 months Sickness Absence - Short / Long Term by Directorate
(July 18 - July 19 Comparison)

% = 12 mth sickness

Directorate	% 12 mth sickness
STRATEGY, PLANNING & PERFORMANCE...	7.73%
OPERATIONS DIRECTORATE	7.57%
QUALITY, SAFETY & PATIENT EXPERIENCE...	4.30%
FINANCE & ICT DIRECTORATE	2.28%
WORKFORCE & OD DIRECTORATE	1.63%
PARTNERSHIPS & ENGAGEMENT DIRECTORATE	0.34%
BOARD SECRETARY	0.34%
CHIEF EXECUTIVE DIRECTORATE	0.01%

Jul-18 Short/Long term Split. % Short Term. % Long Term

Monthly LTS Cases Opening/Closing

Cases Started / Cases Ended

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**
Improve resources to support line managers	Ongoing	MH portal in development stage & expected to launch September 2019. An evaluation of fast-track physiotherapy services to review cases with musculoskeletal issues is also underway. An evaluation is currently being undertaken to support repeating scaled-up services for frontline staff to access psychological support in order to repeat the service provision as part of winter demand preparations.	GREEN
Address shortfalls in Occupational Health Service	Dec 2019	Post of OH Manager will be re-advertised following failure to appoint. Increased senior management support is being provided from Workforce Team to OH in meantime and a range of improvement actions in train. Reallocation of funding within Directorate to recruit a new business manager post to ensure grip on improvement plan, SLA management, review of existing employee assistance arrangements, development of KPIs and actions to deliver SEQUOSH accreditation – post to advert now. Temporary additional nursing resource sourced from within Trust (nurse on clinical desk /NHSDW/111) and a temporary redeployment to bolster existing resources and increase resilience to clear backlog. Bid made for Healthier Wales monies for investment in TRiM and clinical psychology resource to expand support we are able to offer.	GREEN
Implement actions to address short term absence	Dec 2019	Representatives from across the Trust visited WMAS on 2 August 2019, and a paper bringing forward a number of proposed actions based on learning from this experience will be brought to Operations Management Team for consideration in Sept/Oct.	GREEN
Monthly review of all LTS cases	Ongoing	Monthly senior / executive review of all long term sickness caseload to continue for foreseeable future.	GREEN

Analysis

Overall Trust wide sickness absence increased in July by 0.40% to 6.70%. This is despite continued focus and good progress made in reducing long term sickness cases. Focus needs to shift to identifying actions to address short term absence which increased by 0.51% from June to July 2019. It is anticipated that the learning from a benchmarking visit to West Midlands Ambulance Services will provide some opportunities to change our resourcing practice and response to enable greater flexibility thus avoiding the potential for individual to go sick. The cumulative / rolling 12-month figures showed a slight increase of 0.02% to 7.10% against the June figure, but is still 0.22% below the July 2018 figure.

MSK and Mental Health continue to be the top two reasons for absence. Delays in accessing Occupational health advice and referral on to counselling and specialist services such as EMDR are being reported and proactive measures are being taken to increase the resource within the OH team, and also to review current provider arrangements. 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.

**Monthly LTS Cases opening/Closing (Graph) – Data only available to end June 2019.

Average working days lost per FTE	
16.19	days

Rolling 12 month Absence %
7.10%

Long Term	Short Term
5.16%	1.94%

Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.14%	1.17%

This section includes indicators from Annex 1 – Remaining Indicator Dashboard that are rated red and are not currently featured as a linked indicator to the Top 10 in the main body of this report

Analysis

Of the indicators do not feature in the Top 10 indicators and are not currently graphed in this SBAR as a linked indicator to the Top 10, there are currently seven indicators which are Red. Of these seven, two are monthly indicators that have been reported in month, they are:

- Number of LHBs not achieving the Red incidents target. (Refer to Indicator 5 on page 10 for improvement actions for Red performance)

And

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

  (Refer to Indicator 6 on page 11 for improvement actions for Amber performance)

Of the 7 indicators that are Red, the remaining indicators 5 that are not due to be updated in this monthly report are:

- % uptake of the influenza vaccination amongst healthcare workers who have direct patient contact – Indicator Reported Annually – Due to report in September 2019, upon commencement of the Flu Campaign – this has a 60% target)

- Time allocation for Red calls to reduce - (Half Yearly Reporting – this has an 'improvement trend' target and the measure is currently in development with HI and CCC)

- % of employed NHS staff completing dementia training at an informed level (Level 1) (Half Yearly Reporting – The next report is due in September 2019, this has an 85% target and is an IMTP Outcome Measure)

- Number of Health and Care research Wales clinical research portfolio studies (Half Yearly Reporting – The next report is due in September 2019, this has a 10% annual improvement target)

- Number of Health and Care research Wales commercially sponsored studies (Half Yearly Reporting - The next report is due in September 2019, this has a 10% annual improvement target.

Number of LHBs not achieving the Red incidents target
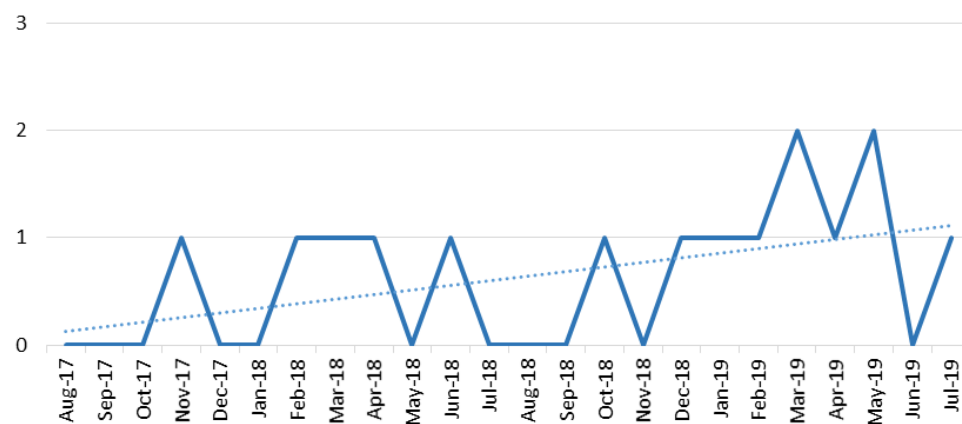
Reduction in the variation in AMBER call 95th percentile response times between the longest and shortest Health Board performance

Legend: ■ Lowest 95th percentile HB performance   ■ Variance   ■ Highest 95th percentile HB performance
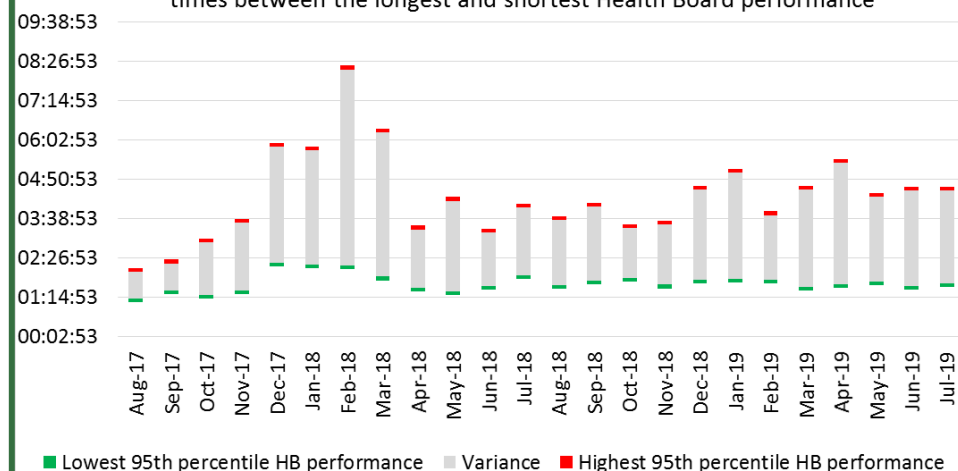
RECOMMENDATION

The Board is asked to:-

- **Note and discuss** the performance outlined in the July Monthly Integrated Quality and Performance Report.
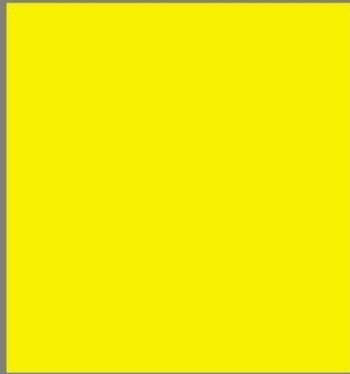
Welsh Ambulance Services NHS Trust

Integrated Performance Report

2019/20

Themes	No.	Top 10 Monthly Indicators	Target 2019/20	Baseline Position (2018/19)	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-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	243,464	218,554	327,676	294,158	257,523	310,381	267,085	295,279	296,222	293,461	364,768	397,017	G
	2	Call Volumes to NHSDW	Combined Improvement trend	243,840	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863	17,721	17,894	G
		Call Volumes to 111		277,395	17,321	17,974	21,603	26,152	33,479	27,720	27,045	31,900	33,450	31,170	28,891	28,605	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	12.0%	7.8%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	8.4%	8.0%	8.6%	8.2%	8.7%	8.5%	R
	4	% of verified incidents that were conveyed to major Eds	Reduction Trend	48.60%	48.1%	48.7%	49.6%	49.14%	48.52%	48.23%	48.35%	48.91%	51.15%	47.78%	46.59%	50.52%	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%	74.4%	73.9%	74.7%	72.3%	72.8%	71.8%	72.4%	71.2%	70.3%	70.2%	72.5%	69.3%	G
		Red 95th percentile	Reduction Trend	0:15 tt:25	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	0:16 tt:04	0:16 tt:38	R
	6	Amber 95th percentile	Reduction Trend	2:38 tt:42	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	2:51 tt:56	3:05 tt:12	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	00:41:04	00:45:21	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	916	888	961	1017	962	1,099	926	985	1,062	947	644	342	G
	8	% of concerns that received a final (reg 24) within 30 days on being received	75%	46%	51%	48%	53%	43%	59%	27%	33%	70%	63%	55%	33%	29%	R
		Serious adverse incidents assured within agreed timescales	90%	33%	0%	0%	33%	0%	0%	0%	0%	0%	0%	20%	50%	0%	R
	9	Emergency Ambulance unit hours production	95%	92.8%	89.0%	91.0%	94%	94%	95%	97%	92%	91%	95%	92%	91%	89%	A
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	6.3%	7.14%	7.25%	6.78%	7.02%	7.19%	7.85%	7.89%	7.45%	7.18%	6.77%	6.28%	6.24%	6.70%	A

			Reporting Frequency	Target	Baseline Position (predicted March 2019)	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-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%	36.40%	-	-	19.6%	33.30%	34.46%	38.87%	40.17%	40.17%	-	-	-	-	**R**
		Indicators Under Development	TBD	TBD	TBD	-	-	-	-	-	-	-	-	-	-	-	-	**TBD**
Help patients more easily access our services at the right time	2	Indicators Under Development	TBD	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	81%	86.30%	88.00%	82.60%	74.50%	66.80%	72.10%	62.70%	59.20%	60.6%	67.4%	67.1%	73.2%	**R**
		% 111 calls answered within 60 seconds of the end of the message	Monthly	Improvement Trend	80%	79.16%	81.60%	72.35%	62.45%	52.87%	61.10%	49.3%	44.3%	49.8%	58.8%	58.6%	62.9%	**R**
		% of 999 calls answered within 6 seconds (will be replaced by banding indicator in January 2019)	Monthly	Improvement Trend	83%	82.6%	85.7%	86.4%	83.7%	80.6%	83.1%	86.2%	86.7%	83.0%	86.0%	82.9%	77.4%	**A**
		Median 999 Call answer times	Monthly	Improvement Trend	N/A	-	-	-	-	-	-	-	-	0:02	0:02	0:02	0:02	**TBD**
		65th Percentile 999 Call answer times	Monthly	Improvement Trend	N/A	-	-	-	-	-	-	-	-	0:03	0:03	0:03	0:03	**TBD**
		95th Percentile 999 Call answer times	Monthly	Improvement Trend	N/A	-	-	-	-	-	-	-	-	1:03	0:56	1:06	1:21	**TBD**
		Recontact % within 24 hours of telephone triage (hear & treat)	Monthly	Reduction Trend	17.00%	27.9%	50.4%	18.5%	4.9%	7.4%	4.4%	3.7%	5.2%	6.2%	6.5%	9.0%	7.6%	**A**
		% of incidents where 2 or more vehicles arrived on scene	Monthly	Improvement Trend	15.8%	14%	14%	14.9%	15.3%	15.8%	15.2%	15.6%	15.8%	16.0%	15.5%	15.5%	16.3%	**A**
		% of Amber incidents where Ideal resource first on scene (note: Amber 1 used here)	Monthly	Improvement Trend	72.00%	72.8%	72.3%	74.6%	72.3%	71.0%	71.3%	71.0%	70.5%	68.1%	69.0%	67.9%	68.0%	**A**
		Recontact % within 24 hours of see & treat	Monthly	Reduction Trend	0.70%	0.70%	0.60%	0.90%	0.50%	1.00%	0.70%	1.3%	1.2%	0.6%	0.7%	0.9%	0.6%	**A**
		% of patients conveyed to hospital following a face to face assessment	Monthly	Improvement Trend	68.00%	68.00%	68.70%	68.30%	68.10%	67.90%	67.70%	67.3%	68.2%	66.5%	67.2%	66.5%	66.5%	**A**
		% of calls answered within 60 seconds (NEPTS)	Quarterly	Improvement Trend	57.90%	52.10%	58.40%	62.90%	51.70%	59.30%	53.40%	63.7%	73.6%	88.5%	88.3%	82.4%	-	**G**
		% of calls abandoned before being answered (NEPTS)	Quarterly	Reduction Trend	13.20%	15.5%	13.0%	11.4%	14.1%	11.3%	15.2%	10.6%	8.3%	5.6%	5.3%	5.6%	-	**G**
		% of Journeys booked by fax/post/hand (NEPTS)	Quarterly	Reduction Trend	25.80%	28.3%	26.8%	26.8%	24.9%	26.3%	23.8%	24.9%	24.6%	22.5%	22.1%	20.4%	-	**G**
		% of Journeys booked after 12 noon the day before travel (NEPTS)	Quarterly	Reduction Trend	12.00%	11.6%	11.1%	10.8%	11.8%	13.8%	12.4%	12.5%	12.9%	12.0%	11.5%	11.9%	-	**A**
		% of core journeys arriving **more than 30 minutes prior** to their appointment time (NEPTS)	Quarterly	Improvement Trend	26.83%	27.9%	26.1%	27.6%	26.2%	25.4%	27.8%	26.5%	26.7%	27.8%	28.0%	27.5%	-	**A**
		% of core journeys arriving within 30 minutes of their appointment time (+/-) (NEPTS)	Quarterly	Improvement trend	59%	58.30%	58.00%	57.90%	59.00%	57.60%	58.00%	58.70%	58.70%	59.1%	58.40%	57.20%	-	**A**
		% of core journeys arriving **more than 30 mins after** their appointment time (NEPTS)	Quarterly	Reduction Trend	14.86%	13.8%	15.9%	14.6%	14.8%	16.9%	14.3%	14.8%	14.6%	13.1%	13.6%	15.2%	-	**A**
		% of enhanced renal journeys arriving within 30 minutes prior of their appointment time (NEPTS)	Quarterly	Improvement trend	61%	63.90%	63.50%	63.00%	61.90%	60.00%	59.10%	58.10%	59.40%	58.7%	57.24%	57.48%	-	**A**
		% of **enhanced renal** journeys arriving **after** their appointment time (NEPTS)	Quarterly	Reduction Trend	16.34%	14.7%	14.8%	14.2%	16.8%	17.5%	17.7%	19.4%	18.8%	17.4%	17.8%	18.5%	-	**A**
		% of enhanced oncology journeys arriving within 30 minutes prior to their appointment time (NEPTS)	Quarterly	Improvement trend	37%	35.30%	35.40%	39.00%	38.00%	36.00%	39.50%	37.70%	37.70%	38.9%	36.91%	34.94%	-	**A**
		% of **enhanced oncology** journeys arriving **after** their appointment time (NEPTS)	Quarterly	Reduction Trend	33.27%	33.5%	33.9%	33.0%	33.9%	35.8%	32.3%	30.3%	35.4%	32.3%	33.0%	34.8%	-	**A**
		% of discharge & transfer journeys - collected **less than 60 minutes after** their booked ready time (NEPTS)	Quarterly	Improvement Trend	60.72%	59.9%	58.6%	61.9%	60.4%	59.4%	62.9%	61.8%	62.2%	59.4%	62.7%	63.4%	-	**A**
		% of core journeys - other (Outpatients, Day Case, etc.) - collected **less than 60 minutes** of their booked ready time - (NEPTS)	Quarterly	Improvement Trend	79.12%	79.9%	78.8%	78.0%	79.3%	78.8%	80.0%	79.0%	78.9%	79.5%	78.8%	78.5%	-	**A**
		% of core journeys - other (Outpatients, Day Case, etc.) - collected **more than 60 minutes after** their booked ready time (NEPTS)	Quarterly	Reduction Trend	20.87%	20.1%	21.2%	22.0%	20.7%	21.1%	20.1%	21.0%	21.0%	20.5%	21.2%	21.5%	-	**A**
		% of enhanced renal journeys - collected **less than 30 minutes after** their booked ready time (NEPTS)	Quarterly	Improvement Trend	70.26%	72.6%	70.4%	71.7%	69.5%	69.7%	70.5%	69.4%	67.7%	70.4%	69.8%	68.8%	-	**A**
		% of enhanced renal journeys - collected **more than 30 minutes after** their booked ready time (NEPTS)	Quarterly	Reduction Trend	29.73%	27.4%	29.6%	28.3%	30.5%	30.3%	29.4%	30.6%	32.3%	29.6%	30.2%	31.2%	-	**A**

Measure	Frequency	Trend	Baseline/Target													Status
% of enhanced oncology journeys - collected **less than 30 minutes after** their booked ready time (NEPTS)	Quarterly	Improvement Trend	52.50%	53.1%	53.1%	55.2%	50.3%	53.6%	53.6%	51.2%	50.8%	50.8%	46.3%	49.0%	-	A
% of enhanced oncology journeys - collected **more than 30 minutes after** their booked ready time (NEPTS)	Quarterly	Reduction Trend	47.49%	46.9%	46.9%	44.8%	49.7%	46.4%	46.4%	48.6%	49.3%	49.2%	53.7%	51.0%	-	A

Our Strategic Enablers

| Goal	No.	Measure	Frequency	Trend	Baseline/Target													Status
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	4	% of journeys aborted (NEPTS)	Quarterly	Reduction Trend	0	11.8%	12.5%	12.6%	12.5%	13.8%	13.5%	13.2%	12.1%	12.8%	12.1%	12.2%	-	G
		Number of LHBs not achieving the Red incidents target	Monthly	0	6 per annum	0	0	1	0	1	1	1	2	1	2	0	1	R
		Time to allocation for Red calls to reduce (in development)	Monthly	Improvement Trend	No Baseline	-	-	-	-	-	-	-	-	-	-	-	-	R
		Reduction in variation in Red response times performance between the best and worst LHB performance	Monthly	Reduction Trend	17.40%	10.9%	15.2%	17.8%	14.9%	21.9%	17.9%	13.7%	20.0%	19.3%	16.9%	11.2%	7.4%	A
		Reduction in the variation in Amber call 95th percentile response times between the longest and shortest LHB performance	Monthly	Reduction Trend	1:58:00 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	2:54:39 AM	2:49:49 AM	R
		Compliance with HCP time requests to improve across each LHB	Monthly	Improvement Trend	83%	83.6%	82.7%	81.8%	82.1%	79.2%	78.6%	78.6%	79.9%	79.8%	80.3%	80.6%	78.0%	A
		% of stroke patients documented as receiving the appropriate stroke bundle of care	Quarterly	95%	97.00%	96.3%	97.4%	94.2%	95.8%	95.3%	96.0%	95.9%	96.8%	94.8%	95.1%	96.6%	-	G
		% of patients with a fractured hip/femur who are documented as receiving analgesia	Quarterly	95%	91.00%	94.4%	90.9%	92.1%	92.5%	91.5%	91.7%	93.3%	94.3%	94.2%	91.4%	93.7%	-	A
		% of acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle	Quarterly	95%	73.00%	81.1%	69.1%	60.8%	74.7%	76.3%	65.9%	60.0%	66.7%	71.9%	66.7%	82.9%	-	R
		% of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door	Quarterly	Improvement Trend	15.00%	14.5%	13.7%	15.4%	11.0%	11.5%	15.0%	11.5%	13.3%	17.3%	20.0%	11.0%	-	A
		% older people with suspected hip fracture documented as receiving appropriate care bundle	Quarterly	95%	78%	82.3%	76.6%	81.2%	79.1%	79.0%	80.6%	82.7%	88.7%	85.0%	80.5%	83.9%	-	R
		% suspected sepsis patients who had a documented NEWS score	Quarterly	95%	99.00%	98.0%	97.4%	98.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	-	G
		% patients with suspect febrile convulsion documented as receiving appropriate care bundle	Quarterly	95%	100.00%	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%	89.00%	91.7%	87.3%	89.9%	89.8%	87.2%	85.3%	89.0%	88.2%	93.1%	82.8%	89.2%	-	R
		% of handover to clear within 15 minutes of transfer of patient care to hospital staff	Monthly	Improvement Trend	74.00%	73.1%	74.5%	74.2%	72.2%	74.5%	75.3%	74.7%	74.6%	74.9%	75.8%	82.5%	87.5%	G
		% 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%	71.0%								-	-	-	-	G
		% of employed NHS staff completing dementia training at an informed level (Level 1)	Half yearly	85%	75%	77.09%	76.83%	76.08%	76.06%	76.17%	76.66%	77.31%	77.90%	-				R
		Percentage of total verified incidents referred to alternative pathways/services to increase following "hear & treat" and "see & treat".	Monthly	Improvement Trend	TBD	-	-	-	-	-	-	-	-					TBD
		Number of incidents that were referred to alternative provider	Monthly	Improvement Trend	24,000	1,894	1,936	2,031	2,088	2,348	2,361	2,071	2,125	2,248	2,152	2,017	1,997	A
		% of notification to handover within 15 minutes of arrival at hospital	Monthly	Improvement Trend	53.3%	54.70%	52.50%	52.40%	56.20%	53.6%	47.6%	51.6%	50.7%	48.1%	49.8%	50.5%	45.4%	R
		Number of lost hours following notification to handover over 15 minutes	Monthly	Reduction Trend	66,500	4,669	5,253	6,020	4,707	6,038	8,781	5,610	6,833	8,766	7,100	7,324	8,049	R
Support our people to be the best that they can be	6	% of staff who undertook a performance appraisal who agreed it helped them improve how they did their job	Annual	Improvement Between Surveys	51%	51%								-	-	-	-	G
		Overtime use to reduce.	Quarterly	Reduction Trend	£6.5m	Further reduction of £148,000			Further reduction of £54,000			Further Reduction £157,000			Futrther Reduction of £20,000			-	G
		% of headcount who have had a PADR/medical appraisal in the previous 12 months	Monthly	85%	75%	76.80%	75.96%	74.72%	73.12%	71.47%	70.72%	72.37%	76.17%	73.18%	74.09%	74.59%	75.43%	A
		% compliance for each completed level 1 competency within the core skills & training framework	Monthly	85%	85%	85.70%	84.91%	84.46%	84.47%	87.35%	88.45%	89.98%	91.75%	90.59%	89.45%	87.13%	87.68%	G
		% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework	Monthly	85%	75%	66.31%	65.73%	65.44%	67.46%	78.98%	81..64%	86.37%	91.39%	92.03%	91.90%	89.25%	89.70%	G
		% of CFRs where they were the first response arriving at scene	Monthly	Improvement Trend	86.00%	87.8%	87.5%	86.8%	86.4%	86.9%	85.9%	85.5%	88.1%	86.5%	88.0%	85.9%	86.2%	G
		Overall staff engagement score	Annual	Improvement Between Surveys	3.65	3.65								-	-	-	-	G
Ensure the design and infrastructure of the	7	Number of Health and Care research Wales clinical research portfolio studies	Half yearly	10% Annual Improvement	2	-	-	-	2	2	2	-	-	-	-	2	-	R

Objective	Ref	Measure	Frequency	Target	Baseline													RAG
organisation are at the forefront innovation and technology	7	Number of patients recruited in Health and Care research Wales clinical research portfolio studies	Half yearly	10% Annual Improvement	15	-	-	-	18	18	18	-	-	-	-	18	-	**G**
Our Golden Threads																		
Quality at the heart of everything we do		Number of patient falls reported as SAIs.	Monthly	Reduction Trend	10 (2 in Nov-18)	0	0	0	2	0	1	0	0	0	3	0	0	**A**
		Number of never events	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**G**
		Patient safety notices not assured within agreed timescales	Quarterly	0	2	0		0		1		0		-	**A**
		Number of administration, dispensing or prescribing medication errors reported as SAIs	Quarterly	Reduction Trend	0	0	0	0	0	0	0	0	0	0	0	0	0	**G**
Value in everything we do	9	Financial balance - annual expenditure YTD as % of budget expenditure YTD	Monthly	100%	100%	100.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	**G**

		Reporting Frequency	Target	Baseline Position (predicted March 2019)	Apr-19	May-19	Jun-19	Jul-19	RAG
Our Goal - *Delivering Excellence*									
Provide the right care in the right place, wherever and whenever it is needed	1 % of calls answered within 60 seconds (NEPTS)	Quarterly	Improvement Trend	57.9%	88.5%	88.3%	82.4%	-	**G**
	2 % of calls abandoned before being answered (NEPTS)	Quarterly	Reduction Trend	13.2%	5.6%	5.3%	5.6%	-	**G**
	3 % of core journeys arriving within 30 minutes of their appointment time (+/-) (NEPTS)	Quarterly	Improvement trend	59.0%	59.1%	58.4%	57.2%	-	**A**
	4 % of core journeys arriving more than 30 mins after their appointment time (NEPTS)	Quarterly	Reduction Trend	14.9%	13.1%	13.6%	15.2%	-	**A**
	5 % of enhanced renal journeys arriving within 30 minutes prior of their appointment time (NEPTS)	Quarterly	Improvement trend	61.2%	58.7%	57.2%	57.5%	-	**A**
	6 % of enhanced renal journeys arriving after their appointment time (NEPTS)	Quarterly	Reduction Trend	16.3%	17.4%	17.8%	18.5%	-	**A**
	7 % of enhanced oncology journeys arriving within 30 minutes prior to their appointment time (NEPTS)	Quarterly	Improvement trend	37.3%	38.9%	36.9%	34.9%	-	**A**
	8 % of enhanced oncology journeys arriving after their appointment time (NEPTS)	Quarterly	Reduction Trend	33.3%	32.3%	33.0%	34.8%	-	**A**
	9 % of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)	Quarterly	Improvement Trend	60.7%	59.4%	62.7%	63.4%	-	**A**
	10 % of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)	Quarterly	Improvement Trend	70.3%	70.4%	69.8%	68.8%	-	**A**
	11 % of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)	Quarterly	Improvement Trend	52.5%	50.8%	46.3%	49.0%	-	**A**
Our Strategic Enablers									
Continue to provide the best possible care, outcomes and	12 % of journeys aborted (NEPTS)	Quarterly	Reduction Trend	0	12.8%	12.1%	12.2%	-	**G**

SECTION 4: WAST Activity Dashboard												

Description	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Calls Volume to NHSDW	22,112	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863	17,721	17,894
111 Call Volumes	17,905	17,361	16,959	21,611	26,152	33,479	27,720	27,045	31,900	33,450	31,170	28,891	28,605
Frequent Caller Call Volumes	2,186	2,147	2,185	1,947	2,397	2,151	2,155	1,892	1,979	1,278	2,257	2,487	2,534
999 Call Volumes (From 1st Apr 0845 numbers removed)	47,655	45,569	43,869	44,170	43,780	46,993	44,975	40,414	44,304	41,531	40,793	40,133	43,471
HCP Call Volumes	6,563	6,088	5,917	6,113	6,356	6,680	7,217	6,399	6,715	6,701	6,915	6,280	7,121
Hear & Treat Volumes (calls assessed and closed by the clinical desk)	2,942	2,854	2,784	2,895	2,937	3,257	3,765	3,011	3,130	3,412	3,280	3,334	3,463
Total Verified Incidents	40,289	38,940	37,463	38,691	38,424	41,237	40,452	36,119	39,283	40,042	39,954	38,645	40,861
Total Verified Incidents: RED	2,052	1,986	1,931	2,044	2,233	2,431	2,045	1,842	2,078	1,967	2,172	2,138	2,301
Total Verified Incidents: AMBER	28,460	27,248	26,351	26,937	26,727	28,484	28,051	25,008	27,230	27,956	27,684	26,765	28,250
Total Verified Incidents: GREEN	9,538	9,496	8,991	9,507	9,280	10,134	10,149	9,096	9,798	9,937	9,916	9,565	10,101
Number of incidents which were treated at scene	2,999	2,811	2,817	2,944	2,624	2,670	2,854	2,624	2,670	2,854	3,007	2,805	2,988
Conveyance Volumes	16,130	15,757	15,348	15,852	15,727	16,722	15,942	14,335	16,007	15,480	15,687	14,812	15,197
Conveyance to Major ED	19,153	18,721	18,260	19,203	18,882	20,007	19,510	17,465	19,213	18,622	19,089	18,008	18,817
NEPTS Patient Journeys	66,898	65,330	60,979	70,295	68,049	60,216	69,694	63,611	66,349	64,827	68,267	63,844	71,453
Number of Core Patient Journeys - Discharge & Transfer (NEPTS)	3,959	4,033	3,726	4,170	4,212	4,020	4,459	3,906	4,215	3,970	4,185	3,825	-
Number of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)	30,650	28,981	27,295	31,888	30,709	23,424	30,648	28,222	29,583	28,705	30,660	29,211	-
Number of Enhanced Patient Journeys - Enhanced Renal Journeys (NEPTS)	17,460	18,158	16,546	18,187	17,527	18,138	17,902	16,648	17,922	17,809	18,693	16,998	-
Number of Enhanced Patient Journeys - Enhanced Oncology Journeys (NEPTS)	4,999	4,806	4,260	2,273	1,988	1,544	5,462	4,862	4,975	4,873	5,260	4,668	-
SAI Volumes	1	2	2	4	8	2	2	3	1	2	3	4	3
Concerns Volumes	140	112	125	143	121	91	134	111	115	106	133	93	127
Patient Safety Incidents, Near Misses and Hazards	133	140	164	134	161	137	182	136	133	138	149	175	189
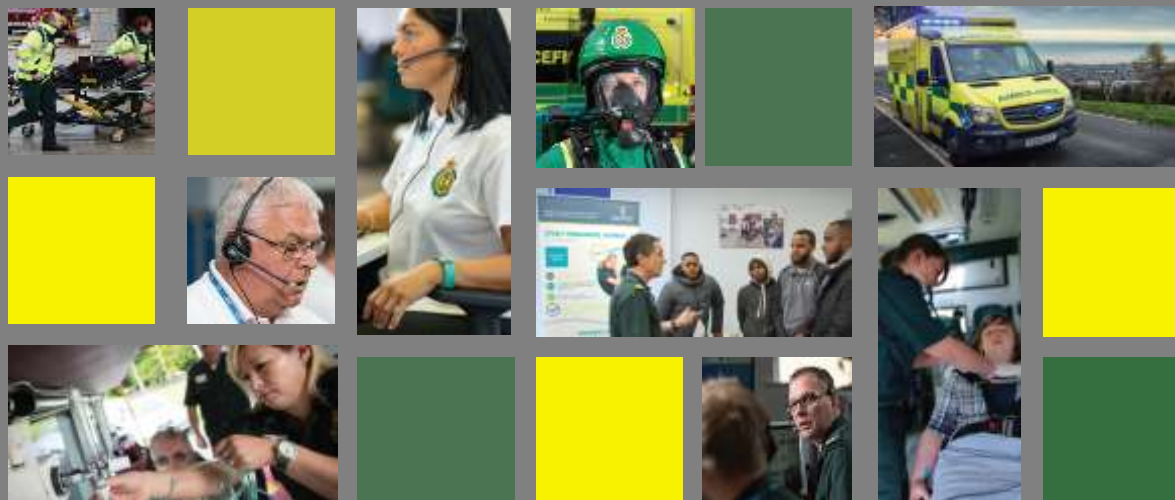
Integrated Quality and Performance Report
Welsh Ambulance Services NHS Trust
July 2019

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

Number of NHS Direct Wales unique website visits

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

Total Calls for NHSDW and 111

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

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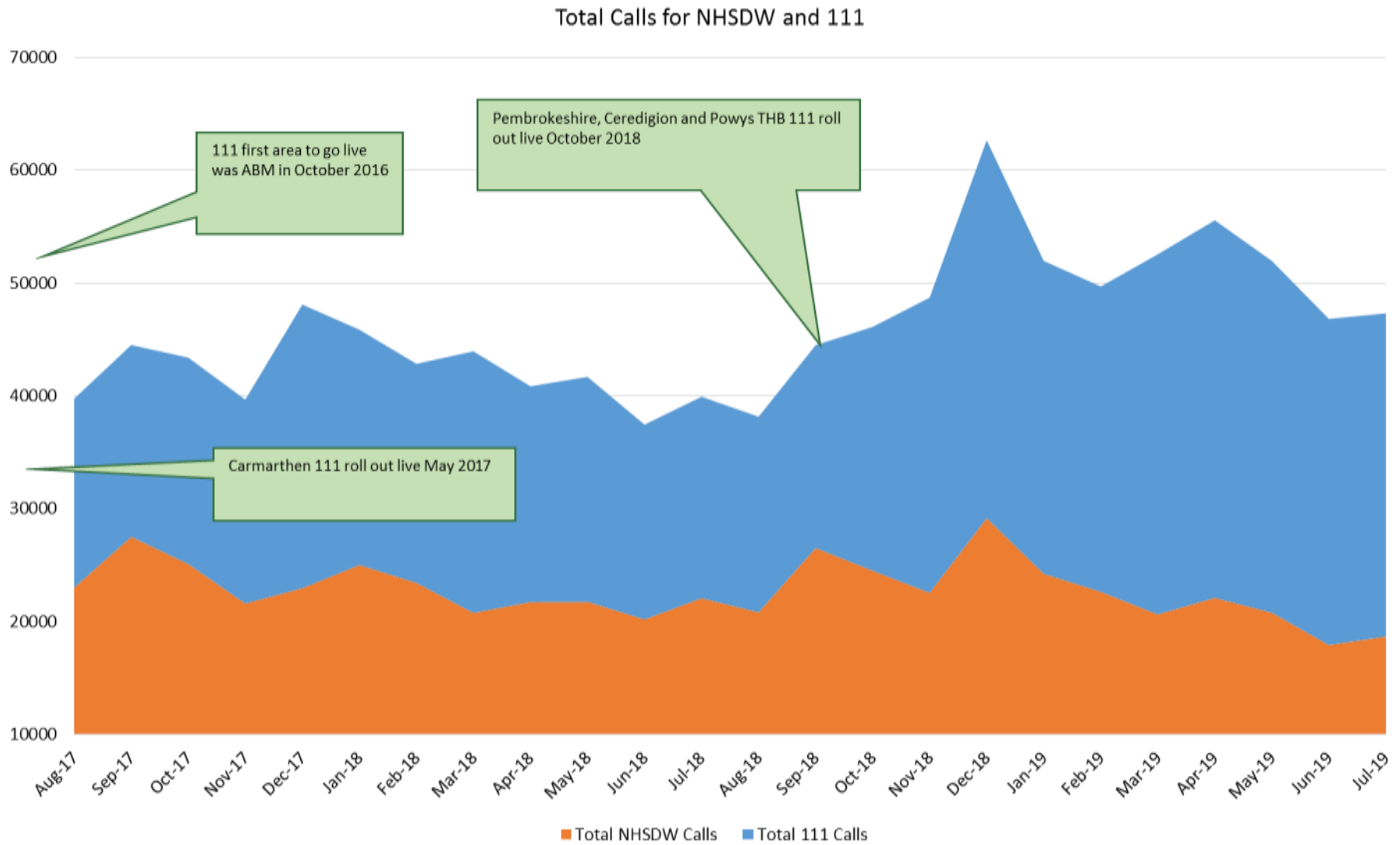
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Conveyance to Major ED
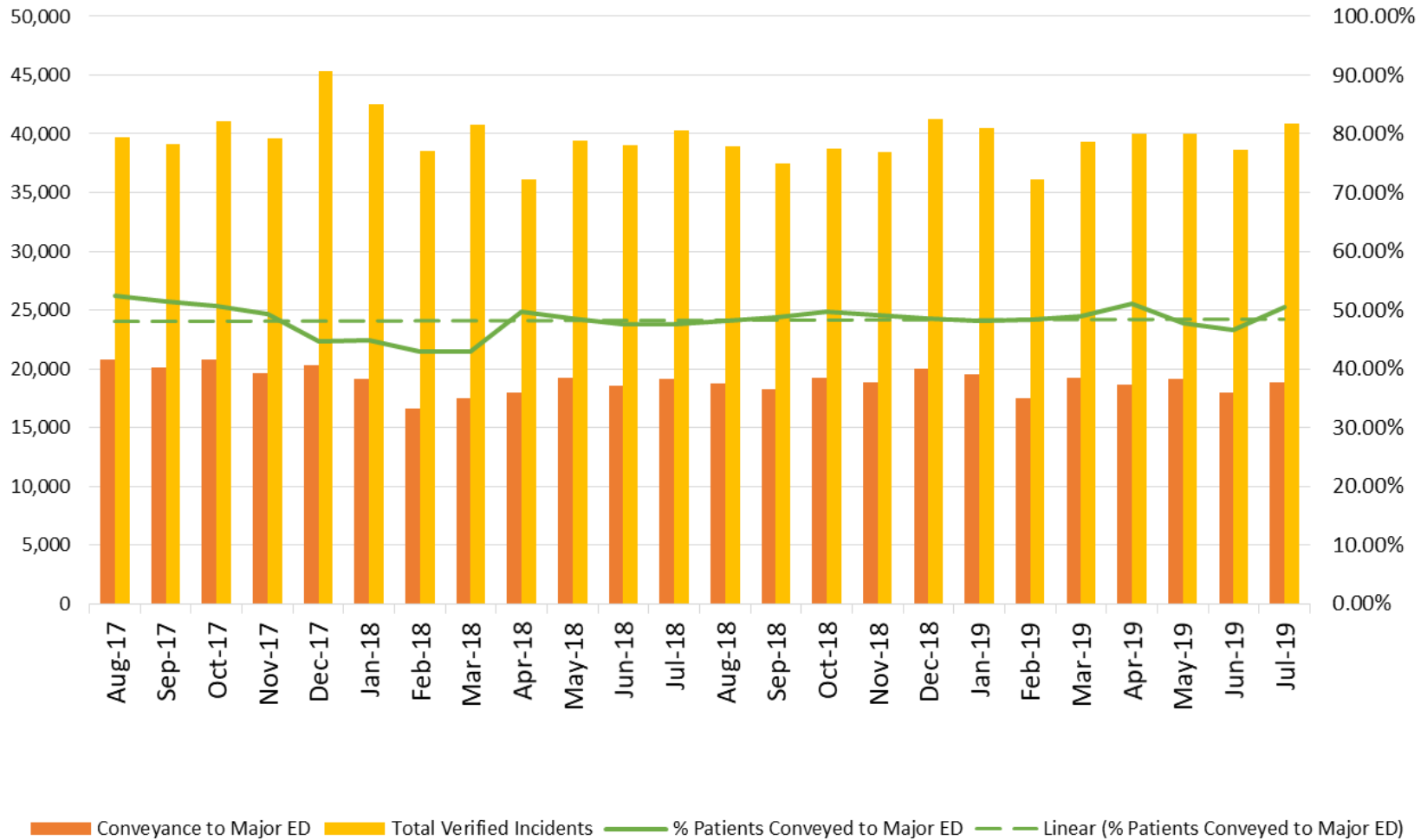
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

% of emergency responses to red calls arriving within (up to and including) 8 minutes against Red Calls 95th percentile
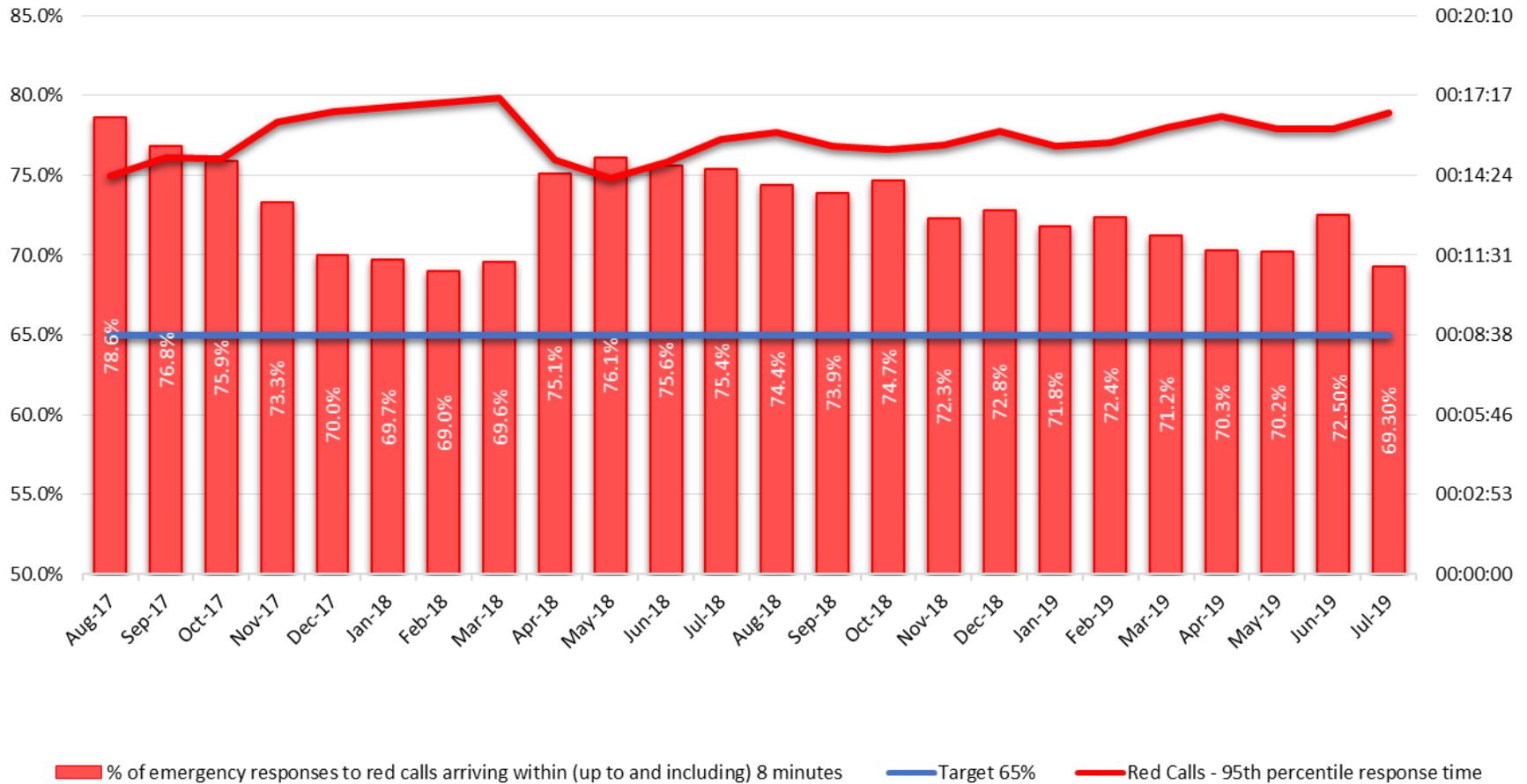
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Red Calls - 95th percentile response time
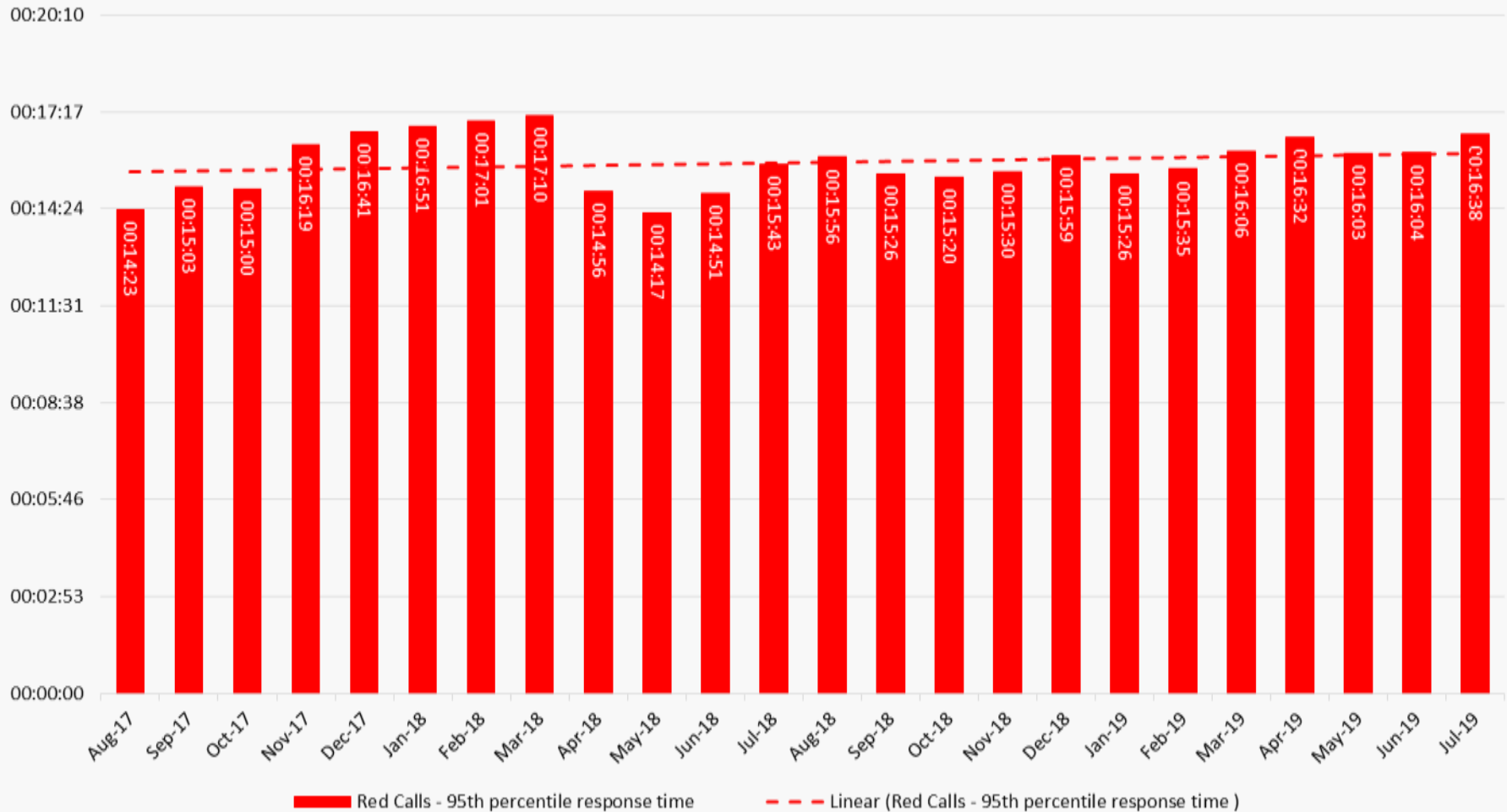
Month	Response Time
Aug-17	00:14:23
Sep-17	00:15:03
Oct-17	00:15:00
Nov-17	00:16:19
Dec-17	00:16:41
Jan-18	00:16:51
Feb-18	00:17:01
Mar-18	00:17:10
Apr-18	00:14:56
May-18	00:14:17
Jun-18	00:14:51
Jul-18	00:15:43
Aug-18	00:15:56
Sep-18	00:15:26
Oct-18	00:15:20
Nov-18	00:15:30
Dec-18	00:15:59
Jan-19	00:15:26
Feb-19	00:15:35
Mar-19	00:16:06
Apr-19	00:16:32
May-19	00:16:03
Jun-19	00:16:04
Jul-19	00:16:38

Red Calls - 95th percentile response time   — — Linear (Red Calls - 95th percentile response time)

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

Amber Median, 95th & 65th percentile
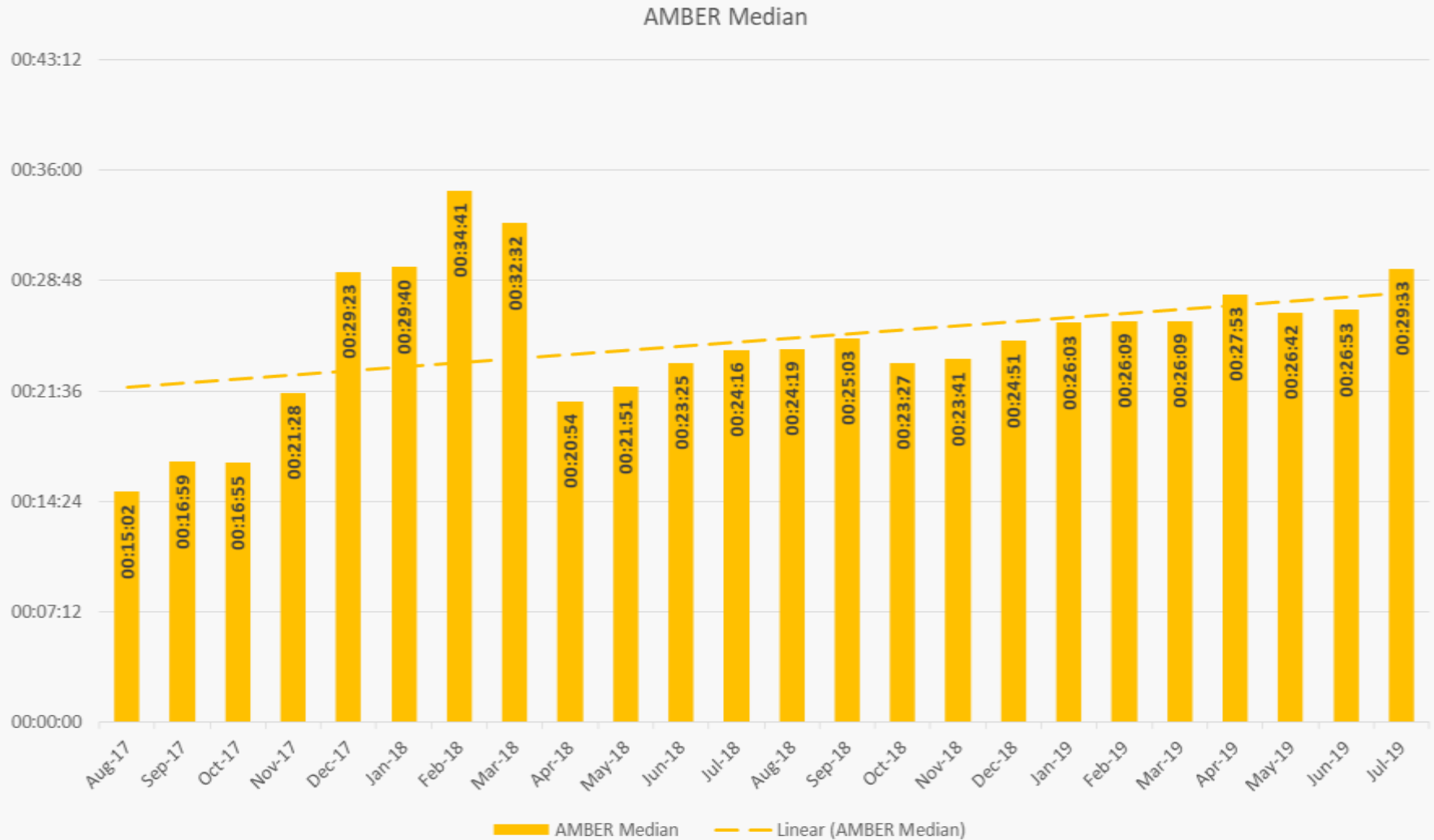
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Patient waits over 12 hours

Patient Waits in Hours																									
Month	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	41	45	Grand Total
Apr-18	23	18	10	7	15	12	7	7	2	2			1	1	1		1								107
May-18	17	32	20	13	13	11	5	12	5	2	1	1				1	1								134
Jun-18	36	24	16	7	11	3	5	5	2	4	1	1	3						1				1		120
Jul-18	36	20	24	13	8	5	11		2			1	1	1	1	1									124
Aug-18	22	14	16	12	18	4	6	4	2	2	1								1						102
Sep-18	20	13	9	10	12	3	8	5		1	1									1	1				84
Oct-18	19	14	10	12	7	5	9	1	1	1							1								80
Nov-18	25	16	15	10	13	10	8	2	3	4	1					3					1				111
Dec-18	36	26	21	21	20	13	11	7	3	3	4	1	2		1							1			170
Jan-19	36	23	22	19	17	19	18	8	4	4	2	2	1	1		1		2	1			2	1		183
Feb-19	17	21	16	13	9	8	5	9	1	1	4														104
Mar-19	17	27	16	8	12	7	4	2	4	1															98
Apr-19	28	29	20	10	9	11	4	5	2	2															120
May-19	30	25	18	16	10	13	2	7		1															122
Jun-19	26	16	10	13	5	10	8	8		1				1											98
Jul-19	45	28	22	14	9	14	5	4	4	1		2	1	1	2	1	1								154
Grand Total	433	346	265	198	188	148	116	86	35	30	16	8	9	4	5	7	4	2	4	1	1	3	1	1	1911

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

Emergency Ambulance Unit Hours Production

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

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

% of concerns that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation

Target > 75%

Concerns Volumes

Linear (% of concerns that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation)

SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

WAST Sickness Absence August 2018 to July 2019

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

% of 999 calls answered within 6 seconds

Legend:
- % of 999 calls answered within 6 seconds
- Linear (% of 999 calls answered within 6 seconds)

Month	%
Aug-17	79.80%
Sep-17	81.00%
Oct-17	86.50%
Nov-17	83.20%
Dec-17	73.50%
Jan-18	81.30%
Feb-18	79.10%
Mar-18	81.00%
Apr-18	87.3%
May-18	85.60%
Jun-18	82.20%
Jul-18	79.80%
Aug-18	82.60%
Sep-18	85.70%
Oct-18	86.4%
Nov-18	83.7%
Dec-18	80.6%
Jan-19	83.1%
Feb-19	86.2%
Mar-19	86.7%
Apr-19	83.0%
May-19	86.0%
Jun-19	82.9%
Jul-19	77.4%

17

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

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

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

% Amber incidents where Ideal Resource first on scene

Legend: % Amber incidents where Ideal Resource first on scene — Linear (% Amber incidents where Ideal Resource first on scene)

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

No. of incidents which were treated at scene

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

Recontact % within 24 hours of see & treat

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

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

— — Linear (% of patients conveyed to hospital following a face to face assessment)

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

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

Compliance with HCP time requests to improve across each LHB

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

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

- % of suspected stroke patients who are documented as receiving appropriate stroke care bundle
- Target 95%
- Linear (% of suspected stroke patients who are documented as receiving appropriate stroke care bundle)

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)

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

Legend:
- % of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle
- Target 95%
- Linear (% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle)

Data values:
Month	Value
Jul-17	58.80%
Aug-17	69.70%
Sep-17	71.60%
Oct-17	65.30%
Nov-17	71.60%
Dec-17	62.50%
Jan-18	75.90%
Feb-18	75.40%
Mar-18	77.50%
Apr-18	66.00%
May-18	73.00%
Jun-18	74.30%
Jul-18	73.80%
Aug-18	81.10%
Sep-18	69.10%
Oct-18	60.80%
Nov-18	74.70%
Dec-18	76.30%
Jan-19	65.90%
Feb-19	60.00%
Mar-19	66.70%
Apr-19	70.30%
May-19	64.40%
Jun-19	82.90%
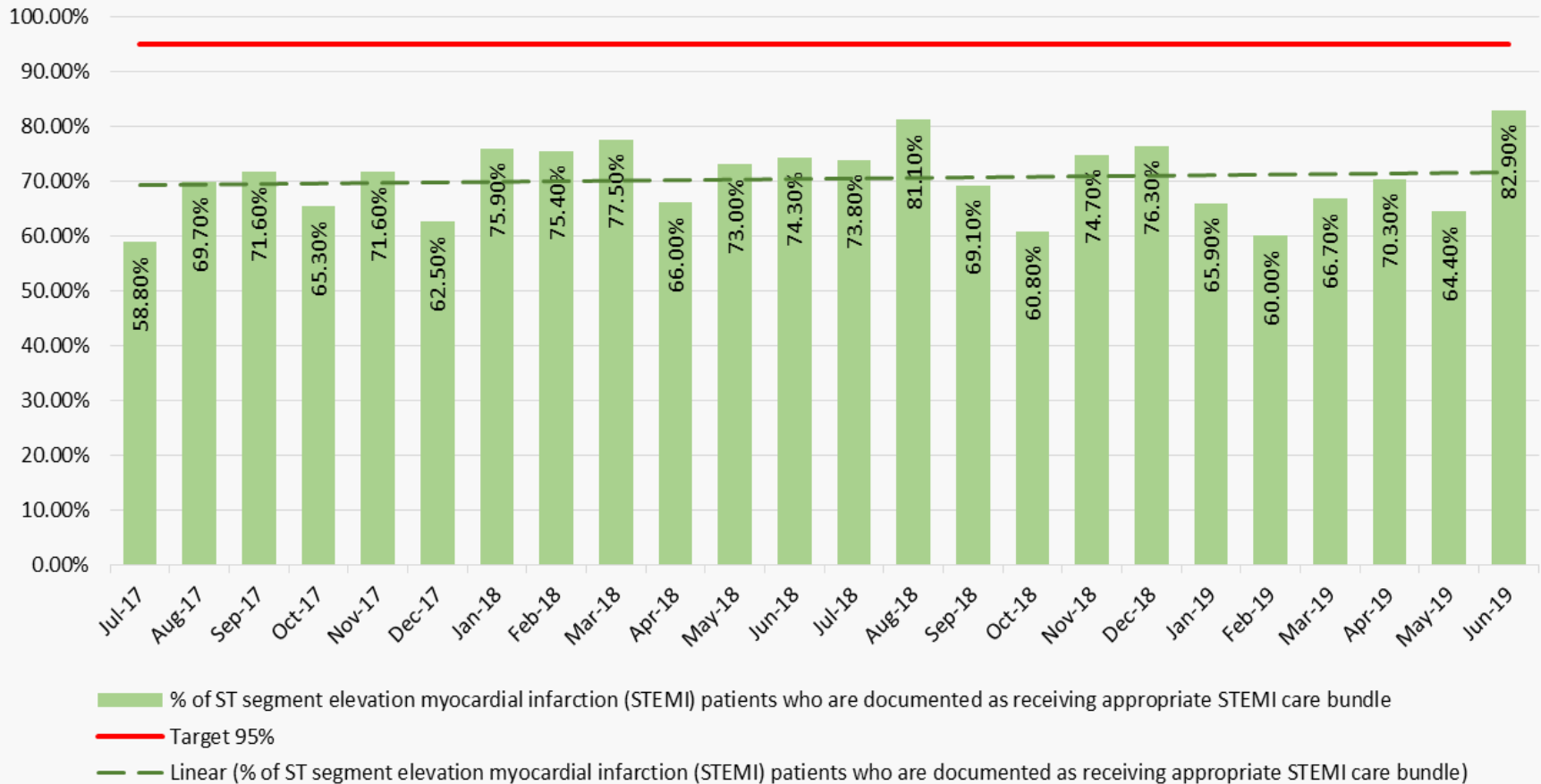
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

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

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

Linear (% 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

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

Legend:
- % older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)
- Target 95%
- Linear (% older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia))

Month	%
Jul-17	73.4%
Aug-17	73.8%
Sep-17	75.4%
Oct-17	78.7%
Nov-17	76.7%
Dec-17	79.2%
Jan-18	76.1%
Feb-18	78.6%
Mar-18	78.9%
Apr-18	78.7%
May-18	75.1%
Jun-18	75.5%
Jul-18	80.8%
Aug-18	82.3%
Sep-18	76.6%
Oct-18	81.2%
Nov-18	79.1%
Dec-18	79.0%
Jan-19	80.6%
Feb-19	82.7%
Mar-19	88.7%
Apr-19	83.9%
May-19	81.7%
Jun-19	83.9%

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
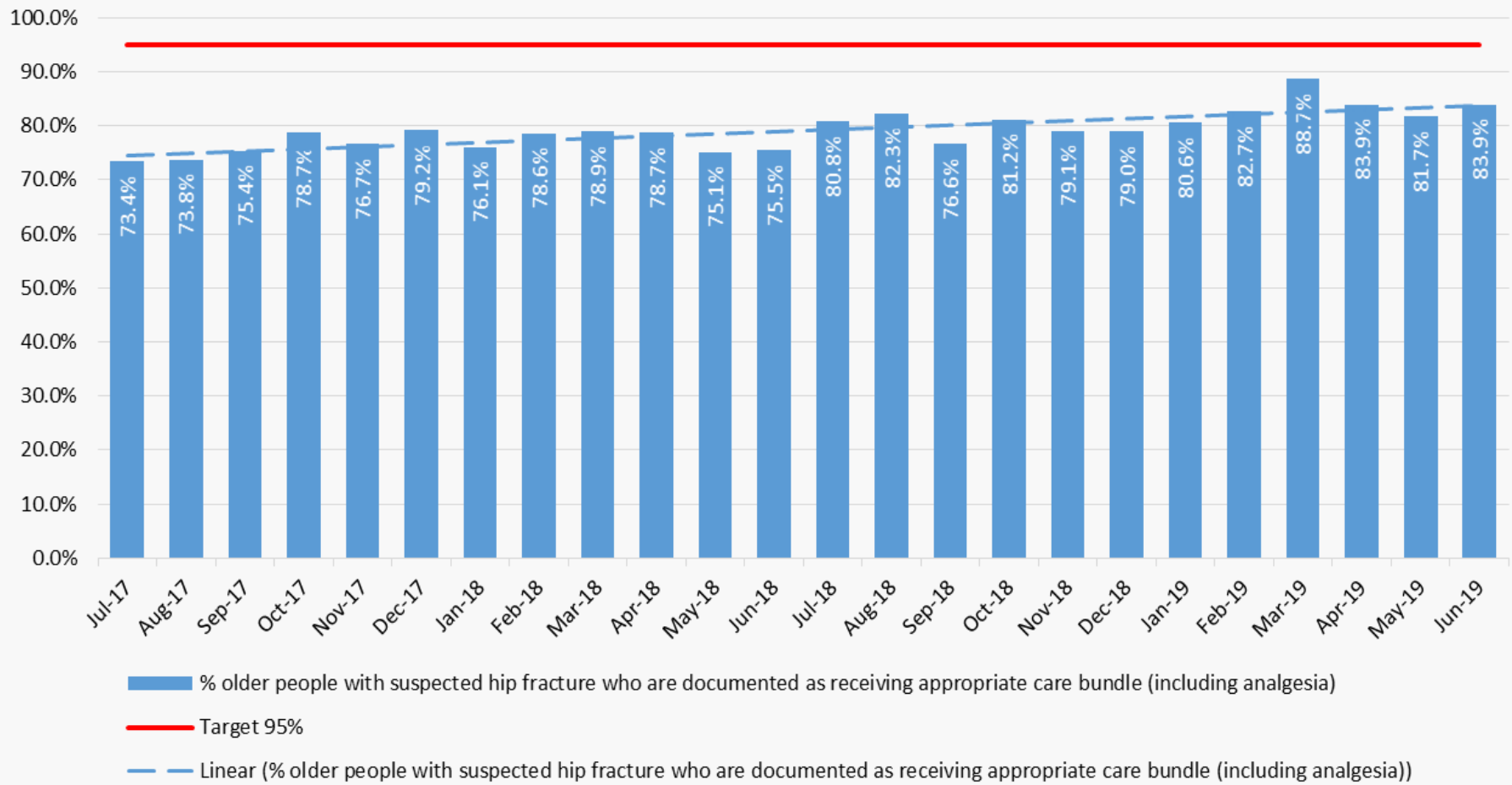
Legend:
- % of suspected sepsis patients who have had a documented NEWS score
- Target 95%
- Linear (% of suspected sepsis patients who have had a documented NEWS score)

OUR STRATEGIC ENABLERS

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

% of patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle
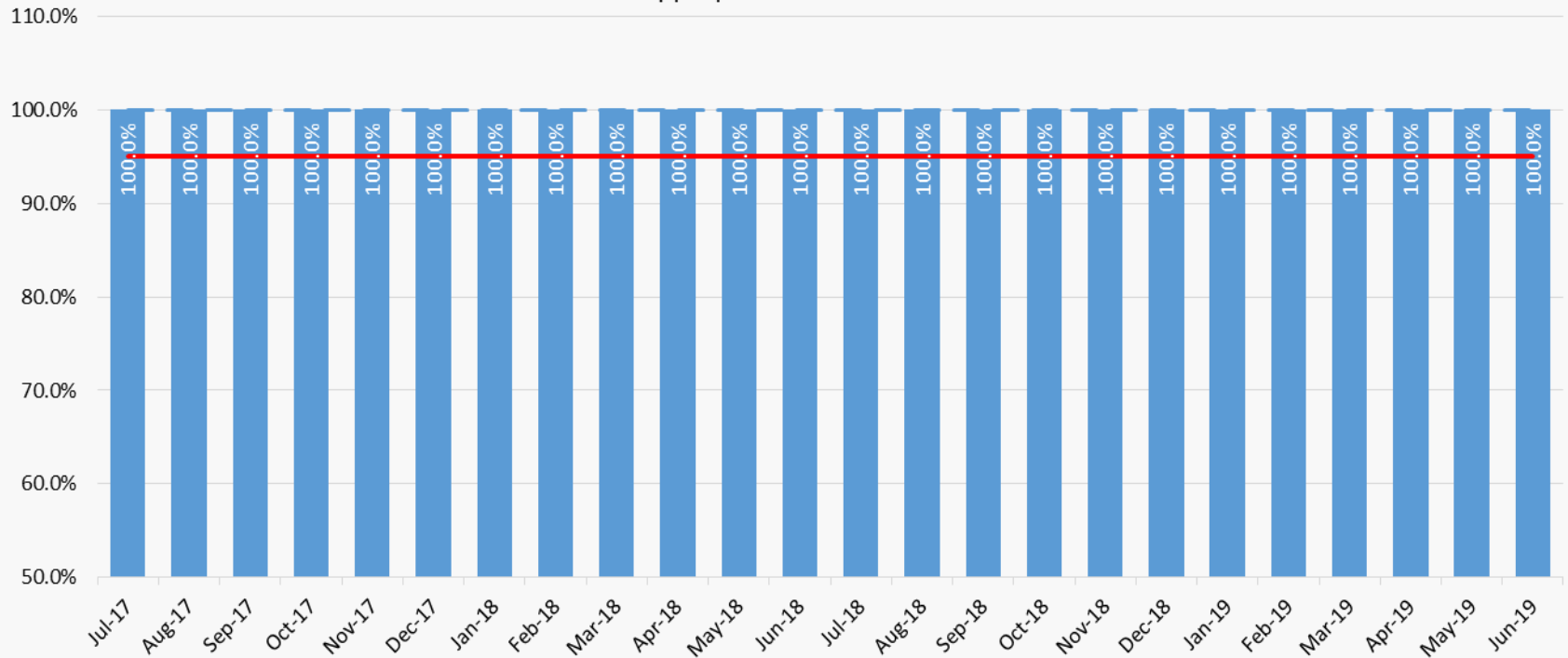
■ % of patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle

━━ Target 95% 95% 95% 95% 95% 95% 95% 95% 95%

— — Linear (% of patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle)

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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

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

% of Bookings made after 12 noon the day before travel (NEPTS)
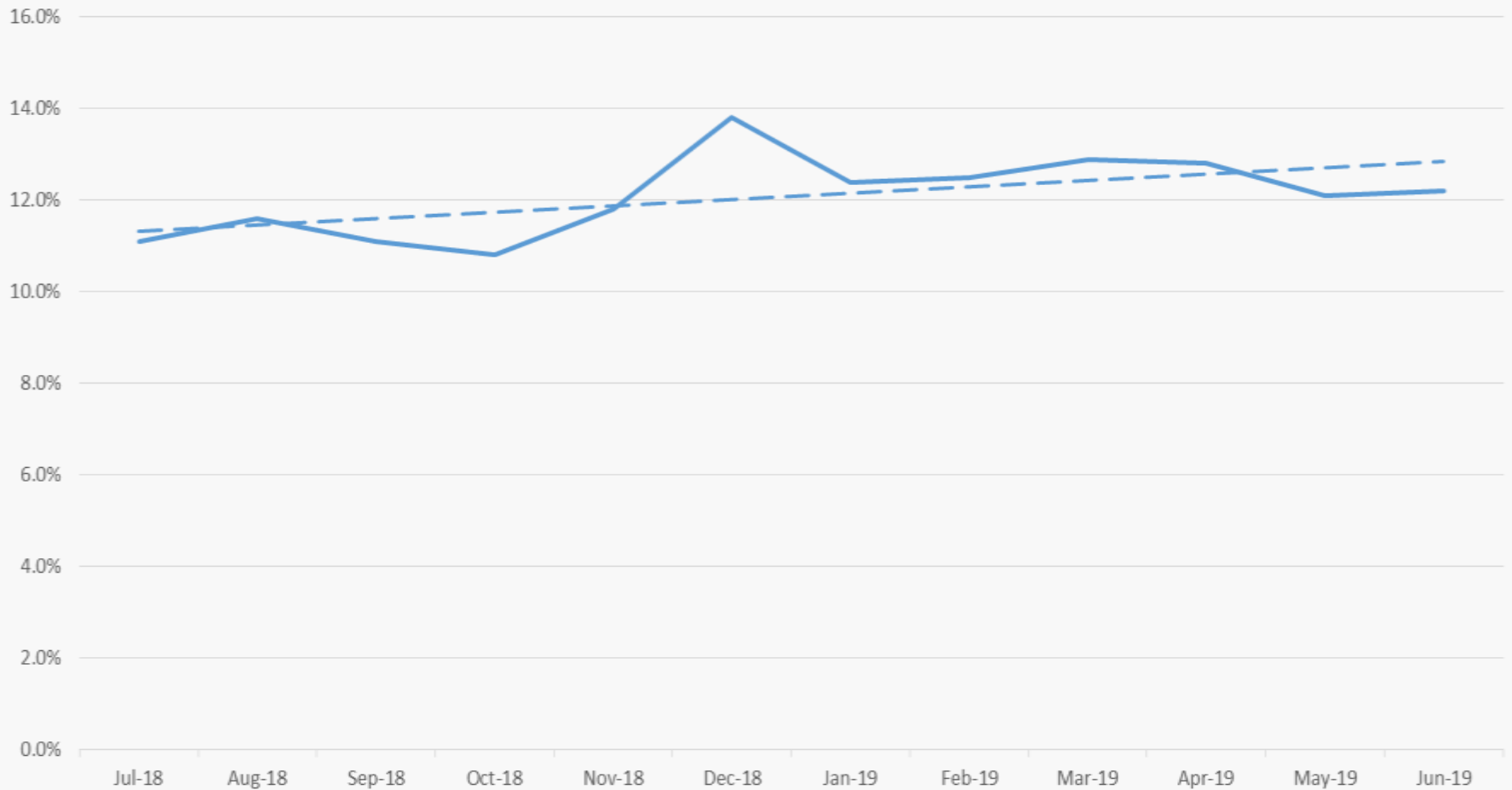
OUR GOAL – DELIVERING EXCELLENCE

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

% Calls Answered within 60 seconds (NEPTS)
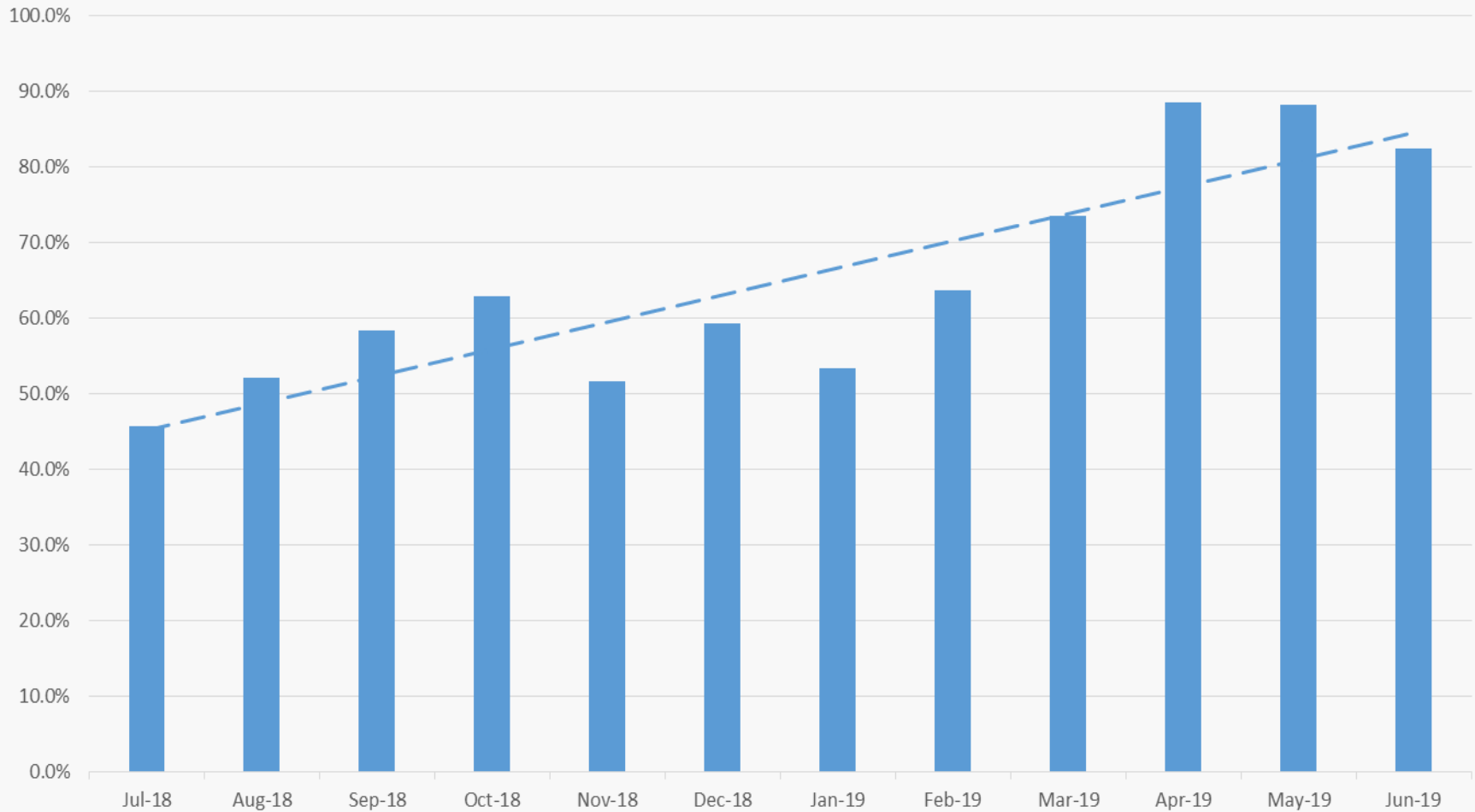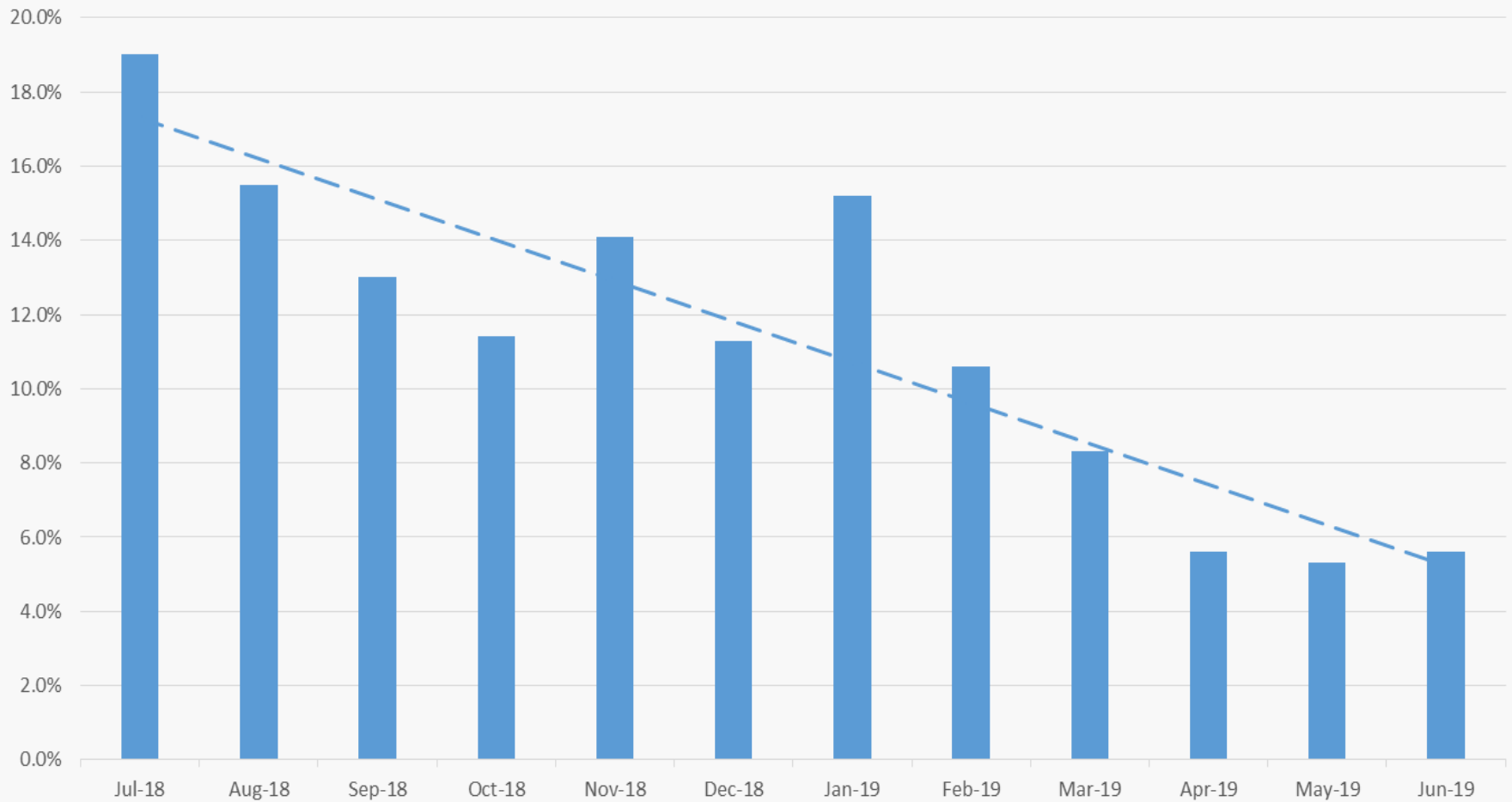
PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% Bookings made by fax/hand/post (NEPTS)
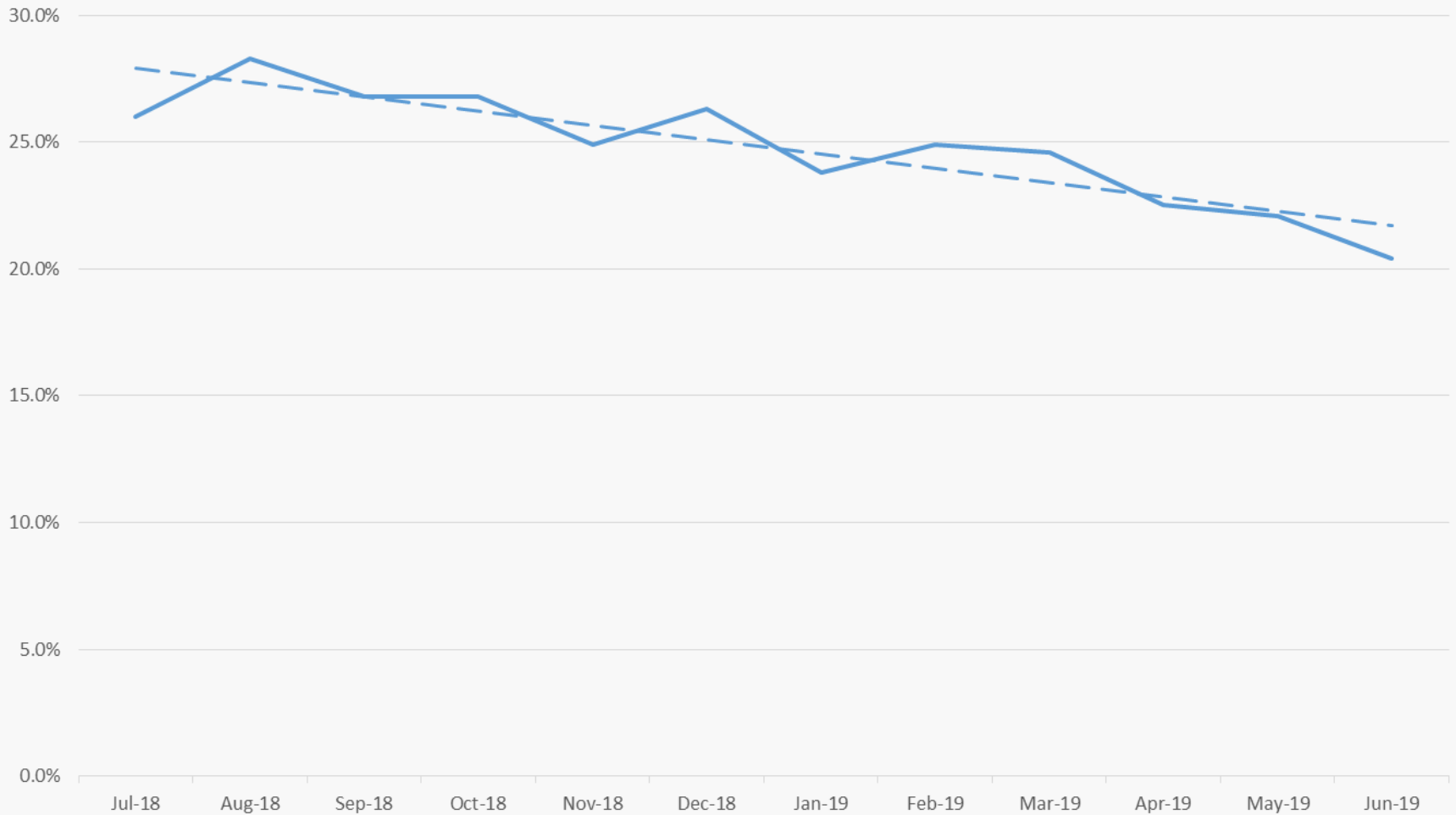
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

% journeys aborted (NEPTS)
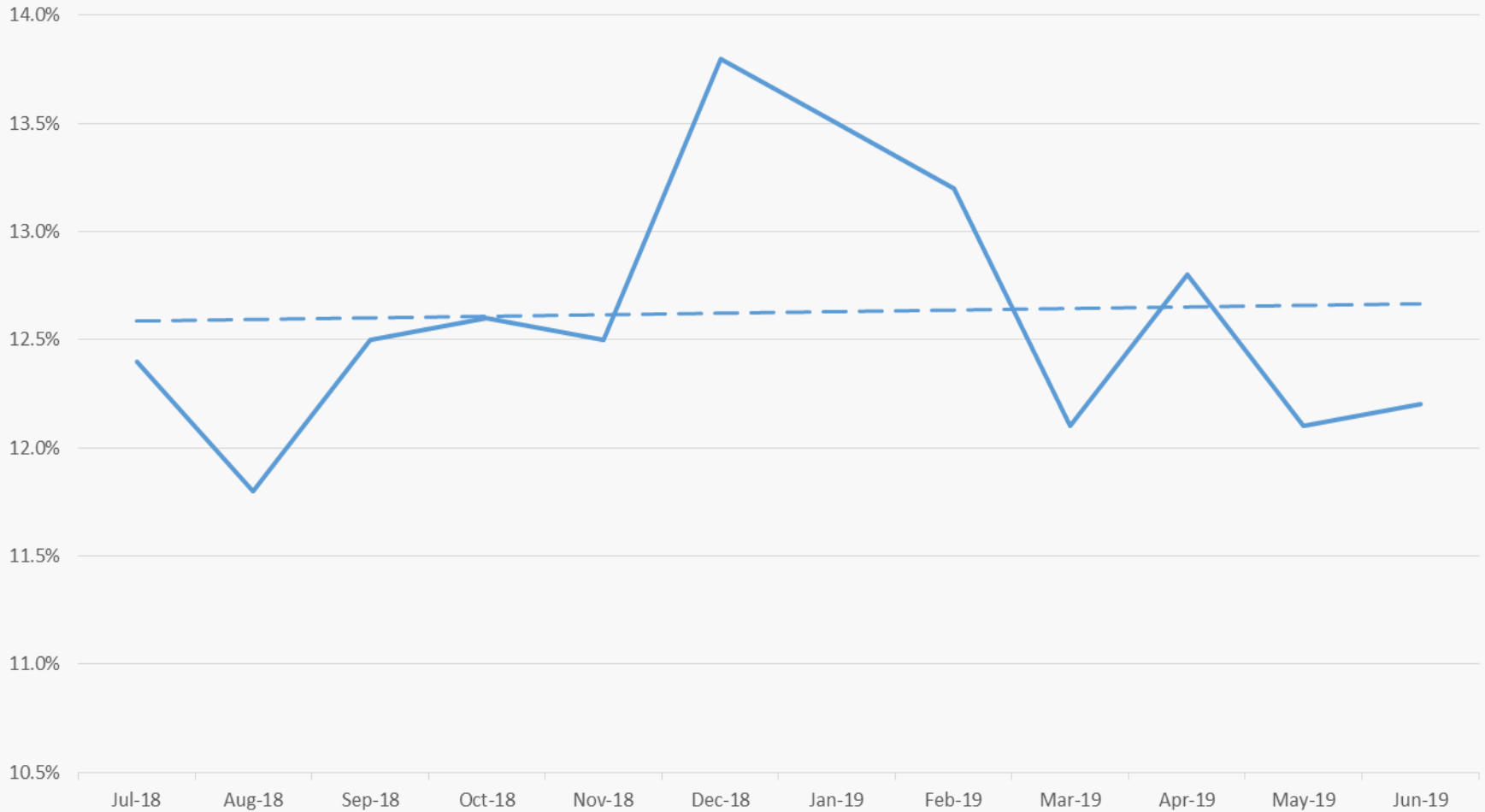
PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% Core Journeys Arriving (NEPTS)
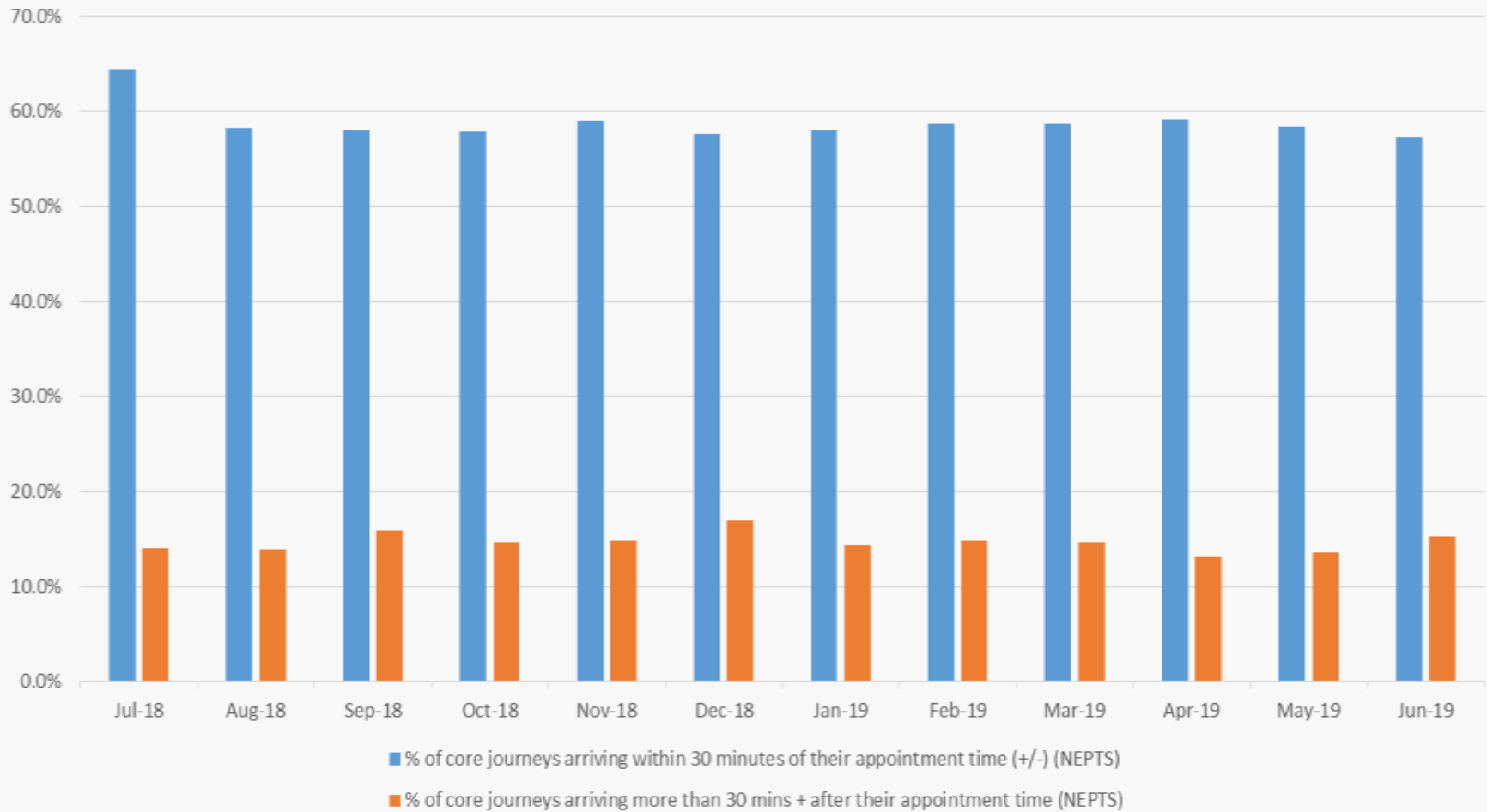
41

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

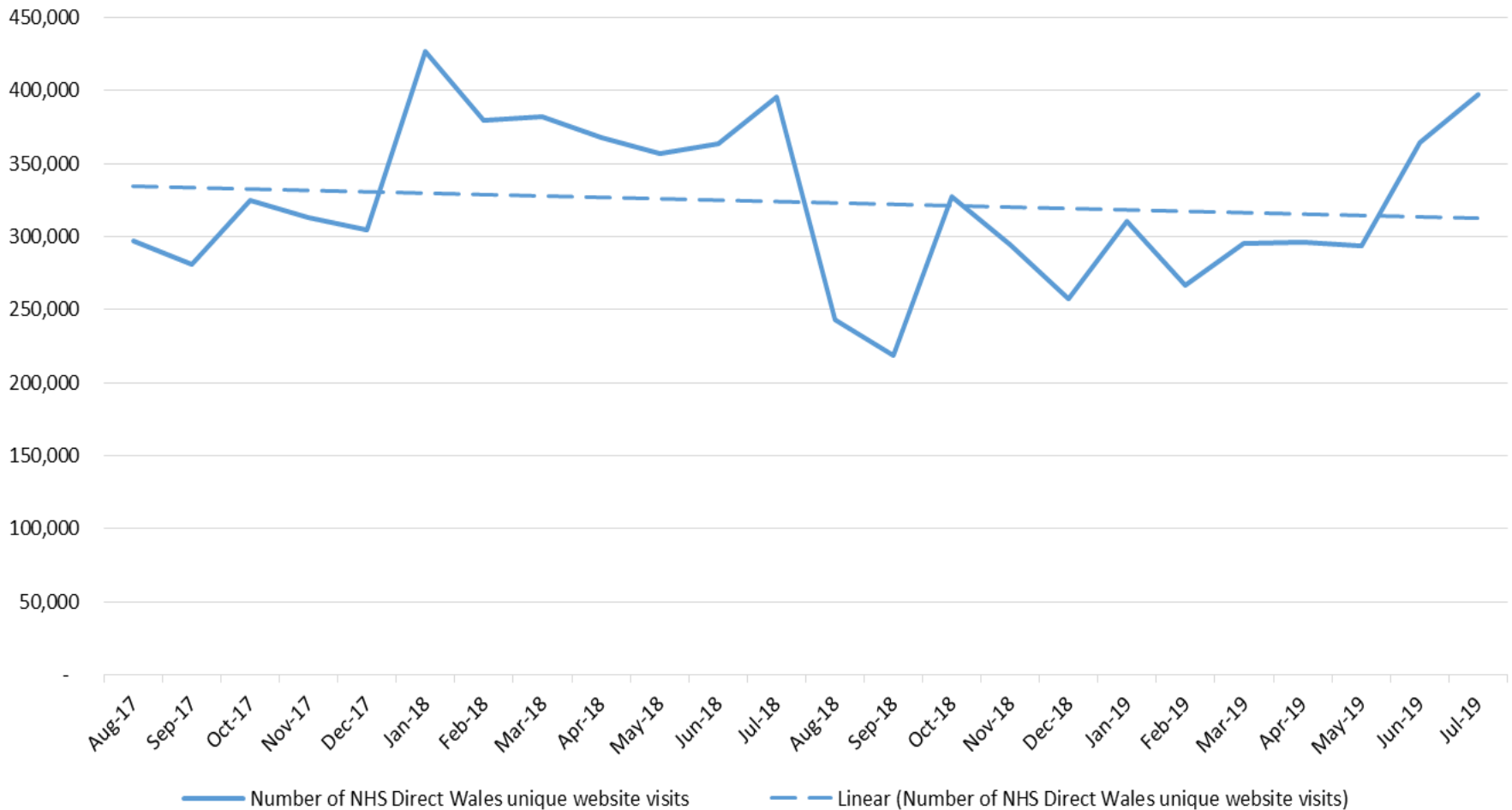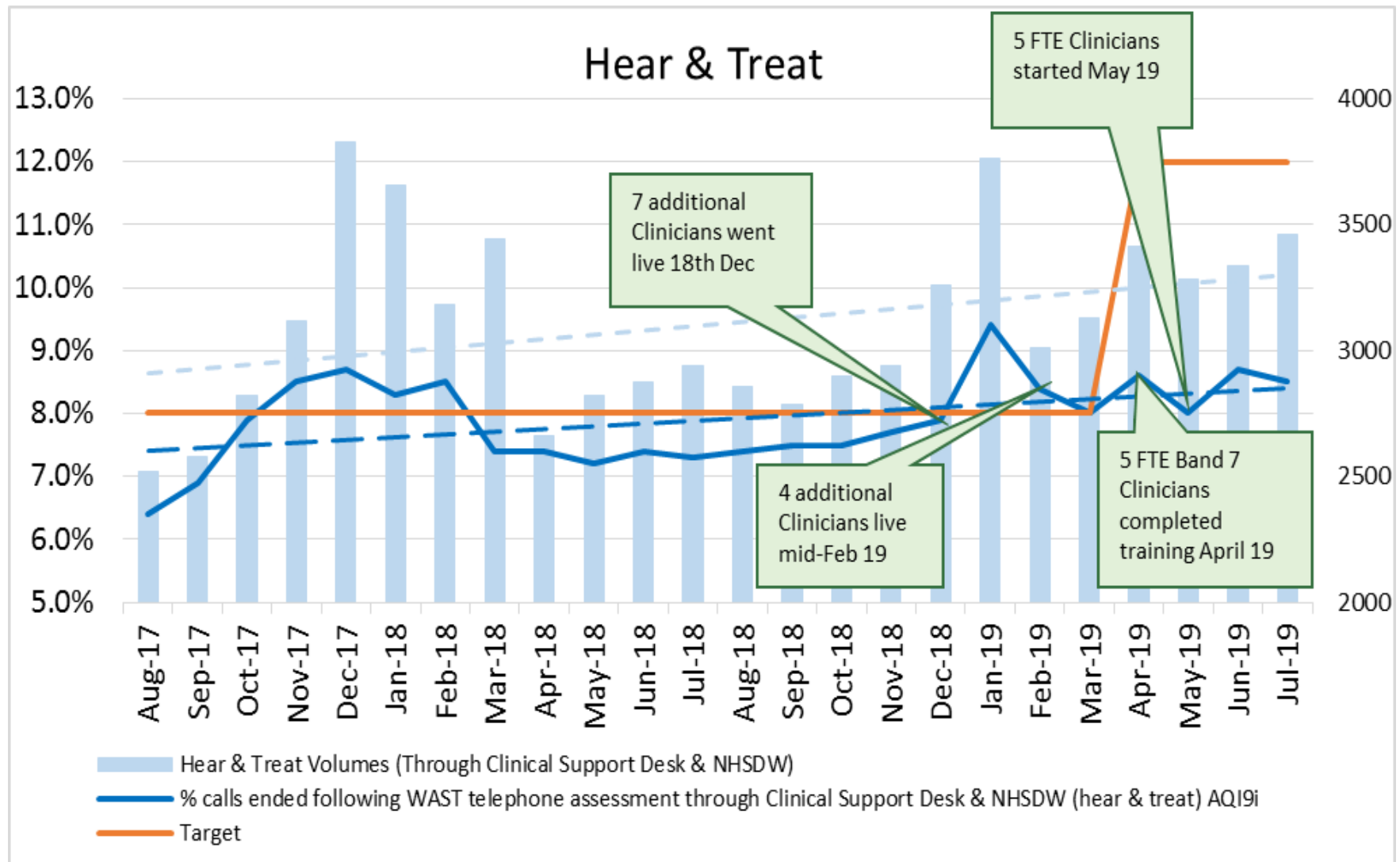% of core journeys arriving more than 30 minutes prior to their appointment time (NEPTS)

OUR GOAL DELIVERING EXCELLENCE

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

% Of Enhanced Renal Journeys - Arrival Times (NEPTS)

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

43
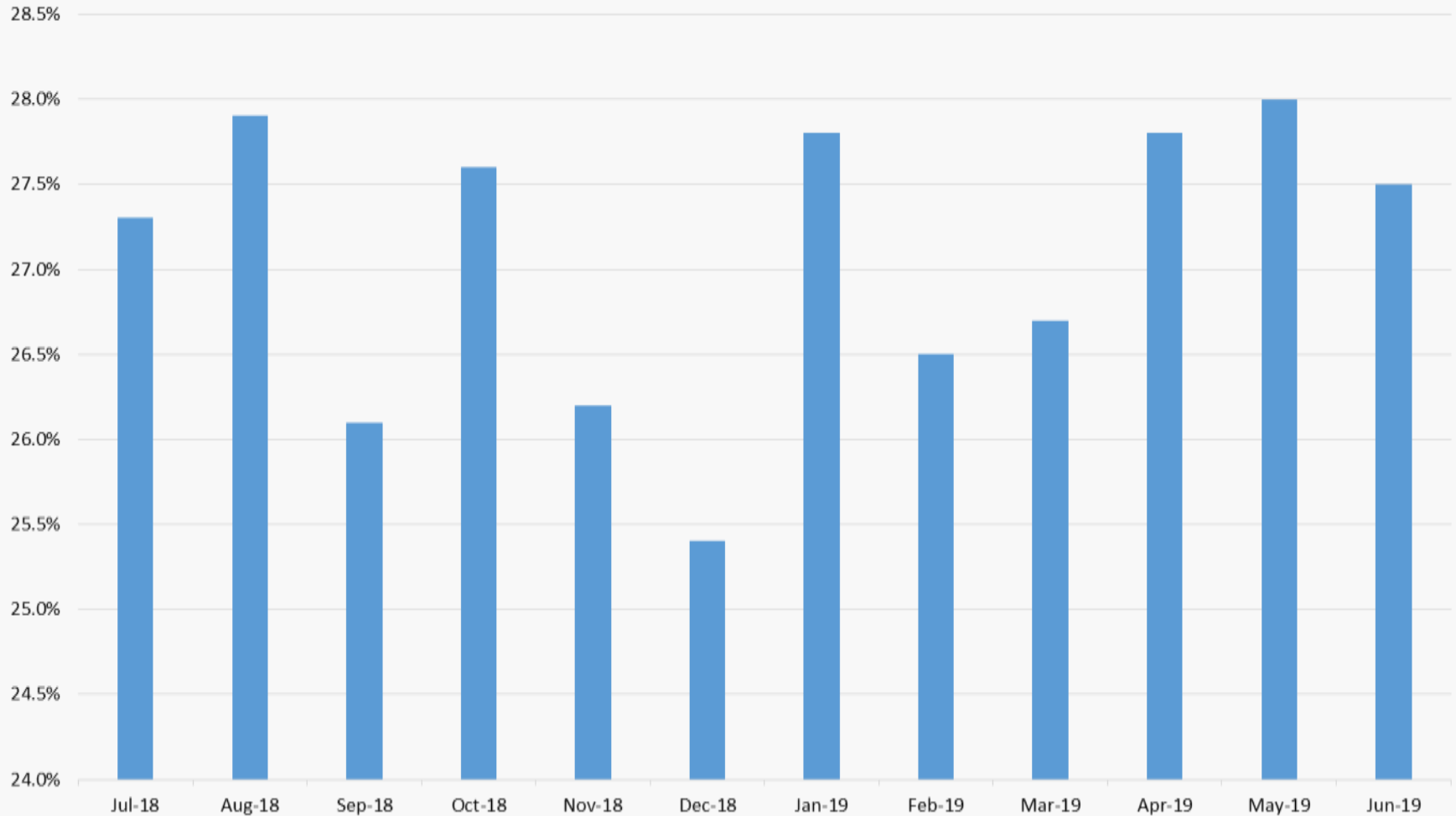
PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% Of Enhanced Oncology Journeys - Arrival Times (NEPTS)

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

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

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

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

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

OUR GOAL DELIVERING EXCELLENCE

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

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

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

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

Number of Core Patient Journeys - Discharge & Transfer (NEPTS)
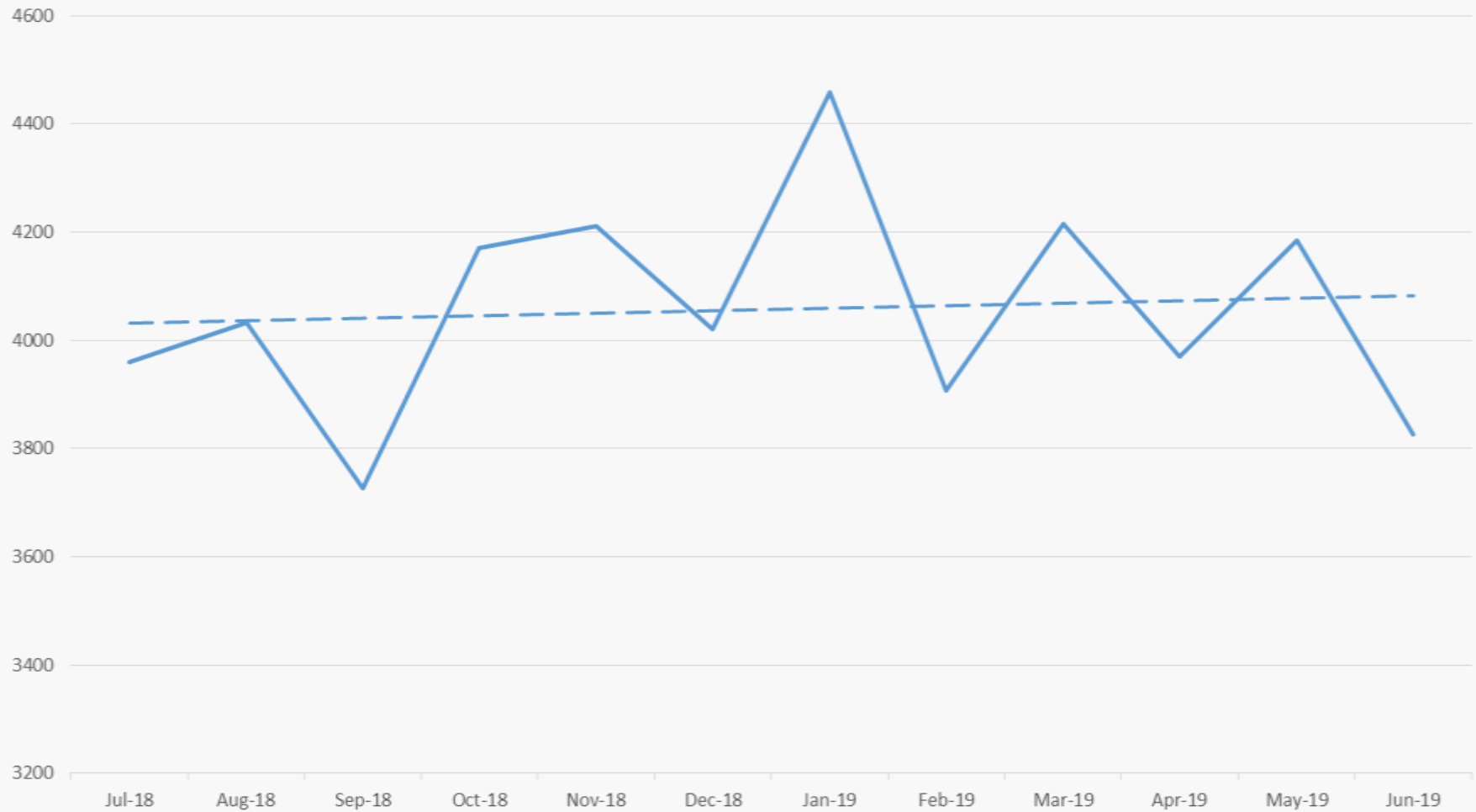
PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

No. of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)
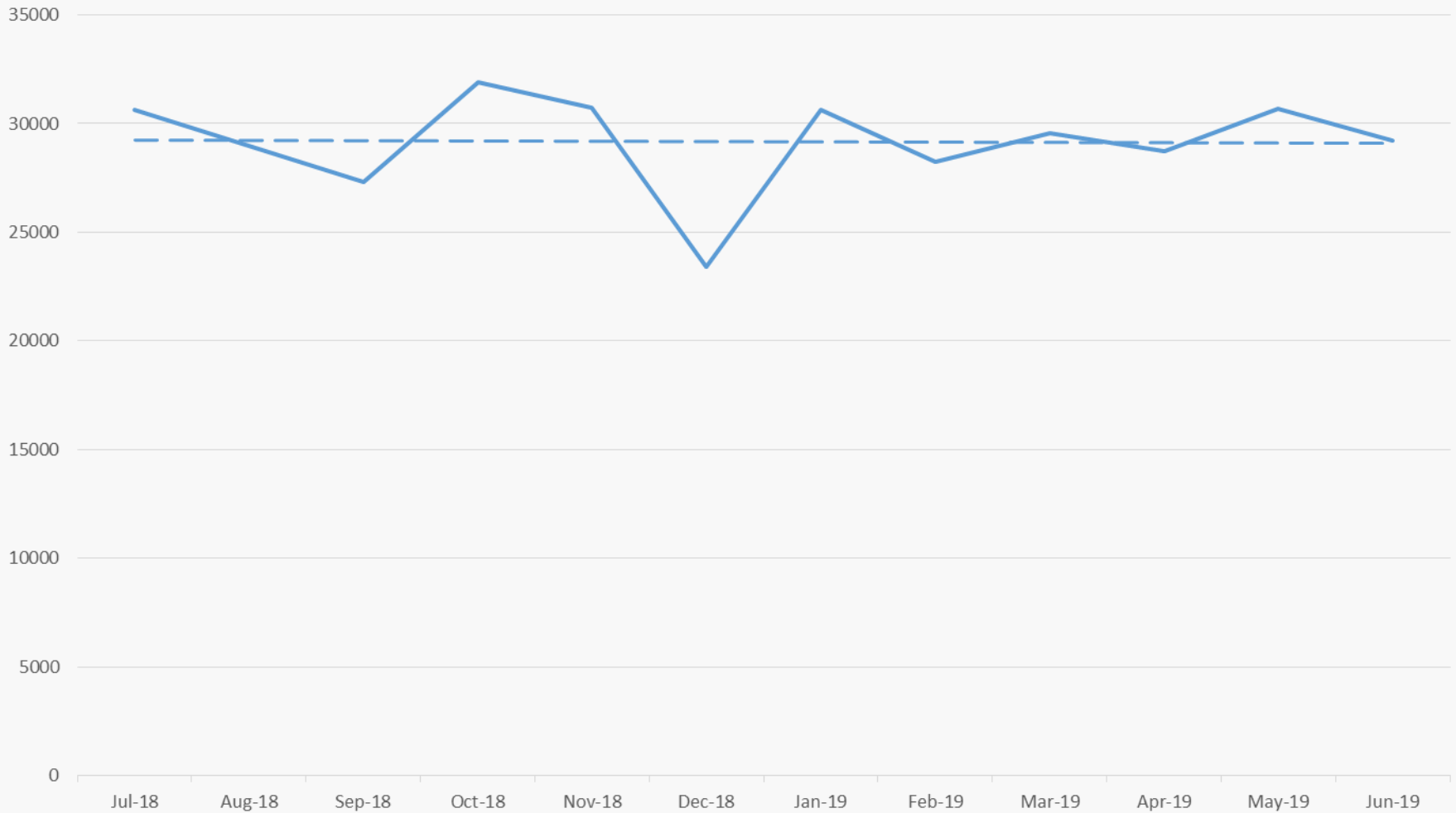
PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

No.of Enhanced Renal Patient Journeys (NEPTS)
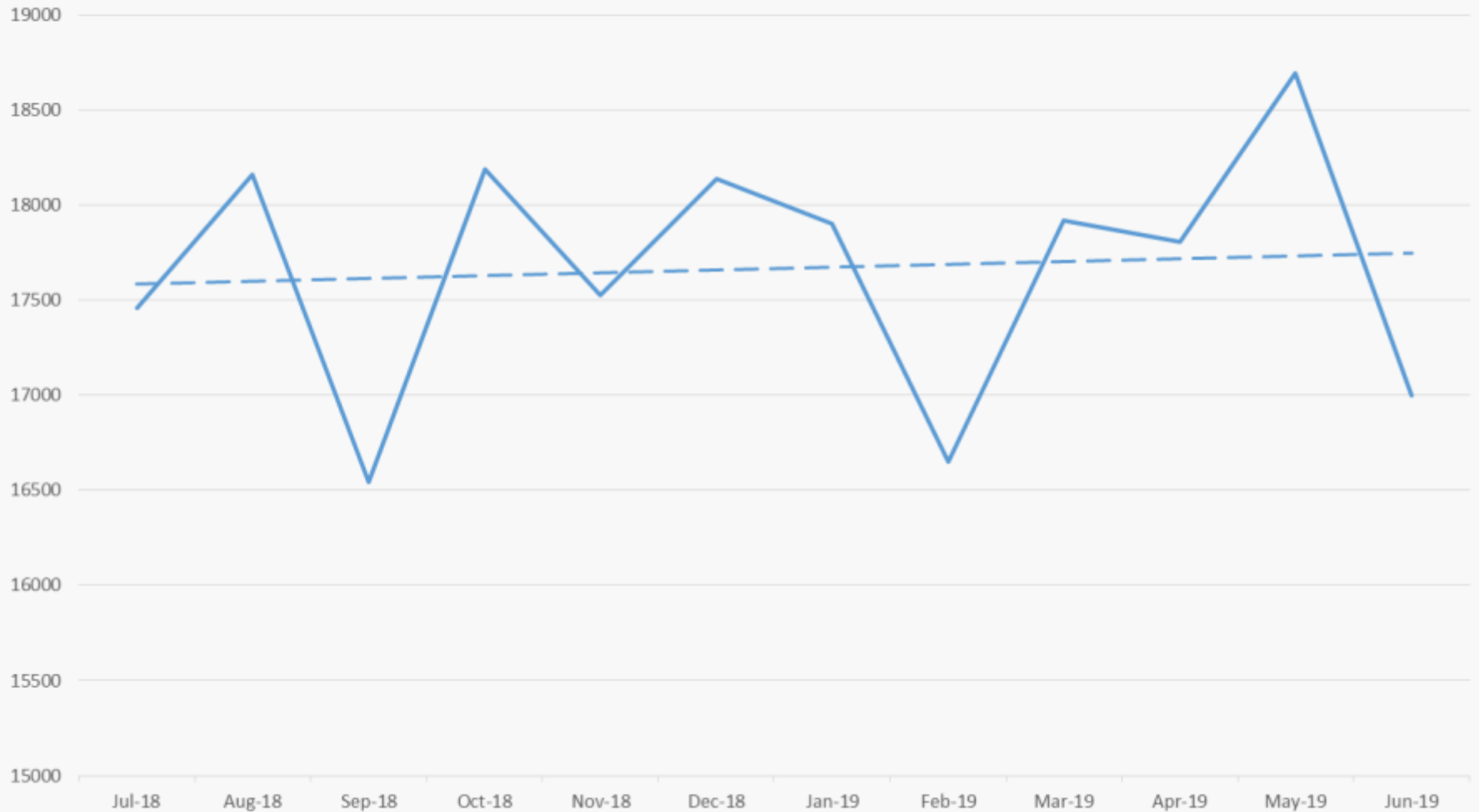
PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

No. of Enhanced Oncology Patient Journeys (NEPTS)
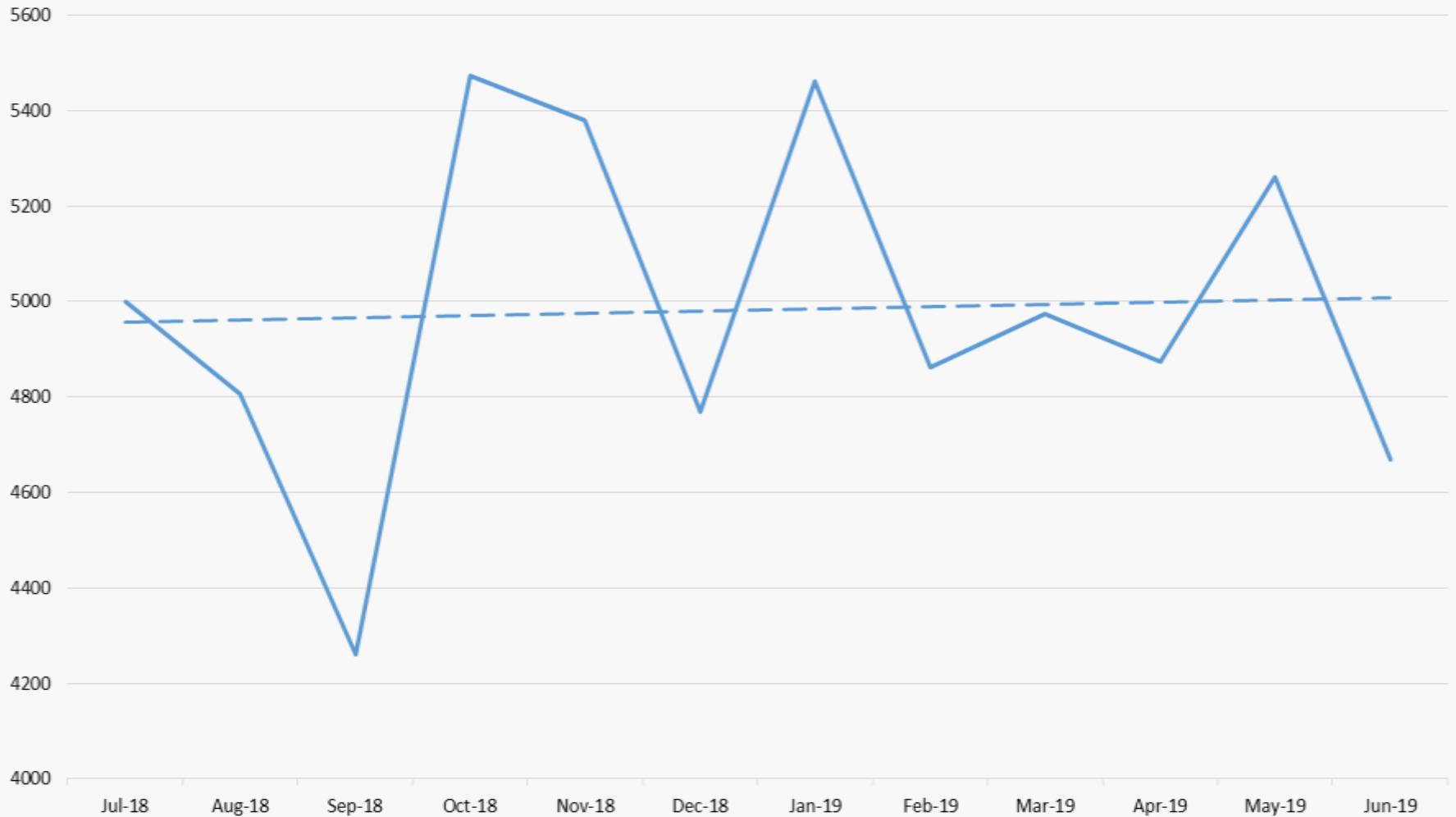
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

Number of Incidents that resulted in non conveyance to hospital
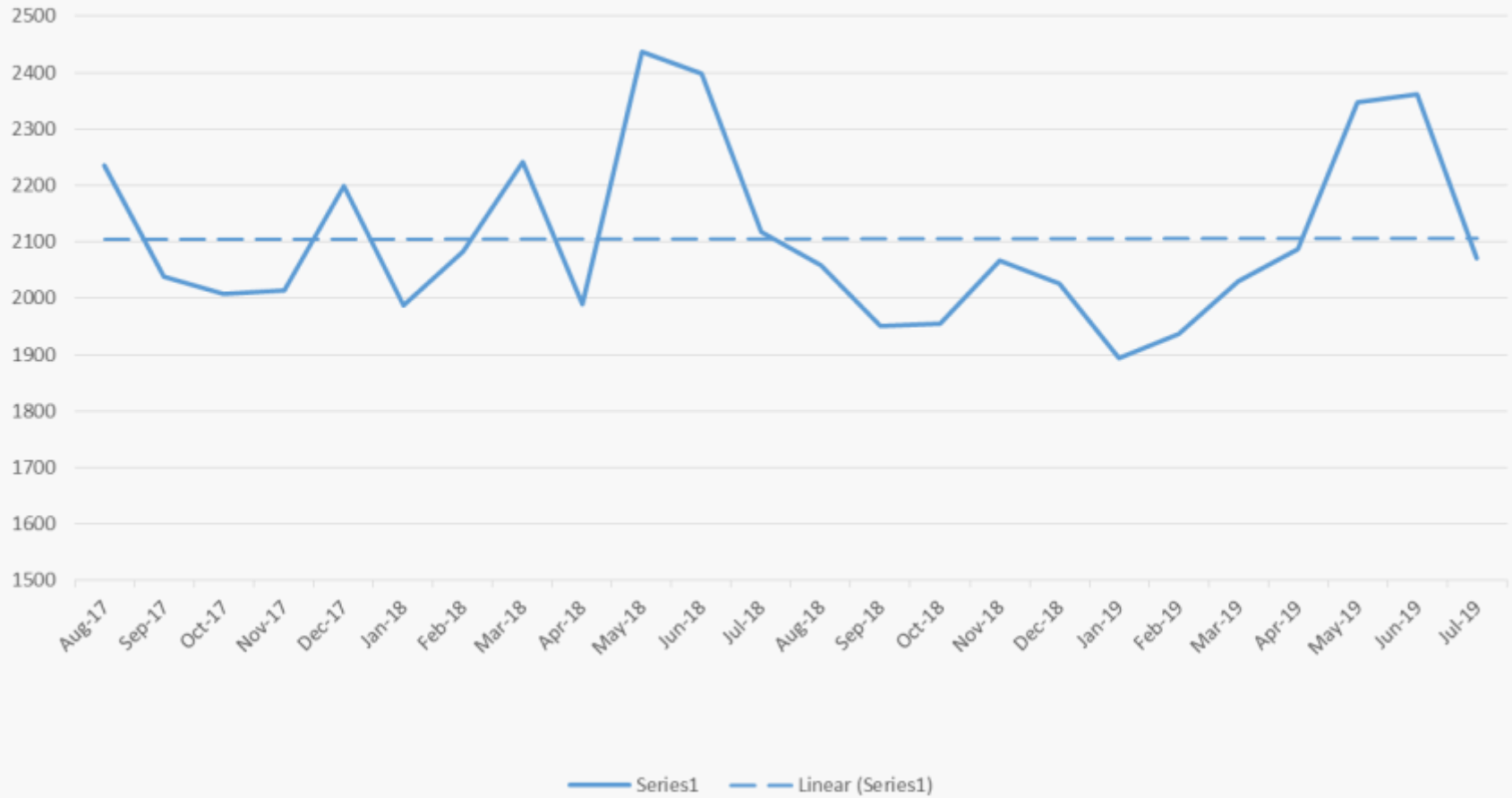
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

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

Legend:
- SB Lost Hours
- BCU Lost Hours
- Cwm Taf M Lost Hours
- Powys Lost Hours
- AB Lost Hours
- C&V Lost Hours
- Hywel Dda Lost Hours
- % of not. to handover within 15 mins of arrival at hosp.
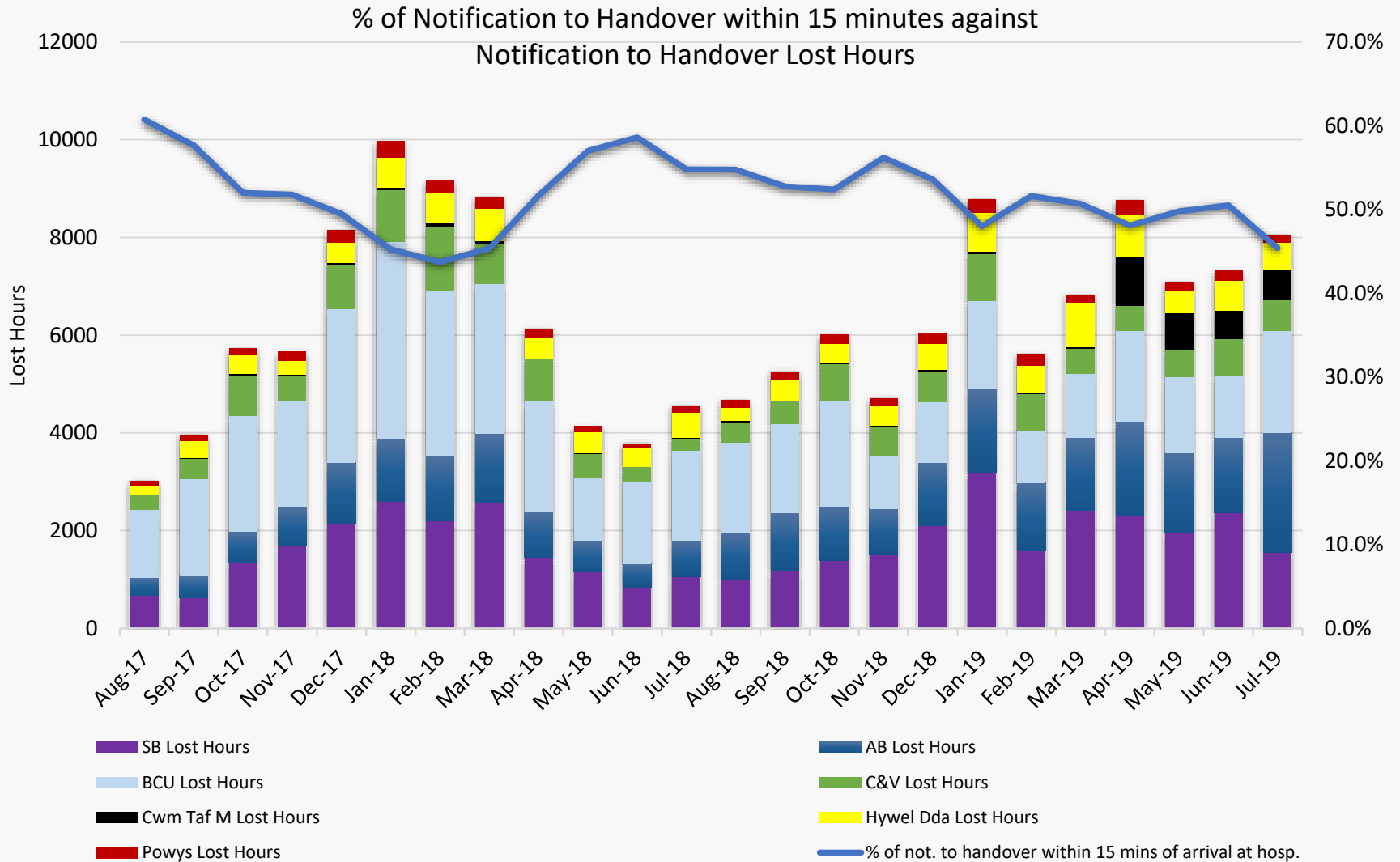
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

Red Median Response Times against Lost Hours to Notification to Handover Delays
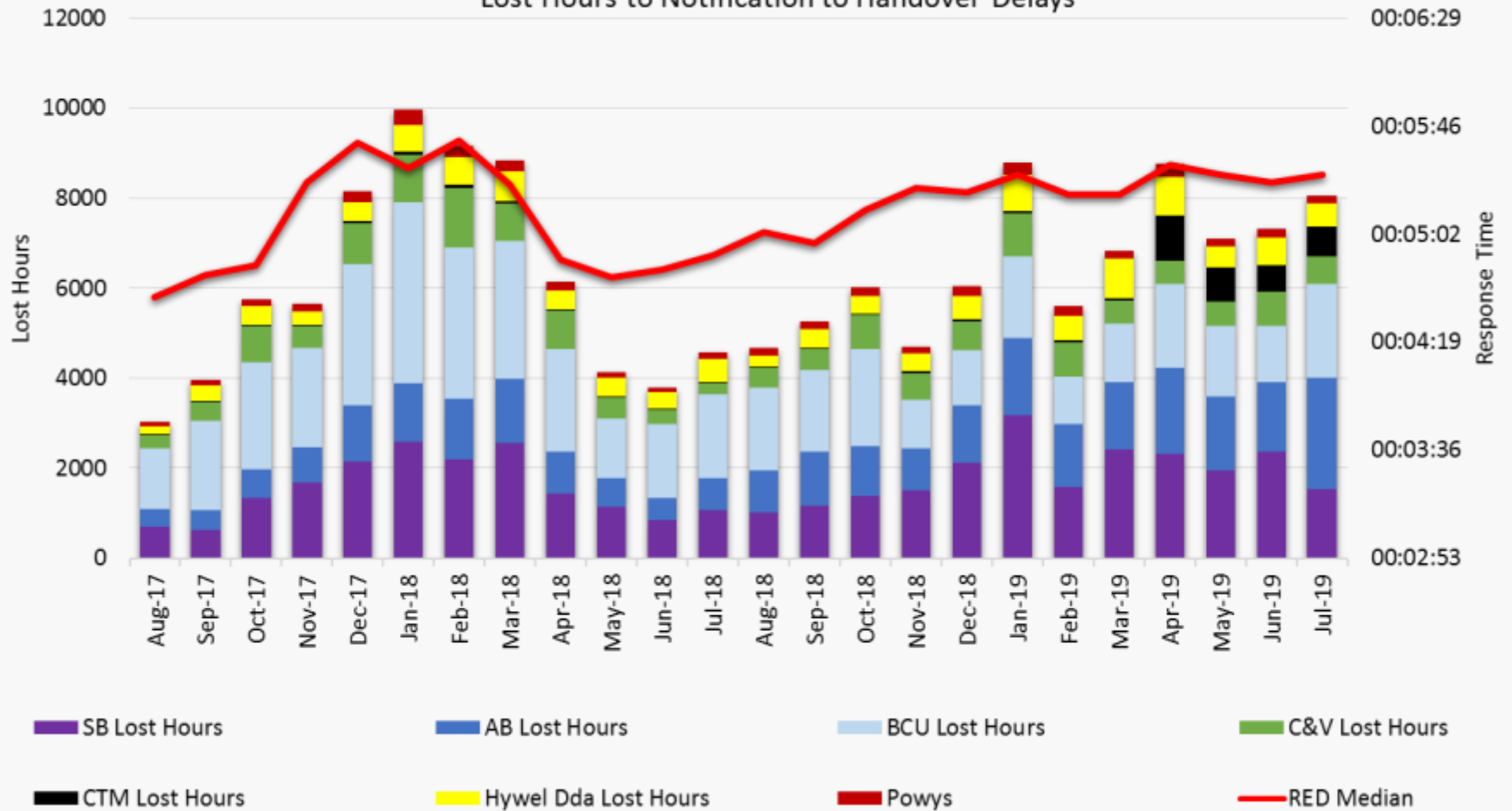
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

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

OUR STRATEGIC ENABLERS
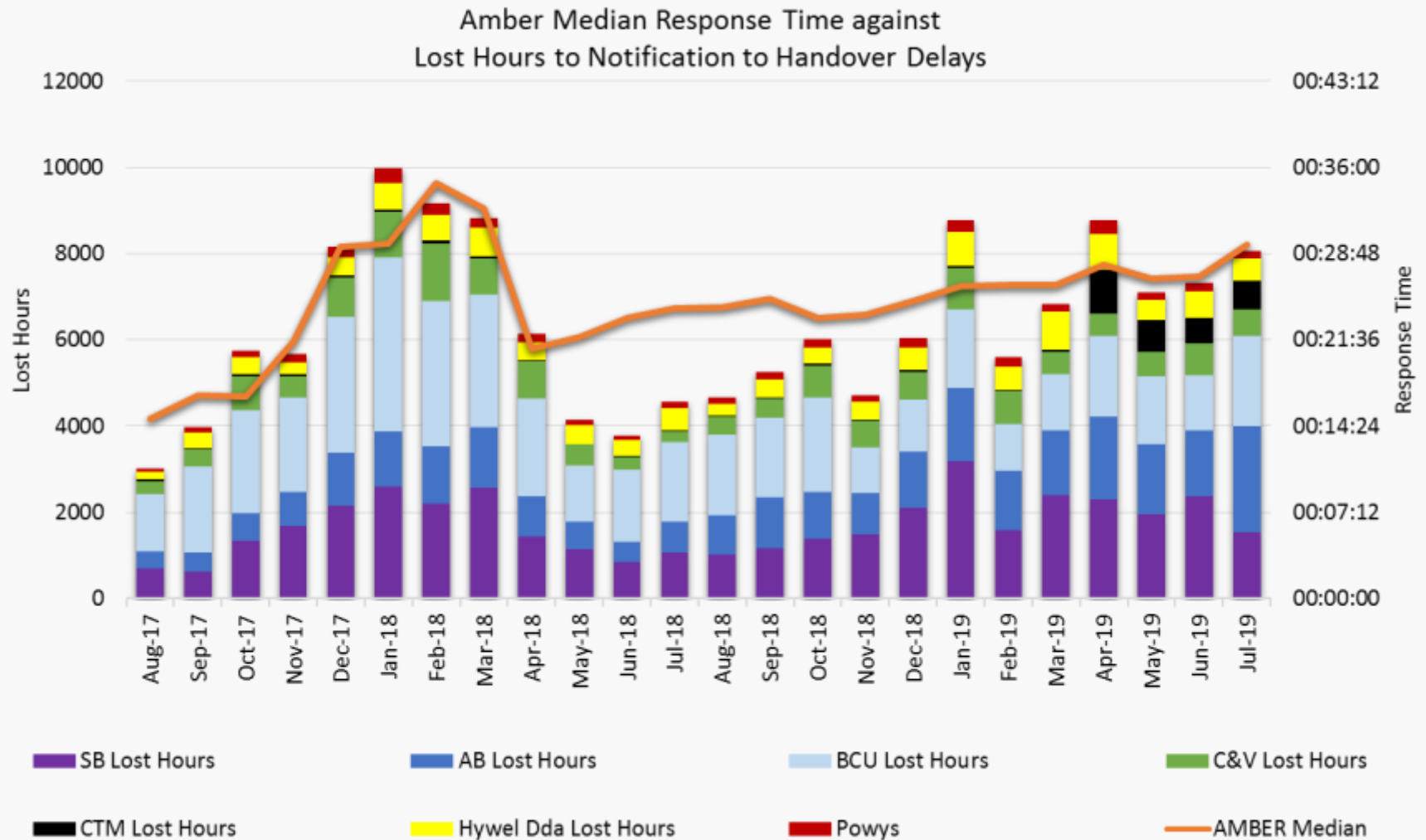
SUPPORT OUR PEOPLE TO BE THE BEST THAT THEY CAN BE

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

Legend:
- % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc. Doctors and dentists in training)
- Target 85%
- Linear (% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc. Doctors and dentists in training))
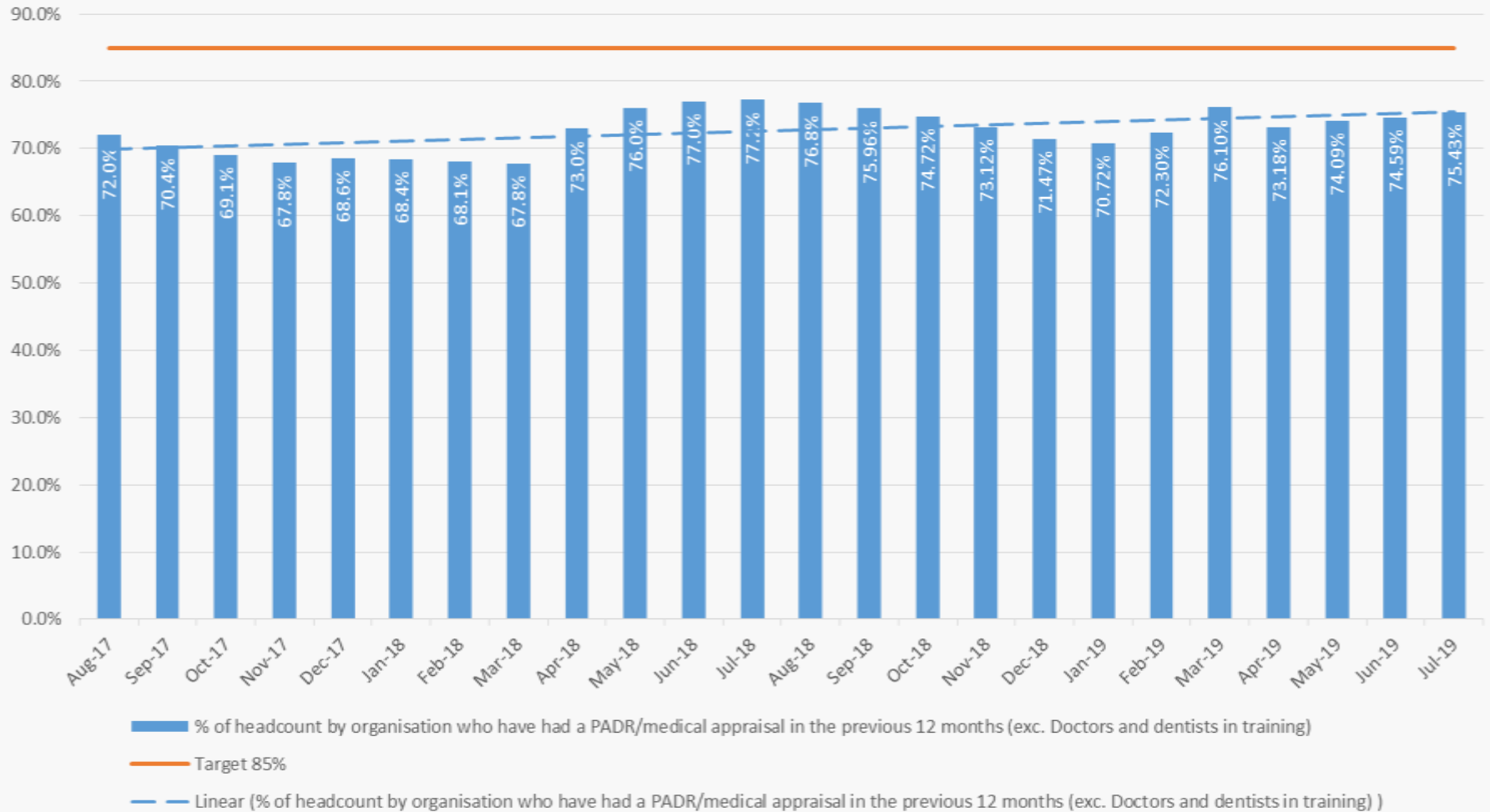
OUR STRATEGIC ENABLERS

SUPPORT OUR PEOPLE TO BE THE BEST THAT THEY CAN BE

% compliance for each completed Level 1 competency within Core Skills & Training framework
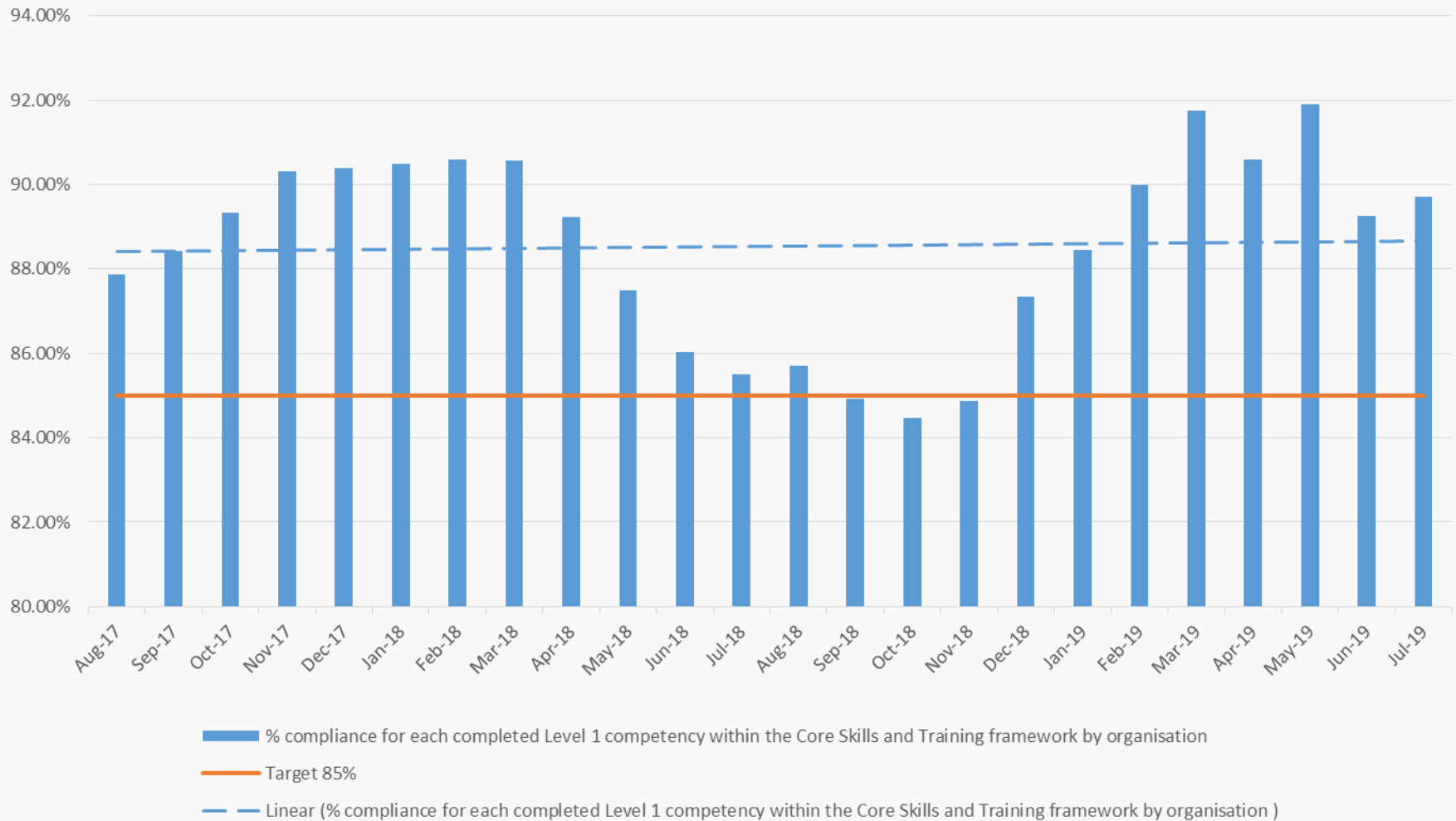
Legend:
- % compliance for each completed Level 1 competency within the Core Skills and Training framework by organisation
- Target 85%
- Linear (% compliance for each completed Level 1 competency within the Core Skills and Training framework by organisation)

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

QUALITY AT THE HEART OF EVERYTHING WE DO

Number of Serious Adverse Incidents

QUALITY AT THE HEART OF EVERYTHING WE DO

Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales

Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
Value	0	2	1	1	2	0
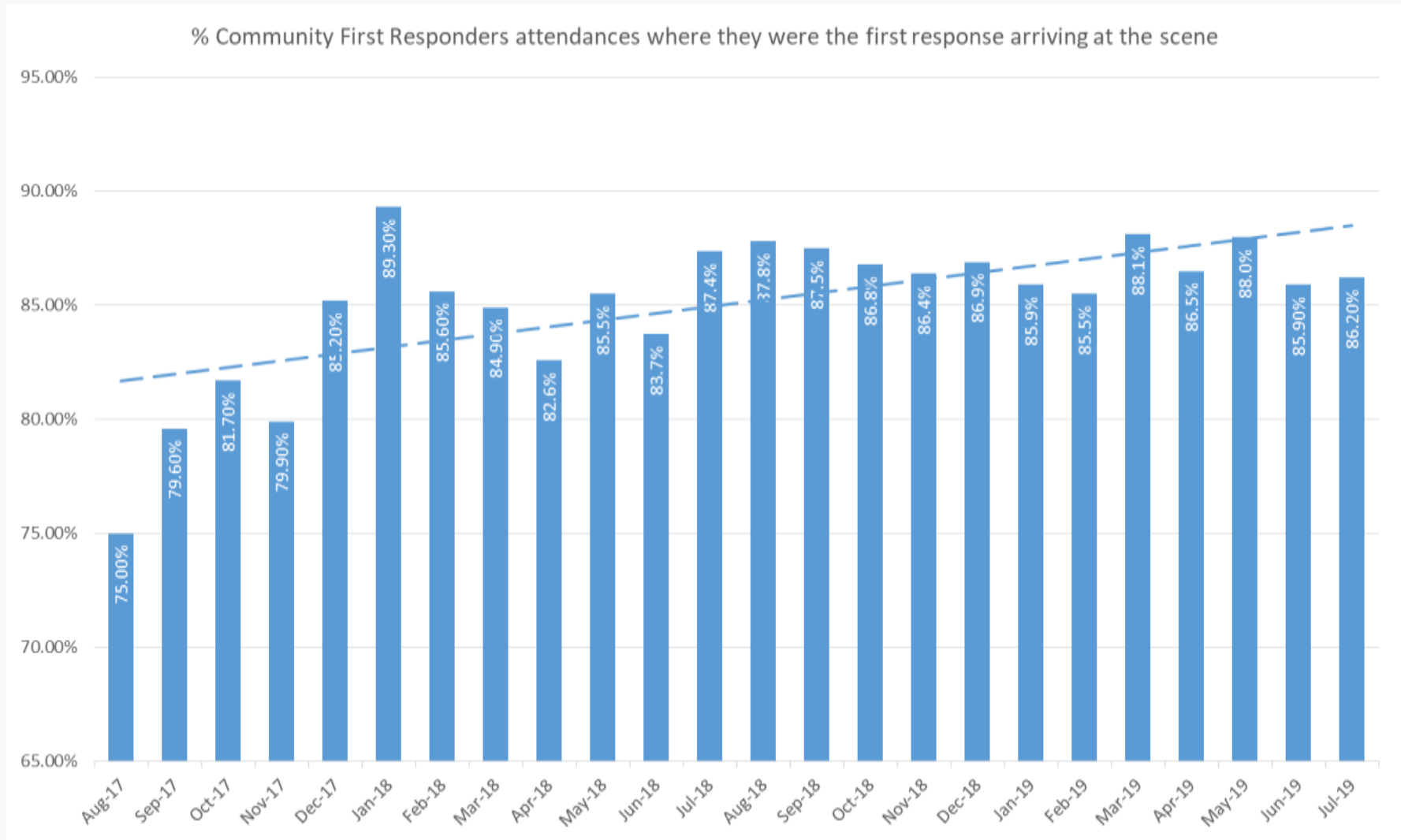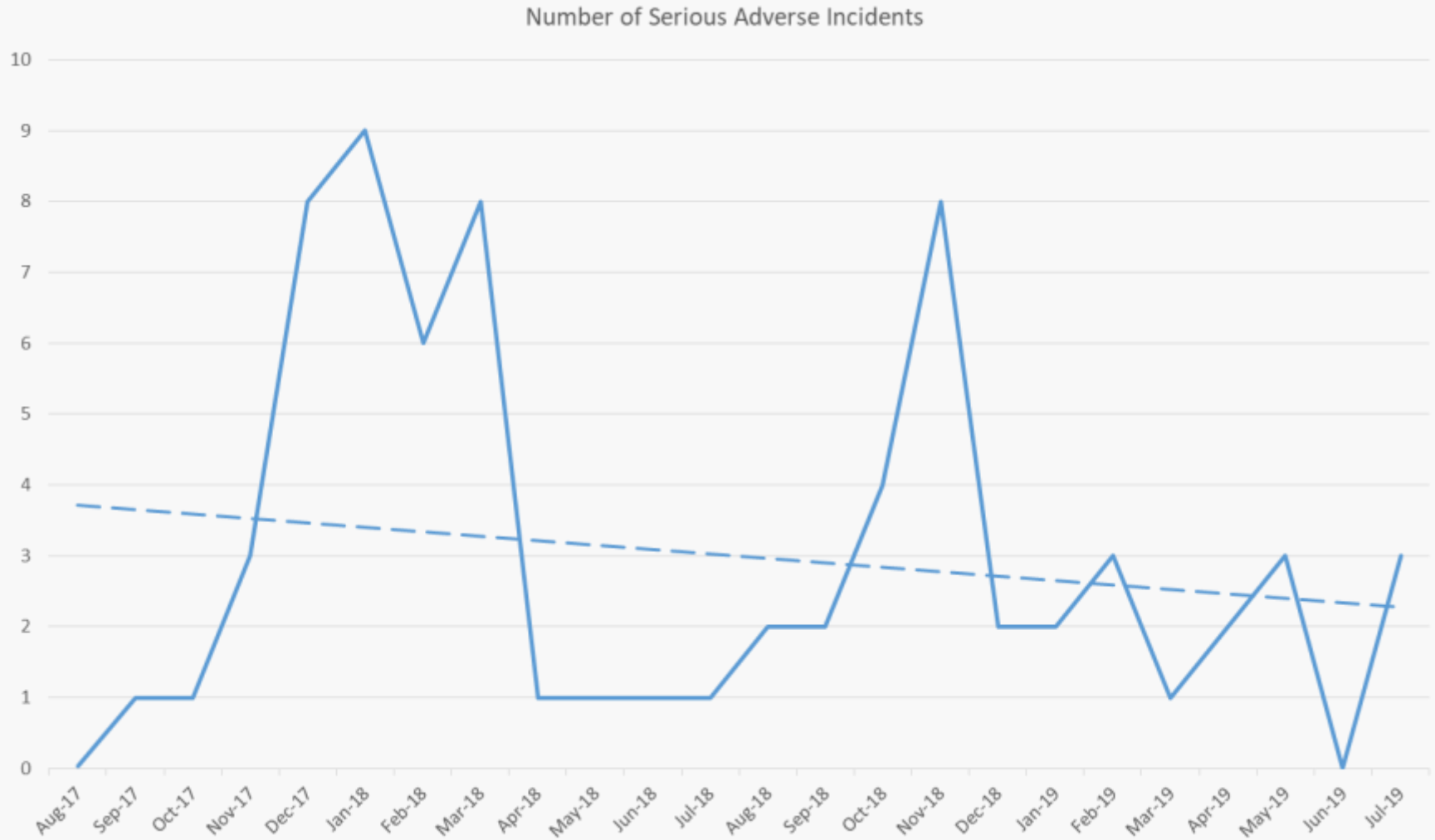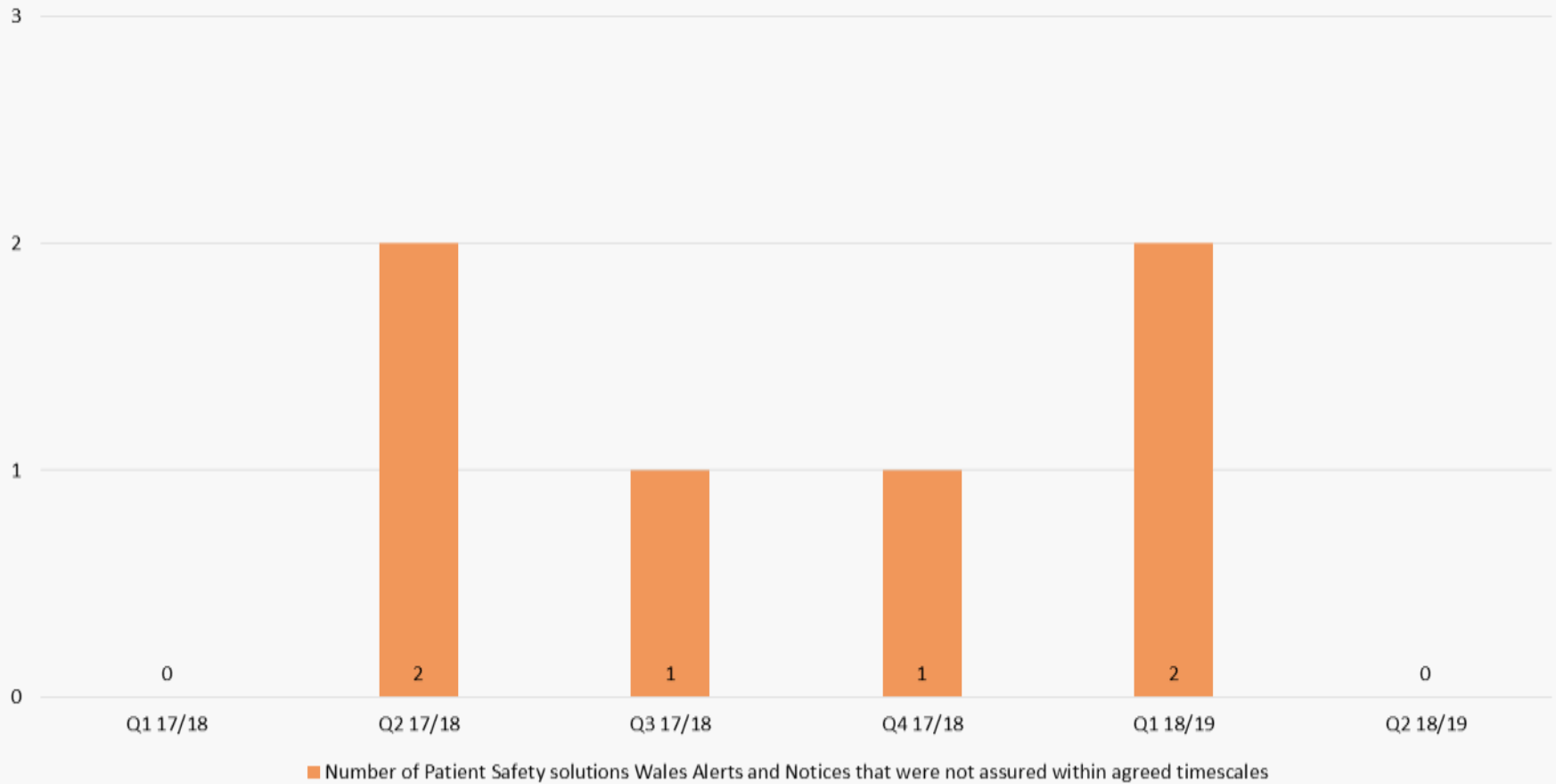
QUALITY AT THE HEART OF EVERYTHING WE DO

Number of administration, dispensing, and prescribing medication errors reported as serious incidents
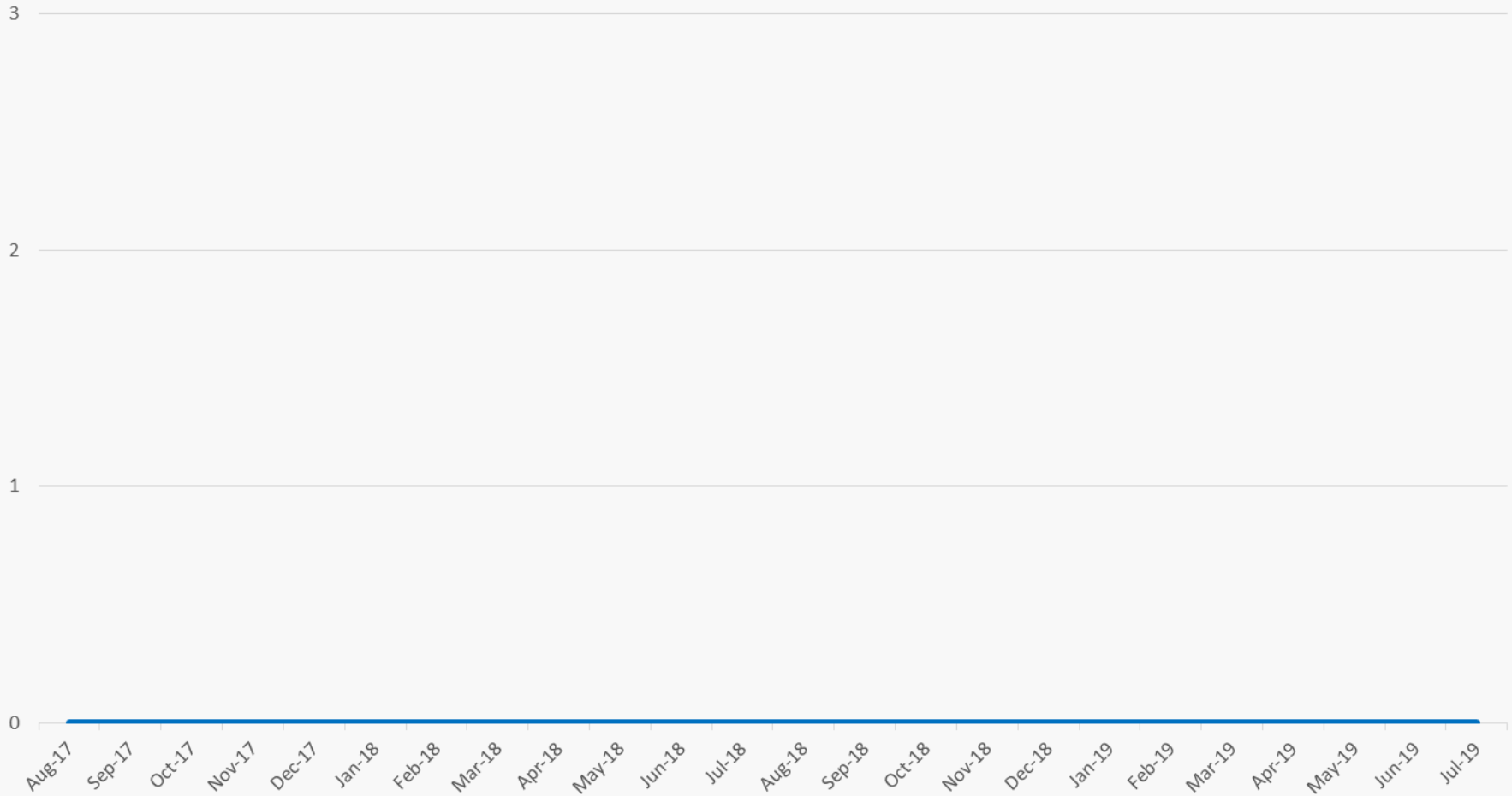
VALUE IN EVERYTHING WE DO

Number of patient falls reported as serious incidents
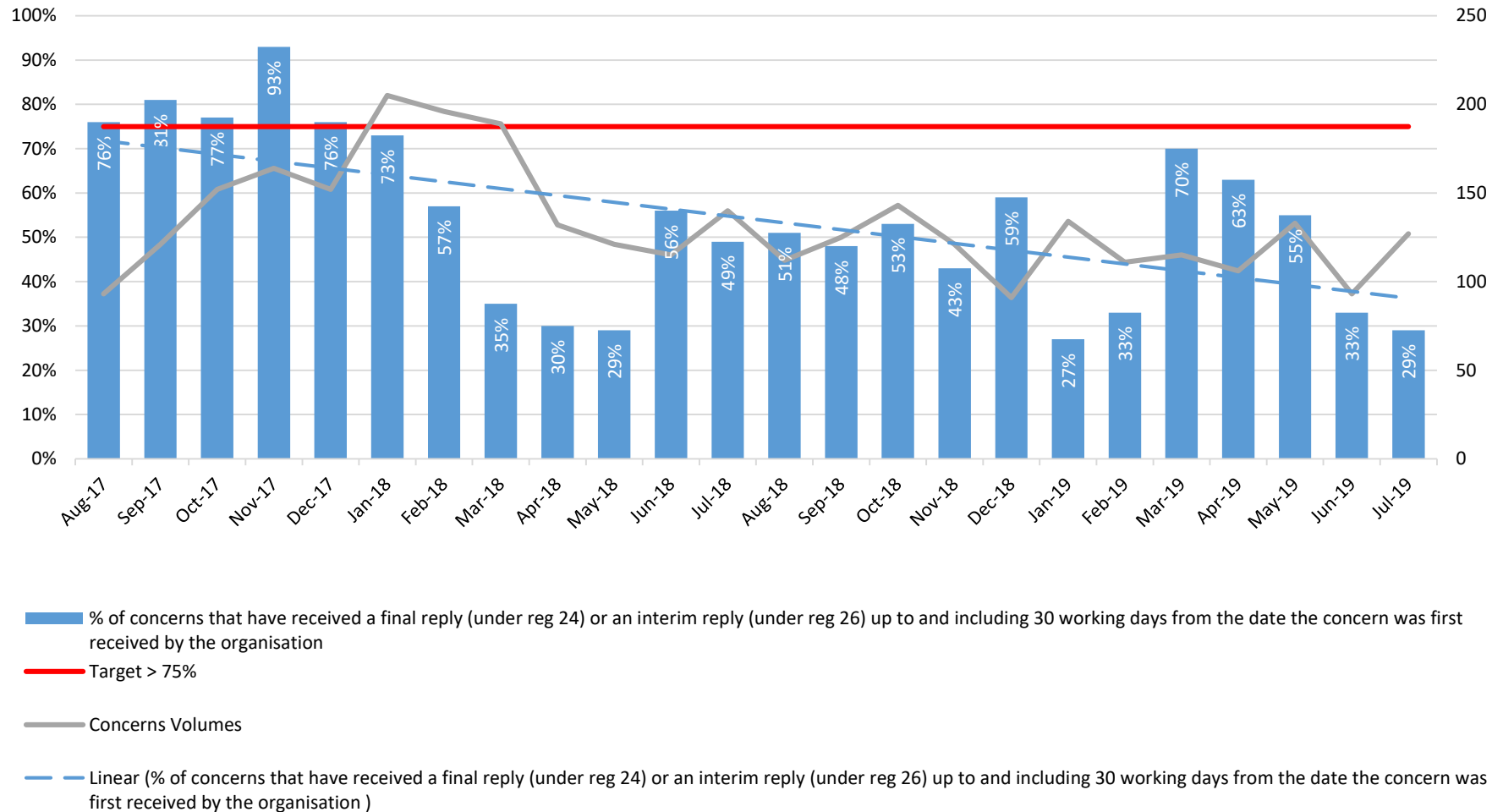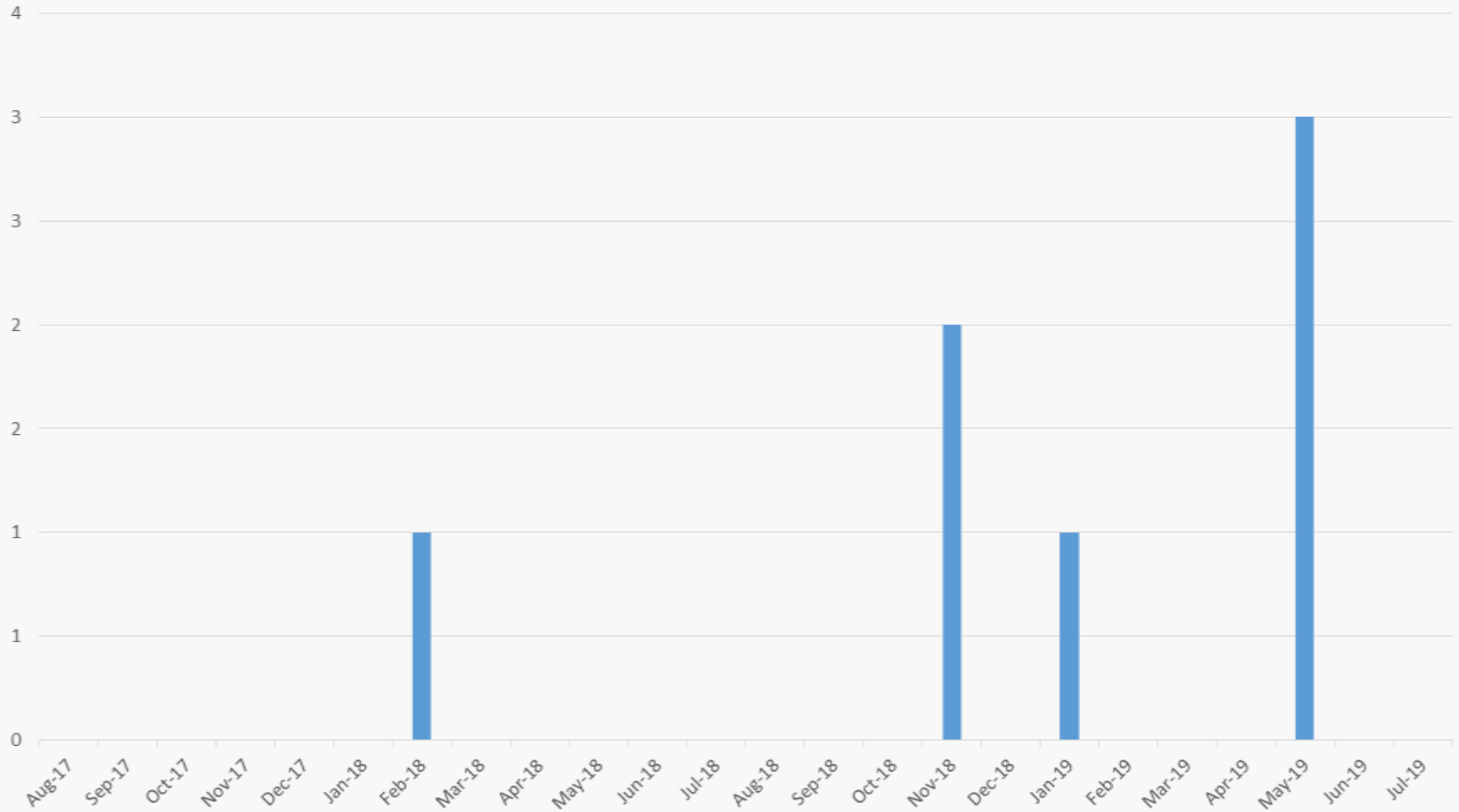
Patient Safety Incidents, Near Misses and Hazards

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

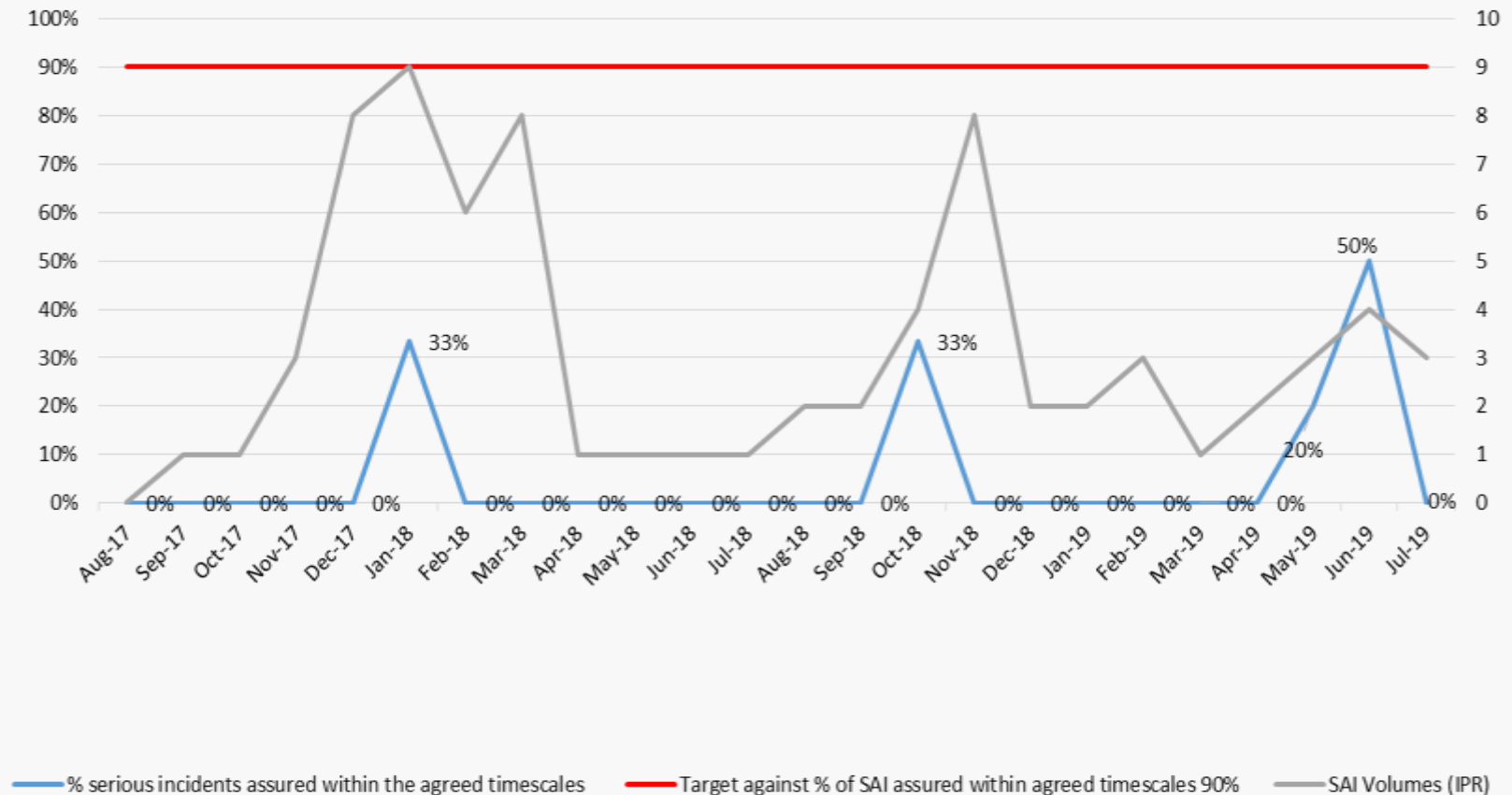% of concerns with a response within 30 days against concerns volumes

- % of concerns that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation
- Target > 75%
- Concerns Volumes
- Linear (% of concerns that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation)
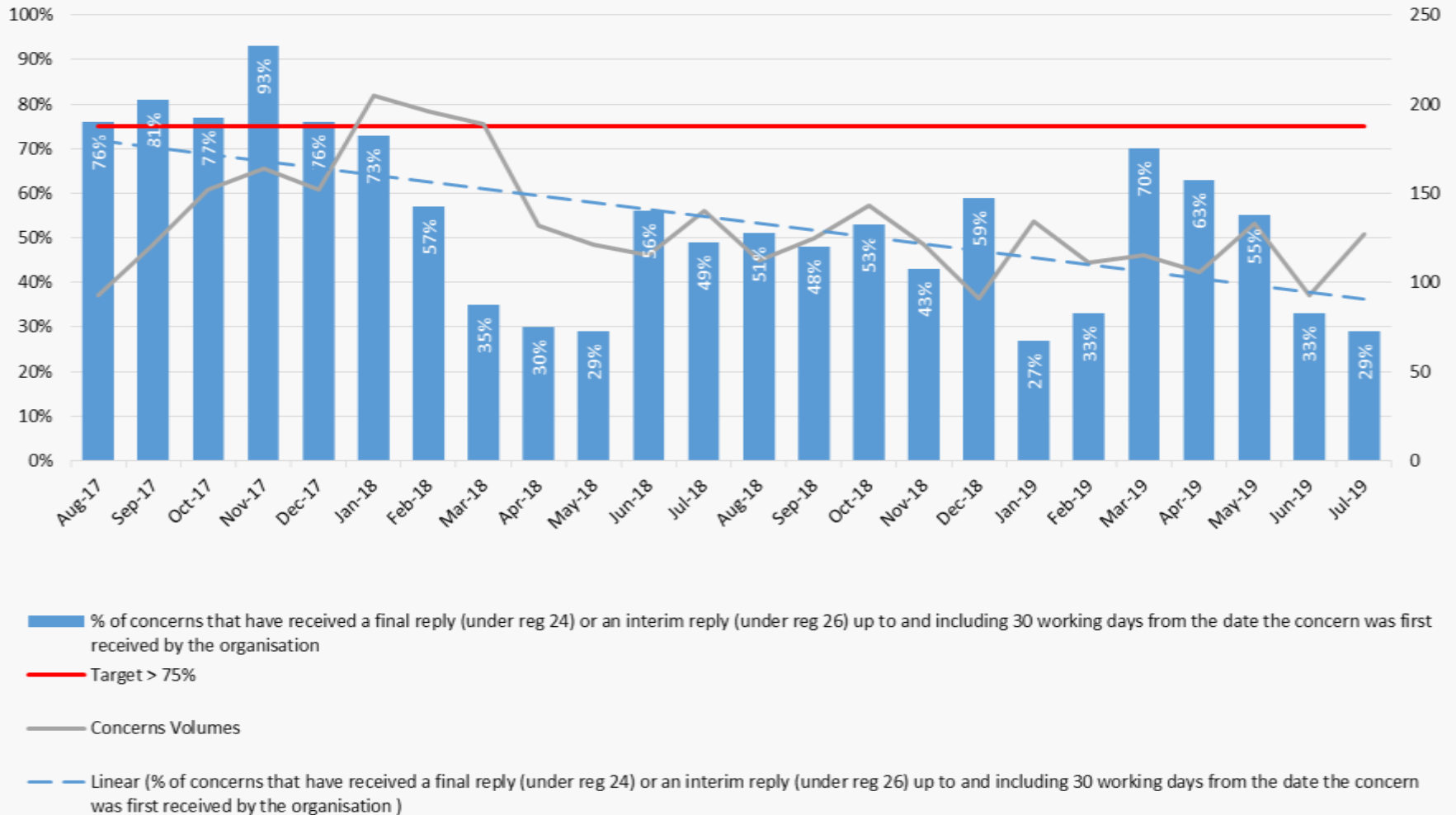
ACTIVITY

SAI Volumes
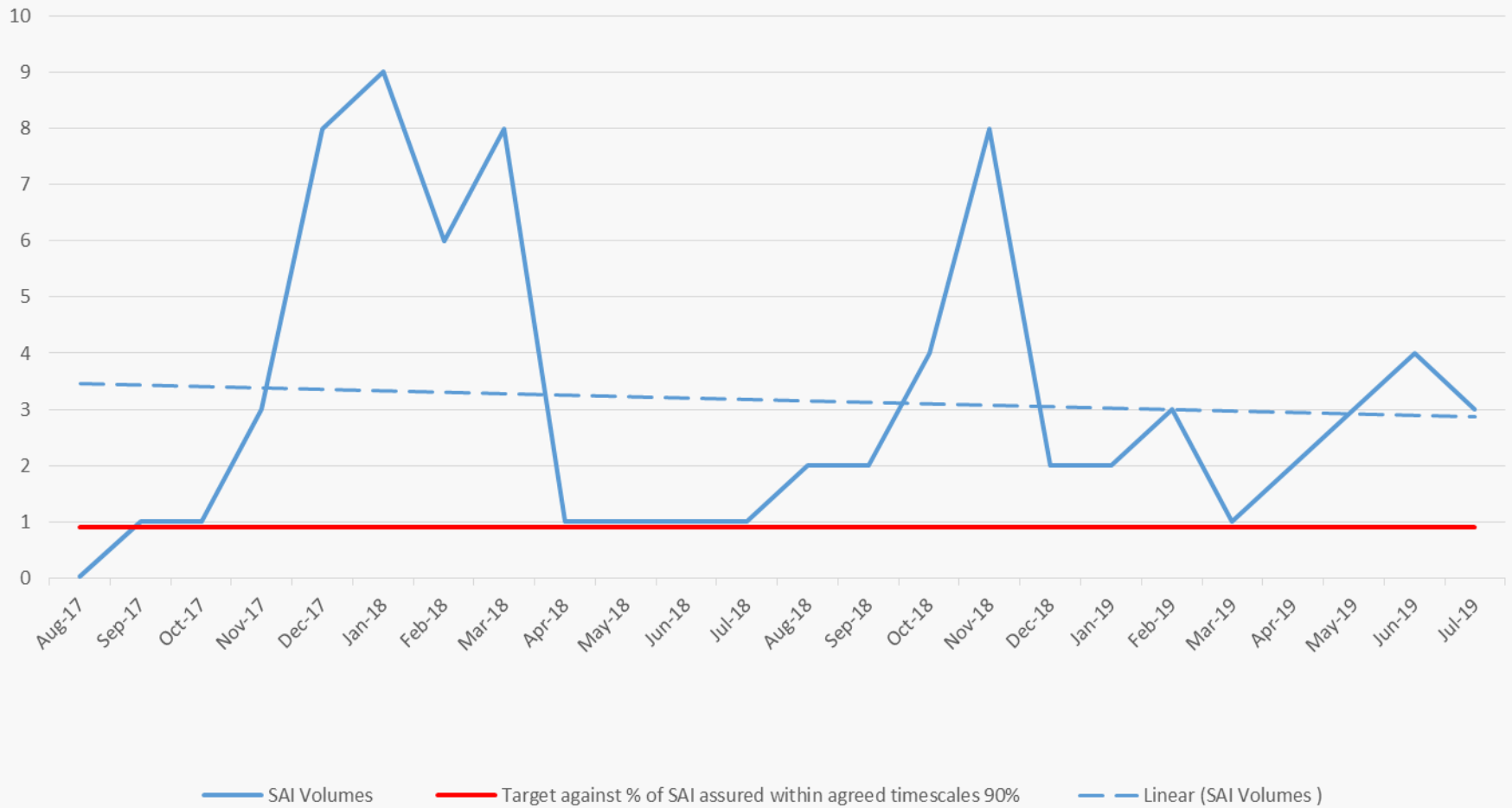
Total NHSDW Calls
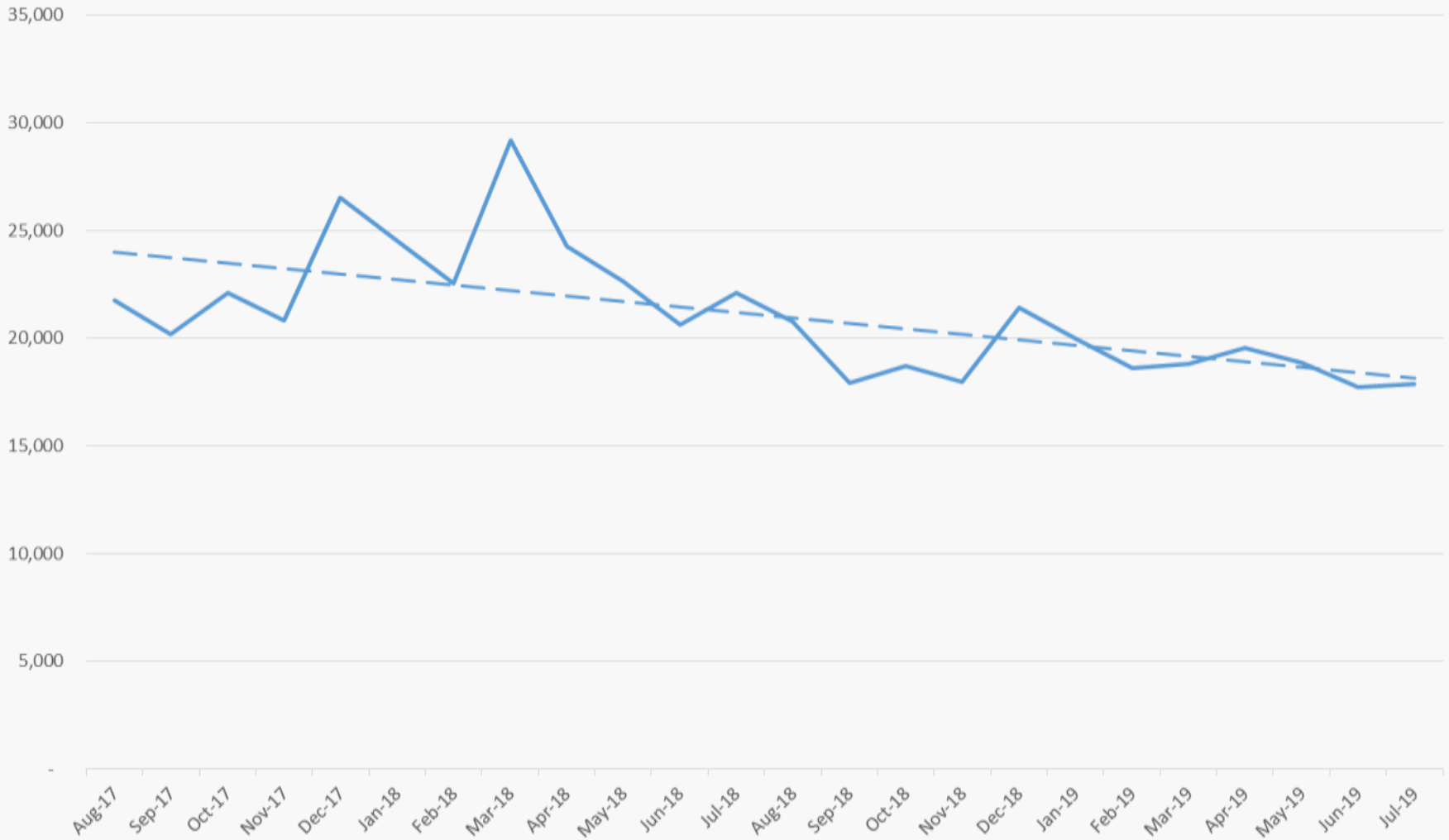
Total Calls for NHSDW and 111
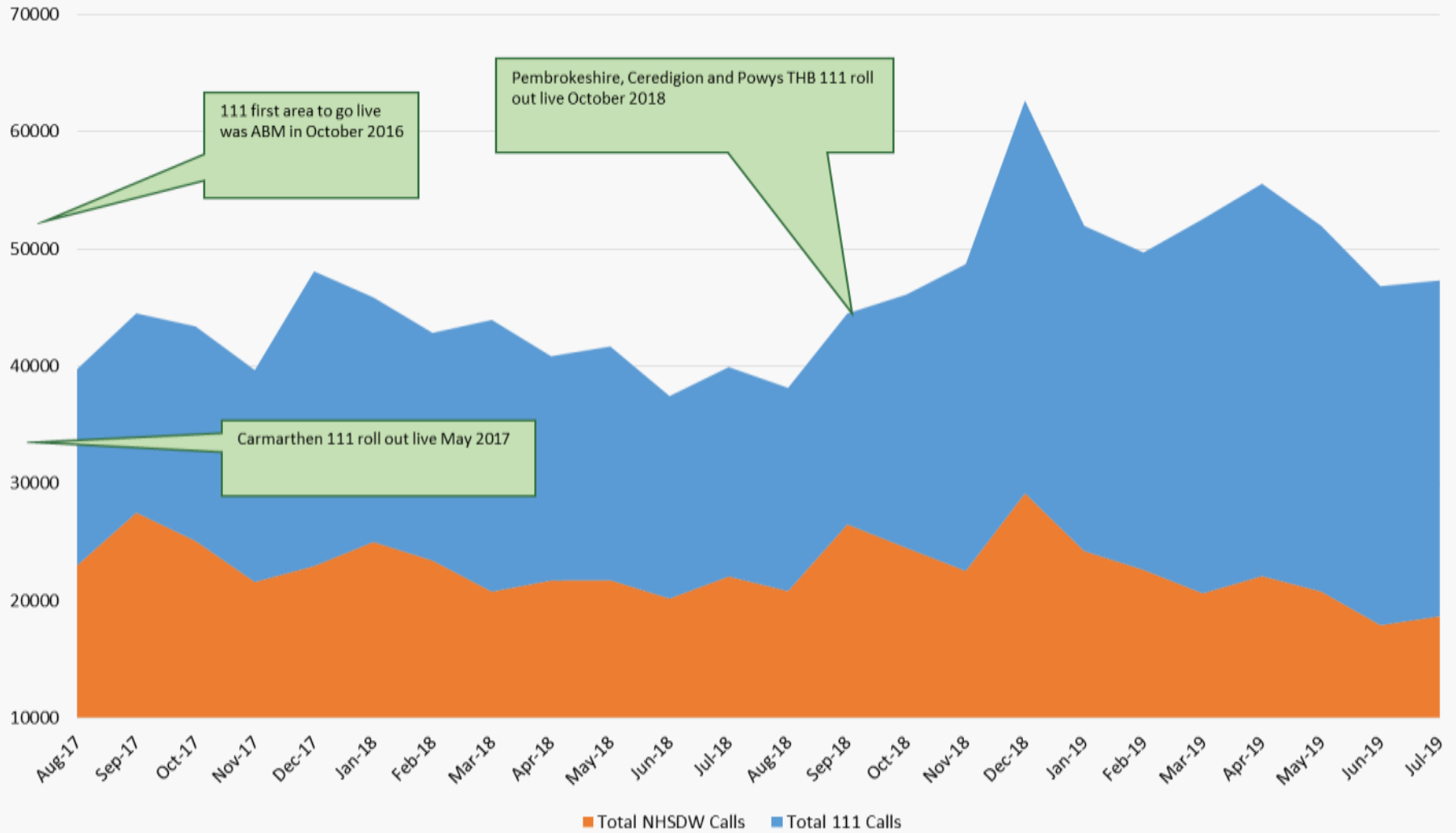
ACTIVITY

Frequent Caller Call Volumes

999 Call Volumes
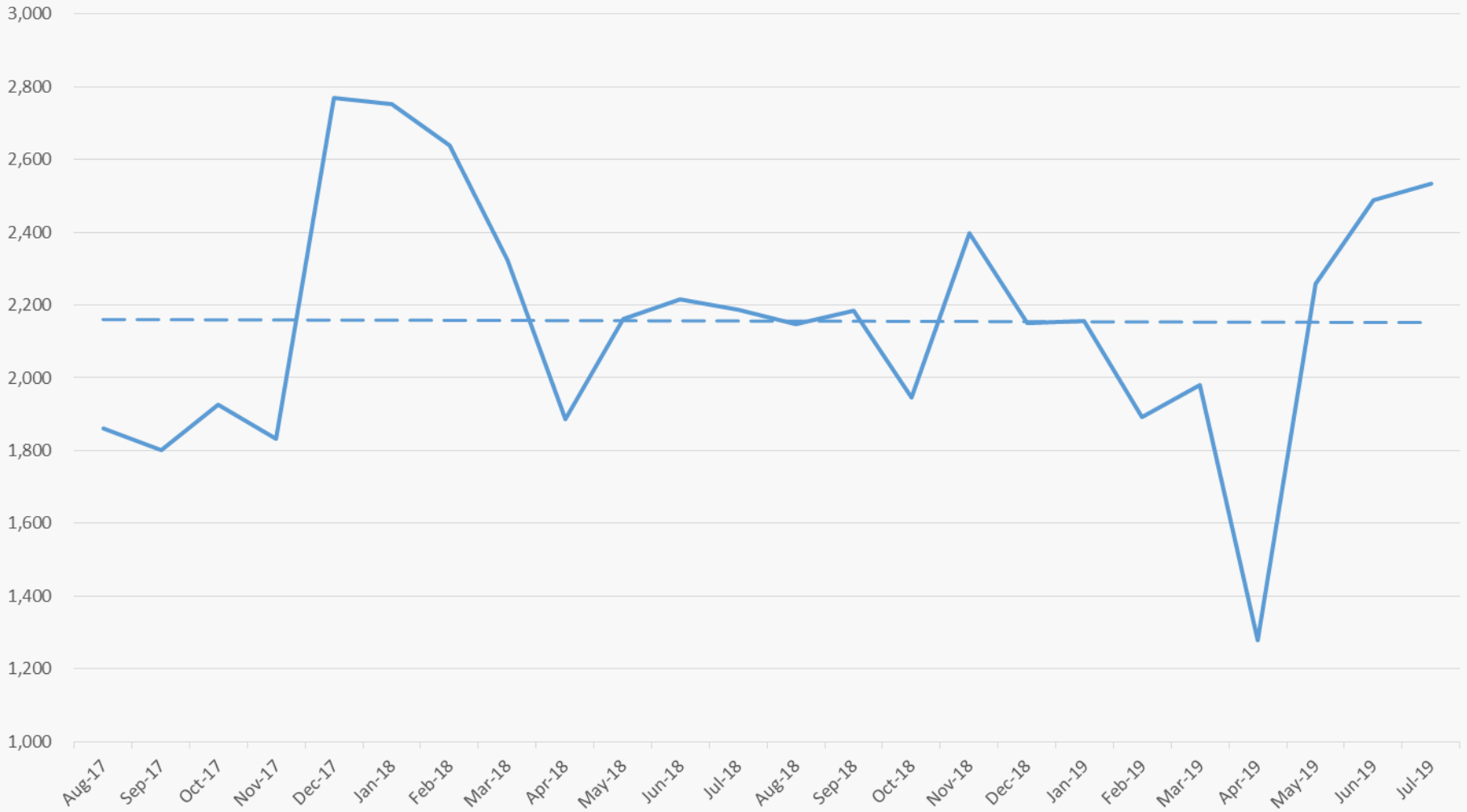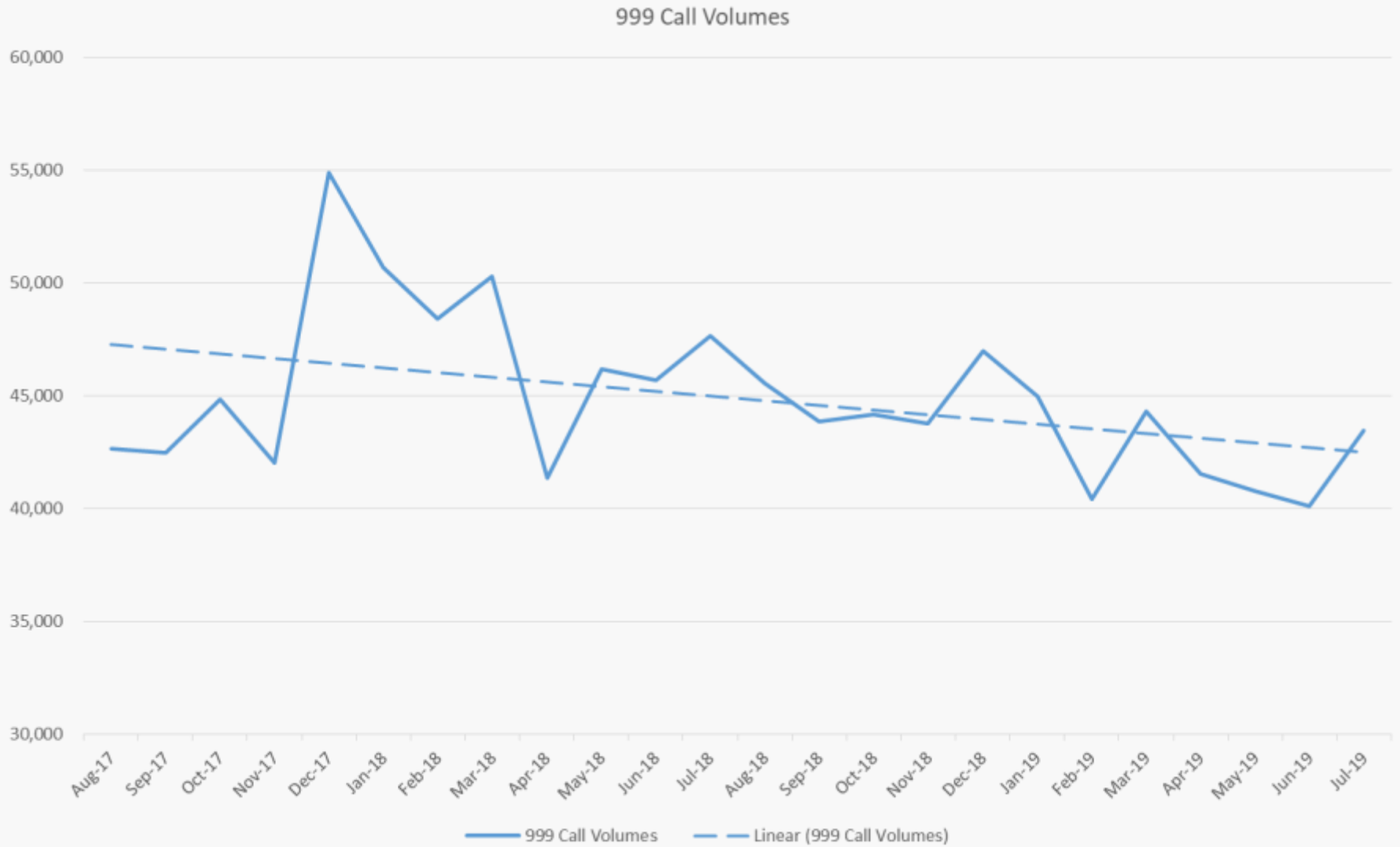
Total Verified Demand split by RED, AMBER, GREEN
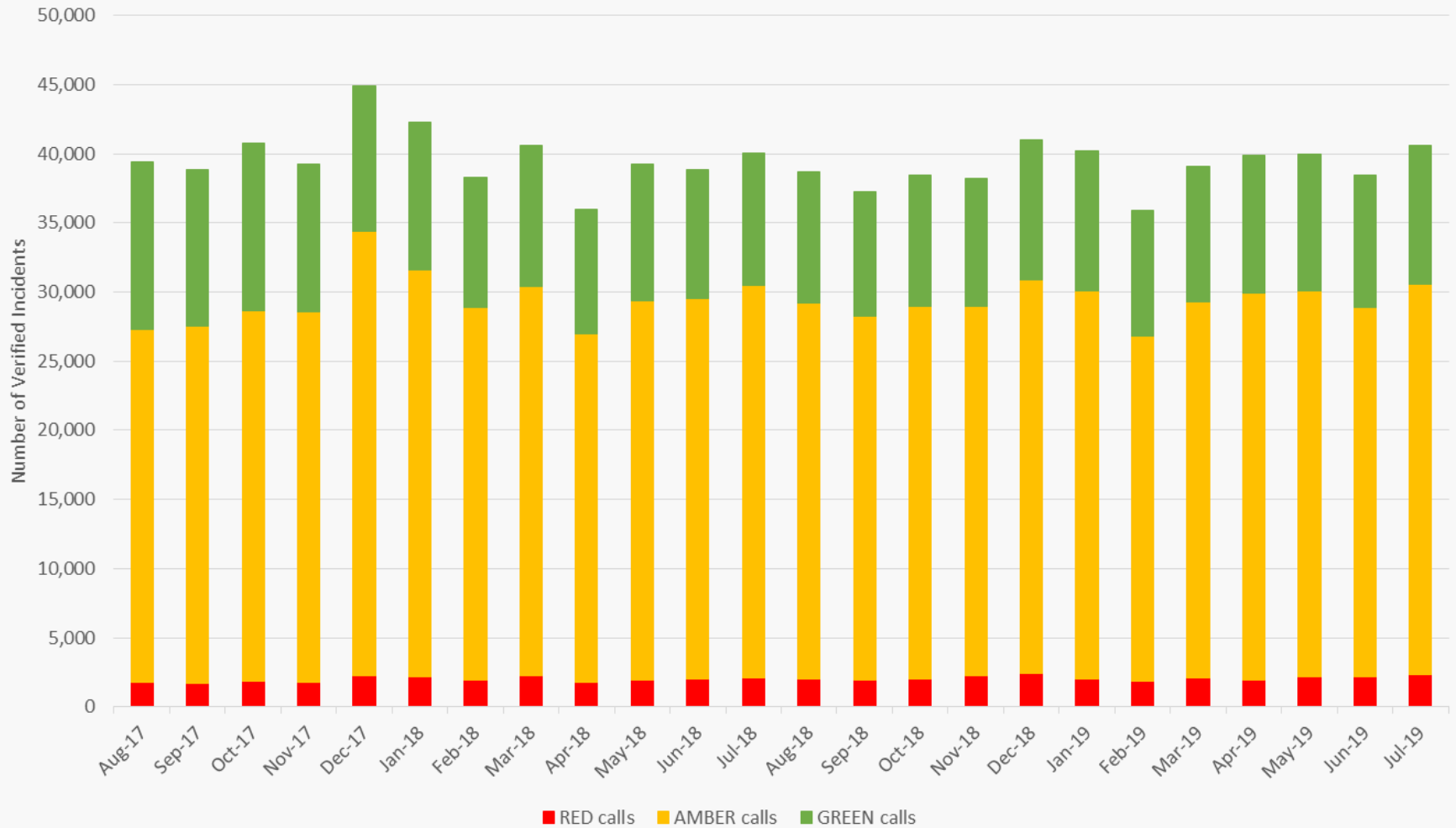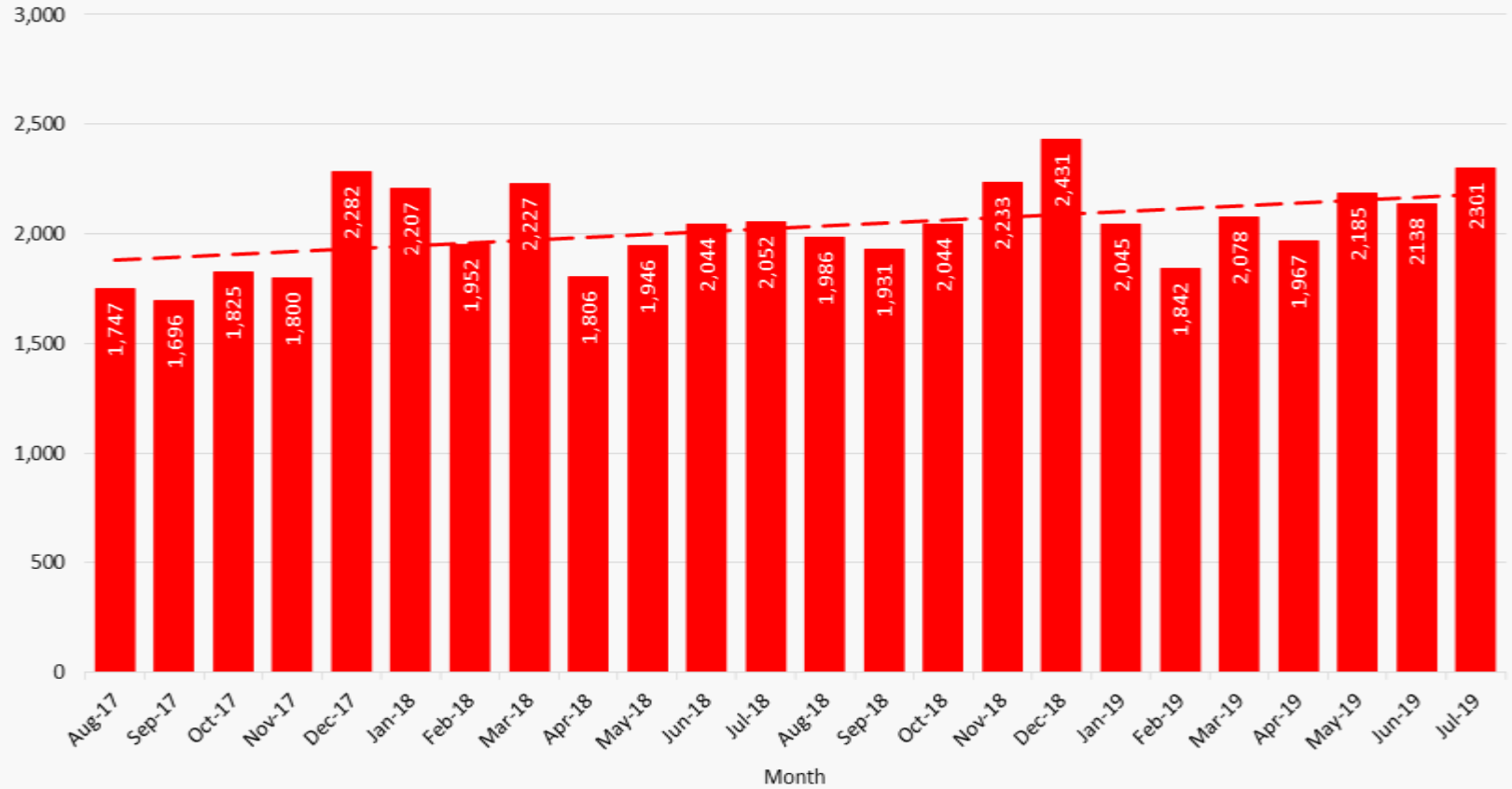
Total Verified RED Demand Calls

Total Verified AMBER Demand Calls
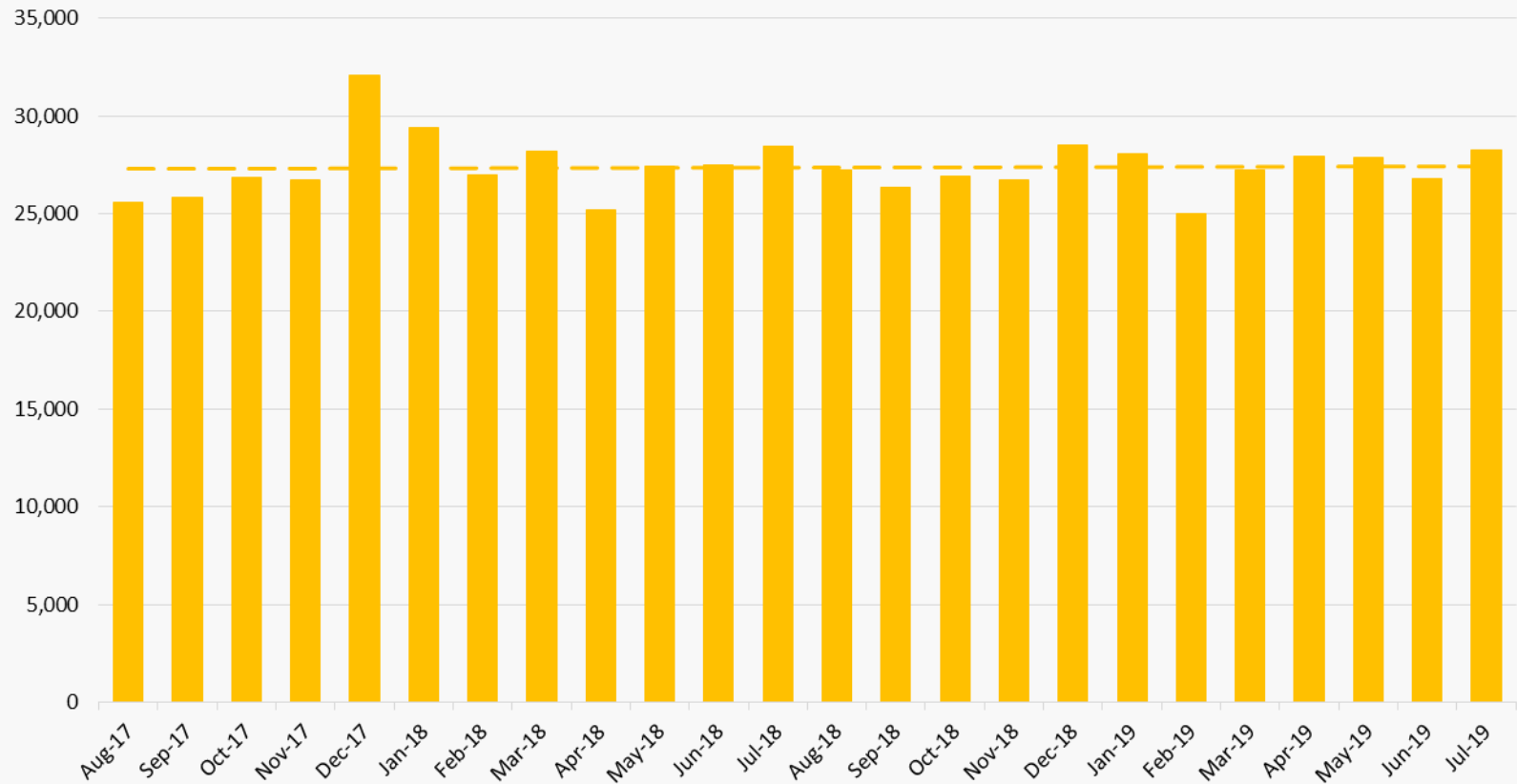
Total Verified GREEN Demand Calls

HCP Call Volumes
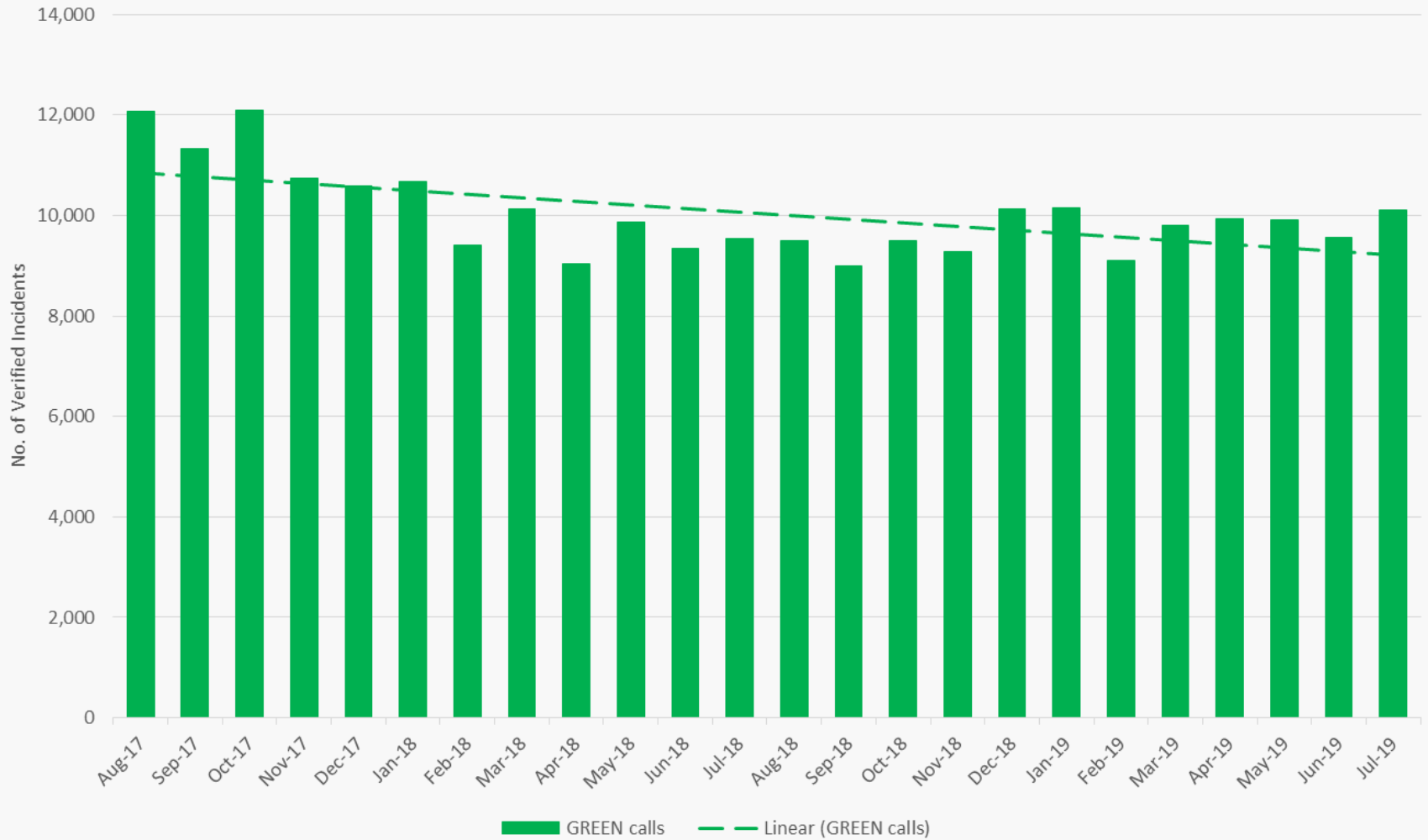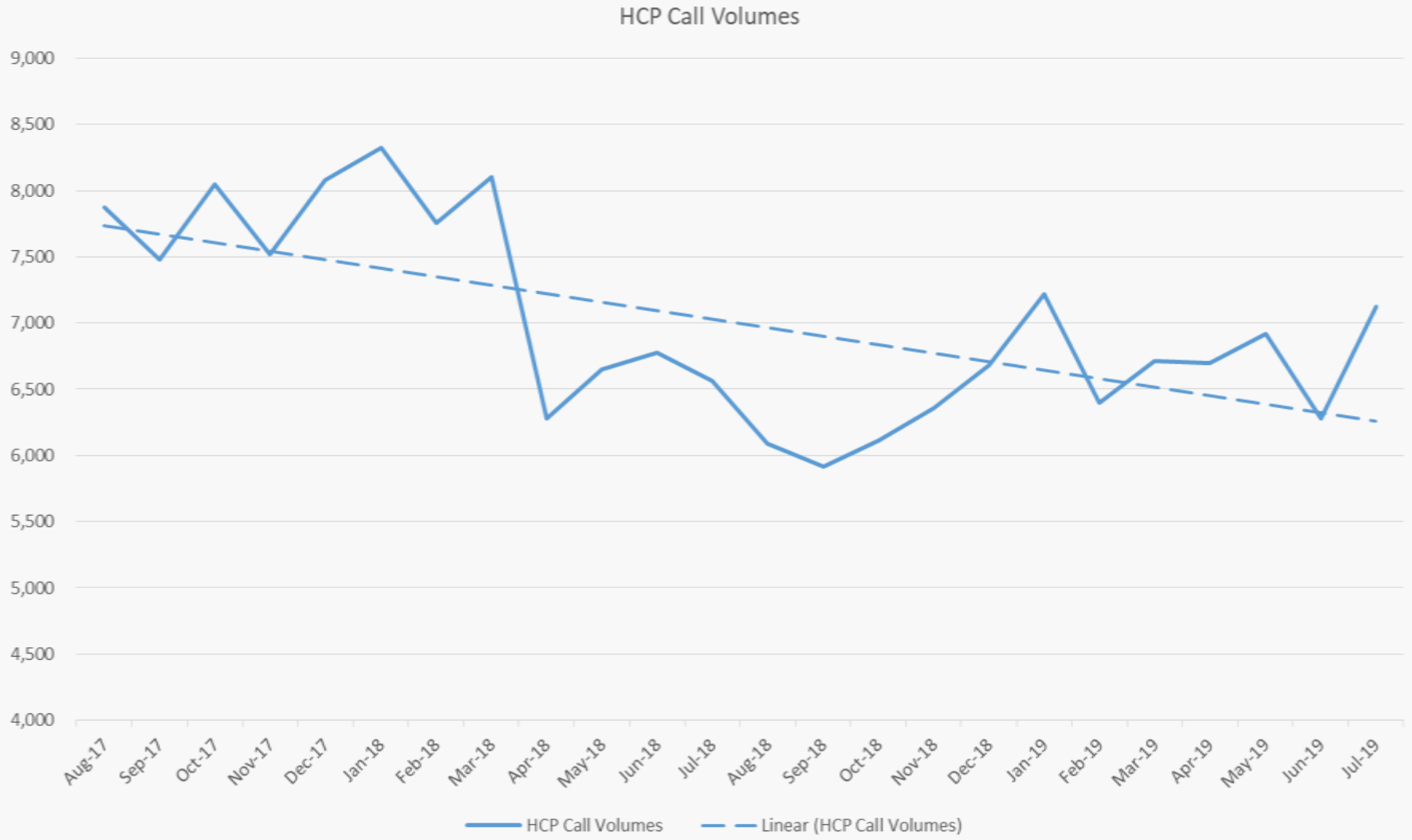
ACTIVITY

Hear & Treat Volumes

Conveyance Volumes
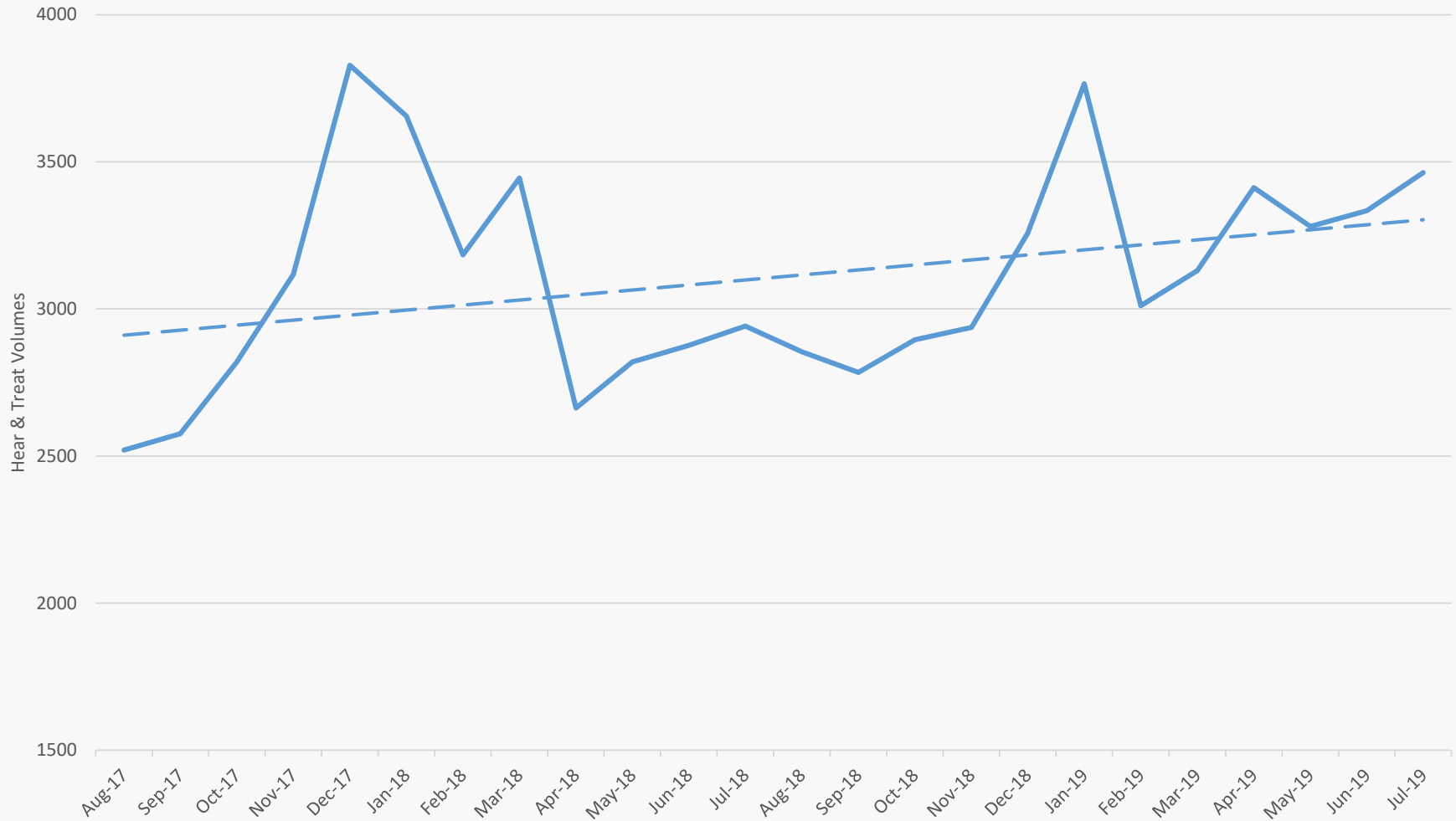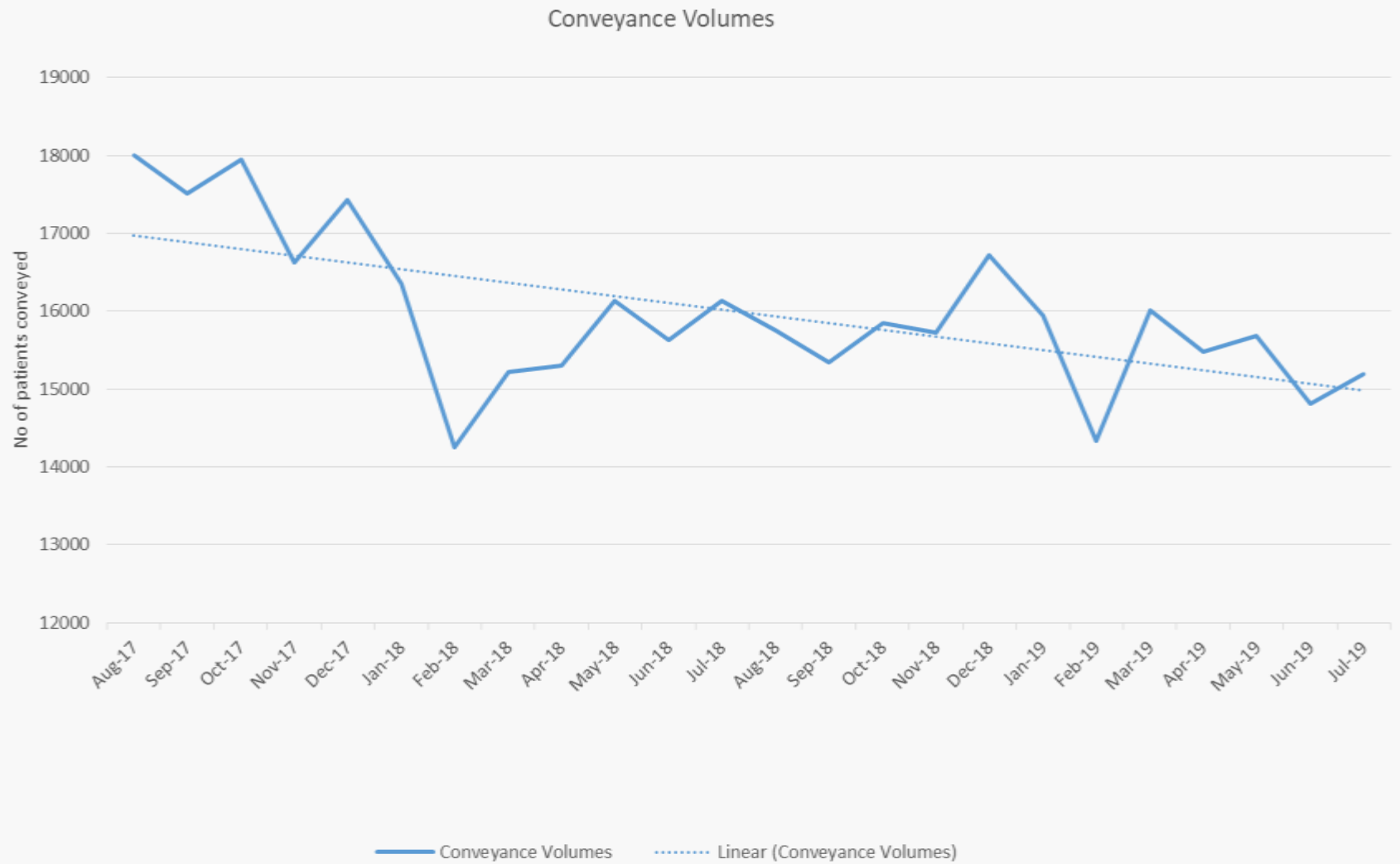
NEPTs Patient Journeys
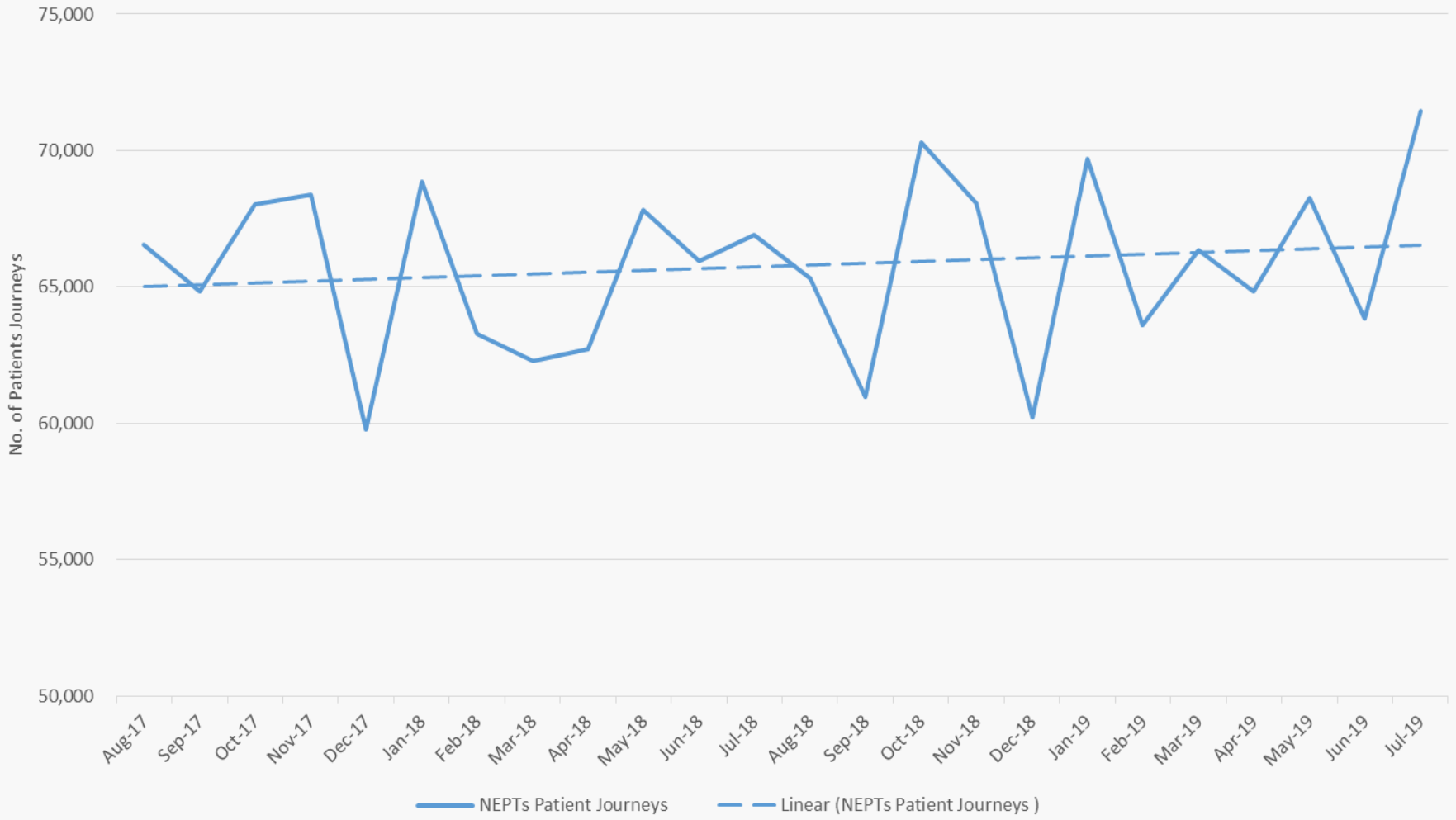
AGENDA ITEM No	3.3
OPEN or CLOSED	OPEN
No of APPENDICES (ANNEXES) ATTACHED	1 (7)

SUMMARY FINANCIAL PERFORMANCE AS AT MONTH 5 2019/20

MEETING	Trust Board
DATE	19th September 2019
EXECUTIVE	Interim Director of Finance & ICT
AUTHORS	Gwen Kohler / Jason Collins
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 a summary of the financial performance of the Trust for Month 5 of the 2019/20 Financial year.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT (via verbal update)	11th September 2019	To note
EFG	18th September 2019	To note
Trust Board	19th September 2019	To note

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 5 2019/20

SITUATION

1. This summarised SBAR report provides the Trust Board with an update on the financial performance of the Trust as at 31st August 2019 (Month 5), with the more detailed report attached as *Appendix 1*.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the year 2019/20 to date** (1st April - 31st August 2019) are that:

   ➢ The cumulative revenue financial position has remained constant with a small **underspend against budget of £0.006m** with an additional (£0.005m) underspend in August (month 5)**.** The year end forecast for 2019/20 remains a balanced position.

   ➢ In line with the financial plans that support the **approved IMTP** gross savings of £0.976m have been achieved against a year to date target of £0.942m, an **over achievement against the target of £0.034m**.

   ➢ Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.3% for the number, and 97.2% of the value** of non NHS invoices paid within 30 days**.**

   ➢ The organisation **remains within the External Financial Limit (EFL) of £19.903m.**

3. The main financial risks remain the outcome of the current appeal against the ruling in relation to the payment of holiday pay on voluntary overtime and additional costs now starting to be incurred in relation to ESMCP delays, which are assumed will be funded by Welsh Government.

4. Capital spend is in line with plan and there have been no significant balance sheet movements in month.

ASSESSMENT

Revenue position

Income
5. Reported income against the initial budget set to Month 5 shows a favourable variance of £0.109m. This is as a result of additional income received from providing ambulance cover at sporting events, plus extra contractual referrals within NEPTS and recharging for APP costs.

Pay costs
6. Overall the total pay variance at Month 5 is an under-spend of £0.406m. 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 £0.177m.

Non-pay
7. The non-pay position at Month 5 is an adverse variance of £0.521m, this is attributed to a number of factors including costs of taxi and other vehicle hire of £0.065m, particularly within NEPTS (£0.028m) – however this has reduced in month due to the positive focus placed on

this expenditure area, EMS overspend is £0.037m of which £0.009m is in relation to the hire of welfare vehicles. Voluntary and independent sector providers are overspent by £0.098m of which £0.050m relates to NEPTS activities and £0.048m to Operations. Fleet maintenance has overspent by £0.117m. However there has been some reduction in fuel spend based on volume.

Savings

8. 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. £0.976m of savings have been delivered between 1st April and 31stAugust 2019 against a target of £0.942m (46% of the total). Performance by scheme is demonstrated in the graph below.

Savings delivery by theme
1st April - 31st August 2019
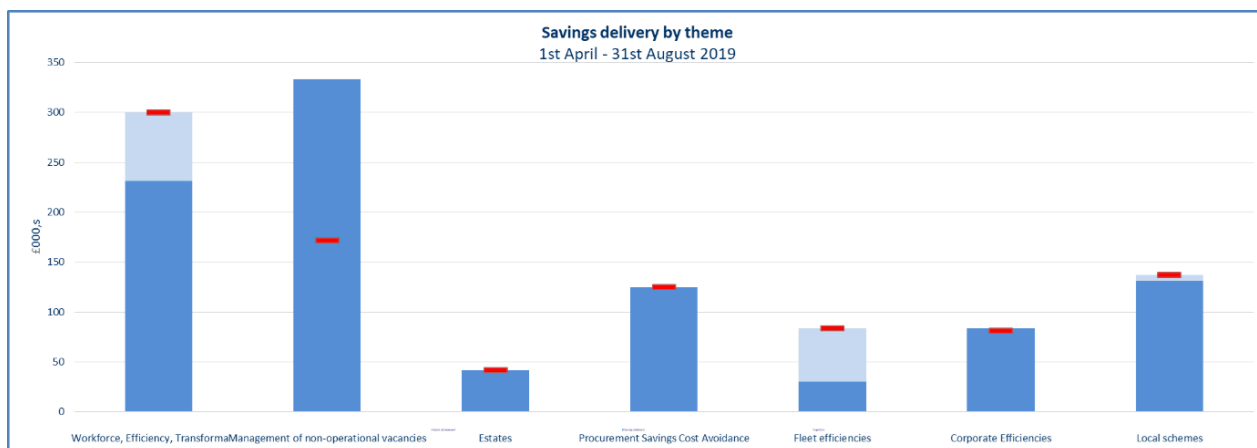
Capital

9. At Month 5 the Trust's current approved Capital Expenditure Limit (CEL) is £19.903m, this has increased from Month 3 following WG providing funding for the 111 costs for the new 111 desk at Ty Elwy. To date there has been £0.935m of Capital expenditure incurred which is in line with our plans at this stage of the year.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
Brokerage return of St Asaph	(159)	(400)
ESMCP – Control Room Solution	34	313
Vehicle Replacement Programme 2019/20	475	13,586
Cardiff Make Ready Depot FBC Fees	79	559
111 Costs	9	20
Sub Total	**437**	**14,078**
Discretionary:		
I.T.	261	929
Equipment	107	446
Statutory Compliance	0	0
Estates	80	2,761
Other	50	2,057
Sub Total	**497**	**6,193**
Total	**935**	**20,271**
Less NBV reinvested		(368)
Total Funding from WG	**935**	**19,903**

RECOMMENDED That the Trust Board:

Note the Month 5 revenue and capital financial position and performance of the Trust as at 31st August 2019

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 52019/20

INTRODUCTION

1. This Appendix provides the Trust Board with a detailed update on the financial performance of the Trust as at 31st August 2019 (Month 5 2019/20). The cumulative revenue financial position of the Trust has remained constant with a small year to date **underspend against budget of £0.006m** with an additional (£0.005m) underspend in August (month 5)**.** The year end forecast for 2019/20 remains breakeven.

FINANCIAL PERFORMANCE YEAR TO DATE

Revenue position

2. The table below presents an overview of the financial position for the period 1st April to 31st August 2019. The year end forecast outturn for 2019/20 remains breakeven.

<table>
<tr><td colspan="5">Revenue Financial Position for the period 1st April - 31st August</td></tr>
<tr><td rowspan="3"></td><td rowspan="2">Annual Budget</td><td colspan="3">Year to date</td></tr>
<tr><td>Budget</td><td>Actual</td><td>Variance</td></tr>
<tr><td>£000</td><td>£000</td><td>£000</td><td>£000</td></tr>
<tr><td>Income</td><td>-201,616</td><td>-82,134</td><td>-82,243</td><td>-109</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td>Expenditure</td><td></td><td></td><td></td><td></td></tr>
<tr><td align="right">Pay</td><td>141,981</td><td>58,866</td><td>58,459</td><td>-406</td></tr>
<tr><td align="right">Non-pay</td><td>41,714</td><td>15,113</td><td>15,634</td><td>521</td></tr>
<tr><td>Total pay & non-pay expenditure</td><td>183,695</td><td>73,978</td><td>74,093</td><td>115</td></tr>
<tr><td>Depreciation & Impairments / interest payable & receivable</td><td>17,921</td><td>8,155</td><td>8,144</td><td>-11</td></tr>
<tr><td>Total</td><td>0</td><td>0</td><td>-6</td><td>-6</td></tr>
</table>

Summary of key areas of variance

Income

3. Reported income against the initial budget set to Month 5 shows a favourable variance of £0.109m, predominantly made up of additional income received from providing ambulance cover at sporting events, plus extra contractual referrals within NEPTS and recharging for APP costs.

Pay costs

4. Overall the total pay variance at Month 5 is an under-spend of £0.406m. 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 £0.177m.

5. The big bang recruitment campaign undertaken earlier in the year has seen a number of paramedics offered positions of employment to support forecast vacancies that will occur during 2019/20.

6. 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 of circa £0.330m. 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

7. The non-pay position at Month 5 is an adverse variance of £0.521m, this is attributed to a number of factors including; a reduction in fuel overspend from £0.038m in month 4 to £0.027m in month 5 due to reduction in less litres being used. Taxi and other vehicle hire £0.065m, particularly within NEPTS (£0.028m) which has however reduced in month due to the positive focus placed on this expenditure area, EMS overspend is £0.037m of which £0.009m is in relation to the hire of welfare vehicles. Voluntary and independent sector providers are overspent by £0.098m of which £0.050m relates to NEPTS activities and £0.048m to Operations. Fleet maintenance has overspent by £0.117m due to a number of factors highlighted below.

Savings

8. 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. £0.976m of savings have been delivered between 1st April and 31st August 2019 against a target of £0.942m (46% of the total). Whilst our total savings plans are broadly in balance as at Month 5 there are specific schemes over achieving which are offsetting others that are under achieving; this is demonstrated in the graph below.

Savings delivery by theme
1st April - 31st August 2019
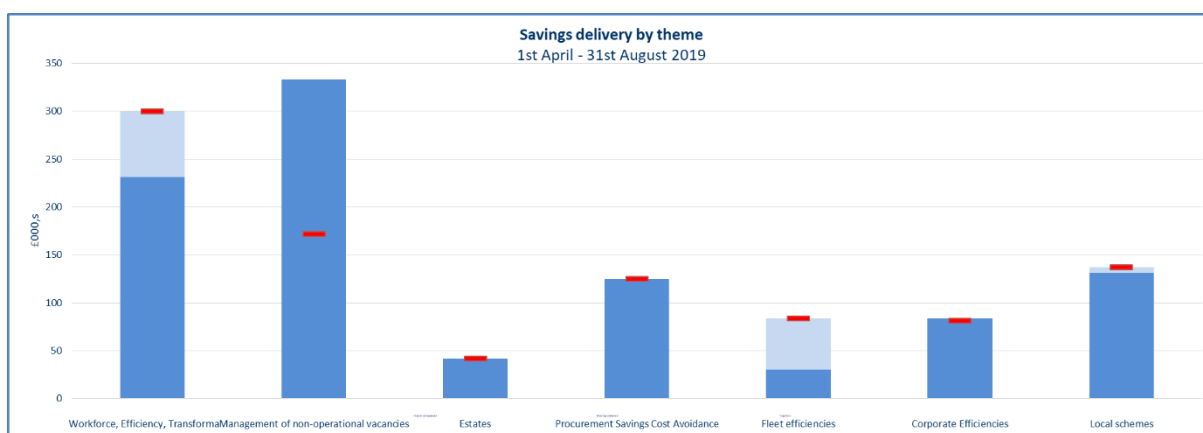
- Workforce, efficiencies and transformation has achieved savings / cost containment of £0.231m to Month 5 the financial year;

- Through management of non-operational vacancies £0.333m has been saved which exceeds the target to date by £0.161m;

- 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 £0.084m;

- Overall £0.084m has been delivered against corporate efficiencies against a target of £0.081m. 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.

Financial Performance by Directorate

9. 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 @ 31st August			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Directorate				
Operations Directorate*	111,529	45,956	46,040	83
NEPTS Directorate*	2,319	903	1,146	243
Chief Executive Directorate	1,729	675	636	-39
Board Secretary	273	114	113	-0
Partnerships & Engagement Directorate	554	223	191	-32
Finance and ICT Directorate	9,412	3,313	3,155	-159
Planning and Performance Directorate	5,564	2,343	2,237	-106
Quality, Safety and Patient Experience Directorate	3,596	1,458	1,400	-58
Workforce and OD Directorate	3,704	1,530	1,493	-37
Medical & Clinical Services Directorate	2,681	996	1,001	4
Trust Reserves	21,803	8,896	8,999	103
Trust Income (mainly WHSSC)	-163,166	-66,408	-66,417	-9
Overall Trust Position	**0**	**0**	**-6**	**-6**

* *Budget is net of directly attributed income of £11.3m within operations and £22.4m within NEPTS.*

10. Similarly there are variances within each of the Directorates. These are considered in the tables and narrative below.

Operations

	Breakdown of Financial position for Operations @ 31st August			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Income	-11,327	-4,567	-4,648	-81
Pay	107,229	44,137	43,982	-155
Non Pay	15,627	6,387	6,707	320
Total	**111,529**	**45,956**	**46,040**	**83**

11. 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.

12. Pay variances relate to vacancies including managerial and administrative areas, Advanced Paramedic Practitioners (APP), Clinical Team Leaders (CTL), Fleet management and workshops. These savings have in part been offset by agency costs and through non-pay external supplier costs.

13. Non Pay cumulative variances included fuel costs, taxi expenditure supporting the clinical model, clinical operating expenses, travel and subsistence and use of external suppliers to support funded vacancies.

14. Significant pressure appeared in Month 4 and 5 with £0.117m in relation to Fleet Maintenance where the recent impact of labour rate increase by a main supplier accounted for £0.025m of this overspend. Accident damage invoices overspend totalled £0.030m, £0.024m in relation to an external labour contractor, however this is offset with savings on the pay lines, and £0.040m in relation to Tail lift repairs above agreed budget, this has in part been offset by additional income in regards to the HCS SLA.

15. Recent VAT review by the Finance team has been successful in its challenge to recover VAT on the servicing and parts costs of the Corpuls Defibrillators of which £0.038m is included for the month 5 position.

16. The table below provides detail of how this translates against individual budget areas.

	Breakdown of Financial position for Operations @ 31st August			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Operational Budgets				
Operational Directorate Management and Support	2,574	780	739	-41
Operations Directorate - Resilience/Business Continuity	552	28	22	-6
National Fleet Services	5,872	2,452	2,586	134
Resource Department	1,185	493	503	9
Clinical Contact Centres	13,516	5,619	5,568	-51
NHSD/111 Services	5,977	2,533	2,563	31
Ambulance Response	81,854	34,051	34,058	7
Total Operations budgets	**111,529**	**45,956**	**46,040**	**83**

Non-Emergency Patient Transport (NEPTS)

	Breakdown of Financial position for NEPTS @ 31st August			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Income	-23,277	-9,401	-9,402	-1
Pay	16,828	7,031	7,208	177
Non Pay	8,768	3,273	3,341	67
Total	**2,319**	**903**	**1,146**	**243**

17. The table 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 £0.138m of the pay and £0.030m of the non-pay overspend is attributable to the South East, in addition there is an under recovery of income of £0.023m.

	Breakdown of Financial position for NEPTS @ 31st August			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Operational Budgets				
NEPTS Deputy Director	940	362	351	-11
NEPTS General Manager Central and West	1,293	478	501	23
NEPST General Manager North	481	217	257	40
NEPTS General Manager South East	-395	-154	37	192
Total Operations budgets	**2,319**	**903**	**1,146**	**243**

18. 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.

19. Along with the ongoing dialogue with the Commissioner in relation to the full delivery of the previously agreed NEPTS business case, the plans for 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.

20. A further detailed review of the expected impact of these improvements and that being progressed with the Commissioner will be provided to the October meeting of the Finance & Performance Committee.

Corporate

21. The directorate level table presented in paragraph 9 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 £0.426m.

22. The table below 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.

	Breakdown of Financial position for Corporate @ 31st August			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-1,835	-926	-947	-21
Pay	17,271	7,116	6,725	-391
Non Pay	12,079	4,462	4,448	-14
Total	**27,514**	**10,652**	**10,225**	**-426**

Trust Reserves / Depreciation and Other

	Breakdown of Financial position for Reserves, Depreciation & Other I &E @ 31st August			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-2,012	-831	-828	3
Pay	654	582	545	-37
Non Pay	23,161	9,145	9,283	137
Total	**21,803**	**8,896**	**8,999**	**103**

23. The table above is inclusive of income from Welsh Government for the Personal Injury Benefit scheme, depreciation and impairment costs of £17.938m, together with the costs of the one off A4C payment made in April as part of the pay award that was separately funded to the Trust directly by Welsh Government.

24. The non-pay position also includes the Trust contingency and residual budget setting reserve, details of which can be seen in *Annex 3*, plus £1.725m relating to the A Healthier Wales funding agreed as part of the IMTP – some costs have been aligned to this area with the utilisation of the balance still being finalised with the Commissioners. The final position in relation to all bids submitted to the Commissioner for consideration for funding out of this allocation specifically for A Healthier Wales should be known by the time of the September Board meeting, where a verbal update will be provided.

Public Sector Payment Policy (PSPP)

25. Public Sector Payment Policy (PSPP) compliance for the first quarter was 96.4% (96.3% at Month 5) against the 95% WG target set for non-NHS invoices by number, and 97.1% (97.2% at Month 5) by value. This is demonstrated in the graph below.
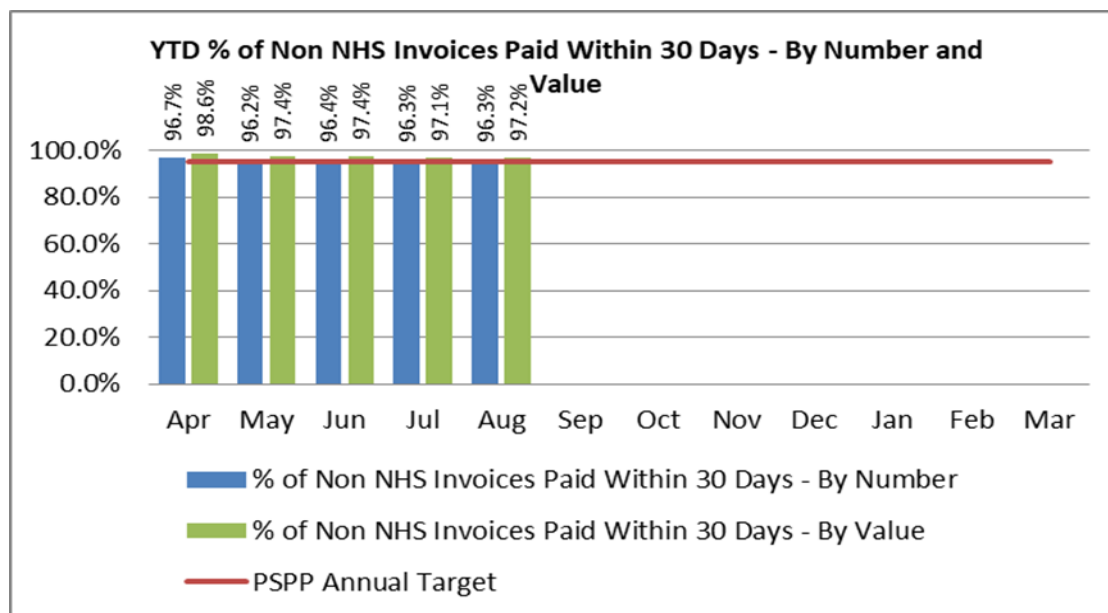
Capital

26. The Trust's current detailed capital expenditure by project is shown at *Annex 1*. At Month 5 the Trust's current approved Capital Expenditure Limit (CEL) is £19.903m, this has increased from Month 3 following WG providing funding for the 111 costs for the new 111 desk at Ty Elwy.

27. To date there has been £0.935m of Capital expenditure incurred which is in line with our plans at this stage of the year.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
Brokerage return of St Asaph	(159)	(400)
ESMCP – Control Room Solution	34	313
Vehicle Replacement Programme 2019/20	475	13,586
Cardiff Make Ready Depot FBC Fees	79	559
111 Costs	9	20
Sub Total	**437**	**14,078**
Discretionary:		
I.T.	261	929
Equipment	107	446
Statutory Compliance	0	0
Estates	80	2,761
Other	50	2,057
Sub Total	**497**	**6,193**
Total	**935**	**20,271**
Less NBV reinvested		(368)
Total Funding from WG	**935**	**19,903**

Balance sheet

28. The Trust's balance sheet at Month 5 is shown at *Annex 2* and at this stage of the year there are no concerns.

Risks and assumptions within the current financial position

- **New Microsoft Enterprise Agreement**

29. 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 has meant an additional cost of circa £0.200m for 2019/20, and for which part of the negotiated deal has resulted in this being paid up front earlier in the financial year, rather than by quarterly instalments as in the past – this is in line with the rest of the NHS in Wales. The full year recurring cost is slightly greater than this however - therefore how this will be resourced will need to be built into the financial plan and budget setting for 2020/21 and beyond.

- **Holiday pay**

30. 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.

31. 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.

32. Based on an agreed all Wales approach, no additional accruals are included within the 2019/20 position at present with a medium rated risk of £1.0m (full year estimated cost) being 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 further met by the Welsh Government – however this risk includes the potential for this not to be the case. This is a consistent approach being taken across all NHS Wales organisations.

- **ESMCP**

33. This project is delayed nationally with the result that it is necessary to extend the existing Airwave contract which will result in 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. These discussions will be accelerated now as additional costs of extending the current service provision have started to be incurred in Month 5, for which WG funding is assumed. Should this funding however not be available this could present a significant financial risk to the Trust. A further detailed update on this will be provided to the Finance & Performance Committee in October.

Forecast and future planning

34. The Trust Board received a paper on 28th March 2019 which set out the initial 2019/20 budget. This provided for a contingency budget of £0.5m together with circa £0.8m of residual funding to be prioritised by the Executive Finance Group. Of this the majority has now been allocated with £0.195m remaining against the contingency budget. Annex 3 provides details of the allocations.

35. This indicates that whilst affordable in 2019/20 there is a requirement to identify additional funding to reinstate the contingency budget to £0.500m for future years if schemes agreed are of a recurrent nature. This will need to be built into our future financial plans together with some assumptions in relation to the risks noted above. This approach has been agreed by the Executive Finance Group and EMT.

36. In addition, to date £0.334m of "*A Healthier Wales*" funding has been committed leaving a current £1.125m remaining – with decision on the final allocation for this financial year imminent.

Welsh Government Monthly monitoring returns

37. As now required by Welsh Government, *Annexes 4, 5, 6 and 7* attached provide the Board with copies of the Monthly Monitoring Return narrative and tables submitted to WG for Months 4 and 5, for information.

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	34	313
111 Costs	20	9	20
			0
Total ICT AWCP	**333**	**42**	**333**
Estates 19/20			
Brokerage return of St Asaph	- 400	-159	- 400
Cardiff Make Ready Depot FBC Fees	559	79	559
TOTAL Estates 19/20	**159**	**- 80**	**159**
Fleet 2019/2020 BJC			
EMS Chassis 19-20	1,838	0	1,838
EMS Conversion 19-20	3,572	0	3,572
EMS Comms 19-20	194	0	194
EMS Equipment 19-20	1,390	125	1,390
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	4	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	1	45
Specialist (HART) Secondary Equipment Carriers Chassis 19-20	161	0	161
Specialist (HART) Secondary Equipment CarriersConversion 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	27	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**	**475**	**13,586**
Non-Discretionary Capital TOTAL	**14,078**	**437**	**14,078**
Funded from Discretionary Capital 2019/20			
Fleet Other - 8810			0
Fleet Safety Costs - repairs to vehicles	150	13	150
Asset De-recognition - engine replacement for 515's	150	89	150
Repayment to Discretionary 2019/20 - Utilised in 2018/19	- 319	-319	- 319
Fleet Other 8810 - TOTAL	**- 19**	**- 218**	**- 19**
Fleet 2018/19 BJC			
EMS Conversion 18-19	6	6	6
RRV Chassis 18-19	-	-3	-
RRV Conversion 18-19	7	31	7
PCS Large Renault Master (Double Wheelchair) Conversion 18-19	1	1	1
Specialist (NREV) Conversion 18-19	9	15	9
Project Costs 18-19	-	1	-
Specialist (Driver Training) Conversion 18-19	6	6	6
Additional Communication Equipment ORH	1	1	1
Fleet 2017/18 BJC			
PCS Large Renault Master (stretcher) COMMS 17-18	-	3	-
PCS Large Renault Master (Double Wheelchair) COMMS 17-18	-	5	-
Total FLEET	**30**	**66**	**30**

ICT Projects - 8830			
General replacement and new hardware	283	136	283
Upgrade of WAST 999 Cisco Phone System	15	-	15
EMS CCC -CAD Phase 2 & 3 Implementation	120	21	120
CRS - ESMCP	254	- 0	254
Matrix ICT hardware	95	95	95
Extension to staff devices Pilot	-	1	-
Training School @ Ty Elwy - slippage 18/19	15	8	15
NEPTS CAD Business Case	60	0	60
NEPTS CALL Taking Integration Infrastructure (Licenses included)	16	0	16
NEPTS PDA's	20	0	20
Patient Level Information Costing System (PLICS) (Software included)	51	0	51
ICT Projects - 8830 TOTAL	**929**	**261**	**929**
Estates Projects - 8840			
2019-20 Projects			
Estates top slice:			
Replacement AC condensers VPH	30	0	30
MRD Dobshill – Refurbishment	35	0	35
Installation of AC at AFSRC Wrexham	25	4	25
Bangor Workshops – Repairs and Improvements	27	2	27
Bryn Tirion– Repairs and Improvements	42	0	42
Improvements and Refurbishments at Llanwrst Ambulance Station	26	0	26
Install Door Access systems and Staff ID cards – Pilot	40	0	40
Bassaleg – Replacement water main and ground works	25	0	25
Welshpool- Sluice Room and stores upgrade	25	0	25
RS Dolgellau – Relocation and Maintenance	25	0	25
Corwen Reroof	45	0	45
Estates Allocation	155	0	155
Design fees	100	9	100
Matrix House Swansea	600	0	600
Relocation of Cowbridge AS to Cowbridge Fire Station	125	0	125
Relocation of Monmouth AS to Monmouth Fire Station (Establish an SDP at Monmouth)	125	0	125
Abergavenny - renew roof and upgrade WC area	170	0	170
Blackwood- renew roof and upgrade welfare area	140	0	140
Pembroke Dock – Phase 2 Wash & Stock	330	0	330
Replacement Garage Door - Various Sites	120	0	120
2018-19 Projects			
Bryn Tirion - Replacement Lighting and Mechanical Ventilation to Control Room and associated works	1	47	1
Colwyn Bay Amb Station - Replacement Boiler, Distribution and Controls	-	2	-
Bangor & Caernarfon Amb Stations - Replacement Kitchens and associated works	-	0	-
Snowdon House - Replacement mechanical servicers	5	0	5
Cowbridge	14	5	14
Cefn Coed Relocation	3	-47	3
Relocation of Staff off Lansdowne	1	12	1
Glynneath Replacement Garage Door	-	-3	-
Newtown Replacement Garage Door	-	-1	-
Unit 7 - HQ St Asaph relocation (Training School)	97	15	97
2017-18 Projects			
Llanidloes extension and relocation to Fire Station due to structural and asbestos issues at existing station	-	17	-
VPH CCC Technology refresh	30	2	30
Unit 7 - HQ St Asaph Relocation - Repayment to WG	400	14	400
2016-17 Projects			
Holyhead Roof	-	1	-
Estates Projects- 8840 TOTAL	**2,761**	**79**	**2,761**
Equipment - 8820			
OHCA Improvement Plan	28	15	28
Control Drug Safe	113	113	113
Cycle Medical Response expanded into ABHB area	89	0	89
Community First Responders Training Equipment	45	19	45
Community First Responders Equipment	160	112	160
Equipment - 8820 TOTAL	**435**	**259**	**435**
Project Support Costs - salary paid from capital	**350**	**50**	**350**
Discretionary Capital 2019/20 TOTAL	**4,486**	**496**	**4,486**
Non-Discretionary Capital Total	**14,078**	**437**	**14,078**
Discretionary & Non-Discretionary TOTAL	**18,564**	**935**	**18,564**
Unallocated Discretionary Capital (incl NBV proceeds)	**1,707**	**0**	**1,707**
Unapproved/Overspend Schemes	**0**	**0**	**0**
CAD underspend	**0**	**0**	**0**
	-		-
TOTAL CAPITAL PROGRAMME	**20,271**	**935**	**20,271**

Annex 2 - Balance Sheet

	Opening Balance Beginning of Apr 19	Closing Balance End of Aug 19	Forecast Closing Balance End of Mar 20
Non-Current Assets	£'000	£'000	£'000
Property, plant and equipment	79,336	73,678	81,281
Intangible assets	5,713	5,116	5,713
Trade and other receivables	523	523	500
Other financial assets	-	-	-
Non-Current Assets sub total	**85,572**	**79,317**	**87,494**
Current Assets			
Inventories	1,418	1,419	1,200
Trade and other receivables	7,372	5,581	7,372
Other financial assets	-	-	-
Cash and cash equivalents	13,626	10,472	326
Non-current assets classified as held for sale	130	130	-
Current Assets sub total	**22,546**	**17,602**	**8,898**
TOTAL ASSETS	**108,118**	**96,919**	**96,392**
Current Liabilities			
Trade and other payables	23,673	12,110	10,314
Borrowings	941	311	-
Other financial liabilities	-	-	-
Provisions	4,884	5,624	5,624
Current Liabilities sub total	**29,498**	**18,045**	**15,938**
NET ASSETS LESS CURRENT LIABILITIES	**78,620**	**78,874**	**80,454**
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**	**72,646**	**74,226**
FINANCED BY:			
Taxpayers' Equity			
PDC	68,386	68,386	70,085
Retained earnings	(6,254)	(6,248)	(6,254)
Revaluation reserve	9,514	10,508	10,395
Other reserve	-	-	-
Total Taxpayers' Equity	**71,646**	**72,646**	**74,226**

Annex 3 - Contingency / Reserve Budgets Month 05 2019/20

	Contingency £000	Unallocated Opening Budget £000	Healthier Wales £000	Total £000
Opening Annual Budget	**500**	**798**	**1,725**	**3,023**
Month 1				
FALLS Expenditure - April 2019			-45	-45
Month 2				
FALLS Expenditure - May 2019			-49	-49
Clinical & Medical Directorate (Clinical Audit Staff) - To Be Released Non Recurrently		-40		-40
Month 3				
Increase in Volunteer Mileage Rates from 1st June 2019		-55		-55
FALLS Expenditure - June 2019			-40	-40
Month 4				
FALLS Expenditure - July 2019			-45	-45
Demand & Capacity Review - EMS & CCC		-135		-135
111 Income Removal for Healthier Wales plan as funded at cost			-42	-42
Month 5				
FALLS Expenditure - August 2019 (Estimate)			-45	-45
Planning & Performance Restructure Costs - 19/20		-51		-51
Big Bang Recruitment (6 week Training Costs and non pay) - no overtime restriction) - Month 5 Costs		-15		-15
Actual Balance as at Month 4	**500**	**502**	**1,459**	**2,461**
Committed But Not Released				
Communications Restructure Costs - assumed Oct 19 start		-61		-61
Big Bang Recruitment (6 week Training Costs and non pay) - no overtime restriction) - Month 6 onwards		-328		-328
APP Business Case (WAST Contribution of £500k. Therefore utilising the £410k budget set for big bang recruitment training costs)		-90		-90
50/50 Split Funding for APP Business Case (Note 1)		137		137
Current challenges to the provision of Occ Health Services - (1xB7 Business Support Manager and 2xB6 Nurses. All FT until 31/3/20)		-86		-86
Emergency Services Day		-10		-10
EFG Prioritisation				
REF 1 : Conditional Survey of Estates	-26	-64		-90
REF 3 :Demand & Capacity Review - NEPTS - Estimate	-68			-68
REF 5 : P&P - Optima Support (on going consultancy support and part year of 1 wte 19/20 and full year 1xwte 20/21)	-73			-73
REF 7 : WAST - DBS Checks (830 checks and 2xB3 staff for 12 weeks)	-48			-48
REF 8 : QSPE - SAI and Complaints - Quality Assurance Process in CCC (2 x Band 7 .... Assumed 4 months in 19/20)	-28			-28
REF 11 : Ops - Head of Resilience - Civil Contingencies Requirements (2xB6 ... Assumed 3 months in 19/20)	-25			-25
REF 12 :WAST - Welsh Language Standards	-5			-5
REF 14 :Nursing Uniform	-16			-16
REF 16 : QSPE - SAI and Complaints - Datix System Intelligence (1 x Band 5 ... Assumed 4 months in 19/20)	-9			-9
REF 17 : Board Secretary - IBABS	-7			-7
EASC Approved Healthier Wales Bids				
Older People (Band 8a)			-19	-19
Healthier Wales Ongoing Costs				
FALLS Expenditure (based on current scheme numbers) - Sept 19 to March 20 (Estimate)			-315	-315
Remaining Budget as at Month 5	**195**	**0**	**1,125**	**1,320**

Note

Not including any increase in plan for profit on disposals (c£350k)

Annex 4

WAST MMR M4
1920.pdf

Annex 5

Month 04 - Welsh
Ambulance Services N

Annex 6

WAST Monitoring
returns – m05.pdf

Annex 7

Month 05 - Welsh
Ambulance Services

Pencadlys Rhanbarthol Ambiwlans a Chanolfan Cyfathrebu Clinigol
Regional Ambulance Headquarters and Clinical Contact Centre
Tŷ Vantage Point / Vantage Point House, Tŷ Coch Way, Cwmbran NP44 7HF
Tel/Ffôn 01633 626262   Fax/Ffacs 01633 626299
www.ambulance.wales.nhs.uk

<u>Interim Director of Finance, ICT, HIOffice</u>

Your Ref: WAST\m03\ajh\nj

Contact: Chris Turley
Direct Line: 01633 626182
Email: chris.turley2@wales.nhs.uk

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

13thAugust 2019

Dear Andrea

Re: JULY 2019 (MONTH 4 2019/20) MONITORING RETURN

Please find attached the Monitoring Returns for July 2019.

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

In line with our approved IMTP, our budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and agreed with our Commissioners.

The Trust's performance against financial targets for Month 4 2019/20 is as follows:-

1.   Actual Year to Date and Forecast Under/Overspend 2019/20 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the zero based budget setting approach. The key funding assumptions, all agreed by the Commissioner in our IMTP, for 2019/20 being that the 2018/19 funding is fully recurrent, and the 2019/20 funding will include:-
*   2% uplift for core cost growth, which includes funding to meet the first 1% of the 2019/20 pay award costs.
*   Funding to support the A4C 3 year pay award.

Cadeirydd Dros Dro/Chair: Martin Woodford
Prif Weithredwr/Chief Executive: Jason Killens
Mae'r Ymddiriedoloeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg
The Trust welcomes correspondence in Welsh or English

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

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

- A further 1% funding to specifically be incurred on additional costs associated with delivering "A Healthier Wales". Healthier Wales income is being recovered via EASC allocation and NEPTS SLAs. WAST has submitted the first round of bids in July 2019 to EASC on proposed spending areas for 19/20 and WAST await the outcome.
- Impact of Previously Agreed Developments/other adjustments.

The reported performance at Month 4 as per Table B is a small year to date under-spend against budget of £0.001m. This is in line with the overall forecast balanced position.

The pay position at Month 4 is a favourable variance of £0.323m. A high level of pay savings are reported in the majority of corporate functions due to funded vacancies. Financial pressures are starting to emerge to support front line operational spend to support 'red' performance and overrun costs from hospital handover delays.

The accounting treatment of a potential liability in relation to the impact of voluntary overtime on holiday pay was included in WAST's 2018/19 position as per legal advice given to all NHS Wales organisations. In line with the standard approach advised for all NHS Wales organisations no further accruals have currently been added for 2019/20. It is assumed that if the methodology used in the 2018/19 accrual changes as part of the appeal outcome, and the previous accrual is not sufficient, any additional costs from 2018/19 and any impact for 2019/20 would be met by Welsh Government.We currently await the detail if this appeal is now to be raised at the Supreme Court.

The non-pay position at Month 4 is an adverse variance of £0.411m. Main variances are fuel (due to increased forecourt prices of fuel in the early part of the year and increased litres used in July 19), pressures on Fleet Maintenance costs, travel and subsistence costs including excess mileage claims, taxis supporting Non Emergency Patient Transport Services but proactive measure in July 19 has reduced this level of overspend, and use of voluntary sector organisations. Expenditure incurred on the continuation of FALLS support totalled £0.183m, this has been allocated against the Healthier Wales income allocation.

Income at Month 4 shows a favourable variance of £0.089m. This position includes additional income from local developments with Welsh NHS Health Boards, provision of ambulance cover at sporting events and recovery of income from Extra Contractual Referrals within the Non Emergency Patient Transport Services.

2.   Underlying Position (Table A1)

This table has been completed in line with the guidance provided. It should be noted that any underlying cost pressures are offset by recurrent savings in current and future year's financial plans. Further updates will be provided on a quarterly basis.

3.   Monthly Positions (Table B)

We can confirm that the Month 4 submission reflects the non-cash position (excluding unapproved schemes) reported in our 2nd August 2019 non-cash submission forecasts. Funding adjustments relating to this are reflected in Table E. **(Action Point 3.3)**

4.   Net Expenditure Profile Analysis (Table B1)

We can confirm that we have re-profiled the variable pay in line with current expectations, however it should be noted that this may change once posts are filled.**(Action Point 2.2)**

Following a detailed review, the reason for the difference of £2.723m is shown in Table B1, as at Month 4, the difference relates to the movement in lines 10-16 of Table B and an increase in the income, per the reconciliation below **(Action Point 2.3)**:

2

		M4		M1 (PLAN)	Change between M4-M1
Income		-200,685	-	195,390	- 5,295
Pay		141,611		141,030	581
Non Pay		41,368		39,226	2,142
Losses, Special Payments and Irrecoverable Debts		435		-	435
Total Interest Receivable		-54	-	33	- 21
Total Interest Payable		37		37	-
DEL - Depreciation, Accelerated Depreciation & Impairments		16,742		14,930	1,812
AME - Depreciation & Impairments		1,196		-	1,196
Non Allocated Contingency		0		500	- 500
Profit / Loss on asset disposal		-650	-	300	- 350

5. Agency/Locum (premium) Expenditure (Table B2 Section B/C)

Agency costs for Month 4 totalled £0.015m. The current percentage of year to date agency costs against the total pay figure is 0.1%, this is to cover vacancies, at present it is assumed that this will remain fairly constant throughout the year, however the Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table will be monitored and updated on a monthly basis.

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

For Month 4 the Trust is reporting planned savings of £0.778m and actual savings of £0.805m, thus a slight overachievement of plan. The Trust is forecasting to achieve the full planned savings of £2.100m during the financial year.

7. Income/Expenditure Assumptions (Tables D and E)

These are set out in Tables D and E.

Non EASC income assumptions are in line with additional services provided by WAST, however as these are 'variable' items of income these are included on line 2, in the anticipated section however at present there is no known risks to achieving these values.

The EASC costs have been shown in the WHSSC column in Table E.

As above, WHSSC / EASC values are consistent with that agreed and supported within the IMTP.

3

8. Healthcare agreements and Major Contracts

As at Month 4 2019/20, no NHS Wales organisations has raised any issues with WAST's LTA/SLA's.

9. Risk (Table F)

At present there are no high likelihood risks that the Trust is aware of and as we move through the early part of 2019-20 we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.

As our current savings performance is over achieving the plan to Month 4 by £0.027m and with a forecast balanced year end position being reported the current risk of not achieving the savings plans has been removed from Table F. Internal monitoring of savings performance continues through the financial governance meetings of Executive Finance Group and Finance and Performance Committees. **(Action Point 3.1)**

As mentioned above, an accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay of £1.505m was included within the Trust's 2018/19 financial position. This related to an estimate made on the impact for the two years ended 31 March 2019. We await the detail if this appeal is now to be raised at the Supreme Court. No accruals are included within the 2019/20 position at present but we have included a medium rated risk of £1.0m cost for 2019/20 for this, should this not be funded. This estimate is based on the methodology adopted for the 2018/19 accrual however, if these change as part of the appeal outcome, and the previous accrual is not sufficient, the assumption does remain that any additional costs from 2018/19 and the full cost for 2019/20 would be met by Welsh Government.

Given the pressures the Trust felt last winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.

A further potential risk not yet fully quantified here relates to the continuation in Airwave costs as a result of the continuing delay in the implementation of ESMCP. Discussions will continue with WG over this, but again theTrust assumes any additional cost associated with this for this financial year and beyond will continue to be funded by WG, in the way Airwave (and through approved constituent business cases, ESMCP is being) has previously been funded. This has been included in Table F with an unquantified value at present, once the Trust has a further update on this, it will be reported back to WG.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Table G & N)

The Statement of Financial Position has been completed for Month 4.

The Trust is pleased to confirm at Month 4 that there was only four invoices over 17 weeks old, however these are extremely small in value and no queries have been raised against these invoices.

11. Cash flow (Table H)

The cash flow has been completed in accordance with the guidance.

Following a review of the cash flow during Month 4, no major adjustments have been made.

MONTHLY CASHFLOW FORECAST 2019-20	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
VAT refund	210	143	285	453	250	150	180	150	150	80	100	150	2,301
Risk pool refund	0	0	10	166	0	0	0	0	0	0	0	0	176
Pension Agency				0									0
Other Operating income	192	73	393	99	139	139	139	136	135	135	135	134	1,849
Total	402	216	688	718	389	289	319	286	285	215	235	284	4,326

Details of 'Other' receipts as shown within line 7 of Table H are shown above.

12. Public Sector Payment Compliance (Table I)

This has been completed for Quarter 1 and shows 97.4% of non NHS invoices were paid within 30 days by value and 96.4% by number. Work continues internally to improve the NHS payment performance during 2019/20 and in order to raise awareness of the importance of the payment performance for NHS invoices, as well as Non-NHS invoices, an informative e-mail has been circulated to all Oracle users and a staff notice has also been published on the Trust's intranet page 'Siren Online'. **(Action Point 3.2)**

13. Capital (Tables J, K and L)

The capital tables have been completed in accordance with the guidance given, profiles are still being established as contracts are awarded and orders placed, therefore these are likely to change over the coming months as details are confirmed. As is normal the bulk of the capital expenditure is in the final Quarter of the financial year.

The current tables include the latest CEL which was issued on 25th July 2019.

We can confirm the negative figures shown within Tables J and K are correct, the brokerage return of St Asaph, is a repayment to the AWCP thus has to be negative, any other negative amounts relates to either repayment of internally brokered items or VAT recoveries. **(Action Point 3.4 (3.3 per the reply letter))**

14. External Financing Limit (EFL) (Table M)

This has been completed in accordance with the guidance.

15. Governance Arrangements and Committee(s) to receive Financial Monitoring Return

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

The Month 4 Financial Monitoring Return will be 'tabled' and supported by a Financial Performance paper at the Trust Board meeting due to be held on 19th September 2019. Future month's returns, dependant on diary dates will either be 'tabled' at future Trust Board meetings or via the Finance and Performance Committee.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return due to annual leave commitments contain Gwen Kohler, Interim Deputy Director of Finance and Brendan Lloyd, Deputy Chief Executive and Medical Director.

16.   Other Issues

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

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

Yours sincerely

Gwen Kohler
Deputy Director of Finance (Interim)

Dr Brendan Lloyd
Deputy Chief Executive and Medical Director

enc
cc:
Mr M Woodford, Chairman
Mr J Killens, Chief Executive
Mr C Turley, Interim Director of Finance and ICT
Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2019-20

Your organisation is showing as:	**WELSH AMBULANCE TRUST**
Period is showing as:	**JUL 19**
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B1 : NET EXPENDITURE PROFILES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : AGENCY	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : SAVINGS TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : REV ANTICIPATED	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE H : CASH FLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J : CAPITAL EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE L : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE M : EFL	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE

TOTAL ERRORS FOR YOUR JUL 19 RETURN IS	**YOUR RETURN HAS ZERO ERRORS**

Welsh Ambulance Trust

Period :   Jul 19

Summary of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Net Surplus / (Deficit)	1	0

Welsh Ambulance Trust

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG
Lines 1 - 11 should not be adjusted after Month 1

		In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	-6,034		-6,034	-6,034
3	**Opening Cost Pressures**	**-6,034**	**0**	**-6,034**	**-6,034**
4	Identified Savings Plan (Positive Value)	2,100	0	2,100	2,100
5	Savings / Mitigating Actions Yet To Be Identified (Positive Value)				
6	Welsh Government Funding (Positive Value)				
7	Net Income Generated (Positive Value)	0	0	0	0
8	Planned Accountancy Gains (Positive Value)	0	0	0	0
9	Release of Uncommitted Contingencies & Reserves (Positive Value)				
10	Income Generation as per IMTP	3,934		3,934	3,934
11	**Opening Financial Plan**	**0**	**0**	**0**	**0**
12	Cost Pressures b/fwd from Previous Year - unidentified within 3 year plan (Negative Value)				
13	Opening Plan Savings - Forecast (Underachievement) / Overachievement	0	0	0	0
14	Additional In Year Identified Savings - Forecast (Positive Value)	0	0	0	0
15	Additional In Year Identified Accountancy Gains (Positive Value)	0	0	0	0
16	Additional Net Income Generated (Positive Value)	0	0	0	0
17	Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	0	0	0	0
18	Release of Previously Committed Contingencies & Reserves (Positive Value)	0			
19	Additional In Year Welsh Government Funding (Positive Value)	0			
20		0			
21		0			
22		0			
23		0			
24		0			
25		0			
26		0			
27		0			
28		0			
29		0			
30		0			
31		0			
32		0			
33		0			
34		0			
35		0			
36		0			
37		0			
38	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**0**	**0**	**0**

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	In Year Effect £'000
18													0
19													0
20													0
21													0
22													0
23													0
24													0
25													0
26													0
27													0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35													0
36													0
37													0

Table A1 - Underlying Position

This Table is currently showing 0 errors

Section A - Traditional Analysis	IMTP Underlying Position b/f £'000	Future IMTP Underlying Position c/f £'000
1 Previous Year's Outturn / Current Year's Forecast Outturn	57	0
2 Non Recurring Savings (Negative Value)	0	0
3 Non Recurring Mitigating Actions (Negative Value)		
4 Non Recurring RRL Income - Allocated (Negative Value)		
5 Non Recurring RRL Income - Anticipated (Negative Value)		
6 Non Recurring Other Income/Disposals (Negative Value)	(210)	(300)
7 Non Recurring Accountancy Gains (Negative Value)		0
8 Non Recurring Cost Avoidance - Outside of Savings Plan (Negative Value)		
9 Full Year Effect of Recurring Savings Adjustment (Full Year less In Year) (Positive Value)	153	0
10 Full Year Effect of New Cost Pressures Adjustment (Full Year less In Year) (Negative Value)		
11 Other Non Recurring Factors (Negative Value) - please specify in narrative		
12 Other Non Recurring Factors (Positive Value) - please specify in narrative		300
13 **Total**	**0**	**0**

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

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

Welsh Ambulance Trust

Table B - Monthly Positions   This Table is currently showing 0 errors   Period :   Jul 19

			1	2	3	4	5	6	7	8	9	10	11	12		
	A. Monthly Summarised Statement of Comprehensive Net Income		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Capital Donation / Government Grant Income	Actual/F'cast													0	0
2	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	2,476	2,328	2,405	2,470	2,543	2,543	2,544	2,544	2,544	2,544	2,544	2,544	9,679	30,029
3	WHSSC Income	Actual/F'cast	12,390	13,083	13,057	12,349	13,498	13,498	13,498	13,498	13,498	13,498	13,498	13,500	50,879	158,865
4	Welsh Government Income	Actual/F'cast	29	200	132	212	153	153	153	153	153	153	153	153	573	1,797
5	Other Income	Actual/F'cast	1,329	356	464	2,774	633	634	633	634	633	634	633	637	4,923	9,994
6	**Income Total**		16,224	15,967	16,058	17,805	16,827	16,828	16,828	16,829	16,828	16,829	16,828	16,834	66,054	200,685
7	Pay	Actual/F'cast	11,892	11,607	11,719	11,589	11,725	11,736	11,740	11,708	11,672	12,081	11,787	12,355	46,807	141,611
8	Non Pay	Actual/F'cast	3,095	3,112	3,071	3,199	3,738	3,725	3,721	3,753	3,789	3,381	3,674	3,110	12,477	41,368
9	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	0	69	34	57	35	34	34	35	34	34	34	35	160	435
10	Exceptional (Income) / Costs	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Total Interest Receivable	Actual/F'cast	(11)	(9)	(7)	(7)	(6)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(34)	(54)
12	Total Interest Payable	Actual/F'cast	3	3	3	3	3	3	3	3	3	3	3	4	12	37
13	DEL - Depreciation, Accelerated Depreciation & Impairments	Actual/F'cast	1,244	1,244	1,244	1,848	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,397	5,580	16,742
14	AME - Depreciation & Impairments	Actual/F'cast	0	0	0	1,196	0	0	0	0	0	0	0	0	1,196	1,196
15	Non Allocated Contingency	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Profit / Loss on asset disposal	Actual/F'cast	0	(59)	(6)	(80)	(63)	(63)	(63)	(63)	(63)	(63)	(63)	(64)	(145)	(650)
17	**Cost Total**		16,223	15,967	16,058	17,805	16,827	16,828	16,828	16,829	16,828	16,829	16,828	16,835	66,053	200,685
18	**Net surplus/ (deficit)**	Actual/F'cast	1	0	0	0	0	0	0	0	0	0	0	(1)	1	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000
19. Actual YTD surplus/ (deficit)	1
20. Actual YTD surplus/ (deficit) last month	1
21. Current month actual surplus/ (deficit)	0
22. Average monthly surplus/ (deficit) YTD	0 Trend ▼
23. YTD /remaining months	0

Full-year surplus/ (deficit) scenarios	£'000
24. Extrapolated Scenario	1
25. Year to Date Trend Scenario	3

C. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	DEL															
26	Baseline Provider Depreciation	Actual/F'cast	1,244	1,244	1,244	1,333	1,266	1,266	1,266	1,266	1,266	1,266	1,266	1,269	5,065	15,196
27	Strategic Depreciation	Actual/F'cast				515	129	129	129	129	129	129	129	128	515	1,546
28	Accelerated Depreciation	Actual/F'cast													0	0
29	Impairments	Actual/F'cast													0	0
30	Other (Specify in Narrative)	Actual/F'cast													0	0
31	**Total**		1,244	1,244	1,244	1,848	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,397	5,580	16,742
	AME															
32	Donated Asset Depreciation	Actual/F'cast													0	0
33	Impairments	Actual/F'cast				1,196									1,196	1,196
34	Other (Specify in Narrative)	Actual/F'cast													0	0
35	**Total**		0	0	0	1,196	0	0	0	0	0	0	0	0	1,196	1,196

D. Accountancy Gains

			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
36	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
37	General contingency	Actual/F'cast	0	0	0	0	45	45	45	45	45	45	45	50	0	365
38		Actual/F'cast													0	0
39		Actual/F'cast													0	0
40		Actual/F'cast													0	0
41		Actual/F'cast													0	0
42		Actual/F'cast													0	0
43		Actual/F'cast													0	0
44		Actual/F'cast													0	0
45		Actual/F'cast													0	0
46		Actual/F'cast													0	0
47		Actual/F'cast													0	0
48		Actual/F'cast													0	0
49		Actual/F'cast													0	0
50		Actual/F'cast													0	0
51		Actual/F'cast													0	0
52		Actual/F'cast													0	0
53		Actual/F'cast													0	0
54		Actual/F'cast													0	0
55		Actual/F'cast													0	0
56		Actual/F'cast													0	0
57		Actual/F'cast													0	0
58		Actual/F'cast													0	0
59		Actual/F'cast													0	0
60		Actual/F'cast													0	0
61		Actual/F'cast													0	0
62		Actual/F'cast													0	0
63		Actual/F'cast													0	0
64		Actual/F'cast													0	0
65	**Total**		0	0	0	0	45	45	45	45	45	45	45	50	0	365
		Phasing	0%	0%	0%	0%	12%	12%	12%	12%	12%	12%	12%	14%	0%	

Welsh Ambulance Trust

Table B1 - Net Expenditure Profile Analysis

This Table is currently showing 0 errors

A. PAY EXPENDITURE ANALYSIS

	Pay - Expenditure Profiles	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Total Gross Pay Expenditure - Plan	12,047	11,829	11,824	11,814	11,816	11,817	11,815	11,814	11,815	11,812	11,814	11,813	47,514	142,030
2	Establishment - Actual/Forecast Gross	11,236	10,858	10,894	10,795	10,931	10,941	11,043	11,159	11,223	11,630	11,288	11,855	43,783	133,853
3	Variable - Actual/Forecast Gross	800	871	878	874	850	850	750	600	500	500	550	550	3,423	8,573
4	Agency/Locum Paid at a Premium - Actual/Forecast Gross	11	17	25	17	17	17	17	17	17	17	17	17	70	206
5	Committed Reserves - Actual/Forecast Gross													0	0
6	Other - Actual/Forecast Gross														
7	Total Gross Expenditure - Actual/Forecast	12,047	11,746	11,797	11,686	11,798	11,808	11,810	11,776	11,740	12,147	11,855	12,422	47,276	142,632
8	Gross Expenditure Variance	0	(83)	(27)	(128)	(18)	(9)	(5)	(38)	(75)	335	41	609	(238)	602
9	Total Gross Workforce Savings - Plan	121	108	87	79	78	79	79	78	78	77	71	65	395	1,000
10	Establishment Savings - Actual/Forecast Gross	94	82	43	49	14	13	12	11	11	11	12	12	268	364
11	Variable Pay Savings - Actual/Forecast Gross	61	57	35	48	59	59	58	57	57	55	56	55	201	657
12	Agency/Locum Paid at a Premium Savings - Actual/Forecast Gross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Other Workforce Savings - Actual/Forecast Gross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Total Workforce Savings - Actual/Forecast Gross	155	139	78	97	73	72	70	68	68	66	68	67	469	1,021
15	Gross Pay Savings Variance	34	31	(9)	18	(5)	(7)	(9)	(10)	(10)	(11)	(3)	2	74	21
16	Pay Accountancy Gains - Plan													0	0
17	Pay Accountancy Gains - Actual/Forecast													0	0
18	Pay Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Net Expenditure - Plan	11,926	11,721	11,737	11,735	11,738	11,738	11,736	11,736	11,737	11,735	11,743	11,748	47,119	141,030
20	Net Expenditure - Actual/Forecast (as per Table B)	11,892	11,607	11,719	11,589	11,725	11,736	11,740	11,708	11,672	12,081	11,787	12,355	46,807	141,611
21	Net Expenditure - Variance	(34)	(114)	(18)	(146)	(13)	(2)	4	(28)	(65)	346	44	607	(312)	581

B. NON PAY (including drugs/ excl depreciation) EXPENDITURE ANALYSIS

	Non Pay - Expenditure Profiles	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
22	Total Gross Non Pay Expenditure - Plan	3,180	3,357	3,382	3,382	3,378	3,397	3,379	3,375	3,377	3,378	3,373	3,368	13,301	40,326
23	Non Pay - Actual/Forecast Gross	3,180	3,189	3,158	3,286	3,787	3,792	3,769	3,796	3,834	3,429	3,716	3,146	12,813	42,082
24	Non Pay - Secondary Care Drugs - Actual/Forecast Gross													0	0
25	Committed Reserves - Actual/Forecast Gross	0	0	0	0	45	45	45	45	45	45	45	50	0	365
26	Total Expenditure - Actual/Forecast	3,180	3,189	3,158	3,286	3,832	3,837	3,814	3,841	3,879	3,474	3,761	3,196	12,813	42,447
27	Non Pay Expenditure Variance	0	(168)	(224)	(96)	454	440	435	466	502	96	388	(172)	(488)	2,121
28	Total Non Pay & Medicines Management Savings - Plan	111	89	85	98	86	106	96	84	83	92	82	88	383	1,100
29	Non Pay Savings - Actual/Forecast Gross	85	77	87	87	94	112	93	88	90	93	87	86	336	1,079
30	Medicines Management Savings - Actual/Forecast Gross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Total Non Pay/ Medicine Management Savings - Actual/Forecast Gross	85	77	87	87	94	112	93	88	90	93	87	86	336	1,079
32	Non Pay/Medicines Management Savings Variance	26	12	(2)	11	(8)	(6)	3	(4)	(7)	(1)	(5)	2	47	21
33	Non Pay Accountancy Gains - Plan													0	0
34	Non Pay Accountancy Gains - Actual/Forecast													0	0
35	Pay Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Net Expenditure - Plan	3,069	3,268	3,297	3,284	3,292	3,291	3,283	3,291	3,294	3,286	3,291	3,280	12,918	39,226
37	Net Expenditure - Actual/Forecast (as per Table B)	3,095	3,112	3,071	3,199	3,738	3,725	3,721	3,753	3,789	3,381	3,674	3,110	12,477	41,368
38	Net Expenditure - Variance	26	(156)	(226)	(85)	446	434	438	462	495	95	383	(170)	(441)	2,142

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	1,913	1,819	1,888	1,860	1,930	1,934	1,944	1,944	1,945	1,957	1,946	2,187	7,480	23,267
2	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Nursing & Midwifery Registered	764	781	784	686	821	815	818	818	817	825	820	818	3,015	9,567
4	Prof Scientific & Technical	26	(26)	0	0	0	0	0	0	0	0	0	0	0	0
5	Additional Clinical Services	4,425	4,306	4,235	4,226	4,059	4,076	4,067	4,054	4,041	4,222	4,091	4,047	17,192	49,849
6	Allied Health Professionals	4,615	4,602	4,665	4,674	4,763	4,759	4,759	4,740	4,718	4,923	4,779	5,151	18,556	57,148
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	149	125	147	143	152	152	152	152	151	154	151	152	564	1,780
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	11,892	11,607	11,719	11,589	11,725	11,736	11,740	11,708	11,672	12,081	11,787	12,355	46,807	141,611

	0	0	0	0	0	0	0	0	0	0	0	0

B - Agency / Locum (premium) Expenditure
- Analysed by Type of Staff

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	11	17	25	15	17	17	17	17	17	17	17	17	68	204
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	11	17	25	15	17	17	17	17	17	17	17	17	68	204

11	Agency/Locum (premium) % of pay	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
		0	0	0	0	0	0	0	0	0	0	0			

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

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	11	17	25	15	17	17	17	17	17	17	17	17	68	204
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	11	17	25	15	17	17	17	17	17	17	17	17	68	204

Welsh Ambulance Trust

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Non Pay	Budget/Plan	111	89	85	98	86	106	96	84	83	92	82	88	383	1,100		1,100	0		
11		Actual/F'cast	85	77	87	87	94	112	93	88	90	93	87	86	336	1,079	31.14%	1,079	0	0	1,079
12		Variance	(26)	(12)	2	(11)	8	6	(3)	4	7	1	5	(2)	(47)	(21)	(12.27%)	(21)	0		
13	Pay	Budget/Plan	121	108	87	79	78	79	79	78	78	77	71	65	395	1,000		1,000	0		
14		Actual/F'cast	155	139	78	97	73	72	70	68	68	66	68	67	469	1,021	45.94%	1,021	0	0	1,021
15		Variance	34	31	(9)	18	(5)	(7)	(9)	(10)	(10)	(11)	(3)	2	74	21	18.73%	21	0		
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total	Budget/Plan	232	197	172	177	164	185	175	162	161	169	153	153	778	2,100		2,100	0		
20		Actual/F'cast	240	216	165	184	167	184	163	156	158	159	155	153	805	2,100	38.33%	2,100	0	0	2,100
21		Variance	8	19	(7)	7	3	(1)	(12)	(6)	(3)	(10)	2	0	27	0	3.47%	0	0		

22	Variance in month	3.45%	9.64%	(4.07%)	3.95%	1.83%	(0.54%)	(6.86%)	(3.70%)	(1.86%)	(5.92%)	1.31%	0.00%	3.47%
23	As percentage of FY actual/forecast	11.43%	10.29%	7.86%	8.76%	7.95%	8.76%	7.76%	7.43%	7.52%	7.57%	7.38%	7.29%	

Welsh Ambulance Trust

Table C1- Savings Schemes Pay Analysis

	Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Assessment Green £'000	Amber £'000	Full In-Year forecast non recurring £'000	recurring £'000
1 Changes in Staffing Establishment	Budget/Plan	61	48	27	19	18	19	19	18	18	19	18	16	155	300		300	0		
2	Actual/F'cast	94	82	43	49	14	13	12	11	11	11	12	12	268	364	73.63%	364	0	0	364
3	Variance	33	34	16	30	(4)	(6)	(7)	(7)	(7)	(8)	(6)	(4)	113	64	72.90%	64	0		
4 Variable Pay	Budget/Plan	60	60	60	60	60	60	60	60	60	58	53	49	240	700		700	0		
5	Actual/F'cast	61	57	35	48	59	59	58	57	57	55	56	55	201	657	30.59%	657	0	0	657
6	Variance	1	(3)	(25)	(12)	(1)	(1)	(2)	(3)	(3)	(3)	3	6	(39)	(43)	(16.25%)	(43)	0		
7 Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10 Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13 Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
16 Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19 Total	Budget/Plan	121	108	87	79	78	79	79	78	78	77	71	65	395	1,000		1,000	0		
20	Actual/F'cast	155	139	78	97	73	72	70	68	68	66	68	67	469	1,021	45.94%	1,021	0	0	1,021
21	Variance	34	31	(9)	18	(5)	(7)	(9)	(10)	(10)	(11)	(3)	2	74	21	18.73%	21	0		

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

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

Full-Year Effect of Recurring Savings
£'000
0
0
0
1,079
1,021
0
2,100

Full-Year Effect of Recurring Savings
£'000
364
657
0
0
0
0
1,021

Full-Year Effect of Recurring Savings
£'000
0
0
0
0
0

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table C3 - Savings Tracker

Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care	0	0	0	**0**	0	0
Unscheduled Care	657	0	0	**657**	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	**0**	0	0
Mental Health	0	0	0	**0**	0	0
Clinical Support	0	0	0	**0**	0	0
Non Clinical Support (Facilities/Estates/Corporate)	364	277	0	**641**	0	0
Commissioning	0	0	0	**0**	0	0
Across Service Areas	0	502	300	**802**	0	0
CHC	0	0	0	**0**	0	0
Prescribing	0	0	0	**0**	0	0
Medicines Management (Secondary Care)	0	0	0	**0**	0	0
Total	**1,021**	**779**	**300**	**2,100**	**0**	**0**

		Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)					

Welsh Ambulance Trust

Period : Jul 19

Table D - Income / Expenditure Assumptions

Annual Forecast 2019/20

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000	Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
1	Swansea Bay University	3,545	372	**3,917**	174	51	**225**
2	Aneurin Bevan University	7,286	128	**7,414**	0	155	**155**
3	Betsi Cadwaladr University	5,583	62	**5,645**	276	134	**410**
4	Cardiff & Vale University	3,857	700	**4,557**	11	27	**38**
5	Cwm Taf Morgannwg University	2,002	36	**2,038**	0	157	**157**
6	Hywel Dda University	4,372	35	**4,407**	0	153	**153**
7	Powys	1,050	12	**1,062**	0	43	**43**
8	Public Health Wales	0	44	**44**	6	11	**17**
9	Velindre	911	0	**911**	818	866	**1,684**
10	Wales Ambulance Services			**0**			**0**
11	WHSSC	0	0	**0**	0	0	**0**
12	EASC	158,807	0	**158,807**	0	0	**0**
13	HEIW	0	569	**569**	0	0	**0**
14	**Total**	**187,413**	**1,958**	**189,371**	**1,285**	**1,597**	**2,882**

Welsh Ambulance Trust

Period :   Jul 19

This Table is currently showing 0 errors

Table E - Revenue Anticipated

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	Public Health Wales NHS Trust £'000	HEIW £'000	WG £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact and date item first entered into table
1	Agreed full year income	3,669	7,329	5,604	4,090	2,014	4,384	1,054		911	15	190		158,807		188,066	
	Details of Anticipated Income																
2	Non contracted Income	248	85	41	467	24	23	8		0	29	379		0		1,305	M1- Non Contracted Income
3	Other Non contracted income														6,814	6,814	M1 Other Non Contracted Income
4	PIBS (Permanent Injury Benefit Scheme) funding												1,500			1,500	M1 reply letter - moved from Risk to anticipated
5	Unsocial Hours Payments made during sickness periods												1,200			1,200	M1 reply letter - moved from Risk to anticipated
6	Non-Cash DEL Depreciation												604			604	M4 - as per Non-Cash Submission (4/12ths)
7	Non-Cash AME Impairments												1,196			1,196	M4- as per Non-Cash Submission
8																0	
9																0	
10																0	
11																0	
12																0	
13																0	
14																0	
15																0	
16																0	
17																0	
18																0	
19																0	
20																0	
21																0	
22																0	
23																0	
24																0	
25																0	
26																0	
27																0	
28																0	
29																0	
30																0	
31																0	
32																0	
33																0	
34																0	
35	Total Income	3,917	7,414	5,645	4,557	2,038	4,407	1,062	0	911	44	569	4,500	158,807	6,814	200,685	

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn

		Worst Case £'000	Likelihood	Best Case £'000	Likelihood
	Current Reported Forecast Outturn	0		0	
	Risks (negative values)				
1	Non delivery of Saving Plans/CIPs		Low		
2	WHSSC Performance				
3	Other Contract Performance				
4	Winter Pressures	(500)	Medium		
5	Overtime on Holiday pay	(1,000)	Medium		
6	Airwave costs as a result of the continuing delay in the implementation of ESMCP	TBC	Low		
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
	Opportunities (positive values)				
23					
24					
25					
26					
27					
28					
29					
30	**Total Risks /Opportunities**	(1,500)		0	
31	**Total Amended Forecast**	(1,500)		0	

Welsh Ambulance Trust

This table needs completing from Month 3 onwards

Period :   **Jul 19**

This Table is currently showing 0 errors

Table G - Statement of Financial Position For Monthly Period

		Opening Balance Beginning of Apr 19	Closing Balance End of Jul 19	Forecast Closing Balance End of Mar 20
	Non-Current Assets	£'000	£'000	£'000
1	Property, plant and equipment	79,336	74,543	81,281
2	Intangible assets	5,713	5,239	5,713
3	Trade and other receivables	523	523	500
4	Other financial assets	0	0	0
5	Non-Current Assets sub total	**85,572**	**80,305**	**87,494**
	Current Assets			
6	Inventories	1,418	1,419	1,200
7	Trade and other receivables	7,372	7,515	7,372
8	Other financial assets	0	0	0
9	Cash and cash equivalents	13,626	8,422	326
10	Non-current assets classified as held for sale	130	130	0
11	Current Assets sub total	**22,546**	**17,486**	**8,898**
12	**TOTAL ASSETS**	**108,118**	**97,791**	**96,392**
	Current Liabilities			
13	Trade and other payables	23,673	12,938	10,057
14	Borrowings	941	462	0
15	Other financial liabilities	0	0	0
16	Provisions	4,884	5,635	5,635
17	Current Liabilities sub total	**29,498**	**19,035**	**15,692**
18	**NET ASSETS LESS CURRENT LIABILITIES**	**78,620**	**78,756**	**80,700**
	Non-Current Liabilities			
19	Trade and other payables		0	0
20	Borrowings		0	0
21	Other financial liabilities		0	0
22	Provisions	6,974	6,228	6,228
23	Non-Current Liabilities sub total	**6,974**	**6,228**	**6,228**
24	**TOTAL ASSETS EMPLOYED**	**71,646**	**72,528**	**74,472**
	FINANCED BY:			
	Taxpayers' Equity			
25	PDC	68,386	68,386	70,331
26	Retained earnings	(6,254)	(6,253)	(6,254)
27	Revaluation reserve	9,514	10,395	10,395
28	Other reserve	0	0	0
29	**Total Taxpayers' Equity**	**71,646**	**72,528**	**74,472**

		Opening Balance Beginning of Apr 19	Closing Balance End of Jul 19	Forecast Closing Balance End of Mar 20
	EXPLANATION OF ALL PROVISIONS			
30	Clinical Negligence	1,485	1,485	1,485
31	Personal Injury and special payments	716	521	521
32	Personal Injury-PIBS	7,423	7,599	7,599
33	Defence legal fees and other administration	266	284	284
34	Pensions-other staff PIBS	99	105	105
35	Restructurings	0	0	0
36	Other	1,869	1,869	1,869
37				
38				
39	**Total Provisions**	**11,858**	**11,863**	**11,863**

	ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
40	Welsh NHS Receivables Aged 0 - 10 weeks	829
41	Welsh NHS Receivables Aged 11 - 16 weeks	1
42	Welsh NHS Receivables Aged 17 weeks and over	0

	ANALYSIS OF TRADE & OTHER PAYABLES (current month)	£'000	£'000	£'000
43	Capital	7,650	677	6,500
44	Revenue	16,023	12,261	3,557

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table H - Monthly Cashflow Forecast 2019-20

		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Totals £'000
	RECEIPTS													
1	LHB / WHSSC income	13,873	14,281	17,308	16,065	16,395	16,395	16,395	16,395	16,395	16,395	16,395	16,399	192,691
2	WG Income	36	3	1,007	785	3	1,205	51	3	691	35	3	2,214	6,036
3	Short Term Loans												0	0
4	PDC								0		0	0	4,974	4,974
5	Interest Receivable	11	9	7	7	7	7	7	7	7	7	7	7	90
6	Sale of Assets		59	7	81	25	27	27	27	27	27	27	27	361
7	Other	402	216	688	718	389	289	319	286	285	215	235	284	4,326
8	TOTAL RECEIPTS	14,322	14,568	19,017	17,656	16,819	17,923	16,799	16,718	17,405	16,679	16,667	23,905	208,478
	PAYMENTS													
9	Salaries and Wages	11,618	11,802	11,623	11,623	11,850	11,850	11,850	11,850	11,850	11,850	11,850	11,995	141,611
10	Non pay items	4,049	4,340	4,048	4,050	4,300	4,300	4,410	4,300	4,300	4,110	4,000	6,039	52,246
11	Short Term Loan Repayment													0
12	PDC Repayment												0	0
14	Capital Payment	5,980	914	124	596	1,535	1,218	1,323	1,934	2,034	2,201	3,859	6,203	27,921
15	Other items													0
16	TOTAL PAYMENTS	21,647	17,056	15,795	16,269	17,685	17,368	17,583	18,084	18,184	18,161	19,709	24,237	221,778
17	Net cash inflow/outflow	(7,325)	(2,488)	3,222	1,387	(866)	555	(784)	(1,366)	(779)	(1,482)	(3,042)	(332)	
18	Balance b/f	13,626	6,301	3,813	7,035	8,422	7,556	8,111	7,327	5,961	5,182	3,700	658	
19	Balance c/f	6,301	3,813	7,035	8,422	7,556	8,111	7,327	5,961	5,182	3,700	658	326	

Welsh Ambulance Trust

This table needs completing on a quarterly basis

Table I - PSPP

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE

PROMPT PAYMENT OF INVOICE PERFORMANCE	YEAR TO DATE			FORECAST YEAR END		
	Target %	Actual %	Variance %	Target %	Forecast %	Variance %
1 % of NHS Invoices Paid Within 30 Days - By Value	95.0%	75.3%	-19.7%	95.0%	85.0%	-10.0%
2 % of NHS Invoices Paid Within 30 Days - By Number	95.0%	80.4%	-14.6%	95.0%	85.0%	-10.0%
3 % of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	97.4%	2.4%	95.0%	95.0%	0.0%
4 % of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.4%	1.4%	95.0%	95.0%	0.0%

10 DAY COMPLIANCE

PROMPT PAYMENT OF INVOICE PERFORMANCE	YEAR TO DATE	Actual %		FORECAST YEAR END	Forecast %	
5 % of NHS Invoices Paid Within 10 Days - By Value		60.8%			75.0%	
6 % of NHS Invoices Paid Within 10 Days - By Number		46.7%			75.0%	
7 % of Non NHS Invoices Paid Within 10 Days - By Value		89.3%			75.0%	
8 % of Non NHS Invoices Paid Within 10 Days - By Number		78.3%			75.0%	

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table J - Capital Expenditure Limit Management 2019-20

	£'000	19,903
	Approved CEL issued at :	25/7/19

Ref:	Performance against CEL	Year To Date				Forecast		
		Plan £'000	Actual £'000	Variance £'000		Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure (accrued, to include capitalised finance leases)							
	All Wales Capital Programme:							
	Schemes:							
1	Brokerage return of St Asaph	(159)	(159)	0		(400)	(400)	0
2	ESMCP – Control Room Solution	33	33	0		313	313	0
3	Vehicle Replacement Programme 2019/20	455	455	0		13,586	13,586	0
4	Cardiff Make Ready Depot FBC Fees	40	40	0		559	559	0
5	111 Costs	0	0	0		20	20	0
6				0				0
7				0				0
8				0				0
9				0				0
10				0				0
11				0				0
12				0				0
13				0				0
14				0				0
15				0				0
16				0				0
17				0				0
18				0				0
19				0				0
20				0				0
21				0				0
22				0				0
23				0				0
24				0				0
25				0				0
26				0				0
27				0				0
28				0				0
29				0				0
30				0				0
31				0				0
32				0				0
33				0				0
34				0				0
35				0				0
36				0				0
37				0				0
38				0				0
39				0				0
40				0				0
41				0				0
42	**Sub Total**	**369**	**369**	**0**		**14,078**	**14,078**	**0**

Ref:	Performance against CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Discretionary:						
43	I.T.	236	236	0	929	929	0
44	Equipment	(37)	(37)	0	446	446	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	70	70	0	2,761	2,761	0
47	Other	3	3	0	1,689	1,689	0
48	**Sub Total**	**272**	**272**	**0**	**5,825**	**5,825**	**0**
	Other Schemes:						
49	Reinvestment of NBV of disposals	12	12	0	368	368	0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	**Sub Total**	**12**	**12**	**0**	**368**	**368**	**0**
70	**Total Expenditure**	**653**	**653**	**0**	**20,271**	**20,271**	**0**
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Donations:						
77				0			0
78	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Asset Disposals:						
79	St Asaph HQ	0	0	0	130	130	0
80	Llanidloes	12	12	0	12	12	0
81	Llantwit Major	0	0	0	105	105	0
82	Nelson	0	0	0	121	121	0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	**Sub Total**	**12**	**12**	**0**	**368**	**368**	**0**
91	*Technical Adjustments*			**0**			**0**
92	**CHARGE AGAINST CEL**	**641**	**641**	**0**	**19,903**	**19,903**	**0**
93	**PERFORMANCE AGAINST CEL (Under)/Over**		**(19,262)**			**0**	

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table K - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	2019-20 Forecast Min. £'000	Max. £'000	Capital Expenditure Monthly Profile April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000	Risk Level
1	Brokerage return of St Asaph	R DAVIES	(400)	(400)	0	0	(191)	32	0	(130)	(111)	0	0	0	0	0	(400)	Low
2	ESMCP – Control Room Solution	K WILLIAMS	313	313	0	0	29	4	0	0	0	0	0	80	160	40	313	Low
3	Vehicle Replacement Programme 2019/20	D HOLMES	13,586	13,586	0	0	329	126	500	1,000	1,000	1,500	1,600	1,500	2,000	4,131	13,586	Low
4	Cardiff Make Ready Depot FBC Fees	R DAVIES	559	559	0	0	0	39	50	50	50	30	100	30	29	181	559	Low
5	111 Costs	A WILLIAMS	20	20	0	0	0	0	20	0	0	0	0	0	0	0	20	Low
6																	0	
7																	0	
8																	0	
9																	0	
10																	0	
11																	0	
12																	0	
13																	0	
14																	0	
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27																	0	
28																	0	
29																	0	
30																	0	
31																	0	
32																	0	
33																	0	
34	Sub Total		14,078	14,078	0	0	167	201	570	920	939	1,530	1,600	1,610	2,189	4,352	14,078	
	Discretionary:																	
35	I.T.	A WILLIAMS	929	929	220	91	(105)	30	18	18	19	19	19	150	200	250	929	Low
36	Equipment	D HOLMES	446	446	236	(119)	(280)	126	70	80	70	80	70	86	20	7	446	Low
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
38	Estates	R DAVIES	2,761	2,761	163	44	(165)	29	100	100	150	150	200	200	850	940	2,761	Low
39	Other	E ROBERTS	1,689	1,689	7	8	4	(16)	100	100	145	155	145	155	600	286	1,689	Low
40	Sub Total		5,825	5,825	626	24	(546)	169	288	298	384	404	434	591	1,670	1,483	5,825	
	Other Schemes:																	
41	Reinvestment of NBV of disposals	E ROBERTS	368	368	0	0	0	12	0	251	0	0	0	0	105	0	368	Low
42																	0	
43																	0	
44																	0	
45																	0	
46																	0	
47																	0	
48																	0	
49																	0	
50																	0	
51																	0	
52																	0	
53																	0	
54																	0	
55																	0	
56																	0	
57																	0	
58																	0	
59																	0	
60																	0	
61	Sub Total		368	368	0	0	0	12	0	251	0	0	0	0	105	0	368	
62	Total Capital Expenditure		20,271	20,271	626	24	(379)	382	858	1,469	1,323	1,934	2,034	2,201	3,964	5,835	20,271	

Welsh Ambulance Trust

Table L - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only) MM/YY (text format, e.g. Apr 2019)	Date of Ministerial Approval to Retain Proceeds > £0.5m MM/YY (text format, e.g. Apr 2019)	Date of Disposal MM/YY (text format, e.g. Feb 2020)	NBV £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
1	St Asaph HQ	#n/a	#n/a	Sept 2019	130	400	26	244	Awaiting confirmation of sale date and Sales receipts
2	Disposal of Vehicles and equipment	#n/a	#n/a	2019-20	0	295		295	
3	Llanidloes	#n/a	#n/a	July 2019	12	70	1	57	
4	Llantwit Major	#n/a	#n/a	Feb 2020	105	105		0	Awaiting confirmation of sale date and Sales receipts
5	Nelson	#n/a	#n/a	Sept 2019	121	185	10	54	Awaiting confirmation of sale date and Sales receipts
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
	Total for in-year				368	1,055	37	650	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings Only) MM/YY (text format, e.g. Apr 2020)	Date of Ministerial Approval for retention of proceeds > £0.5m MM/YY (text format, e.g. Apr 2020)	Date of Disposal MM/YY (text format, e.g. Feb 2021)	NBV £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
16	Cefn Coed	N/A	N/A	Apr 2020	200	200		0	These figures are subject to review and disposal date may change
17	Disposal of Vehicles and equipment	N/A	N/A	2020-21	0	300		300	
18	Disposal of Vehicles and equipment	N/A	N/A	2021-22	0	300		300	
19								0	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
	Total for future years				200	800	0	600	

Welsh Ambulance Trust

Period : Jul 19

This Table needs completing from Month 3 onwards   **This Table is currently showing 0 errors**

Table M: EXTERNAL FINANCING LIMIT

REF	NET FINANCIAL CHANGE	Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
		A	B	C	D
1	Retained surplus/(deficit) for period		0	0	1
2	Depreciation	14,929	16,742	1,813	5,580
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments		1,196	1,196	1,196
5	Net gain/loss on disposal of assets		(650)	(650)	(145)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		1,055	1,055	157
8	Other Income (specify)			0	
9	*APPLICATION OF FUNDS*				
10	Capital Expenditure	(19,903)	(20,271)	(368)	(641)
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	(1)
13	Current assets - Trade and other receivables			0	(143)
14	Current liabilities - Trade and other payables			0	(10,735)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	5
17	Sub total - movement in working capital	**0**	**0**	**0**	**(10,874)**
18	**NET FINANCIAL CHANGE**	**(4,974)**	**(1,928)**	**3,046**	**(4,726)**
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital	4,974	1,928	(3,046)	0
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	5,205
22	Net change in finance lease payables			0	(479)
23	**TOTAL EXTERNAL FINANCE**	**4,974**	**1,928**	**(3,046)**	**4,726**

Welsh Ambulance Trust

Table N - Debtors Schedule 2019-20

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
BC ULHB	135950			516.00			516.00		No query raised
BC ULHB	135953			69.12			69.12		No query raised
BC ULHB	135954			57.00			57.00		No query raised
BC ULHB	135955			380.16			380.16		No query raised
			0.00	1,022.28			0.00	1,022.28	

Invoices paid since the end of the month		
Total outstanding as per MR submission date	0.00	1,022.28

Interim Director of Finance, ICT, HIOffice

Your Ref: WAST\m04\ajh\nj

Contact: Chris Turley
Direct Line: 01633 626182
Email: chris.turley2@wales.nhs.uk

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

12thSeptember 2019

Dear Andrea

Re: AUGUST 2019 (MONTH 5 2019/20) MONITORING RETURN

Please find attached the Monitoring Returns for August 2019.

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

In line with our approved IMTP, our budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and agreed with our Commissioners.

The Trust's performance against financial targets for Month 5 2019/20 is as follows:-

1.   Actual Year to Date and Underlying (Tables A& A1)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the zero based budget setting approach. The key funding assumptions, all agreed by the Commissioner in our IMTP, for 2019/20 being that the 2018/19 funding is fully recurrent, and the 2019/20 funding will include:-

*   2% uplift for core cost growth, which includes funding to meet the first 1% of the 2019/20 pay award costs.
*   Funding to support the A4C 3 year pay award.

- A further 1% funding to specifically be incurred on additional costs associated with delivering "A Healthier Wales". Healthier Wales income is being recovered via EASC allocation and NEPTS SLAs. WAST has submitted the first round of bids in August 2019 to EASC on proposed spending areas for 19/20 and WAST await the outcome.
- Impact of Previously Agreed Developments/other adjustments.

The reported performance at Month 5 as per Table B is a small year to date under-spend against budget of £0.006m. This is in line with the overall forecast balanced position.

The pay position at Month 5 is a favourable variance of £0.407m. A high level of pay savings are reported in the majority of corporate functions due to funded vacancies. Financial pressures are starting to emerge to support front line operational spend to support 'red' performance and overrun costs from hospital handover delays.

The accounting treatment of a potential liability in relation to the impact of voluntary overtime on holiday pay was included in WAST's 2018/19 position as per legal advice given to all NHS Wales organisations. In line with the standard approach advised for all NHS Wales organisations no further accruals have currently been added for 2019/20. It is assumed that if the methodology used in the 2018/19 accrual changes as part of the appeal outcome, and the previous accrual is not sufficient, any additional costs from 2018/19 and any impact for 2019/20 would be met by Welsh Government.We currently await the detail if this appeal is now to be raised at the Supreme Court.

The non-pay position at Month 5 is an adverse variance of £0.510m. Main year to date variances are fuel and Fleet Maintenance costs, travel and subsistence costs including excess mileage claims, taxis supporting Non-Emergency Patient Transport Services and use of voluntary sector organisations (supporting funded vacancies that are reported in the favourable pay position). Expenditure incurred on the continuation of FALLS support totalled £0.221m, this has been allocated against the Healthier Wales income allocation.

Income at Month 5 shows a favourable variance of £0.109m. This position includes additional income from local developments with Welsh NHS Health Boards, provision of ambulance cover at sporting events and recovery of income from Extra Contractual Referrals within the Non-Emergency Patient Transport Services.

As requested, the increase of the in year profit on sale of assets of £0.350m is now reported within Table A and Table A1. **(Action Point 4.1)**

3. Monthly Positions (Table B)

We can confirm that the Month 5 submission reflects the non-cash position (excluding unapproved schemes) reported in our 2nd August 2019 non-cash submission forecasts.

4. Net Expenditure Profile Analysis (Table B1)

Further to our discussions with you in connection with Table B1, amendments have now been made within the Month 5 submission in order to reflect the updated plan. These amendments have been made to August 2019, to arrive at a cumulatively amended position and also to future months. No amendments have been made to the first four months of the year which have already been reported on. **(Action Point 2.3)**

5. Agency/Locum (premium) Expenditure (Table B2 Section B/C)

Agency costs for Month 5 totalled £0.027m. The current percentage of year to date agency costs against the total pay figure is 0.2%, this is to cover vacancies, at present it is assumed that this will remain fairly constant throughout the year, however the Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table will be monitored and updated on a monthly basis.

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

For Month 5 the Trust is reporting planned savings of £0.942m and actual savings of £0.976m, thus a slight overachievement of plan. The Trust is forecasting to achieve the full planned savings of £2.100m during the financial year.

7. Income/Expenditure Assumptions (Tables D and E)

These are set out in Tables D and E.

Non EASC income assumptions are in line with additional services provided by WAST, however as these are 'variable' items of income these are included on line 2, in the anticipated section however at present there is no known risks to achieving these values.

The EASC costs have been shown in the WHSSC column in Table E.

As above, WHSSC / EASC values are consistent with that agreed and supported within the IMTP.

Table E has now been updated to include the full year anticipated DEL Depreciation as per the August Non-Cash submission. This had no effect on the total income value previously reported at Month 4 which would have remained at £200.685m. **(Action Point 4.2)**

8. Healthcare agreements and Major Contracts

As at Month 5 2019/20, no NHS Wales organisations has raised any issues with WAST's LTA/SLA's.

9. Risk (Table F)

At present there are no high likelihood risks that the Trust is aware of and as we move through the early part of 2019-20 we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.

As mentioned above, an accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay of £1.505m was included within the Trust's 2018/19 financial position. This related to an estimate made on the impact for the two years ended 31 March 2019. We await the detail if this appeal is now to be raised at the Supreme Court. No accruals are included within the 2019/20 position at present but we have included a medium rated risk of £1.0m cost for 2019/20 for this, should this not be funded. This estimate is based on the methodology adopted for the 2018/19 accrual however, if these change as part of the appeal outcome, and the previous accrual is not sufficient, the assumption does remain that any additional costs from 2018/19 and the full cost for 2019/20 would be met by Welsh Government.

Given the pressures the Trust felt last winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.

A further potential risk not yet fully quantified here relates to the continuation in Airwave costs as a result of the continuing delay in the implementation of ESMCP. Discussions will continue with WG over this, but again the Trust assumes any additional cost associated with this for this financial year and beyond will continue to be funded by WG, in the way Airwave has previously been (and through approved constituent business cases, ESMCP is being) funded. This has been included in Table F with an unquantified value at present, once the Trust has a further update on this it will be reported back to WG. Some additional costs have started to be incurred, for which it is assumed this will be additionally funded.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Table G & N)

The Statement of Financial Position has been completed for Month 5.

3

The Trust is pleased to confirm at Month 5 that there are only three invoices over 17 weeks old, however these are small in value and no queries have been raised against them.

11.   Cash flow (Table H)

The cash flow has been completed in accordance with the guidance.

Following a review of the cash flow during Month 5, no major adjustments have been made.

MONTHLY CASHFLOW FORECAST 2019-20	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
VAT refund	210	143	285	453	52	220	180	150	150	80	100	150	2,173
Risk pool refund	0	0	10	166	0	0	0	0	0	0	0	0	176
Pension Agency				0	10								10
Other Operating income	192	73	393	99	166	139	139	136	135	135	135	134	1,876
Total	402	216	688	718	228	359	319	286	285	215	235	284	4,235

Details of 'Other' receipts as shown within line 7 of Table H are shown above.

12.   Public Sector Payment Compliance (Table I)

This has been completed for Quarter 1 and shows 97.4% of non NHS invoices were paid within 30 days by value and 96.4% by number.

13.   Capital (Tables J, K and L)

The capital tables have been completed in accordance with the guidance given, profiles are still being established as contracts are awarded and orders placed, therefore these are likely to change over the coming months as details are confirmed. As is normal the bulk of the capital expenditure is in the final Quarter of the financial year.

The current tables include the latest CEL which was issued by Gary Young on 3rd September 2019 (please note this issue is still dated 25th July 2019).

14.   External Financing Limit (EFL) (Table M)

This has been completed in accordance with the guidance. The PDC repayment of £0.123m included within the latest CEL (relating to additional AME impairment funding in 18/19 agreed post March 2019) is reflected within the Month 5 table as Other Income.

15.   Governance Arrangements and Committee(s) to receive Financial Monitoring Return

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

The Month 5 Financial Monitoring Return will be 'tabled' and supported by a Financial Performance paper at the Trust Board meeting due to be held on 19th September 2019. Future month's returns, dependant on diary dates will either be 'tabled' at future Trust Board meetings or via the Finance and Performance Committee.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director.

16.   Other Issues

16.   Other Issues

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

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

Yours sincerely

Chris Turley
Director of Finance and ICT (Interim)

Jason Killens
Chief Executive
enc
cc:
Mr M Woodford, Chairman
Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2019-20

Your organisation is showing as:	**WELSH AMBULANCE TRUST**
Period is showing as:	**AUG 19**
TABLE A : MOVEMENT	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE A1 : UNDERLYING POSITION	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE B : MONTHLY POSITIONS	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE B1 : NET EXPENDITURE PROFILES	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE B2 : AGENCY	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE C, C1 & C2 : SAVINGS SCHEMES	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE C3 : SAVINGS TRACKER	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE E : REV ANTICIPATED	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE F: RISKS	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE G : STATEMENT OF FINANCIAL POSITION	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE H : CASH FLOW	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE J : CAPITAL EXPENDITURE LIMIT	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE K : CAPITAL IN YEAR SCHEMES	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE L : CAPITAL DISPOSALS	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**
TABLE M : EFL	**WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE**

TOTAL ERRORS FOR YOUR AUG 19 RETURN IS	**YOUR RETURN HAS ZERO ERRORS**

Welsh Ambulance Trust

Period :   **Aug 19**

Summary of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Net Surplus / (Deficit)	6	0

Welsh Ambulance Trust

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG
Lines 1 - 11 should not be adjusted after Month 1

		In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	-6,034		-6,034	-6,034
3	**Opening Cost Pressures**	**-6,034**	**0**	**-6,034**	**-6,034**
4	Identified Savings Plan (Positive Value)	2,100	0	2,100	2,100
5	Savings / Mitigating Actions Yet To Be Identified (Positive Value)				
6	Welsh Government Funding (Positive Value)				
7	Net Income Generated (Positive Value)	0	0	0	0
8	Planned Accountancy Gains (Positive Value)	0	0	0	0
9	Release of Uncommitted Contingencies & Reserves (Positive Value)				
10	Income Generation as per IMTP	3,934		3,934	3,934
11	**Opening Financial Plan**	**0**	**0**	**0**	**0**
12	Cost Pressures b/fwd from Previous Year - unidentified within 3 year plan (Negative Value)				
13	Opening Plan Savings - Forecast (Underachievement) / Overachievement	0	0	0	0
14	Additional In Year Identified Savings - Forecast (Positive Value)	0	0	0	0
15	Additional In Year Identified Accountancy Gains (Positive Value)	0	0	0	0
16	Additional Net Income Generated (Positive Value)	0	0	0	0
17	Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	0	0	0	0
18	Release of Previously Committed Contingencies & Reserves (Positive Value)	0			
19	Additional In Year Welsh Government Funding (Positive Value)	0			
20	Additional forecast profit on sales	-350	-350		
21	Additional in year spend pressure	350	350		
22		0			
23		0			
24		0			
25		0			
26		0			
27		0			
28		0			
29		0			
30		0			
31		0			
32		0			
33		0			
34		0			
35		0			
36		0			
37		0			
38	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**0**	**0**	**0**

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	In Year Effect £'000
18													0
19													0
20						-350							-350
21						350							350
22													0
23													0
24													0
25													0
26													0
27													0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35													0
36													0
37													0

Table A1 - Underlying Position

This Table is currently showing 0 errors

	Section A - Traditional Analysis	IMTP Underlying Position b/f £'000	Future IMTP Underlying Position c/f £'000
1	Previous Year's Outturn / Current Year's Forecast Outturn	57	0
2	Non Recurring Savings (Negative Value)	0	0
3	Non Recurring Mitigating Actions (Negative Value)		
4	Non Recurring RRL Income - Allocated (Negative Value)		
5	Non Recurring RRL Income - Anticipated (Negative Value)		
6	Non Recurring Other Income/Disposals (Negative Value)	(210)	(650)
7	Non Recurring Accountancy Gains (Negative Value)		0
8	Non Recurring Cost Avoidance - Outside of Savings Plan (Negative Value)		
9	Full Year Effect of Recurring Savings Adjustment (Full Year less In Year) (Positive Value)	153	0
10	Full Year Effect of New Cost Pressures Adjustment (Full Year less In Year) (Negative Value)		
11	Other Non Recurring Factors (Negative Value) - please specify in narrative		
12	Other Non Recurring Factors (Positive Value) - please specify in narrative		650
13	**Total**	**0**	**0**

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

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

Welsh Ambulance Trust

			1	2	3	4	5	6	7	8	9	10	11	12		
	A. Monthly Summarised Statement of Comprehensive Net Income		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Capital Donation / Government Grant Income	Actual/F'cast													0	0
2	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	2,476	2,328	2,405	2,470	2,507	2,543	2,544	2,544	2,544	2,544	2,544	2,544	12,186	29,993
3	WHSSC Income	Actual/F'cast	12,390	13,083	13,057	12,349	13,041	13,498	13,498	13,498	13,498	13,498	13,498	13,500	63,920	158,408
4	Welsh Government Income	Actual/F'cast	29	200	132	212	117	153	153	153	153	153	153	153	690	1,761
5	Other Income	Actual/F'cast	1,329	356	464	2,774	523	634	633	634	633	634	633	637	5,446	9,884
6	**Income Total**		16,224	15,967	16,058	17,805	16,188	16,828	16,828	16,829	16,828	16,829	16,828	16,834	82,242	200,046
7	Pay	Actual/F'cast	11,892	11,607	11,719	11,589	11,652	11,730	11,733	11,702	11,666	12,152	11,781	12,351	58,459	141,574
8	Non Pay	Actual/F'cast	3,095	3,112	3,071	3,199	3,117	3,738	3,736	3,767	3,803	3,317	3,688	3,126	15,594	40,769
9	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	0	69	34	57	57	31	31	31	31	31	31	32	217	435
10	Exceptional (Income) / Costs	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Total Interest Receivable	Actual/F'cast	(11)	(9)	(7)	(7)	(9)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(43)	(57)
12	Total Interest Payable	Actual/F'cast	3	3	3	3	3	3	3	3	3	3	3	4	15	37
13	DEL - Depreciation, Accelerated Depreciation & Impairments	Actual/F'cast	1,244	1,244	1,244	1,848	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,397	6,975	16,742
14	AME - Depreciation & Impairments	Actual/F'cast	0	0	0	1,196	0	0	0	0	0	0	0	0	1,196	1,196
15	Non Allocated Contingency	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Profit / Loss on asset disposal	Actual/F'cast	0	(59)	(6)	(80)	(32)	(67)	(68)	(67)	(68)	(67)	(68)	(68)	(177)	(650)
17	**Cost Total**		16,223	15,967	16,058	17,805	16,183	16,828	16,828	16,829	16,828	16,829	16,828	16,840	82,236	200,046
18	**Net surplus/ (deficit)**	Actual/F'cast	1	0	0	0	5	0	0	0	0	0	0	(6)	6	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000			Full-year surplus/ (deficit) scenarios	£'000
19. Actual YTD surplus/ (deficit)	6			24. Extrapolated Scenario	41
20. Actual YTD surplus/ (deficit) last month	1			25. Year to Date Trend Scenario	14
21. Current month actual surplus/ (deficit)	5				
22. Average monthly surplus/ (deficit) YTD	1	Trend ▲			
23. YTD /remaining months	1				

C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	DEL														
26	Baseline Provider Depreciation	1,244	1,244	1,244	1,333	1,266	1,266	1,266	1,266	1,266	1,266	1,266	1,269	6,331	15,196
27	Strategic Depreciation				515	129	129	129	129	129	129	129	128	644	1,546
28	Accelerated Depreciation													0	0
29	Impairments													0	0
30	Other (Specify in Narrative)													0	0
31	Total	1,244	1,244	1,244	1,848	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,397	6,975	16,742
	AME														
32	Donated Asset Depreciation													0	0
33	Impairments				1,196									1,196	1,196
34	Other (Specify in Narrative)													0	0
35	Total	0	0	0	1,196	0	0	0	0	0	0	0	0	1,196	1,196

(Rows 26–35 marked Actual/F'cast)

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
36	Accountancy Gains (Actual/F'cast)	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
37	General contingency	0	0	0	0	0	45	45	45	45	45	45	50	0	320
38														0	0
39														0	0
40														0	0
41														0	0
42														0	0
43														0	0
44														0	0
45														0	0
46														0	0
47														0	0
48														0	0
49														0	0
50														0	0
51														0	0
52														0	0
53														0	0
54														0	0
55														0	0
56														0	0
57														0	0
58														0	0
59														0	0
60														0	0
61														0	0
62														0	0
63														0	0
64														0	0
65	Total	0	0	0	0	0	45	45	45	45	45	45	50	0	320
	Phasing	0%	0%	0%	0%	0%	14%	14%	14%	14%	14%	14%	16%	0%	

(Rows 37–64 marked Actual/F'cast)

Welsh Ambulance Trust

Table B1 - Net Expenditure Profile Analysis

This Table is currently showing 0 errors

A. PAY EXPENDITURE ANALYSIS

	Pay - Expenditure Profiles	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Total Gross Pay Expenditure - Plan	12,047	11,829	11,824	11,814	11,508	11,798	11,803	11,770	11,734	12,218	11,849	12,418	59,022	142,612
2	Establishment - Actual/Forecast Gross	11,236	10,858	10,894	10,797	10,869	10,929	11,034	11,151	11,215	11,699	11,280	11,849	54,654	133,811
3	Variable - Actual/Forecast Gross	800	871	878	874	850	850	750	600	500	500	550	550	4,273	8,573
4	Agency/Locum Paid at a Premium - Actual/Forecast Gross	11	17	25	15	27	19	19	19	19	19	19	19	95	228
5	Committed Reserves - Actual/Forecast Gross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Other - Actual/Forecast Gross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Total Gross Expenditure - Actual/Forecast	12,047	11,746	11,797	11,686	11,746	11,798	11,803	11,770	11,734	12,218	11,849	12,418	59,022	142,612
8	Gross Expenditure Variance	0	(83)	(27)	(128)	238	0	0	0	0	0	0	0	0	0
9	Total Gross Workforce Savings - Plan	121	108	87	79	78	79	79	78	78	77	71	65	473	1,000
10	Establishment Savings - Actual/Forecast Gross	94	82	43	49	65	13	12	11	11	11	12	12	333	415
11	Variable Pay Savings - Actual/Forecast Gross	61	57	35	48	29	55	58	57	57	55	56	55	230	623
12	Agency/Locum Paid at a Premium Savings - Actual/Forecast Gross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Other Workforce Savings - Actual/Forecast Gross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Total Workforce Savings - Actual/Forecast Gross	155	139	78	97	94	68	70	68	68	66	68	67	563	1,038
15	Gross Pay Savings Variance	34	31	(9)	18	16	(11)	(9)	(10)	(10)	(11)	(3)	2	90	38
16	Pay Accountancy Gains - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Pay Accountancy Gains - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Pay Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Net Expenditure - Plan	11,926	11,721	11,737	11,735	11,430	11,719	11,724	11,692	11,656	12,141	11,778	12,353	58,549	141,612
20	Net Expenditure - Actual/Forecast (as per Table B)	11,892	11,607	11,719	11,589	11,652	11,730	11,733	11,702	11,666	12,152	11,781	12,351	58,459	141,574
21	Net Expenditure - Variance	(34)	(114)	(18)	(146)	222	11	9	10	10	11	3	(2)	(90)	(38)

B. NON PAY (including drugs/ excl depreciation) EXPENDITURE ANALYSIS

	Non Pay - Expenditure Profiles	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
22	Total Gross Non Pay Expenditure - Plan	3,180	3,357	3,382	3,382	2,706	3,850	3,829	3,855	3,893	3,410	3,775	3,212	16,007	41,831
23	Non Pay - Actual/Forecast Gross	3,180	3,189	3,158	3,286	3,194	3,805	3,784	3,810	3,848	3,365	3,730	3,162	16,007	41,511
24	Non Pay - Secondary Care Drugs - Actual/Forecast Gross													0	0
25	Committed Reserves - Actual/Forecast Gross	0	0	0	0	0	45	45	45	45	45	45	50	0	320
26	Total Expenditure - Actual/Forecast	3,180	3,189	3,158	3,286	3,194	3,850	3,829	3,855	3,893	3,410	3,775	3,212	16,007	41,831
27	Non Pay Expenditure Variance	0	(168)	(224)	(96)	488	0	0	0	0	0	0	0	0	0
28	Total Non Pay & Medicines Management Savings - Plan	111	89	85	98	86	106	96	84	83	92	82	88	469	1,100
29	Non Pay Savings - Actual/Forecast Gross	85	77	87	87	77	112	93	88	90	93	87	86	413	1,062
30	Medicines Management Savings - Actual/Forecast Gross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Total Non Pay/ Medicine Management Savings - Actual/Forecast Gross	85	77	87	87	77	112	93	88	90	93	87	86	413	1,062
32	Non Pay/Medicines Management Savings Variance	26	12	(2)	11	9	(6)	3	(4)	(7)	(1)	(5)	2	56	38
33	Non Pay Accountancy Gains - Plan													0	0
34	Non Pay Accountancy Gains - Actual/Forecast													0	0
35	Pay Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Net Expenditure - Plan	3,069	3,268	3,297	3,284	2,620	3,744	3,733	3,771	3,810	3,318	3,693	3,124	15,538	40,731
37	Net Expenditure - Actual/Forecast (as per Table B)	3,095	3,112	3,071	3,199	3,117	3,738	3,736	3,767	3,803	3,317	3,688	3,126	15,594	40,769
38	Net Expenditure - Variance	26	(156)	(226)	(85)	497	(6)	3	(4)	(7)	(1)	(5)	2	56	38

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	1,913	1,819	1,888	1,860	1,859	1,863	1,937	1,938	1,939	1,957	1,946	2,187	9,339	23,106
2	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Nursing & Midwifery Registered	764	781	784	686	797	815	818	818	817	825	820	818	3,812	9,543
4	Prof Scientific & Technical	26	(26)	0	0	0	0	0	0	0	0	0	0	0	0
5	Additional Clinical Services	4,425	4,306	4,235	4,226	4,180	4,200	4,150	4,054	4,041	4,293	4,085	4,043	21,372	50,238
6	Allied Health Professionals	4,615	4,602	4,665	4,674	4,673	4,700	4,676	4,740	4,718	4,923	4,779	5,151	23,229	56,916
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	149	125	147	143	143	152	152	152	151	154	151	152	707	1,771
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	11,892	11,607	11,719	11,589	11,652	11,730	11,733	11,702	11,666	12,152	11,781	12,351	58,459	141,574

| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

B - Agency / Locum (premium) Expenditure
- Analysed by Type of Staff

		1	2	3	4	5	6	7	8	9	10	11	12		Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	11	17	25	15	27	19	19	19	19	19	19	19	95	228
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	11	17	25	15	27	19	19	19	19	19	19	19	95	228

| 11 | Agency/Locum (premium) % of pay | 0.1% | 0.1% | 0.2% | 0.1% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

		1	2	3	4	5	6	7	8	9	10	11	12		Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	11	17	25	15	27	19	19	19	19	19	19	19	95	228
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	11	17	25	15	27	19	19	19	19	19	19	19	95	228

Welsh Ambulance Trust

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

This Table is currently showing 0 errors

		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Assessment Green £'000	Amber £'000	Full In-Year forecast non recurring £'000	recurring £'000
1	CHC and Funded Nursing Care — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Commissioned Services — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medicines Management (Primary & Secondary Care) — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Non Pay — Budget/Plan	111	89	85	98	86	106	96	84	83	92	82	88	469	1,100		1,100	0		
11	Actual/F'cast	85	77	87	87	77	112	93	88	90	93	87	86	413	1,062	38.89%	1,062	0	0	1,062
12	Variance	(26)	(12)	2	(11)	(9)	6	(3)	4	7	1	5	(2)	(56)	(38)	(11.94%)	(38)	0		
13	Pay — Budget/Plan	121	108	87	79	78	79	79	78	78	77	71	65	473	1,000		1,000	0		
14	Actual/F'cast	155	139	78	97	94	68	70	68	68	66	68	67	563	1,038	54.24%	1,038	0	0	1,038
15	Variance	34	31	(9)	18	16	(11)	(9)	(10)	(10)	(11)	(3)	2	90	38	19.03%	38	0		
16	Primary Care — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total — Budget/Plan	232	197	172	177	164	185	175	162	161	169	153	153	942	2,100		2,100	0		
20	Actual/F'cast	240	216	165	184	171	180	163	156	158	159	155	153	976	2,100	46.48%	2,100	0	0	2,100
21	Variance	8	19	(7)	7	7	(5)	(12)	(6)	(3)	(10)	2	0	34	0	3.61%	0	0		
22	Variance in month	3.45%	9.64%	(4.07%)	3.95%	4.27%	(2.70%)	(6.86%)	(3.70%)	(1.86%)	(5.92%)	1.31%	0.00%	3.61%						
23	As percentage of FY actual/forecast	11.43%	10.29%	7.86%	8.76%	8.14%	8.57%	7.76%	7.43%	7.52%	7.57%	7.38%	7.29%							

Welsh Ambulance Trust

Table C1- Savings Schemes Pay Analysis

	Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Assessment Green £'000	Amber £'000	Full In-Year forecast non recurring £'000	recurring £'000
1 Changes in Staffing	Budget/Plan	61	48	27	19	18	19	19	18	18	19	18	16	173	300		300	0		
2 Establishment	Actual/F'cast	94	82	43	49	65	13	12	11	11	11	12	12	333	415	80.24%	415	0	0	415
3	Variance	33	34	16	30	47	(6)	(7)	(7)	(7)	(8)	(6)	(4)	160	115	92.49%	115	0		
4	Budget/Plan	60	60	60	60	60	60	60	60	60	58	53	49	300	700		700	0		
5 Variable Pay	Actual/F'cast	61	57	35	48	29	55	58	57	57	55	56	55	230	623	36.92%	623	0	0	623
6	Variance	1	(3)	(25)	(12)	(31)	(5)	(2)	(3)	(3)	(3)	3	6	(70)	(77)	(23.33%)	(77)	0		
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8 Locum	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10 Agency / Locum paid at a	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11 premium	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
14 Changes in Bank Staff	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
17 Other (Please Specify)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Budget/Plan	121	108	87	79	78	79	79	78	78	77	71	65	473	1,000		1,000	0		
20 Total	Actual/F'cast	155	139	78	97	94	68	70	68	68	66	68	67	563	1,038	54.24%	1,038	0	0	1,038
21	Variance	34	31	(9)	18	16	(11)	(9)	(10)	(10)	(11)	(3)	2	90	38	19.03%	38	0		

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

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

Full-Year Effect of Recurring Savings
£'000
0
0
0
1,062
1,038
0
2,100

Full-Year Effect of Recurring Savings
£'000
415
623
0
0
0
0
1,038

Full-Year Effect of Recurring Savings
£'000
0
0
0
0
0

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table C3 - Savings Tracker

Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care	0	0	0	**0**	0	0
Unscheduled Care	623	0	0	**623**	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	**0**	0	0
Mental Health	0	0	0	**0**	0	0
Clinical Support	0	0	0	**0**	0	0
Non Clinical Support (Facilities/Estates/Corporate)	415	257	0	**672**	0	0
Commissioning	0	0	0	**0**	0	0
Across Service Areas	0	505	300	**805**	0	0
CHC	0	0	0	**0**	0	0
Prescribing	0	0	0	**0**	0	0
Medicines Management (Secondary Care)	0	0	0	**0**	0	0
Total	**1,038**	**762**	**300**	**2,100**	**0**	**0**

Welsh Ambulance Trust

Period :　　Aug 19

Table D - Income / Expenditure Assumptions

Annual Forecast 2019/20

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000	Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
1	Swansea Bay University	3,545	372	**3,917**	165	51	**216**
2	Aneurin Bevan University	8,165	128	**8,293**	0	155	**155**
3	Betsi Cadwaladr University	5,583	62	**5,645**	276	134	**410**
4	Cardiff & Vale University	3,857	700	**4,557**	11	27	**38**
5	Cwm Taf Morgannwg University	2,002	36	**2,038**	0	157	**157**
6	Hywel Dda University	4,372	35	**4,407**	0	153	**153**
7	Powys	1,050	6	**1,056**	0	43	**43**
8	Public Health Wales	0	44	**44**	6	11	**17**
9	Velindre	911	0	**911**	818	866	**1,684**
10	Wales Ambulance Services			**0**			**0**
11	WHSSC	0	0	**0**	0	0	**0**
12	EASC	158,807	0	**158,807**	0	0	**0**
13	HEIW	0	569	**569**	0	0	**0**
14	**Total**	**188,292**	**1,952**	**190,244**	**1,276**	**1,597**	**2,873**

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table E - Revenue Anticipated

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	Public Health Wales NHS Trust £'000	HEIW £'000	WG £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact and date item first entered into table
1	**Agreed full year income**	3,700	8,218	5,609	4,149	2,017	4,387	1,053		911	18	237		158,807		**189,105**	
	Details of Anticipated Income																
2	Non contracted Income	217	75	36	408	21	20	4		0	26	332		0		**1,139**	M1- Non Contracted Income
3	Other Non contracted income														4,094	**4,094**	M1 Other Non Contracted Income
4	PIBS (Permanent Injury Benefit Scheme) funding												1,500			**1,500**	M1 reply letter - moved from Risk to anticipated
5	Unsocial Hours Payments made during sickness periods												1,200			**1,200**	M1 reply letter - moved from Risk to anticipated
6	Non-Cash DEL Depreciation												1,812			**1,812**	M4 - as per Non-Cash Submission
7	Non-Cash AME Impairments												1,196			**1,196**	M4- as per Non-Cash Submission
8																**0**	
9																**0**	
10																**0**	
11																**0**	
12																**0**	
13																**0**	
14																**0**	
15																**0**	
16																**0**	
17																**0**	
18																**0**	
19																**0**	
20																**0**	
21																**0**	
22																**0**	
23																**0**	
24																**0**	
25																**0**	
26																**0**	
27																**0**	
28																**0**	
29																**0**	
30																**0**	
31																**0**	
32																**0**	
33																**0**	
34																**0**	
35	**Total Income**	3,917	8,293	5,645	4,557	2,038	4,407	1,056	0	911	44	569	5,708	158,807	4,094	200,046	

Welsh Ambulance Trust

Period :   **Aug 19**

This Table is currently showing 0 errors

Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn	FORECAST YEAR END			
	Worst Case	Likelihood	Best Case	Likelihood
	£'000		£'000	
Current Reported Forecast Outturn	0		0	
Risks (negative values)				
1 Non delivery of Saving Plans/CIPs		Low		
2 WHSSC Performance				
3 Other Contract Performance				
4 Winter Pressures	(500)	Medium		
5 Overtime on Holiday pay	(1,000)	Medium		
6 Airwave costs as a result of the continuing delay in the implementation of ESMCP	TBC	Low		
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
Opportunities (positive values)				
23				
24				
25				
26				
27				
28				
29				
30 **Total Risks /Opportunities**	(1,500)		0	
31 **Total Amended Forecast**	(1,500)		0	

Welsh Ambulance Trust

This table needs completing from Month 3 onwards

Period : **Aug 19**

This Table is currently showing 0 errors

Table G - Statement of Financial Position For Monthly Period

		Opening Balance Beginning of Apr 19	Closing Balance End of Aug 19	Forecast Closing Balance End of Mar 20
	Non-Current Assets	£'000	£'000	£'000
1	Property, plant and equipment	79,336	73,678	81,281
2	Intangible assets	5,713	5,116	5,713
3	Trade and other receivables	523	523	500
4	Other financial assets	0	0	0
5	Non-Current Assets sub total	**85,572**	**79,317**	**87,494**
	Current Assets			
6	Inventories	1,418	1,419	1,200
7	Trade and other receivables	7,372	5,581	7,372
8	Other financial assets	0	0	0
9	Cash and cash equivalents	13,626	10,472	326
10	Non-current assets classified as held for sale	130	130	0
11	Current Assets sub total	**22,546**	**17,602**	**8,898**
12	**TOTAL ASSETS**	**108,118**	**96,919**	**96,392**
	Current Liabilities			
13	Trade and other payables	23,673	12,110	10,314
14	Borrowings	941	311	0
15	Other financial liabilities	0	0	0
16	Provisions	4,884	5,624	5,624
17	Current Liabilities sub total	**29,498**	**18,045**	**15,938**
18	**NET ASSETS LESS CURRENT LIABILITIES**	**78,620**	**78,874**	**80,454**
	Non-Current Liabilities			
19	Trade and other payables	0	0	0
20	Borrowings	0	0	0
21	Other financial liabilities	0	0	0
22	Provisions	6,974	6,228	6,228
23	Non-Current Liabilities sub total	**6,974**	**6,228**	**6,228**
24	**TOTAL ASSETS EMPLOYED**	**71,646**	**72,646**	**74,226**
	FINANCED BY:			
	Taxpayers' Equity			
25	PDC	68,386	68,386	70,085
26	Retained earnings	(6,254)	(6,248)	(6,254)
27	Revaluation reserve	9,514	10,508	10,395
28	Other reserve	0	0	0
29	**Total Taxpayers' Equity**	**71,646**	**72,646**	**74,226**

		Opening Balance Beginning of Apr 19	Closing Balance End of Aug 19	Forecast Closing Balance End of Mar 20
	EXPLANATION OF ALL PROVISIONS			
30	Clinical Negligence	1,485	1,485	1,485
31	Personal Injury and special payments	716	515	515
32	Personal Injury-PIBS	7,423	7,599	7,599
33	Defence legal fees and other administration	266	279	279
34	Pensions-other staff PIBS	99	105	105
35	Restructurings	0	0	0
36	Other	1,869	1,869	1,869
37				
38				
39	**Total Provisions**	**11,858**	**11,852**	**11,852**

	ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
40	Welsh NHS Receivables Aged 0 - 10 weeks	437
41	Welsh NHS Receivables Aged 11 - 16 weeks	2
42	Welsh NHS Receivables Aged 17 weeks and over	0

	ANALYSIS OF TRADE & OTHER PAYABLES (current month)	£'000	£'000	£'000
43	Capital	7,650	591	6,500
44	Revenue	16,023	11,519	3,814

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table H - Monthly Cashflow Forecast 2019-20

		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Totals £'000
	RECEIPTS													
1	LHB / WHSSC income	13,873	14,281	17,308	16,065	15,650	16,395	16,395	16,395	16,395	16,280	16,280	16,376	191,693
2	WG Income	36	3	1,007	785	1,532	1,205	51	3	691	35	3	2,214	7,565
3	Short Term Loans												0	0
4	PDC								0		0	0	4,851	4,851
5	Interest Receivable	11	9	7	7	9	7	7	7	7	7	7	7	92
6	Sale of Assets		59	7	81	30	67	68	67	68	67	68	68	650
7	Other	402	216	688	718	228	359	319	286	285	215	235	284	4,235
8	TOTAL RECEIPTS	14,322	14,568	19,017	17,656	17,449	18,033	16,840	16,758	17,446	16,604	16,593	23,800	209,086
	PAYMENTS													
9	Salaries and Wages	11,618	11,802	11,623	11,623	11,668	11,850	11,850	11,850	11,850	11,850	11,850	12,140	141,574
10	Non pay items	4,049	4,340	4,048	4,050	3,340	4,500	4,610	4,500	4,500	4,610	4,692	5,652	52,891
11	Short Term Loan Repayment													0
12	PDC Repayment												0	0
14	Capital Payment	5,980	914	124	596	391	2,345	1,566	1,967	2,022	2,172	3,804	6,040	27,921
15	Other items													0
16	TOTAL PAYMENTS	21,647	17,056	15,795	16,269	15,399	18,695	18,026	18,317	18,372	18,632	20,346	23,832	222,386
17	Net cash inflow/outflow	(7,325)	(2,488)	3,222	1,387	2,050	(662)	(1,186)	(1,559)	(926)	(2,028)	(3,753)	(32)	
18	Balance b/f	13,626	6,301	3,813	7,035	8,422	10,472	9,810	8,624	7,065	6,139	4,111	358	
19	Balance c/f	6,301	3,813	7,035	8,422	10,472	9,810	8,624	7,065	6,139	4,111	358	326	

Welsh Ambulance Trust

This table needs completing on a quarterly basis

Table I - PSPP   **NOTE: Data to 1 decimal place**

30 DAY COMPLIANCE

		YEAR TO DATE			FORECAST YEAR END		
		Target %	Actual %	Variance %	Target %	Forecast %	Variance %
	PROMPT PAYMENT OF INVOICE PERFORMANCE						
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	75.3%	-19.7%	95.0%	85.0%	-10.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	80.4%	-14.6%	95.0%	85.0%	-10.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	97.4%	2.4%	95.0%	95.0%	0.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.4%	1.4%	95.0%	95.0%	0.0%

10 DAY COMPLIANCE

		YEAR TO DATE			FORECAST YEAR END		
			Actual %			Forecast %	
	PROMPT PAYMENT OF INVOICE PERFORMANCE						
5	% of NHS Invoices Paid Within 10 Days - By Value		60.8%			75.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		46.7%			75.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		89.3%			75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		78.3%			75.0%	

Welsh Ambulance Trust

Period :   Aug 19

This Table is currently showing 0 errors

Table J - Capital Expenditure Limit Management 2019-20

| | | £'000 | 19,903 |
| | | Approved CEL issued at : | 25/7/19 |

| Ref: | Performance against CEL | Year To Date | | | | Forecast | | |
		Plan £'000	Actual £'000	Variance £'000		Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure (accrued, to include capitalised finance leases)							
	All Wales Capital Programme:							
	Schemes:							
1	Brokerage return of St Asaph	(159)	(159)	0		(400)	(400)	0
2	ESMCP – Control Room Solution	34	34	0		313	313	0
3	Vehicle Replacement Programme 2019/20	474	474	0		13,586	13,586	0
4	Cardiff Make Ready Depot FBC Fees	79	79	0		559	559	0
5	111 Costs	9	9	0		20	20	0
6				0				0
7				0				0
8				0				0
9				0				0
10				0				0
11				0				0
12				0				0
13				0				0
14				0				0
15				0				0
16				0				0
17				0				0
18				0				0
19				0				0
20				0				0
21				0				0
22				0				0
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24				0				0
25				0				0
26				0				0
27				0				0
28				0				0
29				0				0
30				0				0
31				0				0
32				0				0
33				0				0
34				0				0
35				0				0
36				0				0
37				0				0
38				0				0
39				0				0
40				0				0
41				0				0
42	**Sub Total**	**437**	**437**	**0**		**14,078**	**14,078**	**0**

Ref:	Performance against CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Discretionary:						
43	I.T.	261	261	0	929	929	0
44	Equipment	107	107	0	446	446	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	80	80	0	2,761	2,761	0
47	Other	50	50	0	1,689	1,689	0
48	**Sub Total**	**498**	**498**	**0**	**5,825**	**5,825**	**0**
	Other Schemes:						
49	Reinvestment of NBV of disposals	12	12	0	368	368	0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	**Sub Total**	**12**	**12**	**0**	**368**	**368**	**0**
70	**Total Expenditure**	**947**	**947**	**0**	**20,271**	**20,271**	**0**
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Donations:						
77				0			0
78	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Asset Disposals:						
79	St Asaph HQ	0	0	0	130	130	0
80	Llanidloes	12	12	0	12	12	0
81	Llantwit Major	0	0	0	105	105	0
82	Nelson	0	0	0	121	121	0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	**Sub Total**	**12**	**12**	**0**	**368**	**368**	**0**
91	*Technical Adjustments*			**0**			**0**
92	**CHARGE AGAINST CEL**	**935**	**935**	**0**	**19,903**	**19,903**	**0**
93	**PERFORMANCE AGAINST CEL (Under)/Over**		**(18,968)**			**0**	

Welsh Ambulance Trust

Period : Aug 19

This Table is currently showing 0 errors

Table K - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	2019-20 Forecast Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000	Risk Level
1	Brokerage return of St Asaph	R DAVIES	(400)	(400)	0	0	(191)	32	0	(130)	(111)	0	0	0	0	0	(400)	Low
2	ESMCP – Control Room Solution	K WILLIAMS	313	313	0	0	29	4	0	0	0	0	0	80	160	40	313	Low
3	Vehicle Replacement Programme 2019/20	D HOLMES	13,586	13,586	0	0	329	126	20	1,230	1,250	1,500	1,600	1,500	2,000	4,131	13,586	Low
4	Cardiff Make Ready Depot FBC Fees	R DAVIES	559	559	0	0	0	39	39	50	60	30	100	30	29	182	559	Low
5	111 Costs	A WILLIAMS	20	20	0	0	0	0	9	11	0	0	0	0	0	0	20	Low
6																	0	
7																	0	
8																	0	
9																	0	
10																	0	
11																	0	
12																	0	
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29																	0	
30																	0	
31																	0	
32																	0	
33																	0	
34	**Sub Total**		14,078	14,078	0	0	167	201	68	1,161	1,199	1,530	1,600	1,610	2,189	4,353	14,078	
	Discretionary:																	
35	I.T.	A WILLIAMS	929	929	220	91	(105)	30	25	17	17	17	17	150	200	250	929	Low
36	Equipment	D HOLMES	446	446	236	(119)	(280)	126	144	75	65	65	60	57	10	7	446	Low
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
38	Estates	R DAVIES	2,761	2,761	163	44	(165)	29	9	150	150	200	200	200	850	931	2,761	Low
39	Other	E ROBERTS	1,689	1,689	7	8	4	(16)	47	100	135	155	145	155	450	499	1,689	Low
40	**Sub Total**		5,825	5,825	626	24	(546)	169	225	342	367	437	422	562	1,510	1,687	5,825	
	Other Schemes:																	
41	Reinvestment of NBV of disposals	E ROBERTS	368	368	0	0	0	12	0	251	0	0	0	0	105	0	368	Low
42																	0	
43																	0	
44																	0	
45																	0	
46																	0	
47																	0	
48																	0	
49																	0	
50																	0	
51																	0	
52																	0	
53																	0	
54																	0	
55																	0	
56																	0	
57																	0	
58																	0	
59																	0	
60																	0	
61	**Sub Total**		368	368	0	0	0	12	0	251	0	0	0	0	105	0	368	
62	**Total Capital Expenditure**		20,271	20,271	626	24	(379)	382	293	1,754	1,566	1,967	2,022	2,172	3,804	6,040	20,271	

Welsh Ambulance Trust

Table L - Capital Disposals   This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only) MM/YY (text format, e.g. Apr 2019)	Date of Ministerial Approval to Retain Proceeds > £0.5m MM/YY (text format, e.g. Apr 2019)	Date of Disposal MM/YY (text format, e.g. Feb 2020)	NBV £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
1	St Asaph HQ	#n/a	#n/a	Sept 2019	130	400	26	244	Awaiting confirmation of sale date and Sales receipts
2	Disposal of Vehicles and equipment	#n/a	#n/a	2019-20	0	295		295	
3	Llanidloes	#n/a	#n/a	July 2019	12	70	1	57	
4	Llantwit Major	#n/a	#n/a	Feb 2020	105	105		0	Awaiting confirmation of sale date and Sales receipts
5	Nelson	#n/a	#n/a	Sept 2019	121	185	10	54	Awaiting confirmation of sale date and Sales receipts
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
	Total for in-year				368	1,055	37	650	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings Only) MM/YY (text format, e.g. Apr 2020)	Date of Ministerial Approval for retention of proceeds > £0.5m MM/YY (text format, e.g. Apr 2020)	Date of Disposal MM/YY (text format, e.g. Feb 2021)	NBV £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
16	Cefn Coed	N/A	N/A	Apr 2020	200	200		0	These figures are subject to review and disposal date may change
17	Disposal of Vehicles and equipment	N/A	N/A	2020-21	0	300		300	
18	Disposal of Vehicles and equipment	N/A	N/A	2021-22	0	300		300	
19								0	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
	Total for future years				200	800	0	600	

Welsh Ambulance Trust

Period : Aug 19

This Table needs completing from Month 3 onwards   This Table is currently showing 0 errors

YTD reported position	Ok
Forecast reported position	Ok

Table M: EXTERNAL FINANCING LIMIT

REF	NET FINANCIAL CHANGE	Full Year Per WG £'000 A	Full Year Per Trust £'000 B	Planning Variance £'000 C	Actual to date £'000 D
1	Retained surplus/(deficit) for period		0	0	6
2	Depreciation	14,929	16,742	1,813	6,975
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments		1,196	1,196	1,196
5	Net gain/loss on disposal of assets		(650)	(650)	(177)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		1,055	1,055	189
8	Other Income (specify)	123	123	0	
9	*APPLICATION OF FUNDS*				
10	Capital Expenditure	(19,903)	(20,271)	(368)	(935)
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	(1)
13	Current assets - Trade and other receivables			0	1,791
14	Current liabilities - Trade and other payables			0	(11,563)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	(6)
17	Sub total - movement in working capital	0	0	0	(9,779)
18	NET FINANCIAL CHANGE	(4,851)	(1,805)	3,046	(2,525)
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital	4,851	1,805	(3,046)	0
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	3,155
22	Net change in finance lease payables			0	(630)
23	TOTAL EXTERNAL FINANCE	4,851	1,805	(3,046)	2,525

5.00

1.00   1.00

Welsh Ambulance Trust

Table N - Debtors Schedule 2019-20

	Period:	Aug 19
11 weeks before end of Aug 19 =	Saturday, June 15, 2019	
17 weeks before end of Aug 19 =	Saturday, May 4, 2019	

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
BC ULHB	135953	08 May 2019		69.12	Yes, valid date entry for period	69.12		04 September 2019	No query raised
BC ULHB	135955	08 May 2019		380.16	Yes, valid date entry for period	380.16		04 September 2019	No query raised
SB ULHB	136093	13 June 2019		1,690.16	Yes, valid date entry for period	1,690.16		10 October 2019	No query raised
			0.00	2,139.44		2,139.44	0.00		

Invoices paid since the end of the month		
Total outstanding as per MR submission date	2,139.44	0.00

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

BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	19th September 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	18/09/19	For discussion
Trust Board	19/09/19	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 themes 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. The first functioning BAF Report was introduced at the September 2017 meeting of the Trust Board following a Wales Audit Office recommendation.

4. Since then the template itself has remained consistent; however, the BAF Report has undergone a series of developments to ensure alignment to the Trust's new strategic themes and actions as described across several iterations of the IMTP.

5. In addition to this, the Trust's Corporate Risks, a key component of the BAF Report, are currently undergoing new risk assessments as part of the revised Risk Governance structure and subsequent transition to an electronic risk register hosted on the Datix system.

6. As a result, the BAF Report is regularly fine-tuned to ensure it remains a sound mechanism by which the Board gain assurance on how well the Trust is meeting its strategic themes and the risks and controls; however, this will not be the only document that the Board will receive. It is also a source of assurance for auditors and external regulators.

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 via hyperlinks to the sources of local, corporate and external assurances provided against each of the strategic themes.

9. The Excel spreadsheet is separated into seven tabs; these contain the seven long term strategic themes and reference the forty-two key deliverables as set out in the Trust's IMTP for 19/20 to 21/22:

Our Goal – Delivering Excellence

Tab number one describes what delivering excellence means for the Trust and is aligned to three core objectives:

1a) Help Patients and Staff to Stay Healthy
1b) Help Patients More Easily Access our Services at the Right Time
1c) Provide the right care in the right place, wherever and whenever it is needed

Our Strategic Enablers

The next four tabs on the BAF describe the key enablers that underpin the strategic framework:

- Continue to provide best possible care, outcomes and experience to our patients in our core service
- Whole system partnership and engagement
- Support our people to be the best they can be
- Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology

Our Golden Threads

The following two tabs on the BAF describe the golden threads which are:

- Quality at the heart of everything we do
- Value and Efficiency in everything we do

10.   The Governance Team is working with teams across the Trust to continually update and obtain sources of assurance at each level.

Risks

11.   The Trust's corporate risks have been closely aligned to each of the long term strategic themes and the BAF now incorporates the Trust's revised risks as set out in the 2019/20 Quarter 1 Corporate Risk Register; these have been extracted from the new Datix E-Risk module.

12.   Existing Corporate risks and potential new risks were considered by the Assistant Director Leadership Team (ADLT) on 11th July 2019. The Executive Management Team received a report from ADLT with recommendations for the Quarter 1 Corporate Risk Register Report on the 14th August 2019.

13.   Quarter 1 2019/20 has seen a significant number of new risks being assessed and as a result seven new risks have been included on the Corporate Risk Register with no new risks transferred.

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	RISK RATING INITIAL	RISK RATING Q4 18/19	RISK RATING CURRENT	RISK RATING TARGET
69	Lack of preparedness for infectious diseases	Quality and Safety	Quality, Safety and Patient Experience	20	10	20	10
88	Continued Availability of Digital Pens	Quality and Safety	Finance and ICT	16	N/A	16	8

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	RISK RATING INITIAL	RISK RATING Q4 18/19	RISK RATING CURRENT	RISK RATING TARGET
199	Health and Safety	Statutory Duties	Quality, Safety and Patient Experience	15	N/A	15	10
139	Non delivery of financial balance	Statutory Duties	Finance and ICT	12	N/A	12	8
89	NEPTS novation of HB contracts - Inaccurate activity and cost profiles from HB's could result in increased service costs	Service Developments	NEPTS	12	12	12	6
100	Commissioning resistance to long term vision and expectations	Service Developments	Planning and Performance	12	N/A	12	9
109	Resource availability (revenue and capital) to deliver the organisations IMTP	Service Developments	Planning and Performance	12	N/A	12	4

14. Four risks have been de-escalated from the Corporate Risk Register even though they are scored quite highly. These will now be managed and monitored at Directorate level, with oversight of the relevant Director.

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	RISK RATING INITIAL	RISK RATING Q4 18/19	RISK RATING CURRENT	RISK RATING TARGET
85	Safeguarding referral process	Statutory Duties	Quality, Safety and Patient Experience	20	20	16	8
86	Inadequate resources to support the minimum requirements of education, professional and clinical practice for NHSDW/111 staff	Quality and Safety	Quality, Safety and Patient Experience	16	16	16	12
83	Resources required to implement the WAST Mental Health Improvement Plan (6 priorities for patient and staff)	Quality and Safety	Quality, Safety and Patient Experience	15	15	15	10
82	Unable to achieve risk maturity	Quality and Safety	Quality, Safety and Patient Experience	15	15	10	10

Future Reporting Arrangements

15. The ADLT will continue to undertake risk assessments on all new risks in line with the revised Risk Management Process. This is in addition to considering existing risks and their suitability for inclusion on the Corporate Risk Register

and primary alignment to a strategic theme on the BAF Report. This process will contribute to the Trust's overall risk maturity as risks are considered holistically rather than simply based on their overall score. Entry of a risk onto the Corporate Risk Register is no longer determined by its score.

<u>Future Planned Developments</u>

16.   The Governance Team is responding to recent discussions with the EMT and Trust Board as well as recommendations made by the Wales Audit Office as part of the Structured Assessment and are working to ensure that the BAF Report evolves to become a more efficient tool; one that not only allows for robust scrutiny and challenge but explores the potential for driving Committee Agenda setting as well as providing assurance on a range of other areas; for example, compliance with Legislation, delivery against Trust Strategies and monitoring against Commissioning Intentions; this list is not exhaustive.

17.   Whilst planned developments are essential if the BAF Report is to continually improve and adapt to meet organisational requirements, these do not detract from the operation of the current report and will ultimately enhance its functionality.

18.   A Board Development session is planned for the 8th October 2019 to test out a range of new developments which include:

- The development of Committee Assurance Frameworks (CAF);
- The potential to distinguish these from the higher level strategy Board Assurance Framework (BAF) for Trust Board.

RECOMMENDED: That

(1)   **Members of the Trust Board receive and comment on the BAF report.**

AGENDA ITEM No	3.5
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT REPORT

MEETING	Trust Board
DATE	19 September 2019
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Head of Patient Experience and Community Involvement
CONTACT DETAILS	Leanne Hawker 01792 311773 Leanne.Hawker@wales.nhs.uk

CORPORATE OBJECTIVE	Quality at heart; Delivery excellent patient care; Strong Partnerships
CORPORATE RISK (Ref if appropriate)	Not Applicable
QUALITY THEME	Safe Care
HEALTH & CARE STANDARD	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9

REPORT PURPOSE	The Committee is asked to accept the Report and approve the Patient Experience Highlight Report for release to stakeholders
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	19 September 2019	For information

SITUATION

1   The Patient Experience & Community Involvement (PECI) Team have an extensive Continuous Engagement Model where the Team listen and capture people's views, expectations, and experiences, develop/launch resources to improve experiences of patients. Our focus and drive in carrying out patient experience and community involvement has been to specifically understand the quality of service received from the perspective of service users and patients.

2   People's feedback is used to measure how the Trust is doing in delivering quality services for people against the Health and Care Standards, Commissioning Quality Core Requirements, our own Promises to Older People and Children and the Accessible Healthcare Standards for sensory loss. The way in which we report patient experiences reflects how the process of receiving care feels.

3   Our engagement work is delivered in the spirit of the National Principles for Public Engagement in Wales. Every effort is made to engage effectively so that people can be involved, have access to relevant information, and share views, experiences and expectations in an easy, open and welcoming environment.

4   This Report informs the Board on the range of community/patient engagement and experience work carried out by the Team in supporting the strategic direction and objectives of the Welsh Ambulance Services NHS Trust. We use the term patient experience to include the experiences of all other service users not just 'patients'.

BACKGROUND

5   The NHS in Wales uses the Service User Experience Framework which describes the evidence based key determinants of a good service user experience and identifies the key attributes and uses of a range of feedback methods. Use of the Framework enables the service user voice to be heard at all levels in NHS Wales.

6   The Trust captures and reports on patient experiences in line with the National Service User Framework (2014) and the NHS Wales Delivery Framework (supporting the development of Local Health Boards and Integrated Plans).

7   The Welsh Government Welsh Health Circular 'Validated core service user questions and updated Framework for assuring service user experience' are used to complement service specific questions already being used to capture patient experiences.

ASSESSMENT

8   The PECI Team's Delivery Plan is aligned to key priorities within the Integrated Medium Term Plan (IMTP). Work of the PECI Team is divided into two distinct parts:

- Business as usual that delivers evidence against the Health & Care Standards, All Wales Accessible Healthcare Standards and the NHS Wales Delivery Framework for Patient Experience and Sensory Loss.
- Strategic Transformation Board - providing evidence of progress against the key objectives/deliverables for supporting resilient communities through a programme of engagement and education; improve accessibility for those with sensory loss and implement recommendations from the Amber Review.

(i)   **Business as usual**

Over the last six months a total of 10,383 service users' have been engaged across various communities with the Team attending 137 public engagement events and 391 compliments captured. People have shared their experiences/feedback, expectations and received general information about the Ambulance Service, NHS and lifesaving skills. (The last 2 Reports submitted to the Quality, Patient Experience & Safety Committee are attached as **Annex 1 and 2**).

Progress against the Trusts Patient Experience Plan is reported bi-annually against the NHS Wales Delivery Framework for Patient Experience each October and April. Improvements made have been mapped against the 5 Step CAREMORE Model (**Annex 3**) to demonstrate how patient experience has made a difference.

(ii)   **Ambulance Commissioner**

The Team have been delivering a Programme of Engagement with the public in supporting (and implementing) recommendations of the Amber Review. Engaging with the public from numerous groups ranging from condition specific, such as Respiratory, Diabetes to generalised support groups including Older People, Sheltered Housing, and Learning Disability as well as general public at local community events. Our focus has been on providing clarity on the role of the emergency Ambulance Service and how calls are prioritised and categorised.

There has been great variation recorded with the public's perception of the number of emergency ambulances within their respective Health Board areas. Assumed vehicle numbers have ranged from 5 to 850. All feedback has been shared with the Ambulance Commissioner and the Team continue to engage with communities across Wales in sharing information about the Ambulance Service i.e. how calls are prioritised and categorised and capturing people's feedback, assumptions and concerns to ensure learning is shared and acted upon.

(iii)   **Trust Strategy**

The PECI Team supports the Trust in its goal of supporting resilient communities through a Programme of Engagement and Education as well as engaging and involving users with sensory loss, to improve accessibility of its services.

<u>Schools</u>

The Team have been delivering a Programme of Engagement with schools as part of its Continuous Engagement Model and carrying out a range of informative/educational activities.

In supporting the United Nations Convention on the Rights of the Child, the Team has continued to expand their engagement with children through various schools in order to expand the Trusts children's resources which will assist with school visits and encourage learning through play. Following the launch of the Curriculum for Wales 2022, four Lesson Plans for primary school ages and special educational needs units have been approved. The Lesson Plans, developed with children, education professionals and clinicians, support the 'Areas of Learning and Experience' within the curriculum.

Each year throughout the summer holidays, the PECI Team participate in a School Based Programme called the 'School Holiday Enrichment Programme' (SHEP) branded as 'Food Fun Wales', which provides healthy meals, food and nutrition education, physical activity and enrichment sessions to children in areas of social deprivation. During visits we talk to children on appropriate use of 999, playing our bespoke big/little accident quiz, teach pupils how to check if someone is conscious and breathing and supporting young callers when calling 999. For Key Stage 2 pupils we teach them Cardiopulmonary Resuscitation (hands only) and how to assist when someone is choking. The aim is to support young callers in an emergency while help is on its way.

The Team are responsible for the creation and delivery of Shoctober. Now in its fifth year the Campaign, delivered throughout October, teaches primary school children about using 999 services appropriately and teaching lifesaving skills. More recently, Restart a Heart has been transferred from the Medical/Clinical Directorate to the Quality Directorate for the PECI Team manage and deliver for the first time this year.

Sensory loss

The All Wales Standard for Accessible Communication and Information for People with Sensory Loss sets out the standards of service delivery that people with sensory loss should expect when they access healthcare. These Standards apply to all adults, young people and children. Progress against the Trusts Action Plan is reported bi-annually (each October and April) against the NHS Wales Delivery Framework for Sensory Loss. The Trust is also required to capture the communication and information needs of people with sensory loss in its systems so that we can better identify and support people, particularly as they move between services.

The PECI Team's engagement with sensory loss communities is enabling continuous learning and development to ensure people are able to access services, communicate and have great experiences and outcomes when using any of the Trusts' Services.

When we speak to deaf service users they consistently tell us that they want to access our services and speak with staff in their language of choice - British Sign Language (BSL). We have been exploring options for introducing a BSL video relay service that would allow BSL users to book Non-Emergency Patient Transport Services (NEPTS) transport, make enquiries about NEPTS bookings, and leave feedback about their experience or to raise a concern with the Trust

in BSL. As introducing such a system would require the co-operation of multiple systems and Directorates across the Trust a submission was made as an improvement proposal to the Welsh Ambulance Services NHS Trust Improvement and Innovation Network (WIIN). The initiative has since been supported and this work will continue with the support of WIIN, with one member of the PECI Team undertaking their Silver Improving Quality Together (IQT).

Most notable successes in overcoming communication barriers faced by many deaf BSL users is the achievement of implementing licences for staff to learn BSL, with five members of staff going onto the achieve level 1 BSL. Following this the Trust celebrated this success at the Action on Hearing Loss Cymru Excellence Wales Awards in May where the Trust was named overall winner in the service excellence category as well as going on to win the People's Choice Award.

We have been working with the NEPTS Team who have been making improvements for blind and partially sighted people who use assistance dogs. A funding request has been submitted to allow specialist equipment such as seat covers and seatbelt adapters to be purchased. The PECI Team and blind & partially sighted services users will be involved in an upcoming NEPTS Fleet Modernisation Programme, ensuring the specific needs of assistance dog users are taken into account when designing new vehicle specifications.

NHS Direct Wales Website

The NHS Direct Wales (NHSDW) website is considered to be the public gateway to access health information online. The remit of the site is to deliver 'a public and patients' portal focussed on individuals and their dependents health and health service needs. It is a key resource in promoting self-care and Step 1 of the CAREMORE Model used within the Welsh Ambulance Services NHS Trust. It is also a key resource in the National Campaign 'Choose Well'. The PECI Team are responsible for the maintenance and development of the website.

There have been 1,827,196 web visits the last six months. Recent new developments to the site have included:

- A dementia section launched in early July 2019. Designed to support the Trusts Dementia Plan and provide online information on a range of aspects relating to the needs of those living with dementia;
- A lesbian, gay, bisexual and transgender (LGBT) section, developed as a result of service user feedback and coproduced in partnership with external stakeholders. This provides a range of useful information and links to support/information agencies that includes accessing healthcare, coming out, health checks and having children. More developments are planned for this section that reflect the latest developments in relation to the Adult Gender Identity Service (CP 182 Proposed Specification and Policy - Gender Identity Service for Adults - non surgical);
- An easy read section hosting all easy read information across Wales for people living with a learning disability, carers and families on health matters including

keeping well. The site continues to evolve in line with the Patient Experience and Community Involvement Delivery Plan to develop further information resources for the learning disability community.

There are currently 28 Self-assessment Symptom Checkers on the NHSDW website. The ambition within the Trusts' IMTP is to achieve 30. These symptom checkers are a key information resources for the NHS Wales Choose Well messages.

(iv)   **Current Programme of Work**

Work with older people, children, Sensory Loss Groups, LGBT and range of condition specific Community Groups continues as part of our business as usual. However there are 3 distinct groups that we have placed a great deal of importance on. These have included:

Carers

Feedback from carers (especially older carers) has demonstrated the importance for us to better understand their needs. The State of Caring 2018 Report by Carers Wales, demonstrated carers in Wales are suffering mental and physical ill-health as a result of caring. Under the Social Services and Well-being (Wales) Act all carers in Wales are entitled to receive information and advice to help them care, and a right to an assessment of their need for support.

We have received feedback from carers who are reluctant to seek help for themselves due to carer responsibilities and also their expectations when it is the person they care for needing help. We have developed a Survey with carers using the core validated questions from the Framework for Assuring Service User Experience. The Survey commenced in May 2019 and findings/actions from the Survey will be reported back through to the Quality, Patient Experience & Safety Committee.   Three regional 'Engaging Carers' events have been planned in:

- Merthyr Tydfil, 18 July 2019
- Carmarthen, 7 November 2019
- North Wales (date to be confirmed)

Feedback from the Merthyr Tydfil Event has already provided us with suggestions to improve and we are working with operational colleagues in following up on all the suggestions to ensure inappropriate admissions are avoided wherever possible and that carers are identified and supported when people call our services.

Learning Disability

We have extensive experience of working with the learning disability community and have introduced the role of Learning Disability Community Champion. The Trust is well recognised for its suite of easy read and pictorial resources designed for people with a learning disability.

Earlier this year the Team presented at the Chief Nursing Officers Conference (May 2019), Public Health Wales Network for Learning Disability Improving Lives and Wellbeing Conference, and the All Wales People's First National Council Meeting (July 2019).

<u>Syrian Refugees</u>

We have built strong trusted relationships with the Syrian refugee community across Powys and Carmarthenshire. The local Ethnic Youth Support Team, which is part of the Welsh Refugee Coalition, is providing orientation support for newly arrived Syrian and vulnerable families under the Home Office Syrian Resettlement Scheme.

Our engagement with them initially focused on introducing them to the Welsh Ambulance Services NHS Trust (WAST) and demonstrating basic lifesaving skills. This has led to a number of further events being planned in the autumn and work has commencing on a co-produced 'Welcome to WAST' pack in a variety of languages.

RECOMMENDED: That Board members note the work of the Patient Experience and Community Involvement Team and its contribution to the Trusts Strategy Map and deliverables 2019-2022.

EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required for this report.

REPORT CHECKLIST

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

Patient Experience & Community Involvement Highlight Report

January – March 2019

This report provides information on the different ways we collect service user feedback and experience, what it means, and how we are using it to improve the service. Included within this report is evidence of community engagement work, social media activity and our involvement in public health.

Contents   Page

Overview

The following information is taken from a number of sources where we are engaging and capturing patient experiences such as:

- Patient Experience
- Community involvement work
- Compliments
- People accessing information on our websites
- Surveys
- Consultation responses

What was good about all of our work?
People gave us really good feedback, saying:

✓ People who have had Sepsis tell us that our staff are good at recognising the signs and symptoms and that they have received appropriate and timely care.

✓ The Deaf community is grateful of the efforts our staff have made to improve their ability to communicate with them and overcome barriers to communication.

✓ Children and young people have told us they like engaging with us and appreciate having an opportunity to learn about the ambulance service.

We engaged with lots of different communities across Wales promoting our range of services and offering CPR awareness. There are a growing number of requests from groups for CPR and defibrillator awareness. To help facilitate this members of the Patient Experience Team are volunteering to become CFR trained, enabling them to provide basic CPR training and defibrillator awareness sessions when requested.

What could be improved?
Feedback from service users to improve:

❌ Fallers tell us they are still experiencing long waits for help after making a 999 call.

❌ Older people are concerned about long delays for ambulances and availability of ambulance vehicles in general within the community.

❌ Callers to the 111 service have told us they are asked repetitive questions

Total number of people engaged with through community engagement and patient experience — 1,762

Patient Voices

February 2019
Quality, Patient Experience and Safety Committee

At our February Committee meeting we presented a story about Mr Eric Lorenz. Mr Lorenz is blind and uses an assistance dog.

In December of 2018 Mr Lorenz became unwell, he was experiencing chest pains and shortness or breath. He called 999 for help. The crew who arrived to help him demonstrated little understanding of how to support a patient with sight loss or of the legal duties placed on the Trust by the Equalities Act to ensure reasonable adjustments are made for assistance dog users. This resulted in a delay to his care, as our staff spent over 30 minutes seeking advice about how to proceed.

As a result of his story we have now developed a guidance document for staff about how to support an assistance dog user in an emergency. We are also working to expand this guidance to include information about transporting an assistance dog on a Non Emergency Transport Service vehicle.

Positive Experiences

Compliments
The Trust received **212** compliments between January and March.

> **The majority of compliments were about:**
>
> - Caring and compassionate staff
> - Staff able to offer reassurance and bring calm to a stressful situation

"I would just like to say thank you to the fantastic paramedics who came out to me. They were both incredibly kind and helpful, whilst remaining professional they managed to make me laugh and make light of the situation. I have a chronic illness that means I am admitted to hospital regularly, they took the time to listen to me and find out what works best to help me. I am incredibly grateful, thank you very much you do a fantastic job!"

"I recently contacted NHS Direct Wales when my son started experiencing changes in his breathing. I was very impressed with the speed in which my call was answered. The kind nature of the initial person who took down details was very reassuring and they ensured I received a call from the on call doctor. First class service, I would like to thank NHS Direct Wales for their help and advice."

Engaging with Communities

We've attended **66** events and engaged with **1,762** people

Over the last 3 months we have attended:

- Mental Health Groups
- Carers Groups
- School Visits
- Condition Specific Support Groups
- Vision Loss Groups

We've engaged with large numbers of people and have provided information about the Welsh Ambulance Service, we have gathered feedback, promoted volunteering and career opportunities and provided CPR and Defibrillator demonstrations.

Engaging with Children & Young People

Play & Distraction Techniques

To support staff and encourage children and young people to be more compliant when carrying out observations, we have developed a 'Play & Distraction Techniques' guide, giving staff hints and tips on ways to describe tests and equipment in a way that will help the child relate to it and reduce their anxiety. We have also developed a child friendly leaflet called 7 Important Checks, that helps children to understand observations our staff might need to carry out on them.

Child Friendly Alternative Words

Call takers have shared with us their experience of dealing with young callers. To help younger callers understand the questions we ask, one call taker suggested that we develop a list of alternative child friendly words that call takers could refer to when speaking with young callers. Following this suggestion, we have engaged with a number of children and young people at various events and will continue to do so over the coming months to identify words they would prefer us to use. Following the engagement, the bank of words (for various age ranges) will be shared with call centre colleagues to identify those words children and young people will understand whilst still having the same meaning to ensure a correct response is sent.

School Visits

Over the past quarter we have been invited to visit a number of schools to talk to pupils about the role of the Welsh Ambulance Service. When visiting school's we have been able to explain when you should call for an ambulance, how to call 999 in an emergency and give information about who else in the community can help when you're unwell.

School visits also give us a great opportunity to talk about our organisational 'Children and Young People's Promises'. A list of promises designed by children, that help our staff to understand what is important to children and young people when treating or caring for them. Examples include keeping them calm when calling us and taking our time so they understand the questions we ask, being kind, friendly, listening to them and involving them in decisions.

Youth Workshop

In partnership with Swansea Bay Health Board (previously ABMU) and the Children's Rights Unit, we invited children aged 8-12 years old who had been taken to Morriston Hospital by ambulance during the last year to attend a Youth Workshop.

The workshop allowed the children to share their experiences of what it was like using the Ambulance Service and gave them an opportunity to provide feedback about what they thought we could do better to support children and young people when in our care.

At the workshop we also offered an opportunity to take part in activities, including watching how we take blood pressure and temperatures. We taught children how to wash their hands properly and St John Ambulance demonstrated CPR and other learn lifesaving skills. We will continue to work closely with Swansea Bay Health Board, the Children's Rights Unit and the Youth Panel to host more youth workshops as part of our ongoing engagement with children and young people.

"Today was fun and there were lots of good activities that anyone can join in. Everyone was friendly and kind"

#Defibuary

When someone goes into cardiac arrest, early defibrillation is a crucial part of the chain of survival. A persons chance of surviving without intervention decreases by an estimated 10% with every passing minute. To help raise public awareness about Defibrillators, on 1st February 2019, for the fourth year running the Patient Experience & Community Involvement Team launched its month long social media campaign #Defibuary.

As well as educating the public about what they are, how they are used and where you can find them, we also encouraged staff, volunteers and the public to tweet us a selfie with a defib giving us their location details. This information is shared on the defib location database available on the NHS Direct Wales website and with our 999 colleagues for the public to access.

During the month people sent us 631 selfie's with a defib, of those 129 were in unregistered locations, which have now been added to the Defib Database – Making this our most successful #Defibuary campaign so far!

We would like to thank our partners including John Lewis, Mountain View Ranch, Folly Farm, Snowdon Railway, Dan-yr-Ogof Show Caves, Welsh Mining Experience in Rhondda Heritage Park and Heatherton World of Activities for their kind generosity in offering fantastic prizes for the best selfie's. A defibrillator and free training worth £1350 was also donated by Proactive First Aid training Solutions.

This year's winners, who won a defibrillator donated by the Welsh Ambulance Service for submitting the most selfie's went to Nant y Pandy Park Run, who submitted 285 defib selfie locations, closely followed by Menai Bridge Brass Band for their amazing effort of submitting over 210 selfie's.

Learning Disability Groups

"What Next?" Careers Event

In January we attended a "What Next?" Careers Event aimed at young people across Gwent who have additional learning needs. As well as Easy Read information on the different career paths available at the Welsh Ambulance Service, we showcased the latest in our range of Easy Read Information leaflets on the topics of; 7 Important Checks – the 7 basic observations that ambulance staff carry out when they respond to a patient; our Emergency Medical Services and 111 Wales, our non – emergency telephone service.

A member of the Patient Experience Team had an opportunity to try out some newly acquired skills when a group of deaf and hard of hearing pupils visited our stand. Having just sat, and since passed, her Level One BSL training, she delivered a session on CPR and the recovery position using BSL. The session was very well received and the pupils were impressed that she had only just sat her Level 1 exam.

Learning Disability Community Champions

In February, we were delighted to hold an event to recognise the work and commitment of 2 new Learning Disability Community Champions. Between them Collin and Fion have delivered many Big Accident Little Accident sessions across the Caerphilly area. The champions were filmed talking about their voluntary role and we asked them and their peers what they thought dignity meant to them, with the aim to learning how the Welsh Ambulance Service can support people with learning disabilities in the most dignified way.

The event also officially launched our Information About Me sheet which we have introduced in recent months. This new resource has been widely accepted as an excellent idea within the learning disability community.

Older People

In this quarter we have continued to engage with a variety of groups and services for older people.

When talking to older people's groups, we have shared with them information about our clinical response model and how we prioritise calls to 999. People have been consistently surprised by the number of operational emergency ambulances in their health board areas. People typically estimate that there are many more ambulances available in their area than there actually are, providing them with accurate numbers helps to contextualise our response model and choose well messages.

At a Mother's Union group in Swansea, a lady attending shared with us that she had called 999 recently and was told there would be a long wait before we responded as there was a high number of more urgent calls waiting for an ambulance. She said she was surprised at how scarce ambulances seemed to be and was now concerned that an ambulance wouldn't be available to her or her family if needed in an emergency. We offered reassurance that the number of ambulances available is carefully calculated to ensure appropriate cover is provided and reiterated the fact that ambulances are allocated depending on need, making sure that those in most need receive help first.

> *The liaison between the ambulance service and the caller while the person is waiting for an ambulance has been much better. I've noticed that the service calls back and checks in with you and gives advice, or stays on the line while you are waiting, which is an improvement on when I have used the service in the past*

Dementia

What Happens When I call 999

The Trust has recently produced a leaflet aimed at helping people who are living with dementia to access the ambulance service. The leaflet, called "What Happens When I call 999?" has been written in conjunction with people living with dementia in response to feedback saying that making 999 calls can be challenging, that its hard to answer some of the complex questions we ask, and that people with dementia can find recalling things like post codes and date of birth difficult.

The leaflet outlines the questions that we would ask in a 999 call, covers what you can do while you are waiting for an ambulance to arrive and features a tear out section that you can complete with your personal details and place by your phone for reference, should you need to phone 999.

We have visited a number of dementia support groups where we have spoken about the leaflet, including Swansea Dementia Friendly Community Forum and Taf Valley Quality Time Dementia Support Group. Attendees all thought the leaflet would be a useful resource and said it is something they would use to help reduce stress and anxiety they feel about calling 999 for an ambulance.

Sensory Loss

Deaf people face language barriers every day of their lives, but there is no greater stress and anxiety attached to that barrier than when needing to call an ambulance and communicate with the crew. Imagine yourself in a similar position for a moment, when a loved one needs urgent care and you need to explain quickly and effectively what has happened, or when you are the patient and you need reassurance and an understanding of what is wrong and what is being done to you. Being able to meet a Deaf person's language needs in such circumstances has an immeasurable positive impact for everyone involved.

To help overcome these communication barriers, over the past year a group of dedicated members of staff from across the Trust have been learning British Sign Language (BSL).

At the beginning of 2019 five learners reached a stage where they were ready to sit their Level 1 BSL exam. They took their exam in January and we were delighted to hear that all 5 passed! We're really proud of the commitment they have shown to learning BSL and already know from feedback from learners participating in the course that their new found BSL skills have started to make a difference to the experiences of Deaf service users.

Sarah Lawrence, one of our training providers, also offered her thanks to the Trust and staff involved, saying:

> *I am hugely grateful on behalf of all Deaf people in Wales to those staff who have taken the first steps to communicate more effectively with us, and I wholeheartedly congratulate the Welsh Ambulance Service for supporting staff to learn BSL.*

Mental Health

This quarter we were invited to speak with people who access Mental Health support services in the Aneurin Bevan Health Board area. We visited the CHAMPS Mental Health Peer Support Group in Pontllanfraith where we spoke to people about their experiences of using the Welsh Ambulance Service.

Themes from our engagement:
- People were generally positive about our responses to their calls for help
- People said our staff were compassionate and caring when responding to them
- People were positive about First Responders and the care that they provided
- People said that in general our response was timely
- People were very appreciative and thankful for the care and assistance they have received.

We are also working with partner agencies at the Cwm Taf Mental Health Forum to produce a new all Wales Welsh Ambulance Service information leaflet which will signpost people with mental health needs to community services. This idea came from our engagement with mental health groups over the past couple of years

Faith Groups

We have visited various faith groups for people of all ages in the Aneurin Bevan and Cwm Taf Health Board areas to talk about the Welsh Ambulance Service and how we respond to and prioritise calls, choosing well and raising awareness of NHS Direct Wales.

People were very forthcoming with feedback about their experiences of using the services we provide.

> *My 80 year old friend fell outside on the pavement. It was pouring with rain at the time. We waited 3 hours for an ambulance. She had a broken femur and ended up with hypothermia*

> *My husband received excellent attention when we called 999 when he was taken ill very suddenly. Within the hour he was treated at home and a decision was made to take him to hospital where he was diagnosed with sepsis. The quick response saved his life!*

Getting Views from Communities

We have asked people the following questions when we have been out and about with communities.

> What does dignity mean to you?

> How was your experience using 999?

> When I call 999 I expect...

What does dignity mean to you?
- I want to be treated as an individual, one size doesn't fit all. It's important that you understand my specific needs and tailor your response, information, method of communicating to suit me as an individual.

How was your experience using 999?
- I called 999 but they came late, it was my baby she had been vomiting from the morning until 11pm and had a high temperature the baby was not awake and floppy. Ambulance took 40 minutes. I was concerned how long it took for the ambulance to come.
- My uncle was hit by a car and needed an ambulance. We are happy with the service. The ambulance came straight away and took him to hospital, they saved his life.
- My 19 year old granddaughter was staying with me. She had seen her GP in the morning as she had a pain in her jaw and in her ear. She was given medication. She was OK for a while and took a tablet at 10pm and said she was going to bed. Later I could hear her vomiting in the bathroom, she was being violently sick and felt clammy. We phoned the out of hours GP who phoned for an ambulance. A response car arrived within 10 minutes, he was marvellous and so kind. Excellent service given.

When I call 999 I expect....
- The person who answers my call to be knowledgeable, to be empathetic and able to show that they understand the stressful situation I'm likely to be in.

We are using this feedback to influence the way we engage with communities and how we use feedback to improve our services. By capturing information in this way, we have a good picture of what people's experiences are and what they expect from us. Monitoring what we are doing with this feedback is really important to us because we want to see things change for the better as a result of what people tell us.

Going forward, making sure that we act on and can demonstrate change as a result of patient experience feedback is going to be a priority for the Patient Experience & Community Involvement Team.

Social Media
Patient Experience & Engagement
and NHS Direct Wales

Social media allows us to engage and respond to the public & organisations in real time and keep appropriate use of 999 services and the NHS Direct Wales service at the forefront of people's minds. It's also a great way to capture feedback, share compliments, signpost visitors and demonstrate how users' feedback can influence service delivery.

Twitter Summary, January – March 2019		
	@WelshAmbPIH	**@NHSDirectWales**
Tweet impressions (how many people our tweets have reached)	217,500	92,200
New followers	72	171
Current Number of Followers	4,066	4,636

This months Top Tweet came from the @WelshAmbPIH account. The Tweet was made to celebrate 5 members of staff passing their Level 1 BSL qualification:

Top Tweet earned 4,472 impressions

Congratulations to @WelshAmbulance staff who passed their Level 1 BSL exam this week! We're so proud of the commitment you've shown to learning & improving communication with deaf patients #BSL💛 @Deaffriendly1 @hearinglosscym @BDA_Deaf @WCDeaf @ClaireBevanWAST @jasonkillens
pic.twitter.com/BKEgCLzXNX

↩8 ♺7 ♥56

View Tweet activity   View all Tweet activity

NHS Direct Wales Website

As part of our ongoing development of the NHS Direct Wales website, the team have been working closely with Welsh Government and Public Health Wales to update a number of sections including 'Live Well' and 'Vaccination'.

	Total number of website visits	Top Page Viewed
January	310,381	Generally Unwell symptom checker
February	267,085	Generally Unwell symptom checker
March	295,279	Generally Unwell symptom checker
Total	**872,745**	

During this period, the most popular symptom checkers visited were:

- **Generally unwell**   **89,983**
- **Stomach Pain**   **72,470**
- **Cough**   **51,263**

Due to winter publicity of the Beat Flu campaign and cold weather experienced during January and February, unsurprisingly the generally unwell and cough symptom checkers remained the most popular, with Public Health Wales reporting low to medium levels of flu throughout Wales.

Following the release of the Welsh Health Circular 'Implementing recommendations of the review of sexual health services', topics on contraception and STI's were reviewed and updated within the Health Encyclopaedia on the NHS Direct Wales website. During this quarter information about Newborn Screening and Waiting Times was also updated.

Visits to Welsh language pages of the website continue to grow. In this quarter, the total number of visits to the Welsh website was 3,569, up from 2,092 in the previous quarter. We will continue to develop new Welsh content for the website and actively promote that Welsh content is available.

Moving Forward

Trauma Teddies & Twiddle Mitts
We have now distributed Teddies and Mitts in Swansea, Powys and Cardiff & the Vale Health Board areas, which are now being used on ambulances in these areas. Many new Knitting groups have joined the dedicated band of volunteer knitters, who lovingly knit and donate these beautiful items so they can be given to patients.

Carers
We have been working in partnership with Carer's organisations to plan three Welsh Ambulance Service engagement events for carers throughout the next year. In light of findings from the recent Amber Review, we are keen to have a focussed conversation with carers about what they need from us as a service, helping us to understand what impact we have on them.

Recording Information About Vulnerable People
We have been working with colleagues from across the Trust to develop a policy that will allow people to request a 'flag' to be placed against their address on our computer systems. The flag will provide our staff with advance notice that a vulnerable person lives at the address. For example someone with dementia or a sensory loss.

Dementia Action Week
We are looking forward to celebrating Dementia Action Week which will run from the 20th – 26th May. We have various events that we will be supporting across Wales.

Patient Stories
A number of new patient stories have been identified and we will be meeting with patients and their families to progress these further. A specific theme throughout the stories is quality and doing all we can for the benefit of patients.

We welcome stories from our patients and service users as they give us a valuable insight into what its really like to use the services we provide. The stories we record allow us to learn and make improvements to services based on what our service users tell us really matters to them.

Get involved – contact us
If you want to be more involved in our work, please visit our website www.ambulance.wales.nhs.uk, call 01792 311773 or email peci.team@wales.nhs.uk.

Follow us on Twitter
@WelshAmbPIH

@NHSDirectWales

'Like' us on Facebook
www.facebook/welshambulanceservice

www.facebook/NHSDirectWales

Patient Experience & Community Involvement Highlight Report

April – June 2019

This report provides information on the different ways we collect service user feedback and experience, what it means, and how we are using it to improve the service. Included within this report is evidence of community engagement work, social media activity and our involvement in public health.

Contents   Page

www.ambulance.wales.nhs.uk   @WelshAmbPIH

Overview

The following information is taken from a number of sources where we are engaging and capturing patient experiences such as:

- Patient Experience
- Community involvement work
- Compliments
- People accessing information on our websites
- Surveys
- Consultation responses

What was good about all of our work?
People gave us really good feedback, saying:

✓ Most carers reported receiving excellent care from our staff.

✓ Call handlers were praised for their role and ability to provide CPR instructions over the telephone in a calm and reassuring manner.

✓ LGBT communities have told us they appreciate our visibility at Pride & other community events.

We continue to work with a number of community groups across Wales who volunteer to produce Twiddle Mitts and Trauma Teddies for the Welsh Ambulance Service. To recognise their ongoing contribution we held a 'Wool Appeal' asking staff to donate any unwanted wool to this good cause. We have received a great response and have been able to provide a free supply of wool to most of the groups who volunteer for us.

What could be improved?
Feedback from service users to improve:

❌ Not all staff understand the importance of adjusting their language to suit the needs of the patient.

❌ Older people are concerned about falling and worry about the length of time it could take for help to arrive.

❌ The public have wider concerns about access to health & social care services and worry about how this impacts on our 999 service delivery.

Total number of people engaged with through community engagement and patient experience — **8,621**

Patient Voices

The following patient story was presented to to the Quality, Patient Experience and Safety Committee. You can view other stories on our website.

May 2019
Quality, Patient Experience and Safety Committee

At our May Committee meeting we presented Nicola's story. Nicola called 999 for her elderly Mum who had fallen in the street, outside a neighbour's house. Nicola received a call from the neighbour asking her to come to the scene, when she arrived the neighbour was already on the phone to the ambulance service.

Nicola made subsequent second and third 999 calls to ask for updates. With each call she became increasingly frustrated at having to repeat all of her Mum's details and our inability to offer any indication about how long it would take for help to arrive. She was also annoyed that her mum's age, the location of her fall and the weather conditions at the time were not being taken into account when prioritising her call.

We have used Nicola's story to suggest there be greater flexibility in the scripted responses used by our call-takers and control-centre clinicians. We have also produced a leaflet and public information video explaining why our call-takers ask certain questions, and why it might sometimes may be necessary to ask the same questions more than once. We have also raised the issue of the scripts used by our call takers not taking into consideration the physical environment that a patient is in while waiting, and that this actually should be a factor in determining the priority of a call.

Positive Experiences

Compliments

The Trust received **179** compliments between April and June.

> ### The majority of compliments were about:
>
> - Caring and compassionate staff
> - Staff prepared to go the extra mile

" *My father fell and broke his hip and was taken to hospital where he had a hip replacement. The paramedic who first arrived was professional, reassuring and made all of us feel in safe hands. Similarly, the ambulance crew who turned up subsequently and transported my father from the house to hospital were kind, thoughtful and professional. Could you please pass on our thanks for everything they did.* "

" *My wife was involved in a serious car accident in April. Your team were incredible, could not have done more to help my wife at the scene of the accident and on route to hospital. Not only looking after my wife, also our two grandchildren and our daughter involved in the accident as well. I just wanted you to know what a great team they were and our very special thank you for everything your service did. Certainly went the extra mile.* "

Engaging with Communities

We've attended 71 events and engaged with 8,621 people

Over the last 3 months we have attended:

- Mental Health Groups
- Carers Groups
- School Visits
- Emergency Service Fun Days
- Older People's Groups

We've engaged with large numbers of people and have provided information about the Welsh Ambulance Service, we have gathered feedback, promoted volunteering and career opportunities and provided CPR and Defibrillator demonstrations.

Engaging with Children & Young People

Children & Young People Resources

In supporting of the 'UN Convention on the Rights of the Child' Article 31 'the right to play', the Patient Experience Team at the Welsh Ambulance Service has continued to expand their children's resources to assist with community and school visits. These new resources include hi vis jackets, ambulance helmets, choking vests and a 'Brayden' CPR Manikin which visually displays the flow of blood from the heart to the brain during CPR, reinforces learning and allows the children to role play and understand what equipment Ambulance Crews use and why.

Lesson Plans

Following the launch of the Curriculum for Wales 2022, four lesson plans for primary school ages and Special Educational Needs units have been published. The lesson plans aim to support staff by providing a structure when attending schools regarding length of visit, style of language to use, learning objectives and outcomes. All lesson plans support the new national curriculum for Wales 'Areas of Learning & Experience'.

Children with Special Educational Needs

We had a very lively and fun visit to Ysgol Gyfun Emlyn Special Education Needs Unit in Newcastle Emlyn, where we trialled a new lesson plan for Special Educational Needs classes.

This new lesson plan is based on the choose well messages and a combination of aspects from our big little accident quiz and Easy Read information leaflets for adults with learning disabilities. The session was really well enjoyed by all of the children in the unit and has given us many more ideas for how we can continue to engage with this group of young people.

Learning Disability Groups

Learning Disability Community Champions

Our Learning Disability Community Champions continue to be active in their volunteering roles. Two of our Learning Disability Community Champions, Ann and Neil, have been busy talking about our latest Easy Read resources about 111 Wales and '7 Important Checks'. We developed '7 Important Checks' because we understand that that calling 999 and being medically assessed can be a daunting experience. This resource advices the Learning Disability community about what happens during an assessment and what equipment staff use.

Celebrating Learning Disability Week 2019

17th – 23rd June was Learning Disability Week. Learning Disability Week is an annual campaign by run by Mencap to raise awareness of issues around learning disabilities. We celebrated this week by showcasing our learning disability work on social media and our Learning Disability Community Champions attended a number of groups to talk about their role.

New Resources

We have developed a new interactive board game to help us engage with the learning disability community. The board game builds on our 'Big or Little Accident' quiz and supports the Choose Well message, allowing players to guess the most appropriate type of care needed for a variety of situations.
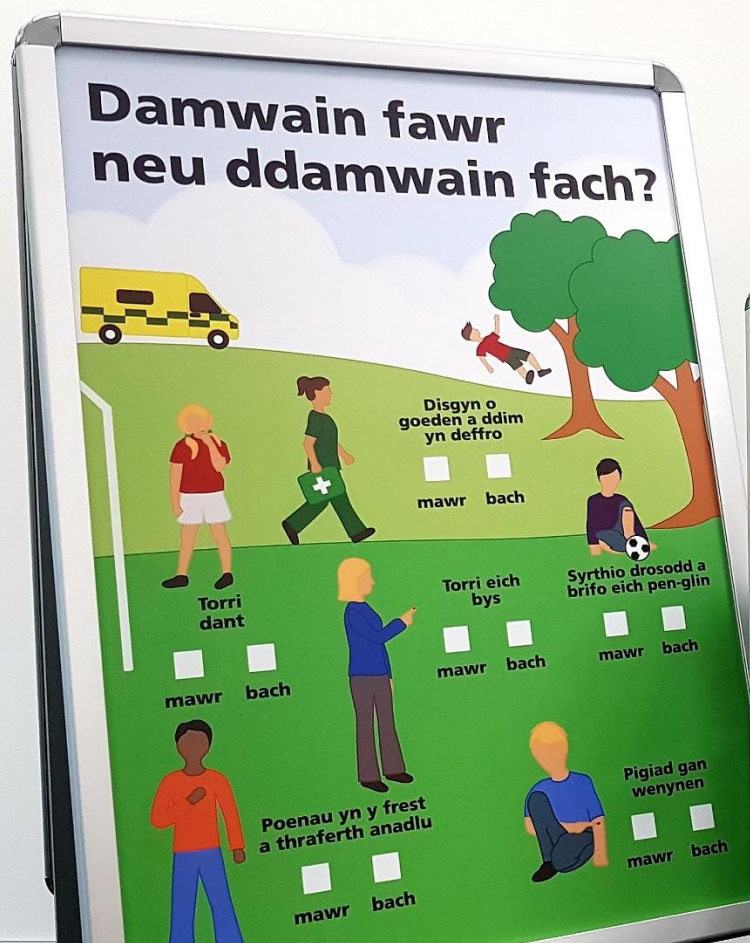
Older People

Our engagement with older people continues and a key theme has been emerging around their concerns over falling. Older people's groups have been consistently telling us that they are concerned both about their risk of falling and the time it can take to get a response from the ambulance service fallowing a fall.

We explain our response in relation to our clinical response model, which sets out how 999 calls are prioritised. Groups have been interested to learn that falls can be categorised differently and that each fall is prioritised using the same system, so the less serious the situation, the longer one could expect to wait, as resources will be redirected to deal with life threatening situations first.

We also deliver the message that falling is not an inevitable part of ageing and that there is a lot that everyone can do to lessen their chances of a fall. We continue to work in partnership up with other agencies and there is a resource available on the Chartered Society of Physiotherapy website that is full of hints and tips on how to reduce your chances of falling.

> *My husband has fits and when he comes round he can't get up. I'm not able to get him up off the floor either. I always feel bad ringing for an ambulance, just to get him up off the floor, is there a service which can just help patients to get up after falling or having a fit?*

Carers

Carers Survey

May 10th marked the beginning of Carers Week, we took this opportunity to launch our new Carers Survey. Available online and in hard copy the survey aims to capture the experiences of carers who have accessed any of the services provided by the Welsh Ambulance Service.

Throughout the week we linked with other organisations and carers groups and joined a variety of information stands and fun events, providing much needed information and enjoyment for carers who work exceptionally hard to look after their friends, families, neighbours and loved ones. Through engagement and our survey we aim to better understand carers needs in order to drive improvement and deliver better outcomes and better experiences for carers when the access Welsh Ambulance Services.

Some early responses from the survey are telling us:

- The majority of people who are being cared for are elderly
- Most carers felt that when we came to help, our staff explained what was happening clearly and that carers were involved and listened to as much as they wanted to be
- Most carers said they were allowed to accompany the person they cared for on the journey to hospital
- While support is available to many, some carers feel they have difficulty accessing support services and have few people to call on for help
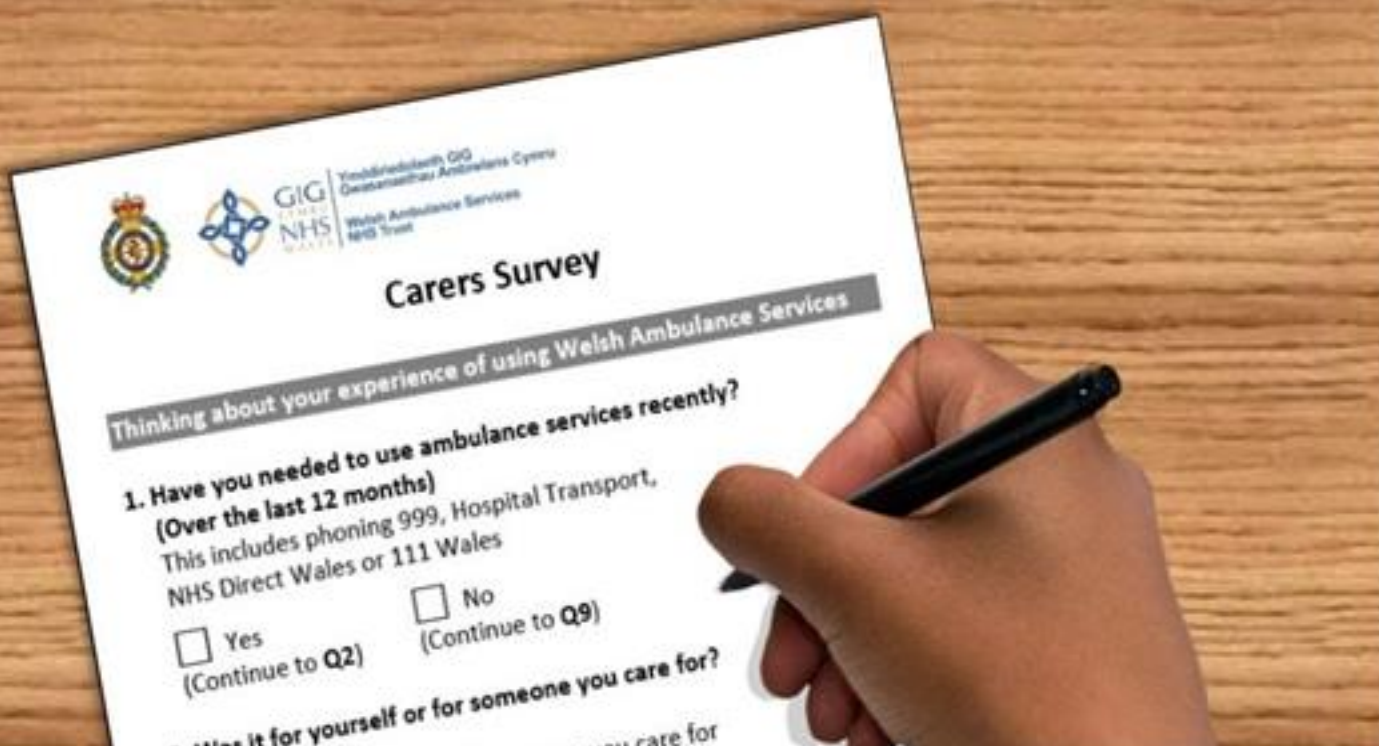
Dementia - Dementia Action Week

Dementia Action Week happens in May each year and unites people, workplaces, schools and communities to take action and improve the lives of people living with dementia. The Welsh Ambulance Service actively participated in the week and attended a variety of events across Wales where we engaged with people living with dementia and their carers.

We received some really helpful feedback at one event that demonstrates the importance of adapting the language we use when talking to a patient with dementia:

> **A paramedic was talking to one of our residents and it was clear that the person didn't understand the medical terms and questions. We tried to tell him subtly that the person had Alzheimer's but he carried on asking too many complicated questions. Another paramedic came on a different occasion and he was wonderful, he took time to reassure, he was kind and really put our gentleman at ease.**

LGBT – Swansea Pride

In May we attended Swansea Pride, this was the second time this event has been held and the Welsh Ambulance Service were pleased to support the day again. We built on our presence from last year and substantially increased our representation there, allowing staff and volunteers attending an opportunity to celebrate their diversity whilst engaging with the local community and demonstrating that we're an open and inclusive organisation.

> **Its really great to see you guys and others from the Police and Fire service here. The community needs to know that you're all approachable people too.**

George Street Primary School

Our partnership with George Street Primary School in Pontypool is now reaching its conclusion.

The Safety Sign, designed by pupils from the school, has been set up outside Pontypool Ambulance Station as a culmination of the year-long safety project aimed at educating the public about the importance of appropriate respect for and use of blue light services including the Welsh Ambulance Service.

In partnership with Gwent Police and the school, we held a special unveiling event for the sign in May which was attended by school representatives, parents and children. It is hoped the new sign will provide a lasting reminder about the importance of making way for blue lights and not blocking the entrance to the ambulance station when dropping off or picking up children from the school.

"It has been a really rewarding experience working in partnership with the school and other community partners. We hope that the new sign will act as an important reminder of the safety issues that were being experienced locally."

Sensory Loss

To help overcome the communication barriers faced by many Deaf British Sign Language (BSL) users, over the past year a group of dedicated members of staff from across the Trust have been learning BSL. At the beginning of 2019 five learners reached a stage where they were ready to sit their Level 1 BSL exam. They took their exam in January and we were delighted to hear that all 5 passed.

To celebrate this success we entered the project into the Action on Hearing Loss Cymru Excellence Wales Awards. The awards are an opportunity to celebrate organisations across Wales (in the public, private and third sector) that make their workplace accessible to people who are deaf or have hearing loss. The event gives organisations the opportunity to place a spotlight on the excellent work that they do with, and for, deaf and hearing loss service users and colleagues across Wales.

The awards ceremony was held in Cardiff on 17th May and were really pleased to be named overall winner in the Service Excellence category as well as going on to win the People's Choice award.

The Trust is completely committed to ensuring that all of our services are accessible to people with a sensory loss. Winning this award is a great achievement and a positive recognition from an external organisation that we are moving in the right direction.

Getting Views from Communities

Over this last quarter the Patient Experience & Community Involvement team has been engaging with communities across Wales to capture patient experiences and expectations of using or accessing services delivered by the Welsh Ambulance Service.

Using specially designed engagement cards, over this last quarter or engagement has focussed on trying to establish how well the public understand the way 999 calls are prioritised. We have also been educating people about how many Emergency Ambulance's are available in individual Health Board areas.

There has been great variation recorded with public's perception of the number of emergency ambulances within their respective health board area. Vehicle numbers assumed have ranged from 5 to 850.

When informed on the number of vehicles actually available people have on the whole reported being shocked, surprised 'a lot' and being greatly worried.
- **48% of respondents recorded being surprised a lot**
- **62% of respondents recorded being worried a lot**

With respect to the way the Trust responds to 999 calls there was, overall a sense that people fully understood the clinical response model; the 'red, amber, green' categories are easily understood by all groups we engaged with:
- **67% of respondents said the system is clear**
- **100% of respondents agreeing with the way calls are prioritised and;**
- **70% of respondents were not concerned at all**

However, it is the type of call that is categorised as amber that gives people the most concern with
- **21% saying they were a little concerned and**
- **8% concerned a lot**

In particular stroke and chest pain were two common reported conditions that people felt warranted a red response. Poor outcomes for stroke and chest pain were concerns for people; they were seen as time critical. With respect to stroke, people's experiences and understanding based on what they had heard through the media were in conflict with the well-known and published FAST campaign. People had even reported seeing the FAST logo on emergency ambulance vehicles.

How many ambulances are in your health board area?
Your health board area is
☐ Abertawe Bro Morgannwg   ☒ Powys   ☐ Betsi Cadwaladr

Social Media
Patient Experience & Engagement
and NHS Direct Wales

Social media allows us to engage and respond to the public & organisations in real time and keep appropriate use of 999 services and the NHS Direct Wales service at the forefront of people's minds. It's also a great way to capture feedback, share compliments, signpost visitors and demonstrate how users' feedback can influence service delivery.

Twitter Summary, January – March 2019		
	@WelshAmbPIH	@NHSDirectWales
Tweet impressions (how many people our tweets have reached)	171,300	75,200
New followers	49	143
Current Number of Followers	4,127	5,064

This months Top Tweet came from the @WelshAmbPIH account. The Tweet was made to during a 'Behind the Badge' Emergency Services open day in Cwmbran.

PECI Team
@WelshAmbPIH

Lots going on at the Behind the Badge 999 Emergency Service event in Cwmbran today. Come over to learn all about @WelshAmbulance, how we respond to calls and how you can volunteer with us #TeamWast #BEHINDTHEBADGE999 @gwentpolice @SWFireandRescue

NHS Direct Wales Website

As part of our ongoing development of the NHS Direct Wales website, the team have been working closely with Welsh Government and Public Health Wales to update a number of sections including 'Live Well' and 'Vaccination'.

	Total number of website visits	Top Page Viewed
January	296,222	Quinsy, Encyclopaedia Article
February	293,461	Self Assessments
March	364,768	Insect Bites and Stings, Encyclopaedia Article
Total	**954,451**	

During this period, the most popular symptom checkers visited were:

- **Generally unwell**   **84,336**
- **Stomach Pain**   **70,956**
- **Rash**   **36,501**

New Dementia Section

We are delighted to launch a new NHS Dementia Guide on the NHS Direct Wales website. People living with dementia are often confused about where to go for help and support. The guide provides an introduction to dementia, and information about symptoms, diagnosis, living well with dementia, care and support.
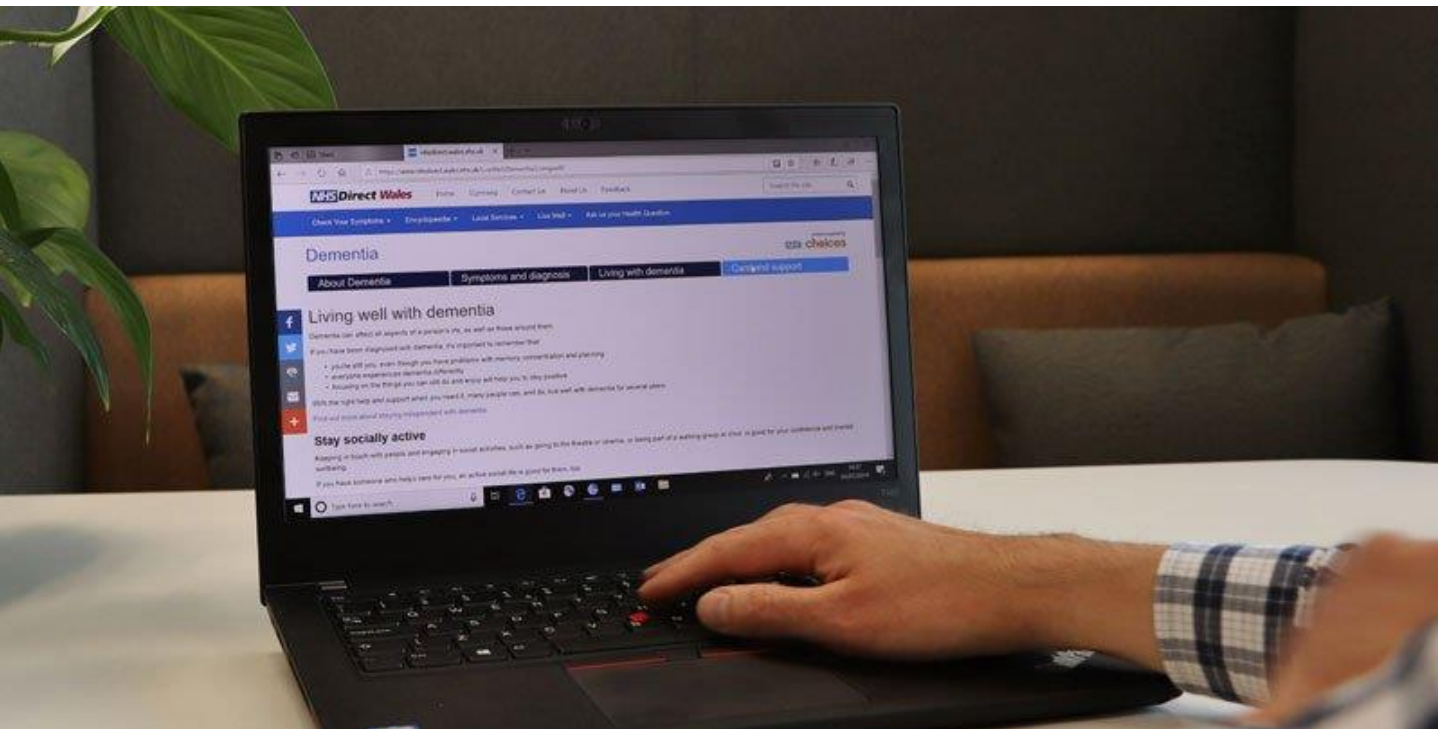
Moving Forward

All Wales People First National Council Meeting
We will be presenting to the Council about our work around Learning Disabilities, our Easy Read information resources and the success of the Community Champion Role.

Syrian Refugee Events
In September we will be holding two events for Syrian Refugee families being re-settled in Wales, one in Newtown and another in Carmarthen. The events will offer an opportunity to better understand how the Welsh Ambulance Service works and how you can access the services we deliver in the appropriate way.

Cardiff Joint Emergency Services Show
We will be attending the Joint Emergency Services Show in Cardiff on 21st & 22nd September.

National Emergency Services Show
We will be co-ordinating the Welsh Ambulance Service's attendance at this year's National Emergency Services Show, being held at the NEC in Birmingham in September.

Pride Cymru
We are looking forward to taking part in Pride Cymru again this year on 24th August, Wales' largest celebration of equality & Diversity.

Patient Stories
A number of new patient stories have been identified and we will be meeting with patients and their families to progress these further. A specific theme throughout the stories is quality and doing all we can for the benefit of patients.

We welcome stories from our patients and service users as they give us a valuable insight into what its really like to use the services we provide. The stories we record allow us to learn and make improvements to services based on what our service users tell us really matters to them.

Get involved – contact us
If you want to be more involved in our work, please visit our website www.ambulance.wales.nhs.uk, call 01792 311773 or email peci.team@wales.nhs.uk.

Follow us on Twitter

@WelshAmbPIH

@NHSDirectWales

'Like' us on Facebook

www.facebook/welshambulanceservice

www.facebook/NHSDirectWales

What people said

- Please explain things simply
- There is a lack of information in accessible formats; not enough information about services provided in the language of choice
- Very little information available on alternative services for those who do not speak English
- Want to manage own health and healthcare instead of contacting emergency services; wanting wider choice of self-assessments online
- Better access to primary care; home visits; community services for support/joined up care
- Lack of choice regarding community services – using 999 as a last resort
- Want to have skills on basic life support, using a defibrillator, how to respond to someone choking and basic first aid.

Our response

- Developed suite of easy read/pictorial resources on WAST; NHSDW; 111 and key messages
- Developed Communications App for desk top use at various health locations
- Currently developing the Communications App to include various languages
- 28 online symptom checkers available on NHSDW website all fully bilingual
- Developed a new online dedicated Dementia section
- Four new symptom checkers developed and due to be launched on the NHSDW Website: Breathing Difficulties, Chest Pain, Falls and Back injury.
- Delivering emergency first aid awareness sessions into our continuous engagement model with community groups; schools; condition specific support groups

What people said

- Calling 999 – there are too many questions asked, repetition, confusing and distressing
- Explain things simply, don't understand some of the words (especially children, those with learning disabilities and dementia)
- Not providing a child friendly service
- No explanations given, patients are anxious and not clear why certain instructions are given; struggle with some instructions given by call handlers;
- Contradictory advice given from CCC (do not move; do not drink or eat)
- Need time to process questions, call handlers ask too many questions quickly
- Difficult to understand when English or Welsh are not first language; didn't know there is a translation service
- Having to re-ring 999 to check up on a response and repeat details again
- CCC system doesn't take into consideration the individual's circumstance
- Unhappy with the way we prioritise people who have had a fall (especially when person is elderly or frail or has a sensory loss)
- Can you keep information about my address/conditions on your systems to better identify my needs

Our response

- Produced a public education film on what happens when you call 999 and explaining some of the instructions
- Held consultation with Children on alternative words to use within CCC
- Develop and implemented Dementia Plan that includes raising awareness amongst CCC staff
- Co-produced a public facing dementia friendly booklet 'What happens when you call 999' with a tear off sheet so people can document important information including their demographics.
- Worked with CCC staff on questioning techniques used by call takers
- CCC staff are able to use alternative script/phrases
- Amendment to the script that is given at the end of the call. Now changed to 'sips of water only' (except overdose and stroke).
- Launched our 'Promises' to children
- Held in partnership a 'youth panel' with children to gather their expectations/experiences to influence service delivery
- Included emergency first aid awareness sessions as part of our continuous community engagement model
- Rolled out 'I Stumble' check list tool in sheltered housing and nursing homes
- Trialling a BSL video chat (within 111)
- Regularly engage with sensory loss groups promoting SMS Service for 999
- Facilitated dementia groups into control rooms for learning, Q&A.
- Developing a high risk address policy that will allow callers to request that a flag is created against their address. This includes a person's access and information needs. Due to be implemented imminently.

What people said

- Waiting too long for a response; don't understand why the wait; if length of wait known people would have done something themselves (particularly related to amber prioritised calls)
- Questions over calls that are categorised as amber
- People who have fallen are waiting a long time on the floor
- Little to no communication between staff and BSL Deaf patients/carers; staff rely on hearing person, friend/relative
- Carers feeling undervalued and not being listened too
- Nervous about what happens when paramedics arrive (specifically to those with learning disabilities), want to feel equal; want staff to know their needs
- People perceive staff have poor attitudes to people in mental health crisis. Feel stigmatised

Our response

- Developed public leaflet explaining how we prioritise calls and widely distributed and used at all our community engagement events. We are reviewing the content following Amber Review Implementation Plan. Have developed leaflet 'How we handle our calls' which is used in response to PTR complaints.
- Developed a range of procedures and actions included within the Falls Framework. Currently in the process of creating a Falls Assistant video (with the Trusts Falls lead)
- Introduced dedicated Falls Response Team
- Have provided over 100 BSL licences to staff across the Trust to learn BSL online for free. Five members of staff have passed their level 1 BSL exam and all five have used BSL when responding to and communicating with Deaf service users.
- Developed and launched a falls video explaining how to get up; collaborated with staff on the promotion and dissemination of 'Get Up Go' booklet and the 'Steady on Stay Safe' campaign.
- Developed and disseminated 'Information about Me', a resource that has key information staff need to know and what a patient with a learning disability feels staff should know to help with communication and establish a rapport between them
- Developed the role of 'Community Learning Disability Champion'; supported by WAST to engage with local LD groups and share key information about the ambulance service and looking after themselves
- Currently planning Carers Engagement events and survey throughout 2019/20
- Launched our Mental Health Improvement Plan that includes improving mental health practice across our services and strengthen crisis care pathways for the public

What people said

- Explain things simply, difficulty understanding what is being said, what is going to happen
- Sensory loss patients/service users find it difficult to make a complaint. PTR process isn't accessible to them.
- Some staff do not seem to be able to respond effectively to those in distress/anxious (specifically to children, those with learning disabilities and dementia patients)
- Staff seem to struggle to respond to someone in mental health crisis

Our response

- Delivered training on distraction techniques for staff when treating children/learning disability patients; dementia awareness sessions provided to staff
- PTR booklet developed explaining core service provision
- Engaged with knitting volunteer groups and disseminated knitted trauma teddies/twiddle mitts for children/dementia patients to ambulance stations (initially in AB, Cwm Taf, Powys, C&V, ABMU)
- Mental health training provided to frontline staff as well as visible promotion of 'Time to Talk' encouraging staff talk about mental health. Linked to the Trusts Mental Health Improvement Plan.
- Currently developing new mental health leaflet to signpost people to community mental health services (initially covering Cwm Taf but will be national by end of 2019)
- Created and disseminated a staff booklet 'A Guide to Communicating with People living with Dementia'

What people said

- Carers do not feel valued; want to be included and accompany patient to hospital; carers are anxious if they have to go to hospital and the person they care for with dementia
- Concerns from guide dog users, staff not aware of equality act around rights of disabled
- Information on additional communication needs not always shared with hospital at handover; longer delays in waiting for translator
- Concerns about long waits outside hospital
- Need dementia friendly environment
- Want to provide Children needing EoLC care with child friendlier environments

Our response

- Facilitated dementia friendly environment engagement with dementia service users and WAST fleet team. Having drivers' names clearly visible to service users travelling in back of vehicles; having memory books situation at liaison sites.
- Pledged to John's Campaign; currently developing a series of bespoke events for carers.
- Development of an Assistance Dog Guidance document for staff explaining their obligations relating to guide dogs on our vehicles
- Raising staff awareness through training and communication, including collaboration with Guide Dogs Cymru –
- promoting sensory loss to WAST staff
- Series of Carers Engagement Sessions planned for 2019/20
- Created child friendly epaulettes for staff to wear when taking children to hospice (or home). Currently exploring further initiatives.

Through continuous engagement with public and service users our focus has been on developing community resilience:

Engaging with Children through:
- Shoctober – annual campaign with primary schools
- Restart-A-Heart – annual campaign with British Heart Foundation for secondary schools
- Summer Enrichment Programme
- Schools continuous engagement programme
- Promoting the Children's Commissioners' objectives
- Upholding the UN Convention Rights of the Child

Engaging with Learning Disabilities Communities
- Focus on well-being outcomes for people with learning disabilities; securing rights and entitlements; physical, mental health and emotional well-being; protection from abuse and neglect; domestic, family and personal relationships; contribution to society; social and economic wellbeing
- Continuous development and promotion of Local Community Learning Disability Champions

Engaging with Older People:
- Promoting the Older People's Commissioners' objectives
- Upholding the UN Convention Rights of the Older Person
- Our Promises to Older People

Sensory Loss
- Implementing the All Wales Sensory Loss Standards
- Adhering to the Equality Act and the Wales Specific Public Sector Duties

Continuous Engagement Model:
- Defibuary – annual social media campaign raising awareness of defibrillators
- Annual Health Promotion Engagement Events
- Annual Seasonal Community Events
- Continuous engagement with condition specific groups

Responding to Falls:
- Falls Framework - 5 elements
- Prevention; supporting community resilience; assessment (step 2); response (step 3), avoiding further harm
 Falls response model (sits within the Framework)
- Uninjured faller – Pick me up response
- Possible injury fall or complexity– assessment/care plan
- Injured faller – emergency response

Dementia:
- Creating Dementia Friends amongst WAST Staff
- Achieved and maintaining Dementia Friending Organisation status
- Contributing to local Dementia Friendly Cities across Wales
- Improving our information and education through our continuous engagement model

AGENDA ITEM No	3.6
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Annual Information Governance Report 2018-19

MEETING	TRUST BOARD
DATE	19 September 2019
EXECUTIVE	Chris Turley – Interim Director of Finance & ICT/ Interim Senior Information Risk Owner (SIRO)
AUTHOR/S	Nicki Maher – Head of Health Informatics and Data Protection Officer (DPO)
CONTACT DETAILS	Nicki.maher@wales.nhs.uk 01745 532510

CORPORATE OBJECTIVE	Quality at the heart of everything we do; Value, Innovation and Efficiency;
CORPORATE RISK (Ref if appropriate)	e-Datix ref 214 (GDPR)
QUALITY THEME	Effective Care, Staff & Resources
HEALTH & CARE STANDARD	3.4, 3.5, 7.1

REPORT PURPOSE	For receiving
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Information Governance Steering Group	03 August 2019	For endorsement
QuESt Committee	03 September 2019	For endorsement
Trust Board	19 September 2019	For receiving

SITUATION

1. This paper provides a supporting statement for the annual Information Governance (IG) report for the period 2018/2019 attached as Annex 1. The main aims of the annual report are:-

   ❖ To inform the Trust and key stakeholders about compliance with legislation and performance standards;
   ❖ To meet the requirements of the annual Caldicott Principles into Practice (C-PIP) Assessment.
   ❖ To provide a summary of achievements and activities in relation to Information Governance during 2018/19;
   ❖ To provide assurance to key stakeholders that Information Governance is being managed appropriately.

BACKGROUND

2. During the past decade as technology and the online digital world has grown exponentially, a call for updated legislation, better systems, processes and infrastructure to protect personal data has gained momentum around the world.

3. 2018/19 was a landmark period for data privacy, seeing the introduction of a new EU General Data Protection Regulation and the UK Data Protection Act 2018. The timing of the new reforms happened in conjunction with a number of high profile data privacy and security incidents around the world, including;

   • Facebook/Cambridge Analytica data privacy scandal resulting in UK Investigation into the use of data analytics in political campaigns by the ICO and announcement of £500,000 fine to Facebook which was the maximum at the time of the breaches (£1.4bn in today's GDPR environment);
   • The WannaCry ransomware attack targeting Microsoft Windows operating systems around the world including around 81 of the 236 NHS Trusts across England, according to the National Audit Office report into the WannaCry attack.

4. The GDPR has reduced the timescale for organisations to process subject access requests (SARs) from 40 days to one calendar month (interpreted as 30 calendar days) and removed the ability for organisations to charge for this service.

ASSESSMENT

5. There has been excellent progress in a number of key areas since the last annual report. The key headlines within the Information Governance annual report are;

   ✓ **Four Information Governance Steering Group** meetings held throughout the year;
   ✓ Strengthened control mechanisms with **four new information forums**;
   ✓ Internal audit rating of '**substantial assurance'** for the GDPR implementation;
   ✓ Completed **8 Data Protection Impact Assessments** (DPIAs) under the GDPR;
   ✓ Progressed **6 IG related policy and procedure** documents to publication;
   ✓ **91.4 % Mandatory Training** compliance for IG modules across the Trust;

- ✓ Increased the IG toolkit **(C-PIP) performance to 95.7%;**
- ✓ Handled an **additional 19.8% subject access requests** from the previous year and achieved 99.98% compliance within 30 days, managed an additional 19.2% Police requests;
- ✓ **Zero concerns** raised with the Information Commissioner's Office (ICO);
- ✓ **Zero Serious Adverse Incidents** in relation to Information Governance.

RECOMMENDED: That members;

- Note the progress made in key areas outlined within this cover paper;

- Accept the Annual Information Governance Report accompanying to this cover paper.

EQUALITY IMPACT ASSESSMENT

6. An EqIA has been completed for the paper and is associated with that document.

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	n/a
Health and Safety	n/a
Financial Implications	n/a
Legal Implications	1-5
Patient Safety/Safeguarding	n/a
Risks	n/a
Reputational	n/a
Staff Side Consultation	n/a

INFORMATION GOVERNANCE ANNUAL REPORT 2018/2019

WELSH AMBULANCE SERVICES NHS TRUST

TABLE OF CONTENTS

Foreword

We are proud to share with you the 2018/19 Annual Information Governance Report of the Welsh Ambulance Services NHS Trust. As a national ambulance service, we have a responsibility to ensure that robust information governance systems and processes are in place to manage the personal and sensitive information of staff, patients and service users in a confidential and secure manner. In the health context, good information governance supports the provision of high quality care by ensuring high quality data and information is available to the right people, when and where it is needed. The scope of work for Information Governance in this report comes under six broad themes;

- Information Governance Management.
- Confidentiality and Data Protection.
- Health Care Records Management.
- Freedom of Information and Corporate Records Management.
- Data and Information Quality Assurance.
- Information Security.

The 2018/19 year was a challenging but successful year for the organisation in respect of Information Governance, welcoming the new EU General Data Protection Regulation and UK Data Protection Act 2018 that came into force in May 2018. We have written about this and other key achievements in this annual report, some of which are;

- ✓ **Four Information Governance Steering Group** meetings held throughout the year;
- ✓ Strengthened control mechanisms with **four new information forums**;
- ✓ Internal audit rating of '**substantial assurance'** for the GDPR implementation;
- ✓ Completed **8 Data Protection Impact Assessments** (DPIAs) under the GDPR;
- ✓ Progressed **6 IG related policy and procedure** documents to publication;
- ✓ **91.4 % Mandatory Training** compliance for IG modules across the Trust;
- ✓ Increased the IG toolkit **(C-PIP) performance to 95.7%;**
- ✓ Handled an **additional 19.8% subject access requests** from the previous year and achieved 99.98% compliance within 30 days, managed an additional 19.2% Police requests;
- ✓ **Zero concerns** raised with the Information Commissioner's Office (ICO);
- ✓ **Zero Serious Adverse Incidents** in relation to Information Governance.

We hope you will find this report both informative and interesting and that it will give you a greater understanding of the Information Governance work undertaken within our organisation.

Chris Turley Interim Executive Director of Finance and ICT and Health Informatics

Senior Information Risk Owner (SIRO)

Dr Brendan Lloyd Executive Director of Medical and Clinical Services

Caldicott Guardian

Mrs Nicki Maher, MPROF, GDPR-P Head of Health Informatics

Data Protection Officer (DPO)

Section 1: Information Governance Management

Information Governance Management ensures that there is an adequate IG management framework in place to support the current and evolving IG agenda, ensuring that the risk of threats and vulnerabilities that can arise if data is not protected can be managed, minimised or accepted. It includes having the right policies and procedures, technical measures, appropriately skilled and trained people and robust contractual arrangements with partners.

The NHS Wales oversight and delivery structure for Information Governance related matters is displayed in Figure 1 below.
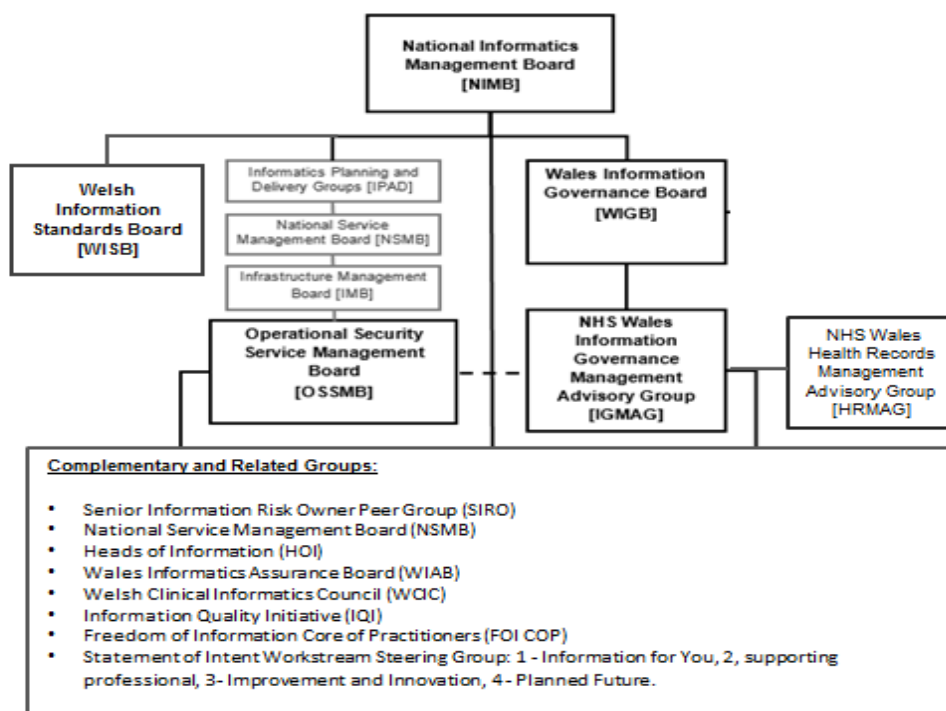
Figure 1: NHS Wales IG information flows

The Trust's IG management framework is organised to compliment the National flow of information. During 2018/19, in order to strengthen the flow of information governance business, four new information forums were established;

- **WAST Information Standards Board**: to assure the development of new or changed information standards and their implementation across the Trust.
- **Information Champions Group**: to coordinate best practice to how the Trust manages information as an asset across the Trust.
- **Clinical Indicators Group**: to oversee the development and review of existing and prospective clinical indicators applied in the Trust.
- **Data Quality Working Group**: to support improvements in data quality across the Trust.

The work of these forums will flow in and out of the IGSG, as shown in Figure 2 below. The 2019 framework increases the network of information risk, subject matter experts and information governance ambassadors across the organisation.

WAST Trust Board

Caldicott Guardian

SIRO

Executive Management Team [EMT]

Assistant Directors Leadership Team [ADLT]

Finance and Resources Committee [FRC]

Audit Committee

Other Steering Groups

Information Governance Steering Group [IGSG]

ICT Steering Group [ICTSG]

Quality, Patient Experience and Safety Committee [QuEST]

People and Culture Committee [PCC]

Charitable Funds Committee [CFC]

HI Change Advisory Board [HICAB]

WAST Information Standards Board [WISB]

ICT Change Advisory Board [ICTCAB]

Information Champions Group [ICG]

Clinical Indicators Group [CIG]

Data Quality Working Group [DQWG]

Other Professional Groups

- Structured Assessment
- The Health and Care Standards
- IG Toolkit CPIP
- Internal Audit
- Clinical Audit
- Peer Review
- External Review

Key

- Flow of information
- Oversight Groups
- Change Control
- Working Group
- Audit & Review
- IG domains

Information Governance Management | Confidentiality and Data Protection | Health Care Records Management | Freedom of Information and Corporate Records Management | Data and Information Quality Assurance | Information Security

Figure 2: WAST IG management framework 2018/2019

During the year, the IGSG held four meetings and covered a range of important topics, features and data protection stories that are used as organisational learning opportunities. The Information Governance Steering Group oversees the Information Governance and Security strategy, policies, systems, processes and practice across the Trust and provides assurance that the organisation is compliant with and managing any risk to that compliance.

The Chair of the Group, the Head of Health Informatics and Data Protection Officer, welcomes all contributions to make the agenda both interesting and stimulating.

Quality Assurance Reporting

The NHS Wales governance e-manual incorporates three Health and Care Standards that are relevant for the Information Governance annual report;

- *Standard 3.4*: Information Governance and Communications Technology
- *Standard 3.5:* Record Keeping
- *Standard 7.1:* Workforce (Mandatory Training Programme for Information Governance)

These standards are routinely reported in the Trust's Quarterly Quality Assurance Report that ascends through the Quality, Patient Experience and Safety Committee to the Trust Board.

The Information Governance team contribute to the Quarterly Quality Assurance Report through the metrics in Table 1 below, which shows the year end position.

Health & Care Standard	Quality Metric	2018/19 position	Best Practice	Commentary
3.4: Information Governance & Communication Technology	Annual C-PIP Assessment score	95.7 % (5* Rating)	5* Rating	Meets best practice
	No. of serious breaches of the Data Protection Act 1998/2018	Zero serious breaches.	Zero serious breaches	Meets best practice
	No. data breaches reported to the ICO under the GDPR 72-hour requirement	Zero reportable breaches.	Zero reportable breaches	Meets best practice
	No. of FOI Requests; 90% responded to within 20 working days	89.1%	Information Commissioner's target of 90% within 20 working days	Below best practice by 0.9% (n=27)
3.5: Record Keeping	No. of Subject Access Requests completed within one calendar month	99.8%	Adherence to the Data Protection Act (DPA) 2018 Part 3 (Chapter 3) and the GDPR Article 6(1)(d)	One SAR exceeded the timescale
	No. of Police Requests received	682	Adherence to Schedule 2 Part 1 Paragraph 2 of the Data Protection Act 2018 and GDPR Article 6(1)(d)	Meets best practice
7.1 Information Governance e-learning	No. of staff who have undergone information Governance training = 95%	91.4%	95 % of staff have undertaken the information governance e-learning module as per induction/renewal schedule	Below best practice by 3.6% (n=125)

Table 1: Quality Assurance Report Standards 2018/19

Audit

Information Governance is a regular subject matter as part of the Trust's internal audit calendar. During 2018/19, 2 audits of IG matters were assessed via the internal audit mechanism;

a. GDPR: Received 'Substantial' Assurance;
b. Information Systems Security – Appropriate Access to System (Leavers): Received 'Limited' Assurance.

There were also two recommendations from the annual Structured Assessment, as shown in Table 2 below which is the end of year position. At the time of writing this report, actions 138 and 139 are both complete.

Trust Ref. No.	Year	Report Title	Assurance Rating	Priority Level	Recommendation	Agreed Deadline	Status
137	18/19	Information Systems Security - Appropriate Access to System (Leavers)	Limited	High	The Trust should ensure that: (a) Line managers process leavers in a timely manner, typically before their leave date, and notify all relevant departments, including ICT, Estates and Workforce, to action as appropriate. This process should involve completion of the leavers checklist form, removing access to Trust ICT systems, returning Trust property including IT equipment and ID passes etc. (b) The Trust should investigate those individuals from our sample whose NADEX identifications could not be found to confirm that they have been deleted appropriately. (c) User access rights are appropriate and subject to regular formal review. (d) The audit capability function should be used across all systems and regular audits undertaken. Where incidents or information indicating suspected or actual security breaches are identified, these will be escalated, reported and investigated. Additional training will be provided / disciplinary action will be taken against those users as appropriate.	Mar-19	Complete
138	18/19	Information Systems Security - Appropriate Access to System (Leavers)	Limited	High	(a) A full review of premises' physical security should be undertaken and incorporated within a security strategy. (b) Access passes for codes to the digi locks at stations should be changed on a regular basis, in particular at work bases where individuals have left the organisation. (c) User access rights regarding staff swipe cards at CCC's should be subject to regular formal review. (d) The refresh of access to USB storage devices should be undertaken as soon as possible.	Mar-19	Partially complete
139	18/19	Information Systems Security - Appropriate Access to System (Leavers)	Limited	Medium	Asset Transfer / Return forms must be completed and the asset register updated when an asset is transferred within the Trust / returned from a specific user or Department to ICT. The ICT and digi-pen asset registers should be reviewed periodically in accordance with Policy to ensure completeness and accuracy.	Mar-19	No progress
140	18/19	Information Systems Security - Appropriate Access to System (Leavers)	Limited	Low	In order to minimise the Trust's exposure to overpayments, leavers' forms should be completed in a timely manner, typically before each employee's leaving date, and submitted to the Payroll Department. Outstanding debt balances in relation to overpayments should be recovered in line with Trust's debt recovery procedure.	Mar-19	Complete
145	18/19	General Data Protection Regulation	Substantial	Low	The Trust Information Asset register should be reviewed to ensure that all named Asset Administrators and Owners are correctly identified and appropriate. The importance of informing the IG team of changes in situation of the IAO's and IAA's should also be communicated to relevant members of staff.	Feb-19	Complete
62	18/19	Structured Assessment 2018	n/a	n/a	Take steps to strengthen the governance arrangements for Information governance and ICT by: b) clarifying and articulating links between information governance and ICT to strengthen the oversight and scrutiny of the Trust's digital business.	Sep-19	Complete
62	18/19	Structured Assessment 2018	n/a	n/a	Take steps to strengthen the governance arrangements for Information governance and ICT by: a) increasing regular attendance by core members of the Information Governance Steering Group; and b) clarifying and articulating links between information governance and ICT to strengthen the oversight and scrutiny of the Trust's digital business.	Mar-19	Complete

Table 2: Trust Audit Tracker for IG-related audits (at 31-03-19)

Looking forward

The Trust's Corporate Audit Tracker, where all audit management responses and actions are recorded for audit purposes, is being monitored via the Assistant Director's

Leadership Team on a fortnightly basis to ensure fulfilment of the audit recommendations.

IG Policies and procedures

The 2017-2019 Information Governance policy framework is shown as Figure 3 below.
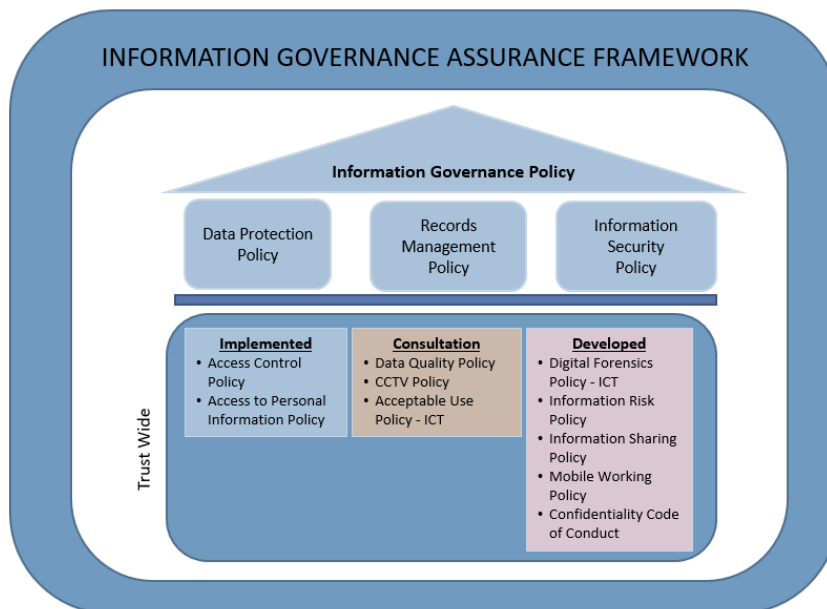
Figure 3: IG Policy Framework 2017-2019

The Trust's IG policy framework has made good progress in the second year of its inception, albeit with some internal delays in the policy ratification process. The status of each control document is shown in Table 3 below.

Policy Document	Status (at 31/03/19)
Information Governance Policy	Implemented
Data Protection Policy	Implemented
Records Management Policy	Implemented
Information Security Policy	Implemented
Access Control Policy	Implemented
Access to Personal Information	Implemented
Data Quality Policy	Consultation
CCTV Policy	Consultation
Acceptable Use Policy - ICT	Consultation
Digital Forensics Policy - ICT	Developed
Information Risk Policy	Developed
Information Sharing Policy	Developed
Mobile Working Policy	Developed
Confidentiality Code of Conduct	Developed

Table 3: IG Policy Position March 2019

Looking forward

The IG policy framework for 2019+ will be reviewed in line with directorate requirements.

Training and Awareness

Information Governance Training

The mandatory IG training compliance provided by the central training department and shown in Table 4 below, is 91.4% at the end of the financial year. Whilst there was improvement throughout the year, mainly due to a concerted effort by the central training team to increase statutory and mandatory training compliance, the ambition to attain 95% completion of IG modules for all staff was not quite fulfilled.

	Assignment Count	Required	Achieved	Compliance %	Difference
				Overall Trust Figures	
Apr-18	3311	3311	2557	77.23%	n/a
May-18	3329	3329	2387	71.70%	-5.52%
Jun-18	3327	3327	2203	66.22%	-5.49%
Jul-18	3313	3313	2152	64.96%	-1.26%
Aug-18	3318	3318	2182	65.76%	0.81%
Sep-18	3291	3291	2149	65.30%	-0.46%
Oct-18	3345	3345	2175	65.02%	-0.28%
Nov-18	3378	3378	2284	67.61%	2.59%
Dec-18	3413	3413	2358	69.09%	1.47%
Jan-19	3397	3397	2769	81.51%	12.42%
Feb-19	3433	3433	2961	86.30%	4.79%
Mar-19	3448	3448	3151	91.40%	5.10%

Table 4: Statutory and Mandatory IG Training Compliance

Information Governance Awareness

The IG communications plan ensures that regular messages are distributed via the Trust's online newspaper, 'Siren', social media outlets such as Facebook and Twitter. The IGSG meeting notes are transposed into a user friendly notice and distributed across the Organisation as a joint collaboration from the Chair and the designated Trade Union Representative.

The updated IG Hub on the Intranet (right) is a wealth of information for all staff which is supported by notices on message boards in Trust premises and email. To compliment the written/online awareness material, tailored face to face Information Governance awareness sessions have been held with Clinical Contact Centre staff and Wellbeing staff throughout the year.
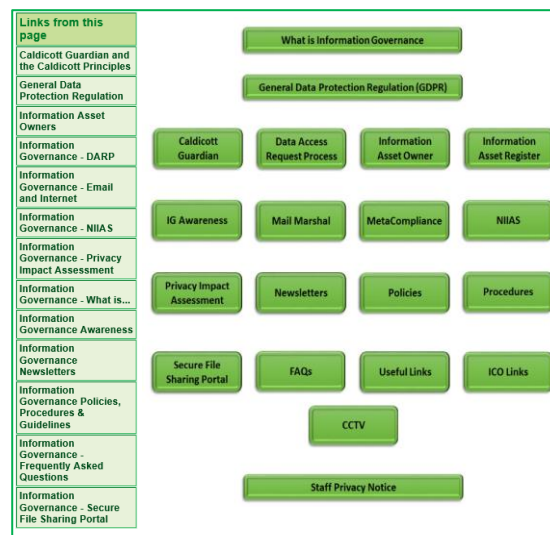
Looking forward

The 2019/20 training and awareness plan will build on the good standards of compliance with mandatory training reported in this annual report. IG awareness will grow as the network of subject matter experts expands through the emerging new IG user groups.

Section 2: Confidentiality and Data Protection

GDPR

The new General Data Protection Regulation (GDPR), (Regulation EU 2016/679) officially came into force across the European Union on May 25th 2018 to strengthen and unify data protection for all individuals within the European Union (EU) and to reshape the way organisations across the region approach data privacy.

On 25th May 2018, Elizabeth Denham, the Information Commissioner for the UK, welcomed the new Data Protection Act 2018 alongside the GDPR, quoting;

> *"..The creation of the Data Protection Act 2018 is not an end point, it's just the beginning, in the same way that preparations for the GDPR don't end on 25 May 2018. From this date, we'll be enforcing the GDPR and the new Act but we all know that effective data protection requires clear evidence of commitment and ongoing effort."*

The Trust's ongoing effort to meet and comply the GDPR continues, with regular focus on any developments being undertaken by the Information Commissioners Office (ICO) and any newly published guidance in respect of the regulations or the Data Protection Act 2018.

Training and awareness for staff within the IG Team and throughout the Trust continues to be rolled out to ensure maximum compliance and protect individuals and the organisation.

Data Protection Impact Assessments (DPIAs)

A new information risk management control has been developed during 2018, arising from the GDPR. All new projects or schemes where personal identifiable data will be processed are being assessed for any information risks, through the completion of a Data Protection Impact Assessment (DPIA). The DPIA provides the Trust with a systematic mechanism for all new processes, services, information systems and other relevant information assets to be developed and approved in a secure and structured manner in accordance with legislation and best practice standards.

During 2018, the Trust's Data Protection Impact Assessment (DPIA) procedure was reworked to simplify the process and with a focus on the management of information risk. DPIAs were drawn up for the following work streams;

- Optima;
- Future Fit;
- Llanidloes Relocation;
- Whitland Relocation;
- North HQ/Ty Elwy Relocation;
- Cefn Coed/Conwy House Relocation;
- Llandrindod Wells Station Relocation;

- Relocation of staff at Lansdowne.

The 2019/20 plan will include DPIAs being undertaken for existing policy areas. A Trust wide database of all DPIA actions will be developed and managed by the IG team to ensure that information risks identified through the DPIA process are being effectively managed.

Information Sharing

During 2018, an internal review of all existing data sharing arrangements was undertaken and an action plan to refresh the approach to sharing data through a 'Once for Wales' approach. This review resulted in the following actions;

- Ensuring all existing data sharing agreements are meeting GDPR requirements, particularly that the legal basis for sharing is documented;
- Strengthened communication links with the Trust's Research and Development department resulting in the IG team routinely receiving a copy of the database of Research initiatives to enable any IG/data sharing requirements to be known and supported in a timely manner;
- Developed a better internal process for data sharing, providing clarity on roles and responsibilities and streamlining processes;
- Working on new data sharing agreements with emergency services partners to share information more efficiently within agreed purposes;
- Proactively engaged with the NHS Wales Informatics Service (NWIS) to ensure that the Trust is fully involved in the data sharing requirements of the National Data Resource (NDR) programme.

There were 5 new data sharing agreements established for the period;

- Optima;
- Future Fit Project;
- SAIL Databank;
- Stroke Thrombolysis Review;
- Single Integrated Clinical Assessment and Triage (SICAT).

The 2019/20 period will involve changes to the ways and means of sharing data with health partners. Rather than the WAST providing a multitude of datasets for individual Health Boards, the Trust will look to utilise the NHS Wales Informatics Service as a broker for WAST data that can be shared once and distributed numerously.

Caldicott Principles into Practice (C-PIP) Assessment 2018

Since the Caldicott Report was published in 1997 by Dame Fiona Caldicott, implementation of the Caldicott Report recommendations commenced across NHS Wales in 1999 with the

expectation that all health organisations would embark on a programme of continuous improvement of the organisation's status against the Caldicott Principles.

In November 2008, Informing Healthcare launched an IG toolkit (C-PIP) for each NHS Wales organisation to assess their compliance with the Caldicott Principles on an annual basis. The Trust carried out its first baseline assessment in 2009 resulting in a 2 star rating. Since then, improvement plans have been developed on the gaps arising from the C-PIP assessment.

The Trust has completed the online toolkit for the calendar year 2018 and is reporting a score of **95.7%,** maintaining and building upon the high standard and giving the Trust a 5-Star rating. There has been continued improvement in this area year on year since the C-PIP was launched in 2009 (See Figure 4 below).
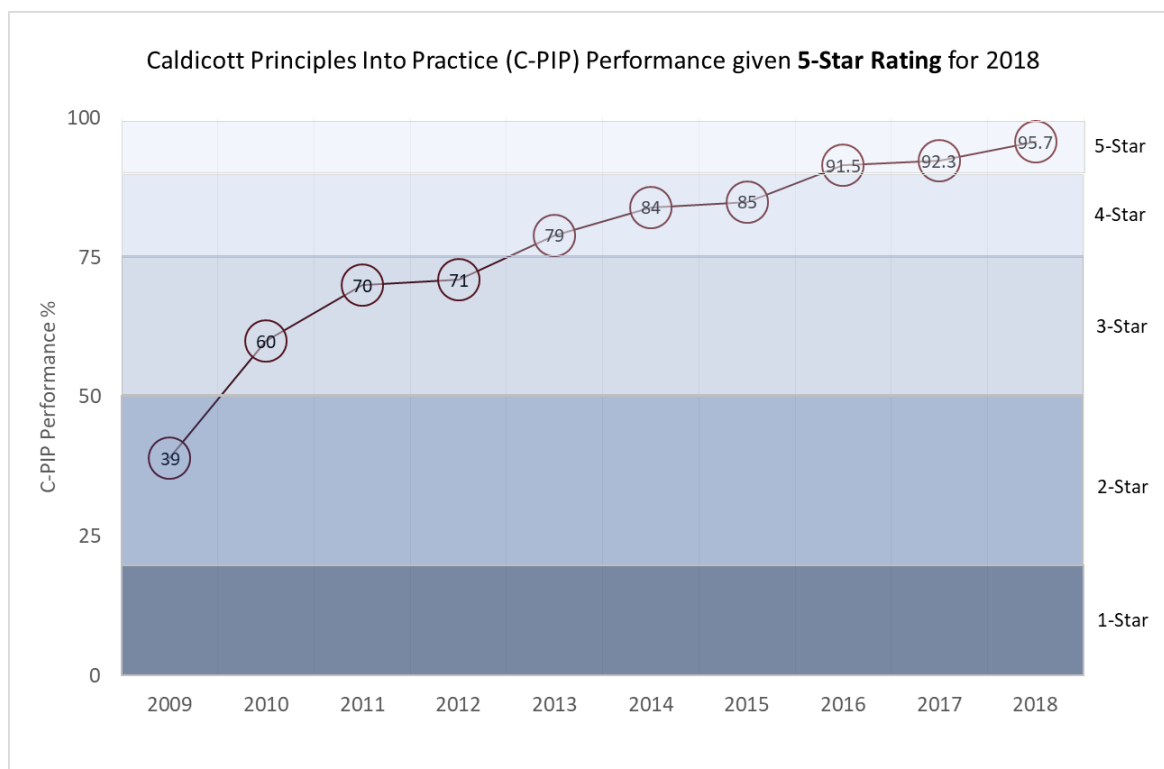
Figure 4: Caldicott Principles into Practice Compliance

Looking forward

There are 3 main areas of focus for the forthcoming year, arising from the C-PIP assessment;

1. Ensuring the IG policies plan is reviewed, updated and continued.
2. Ensuring a comprehensive confidentiality statement is included in all contractors/agency contracts and awareness is provided at their induction.
3. Ensuring password management controls are in place for information systems that hold patient/service user information through regular audit and review.

NHS Wales organisations are transitioning to the new NHS Wales IG Toolkit in 2019-20, the first submission will run alongside the existing C-PIP as a pilot with organisations providing feedback to the NHS Wales Informatics Service and National IG Boards on any issues, the 8 areas of focus for the new assessment will be:-

- Health Board/Trust Information;
- Business Responsibilities;
- Business Management;
- Individual's Right and Obligations;
- Managing and Securing Records;
- Technical, Physical and organisational Measures;
- Cyber Security;
- Information Governance Incident Management.

Further information about this new NHS Wales IG toolkit will be provided accordingly.

THIS AREA HAS BEEN LEFT BLANK INTENTIONALLY

Section 3: Health Care Records Management

Activity and performance

During the period April 2018 to March 2019 the Records Services and Archives Team processed the following:

- 622 requests for personal information as a subject access request, an increase of **19.8%** from the previous year (n=511) – see table 5 below;
- 682 Requests for personal information from the Police, an increase of **19.2%** from the previous year (n=572);
- Compliance for Subject Access Requestor's receiving a satisfactory response within 30 calendar days was **99.8%.** One case breached the 30-day standard due to internal delays within the Trust.

The breakdown of subject access requests by requestor type is shown in Table 5 below.

2018 - 2019													
Request Source	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Comms Request	0	0	1	0	0	0	0	0	0	0	0	0	1
Concerns/PTR	0	1	3	1	0	2	0	2	0	0	0	0	9
Coroner Request	2	5	7	6	5	3	2	1	0	2	1	2	36
Court Order	1	1	1	3	2	1	1	0	0	1	1	3	15
EMRTS	0	0	2	1	0	1	3	1	0	2	2	0	12
HCPC	1	0	1	0	0	0	0	0	0	0	3	0	5
Health Care Professional	4	5	7	2	2	5	2	1	3	3	4	7	45
HR	0	0	0	0	0	0	1	0	0	0	0	0	1
HSE	0	1	0	0	0	0	0	0	1	0	0	1	3
Internal Request	1	3	1	4	2	1	1	2	1	3	4	0	23
Ombudsman	0	0	1	1	0	2	3	4	2	1	3	0	17
Personal Request	9	6	5	5	10	11	12	10	3	8	7	11	97
IOPC	0	1	1	0	0	0	0	0	0	1	2	0	5
Safeguarding	2	0	1	2	1	0	0	1	0	0	0	0	7
Solicitor	25	23	23	26	30	18	25	31	15	23	27	27	293
TARN	0	1	0	1	0	0	0	0	0	0	1	0	3
Trust Solicitor	8	5	2	8	2	6	0	6	3	5	4	0	49
WAG	0	0	0	0	0	0	0	0	0	1	0	0	1
	53	52	56	60	54	50	50	59	28	50	59	51	622

SAR	Subject Access Request
EMRTS	Emergency Medical Retrieval and Transfer Service
HCPC	Health and Care Professions Council
IOPC	Independent Office for Police Conduct
HSE	Health and Safety Executive
TARN	The Trauma Audit and Research Network
WAG	Working Together Under the Children Act

Table 5: Requests for personal information breakdown

Looking forward

An agency staff member is currently supporting the growing workload of the records services and archives team. A review of the permanency of this additional asset will be undertaken to enable the continuation of the high standard and management of this regulatory function.

Section 4: Freedom of Information and Corporate Records Management

Freedom of Information requests are managed through the corporate secretary structure and regularly reported via the quarterly quality assurance report and other forums such as the Information Governance Steering Group.

The Trust received 248 requests, of which 221 were dealt with within the 20 day target providing an 89.1% total for the period. This figure falls just short of the ICO target of 90%. Whilst the Trust's performance has improved it must be noted that with the exception of January 2019, the Trust has not met the monthly target of 90% since August of 2018.

Recently the Trust has received a number of FOI requests which required a more considered approach prior to release and therefore deadlines have been missed to ensure accuracy of the data. This accounts for some, but not all, of the missed FOI responses. A chart of compliance has been included as Figure 5 below.
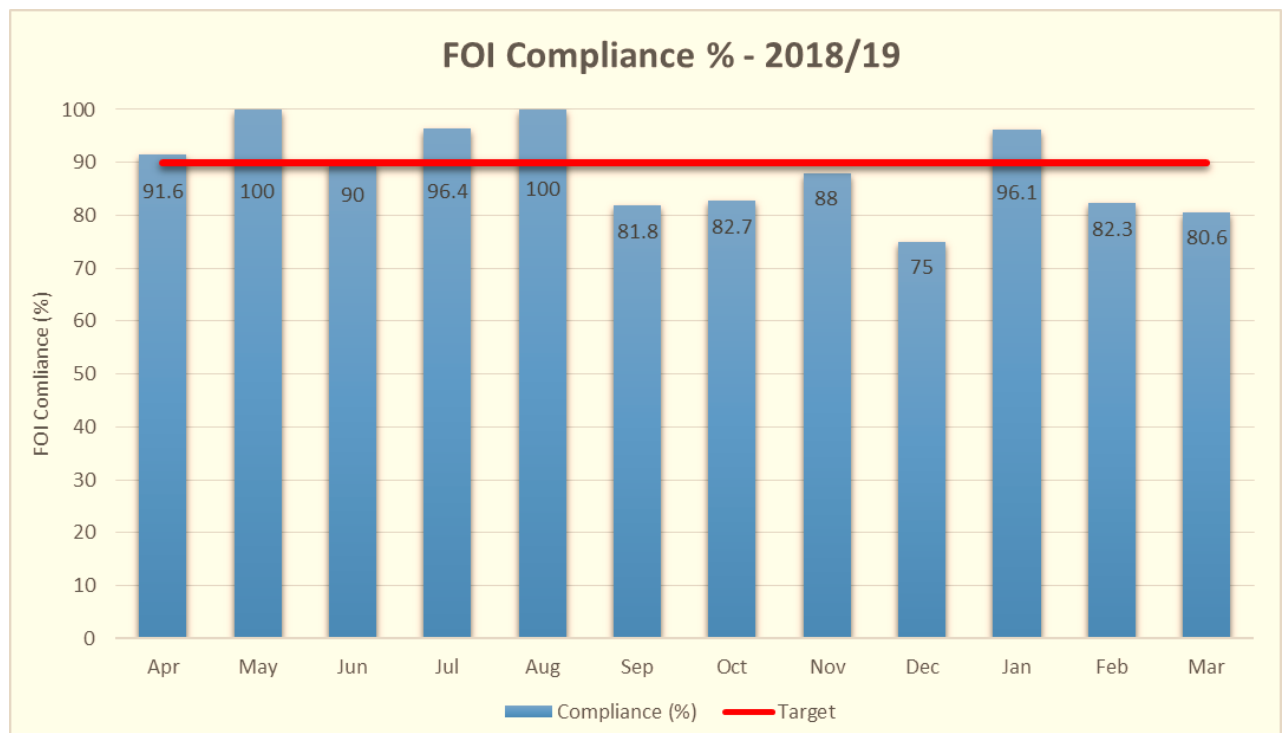
Figure 5 - FOI Compliance for 2018/19

Corporate Records Management

The Trust's Records Retention Schedule has been reviewed and updated during the year following extensive consultation and engagement with department record owners across the Trust. The Schedule is attached as Annex 1 of this report for information.

Section 5: Data and Information Quality Assurance

Data Quality framework

Arrangements within Health Informatics have been reinforced during the year through new dedicated data quality leads to provide additional capacity and capability for data quality through providing assurance against the Trust's data and implementing Information Standards work streams. Whilst the new post has strengthened data quality arrangements, it is to be noted that this has reduced capacity in other areas of Health Informatics.

To strengthen data quality arrangements, the data quality leads have focussed on the following programmes of work;

- **WAST Information Standards Board** conceived and the inaugural meeting held to assure the development of new or changed information standards and their implementation across the Trust;

- **A WAST Core Data Set** was endorsed by NWIS at a Wales Information Standards Board meeting. The WAST Core data set will provide a common language nationally through providing assurance of definitions which will be ratified and standardised nationally. A Requirement Notification was approved by WISB and interest has been generated for this request to be met. The Data quality team will now start to implement task and finish groups with subject matter experts within the respected fields to ascertain definitions and calculations of each data item contained within the WAST Core Data set;

- **Data Quality Working Group** established and expanded to all information asset owners of the Trust to support improvements in data quality;

- **EMS Official Statistics technical guidance** renewed and endorsed at an IG Steering Group meeting. This document outlines the rules on how the Trust captures, records and calculates performance information;

- **A Data Quality Policy** has been developed for ratification during 2019;

- **Emergency Services Activity data** has been assessed for trends in Data Quality issues which relate to activity and performance data to improve health care, safety and quality.
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During 2018, research was commissioned by the Head of Health Informatics to explore the detail of implementing an updated Data Quality Kitemark that would provide additional assurance and governance for the Trust Board, Commissioners, Regulators and users of the Trust's performance data.

This work follows best practice from the policy think tank, Reform, who reported that the UK Government should create a 'seal of approval', or Kitemark system, for data which shows that data quality is satisfactory and biases have been accounted for.

The Trust's DQ leads engaged with Dr James Hatton of NHS Improvement who innovated a data quality Kitemark in NHS England. From this, a data quality Kitemark system has been developed for the WAST which is going through testing on a number of data items during 2019 for wider rollout once refined.

Looking forward

A data quality training and awareness programme will be developed from the newly formed data quality and standards groups. Further work will be carried out to increase the governance of metrics and indicators used within the Trust via the WAST Information Standards Board.

The Head of Profession for Official Statistics in the Trust will develop and run awareness and training sessions with relevant personnel in the production and publication of Official Statistics in line with the Statistics and Registration Service Act 2007, secondary legislation The Official Statistics (Wales) Order 2017 and the Code of Practice for Statistics.

The opportunity to link the Trust's data in the wider context of Unscheduled Care and the Emergency Care Data Set has been discussed with colleagues at Welsh Government and NWIS and the requirement to move this programme forward has been highlighted as a priority for the Information Governance and Data Quality team.

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Section 6: Information Security

Cyber Security

Following the highly publicised Wannacry ransomware attack which affected many NHS and private organisations in May 2017, the Trust commenced work with NWIS and other Health Boards to maximise cyber resilience throughout NHS Wales.

The Trust IG and ICT teams submitted their first Welsh Cyber Security Assurance Process (WCAP) assessment to NWIS in order to provide a baseline of where the Trust is at with regard to cyber security and highlight good practice and risk. The baseline assessment indicated that some improvement potential needed to be made all areas with specific focus on:-

- Incident Response;
- Physical Environment;
- Network Controls; and
- Logging and Monitoring.

Additionally, the Trust has recently appointed a dedicated ICT Security Specialist who is boosting capacity and capability in this area. An external assessment of ICT Security arrangements has been undertaken in 2018 by Stratia Consulting who have been commissioned by NHS Wales to look specifically at information security compliance in respect of Cyber Essentials Plus and the ISO27001 standard to improve the following areas for the NHS is Wales:-

- Patching of NHS computers and servers;
- Identification of software which exists on the networks within each organisation using national software;
- Management of firewall issues to resolve vulnerabilities.

The Trust have also procured a user awareness training package around cyber security that is in the early stages of development. This will enable the trust to provide targeted cyber awareness training to its users.

Secure file sharing portal

To reinforce information security arrangements, the IG team actively promote the use of the NHS Wales Secure File Sharing Portal provided by the NHS Wales Informatics Service (NWIS) to transfer personal/sensitive information to and from external organisations such as the NHS bodies across the UK, Local Authorities, regulatory bodies such as the NHS Medical Council and the Police.

Uptake of the system has increased considerably with teams such as Safeguarding, Clinical Audit and Research building use of the portal into their working practices and standard operating procedures, use of the system is up to around 50 emails per day being transferred via the portal as opposed to between 10 and 20 per day last financial year.

Integrated Intelligent Audit Solution (NIIAS)

In 2016, NHS Wales launched a National Integrated Intelligent Audit Solution (NIIAS) for key information systems such as the Welsh Demographics Service, Welsh Clinical Portal and the Cancer system, CANISC. The system enables organisations to monitor access to personal records using standard audit criteria such as same surname and/or same address. Members of the team are actively supporting developments to the service through membership of the NIIAS Management Board.

IG Adverse Incidents / Breaches

Reported IG incidents and near misses are part of the Trust's adverse incident and reporting policy and procedure. During 2018/19, further improvements to Datix now mean that from July 2018 there has been more accurate information available through a dedicated dashboard.

During 2018/19 financial year the Trust had 63 reported entries on the Datix system for incidents or near misses these were reported at the time as having information governance implications. Of the reported entries there were 0 breaches which met the threshold for direct reporting to the ICO.

All incidents raised are assessed and if appropriate scored in respect of the threshold for reporting to the Information Commissioner's Office (ICO). During the period, there were no (zero) such reportable data breaches.

Complaints/Concerns and Outcomes

There were no (zero) concerns raised with the UK regulatory authority, the Information Commissioner's Office (ICO), in respect of the way that the Trust handles personal information.

There were two internal concerns raised directly to the Trust's Data Protection Officer in respect of information governance related matters;

1. A WAST staff member raised a concern over how their personal data had been processed. Following an interview review by the Trust's Data Protection Officer and with consultation with the ICO, the staff member was informed that the situation did not attest to a breach of the GDPR / Data Protection Act 2018.

2. A WAST patient raised a concern that their information was incomplete when requested as a 'Subject Access Request'. Following an internal review by the Trust's Data Protection Officer, a revised pack of information was assembled for the requestor.

Serious Adverse Incidents (SAIs)

There were no (zero) serious adverse incidents (SAI) in relation to information governance during the reporting period that required reporting to the ICO and the Welsh Government.

Further Information

Follow the links below to find out more about the work of the Welsh Ambulance Service's Information Governance network.

Information Commissioners Office

NHS Wales Informatics Service (NWIS)

WAST Website for Publication and Committee Papers

WAST Staff Privacy Notice (NHSWales staff only)

Health Informatics Intranet Page (NHSWales staff only)

WAST Information Governance hub (NHSWales staff only)

Social Media Channels:

https://www.youtube.com/channel/UC_Jp9nVObDsiYncNVEBVkIQ

www.facebook.com/welshambulanceservice

www.facebook.com/nhsdirectwales

www.twitter.com

@WelshAmbulance @WelshAmbPIH @NHSDirectWales

~ ENDS~

Annex 1: WAST's Records Retention Schedule 2019

Record Theme	Record Type	Retention Start	Retention Period	Action at end of retention period	Notes
Capital & Development	Contracts sealed or unsealed	End of Contract	6 years	Review and if no longer needed destroy in confidential conditions	Where the original document is held by Capital Development Department only
Capital & Development	Contracts – financial approval files	End of Contract	15 years	Review and if no longer needed destroy in confidential conditions	Where the original document is held by Capital Development Department only
Capital & Development	Contracts – financial approved suppliers documentation	When supplier finishes work	11 years	Review and if no longer needed destroy in confidential conditions	Where the original document is held by Capital Development Department only
Capital & Development	Tenders (successful)	End of Contract	6 years	Review and if no longer needed destroy in confidential conditions	-
Capital & Development	Tenders (unsuccessful)	Award of Tender	6 years	Review and if no longer needed destroy in confidential conditions	-

Capital & Development	Project files (over £100,000) on termination, including abandoned or deferred projects	End of Project	6 years	Review and if no longer needed destroy in confidential conditions	-
Capital & Development	Project files (less than £100,000) on termination.	End of Project	2 years	Review and if no longer needed destroy in confidential conditions	-
Capital & Development	Discretionary Capital Programme documents	Last transaction date	6 years after financial year end.	Review and if no longer needed destroy in confidential conditions	-
Clinical Trials and Research	Advanced Medical Therapy Research Master File	Closure of research	30 years	Review and consider transfer to a Place of Deposit	See guidance at: https://www.gov.uk/guidance/advanced-therapy-medicinal-products-regulation-and-licensing For clinical trials record retention please see the MHRC guidance at https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials
Clinical Trials and Research	Research data sets	End of research	Not more than 20 years	Review and consider transfer to a Place of Deposit	http://tools.jiscinfonet.ac.uk/downloads/bcs-rrs/managing-research-records.pdf
Clinical Trials and Research	European Commission Authorisation (certificate or letter) to enable marketing and sale within the EU member states area	Closure of trial	15 years	Review and consider transfer to a Place of Deposit	http://ec.europa.eu/health/files/eudralex/vol-2/a/vol2a_chap1_2013-06_en.pdf

Clinical Trials and Research	Clinical Trials Master File of a trial authorised under the European portal under Regulation (EU) No 536/2014	Closure of trial	25 years	Review and consider transfer to a Place of Deposit	For details see: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.158.01.0001.01.ENG
Clinical Trials and Research	Research Ethics Committee's minutes and papers	Year to which they relate	Before 20 years	Review and consider transfer to a Place of Deposit	Committee papers must be transferred to a place of deposit as a public record: http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/

Clinical Trials and Research	Research Ethics Committee's documentation for research proposal	End of research	5 years	Review and consider transfer to a Place of Deposit	"For details please see: http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees. Data must be held for sufficient time to allow any questions about the research to be answered. Depending on the type of research the data may not need to be kept once the purpose has expired. For example data used for passing an academic exam may be destroyed once the exam has been passed and there is no further academic need to hold the data. For more significant research a place of deposit may be interested in holding the research. It is best practice to consider this at the outset of research and orphaned personal data can inadvertently cause a data breach."
Communications	Patient Information Leaflets/YouTube Videos/Social Media Posts/Patient Stories/Sound Bites	End of Use	6 years	Review and consider transfer to a Place of Deposit.	Some stories need to be retained for longer as use/evidence of sustained learning.

Communications	Press releases and important internal communications	Release date	6 years	Review and consider transfer to a Place of Deposit.	Press releases may form a significant part of the public record of an organisation which may need to be retained
Communications	Intranet Site	Creation	6 years	Review and consider transfer to a Place of Deposit.	-
Communications	Public Consultations	End of consultation	5 years	Review and consider transfer to a Place of Deposit.	-
Communications	Website	Creation	6 years	Review and consider transfer to a Place of Deposit.	-
Communications	Patient Surveys	End of Use	2 years	Review and if no longer needed destroy	-
Corporate Governance	Chief Executive Records	Creation	May retain for 20 years	Transfer to a Place of Deposit	This may include emails and correspondence where tey are not already included in the board papers and they are considered to be of archival interest.

Corporate Governance	Destruction Certificates or Electronic Metadata destruction stub or record of informaiton held on destroyed physical media	Destruction of record information	20 years	Consider transfer to a Place of Deposit and if no longer needed to destroy	The Public Records Act 1958 limits the holding of records to 20 years unless there is an instrument issued by the Minister with responsibility for administering the Act. If records are not excluded by such an instrument they must either be transferred to a Place of Deposit as a public record or destroyed 20 years after the record has been closed.
Corporate Governance	Committees/Groups/Sub-committees not listed in the scheme of delegation	Creation	6 Years	Review and if no longer needed destroy	Includes minor meetings/projects and departmental business meetings.
Corporate Governance	Board Meetings (Closed Boards)	Creation	May retain for 20 years	Transfer to a Place of Deposit	Although they may contain confidential or sensitive material they are still a public record and must be transferred at 20 years with any FOI exemptions noted or duty of confidence indicated.
Corporate Governance	Board Meetings	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	-
Corporate Governance	Committees listed in the Scheme of Delegation or that report in to the Board and major projects	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	-
Corporate Governance	Incidents (Serious)	Date of incident	20 years	Review and consider	-

				transfer to a Place of Deposit.	
Corporate Governance	Incidents (Not serious)	Date of incident	10 Years	Review and if no longer needed destroy	-
Corporate Governance	Non-Clinical Quality Assurance Records	End of year to which the assurance relates	12 Years	Review and if no longer needed destroy	-
Corporate Governance	Patient Advice and Liaison Service (PALS) records	Close of financial year	10 Years	Review and if no longer needed destroy	-
Corporate Governance	Policies, strategies and operating procedures including business plans.	Creation	Life of organisation plus 6 years	Review and consider transfer to a Place of Deposit.	-
Corporate Governance	Declaration of Interest Forms - Board Members	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	-
Corporate Governance	Declaration of Interest Forms - All Other Trust Staff	Creation	Close of financial year	6 years	-
Corporate Governance	Freedom of Information (FOI) requests and responses and any associated correspondence	Closure of FOI request	3 years	Review and if no longer needed destroy	-
Corporate Governance	FOI requests where there has been a subsequent appeal	Closure of appeal	6 years	Review and if no longer needed destroy	-

Estates	Photographic collections of service locations and events and activities	Close of collection	Retain for not more than 20 years	Consider transfer to a place of deposit	The main reason for maintaining photographic collections is for historical legacy of the running and operation of an organisation. However, photographs may have subsidiary uses for legal enquiries
Estates	CCTV		See ICO Code of Practice	Review and if no longer needed destroy	ICO Code of Practice http://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf The length of retention must be determined by the purpose for which the CCTV has been deployed. The recorded images will only be retained long enough for any incident to come to light (e.g. theft to be noticed) and the incident to be investigated
Estates	Building plans and records of major building work	Completion of work	Lifetime of the building or disposal of asset plus six years	Review and consider transfer to a Place of Deposit	Building plans and records of works are potentially of historical interest and where possible be kept and transferred to a place of deposit
Estates	Equipment monitoring and testing and maintenance work where asbestos is a factor	Completion of monitoring or test	40 years	Review and if no longer needed destroy	-
Estates	Equipment monitoring and testing and maintenance work.	Completion of monitoring or test	10 years	Review and if no longer needed destroy	-
Estates	Inspection reports	End of lifetime of installation	Lifetime of installation	Review and if no longer needed destroy	-

Estates	Leases	Termination of lease	12 years	Review and if no longer needed destroy	-
Estates	Minor building works	Completion of work	Retain for 6 years	Review and if no longer needed destroy	-
Estates	Radioactive Waste	Creation	30 years	Review and if no longer needed destroy	-
Estates	Surveys	End of lifetime of installation or building	Lifetime of installation or building	Review and consider transfer to Place of Deposit	-
Estates	Equipment maintenance logs	Decommissioning of the equipment	11 years	Review and consider transfer to a Place of Deposit	-
Estates	Inspection of equipment records	Decommissioning of equipment	11 Years	Review and if no longer needed destroy	-
Estates	Non hazardous Waste Transfer Documents	Expiry Date on document	2 years	Review and if no longer needed destroy	-
Estates	Hazardous Waste Transfer Documents	Expiry Date on document	3 years	Review and if no longer needed destroy	-
Estates	Fire Warden Check Sheets	Completion or check/drill	2 years	Review and if no longer needed destroy	-
Event & Transaction Records	Patient Consent Forms (Where the consent is obtained at a public event)	End of Use	2 years	Review and if no longer needed destroy	Where consent is required through the Concerns or Records Requests procedures please refer to these retention periods.

Event & Transaction Records	Ambulance Records - Administrative (i.e. records containing non-clinical details only) e.g. records of journeys, drug order sheets	End of the year to which they relate	2 years	Destroy under confidential conditions	Please refer to the CD Policy for clarification of CD related stationery should it not be listed.
Event & Transaction Records	Incident Commander Log Books	Conclusion of incident	25 years	Review and if no longer needed destroy	It is essential that at the time of review that the Police and/or CPS are contacted to ensure that there is no outstanding court case or enquiry. At this time their permission should be sought for the destruction of the records held by the Trust.
Event & Transaction Records	Incident Commander contemporaneous notes	Conclusion of incident	25 years	Review and if no longer needed destroy	It is essential that at the time of review that the Head of Resilience & Specialist Operations is contacted to confirm whether the records need to be retained in line with the Incident Commander Log Books
Event & Transaction Records	Destruction Certificates or Electronic Metadata destruction stub or record of clinical information held on destroyed physical media	Destruction of record or information	20 Years	Review and consider transfer to a Place of Deposit	Destruction certificates created by public bodies are not covered by an instrument of retention and if a Place of Deposit or the National Archives do not class them as a record of archival importance they are to be destroyed after 20 years.
Event & Transaction Records	Ambulance Crew Meal Breaks - Paper or Electronic format	End of month date on crew sheet	3 years and 6 months from retention start date	Destroy under confidential conditions	-

Event & Transaction Records	Car Lease documents/files for individuals	Last transaction date	6 years	Destroy under confidential conditions	-
Event & Transaction Records	Receipt for registered and recorded mail		2 years following the end of the financial year to which they relate	Destroy under confidential conditions	-
Event & Transaction Records	Site Visitor Records	Last transaction date	2 years after the year to which they relate	Destroy under confidential conditions	-
Event & Transaction Records	Morphine Books	Last transaction date	2 years	Destroy under confidential conditions	-
Event & Transaction Records	Notifiable disease book	Creation	6 years	Review and if no longer needed destroy	-
Event & Transaction Records	Diaries & Note Books	End of year/use	2 years after the end of the calendar year to which they refer.	Review and if no longer needed destroy	-
Financial	Benefactions	End of financial year	8 years	Review and consider transfer to Place of Deposit	Where benefactions endowment trust fund/legacies - permanent retention.
Financial	Final annual accounts report	Creation	30 years	Review and consider transfer to Place of Deposit	Should be transferred to a place of deposit as soon as practically possible

Financial	Accounts	Close of financial year	6 years	Review and if no longer needed destroy	All stored electronically. Includes all associated documentation and records for the purpose of audit as agreed by auditors
Financial	Debtor records cleared	Close of financial year	6 years	Review and if no longer needed destroy	-
Financial	Debtor records not cleared	Close of financial year	6 years	Review and if no longer needed destroy	-
Financial	Donations	Close of financial year	6 years	Review and if no longer needed destroy	-
Financial	Expenses	Close of financial year	6 years	Review and if no longer needed destroy	-
Financial	Financial records of transactions	End of financial year	6 Years	Review and if no longer needed destroy	-
Financial	Petty cash	End of financial year	6 Years	Review and if no longer needed destroy	-
Financial	Private Finance initiative (PFI) files	End of PFI	Lifetime of PFI	Review and consider transfer to Place of Deposit	-
Financial	Bank Statements, cheque books and paying in books	Close of financial year	6 years	Review and if no longer needed destroy	-

Health & Care	Record of long term illness or an illness that may reoccur	Discharge or patient last seen	30 Years or 8 years after the patient has died	Review and if no longer needed destroy	Necessary for continuity of clinical care.The primary record of the illness and course of treatment must be kept of a patient where the illness may reoccur or is a life long illness.
Health & Care	Recorded conversation which forms part of the health record	Creation	Store as a health record	Review and if no longer needed destroy	It is advisable to transfer any relevant information into the main record through transcription or summarisation. Call handlers may perform this task as part of the call. Where is it not possible to transfer clinical information from the recording to the record the recording must be considered as part of the record and be retained accordingly.

| Health & Care | Ambulance patient care / health records | Creation | 30 years (minimum retention period applies to all ambulance clinical records) or the longest retention period assigned to medical records to ensure all are included. | Destroy | Includes Paper Patient Care Records and Electronic Patient Care Records. Includes Emergency and Non-Emergency records. See also children and young people records for minimum retention periods. Where health records are electronically captured and the electronic system has the capacity to destroy records in line with the retention schedule, and where a metadata stub can remain demonstrating that a record has been destroyed, then the code should be followed in the same way for electronic records as for paper records with a log being kept of the records destroyed. If the system does not have this capacity, then once the records have reached the end of their retention periods they should be inaccessible to users of the system and upon decommissioning, the system (along with audit trails) should be retained for the retention period of the last entry related to the schedule. |

Health & Care	Medical record of a patient with Creutzfeldt-Jakob Disease (CJD)	Diagnosis	30 Years or 8 years after the patient has died	Review and if no longer needed destroy	For the purposes of clinical care the diagnosis records of CJD must be retained. Where the CJD records are in a main patient file the entire file must be retained. All must be reviewed prior to destruction taking into account any serious incident retentions.
Health & Care	Cancer/Oncology - the oncology records of any patient	Diagnosis	30 Years or 8 years after the patient has died	Review and if no longer needed destroy	For the purposes of clinical care the diagnosis records of any cancer must be retained in case of future reoccurrence. Where the oncology records are in a main patient file the entire file must be retained. Retention is applicable to primary acute patient record of the cancer diagnosis and treatment only. If this is part of a wider patient record then the entire record may be retained. Any oncology records must be reviewed prior to destruction taking into account any potential long term research value which may require consent or anonymisation of the record.
Health & Care	Clinical Protocols	Creation	25 years	Review and consider transfer to a Place of Deposit	Clinical protocols may have archival value. They may also be routinely captured in clinical governance meetings which may form part of the permanent record (see Corporate Records).

Health & Care	Children and young people (all types of records relating to children and young people)	Creation	Retain until the patient's 25th birthday or 26th if young person was 17 at conclusion of treatment, or 8 years after death.	Destroy	If the illness or death could have potential relevance to adult conditions or have genetic implications, the advice of clinicians should be sought as to whether to retain the records for a longer period
Health & Care	Clinical Audit	Creation	5 years	Review and if no longer needed destroy	-
Health & Care	Child Protection Register (records relating to)	Creation	Retain until the patient's 26th birthday or 8 years after the patient's death if patient died while in the care of the organisation	Review and if no longer needed destroy	-
Health & Care	Controlled drug documentation	Creation	Requisition 2 years; Aseptic worksheets (adult) 13 years; Aseptic worksheets (paediatric) 26 years;	Review and if no longer needed destroy	-

			External orders and delivery notes 2 years		
Health & Care	Ambulance Care Services	Creation	7 years	Destroy	-
Legal, Complaints & Information Rights	Complaints Case File	Closure of incident (see notes)	10 years	Review and if no longer needed destroy	It should be noted that if the case involves a child then the retention period should be extended until the child's 25th birthday
Legal, Complaints & Information Rights	Litigation records	Closure of case	10 years	Review and consider transfer to a Place of Deposit	It should be noted that if the case involves a child then the retention period should be extended until the child's 25th birthday
Legal, Complaints & Information Rights	Subject Access Request (SAR) and disclosure correspondence	Closure of SAR	3 Years	Destroy under confidential conditions	-
Legal, Complaints & Information Rights	Subject Access Request where there has been a subsequent appeal	Closure of appeal	6 Years	Review and if no longer needed destroy	-
Legal, Complaints & Information Rights	Fraud Case Files	Case closure	6 years	Review and if no longer needed destroy	-
Legal, Complaints & Information Rights	Industrial relations including tribunal case records	Close of financial year	10 years	Review and consider transfer to a Place of Deposit	-
Legal, Complaints & Information Rights	Patents/trademarks/copyright/intellectual property	End of lifetime of patent of termination of licence/action	Lifetime of patent or 6 years from	Review and consider transfer to a Place of Deposit	-

			end of licence/action		
Staff Records & Occupational Health	Staff Record	Staff member leaves	Keep until 75th birthday (see notes)	Create Staff Record Summary then review or destroy the main file	This includes (but is not limited to) evidence of right to work, security checks and recruitment documentation for the successful candidate including job adverts and application forms. May be destroyed 6 years after the staff member leaves or the 75th birthday, whichever is sooner, if a summary has been made.
Staff Records & Occupational Health	Staff Training Records	Creation	See Notes	Review and consider transfer to a Place of Deposit	Records of significant training must be kept until 75th birthday or 6 years after the satff member leaves. It cqan be difficult to categorise staff training records as significant as this can depend upon the staff member's role. The IGA recommens: Clinical Training Records - to be retained until 75th birthday or 6 years after the staff member leeaves, whichever is the longer. Statutory and mandatory training records - to be kept for 10 years after traiing completed. Other training records - keep for 6 years after training completed.
Staff Records & Occupational Health	Application Forms and Interview Notes	End of Interview	1 year	Review and if no longer needed destroy	-

	(Unsuccessful candidates)			under confidential circumstances	
Staff Records & Occupational Health	Application Forms and Interview Notes (Successful candidates)	Staff member leaves	Keep until 75th birthday (see notes)	Create Staff Record Summary then review or destroy the main file	-
Staff Records & Occupational Health	Duty Roster	Close of financial year	6 years	Review and if no longer needed destroy under confidential circumstances	-
Staff Records & Occupational Health	Exposure monitoring information	Monitoring ceases	40 years/5 years from the date of the last entry made in it.	Review and if no longer needed destroy under confidential circumstances	-
Staff Records & Occupational Health	Occupational Health Reports	Staff member leaves	Keep until 75th birthday or 6 years after the staff member leaves whichever is sooner	Review and if no longer needed destroy under confidential circumstances	-
Staff Records & Occupational Health	Occupational Health Report of staff member under health surveillance	Staff member leaves	Keep until 75th birthday	Review and if no longer needed destroy under	-

				confidential circumstances	
Staff Records & Occupational Health	Occupational Health Report of staff member under health surveillance where they have been subject to radiation doses	Staff member leaves	50 years from the date of the last entry or until 75th birthday, whichever is longer	Review and if no longer needed destroy under confidential circumstances	-
Staff Records & Occupational Health	Parental Leave	Date of Birth/Adoption	5 years from birth/adoption of the child or 18 years if the child receives a disability allowance.	Review and if no longer needed destroy under confidential circumstances	-
Staff Records & Occupational Health	Staff Record Summary	6 years after the staff member leaves	75th birthday	Place of Deposit should be offered for continued retention or destroy	-
Staff Records & Occupational Health	Timesheets (Original record)	Creation	2 years	Review and if no longer needed destroy under confidential circumstances	-
Staff Records & Occupational Health	Trade Union Agreements		10 years after ceasing to be effective	Review and if no longer needed destroy	-

				under confidential circumstances	
Staff Records & Occupational Health	Annual Leave Records	Creation	2 years after the year to which they relate	Review and if no longer needed destroy under confidential circumstances	-
Staff Records & Occupational Health	Study Leave application	Creation	5 years	Review and if no longer needed destroy under confidential circumstances	-
Telephony Systems & Services	The Telephony Systems record (not recorded conversations)	Creation	1 year	Review and if no longer needed destroy	This is the absolute minimum specified to meet the NHS Contractual requirement.
Telephony Systems & Services	Recorded conversation which may later be needed for clinical negligence purpose	Creation	3 years	Review and if no longer needed destroy	The period of time cited by the NHS Litigation Authority is 3 years
Telephony Systems & Services	Software Licences	End of lifetime of software	Lifetime of software	Review and if no longer needed destroy	-

AGENDA ITEM No	3.7
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

PUBLIC HEALTH PLAN

MEETING	Trust Board
DATE	19 September 2019
EXECUTIVE	Executive Director of Quality & Nursing
AUTHOR	Assistant Director of Quality & Patient Experience
CONTACT DETAILS	Wendy Herbert 01792 315886 Wendy.herbert@wales.nhs.uk

CORPORATE OBJECTIVE	Quality at the heart
CORPORATE RISK (Ref if appropriate)	Not Applicable
QUALITY THEME	Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Care; Individual Care; Staff and Resources
HEALTH & CARE STANDARD	1.1, 2.1, 2.3, 2.7, 3.2, 3.3, 4.1, 4.2, 5.1, 6.1, 6.2, 7.1

REPORT PURPOSE	Endorsement
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Public Health Workshop (including Public Health Wales)	11 May 2018	Commence discussions
Ambulance Trust Public Health Sub Group	8 June 2018	For discussion
Public Health Workshop (including Public Health Wales)	24 October 2018	For discussion
Task and Finish Group	26 March 2019	To agree content of Plan
Public Health Task and Finish Group	17 April 2019	For discussion and to review working document to agree final changes

Executive Management Team	8 May 2019	Discussion and Final comments
Quality, Patient Experience and Safety Committee	21 May 2019	For discussion and final comments
Assistant Directors Leadership Team	27 June 2019	For discussion and final comments
Quality, Safety & Patient Experience Directorate Bi-monthly Meeting	20 August 2019	For noting
Quality, Patient Experience and Safety Committee	3 September 2019	For approval - some amendments
Trust Board	19 September 2019	For endorsement

SITUATION

1   The purpose of this Report is to seek support from the Trust Board to endorse the Welsh Ambulance Services NHS Trust (WAST) Public Health Plan (the Plan) that was approved at the Quality, Patient Experience and Safety (QuESt) Committee on 3 September 2019 (**Annex 1**).

2   The Plan has been developed and is fully aligned with the new Public Health Wales Long Term Strategy and its creation has been influenced by other key legislation and policy documents including:

- Wellbeing and Future Generations (Wales) Act 2015;
- Prosperity for All;
- The Parliamentary Review of Health and Social Care in Wales;
- A Healthier Wales: Our Plan for and Health and Social Care; and
- The Social Services and Well-being (Wales) Act.

3   In addition the Plan has been mapped across to the Trusts key strategic documents and is a key deliverable in our Integrated Medium Term Plan (IMTP) and monitored through Part A of the Strategic Transformation Board.

BACKGROUND

4   The Association of Ambulance Chief Executives (AACE) recognised that Ambulance Trusts across the UK have a pivotal role to play in improving the health and wellbeing of the public, by upskilling the workforce to provide health promotion messages, which is a key part of AACEs vision for 2020 and beyond (published in 2015).

5   As part of the AACE commitment a Public Health Sub Group was created, with key leads identified to take this work forward. As it currently stands, the Trust will be the first Ambulance Trust to have a fully developed Plan.

6   The Trust made a commitment in the IMTP (2018/19 - 2020/21) to develop a Public Health Plan.

7   The Public Health Plan was shaped and formed over the last year with excellent stakeholder engagement internally, including a cross section of our Trade Union Partners.

8   In addition, support was also provided through Public Health Wales who facilitated two Workshops to agree the priorities and set the direction.

9   A Stakeholder Workshop was held on 17 April 2019 to agree and finalise the Draft Plan.

10   The Public Health Plan was shared with Executive Management Team colleagues for comments on 8 May 2019 and QuESt Committee on 21 May 2019, also for comments. On 3 September 2019 it was presented to QuESt Committee for approval.

11   The Final Draft of the Public Health Plan was also shared with a Reader's Panel to ensure that style and content are in line with Easy Read Guidance.

ASSESSMENT

12   The Public Health Plan clearly sets out our public health ambitions and contributions to the people of Wales and how we, the Trust, intend to achieve the ambitions, why they are important and the expected outcomes.

13   It is recognised that the Public Health Plan will need to be closely aligned to other key Strategies/Plans and enablers to avoid duplication. For example:

        (i)   The Health and Wellbeing Steering Group will lead on the promoting healthy behaviours;
        (ii) The Mental Health and Dementia Steering Group will be responsible for ensuring that the Trust has a focus on improving mental health and building mental resilience;
        (iii) The Safeguarding Steering Group will lead on the safeguarding and public protection element of the Plan; and
        (iv) Infection Prevention and Control Steering Group

14   To ensure robust reporting arrangements are in place, a Governance Map will be developed in addition to an Implementation Plan to identify the priority actions for the Trust over the next 3 years.

15   The Trust Strategic Transformation Board Part A (Delivering Excellence) will monitor the overall progress of the Plan on a quarterly basis and an Annual Report will be provided to QuESt Committee to present progress against the Plan.

RECOMMENDED: That the Board endorses the Public Health Plan

EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment has been completed for the paper and is associated with that document.

REPORT CHECKLIST

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

THE WELSH AMBULANCE SERVICES
NHS TRUST
Public Health Plan
2019—2022

Introduction

Achieving sustainable health and well-being for our population in Wales is everybody's business. This Public Health Plan (Plan) will explain the Welsh Ambulance Services NHS Trust's (the Trust) contribution to making this happen. It is really important to recognise that the Trust is already making a significant and positive contribution to improving public health and this plan builds on what is already being delivered.

The Association of Ambulance Chief Executives (AACE)

AACE recognises that Ambulance Trusts across all 4 UK countries have a pivotal role to play and is fully committed to supporting UK ambulance services with the delivery of the public health agenda. Supporting our staff and volunteers with key skills to provide health promotion messages is a key part of the AACE's vision for '2020 and Beyond', which was published in 2015.

Working Together with Ambulance Services to Improve Public Health and Wellbeing (2017) recognised the contribution and responsibility that Ambulance Trusts have in respect of population health and the opportunities to promote good health and prevent ill health. This includes resilience and disaster preparedness, health informatics and health promotion.

Supporting national policy and legislation relevant to Wales.

This plan has been developed and is fully aligned to the Public Health Wales Long Term Strategy 2018-30 (Working to achieve a Healthier Future for Wales). In addition, this plan has also considered other key legislation and policy documents, some of which includes;

- *Well-being of Future Generations (Wales) Act 2015* – legislation that aims to improve the social, economic, environmental and cultural well-being of the people in Wales, now and in the future.
- *Prosperity for All* – a national strategy which has four key themes: prosperous and secure, healthy and active, ambitious and learning and united and connected.
- *The Parliamentary Review or Health and Social Care in Wales* – this identifies important challenges facing our health and care services including funding, workforce and recruitment, as well as rising demand and public expectations.
- *A Healthier Wales: Our Plan for Health and Social Care* – a whole system approach which focuses on health and well-being and on preventing illness in Wales.
- *The Social Services and Well-being (Wales) Act* – was introduced to transform the way that care and support is delivered. It focuses on promoting a person's well-being as an individual, as part of a family and as part of a community.

Organisational Context

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

What is our offer?
The Trust is well positioned and, as an all-Wales service, has a great deal to offer to make a significant contribution to improving the health of the population of Wales.

Total number of 999 calls received =**534,970**

Number of non-emergency patients transported to hospital appointments =**787,931**

Number of immediately life threatening incidents =**24,438**

Total number of calls received by NHS Direct Wales =**243,840**

Number of non immediately life-threatening emergency calls =**438,810**
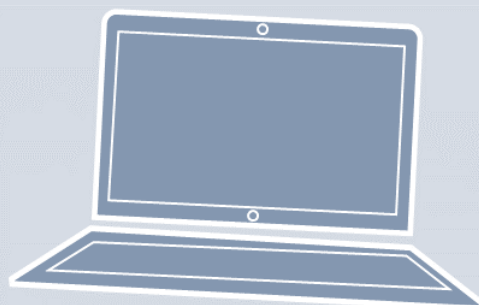
Number of visits to the NHS Direct Wales/111 website = **4,011,909**

Examples of what we are already doing and good practice to improve population health.

- **Defibruary** – promoting location and importance of defibrillator access across Wales;
- **Choking first aid training**
- **Restart a Heart** – targeting secondary school children with key skills training;
- **Shoctober** – targeting primary school children with key skills training;
- **Mental health video** - good to talk promoted across the Trust and with partners;
- **Safeguarding awareness week** – promoting the wider safeguarding agenda;
- **Falls Framework** implementation to build community resilience and focus on prevention of falls in the community;
- **Sensory loss** – building the skills and confidence of our staff to enhance the care of and communication with patients who have sensory loss;
- **Learning disability** – working with people with Learning Disabilities to promote confidence with skills to access emergency services.
- **Dementia** – leading education and training across Blue Light Partner agencies, providing awareness training particularly in Call Centre environments.

Our Public Health Ambitions and Contributions to the people of Wales

What is this plan striving to achieve?

Ambition 1

We will be recognised as a leading UK Ambulance Trust, which has a focus on prevention, health promotion and public protection.

How will we achieve this:

- Increasing the knowledge and skills of our staff and volunteers;
- Promoting healthy behaviours;
- Preventing illness;
- Improving Infection Prevention and Control;
- Public protection;
- Robust resilience and disaster preparedness.

Ambition 2

The Trust will be responsive to the changing needs of our patients and support building community resilience.

How will we achieve this:

- Continue to engage with our communities;
- Building community resilience;
- Accessing health information.
- Digital Technology

Ambition 3

There will be a reduction in variation, inequality and harm in vulnerable groups.
How will we achieve this:

- Delivering on the priorities of the Falls Framework;
- Working with children and young people;
- Focus on improving mental health and building mental resilience;
- Implementing our dementia plan;
- Embracing equality and diversity by improving how we communicate;
- Older People's Framework .

ambition 1

Increasing the knowledge and skills of our staff and volunteers

What is our public health contribution?

Making Every Contact Count (MECC)
(NICE Guidance 2007 – Behaviour Change)

Why is it important ?

MECC is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to support them in making positive changes in their physical and mental wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

It is a very brief intervention that takes between 30 – 90 seconds and is often something that is already part and parcel of everyday life.

Ask – raise the issue with a single question during day to day contact with someone
Advise – Give messages about healthy lifestyles and tips to achieve them
Assist – Share information or encourage people to contact relevant organisation

What are the expected outcomes?
The introduction of MECC will have the following benefits;

- **For Organisations**
  MECC means providing staff with leadership, environments, training and information that they need to deliver a MECC approach.

- **For our Workforce**
  - MECC means having the competencies and confidence to deliver healthy lifestyles messages to help encourage people to change their behaviour and to direct staff and the public to local services that can support them.
  - AACE recognised the importance of MECC and commissioned a bespoke Ambulance MECC video which has been shared with every National Ambulance Training College. This video is now being rolled out across the organisation and has been built into CPD for paramedics/emergency medical technicians/nurses & the Non Emergency Patient Transport Service.
  - This is now part of the CPD being rolled out across WAST to all staff groups.

- **For Individuals**
  MECC means individuals seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their own wellbeing and mental health.

Promoting healthy behaviours

What is our public health contribution?

Supporting and implementing proactive measures to improve the health and wellbeing of our workforce.

Why is it important ?

The Trust recognises that the health and wellbeing of our staff and volunteers can, and must be, improved if services and delivery are to be significantly modernised and future transformation achieved. To this end, it has set out long term strategic ambitions to develop and embed a healthy people culture across the Trust, which is seen to be key to support our people to be our best.

We know that there is a direct correlation between workforce wellbeing and patient care. In the current economic climate, getting the best from our workforce through good engagement, maintaining and enhancing their personal sense of positive 'being' is more important than ever.

Taking a proactive approach is key to minimising the health concerns of our people while remembering that we are also part of a community. To meet the proactive approach, it is essential that we have a robust way of gauging the level of our workforce health and wellbeing, to ensure that we are identifying the primary areas for intervention and support. It is also imperative that the organisation remains aware of practice developments to support our staff's health and wellbeing with greater collaborative working.

What are we going to do?

- The introduction of MECC
- A Trust Health and Wellbeing Strategy will be developed that has strong connections with the wider public services, providing greater opportunities for our workforce;
- We will be working towards creating safe environments, both physically and mentally, for all colleagues to have access to, so that they are able to decompress after a traumatic incident – enabling ongoing resilience;
- Increase our offer around flexible working arrangements;
- Increase opportunities of volunteering within local communities;
- Enhance the role that champions play to incorporate all 4 elements (Financial, Physical, Mental and Environmental/cultural);
- We are going to provide education and training for our workforce so they are mindful of the life choices they make and the impact these choices have on the wider community;
- We will improve the way in which we evaluate and implement initiatives.

What are the expected outcomes?

- Sustaining the health and wellbeing of our staff and volunteers;
- Supporting attendance at work.

Preventing Illness

What is our public health contribution?

Healthcare worker immunisations delivered through the Vaccine Preventable Disease Programme (VDPD), in line with recommendations from Public Health Wales for healthcare worker specific immunisations, with a particular focus on influenza (flu) vaccination.

Why is it important ?

Protecting individuals and populations through immunisation programmes is a highly successful public health intervention that saves lives across the world. For most people, having influenza is unpleasant. However, there are many people for whom influenza can be serious and life-threatening. By protecting ourselves against having influenza, we are also reducing the risk of spreading the virus to our families and to vulnerable patients.

What are the expected outcomes?

- Immunisations against vaccine preventable diseases, coupled with good IPC measures, will protect both our staff and patients;
- Herd immunisations against seasonal circulating diseases such as influenza hopefully decreases the prevalence of such diseases amongst the wider population;
- Over the duration of this public health plan, we would like to see the uptake of our staff having the influenza vaccine to be in line with Welsh Government recommendations.

What are we going to do for our workforce and the public?

- Healthcare workers within the Welsh Ambulance Services NHS Trust are offered immunisations in line with Public Health Wales recommendations;
- Continue with our communication plan and positive messaging to promote vaccination uptake;
- Increase our flu champions to support local vaccination initiatives;
- Promote public health messages, encouraging the public to be vaccinated in line with public health advice through the use of MECC.

Improving Infection Prevention and Control (IPC)

What is our public health contribution?

Effective, evidence based Infection Prevention and Control arrangements.

Why is it important ?

Protecting individuals and populations through immunisation programmes is a highly successful public health intervention that saves lives across the world. For most people having influenza is unpleasant however, there are many people for whom influenza can be serious and life-threatening. By protecting ourselves against having influenza, we are also reducing the risk of spreading the virus to our families and to vulnerable patients.

What are we going to do?

Implement our Safe, Clean Care Campaign (SCC), this will include:

*   Have recognisable SCC branding throughout the Trust;
*   Seek commitment from our staff and volunteers to the prevention of HCAIs in the out of hospital environment;
*   Continue to develop specific and relevant education reflective of the working environment;
*   Ensure our policies, processes and operating procedures are evidenced based and up to date;
*   Continue to promote Hand Hygiene and the 5 moments for Hand Hygiene;
*   Commit to the principles of Bare Below the Elbow (BBE), recognising the out of hospital environment;
*   Continue to provide Aseptic Non Touch Technique (ANTT) training and measure compliance;

*   Improve our vehicle, equipment and devices cleaning and ensure our clinical areas will be clutter free;
*   Improve the provision of accessible, up to date information for workforce and the public using both internet and intranet pages;
*   We will be more prudent in the amount of antibiotics we prescribe;
*   We will ensure our frontline workforce is appropriately tested for protective respiratory masks (fit testing) and has adequate Protective Personal Equipment (PPE);
*   We will continue to work in partnership with both our internal and external stakeholders.

What are the expected outcomes?

*   Our Safe Clean Care Campaign will be effective in reducing the risk of HCAIs in Emergency services in Wales and the out of hospital environment
*   Improved governance;
*   Appropriate key measurements of performance will be reported and there will be a process of continuous improvements in line with any learning.

Safeguarding and Public Protection

What is our public health contribution?

- Becoming an Adverse Childhood Experience (ACE) aware organisation (World Health Organisation 2014);
- Early recognition and referral of children, young people and adults who may have suffered or be suffering abuse, harm and/or neglect;
- Recognition of public protection concerns that may pose a threat to our communities.

Why is it important ?

Safeguarding and protection of individuals and the public are large scale problems which cause unnecessary and potentially preventable suffering, harm and sometimes tragedy to the lives of many people across Wales.

The Trust is committed to fulfilling the statutory duties under the Children Act 2004, the Social Services and Well-being (Wales) Act 2014, the Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015, The Security Act 2015 and the Welsh Government Adult and Child Protection guidance.

What are we going to do?

- Ensure all our staff are appropriately trained to a level in line with their role and responsibility;
- Implement a safeguarding app for use to ensure information and processes are readily available to our workforce;
- We are implementing a more robust digital safeguarding referral pathway;
- The Trust will contribute to the National and Regional Safeguarding Plans
- The Trust will effectively work together with a wide range of services, partner agencies and professionals to ensure the best outcomes for people affected by these issues who have contact with our service;
- New and existing initiatives will be shared for learning and celebrating good practice.

What are the expected outcomes?

- All staff will have the required knowledge and skills to identify and take appropriate action to support the victims who have experienced or at risk of abuse, neglect or harm;
- Promoting the specific remit of our service, organisational data, service user experience and also influencing change to improve services available;
- To continue working collaboratively with all other partner agencies across Wales to promote the safeguarding agenda.

Resilience and disaster preparedness

What is our public health contribution?

The Trust will be an organisation that is prepared and able to respond to the Civil Contingencies Act (2004).

Why is it important ?

The Civil Contingencies Act (2004) places an obligation on the Trust as a category one responder to prepare for incidents and emergencies and to plan for any disruption that could affect our services.

The Act ensures that partner agencies plan, exercise and work together to deal with civil emergencies and disasters identified on national and community risk registers so that, if and when they do happen, we have up to date plans in place which are well rehearsed and our response to the incident is managed effectively and professionally by trained Commanders.

- The Trust will effectively work together with a wide range of services, partner agencies and professionals to ensure the best outcomes for people affected by these issues who have contact with our service;
- New and existing initiatives will be shared for learning and celebrating good practice.

What are we going to do?

- Through our Resilience Team we routinely work with Local Resilience Fora to assess risk, plan, exercise and review our arrangements.
- Part of this is business continuity and warning and informing the public; therefore we exercise plans such as Pandemic Flu, fuel disruption, cyber-attacks etc. as part of our business continuity processes.
- Our major incident exercising is done with partner agencies, either using a live exercise or a table top exercise process, where we test and evaluate our response. We ensure that any lessons learnt and identified through debriefing are shared with others, are used to enhance existing plans and we change our processes as needed.
- We ensure that we have the necessary additional equipment to manage a major incident with large numbers of casualties, without impacting on our day to day business.
- We will ensure that our Commanders are appropriately trained and exercised to fulfil the command role

What are the expected outcomes?

- We will be prepared, and understand what is likely to happen. If it can't be managed or mitigated, then we will plan and exercise to ensure we are in the best position to deal with its effects.
- There will be a minimum impact on the Trust, through effective business continuity arrangements and having plans in place to deal with any disruption.

The Trust will be responsive to the changing needs of our patients and support building community resilience

What is our public health contribution?

• **Working in partnership with our service users, public, charitable and voluntary organisations to build and improve community resilience;**
• **Through continuous engagement with the public we will be responsive to their changing health needs.**

Why is it important ?

The Framework for Assuring Service User Experience has been adopted across the NHS in Wales. The Framework describes the evidence based key determinants of a good service user experience and identified the key attributes and uses of a range of methods. The framework has been updated to include the need to gain information from concerns, complaints, compliments and clinical incidents; it also links to the Health and Care Standards which include a standard to promote listening and learning from feedback.

We will develop a volunteering strategy that will ensure we understand, value and maximise the important contribution that volunteers can and will make to our services in the future.

What are we going to do?

• Actively promote social prescribing
• Continuous engagement model to engage and involve patients and communities across Wales;
• Develop a programme of engagement that captures people's views, expectations and needs;
• Develop and implement a volunteer strategy which will increase roles and engagement across local communities;
• Continue to engage with schools across Wales to provide children and young people with the opportunity to learn first aid skills and build their confidence to be able to help themselves and those around them;
• Continue and build on the success of Shoctober and Restart-A-Heart campaigns;
• Annual promotion of health and wellbeing campaigns.
• Sign post our service users whenever appropriate to local third sector services

What are the expected outcomes?

• A service that is responsive to the communities of Wales;
• An engaged service based on co-production and inclusion;
• Increase our volunteer numbers that are representative of the communities we serve (BME, LGBT, Youth and Disability);
• Improved volunteer experience and outcomes for patients;
• Achievement of the Investors in Volunteers Quality Standards.
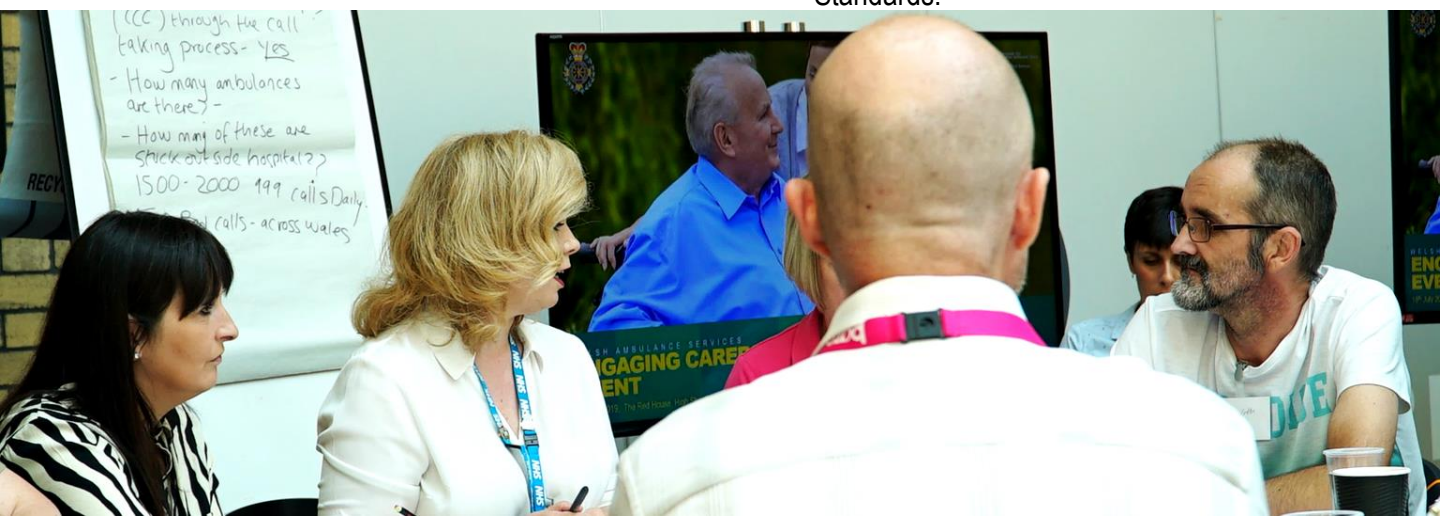
Accessing Health Information

What is our public health contribution?

- **Promotion of safe self-care through use of symptom checkers**
- **A-Z Encyclopaedia**
- **Live well guides**
- **Use of social media**

Why is it important ?

The NHS Direct Wales website has continued to be a popular resource for people accessing information on illnesses and local NHS services. One of our biggest success stories is the continued development of online self-assessment symptom checkers. These have proven to be very popular, with stomach pain being the most commonly accessed. There is usually an increase in symptom checkers as a direct result of seasonal illness like the winter vomiting bug (norovirus) and flu.

On average, we have nearly 4 million visits to the website a year. There are currently 28 self-assessment symptom checkers. The top five most commonly used are;

- Stomach pain
- Cold and flu
- Generally unwell
- Rash

What are the expected outcomes?

Enabling people to choose well and self-care through:

- Development of further online self-assessment symptom checkers based on the needs and behaviours of online users.
- Ensuring that all health information and support tools on the NHSDW website are aligned to the ongoing Choose Well and Public Health plans.
- Development of new online tools to support people to manage their health and healthcare needs
- Identifying new and emerging technologies, which can contribute to supporting people to choose well and manage their health and wellbeing.
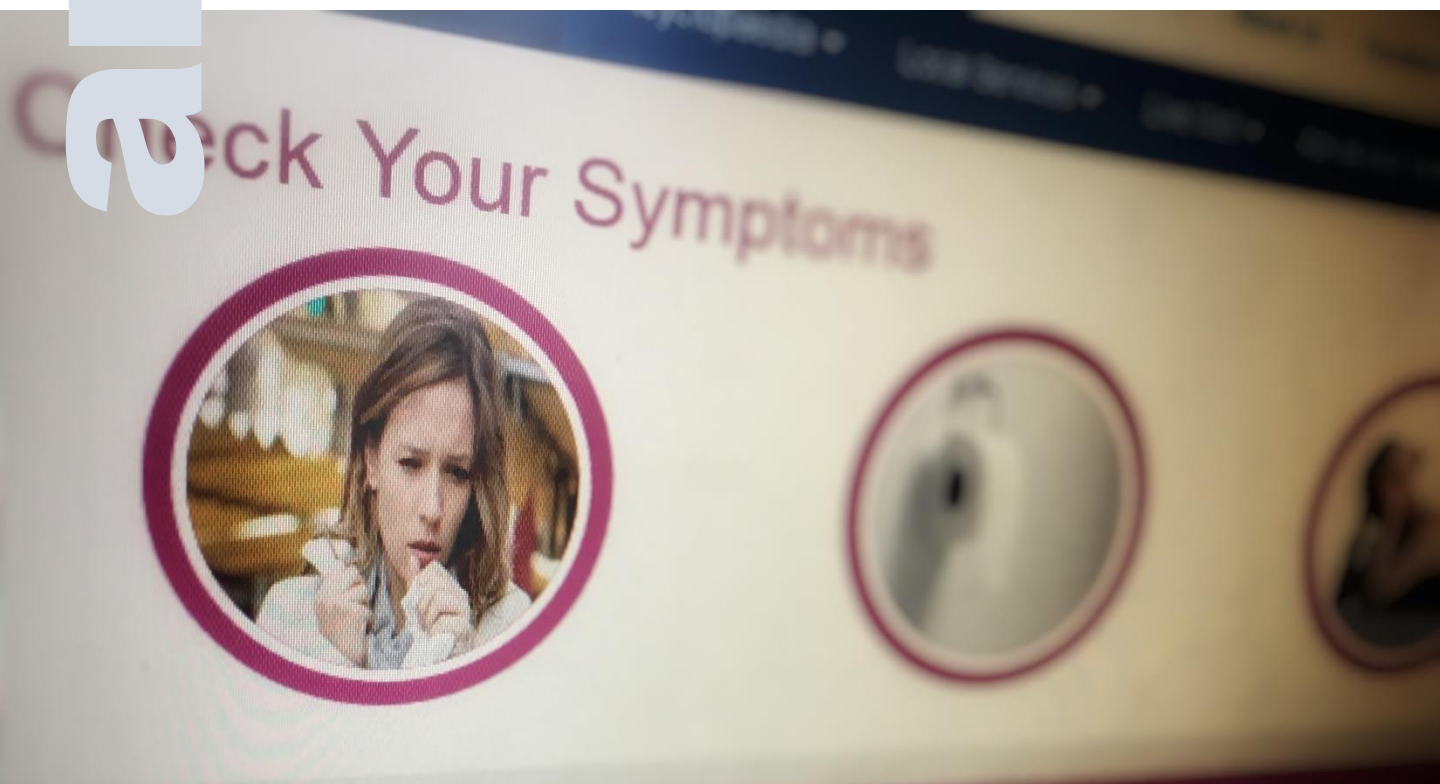
Digital Technology

Social Media

The advancement of personal digital technology (e.g. mobile phones, wearable devices), the internet and mobile applications (apps) has revolutionised the way many people live their lives, address their personal health needs and connect socially. Harnessing the potential of this digital age to support population health is of importance across global health systems.

Why is it important?

The use of social media is one of the most powerful tools we have at our disposal to be able to engage with the population of Wales on both a national and regional basis. Campaigns like 'Defibrurary' and 'Restart a Heart' have been driven through social media. Communicating to people in real time, to convey public health messages is an excellent way to enable the people of Wales to choose well.

What are we going to do?

Use all of our social media platforms (Twitter, Facebook, YouTube, Instagram) to actively promote 'choose well' messages to the public. This includes directing the public to use the NHS Symptom Checker, to find the most appropriate NHS service for their needs.

Having recently developed a 'choose wisely' campaign called 'Woody Wise', we will use these videos as an aid, to educate the public about appropriate choices of treatment for certain conditions. Videos have become an increasingly popular way to convey important messages; we would therefore look to use this method frequently, in order to convey our messages to the public.

We would also look to work closely with our Health Board colleagues to share their health messages along with our blue light partners.

What are the expected outcomes?

We would expect to see an increase in engagement and we will populate our social media communication plan to monitor follower numbers, likes and post reach.

We would especially expect to see an increase in our reach on social media, which can be measured by each post we create.
By increasing our reach on social media, we would hope that many more members of the public would view and understand our "Choose Wisely" messaging.
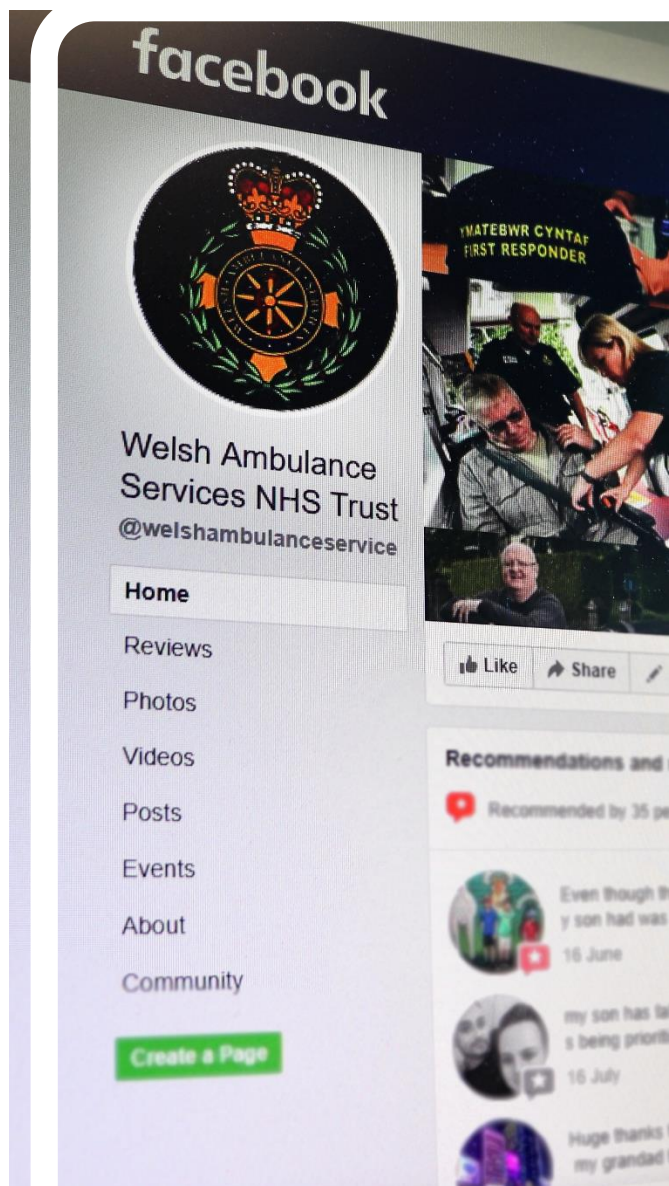
Delivering on the priorities of the Falls Framework

What is our public health contribution?
Prevention of and or early identification of people at risk of falling

Why is it important?
In 2017/18, the Welsh Ambulance Services NHS Trust received 62,488 calls relating to falls. Of these, 31,042 resulted in attendance at a hospital. Falls account for a high demand on the service, second only to breathing problems.

The issue of falls is complex as people who require our help are often elderly and frail. The fall may be a consequence of multiple clinical and/or social factors or, in some cases, the fall is the start of a catalogue of events leading to increased frailty.

The Welsh Ambulance Services NHS Trust has developed a Framework for Falls and a Falls Response Model to enable the organisation to provide a holistic approach to falls, from prevention to avoiding further harm. The Framework and Model are intended not only to provide clarity within the organisation but to inform our partners when developing local services.

What are we going to do?
• **Prevention** – our contact with the public, often in their own homes provides an opportunity to assess both the patient and the environment. Through the MECC approach, any risks of falls will be minimised and patients will be referred to the appropriate agencies if necessary.

• **Supporting community resilience** – developing and enhancing the skills of our Community First Responders (CFRs), will support non-injured fallers and support an assessment to prevent future falls.

• **Falls assessment tool** – the clinical desk clinicians will ensure that all non-injured fallers are referred on to an appropriate primary care provider.

• **Falls response**

• **Avoiding further harm** – a fast response to patients who have fallen will also minimise the risk of pressure damage.

What are the expected outcomes?
If we take action against each of the 5 domains within the falls framework we should see a reduction of people needing to use our service, a decrease in concerns and an improved patient experience.
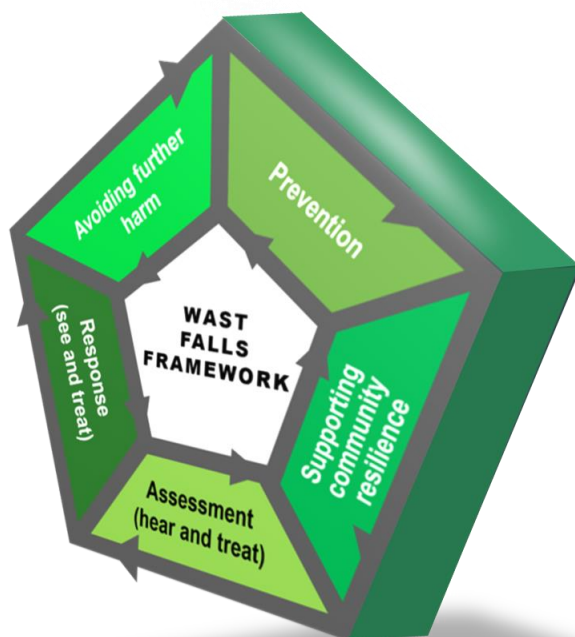
Focus on improving Mental Health and building Mental Resilience

What is our public health contribution?
Mental health.

Why is it important ?
Mental health conditions represent one the largest sources of disease burden in the UK, higher than cancer or heart disease. Nearly 6% of adults in the UK have made an attempt at suicide at some point in their lives, and suicide continues to be one of the biggest killers of middle aged men in Wales.

Wales has a higher number of mental health inpatient admissions than England (280 per 100,000 population in Wales, 221 in England) and a lower proportion of admissions under the Mental Health Act.

All of this suggests that there are significant levels of unmet need in Wales and that there are missed opportunities for diversion from inpatient admission and for earlier/alternative intervention in crisis.

What are we going to do?
Improve the mental wellbeing of our workforce by:
- Supporting early intervention and prevention through evidenced based initiatives and programmes.
- Continuing with our #WASTkeeptalking project to improve help seeking and reduce stigma

Improve our patient experience by:
- Integrating mental health training for the workforce to be skilled and confident to provide care and treatment for patients in mental distress or crisis.
- Increasing access to suicide intervention and drugs/alcohol brief intervention training.
- Developing and rolling out bespoke mental health e-learning for all front line staff.
- Improving pathways for the public by:
- Working with partners to review the crisis care system for the people of Wales
- Improving our mental health 'hear and treat' offer through NHS 111
- Improving how we convey people with mental health conditions

What are the expected outcomes?
- Improved services and better mental wellbeing in our workforce.
- A more confident workforce who can hear and treat & see and treat more people.

ambition 3

Dementia

What is our public health contribution?
- Improving the experience of people with dementia and their carers
- Education and training of our workforce

Why is it important ?
Dementia is set to be the 21st century's biggest healthcare challenge. We are working towards improving the experience for people living with dementia who use our services, as well as considering the impact it will have on our workforce.

The Dementia Action Plan for Wales (2018-2022), identified the need for increased support for patients with dementia and that pathways are needed to be put in place, to ensure we are responding well to their needs. There is also a requirement for our workforce, who come into contact with the public, to receive an appropriate level of dementia care training.

What are we going to do?
- All of our frontline workforce will be trained and informed about dementia, so they have a good understanding of how best to support patients, families and carers.

- We will signpost and refer into different local health and wellbeing services e.g. Alzheimer's Society and befriending services

- Promote early diagnosis by signposting to health and social care services

- Promote a wide range of communication aids, including 'This is Me' from the Alzheimer's Society, Communication App, Message in a Bottle

- As part of our Dementia Plan, we will establish wellbeing and support services for, a workforce, carers or for others who may be affected by the condition.

- As part of our Emergency Services Commitment on Dementia, through our partnerships with Police and Fire and Rescue services, we will share our information and processes with others who will benefit from better signposting and using MECC.

What are the expected outcomes?
- Our workforce will be trained and competent to provide care to patients with dementia and their carers.
- The Trust will have robust signposting pathways in place.

Older Peoples's Framework

What is our public health contribution?

Improve the health and well-being of the older population with a focus on health promotion and prevention.

Why is it important ?

Wales is an aging society, with 877,000 people over the age of 60, or just under 30% of the population and it is this age group that require our services the most. In addition and importantly, many carers within our communities are also in the older age group.

Therefore, WAST has committed through our Public Health Plan to ensure that it is fully aligned with the key priorities identified by the Older People's Commissioner for Wales, who wants Wales to be the best place to grow older. These priorities include;

- End ageism and age discrimination
- Stop abuse of older people
- Enable everyone to age well
- Get help and support

What are we going to do?

- Maximise the opportunities for our NEPTS and emergency service to have a MECC conversation.
- Identify through our safeguarding referrals opportunities for a range of public health interventions.
- Focus on social prescribing to support a reduction in loneliness and Isolation of older people in the community.
- Develop the NHSDW/111 website with key messages for Older People to promote well-being, safety and community/personal resilience.
- Signpost to the Welsh Government NEST Scheme to maximise the benefit for older people to keep warm through winter.
- Development and implementation of a Frailty Assessment Tool
- We will continue to work in collaboration with community and primary care to ensure that best outcome for patients who are end of life have a dignified death.

What are the expected outcomes?

- Older people will be able to access our services for health and well-being advice supporting their personal resilience
- Older people will be signposted to local services to support their health and well-being
- Older people will have access to third sector support at times of crisis
- Older people will only be transferred to hospital when medically indicated

Children and young people

What is our public health contribution?
Improving the health and well-being of children and young people through active listening and engaging.

Why is it important ?

Every child and young person has the right to be happy, healthy and safe. In Wales, one in five of those children aged 0-19 years live in poverty. Many older children remain susceptible to vaccine preventable diseases such as measles. There is a requirement on organisations to improve the health and wellbeing of children and young people, to work with them and families to address their needs.

The Trust has signed up to the UN Convention on the Rights of the Child and liaises closely with the Children's Commissioner for Wales.

Engagement is carried out within the scope of the National Participation Standards for Children & Young People. (November 2016).

What are we going to do?

- Continuously engage with children and young people
- Deliver targeted activities
- Provide channels for children and young people to provide feedback and participate
- Provide relevant information, education and tailored resources

What are the expected outcomes?

- The voices of children and young people will be heard
- Children and young people will be at the heart of our services
- Children will feel more informed, empowered and be engaged participants in decisions about their care and treatment
- We will be investing in developing stronger/resilient adults

Embracing equality and diversity by improving how we communicate

What is our public health contribution?
Improving how we communicate with our service users

Why is it important ?
The Equality Act 2010 brought together and replaced the previous anti-discrimination laws with a single Act. The Act included a public sector equality duty which came into force on 5 April 2011. The aim of the general duty has been to ensure that public authorities consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty is ensuring that equality considerations are built into designs of policies and the delivery of services and that they are kept under review, achieving better outcomes for all.

There are 9 recognised protected characteristics as defined within the Equality Act (2010). Age; Belief and Non-Belief; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Sex (Gender); Sexual Orientation

Wales is the only country to have specific standards relating to sensory loss - '"All Wales Standards for Accessible Communication and Information for People with Sensory Loss".

What are we going to do?
• Continue to develop the Communication App by including additional languages. The App will be configured for 'desk top' use with additional languages. We will include basic phrases and finger spelling within the App.
• Offer additional licences to the workforce to learn BSL to level 1 standard and encourage them to sit their level 1 exams.
• Develop accessible information and make them available (BSL/audio format) for those with sensory loss
• Develop a suite of easy read/pictorial resources for people with learning disabilities and children
• Deliver Gender Awareness sessions for the workforce in collaboration with the LGBT WAST Network & utilise resources developed by National Ambulance LGBT Network to raise workforce awareness.

What are the expected outcomes?
• Improve communication between service users and workforce
• Reduce the risk associated with recording; understanding an individual's needs and care.
• Increased public knowledge/awareness of services, influence behaviour and better experience and feedback reported.

Accountability

The Chief Executive has overall accountability for the management and development of the Trust's public health agenda. However, delegated responsibility has been given to the Executive Director of Quality and Nursing to lead on the implementation and monitoring of this plan.

Imperative to the success of this plan is that all of the people in the Trust recognise their unique contribution to improving the public health and wellbeing of the population of Wales. In addition, and of equal importance, is to look after our own health and wellbeing and ensure that we build our own personal resilience.

Monitoring and Reporting

The Quality Steering Group will monitor the progress of this plan on a quarterly basis, with an annual report to the Quality, Experience and Safety Committee. However, it is important to note that there are many existing groups that will monitor and implement the recommendations of this Public Health Plan. This will include for example;

- Health and Well –Being Group
- Mental Health and Dementia Steering group
- Safeguarding Steering Group
- Health and Safety Steering Group
- Falls Steering Group
- Infection Prevention and Control Steering

Internal/External Stakeholder Engagement

This plan has been developed in partnership with key stakeholders including Public Health Wales, Trade Union Partners and invited members from across the Trust.

2019/20 Internal Audit Plan	The Head of Internal Audit provided an update informing the Committee on the progress made against the **2019/20 Internal Audit Plan.** 6 internal audit reports were presented as follows: • Welsh Language Standards Implementation - *Reasonable* • Project Management - *Reasonable* • Vehicle Hire - *Limited* • Annual Quality Statement – *Not Rated* • Confidentiality - *Substantial* • Environmental Sustainability Reporting – *Not Rated*	**2018/19 Internal Audit Plan**	Two Internal Audit reports resulting from audits undertaken as part of the **2018/19 plan** were presented to Committee: • Handover at Emergency Departments Follow Up – Reasonable • Handover at Emergency Departments Follow Up – Health Board related.

Health Board Areas/Stations Follow Up Audit 2018/19	The Director of Operations presented a report to update Committee on progress against the recommendations contained within the **Health Board Areas/Station Follow Up Audit** originally undertaken in 2017/18. This had received a *Limited Assurance* rating, and was subsequently followed up in 2018/19. Members were pleased to note the significant amount of work that had been undertaken to address and mitigate the recommendations.	

	This brings the **2019/20 Internal Audit position** to 6 out of 30 planned audits complete: • 2 x Not Rated • 1 x Limited Assurance • 2 x Reasonable Assurance • 1 x Substantial Assurance	**Audit Recommendation Tracker**	Members reviewed the **audit recommendation tracker** which describes Internal Audit and Wales Audit Office recommendations made as a result of planed reviews. The Committee noted the progress against recommendations contained in 2017/18 and 2018/19 reviews - a particular focus was on those with a high priority rating which were overdue. Members acknowledged the robust scrutiny and increased activity across the Trust in addressing recommendations.
Changes to the 2019/20 plan	The Head of Internal Audit proposed two **changes to the 2019/20 audit plan** which were accepted by Committee; 1. Drivers Medicals being deferred to Quarter 4 2. Personal Safety – Violence & Aggression brought forward to Quarter 2.	**External Audit Plans**	**Wales Audit Office** provided an update on the key work and audits being undertaken during 2019/20. Fflur Jones presented the Performance Management Information Report and advised that the 2019 Structured Assessment fieldwork was currently underway. In addition, further planned audits on Quality Governance and Counter Fraud will take place early 2020.
Corporate Risk Register Quarter 1 Report 2019/20	The Director of Quality & Nursing provided an update on the **quarter 1 Corporate Risk Register report** which was presented to Committee for endorsement. The rollout of the digital e-risk module is making good progress.	**E-Risk Datix Module Demonstration**	A demonstration of the **Trust's new E-Risk module** was given by Rob Mason, Head of Risk and Health & Safety, which was well received by Members of the Committee.
Losses and Special Payments	Details of the £0.405 million **Losses and Special Payments** made during the period from 1st April 2019 to 31st July 2019 were presented to Committee as required by the Standing Financial Instructions.	**Closed Session of Audit Committee**	The Committee met under a closed session to discuss updates relating to **Counter Fraud, Tenders** and **Single Tender Waiver** requests.

Forward Planning & Legislative Requirements	The Welsh Government has launched the consultation for the new Health & Social Care (Quality and Engagement) (Wales) Bill that will become an Act in legislation during 2020. The Bill focuses on Health and Social Care with their: Duty of Quality, Duty of Candour, development of a new Wales Citizens Voice body and appointment to Vice Chairs in NHS Trusts. WAST is now starting to prepare for the new legislation and there will be training provided for staff across the Trust once the Bill becomes an Act. In addition, the Bill will be the primary driver for the new WAST Quality Strategy which is in development.
Patient Story	The patient story presented to QuESt related to a tetraplegic elderly gentleman and the experience of his Carer when the hoist broke on a Friday and his Carer was encouraged to contact 999 as there was unfortunately no out of hour's alternative provision available or in place to repair the hoist. In order to avoid hospital admission, the Carer worked hard to make alternative arrangements to loan a hoist. The impact on patient and carer experience will be shared with the Local Authority.
Quarterly Quality Assurance Report (Quarter 1 April, May, June)	Key achievements noted: a new joint investigation framework for patient safety incidents has been approved with Health Boards, significant improvements to the risk management governance process and system (migration from paper to electronic risk system). Challenges identified - slight increased trend of clinical negligence cases associated with delayed responses; improvement plans in place with Health Boards and Commissioning team to address hospital handover delays, and focused action taken to address challenges with RED performance and long waits. Non patient safety incidents increased reporting: moving and handling, violence and aggression, staff wellbeing - improvement plans in place and monitored through Health and Safety and Welfare Committee. The Quality Assurance Report and Integrated Highlight Report will now be aligned in one report, to strengthen reporting and assure a greater candour.
Monthly Integrated Performance Report	Improvements being taken forward to align the IPR to the Board Assurance Framework and corporate risk register. Enhanced performance monitoring from Welsh Government for the Trust. Powys & Hywel Dda areas have focused performance plans in place. Amber performance is a priority with increasing response times compared to the same time last year. Staff resourcing has improved 90-95% across the Trust.
WAST Assurance Review: Cwm Taf Maternity Services Review	An all Wales Assurance Framework was developed in line with the 70 recommendations identified from the review, 44 of which have been considered by WAST. A gap analysis has been undertaken and an action plan developed, monitored by Assistant Directors Leadership Team. External review to be undertaken in due course subject to the committee's agreement. The Trust will share the report with Dr Andrew Goodall Director General NHS Wales as an example of best practice.
Regulation 28 Report	Coroner's report relating to a patient who had fallen and on anticoagulant therapy. Key learning identified regarding individual staff member training and re circulation of clinical notice regarding anticoagulant therapy and falls management.
Research & Development and Clinical Audit Strategy	Clinical audit programme: noted that clinical audit is a dynamic process. The audits proposed in the new plan: Assessment & treatment of asthma patients, audit of compliance of pain score completion on PCR, documentation of e-tidal co2. Audit of venous cannulation and appropriateness. Audit of clinical handover of patients that are not conveyed to hospital. Clinical Audit Plan was approved by the Committee.
Personal Injury Review	408 total open claims (clinical negligence and Personal Injury) cases within WAST (200 of these are Road Traffic Collisions, 140 PI (slips trips and manual handling). The majority are managed internally to the Trust by Trust legal team. Lessons learnt are disseminated to relevant directorates and the Patient Safety, Experience, Learning & Monitoring Group and shared through the quarterly quality assurance report.
Welsh Risk Pool Services Learning Reports	WRP provide reimbursements to WAST over 25,000 only on evidence of learning being demonstrated. From next October 2019 all cases where there is a quantifying liability will be scrutinised by the WRP irrespective of whether above or below £25,000 for evidence of learning.
Framework for the investigation of Patient Safety Serious Incidents	The SI framework has been put in place as a result of the high number of patient safety serious incidents following winter 2017/18 and has been designed in collaboration with the Health Boards. Shared learning will be brought back into the Trust. Framework approved by the committee.
Amber Review update against actions for organisation	Eight recommendations in place as a result of the Amber Review, five of which are on track and noted in green, and three noted in amber. The success requires close collaboration with our partners.

Public Health Plan	This has been developed in partnership with Public Health Wales and key partners following a commitment by the Association of Ambulance Chief Executives and it is a key deliverable for the Trust IMTP. Three ambitions: - We will be recognised as a leading UK Ambulance Trust, which has a focus on prevention, health promotion and public protection. - The Trust will be responsive to the changing needs of our patients and support building community resilience. - There will be a reduction in variation, inequality and harm in vulnerable groups. Approved by Committee
Operations	Performance has been the primary focus and the commissioners have been working in collaboration with Health Boards on the position. Red performance improvement plan in place for the enhanced monitoring reviewed weekly. Challenges are being addressed which include closing the staffing relief gap and reducing hospital handover delays with Health Boards. Winter plan initiatives include: additional CFRs, a falls desk pilot, review of standby points, additional RRVs and silver cell. Demand & capacity review CCC Clinical Review Nurses to respond to amber & green calls.
Non-Emergency Patient Transport Service (NEPTS)	Quality Assurance Model for 365, all on track.
For Noting	Healthcare Inspectorate Wales Annual Report 2018-19 Internal Audit Reports: - Health and Safety - Welsh Risk Pool - Risk Management - Annual Quality Statement Information Governance Annual Report Adverse Childhood Experiences Booklet Hafal Action Plan Public Services Ombudsman for Wales Annual Report and Accounts 2018/19 Public Services Ombudsman (Wales) Act 2019 Wales Air Ambulance Charity Annual Review April 2018 - March 2019 Level 1 Falls Assistant Evaluation Report Welsh Risk Pool Service Case Reimbursement Procedure Once for Wales Concerns Management System Tender Report Quality Steering Group Action Log	**Date of Next Meeting: 26 November 2019**

AGENDA ITEM No	4.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

MINUTES OF COMMITTEES

MEETING	TRUST BOARD
DATE	**19 September 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 are attached. The Chair of the Committee, Paul Hollard 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.

5.   **FINANCE AND PERFORMANCE COMMITTEE**

The Minutes of the Finance and Performance Committee held on 25 April 2019 are attached. 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.

6.   **AUDIT COMMITTEE**

The Minutes of the Audit Committee held on 12 September 2019 are attached. The Chair of the Committee, Pam Hall 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.

7.   **QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE (Quest)**

The Minutes of the Quest Committee meeting held on 3 September 2019 are attached. The Chair of the Committee, Emrys Davies 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.

8.   **REMUNERATION COMMITTEE**

The Minutes of the Remuneration Committee meeting held on 28 March 2019 are attached. The Chair of the Committee, Martin Woodford wishes to reassure the Board that:

All of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated.

RECOMMENDED: That the Board endorse the above minutes.

UNCONFIRMED MINUTES OF THE INAUGURAL PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD ON 9 APRIL 2019 IN THE HENLLYS ROOM, VANTAGE POINT HOUSE, CWMBRAN WITH A VC LINK TO ST ASAPH and OTHER AREAS

Chairman: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chairman
Emrys Davies	Non Executive Director
Pam Hall	Non Executive Director (via VC)

IN ATTENDANCE:

Craig Brown	Trade Union Partner (Via VC) (Part)
Andrew Challenger	Senior Education and Development Lead
Keith Cox	Board Secretary
Sarah Davies	Learning and Development Business Partner
Victoria Davies	Organisational Development Manager
Estelle Hitchon	Director of Partnerships and Engagement
Jo Kelso	University Status Project Manager
James Moore	Assistant Director Workforce and OD (Via VC) (Part)
Steve Owen	Corporate Governance Officer
Louise Platt	Interim Director of Operations (Part)
Paul Seppmann	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Claire Vaughan	Director of Workforce and OD
Helen Waktins	Deputy Director of Workforce and OD
Sara Williams	Senior HR Business Partner

APOLOGIES:

Professor Kevin Davies	Non Executive Director
Angela Roberts	Trade Union Partner
Sharon Thorpe	Trade Union Partner

01/19   WELCOME AND APOLOGIES FOR ABSENCE

The Chairman welcomed all to the inaugural meeting of the People and Culture Committee and advised that the meeting was being audio recorded.

02/19   DECLARATIONS OF INTEREST

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

RESOLVED: That the declaration of interest of Mr Emrys Davies being a former member of UNITE was recorded.

03/19   MINUTES/ACTION LOG

As this was the first meeting of the People and Culture Committee there were no previous Minutes and no Action Log being presented.

04/19   COMMITTEE TERMS OF REFERENCE (TOR)

The Committee Terms of Reference were presented to the Committee having been approved at the last Board meeting. The Board Secretary explained that as the Committee evolved the TOR would be reviewed at regular intervals.

RESOLVED: That the TOR were ratified.

05/18   COMMITTEE FORWARD PLAN

The Committee forward plan was presented to the Committee. Claire Vaughan advised that it was the draft initial plan and welcomed comments from Memebrs.

The following comments were made:

1. Sickness update report – should this not be reported at every meeting? Claire Vaughan advised that sickness was reflected within the quarterly workforce update which would be reported to the Committee and was monitored throughout the year
2. Policies – there was no indication when these were being presented. Claire Vaughan commented that policies would be presented as and when required and would follow the usual route of approval

RESOLVED: That the forward plan was noted.

06/19   SETTING THE SCENE:

The Director of Workforce and OD Claire Vaughan, in providing the presentation to the Committee drew attention to the following areas:

1.   The groups already within the structure which would provide information to the Committee included; Strategic Education Steering Group, Health and Well-being Steering Group, University Partnership Board, Employment Policy Sub Group, Equality and Diversity Steering Group and two workforce planning groups. Claire Vaughan gave an overview in terms of the establishment and the responsibility of each sub group.
2.   Strategic People and Culture ambitions; these included the long term context of the Committee going forward; this was all part of the ambition to deliver the Welsh Government strategy a Healthier Wales. The IMTP priorities would

also be a framework for setting out the priorities of the Committee and its sub-groups

3. People Strategy – the Committee were given details on the purpose and principles of the strategy and how the Trust would support its people to deliver and coordinate care across the system in line with the Trust overarching Strategic Framework
4. Investment in health and mental well being for staff – details of the initiatives in place to enhance services and drive improvement in these areas for staff were provided
5. There was a focus in the people strategy on promoting the Trust as a great environment in which to work
6. Workforce Risks – Claire Vaughan gave an overview of how the Trust was mitigating and managing the risks faced by the Trust in terms of the workforce advising the Committee of the Management Team's role in this area. This included the management of absence, supporting well being and recruitment and retention
7. Resource availability – further work was being undertaken which included initiatives to minimise sickness and other forms of absence across the whole organisation
8. Training and Education - there is considerable focus on how the Trust was implementing and developing its education and training strategy going forward and this would be considered in more detail at future committee meetings and Board development sessions
9. The Committee was given more detail in regard to:- Equality and Diversity, Violence and Agression, Health and Well being strategy and the outcomes relating to Staff surveys

Members condsidered the presentation in more detail and raised several points:

1. The Committee recognised that there was still further work to ensure that items reported at the now disbanded Finance and Resources Committee that were still subject to ongoing scrutiny and action were carried over to the newly formed Finance and Performance and this Committee as appropriate
2. Following a query regarding the WASPTand its reporting line, the Board Secretary advised that currently there was no direct reporting to a Committee. The Chair asked that this be clarified in due course and raised at Trust Board to seek support for WASPT reporting through into the People and Culture Committee. This would require an addition to the Committee Terms of reference if supported.

RESOLVED: That the update was noted; recognising that approval would be sought from Trust Board on the reporting of WASPT business through to the People and Culture Committee

07/19 **QUARTERLY WORKFORCE PERFORMANCE REPORT**

Claire Vaughan presented the report and in giving an overview drew attention to the following providing further detail upon each area :

1. Sickness absence – this remained a concern for the Trust and was a major priority in terms of taking forward the action plan to reduce absence
2. Flu immunisation staff uptake – continued to be a challenge. Despite the uptake increasing from previous years this still remained relatively low and requires further attention
3. Statutory and mandatory training compliance – the Trust achievement level continues to be above the Welsh Government standard
4. Training and Education – CPD levels remained on course to achieve target levels
5. Turnover and Recruitment – details of the numbers involved was provided (is there more detail here?)
6. Employee Relations – the number of grievances and disciplinaries submitted was slightly higher than expected. Helen Watkins advised that work was being undertaken to address this and agreed to provide a detailed progress report at the next meeting

The Committee held a discussion on the types of metrics that should be presented in the report and asked that as well as the percentage figures, actual numbers should be included wherever possible to bring a greater perspective to performance reporting.

Sickness Absence

Helen Watkins gave a presentation which considered sickness absence in more detail and the actions the Trust was doing in order to manage this effectively. The following areas were drawn to the attention of the Committee:

1. Sickness absence rates; Long Term absence was showing signs of decreasing and there was a slight increase in Short Term Sickness (STS) which was in line with seasonal trends
2. Management of LTS cases; details of the continuing work to manage and resolve these was given. This included looking at the most appropriate methods of return to work and the continued proactive support of staff
3. The reasons for absence and the breakdown between LTS and STS; Claire Vaughan added that the physiotherapy fast track service was due for review following an initial evaluation, however there was more work to do. The Occupational Health Team continued to provide assistance albeit on a limited scale due to resource issues
4. Hot spot areas – these continued to be monitored with a focus on the Central and West CCC which seemed to be an outlier.
5. Nine point action plan – The Committee were provided with further details on the progress to improve sickness levels and were briefed on each of the action plans
6. Learning from other organisations, for example the West Midlands Ambulance Service and how they managed to sustain their low sickness rates (need to say more here – learning what?)

Members noted there was a possibility to further explore all the options in terms of providing both internal and external assistance with regards to fast track physiotherapy.

Following a query regarding the CCC's and whether there was an association between the high sickness levels and the possible stress caused by the large of number of vacancies, Claire Vaughan explained that it was highly likely to be one of the factors.

RESOLVED: That the Committee noted the Trust's performance against its key workforce indicators, and the actions being taken to address any shortfalls against targets.

08/19   STAFF SURVEY FOLLOW UP

James Moore, Assistant Director Workforce and OD provided the Committee with a Powerpoint presentation and drew attention to the following points:

1.   Staff survey was conducted during the period July to August 2018
2.   Overall response to the survey was 42% which was an increase from the previous year
3.   The Trust was broadly in line with other ambulance services in terms of reporting a better experience
4.   Several themes had been identified from the survey and these included; Mental Wellbeing, Bullying and Harrassment and Communication. Going foward these were being adressed using the WAST Improvement and Innovation Network (WIIN)
5.   Other themes that emerged from the survey included the imprtance of team working and understanding the causes of stress

Members welcomed the presentation and recognised the intitiatves being developed to address the themes that had emanated from the survey.

The Committee discussed in detail several methods of communicating information to staff and how they (staff) could report issues to their respective line managers.

The Committee requested that at the next meeting, It would be useful to have a high level report on the actions being taken as a result of the staff survey

RESOLVED: That

(1)   The Staff Survey follow up presentation was noted; and

(2)   It was agreed that the Deputy Director of Workforce and OD would provide a high level report on the actions being taken following the staff survey at the next meeting

09/19   GENDER PAY GAP (GPG)

Helen Watkins, in presenting the report advised the Commmittee that new regulations had come into effect in April 2017. It required organisations with more than 250 employees to publish annual data on their Gender Pay Gap (GPG). Public sector organisations in Wales covered by the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 were legally exempted from the requirement to report.

The Trust has, however, published its data for 31 March 2017 and 31 March 2018 via its website, as have the other Health Boards and Trusts in Wales.

It was important to recognise and understand that GPG differed from Equal Pay. Equal Pay meant that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It was unlawful to pay people unequally because of their gender. Agenda for Change Job Evaluation ensured that the job and not the post holder was evaluated, so equal pay was assured. GPG was the difference between the average earnings of men and women across an organisation, expressed relative to men's earnings.

The Chartered Institute for Personnel & Development (the CIPD), has recommended a number of ways to narrow the gender pay gap, some of which were common or systematic in nature. These included:

1.   Better childcare – taking account of affordability;
2.   Better recruitment – including doing more to make roles attractive to women;
3.   Salary transparency, including potential changes to starting salary processes;
4.   Parental leave – encouraging more men to take up shared parental leave, of which uptake has been low;
5.   Targets – including setting targets for women in certain types of role;
6.   Paying women more;
7.   Better training – including unconscious bias training;
8.   Organisational culture – e.g. attitudes to flexible working / models of working.

Comments:

1.   What hours was the GPG based on or was it for a standardised week? Helen advised that It was based on the actual number of hours worked
2.   Members recognised there was an issue with progression in terms of pay when a career break had been taken
3.   The Committee debated other possibilities to narrow the GPG and noted that a further discussion should be held at a future meeting to consider actions going forward

RESOLVED: That

(1)   the Committee noted the content of the report; and

(2)   the Trust's GPG was discussed and next steps and work it might commission to narrow the gap was considered which included progressing the work concurrently with the Treat me Fairly work and raising the overall profile.

10/19 UNIVERSITY STATUS

Jo Kelso, University Status Project Manager advised the Committee that the purpose of this report was to provide an overview of work undertaken to date and next steps in relation to the Trust's ambition to achieve University Status.

She drew reference to the list of potential benefits and advantages the Trust would have should it achieve university status and these were detailed in the report.

Welsh Government had confirmed the timeline for university stauts which in broad terms was for 2019: May, start review, September, submit application, November, detailed scrutiny and December, decision on status.

Claire Vaughan commented that there was only one other ambulance sevice in the UK that had gained university status; the West Midlands and it was noted that further benefits could be acquired from them going forward.

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

1. Would it be expected to see this proposal in a business case format? Claire Vaughan advised that a business case format would be the method of submission
2. The Committee noted that further work was required to take this forward and recognised that if university status was obtained this would be particularly beneficial in terms of status, recruitment and retention and resaerch,development and innovation
3. Members understood the challenges organisations faced in order to achieve this status notwithstanding the postitive prospects that could be delivered
4. It was noted that it would be a Board decision and the Committee gave support for the current direction of travel; however expressed concern in terms of the timescales
5. The Committee requested that a project plan be developed and time set aside at future Board Developmets/ Board to consider the timetable for submission

RESOLVED: That

(1)   the Committee noted and discussed progress to date; and

(2)   discussed next steps and agree to advise the Board that the recommendation of the P&C committee was to progress University Status.

11/19 TRADE UNION ACTIVITIES ANNUAL REPORT

Helen Watkins gave an overview of the report which reflected the role and functions of Welsh Ambulance Services NHS Trust Partnership Team (WASPT) and highlighted some of the key issues which WASPT intended to give further consideration to over the next 12 months.

Claire Vaughan advised the Committee that the relationship with Trade Union (TU) partners had vastly improved; however there were still challenges going forward.

Members endorsed the report and welcomed the attendance and valuable contribuition of TU partners at Committee and Board level. The excellent progress being made was also noted.

The Committee expressed disappointment that station cleaning highlighted in the report continued to be an issue. Louise Platt gave assurance this was being addressed and progress would be reported through the appropriate committees .

RESOLVED: That the content of the report was noted.

DATE OF NEXT MEETING

 9 July 2019

UNCONFIRMED MINUTES OF THE INAUGURAL PEOPLE AND CULTURE COMMITTEE MEETING (CLOSED SESSION) HELD ON 9 APRIL 2019 IN THE HENLLYS ROOM, VANTAGE POINT HOUSE, CWMBRAN WITH A VC LINK TO ST ASAPH and OTHER AREAS

Chairman: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chairman
Emrys Davies	Non Executive Director
Pam Hall	Non Executive Director (via VC)

IN ATTENDANCE:

Andrew Challenger	Senior Education and Development Lead
Keith Cox	Board Secretary
Sarah Davies	Learning and Development Business Partner
Victoria Davies	Organisational Development Manager
Estelle Hitchon	Director of Partnerships and Engagement
Steve Owen	Corporate Governance Officer
Louise Platt	Interim Director of Operations
Paul Seppmann	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Claire Vaughan	Director of Workforce and OD
Helen Waktins	Deputy Director of Workforce and OD
Sara Williams	Senior HR Business Partner

APOLOGIES:

Professor Kevin Davies	Non Executive Director
Angela Roberts	Trade Union Partner
Sharon Thorpe	Trade Union Partner

01/19   WELCOME AND APOLOGIES FOR ABSENCE

The Chairman welcomed all to the meeting and advised that the meeting was being audio recorded. Representatives of the press and other members of the public were excluded from this 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.

02/19   DECLARATIONS OF INTEREST

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

RESOLVED: That the declaration of interest of Mr Emrys Davies being a former member of UNITE was recorded.

03/19   SUSPENSION OVER FOUR MONTHS

Claire Vaughan explained that the purpose of the report was to report to the Committee on the number of suspensions in the Trust which were over four months in duration.

There were currently three members of staff who were on suspension for over four months and further details of these particular cases were given by Helen Watkins. The reason that suspensions of over four months were being reported, was because this was the peiord of time that fell under the formal reporting process for Welsh Government.

Members noted and were assured that timelines for the resolution of cases were being managed effectively. It was recognised that further work was being undertaken to improve the timeliness of case closure.

Following a query in terms of the managment process regarding suspension on full pay and then the staff member becoming sick, Helen Watkins advised that staff reverted to the sickness protocol and procedure as outlined in the managing absence policy.

RESOLVED: That the contents of the report was noted.

DATE OF NEXT MEETING

 9 July 2019

UNCONFIRMED MINUTES OF THE MEETING OF THE INAUGURAL FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 25 APRIL 2019 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC FROM TY ELWY, ST ASAPH BUSINESS PARK, ST ASAPH

Chairman: Martin Turner

PRESENT :

Martin Turner	Non Executive Director and Chairman
Emrys Davies	Non Executive Director (Temporary Member)
Professor Kevin Davies	Non Executive Director
Pam Hall	Non Executive Director (VC St Asaph) (Temporary Member)

IN ATTENDANCE:

Helen Higgs	Head of Internal Audit (part)
Nathan Holman	Trade Union Partner
Gwen Kohler	Interim Deputy Director of Finance
Rachel Marsh	Interim Director of Planning and Performance
Steve Owen	Corporate Governance Officer
Louise Platt	Interim Director of Operations
Bleddyn Roberts	Trade Union Partner (VC St Asaph)
Chris Turley	Interim Director of Finance & ICT

APOLOGIES

Dr Brendan Lloyd	Medical Director

01/19   PROCEDURAL MATTERS

The Chairman welcomed all to the inaugural meeting of the Finance and Performance Committee and reminded attendees that the meeting was being audio recorded.

Apologies were received from:

Dr Brendan Lloyd

The following declarations of interest were recorded: Professor Kevin Davies, Independent Member of St John Cymru, Emrys Davies, former member of UNITE and Nathan Holman, Vice Chair of the Llannon Community Council.

Minutes

The minutes of the final meeting of the Finance and Resources Committee (FRC) meeting

held on 10 January 2019 were considered by the Committee and agreed as a correct record.

Action Log

Chris Turley provided the Committee with an overview of the action log and drew the Committee's attention to the items within it.

Action Number 49: Post Hours Production - Formal update to July meeting

Action Number 50: NEPTS Commissioning – Members to be advised on a potential date for completion.

The Chairman requested that Closed items be archived and that only open action log items were presented to the Committee.

RESOLVED: That

(1) the Minutes of the final FRC meeting held on 10 January 2019 were confirmed as a correct record;

(2) the action log was discussed and the actions therein were implemented; and

(3) the declarations of interest as stated were noted.

02/19   FORWARD PLAN

Chris Turley gave the Committee an overview of the forward work plan for the next two Committee meetings.

RESOLVED: That the Committee reviewed, noted and agreed the current forward plan, accepting that it was a dynamic document likely to be updated at future meetings.

03/19   COMMITTEE TERMS OF REFERENCE (TOR)

Chris Turley advised that a refresh of all TORs had recently taken place. The Finance and Performance TOR were built on the previous FRC TOR and had been endorsed at the last Board meeting.

Emrys Davies, who had been part of the group that reviewed committee structures, gave an overview of the work that had been undertaken in terms of the governance and ensuring there was alignment. The Committee recognised that the TOR would be subject to revision as and when required.

A discussion was held by Members whereby they considered the TOR and were content to observe them going forward and review them after a year; taking into account the following points raised:

In terms of attendees it was agreed that under paragraph 4.2 another bullet point be added 'other attendees as required'

Paragraph 3.1, under the heading Performance add as a final bullet point 'Environmental

Sustainability Agenda'

RESOLVED: That the TOR were noted and approved subject to the comments as described being added.

04/19   PRESENTATION LED DISCUSSION ON A RANGE OF DEVELOPMENTAL AREAS FOR NEW COMMITTEE. PRESENTATION/DISCUSSION

Chris Turley introduced the Committee to the discussion by way of a Powerpoint presentation which considered a range of developmental areas in terms of finance going forward.

Finance

A more in depth analysis was provided by Gwen Kohler and Chris Turley who drew the Committee's attention to several highlights from the presentation expanding upon each item in further detail:

1. Collaborative work with the NHS Wales Academy
2. Developing Trust staff, helping them to be the best they can
3. Developing the role of the finance business manager
4. Driving excellence was a key theme for the Academy; this included streamlining technology, improving financial governance and embracing technology going forward
5. Good practice guide to Board and Committee reporting; a toolkit was being developed which would improve consistency around reporting
6. Financial and Risk Management forecasting – it was intended to develop a best practice guide within this area
7. Developing partnerships and relationships, for example being involved in the Bevan commission
8. Networks and benchmarking; there were strong links with ambulance services amongst the Celtic nations; innovative ideas and the sharing of information was being explored. Third sector involvement was also being considered going forward
9. Innovation and research – continually looking at maximising the money available; in particular looking at outcomes.
10. IMTP delivery and the Committee's themes to focus on would include; value and efficiency, value based healthcare, design and infrastructure, fleet and the Computer Aided Dispatch system.

Planning and Performance

Rachel Marsh, Interim Director of Planning and Performance drew the Committee's attention to several areas as indicated below:

1. Demand and Capacity review. This was due to be conducted in the near future
2. Amber review; there were a number of components and actions, nine in total some led by the Trust, some led by other organisations. There were actions that were linked to other committees, and further work was being undertaken to ensure alignment of work with the relevant committee going forward

3. Commissioning and performance activity work which included winter planning and the work required following the Carter review[1]
4. Focusing on performance indicators which included NEPTS

The committee acknowledged the excellent presentation and raised the following comments:

1. In terms of the wider asset management, how was it all linked together? Chris Turley advised there were three strands; the Fleet system, the Real Asset Management system and any asset tagging/identification. He advised that the Trust was still exploring whether there were any other options within the existing capability systems to ensure any future asset tagging was the optimum solution.
2. Performance metrics; these should be presented in such a way that they are more relevant in order for the Committee to track the whole process going forward. These will lead to deep dives on certain areas
3. What were the next steps in the development of the Finance Academy
4. How was this Committee going to be different from the Finance and Resources Committee?
5. Will four meetings per year be sufficient? And what would a normal Agenda look like

How to set future Agendas:

Finance: There would be an expectation to see revenue financial performance and in turn provide assurance to the Board with detail around this The reports will be more succinct and include deep dives, key deliverables in the IMTP and show value for money as well as the financial performance and budget. In addition the financial forecast for rest of year with any associated risks should be illustrated and an explanation within the report explaining any assumptions that had been made.

Capital planning: this would link with Estates, Fleet, discretionary capital and ICT and be a composite report detailing how the capital was being spent.

In terms of performance the updates should highlight the important metrics and these would dictate which deep dives would be focussed on. Within this area, the Monthly Integrated Performance Report would contain the improvement actions and be split into top ten indicators which are then divided into themes.

The Committee was responsible for scrutinising where things were going wrong and it was recognised that receiving updates in these areas would be very useful going forward. The Committee would also need to know what the Trust was doing to make improvements in these areas.

Members discussed in detail which relevant information should be contained within the SBAR; it should draw the reader's attention to areas within the report which required further consideration

Risks relevant to the Committee: what was the Committee expected to do? Members noted and were briefed by Pam Hall on the process regarding the Corporate Risk Register and how it was presented to the Audit Committee. Members were content that scrutiny and oversight of the risk register took place at the Audit Committee and noted

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[1] lord-carters-review-unwarranted-variation-nhs-ambulance-trusts/

that the register was reviewed at EMT on a monthly basis. In terms of risks relevant to the F and P Committee Members understood that as a minimum these included: Dig Pen and its solution, and NEPTS and the transfer of work.   It was concluded that the F and P Committee should receive a report on the specific risks relevant to it with assurances that actions were being taken to mitigate against them.

NHS Academy - a regular update to include the wider involvement in terms of how the academy was beneficial to the Trust

Planning - The Committee noted that a great deal of discussion in terms of planning was undertaken at the Board; the elements of what was required at Committee level were captured in the TOR. The Committee felt it appropriate to have an oversight on planning which would include the IMTP, OBC's and SOC's etc... This would be reviewed on an annual basis.

Information Technology -The Committee should receive updates from the ICT steering group. Members noted that there could be some modifications to how this would be reported once the Director of Digital Services was in post.

Following a discussion in terms of how often the Committee met it was decided that it remained quarterly and would be evaluated in one year. Members understood that if required, an ad hoc meeting could be called and this could be conducted virtually. Any potential changes would be discussed at Chairs Working Group.

RESOLVED: That the update was noted

05/19 **CAPITAL MANAGEMENT BOARD: ESTABLISHMENT AND TERMS OF REFERENCE**

Rachel Marsh, Interim director of Planning and Performance gave an overview of the report and drew that Committee's attention to the following points:

1. The Internal Capital Planning Group was being disbanded
2. Purpose of the CMB: oversee the following; Estates SOP, Fleet SOP, ICT and Internal Discretionary Capital
3. Membership would consist of:

   I. Non Executive Director (Chair)
  II. Director of Planning and Performance (Vice Chair)
 III. Director of Operations (Chair Fleet SOP Delivery Group)
  IV. Deputy Director of NEPTS
   V. Director of Finance (Chair ICT Steering Group)
  VI. Medical Director
 VII. Trade Union Representative/s

The following comments were made:

1.   In terms of NED Member it was suggested that an open invitation be sent to join, and was not a formal requirement.
2. Clarity was sought in terms of whether all of estates concerns were covered under the estates SOP. Rachel Marsh advised that the estates SOP would oversee the work and report to the ICPG
3. Key programmes such as the ePCR programme – Members queried whether this was an ICT steering group remit. Rachel Marsh added that the TOR would incorporate

any all Wales Capital programmes. Chris Turley assured the Committee that the necessary scrutiny was being undertaken and the relevant due diligence, in terms of approving the capital spend and any revenue implications involved was performed.

4. The minimum number of Trade Union representatives was agreed to be reduced to three

RESOLVED: That

(1) the TOR was supported; and

(2) the Non Executive Director would be invited to attend noting that the Director of Planning and Performance would then become Chair of the meeting

06/19   FINANCIAL POSITION AS AT MONTH 12 2018/19

Chris Turley provided the Committee with an update on the financial performance and savings delivery of the Trust for the 2018/19 Financial year as at March 2019.

He drew the Committee's attention to the following areas:

1. Holiday pay on voluntary overtime, this had previously been a risk, the net financial impact of this was now NIL, as any costs accrued to date were being funded for WG
2. Draft Accounts will be submitted to the auditors tomorrow, a timeline of the accounts process was provided

The following comments were raised:

1. Was the Trust in a better position than at the same point from last year? Chris Turley advised that the Trust was expected to be in a better position. There could be an issue in terms of the holiday pay funding which potentially may give rise to a small deficit that would need to be managed going forward
2. Following a query regarding the delivery of savings, Gwen Kohler advised that the majority of savings profiling was conducted at the beginning of the year
3. A question arose concerning if staff took overtime pay as opposed to taking Time off in Lieu, what would be the financial consequences. Chris Turley advised there was a provision within the accounts should this be the case

RESOLVED: That

(1)   the year to date revenue and capital financial position and performance of the Trust, subject to audit was noted;

(2) the changes and additional requirements to the Welsh Government Monitoring return process was noted; and

(3) a note of thanks was recorded to all those involved in achieving this financial position.

07/19   SAVINGS DELIVERY AS AT M12 2018/19

Gwen Kohler provided the Committee with an update on the year end savings delivery against plan for 2018/19. Members recognised that this should be read in conjunction with the detailed report on the overall financial position and performance for the Trust for the same period.

Gwen Kohler briefed the Committee and drew attention to the following areas:

1. The largest variance was against the NEPTS savings target
2. There continued to be cost pressures associated with fuel costs and it was expected this would endure
3. Almost double the savings target had been achieved against corporate efficiencies which included savings on travel costs

The following comments were raised

1. NEPTS, once complete will the issue be resolved? Gwen Kohler advised that the delivery of savings was a challenge and recognised there were elements of risk involved. Tangible savings within this were being considered going forward.
2. Were the savings for this year realistic? Gwen Kohler commented that the savings were now in a more manageable format and as such more deliverable
3. Following a query regarding the sustainability of non-operational management vacancies, Chris Turley advised that it was maintainable going forward, albeit this would inevitably be delivered in differing areas

RESOLVED: That the full net delivery of the 2018/19 savings plan, and the context of this within the overall financial position of the Trust were noted.

08/19   DETAILED CAPITAL PROGRAMME OUT-TURN 2018/19

Rachel Marsh gave an update on the final year-end spend (subject to audit) of the Trust's capital programme for 2018/19, and how it compared with both the agreed plan and the Welsh Government (WG) set Capital Expenditure Limit (CEL) for the financial year.

The Internal Capital Planning Group held regular meetings in order to be able to closely monitor spend towards the end of the year. Some additional slippage and underspends were noted in a number of schemes, the most significant of which was slippage against one element of the ICT additional funding as a result of a supplier indicating very late on that they were unable to meet the delivery deadlines agreed on award of tender. As a result, decisions were taken through March to purchase an additional six Emergency Ambulance chassis, on the understanding that this would be repaid to discretionary in 2019/20 once the funding was agreed by WG.

RESOLVED: That

(1) the final actual capital spend (subject to audit) in 2018/19 and delivery within the CEL was noted; and

(2) the highlighted variances for schemes for which either spend differed from that previously planned or for where timing differences emerged in terms of schemes due to straddle the financial year end was noted and where required

approved.

09/19   MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh presented the report commenting that it was still a work in progress and had included feedback from the Board at its last meeting.

Of highlight was:

1. Red response, there had been a gradual deterioration over the past 2 years – Welsh Government wanted to see some increased monitoring and the actions being taken to address this. Louise Platt commented that the Trust's performance from last year had been over 70% however the significant dip during the winter of 17/18 had impacted on the overall trend line
2. Amber performance – improvements in this area were proving to be a challenge. There were still long waits which the Trust was working on to reduce through more analysis; further information regarding this would be forthcoming

Comments by the Committee:

1. Could the impact be quantified and identify particular areas of poor performance and single them out? Rachel Marsh referred to the table within the report which detailed the best and worst performing health boards in terms of red performance noting the variation within each area.
2. Service change proposals, the Committee stressed the importance of being kept up to date with any new proposals going forward which affected the Trust
3. The Committee recognised that until the issue of handover delays was resolved, the challenges to meet performance targets in this area would remain
4. In terms of the 11 roll out, taking into account that demand was going up and the call response rate was going down, should this trend mean that the Trust should slow down on the roll out. Chris Turley advised that plans were in place to recruit and retain, and that any further 111 implementation would not take place until the associated staff issues had been rectified

Sickness - The Committee noted there was no progress in terms of overall levels of sickness, especially those on Long Term Sick (LTS) within the Trust. LTS was split into two main categories, mental health and musculoskeletal. The Committee held a detailed discussion which focused on how to improve the levels of sickness and the challenges therein.

Members understood the issues involved and noted that the Director of Workforce and OD was undertaking several projects in order to ameliorate the levels of sickness; and to provide detailed analysis to the People and Culture Committee. Members expressed their frustration in the lack of progress with regard to improving sickness levels in the Trust.

Members were content with the report overall and noted it would develop and be refined going forward.

It was agreed that for the next meeting the Committee would receive more detailed

information relating to the top 10 indicators in priority order.

RESOLVED: That

(1) the performance outlined in the February Monthly Integrated Quality and Performance report was noted and discussed; and

(2) the revised format of the report was noted and discussed.

10/19 CAD PHASE TWO – PROGRESS UPDATE

Louise Platt provided the Committee with an overview of the report and drew attention to the following areas within it:

1. Phase one had been completed
2. A Business Support Manager has now been appointed and a Project Manager was out for advert
3. A number of modules have already been completed including the interface with the Good Sam application
4. Several modules were still in progress and were near completion; this included the GRS interface
5. Progress on two of the modules were currently on hold and this included the interoperability toolkit and C3 interoperability with NEPTS

The following comments were made:

1. What was the likely start date of the additional resource? Louise Platt advised that this should be within the next couple of months
2. Did the table in the report which detailed the phase two deliverables reflect what was in the business case as the expected benefits? Louise Platt explained that two modules had been added since the business case; further work will be conducted to consider any further additionalities

RESOLVED: That the report was noted.

11/19 LESSONS LEARNT FROM YEAR END CAPITAL PLANNING

Rachel Marsh advised the Committee that the Trust's internal discretionary capital programme for 2018/19 had been successfully delivered. However, there had been some concerns raised by Board members particularly in relation to the fact that they were asked to consider and approve high value schemes late in the financial year. It was therefore agreed that a review of the year would be undertaken to ensure that lessons learnt were captured.

In presenting the report Rachel Marsh apprised the Committee of the following points below:

1. There had been some large areas of slippage – it should be borne in mind that slippage was expected in capital programmes
2. Overall the programme was successfully delivered
3. The ICPG has the correct governance procedures in place and utilised a standardised business case template; however this could be improved
4. Timing of Committee meetings was in some circumstances, not conducive to

approve various schemes; as a consequence, a list of pre-approved schemes in priority order would be established

5. The Committee noted the proposed actions to be taken forward into 2019/20

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

1. Members asked that any revenue consequences should be illustrated within the relevant business cases going forward. Chris Turley advised there were mechanisms in place to ensure this was fully captured
2. Was there an opportunity to put aside certain schemes if a higher priority one emerged and required funding? Chris Turley assured the Committee that the Trust already had this facility in place

RESOLVED: That the lessons learned from the 2018/19 internal capital programme and the actions to be taken forward in 2019/20 were considered and endorsed.

12/19   UPDATE ON THE INITIAL DISCRETIONARY CAPITAL PLAN 2019/20

In presenting the report Rachel Marsh informed the Committee that the allocation letter for 2019/20, issued on the 12th December 2018, confirmed the initial discretionary capital funding to all NHS organisation for the financial year 2019/20. A total of £5.825m had been allocated for the Trust.

In her overview, Rachel Marsh drew attention to the following:

1. Top slicing allocations – a total of £350k was allocated for last year and it was proposed for this year it would be increased to £500k for the Estates element with the total top slice figure being higher than this. The proposed allocations would include funding set aside for Estates maintenance as in previous years
2. The proposed top-sliced allocations, if approved, would leave a total of £3.489m to allocate on larger schemes.
3. Bids received to date included a range of equipment bids, ICT projects and larger estates schemes, amounting to circa £2.7m. Some further bids were expected to be submitted in the next two weeks
4. The committee noted that the estates Strategic Outline Plan was planned to be delivered using discretionary capital funding and All Wales Capital funding. The discretionary capital allocation had been extensively used in the last two financial years on some large estates schemes which included the new Ty Elwy and Matrix One buildings.
5. The Estates SOP also set out the priorities for the next 2 years, which predominantly included schemes in the Cardiff and Hywel Dda areas. These schemes were detailed within the report

Members raised the following:

1. Concern was expressed in terms of any potential parking issues that could arise following the re-configuration of Thanet House
2. A query arose in terms of whether work was being considered across several areas in North Wales which was noted by the Committee

RESOLVED: That

(1) the carried forward commitments against the 2019/20 discretionary capital programme was noted;

(2) the top-sliced allocations proposed in the paper was approved; and

(3) the process for prioritising schemes against the remainder of the discretionary capital allocation, which would return for approval in July 2019 was noted.

13/19   POLICIES

Chris Turley informed the Committee of the agreed process to formally approve policies and explained the route prior to reaching Committee. The following policies were presented to the committee for approval:

1. Fuel Card Policy
2. CCTV policy
3. Access to Personal Information Policy
4. Information Security Policy

RESOLVED: That the above policies were approved.

Next meeting is scheduled for 16 July 2019

WELSH AMBULANCE SERVICES NHS TRUST

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 23 MAY 2019 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC FACILITIES

PRESENT :

Paul Hollard	Non Executive Director (Chaired Meeting)
Emrys Davies	Non Executive Director
Martin Turner	Non Executive Director

IN ATTENDANCE :

Mike Armstrong	Assistant Corporate Secretary (Via VC) (Part)
Claire Bevan	Director of Quality and Nursing (Part)
Julie Boalch	Corporate Governance Manager
Judith Bryce	Head of Ambulance Response
Simon Cookson	Internal Audit
Jill Gill	Financial Accountant (Part)
Mark Harris	Interim Deputy Director NEPTS (Via VC)
Helen Higgs	Head of Internal Audit NWSSP
Nicola Jones	Audit Manager Internal Audit
Gwen Kohler	Interim Assistant Director of Finance
Osian Lloyd	Deputy Head of Internal Audit
Rachel Marsh	Interim Director of Planning and Performance (Part)
Nick Morgan	Trade Union Partner
Steve Owen	Corporate Governance Officer
Michelle Phoenix	Wales Audit Office (Part)
Louise Platt	Interim Director of Operations (Part)
Rachael Powell	Assistant Director of Research, Audit & Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Helen Watkins	Assistant Director of Workforce and Organisational Development
Mike Whitely	Wales Audit Office (Part)

APOLOGIES:

Keith Cox	Board Secretary
Pam Hall	Non Executive Director and Chair
Dr Brendan Lloyd	Medical Director
Carol Moseley	Wales Audit Office
Damon Turner	Trade Union Partner
Anthony Veale	Audit Director Wales Audit Office

11/19 PROCEDURAL MATTERS

Paul Hollard welcomed all to the meeting and advised that it was being audio recorded. Paul Hollard added he was chairing the meeting in the absence of the substantive Chair, Pam Hall.

Declarations of Interest

The Committee noted the standing declaration of interest of Mr Emrys Davies being a retired Member of UNITE. There were no other declarations of interest recorded.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting held on 7 March 2019 were confirmed as a correct record, subject to Title of Rachael Powel being amended to read Assistant Director of Research, Audit & Service Improvement.

Action Log

Number 42: Process for approval of changes to Internal Audit plan. Julie Boalch gave overview of the process advising that any subsequent changes to the plan would be brought to the Audit Committee for approval, noting that Members of the Committee would have sight of any changes in the interim. Action Closed.

Number 43: Revised Internal Audit Plan – Circulated to Members. Action completed.

Number 44: Health Board Areas/Stations follow up – update on progress. Earmarked for September meeting

Number 46: Potential duplicate entry on Tender register - Completed

12/19 ANNUAL ACCOUNTS AND ACCOUNTABILITY REPORTS

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

The Interim Director of Finance and ICT Chris Turley, introduced specific areas in the Accounts and highlighted where changes had occurred to income and expenditure when compared to the previous year's accounts.

Chris Turley confirmed that the accounts provided a true and fair view and this was confirmed by External Audit. Members were all in agreement that the accounts presented were of an extremely high standard and that a note of thanks be recorded to Jill Gill and her team.

The Committee's attention was drawn to the following key aspects within the accounts:

1. Income level which totalled around £187m, predominantly through EASC and Local Health Boards
2. Increase of income overall was around £10m from the previous year; vast

majority was linked to the uplifts which included the pay award
3. Expenditure, largest area of spend was staff costs
4. Balance sheet; further details of current liabilities and debtors was given
5. Details of what was expected to be achieved by the statutory financial duty was provided
6. Brexit, a comment was to be added to detail the potential impact of Brexit upon the Trust, as advised by auditors

A minor number of points of clarification were raised and some minor narrative adjustments proposed were responded to at the meeting and agreed

Accountability report

The Assistant Corporate Secretary Mike Armstrong, provided an overview of the report overview.

It was in the same format as in the previous three years and was a Welsh Government requirement. At this stage no feedback has been received from Welsh Government.

The report comprised of three parts: a Corporate Governance Report (which included the Annual Governance Statement that historically was produced as a standalone document), a Remuneration and Staff Report and a Parliamentary Accountability and Audit report. An explanation was given both on the content and the importance of each report.

Board Members had received a copy of the report prior to the meeting and any comments and suggestions had been taken on board.

The Committee recognised the work by Mike Armstrong in producing the report.

RESOLVED: That the Trust's Annual Accounts and Accountability Report for 2018/19 was recommended for formal approval by the Trust Board.

13/19   WALES AUDIT OFFICE – AUDIT OF FINANCIAL STATEMENTS 2018/19

Michelle Phoenix in giving an overview of the report and drew the Committee's attention to the following key points:

1. Under Paragraph 6, the property relating transaction has now been completed

2. There was still some work in terms of remuneration to be completed ahead of Trust Board; this had no impact on the opinion

3. A final review of the accountability report had yet to be conducted; i.e. comment from Welsh Government. Mike Armstrong advised that all other health boards were yet to receive feedback and confirmed that Welsh Government had received the report

An unqualified audit opinion was proposed, there were currently no misstatements. However since the draft report was published more amendments had been made but there was no impact on the opinion.

There would be recommendations from this report but they would be issued later in the year. A note of thanks to the Finance Team was recorded for their assistance given to the Wales Audit Office during the audit.

Members acknowledged and recognised the work undertaken by all concerned in achieving the statutory financial requirements.

RESOLVED: That subject to the minor work still to be completed and feedback from Welsh Government on the accountability report, the audit was endorsed.

14/19   WALES AUDIT OFFICE UPDATE REPORT

Michelle Phoenix gave an overview of the report which included the following highlight points from it:

1. It was planned to provide the official WAO Audit of Financial Statements opinion in June
2. Performance audit update, it was anticipated that the report would be available for the September meeting
3. Good practice exchange webinar – this might be useful and informative for Members to attend

RESOLVED: That the update was noted.

15/19   INTERNAL AUDIT REPORTS

Following an overview by the Head of Internal Audit Helen Higgs, the following reports were presented:

1. **Trade Union Release Time - Limited Assurance.** Osian Lloyd explained that this assurance was based on three high and one medium priority finding. It was noted that union activity was increasing but the number of TU partners remained static; this had subsequently led to an increased workload on TU Partners. The recommendations from the review had been discussed with the Executive Management Team (EMT) and a formal response had followed which detailed the actions being taken to address them.

   The Committee noted the work going forward recognising the challenges that were being addressed to improve. It was the Committee's expectation that the timescales for completion were achievable.

2. **Performance Management Local Delivery Plans (LDP) – Limited Assurance.** This was based on one high and two medium priority findings. It was noted during the review that the LDP's were still evolving and was still in its infancy. Further work was still required to align the Integrated Medium Term Plan (IMTP) with the LDP. The findings from the review had been agreed at EMT.
   Rachel Marsh commented that a considerable amount of work had been undertaken to ensure the approved IMTP was aligned with LDPs. This would be monitored through the recently established Strategic Transformation Board.

   Louise Platt advised that there was a plan in place, however the evidencing of

such had been a challenge; this has since been addressed.

3. **Clinical Audit Follow up - Reasonable Assurance.** The review had focused on the implementation of the recommendations from the last review and had been based on the number of actions completed from the original review. Two had been fully completed with four partly completed; of the latter two have had the priority findings downgraded. The findings had been accepted by EMT

4. **Handover of Care at ED - Reasonable Assurance.** This report was currently in draft form; there were still actions that had not been fully implemented; a formal response to the recommendations raised was expected by EMT.

   Julie Boalch explained the delay in EMT providing a formal response was due to the collation of comprehensive information from across all health boards.

   The Committee requested that a clear timetable when the final report was ready it was to be circulated, and expressed disappointment that Cardiff and Vale had not participated.

   Julie Boalch agreed to pursue the response from Welsh Government regarding the wording in terms of the hospital arrival screen.

5. **Health and Safety Follow up - Reasonable Assurance.** This rating had reflected the positive progress the Trust had made following the initial recommendations. Management had accepted the current findings and recommendations and provided the appropriate responses.

   The Committee were advised by the Chair that a recent Board Development day had discussed this particular review.

6. **Sickness and Absence Management Follow up - Reasonable Assurance.** A sampling of 15 cases had shown that the procedures were being adhered to. EMT accepted the findings and recommendations.

   The Committee recognised that sickness absence was being monitored at the People and Culture Committee.

   In terms of the remaining reviews, the Committee agreed to accept them as read and provide comments as necessary.

7. **Welsh Risk Pool - Substantial Assurance**

8. **Cyber Security - Reasonable Assurance**. The Committee noted that this had been expected to be Limited Assurance and queried why it was now reasonable. Chris Turley advised that the initial draft was limited, however following further discussions evidence had been provided which promoted it to reasonable

9. **Lessons Learned from Losses and Special Payments - Reasonable Assurance**

10. **Risk Management - Reasonable Assurance**

11. **Vehicle Procurement Programme - Reasonable Assurance**

12. **Research and Development - Reasonable Assurance**

13. **Payroll Services - Reasonable Assurance**

General Comments:

Following a query regarding an audit at EASC Simon Thomas advised that any reports would be circulated via the normal governance process and would be in the public domain. Helen Higgs agreed to advise the Committee once the reports were available.

RESOLVED: That the updates were noted.

16/19   **INTERNAL AUDIT UPDATE REPORT**

Julie Boalch referred Members to the report which provided a final update against the 2018/19 Internal Audit plan in addition to presenting the contents of the 2019/20 plan with a schedule of forthcoming internal audits. Furthermore, the paper included a progress report in respect of the work undertaken to address recommendations made as a result of internal and external audit reviews.

Audit Tracker:

Julie Boalch briefed the Committee on the tracker and drew their attention to the following areas:

1. The year 17/18 out of a total of 16 recommendations, nine were overdue and one not yet due. In terms of the recommendations that were overdue the Committee were given more detailed information on each one:

   a. Data handling and storage (this was now complete)
   b. Estates maintenance backlog – partially complete
   c. Handover of Care – It was agreed that Julie Boalch would add the original start date of this review to the tracker; the Committee recognised that some of the actions were not within the Trust's control
   d. Health and Safety and Risk Management strategy – as above
   e. Weir review
   f. Staff engagement and consultation
   g. Continuous Professional Development - a follow up meeting has been arranged for 10 June 2019
   h. Volunteer Car Drivers - Mark Harris gave an update on the review of current processes including recruitment
   i. Information Systems Security, appropriate access to service leavers - Chris Turley gave an overview of the risks involved and it was noted this was subject to a follow up audit
   j. Travel and subsistence expenses – an update was expected at the September meeting
   k. 111 provision, review of key metrics

The Committee held a discussion which focussed on which items from the tracker they

should be updated on; noting it would be worthwhile that responsible officers for the particular action be present at the meeting.

The Committee acknowledged the good quality of the audit reports and tracker system noting that deadlines should be reasonable and achievable.

The next Audit Committee meeting should concentrate on the high risks and the appropriate Executive ensure the officers involved attend. Julie Boalch advised that the next report to EMT would highlight those that were overdue.

RESOLVED: That:

(1)   the progress made against the 2018/19 plan was noted;

(2)   the schedule of forthcoming 2019/20 audits was noted; and

(3)   the progress made in addressing the Internal and External Audit Report recommendations was reviewed.

17/19   LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD FROM 1 APRIL 2018 TO 31 MARCH 2019

Chris Turley reminded the Committee that in accordance with Standing Financial Instructions, all losses and special payments made were to be reported to the Committee on a regular basis.

The total net Losses and Special Payments made during this period amounted to £0.62 million.

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

What lessons were being learned? Chris Turley advised that the Quest Committee received reports on any significant claims and were able to identify any trends and themes.

RESOLVED: That the Losses and Special Payments report for the period was received.

18/19   CORPORATE RISK REGISTER (CRR) QUARTERLY REPORT

Claire Bevan in providing an overview advised the Committee that the Risk register Advisory Group continued to scrutinise the report to ensure that alignment of the risk register and the strategic aims of the Trust were consistent. This role had now been handed over to the Assistant Director Leadership Team

The E risk register was being finalised and was being aligned with new risk management risk process. An example of this was shown on page 19 of the report. Members noted that by the end of quarter two, the risks would have been migrated to the E risk register.

In terms of risk status, two risks had been de-escalated and one risk had been

removed

There were currently 15 risks on the register, these were risks the scored 15 or above on the risk rating scale.

Members recognised that ownership of risk management and engagement was encouraging and had improved following implementation of the ADLT.
Comments:

Sickness, the initial assessment was in January 2016, this seems to be a slow process. The Committee noted this was now being monitored by the People and Culture Committee.

In terms of the Amber review, the risk involving being unable to attend to patients in the Community, this was a long established risk and concern was expressed that progress was slow. Claire Bevan explained the process involved with the work being undertaken which was attributed to the Trust which included working with the commissioner. She added that the Trust had initially been awaiting final clarity from the Commissioner in terms of recommendations.

The Chair commented there were several groups and processes which required linking into the amber review group and formally reported to the appropriate Committee going forward.

Station cleanliness was originally and was still rated as 16. Claire Bevan advised that progress was being made albeit not at a satisfactory pace, she further explained the work being undertaken in addressing the issues as a matter of priority.

Following a further discussion on the report some minor changes to the report emerged which were rectified immediately or agreed to be amended at a later date

RESOLVED: That the Corporate Risk Register Quarterly Report for Quarter 4, recognising the additional actions to be taken forward to support the Trust risk maturity was approved.

RESOLUTION TO MEET IN CLOSED SESSION

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

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk

Date of Next Meeting: 12 September 2019

WELSH AMBULANCE SERVICES NHS TRUST

UNCONFIRMED MINUTES OF THE <u>CLOSED</u> MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 23 MAY 2019 AT VANTAGE POINT HOUSE, CWMBRAN

PRESENT :

Paul Hollard	Non Executive Director – Chaired Meeting
Emrys Davies	Non Executive Director
Martin Turner	Non Executive Director

IN ATTENDANCE:

Helen Higgs	Head of Internal Audit NWSSP
Ossian Lloyd	Internal Audit
Lynne Haddow	Local Counter Fraud Specialist
Steve Owen	Corporate Governance Officer
Louise Platt	Interim Director of Operations
Rachael Powell	Assistant Director of Research, Audit and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT

APOLOGIES:

Keith Cox	Board Secretary
Pam Hall	Non Executive Director and Chair
Dr Brendan Lloyd	Medical Director
Carol Mosely	Wales Audit Office
Damon Turner	Trade Union Partner
Anthony Veale	Audit Director Wales Audit Office
Carl Window	Counter Fraud Manager

04/19 PROCEDURAL MATTERS

Declarations of Interest

The Committee noted Mr Emrys Davies' standing declaration of interest as being a retired Member of UNITE.

Action number 45 – Tender T.0914 deferred to 12 September 2019 – Interim Director of Operations.

RESOLVED: That the declaration of interest of Mr Emrys Davies being a retired member of UNITE made under the Code of Conduct was noted.

05/19   COUNTER FRAUD PROGRESS REPORT, COUNTER FRAUD ANNUAL REPORT 2018/19 AND COUNTER FRAUD WORK PLAN 2091/20

Lynne Haddow provided the committee with an overview of the latest Counter Fraud Progress Report for the period which summarised the work conducted to date by the Local Counter Fraud Specialist (LCFS) in accordance with Welsh Government directions. Additionally, it provided detail of ongoing and future Counter Fraud work against the approved work plan, and aimed to inform the Committee of any relevant sanctions that may have been applied as an outcome to investigations, or recommendations that may have been made to service areas to reduce the risk of Fraud, Bribery and Corruption.

There were currently 28 investigations of which three had been closed during the reporting period and five more had been received. Lynne explained that some of the cases would run longer than others due to their complexity. A detailed summary of some of the more complex cases was given.

Following a detailed discussion in terms of sickness fraud, Concern was expressed by Members with regards to the seemingly high number of cases.

Annual Report

The Annual report was approved subject to a minor revision within it. Members understood it was not circulated outside of the Trust.

Annual Plan

Lynne Haddow explained that the Annual plan was a very fluid document, gave some additional updates and after a discussion was approved.

RESOLVED: That

(1)   the Counter Fraud progress report was acknowledged and accepted by the Committee; and

(2)   the Counter Fraud Annual Report and the Counter Fraud Work plan 2019/20 was approved by the Audit Committee

06/19   TENDER UPDATE REPORT AND SINGLE TENDER WAIVE REQUESTS

Chris Turley provided an update on tenders issued and awarded during the period together with a summary of Single Tender Waivers approved during the period 1 February 2019 to 30 April 2019.

The Committee was also asked to note that, during the period there were no other contract extensions.

RESOLVED: That members of the Committee were invited to comment on the information provided and noted the contents of the report: and

(1)   noted that 3 new tenders were issued during this period and that a total of 5 tenders were awarded during this timeframe, noting that the indicative value of

those issued during this period was not known at the time the tender was let; and

(2)   it was noted that there was 1 request to waive SFIs in relation to a single tender accepted during the period.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE <u>OPEN</u> SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 21 MAY 2019 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC LINKS TO ST ASAPH AND CONWY HOUSE

PRESENT:

Emrys Davies	Non Executive Director and Chairman
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE:

Darryl Collins	Head of Patient Safety/Learning
Louise Colson	Head of Quality Assurance
Mark Harris	NEPTS General Manager
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Alison Kelly	Business and Quality Manager
Rachel Marsh	Interim Director of Planning and Performance
Caroline Miftari	Service Development Manager
Nick Morgan	Trade Union Partner (Via VC)
Steve Owen	Corporate Governance Officer (Via VC)
Georgina Passmore	Health Board Clinical Lead
Louise Platt	Interim Director of Operations (Via VC)
Rachael Powell	Assistant Director of Research, Audit and Service Improvement (Via VC)
Claire Roche	Assistant Director Quality Governance and Assurance
Damon Turner	Trade Union Partner (Via VC)

OBSERVERS:

Peter Allen	Community Health Council

APOLOGIES

Claire Bevan	Director of Quality and Nursing
Dr Brendan Lloyd	Medical Director

18/19   PROCEDURAL MATTERS

The Chairman welcomed everyone to the meeting and advised that the meeting was being audio recorded. He referred the Committee to his standing declaration as a retired member of UNITE and also Professor Kevin Davies as a Trustee of St John Wales.

Minutes

The Minutes of the Open and Closed sessions of the meeting held on 26 February 2019

were confirmed as a correct record.

Matters Arising

None.

Action Log

Members discussed the Action Log:

Action Number 19**:** Review of Metrics. Update was given by Rachel Marsh. The Chair added that going forward it would be useful for the directorate responsible lead with the particular metric, to make it their obligation to report on it at the meeting. It was agreed that this issue would be assigned for discussion at the next Chairs' Working Group meeting.

Action Number 25: Flu Vaccine update. Item Completed.

RESOLVED: That

(1) the Minutes of the Open and Closed meetings held on 26 February 2019 were confirmed as a correct record;

(2) the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales was noted; and

(3) the updates to the Action Log were noted.

19/19   PATIENT STORY

The Committee listened to an audio recording regarding a fall experienced by an elderly lady which resulted in an injury. It was categorised as requiring a level three falls response which meant it required an emergency response.

The caller, who was the patient's daughter, described how she had made repeated calls to the ambulance service advising them that her mother had fallen and on each occasion she was being asked the same questions. After some time a clinician called back and the daughter further described the situation regarding her mother who had fallen outside in the garden and was still there. They did not want to move her as she had sustained an injury and was in obvious pain. The clinician asked if any medication had been given for the pain in which the daughter commented that she had been advised by a previous call taker not to give her mother any food or drink. The clinician continued to ask further questions and provided advice in a manner which the daughter felt was slightly curt.

Following a period of around 20 minutes the paramedics arrived and took the patient to hospital where there was a wait of around 40 minutes prior to her being taken for an x-ray. It was after around two hours until the crew could finally hand over the patient to the hospital staff.

The caller added that the problem started from the very first call whereby at no point was the patient's age asked for or the actual situation of the patient. The caller further commented that she felt the system was broken.

Leanne Hawker informed the Committee that following this story, the Trust had engaged with older people groups. From these engagements the feedback was that there was clarity needed in terms of responses to emergency calls. It was felt that the Trust should factor in the age of the patient, the physical environment they were in and any other

underlying conditions. Identifying opportunities of what the caller could do whilst waiting for the ambulance was another message that had emerged from the engagements.

Leanne Hawker gave further details of ongoing work being undertaken by the Trust in order to prevent falls, especially with elderly people; this included the shared learning of best practice with Swansea Bay University Health Board.

Claire Roche, in proving further context, reminded the Committee that a full evaluation of the level one falls assistant (Non Injury fallers) in conjunction with St John Cymru had been presented to the Executive Management Team. During the period that the level one falls assistants had been operating it had been estimated that over 1,026 EMS hours had been saved; this equated to an equivalent of 85.5 12 hour EMS shifts.

Furthermore, the Committee were updated on the work that the 1000 lives falls lead was undertaking with colleagues in the Netherlands who were looking at ways to teach people how to fall safely.

In addition, a key component of the developing WAST older people's framework would include how the Trust would engage further with the voluntary sector regarding people who had fallen in terms of a timely response.

Members of the Committee raised the following comments:

1. A welfare call in these circumstances could have helped the situation; Leanne Hawker updated the Committee on the process in terms of welfare calls
2. The Committee discussed several ideas to enhance and modify the call taker's script; recognising that it was not in the Trust's gift to make changes. For example, one of the questions back to the caller could be. Had anything changed? Wendy Herbert advised that the scripts had been modified to take into account the physical environment of the patient and prioritise accordingly
3. Members also debated at length the point at which the patient becomes the professional responsibility of the relevant health board when there was a delayed response

Patient Tracker update:

Leanne Hawker gave an overview of the tracker and drew the Committee's attention to the following:

1. Assistance dogs on NEPTS vehicles update on progress; adequate resources were now on board vehicles where required
2. Trust had received a further award for the improvement work focusing on sensory loss; for service and excellence

Leanne Hawker gave an update on staff from the Trust who had been developing Basic Sign Language skills through the various course available.

RESOLVED: That

(1) the patient story and the patient tracker update was noted; and

(2) It was agreed that Louise Platt would provide an update on the call taker's script for the next meeting.

20/19   **PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT HIGHLIGHT REPORT**

Leanne Hawker presented the report and drew the Committee's attention to the following key points from it:

1. There was an increase in the number of compliments recorded this quarter, up by 27 to 212 (previous quarter 185).
2. Following the Amber review, engagements contain more dialogue around the prioritisation of calls and the utilisation of Trust resources
3. Progress was being made to overcome barriers and improve communication between Trust staff and the deaf community.
4. Carers – Events had been scheduled whereby over 200 carers would be invited to attend workshops in which their expectations would be discussed and managed. The Carers' Survey would commence from May 2019, and the findings/actions from this would be reported to the Committee.

Members noted and approved the report.

RESOLVED: That

(1) the Highlight Report for release to the Patient/Public Network and external stakeholders was approved;

(2) an update on the findings of the Carers Survey was received; and

(3) the actions being taken forward were noted and supported.

21/19   QUARTERLY QUALITY ASSURANCE REPORT

Claire Roche provided an overview of the report, advising that it had been developing in maturity and drew the Committee's attention to some of key achievements:

1. The WAST Improvement and Innovation Network (WIIN) had launched on 25 March 2019
2. The WAST Falls Framework and Falls Response Model adopted by Project A Falls Collaborative had been used as the foundation for the development of a UK national Falls Framework for UK Ambulance Services.
3. 94% of clinical staff had undertaken Aseptic Non-Touch Technique training via their Continuous Professional Development (CPD) training.
4. 99% of intravenous cannulations were deemed to be appropriate in a recent Infection Prevention and Control audit of 500 patient Care records.
5. 22% of front line staff have had mental health training in 2018/19, this was in excess of the 10% target.

Several challenges had been identified and were categorised into improvement priorities:

1. There was an increasing trend of Clinical Negligence Cases received.
2. 40% of WAST staff received the Flu vaccine (20% below target of 60%).
3. 54% of staff required to be FIT tested for FFP3 (Filtering facepieces protect) masks had been FIT assessed to date. This needs to increase during Quarter 1 and Quarter 2 2019/20 in preparation for the winter period

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

1. It would be useful to have a synopsis of Red/Amber/Green to illustrate if there were any links between them. Caroline Miftari advised that the next report would have an excel spreadsheet which would demonstrate this
2. In terms of Clinical Negligence cases following a query as to where they were presented, Wendy Herbert advised that the detailed report was shown in the closed session of Board meetings. The overview would be incorporated into the open Board session from November 2019.

RESOLVED: That

(1) the report was discussed and levels of assurance were provided ahead of onward reporting to Trust Board by the Chair; and

(2) any future reports detailing clinical negligence cases were to be presented in the Closed Session of the Committee prior to Board.

22/19   MONTHLY INTEGRATED PERFORMANCE REPORT

Prior to the update Rachel Marsh informed the Committee that following feedback in recent months on areas for improvement in the reporting of performance to Board/Committee, a facilitated session with Non-Executive Directors had taken place to consider this further. The fundamental points that came out of the session were:

1. The report for the Board should concentrate on a smaller list of critical indicators;
2. For each of these critical indicators, an analysis of the data would be required, together with a clear description of actions being taken to continue to improve performance
3. All other indicators for which the Trust Board were accountable, data should continue to be included in appendices, with possible reference by exception.

The feedback from Trust Board in terms of the report had been positive, recognising that there were further developments required. Some of the key areas of feedback were:

1.   Graphs to be annotated where a change had occurred;
2.   A review of 111 and NHSDW measures that were included in the report;
3.   Links to the Board Assurance Framework to include key risks in this report;
4.   Review of NEPTS indicators and if they should be built into this report on a monthly basis;
5.   Inclusion of statistical process control charts and trajectories;
6.   Trust Board to have a dedicated session on performance to reflect on the extent to which core performance was tolerated for those critical areas; and
7.   Reflect on the differences between outcomes and process measures.

Rachel Marsh gave a broad overview of the report and provided an explanation in terms of the quality indicators being reported on drawing attention to the following:

1.   Hear and treat volume and percentage rates were rising
2.   Conveyance rates were decreasing
3.   Number of patients being treated at scene was increasing
4.   Red response had deteriorated slightly on a national basis
5.   Long waits for patients and the impact on them and staff.

Comments:

A discussion regarding metrics was held which considered the metrics, the performance monitoring metrics for example the hits on the NHS website and the metrics needed to run the business. What therefore, was the metric that drove more hits on the NHS website? i.e. that drove improvement going forward. How did the Trust get to a point whereby improving certain areas will have an impact going forward? Rachel Marsh referred to the number of patients treated a scene by an Advanced Paramedic Practitioner as an example. Further detail and level of assurance regarding these particular metrics were contained within the Trust's Strategic Transformation Board.

Serious Adverse Incidents – following a query regarding the performance target, Rachel Marsh explained that it was a national target and was currently under review.

RESOLVED: That

(1) the performance outlined in the March Monthly Integrated Quality and Performance Report was noted and discussed;

(2) the revised format of the Monthly Integrated Quality and Performance Report was noted and discussed.

23/19   ANNUAL QUALITY STATEMENT

Leanne Hawker explained the process regarding the AQS and the revised elements surrounding the framework of it.

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 the Trust was delivering quality, safe, and effective patient centred services to the people of Wales. The AQS demonstrated the achievements the Trust committed to in the 2018/19 AQS and set out the priorities for 2019/20.

Members noted that the current version was due this Friday, and that any comments should be forwarded directly to Leanne Hawker as soon as possible to be approved at Trust Board. It was also noted that the AQS was more verbose than previous years and that timescales for submission had changed from a financial year to a calendar which had its own inherent challenges.

The Committee recognised that the process was set up through the Quality Steering Group to develop the AQS. It was noted that going forward for next years' AQS, guidance would be sent out to explain the evidence required for it.

RESOLVED: That

(1) Committee Members received and provided comments on the 2018/19 Annual Quality Statement prior to formal approval ahead of Trust Board/Annual General Meeting; and

(2) a note of thanks for Leanne Hawker and her team in the production of the AQS was recorded.

24/19   AN EDUCATIONAL RESOURCE DESIGNED FOR THE WELSH AMBULANCE SERVICE TO HELP REDUCE HARM FROM PRESSURE DAMAGE IN WALES

Georgina Passmore presented the Committee with a comprehensive Power point presentation and drew attention to the following areas:

1. Challenges: Included an increase in 999 calls, increase in population over 65
2. A Focus group and falls framework had been established with the main focus to avoid further harm
3. E learning package and information leaflet developed for Trust staff; feedback from staff had been very positive
4. Risk factors included problems with movement and poor blood supply

Georgina added that going forward, other UK ambulance services had shown an interest in the training being provided. Furthermore, e learning would be increased to include

Community First Responders.

Claire Roche added that a key action identified through the Strategic Transformation Board was to increase the uptake of staff on the e learning package by 10% up to the end of September 2019.

The Committee were encouraged by the progress being made and wholeheartedly supported the need to raise further awareness and endorsed the increase in training.

RESOLVED: That the presentation was noted

25/19   HEALTH AND SAFETY EXECUTIVE (HSE) INTERACTION WITH THE WELSH AMBULANCE SERVICES NHS TRUST 2018/19

Claire Roche advised the Committee that the HSE currently had a Public Services Sector Plan for health and safety. This sector covered a range of services across health and social care, education, local and central government, the emergency services and the military.

On average, five workers were killed each year in public services, a markedly lower rate than the all-industry one. Around 170,000 work related, non-fatal injuries occurred in the sector each year, which was not significantly different from the all industry rate. The main causes included slips, trips and falls and physical assault.

For the financial year of 2018-19, the Trust had not received any Prohibition or Improvement Notices from the HSE. There have been no formal inspections of the Trust sites or activities by the HSE.

There had been one visit to WAST by the HSE in October 2018 to discuss the Trust's current Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting procedures following an incident which had occurred in 2016. Following this visit the Trust provided correspondence back to the HSE informing them of its revised RIDDOR reporting arrangements.

Reference was made to the Health and Safety Improvement Plan which accompanied the report; Claire Roche gave further details which included the timescales on any follow up action required.

RESOLVED: That the Committee noted this report and were assured that the Health and Safety Improvement Plan aligned with the priorities of the Health & Safety Executive.

26/19   WELSH AMBULANCE SERVICES NHS TRUST IMPROVEMENT AND INNOVATION NETWORK UPDATE

Claire Roche reminded the Committee that the WAST Innovation and Improvement Network (WIIN) was one of the Trust's 42 key deliverables in the Integrated Medium Term Plan (IMTP). WIIN had been established to support all staff in having the opportunity to contribute to improvements and innovations building capacity, capability and confidence for improvement across the Trust.

The purpose of the report was to provide the Committee with an analysis of the ideas/project proposals submitted by Trust staff via the WIIN Portal following the launch on 25 March 2019 through to 3 April 2019.

The submissions were reviewed monthly by the WIIN Business Meeting to decide the route

for each submission. Each Project Proposal submission was reviewed against the Idea Scoring Matrix. There were a broad range of outcomes being utilised by the WIIN Business Meeting; 70% of submissions to date were to be progressed through a IQT Programme, being referred to specialist areas within the Trust to 'join up thinking', or were 'Idea Only' submissions.

Early indications have shown that staff are fully engaged with the process.

Rachael Powell commented that the Trust was looking at the next steps including quality improvement going forward and also linking in with external partners

Members raised the following comments:

1. It would be useful to know in what areas the new ideas were exploring, for example patient care. Future reports would contain this information.

2. Bevan Innovation Exemplar programme 2019, how was WIIN linked to this? Claire Roche advised that this would be part of discussion and exploration at the next WIIN meeting

RESOLVED: That

(1) the Committee reviewed and noted this update on the early stages of the operationalisation of WIIN;

(2) the Committee continued to encourage all colleagues to access and use the digital solution to submit suggestion for improvements; and

(3) the significant coordination and resources required across the Trust to build on the success of WIIN to date was recognised.

27/19   PROGRESS REPORT ON INFECTION, PREVENTION AND CONTROL

Louise Colson, Head of Infection Prevention and Control presented the report and advised the Committee that any outstanding Actions from the Improvement Plan would be incorporated into the Local Delivery Infection, Prevention & Control (IPC) Action Plan.

Comments from the Committee included:

1. What were the timescales on the Action plan? Louise Colson stated that this was being monitored through the steering Group
2. Further to a query surrounding next steps, Claire Roche referred to the Safe Clean Care campaign being implemented by Betsi Cadwaldwr University Health Board; noting that the Trust would be using this as a template going forward for the autumn launch.

RESOLVED: That

(1) the Committee received this report as the conclusion of the three year Infection Prevention and control Improvement plan (2016/19); and

(2) supported the priority actions for 2019 and beyond to inform the Local Delivery IPC plan.

28/19   CORPORATE RISK REGISTER QUARTER 4, 2018/19 - SUMMARY OF RISKS ALIGNED TO THE QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE

Claire Roche explained that the report identified those risks currently on the Corporate Risk Register which were relevant to the business of the Committee.

There were currently 11 risks on the Quarter four Corporate Risk Register Report aligned to the Committee. The Committee was the lead for eight of these, with the remaining three being identified as being a supporting Committee.

Members discussed the report in more detail and going forward wanted to see what the mitigation was in each case, what was the action on those risks and the tolerance levels. Also it would be useful to know which group was delivering and addressing the risks other than EMT.

Claire Roche commented that once the electronic risk register was fully implemented, it would enable the Committee to view the risk in more detail with the most up to date account.

RESOLVED: That The Committee noted those risks on the Corporate Risk Register Quarterly Report for Quarter 4 where it was either the lead or supporting Committee and discussed future reporting arrangements of risks to the Committee.

29/19 SERIOUS ADVERSE INCIDENT (SAI) WINTER REVIEW 2017/18 - 2018/19

Daryll Collins explained that the purpose of the report was to provide an 'at a glance' review of the winter period 2018/19, in comparison to the same period of 2017/18. Highlights from the report included:

1.   There was less time in a heightened state of escalation during last winter than the previous one
2.   The experience for patients had greatly improved
3.   There had been a reduction in patient safety incidents being reported internally
4.   A significant reduction in formal concerns reported was noted
5.   There was an improvement in resolving concerns within 30 days
6.   SAI cases, there had been a reduction in these being reported
7.   Significant Clinical Incident Forums were now taking place on a weekly basis

An overview of the reporting process in terms of dealing with concerns was provided by Daryll Collins.

Members recognised the challenges in responding to concerns in a timely manner and noted the work involved in monitoring the performance of meeting the 30 day target in responding to concerns.

RESOLVED: That

(1) the Committee received this 'at a glance' report of the last two winter periods for assurance; and

(2) the themes and trends that were informing learning and improvements were being monitored.

30/19 REGULATION 28 RESPONSE

Wendy Herbert gave an overview of the detail which involved a lady who had sustained a fractured neck of femur and waited over seven hours for an ambulance. The Coroner had raised concerns around the delay, which was not attributable to the cause of death, but involved the delay and the failure to provide adequate pain relief.

The incident occurred in 2018 in North Wales and the Coroner expressed concern regarding the number of regulation 28 reports of this nature. An improvement plan had been developed and this was received by the Committee.

Members were advised that the Coroner shares the letter of response with the family involved.

RESOLVED: That the update was noted.

31/19 OPERATIONS UPDATE

Louise Platt provided an update for the Committee. The highlights from which included:

1. In terms of red performance, there were currently two health boards where achieving the target was a challenge; Hywel Dda and Powys. Recovery plans were in place to improve the situation in these areas
2. Clinical Contact Centre – the band 7 supervisor had now been recruited; this would enhance Hear and Treat
3. The Incident Coordination Cell was now active and this was based at Vantage Point House
4. Operations Team – two band 5 support roles had been appointed to support Operation Managers in delivering Local Deployment Plans and audits, amongst other roles

RESOLVED: That the update was noted.

32/19 NON EMERGENCY PATIENT TRANSPORT SERVICE UPDATE

Mark Harris provided the Committee with a verbal update in terms of the current position with NEPTS. Highlights from the update included:

1. A NEPTS tracker to maintain a central record of all Quality Assurance records was being established.
2. A new draft WAST/NEPTS Service Level Agreement (SLA) had been developed.
3. A Quality Assurance Overview Document had been implemented
4. 89 different providers across Wales had been identified who provided services to the Trust and Health Boards

The Committee recognised the transfer was a large undertaking and acknowledged the work thus far by the team involved.

RESOLVED: That the update was noted.

33/19 POLICIES

Non Medical Prescribing Policy

Rachel Powell gave further details regarding the policy explaining it was relevant to all Health Care Professionals across the Trust who held the relevant qualification to prescribe.

Approval had been given by the WASPT and EMT for this policy to be recommended for approval at QuEST to ensure clear governance arrangements were in place enabling the Trust's new prescribing staff to be supported to practice at this level. The policy had also been drawn up in partnership with the nursing forum.

Following a query regarding compliance and prescriber status; Wendy Herbert advised that it was only Advanced Paramedic Prescribers, at the moment, who could prescribe. These

staff would be supervised by the Assistant Medical Director, who also had the authority to prescribe.

Members approved the policy subject to a proof read especially around paragraph 2.10 subject to minor changes approved

RESOLVED: That the policy was approved and formally adopted subject to a review in six months.

34/19   ITEMS FOR NOTING

1. Patient Safety Newsletter
2. QSG Terms of Reference
3. QSG Action Notes
4. Quarter four Mental Health and Dementia update
5. Update on Project A, the National Improvement Collaborative jointly led by the Association of Ambulance Chief Executives and NHS horizons
6. Draft Public Health Plan – Members were to raise any comments and forward to Wendy Herbert
7. Welsh Health Circular – National Clinical and Audit Annual Plan 2019-20 – Update was provided by Rachael Powell.

RESOLVED: That the above were noted.

Any other business

Claire Roche updated the Committee on outcomes from the recent Cwm Taf Health Board maternity review.

Date of Next Meeting 3 September 2019

DRAFT

MINUTES OF A MEETING OF THE <u>CLOSED</u> SESSION OF REMUNERATION COMMITTEE HELD ON 28 MARCH 2019

PRESENT:

Members:	Martin Woodford (MW), Non-Executive Director and Interim Chairman of the Trust Board
	Kevin Davies (KD), Non-Executive Director
	Emrys Davies (ED), Non-Executive Director
	Pam Hall (PH), Non-Executive Director
	Paul Hollard (PHo) Non-Executive Director
	James Mycroft (JM) Non-Executive Director
	Martin Turner (MT), Non-Executive Director
In attendance:	Keith Cox (KC), Board Secretary
	Nathan Holman (NH), Trade Union Partner
	Jason Killens (JK), Chief Executive
	Bleddyn Roberts (BR), Trade Union Partner
	Claire Vaughan (CV), Director of Workforce and OD

01/19 Welcome and Apologies for Absence

01.01 **MW** welcomed everyone and explained that he had invited all Non-Executive Directors to attend the meeting. As such, all Non-Executive Directors in attendance were recorded for the Minutes as Members of the Committee.

02/19 Declarations of Interest

02.01 The Committee noted the declaration of interests of **ED** as being a retired Member of UNITE and of **NH** as Chair of the Cross Hands Community Health Council.

03/19 Minutes of Remuneration Committee Meeting of 14 December 2018

03.01 The Minutes of the meeting held on 14 December 2018 were confirmed as a correct record.

04/19 Remuneration Committee Terms of Reference

04.01 **KC** explained that Trust Board on 13 December 2018, in agreeing Paper 2.5 Revised Governance and Accountability Framework, had tasked this Committee to review its terms of reference for discussion and sign off at a subsequent Trust Board meeting.

04.02 In accordance with the Trust Board action, **KC** presented the Committee with revised terms of reference and explained that these were largely based on the current terms of reference but that a small number of sections had been amended to make the wording and contents consistent with other Trust committees.

04.03 During the subsequent discussion, **BR** drew Members attention to the proposed membership list that included a single Trade Union Partner as an 'Attendee' and requested that this be amended to two trade union partners. This was agreed by the Committee who requested **KC** to amend the terms of reference.

04.04 With regards to 'Section 3 Delegated Powers and Authority', the Committee debated its role with regards to the setting and agreement of objectives for Executive Directors and other senior managers, and their performance assessment. The Committee queried whether it was their role to evaluate the individual performance of Executive Directors and after discussion resolved that it was the Committee's job to seek assurance that due process had been followed and no more. Likewise the Committee agreed that the same principle applied to objectives looking ahead.

04.05 Following the discussion above, the Committee asked **KC** and **CV** to revise the wording of the second bullet point in 'Section 3 Delegated Powers and Authority' to reflect the role agreed in paragraph 04.04 above.

RESOLVED: That

(1)   subject to the completion of the amendments set out above, the revised terms of reference for the Remuneration Committee were **AGREED** for submission to the Trust Board.

05/19 Director of Operations Appointment

05.01 **JK** provided the Committee with an overview of the outcome of the selection process for the post of Director of Operations and the decision to offer the post to Mr Lee Brooks.

RESOLVED: That

(1)   the decision of the Chief Executive to offer the post of Director of Operations to Mr Lee Brooks was **NOTED**

(2)   subject to the approval of Welsh Government, the conditional offer of a fixed salary of £110,000 to Mr Brooks to enable the due diligence process to be completed and a formal offer of appointment to be issued at the appropriate time, was **APPROVED** in principle

06/19 Interim Director of Finance and ICT – Appointment Extension

06.01 **CV** updated the Committee on the temporary interim arrangements in place for the Director of Finance & ICT and the intent to seek Board approval to extend the appointment of Mr Christopher Turley as Interim Executive Director of Finance and ICT for a further period.

RESOLVED: That

(1)   the Board paper on the appointment extension for the Interim Director of Finance and ICT was **NOTED**.

07/19 VERS Application

07/01 The Committee considered an application for voluntary severance.

RESOLVED: That

(1)   the voluntary settlement, under the framework of VER, for *(NAME REDACTED)* with effect from a termination date of 1 May 2019 was **SUPPORTED** for submission to Welsh Government for approval, and that this decision be obtained prior to the employee being notified of the outcome of their application.

(2)   the management of the payment being in accordance with the losses and special payments procedure detailed in the Welsh Office Health Department document, Manual of Guidance (Wales) produced in December 1998, was **AGREED**.

08/19 Senior Managers Remuneration Schedule

08/01 **CV** reminded Members that the Remuneration Committee was responsible for providing advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government. In support of this duty, **CV** introduced a report that confirmed the salary details for each member of the Executive Management Team and when each of the posts were last evaluated under the Welsh Government's Job Evaluation for Senior Posts (JESP) scheme.

RESOLVED: That

(1)   the current salary and pay banding for each of the Executive Management Team members was **NOTED**.

09/19 Any Other Business

09.01 There were no further items of business.

10/19 Date of Next Meeting

10.01 The date of the next scheduled meeting was agreed as being 27 June 2019.