Bundle Trust Board (Open Session) 21 November 2019

Agenda attachments

Agenda_Trust_Board_(Open_Session)_21_November_2019 (3).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 receive an update from the Chief Executive

> ITEM 1.4 Chief Executive Report to Trust Board November 2019 V5 Final.docx

1.5	09:50 - Procedural Matters

To approve the Minutes of the last meeting and to consider the action log

> ITEM 1.5 Procedural Matters.docx
>
> ITEM 1.5a Trust Board Open Minutes 19 September 2019 v2.docx
>
> ITEM 1.5b Trust Board CLOSED Minutes 19 September 2019.docx
>
> ITEM 1.5c Trust Board Closed Minutes redacted.docx
>
> ITEM 1.5d Action Log.docx

1.6	09:55 - Board and Committee Meetings Calendar - 2020-2021 (KC)

To agree the 2020/21 calendar of Board and Committee meetings.

> ITEM 1.6 Trust Board SBAR November - Board and Committee Calendar 2020-21 (Final)....docx

2	STRATEGIC AND FORWARD LOOK BUSINESS
2.1	10:00 - Cardiff Make Ready Depot - Business Case (RM)

To seek approval from the Trust Board for the Full Business Case for the Make Ready Depot

> ITEM 2.1 Trust Board (Cardiff MRD FBC) 11.21.2019 final.docx
>
> ITEM 2.1a.pdf
>
> ITEM 2.1b.pdf

2.2	10:30 - Integrated 111 GP OoHs system Full Business Case (CT)

Approval by the Board being sought for submission of FBC to Welsh Government

Board Members should note that the detailed FBC contains several annexes which are not necessarily required to be read

> ITEM 2.2 FINAL BUSINESS CASE 111.docx
>
> ITEM 2.2a FBC 111 Procurement Final v1.0.docx
>
> ITEM 2.2b Appendix 1.docx
>
> ITEM 2.2c.docx
>
> Item 2.2d.pdf
>
> ITEM 2.2e.pdf
>
> ITEM 2.2f.pdf
>
> ITEM 2.2g.pdf

F and P
P and C

ITEM 4.1b Chair Briefing PCC 15 10 19.pptx

4.2   13:50 - Minutes of Committees

ITEM 4.2 Minutes of Committees.docx

ITEM 4.2a CONFIRMED OPEN P and C mins 9 July 2019.docx

ITEM 4.2b CONFIRMED F and P Minutes 16 July 2019.doc

4.4   13:53 - EASC, WASPT and NHS Collaborative Leadership Forum Minutes
http://www.wales.nhs.uk/easc/committee-meetings

ITEM 2019_03_25 - Approved WASPT Minutes.pdf

ITEM 2019_05_20-Approved WASPT Minutes.pdf

ITEM Approved minutes from WASPT meeting held 29th July 2019 (approved at WASPT on 23.09.19).docx

ITEM 4.4d LF-1909-01 - Minutes of CLF 130519 v1 - Approved.docx

5   13:55 - STAKEHOLDER QUESTIONS (MW)
6   ANY OTHER BUSINESS
To consider any other business to the agenda items listed above.
7   DATE OF NEXT MEETING
The next meeting of Trust Board will be on 30 January 2020

Agenda Trust Board (Open Session)

Date	21/11/2019
Time	9:30 – 14:25
Location	Lysaght Institute, Orb Drive, Off Corporation Road, Newport, NP19 0RA
Chair	Martin Woodford
Description	Venue:
	Lysaght Institute, Orb Drive, Off Corporation Road, Newport, NP19 0RA

1 PROCEDURAL BUSINESS

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1.4 Chief Executive Update

9:40   To receive an update from the Chief Executive

1.5 Procedural Matters

9:50   To approve the Minutes of the last meeting and to consider the action log

1.6 Board and Committee Meetings Calendar – 2020–2021 (KC)

| 9:55 | To agree the 2020/21 calendar of Board and Committee meetings. |

2   STRATEGIC AND FORWARD LOOK BUSINESS

2.1   Cardiff Make Ready Depot – Business Case (RM)

10:00   To seek approval from the Trust Board for the Full Business Case for the Make Ready Depot

2.2   Integrated 111 GP OoHs system Full Business Case (CT)

10:30   Approval by the Board being sought for submission of FBC to Welsh Government

Board Members should note that the detailed FBC contains several annexes which are not necessarily required to be read

2.3   People and Culture Strategy (CV)

10:55   To seek Trust Board approval of our People and Culture Strategy 2019/20 – 2021/22

2.3.a   BREAK

11:10

3   PERFORMANCE, GOVERNANCE AND ASSURANCE

3.1   111 Peer Review and Action Plan (LB)

11:20   To provide briefing to Trust Board and ensure Trust Board informed of 111 development

3.2   IMTP 2020/23 – Development Progress (RM)

11:40   To provide an update regarding progress in developing the Trust's 2020/21 – 2022/23 Integrated Medium Term Plan.

3.3   IMTP 2019/20 – Quarter 2 Update (RM)

12:00   The purpose of this report is to provide an update to Trust Board on the progress in delivering the key organisational commitments in the 2019/20 IMTP as at the end of Quarter 2.

3.4   Monthly Integrated Quality and Performance Report (RM)

12:20   To note and discuss the Trust's performance and improvement actions

3.5   Financial Performance Month 7 2019/20 (CT)

| 12:30 | To provide the Board with an update on the financial performance of the Trust for Month 7 of the 2019/20 Financial year |

3.6 **Charitable Funds Annual Report and Accounts (CT)**

| 12:40 | For the Trust Board to approve the Trust's Charity Annual Report and Accounts for 2018/19 and accepts the assessment of going concern |

3.7 **Director of Quality and Nursing – Integrated Highlight Report (CB)**

| 12:50 | To provide assurance to the Board on Patient Safety related topics, focusing on monitoring, learning |

3.7.a **LUNCH**

13:00

3.8 **Engagement Framework Progress report (EH)**

| 13:30 | To update Board on progress against the Engagement Framework Delivery Plan |

3.9 **Standing Orders KC)**

| 13:40 | To approve revised Standing Orders for the Trust |

4 **CONSENT ITEMS**

4.1 **Update from Committees**

| 13:45 | F and P |
| | P and C |

4.2 **Minutes of Committees**

13:50

4.4 **EASC, WASPT and NHS Collaborative Leadership Forum Minutes**

| 13:53 | http://www.wales.nhs.uk/easc/committee-meetings |

5 **STAKEHOLDER QUESTIONS (MW)**

13:55

6 **ANY OTHER BUSINESS**

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

7 **DATE OF NEXT MEETING**

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AGENDA ITEM No	1.4
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

CHIEF EXECUTIVE REPORT: 21ST NOVEMBER 2019

MEETING	TRUST BOARD
DATE	21st November 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	21st NOVEMBER 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 19th September 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. I am delighted to confirm the appointment of Rachel Marsh as Director of Strategy, Planning and Performance following a selection event held on 3rd and 4th October. A further selection event took place on the 4th and 5th November for the post of Director of Digital Services and an offer has been made and now accepted for this post. Following completion of the due diligence process, an announcement of the successful candidate will follow whereby I expect the successful candidate to commence work with us in early January 2020. Following the withdrawal of applicants for the post of Executive Director of Finance and Corporate Resources, the post was re-advertised, shortlisted and a selection event will be held in early December. This will complete recruitment to the Executive Management Team and enable a period of consolidation and development of the team from early 2020, alongside the introduction of 3 new Non-Executive Directors currently in the process of being recruited.

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

-   Meeting with the Welsh Government team undertaking the Gateway review of the Trust's Estate Programme.
-   Represented the Trust by speaking at the College of Paramedics Research Conference held in Cardiff City Stadium on 24th September 2019.
-   Undertaken two television media interviews to ensure the actions being taken by the Trust are clearly communicated to our patients and citizens.
-   Speaking at the St John Cymru Conference held on Sunday 13th October in Llandrindod Wells.
-   Attending the WAST Dementia Celebration Event held on 1st November 2019 in Cardiff.
-   Attended and formally opened the Mid and West Wales Community First Responder Conference held in Swansea University on Saturday 2nd November 2019.
-   Concluded several 'Zoom' conferences with staff to provide updates on the EMS demand and capacity review.
-   Attending AACE LGBT and National Ambulance Diversity Forum meetings.

5. In addition, I have agreed, following a request from NWIS, to assume the national Senior Responsible Owner (SRO) role for the NHS Wales rollout of Microsoft Office 365 (O365).

OPERATIONS DIRECTORATE

Ambulance Response

6. The 'Clinician in a Car' pilot in North and West Aneurin Bevan commenced on 21st October 2019. The pilot consists of a member of Trust staff in an unmarked car responding to Card 35 referrals

made by EAs or RRVs at scene. Card 35 is a request to transport a patient (who is clinically stable and meets the 'fit to sit' criteria) to hospital within an agreed timeframe. Thus enabling the EA/RRV to be released and respond to other 999 calls in the knowledge that transport has been arranged/will be deployed in good time. As there is no need for clinical handover and patients register themselves, the vehicle will not be delayed at hospital. In addition, this initiative helps support staff who are on temporary redeployment (alternative duties) and want to be occupied.

7. The Advance Practitioners in Hywel Dda were finalist at the NHS Wales Awards in the 'Providing Services in Partnership' category. Unfortunately, they were not successful on this occasion. However, they did go on to win the Western Telegraph 'Best Innovation' award.

8. Rory Robinson (Paramedic) was awarded the Chief Executive Award at the Trust's recent Staff Awards. Rory was also nominated for the Western Telegraph 'Paramedic of the Year' award, together with Nick Tebbutt (Paramedic from Tenby). Ambulance Operations Manager for Hywel Dda, Rob Jeffery, was also nominated in the same category and won for his continued support for the Trust's staff and communities.

EMS CCC

9. Feedback obtained from a staff survey indicated opportunities for improvement in the connection between staff and management teams and engagement around change. As a result a staff survey action plan has been developed and includes specific sections on understanding the issues of the EMS CCC teams and how we can better engage and communicate. Part of this action plan is for the Area Manager for EMS CCC to hold quarterly open forums for team members to attend and raise concerns or ask questions.

10. Recruitment is ongoing at all three sites to ensure a fully-established position for winter. This work is well underway with one cohort in Carmarthen and Vantage Point House signed off and further cohorts underway or scheduled for this month. Where sites have been unable to establish within their own recruitment, additional numbers have been aligned to neighbouring sites to ensure the virtual call handling network is sufficiently staffed to support demand.

CAD Phase 3

11. CAD Phase 3 relates to the review and refresh of EMS CCC making effective use of the improved technology that is now available. The work stream lead has been abstracted to work with the business support and project managers to deliver this vital piece of organisational change in a timely manner, with maximum focus on staff engagement and communication. Trade Union partners are represented on the Project Board. Meetings and engagement sessions have explored the use of digital technology such as Zoom and social media channels to allow team members to engage without necessarily attending face to face.

NHSDW/111

12. The trial of occasional home working for clinicians has been evaluated and the Trust is reviewing opportunities to extend the service further alongside scoping the requirements for establishing a permanent home working solution. Benchmarking with and learning from other organisations, e.g. NHS 24 Scotland and Yorkshire Ambulance Service, will assist establishment of a sustainable model.

13. Cwm Taf have confirmed that they are not yet ready to roll out 111 in their area and the Trust is looking to resume the process in March 2020. Recruitment of both clinicians and call handlers is

ongoing to support this revised timescale. The other health boards are currently planned to come on line in 2021 once the procurement of the new ICT system is complete and installed.

14. An external peer review of the service was undertaken in July 2019 with staff and management team involvement and the Trust has now received the formal report of its findings. The review was very complimentary of the service offered by the Trust and also had some proposed action learning points which were extremely helpful. An action plan to progress the recommendations contained within the report has been developed. The Trust has also been asked to participate in the ongoing schedule of peer reviews of GP Out Of Hours Services across health boards.

Resilience

15. A winter planning table top exercise was held on 14th October 2019 in Llandrindod Wells with 30 attendees from across the Trust. The purpose of the exercise was to test our winter planning arrangements against a number of scenarios related to the winter period. A post exercise report is being produced.

16. Following the Trust reporting REAP 3 escalation status on 23rd and 24th September 2019, a debrief meeting was held with staff from across the Trust who were involved. This significant incident provided an opportunity for staff to test the Incident Control Centre (ICC) located in Vantage Point House which was extremely beneficial. A debrief report is being produced and all identified actions for improvement are being addressed.

17. The Resilience Team have been successful in a bid for two new Band 6 Resilience Officer posts. A job description has been submitted for review and matching with a view to the posts being advertised before the New Year. These posts will support the Resilience Managers' Civil Contingencies remit in the South East and Central and West regions, event planning, and the Trust's Business Continuity activities.

18. As a result of some team members moving to other roles, the Hazardous Area Response Team (HART) has undertaken recruitment of new operatives and over the coming weeks will be undertaking additional recruitment of volunteers for the Trust's Special Operations Response Team (SORT).

19. Following on from the successful 999 Weekend held in Cardiff during September 2019, a multi-agency debrief is being arranged to review the arrangements and look ahead to next year.

20. The Trust's EU Exit contingency planning remains ongoing, linking in with Welsh Government and other partners. Daily EU exit reporting to the Local Resilience forums and Welsh Government was commenced in October 2019 but, in light of the decision to hold a General Election in December 2019, this was then stood down until early January 2020.

21. The Specialist Operations Response Team (SORT) have been delivering the following courses across the Trust supported by the Wales Extremism and Counter Terrorism Unit (WECTU):

- Exercise First Call – with WAST, FRS and Police control room staff on how to deal with a declared Operation Plato and the initial actions
- Priority Zones – training Tactical Commanders and National Interagency Liaison Officers (NILOs)s in managing the initial stages of a Marauding Terrorist Attack (MTA) incident and having the 'over the bonnet' meetings and decision making

- Prepare Operational Practitioners Seminar (POPs) – set at Operational level for CTLs, training for the first 30 to 60mins of a MTA incident using Joint Emergency Services Interoperability Program (JESIP), IOR and setting up zones and cordons
- The running of our Rapid Treatment exercise for HART and SORT staff with MERIT colleagues as their requalification again addressing a simulated MTA incident working through the stages of an incident up to delivery of patients to a Casualty Clearing Station staffed by MERIT.

Fleet Management

22. Gavin Lane has been appointed to the post of Regional Fleet Manager for the South and East Region. Gavin joined the Trust in 2016 as the Assistant Regional Fleet Manager for Central and West. His main focus now is securing the new 'Super Workshop' for the South and East Region and re-invigorating teams at the current South East Workshops of Blackwood and Blackweir until the new workshop can be built.

23. Since 2013 the Trust has been running a successful apprenticeship scheme which is a key component of the Fleet Department's succession planning. As part of the new South East workshop development, the intention is to create a centre of excellence where the Trust can expand its' fleet apprenticeship scheme, training technicians to work at workshops as we build them in the Central and West region in line with the Fleet Department standing operating procedure (SOP) and organic growth philosophy.

24. The Trust is committed to reducing the environmental impact of vehicles of its' fleet, exploring new technologies and remaining at the cutting edge of industry developments. This year the Trust's RRV replacement stock are Petrol-hybrid all wheel drive vehicles which will enable the Trust to reduce the CO_2 emitted by rapid response vehicles by nearly 50% over their 7 year life cycle.

Community First Responder Conferences

25. The Trust's three regional Community First Responder (CFR) Conferences have now taken place. All were well attended and very successful, which is testament to the huge amount of preparation work undertaken by the regional CFR teams.

26. During these events staff and Volunteers came together to celebrate the contribution of the CFRs as part of the Trust's wider 999 family.

NON EMERGENCY PATIENT TRANSPORT SERVICE

27. There are a number of areas that still utilise fax machines, therefore, a plan has been developed to migrate to a digital platform with effect from 31st March 2020. This has been facilitated by training hospital staff to use the Trust's online CLERIC CAD system. Access to the CAD enables hospital staff to book transport directly and, depending on access permissions, enables users to view patients due to attend clinics on the day of travel and reasons for any non-conveyance, e.g. a patient being too unwell to travel. Fax machines will remain in a number of places as part of business continuity arrangements but will no longer be used routinely.

28. In agreement with our commissioners, with effect from 1st October 2019, the national booking deadline changed from 16:00hrs to 12:00hrs on the day before travel. Having a 16:00 hrs cut off time meant that the planning team were constantly reviewing travel plans late in the day. This revised deadline for making bookings also aligns to one of the NEPTS Ambulance Quality Measures.

29. Approximately 50% of non NEPTS work has been transferred from Health Boards to NEPTS. Work is progressing with the remaining Health Boards and discussions are ongoing with timescales for Aneurin Bevan University Health Board & Powys Teaching Health Board indicate achieving completion during January 2020. The first implementation group for Cwm Taf Morgannwg University Health Board is set for November 2019. Negotiations with Betsi Cadwalader University Health Board are ongoing.

30. Each transfer presents its own challenges due to the complex way in which each health board has commissioned a range of formal contracts, service level agreements and operational delivery arrangements. As part of the transfer of work, all activity, patient mobility requirements, expenditure and contractual arrangements must be analysed and form part of the negotiation for agreeing in and out of scope services to transfer to the Trust.

31. The NHS Wales Awards are a national showcase for excellence and celebrate good practice in delivering improved, high quality patient care across Wales. The Awards were launched in 2008 to celebrate the 60th anniversary of the NHS.

32. Each category has an independent panel who judge all the entries by category. For this year's awards, the NEPTS End of Life Care Rapid Transport Service was fortunate to be one of the finalists in the Delivering Person-Centred Services category, which focuses on services that have delivered care centred on individuals and their needs.

33. NEPTS were the winner of this category and also picked up the honour of being awarded the overall winner of the eight different categories in the Outstanding Contribution to Transforming Health and Care Award. This is a great recognition for all of the staff who have put so much work into making this service a reality.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT

34. The Directorate has won and been shortlisted for a number of awards recently, including winner of the NHS Wales Award for Enriching the Wellbeing, Engagement and Capability of the Healthcare Workforce for our work in rolling our TRiM; the Executive Director and Deputy Director of Workforce & OD attended the European Healthcare Leaders Innovation Event, winning the award for Most Innovative Solution and the Audience Choice award; and, shortlisted at the forthcoming CIPD Wales Awards for our work to improve the mental health of our workforce; a collaborative team effort with the Mental Health Improvement Team based in the QSPE Directorate.

35. Overall, the vacancy rate for EMS Response staff (based on operational dates as opposed to start dates) to December 2019 is predicted to remain at <5%. 76 NQPs have already joined the Trust with a further 16 NQPs due to start this month. Unfortunately, 10 students have had to take final re-sit assessments (at the end of October 2019) which is more than anticipated when compared to previous years. This has adversely impacted our projected over recruitment plans and it is now predicted that the Trust will be balanced on paramedics going into the winter period (as opposed to over-recruited by 5-10 FTE). There has also been recruitment to new APP and Trainee APP posts in recent months, with 69/73 funded posts in total now considered to be filled.

36. The Trust is also actively recruiting to fill existing and planned EMT (c.30FTE) and UCA (c15FTE) vacancies. The high number of EMT vacancies is the result of an earlier decision of the Trust to postpone an EMT training course that was due to start in July 2019, to temporarily offset the costs of expanding the number of APP posts. Training courses for UCA and trainee EMTs are planned for January and March 2020 (new EMTs will be operational in May 2020 and UCAs in March and May 2020). Some concerns have been raised from within the UCS workforce regarding the most recent

round of recruitment which has prompted a review of the application criteria and applicant process. Learning from this will be taken forward into future recruitment processes and will be considered by the Trust's Strategic Education Steering Group.

37. In addition to the above, the Trust is also actively working to increase its winter establishment, with Commissioner support to increase by up to 46 additional relief EMS response posts (paramedics, EMTs and UCAs) to be recruited by 31/03/2020.

38. The Trust has made positive progress in raising the profile and importance of improving attendance across the Trust, rolled out the new All Wales Attendance Management Training to 85% of line managers and has successfully reduced the long term sickness absence caseload to just 8 cases over 6 months and reduced the average length of long term absence to 78 days. Despite this, the Trust has experienced the usual seasonal rise in sickness absence levels through the summer with 7.53% in August followed by a reduction in September to 7.19%. Short term sickness remains a concern, despite a positive reduction from 2.47% in August to 1.83% in September. Overall and despite best efforts, the cumulative sickness absence rate has only slightly reduced over the past 12 months (from 7.33% to 7.12%) and, at this point as we face the impact of the winter pressures, it appears unlikely we will achieve the target rate of 6.30% by the end of March 2020.

39. The Trust's 9 Point Improvement Plan actions will be refreshed to ensure we continue to identify opportunities to better support staff and line managers over the coming months. Several key appointments have been made or are in the process of being made including the Trust's new Occupational Health Business Manager who commenced in post on the 14th October and the new Occupational Health and Wellbeing Manager who will commence on the 9th December. The Trust is also currently out to advert for a new post of Organisation Culture and Workplace Wellbeing Lead (Occupational Psychologist), funded through A Healthier Wales monies. The launch of the Trust's new Mental Health and Wellbeing Portal will enable colleagues to access support in appropriate time scales. Early referrals are being recommended to employees and managers for MSK services through our rapid access suppliers and the online CBT Silver Cloud has introduced self-referral access as well as being referred by OH.

40. Linked to the Managing Attendance agenda as part of the 3 year pay deal "Framework Agreement for the Reform of Agenda for Change" (agreed by the NHS Staff Council effective from 1 April 2018 and revised for NHS Wales), a commitment was made in Wales that organisations would sign up to and support the TUC "Dying to Work" campaign. The Trust formally signed up to the 'Dying to Work Charter' on the 23 September 2019 at our Welsh Ambulance Services Partnership Team meeting. In doing so, the Trust has signalled its support for the principles of the Dying to Work campaign, and commits to ensure that all employees battling terminal illness have adequate employment protection and have their death in service benefits protected for the loved ones they leave behind.

41. The Trust has established a new working group as part of its Diversity and Inclusion work, to explore ways to improve the experience of staff and volunteers with seen and unseen disabilities within the workplace. The group has identified four key themes that will be integral to the groups' journey over the coming months, namely improving *Awareness, Acceptance, Recruitment and Training.* We look forward to seeing the outputs from this collaborative group.

42. Recruitment is currently underway in preparation for delivery of the first Level 4 Diploma for Associate Ambulance Practitioners Apprenticeship programme in January 2020, where 34 candidates will undergo development as Trainee EMTs. The Education and Training Team has also developed an interactive version of the Transforming Education and Training Strategy to socialise

the document as much as possible and to give an insight into the alternative methods of learning to come.

43. As the Trust moves forward in delivering the first year objectives of the Trust's Leadership and Management Development Strategy, we are pleased to see the first in a series of Masterclasses take place in November 2019, with a session on Culturally Intelligent Leadership. The Team Leader Development Programme continues to grow and progress, with 176 Team Leaders now enrolled on this two-year development programme with 6 having completed; a further 4 colleagues are also awaiting confirmation of completion. The OD Team are presently developing a fully costed implementation plan for consideration by the Executive Management Team, and also a new Board Development plan to recognise the recent changes at Executive Team and Board level.

STRAEGY, PLANNING AND PERFORMANCE DIRECTORATE

44. Following approval of the WAST component of the Major Trauma Business Case by the Finance and Performance Committee (delegated authority having been given by Trust Board) this document has been formally submitted to the NHS Wales Collaborative who are the system wide owners of the business case. At the time of writing an assessment of the readiness of the network is going through an external gateway review.

45. An extraordinary WHSCC/EASC joint meeting is to be scheduled to approve (or otherwise) the business case. A timely decision on the WAST elements will be required if the Trust is going to be in an optimum position to support implementation on 1 April 2020.

Opening of the Grange Hospital

46. Regular meetings continue to take place with the CASC's office and ABHB to understand the activity implications on WAST for the opening of this new hospital. Judith Paget, ABUHB CEO will be attending an Executive Team meeting in November as part of this exercise. WASTs solution to supporting this new hospital will come via the organisation's planned new transfer and discharge service.

All Wales Transfer and Discharge Service

47. The 2019/20 IMTPs for both WAST and EASC signalled intent to develop an all Wales transfer and discharge service and the ability to articulate a proposed model within year one of the plan. The Trust remains on track to achieve this objective. The high level model proposes a single access point of all transport requests whether across EMS, UCS or NEPTs. In the coming months we will look to test this emerging model (along with the detail behind it) with all key stakeholders.

48. Our ambition is this model (subject to appropriate commissioning) will provide the solution to the opening of the Grange Hospital which we know is going to create significant extra journeys for the Trust. However, before this point there are also a number of other service changes which a T&D service will need to support. These service changes act as useful opportunities for 'test of concept'. Changes include the major trauma network for South Wales and South Powys and the development of critical illness services which have been supported by significant investment from the Minister

WAST as a Call Handler of Choice

49. Our current IMTP starts to articulate an ambition that WAST should be viewed as a "Call Handler of Choice" across the health system in Wales. A Director and Assistant Director away day was held on the 7 October 2019 to begin working on a narrative which articulates in greater detail what this ambition actually means. The requirement for the organisation to update its IMTP and submit a

refreshed plan to Welsh Government by the 31 January 2020 makes the need to achieve consensus around the narrative of this ambition and 'phase one' work to support delivery to be agreed very early in the new year. We will be looking to test our thinking with Board in the near future.

50. Commissioning & Performance have had a busy two months supporting senior decision-makers with commissioning and performance information. The team continue to refine the Board's Quality & Performance Report and will be introducing statistical process control methods in future iterations. The team has started producing quarterly commissioning and performance reports for health boards (which can also be used at CHC meetings).

51. Whilst continuing to work on improving our historic reporting, the team is also increasing the Trust's focus on forecasting and modelling i.e. our predictive performance capability, in particular, the EMS Demand & Capacity Review, the initial findings from which are on today's agenda and the procurement of a NEPTS Demand & Capacity Review. The team are also working with Cardiff University Business School, the Welsh Modelling Collaborative, Optima and colleagues in Health Informatics and Operations on introducing a predictive performance report, linked to forecasted demand using new forecasting software, which we are aiming to start from December 2019. The intention is to move the Trust towards seasonal forecasting and predictions.

ISO 14001

52. The Trust has once again retained its ISO14001 accreditation. For the 4th year running WAST is still the only Ambulance Service in the UK to have achieved this important accreditation. The Trust is aware of its environmental responsibilities to the people of Wales as well as globally and is committed to reducing its carbon footprint in line with Welsh Government objectives. To this end the Trust has identified various projects such as estate upgrades, co-locating with others and installing solar film on front line vehicles to help charge electrical equipment in order to reduce the Trust's Carbon Emissions by over 17.5% since 2014/15 & reduce waste to landfill from over 100 tonnes to under 6 tonnes annually.

Estates Strategic Outline Programme (SOP)

53. The Trust's Estates SOP (2017) sets out the vision for the Trust's estate over ten years supporting a programme of improvements and rationalisation which will result in an estate portfolio which is fit for purpose, including supporting the implementation of the make ready model. The SOP has been approved by Trust Board and endorsed by WG.

54. A refresh of the SOP has recently been undertaken with input from key stakeholders. The outcome is that the SOP is still in alignment with operational requirements and the refresh has assisted in identifying priorities and potential funding requirements going forward. An Estates SOP Delivery Group has been established to deliver the programme of work with several schemes being successfully delivered to date.

55. A Welsh Government Gateway Review has recently been conducted on the programme with the outcome of an amber rating for delivery confidence. Key risks associated with the ongoing delivery of the programme are the availability of sufficient resources and timely availability of funding.

Cardiff Make Ready Depot

56. The draft Full Business Case has been completed and was approved at the Finance and Performance Committee held on 24th October 2019 and forwarded to Welsh Government on 6th November. It is hoped that the Trust will receive a decision prior to Christmas 2019.

The contracts have been signed and exchanged with the vendor for the purchase of Merton House and a deposit for the acquisition of the building has been made. The facility will replace Blackweir Ambulance Station as well as providing Make Ready Facilities.

South East Fleet Workshop

57. A draft Outline Business Case (OBC) has been developed to support the provision of a fleet workshop facility in Cardiff which will replace the Trust's current Blackweir and Blackwood workshops. In line with the Fleet SOP, the scheme supports the in-house servicing of operational vehicles. A preferred option has been identified (purchase and refurbishment) with capital funding of circa £6.5m to be sought from Welsh Government's All Wales Capital Programme.

Cefn Coed Relocation

58. A Project Board has been established and plans are progressing to relocate staff that remain at Cefn Coed (Training and NEPTS Teams) with an aim to relocate them by the end of this financial year.

Vehicle Procurement

59. Welsh Government have supported the Trust's Business Justification Case for capital investment from the All Wales Capital Programme to replace obsolete operational vehicles during the financial year 2019/20. An investment of £13.586m has been approved to deliver 111 operational vehicles which are to be replaced in alignment with the Fleet SOP. The Fleet SOP Delivery Group has been established to oversee the management of the scheme and a Project Team is progressing with the necessary actions to deliver the Project.

MEDICAL AND CLINICAL DIRECTORATE

JRCALC Books, Pocket Books and Plus App

60. The Directorate have purchased 1,700 licences for the next 3 years to enable EMS staff to have access to the JRCALC Plus App. To date 1,042 staff have subscribed to App and accounts are being used on a daily basis. Moving to the electronic app will ensure that clinicians have the most up to date available clinical guidance.

61. 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 of the Trust.

Flu Campaign

62. The Directorate is leading the Trust's Flu Campaign for 2019 and 2020. Initial indications are that uptake amongst staff has improved when compared to the same period last year. In order to maintain this momentum, we have secured an additional vaccine delivery from an alternative supplier. Vaccine supply has been tight due to the late decision to include an additional flu strain into the vaccine which delayed production and subsequent delivery dates.

63. CFRs and volunteer car drivers have also been offered the vaccine at peer clinics and uptake to date has also been encouraging.

Over 110 "flu clinics" have been advertised with many more ad-hoc clinics taking place with our peer vaccinators pan Wales.

Basic Life Support (BLS) and AED Familiarisation

64. I am delighted to report that 96 corporate staff have completed Basic Life Support training following 3 training sessions held in Matrix One, Ty Elwy and Vantage Point House during October and November in Cwmbran. The training sessions were jointly facilitated by the Community First Responder Training Team and the Medical and Clinical Services Directorate. In addition, over half of the staff who attended expressed interest in signing up to GoodSAM.

WIIN Update

65. Due to the continuing success of WIIN (WAST Improvement and Innovation Network), the programme has been extended with the introduction of WIIN 'Hot Topics'. The initial trial will run for two weeks from 4th November during which staff will be invited to submit ideas on how to improve on an issue selected by our Trade Union partners. End of shift/overruns has been selected as the trial's first 'Hot Topic'.

Allied Health Professional of the Year Nomination

66. Andy Swinburn, Assistant Director of Paramedicine, has been shortlisted in the Advancing Healthcare Awards Wales 2019' for the 'Allied Health Professional of the Year' award. The awards celebrate an exceptional Allied Health Professional who has made an outstanding contribution to improving health, care and wellbeing for citizens and communities.

Winter Planning

67. As part of the Trust's Winter Plan, an engagement campaign with primary care has commenced to communicate to GP cluster colleagues:

- The process for requesting the correct type of ambulance response
- The increase in hospital handover delays
- The Trusts key actions for managing the busy winter period

68. A meeting took place with the Cardiff West GP Cluster who confirmed they are keen to support the Trust by managing the triage queue in our Clinical Contact Centres (CCC). Work is ongoing to provide remote access and agree specific roles and responsibilities.

QUALITY, SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Joint Serious Adverse Incident Framework for Investigations

69. The Serious Incident (SI) Investigation Framework has been developed to provide a clear and consistent approach to the identification, reporting, investigation and closure of incidents in accordance with the standards set by Welsh Government. The Framework will also promote shared learning and improvements across NHS Wales Health Boards and Trusts and other key partners. The Framework has been developed to consider all potential SIs reported to the Welsh Ambulance Services NHS Trust (WAST) via the Serious Case Incident Forum. These incidents may occur as a consequence or during delayed patient handovers at Health Board sites and as a consequence of patients within the community awaiting a response, where the primary causative factor is related to the notification to handover delays.

70. The Framework has been developed with engagement from representatives from all Health Boards and has been presented and approved through the following routes:

•	All Wales Task and Finish Group (Assistant Directors of Nursing)
•	Head of Patient Experience Network
•	WAST Quality Steering Group
•	Directors of Nursing Forum NHS Wales
•	WAST Quality, Patient Experience & Safety Committee
•	Health Board governance structures for approval

Safeguarding Conference - 30 October 2019

71. The WAST Safeguarding Annual Conference was held on Wednesday 30 October 2019. It was a very successful event with approximately 90 attendees from across the organisation and Student Paramedics from Swansea University.

72. The event was designed to meet the level 3 training requirements in line with national standards with a number of expert guest speakers from across the UK delivering messages on subjects such as modern slavery, county lines and human trafficking. All the safeguarding subjects were topical and relevant to the knowledge development for our staff and, in particular, the very sad and tragic events of the 30 trafficked individuals recently found deceased in a lorry. The importance of ensuring our staff are well equipped with knowledge and confidence to recognise signs relating to the wide safeguarding agenda essential to inform relevant and timely referrals through our new digital safeguarding process. Next year's Conference planning has commenced and will be held in Mid Wales during June 2020.

Older People

73. A selection day was held on Thursday 17 October to recruit to a new role of Improvement Lead for Older People. As a senior leadership post, a Stakeholder Panel formed part of the selection process which involved frontline staff and service users, including two gentlemen living with dementia. I am pleased to announce that Charlotte Walker was the successful applicant. Charlotte is an external candidate, with significant experience in managing, developing and delivering services for older people in a health and social care settings.

74. The Older People Steering Group has been established and has commenced the journey with a workshop to scope the elements to support the development of the WAST Older Peoples Framework. This programme of work will focus on frailty, loneliness and isolation and provide oversight of the Falls Framework with the newly appointed Improvement Lead for Falls.

Dementia

75. The Trust has been shortlisted as a finalist for the Dementia Friendly Organisation of the Year Award.

76. The awards celebrate and showcase the achievements of individuals, groups and organisations across the UK who have led the way on creating dementia friendly communities and improving the lives of everybody affected by dementia. This award recognises large businesses and/or organisations who have gone above and beyond business as usual or standard regulatory obligations to successfully implement a dementia friendly initiative.

Chaplaincy

77. The Trust has worked with Bereavement Services across Wales to support patients, families and service users. The Trust is for the first time designing a new Volunteering Model through the development of a Regional Lead Chaplain role. The purpose of this role is to provide and co-ordinate an inter-denominational Pastoral Support Service to staff, our volunteers and their families. The Regional Lead Chaplain will help to co-ordinate the recruitment and training of a network of volunteer Local Chaplains with the aim of providing access to Chaplaincy Services in each region.

78. We are grateful to Michael Shephard who is going to be the Lead Chaplain in the Central and West Region where we will be testing and evaluating this new Model, working with Rob Jeffery and Heather Ransom. The scope of the role has been developed and this will be evaluated with staff and partners to inform the maturing model for the Chaplaincy Service for our staff.

Infection Prevention and Control: Safe Clean Care Campaign

79. The aims of the Safe Clean Care Campaign (SCC) are to:

- Promote and establish clear, evidence based and consistent Infection Prevention and Control (IPC) messages throughout the Trust.
- Provide staff with up to date, easily accessible guidance for either a mobile or static workforce.

80. We are working towards IPC being interpreted positively by our staff and citizens and to become second nature practice. As a Trust we care about the quality and delivery of our services, whilst also providing care that is safe. Our commitment to reducing healthcare associated infections ensures that cleanliness is a top priority in our challenging environment.

81. As part of the delivery of the campaign the IPC Team have commissioned a design company to help develop clear branding to visually describe our messages. With the help of colleagues across the Trust we aim to launch this campaign at the beginning of December and it will run for a twelve month period.

82. We will have dedicated weeks for key messages such as hand washing and vehicle cleaning etc. A number of measures have been developed to measure the effectiveness of the campaign and progress reports will be reported to the IPC Local Delivery Plan and Governance Framework.

Pandemic Flu

83. The issue of Pandemic Flu is the highest risk on the UK's National Risk Register. As a Category One responder under the Civil Contingencies Act, the Trust has a duty to plan for disruptions to our services and maintain business continuity. Our Pandemic Flu Plan is reviewed annually as every department within the Trust will be affected by a pandemic attack.

FINANCE AND ICT DIRECTORATE

Finance

84. The Financial Management Team have been working across the Trust to support the financial implications of the EMS Demand and Capacity Review, closure of the relief gap and supporting funding bids for Healthier Wales and winter planning initiatives. The team also continue to support

budget managers to maintain financial balance for the Trust; including finalising the distribution of the residual 2019/20 budget via agreement of the Executive Finance Group.

85. An Independent Examination (IE) of The Charitable Fund Annual Accounts and Annual Report for 2018/19 has been undertaken by the WAO. This IE is now complete and no adjustments or changes were required as a result of the examination.

86. 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 regard 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 all NHS Wales organisations' financial transactions.

87. The patient level information costing system tender evaluation is currently underway and the Trust is looking to award the contract shortly. This contract will allow the Trust to replicate the costing reporting undertaken in England and provide for future benchmarking on a like for like basis. This information will feed into other Trust systems to allow better decision making. Once the system has been fully developed, it will feed into the NHS Wales patient level costing, linking with the rest of NHS Wales to help cost clinical outcomes, assisting with the further development of value based healthcare.

88. Finally, detailed forecasting and modelling work is currently ongoing to manage the Trust's capital budget to ensure that the Trust is able to expend in line with the Capital Expenditure Limit. This is being completed with a number of unknowns at present, including the issues around Brexit and potential import tariffs.

Health Informatics

89. Phase 2 of the Qlik Sense implementation is underway and the three main services (EMS, NEPTS and NHSDW/111) have live dashboards rolled out. Training and awareness sessions are being held as well as the implementation of planned upgrades to incorporate wider datasets. An Ambulance Quality Indicators (AQI) dashboard is also in development and is being quality assured before implementation. Phase 3 of the project has started to be planned, extending the existing QSPE application from the three Datix datasets currently presented. The plan is to develop an automated forecasting model within the Qlik environment.

90. The Web Team have successfully rolled out a beta Directory of Services (DoS) which is running in parallel as part of final testing. The new DoS, due to be fully rolled out this month brings together an improved user interface, simpler searching and overall an improved user experience.

91. The Records Management Team have moved a large volume of records from the Cefn Coed site to Ty Elwy where they are being temporarily stored. A business case is being developed to digitalise its archived records.

92. The new 2020 Wales IG Toolkit to replace the existing Caldicott Principles into Practice (CPIP) toolkit is nearing its completion for the pilot year and work continues in collaboration with directorates and external organisations. Following on from the exercise all Trusts and Health Boards will attend national workshops to develop the toolkit for its release in 2020/2021.

93. The Data Quality Team continue to develop measures and standards for WAST data for inclusion on the NHS Wales Data Dictionary, the first WAST core data set submission is at final proposal stage and is being discussed as a standard agenda item on the NHS Wales Information Standards Board. This will enable a better understanding of our data and enable a common language approach for future initiatives and data linkages.

94. Other key projects being supported by Health Informatics are the 111 Directory of Service Review, the CFR training website, Safeguarding App, the All-Wales Care Home Project and the commissioner's whole systems measures work stream.

ICT

95. Demand for normal ICT incidents and service requests have seen an unusual decrease of 9.82% on last year (September-November). Despite this incident resolution remains below our target of 95% at 89.2%, however, we are the second highest performing organisation in Wales for resolving Service Requests with 97.7% resolved within the agreed SLA. During the same period (September – November) there have been 5 P1 or P2 incidents logged. Of which, one impacted our C3 CAD system, another impacting live 999 telephony system in one of our three CCCs and one impacted on the CAS system supporting NHSDW.

96. Work has progressed in the last period on several key projects:

- CAD Phase 2 is under way and progress has been made in configuring electronic incident transfer to the point that WAST are engaging with other services to arrange for testing to take place.
- The deployment of an additional 400 staff tablets has also progressed with WAST engineers working closely with a team from Microsoft in the configuration of a centralised mobile device management system to allow the mass configuration and remote management of the devices.
- Linked to the deployment of the 400 tablets is the migration of the end user accounts that will receive the tablets onto Office 365. This is the first phase of migrating users onto Office 365 and this work stream will continue.
- WAST are in dialogue with NWIS to allow additional clinicians within the Clinical Support Desk, NHSDW/111 and paramedics to have access to the Welsh Clinical Portal.

97. Looking forward to the next period:

- Additional funding has been secured to support further deployment of staff devices.
- 4G Wi-Fi vehicle hubs will be installed in the new NEPTS vehicles to give to improve connectivity.
- The IT Team are planning to replace the existing Airwave SRH3900 hand-held radios with newer STP9000 units.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

98. The Communications Team, working closely with Workforce colleagues, successfully delivered the 2019 Staff Awards held in City Hall, Cardiff with our new host, Wynne Evans. The feedback from colleagues has once again been very positive.

99. This year's flu campaign has been launched with a suite of videos with staff highlighting the importance of the flu vaccine alongside with siren and social media messaging.

100. The winter campaign, #BeWiseSaveLives, was launched on 18th November and uses staff stories to educate the public on the appropriate use of 999. The campaign has already been picked

up by London Ambulance Service who have asked if they can also develop this concept and use the hashtag.

101. Planning has started for media pieces for the winter period but most noteworthy was a recent piece, recorded with BBC national news, highlighting the work of our prescribing paramedics.

102. Welsh language social media feeds have been implemented and these are now used regularly for all messages to staff and the public.

103. We have successful concluded two recruitment exercises with Lois Hough appointed as Head of External Communications and Rachel Watling as Head of Internal Communications. We are also in the process of recruiting a further Communications Officer to support external communications.

104. Finally, work has started on the development of the new Intranet site, the content has all been updated and the team are now developing the look of the new site.

CORPORATE GOVERNANCE

105. The Corporate Governance Team continue to work alongside Welsh Government to support the recruitment of 3 NEDs. A total of 51 applications were received for the 3 posts, of which 12 were shortlisted for interview. The interviews were held on 15th and 18th November and it is hoped to announce the outcome in due course.

106. The newly established Charitable Funds Bids Panel met for the second time in October. A number of applications were approved, including the purchase of water flasks for all Trust Staff. Training for Charitable Fund Trustees has been arranged as part of the Board development day in December.

107. 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 responding to 90% of requests in 20 working days. The FOI year to date figure (January to September) is currently 82.6%. FOI performance has recently been audited and the processes and procedures received a reasonable assurance rating.

108. The 2019/20 Internal Audit Plan is underway with the Quarter 1 planned reviews completed and presented to the September 2019 Audit Committee. This brings the 2019/20 position to 6 out of 30 planned audits complete and rated as follows:

- 2 x Not Rated
- 1 x Limited Assurance
- 2 x Reasonable Assurance
- 1 x Substantial Assurance

109. A further 8 reviews are scheduled for the December 2019 Audit Committee and the plan is on track to be delivered on time.

110. Since the Trust received its Welsh Language Standards Compliance Notice on 30 November 2018 progress on implementing the standards is on target. The Trust, however, continues to challenge implementation dates for some of the standards and discussions with the Welsh Language Commissioner is ongoing.

RECOMMENDATION

111. 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	21 November 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 1 August and 19 September 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:

0207: Transfer of Property: HM Stanley to Conwy

0208: Sub Contractor warranty Agreement between Town and Country Electrical contractors and WAST

0209:   Sub Contractor warranty Agreement between Kimpton Energy Solutions and WAST

0210: Counterpart Lease between United UK PROPCO 2 S.A.R.L and WAST relating to premises known as Units 32 and 33 Gelli Industrial Estate

RECOMMENDED: That

(1)   the minutes of the meeting of the open session of the Board held on 1 August and 19 September 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 19 SEPTEMBER 2019 at NEWTOWN FOOTBALL CLUB, LATHAM PARK, NEWTOWN, POWYS, SY16 1EN

PRESENT:

Martin Woodford	Chairman of the Board
Jason Killens	Chief Executive
Claire Bevan	Director of Quality and Nursing
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
Mark Harris	General Manager NEPTS (part)
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
Chris Turley	Interim Director of Finance and ICT
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce and Organisational Development (OD) (part)

IN ATTENDANCE:

Julie Boalch	Corporate Governance Manager
Naomi Machin	Communications Officer
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer

OBSERVERS

Richard Bowen	111 Programme Director (part)
Stephen Harrhy	Chief Ambulance Services Commissioner (part)
Fflur Jones	Wales Audit Office

APOLOGIES

Nathan Holman	Trade Union Partner
Damon Turner	Trade Union Partner

63/19   CHAIRMAN INTRODUCTION AND UPDATE

The Chairman welcomed all to the meeting advising that it was being audio recorded. Apologies were received from Nathan Holman and Damon Turner.

Following the recent tragic accident in which a firefighter had lost his life the Board held a minute's silence.

The standing declarations of interest were formally recorded:

Professor Kevin Davies, Independent Member of St John Cymru. Emrys Davies, retired member of Unite and Chantal Patel, a Member of Swansea University.

In providing his update the Chairman gave an overview of his activity during the past two months:

1.   Visit to control in Llangunnor, Carmarthen;
2.   Ride out with crew in the Neath, Port Talbot area

Both these visits had been rewarding, the enthusiasm and 'can do' attitude of the staff had been notably palpable.

The Chairman also briefly reflected on the recent visit by Vaughan Gething, Minister for Health and Social Services to the Trust; in which further detail was given in the Chief Executive update below.

RESOLVED: That

(1)   the update was noted; and

(2)   the declarations of interest as stated above were formally recorded.

64/19   CHIEF EXECUTIVE UPDATE

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

1.   The Minister for Health and Social Services visit included a presentation on the current work surrounding the Advanced Paramedic Practitioner programme; with a particular focus on Independent Paramedic Prescribers. The latter being the first UK ambulance service to be deployed in an operational context.
2.   Reference was made to an EASC meeting in which a presentation was given by the North West Ambulance Service which looked at their approach into improving handover delays.
3.   Red Performance – There were still challenges in meeting the minimum target of 65% in the Powys area. The actions to address the issue would be considered later in the Agenda.
4.   The Trust was hosting the first large scale joint partnership emergency services event this weekend in Cardiff Bay with South Wales Police and South Wales Fire and Rescue. Essentially the event was designed to engage with the Community.

Following a query regarding the proposals for Healthier Wales funding, as described in the Chief Executive report, and whether certain bids had been accepted in particular the Amber schemes. Stephen Harry advised that in terms of the Amber schemes, further information was awaited. He anticipated that by the end of the week the outcome of all the schemes bid for would be known.

In terms of the Clinical review it was asked whether as part of this, the Trust would be considering the education and training of individuals working in that particular environment. Lee Brooks advised that the Terms of Reference included educational requirements.

RESOLVED: That the Board noted the update.

65/19   PROCEDURAL MATTERS

Minutes

The Minutes of the open meeting from 18 July 2019 were considered and were agreed subject to:

Delete (Interim) against the Chairman's name.

Trust Board Action Log

The Trust Board action log was considered:

Action Number 26: Violence and aggression; update was given by Claire Vaughan. Details of which included; training was under review, body worn cameras further actions to be taken forward, this would be discussed at the Finance and Performance Committee (FPC) in October. The high risk address policy was due to go to FPC for approval
Claire Vaughan further advised that the relevant committees would take these actions forward. Action to be marked as completed.

Action number 27: Engagement Framework - an update was provided by Estelle Hitchon and Members noted that further details regarding the list of priorities and the engagement campaign would be incorporated in her update report at the November Board.

Use of the Trust Seal

Members noted the use of the Trust Seal as below:

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

Chair's Actions – Processing and Reporting

Members noted that following a recommendation by the Wales Audit Office 2018 Structured Assessment, it was recommended that the process for Chair's Action should be reviewed and where possible, the number of them reduced.

The Board Secretary Keith Cox gave further detail on the actions taken to address the recommendation. It should be borne in mind that following the presentation of the WAO structured assessment on 29 January 2019 there had been no Chair's actions.

Members discussed the process in more detail and the following points were raised:

Bullet point five, second paragraph of the report, in order to provide more flexibility, Members queried whether it could be broadened to read Non Executive Director as opposed to the Vice Chair.

It was also clarified that an Independent Member was a Non Executive Director. It was agreed that the Board Secretary would add a footnote to confirm the wording surrounding Independent Member.

Appointment to the Post of Executive Director of Quality and Nursing

Jason Killens informed the Board that following the conclusion of the interview process and panel decision on 12 September 2019 a verbal, conditional offer of the post of Executive Director of Quality and Nursing was made to Mrs Claire Roche who had given a clear indication of her intention to accept on the terms offered, subject to receipt of a formal offer of employment.

As this post was an Executive Director of Trust, the decision to confirm the appointment was a matter reserved for the Trust Board, and as such, the Board was 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.

Following this Board meeting, a formal, written conditional offer letter would 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 1 January 2020.

Members commented that the work carried out by Kim Tovey in the management of the engagement events were well governed.

RESOLVED: That

(1) **the minutes of the meeting of the open session of the Board held on 18 July 2019 were confirmed as a correct record; subject to the minor change as described above, and consideration was given to any matters arising, together with the actions set out in the action log;**

(2) **the use of the Trust Seal as described was noted;**

(3) **the procedures for the processing and reporting of Chair's actions were noted and agreed; and**

(4) **the decision of the Chief Executive was supported, and the appointment of Mrs Claire Roche to the post of Executive Director of Quality and Nursing for the Welsh Ambulance Service NHS Trust was confirmed.**

66/19   PATIENT STORY – END OF LIFE TRANSPORT

Mark Harris outlined to the Board, background information in terms of how the system and process in terms of the end of life transport service provided by the Trust was undertaken several years ago.

The Board were shown a video in which the husband recalled the events surrounding his wife Denise, who had terminal cancer and her final wish was for her to be brought home from the hospice. On the day Denise was due home several issues had arisen which had delayed her arrival at home and eventually she arrived in the early hours the following morning. Denise's husband further commented in the video that if had he been made aware of the ambulance delay he would have arranged for a private ambulance.

Mark Harris explained that these type of calls had at that time lost some focus and the Trust had learned valuable lessons from it; since 2017 the Trust had completed 830 journeys under the banner of 'one chance to get it right'

The feedback of the service from healthcare professionals involved has to date been very positive; the biggest user of the service has been the Marie Curie hospice. On occasion the transport take patients home for a few hours and then return them back to the Hospice.

The Board were shown another video which concerned Andrea; her husband recalled the experience of her last wish which was to go to the beach. It was kept secret from Andrea and she was not told of the visit until the actual day.

Andrea's husband explained that the service provided by all concerned was exceptional. The detail that had gone into the planning and preparation to make this day, not only special for Andrea but also for her family had been outstanding. The care and attention to detail given by the staff was remarkable; it had been an opportunity for all the family to relive precious memories. Andrea's husband wanted this to be shared as an all Wales option to help other families in similar circumstances.

In terms of going forward Mark Harris assured the Board that the service would continue to provide the best possible service and care; arranging where possible patient's last wishes.

The Board recognised the positive impact this service had on families and formally thanked all staff involved; noting that not only does the Trust save lives but also provides 'above and beyond' care for people at the end of their life.

Further comments included:

Was there any opportunity to use Charitable Funds, was there scope for this be used in cases like this as means to support this? Mark Harris explained there was a draft criteria to follow; all of the requests took minimum planning and were almost cost neutral; any support however would clearly be beneficial; especially in terms of the planning phase.

Dr Brendan Lloyd commented this was a great example of how the Clinical team and NEPTS worked together. Mark Harris added that all crew members undertaking an end of life journey would as a matter of routine receive follow up support.

Jason Killens stressed that the impact this service had on the family could not be underestimated. Whilst it was not the Trust's core business, it was the right thing to do.

RESOLVED: That

(1)   the patient story was noted; and

(2)   the Board recorded a note of thanks to all those involved.

67/19   HEALTH AND SOCIAL CARE (QUALITY AND ENGAGEMENT) (WALES) BILL

Claire Bevan advised the Board that the Trust had 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.

It was based on the current information available regarding the status of the Bill as it passed through the four key stages before it becomes legislation during 2020.

Whilst the Bill was progressing through the legislative stages, the Trust would continue to prepare for its implementation once it became an Act. Claire Bevan referred to the priority actions contained within the report and gave further detail in terms of how the Trust was addressing them.

The Board discussed the report in more detail and raised the following:

Regarding the Trust's readiness in respect of the Duty of Candour, Claire Bevan advised that the Trust was well placed in terms of its governance structure and approach with preparing to adhere to it.

As Chair of Quest, Emrys Davies added that at this stage the regulations were currently being monitored and reviewed in order to ensure the process was followed; Claire Bevan assured the Board that appropriate governance arrangements were in place to support the Putting Things Right regulations which provides a sound foundation to build on in preparation for the Act.

The Board recognised the challenges going forward especially in meeting the timeliness and equity issues referred to in the bill. It was noted that monitoring would continue to be reviewed through the Quest Committee with an update to the Board in due course.

RESOLVED: That

(1) the Board noted was assured that the Trust had considered the implications to inform the implementation of the Quality & Engagement Bill, based on current status of the Bill; and

(2) the Board was given assurance that the Trust had contributed to the National Consultation on the Quality & Engagement Bill coordinated by the NHS Confederation.

68/19 A MAJOR TRAUMA NETWORK FOR SOUTH WALES AND SOUTH POWYS – THE TRUST BUSINESS CASE

Rachel Marsh advised the Board that the purpose of the report was to give an update on the progress being made by the Trust in supporting the system wide development of a major trauma network for South Wales and South Powys. It also specifically updated the Board on the business case which the Trust had recently developed which was presented to EASC on 10 September 2019.

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 was leading the development of a Major Trauma Network (MTN) for South Wales and South Powys. The network was scheduled to go live on the 1 April 2020.

Following a detailed engagement process it had been decided that the Major Trauma Centre would be located at the University Hospital Wales, Cardiff. This has led to several Major Trauma Units being situated in various hospitals across Wales.

The business case had been in development for some time, the main elements within it included;

1. Appropriate commissioning of additional journeys
2. Establishment of a Major Trauma desk
3. Training
4. Transfer and reparation service

At EASC on 10 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. Confirmation of approval of costs for other elements was still awaited.

Rachel added that the final overarching business case including the Trust's would be presented at the Major Trauma Network Board on 23 October 2019. It was expected that final approval would occur in December 2019.

Members recognised that the case was being presented to the Board for noting with an update at the next Board meeting in November 2019 which would include the Trust's full programme business case. Further scrutiny of the case would be monitored through the Trust's Finance and Performance Committee.

The Board's attention was drawn to a potential risk, in that should the timelines within the case not be met, there may be a delay in the training element.

The Chief Ambulance Services Commissioner, Stephen Harrhy gave an overview in terms of the process and timelines for approval of the individual components and the overall business case would be submitted.   Following the outcome of the Major Trauma Network Board on the meeting on 23 October 2019 he suggested it would be prudent for further scrutiny by EMT prior to the Trust's November Board.

The Board were given assurance that the relevant Directors had scrutinised areas of the Trust's element of the business case pertinent to their particular expertise

In considering the report in more detail Members raised the following:

Members stressed the importance of the further scrutiny being undertaken at the Finance and Performance Committee which would provide additional assurance for the Board.

In terms of conveyances being longer, what impact would that have on performance and was there a cost factor to make up the resource shortfall? Rachel Marsh advised that the review being conducted by the consultancy firm Operational Research in Health (ORH) would provide information regarding the impact and would be used in the final analysis and be articulated within the case.

Following a query in terms of training, Stephen Harrhy advised that training was a key element and should be conducted over one year. The Board noted that it was explicitly mentioned in the case that training be completed in one year.

Stephen Harrhy gave the Board an overview in terms of his view with regard to the several elements within the Trust's business case and how he saw them developing going forward. In terms of cost he stressed that all equipment costs were mission critical.

The Board were content to support the Trust's element of the business case delegating authority to the Finance and Performance Committee for its endorsement; recognising that the full overarching business case would be presented at the Board meeting in November 2019.

RESOLVED: That

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

(2)   the Board supported the case and delegated authority to the Finance and Performance Committee to endorse the Trust's element of the business case; recognising that the full overarching business case would be presented at the Board meeting in November 2019.

69/19   BREXIT UPDATE

Estelle Hitchon gave a brief overview of the report commenting that more detail would be provided during the closed session of the Board meeting.

The Board should take assurance that the extensive planning undertaken to date, both internally and as part of the wider public service and government landscape, has put the Trust in as strong a position as possible, given the uncertainty of the situation.

RESOLVED: That the report was noted.

70/19   2020/23 INTEGRATED MEDIUM TERM (IMTP) PLAN DEVELOPMENT

Rachel Marsh explained that the purpose of this report was to update the Board on the early work being undertaken to refresh the Integrated Medium Term Plan (IMTP) for 2020/23.

In February 2019 the Minister for Health and Social Care approved the Trust's 2019/20 – 2021/22 IMTP. There was a requirement to update this plan and submit it to Welsh Government by 31 January 2020.

Of the existing commitments made in the Trust's 2019/20 plan, the Board noted that some of these pre-existing commitments would be rolled over and continue into the following year.

In terms of risks and issues associated with the delivery of the plan, Members attention was drawn to the following:

1. 2020/21 commissioning intentions have not yet been made known by the Chief Ambulance Services Commissioner,
2. Irregularity of meetings to date of the EASC Management Group (sub-committee of EASC) meant there was a lack of clarity regarding how the emerging plan was being tested with commissioners.
3. Ongoing issue of internal capacity to deliver an agreed plan must be balanced against system wide desire to see an ambitious Ambulance service IMTP;
4. At the time of finalising the plan full financial allocations from Welsh Government may still not be known.

The Board considered the plan in more detail and raised the following:

1. Will the Board have the opportunity before January 2020 to provide input on the IMTP? Keith Cox explained that as part of the Board Development Day on 12 December 2019, an opportunity would be made available to discuss the plan.
2. Would it be helpful to have a road map in order to meet all the requirements? Rachel Marsh explained the process in terms of the plan and how it was scrutinised in terms of the key deliverables and strategic outcomes at each quarter.
3. The Board recognised that the 2020/21 commissioning intentions were not yet known and noted that the irregularity of meetings of the EASC management group may present a risk in delivering an agreed plan

Rachel Marsh agreed to circulate the quarter two update prior to the next Trust Board meeting.

RESOLVED: That the update report was noted.

71/19   MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – July 2019

Rachel Marsh advised the Board that the purpose of the report was to provide a single report which detailed the Trust's performance against key quality and performance indicators for July 2019.

It focused on a list of top measures drawn from the 2019/22 IMTP 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 the report, outlining the last 12 months performance, structured in line with the Trust's long term strategic framework.

Each of the top measures subsequently had 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 had been structured to focus on progress against the IMTP deliverables and other key improvement actions that had an

impact on its performance including expected completed dates, current position and Red, Amber, Green rating, in addition to any other local actions.

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. The Trust would however continue to work on the outstanding actions that were raised in previous Trust Boards.

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

1. Call volumes - 111 service and NHSDW. Telephone call demand had increased with 111, NHSDW demand continued to decrease
2. Trust website – ongoing work was being undertaken in order to improve this area
3. Bi-monthly and quarterly delivery meetings were now taking place; and was now consistent with other organisations in Wales. The first meeting had focused on red and amber performance
4. Lee Brooks gave an overview of the presentation given to EASC in terms of red performance. It was noted there was a heavy reliance on overtime to meet the target. The Board recognised there was a material shift in the hours lost (un-productive hours), 10 % per week. It was also recognised there was a direct correlation between performance against delays. The Trust must be careful not to compromise patient safety in order to meet the target. The Board further noted that the Trust was delivering the target against the requirements on a national basis.

The Board considered the report in further detail:

1. Was the Trust capturing the time spent not taking patients to A and E? Brendan Lloyd explained that the time spent with these patients was captured in the job cycle times. In terms of the clinical risk, this had been very low. Whilst it was inevitable that crews would spend more time dealing with patients at home; it would have been clinically determined this was in the best interests of the patient.

2. Return to base, lost hours, does the Trust know the percentage of time lost. Jason Killens advised there was ongoing informal discussions with Trade Union Partners to consider this

3. Graphs – improvements actions don't necessarily link back to the graphs and these should be drawn out with more clarity. Rachel Marsh explained there were sometimes actions that may not have any impact for some time.

4. Should the Trust consider the geography of Wales and think about whether some teams would be better deployed from some areas; for example some are nearer to a particular hospital but are deployed to one further away. Lee Brooks commented this could be reliant upon hospital turnaround times

Jason Killens referred to the graph which looked at amber performance and gave an overview in respect of those that had the longest waits commenting that the Trust was actively monitoring patients' waits in excess of 12 hours. The Board recognised there had

been an improvement in reducing these delays in recent months. Rachel Marsh added that further analysis was being undertaken to establish the reasons for the longest waits from a process and a quality perspective.

Members suggested it would be useful to understand the patient outcome on the long waits; and if was there a financial impact.

RESOLVED: That the update was noted.

72/19   FINANCIAL PERFORMANCE REPORT AS AT MONTH FIVE

Chris Turley gave an overview of the report which provided an update on the summary of financial performance for month five of the financial year 2019/2020.

The Key points for the Board to note were:

1.   The cumulative revenue financial position had remained constant with a small underspend against budget of £0.006m.

2.   Gross savings of £0.976m had been achieved against a year to date target of £0.942m, an over achievement against the target of £0.034m.

3.   Public Sector Payment Policy was 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.

4.   The Trust remained within the External Financial Limit (EFL) of £19.903m.

5.   The main financial risks were 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 were assumed would be funded by Welsh Government.

6.   In terms of the non-pay situation, there was an adverse variance of £0.521m which had been attributed to a number of factors; particularly in respect of NEPTS

Comments:

The Board held a detailed discussion in terms of the costs associated with NEPTS noting the ongoing challenges involved in meeting them; Members also discussed the NEPTS CAD system which would be used to facilitate the booking of journeys.

RESOLVED: That the revenue and capital financial position and performance of the Trust as at 31 August 2019 for month five was noted.

73/19   BOARD ASSURANCE FRAMEWORK (BAF)

Keith Cox reminded the Board that the BAF report had been designed to collate information relating to the Trust's strategic themes which had been aligned to the associated principal risks from the Corporate Risk Register. Furthermore, it described the key internal and external controls, what the gaps were and how EMT and the Board received its assurances.

The report had 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.

Keith Cox referred Members to the Excel spreadsheet which contained the seven long term strategic themes and referenced the forty-two key deliverables as set out in the Trust's IMTP for 19/20 to 21/22.

In terms of risk, the Trust's corporate risks had been closely aligned to each of the long term strategic themes and the BAF now incorporated the Trust's revised risks as set out in the 2019/20 Quarter One Corporate Risk Register; these had been extracted from the new Datix E-Risk module.

The Board's attention was drawn to a Board Development day planned for the 8 October 2019 which would include a session on how to further develop the BAF.

Comments;

How were risks when de-escalated, being tracked?   Keith Cox gave an overview of the process and explained what each of the risk registers were designed for and what their purpose was.

Claire Bevan assured the Board that the Assistant Director Leadership Team were monitoring and providing scrutiny on the risks whilst EMT gave further scrutiny and consideration to inform the corporate risk register.

Following a query regarding how risks were mitigated, Keith Cox commented that in future mitigating actions against risks would be included in the report

RESOLVED: That Members of the Trust Board received and commented on the BAF report.

74/19   PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) REPORT

Claire Bevan explained that the work of the PECI team was to listen and capture people's views, expectations, and experiences, and to develop/launch resources to improve experiences of patients. The team's focus and drive in carrying out patient experience and community involvement had been to specifically understand the quality of service received from the perspective of service users, patients and carers.

The engagement work was delivered in accordance with the The Framework for Assuring Service User Experience in NHS Wales and is reported to the Quality, Patient Experience and Safety Committee every quarter.   Every effort was made to engage effectively so that people could be involved, have access to relevant information, and share views, experiences and expectations in an easy, open and welcoming environment.

The Board were given details 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. This included:

1. Engagement with various communities across Wales
2. Work involved with the Chief Ambulance Services Commissioner in supporting and taking forward recommendations from the Amber review

3. Supporting the Trust's Long Term Strategy and IMTP
4. Continuing to deliver a programme of engagement with children and young people and with schools
5. Working with patients with sensory loss; delivering against the All Wales Standards for Accessible Communication and Information for People with Sensory Loss
6. NHS Direct Wales Website – recent developments have included new sections on; Dementia, LGBT and an easy read section

The Board considered the report and supporting Patient Experience quarterly reports in more detail and raised the following:

Members recognised the considerable amount of work being undertaken not only with schools engagement but also with engaging with other emergency services

RESOLVED: That the work of the Patient Experience and Community Involvement Team and its contribution to the Trust's Strategy Map and deliverables 2019-2022 were noted.

75/19 ANNUAL INFORMATION GOVERNANCE REPORT – 2018-19

Chris Turley gave an overview the report; highlights from which included:

1. Strengthened control mechanisms with four new information forums;
2. Internal audit rating of 'substantial assurance' for the GDPR implementation;
3. Completed eight Data Protection Impact Assessments (DPIAs) under the GDPR;
4. Progressed six IG related policy and procedure documents to publication;
5. 91.4 % Mandatory Training compliance for IG modules across the Trust;
6. Increased the IG toolkit (C-PIP) performance to 95.7%;
7. Handled an additional 19.8% subject access requests from the previous year;
8. Zero concerns raised with the Information Commissioner's Office (ICO);

Comments:

What was the status on the backlog of paperwork being scanned/digitised? Chris Turley explained that whilst there was still some outstanding paperwork, significant progress was being made.

RESOLVED: That the

(1) progress made in key areas outlined within this cover paper was noted; and

(2) Annual Information Governance Report was accepted.

76/19 PUBLIC HEALTH PLAN

Claire Bevan explained that the purpose of the report was to seek support from the Board to endorse the plan. This was the first Public Health Plan for the Trust and the UK wide Association of Ambulance Chief Executives had made a commitment to every Ambulance service developing its Public Health plan and priorities. The plan had been developed in collaboration with key partners through workshops and engagement including Public Health Wales, and was fully aligned with the new Public Health Wales Long Term Strategy.

To ensure robust reporting arrangements were in place, the Board were assured that an implementation plan would be developed to identify the key actions and priorities for the Trust. This would also be monitored through the Quality Steering group through to the Quest Committee

Following a question in terms of overseeing the delivery of the plan, Claire Bevan advised that the Quality Steering Group and the ongoing work in aligning it with the IMTP would continually monitor and scrutinise its implementation.

RESOLVED : That the plan was endorsed

77/19   CONSENT ITEMS

Update from Committees

Audit

The Chair of Audit briefed the Board on the Internal Audit follow up report in terms of the handover process which had been discussed at the last Audit Committee meeting. The actions from this report had been distributed to the specific Trust/Health Boards. It had been observed that Cardiff and Vale University Health Board had not participated in the follow up report; and it was understood they were still non-compliant with the policy regarding patient clinical assessment on ambulances outside the hospital. Audit Committee considered this particular point should be brought to the attention of the Trust's Chief Executive and Chairman for escalation.

Jason Killens confirmed receipt of letter from the Chair of Audit in this regard and assured the Board he would discuss the circumstances with Cardiff and Vale and once further information was known, inform the Board.

Quest

The Chair of Quest raised the following points from his report:

1. Progress being made with patient engagement
2. Tracking of patient stories and feedback, notably a change in script for call handlers
3. Joint investigation process for SAI's had been agreed
4. The Cwm Taf Maternity review had been discussed in detail

Minutes of Committees

The Minutes of the following Committees were presented for endorsement:

1. People and Culture – 9 April 2019
2. Finance and Performance – 25 April 2019
3. Audit – 12 September 2019
4. Quality, Patient Experience and Safety – 3 September 2019
5. Remuneration – 28 March 2019

EASC Minutes

Minutes from the EASC Meetings were noted.

RESOLVED: That

(1)   the updates from Committees as described above were noted;

(2)   the above Minutes from the Committees were endorsed; and

(3)   Minutes from the EASC meetings were noted.

Any other business

Members recognised this would be Claire Bevan's last Board meeting and recorded a note of thanks for her outstanding contribution during the past several years

Date of next meeting: 21 November 2019

UNCONFIRMED MINUTES OF THE <u>CLOSED</u> MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 19 SEPTEMBER 2019 at NEWTOWN FOOTBALL CLUB, LATHAM PARK, NEWTOWN, POWYS, SY16 1EN

<u>PRESENT:</u>

Martin Woodford	Chairman of the Board
Jason Killens	Chief Executive
Claire Bevan	Director of Quality and Nursing
Richard Bowen	Programme Director 111 Service
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
Rachel Marsh	Interim Director of Planning and Performance
Chantal Patel	University Representative
Chris Turley	Interim Director of Finance and ICT
Martin Turner	Non Executive Director

<u>IN ATTENDANCE</u>

Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer
Naomi Machin	Communications Officer

<u>APOLOGIES</u>

Nathan Holman	Trade Union Partner
Damon Turner	Trade Union Partner
Claire Vaughan	Director of Workforce and Organisational Development
Mark Harris	NEPTS General Manager South East

28/19   RESOLUTION TO MEET IN CLOSED SESSION

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

29/19   PROCEDURAL MATTERS

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

Apologies were recorded from Nathan Holman and Damon Turner. The declarations of Mr Emrys Davies as a former member of UNITE and Professor Kevin Davies as an Independent Trustee of St John Cymru were noted by the Board.

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

30/19   111 DISCUSSION/PRESENTATION

Richard Bowen gave an update on the 111 programme, in particular focussing on the new integrated 111 and GP OoHs ICT system, business case and procurement process. The full business case outlined details of the capital investment required from WG and associated revenue costs and how these compared with that being currently incurred

Contracting Authority for this new system has currently resided formally with Velindre NHS Trust (via NWSSP) for the procurement phase. However, it is anticipated that the Trust would take on the contracting authority function and as the service provider would be co-signatory with the 111 Programme Board on submission of the Full Business Case. The implementation and delivery for the new system would be supported by a newly created Joint Implementation Project Board, which would have oversight of the work-streams required to deliver the replacement solution.

The new ICT specification was very detailed but in summary, would include a single integrated solution for call handling, triage and clinical assessment. This solution would be available on desktop, tablet and mobile settings with a fully integrated decision support system, available to both clinical and non-clinical call handlers (evidenced based) with links to 999 and ED systems.

Following the completion of a Full Competitive Dialogue process between two prospective companies, Capita was identified as the successful bidder although a legal challenge from the unsuccessful bidder may cause a delay in the overall implementation process going forward.

Following the presentation to the Board, the following questions were raised:

1. When the 111 contract was signed, would it be correct that there would be no shift in the Trust's financial exposure as a result of any changes? Richard Bowen and Chris Turley confirmed that this was correct and the Trust would seek written assurances from all Health Boards which committed to the required level of revenue funding.

2. The new ICT system for 111 had been allocated £15.08m for implementation. Given this, would the Trust need additional investment in its own infrastructure in order to run the new system? Richard Bowen confirmed that the Trust's current infrastructure was sufficient to run the system and no additional investment was required at this time.

3. Was this a managed service and if so, did it include business continuity elements? Richard Bowen stated that the system would operate across at least two sites, potentially three, in order to ensure business continuity. This would give the Trust very high level of resilience and continuity in the event of any system issues or failures.

4. In the event of any issues or problems with the system, who provided support? Richard Bowen clarified that post implementation there would be 24 /7 co-ordination of all system incidents with a single point of contact for all system users across the Trust and Local Health Boards.

5. With the introduction of the Welsh language measures, what impact would this have upon the 111 service, especially around the recording of clinical records as translating clinical terms would be extremely challenging. Brendan Lloyd confirmed that the 111 service would provide a Welsh language service whenever possible for those who wished to communicate through the medium of Welsh. However, GP's were very clear that any record, regardless of the language used during the call, needed to be in English. Richard Bowen confirmed that this had been discussed with the Welsh Language Commissioner and it had been agreed that records should be kept in English.

RESLOVED: That the 111 update was received by the Board and NOTED.

31/19   PCR/DIGIPEN BUSINESS CASE – UPDATE

Brendan Lloyd gave a brief update on the PCR/Digipen business case. Since the previous update, feedback received from Welsh Government had requested that an additional option be considered for the outline business case which involved the potential of building the EPCR on the Welsh Clinical Portal platform.

The cost and feasibility of this was still to be determined. An invitation to tender went out through Shared Services in order to seek advice and guidance on implementation and the Trust was currently awaiting responses.

Members received the update and recognised that the Trust was currently in the process of implementing other large scale projects such as the 111 system and while the cost and feasibility of the EPCR project were still to be determined, it was likely to significantly impact upon the Trust's resources and timescales for implementation.

In response, Brendan Lloyd explained that until the responses to the tender had been received, it was not possible to fully appreciate the impact that this could have upon resources. However, should the tender responses show that the proposal was feasible, the Trust would still aim to have a core system in place by the target date of March 2021 with additional functionality and systems added after this date.

RESOLVED: That the update to the Board was NOTED.

32/19 ROUTE TO MARKET FOR HART REPLACEMENT VEHICLES

Lee Brooks explained how the Trust had arrived at the chosen route to market for replacement Hazardous Area Response Team (HART) vehicles. In summary, there was an existing national contract for the procurement of these vehicles but for reasons unknown, the Trust was not named in the contract. However, assurances had since been given that the Trust would be included on the next contract, expected to be available from January 2020.

The Trust had identified the type and number of vehicles that required replacement in which Lee Brooks gave further detail. In order to ensure that interoperability was not compromised, it was vital that when these vehicles were replaced, they were all built to the same design specifications.

Lee Brooks advised further of the potential options open to the Trust in order to procure the vehicles.

After reviewing the options and assessing each one on its own merits, the option of a Single Tender Waiver was the preferred choice as this met operational requirements and had the least risk associated with delivery in order to satisfy timescales and budgetary constraints.

However, this decision was beyond the delegated authority level of the Fleet SOP Delivery Group and therefore, required escalation to the Board. Lee Brooks emphasised that the Trust had already received the required funding and consequently, the Board was only being asked to approve the suggested route to market.

Following the update, Members made the following observations:

1. It was noted that at the Audit Committee meeting held on 12 September 2019, approval was given for onward submission to Board, subject to a risk assessment around potential challenges to the Single Tender Waiver and discussions with Welsh Government.

2. Given that this was not the usual route to procurement and acknowledging that the Trust was not named on the contract, would Welsh Government be satisfied that this was the most appropriate route and should they have been consulted or notified prior to this decision being made?

In response, Chris Turley and Keith Cox assured the Board that from a governance perspective, the route to market was entirely proper and within the Trust's remit. Furthermore, the Trust had sought the view of Welsh Government and it was agreed that subject to Board approval, the Single Tender Waiver was acceptable.

Jason Killens noted that in terms of any challenges to the single tender waiver, it should be considered that there were very few suppliers within the UK who were capable of delivering vehicles that adhered to the specification required for interoperability. With this in mind, it was likely that even if the conventional procurement routes had been used, it was reasonable to conclude that the same supplier would have been utilised. Therefore, the risk of a challenge was considered to be low.

RESOLVED: That

(1) the risk to the HART vehicle replacements for 2019/20 was NOTED

(2) the requirement to confirm the route to market was NOTED

(3) the required funding was already in place was NOTED

(4) the options explored and the recommended procurement route were NOTED and

(5) progression of the recommended procurement route (Option 1: Single Tender Waiver) was APPROVED.

33/19   STRATEGIC SERVICE CHANGES

The update on Strategic Service Changes was presented as read and the contents were noted. Members agreed that further discussions were to be held at Board Development.

RESOLVED: That

(1) the update on Strategic Service Changes was NOTED: and

(2) further discussion were to be held at Board Development was AGREED.

34/19   UPDATE FROM DISCUSSIONS WITH EASC

Jason Killens and Rachel Marsh gave an update following discussions held with the Emergency Ambulance Services Committee (EASC) on 10 September 2019. The meeting was productive and well attended with six of the seven chief executives from Local Health Boards present as well as the Deputy Chief Executive of NHS Wales, Simon Dean. Rachel Marsh explained that discussions focused primarily on ways in which service performance such as handovers and waiting times could be improved. It was recognised that the service was under severe pressure and proposals were sought on how to alleviate and manage significant issues like handover delays.

Jason Killens presented two papers to the Board which set out a number of proposals for consideration. These proposals were designed to improve the arrangements for managing patient flows and system risk across NHS Wales at all times and, in particular, during periods of increased escalation and pressure, ensuring that the quality and safety of patient care was maintained.

In summary, the papers showed that as a national provider, the Trust was well placed to understand the pressures across Wales and provide system leadership. Furthermore, as a service commissioned collaboratively by all Health Boards, the Trust would always operate in the best interests of all Health Boards. Rachel Marsh

explained that this would include providing oversight to support the unscheduled care system across Wales and by leading changes which were urgently required to provide solutions to the ongoing challenges of escalation and high pressure:

In order to deliver these changes, additional funding and investment would be required. Detailed research and modelling had shown the scale of work required to improve performance across Wales and the Trust had submitted these findings to EASC in order to validate the funding. Further details in terms of funding and recruitment and how the Trust intended to progress this was given.

Rachel Marsh then explained how the Trust had submitted three service transformation initiatives to EASC on 10 September with a view to these being raised at the upcoming meeting with the Minister for Health & Social Services and NHS Chairs on 23 September regarding a range of scalable service transformation opportunities and pre-hospital care pathways for pan-Wales implementation. The three initiatives briefly consisted of:

• A falls response model which recognised the opportunities within the service to contribute to the prevention and response for people who have fallen and to support nursing and residential homes so that they were more able and better equipped to assist people who fall.

• An advanced paramedic practitioner (APP) rotational model which would see APP's working within Clinical Control Centres, Primary Care/out of hours settings and also within the community on Rapid Response Vehicles.

• An integrated clinical assessment & triage of calls coming into the Trust's clinical contact centres, with the aim of reducing unnecessary ambulance dispatches and ultimately demand on A&E departments.

In addition, Lee Brooks updated the Board on discussions with the Commissioner regarding initiatives to increase capacity during the winter period. These included:

• Increased use of St John Ambulance in the Unscheduled Care Service area

• Additional capacity in the Clinical Support Desk for crews who attend complex calls where the decision to convey is not always clear.

• Crews handing over patients to a private provider at hospitals

Members were mindful that increased capacity and staff would not necessarily result in improvements to handover delays without collaborative work and partnerships between the Trust and Local Health Boards.

Jason Killens stated that the increase in staff numbers would allow for additional capacity within the service and would enable to Trust to provide appropriate cover and relief for any gaps resulting from sickness and leave.

RESLOVED: That the update on discussions with the CASC was NOTED.

35/19   BREXIT PREPAREDNESS

Jason Killens outlined some of the key risks that may impact upon the Trust when the UK leaves the European Union. These included extra demand on capacity and additional pressures on command resilience and reporting arrangements in the event of a no deal Brexit

Furthermore, Brexit in whatever form could trigger civil unrest which in turn, would increase demand upon other emergency services such as the police. The Trust would need to consider how it supported the police in this situation and how it would respond to any activity which involved disorder.

Members agreed that this subject required further discussion and additional time would be set aside for this to take place.

RESOLVED: That

(1) the key risks were NOTED

(2) further discussions be deferred to later date was AGREED.

36/19   ANY OTHER BUSINESS

Jason Killens and Claire Bevan informed the Board that the Trust had received a Regulation 28 report from the Coroner regarding the death of Ffion Jones in 2016. The Coroner had identified a missed opportunity by the Trust to escalate the incident raised by a GP to the clinical desk. The Trust was obliged to respond to this no later than 11 November 2019.

Dr Brendan Lloyd informed the Board that Chris Moore, Medicines Management Lead, had successfully passed his PHD Viva, in doing so, Chris Moore became only the second paramedic in the service to hold this qualification.

Date of next meeting: 21 NOVEMBER 2019

REDACTED MINUTES OF THE <u>CLOSED</u> MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON 1st AUGUST 2019 AT VANTAGE POINT HOUSE, TY COCH WAY, CWMBRAN, NP44 7HF

<u>PRESENT:</u>

Martin Woodford	Chairman of the Board
Jason Killens	Chief Executive
Claire Bevan	Director of Quality and Nursing
Emrys Davies	Non Executive Director
Pam Hall	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Dr Brendan Lloyd	Medical Director and Deputy Chief Executive
Chris Turley	Interim Director of Finance and ICT
Claire Vaughan	Director of Workforce and Organisational Development (OD)

<u>IN ATTENDANCE</u>:

Julie Boalch	Corporate Governance Manager (Rep Keith Cox)

<u>APOLOGIES</u>

Lee Brooks	Director of Operations
Keith Cox	Board Secretary
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Mark Harris	NEPTS General Manager South East
Rachel Marsh	Interim Director of Planning and Performance
Chantal Patel	University Representative
Damon Turner	Trade Union Partner
Martin Turner	Non Executive Director

28/19   CLAIM

The full factual background to the case was detailed in the supporting SBAR and it was noted that the Board were asked to consider the matter ahead of a forthcoming deadline to conclude payment on account by the 2nd August 2019.

The Board were advised of the particulars of this employment claim and that the initial damages claim had been accepted at the closed session of Trust Board in May 2019 and subsequently settled on the 25th July 2019. The settlement entitled the Claimant to recover legal costs incurred in pursuit of this claim.

The Bill for the final legal costs had now been received, but, on analysis, there were points of dispute and permission from the Trust was sought to negotiate a lower settlement figure. Alternatively the Trust could dispute the full amount which will involve entering into Court proceedings.

Members considered the merits of the options and agreed to support the negotiation of a lower settlement figure as outlined in the supporting papers.

29/19 IMMEDIATE AMBULANCE RELEASE / SAI

The Board were advised that this matter had been raised informally with the Board at the Board Development Day on the 30th July 2019. This is now being discussed in the closed session of the Board in order to seek advice and direction from Members on the next course of action.

The Trust had received letters of complaint regarding delayed responses due to handover delays at Emergency Departments. A feature in two complaints was that an immediate release of Ambulances had been requested. The letters of complaint were shared with the respective Health Boards.

It was noted that an immediate release is not requested in every case and only when other options have been exhausted. It has always been understood that immediate release requests will be honoured but this does not happen in every case.

In circumstances where it is suspected that a patient may have been harmed due to a delayed response a Serious Adverse Incident investigation will be initiated. A no surprises notification will also be submitted to Welsh Government containing the chronology of events by WAST.

The Chair advised that copies of all correspondence relating to the cases had been circulated to himself and a number of Non-Executive Directors demonstrating a thorough audit trail in relation to this issue.

Members were referred to the Welsh Health Circular (WHC) dated May 2016 which provided guidance on expectations relating to handover time and immediate release both by the Health Board and the Welsh Ambulance Services NHS Trust when delays occur. However, it does not provide any guidance on the process of handling or facilitating immediate release requests.

Pam Hall advised the Internal Audit report on Handover of Care at Emergency Departments references the NHS Wales Ambulance Availability Protocol document stating that it sets out the procedure that must be followed when immediate release of ambulance vehicles was required when any WAST allocator had no resources available to respond to Red/Amber 1 calls. However, the Board were advised that the Protocol was still in draft having been presented as a paper at EASC in 2016.

The Board were advised that a Joint Investigation Framework was ratified by Nurse Directors on the 26th July 2019 and was in the process of being implemented. The Framework will be considered by WAST's Quality Steering Group and QuEST in September 2019. In addition it will be presented to each of the Health Board Quality & Safety Committees for endorsement.

WAST have reported 13 SAIs to Welsh Government over the last 4 months across all of the Health Boards. At the same time, 8 additional cases are being led by the Health Boards. An upturn in incident reporting activity has been acknowledged and those cases that need to be considered for a SCIF.

In addition, following discussion it was agreed that Claire Bevan would request attendance at the Aneurin Bevan, Swansea Bay and Cwm Taf Quality & Safety Committees to provide a presentation on the scale of handover including the challenges and impact on SAIs.

A discussion took place about the next steps and it was suggested that in the event that there was a further incident of an immediate release request being declined, WAST would write to the relevant Health Board Chief Executive as well as formally escalating this in writing to Welsh Government.

Dr Brendan Lloyd had written to the Chief Medical Officer (CMO) to request that handover delays be considered at the All Wales Medical Director's meeting.

Whilst research had been undertaken it had not been possible to locate an approved system document which provided for or expected for immediate release requests to be facilitated. That said, there was an indication that it was a system expectation that these requests will be facilitated.

It was also proposed that, as a further action, the Trust should request that the Welsh Government review and formalise a policy position which mandates immediate release in circumstances where it is believed a patient will come to harm. In addition to this a request will be made to explore the robustness of the extant framework regarding handover delays within NHS Wales. Members of the Board supported this action.

A discussion ensued relating to clinical judgement informing the request for immediate release of both Amber 1 and Red cases within the formalisation of the protocol in addition to adjusting the language from red release to immediate release as stated in the WHC. It was agreed that information and data would be included in the written Red Report to EASC to highlight the frequency of immediate releases being declined.

Dr Brendan Lloyd has previously submitted a request to the Unscheduled Care Clinical Lead that the WHC be revisited to include the immediate release and was assured that this would be done. Brendan Lloyd agreed to raise this with the CMO at the next All Wales Medical Director's meeting.

However, it has subsequently been confirmed that the WHC will not be updated and position will be monitored through individual Health Board winter plans.

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 19 SEPTEMBER 2019

CURRENT ITEMS

	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
27	53/19 Engagement Framework	18 July 2019 And 19 September 2019	Engagement Framework	EMT to refine list of priorities and consider a sustained engagement campaign	EMT Estelle Hitchon	EH sent EMT initial proposal for comment 12 September 2019 Latest information to be included in standard update report
28	68/19	19 September 2019	A Major Trauma Network for South Wales and South Powys	Trust's full programme business case to be presented at 21 November meeting	Rachel Marsh	Item Deferred

BOARD AND COMMITTEE CALENDAR

MEETING	Trust Board
DATE	21 November 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 agree the 2020/21 calendar of Board and Committee meetings.
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	4 September 2019	Agreement
Chairs' Working Group (Cancelled)	1 October 2019	Endorsement
Trust Board	21 November 2019	Approval

SITUATION

1   This paper sets out the 2020/21 calendar of Board and Committee meetings.

BACKGROUND

2   Each autumn the Trust sets the calendar of Board and Committee meetings for the following financial year.

ASSESSMENT

3   The calendar has been constructed to follow as close as possible the 2019/20 business cycle and meeting dates. Wherever possible dates avoid school holidays and Bank Holiday weeks. However, changes to Welsh Government deadlines for the submission of key documents will mean that some changes to the 2020/21 calendar will be needed in order to allow for Board approval prior to the submission of the documents.

4   The key changes are:

•   The Trust Annual Report and AGM now have to be completed by the end of June rather than, as previously, the end of July. Bringing forward the July Board meeting will result in a long gap between formal Board meetings and upset the pattern of holding formal Board meetings on alternate months. It is therefore proposed to leave the July meeting in place and hold an engagement event on 25 June specifically for the purposes of the AGM. The Annual Report can be formally approved immediately prior to the AGM.

•   Similarly, during 2020/21, the IMTP will need to be approved by the Board and submitted to the Welsh Government by the end of December rather than, as currently, the end of January. Bringing forward the January Board meeting will result in the same issues as mentioned above. It is therefore proposed to leave the January 2021 meeting in place and use some of the Board Development time on 17 December 2020 to consider and approve the IMTP.

5   In addition Finance and Performance Committee has now been programmed to meet six times over the 2020/21 financial year. Quarterly meetings have been programmed for the remaining Committees, with the exception of Charitable Funds which has now been programmed to meet three times a year. Chairs' Working Group will continue to meet quarterly.

6   The calendar on the following page includes details of the start times of the meetings and the notes section at the bottom of the calendar page provides further supporting information

7   We have also been asked to consider partly re-introducing engagement events at Board meetings. This is in recognition that formal Board meetings attract no or very little public attendance. Proposals on this matter will be

developed in the coming weeks and will be discussed at Chairs' Working Group early in 2020.

RECOMMENDATION

1) **That Trust Board approves the 2020/21 calendar for Board and Committee meetings.**

	2020									2021		
	April	May	June	July	August	September	October	November	December	January	February	March
1							Board (3)		QuESt (3)	New Year BH		
2	CWG (1)											
3						Char Funds (2)			Audit (3)			
4			Char Funds (1)									Audit (4)
5										CWG (4)		
6							CWG (3)					
7				CWG (2)								
8		Early May BH				QuESt (2)			Rem Com (3)			
9												Rem Com (4)
10	Easter BH											
11			Rem Com (1)								Char Funds (3)	F&P (6)
12		QuESt (1)						F&P (4)		P&C (4)		
13	Easter BH						P&C (3)					
14		F&P (1)		P&C (2)						F&P (5)		
15						F&P (3)						
16			Board Dev (2)	F&P (2)							Board Dev (5)	
17						Audit (2)			Board/Board Dev (4)			
18												
19												
20												
21	P&C (1)	Audit (1) (Accts)										
22						Rem Com (2)	Board Dev (3)					
23											QuESt (4)	
24												
25		Spring BH	Board/AGM						Christmas BH			Board (6)
26								Board (4)				
27												
28		Board (1) (Accts)							Christmas BH	Board (5)		
29												
30	Board Dev (1)			Board (2)								
31					Summer BH							

Key:

Audit	Audit Committee (4 Meetings): *Start Time 13.00*	
Audit (Acts)	Audit Committee to sign off 2019/20 Accounts: *Start Time 9.30*	
Board Dev	Board Development (6 Meetings): *Start Time 9.30*	
CWG	Chairs' Working Group (4 Meetings): *Start Time 14.00*	
Char Funds	Charitable Funds Committee (3 Meetings): *Start Time 9.30*	
F&P	Finance and Performance Committee (4 Meetings): *Start Time 9:30*	

P&C	People and Culture Committee (4 Meetings): *Start Time 9.30*	
QuESt	Quality, Patient Experience and Safety Committee (4 Meetings): *Start Time 13.00*	
Rem Com	Remuneration Committee (4 Meetings): *Start Time 9.30*	
Board	Trust Board (6 Meetings): *Start Time 09.30*. 28 May to sign off 2019/20 Accounts	
Board (AGM)	Trust Annual Meeting: *Start Time 14.00*	

Notes:

CWG (except 2/4/20), P&C and QuESt will be on Tuesdays. Audit, F&P (except 15/9/20), Charitable Funds and Trust Board will be on Thursdays. BD and Rem Com will be on either a Tuesday or Thursday

Audit, P&C, QuESt, Rem Com, CWG to meet quarterly. Board, F&P to meet six times. Board Development five sessions.

Annual Meeting scheduled for 25 July (short Board meeting ahead of AM to approve Annual Report). Short Board meeting ahead of Board Development on 17 December to approve IMTP.

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

Full Business Case for the development of Cardiff Make Ready Depot

MEETING	Trust Board
DATE	**21st November 2019**
EXECUTIVE	**Rachel Marsh, Director of Strategy, Planning and Performance**
AUTHORs	Richard Davies, Assistant Director Capital & Estates Nia Cockburn, Project Manager
CONTACT DETAILS	Richard.davies16@wales.nhs.uk Nia.cockburn@wales.nhs.uk

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

REPORT PURPOSE	**To seek approval from the Trust Board for the Full Business Case for the Make Ready Depot**
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Finance & Performance Committee	**24 October 2019**	**For noting and approving for progression to Trust Board**
Trust Board	**21 November 2019**	**For final approval**

WELSH AMBULANCE SERVICES NHS TRUST

Full Business Case for the development of Cardiff Make Ready Depot

SITUATION

1. This paper seeks to provide the Board with the Full Business Case (FBC) for the Cardiff Make Ready Depot Scheme. The purpose of this FBC is to confirm proposals for Welsh Ambulance Services NHS Trust (WAST) to develop a Make Ready Depot in Cardiff and, in light of the procurement process undertaken, to acquire the premises and services required for delivery of the preferred option that was outlined in the Outline Business Case (OBC). The FBC can be found in Annex 1 and Benefits Realisation / Assessment in Annex 2.

BACKGROUND

2. The OBC was presented to the Finance and Resource Committee in September 2018 and was noted at Trust Board in December 2018. Welsh Government approved the OBC in April 2019 following a period of scrutiny.

3. Since that time, work has then continued in developing the FBC, which specifically includes the finalisation of the design and tendering to ensure that detailed costings are provided. The FBC was presented and approved at the Finance and Performance Committee on 24th October 2019 and in turn was forwarded to Welsh Government for their initial review and assessment, acknowledging that final approval would need to be secured from Trust Board.

4. As outlined in the document, the solution brings together the Emergency Medical Service (EMS) currently delivered from Blackweir Ambulance Station with the Non-Emergency Transport Service (NEPTS) teams to provide a sustainable solution for the continued delivery of resilient, caring and responsive clinical services in the Cardiff area.

5. The creation of Cardiff Make Ready Depot is a key priority in our vision for developing the estate and implementing an operational model that is fit for the future, as well as providing opportunities for partnership working and greater integration. At the heart of this strategy is a radical transformation programme to implement a Make Ready approach to effective vehicle washing and stocking, which reduces infection risks and enables frontline workforce to concentrate on service delivery.

ASSESSMENT

6. The draft FBC has been developed by the external consultants Capita, who have worked in full consultation with WAST and Faithful & Gould the Trusts external cost advisors.

7. Detailed below in Table 1 are the capital costs excluding VAT, which show the changes since the OBC was presented. This demonstrates that the tendered costs are slightly lower than the costs presented within the OBC (once inflation is accounted for).

Table 1

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
OBC @ PUBSEC 195	**3,089,000**	**6,641,132**	**4,737,328**	**8,076,466**
Revised @ PUBSEC 268	3,425,923	7,906,145	5,992,592	10,291,606
Results of procurement process		6,724,573		

8. As described in the OBC, the implementation of the preferred option involves acquiring the freehold land and premises at Merton House in Pentwyn and the design and refurbishment of them to create Cardiff Make Ready Depot. Based on the results of the procurement process, WAST's Cost Advisors have confirmed that the total capital investment required is £7,958,617 (inclusive of VAT and fees), based on the assumptions outlined in section 8 of the FBC. As outlined in Table 2 this incorporates:

   ➢ Land and premises acquisition of £2,040,000; and
   ➢ Refurbishment works of £5,918,617

9. Detailed in Table 2 below is the breakdown of the capital costs of the preferred option.

Table 2

	Net	VAT	Gross
Land and premises acquisition	1,700,000	340,000	2,040,000
Land and premises	**1,700,000**	**340,000**	**2,040,000**
Construction	3,800,000	760,000	4,560,000
Fees	554,355		554,355
Non works	200,000	40,000	240,000
Equipment costs	150,000	30,000	180,000
Quantified risk contingency	320,218	64,044	384,261
Refurbishment works	**5,024,573**	**894,044**	**5,918,617**
Total capital costs	**6,724,573**	**1,234,044**	**7,958,617**
Funding received from Welsh Government 2019/20			559,000
Capital funding required			**7,399,617**

10. On 11th October 2019 a deposit of £209,158 was made to Hugh James for the deposit for Merton House and contracts for the sale have been signed and exchanged with

the vendor with an agreement that the property needs to be vacated within four months and the balance of the sale amount to be made within this timeframe.

11. The FBC, if approved, will be considered by Welsh Government and there is an expectation that this will be approved by the end of December 2019 given that the costs are in line with the approved OBC. Discussions will then take place as to when the capital can be released to allow the work to start on site, but it is hoped that we would be able to start on site before the end of the financial year. The construction period will last approximately 12 months.

RECOMMENDED:

It is recommended that the Trust Board
- Note and approve the Full Business Case for the development of Cardiff Make Ready Depot.

Welsh Ambulance Services NHS Trust

Full Business Case for the development of Cardiff Make Ready Depot

Contents

APPENDICES

Reference	Description
A1	Design documents
B1	Capital cost forms
B2	Lifecycle cost forms
B3	Revenue costs workings
C1	GEM workings
C2	GEM
D1	Benefits register and assessment
D2	Risk register and assessment
E1	Tender report

GLOSSARY

Abbreviation	Description
ARC	Ambulance Resource Centre
CCC	Clinical Contact Centre
CSF	Critical success factor
EMS	Emergency Medical Services
FBC	Full Business Case
HART	Hazardous Area Response Team
IMTP	Integrated Medium Term Plan
MRD	Make-Ready Depot
NEPTS	Non-Emergency Patient Transport Service
NPC	Net Present Cost
OBC	Outline Business Case
RPA	Risk Potential Assessment
RS	Reporting station
SO	Spending objective
SOP	Strategic Outline Programme
SDP	Social Deployment Point
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government

EXECUTIVE SUMMARY

Introduction

The purpose of this Full Business Case (FBC) is to confirm proposals for Welsh Ambulance Services NHS Trust (WAST) to develop a Make Ready Depot in Cardiff and in light of the procurement process undertaken to acquire the premises and services required for delivery of the preferred option that was outlined in the Outline Business Case (OBC).

As outlined in the OBC, the solution brings together the Emergency Medical Service (EMS) currently delivered from Blackweir Ambulance Station with Non-Emergency Transport Service (NEPTS) teams to provide a sustainable solution for the continued delivery of resilient, caring and responsive clinical services in the Cardiff area.

The creation of Cardiff Make Ready Depot is a key priority in our vision for developing the estate and implementing an operational model that is fit for the future, as well as providing opportunities for partnership working and greater integration. At the heart of this strategy is a radical transformation programme to implement a Make Ready approach to effective vehicle washing and stocking, which reduces infection risks and enables frontline workforce to concentrate on service delivery.

Blackweir Ambulance Station has no current capacity or opportunities for future expansion to accommodate the Make Ready service model or enable partnership working. Space constraints and the deteriorating condition of ageing facilities present significant risks associated with increasing backlog maintenance requirements, site access, building functionality, security and the working environment. These increasing sustainability risks and challenges identifying suitable sites to deliver our future solution mean there is a need for urgent action if we are to continue to deliver high quality responsive care that meets the needs of the local population and aligns with our strategy.

Having investigated a range of potential solutions and available development sites at OBC stage, stakeholders identified a preferred option which involves acquiring and refurbishing freehold premises, namely Merton House which is located in the Pentwyn area.

Since the OBC, further dialogue has taken place with the current owner of these premises and the trust is looking forward to progress with the purchase of this property. At the same time, the design and procurement process has been undertaken. Following a robust assessment of the resulting tender returns, the capital investment cost is confirmed as £7,958,617 including VAT. This remains subject to final validation and in turn approval by the Trust. For clarity it is viewed as a not to exceed figure informed by tender returns.

A short summary of the five cases explored within this business case is provided below.

Strategic Case

Strategic Context

As outlined in the OBC, the introduction of Cardiff Make Ready Depot is central to delivering our strategic plans, specifically as part of the recent Strategic Outline Programmes for the development of our estate and fleet arrangements. It is fundamental to facilitating a new service model that will enable delivery against our overall strategic objectives set out in our Integrated Medium Term Plan (IMTP). Furthermore, it is aligned with and supports the national environment and strategic direction within Wales, most notably around timely care delivered through efficient and sustainable services and facilities, as described in the Well-being of Future Generations Act and more recent Parliamentary Review.

Delivering the Make Ready Model

Proposals for Cardiff Make Ready Depot seek to maximise the benefits of the Make Ready concept which is central to our strategy. The benefits outlined in the Estates Strategic Outline Programme include improved productivity of frontline clinical staff, infection control assurance, greater consistency, improved staff welfare, and opportunities for partnership working. It involves creating a hub and spoke model which includes a Make Ready Depot (MRD) and Social Deployment Points (SDP) with appropriate size, scope and sizing of facilities for the area.

Make Ready model
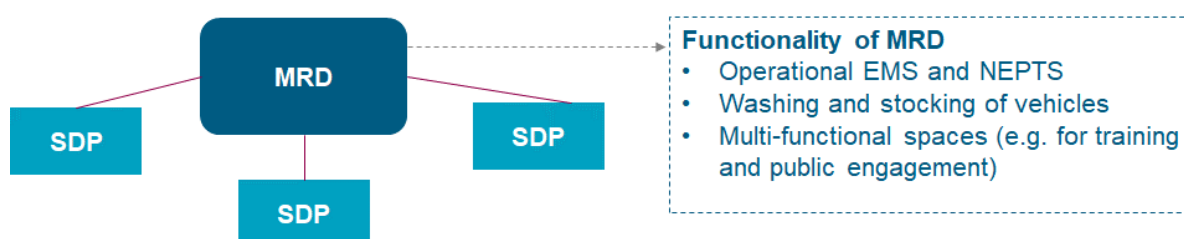
Cardiff Make Ready Depot will make best use of the robust network of SDPs already in place.

Aligning with the Fleet Workshop Model

In addition, our proposals aim to maximise the benefits of the future model outlined in the Fleet Strategic Outline Programme. This involves creating a hub to improve resilience in South East Wales with a standardised approach that provides more flexible and agile mobile mechanics and supports the Make Ready concept.

Fleet Workshop model
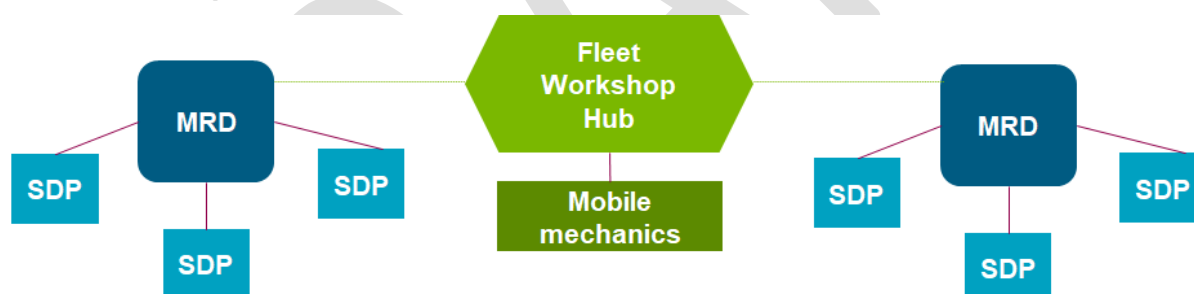
Cardiff Make Ready Depot is aligned with the separate business case that is currently being developed for the Fleet Workshop Hub which will bring together the fleet workshop facilities currently provided at Blackweir and Blackwood.

Case for Change

The overarching aims of the project are articulated in the five spending objectives developed by the Project Board and key stakeholders.

Spending objectives

Reference	Spending objective
SO1	To provide the right premises in the right location enabling improved service performance
SO2	To provide safe, appropriate and flexible facilities suitable for a modern ambulance service

SO3	To enable better resource utilisation resulting in better productivity / fewer lost production hours
SO4	To introduce auditable, standardised washing and stocking processes that improves stock control and reduces costs
SO5	To maintain and develop partnerships enabling integrated ways of working

Current arrangements within the scope of the project include:

- Blackweir Ambulance Station was established in 1963 and currently accommodates the EMS team and one of two fleet workshops in the South-East Region. The re-location of fleet workshops is subject to a separate business case.

- Although Blackweir Ambulance Station is well located in the Bute Park area, access to the site is via a single-track weight restricted bridge which has shared public access.

- Despite investment in recent years, the buildings are continuing to deteriorate and there are no expansion opportunities.

- The current EMS service model involves ambulance crews preparing their own vehicles which increases deployment time.

- The NEPTS team is currently separately located on two different sites, Lansdowne and Cardiff East.

These arrangements are causing significant problems that mean continuing with business as usual is not an option.

Main problems with existing arrangements

⚠️ **Poor condition of facility resulting in increasing risks**

🚫 **Unable to expand and develop facility to deliver future operating model and improve response times**

🐷 **Limited opportunity to maximise productivity and improve stock control**

💰 **Significant backlog maintenance liability**

🤝 **Limited opportunities to develop partnerships and integrated working**

Economic case

Revisiting the options

The following short list of options emerged during the OBC and have been revisited and confirmed:

Shortlist of options

Option	Description
Business as usual (BAU):	Investment in existing Blackweir premises to address backlog maintenance and current risks wherever possible. This is not a feasible option as it does not address all of the risks and does not have any capacity for expansion to accommodate the Make Ready model. However, it is included within the shortlist to provide a baseline for comparison purposes.
Location A – Merton House	Refurbishment of freehold land and premises in the Pentwyn area to create a Make Ready Depot that will accommodate the core + desirable scope of services.
Location B – Colchester Avenue:	Refurbishment of leasehold premises to create a Make Ready Depot that will accommodate the core + desirable scope of services.
Location C – Pentwyn Park & Ride	New build premises on leased site in the Pentwyn area to create a Make Ready Depot that will accommodate the core + desirable scope of services.

Economic appraisal

The economic appraisal has been updated to reflect changes since the OBC, specifically:

- Results of the procurement process for the preferred option.

- Alternative options uplifted in line with current price base i.e. works cost adjusted from PUBSEC 195 (indices used at OBC stage) to PUBSEC 268 (3Q 2019).

The results of this, outlined in the table below, confirm that the ranking of options remains unchanged within the FBC.

Options appraisal results

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Initial capital investment including VAT	£4,093k	£7,959k	£7,070k	£12,137k
Annual revenue costs	£93k	£488k	£804k	£578k
Discounted Net Present Cost (NPC)	£8,246k	£19,570k	£27,448k	£26,497k
Ranking based on NPC	**1**	**2**	**4**	**3**
Benefits of Make Ready model	Cannot deliver model	Maximises model benefits	Maximises model benefits	Maximises model benefits
Estates and environment improvements	Limited benefits	Modern fit for purpose facilities	Modern fit for purpose facilities	Modern fit for purpose facilities
Improved integration, collaboration and changes	No change	Capacity for flexible space	Capacity for flexible space	Capacity for flexible space
Ranking based on benefits	**4**	**1**	**1**	**1**
Location risks (ORH Tier 1)	Low	Medium	Low	Medium
Site access risks	High	Low	Low	Low
Future capacity risks	High	Medium	Low	Low
Reputational risks	High	Low	Low	Low
Implementation risks	High	Low	Low	Low
Leasehold funding risks	Low	Low	High	High
Ranking based on risks	**4**	**1**	**2**	**3**

Overall findings

This demonstrates that the initial conclusions identified within the OBC remain relevant, which in summary are:

- **Business as Usual:** Not a feasible option since although it appears to incur the lowest capital and revenue costs, it does not offer value for money because it is not a like for like comparison to other options, it delivers few benefits, represents a high level of risk. It does not align with our strategic direction since there are no opportunities to accommodate the Make Ready model, expand capacity to meet growing demand, accommodate NEPTS, or enable improved engagement with partners and the wider community, and improve access to training. A number of issues associated with site access, car parking, security and the working environment will continue.

- **Location A – Merton House**: Offers the best value for money since, as well as resulting in the lowest discounted Net Present Cost of the three feasible options, it delivers the same level of benefits and involves minimal implementation risks by refurbishing freehold premises. Although it is not situated in a Tier 1 ORH deployment location and so presents some risks associated with maintaining adherence with the deployment plan, this can be mitigated by the robust network of SDPs and the development of appropriate operating plans.

- **Location B – Colchester Avenue:** Offers the lowest value for money since the leasehold arrangements required significantly impact on recurring revenue costs, creating the highest discounted Net Present Cost of all options. The complexities of the leasehold arrangements create risks around implementation timescales and future sustainability since it is unlikely that a lease of more than ten years could be negotiated on this site. Sensitivity testing suggests that even if it were possible to acquire the site at market rate, this would not improve the ranking of the option in value for money terms in comparison to Location A (Merton House).

- **Location C- Pentwyn Park & Ride:** Ranks as the second feasible option in value for money terms, since despite the high level of investment required to develop a new build facility on a site with no existing infrastructure and flood plain issues to address, the leasehold costs are lower than Location B because they relate to land only. However, it delivers the same level of benefits as Location A and Location B and has a high level of implementation risks associated with the complexity of the project and is not in a ORH Tier 1 deployment location.

The preferred option

On the basis of these results, Location A (Merton House) continues to offer best value for money by offering the lowest Net Present Cost of the three feasible options, maximising benefits and minimising risks. It therefore remains the preferred option.

Commercial case

Procurement strategy

Delivery of the preferred option requires the acquisition of land and premises and the procurement of design and construction services for the refurbishment of the premises. Following approval of the OBC:

- Further discussion has taken place with the current owner of the Merton House site and there are some final legalities to confirm before the sale of the property is completed.

- An open procurement procedure was agreed for the contractor for the refurbishment works which was completed on 4th October 2019. Following a robust evaluation of the tenders, John Weavers Contractors was identified was the preferred bidder.

Further to reviewing the scope and value of the project during the FBC stage, it was decided that JCT standard building contract 2016 with quantities was more appropriate.

Financial case

Summary of financial appraisal

Based on the results of the procurement process, WAST's Cost Advisors confirm that the total capital investment required to implement the preferred option is £7,958,617 as outlined in the table below.

Capital cost requirements

	Net	VAT	Gross
Land and premises acquisition	1,700,000	340,000	2,040,000
Land and premises	**1,700,000**	**340,000**	**2,040,000**
Construction	3,800,000	760,000	4,560,000
Fees	554,355		554,355
Non works	200,000	40,000	240,000
Equipment costs	150,000	30,000	180,000
Quantified risk contingency	320,218	64,044	384,261
Refurbishment works	**5,024,573**	**894,044**	**5,918,617**
Total capital costs	**6,724,573**	**1,234,044**	**7,958,617**
Funding received from Welsh Government 2019/20			559,000
Capital funding required			**7,399,617**

This means that following the funding received from the Welsh Government in 2019/20 of £559,000 for fees, WAST are seeking further capital funding from the Welsh Government of £7,399,617.

In addition, £394,795 p.a. investment in recurring revenue costs is required, predominately for the additional infrastructure and workforce required to deliver the Make Ready model. This was outlined previously within the Estates SOP, which was endorsed by Welsh Government, and the Fleet SOP. It includes:

- £139,147 - additional rates costs
- £20,653 - increased infrastructure running costs
- £234,995 - additional workforce to deliver Make Ready model

In addition to this it anticipated that funding will be required from Welsh Government for additional capital charges of £132,644 p.a.

Management case

Project management arrangements

An overview of the main milestones required to deliver the project by April 2021 is below.

Project milestones

Milestone	Duration	Start date	Completion date
FBC completion	3 months	Sept 19	Nov 19
Board FBC approval	1 month	Nov 19	Nov 20
Welsh Government FBC approval	2 months	Nov 19	Dec 19
Procurement process	7 months	Aug 19	Feb 20
Contract award	1 month	Feb 20	Feb 20
Acquire land and premises	4 months	Oct 19	Feb 20
Building works	12 months	Mar 20	Mar 21
MRD operational	1 month	April 21	April 21

Achievement of these timescales is dependent on Welsh Government approvals to acquire the site and appoint the preferred bidder so that building works can commence in March 2020.

Management arrangements and detailed plans are in place to ensure successful delivery of the preferred option including the project governance structure and management arrangements, engagement plans, benefit realisation and risk management plans, as well as project evaluation plans

Recommendation

Based on the proposals outlined in this business case Welsh Ambulance Service NHS Trust (WAST) requests approval from the Welsh Government of the Full Business Case and to agree the funding required to implement the preferred option.

Signed:

Date:

Senior Responsible Owner Project

Project Team

1   INTRODUCTION

1.1   Purpose

1.1.1   The purpose of this Full Business Case (FBC) is to present the case for is to present proposals for Welsh Ambulance Services NHS Trust (WAST) to develop a Make Ready Depot in Cardiff.

1.1.2   This project brings together the Emergency Medical Service (EMS) currently delivered from Blackweir Ambulance Station with Non-Emergency Transport Service (NEPTS) to provide a sustainable solution for the continuing delivery of caring and responsive clinical services to the local population.

1.1.3   This document builds on the work undertaken during the OBC stage of the project. This introductory section of the FBC provides an overview of:

- The context of the proposed investment;
- The governance arrangements for the project; and
- The structure and content of the FBC.

1.2   Context for the proposed investment

1.2.1   WAST provides high quality pre-hospital emergency care, non-emergency patient transport services and hear and treat telephone services, including NHS Direct Wales. The organisation aims to be a leading ambulance service and therefore requires an estates infrastructure that is not only fit for purpose but also supports delivery of caring and responsive clinical services throughout Wales.

1.2.2   In its Estates Strategic Outline Programme (SOP), which was endorsed by Welsh Government in December 2017, WAST outlines its vision and plans for developing its estate over a ten-year period. The Estates SOP promotes a more pragmatic planning approach to ensuring the estates plan is specifically tailored to support delivery of operational needs and predicted future demand, aligned with the Cabinet Secretary's NHS Infrastructure Investment Programme investment objectives.

1.2.3   At the heart of the Estates SOP is a radical transformation programme which involves implementing a Make Ready approach to effective vehicle washing and stocking on a hub and spoke basis. The Make Ready approach provides a purpose-built facility with operatives whose primary responsibility is to ensure WAST vehicles are both clean and appropriately stocked. This enables the frontline workforce to concentrate on service delivery as well as reducing infection risks.

1.2.4   The hub and spoke model is essentially a strategically located Ambulance Resource Centre (ARC) or Make Ready Depot (MRD) supported by a series of social deployment points (SDPs) – ensuring a timely response to incidents, greater consistency, better infection control and improved productivity.

1.2.5   At the same time the development of WAST's Fleet SOP sets out plans for the creation of fleet workshop hubs. These will improve resilience in South East Wales through the introduction of more agile mobile mechanics who will provide greater consistency and a more flexible response, thereby supporting the implementation of the Make Ready approach.

1.2.6   The introduction of Cardiff Make Ready Depot is a key priority in delivering our overall strategy, in particular our vision for developing the estate and implementing an

operational model that is fit for the future, as well as providing opportunities for partnership working and greater integration.

1.2.7 Blackweir Ambulance Station currently houses both the operational Emergency Medical Services (EMS) team and the Fleet Workshop. The poor condition of existing facilities and growing backlog maintenance liability present significant and increasing risks. Meanwhile, space restrictions and an inability to expand are preventing us from implementing the Make Ready approach and exploring opportunities for integrated ways of working – in particular, incorporating services such as Non-Emergency Patient Transport Service (NEPTS).

1.2.8 WAST has explored a range of options for the replacement of Blackweir Ambulance and a range of suitable sites have been identified. However, it has not been possible to identify a single site in a suitable location that is large enough to accommodate both the EMS and Fleet Workshop elements, while addressing the current business needs including delivering the operational models outlined in both the Estates SOP and Fleet SOP.

1.2.9 Given the need for urgent action, the implementation of a Cardiff Make Ready Depot will be delivered in two phases:

- Phase 1 – Creating Cardiff Make Ready Depot to replace the EMS operational contingent of the facility in Blackweir Ambulance Station, incorporating accommodation for NEPTS; and

- Phase 2 – Developing a Fleet Workshop Hub, merging the Blackweir fleet workshop facilities with those currently provided from Blackwood.

1.2.10 The Cardiff Make Ready Depot OBC identified the preferred solution for delivering Phase 1 of the project and was approved by the Welsh Government in April 2019. Following, this work commenced on the design and procurement process.

1.2.11 This FBC presents the results of the design and procurement process updates and confirms that the preferred option continues to offer value for money and is affordable, as well as setting out plans for successful delivery.

1.3 Project Structure

1.3.1 Governance arrangements have been reviewed as part of the FBC. The governance structure is shown in Figure 1-1. Further details of the governance arrangements, including the constitution of the Project Board and the roles and responsibilities of key stakeholders, are provided in the Management Case.

Figure 1-1: Governance structure
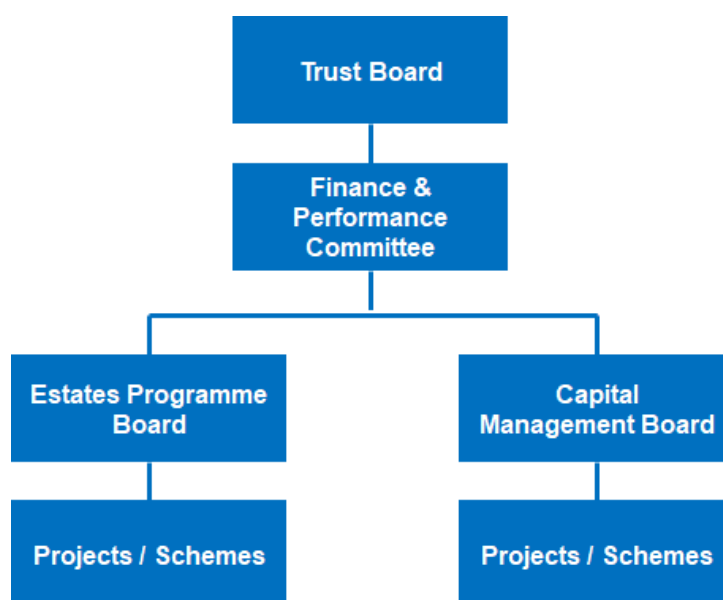
1.4 Structure of the Full Business Case

1.4.1 The FBC has been prepared using the Five Case Model as prescribed by Welsh Government and in line with accepted best practice in Business Case development and presentation.

1.4.2 The structure and content of the FBC is outlined in Figure 1-2.

Figure 1-2: Structure of the full business case

Strategic Case	**Section 2 – Strategic context:** Sets out the strategic context within which the changes proposed in this FBC will take place, the national context for developments in Wales, and the local context.
	Section 3 – Spending objectives and the case for change: Provides an overview of the key spending objectives and revisits the case for change, confirming it remains valid since the approval of the OBC.
	Section 4 – Future model of care and service specification: Provides an overview of the current model of care and sets out the scope of service provision together with an overview of the proposed new service model, explaining the process by which they were developed. Sets out the future activity projections and provides an overview of the areas of workforce change.
	Section 5 – Benefits, risks, constraints and dependencies: Sets out the key benefits, risks, and project constraints and also considers the key project dependencies.
Economic Case	**Section 6 – Revisiting the options:** Confirms that the shortlist of options identified in the OBC economic case are still valid and that their rankings remain the same.
	Section 7 – Economic appraisal: Updates the economic case to provide a summary of the procurement process and how the "best and final offers" (BAFOs) were evaluated and the preferred bidder selected. Demonstrates that the preferred option and recommended service provider offers best public value.

Commercial Case	**Section 8 - Procurement route assessment:** Presents the assessment taken of potential procurement routes and outlines the agreed procurement route
	Section 9– Contracting for the deal: Sets out the negotiated deal and contractual arrangements
Financial Case	**Section 10 – Financial appraisal:** Sets out the financial implications and confirms affordability of the negotiated deal.
Management Case	**Section 11 – Management arrangements** Presents the finalised project management arrangements and plans for successful delivery of the project in accordance with best practice, including the implementation timescales that have been agreed with the service provider and stakeholders.

STRATEGIC CASE

2 STRATEGIC CONTEXT

2.1 Introduction

2.1.1 This section of the business case outlines the strategic context for the proposals to develop Cardiff Make Ready Depot by explaining how the project is strategically placed to support delivery of local and national goals. This includes:

- Providing an overview of the organisation;
- Outlining how the project will contribute to achieving business strategies and aims; and
- Describing how the project aligns with relevant local and national strategies.

2.2 Organisation overview

2.2.1 The Welsh Ambulance Services NHS Trust (WAST) was established in 1998 and provides high quality pre-hospital emergency care, non-emergency patient transport services and hear and treat telephone services, including NHS Direct Wales. WAST's operational infrastructure mirrors the seven local health boards in Wales. These operations are supported by a sophisticated voice and data communication infrastructure operated through a network of Clinical Contact Centres (CCCs) together with a wide range of specialist administrative and technical support functions.

2.2.2 WAST delivers three main categories of service:

- Emergency Medical Service (EMS);
- Non-Emergency Patient Transport Service (NEPTS); and
- NHS Direct Wales.

Emergency Medical Service (EMS)

2.2.3 This operates 24/7 with traditional urgent care and ambulance services for life threatening and medical emergencies, using staff and volunteers. Resources range from specialist Hazardous Area Response Team (HART) and Specialist Operations Response Teams (SORT) to advanced and community paramedics who work closely with local primary care providers. Most of the workload is handled by paramedics and technicians who operate in class-leading ambulances and response cars. The service also supports the Wales Air Ambulance.

2.2.4 During 2015/6 a total of 454,356 verified emergency incidents were processed by our EMS operation, of which 375,844 received a face to face assessment. Of these face to face assessments, 275,377 involved hospital transportation.

2.2.5 Since October 2015 WAST has been publishing a set of Ambulance Quality Indicators. These have been developed in conjunction with the Emergency Ambulance Services Committee (EASC) and are published externally every three months.

Non-Emergency Patient Transport Service (NEPTS)

2.2.6 NEPTS provides transport and care services for scheduled patient interventions, using trained staff and volunteers. A wide range of vehicles are used by Trust staff,

supplemented by a volunteer ambulance car service (ACS). During 2015/6 NEPTS provided 816,097 journeys across the UK.

NHS Direct Wales (NHSDW)

2.2.7 This increasingly important operation provides telephone and web based medical advice 24/7 from nursing and dentistry clinicians, and includes linkages to GP out of hours and 111 services. This service is incrementally triaging emergency calls, thus avoiding unnecessary ambulance journeys and patient admissions to hospital. During 2015/6 NHSDW dealt with 327,695 telephone calls and 4,031,292 visits were recorded to our websites. A key indicator is 'Hear & Treat' of which 12,146 verified emergency incidents were resolved by clinical advice between October 2015 and March 2016.

2.3 Delivering our business strategy and aims

2.3.1 At the heart of WAST's overall vision outlined in the Integrated Medium Term Plan (IMTP) are the following strategic aims:

- Quality at heart
- Vibrant leadership
- Fantastic people
- Delivery of excellent patient care
- Strong partnerships
- Value, innovation and efficiency

2.3.2 The proposals in this business case embody these principles, most specifically as a key priority of the Estates Strategic Outline Programme (SOP) which presents the vision for developing the Trust's estate over a ten-year period commencing 2017/18 and was endorsed by Welsh Government in December 2017.

2.3.3 The Estates SOP is predicated on a more dynamic approach to using existing operational freehold assets where appropriate as a key to fast tracking improvements, in line with the priorities set by operational colleagues, whilst also managing organisational risk.

2.3.4 The key objectives of the Estates SOP are to:

- Ensure the estate is fit for purpose for a modern ambulance service;
- Reduce the risk profile related to the current estate;
- Deploy facilities and resources to optimise service delivery and performance;
- Improve the efficiency of running the estate, sustainability and minimise the cost of maintaining estates; and
- Enable a more dynamic approach in managing infection and stock control through re-developing the estate.

2.3.5 The key priorities detailed within the IMTP that are correlated with the requirements of the estates infrastructure are:

- Implement the Quality Strategy (assurance; patient experience; improving outcomes);
- Implement Infection Prevention Control (IPC) improvement plan (including integrated approach to vehicle and station cleaning);

- Transform EMS service using the 5-step clinical pathway as defined in the new operational clinical model;

- Progress NEPTS transformation (deliver business case priorities; sustainable resourcing);

- Deliver further improvements to Clinical Contact Centre Transformation (agreeing the CCC estate reconfiguration; workforce and process efficiencies);

- Deliver a programme of improvement and efficiencies; and

- Realise further benefits from collaborative stakeholder relationships (specifically estate and fleet).

2.3.6   At the heart of the Trust's programme for its estates is the development of ambulance resource centres (ARCs), make-ready depots (MRDs) and reporting stations (RSs), which will be underpinned by an integrated network of deployment points. New facilities will be provided through new build and refurbishment of existing buildings.

2.3.7   ARCs, MRDs and RSs will provide the core accommodation required by staff to enable them to report to work, undertake administrative tasks, to be trained and provided with the necessary welfare facilities such as toilets, showers and kitchen/dining facilities. Fleet maintenance will be undertaken at ARCs or separate fleet workshops as outlined in the Fleet Strategic Outline Programme. Make-ready – the cleaning, washing and restocking of operational vehicles – will be undertaken at ARCs and MRDs.

2.4   Addressing problems with our estate

2.4.1   The Estates SOP identified issues with the Trust's estate, much of which is in poor condition and has continued to deteriorate over the years. 54% of buildings are pre-1975. Backlog maintenance currently amounts to circa £15.6m (Figure 2-1) and will continue to rise year-on-year based on the existing level of investment in backlog maintenance.

2.4.2   Equally significant is the outcome on functional suitability which shows that 65% of the Trust's properties are not fit for purpose (Figure 2-2) including five premises deemed unacceptable in their current condition. In recent years, the Trust has discharged Health & Safety Executive improvement notices (IN) relating to poor property condition across 19 sites and a further IN against asbestos covering all WAST properties at a total cost of £1.2 million.

2.4.3   The Trust's Corporate Risk Register includes the following 'red rated' risk, CR8, to manage the Trust's estate efficiently and cost-effectively in accordance with at least the minimum statutory requirements regarding health, safety and welfare pending implementation of Trust Estates Strategy and consequential improvements to Trust facilities.

2.4.4   The Trust's estate is not well located in proximity to patient demand. The Demand and Capacity Review of 2016 indicated many areas of increased demand, requiring a level of flexibility not possible within the existing estate.

2.4.5   All this reinforces the need for new, modern facilities that address both health and safety/statutory issues and provide well designed and pleasing environments for Trust staff to work in. It is widely recognised that modern facilities help support recruitment and retention.

Figure 2-1 Backlog maintenance risk categorisation 2015/16

Category of Maintenance	£
High Risk	£3.35 m
Significant Risk	£7.26 m
Moderate Risk	£2.99 m
Low Risk	£1.99 m
Total	£15.59 m

Figure 2-2 2015/16 EFPMS (Estates and Facilities Performance Management System) Return

EFPMS Indicator	%
Physical Condition (*percentage of the Estate which is of reasonable standard*)	35%
Statutory & Fire Safety Compliance	90%
Functional Suitability	36%
Space Utilisation	99%

2.5   Delivering our future service model

2.5.1   Central to the Estates SOP is a radical transformation programme to implement a Make Ready approach for effective vehicle washing and stocking on a hub and spoke basis.

2.5.2   The Cardiff Make Ready Depot OBC highlighted the benefits of the Make Ready concept including:

- Greater productivity of front line clinical staff;
- Improved infection control;
- Greater consistency;
- Improved staff welfare; and
- Opportunities for partnership working.

2.5.3   This will involve creating a hub and spoke model which includes a Make Ready Depot (MRD) and Social Deployment Points (SDP) with appropriate size, scope and sizing of facilities for the Cardiff area.

Figure 2-3 Make Ready Model
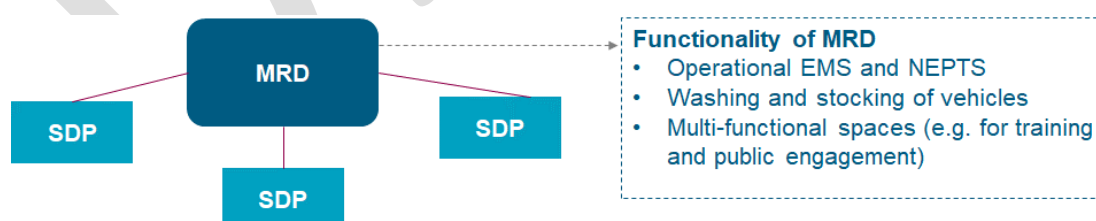
2.5.4   In addition, the business case seeks to maximise the benefits of the future model outlined in the Fleet SOP which is currently with Welsh Government for endorsement. This model supports the Make Ready approach and includes benefits such as:

- Greater resilience;
- Standardisation and consistency between workshops;
- More flexible response to maintenance issues; and

- Opportunities to increase capacity to bring outsourced elements in house.

2.5.5 This will involve creating a hub to improve resilience in South East Wales with more flexible and agile mobile mechanics for the areas.

Figure 2-4 Fleet Workshop Model
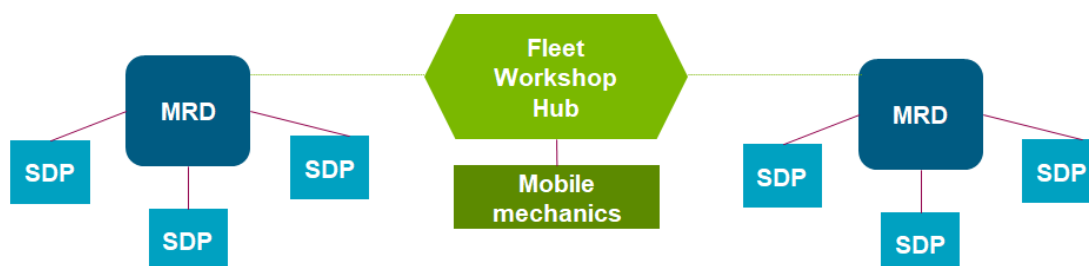
2.5.6 The phasing of the project aligns with this strategic context as it is structured as follows:

- Phase 1 – Creating Cardiff Make Ready Depot to replace the EMS operational contingent of the facility in Blackweir Ambulance Station, incorporating accommodation for NEPTS; and

- Phase 2 – Developing a Fleet Workshop Hub, merging the Blackweir fleet workshop facilities with those currently provided from Blackwood.

2.5.7 Our proposals in this business case are concerned with Phase 1 of the project.

2.6 National strategic context

2.6.1 As outlined in the OBC, creating a Cardiff Make Ready Depot is aligned with and supports the delivery of key national strategic priorities, as summarised in Figure 2-5 below.

Figure 2-5 National strategic drivers

Strategic driver	Key priorities	How this FBC is aligned with/supports delivery of this
Well-being of Future Generations (Wales) Act 2015	The Act sets out well-being goals and sustainable development principles to ensure that all public bodies act in a manner whereby the needs of the future generations are not compromised by the needs of the present.	This FBC will deliver a more energy efficient building infrastructure which contributes to a reduced impact on the environment and enables more sustainable service delivery.
Prudent Healthcare: Securing Health and Well-being for Future Generations	Aims to address the challenges of rising costs and increasing demand, ensuring greater value by delivering healthcare that fits the needs and circumstances of patients and avoids wasteful care.	In view of rising demand for healthcare services in general and ambulance services specifically this FBC contributes to a more efficient service model which will enable resources to be to be used more effectively to deliver more responsive, personalised and cost effective services.

Prosperity for All, the National Strategy (2017)	Issued in September 2017, the national strategy aims to drive integration and collaboration across the Welsh public sector by putting people at the heart of improved service delivery.	The proposed new service model which this FBC underpins is grounded in delivering more responsive, timely and personalised services which are well integrated with other local health and social care services.
Parliamentary Review into the Long Term Future of Health and Social Care in Wales (2018)	Acknowledges the pace at which rapidly changing social and technological factors are impacting on service provision. The report is clear that health and care will not be sustainable if traditional service configurations and ways of working are perpetuated and that new models of delivering health and social care are needed urgently.	This FBC shows that the limitations of current facilities will not enable the new service model with new ways of working to be delivered. A new model of care is urgently needed to meet current and future service demands and to improve and sustain performance.
Taking Wales Forward (2016-2021) – the national strategic direction for NHS Wales	Sets out how Welsh Government will deliver more and better jobs through a stronger, fairer economy, improve and reform our public services and build a united, connected and sustainable Wales.	One of the strategy's goals is to 'deliver timely care and treatment to patients when they need it.' This FBC will support this objective through delivering the right configuration of facilities locally which supports a service model that makes more efficient and effective use of resources to deal with rising demand.
NHS Wales Planning Framework (2018-2021) and Delivery Framework 2018	'Quality in everything' is a key guiding principle behind the framework, as are collaboration and integration. Timely access to care is one of the identified key priorities, including the specific delivery measure of 65% achievement of an 8-minute ambulance response, and reduced 1 hour ambulance handover.	This FBC will contribute to sustainable improvements in ambulance response times through a more efficient service model.

2.7 Conclusion

2.7.1 The introduction of a Cardiff Make Ready Depot is central to delivering our strategic plans, specifically as part of the Strategic Outline Programmes for the development of our estate and fleet arrangements. It is fundamental to facilitating a new service model that will enable delivery against our overall strategic objectives set out in our IMTP.

2.7.2 Both the IMTP and the SOP are aligned with and support the national policy environment and strategic direction within Wales, most notably around timely care delivered through efficient and sustainable services and facilities.

2.7.3   The proposals in this FBC are therefore strongly aligned with and will make a significant contribution to delivering key strategic priorities both locally and nationally, as summarised below.

Figure 2-6 Overview of strategic context
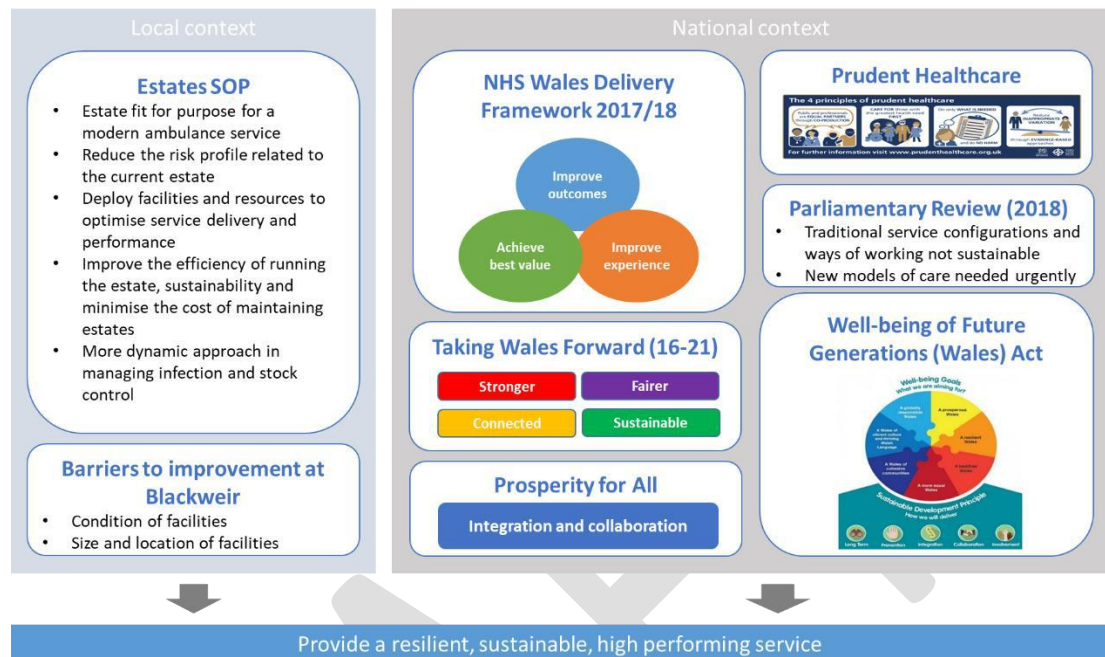
3 SPENDING OBJECTIVES, EXISTING ARRANGEMENTS AND BUSINESS NEEDS

3.1 Overview

3.1.1 This section of the FBC sets out the case for change specifically outlining:

- Spending objectives (what we are seeking to achieve);
- Existing arrangements (what is currently happening); and
- Business needs (where we need to be in the future).

3.2 Spending objectives

3.2.1 The project aims to develop appropriate facilities in a suitable location to enable WAST to continue to provide caring and responsive services that meet the needs of the local population, within an environment that is compliant with regulatory standards and is suitable for the delivery of a modern, effective and efficient operating model.

3.2.2 The spending objectives developed as part of the OBC were reviewed during the FBC stage and are still relevant to the project. These spending objectives articulate our overarching aim and align with the strategic context outlined in section 2.

Figure 3-1 Spending objectives

Reference	Spending objective
SO1	To provide the right premises in the right location enabling improved service performance
SO2	To provide safe, appropriate and flexible facilities suitable for a modern ambulance service
SO3	To enable better resource utilisation resulting in better productivity / fewer lost production hours
SO4	To introduce auditable, standardised washing and stocking processes that improves stock control and reduces costs
SO5	To maintain and develop partnerships enabling integrated ways of working

3.3 Existing arrangements

3.3.1 Blackweir Ambulance Station is well located in Bute Park.

3.3.2 The Station currently accommodates 70 emergency staff made up of a mix of emergency medical technicians, paramedics, clinical team leaders, locality manager, senior clinical manager and the Head of Service.

3.3.3 The emergency staff work rota patterns of 8.5 and 11.5 hour shifts over a 24-hour basis. On a normal day, Blackweir has six EMS crews, two rapid response cars and one Clinical Team Leader on duty. On the late shift, there will typically be four EMS crews, two rapid response vehicles and one clinical team leader on duty, into the early hours our resources then reduce in line with demand for services (three night time EMS crews). Across Cardiff and Vale there are 12 emergency ambulances on duty in the morning, 10 in the afternoon and 6 at night. These rotas are being reviewed so that availability can be refined on an hourly basis in line with demand.

3.3.4 Blackweir also has one of the two workshops in the South East Region. The workshop manages the fleet requirements of Cardiff and Vale and some resources from the

Cwm Taf Health Board area. At Blackweir are four mechanics, one administrative staff member, one store man and one cleaner.

3.3.5   There are between 15 and 20 frontline vehicles out of a total of 36 emergency vehicles based at Blackweir Station at any one time. This can change on a daily basis depending on resource, fleet and workshop requirements. There is a mix of rapid response cars, ambulances, bariatric vehicles and more specialised vehicles such as a triage vehicle which is used to support the night time economy and large-scale events in the city centre.

3.3.6   The Station also has a rest/waiting area for crews as well a changing area, washing facilities and office space.

3.3.7   It has been an ambulance station since 1963 and has undergone several updates since.

3.3.8   The NEPTS team which incorporates 18 vehicles and 28 members of staff are currently based in Cardiff East. There are opportunities to use central points such as Fire Stations to locate some of these vehicles, but it is intended that 11 of them should be located at Cardiff MRD.

3.4   Current operational service model

3.4.1   WAST continues to improve the efficiency of its fleet and recognises that the operational service model will need changing to sustainably deliver the requirements of the National Ambulance Performance Standards. Crews are spending increasing amounts of time away from their reporting base, which has reduced the amount of time available to operational crews to check and clean their vehicles.

3.4.2   With the exception of NE Wales, the current service model requires ambulance crews to prepare their own vehicles for operational duty (including stocking, cleaning and disinfection). Whilst this is an essential function in ensuring vehicles are suitably prepared for safe and clean transportation of patients, it is acknowledged to be an expensive and inappropriate use of trained clinical professional ambulance crew time.

3.4.3   Internal monitoring shows that for a variety of reasons (e.g. cleaning, restocking, vehicle movements, minor faults) many hours of front line operational time are "lost", which has not only a financial cost but also a direct effect on operational performance, patient experience and clinical outcomes.

3.4.4   Currently there are no consistent systems in place to ensure monitoring and cleaning of operational ambulances. The developments in NE Wales have successfully introduced a standardised vehicle cleaning regime which is continuously monitored and is performing well.

3.4.5   WAST is embedding the new operational clinical model which has moved away from most calls being subject to response time monitoring to a model of clinical indicators and outcomes with response time monitoring for the most critically unwell patients only.

3.4.6   By prioritising the small cohort of patients who benefit most from a rapid response the service is becoming more clinically responsive. Allowing more discrimination for other calls is ensuring that both the speed and the type of response is proportionate to patient need. The estate infrastructure needs to reflect the new ways of working,

ensuring that the physical estate is appropriately located to effectively support operational responses.

3.5 Business needs

3.5.1 Significant problems with existing arrangements mean that continuing with the status quo is not an option. Urgent action is required if WAST is to continue to provide high quality, safe, responsive and sustainable services to the local population, in line with its strategy and that of Welsh Government.

3.5.2 Deficiencies with current facilities at Blackweir Ambulance Station result in the problems summarised in the figure below and described in the remainder of this section.

Figure 3-2 Main problems with existing arrangements

⚠ **Poor condition of facility resulting in increasing risks**

⊘ **Unable to expand and develop facility to deliver future operating model and improve response times**

Limited opportunity to maximise productivity and improve stock control

Significant backlog maintenance liability

🤝 **Limited opportunities to develop partnerships and integrated working**

Poor condition of facility resulting in increasing risks

3.5.3 Fit for purpose facilities support the delivery of the service model whilst providing safe and pleasing environments for staff to work in. It is widely recognised that modern facilities help improve staff morale and support recruitment and retention.

3.5.4 The Estates SOP details how the overall ambulance service estate is currently in a poor condition, and demonstrates how this is hindering WAST's ability to deliver its service model. The cost of improving the existing estate is significant due to a lack of investment, the age profile of the buildings, and the limited preventative / maintenance work that has been undertaken over previous years. In addition, many of the facilities are not meeting current guidance levels, and there are breaches of statutory compliance.

3.5.5 In terms of Blackweir, the condition of the existing facility is very poor (see Figures 3-2 – 3-6 as examples). The pictures illustrate the severe restrictions on space and access to the premises. They also illustrate the poor overall standard condition of the buildings, with evidence of frost and water damage to internal walls (Figure 3-4), widespread use of asbestos (for example in the roof and ceiling), and overall poor condition and lack of general maintenance (see for example the slippage of window glazing in Figure 3-5 and of asbestos ceiling panels in Figure 3-15). In short, the

premises are not modern or user friendly, and this is limiting the ability to improve workforce morale.

3.5.6   Over the last 3 years the Trust has received 279 reports of incidents at Blackweir Ambulance Station. These reports exclude patient safety issues. Of the 279 incidents about 105 have a direct link with the inferior quality of the building.

3.5.7   In addition to the impact on staff due to the low standard of working environment, the age and poor state of the repair of the buildings will also be leading to increased utilities costs compared with a modern facility designed to much higher energy efficiency standards.

3.5.8   The existing facilities also present various health and safety risks including:

- Deliveries – very limited access and space within which to receive and handle deliveries safely;

- Oxygen – inadequate storage facilities, with cylinder store currently attached to Parks Department building (see Figure 3-6); and

- Inadequate turning circle (see Figure 3-3).

Figure 3-2 Emergency vehicle exit

Figure 3-3 Exit into shared access road

Figure 3-4 Brickwork to office area (internal wall)

Figure 3-5 Glazing with slipping panels

Figure 3-6 Oxygen store (attached to Parks Department building)

3.5.9 Another key area of risk is in relation to the control of infection. The current service model requires ambulance crews to prepare their own vehicles for operational duty – including stocking, cleaning and disinfection. Since crews are spending increasing amounts of time away from their base ambulance stations, it is reducing the amount of time operational crews have to check and clean their vehicles.

3.5.10 The National Standards of Cleaning in the NHS require trusts to set standards of cleaning. Under the NHS cleaning framework, risk categories are specified for the cleansing of NHS assets. The interior of EMS and PCS vehicles can be categorised as high risk functional areas. Cleaning frequencies are prescribed for particular risk categories.

3.5.11 WAST's present cleaning arrangements do not meet NHS standards, and the restrictions of current facilities are preventing the introduction of the new service model which would enable an auditable cleaning system to be introduced. This means that the Trust cannot assure itself that standards of cleanliness are adequate as it has no audit trail of vehicle cleaning. These tasks are not optional but essential

to ensure that vehicles achieve the required Health and Safety standards for transportation of patients within a safe and clinically clean environment.

3.5.12   The introduction of a systematic, monitored cleaning regime – which is enabled by the proposals in this business case – will provide WAST with assurance that standards are being met, and enable it to swiftly address any areas of non-compliance. This in turn will reduce the risk of cross infection and thereby improve patient safety.

Unable to expand and develop facility to deliver future operating model and improve response times

3.5.13   The strategic backdrop for this FBC is one of increasing demand for ambulance services (Figure 3-7).

Figure 3-7 Emergency incident demand

Year	2012	2013	2014	2015	2016	2017
Incidents	414,772	422,965	432,244	438,987	463,131	471,659

3.5.14   Looking ahead, the incident demand prediction for each calendar year 2017 to 2021 is 2.7% pan-Wales, and 2.6% for Cardiff and Vale.

3.5.15   Given this increasing demand for ambulance services, rationalised service centres are essential to enable response times and liaison and service delivery with the other emergency services to be improved. However, the current location of some ambulance stations provides a barrier to the delivery of better quality care and improved performance. This has resulted in a more traditional model of service provision which puts greater emphasis on ambulance stations as a fixed base for vehicles and crews rather than deploying them at locations closer to the points of greatest demand. Issues may be the physical siting of the station or the location itself which does not permit expansion. Proposed solutions need to facilitate a change in operational practice and a more flexible deployment plan.

3.5.16   There is insufficient space within the current premises at Blackweir to accommodate the 'Make Ready' model. This is therefore hindering the ability of the service to meet the growing demand for services and deliver improved response times through more productive ways of working.

3.5.17   The Make Ready approach supports greater productivity of frontline clinical staff through the introduction of non-clinical staff to undertake the cleaning and preparation of vehicles including washing and stocking. With the current service model based around current facilities, ambulance crews have to prepare their own vehicles. This is acknowledged as being an inappropriate use of trained clinical professional ambulance crew time with a substantial loss of productive hours.

3.5.18   The new service model assumes a new category of staff – Fleet Assistants (FAs) – whose duties will include the cleaning, restocking and minor maintenance of vehicles. The introduction of 'Make Ready' facilities with an appropriate complement of FAs will release the time of EMS staff and increase the number of productive hours spent on frontline duty.

3.5.19   Under current arrangements, ambulance vehicles typically follow the sequence of travel illustrated in Figure 3-8. The vehicles travel relatively convoluted journeys from their deployment point to the incident, then to the hospital, before returning to the ambulance station and onwards to the next most appropriate deployment point (DP). The numbers on the arrows indicate the typical journey sequence. This presents challenges for the service in maintaining adherence to its deployment plan, and there

is a risk of an impact on response times. There is a particular risk at the start of the first shift at 6am.

Figure 3-8 Current ambulance vehicle sequence
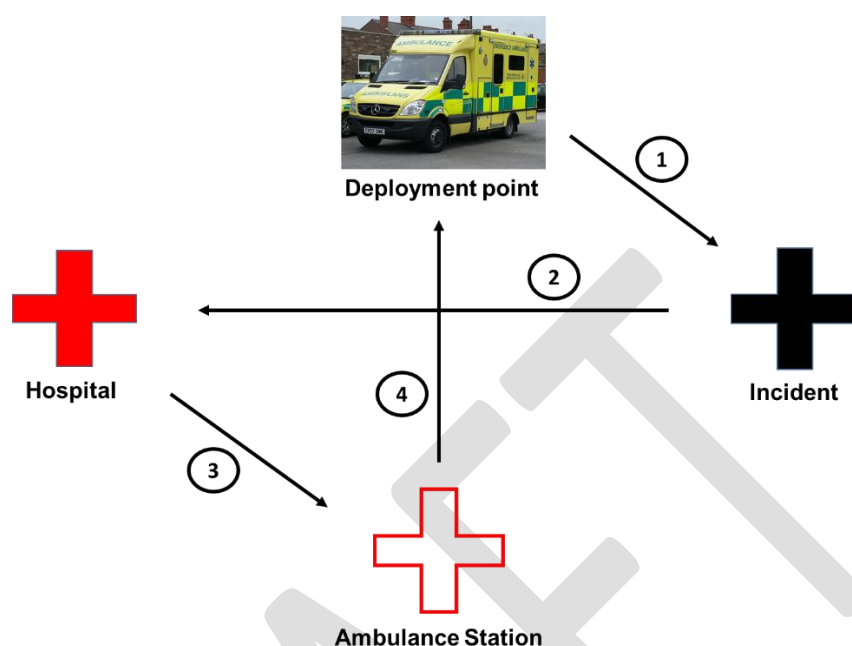
3.5.20 As outlined in the OBC, the revised service model, illustrated in Figure 3-9, locates the new proposed MRD close to the hospital and so reduces travel time and distance, leading to overall efficiency gains. Effectively the ambulance returns to the DP from hospital, negating the journey time to/from the MRD.

Figure 3-9 Ambulance vehicle sequence under new model
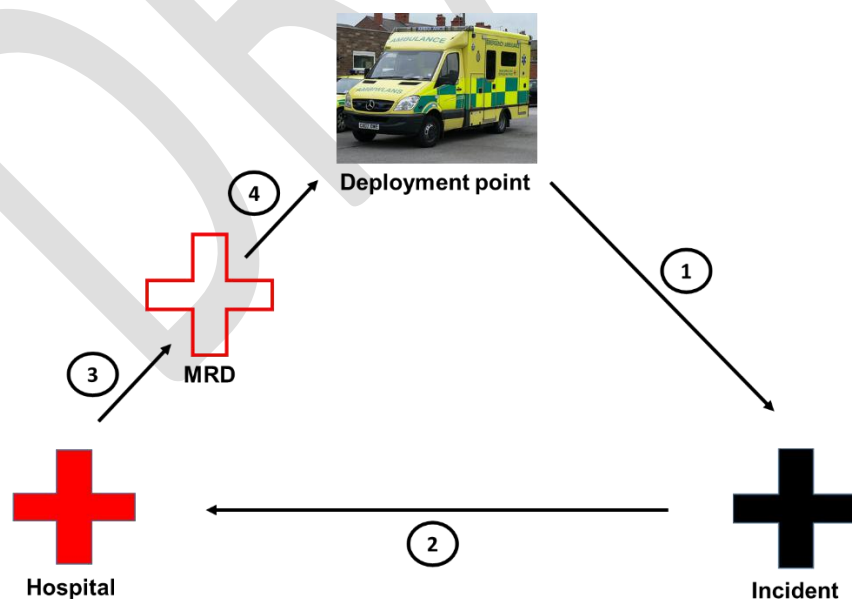
3.5.21 All clinical staff will report to work at the MRD and 'clock on'. Clinical staff will then be deployed in EMS vehicles to Deployment Points to 'standby'. Deployment Points are located in close proximity to clusters/peaks of demand from patients. This reduces the time spent by clinical staff travelling to the patient after receiving the 999 call.

Under WAST's new clinical model, the patient may be transferred to the A&E department. At some point in the job cycle, all emergency ambulances (EA's) will take a patient to the A&E department. All EAs from a given locality will pass through the A&E department at some point in their job cycle. The MRD should therefore be located close to the DGH. This will reduce the time spent by clinical staff transferring EAs to the MRD and maximise clinical staff time with patients. It will also reduce operational mileage and CO_2 emissions and is consequently better for the environment.

3.5.22 Without developing new, optimally located facilities the Trust will be restricted in its ability to implement the changes in working practices required to improve mobilisation and response times.

3.5.23 Aside from the ability to implement the new service model, the limitations in space and access at the current premises are generating a number of significant challenges and risks for the service. These include:

- Access to the site is very poor and there can be obstructions – as illustrated in the figures below. Clearly this presents a risk to the speed of ambulance response. In addition, there are concerns for public safety since the narrow bridge to the station is the only access available to the ambulances and is frequently used by families, dog walkers and cyclists. WAST staff report examples of 'near misses' with cyclists, and also of motorists blocking the egress by stopping on the yellow box junction at the top of the drive at North Road;

Figure 3-10 Vehicle obstructions hindering access to site (1)

Figure 3-11 Vehicle obstructions hindering access to site (2)

- The current premises have very limited car parking (see Figure 3-12 as an example) which is not only impacting on staff satisfaction and morale but can also lead to deployment delays at the start of shifts;

- The premises are on a shared access site, meaning that the general public are using the site during weekend events – this is compounding car parking challenges and reducing ability to address security issues; and

- The single track weight restricted bridge next to the site (see Figure 3-13) requires replacement and planned highway improvements by Cardiff City Council will prevent a right turn out of the site. It will be necessary to relocate the Ambulance and workshops for the duration of this work. The public access Bute Park over a single track bridge and pass through the flow of ambulances exiting the site under blue lights.

Figure 3-12 Yard area (shared access road)
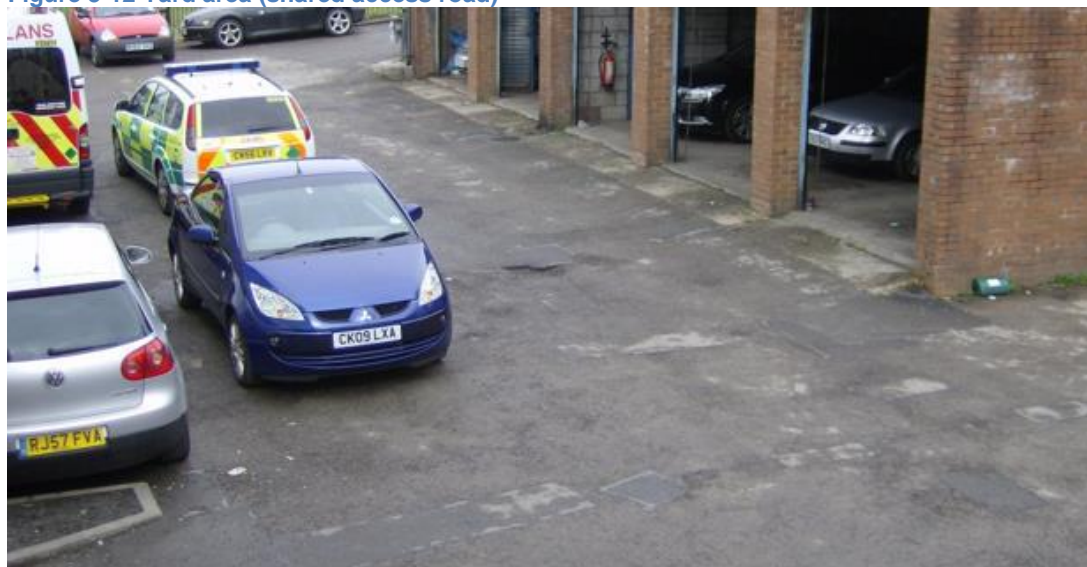
Figure 3-13 Outbuildings and access road from station to road bridge

Limited opportunity to maximise productivity and improve stock control

3.5.24   As detailed above, current facilities are severely limiting the ability of the service to implement the new service model, and therefore to realise the benefits of the model in terms of maximised productivity and improved stock control.

3.5.25   As described above, current access for deliveries is very poor, and the restricted and unfit for purpose facilities for storing stock are hindering the ability of the service to introduce efficient, effective and auditable stock control systems (See Figure 3-14 by way of illustration). The service estimates that this is costing approximately £500-1,000 p.a. in stock write offs.

Figure 3-14 External garages and store rooms

3.5.26 In addition, the lack of training facility at Blackweir is reducing workforce productivity, since staff need to travel in order to access training, whereas under the proposals in this business case such training will take place on site.

3.5.27 Furthermore, a new facility will assist in the overall estate rationalisation programme, reducing the number of ambulance stations from two to one and so generating revenue savings that will, in part at least, offset the introduction of new staffing models to improve efficiency and performance as part of a care improvement programme.

Significant backlog maintenance liability

3.5.28 The Estates SOP identifies that the overall backlog maintenance liability is in the region of £15 million to attain a minimum category B standard as determined by the Estates and Facilities Performance Management System (EFPMS). This investment alone would not enhance the estate and support operational service delivery, but merely maintain the status quo and would not redevelop the estate as required.

3.5.29 Specifically, at Blackweir, the cost advisors have estimated it will cost £900k to address backlog maintenance. This is a substantial liability that is factored into our economic appraisal of the status quo option.

Figure 3-15 Asbestos ceiling with slipping panels
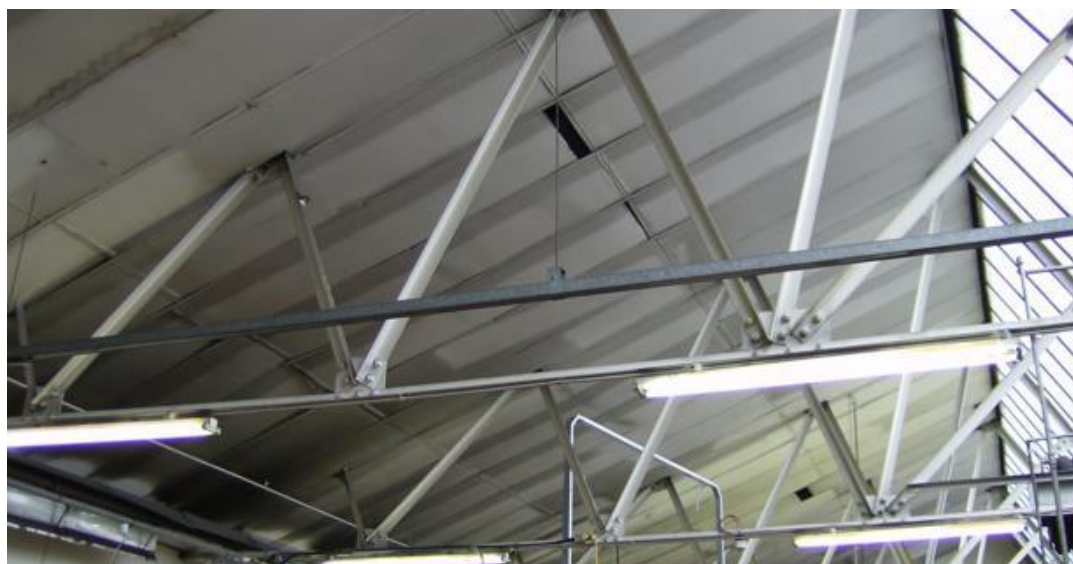
Limited opportunities to develop partnerships and improve integrated working

3.5.30　There is insufficient space within the current facility to include Non-Emergency Patient Transport Services (NEPTS). This reduces ability to develop partnership working and improve performance, resilience and productivity. In turn this is inevitably resulting in segregated WAST services and increased costs.

3.5.31　Additionally, current facilities do not enable implementation of the new service model which will enable greater collaboration between health professionals, and in turn is essential for delivering more integrated care. Under the new service model all EAs from a given locality will pass through the A&E department at some point in their job cycle, thus fostering stronger relationships within the emergency team.

Summary

3.5.32　Together, these five key issues with the status quo constitute a compelling case for change. Figure 3-16 draws this together by mapping the case for change and associated business needs to the identified project spending objectives.

Figure 3-3 Summary case for change and business needs

Objective	Case for change	Business needs
SO1: To improve service performance by providing the right premises in the right location	Although currently well located, there are risks around maintaining adherence to the deployment plan caused by the challenges of operating on a site with shared access and structural issues associated with the single- track weight restricted bridge. Although premises allow for visibility within the community this also creates security risks. There is no space for community engagement. Space restrictions and poor functionality of existing buildings	Provide services from a location that • Does not compromise WAST's ability to maintain adherence to the deployment plan but addresses current access risks. • Improves public visibility within the community without compromising security of the workforce and premises or causing problems for local residents. Development of premises with capacity to

Objective	Case for change	Business needs
	impact on ways of working and are preventing implementation of the Make Ready model that is central to our strategic direction.	• Enable the delivery of the Make Ready model. • Incorporate space to enable better public engagement.
SO2: To provide safe, appropriate and flexible facilities suitable for a modern ambulance service	Poor quality ageing estate resulting in increasing backlog maintenance costs and serious risk of imminent breakdown, as well as increased health and safety risks. Over the last 3 years the Trust has received 279 reports of incidents at Blackweir Ambulance Station. These reports exclude patient safety issues. Of the 279 incidents about 105 have a direct link with the inferior quality of the building. Health and safety risks and the unpleasant working environment impacting on staff welfare and morale. There are no opportunities for expansion to meet growing demand for services or facilitate integration with other services. Current arrangements result in increased risk of cross infection between patients, staff and other healthcare providers.	• Improve the quality and standard of the estate to meet statutory requirements and ensure resilience of the service. • Provide facilities which are fit for purpose and address staff welfare. • Provide flexibility to ensure resilience to meet growing demand and changing service models. • Provide for much higher standards of cleaning, with an enhanced infection control environment.
SO3: To enable better resource utilisation	Continuing to invest in backlog maintenance in an ageing dilapidated building does not make best use of budget or estates. Current service model requires ambulance crews to prepare their own vehicles and their time for doing this is reducing. Not only is this is not the most effective use of resource, but it creates delays in deployment while vehicles are being prepared and defects addressed. There are currently no training facilities on site resulting in the need to travel to access training.	• Improve asset management by reducing expenditure on backlog maintenance and improving efficiency of estate. • Increase resilience and productivity of ambulance resources and improve fleet utilisation by ensuring vehicles are adequately cleaned and stocked and so are ready for immediate deployment at the start of shifts. • Provide space to improve access to training and make best use of workforce time.

Objective	Case for change	Business needs
SO4: To introduce auditable, standardised washing and stocking processes	Current process is not as systematic or auditable as it could be and does not provide adequate assurance around cleanliness of vehicles or stock levels. Space restrictions are preventing the implementation of the Make Ready model which would address this. Need to provide a robust audit trail for decontamination and cleaning processes.	• Introduce a systematic, monitored cleaning regime – with cleaning undertaken by fleet assistants – to reduce the risk of cross infection and improve patient safety. • Provide a more standardised and auditable process that improves assurance.
SO5: To improve synergy with other services	Collaboration with other emergency services is essential to optimise benefits to the people of Wales. Space restrictions on the existing site mean that there are no opportunities for co-locating teams or holding meetings. Having NEPTS on separate sites reduces opportunities for knowledge sharing and future development, as well as increasing costs.	• Enable greater co-operation and sharing with other health and emergency services with increased opportunities for co-location and collaboration.

3.6 Conclusion

3.6.1 The analysis of existing arrangements and identified business needs against the identified spending objectives for the project reveals a strong case for change to support this FBC. In summary:

- The current estate configuration does not enable implementation of the new service model that is required to deliver WAST and WG strategic objectives;

- Resources are not being used as efficiently or effectively as they could, which in turn means that response times cannot be optimised – particularly within a context of increased demand for services;

- Current facilities are not fit for purpose, with high levels of backlog maintenance and increased health and safety and resilience risks.

- The high level of staff satisfaction required is not achievable with the existing poor building and facility condition – this is likely having a detrimental effect on staff recruitment and retention and overall quality of service;

- Required levels of vehicle cleaning and decontamination are difficult to achieve within current estate facilities; and

- The current configuration is not facilitating increased collaboration between services which is crucial to developing more integrated care.

3.6.2 Without investment in a new Make Ready Depot in Cardiff, the existing facilities will degrade to such a level that they become inoperable. In addition, the staff satisfaction rating will continue to decline to obvious service detriment and overall performance

criteria will similarly continue to decline against the growing use of the emergency service.

3.6.3   Continuing with existing arrangements is therefore not an option if WAST is to provide sustainable, high quality and safe services that meet the needs of local people and deliver against local and national objectives.

4 POTENTIAL BUSINESS SCOPE AND KEY SERVICE REQUIREMENTS

4.1 Overview

4.1.1 This section of the business case identifies the potential scope of the project in terms of the key service requirements that should be considered in designing the future service model and developing options.

4.2 Potential scope

4.2.1 By considering the range of business functions, areas and operations to be affected and the key services required to improve organisational capability, 'scope creep' can be avoided during the options appraisal stage of the project.

4.2.2 Coverage and services are considered on the following continuum of need:

- **Core:** Essential changes without which the project will not be judged a success, which for this project relates to addressing the areas of highest risk;

- **Desirable:** Additional changes which the project can potentially justify on a cost/benefit and thus value for money basis, which for this project relates to addressing areas which will contribute to developing the integrated model of care that will ensure the delivery of our strategy; and

- **Optional:** Possible changes which the project can potentially justify on a marginal low cost and affordability basis, which for this project relate to addressing areas that have the potential to enhance the service model and delivery of our strategy.

4.2.3 During the OBC and FBC stages, stakeholders considered each of the service areas to be incorporated within the potential scope of the project and allocated them to the three categories as outlined in the table below.

Figure 4-1 Potential scope of service

Service area required	Core	Desirable	Optional
EMS including Make Ready	✔		
NEPTS	✔		
Flexible space (learning and development, clinical hub, and engagement with partners, voluntary sector, community)	✔		
Local EMS and NEPTS management	✔		
Stores		✔	
Cycle Response Unit		✔	
Other co-responders (e.g. falls service, foot fall)			✔
South East regional management			✔
Administration			✔
Fleet workshop			✔
Shared facilities with external partners (e.g. Fire, Police)			✔

4.2.4   Stakeholders used the categories identified within the potential service scope to inform the development of the long list of options as outlined in section 6.

4.3   Service specification

4.3.1   It is also necessary to explore solutions to accommodate the potential service scope that has been identified. This includes assessing a range of potential locations and estates solutions and these are explored within the development of the long list of options as outlined in section 6.

4.3.2   There are a number of service requirements that the emerging solution must meet in order to achieve our spending objectives and address the business needs identified in section 3. This specification is outlined in the table below.

Figure 4-2 Service specification

Function	Specification
Vehicle parking	Operational vehicles will be protected from inclement weather either through garaging or covered areas. All vehicles will be plugged into charging facilities when not in use to maintain the equipment and vehicle at the correct temperature for immediate use.
Cleaning and restocking	One of the developments associated with the MRD will be the ability to clean and restock vehicles using a new grade of staff FAs (Fleet Assistants) who will facilitate the release of EMS crews to focus on front line duties. The principle is that EMS vehicles and Rapid Response Vehicles (RRVs) will be cleaned at the end of every 12-hour shift and restocked with medical equipment ready for use. EMS vehicles and RRVs will go through a routine deep clean every few weeks. Patient Care Service (PCS) and Health Courier Service (HCS) vehicles will be cleaned every day and deep cleaned every week.
Fleet maintenance	The major routine maintenance, i.e. servicing or repairs other than body work, will be carried out by a vehicle maintenance team at the in-house fleet workshops. Bodywork repairs will be out sourced to private contractors.
Staff base for frontline crews	The MRD will be used as a reporting staff base for all ambulance crews who work out of the facility. The MRD will also be the reporting base for vehicle maintenance, FAs, admin support staff and managers.
Management base	The MRD will be the management base for the locality and contain the necessary admin and IT infrastructure to support the delivery of services.
Training facilities	The premises will contain sufficient space to allow for regular update training for paramedics and other staff and will be equipped with the appropriate training equipment such as mannequins. The training space will also be used to provide training to the public through organised courses and therefore address the Welsh Government's wishes for public services to provide wider support to their communities.

4.3.3   A developed/technical design has been prepared for the works proposed at MRD Pentwyn ready for tender issue and contractor pricing in line with stakeholders requirements. This includes architectural, structural, mechanical and electrical design information up to RIBA stage 4 and other survey information. There are some elements that will need some refinement however the stakeholder requirements have been accommodated in order for tenderers to provide a robust price.

5 BENEFITS, RISKS, CONTRAINTS AND DEPENDENCIES

5.1 Overview

5.1.1 This section of the business case identifies the benefits, risks, constraints and dependencies in that have been considered when developing and assessing the options for the development of Cardiff Make Ready Depot.

5.2 Benefits

5.2.1 By addressing the business needs and achieving the spending objectives the project will deliver a range of benefits that align with the NHS Infrastructure Investment Criteria listed below.

- **Health gain:** improving patient outcomes and meeting forecast changes in demand;
- **Affordability:** reduction in costs over the long term;
- **Clinical and skills sustainability:** reducing service and workforce vulnerabilities and demonstrating solutions that are flexible and robust to a range of future scenarios;
- **Equity:** where people of highest health needs are targeted first; and
- **Value for money:** optimising public value by making the most economic, efficient and effective use of resources.

5.2.2 Figure 5-1 presents the benefits that the project is expected to deliver, categorised by type: cash releasing, non-cash releasing, quantifiable and qualitative.

Figure 5-1 Main benefits

ID	Benefit Description	Spending Objective					Category
		SO1	SO2	SO3	SO4	SO5	
B01	Clean vehicles - Number of vehicles cleaned frequently			✓	✓		Quantifiable
B02	Improved standards of infection prevention control			✓	✓		Quantifiable
B03	Reduced cost from wastage from greater stock control and better stock rotation			✓	✓		Quantifiable
B04	Reduction in stock write offs			✓	✓		Cash releasing
B05	Improved availability of clean and stocked vehicles for immediate deployment at start of shift reducing pressure on crews			✓	✓		Qualitative
B06	Improved availability of vehicles due to lesser defects			✓	✓		Qualitative
B07	Improved compliance with statutory requirements		✓				Quantifiable
B08	Eliminate current and future backlog maintenance		✓				Non cash releasing, Risk reduction

B09	Reduce risk profile of current estate relating to the deteriorating building		✓				Quantifiable
B10	Reduce risk of impeding the flow of emergency vehicles on-site associated with single vehicular access via bridge, limited visibility of cycle path, and congestion during public events		✓				Quantifiable
B11	Improved building functionality enabling better working practices		✓				Quantifiable
B12	Better standards of physical security		✓				Quantifiable
B13	Improved electrical resilience in the event of mains failure		✓				Quantifiable
B14	More efficient premises		✓				Cash releasing
B15	Increased staff car parking		✓				Quantifiable
B16	Improved staff wellbeing by reduction in travel	✓	✓	✓			Qualitative
B17	Improved working environment and staff morale	✓	✓	✓			Qualitative
B18	Enhanced working relationship between EMS and NEPTS with increased communication and knowledge sharing					✓	Qualitative
B19	Improved partnership working with external partners leading to greater integration, enhanced relationships, better communication, more knowledge sharing					✓	Quantifiable
B20	Increased opportunities for public engagement					✓	Quantifiable
B21	Improved collaboration between other emergency services from shared use of training and conference room facilities					✓	Quantifiable
B22	Improved take up of training due to training taking place in the premises		✓				Quantifiable
B23	Reduced travel time to attend training leading to better productivity		✓				Quantifiable

ID	Description						
B24	Promoting active travel for staff	✓	✓				Quantifiable
B25	Improved accessibility to public transport	✓		✓			Quantifiable
B26	Reduced reliance of private and public transport by staff	✓	✓				Quantifiable
B27	Improved sustainability and energy efficiency from premises		✓				Quantifiable
B28	Reduced water consumption		✓				Quantifiable
B29	Reduced requirements for fossil fuels and natural resources		✓				Quantifiable
B30	Reduced transportation related to procurement and deliveries	✓					Quantifiable
B31	Access to charging points for EVs to support roll-out of Green Fleet Initiatives across the Trust		✓				Quantifiable
B32	Reduced transportation mileage due to roll-out of Cycle Response Units on premises	✓	✓				Quantifiable
B33	Reduction in noise levels in residential areas due to change in deployment points	✓	✓				Quantifiable

5.3 Risks

5.3.1 Risk is the possibility of a negative event occurring that adversely impacts on the delivery of the project and its benefits. The main risks that the project must address are listed in the table below.

Figure 5-2 Main risks

ID	Risk Description	Risk Category
R01	Inability to maintain adherence to deployment plan	Operational / Location
R02	Inability to meet current and future demand due to scale of site	Capacity and demand
R03	Workforce unable to adapt new ways of working to deliver Make Ready model	Workforce
R04	Inability to retain skilled staff	Workforce
R05	Relocation of facilities has a negative impact on workforce during transition period	Workforce

R06	Failure to secure support of all stakeholders	Reputational and policy
R07	Failure to ensure business continuity during implementation phase	Implementation
R08	Delays during design and implementation phases	Implementation
R09	Lack of capacity and capability to deliver project	Implementation
R10	Failure to secure adequate capital funding	Funding and finance
R11	Failure to secure adequate revenue funding to secure leasehold premises	Funding and finance
R12	Failure to secure adequate revenue funding to deliver Make Ready model	Funding and finance

5.4 Constraints

5.4.1 Constraints relate to the parameters that the project is working within and any restrictions or factors that might impact on the delivery of a project. For the development of Cardiff Make Ready Depot this includes:

- Situating the solution in an optimal deployment location with adequate site access that maintains adherence to the deployment plan.

- Availability of suitable sites in the Cardiff area that will provide long term sustainability.

- Delivering the Make Ready model outlined in the Estates SOP and supporting the fleet workshop model outlined in the Fleet SOP.

5.5 Dependencies

5.5.1 Dependencies include things that must be in place to enable the project or project phases to be delivered. They typically include links to other projects and funding requirements that are likely to be managed elsewhere.

- Access to adequate capital and revenue funding to acquire the site and develop appropriate facilities.

- Access to adequate revenue funding to support the implementation of the Make Ready model.

5.6 Conclusions

5.6.1 Stakeholders have identified the benefits, risks, constraints and dependencies in relation to the agreed scope and key service requirements of the project.

5.6.2 Benefit and risk registers have been developed and will be continually updated throughout the project. Benefits and risks are quantified as part of the options appraisal in the Economic Case. Plans to realise the benefits and manage the risks are outlined in the Management Case.

ECONOMIC CASE

6 CONFIRMING THE OPTIONS

6.1 Overview

6.1.1 This section of the FBC is intended to confirm that the options identified within the OBC Economic Case remain valid and their rankings remain the same in light of any new information that has emerged in the intervening period.

6.2 Critical success factors

6.2.1 Critical success factors (CSFs) are the essential attributes for successfully delivering the project. CSFs are used alongside the spending objectives to evaluate the options. The CSFs identified at OBC stage have been reviewed and remain valid for the FBC. These are presented below.

Figure 6-1 Critical Success Factors

CSF	Description
Strategic Fit	• Meets agreed spending objectives, related business needs and service requirements. • Aligns with local and national strategic direction. • Allows delivery of the Make Ready operating model.
Value for Money	• Optimises public value in terms of the potential costs, benefits and risks.
Potential Achievability	• Is likely to be deliverable. • Matches the available skills required for successful delivery.
Supply side capacity and capability	• Matches the ability of service providers (in house and/or externally) to deliver required services. • Is likely to be attractive to the supply side.
Potential Affordability	• Can be funded from available sources of finance.

6.3 Revisiting the OBC options

6.3.1 As part of the OBC, a rigorous process was undertaken to develop and assess of a long list of potential options. This resulted in the identification of a shortlist of three feasible solutions for delivering the Cardiff Make Ready Depot, along with a Business as Usual option which was included as baseline for comparison purposes.

Figure 6-2 Identifying the shortlist of options at OBC stage

Figure 6-2 Identifying the shortlist of options at OBC stage
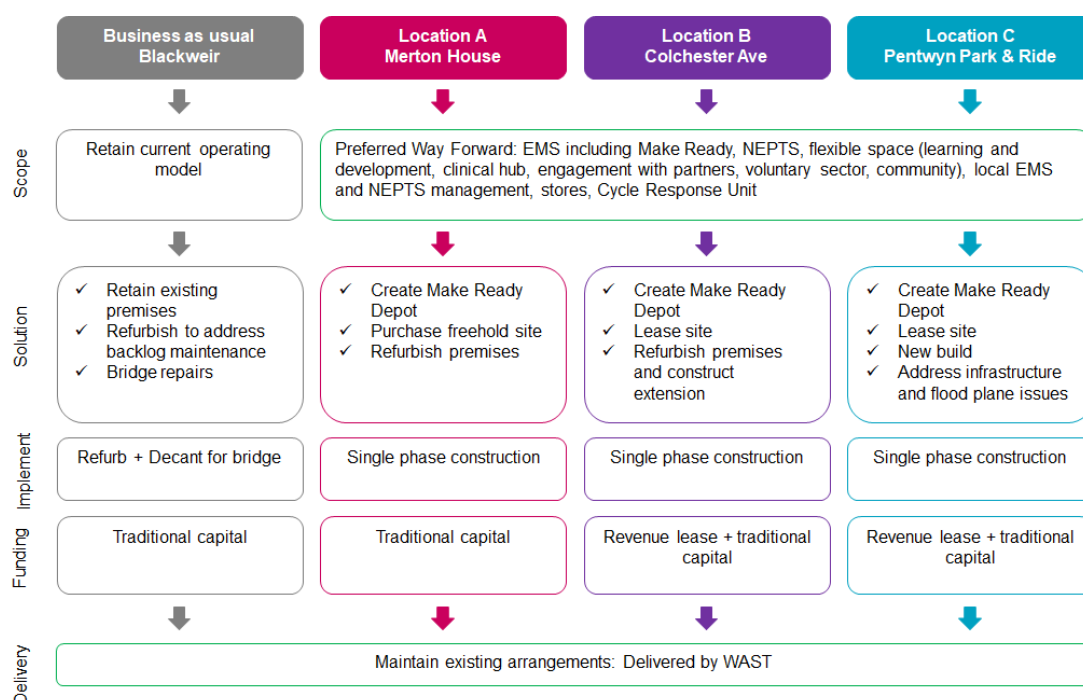
6.4 Conclusion

6.4.1 The shortlist of options has been reviewed against final spending objectives and critical success factors, as well as any updated information. It is confirmed that the final shortlist of options summarised below remains valid.

Figure 6-3 Shortlist of options

Option	Description
Business as usual (BAU):	Investment in existing Blackweir premises to address backlog maintenance and current risks wherever possible. This is not a feasible option as it does not address all of the risks and does not have any capacity for expansion to accommodate the Make Ready model. However, it is included within the shortlist to provide a baseline for comparison purposes.
Location A – Minton House	Refurbishment of freehold land and premises in the Pentwyn area to create a Make Ready Depot that will accommodate the core + desirable scope of services.
Location B – Colchester Avenue:	Refurbishment of leasehold premises to create a Make Ready Depot that will accommodate the core + desirable scope of services.
Location C – Pentwyn Park & Ride	New build premises on leased site in the Pentwyn area to create a Make Ready Depot that will accommodate the core + desirable scope of services.

7 ECONOMIC APPRAISAL

7.1 Overview

7.1.1 This section of the FBC updates the economic case to provide a summary of the procurement process and how the 'best and final offers' (BAFOs) were evaluated and the preferred bidder selected.

7.1.2 The purpose of the action is to evidence that the recommended service provider offers the "most economically advantageous offer" in relation to other service providers, and that the option offers best public value.

7.2 Procurement process

7.2.1 The OBC identified Location A (Merton House) as the preferred option on the basis that it offered best value for money. Delivery of this requires acquisition of land and premises and refurbishment of premises including design and construction.

7.2.2 The procurement strategy, route and evaluation criteria used to identify the preferred provider for the refurbishment of the premises is outlined in section 8 along with the results of the process and a record of the preferred provider.

7.2.3 For the purposes of the economic appraisal, the capital cost that emerged from the procurement process is confirmed as £7,958,617 which incorporates the following assumptions:

- Works cost based on robust assessment of tender return in the sum of £3.8M. This remains subject to final validation and in turn approval by the Trust. For clarity it is viewed as a not to exceed figure informed by tender returns.

- Fees are calculated on the basis of information provided by the Trust and remain subject to final Trust approval.

- Non works and equipment remain at OBC levels. A review of equipment will be required (with Trust) as an element of duplication exists between Works provisional sum of £225K and the Equipment Line of £150K (£375K combined).

- Risk has been reduced to 5% it is noted that the works value of £3.8M also contains allowances for known risks. Prior to final submission to WG review and presentation of the risk will require agreement.

- VAT assumes recovery of Fees (as OBC), however a full review of the VAT position will be instructed once funding has been secured.

7.2.4 This confirmed cost is largely in line with estimates outlined in the OBC as it is:

- £110K above the un-inflated OBC estimate for delivering the preferred option; and

- £1.4M below the OBC estimate uplifted to current prices i.e. works cost adjusted from PUBSEC 195 (OBC) to PUBSEC 268 (3Q 2019).

7.2.5 Further detail is available in the tender report which is provided in Appendix E1.

7.3 Economic appraisal

7.3.1 Costs, benefits and risks were originally estimated as part of the OBC. These have been reviewed as part of the FBC, based on the results of the procurement process and any updated information that has emerged during the intervening period.

7.4 Baseline costs

7.4.1 The OBC identified that existing facilities at Blackweir and Cardiff East currently incur recurring revenue expenditure of £93,200 p.a. based on the infrastructure running costs outlined in the table below. This assumption remains valid.

Figure 7-1 Baseline costs as at 2017/18 (£)

	Annual cost £
Rates	10,853
Rent for Cardiff East facility	26,976
Gas	7,194
Electric	11,116
Water	3,705
Other including cabin hire at Blackweir	33,356
Total baseline costs	**93,200**

7.5 Capital costs

7.5.1 Capital costs were estimated as part of the OBC, based on the investment requirements of each of the shortlisted options as outlined in the table below.

Figure 7-2 Capital requirements

Business As Usual (BAU) Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New Build
✓ Address backlog maintenance in existing premises ✓ Bridge repairs ✓ 12 month project	✓ Purchase freehold site and property ✓ Refurbish premises to create Make Ready Depot ✓ 12 month project	✓ Refurbish premises and construct extension on leasehold site to create Make Ready Depot ✓ 12 month project	✓ Develop new build Make Ready Depot on leasehold site ✓ Address lack of infrastructure and flood plane issues ✓ 24 month project

7.5.2 Construction costs were calculated for each of these options by the Trust's Cost Advisors, Faithful and Gould, using MIPS Index Level FP/VP: PUBSEC 195, based on the preliminary Schedule of Accommodation at that time with appropriate on costs and fees applied accordingly.

7.5.3 As part of the FBC, the following assumptions have been revised:

- The preferred option has been updated to reflect the results of the procurement process as outlined in section 7.2 above.

- Estimated costs have been uplifted to reflect MIPS Index Level FP/VP: PUBSEC 268 in line with current prices.

Figure 7-3 Capital costs excluding VAT – Changes since OBC

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
OBC @ PUBSEC 195	**3,089,000**	**6,641,132**	**4,737,328**	**8,076,466**
Revised @ PUBSEC 268	3,425,923	7,906,145	5,992,592	10,291,606
Results of procurement process		6,724,573		

7.5.4 Therefore, the final estimated capital costs for each option is provided in the table below. This is based on the results of the procurement process for the preferred option (Location A, Merton House) and inflation adjusted costs for the alternative options.

Figure 7-4 Capital costs (£)

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Land acquisition	0	1,700,000	0	0
Construction	1,236,923	3,800,000	4,608,367	8,132,294
Fees	90,000	554,355	603,559	1,065,088
Non works	0	200,000	200,000	210,000
Equipment costs	0	150,000	150,000	150,000
Quantified risk contingency	2,099,000	320,218	430,666	734,224
Total excluding VAT	**3,425,923**	**6,724,573**	**5,992,592**	**10,291,606**
VAT	667,185	1,234,044	1,077,807	1,845,303
Total including VAT	**4,093,108**	**7,958,617**	**7,070,399**	**12,136,909**

7.5.5 At OBC stage, Cost Advisors provided an estimate for the ongoing lifecycle capital costs that it is expected will be incurred over the 60-year appraisal period, based on an average annual allowance outlined in the table below. In addition, an assessment was made of the one-off cost required to address the ongoing deterioration of buildings required for the Business as Usual option of £1.4m. These assumptions remain valid.

Figure 7-5 Lifecycle costs (£)

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Area (m)	2,000	2,033	2,033	2,033
Average rate per m2	£30.00	£24.00	£26.00	£22.00
Average costs p.a.	**60,000**	**48,792**	**52,858**	**44,726**

7.6 Recurring revenue costs

7.6.1 The annual running costs required to deliver each of the options were calculated as part of the OBC, based on the anticipated requirements of each site following the commissioning of each facility as outlined below.

Figure 7-6 Revenue requirements

BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
✓ Existing infrastructure running costs	✓ Team to deliver Make Ready ✓ Infrastructure running costs for new facility	✓ Team to deliver Make Ready ✓ Infrastructure running costs for new facility ✓ Cost of leasing land and property	✓ Team to deliver Make Ready ✓ Infrastructure running costs for new facility ✓ Cost of leasing land and property

7.6.2 A summary of the assumptions used to estimate recurring revenue costs is provided in the table below.

Figure 7-7 Recurring revenue cost assumptions

- Ongoing infrastructure costs for the Business as Usual option assume the baseline set out in section 7-2 continues over the appraisal period.

- Infrastructure running costs for Locations A, B and C are based on the forecast average cost per m2 of available floor space.

- The cost of delivering the Make Ready model is based on the pay costs of the additional workforce that was identified as part of the Fleet SOP. This is excluded for the Business as Usual option as Blackweir facility does not have sufficient capacity to accommodate the Make Ready model and cannot be expanded to do so.

- The cost of the leases that will be required for Location B (Colchester Ave) and Location C (Pentwyn Park & Ride) has been estimated based on similar sites and current market intelligence.

7.6.3 These assumptions remain valid, therefore the resulting annual recurring revenue costs following the commissioning of the new or refurbished facilities within each of the options are outlined in the table below.

Figure 7-8 Annual recurring revenue costs post commissioning (£)

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Rates	10,853	150,000	160,000	150,000
Rent	26,976	28,000	28,000	28,000
Gas	7,194	25,000	25,000	25,000
Electric	11,116	25,000	25,000	25,000
Water	3,705	0	0	0
Other	33,356	25,000	25,000	25,000
Cleaning	0	0	87,500	30,000

Running costs	**93,200**	**253,000**	**350,500**	**283,000**
Service charge	0	0	218,830	60,000
Lease costs	**0**	**0**	**218,830**	**60,000**
Additional staff for Make Ready approach	0	234,995	234,995	234,995
Make Ready costs	**0**	**234,995**	**234,995**	**234,995**
Total annual recurring revenue costs	**93,200**	**487,995**	**804,325**	**577,995**
Annual impact versus baseline	**0**	**394,795**	**711,125**	**484,795**

7.6.4 For the purposes of the economic appraisal it is assumed that recurring revenue costs will remain static over the 60-year appraisal period.

7.7 Transitional revenue costs

7.7.1 The OBC identified one-off revenue costs that will be incurred during the transitional period of construction and implementation including:

- Double running costs associated with the rates for Locations A, B and C during any construction period; and

- The cost of excess staff travel during a 4-year transition period based on the likely changes to staff travel for each of the options.

7.7.2 These assumptions remain valid and therefore the final transitional revenue costs are outlined in the table below.

Figure 7-9 Transitional revenue costs (£)

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Additional rates during construction period	0	75,000	80,000	225,000
Excess staff travel over 4 years	0	87,740	81,512	69,786
Total transitional costs	**0**	**162,740**	**161,512**	**294,786**

7.8 Risk quantification: Optimism bias

7.8.1 At OBC stage, the Trust and their cost advisors have calculated an adjustment for optimism bias. This is a requirement of HM Treasury guidance and is intended to redress the demonstrated and systematic tendency for project appraisers to be optimistic when estimating costs, benefits and timings.

7.8.2 The optimism bias adjustment is in addition to the calculation for project specific risk and reflects the current level of uncertainty within the project programme. Adjustments for optimism bias will be reduced as more reliable estimates of relevant costs are built up. The optimism bias calculation has been prepared in accordance with current HM Treasury guidance following the steps below:

- **Step 1** decide which project type to use;

- **Step 2** start with the upper limit;

- **Step 3** consider whether the optimism bias factor can be reduced from mitigation; and

- **Step 4** apply the optimism bias factor to the NPV calculation.

7.8.3 In line with current guidance, the upper bound level for optimism bias for the type of construction project associated with each option. This was used as the starting point for the optimism bias calculation.

7.8.4 The upper bound level for optimism bias was reduced according to the extent to which it was assessed the contributory factors have been managed.

7.8.5 The Trust's Cost Advisors reviewed this as part of the FBC and confirmed that no uncertainty remains in relation to the preferred option (Location A, Merton House) and so no optimism bias factor should be applied to this option at this stage. All other assumptions remain valid.

7.8.6 Applying this mitigation to the upper bound level of optimism bias results in an optimism bias factor for each of the options as outlined in the table below.

Figure 7-10 Optimism bias factor

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Upper bound level	16.00%	40.00%	40.00%	27.00%
Mitigation	17.00%	100.00%	49.00%	53.00%
Optimism bias factor	**2.64%**	**0.00%**	**19.60%**	**14.31%**

7.8.7 The resulting optimism bias factor has been applied to the capital costs within the Economic Appraisal. Further details of the optimism bias calculations are provided at Appendix B1.

7.9 Economic appraisal

7.9.1 The updated assumptions related to the FBC have been incorporated into a revised discounted cash flow for each of the options. The discounted cash flow has been prepared over a 60-year period, using a discount rate in line with the requirements of HM Treasury. The key assumptions are summarised in table below.

Figure 7-11 Key assumptions used in the economic appraisal

- Costs are calculated over a 60-year appraisal period
- Year 0 is 2019/20
- Costs and benefits use real base year prices – all costs are expressed at 2018/19 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
  - Exchequer 'transfer' payments, such as VAT;
  - General inflation;
  - Sunk costs; and
  - Non-cash items such as depreciation and impairments.
- A discount rate of 3.5% has been applied to Years 1-30 and 3.0% to Years 31-60 in line with HM Treasury guidance.

7.9.2 The results of the economic appraisal are provided in the table below. The detailed workings and the Generic Economic Model are provided in Appendices C1 and C2.

Figure 7-12 Net Present Value 60-year period (£)

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Initial capital costs including quantified risk	3,425,923	6,724,573	5,992,592	10,291,606
Optimism bias	90,444	0	1,174,548	1,472,729
Lifecycle capital costs	4,880,000	2,829,936	3,065,764	2,594,108
Total capital costs	**8,396,367**	**9,554,509**	**10,232,904**	**14,358,442**
Transitional revenue costs	0	162,740	161,512	294,786
Recurring revenue costs	5,685,200	28,583,310	46,930,450	33,803,310
Total revenue costs	**5,685,200**	**28,746,050**	**47,091,962**	**34,098,096**
Net Present Cost (Undiscounted)	**14,081,567**	**38,300,559**	**57,324,866**	**48,456,538**
Net Present Cost (Discounted)	**8,246,206**	**19,570,116**	**27,448,174**	**26,496,738**
Rank	**1**	**2**	**4**	**3**

7.9.3 The Net Present Cost (NPC) represents the total cost of delivering each option over the 60-year appraisal period.

7.9.4 As was the case with the OBC, the results of this analysis show that, with a discounted NPC of £8.2m, the Business as Usual option appears to cost the least to deliver overall. However, there are various factors that suggest despite this, the option does not offer value for money:

- **Excludes Make Ready:** The NPC for this option excludes the costs of delivering the Make Ready model as there are no opportunities to expand the facilities at Blackweir to provide the capacity to incorporate it. The additional workforce costs alone would increase the discounted NPC by c.£5.5m. and significant construction costs would be required in addition to this, so that even if space were available to expand Blackweir, the costs are likely to be prohibitive.

- **Limited benefits:** The option delivers very limited non-financial benefits and this is explored further in section 7.11 below.

- **Remaining risks:** Even with a relatively high level of investment, it is not possible to address all of the current risks outlined in section 3 that are associated with the age and location of the Blackweir premises. This is explored further in section 7.12 below.

7.9.5 The analysis confirms that, of the three feasible options, Location A (Merton House) continues to offer the best value for money, since although it requires the second

highest level of investment, it results in the lowest discounted NPC at £19.6m due to the freehold arrangements requiring lower revenue costs than the other option.

7.9.6   As was the case in the OBC,

- Location C (Pentwyn Park & Ride), with a discounted NPC of £26.5m, ranks as the second feasible options in value for money terms, since despite the high level of investment required to develop a new build facility on a site with no existing infrastructure and flood plain issues to address, the leasehold costs are lower than Location B because they relate to land only.

- Location B (Colchester Avenue) has the highest NPC at £27.4m since the leasehold arrangements required significantly impact on recurring revenue costs. It therefore appears to offer the least value for money of all options.

7.10   Sensitivity analysis

7.10.1   The results of the economic appraisal above have been subject to a sensitivity analysis to examine the impact of potential movements in capital and revenue costs.

7.10.2   One of the key factors influencing the differences between the three locations is the high cost of servicing the leasehold that would be required at Location B (Colchester Avenue). If it was possible to acquire the freehold, this would change the Net Present Cost as it would reduce recurring revenue costs by £218,830 p.a. Based on current market intelligence it is estimated that the market value of the site would likely be around £3m given its premium position and potential for housing development.

7.10.3   Adjusting the discounted cash flow to take account of this would reduce the Discounted Net Present Cost from £27.4m to £25.2m. Although this would mean Location B would rank ahead of Location C, it does not change the ranking of the Location A as the highest ranking of the three feasible options.

Figure 7-13 Results of sensitivity test into Location B leasehold

	BAU Blackweir Backlog	Location A Minton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Discounted NPC if Location B was freehold	8,246,206	19,570,116	25,209,567	26,496,738
Revised ranking	**1**	**2**	**3**	**4**

7.10.4   In addition to this, switching value analysis has been applied to areas of material cash flows to identify the extent that costs much change in order for the Net Present Cost to reflect that of the highest ranking option, excluding the Status Quo.

Figure 7-14 Switching values

	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Initial capital costs	-136.4%	-69.9%
Lifecycle capital costs	-634.9%	-659.7%
Revenue costs	-40.8%	-49.1%
Net Present Cost	-28.7%	-26.1%

7.10.5   The results above demonstrate that for Location B (Colchester Avenue) to rank ahead of Location A (Merton House), its Net Present Cost would need to reduce by 28.7%.

This would require reducing revenue costs by at least 40.8%, as even eliminating capital costs would not achieve this. As the previous analysis showed, even the removal of costs associated with leasehold would not reduce revenue costs to this level, and so this is unlikely to be achievable.

7.10.6   In order for Location C (Pentwyn Park & Ride) to rank ahead of Location A (Merton House), its Net Present Cost would need to reduce by 26.1%. This would require capital costs to almost halve or revenue costs to reduce by at least 49.1%. For a new build option cost reduction of this level is unlikely to be achievable.

7.10.7   As was the case with the OBC, the sensitivity analysis suggests that significant changes in costs would be required to change the ranking of options, demonstrating that the preferred option is not sensitive to change.

7.11   Non-financial benefits

7.11.1   The OBC involved an assessment of the project benefits and risks. Wherever possible these were quantified in monetary terms and incorporated within the economic appraisal outlined in section 7.8 above.

7.11.2   However, evidence from a similar project delivered by WAST in North Wales suggests that while there are clear benefits of implementing the Make Ready model, these are difficult to quantify in financial terms. This is consistent with the assumptions outlined in the Estates and Fleet Strategic Outline Programmes which this project is central to and this assumption remains unchanged.

7.11.3   Where benefits could not be quantified, a qualitative assessment was undertaken. This analysis remains valid for the FBC and can be found in Appendix D1. The analysis demonstrates that:

- **Business as Usual delivers few benefits:** Due to the age and location of Blackweir premises it will be challenging to deliver any estates benefits over and above addressing immediate risks associated with backlog maintenance and the structure of the bridge. It is not possible to expand capacity to deliver the Make Ready model or provide space to accommodate NEPTS, enable improved engagement with partners and the wider community, and improve access to training.

- **Locations A, B, C all deliver the same level of benefits:** All of the three feasible solutions deliver similar operational benefits, since they all facilitate the implementation of the Make Ready model and provide space to accommodate NEPTS, enable improved engagement with partners and the wider community, and improve access to training. All options deliver modern, fit for purpose facilities. Arguably Location C (Pentwyn Park and Ride) would be slightly improved environment as it would be purpose built but the benefit of this is considered minimal in relation to the additional investment required.

7.12   Risk analysis

7.12.1   The OBC involved an assessment of risk associated with each option in order to make a full value for money assessment. Wherever possible risks were quantified in

monetary terms and incorporated within the economic appraisal. This is outlined in section 7.8 above including quantified capital risk and optimism bias.

7.12.2 Where risks could not be quantified, a qualitative assessment was undertaken. This analysis remains valid for the FBC and can be found in Appendix D1. The analysis demonstrates that:

- **Business as Usual is a relatively high risk option:** Continuing at Blackweir will increase the risk that we will be unable to meet future demand as the site cannot be expanded. Stakeholders are unlikely to support a solution that does not deliver the Make Ready. There are high levels of implementation risks due to the bridge repairs restricting access the site.

- **Locations A, B, and C each have specific risks which were considered as part of the options appraisal:**

  1. Location risks around maintaining adherence to the deployment plan increases for Location A (Merton House) and Location C (Pentwyn Park & Ride) as they are not in ORH Tier 1 locations.

  2. Revenue funding risks related to the cost of leasehold arrangements for Location B (Colchester Avenue) and Location C (Pentwyn Park).

  3. Implementation risks increase with the complexity of project, particularly in relation to leasehold.

7.13 Conclusion

7.13.1 Having updated the options appraisal with the results of the procurement process and additional information that has emerged since the OBC, the ranking of options remains unchanged within the FBC. This is demonstrated in the table below.

Figure 7-15 Results of options appraisal

	BAU Blackweir Backlog	Location A Merton House Refurb	Location B Colchester Ave Refurb	Location C Pentwyn Park & Ride New
Initial capital investment including VAT	£4,093k	£7,959k	£7,070k	£12,137k
Annual revenue costs	£93k	£488k	£804k	£578k
Discounted Net Present Cost (NPC)	£8,246k	£19,570k	£27,448k	£26,497k
Ranking based on NPC	**1**	**2**	**4**	**3**
Benefits of Make Ready model	Cannot deliver model	Maximises model benefits	Maximises model benefits	Maximises model benefits
Estates and environment improvements	Limited benefits	Modern fit for purpose facilities	Modern fit for purpose facilities	Modern fit for purpose facilities
Improved integration, collaboration and changes	No change	Capacity for flexible space	Capacity for flexible space	Capacity for flexible space
Ranking based on benefits	4	1	1	1
Location risks (ORH Tier 1)	Low	Medium	Low	Medium
Site access risks	High	Low	Low	Low
Future capacity risks	High	Medium	Low	Low
Reputational risks	High	Low	Low	Low

Implementation risks	High	Low	Low	Low
Leasehold funding risks	Low	Low	High	High
Ranking based on risks	4	1	2	3

7.13.2 On the basis of this, Location A (Merton House) continues to offer best value for money by offering the lowest Net Present Cost of the three feasible options, maximising benefits and minimising risks. It therefore remains the preferred option.

COMMERCIAL CASE

8 PROCUREMENT STRATEGY

8.1 Overview

8.1.1 This section of the business case outlines the procurement strategy and routes for delivering the preferred solution for the Cardiff Make Ready Depot which requires

- Acquisition of land and premises; and
- Refurbishment of premises including design and construction.

8.2 Acquisition of land and premises

8.2.1 Discussions were commenced with the current owner of the Merton House site at OBC stage and initial due diligence undertaken. Since then, further dialogue has taken place and there are some final legalities to confirm before the sale of the property.

8.3 Procurement strategy and process

8.3.1 The procurement strategy was discussed with NHS Wales Shared Services Partnership and the trusts own technical, legal and financial advisors.

8.3.2 Several options were considered, and these included a restricted procedure by going to a selected number of contractors and open procedure to the market. After various discussions of which procurement option would be most beneficial for the proposed scheme. It was decided by NHS Wales Shared Services Partnership (Procurement) that the preferred option was open procedure.

8.3.3 It was agreed that the tender would be evaluated 50% quality and 50% price and the tenderer had to have a score greater than 50% in the quality to be considered for the commercial examination. This ensured that we attracted competent contractors to complete the works required.

8.3.4 The invitation to tender went out to the market via Sell2Wales. Overall, the tender period was six and a half weeks and we received three tender returns.

8.3.5 The technical submissions were issued to the project team on the 4th of October for review and examination. The technical elements were scored on the 8th of October and all tenderers achieved results greater than half of the 50% which meant they all were considered for the commercial evaluation.

8.3.6 The commercial aspects of the tender were issued to the Trust's cost advisors to review and analyse the tender offers which ranged from £3.3m to £4.3m.

8.3.7 Further to the examination of these tender returns a number of queries were raised with each tenderer. Responses were provided by the tenderers and amendments were made to the tenderers returns to ensure they were compliant with the tender documents.

8.3.8 Further to these amendments, it was clear that the overall successful contractor for these works was John Weavers Contractors with a tender offer of £3.3m and a construction` programme of 49 weeks. However, there are certain areas of concern where there is potential risks that the Trust need to ensure they have contingency for

i.e. asbestos related works, ground conditions etc. This means the recommended works value that the cost advisors suggest to ensure cost certainty would be £3.8m.

8.4   Procurement timeline

8.4.1   The tender was issued on 21st August 2019, with the original tender return date set as 20th September 2019. An extension of time was granted with the tenders returned by 4th October 2019.

8.5   EU procurement rules

8.5.1   Public sector organisations must act in compliance with the Government agreements with the World Trade Organisation (WTO) and the European Union (EU) Procurement Directives and the Regulations.

8.5.2   Funding levels will be limited to the minimum level of compensation required for the delivery of the service in line with the State aid rules on Services of General Economic Interest. Clear funding parameters will be identified to ensure that the compensation awarded does not exceed what is necessary to carry out the service, allowing for a reasonable profit. Compensation levels will be monitored on an ongoing basis with any excess compensation to be repaid.

9 CONTRACTING FOR THE DEAL

9.1 Overview

9.1.1 This section of the FBC outlines the contractual arrangements of the deal that has been negotiated to deliver the preferred solution.

9.2 Service streams and required outputs

9.2.1 The proposed refurbishment works at the premises to deliver the preferred solution are as follows:

Main Building:

- Strip out completely removing the second floor made up of timber. Keep first floor and stair locations;
- New fit out throughout in lightweight partitions. New finishes (walls, floors and ceilings);
- New doors throughout;
- New toilets, kitchens and washrooms/showers etc.;
- New M&E;
- Allow for replacement windows and an overclad;
- Allow for roof replacement;
- New link block at the rear into the Make Ready; and
- Identify an additional extra over figure for going 2-storey on the back block If possible.

Make Ready:

- Strip back to portal frame;
- Take out floors and remove latest addition to the rear where we will propose canopy;
- New sectional overhead doors;
- Make good the floor (new resin floor throughout);
- Fit out stores and new facilities;
- New M&E throughout; and
- Allow an extra over for mezzanine above store areas.

Externals:

- Patch and upgrade surfaces;
- Extend parking where indicated;
- Enhanced landscaping;
- Canopy at rear and for PCS;
- Bottle gas se;
- Bins and bikes etc;
- General clean up; and

- New control barrier.

9.3 Implementation timescales

9.3.1 WAST will acquire building by the end of October 2019. The contract start date for construction works shall be January 2020.

9.4 Risk apportionment

9.4.1 As the design has been developed, the risk associated with works has decreased and cost certainty can be achieved.

9.4.2 Items of risk outstanding with the project that need to be accommodated within the overall budget for the FBC are asbestos-related works and ground conditions. The reason why these risks have not been reduced is that there is a current owner on site and instructive surveys have been kept to a minimum.

9.5 Payment mechanisms

9.5.1 WAST intends to make payments in relation to the proposed works and services in line with the contractual terms. It is anticipated that these will be monthly payments.

9.6 Type of contract used and key contractual issues

9.6.1 The procurement process will culminate in the award of contract to the successful bidder. The potential form of contract will vary depending on the procurement route used, as follows.

Trust Competitive Tender

9.6.2 Further to reviewing the scope and value of the project during the FBC stage, it was decided that JCT standard building contract 2016 without quantities was more appropriate.

9.6.3 The proposed terms and conditions are as per the standard IC 2011 contract and include the following:

- All of the Construction Design Management rules will apply;

- Defects liability period – 12 months from Practical Completion;

- Contractor's All Risks Insurance Limit - £5,000,000;

- Liquidated and Ascertained Damages - £4,300.85 per week;

- Period of interim payments to contractor – monthly with a retention percentage of 5%;

- A Contract Guarantee Bond will be required (Performance bond of at least 10% of the contract value will be provided by the successful tenderer); and

- The contract will be executed as a deed.

9.7 Accountancy treatment

9.7.1 It is assumed that public funding will be allocated for this project and therefore capital will be included on the balance sheet. Please refer to the Financial Case for further details.

9.8 Personnel implications

9.8.1 Staff employed in the services falling within the scope of this business case will be required to change the base of their work to the new facilities. The new premises will enable more integrated working between staff as set out in the Strategic Case.

9.8.2 The TUPE (Transfer of Undertakings (Protection of Employment)) regulations 2006 do not apply to the investment outlined in this business case since no employees are being transferred between organisations.

FINANCIAL CASE

10 FINANCIAL IMPLICATIONS OF THE DEAL

10.1 Overview

10.1.1 The purpose of this section is to confirm the affordability of the project and outline the financial implications of the negotiated deal.

10.2 Capital costs

10.2.1 As described in the OBC, the implementation of the preferred option involves requiring the freehold land and premises at Merton House in Pentwyn and the design and refurbishment of them to create Cardiff Make Ready Depot.

10.2.2 Based on the results of the procurement process, WAST's Cost Advisors have confirmed that the total capital investment required is £7,958,617, based on the assumptions outlined in section 8. As outlined in the table below this incorporates:

- Land and premises acquisition of £2,040,000; and
- Refurbishment works of £5,918,617.

Figure 10-1 Capital costs of preferred option

	Net	VAT	Gross
Land and premises acquisition	1,700,000	340,000	2,040,000
Land and premises	**1,700,000**	**340,000**	**2,040,000**
Construction	3,800,000	760,000	4,560,000
Fees	554,355		554,355
Non works	200,000	40,000	240,000
Equipment costs	150,000	30,000	180,000
Quantified risk contingency	320,218	64,044	384,261
Refurbishment works	**5,024,573**	**894,044**	**5,918,617**
Total capital costs	**6,724,573**	**1,234,044**	**7,958,617**
Funding received from Welsh Government 2019/20			559,000
Capital funding required			**7,399,617**

[Phasing of costs still outstanding from F+G]

10.3 Revenue costs

10.3.1 The development of Cardiff Make Ready Depot requires investment in recurring revenue costs, predominately for the additional infrastructure and workforce required to deliver the Make Ready model. This was outlined previously within the Estates SOP and the Fleet SOP which were endorsed by the Welsh Government.

10.3.2 As outlined in the OBC, it is estimated that delivery of the Cardiff Make Ready Depot will incur £394,795 of additional recurring revenue expenditure which includes:

- Additional rates £139,147
- Increased infrastructure running costs £20,653
- Additional workforce to deliver Make Ready model £234,995

Figure 10-2Recurring revenue costs of preferred option

	Baseline revenue costs	Future revenue costs	Additional recurring revenue
Rates	10,853	150,000	139,147
Gas	7,194	28,000	20,806
Electric	11,116	25,000	13,884
Water	3,705	25,000	21,295
Other	33,356	0	-33,356
Cleaning	0	25,000	25,000
Rent	26,976	0	-26,976
Ongoing running costs	**93,200**	**253,000**	**159,800**
Additional staff for Make Ready	0	234,995	234,995
Make Ready workforce	**0**	**234,995**	**234,995**
Annual recurring revenue costs	**93,200**	**487,995**	**394,795**

10.4 Capital charges

10.4.1 As a result of the required investment capital charges are anticipated to increase by £132,644 p.a.

10.4.2 On completion, the District Valuer will undertake a review of the property and provide a valuation. Any resulting impairment will be advised to the Welsh Government in line with normal revaluations.

10.5 Affordability

10.5.1 Funding requirements to deliver the preferred option include:

- Capital funding of £7,399,617 including
    1. Land and premises acquisition of £2,040,000;
    2. Refurbishment works of £5,807,709; and
    3. Less Welsh Government funding received 2019/20 £559,000.
- Recurring revenue funding of £394,795 p.a.
    1. Additional rates £139,147
    2. Increased infrastructure running costs £20,653
    3. Additional workforce to deliver Make Ready model £234,995
- Additional capital charges of £132,644 p.a.

MANAGEMENT CASE

11 PROJECT MANAGEMENT ARRANGEMENTS AND PLANS

11.1 Overview

11.1.1 This section of the FBC outlines the agreed and finalised project management arrangements and plans for the successful delivery of the project.

11.2 Project governance arrangements

11.2.1 The project will be managed in accordance with PRINCE 2 methodology and the Trust has a well-established project structure.

11.2.2 The project reporting structure as developed for the business case will be maintained for the construction phase of the project. The structure is as follows:

Figure 11-1 Project reporting arrangements
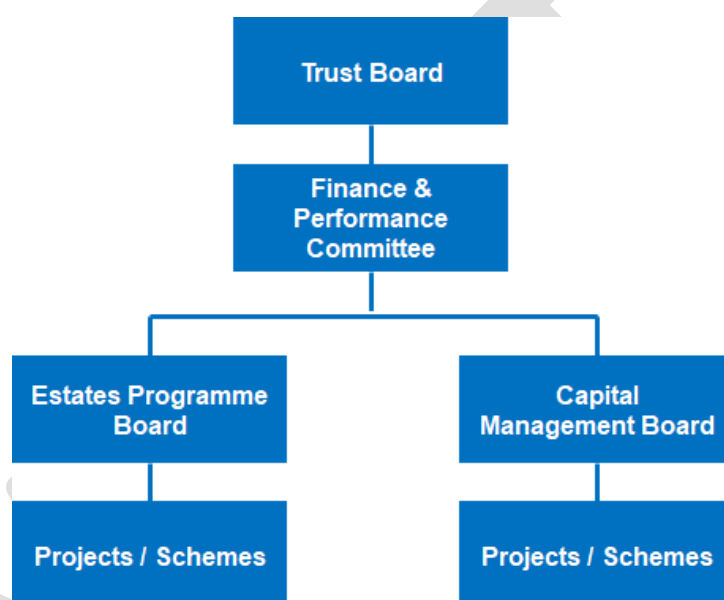
11.2.3 It is the responsibility of the SRO to ensure project management arrangements to deliver the project on time, budget and quality.

11.2.4 The Project Board will be in place for the duration of the implementation period and is likely to be constituted as follows.

Figure 11-2 Project Board

Post
Programme Director
Internal PM
Head of Estates and Capital Development
Director of Workforce and OD
Director of service delivery, Senior user
Project accountant
Non-Executive Director: Project assurance
Staff representative
External PM

11.2.5   The key responsibilities of the Project Board will be to:

- Oversee the delivery of the FBC and budget for the project, ensuring that proposals are realistic and meet the business objectives.

- Establish an appropriate organisational structure.

- Ensure that all users and stakeholders are involved in and committed to the project.

- Ensure that the brief, which is developed clearly and maintained, reflects the project objectives.

- Establish a progress and reporting procedure ensuring that any changes affecting the project are fully evaluated.

- Ensure that a robust Contractor is selected, and that an appropriately experienced and constituted design team and construction PM are selected.

11.2.6   The Project Board will be supported by the relevant implementation and working groups, as outlined in Figure 12-3.

Figure 11-3 Key roles and responsibilities

Role	Responsibilities
Health Minister	• To set Welsh Government Health Policy. • To approve and support business case proposals.
NHS Wales Shared Services Partnership - Facilities Services (NWSSP – FS)	• To assist Welsh Government in implementing the Health Policy. • To manage the Design for Life; Building for Welsh Frameworks. • To implement the Heath Services strategy. • To establish appropriate governance for all projects and programmes.
Investment Decision Maker (Trust)	• To decide on the Trust's investment. • To ensure that the role of project sponsor is established and understood, with appropriate representation and commitment. • To define the project sponsor's terms of reference. • To authorise the allocation of funds to the project. • To oversee project performance through cost and schedule performance; and resolve any issues which fall outside the project owner's delegated authority. • To act as Employer under the framework and as client under the CDM Regulations (for each individual project).
Senior Responsible Officer	• To define the project objectives and ensure they are met on each project. • To appoint a project director/manager to each project. • To ensure appropriate reporting to the strategy and planning sub-committee or board
Project Director	• To produce the brief and project plan. • To ensure that all work is defined in a manner suitable for purposes of control. • To lead and direct the efforts of the project team towards the successful delivery of the project objectives as determined by the project owner.

Role	Responsibilities
	• To ensure that adequate communication mechanisms exist within the project between the project and external stakeholders, and between the project and the rest of the Health Board. • To ensure that all work is planned, resources are made available and work is carried out in accordance with the project plan. • To let contracts and monitor performance of external contractors. • To ensure that adequate procedures are in place to monitor and control cost, time and quality. • To provide a regular progress report to the project owner identifying cost, time and quality performance. • To provide decisions to contractors and ensure that procedures exist to identify and resolve issues which will affect cost, time or quality performance. • To ensure that procedures are in place to handle any changes that are requested by the project team or users. • To make sure that the project is completed and handed over to the Trust in a managed way. • To arrange the post-completion evaluation of the scheme.
Programme Manager	• To assist the Project Director in delivering the Project Director responsibilities.
Capital Development Manager	• To support the Project Director in delivering the project objectives.
Trust Project Manager (PM)	• To manage the project on behalf of the Board. • To act as Project Manager under the NEC/JCT contract.
Trust Cost Advisor (CA)	• To provide cost advice to the Project Director and Capital Development Manager. • To support the Project Manager in his role under the NEC/JCT contract.

11.2.7   The formal sign off process for the project is specified in Figure 12-4.

Figure 11-4 Sign off process

Level	Authorisation for sign off
Level 1	Project Group
Level 2	Senior Responsible Officer
Level 3	Finance and Performance Committee
Level 4	Trust Board
Level 5	Welsh Government

11.2.8 The Project Board will determine tolerances allowed from the stage plan that the Programme Manager is allowed to work to before it requires an exception report and a proposed plan for remedial action.

11.3 Project Plan

11.3.1 An implementation plan with key milestones has been developed as shown in Figure 12-5. Achieving this is dependent on the WAST Board and Welsh Government granting approvals within the timescales shown.

Figure 11-5 Indicative implementation timeline

Milestone	Duration	Start date	Completion date
FBC completion	3 months	Sep 19	Nov 19
Board FBC approval	1 month	Nov 19	Nov 20
Welsh Government FBC approval	2 months	Nov 19	Dec 19
Procurement process	7 months	Aug 19	Feb 20
Contract award	1 month	Feb 20	Feb 20
Acquire land and premises	4 months	Oct 19	Feb 20
Building works	12 months	Mar 20	Mar 21
MRD operational	1 month	April 21	April 21

11.4 Change plan and workforce development

11.4.1 A workforce development plan is being established in conjunction with the Staff Side representatives. The development of this plan will form a key part of the operational commissioning plan. The overall workforce development process will be managed as part of WAST's Change Management policy.

11.4.2 Tasks for operational commissioning will include:

- Recruitment;
- Training;
- Orientation;
- Equipping;
- Decant arrangements; and
- Service transfer.

11.4.3 A recruitment plan will be developed for the role of Make Ready Technician. This process will be managed by the Make Ready Manager as part of the Operational Team.

11.5 Contract management

The proposed contract for the works to be completed on the Make Ready Depot will be JCT Standard Building Contract 2016 without Quantities. The contract will be executed as a Deed and warranties will be provided for certain aspects of the building works. All changes to the contract will be managed by Faithful + Gould as the Contract

Administrator for the scheme through a change management system. All changes will be approved by the client.

11.6 Communications plan

11.6.1 The Communications and Engagement Plan is being developed to set out the action required to enable engagement with and communicate progress to key stakeholders. The plan comprises overarching messages, together with plans for engagement and communication activity and the associated timelines. WAST has undertaken community engagement as part of the planning process as well as sign off by stakeholders at various stages of the design development.

11.7 Benefits management

11.7.1 A benefits register has been developed by the Project Board and is contained in Appendix D1.

11.7.2 The register describes the expected benefits the project will deliver, as identified and analysed by the Project Board. It also describes:

- The expected outcome the benefit will deliver;
- The spending objective the benefit aligns with;
- The category the benefit falls into (cash releasing, non-cash releasing, quantifiable, qualitative);
- How the benefit will be measured;
- The baseline performance;
- The targeted future performance;
- The expected timescale for realising the benefit; and
- Key actions and dependencies associated with delivering the benefit.

11.7.3 The benefits register will be refined as part of the work to develop the FBC, including assigning owners for each benefit and developing more comprehensive action plans. Following approval, the benefits register will be used as a live document to manage benefits realisation throughout the project, forming an integral part of project delivery and monitoring arrangements. It will be regularly reviewed and updated by the Project Board (monthly, as a minimum) and used to manage and measure delivery of the benefits.

11.8 Risk management

11.8.1 In conjunction with the benefits register, a risk register has been developed and is contained in Appendix D2. The register will be maintained by the Implementation Group during the implementation phase of the project, through to hand over and operational commissioning. It will be regularly reviewed and updated in order to maintain tight project and financial control.

11.8.2 Risk status will be reported monthly to the Project Board.

11.9 Post project evaluation

11.9.1 A Post-project evaluation (PPE) plan has been developed in line with WAST and NHS Wales guidance as part of the FBC. The Project Team plan to fully engage with all

staff prior to the commencement of the project for baseline purposes with a view to complete the post project evaluation once the project has completed.

WAST - Cardiff Make Ready Depot
Full Business Case
Benefits Register - Benefits Assessment

Outcomes	ID	Benefits	Class	Measure	Baseline: Current performance	Target improvement: Future performance	Timescales	Key actions / dependencies	Benefit owner	Assessment of options					
										BAU Option: Blackweir Refurb	Location A: Minton House	Location B: Colchester Ave	Location C: Pentwyn Park & Ride	Less Ambitious Scope: Exclude Stores	More Ambitious Scope: Include Admin
Implement Make Ready model	B01	Clean vehicles - Number of vehicles cleaned frequently	Quantifiable	-Auditable system in place -Achieve Make Ready KPIs (to be confirmed at FBC)	-Number of vehicles cleaned per day	Auditable system in place measuring monthly performance of Make Ready KPIs	1 year post commissioning	- Revenue investment in workforce to create Make Ready team - Instigate auditable cleaning process - Create and maintain auditing process	SRO	Make Ready model cannot be implemented	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	No impact	No impact
	B02	Improved standards of infection prevention control	Quantifiable	-No. of infections	Not currently measured: identify baseline at commissioning. There is an infection control policy document under development.	Nil	1 year post commissioning	- Revenue investment in workforce to create Make Ready team - Instigate auditable cleaning process - Create and maintain auditing process	SRO						
	B03	Reduced cost from wastage from greater stock control and better stock rotation	Quantifiable	-Reduced equipment costs -Auditable system in place -Achieve Make Ready KPIs (to be confirmed at FBC)	Not currently measured: identify baseline at commissioning	Auditable system in place measuring monthly performance of Make Ready KPIs	1 year post commissioning	- Revenue investment in workforce to create Make Ready team - Instigate auditable stocking process - Create and maintain auditing process	SRO	Make Ready model cannot be implemented	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Exclusion of stores may reduce benefits of Make Ready	No impact
	B04	Reduction in stock write offs	Cash releasing	- Value of stock write offs	Current level of write offs will be recorded as baseline data.	Nil	1 year post commissioning	- Revenue investment in workforce to create Make Ready team - Instigate auditable stock process	SRO	Make Ready model cannot be implemented	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Exclusion of stores may reduce benefits of Make Ready	No impact
	B05	Improved avaialbility of clean and stocked vehicles for immediate deployment at start of shift reducing pressure on crews	Qualitative	-Number of clean stocked vehicles available at any time	Data from the Barry facility will assist to demonstrate effectiveness of this benefit	Vehicle availability to be reviewed on implementation.	1 year post commissioning	- Revenue investment in workforce to create Make Ready team - Instigate auditable and cleaning processes	SRO	Make Ready model cannot be implemented	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Exclusion of stores may reduce benefits of Make Ready	No impact
	B06	Improved availability of vehicles due to lesser defects	Qualitative	-Number of vehicles available at any time	Data to be gathered from Datix and inhouse Fleet records.	To be reviewed in due course.	1 year post commissioning	- Revenue investment in workforce to create Make Ready team - Instigate auditable and cleaning processes	SRO	Make Ready model cannot be implemented	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Maximise benefits of Make Ready model	Exclusion of stores may reduce benefits of Make Ready	No impact
Fit for purpose facilities	B07	Improved compliance with statutory requirements	Quantifiable	- Reduced need for reactive and planned maintenance - Reduced findings from workplace inspections - Risks recorded on risk register - Risk assessments - Number of DATIX incidents recorded	Number of defects per facility to be confirmed.	No risks / incidents	On commissioning	Appendix 2	SRO	Some risks remain	All risks addressed	All risks addressed	All risks addressed	No impact	No impact
	B08	Eliminate current and future backlog maintenace	Non cash releasing, Risk reduction	- Reduction in backlog number - Value of backlog maintenance	£1.024m for Blackweir, £104,766 for Cardiff East	Nil	On commissioning	- Construction of future premises	SRO	Immediate risk addressed but age of building will mean backlog will continue to develop	Current and future backlog addressed	Current and future backlog addressed	Current and future backlog addressed	No impact	No impact
	B11	Improved building functionality enabling better working practices	Quantifiable	- Number of vehicle collisions - Reduced number of DATIX incidents -Number of incidents associated with functionality (e.g. damage to vehicles)	Data to be obtained from Datix.	No risks / incidents	On commissioning	- Construction of future premises	SRO	Risk cannot be addressed	Risk eliminated	Risk eliminated	Risk eliminated	No impact	No impact
	B12	Better standards of physical security	Quantifiable	-CTSO Reports -Compliance with Secure by Design standards -Number of incidents in DATIX	Collation of data relating to vehicle breakins and other incidents relating to security.	No risks / incidents	On commissioning	- Construction of future premises	SRO	Risk cannot be addressed	Risk eliminated	Risk eliminated	Risk eliminated	No impact	No impact
	B14	More efficient premises	Cash releasing	- Running costs per m2	Gathering of cost per m2 of energy consumption.	This will fall in line with service targets for the estate.	On commissioning	- Construction of future premises	SRO	No change	Data to be gathered from McCanns.	Data to be gathered from the agents brochure.	Data to be calculated for new build via McCanns.	No impact	No impact
Improved staff satisfaction	B15	Increased staff car parking	Quantifiable	- No of staff car parking spaces	Current car parking is ad-hoc.	Designated car parking areas for different users of the site.	On commissioning	- Construction of future premises	SRO	No change	78	60	Dependant upon availability of land	No impact	No impact
	B16	Improved staff wellbeing by reduction in travel	Qualitative	- Staff satisfaction - Staff retention	Not currently measured: identify baseline at commissioning		1 year post commissioning	- Create staff survey monkey and instigate monitoring process	SRO		Data to be collated from future staff survey data.	Data to be collated from future staff survey data.	Data to be collated from future staff survey data.		
	B17	Improved working environment and staff morale	Qualitative	- Staff satisfaction - Staff retention	Not currently measured: identify baseline at commissioning	-	1 year post commissioning	- Create staff survey monkey and instigate monitoring process	SRO	No change	Modern working environment	Modern working environment	Purpose built working environment	No impact	No impact
Co-locate NEPTS and provide space with opportunities for collaborative working	B18	Enhanced working relationship between EMS and NEPTS with increased communication and knowledge sharing	Qualitative	- Qualitative	-	-	1 year post commissioning	-Engagement and comms with staff and external partners	SRO	No change	Co-locate teams maximising opportunities	Co-locate teams maximising opportunities	Co-locate teams maximising opportunities	No impact	No impact
	B19	Improved partnership working with external partners leading to greater integration, enchanced relationships, better communication, more knowledge sharing	Quantifiable	- Number of engagement sessions / multi disciplinary meetings held with partner organisations	Identify baseline at commissioning	Agree future target during project initiation	1 year post commissioning	-Engagement and comms with staff and external partners	SRO	No change	Space for meetings / engagement with wider partners	Space for meetings / engagement with wider partners	Space for meetings / engagement with wider partners	No impact	Space to accommodate wider teams
	B20	Increased opportunities for public engagement	Quantifiable	- Number of community engagement sessions	Identify baseline at commissioning	Agree future target during project initiation	1 year post commissioning	-Engagement and comms with staff and external partners	SRO	No change	Space for public engagement	Space for public engagement	Space for public engagement	No impact	No impact
	B21	Improved collaboration between other emergency services from shared use of training and conference room facilities	Quantifiable	-Number of times facilities used by other services	Not currently measured: identify baseline at commissioning	Agree future target during project initiation	1 year post commissioning	-Engagement and comms with staff and external partners	SRO						
Introduce training	B22	Improved take up of training due to training taking place in the premises	Quantifiable	- Training attendance rates	Identify baseline at commissioning	Agree future target during project initiation	1 year post commissioning		SRO	No change	Space for training changing	Space for training changing	Space for training changing	No impact	No impact
Positive impact on environment	B24	Promoting active travel for staff	Quantifiable	-Reduction in miles travelled by staff for commute and work	No data available, however facilities are limited to encourage such an improvement.	To fall in line with the travel plan.	1 year post commissioning	- Construction of future premises	SRO						
	B27	Improved sustainability and energy efficiency from premises in line with the decorbonisation guidance provided by Welsh Government	Quantifiable	- Increased insulation - Increased LED lighting - travel plan for operational and non operational usage - green fleet options - renewable energy options	Identify baseline at commissioning		1 year post commissioning	- Construction of future premises	SRO						
	B28	Reduced water consumption	Quantifiable	- Amount of water harvested and recycled	Comparative data to be used from the Barry facility.	To fall in line with the environmental strategy.	1 year post commissioning	- Construction of future premises	SRO						
	B32	Reduced transportation mileage due to roll-out of Cycle Response Units on premises	Quantifiable	-Reduced miles travelled by staff	Data to be gathered from current Blackweir facility.	Improved response at major events.	1 year post commissioning	- Construction of future premises	SRO						

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

New integrated 111 / GP OoHs system Full Business Case

MEETING	Trust Board
DATE	21st November 2019
EXECUTIVE	Chris Turley, Interim Director of Finance, ICT & HI
AUTHOR	Richard Bowen, Programme Director 111/OOHs NHS Wales Tel: 07795 491210 Richard.Bowen@wales.nhs.uk
CONTACT DETAILS	Chris.Turley2@wales.nhs.uk Tel :07811 973582

CORPORATE OBJECTIVE	IMTP priority objective (s)
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	Health and Care Standard (s)

REPORT PURPOSE	Approval by the Board being sought for submission of FBC to Welsh Government
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY
FINANCE & PERFORMANCE COMMITTEE	24th October 2019	To recommend to Trust Board submission to WG
TRUST BOARD	21st November 2019	Approval by the Board for submission to Welsh Government

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

NEW 111 / GP OOHS SYSTEM – FULL BUSINESS CASE

SITUATION

BACKGROUND

The current IT infrastructure in use by the NHS Wales 111 service is currently being delivered by an amalgam of solutions used by NHSDW and GPOOH. These services are linked by a piece of software designed to send caller information from NHSDW into the relevant GPOOH service (via the 'concentrator' which links these two pieces of software).

NHSDW's existing IT product CAS is currently at end of life and in urgent need of replacement. Capita have confirmed that they will no longer continue supporting this system indefinitely. Similarly, although the GPOOH system (Adastra) is still being supported, there have been recent issues around outages within individual LHBs and on a national UK basis.

Each Health Board has its own instance of Adastra which has meant that NHS Wales has not been able to make the most effective use of resources and in many cases has had to pay multiple times for the same work to be carried out in each Health Board.

The launch and success of the 111 Service has highlighted the need for an urgent replacement for CAS and the opportunity for the 111 Service, and the wider Urgent Primary Care system to benefit from the introduction of an integrated information solution. Welsh Government and Primary Care colleagues are also very supportive of this approach.

Following WG endorsement of a previously submitted Outline Business Case for a replacement integrated system and in accordance with the Public Contracts Regulations 2015, an advert for the replacement solution was placed in the Official Journal of the European Union (OJEU) and procurement activities commenced.

ASSESSMENT

Activities to procure an Integrated Information Solution (IIS) to replace the existing IT solutions in use within both NHS Direct Wales (NHSDW) and Urgent Primary Care Out of Hours (GPOOH) services concluded on the 9th July 2019 with the approval of the procurement evaluation report by the NHS Wales 111 Programme Implementation Board. The recommendation was made that the contract be awarded to Capita

Healthcare Decisions, subject to Full Business Case (FBC) approval by Welsh Government.

An FBC has been prepared, in accordance with the Five Case Model as mandated by Welsh Government in 2018, in order to outline the robust strategic, economic, commercial and financial rationale for proceeding with the procurement of the IIS.

Prior to submission of the FBC to Welsh Government, approval to do so is required from the Welsh Ambulance Services Trust Board as both a predominant user of the new system and the proposed Contracting Authority for this solution, along with NHS Wales Health Boards and the current 111 Programme Implementation Board.

In light of the timescales associated with the implementation and the urgent need for the replacement IIS, the Welsh Government Capital Planning Team have agreed that the scrutiny process for the FBC could be commenced contingent upon subcommittee approval from WAST, in advance of a full 111 Programme Board and Trust Board Approval.

The FBC was therefore presented to the WAST Finance and Performance Committee on 24th October 2019. Whilst it was noted that there is some outstanding work to finalise the governance arrangements surrounding the role of Contracting Authority, and WASTs pivotal role in the implementation governance, this should not prevent the Business Case in its own right being recommended for formal submission to WAST Trust Board in November, for approval for onward submission to WG. Following this endorsement, a 'mature draft' of the FBC document was submitted to the Welsh Government Capital Planning Team for initial review and scrutiny to commence.

Also on 24th October, the Deputy Directors of Finance indicated that they would support the ongoing revenue position within the business case and as a result, letters of support from Health Board Directors of Finance will accompany the formal submission of the approved FBC to Welsh Government. This is key to ensuring that the revenue financial assumptions within the case, including the cost implications of being the Contracting Authority, are fully supported.

On 8th November, the 111 Programme Implementation Board formally endorsed the FBC and it is therefore being presented to the Welsh Ambulance Services Trust Board for approval to submit as a final version to WG for consideration, including the capital funding requirement.

Following this, it is planned that formal sign off of the version of the FBC to be formally submitted to Welsh Government will be made jointly between the Chief Executive, WAST and Judith Paget as SRO for the 111 National Programme.

The Business Case will then be subject to the Welsh Government scrutiny process ahead of formal sign off and approval by the Health Minister. It is anticipated that the above early submission of a mature draft of this will have expedited the scrutiny process and that the FBC will be taken to the WG Infrastructure Investment Board on 11th December, where WAST will be in attendance to present the case.

The FBC seeks approval to invest **£27.25m** in a contract over 7 years, with an option to extend for a further 7 years in annual increments. This entails a capital investment of **£15.07m** for supplier and NHS Wales implementation costs, as well as an investment in an all-Wales licence for the product for a seven year term. An additional £16.06m of capital charges funding is requested, in order to cover the investment and the additional £0.99m of sunk costs funded in financial years 2017/18, 2018/19 and 2019/20.

Revenue funding will be secured from the existing contractual resources paid to incumbent suppliers for the existing CAS and Adastra systems with the support of the Welsh Ambulance Services Trust and Local Health Boards and is within the £2m per annum ceiling that was stipulated within the procurement process. The Health Boards have all formally agreed that they will continue to support the service by maintaining their current levels of funding for the new 111 Integrated Information Solution.

There are a number of benefits highlighted within the FBC, with headline benefits including improved caller safety, experience and outcomes, the reduction of inappropriate demand on primary care, 999 and emergency department services, improved clinical decision support and autonomous decision making for professionals, and improved contract management arrangements, which will help to keep the cost of running the service stable over the contract term.

The FBC also seeks funding to support the build and rollout of the system and the resources required have been identified and refined through extensive stakeholder engagement.

Risks have been identified and set out in the FBC; these cover both the commercial/contractual risks and the risks to implementation. A plan from the management and mitigation of these risks has also been provided within the FBC.

Appendix 1 details the governance and signoff timescales for the FBC.

Governance of the proposed implementation within WAST will be integral to the success of the project, as well as the wider 111 Programme. As such, WAST Board will have oversight and continue to be provided assurance of the implementation of the wider 111 Programme as well as the IIS, with reporting and updates being provided on a regular basis, primary via FPC.

RECOMMENDED: That

It is recommended that the Welsh Ambulance Services Trust Board formally **approves** the submission of the FBC to Welsh Government.

Integrated Information Solution for 111 Wales

Full Business Case (Final)

Version History

Version	Date Issued	Brief Summary of Change	Owner's Name
v1.0	12/11/2019	Final version for submission Reviewed and approved by: • WAST Finance and Planning Subcommittee • Deputy Directors of Finance • National 111 Implementation Board • Directors of Primary Care	Alex Percival

Contents

1   Executive Summary

1.1   Introduction

This FBC seeks approval to invest £ 27.25m in a contract over 7 years, with an option to extend for a further 7 years in annual increments, for the provision of an Integrated Information Solution for the 111 Service and Urgent Primary Care (Out of Hours) (OOH) for NHS Wales.

This FBC seeks approval for a capital investment of £15.07m for supplier and NHS Wales implementation costs, as well as an investment in an all-Wales licence for the product for a seven year term. An additional £16.06m of capital charges funding is requested, in order to cover the investment and the additional £0.99m of sunk costs funded in financial years 2017/18, 2018/19 and 2019/20. Revenue funding will be secured from the existing contractual resources allocated to incumbent suppliers for the existing CAS and Adastra with the support of the Welsh Ambulance Services Trust and Local Health Boards.

1.2   Strategic case.

1.2.1   The strategic context

A new Strategic Plan for the development and implementation of the 111 Programme was approved in January 2018, this plan built on the success and expansion of the Programme from the original 111 Pathfinder Service in the ABMU (as it then was)/Carmarthenshire area, to the current implementation of five Health Boards across Wales. The Strategic Plan identifies the procurement of an Integrated Information Solution for the 111 Service and Urgent Primary Care (Out of Hours) as a key element in delivering an all-Wales roll out of the 111 Service, as well as being essential its future success and sustainability. The Minister for Health and Social Care has also stated his commitment to the roll out of a national 111 service by 2021, and this investment is integral to the ensuring that commitment is achieved.

In addition to the 111 Service Strategic Plan, the provision of an Integrated Information Solution for the 111 and OOH service will also provide a strategic platform for service improvement in alignment with a number of national priorities for NHS Wales, such as reducing pressure on emergency services, preventing unnecessary or inappropriate admissions to hospital, promoting health and well-being and empowering patients and individuals to take a more active approach within their care. It is anticipated that investing in the Solution will deliver a platform to:

- improve patient safety, experience and clinical handover
- target the key NHS Wales priority of reducing inappropriate demand within the Unscheduled Care system,
- reduce duplication and service inefficiency and therefore contribute to the overall financial sustainability of NHS Wales,
- support the delivery of services and care closer to people's homes,
- reduce pressure on emergency services, and
- assist in avoiding unnecessary hospital admission.

From a **Prudent Healthcare** perspective, investment in this integrated system will:

- make more effective use of skills and resources by streamlining call-handling, reducing duplication and data entry,
- support health and well-being,
- prioritise care for those with greatest need first,
- provide the platform for a more sustainable model.

In **A Healthier Wales: Our Plan for Health and Social Care**, Welsh Government set out the strategy for greater cohesion between Health and Social Care within Wales. The plan sets out a vision for Health and Social Care focused on key values:

- A whole system approach to Health and Social Care

- An equitable system which achieves equal health outcomes for all

- Seamless Services, implemented as close to patients' homes as possible

- People will only go to general hospitals when it is absolutely necessary

- Using technology to support high quality sustainable services

The new 111 integrated IT solution will be a single instance across Wales, meaning that staff working locally, nationally and regionally will have access to a single digital record for each individual accessing the service. Summary records will also be able to be sent from the 111 integrated IT solution to other systems within the national architecture. This will allow for more consistent and accurate reporting, allowing NHS Wales to assess the effectiveness of the 111 service and drive continuous service improvement. The use of robust, peer reviewed clinical algorithms to support both non-clinical and clinical decision making, provides an evidence base for the service to safely assess callers, potentially increasing self-care outcomes and reducing the number of visits to the general hospitals' emergency departments.

Informed Health and Care: A Digital Health and Social Care Strategy for Wales provides a clear direction of travel for NHS Wales to widen access to NHS held patient information for use within primary and secondary care to improve clinical decision making and reduce duplication, and for patients themselves in support of informed self-care. The development of the 111 service is wholly aligned with this Strategy.

The investment in the Integrated Information Solution will utilise a number of national information products which are key components of the national informatics strategy, specifically:

- User authentication via the National Active Directory and Exchange (NADEX),
- Patient authentication and demographics via Welsh enterprise Master Patient Index (WeMPI),
- GP summary record, clinical results and hospital appointments via Welsh Clinical Portal (WCP),
- Monitoring record access via National Intelligent Integrated Auditing System (NIIAS).

1.2.2 The case for change

In addition to the strategic context, there are a number of existing service needs which must be addressed through the provision of the Integrated Information Solution in order to ensure the continued viability of a national 111 service for Wales and local Urgent Primary Out of Hours services.

The current service model is supported by two IT systems, the CAS system utilised by NHS Direct Wales and the Adastra system in use across the urgent primary care out of hours services. At present, the 111 Service is operated by using a 'concentrator', messaging software which is able to send information from the CAS system into a Health Board's instance of Adastra in order for the urgent primary care out of hours service to see call information. While this approach has supported the rollout of the 111 Pathfinder Service, it is an unsuitable basis for continued provision for a number of reasons.

1) The CAS system in use within NHS Direct Wales was first procured in 2001 and is currently at end of life. While an extension to the existing contract is in place until November 2020, the current supplier, Capita, has indicated their reluctance to continue to support the system due to its limited use and obsolete technical platform.
2) While the Adastra system is used consistently across the urgent primary care out of hours services in Wales, each health board has its own individual instance, meaning that information from the systems cannot easily be shared across the health boards.
3) Each of the Health Boards' Adastra system is managed on a separate contract, meaning that there is a duplication of effort in the management of the contractual relationship between NHS Wales and the supplier of the system.
4) As a consequence of the disparate nature of the contractual management of the Adastra systems, any change that is requested by the service is replicated for each health board, with each health board incurring the associated costs for the change development

In addition to the existing issues highlighted above, the current systems do not provide the flexibility or technical capability to integrate with the national architecture to effectively improve patient flow through the primary care system. There is also the opportunity for a new solution to provide a marked improvement in the experience of patients accessing the service through leveraging technologies such as patient facing applications or web chat for self-care and triage, integrated video facilities and visual assessment using patient's devices and the potential ability to utilise machine learning in order to improve triage algorithms in the future. The ability of NHS Wales to keep pace with changes in technology is hindered by the current contractual and technological constraints of the service and investment in an Integrated Information Solution for 111 Wales offers a crucial opportunity to harness technological advances to deliver improvements to the current service, as well as providing wider opportunities for an increasingly digitally literate population to access the service in the manner they feel is most appropriate.

1.3   Economic case

1.3.1   OBC short list

	Do Nothing Status Quo SCO1	Do Minimum New CAS SCO2	Intermediate Single System SCO3	Do Maximum Fully Integrated SCO4
Investment Objective				
Investment Objective	No	Partial	Yes	Partial
CSFs				
Business Need	No	Partial	Yes	Yes
Strategic Fit	No	Partial	Yes	Yes
Benefits Optimisation	No	Partial	Yes	Yes
Potential Achievability	Partial	Yes	Yes	No
Supplier Capacity and Capability	Partial	Yes	Yes	Potentially
Potential Affordability	Partial	Yes	Yes	Unknown
Summary	**Possible**	**Possible**	**Preferred**	**Possible**

The preferred and agreed option at OBC was the Intermediate option. This was reaffirmed following the conclusion of the procurement due to the option's ability to meet the overwhelming majority of key service requirements and deliver the Critical Success Factors. This will be a single system for NHSDW and urgent primary care out of hours services, fully managed by a supplier from an NHS Wales Datacentre. The solution will be delivered in a phased approach, in line with the 111 roll out plan.

1.3.2   The procurement

A Contract Notice and Pre-Qualification Questionnaire was placed on the Welsh Government "Sell2Wales" portal and published into the Official Journal of the European Union (OJEU) on the 7th February 2017 with reference number 2017/S 028-049392.

A total of (9) interested bidders responded to the Contract Notice by completing the Pre-Qualification Questionnaire (PQQ) by the closing date of 14:00hrs on the 10th March 2017.

Following the evaluation of the PQQ, a total of six bidders were invited to a Supplier Briefing Session, this presented the bidders with the opportunity to understand the context of the service, and overview of the requirements and further information on the procurement process. At this stage, one bidder withdrew from the process.

Five bidders were then formally provided with an Invitation to Participate in Dialogue (ITPD). At this stage another bidder withdrew from the process. Dialogue commenced with four remaining participants, but through the initial dialogue process, two bidders also took the decision to withdraw, leaving two remaining bidders at the close of the ITPD stage. At this stage a shortlisting exercise was

held and both remaining bidders were invited to the final round of formal dialogue and the Invitation to Submit Final Tender (ISFT) Stage.

At ISFT, bidders were invited to make a final tender submission against the finalised Master Services Agreement. Received Tenders were evaluated based on the most economically advantageous tender (MEAT), as evaluated against the award criteria and weightings published in the ISFT. However, following evaluations at this stage deficiencies in the bids received from both suppliers were identified, with the effect that a contract award recommendation could not be made by the evaluation teams.

While the Authority reserved the right to not award the contract within the ISFT document, it was felt by the evaluation team that both suppliers should be provided the equal opportunity to make a revised bid and an additional feedback session was held with each supplier individually to discuss the aspects of their bids that were deemed to be unacceptable. This was conducted in accordance with Regulation 30(18) of the Public Contracts Regulations 2015 which permits the Authority to request "clarifications, specification and optimisation" of final tenders.

Revised bids were received from both suppliers and the evaluation teams (made up of representatives from across NHS Wales which included technical, clinical and operational staff from across the service) found that both bids were acceptable and based on the criteria outlined in the ISFT document, made the recommendation that the contract be awarded to Capita Healthcare Decisions.

The table below shows a summary of the evaluation process.

Evaluation Section	Supplier A Overall weighted Score	Capita Overall weighted Score
Functional/Technical Sub-Total	20.55%	19.05%
Operational/Governance Sub-Total	5.63%	4.83%
Commercial/Legal Sub-Total	5.36%	5.61%
Financial Sub-Total	16.10%	19.72%
Strategic Fit Sub-Total	2.68%	2.23%
Overall Evaluation Total	50.32%	51.44%

The table below shows an overview of the key milestones of the procurement process.

Milestone	Date
Executive Committee approval of Contract Schedules	31/01/17
Contract Notice and PQQ Issued	07/02/17
PQQ Response Deadline	10/03/17
111 Executive Procurement Board Approve "Longlisting" Report	**19/09/18**
Supplier shortlisting outcome notification	29/09/17
Issue Invitation to Participate in Dialogue Document	02/02/18

Milestone	Date
111 Executive Procurement Board Approve Invitation to Participate in Dialogue documentation	**26/01/18**
Supplier Briefing Sessions	12/02/18
System Demonstrations	07/03/18 – 14/03/18
Dialogue Round 1: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	16/04/18 – 01/05/18
Dialogue Round 2: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	25/06/18 - 03/07/18
111 Executive Procurement Board Approve "Shortlisting" Report	**18/10/18**
Dialogue Round 3: OpGov & C/L/Fi Meeting 1. Two Days per Bidder (Day 1 Op Gov, Day 2 C/L/Fi)	26/11/18 – 29/11/19
Dialogue Round 4: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	3-4/12/18 & 10-11/12/19
Dialogue Round 5: OpGov & C/L/Fi Meeting 2. Two Days (Day 1 Op Gov, Day 2 C/L/Fi)	21/12/19 – 24/01/19
Trial Invitation to Submit Final Tender (Trial ISFT)	04/02/19 – 19/02/19
Evaluation of Trial ISFT	25/02/19 – 28/02/19
Trial ISFT Bidder Feedback Meetings	01/03/2019
111 Executive Procurement Board Approve ISFT Documentation	**13/03/19**
Invitation to Submit Final Tender (ISFT)	15/03/19 – 29/03/2019
Evaluation of ISFT	29/03/2019 – 20/05/2019
ISFT Evaluation of Use Case Scenarios & BCDR Exercise	11/05/19 – 12/05/19
111 Executive Procurement Board Agree non –award of ISFT	**10/05/19**
Re-Issue of ISFT (ISFT2) to bidders	10/05/19
Bidder Clarification Meetings	30/05/19
Close ISFT2	29/03/19
Evaluation of ISFT2	24/06/19 – 27/06/19
111 Executive Procurement Board & 111 Implementation Board meeting to Approve Award Recommendation	**09/07/19**
Issue Intention to Award letters to Bidders ("Standstill")	10/07/2019
Conclusion of Standstill	13/08/2019

1.3.3 Key findings

As the procurement was based on a consistent specification of requirements and the Crown Commercial Services standard contract for IT services over £10m, the risks, benefits and associated costs for NHS Wales for the procurement were consistent for both suppliers. While the procurement evaluation differentiated the suppliers in light of the quality of the bid, strategic fit with the 111 Programme and the acceptability of their response to the master services agreement, the only difference that impacted the value for money of the proposed solutions was the overall cost. The table below shows the Net Present Cost for both suppliers' proposed bids.

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	Undiscounted (£)	Net Present Cost (Value) (£)
Capita		
Capital Revenue	15,065,497 31,667,151	14,530,293 24,214,879
Total costs	46,732,648	38,745,172
Less Revenue Savings	-25,729,094	-20,046,007
Total	**21,003,554**	**18,699,165**
	Undiscounted (£)	Net Present Cost (Value) (£)
Supplier A		
Capital Revenue	16,209,959 32,649,414	15,636,054 24,658,715
Total costs	48,859,373	40,294,769
Less Revenue Savings	-25,729,094	-20,046,007
Total	**23,130,280**	**20,248,762**

As a result, the ranking of the two proposed bids is as follows:

Option	Description	Ranking
		NPC (£)
1	Capita	**1**
2	Supplier A	**2**

1.3.4   Overall findings: the preferred option

Following an extensive and robust procurement process and based on the evaluations outlined above, the preferred option is to award the contract for the 111 Integrated Information Solution to Capita Healthcare Decisions

1.4   Commercial case

The proposed contract is for the provision of an all-Wales Single Integrated Information System for the 111 Service under a Master Services Agreement. Further to the award of the Agreement, it is proposed that three Deployment Orders would be made for the execution of an all-Wales service.

This is outlined in the table below.

Deployment Order Authority Party	Services to be provided to	Estimated date of DO Execution	Estimated Service "Go Live"
Welsh Ambulance Service NHS Trust	Welsh Ambulance Service NHS Trust Abertawe Bro Morgannwg University Health board Aneurin Bevan University Health Board Cwm Taf University Health Board Hywel Dda University Health Board	01/12/2019	Q4 2020/21
Cardiff & Vale University Health Board	Cardiff & Vale University Health Board	01/03/2020	Q1 2021/22
Betsi Cadwaladr University Health Board	Betsi Cadwaladr University Health Board	01/06/2020	Q2 2021/22

1.4.1   Agreed products and services

The main aspects of the services sought from the proposed Contractor include the supply, configuration, deployment, support and training relating to the provisioning and implementation of the 111 Single Integrated Information System. The proposed services to be contracted for are summarised below.

Key Components	Requirement Specification
Solution Architecture	The procured system will be hosted within NHS Wales datacentres. The system will be supported by a resilient and scalable infrastructure.
Solution Purpose	The solution will be a clinical assessment and workflow system to enable integrated delivery of the 111 Wales and urgent primary care out of hours services. This will be supported by connectivity with a range of different systems within NHS Wales and partner organisations to

Key Components	Requirement Specification
	support effective flow of patient data and seamless links for service pathways.
Service Usage	The majority of system users will be NHS staff, although over time it is anticipated that multi-channel access to parts of the system will be provided to the public.
Security and Access	The Service will be accessed by a wide range of users throughout NHS Wales. Authentication will be via the NHS Wales User Authentication Service (NADEX). Patient access to the system will be provisioned through NHS Websites and through an app provided by the supplier.
Technical Interfaces	The solution will interface with key elements of the NHS Wales architecture and will provision access to the Welsh Clinical Portal. It will also interface with NADEX, the Patient Demographics Service, the National Intelligent Integrated Audit System and Welsh GP Record.
Deployment Scale	This will be deployed on an All-Wales basis, with one large implementation in the live 111 areas and two smaller roll outs to BCUHB and CVUHB
Implementation Timing	The proposed go-live for the solution is Q4 2020/21.

1.4.2 Agreed risk allocation and charging mechanism

The agreed risk allocation is described in the table below. Charges for the solution will begin following 30 days of Stable Operations (Stable Operation milestone 1), this is expected to be in Q4 2020/21. Payments and Charges will be in line with the agreed Financial Model within the Agreement.

	Public	Private	Shared
1. Design risk			✓
2. Construction and development risk		✓	
3. Transition and implementation risk		✓	
4. Availability and performance risk		✓	
5. Operating risk			✓
6. Variability of revenue risks	✓		
7. Termination risks		✓	
8. Technology and obsolescence risks			✓
9. Control risks	✓		
10. Residual value risks		✓	
11. Financing risks	✓		
12. Legislative risks			✓
13. Liability for Clinical Decisions risks			✓
14. Data liability risks			✓

1.4.3 Key contractual arrangements

The contract is based on the Crown Commercial Services standard IT contract for services over £10mThe key contractual issues are outlined below:

1) **Limits on Liabilities**
   a) The Contractor's total aggregate liability for all loss, destruction, corruption, degradation, inaccuracy or damage to the Authority Data caused by the Contractor's Default shall in no event exceed one hundred million pounds (£100,000,000).
   b) The Contractor's liability in relation to Contractor Personnel, Employment, Staff IPR Indemnity and TUPE shall be unlimited.
   c) In respect of all other claims, losses or damages, whether arising from tort (including negligence), breach of contract or otherwise incurred by the Authority or any Authority Party under or in connection with this Agreement and any Deployment Order shall in no event exceed:
      i) in the first Contract Year the sum of three million pounds (£3,000,000);
      ii) in each of the third and all subsequent Contract Years the greater of the sum of three million pounds (£3,000,000) or 125% of the Charges paid or payable in the Contract Year in which the claim arose; and
      iii) in aggregate over the Term the sum of ten million pounds (£10,000,000)

2) **Delay Payments**
   a) The Contract contains within it provisions for the payment of Delay Costs by the Contractor, to the Authority where the Contractor fails to achieve the Stable Operations Milestone. Delay payments shall be calculated weekly at a value of 0.82% of the total Charges payable by the Authority for a period of up to twelve (12) weeks totalling ten percent (10%) of the total Charges.

3) **Service Management and Caps**
   a) Service Credits resulting from Service Failures are capped to fifty percent (50%) of the "Service Charges" in any one Payment Quarter. A full Service Management Scheduled exists within the agreement which sets out the maximum time period for the resolution of problems and incidents. This is in line with the Standard NHS Wales Service Management regime for all nationally managed solutions.

There are no personnel implications and TUPE does NOT apply.

1.4.4 Agreed implementation timescales

The key milestones and delivery dates are outlined in the table below, at this stage these timescales are indicative and, following FBC approval, will be agreed with the contractor in accordance with Schedule 6.1 (Implementation Plan) of the Agreement:

Milestone Date	Milestone Activity
Q3-Q4 2019/20	Effective Date of Contract
Q4 2019/20	Hardware installation in NHS Wales Datacentres
Q1 2020/21	Requirements gathering complete

Q2 2020/21	System development and integration complete
Q3 2020/21	System and User Acceptance Testing complete
Q3 2020/21	End User training completed
Q3 2020/21	Readiness to Proceed Milestone 1
Q4 2020/21	System deployed in 111 Health Boards (ABUHB, CTMHB, HDUHB, PTHB, SBUHB)
Q4 2020/21	Stable Operations Milestone 1 (commencement of payments)
Q4 2020/21	Readiness to Proceed Milestone 2 (CVUHB)
Q1 2021/22	111 Service and System Rollout to CVUHB
Q1 2021/22	Stable Operations Milestone 2 (CVUHB)
Q1 2021/22	Readiness to Proceed Milestone 3 (BCUHB)
Q2 2021/22	111 Service and System Rollout to BCUHB
Q2 2021/22	Stable Operations Milestone 3 (BCUHB)

1.4.5 Accountancy treatment

It is envisaged that the assets underpinning delivery of the service will be on the balance sheet of the Contracting Authority.

1.5 Financial Case

1.5.1 Changes from OBC to FBC

From OBC to FBC, for the 7 year contract term period, there has been a net reduction in the total cost of the IT Procurement of £1.56m (excluding capital charges). This comprises a £1.37m increase in capital costs and an associated £2.93m reduction in Revenue costs. The overall cost saving reflects the agreed financial arrangements resulting from Supplier dialogue, where it was established that the best deal for NHS Wales would be secured through initial investment in 7 year All Wales licences and additional investment in NHS Wales service management. These costs comparisons are detailed in the table below.

	Costs at OBC Stage	Costs at FBC Stage
CAPITAL REQUIREMENT		
Supplier Costs	10,142,103	11,630,513
NHS Wales Costs	3,551,600	3,434,984
Required Capital Costs	13,693,703	15,065,497
REVENUE REQUIREMENT		
Supplier Costs	13,765,436	8,569,755
NHS Wales Costs	1,350,000	3,615,050
Total Revenue Costs	15,115,436	12,184,805
GRAND TOTAL	28,809,139	27,250,302

1.5.2 Financial Expenditure

The financial profile of the proposed investment for the seven year contract period offered is detailed in the cash flow projection provided in the table below. These costs are presented net of VAT:

	Dec 2019- Mar 2020	Apr 2020- Mar 2021	Apr 2021- Mar 2022	Apr 2022- Mar 2023	Apr 2023- Mar 2024	Apr 2024- Mar 2025	Apr 2025- Mar 2026	Apr 2026- Nov 2026	Total Cost Contract years 1-7
Supplier Capital Costs									
Supplier Implementation Charges	0	5,384,050	0	0	0	0	0	0	5,384,050
Supplier All Wales Licence Cost	0	6,246,463	0	0	0	0	0	0	6,246,463
	0	11,630,513	0	0	0	0	0	0	11,630,513
NHS Wales Capital Costs									
Integration	0	145,000	0	0	0	0	0	0	145,000
Local Devices Purchase	0	500,000	0	0	0	0	0	0	500,000
NHS Wales Staff Costs	0	1,993,089	786,395	0	0	0	0	0	2,779,484
Exit/Archive Costs	0	9,000	1,500	0	0	0	0	0	10,500
	0	2,647,089	787,895	0	0	0	0	0	3,434,984
Total Capital Costs	0	14,277,602	787,895	0	0	0	0	0	15,065,497
Supplier Revenue Costs									
Service Charge	0	540,502	1,373,887	1,405,838	1,405,838	1,405,838	1,405,838	937,225	8,474,966
Clinical Content Development	0	6,045	15,366	15,724	15,724	15,724	15,724	10,482	94,789
	0	546,547	1,389,253	1,421,562	1,421,562	1,421,562	1,421,562	947,707	8,569,755
NHS Wales Revenue Costs									
Data Centre Costs	0	38,117	38,117	38,117	38,117	38,117	38,117	25,411	254,113
Infrastructure Support Costs	0	0	238,640	477,279	477,279	477,279	477,279	318,186	2,465,942
Double running costs	0	640,714	254,281	0	0	0	0	0	894,995
	0	678,831	531,038	515,396	515,396	515,396	515,396	343,597	3,615,050
Revenue Costs	0	1,225,378	1,920,291	1,936,958	1,936,958	1,936,958	1,936,958	1,291,304	12,184,805
Revenue Savings	0	-989,581	-1,979,161	-1,979,161	-1,979,161	-1,979,161	-1,979,161	-1,319,441	-12,204,827
Total Revenue	0	235,797	-58,870	-42,203	-42,203	-42,203	-42,203	-28,137	-20,022
GRAND TOTAL	0	14,513,399	729,025	-42,203	-42,203	-42,203	-42,203	-28,137	15,045,475

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1.5.3 Overall affordability and balance sheet treatment

This FBC evidences that of the two bids received, the preferred option represents the best value for money. This option requires additional capital investment of £15.065m from NHS Wales capital funds, plus, additional capital charges funding of £16.064m.

Welsh Government Technology and Transformation, Health and Social Services Group, has been approached for Transforming Digital Services funding to meet the initial NHS Wales revenue funding gap created through double running costs.

A small annual revenue saving of £42k is projected against the ongoing revenue costs of this procurement compared to the existing costs of the OoH IT legacy systems.

If the contract is renewed for years 8-14, or any part thereof, there will be a requirement to purchase annual licence fees for that period. Whilst these costs are currently included in the ongoing supplier revenue costs for years 8-14 and have been considered for evaluation purposes, no revenue funding is currently identified to meet this requirement and a business case seeking funding for the required contract years in addition to the initial 7 may be required.

1.6 Management case

1.6.1 Project management arrangements

The delivery of the replacement 111/Urgent Primary Care OoH IT system will be supported by a newly created 111 Integrated Information Solution Implementation Project Board, which will have oversight of the workstreams and work packages required to deliver the replacement solution. The Project Board will report into the NHS Wales 111 Programme Implementation Board via the Joint Implementation and Governance Group (JIGG), and will be supported by a number of workstreams focusing on delivery areas.

1.6.2 Benefits realisation and risk management

In order to ensure that the value for money of the investment is appropriately evaluated, a benefits matrix for the programme has been included in the appendices to this FBC. The table below shows a high level overview of the identified benefits, monitoring of which will become the responsibility of the Integrated Information Solution Project Board.

Risks have been identified and are described in the strategic case, a risk log will also be created for submission of the FBC for these identified risks. Ongoing risk management will form a key responsibility for the Project Board for the duration of the solution's implementation.

1.6.3 Post project evaluation arrangements

In anticipation of the submission of this FBC a Gateway Review 3 (Investment Decision) was undertaken with the Delivery Confidence Assessment of Amber/Green. Gateway Reviews 4 (Readiness for Service) and 5 (Benefits Realisation) will be arranged with Welsh Government at the appropriate times prior to the first Readiness to Proceed milestone (RP1) and following the final implementation

of the service into Betsi Cadwaladr UHB. The benefits register will continue to be maintained throughout implementation and will form an integral part of the management of benefits realisation.

1.7 Recommendation

On behalf of NHS Wales, the 111 Programme/Welsh Ambulance Services Trust formally request that the Minister for Health and Social Services endorses the award of the contract for the Integrated Information Solution for 111 Services in Wales to Capita Healthcare Solutions and approve Full Business Case submission for the capital resources noted.

2   The Strategic Case

2.1   Introduction

This FBC is for the procurement of an integrated IT solution to replace the existing end of life NHSDW IT system (CAS) and the multiple urgent primary care out-of-hours IT systems in use across NHS Wales, thus providing the technical solution to support delivery of the 111 Wales service beyond 2020/21.

The SOC for this project provided details of the 111 Wales service model, which aims to support the integration of urgent and unscheduled care by delivering a functionally integrated urgent care service that is the 'front door' of the NHS and provides the public with access to signposting to services, clinical advice and treatment 24 hours a day, 7 days a week. The service will simplify the multiple and often complex pathways that exist for patients, carers and professionals in navigating their way through our urgent and unscheduled care systems. Currently, patients often take the easiest and most accessible route which unfortunately means they inappropriately present to hospital Emergency Departments. The 111 Service and supporting technical solution aim to ensure that patients get to the right service or professional in a timely and prudent manner. Over time, the Welsh 111 Service, with it's free to use number and supporting digital platform, will be an instantly recognised brand for healthcare and advice, providing patients with an easy and accessible route to the right healthcare.

The new 111 Wales service model will seek to deliver a functionally integrated call handling and clinical assessment function, which combines the best components of the current NHSDW and disparate urgent primary care out-of-hours services and streamlines these into a single 'front door' for access to urgent care in Wales, simplifying access and supporting patients, carers and professionals to reach the most appropriate service to meet their needs in a timely and prudent manner.

Following the launch of the 111 Pathfinder within Abertawe Bro Morgannwg LHB (ABMUHB) in October 2016, the National Programme has delivered a phased roll out of the new 111 Wales service model to Hywel Dda UHB, with Carmarthenshire going live in May 2017 and Pembrokeshire and Ceredigion in October 2018, Powys THB in October 2018, and Aneurin Bevan UHB in August 2019. A further roll out of the service model to Cwm Taf Morgannwg is planned for Q4 2019 /20. Work is also underway to scope out the affordability and technical/operational feasibility of rollout to Cardiff and Vale UHB in Q1 2020/21.

Rollout of the 111 Wales service model to any outstanding Welsh health boards will continue following the implementation of the integrated 111 IT solution.

This FBC is focused on making the case for the urgent need tor the replacement of the existing NHSDW and urgent primary care out of hours IT systems, rather than the wider benefits of the 111 service model. This information is contained within the Strategic Plan for the Development of a 111 Service in Wales, approved in January 2018 (Appendix 1).

Structure and Content of the Document

This FBC has been prepared using the agreed standards and Five Case Model format for business cases, as set out in the Better Business Case approach mandated by Welsh Government in 2018. The approved format is the Five Case Model, which comprises the following key components:

- the **strategic case** section. This sets out the strategic context and the case for change, together with the supporting investment objective for the scheme.

- the **economic case** section. This demonstrates that the organisation has selected the choice for investment which best meets the existing and future needs of the service and optimises value for money.

- the **commercial case** section. This outlines the content and structure of the proposed deal.

- the **financial case** section. This confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation.

- the **management case** section. This demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

Part A: The Strategic Context

2.2   Organisational Overview

This FBC has been produced by the 111 Wales Programme Team in partnership with and on behalf of the following NHS Wales organisations:

- Welsh Ambulance Services Trust (WAST). Provider of NHSDW/111.
- All Local Health Boards in Wales: Aneurin Bevan (ABUHB), Betsi Cadwaladr (BCUHB), Cardiff and Vale (CVUHB), Cwm Taf Morgannwg (CTMUHB), Hywel Dda (HDUHB), Powys Teaching Health Board (PTHB). And Swansea Bay (SBUHB) University Health Boards. These Health Boards are both commissioners and providers of urgent primary care out of hours services for their local catchment areas, and providers of wider hospital and community services.
- NHS Wales Informatics Service (NWIS). Architect and provider of NHS Wales national information and technology services/infrastructure.

The 111 Wales Programme is governed through a National Implementation Board consisting of senior clinical and managerial leaders from across NHS Wales and wider partner organisations. The 111 Wales Implementation Board is accountable to the Unscheduled Care Transformation Board (chaired by the NHS Wales Chief Executive) and the National Primary Care Board (chaired by the Chief Executive of Aneurin Bevan UHB)

- The NHS Senior Responsible Officer (SRO) is the Chief Executive of Aneurin Bevan Health Board.
- The WG SRO is Chief Executive for NHS Wales.

The Programme Team was established in early 2015 to take the project from its initial strategic conception through to pathfinder implementation stage and expected national roll-out across Wales. The team work with a number of clinical and operational leaders from across NHS Wales. Further details on the governance and management structures supporting the programme are provided in the Management Case.

2.3   Business Strategies

The new 111 service model delivers a functionally integrated call handling and clinical assessment function which combines the best components of the current NHSDW and disparate urgent primary care out-of-hours services and streamlines these into a single 'front door' for access to urgent care in Wales, simplifying access and supporting patients, carers and professionals to reach the most appropriate service to meet their needs in a timely and prudent manner.

The wider policy alignment and strategic context for 111 Wales was set out in the SOC, submitted in December 2015. This was further supported by the OBC, and by the approval of the *Strategic Plan for the Development of the 111 Service in Wales* in January 2018.

This FBC seeks to focus on the urgent need for systems replacement and consolidation, an essential prerequisite for service continuity, rather than the wider benefits the introduction of a new 111 service model will bring. The replacement and upgrading of the current IT and supportive technologies, which underpin NHSDW and urgent primary care out-of-hours services across Wales, will be a key enabler as part of a wider transformation programme to improve access to urgent care services in Wales. The investment in IT through this FBC will facilitate delivery of the Minister for Health and Social Services' commitment (2018) to roll out 111 nationally by 2021 by introducing a 111 system that builds on the success of NHSDW and offers a single number for accessing health information and advice 24/7, including out of hours health care in Wales, linked in to the local urgent medical and dental out of hours services.

At its simplest level, the replacement of the NHSDW and the urgent primary care out of hours IT systems are essential in order to continue providing NHSDW/111 and urgent primary care out of hours services into the future.

Whilst there is an <u>urgent</u> requirement to invest in order to maintain current services, investment in this area will also provide a strategic platform for service improvement and is aligned with national priorities to reduce pressure on emergency services, prevent hospital admission, provide services which focus on maintaining health and well-being, and support patient involvement and empowerment. The clinical need for alignment and sharing of

information between teams, departments, sectors and IT systems are a pre-requisite for the future delivery of 111 for Wales. Investment will, therefore deliver a platform which:

- improves patient safety and experience, and also improves the quality of clinical handover
- targets the key NHS Wales priority of reducing inappropriate demand within the urgent primary care, pre-hospital and wider unscheduled care system,
- reduces duplication and service inefficiency and therefore contributes to overall financial sustainability,
- supports the delivery of services closer to people's homes,
- reduces pressure on urgent and emergency care services, and
- helps avoid unnecessary or inappropriate hospital admission.

All of the above is aligned with the aims and objectives of the NHS Wales Infrastructure Investment Guidance.

From a **Prudent Healthcare** perspective, investment in this integrated system will:

- make more effective use of skills and resources by streamlining call-handling, reducing duplication and data entry,
- support health and well-being,
- prioritise care for those with greatest need first,
- provide the platform for a more sustainable model.

In February 2015, WG published its **Plan for a Primary Care Service for Wales up to March 2018.** This sets out a place for the future development of the most familiar and most frequently used part of our health service – primary care services. The plan set out five key priority areas:

- planning care locally
- improving access and quality
- equitable access
- a skilled local workforce
- strong leadership.

The Primary Care Plan indicated that the development of the 111 Wales Service is a key component of WG vision and future plans for a strengthened primary care service in Wales. The plan acknowledged that key to the success of the new service is the ability to co-ordinate and access a broad range of locally developed and responsive care pathways and community based services to provide alternatives to hospital care and admission. The new 111 Wales Service would provide a national 24/7 online and telephone service for health information,

advice and assistance for urgent health care needs or when people do not know who else to contact.

In **A Healthier Wales: Our Plan for Health and Social Care**, Welsh Government set out the strategy for greater cohesion between Health and Social Care within Wales. The plan sets out a vision for Health and Social Care focused on key values:

- A whole system approach to Health and Social Care

- An equitable system which achieves equal health outcomes for all

- Seamless Services, implemented as close to patients' homes as possible

- People will only go to general hospitals when it is absolutely necessary

- Using technology to support high quality sustainable services

The new 111 integrated IT solution will be a single instance across Wales, meaning that staff working locally, nationally and regionally will have access to a single digital record for each individual accessing the service. Summary records will also be able to be sent from the 111 integrated IT solution to other systems within the national architecture. This will allow for more consistent and accurate reporting, allowing NHS Wales to assess the effectiveness of the 111 service and drive continuous service improvement. The use of robust, peer reviewed clinical algorithms to support both non-clinical and clinical decision making, provides an evidence base for the service to safely assess callers, potentially increasing self-care outcomes and reducing the number of visits to the general hospitals' emergency departments.

The implementation of a single integrated IT solution for the 111 Programme supports a number of deliverables outlined in the **Primary Care Model for Wales**. The 111 service model operates a 24/7 care model and the implementation of the new system will allow triage and signposting activity to take place around the clock, underpinned by seamless transition of data across services and Health Boards. The new solution will also support greater flexibility in working practices, supporting home and mobile working and providing an easily scalable solution that is able to respond quickly to fluctuations in demand and support the management of major incidents.

The new solution will also make better use of technology within the urgent primary care sector, by offering patients the opportunity to access the service in new ways through multiple channels such as web chat, mobile applications and Skype/video calling. The solution will also provide a patient facing app, which will provide triage and advice using state of the art clinical algorithms and provide up-to-date health information through the directory of services.

Informed Health and Care: A Digital Health and Social Care Strategy for Wales provides a clear direction of travel for NHS Wales to widen access to NHS held patient information for use within primary and secondary care to improve clinical decision making and reduce

duplication, and for patients themselves in support of informed self-care. The development of the 111 service is wholly aligned with this Strategy.

This IT development seeks to utilise a number of national information products which are key components of the national informatics strategy, specifically:

- User authentication via the National Active Directory and Exchange (NADEX),
- Patient authentication and demographics via Welsh enterprise Master Patient Index (WeMPI),
- GP summary record, clinical results and hospital appointments via Welsh Clinical Portal (WCP),
- Monitoring record access via National Intelligent Integrated Auditing System (NIIAS).

2.4   Other Organisational Strategies

Each Health Board has been tasked by WG in ensuring that their **Integrated Medium Term Plans** reflect the centrality of primary care and ensuring that the development of the 111 service is a key part of the overall delivery of comprehensive out of hospital care. The ***111 Wales Service Readiness Checklist*** has been approved by the 111 Implementation Board, following engagement with Directors of Primary Care and the urgent primary care out of hours community. This includes preparatory requirements from a technical perspective to enable the launch of the 111 Service within each Health Board and has been successfully utilised to support and prepare for rollouts in the Health Boards that currently make up the 111 service.

Across NHS Wales, local ***Primary Care Plans*** have been developed in response to **'A Healthier Wales'** to support and strengthen primary care services on a 24 hour basis. In the construction of the 111 model, there has been recognition that the service must be developed to support and enable local service delivery, and that the national service architecture aligns directly with local service provision. The development of the national service provides the potential to consider different ways of working and shared information to enable appropriate care delivery.

Engagement: There has been a considerable amount of stakeholder support and engagement to develop an approach for 111 in Wales. There is a very good level of support and consensus across NHS Wales and amongst a number of clinical and professional groups. Importantly, support has also been gained from NHS Wales leadership together with direct support from a number of patient groups. This support is directly relevant to the procurement of a new IT solution as it is a key component of the enabling technical infrastructure for 111 Wales. From a systems replacement perspective, the introduction of a new system will directly impact on staff currently using and supporting the current IT systems. These staff groups are formally represented as part of the core membership of the NHS Wales 111 Programme Implementation Board, and also the 111 Wales Executive Procurement Board, with wider

organisational engagement a responsibility of the individual representatives. Mechanisms for wider engagement at a programme level with operational and technical staff directly affected by the new system includes:

Stakeholder Engagement	
Staff Group	**Engagement via**
Senior leadership	• Directors of Primary Care • Medical Directors • WAST Executive Team • Primary Care Board • NHS Wales Chief Executives' Forum
System users	• Urgent Primary Care Out of Hours Forum • WAST / NHSDW Staff forum

Technical/Informatics	• Assistant Directors of Informatics (ADI)
	• Heads of Information Technology (LHB, Trust, WG & PHW membership)
	• NWIS
	   o Director of NWIS on Implementation Board
	   o NWIS Technical Director in a variety of technical groups
	• WG Delivery & Performance Division, Health and Social Services Group

Finance	• Deputy Directors of Finance forum

The requirements specification for the procurement was widely circulated, especially via the technical group and has been signed off by Heads of Information Technology, ADIs, and NWIS before being endorsed by both the Executive Procurement and 111 Programme Implementation Boards.

2.5 UK and International Context

Whilst there are differences between the existing models across England and Scotland (and increasingly, on a global level all are seeking to harmonise and simplify access into urgent primary care, pre-hospital and unscheduled care. This includes their supporting technical infrastructure and digital platforms. The 111 Wales Team have researched the international models and liaised closely with colleagues in other home nations to learn from their experiences. Key issues identified from this process were included within the OBC and these findings were distilled in the requirements specification and contractual arrangements that will underpin the approach taken in Wales.

Part B: The Case for Change

2.6   Investment Objective

The core investment objectives outlined in the SOC were reviewed and revised in the OBC to reflect the specific focus on the replacement IT and digital solution requirements of the project. While there remains a single investment objective for this project, this has been refined further in the context of the FBC to emphasise the need for an integrated solution.

Investment Objective:
To replace the existing NHSDW and urgent primary care out of hours IT Systems by Q4 2020/21 with an integrated technical platform to support the implementation and ongoing delivery of an all-Wales 111 Service.

2.7   Existing Arrangements

The two core elements of the new 111 Service are provided individually via each of the LHBs, and directly by the Welsh Ambulance Service Trust (WAST).

2.7.1   NHS Direct Wales

WAST currently provides the NHSDW health information and advice service from 3 call centres in Bangor, Cwmbran and Swansea. This 24 hour service provides telephone nurse assessment and subsequent treatment advice to callers; including directing patients to access local services to meet their needs, general health and service information to support self-care, service navigation, and specific health information targeted to particular clinical needs. NHSDW also provides a comprehensive health information and advice website, including symptom checkers, the use of which is increasing. Clinical staff working within NHSDW also support the 999 ambulance service by assessing less acute 'green 3' callers to the 999 service, with the aim of ensuring that these patients access the most appropriate service and prevent the unnecessary dispatch of emergency ambulances. In addition, NHSDW is responsible for providing the Welsh pandemic response telephone service.

The CAS system used by NHSDW was originally procured in 2001 and has reached the end of its product lifecycle. The software provides a call management/caller record function, and both clinical and non-clinical decision support tools to enable prioritisation, streaming and assessment of calls. There is a two-way interface with the 999 ambulance CAD system to enable the transfer of calls between the service queues, where clinically indicated.

CAS is end of life and the supplier had previously indicated their intention of not supporting the product beyond 2018 /19. Recent work with the supplier on the interim solution and subsequent upgrades has given NHS Wales an extension to November 2020. The commercial arrangements for this (and future) extension are, however, non-competitive and therefore costly.

2.7.2 Urgent Primary Care Out of Hours

Each LHB has a statutory responsibility for ensuring that appropriate primary care services are provided for their local populations. Across Wales, the responsibility for providing out of hours services sits with LHBs, meaning that urgent primary care services are provided directly by individual LHBs, or via contract with an external provider between 6.30pm and 8am Monday to Friday, and from 6.30pm Friday evening to 8am Monday mornings, and bank holidays. Urgent primary care services deliver advice and treatment to deal with urgent primary care issues that cannot wait until in hours GMS services re-open. Urgent primary care out-of-hours services include 4 components:

- Initial call taking, usually carried out by trained call takers

- Initial clinical telephone assessment – carried out by specialist nurses, pharmacists or GPs

- Face to face assessment – usually carried out in a Primary Care Centre by clinicians including GPs and Advanced Practitioners

- Home Visits – carried out by doctors and/or nurses and occasionally by paramedics working for the OoH service.

LHBs across Wales currently operate different service models for their urgent primary care out of hours provision.

Adastra, the current urgent primary care out of hours system supports individual LHB services and has been in place across Wales for a number of years. The software provides a call management/caller record function to enable prioritisation and streaming of calls, a scheduling mechanism to book appointments and home visits, and a prescribing module. There are interfaces with the Welsh Demographic Service, to enable identification of callers and view only access to the Welsh GP Record for clinicians, enabling consideration of clinical information to support assessment and treatment. All LHB IT systems automatically transmit summary call records to the patient's own GP at the end of the out of hours period if within the same Health Board area. In addition, some LHBs utilise Adastra's clinical decision support tools, but this varies based on local service model.

Unfortunately, each LHB holds a separate commercial contract for this system which has, over the years, resulted in differential payment rates and versions of the product across Wales. Each organisation has an individually configured system to meet their local requirements. Over the last 12-18 months, many of the out of hours teams have reported significant issues with the level of service provided. Requested changes to individual LHB systems and inter-operability have increasingly become prohibitively expensive. The reported contract value does not include ad hoc requests (e.g. configuration changes, system reports), making it difficult to ascertain the exact annual running costs of the urgent primary care out of hours system.

At an all –Wales level, the capture and analysis of urgent primary care out of hours performance data has proved highly problematic due to the multiple systems with separate configurations in use.

2.7.3 111 Wales Service

The 111 Wales Service, which began with a Pathfinder within the then ABMUHB in October 2016, integrates NHSDW/111 and local urgent primary care out of hours services. Initial call taking is undertaken within NHSDW by NHSDW/111 call takers. Clinical telephone assessment is undertaken by either the NHSDW/111 nurses or GPs within an out of hours service, dependent upon the reason for the call and assigned clinical priority. The responsibility for providing face to face appointments or home visits remains with the urgent primary care out of hours service. The entirely new aspect of this service model is the multi-disciplinary Clinical Support Hub which is housed on NHSDW premises and staffed jointly by professionals from both NHSDW and the LHBs. The Hub undertakes clinical assessment of complex cases, provides specialist input from professionals (e.g. pharmacist) to support the assessment of cases and provision of advice, and has a 'flight controller' role, maintaining an overview of flow throughout the service and assigning cases to relevant parts of the service to provide the patient with the most streamlined service.

The current IT platform supporting the 111 service connects the existing NHSDW and urgent primary care out of hours systems. All call taking and the Nurse clinical assessment is undertaken within the CAS system. GP clinical assessment, prescription provision, face to face appointments and home visits are delivered using the LHB Adastra system. In addition, the Clinical Support Hub utilises Adastra to direct patient flow and undertake assessments. During the out of hours period, records of all calls received in CAS where patient information has been captured are transmitted through a system interface ('the concentrator') to form part of the patient's Adastra record. The Adastra record is communicated to the patient's own GP when the case is closed. Where clinically appropriate, calls are presented for prioritised action, such as GP/Hub assessment, within the Adastra system.

The diagram below highlights how the 111 service model and the relationship between WAST and Local Health Boards will be supported by a single IT system:
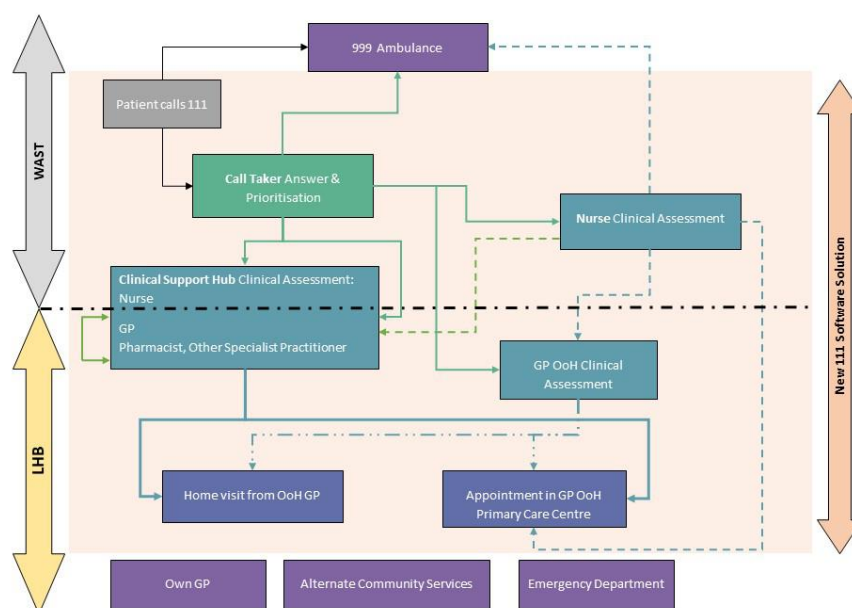
2.8 ICT Infrastructure

As outlined above, **NHSDW** utilises the CAS IT system, supplied by Capita Healthcare Decisions, which provides:

- a patient management system to maintain a searchable electronic record of all calls and patients,

- a call and workflow queuing capacity to enable direction of activity to the most appropriate staff member or group, including notification of remaining time per call in order to prioritise in accordance with timeliness standards for call-back,

- decision support and prioritisation tool for use by non-clinical staff, enabling clinical calls to be directed to the relevant professional with appropriate call back prioritisation and simple calls to be completed at that point,

- clinical decision support software (which includes clinical content) for use by nurses to assist in the provision of appropriate advice and inform as to the most appropriate onward referral or signposting.

Additionally, this is supported by an in-house directory of service (DOS) database detailing a wide range of health and wellbeing services across the NHS and beyond.

NHSDW also operates a well-utilised website, including the provision of health information and advice, and symptom checkers to support effective self-care and service navigation. In 2018/19, the website received over 4m direct visits and online enquiries.

The annual equivalent cost for CAS for 2019/20 is **£1,206,900 per annum** (pricing is exclusive of VAT and subject to annual RPI from January 1st). This figure does not reflect a significant number of one-off charges associated with the works undertaken to amend the system in

order to support 111 Wales pathfinder delivery. A contract extension to November 2020 has recently been negotiated which indicates that further contract extensions would be subject to significant revenue price increases.

Urgent Primary Care OoHs: All urgent primary care out of hours services, whether provided in house or outsourced, utilise the *Adastra* IT system provided by Advanced. Each organisation has their own contract. Whilst the core product in use is the same, individual LHBs utilise different versions or instances of the product and each are configured slightly differently. Across all services, Adastra provides the following:

- a patient management system to maintain a searchable electronic record of all calls and patients,
- a call and workflow queuing capacity to enable direction of activity to the most appropriate staff member or group, including notification of remaining time per call in order to prioritise in accordance with timeliness standards for call-back,
- a booking system to schedule face to face appointments and home visits within Out of Hours.

There is more limited uptake of additional modules:

- prioritisation algorithms for use by non-clinical staff, enabling clinical calls to be appropriately scheduled for call back,
- clinical decision support software for use by nursing staff to assist in the provision of appropriate advice and inform as to the most appropriate onward referral or signposting.

Additionally, there is variation between the way in which the services are provided, with CVUHB utilising their own server infrastructure to support delivery. ABUHB, BCUHB, CTMUHB, SBUHB and HDUHB contract with the provider for a hosted service, using the Adastra server infrastructure. The Powys system is hosted by the provider, but forms part of a wider contract held by the 3rd party OoH service provider for the area.

Adastra annual system costs for 2018/19 are provided in the table overleaf. These figures do not include ad hoc requests, e.g. bespoke reports and system configuration changes. From discussions with Health Board colleagues, it is apparent that these additional costs vary considerably but could contribute to the purchase of an all Wales solution.

No IT system costs are available for Powys as their urgent primary care out of hours service is provided by an external service provider. The supplier does not provide a cost breakdown between the service and IT systems elements of the contract and as such, this has not been included in the financial calculations.

	Annual Known Supplier Cost (excl VAT)	Further notes
ABUHB	£168,590	Includes clinical assessment software licenses.
BCUHB	£134,997	Includes clinical assessment software licenses.
CTMUHB	£84,700	
C&VUHB	£146,045	
HDUHB	£115,500	Includes licenses to support 111 Clinical Support Hub. Includes clinical assessment software licenses.
SBUHB	£122,429	Includes licenses to support 111 Clinical Support Hub
PTHB	Unknown	Service wholly outsourced, supplier unable to disclose
Total	£722,261	

It should also be noted that the figures shown above do not include any direct costs incurred by individual LHBs in order to support and maintain their urgent primary care out of hours IT systems and are therefore an underestimate of the full NHS Wales expenditure.

2.9 Business Needs

In light of the success of the 111 pathfinder, there is an urgent need to replace the NHSDW CAS system. Failure to replace the CAS system will result in a significant risk of systems failure and collapse of the NHSDW/111 service as the current software is end of life. Whilst the supplier has agreed to an extension to November 2020, the commercial arrangements include a significant cost increase and limited system expertise remains with the supplier as this system was originally procured in 2001.

NHS Wales will require a replacement system for patients to access urgent telephone and web based health information and advice by Q4 2020 /21; without this NHSDW/111 will no longer be viable.

There are a number of other factors which must be considered with regards to continued extension of the NHSDW CAS system:

- Roll out of the 111 service will require the purchase of additional licenses, adding to the revenue spend of the current contract.

- In the near future, NHS Wales will be the sole users of the CAS product worldwide.

- Recent negotiations suggest that continued extensions would be subject to a 30% increase in support costs, due to the obsolescence of the system. This figure may increase further in recognition of the NHSDW as sole user for CAS.

- As an end of life system, there are ongoing issues with the reliability and stability of CAS and support and development of the system is becoming increasingly difficult for the supplier.

There is an urgent need to replace the NHSDW CAS and provide a unified urgent primary care out of hours IT system. The two different products presently in use do not effectively support integrated service provision. Continuing to use two separate suppliers for the future may also present challenges in the delivery of an effective integrated service as demonstrated by the key learning from elsewhere in the UK.

Whilst the urgent primary care out of hours system in use across Wales remains a viable product, there are other considerations which contribute to the urgent need to replace the current system arrangements:

- There is currently no routine contractual mechanism to amend Adastra decision support tools to take into account new or updated national guidance (e.g. NICE), without incurring additional costs.

- Issues with the quality of service and timeliness of response over a prolonged period of 12 to 18 months, especially when attempting to make changes across health boards with inconsistent agreements.

- Prohibitively expensive costs for minor system enhancements and inter-operability, due to ineffective local contracts.

- Current contractual arrangements do not support ability to transfer data to and from a range of external systems.

- Inability to maximise investment across NHS Wales as LHBs hold separate contracts.

- Individual hosting arrangements and separate configuration results in variable quality of services and additional expense.

- Out of date contractual arrangements, providing limited opportunity for redress and a poor negotiating platform. Based on recent discussions, there is an expectation that annual price rises will be in the region of 7%.

All of the above add up to significant problems in modernising services, improving quality and supporting the need to share clinical information between all clinicians involved in providing care and support.

In addition to this, the current technical products cannot support the introduction of the full scope of 111 within NHS Wales and are unable to facilitate effective access to the service from alternative contact channels (e.g. web based triage). Replacement of the CAS and Adastra systems will facilitate this.

Most importantly, replacing and enhancing the technical platform with an integrated All-Wales system will allow NHS Wales to continue to provide the current and planned 111 service, incorporating the Welsh Clinical Portal and allowing the Welsh GP Record and advance care plans to be visible wherever the patient is in Wales. Introducing this integrated system providing health advice, signposting and managing urgent care support for patients will provide the key technical infrastructure to support the introduction of the 111 Service in

Wales and any future development and improvement of urgent care and out of hours services. In addition, an integrated technical solution will improve resilience and business continuity, facilitating the development of smoother cross-border escalation.

From a patient perspective, introduction of this new system can enable the provision of a single point of contact and form an integral part of the wider unscheduled care system by directing patients to the most appropriate service for their needs and offering a genuine alternative to attendance at Emergency Departments and face-to-face urgent primary care out of hours services (during the out of hour period), where clinically appropriate.

The table below provides a summary of the existing revenue costs of the systems, additional capital costs for one-off local upgrades are unknown.

Existing Costs ex VAT (£)	ABUHB	BCUHB	CTM UHB	CVUHB	HDUHB	PTUHB	SBUHB	WAST	111 PROGRA MME
Revenue	168,590	134,997	84,700	146,045	115,500	0	122,429	567,000	639,900
All Wales Total	1,979,161								

2.10 Potential Business Scope and Key Service Requirements

The table below identifies the main essential, desirable and optional requirements of an all Wales IT system to support 111 service delivery. These were produced through a range of workshops and engagement with stakeholders on an all Wales basis during the development of the specification for the procurement. The scoping options set out in the OBC have been reassessed against these requirements to indicate compliance and are summarised below.

Key:			Minimum	Intermediate	Maximum
Essential			New CAS, Current multiple Adastras, linked by concentrator	New Single System for NHSDW/111 and GP OoH	New Single System for NHSDW/111, GP OoH and Primary Care, with AI functionality, inbuilt multichannel delivery capability and ability to roll out to Social Care
Desirable					
Optional					
Requirements					
1		Workflow management	Partial	Yes	Yes
2		Non clinical decision support tool	Partial (Additional Cost)	Yes	Yes
3		Clinical decision support tool	Partial (Additional Cost)	Yes	Yes
4		Reporting	Partial	Yes	Yes
5		Core interoperability (CAD ambulance system, Patient Demographic lookup, summary GP record, National Audit tool (NIIAS))	Partial	Yes	Yes
6		Further interoperability (WCCIS, Emergency Department system)	No	Partial	Yes
7		Directory of services	Partial	Yes	Yes
8		Multichannel access	Partial	Yes	Yes
9		Well designed system/user friendly	Partial	Yes	Yes
10		Robust/resilient	Partial	Yes	Partial

At the OBC stage, the Do Maximum option met 9 of the 10 requirements, but did not meet all of the essential needs. However, the Intermediate option met all 7 of the essential requirements, and partially delivered the remaining 3 non-essential elements. Upon reassessment at the FBC stage, the Intermediate option identified as the preferred option at

OBC stage was also determined to meet 9 of the 10 criteria, including all of the essential needs of the service.

2.11 Main Benefits Criteria

The implementation of a new IT system for NHS Wales will deliver a range of high level strategic and operational benefits.

As noted elsewhere in this document, the investment objective for this project has been refined since the submission of the SOC and again following the OBC. As part of the procurement process, the benefits were reviewed and revised again in order to inform production of a revised benefits register for the FBC which includes strategic drivers and measurable outcomes, the full details of which can be found in Appendix 2.

Satisfying the potential scope for this investment will deliver the high level strategic benefits detailed in the table below.

Ref	Identified Benefit	Benefit Type	Cash Releasing?	Beneficiaries
BEN-001	Reduction in staff time required to manage issues / contingency with ICT platform	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff 111 End User
BEN-002	Improved staff morale	Qualitative	N	111 Clinical Staff 111 Non-Clinical Staff
BEN-003	Improved 111 caller experience / outcome / safety	Qualitative	N	111 End User
BEN-004	Improved utilisation, rota compliance and fill rate of call handler and clinicians	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff 111 End User
BEN-005	Improved reporting capacity / capability via consistent data set	Quantitative	N	NHS Technical Staff
BEN-006	Facilitates new ways of working to stabilise the service.	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff 111 End User
BEN-007	Improved equitable access to up-to-date Health Information	Quantitative	N	Patients NHS Wales Clinical Staff
BEN-008	Reduce inappropriate demand on emergency departments and 999 services	Quantitative	N	Patients NHS Wales Clinical Staff
BEN-009	Reduce inappropriate demand on Urgent Primary Care and GMS services	Quantitative	N	Patients NHS Wales Clinical Staff
BEN-010	Improved clinical decision making and autonomy	Quantitative	N	Patients NHS Wales Clinical Staff

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BEN-011	Improved visibility of 111 caller status/journey across system	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff Patients
BEN-012	Improved capability and responsiveness to implement additional technical services	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff Patients
BEN-013	Reduced ICT revenue costs	Quantitative	Y	NHS Wales
BEN-014	Improved contract and service management	Qualitative	N	NHS Wales Contracting Authority Service Delivery Team
BEN-015	Facilitates enabling and linking other Unscheduled Care professionals into the system	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff Patients
BEN-016	Costs of Service stable for 7-14 years	Quantitative		NHS Wales

In addition, the indirect impact of the new system implementation will enable the achievement of wider and significant benefits through the delivery of the 111 service across the whole of Wales; as detailed in the SOC and OBC.

2.12 Main Risks

The main risks associated with the design, development, implementation and ongoing management of the 111 Integrated Information Solution are provided in the table below.

The responsibility for the management of risks during the implementation of the solution will be with the Project Board, more information on the management of risks can be found in section 6.7 of this FBC.

	Risk	Counter Measures
1	There is a risk that the supplier is unable to deliver the required solution.	Detailed dialogue with the suppliers have taken place. Contract contains an agreed written specification. Contractual governance arrangements to ensure • Quality and scope remain within acceptable tolerances during the design and development stage. • Appropriate remedies in place in the event of poor performance/low availability. • Appropriate remedies in place for delay and termination if the requirements are unable to be met.

	Risk	Counter Measures
2	There is a risk that the delivery timescales are too ambitious and therefore unachievable.	Timescales clearly articulated to suppliers. Open discussion in dialogue to confirm that development timescales are achievable. Scrutiny of feasibility of supplier approach to development through dialogue sessions and responses, and financial model. Following contract execution, regular meetings with supplier to focus on delivery. Programme Board will sign off on plans, stages and gateways in partnership with the supplier to ensure progress is managed appropriately. Early engagement with key stakeholders including Welsh Government Capital team to expedite FBC sign off and contractual risk with both incumbent suppliers.
3	There is a risk that project management and change management arrangements are inadequate to support delivery of the solution.	Robust provision outlining change management process within contractual schedules. Commitment from NHS Wales and successful supplier to mutually agree project management arrangements.
4	There is a risk that the supplier does not commit the appropriate and adequate resource to implement the solution.	Extensive engagement through dialogue discussed and mitigated potential issues raised by suppliers. Completion of comprehensive financial model to detail supplier activity and costs for implementation. Strong contractual arrangements mandate collaborative approach to implementation between NHS Wales and successful supplier.
5	There is a risk that NHS Wales will not have sufficient resource to support the implementation.	Involvement of NHS Wales stakeholders in the development of the requirement specification and the dialogue/evaluation teams. Internal NHS Wales discussions to understand the challenges and obligations of implementation. Clear contractual arrangements to determine the responsibilities of both supplier and NHS Wales in regard to implementation. Development of detailed project plan to understand requirements for implementation resource.
6	There is a risk that the financial arrangements for the new solution will not be in place.	In-depth understanding of supplier costs through financial model. NHS Wales capital implementation costs agreed with stakeholders and included in business case for sign off by Welsh Government. Revenue arrangements to be agreed with the Deputy Directors of Finance.

2.13 Constraints

The project is subject to the constraints detailed below, these have been revisited following the OBC.

ICT Infrastructure

- Timescale to replace the existing NHSDW IT system as current contract ends in November 2020, existing Adastra contracts are co-termed to end of March 2021.

Service Efficiency

- Existing services operating with resource constraints (funding and workforce).
- Phasing of service roll out means that parallel running of services will be required for an extended period, including dual operation of 111 and NHSDW.

Financial

- Securing capital funding from WG for the IT solution.
- Securing revenue funding for double running period from WG and utilising existing NHS Wales finances for the annual revenue costs.

2.14 Dependencies

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme.

Organisational Arrangements

- Effective governance and management arrangements for the national service infrastructure.
- Joint working and effective communication across national and local service infrastructures, recognising that the national service and local urgent primary care out of hours provision will be managed separately.
- Effective mechanisms to support implementation of the new IT system (appropriate expertise and sufficient capacity) at local and national level.
- WAST and Health Boards will be required to support the training of staff on the new system in order to support the implementation.

ICT Infrastructure

- The timely provision of access to a range of clinical systems to enable effective interoperability for the new IT system required for the service.
- Effective modelling of demand and capacity requirements, informing license and capacity requirements.

Financial

- Securing capital funding from WG for the IT solution.
- Securing revenue funding from WG and utilising existing NHS Wales finances to fund the replacement system.

3　The Economic Case

3.1　Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the FBC documents the procurement process and provides evidence to show that the most economically advantageous offer has been selected, an offer which best meets the needs of the 111 Service and optimises value for money.

3.2　Critical Success Factors

The key Critical Success Factors (CSFs) for the project were derived from the core CSFs contained within the guidance, and validated and amended as appropriate by the 111 Wales Programme Team in the light of consultation with a range of stakeholders.

The critical success factors (CSFs) shown within the OBC are detailed below.

Critical Success Factors
CSF1: Business Needs - How well the option satisfies the existing and future service and business needs of NHS Wales.
CSF2: Strategic fit - How well the option provides fit and synergy with other key elements of national and local strategies and national policy direction.
CSF3: Benefits Optimisation - How well the option optimises the potential return on expenditure – business outcomes and benefits (both qualitative and quantitative, direct and indirect to the NHS Wales), and assists to improve overall VFM (economy, efficiency and effectiveness).
CSF4: Potential Achievability – How achievable is this option with regard to the various stakeholders and the collective ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks; the need for supporting skills (capacity and capability) and engender acceptance by staff and patients.
CSF5: Supply side capacity and capability - The ability of the marketplace and its potential suppliers to deliver the required services and deliverables.
CSF6: Potential Affordability - The ability of the relevant stakeholders – both national and local - to fund the required level of expenditure; the capital and revenue consequences associated with the proposed investment.

3.3 Short-listed Options

The shortlisted options were set out in the OBC. A summary of the shortlisted Scoping, Technical, Service Delivery and Implementation options is provided below:

3.3.1 Scoping Options – Summary Findings

	Do Nothing Status Quo SCO1	Do Minimum New CAS SCO2	Intermediate Single System SCO3	Do Maximum Fully Integrated SCO4
Investment Objective				
Investment Objective	No	Partial	Yes	Partial
CSFs				
Business Need	No	Partial	Yes	Yes
Strategic Fit	No	Partial	Yes	Yes
Benefits Optimisation	No	Partial	Yes	Yes
Potential Achievability	Partial	Yes	Yes	No
Supplier Capacity and Capability	Partial	Yes	Yes	Potentially
Potential Affordability	Partial	Yes	Yes	Unknown
Summary	**Possible**	**Possible**	**Preferred**	**Possible**

Preferred option

The preferred and agreed option at OBC was the Intermediate option. This was reaffirmed following the conclusion of the procurement due to the option's ability to meet the overwhelming majority of key service requirements and deliver the Critical Success Factors. This will be a single system for NHSDW and urgent primary care out of hours, fully managed by a supplier from an NHS Wales Datacentre. The solution will be delivered in a phased approach, in line with the 111 roll out plan.

3.4 The Procurement Process

A Contract Notice and Pre-Qualification Questionnaire was placed on the Welsh Government "Sell2Wales" portal and published into the Official Journal of the European Union (OJEU) on the 7th February 2017 with reference number 2017/S 028-049392. The advert as published can be found at Appendix 3.

A total of nine (9) interested bidders responded to the Contract Notice by completing the Pre-Qualification Questionnaire by the closing date of 14:00hrs on the 10th March 2017.

3.4.1 Long List Criteria

The longlist criteria at the PQQ stage contained a number of mandatory questions as required under the Public Contracts Regulations 2015. Suppliers were also required to answer a number of bespoke questions relating to their offering and these are detailed in the table below.

Question Area	Question Details
Clinical Content	Please confirm that your solution will utilise clinical content as outlined in the draft specification: a) Clinical content for non-clinical users b) Clinical content for clinical users
Clinical Content	Please set out how your clinical content will be: a) quality assured against appropriate national guidance produced by NICE (or equivalent) b) Kept up to date with agreed changes in clinical practice/advice/guidance
Clinical Content	Please state the name of the entity to which this clinical content belongs if not your own organisation and provide details of how your organisation will deploy this clinical content as part of the solution.
Hosting	Please confirm that your solution can be deployed on premise within an NHS Wales National Data Centre
Implementation	Using examples of contracts delivered over the past 3 years the supplier is requested to provide details of their experience in deploying services similar to the requirement in a hosted environment. In the response the supplier is requested to include the number of live installations of a similar type currently in a hosted environment
Organisational Structure	Please provide an organisational structure, showing numbers of roles and lines of accountability for staff directly involved in the delivery of services similar to those outlined in the Requirement Note: where this is a "partnership" or consortia bid then details of both parties should be clearly identified.
Technical Support Structure	Please provide details of the your ICT structure including support, software and hardware maintenance and software development, involved directly in the provision of services similar to those outlined in the Requirement. Please provide a diagram detailing numbers of staff (actual staff number and their whole time equivalents) together with skills and experience of key individuals. The bidder must detail how they delivered professional services, the skill sets and numbers of individuals available to them which were utilised in this way. Please include any internal company accreditations or external vendor certificates held by key staff. "

Experience	Using examples of contracts delivered over the past 3 years the supplier is requested to provide an example of the development of a successful system integration that has been implemented where the product was integrated with a customer's existing software.
Workflow	Please provide at least two (2) examples of where you have deployed a workflow product in a complex call centre environment, within the last 3 years.
Security and Confidentiality	Please outline your arrangements to protect the integrity and confidentiality of data, similar to that of the Requirement in the last 3 years.

3.4.2 Long List

9 Suppliers responded to the PQQ. As a result of applying the criteria, the evaluation list was as follows:

Supplier	Score	Rank	PQQ Status
Supplier A	**80%**	1	Successful
Supplier B	**75%**	2	Successful
Capita Healthcare Decisions	**70%**	3	Successful
Supplier D	**67%**	4	Successful
Supplier E	**53%**	5	Successful
Supplier F	**51%**	6	Successful
Supplier G	**49%**	7	Unsuccessful
Supplier H	**46%**	8	Unsuccessful
Supplier I	**35%**	9	Unsuccessful

3.4.3 Invitation to Participate in Dialogue

On 30th January 2018, prior to the formal commencement of the Invitation to Participate in Dialogue, all longlisted bidders were invited to attend a "Supplier Briefing Session" on 12th February 2018. The purpose of the session was to present the requirements of the solution and a detailed plan of the procurement process that will be followed.

On 31st January 2018, Supplier E withdrew from the procurement without reason.

A formal Invitation to Participate in Dialogue "ITPD" document was issued to the remaining five Participants on 2nd February 2018 and, following the Supplier Briefing session, Supplier D withdrew from the procurement on the 26th February 2018, citing the following reason:

"Following a business review of the Wales 111 opportunity, we regret to inform you of our decision to withdraw from the procurement process. This decision was not taken lightly but the opportunity mix in terms of risk and reward failed our business review criteria."

Shortly after the first round of Functional & Technical Dialogue, on the 7th May 2018, Supplier F withdrew from the procurement process. Supplier F stated that this decision was a result of

their third-party sub-contractor for Clinical Content being unwilling to agree to the 111 Wales Service Model which allowed non-clinical call handlers to triage calls from patients using clinical content and algorithms. This Authority Requirement was clear from the outset of the Procurement.

Supplier B issued formal notification to the Procurement Team of its withdrawal from the procurement process on the 13th August 2018. After a number of correspondences and clarifications, Supplier B was not willing to accept liability or provide a warranty for the Clinical Content that was to be included in their solution. Following a clarification, issued to all Participants from the Procurement Team stating that NHS Wales would not accept a role in assuring the Clinical Content of any of the solutions, Supplier B advised that it could not continue to participate in the procurement.

Following the withdrawal of four (4) of the "Longlisted" six (6) Participants, two formal responses to the ITPD were received from Supplier A and Capita Healthcare Decisions.

3.4.4 Short List Criteria

The evaluation criteria for shortlisting were structured under three (3) key areas:

a) Authority Requirement (Functional and Technical)
b) Commercial, Legal, Operation and Governance
c) Financial

Within each of the high-level areas detailed above, the Evaluation Team reviewed bidders' responses and scores were allocated in a range against each requirement. These scores are detailed in the table below.

Guidance	Score
Excellent: Strong response, meets the requirement and potentially adds value.	10
Acceptable: Adequate response, meets the requirement adequately; e.g. the response is Fully Compliant and supported by explanatory text and / or evidence indicating how the proposed solution meets or will meet the requirement within 12 months of the Contract Award.	6
Partial: Marginal response, meets some aspects of the requirement but not others; e.g. the response is Partially Compliant and supported by explanatory text and / or evidence indicating how the proposed solution partially meets or will partially meet the requirement within 12 months of the Contract Award. The response also indicates which aspects of the requirement will not be met.	3

Guidance	Score
This score may also be allocated to requirements where the response is Fully Compliant and/or Partially Compliant but appropriate explanatory text and / or evidence is not provided. Or to requirements where the bidder has proposed changes to standard drafting from the Authority that are considered to have a detrimental effect.	
Poor: Poor response, does not meet the requirement by a wide margin. This includes significant changes proposed to the Authority's standard drafting considered to have a significantly detrimental effect.	1
Unacceptable: No response, or wholly inadequate	0

Each of the evaluation areas was weighted, and this weighting is described in the table below.

Criteria	Description	Evaluation	Weighting
Authority Requirements	**Proposed Technological Solution to the Authority Requirements as set out in Schedule 2.1 of the Agreement**	**Supplier response documented (as Schedule 4.1) and clarification of some scores via a Use Case demonstration**	**62.5%**
Commercial, Legal & Operational Governance	**Completion of the 111 Wales "Key Commercial Principles (KCP)" document.**	**A weighted score calculated by the number of KCP's stated as "Not Agreed" by the Participants**	**17.5%**
Financial	**14 Year Bid Price, Traceability of Costs, Adherence to completion of the Financial Model**	**Price Score calculated by variation to median of all bids received. Completion of Financial Model scored.**	**20%**

3.4.5 ITPD Short List

As a result of applying the criteria listed above, the results of the shortlisting evaluation were as follows.

	Authority Requirements		OpGov, Commercial & Legal	Financial	Total Weighted Score	Overall Rank
	62.5%		15%	22.5%		
	No of Threshold Fails	% Score	% Score	% Score	100%	
Supplier A	0	33.22%	13.00%	9.18%	55.40%	2
Capita	0	30.45%	13.33%	12.69%	56.47%	1

Following the evaluation process being completed, both Supplier A and Capita Healthcare Decisions were invited to participate in detailed dialogue ahead of the Invitation to Submit Final Tender (ISFT) stage.

3.4.6 Detailed Dialogue

Detailed Dialogue with the suppliers focused on the Schedules of the Master Services Agreement (a contract based on the Crown Commercial Services standard contract for IT services in excess of £10m) and were divided into three elements:

1) Functional and Technical - in which the requirements specification was discussed in detail
2) Operational/Governance – where discussions on the operational management of the contract were held
3) Commercial/Legal/Financial – focused on legal discussion as well as costs and payments

Upon completion of the detailed dialogue, both suppliers submitted a trial ISFT submission ahead of the formal submission of their final bid.

3.4.7 Trial Invitation to Submit Final Tender

The Trial ISFT is held in order to assess the readiness of suppliers to proceed to the final ISFT stage, to ensure that the Authority's requirements are understood and that the suppliers are prepared to submit their tenders in an acceptable and comparable form. This also provided a 'dry run' for the evaluation team on the formal evaluation of tenders. At this stage, tenders were not formally evaluated but were reviewed to ensure completeness and appropriate

understanding of Authority requirements. Supplier feedback was provided from the evaluation team on the process and any issues around process and compliance with the Authority's approach, but feedback did not include any comment on scoring or other detailed content that may have improved the supplier's final tender. Feedback sessions were held with both suppliers in March 2019.

3.4.8 Invitation to Submit Final Tender

Suppliers were invited to make a final tender submission against the finalised Master Services Agreement. Received Tenders were evaluated based on the most economically advantageous tender (MEAT), as evaluated against the award criteria and weightings published in the ISFT. However, following evaluations at this stage deficiencies in the bids received from both suppliers were identified, with the effect that a contract award recommendation could not be made by the evaluation teams.

While the Authority reserved the right to not award the contract within the ISFT document, it was felt by the evaluation team that both suppliers should be provided the equal opportunity to make a revised bid and an additional feedback session was held with each supplier individually to discuss the aspects of their bids that were deemed to be unacceptable. This was conducted in accordance with Regulation 30(18) of the Public Contracts Regulations 2015 which permits the Authority to request "clarifications, specification and optimisation" of final tenders.

Following the additional feedback session held on 30th May 2019, both suppliers were given the deadline of 12th June 2019 to provide their revised bids. Bids from both suppliers were received and the evaluation was completed on 27th June 2019.

3.4.9 Procurement Evaluation Methodology

At the ISFT stage of the procurement, the Evaluation Teams for each sup group (Functional/Technical, Operational/Governance and Commercial/Legal/Financial) reviewed each of the Bidders' responses and met to agree scores in accordance with the scoring guidance (above) for each of the evaluation criteria (below). Each element for scoring was discussed by the group and then a consensus score was agreed upon by all of the evaluation teams.

Following the conclusion of the evaluation sessions, the chairs of all evaluation teams met to review the scoring and ensure that the rationale for each score provided were consistent.

3.4.10 Evaluation Outcome Summary

Based on the consensus scoring of each evaluation team, the final ISFT evaluation scores are detailed below:

Level 3 Item	Supplier A Overall weighted Score	Capita Overall weighted Score
General Access/ Authentication, Authorisation & Audit/ Accessibility/ Managing Users/ Managing Teams/ Configurability/ Feedback Mechanisms	0.79%	0.79%
Managing Documents/ Special Care, Critical Handover Notes, etc./ Recording Risks, Alerts & Warnings/ Location Linked Alerts/ Major Incident, Pandemic Response	1.01%	1.01%
Directory of Service/ Business Applications	0.79%	0.79%
Reporting & Performance Management/ Core Data Quality/ Information Governance	1.01%	1.01%
Training	1.32%	0.79%
Workflow	0.86%	0.43%
Additional Patient Management System Requirements	0.86%	0.43%
Alternative Contact Channels	0.48%	0.96%
Core Operational Case Management	1.11%	1.11%
Languages	0.40%	0.40%
Mobile Working	0.43%	0.43%
Specific Decision Support Software Requirements: Non Clinical	1.51%	1.51%
Specific Decision Support Software Requirements: Clinical	1.01%	1.01%
Electronic Prescription Management	1.39%	1.39%
Recording & Viewing Information	1.01%	1.01%
Core Operational Case Management	1.39%	1.39%
Core Architecture & Infrastructure	0.95%	0.95%
Cyber Security/ Incident Response	0.30%	0.15%
End User Devices	0.57%	0.57%
Environments	0.38%	0.38%
Core Interoperability - Integration/Interfacing	0.04%	0.04%
Core Interoperability - User Authentication, Patient Identification, Ambulance/999 Service, Patient Clinical Information Retrieval, Reference data service, Contact handover, Scheduling, Outcome Notification, Integration with National Audit Service	0.91%	0.45%
Core Interoperability - Electronic Staff Record	0.02%	0.04%
Core Interoperability - Telephony System Interface	0.06%	0.06%
Core Interoperability - NHS Wales Community Pharmacy Platform	0.04%	0.04%
Service Segregation	0.19%	0.19%
Data Migration & Access to Archive Records	0.26%	0.26%
Partnership Approach & Customer Relationship Management/Account Management	1.47%	1.47%
Functional/Technical Sub-Total	**20.55%**	**19.05%**

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Standards	0.10%	0.10%
Security Requirements and Plan	0.30%	0.30%
Business Continuity and Disaster Recovery	0.50%	0.50%
Acceptance of service levels and service point regime acceptance	0.17%	0.52%
Incident and Problem Management	0.59%	0.59%
Change Management	0.18%	0.18%
Configuration Management	0.12%	0.12%
Release Management	0.18%	0.18%
Capacity Management	0.12%	0.12%
Performance metrics	0.30%	0.30%
Availability metrics - Service Downtime, Repeat and Persistent Failures, Environment Access, Transactional Performance Service Levels.	0.45%	0.22%
Implementation	1.85%	0.92%
Testing	0.79%	0.79%
Operational/Governance Sub-Total	**5.63%**	**4.83%**
Authority Responsibilities	0.25%	0.50%
Indemnities	0.76%	0.76%
Limits or Caps on Liabilities	0.13%	0.13%
Commercially Sensitive Information	0.06%	0.06%
Other Contractual Issues that affect the Risk position of the Authority	0.19%	0.19%
Licence Terms for Software	0.07%	0.21%
Intellectual Property	0.42%	0.21%
Change Control	0.32%	0.32%
Governance	0.32%	0.32%
Key Personnel	0.11%	0.11%
Sub-Contractors	0.21%	0.21%
Dispute Resolution	0.32%	0.32%
Ordering Process	0.32%	0.32%
Records	0.21%	0.21%
TUPE	0.11%	0.21%
Remedies	0.38%	0.38%
Payment Profiles	0.00%	0.13%
Invoicing process and payment terms	0.13%	0.06%
Value for Money including Benchmarking	0.63%	0.32%
Service Catalogue	0.25%	0.25%
Exit Management	0.21%	0.42%
Commercial/Legal Sub-Total	**5.36%**	**5.61%**
Fourteen (14) year total All Wales Cost	12.32%	15.68%
Adherence to published guidance notes.	0.42%	0.42%
Traceability of calculated figures	0.63%	0.63%
Completeness of component data on Base Data schedule, etc.	0.63%	0.63%
Optimal prices offered on component equipment	0.63%	0.63%
Charging profile consistent with supplier's deployment plan	0.42%	0.42%
Level and visibility of overhead recovery and margin by cost type	0.42%	0.84%
Basis and validity of logic in risk premium calculations	0.32%	0.32%
Level and visibility of labour rates& Software Maintenance Charges	0.32%	0.16%
Financial Sub-Total	**16.10%**	**19.72%**
Variance from schedule drafting in their entirety	0.07%	0.07%
Track record of meeting / exceeding contract / service requirements	0.60%	0.60%
Recruitment, retention and investment in staff expertise	0.36%	0.36%
Biggest challenges facing NHS Wales in delivering the 111 integrated IT solution	0.90%	0.45%
Approach to development / improvement of the services	0.75%	0.75%

Strategic Fit Sub-Total	**2.68%**	**2.23%**
Overall Evaluation Total	**50.32%**	**51.44%**

3.4.11 Evaluation Team Recommendation

Following a consensus evaluation process the two bids submitted at the Invitation to Submit Final Tender (ISFT) stage have been scored and the Evaluation Team recommended that Capita Healthcare Decisions be awarded the 111 Integrated Information Solution contract for a period of seven years. This award includes options to extend for a further seven years in annual increments.

This recommendation was approved by the 111 Implementation Board on 9th July 2019. The full 111 Contract Award Recommendation Report can be found at Appendix 4.

3.4.12 Procurement Timescales

The table below provides an overview of the procurement milestones and the dates at which they were achieved. The procurement process will conclude in December 2019 when the successful supplier will be approved by the Minister for Health and Social Care, this approval will allow the contract to be executed. The contract will be awarded for a period of seven years with the option to extend for a further seven years in annual increments.

Milestone	Date
Executive Committee approval of Contract Schedules	31/01/17
Contract Notice and PQQ Issued	07/02/17
PQQ Response Deadline	10/03/17
111 Executive Procurement Board Approve "Longlisting" Report	**19/09/18**
Supplier shortlisting outcome notification	29/09/17
Issue Invitation to Participate in Dialogue Document	02/02/18
111 Executive Procurement Board Approve Invitation to Participate in Dialogue documentation	**26/01/18**
Supplier Briefing Sessions	12/02/18
System Demonstrations	07/03/18 – 14/03/18
Dialogue Round 1: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	16/04/18 – 01/05/18
Dialogue Round 2: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	25/06/18 - 03/07/18

Milestone	Date
111 Executive Procurement Board Approve "Shortlisting" Report	**18/10/18**
Dialogue Round 3: OpGov & C/L/Fi Meeting 1. Two Days per Bidder (Day 1 Op Gov, Day 2 C/L/Fi)	26/11/18 – 29/11/19
Dialogue Round 4: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	3-4/12/18 & 10-11/12/19
Dialogue Round 5: OpGov & C/L/Fi Meeting 2. Two Days (Day 1 Op Gov, Day 2 C/L/Fi)	21/12/19 – 24/01/19
Trial Invitation to Submit Final Tender (Trial ISFT)	04/02/19 – 19/02/19
Evaluation of Trial ISFT	25/02/19 – 28/02/19
Trial ISFT Bidder Feedback Meetings	01/03/2019
111 Executive Procurement Board Approve ISFT Documentation	**13/03/19**
Invitation to Submit Final Tender (ISFT)	15/03/19 – 29/03/2019
Evaluation of ISFT	29/03/2019 – 20/05/2019
ISFT Evaluation of Use Case Scenarios & BCDR Exercise	11/05/19 – 12/05/19
111 Executive Procurement Board Agree non –award of ISFT	**10/05/19**
Re-Issue of ISFT (ISFT2) to bidders	10/05/19
Bidder Clarification Meetings	30/05/19
Close ISFT2	29/03/19
Evaluation of ISFT2	24/06/19 – 27/06/19
111 Executive Procurement Board & 111 Implementation Board meeting to Approve Award Recommendation	**09/07/19**
Issue Intention to Award letters to Bidders ("Standstill")	10/07/2019
Conclusion of Standstill	13/08/2019

3.5 Economic Appraisal

3.5.1 Introduction

This section provides a detailed overview of the costs and benefits associated with each of the suppliers' ISFT submissions.

3.5.2 Estimating Benefits

During the procurement process, work was undertaken by the 111 Programme Team and other stakeholders to review and revise the benefits of procuring an Integrated Information Solution for 111 in order to develop a benefits register that can be used to monitor benefits realisation following the implementation of the solution.

These are detailed in the table below and the full benefits register and benefits plan can be found at Appendix 2.

Ref	Identified Benefit	Benefit Type	Cash Releasing?	Beneficiaries
BEN-001	Reduction in staff time required to manage issues / contingency with ICT platform	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff 111 End User
BEN-002	Improved staff morale	Qualitative	N	111 Clinical Staff 111 Non-Clinical Staff
BEN-003	Improved 111 caller experience / outcome / safety	Qualitative	N	111 End User
BEN-004	Improved utilisation, rota compliance and fill rate of call handler and clinicians	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff 111 End User
BEN-005	Improved reporting capacity / capability via consistent data set	Quantitative	N	NHS Technical Staff
BEN-006	Facilitates new ways of working to stabilise the service.	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff 111 End User
BEN-007	Improved equitable access to up-to-date Health Information	Quantitative	N	Patients NHS Wales Clinical Staff
BEN-008	Reduce inappropriate demand on emergency departments and 999 services	Quantitative	N	Patients NHS Wales Clinical Staff
BEN-009	Reduce inappropriate demand on Urgent Primary Care and GMS services	Quantitative	N	Patients NHS Wales Clinical Staff
BEN-010	Improved clinical decision making and autonomy	Quantitative	N	Patients NHS Wales Clinical Staff
BEN-011	Improved visibility of 111 caller status/journey across system	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff Patients
BEN-012	Improved capability and responsiveness to implement additional technical services	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff Patients
BEN-013	Reduced ICT revenue costs	Quantitative	Y	NHS Wales
BEN-014	Improved contract and service management	Qualitative	N	NHS Wales Contracting Authority Service Delivery Team
BEN-015	Facilitates enabling and linking other Unscheduled Care professionals into the system	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff Patients
BEN-016	Costs of Service stable for 7-14 years	Quantitative		NHS Wales

3.5.3 Estimating Costs

3.5.3.1 *Methodology*

Bids for suppliers were appraised in terms of cost over the full 14 year maximum contract term. These costs include both an initial capital investment, in the form of All Wales licence costs for years 1-7 plus implementation costs, and ongoing revenue costs consisting of service charges, clinical content maintenance and annual licence purchase for years 8-14. Through dialogue with suppliers it was established that this approach secures the best deal for NHS Wales providing suppliers with early recovery of development costs and limiting NHS Wales' upfront investment to the initial 7 years of contract award.

Attributable NHS costs are included both for capital implementation and ongoing support. In addition, revenue savings associated with the existing IT systems are included. All NHS Wales costs were obtained through direct engagement with Health Boards, facilitated through the Deputy Directors of Finance forum, and for NWIS and WAST through the established 111 IT Procurement work streams.

3.5.4 Net Present Cost Findings

The planned contract award date for the 111 Integrated Information Solution is December 2019, however, no costs are payable under the contract until 30 days stable operations following the first go live date, planned for October 2020. Therefore, no supplier costs are incurred in year 0. In addition, NHS Costs incurred in year 0 are funded through the 111 IT Procurement capital scheme within Aneurin Bevan UHB CRL, further detail is provided within the Finance Case.

For the purpose of NPV calculation the Treasury 3.5% discount rate is applied for years 1-14 (Appendix 5).

The following table summarises the key results of the economic appraisals for each option.

	Undiscounted (£)	Net Present Cost (Value) (£)
Capita		
Capital Revenue	15,065,497 31,667,151	14,530,293 24,214,879
Total costs	46,732,648	38,745,172
Less Revenue Savings	-25,729,094	-20,046,007
Total	**21,003,554**	**18,699,165**

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	Undiscounted (£)	Net Present Cost (Value) (£)
Supplier A		
Capital	16,209,959	15,636,054
Revenue	32,649,414	24,658,715
Total costs	48,859,373	40,294,769
Less Revenue Savings	-25,729,094	-20,046,007
Total	**23,130,280**	**20,248,762**

3.5.5 Options Ranking

As the identified risks, benefits and costs for NHS Wales are the same for both suppliers due to the nature of the requirements specification and the Crown Commercial Services standard contract, the ranking provided in the table below is related to total costs only.

The result is summarised and in the following table:

Option	Description	Ranking
		NPC (£)
1	Capita	**1**
2	Supplier A	**2**

3.6 Preferred Option

Following the procurement and financial evaluations described above, the preferred option is to award the contract for the 111 Integrated Information Solution to Capita Healthcare Decisions.

4   The Commercial Case

4.1   Introduction

This section of the FBC sets out the commercial arrangements that have been reached following the completion of a Competitive Dialogue procurement procedure as set out in Regulation 30 of the Public Contracts Regulations 2015 ("**PCR 2015**").

This is for the provision of an all-Wales Single Integrated Information System for the 111 Service under a Master Services Agreement ("**Agreement**") between the Welsh Ambulance Service NHS Trust ("**Authority**") and Capita Healthcare Decisions ("**proposed Contractor**").

Further to the award of the Agreement, it is proposed that a total of three (3) Deployment Orders ("**DO**") would be made for the execution of an all Wales Service.

Deployment Order Authority Party	Services to be provided to	Estimated date of DO Execution	Estimated Service "Go Live"
Welsh Ambulance Service NHS Trust	Welsh Ambulance Service NHS Trust Abertawe Bro Morgannwg University Health board Aneurin Bevan University Health Board Cwm Taf University Health Board Hywel Dda University Health Board	01/12/2019	Q4 2020/21
Cardiff & Vale University Health Board	Cardiff & Vale University Health Board	01/03/2020	Q1 2021/22*
Betsi Cadwaladr University Health Board	Betsi Cadwaladr University Health Board	01/06/2020	Q2 2021/22

*subject to review

In each Deployment Order the Authority Party shall assume all of the responsibilities and liabilities for the Services being provided.

4.2   Required Services

The main aspects of the services sought from the proposed Contractor include the supply, configuration, deployment, support and training relating to the provisioning and implementation of the 111 Single Integrated Information System. The proposed services to be contracted for are summarised below.

Key Components	Requirement Specification
Solution Architecture	The procured system will be hosted within NHS Wales datacentres. The system will be supported by a resilient and scalable infrastructure.
Solution Purpose	The solution will be a clinical assessment and workflow system to enable integrated delivery of the 111 Wales and urgent primary care out of hours services. This will be supported by connectivity with a range of different systems within NHS Wales and partner organisations to support effective flow of patient data and seamless links for service pathways.
Service Usage	The majority of system users will be NHS staff, although over time it is anticipated that multi-channel access to parts of the system will be provided to the public.
Security and Access	The Service will be accessed by a wide range of users throughout NHS Wales. Authentication will be via the NHS Wales User Authentication Service (NADEX). Patient access to the system will be provisioned through NHS Websites and through an app provided by the supplier.
Technical Interfaces	The solution will interface with key elements of the NHS Wales architecture and will provision access to the Welsh Clinical Portal. It will also interface with NADEX, the Patient Demographics Service, the National Intelligent Integrated Audit System and Welsh GP Record.
Deployment Scale	This will be deployed on an All-Wales basis, with one large implementation in the live 111 areas and two smaller roll outs to BCUHB and CVUHB
Implementation Timing	The proposed go-live for the solution is Q4 2020/21.

4.3 Agreed Risk Transfer

The general principle is that risk is passed to 'the party best able to manage them', subject to value for money.

The proposed Agreement will apportion service risks in the design, build and operational phases as follows:

Risk Transfer Matrix

	Public	Private	Shared
1. Design risk			✓
2. Construction and development risk		✓	
3. Transition and implementation risk		✓	
4. Availability and performance risk		✓	
5. Operating risk			✓
6. Variability of revenue risks	✓		
7. Termination risks		✓	
8. Technology and obsolescence risks			✓
9. Control risks	✓		
10. Residual value risks		✓	
11. Financing risks	✓		
12. Legislative risks			✓
13. Liability for Clinical Decisions risks			✓
14. Data liability risks			✓

4.4 Agreed Charging Mechanisms

The Charges payable under any and all Deployment Order(s) will be calculated by reference to the Financial Model and paid in accordance with Milestones set out in each Deployment Order Implementation Plan related to the relevant Deployment Order and in accordance with the provisions of Schedule 6.1 (Implementation Plan).

In all Deployment Orders, only upon the Achievement of a Stable Operation Milestone shall the proposed Contractor be entitled to invoice the Authority Party for the relevant Charges in relation to that specific Milestone.

The payment mechanism agreed with the service provider with respect to the proposed products and services is as follows:

The charges due to the proposed Contractor are apportioned (at a high level) to into the types of Charges, those being:

- Initial Charges;

- Service Charges; and,
- Development Charges.

4.4.1 Initial Charges

Included within the Initial Charges are the costs borne by the proposed Contractor in Developing the solution to the required specification, third party license costs, infrastructure and the charge for the seven (7) year term based, all Wales Licence for the solution itself. This Charge is only paid once, upon the completion of the Stable Operations Milestone. The Initial Charges are payable as Capital Expenditure

4.4.2 Service Charges

Service Charges are to be treated as Revenue expenditure and are calculated on a monthly basis, one month being a "Service Period". These cost are attributed to the day to day running of the solution, support and maintenance costs which can be attributed to safe and effective operation of the solution to support the 111 Wales Service.

Service Charges are paid quarterly on the 17th day of the middle month of the applicable quarter and are payable within 30 days of an invoice.

Where there have been Service Failures which have Service Points & Credits receivable by the Authority, these are deducted from the total of the Service Charges up to a maximum of 50% that quarter's total Service Charges. Please refer to Key Contractual Clauses at section 4.6.

4.4.3 Development Charges

These charges are only payable by an Authority Party where a Change Request has been agreed in accordance with the Change Control Procedure and is specifically for works required to be undertaken by the proposed Contractor to enact that agree Change. Development Charges are priced in accordance with the Financial Model at all times.

4.5 Agreed Contract Duration

It is proposed that the Agreement will be placed for an initial term of seven (7) years with the option to extend the Agreement by up to seven (7) periods of not less than twelve (12) months and not exceeding a total of seven (7) years for all extensions.

Any and all proposed extensions would need to be scoped and agreed utilising the appropriate governance process and Charged in accordance with the agreed Financial Model.

The complexity involved with delivering an all Wales solution and standardising technical processes across organisational boundaries requires a longer term contract. Additionally, the expected business criticality of these Services to NHS Wales lends itself to the stability that a longer contract provides.

It is understood by all Parties that the 111 Wales Service and therefore the IT solution will most likely need to flex, in terms of user volumes and data types. This will not materially

change the scope of the 111 Wales Services nor the requirements and provisions of the Agreement however but a requirement for flexibility will remain in terms of the following:

i. extending the initial term of the contract flexibly in order to adapt to the needs of the service

ii. allowing the Authority to utilise multiple break points throughout the life of the contract, should the system fail to meet the needs of the service. (Break points would apply at three years post contract award, at the end of the initial 7 year contract period, and at each extension period(s)).

iii. planning for an overlap period between this exiting contractor and any new contractor of at least 12 months to ensure seamless transition

iv. expanding the scope of the solution to allow more users, data types/flows to be deployed under the contract and/or provide the ability to respond to technical development opportunities, using the same contractual model and performance assumptions.

4.6   Key Contractual Clauses

The 111 Single Integrated Information System Contract was developed in dialogue with the short-listed bidders on the basis of an appropriately amended form of the Crown Commercial Services – Services Model Contract (last version drafted 26.5.16 by Government Legal Services on behalf of the Cabinet Office) and taking account of lessons learned from other similar initiatives, including the Welsh Emergency Department System. Key aspects of the contractual relationship that the Programme is seeking to achieve will be reflected in the contract as follows:

i. *Implementation* - The contractor will provide the service in line with the Authority's implementation plan. Services will be commissioned by a and/or group of Health Boards / Trusts by raising a Deployment Order under the Master Services Agreement which will establish a direct contractual relationship between the two parties.

ii. *Testing* - When the Contractor has completed the Implementation Services in respect of the 'Readiness for Service' Milestone it shall submit any Deliverables relating to that Milestone for Testing and the parties shall follow the provisions of the Testing Procedures.

iii. *Service performance* - Service Credits resulting from Service Failures are capped to fifty percent (50%) of the "Service Charges" in any one Payment Quarter. A full Service Management Schedule exists within the agreement which sets out the maximum time period for the resolution of problems and incidents. This is in line with the Standard NHS Wales Service Management regime for all nationally managed solutions.

iv. Warranties and liability

a. *Clinical content* - The Contractor warrants that the Clinical Content is as up-to-date, accurate, sage and complete as is reasonably possible at the time of publication and is regularly reviewed and updated in accordance with the Contractor's policy.

b. *Data* - The Contractor's total aggregate liability for all loss, destruction, corruption, degradation, inaccuracy or damage to the Authority Data caused by the Contractor's Default shall in no event exceed one hundred million pounds (£100,000,000).

c. *Staff* - The Contractor's liability in relation to Contractor Personnel, Employment, Staff IPR Indemnity and TUPE shall be unlimited.

d. *General* -in respect of all other claims, losses or damages, whether arising from tort (including negligence), breach of contract or otherwise incurred by the Authority or any Authority Party under or in connection with this Agreement and any Deployment Order shall in no event exceed:

   i. in the first Contract Year the sum of three million pounds (£3,000,000);

   ii. in each of the third and all subsequent Contract Years the greater of the sum of three million pounds (£3,000,000) or 125% of the Charges paid or payable in the Contract Year in which the claim arose; and in aggregate over the Term the sum of ten million pounds (£10,000,000).

v. *Delay Payments* -The Contract contains within it provisions for the payment of Delay Costs by the Contractor, to the Authority where the Contractor fails to achieve the Stable Operations Milestone. Delay payments shall be calculated weekly at a value of 0.82% of the total Charges payable by the Authority for a period of up to twelve (12) weeks totalling ten percent (10%) of the total Charges.

vi. *Exit arrangements* – The Authority has a minimum term of seven years under the agreement and has the potential for an additional seven , one year extensions which will allow for the planning and undertaking of a re-procurement and implementation

vii. *Ownership of assets and Intellectual Property Rights (IPR)* – asset ownership has been avoided by the Contracting Authority, in this investment the Assets are intended to be owned by the Contracting Authority shall be the All Wales Licence which will be granted by the Contractor for the period of the Term of the agreement.

The Contractor shall at all times, during and after the Term, on written demand, indemnify the Authority and keep the Authority indemnified against all Losses and other liabilities (including legal fees) incurred by, awarded against or agreed to be paid by the Authority arising from an IPR Claim.

viii. *Change Control* - Any requirement for a Change shall be subject to the Change Control Procedure.

ix. *Disputes* - The parties shall resolve Disputes arising out of or in connection with this Agreement in accordance with the Dispute Resolution Procedure. The Contractor shall

continue to provide the Managed Service in accordance with the Service Levels until a Dispute has been resolved.

4.7   Personnel Implications (Including TUPE)

Transfer of Undertaking and Protection of Employee ("**TUPE**") will **NOT** apply to this investment as the procurement solely relates to the provision of an IT system. Any TUPE implications of the NHS service changes for 111 relate to the wider programme delivery and are not applicable to this FBC.

4.8   Procurement Route and Implementation Timescales

4.8.1   Overview of the Procurement Process

To establish the Agreement a Competitive Dialogue procurement procedure, as set out in Regulation 30 of the Public Contracts Regulations 2015 ("**PCR 2015**"), was undertaken. For the purposes of commencing the procurement procedure NHS Wales Shared Services Partnership ("**NWSSP**"), as hosted by Velindre NHS Trust, were named as the Contracting Authority in the Contract Notice published to the Official Journal of the European Union ("**OJEU**").

NWSSP provided agreement to act as Contracting Authority on the explicit condition that another NHS Wales body would assume the role during the procurement. Subsequently it was agreed that Welsh Ambulance Services Trust would act as Contracting Authority.

4.8.2   Implementation Milestones

The high level implementation milestones agreed for the scheme with the service provider are as follows, these are indicative at this stage but will be developed further with the supplier following execution of the contract:

Milestone Date	Milestone Activity
Q3-Q4 2019/20	Effective Date of Contract
Q4 2019/20	Hardware installation in NHS Wales Datacentres
Q1 2020/21	Requirements gathering complete
Q2 2020/21	System development and integration complete
Q3 2020/21	System and User Acceptance Testing complete
Q3 2020/21	End User training completed
Q3 2020/21	Readiness to Proceed Milestone 1
Q4 2020/21	System deployed in 111 Health Boards (ABUHB, CTMHB, HDUHB, PTHB, SBUHB)
Q4 2020/21	Stable Operations Milestone 1 (commencement of payments)
Q4 2020/21	Readiness to Proceed Milestone 2 (CVUHB)
Q1 2021/22	111 Service and System Rollout to CVUHB
Q1 2021/22	Stable Operations Milestone 2 (CVUHB)
Q1 2021/22	Readiness to Proceed Milestone 3 (BCUHB)

| Q2 2021/22 | 111 Service and System Rollout to BCUHB |
| Q2 2021/22 | Stable Operations Milestone 3 (BCUHB) |

4.9 Accountancy Treatment

It is envisaged that the assets underpinning delivery of the service will be on the balance sheet of the Welsh Ambulance Services Trust.

5 The Financial Case

5.1 Introduction

The purpose of this section of the FBC is to set out the financial implications of the 111 Integrated Information Solution, this incorporates the following information:

- Developments since the OBC
- Financial cost profile
- Source of funding
- Financial arrangements
- Overall affordability

5.2 Developments since the OBC

5.2.1 Cost Comparison

From OBC to FBC, for the 7 year contract term period, there has been a net reduction in the total cost of the IT Procurement of £1.56m (excluding capital charges). This comprises a £1.37m increase in capital costs and an associated £2.93m reduction in Revenue costs. The overall cost saving reflects the agreed financial arrangements resulting from Supplier dialogue, where it was established that the best deal for NHS Wales would be secured through initial investment in 7 year All Wales licences and additional investment in NHS Wales service management. These costs comparisons are detailed in the table below.

	Costs at OBC Stage	Costs at FBC Stage
CAPITAL REQUIREMENT		
Supplier Costs	10,142,103	11,630,513
NHS Wales Costs	3,551,600	3,434,984
Required Capital Costs	13,693,703	15,065,497
REVENUE REQUIREMENT		
Supplier Costs	13,765,436	8,569,755
NHS Wales Costs	1,350,000	3,615,050
Total Revenue Costs	15,115,436	12,184,805
GRAND TOTAL	28,809,139	27,250,302

Integrated Information Solution for 111 Wales - FBC d2.0

5.2.2 Sunk Costs to Date

Sunk costs to date relate to specialist advisors, to NHS Wales staff who have been involved in preparing for and actively engaged in the procurement process, to the development of the DOS app and to NHS Data Centre preparation costs. These costs are currently recorded as an asset under construction within the balance sheet of Aneurin Bevan University Health Board. This asset will transfer to the contracting Authority for the 111 IT Procurement. The table below details the costs to date and estimated costs for 2019/20.

	2017/18	2018/19	2019/20(est)	Total
NHS Staff	104,325	271,298	245,204	620,827
Specialist Advice	83,104	85,736	141,296	310,136
Non Pay costs	0	31,392	36,500	67,892
Total	**187,429**	**388,426**	**423,000**	**998,855**

5.3 Financial Cost Profile

The financial profile of the proposed investment for the seven year contract period offered is detailed in the cash flow projection provided in the table below. These costs are presented net of VAT:

	Dec 2019-Mar 2020	Apr 2020-Mar 2021	Apr 2021-Mar 2022	Apr 2022-Mar 2023	Apr 2023-Mar 2024	Apr 2024-Mar 2025	Apr 2025-Mar 2026	Apr 2026-Nov 2026	Total Cost Contract years 1-7
Supplier Capital Costs									
Supplier Implementation Charges	0	5,384,050	0	0	0	0	0	0	5,384,050
Supplier All Wales Licence Cost	0	6,246,463	0	0	0	0	0	0	6,246,463
	0	11,630,513	0	0	0	0	0	0	11,630,513
NHS Wales Capital Costs									
Integration	0	145,000	0	0	0	0	0	0	145,000
Local Devices Purchase	0	500,000	0	0	0	0	0	0	500,000
NHS Wales Staff Costs	0	1,993,089	786,395	0	0	0	0	0	2,779,484
Exit/Archive Costs	0	9,000	1,500	0	0	0	0	0	10,500
	0	2,647,089	787,895	0	0	0	0	0	3,434,984
Total Capital Costs	**0**	**14,277,602**	**787,895**	**0**	**0**	**0**	**0**	**0**	**15,065,497**
Supplier Revenue Costs									
Service Charge	0	540,502	1,373,887	1,405,838	1,405,838	1,405,838	1,405,838	937,225	8,474,966
Clinical Content Development	0	6,045	15,366	15,724	15,724	15,724	15,724	10,482	94,789
	0	546,547	1,389,253	1,421,562	1,421,562	1,421,562	1,421,562	947,707	8,569,755
NHS Wales Revenue Costs									
Data Centre Costs	0	38,117	38,117	38,117	38,117	38,117	38,117	25,411	254,113
Infrastructure Support Costs	0	0	238,640	477,279	477,279	477,279	477,279	318,186	2,465,942
Double running costs	0	640,714	254,281	0	0	0	0	0	894,995
	0	678,831	531,038	515,396	515,396	515,396	515,396	343,597	3,615,050
Revenue Costs	**0**	**1,225,378**	**1,920,291**	**1,936,958**	**1,936,958**	**1,936,958**	**1,936,958**	**1,291,304**	**12,184,805**
Revenue Savings	**0**	**-989,581**	**-1,979,161**	**-1,979,161**	**-1,979,161**	**-1,979,161**	**-1,979,161**	**-1,319,441**	**-12,204,827**
Total Revenue	**0**	**235,797**	**-58,870**	**-42,203**	**-42,203**	**-42,203**	**-42,203**	**-28,137**	**-20,022**
GRAND TOTAL	**0**	**14,513,399**	**729,025**	**-42,203**	**-42,203**	**-42,203**	**-42,203**	**-28,137**	**15,045,475**

Planned contract award date is December 2019. No supplier costs are payable under the contract until 30 days stable operations following the first go live date, this is planned for Q4 2020/21, therefore, no supplier costs are incurred in 2019/20. In addition, NHS Costs incurred

in year 2019/20 are funded through the 111 IT Procurement capital scheme within Aneurin Bevan UHB CRL and included in sunk cost detail above.

5.4   Source of Funding

This business case seeks approval for £15,065,496 central capital funding from Welsh Government. In addition, it is anticipated that Welsh Government would fund the ongoing capital charges for both this capital investment and the sunk costs of £998,855, in total £16,064,351 of ring-fenced funding.

The ongoing revenue costs for supplier service charges, supplier clinical content development, NHS data centre costs and NHS Infrastructure costs are affordable from the NHS revenue savings relating to the costs of the existing OOH legacy systems. These savings relate to the Health Boards, to WAST and to the 111 programme for Wales. These figures do not include ad hoc requests, e.g. bespoke reports and system configuration changes, from discussions with Health Board colleagues, it is apparent that these additional costs vary considerably. Cost detail is provided in [Appendix 5].

Welsh Government Technology and Transformation, Health and Social Services Group, have been approached for financial support to provide for the initial double running cost period and it is anticipated that this will be provided from the Transforming Digital Services fund. These costs will be incurred inclusive of VAT.

5.5   Financial Arrangements

The balance sheet of the Contracting Authority would reflect the Capital Asset relating to the required Supplier Capital payments (Implementation and All Wales licence costs), the NHS implementation costs and also to the sunk costs incurred in securing the procurement (transferred from Aneurin Bevan UHB balance sheet).

In year 2, an after the fact impairment review will be carried out with particular reference to the transferred asset under construction and NHS Wales staff implementation costs.

Depreciation on IT infrastructure assets is provided over 7 years effective in the quarter following rollout. Due to the phased rollout associated with this procurement depreciation will be effective as follows:

- Phase 1 - 75% Rollout Q4 2020/21, depreciation quarter to Q1 2021/22
- Phase 2 - 11% Rollout Q1 2021/22, depreciation quarter to Q2 2021/22
- Phase 3 - 14% Rollout Q2 2021/22, depreciation quarter to Q3 2021/22

Expert advice will be sought to consider potential requirements of IFRS 16. Entities are required to use the definition of a lease guidance in IFRS 16 to assess all contracts entered

into after the date of initial application, April 2020. There are two aspects of the definition of a lease for which IFRS 16 provides guidance:

- whether a contract depends on the use of an identified asset
- whether a customer has the right to control the use of that identified asset

Ongoing Revenue costs relate to Supplier Charges and to NHS costs incurred by the Contracting Authority. Costs will be recharged to NHS Wales. This has been agreed in principle with the Deputy Directors of Finance forum and discussions will be further progressed to agree the detailed arrangements.

Double running costs will be incurred by the Health Organisations against their legacy IT systems. Currently these costs include VAT for most organisations. This will continue through the double running period.

It is anticipated that the supplier charges relating to this procurement will be VAT recoverable under Contracted out Services Heading 14. This provides for VAT recovery on computer services supplied to the specification of the recipient including:

- The provision by one or more suppliers of an IT system either using the recipients' own hardware or hardware provided by a supplier of qualifying services that form a part of the infrastructure.

- Software support which forms part of an IT system package

- The development, implementation and support of bespoke software

- Hosting Computing Services, Archiving Communication Services, Data Communications Services, Desktop Communications Services, for example Picture Archiving Services (PACS), Ethernet cable/Data lines and Cloud computing when supplied as part of an IT system

- Computer consultants and other professionals where they are under the control and management of an outsourced provider and form a part of the overall procurement of an IT system designed to the department's or trust's specifications.

- License fees (including those delivered electronically, or delivered in a package containing a voucher or code to be redeemed electronically):
  - supplied as an integral part of an IT system, whether for bespoke or off-the-shelf software;
  - for bespoke software

Ongoing NHS revenue costs comprise staff costs and data centre support recharge costs within NHS Wales, as such there will be no VAT liability for these items.

A full VAT assessment will be obtained following FBC approval to confirm the FBC assumptions, however the assumption made are based on current VAT rules therefore if these rules are changed or the advice received differs funding requirements may change.

5.6   Overall affordability

This FBC evidences that of the two bids received, the preferred option represents the best value for money. This option requires additional capital investment of £15.065m from NHS Wales' capital funds, plus, additional capital charges funding of £16.064m.

Welsh Government Technology and Transformation, Health and Social Services Group, has been approached for Transforming Digital Services funding to meet the initial NHS Wales revenue funding gap created through double running costs.

An annual revenue saving of £42k is projected against the ongoing revenue costs of this procurement compared to the existing costs of the OoH IT legacy systems. In addition to this, there will be no supplier driven increases in revenue costs for the initial 7 year contract period.

If the contract is renewed for years 8-14, or any part thereof, there will be a requirement to purchase annual licence fees for that period. Whilst these costs are currently included in the ongoing supplier revenue costs for years 8-14 and have been considered for evaluation purposes, no revenue funding is currently identified to meet this requirement and a business case seeking funding for the required contract years in addition to 7 may be required.

6 The Management Case

6.1 Introduction

This section of the FBC addresses in detail how the 111 Integrated Information Solution will be delivered successfully.

6.2 Programme Management Arrangements

As detailed within the OBC, the IT systems replacement is managed by the dedicated NHS Wales 111 Programme Team as an integral part of the all Wales approach to transforming the unscheduled care system. The NHS Wales 111 Programme Implementation Board provides the strategic direction, governance and assurance for the programme and has wide stakeholder representation. The NHS Wales 111 Implementation Programme Board is the formal decision making forum for the programme, and is chaired by the NHS Senior Responsible Officer (SRO), the CEO of ABUHB. The WG SRO is the Director General DHSS/Chief Executive NHS Wales. The 111 Wales Programme Team, led by Programme Director Richard Bowen, works closely with WAST colleagues, as hosts for the 111 Service. In addition to programme management capacity, the 111 Wales Programme also has dedicated informatics input. A copy of the NHS Wales 111 Implementation Programme Board terms of reference and membership is attached at Appendix 6.

6.3 Project Management Arrangements

The project to replace the existing IT system will be managed in accordance with PRINCE2 methodology.

6.3.1 Project Reporting Structure

The delivery of the replacement 111 IT system will be supported by a newly created 111 IIS Implementation Project Board, which will have oversight of the workstreams and work packages required to deliver the replacement solution. The Project Board will report into the NHS Wales 111 Implementation Programme Board, and will be supported by a number of workstreams focusing on delivery areas and with local assurance groups as needed. A diagram detailing the reporting structure for the project can be found below.

111 INTEGRATED INFORMATION SOLUTION (IIS) IMPLEMENTATION GOVERNANCE
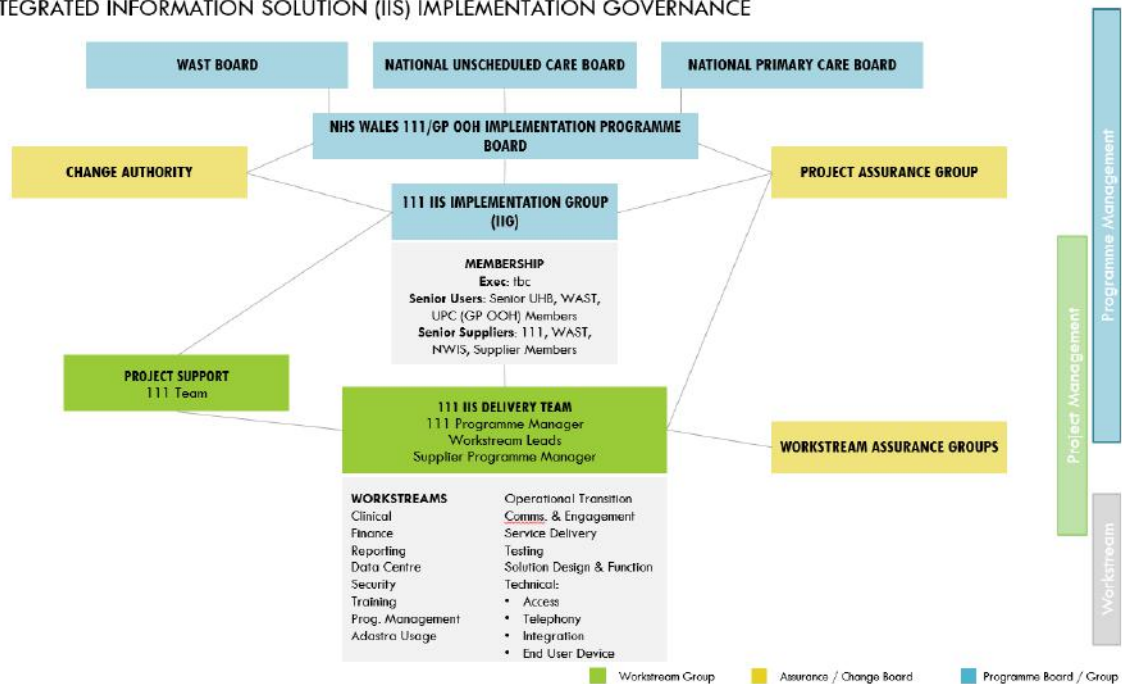
6.3.2 Project Roles and Responsibilities

In order for the project to be successful, roles and responsibilities have been clearly set out in line with the PRINCE2 governance model. These are detailed in the table below:

Role	Responsibilities
Project Executive (Chair of Project Board)	• Appointment of the project manager and agreeing a remit and delegated responsibility • Sign off of project brief and project initiation document and agreeing plans and tolerances (i.e. time, quality and cost) • Sign off of deliverables, stages and providing approvals to start the next stage • Ensuring that resources are available • Overall strategic guidance for the project • Establishing effective risk and quality assurance strategies • Providing advice and guidance to the project manager • Sign off of project closure reports and authorising any post project review • Escalation to the NHS Wales 111/OoH Implementation Board as required
Senior User	• Providing oversight of the project from a user perspective • Ensuring user requirements are specified • Ensuring continued progress in line with user expectations and required outputs

	• Ensuring user resources are made available as required • Sign off of products/work packages as and when they are completed • Providing user opinions on board decisions and follow on actions • Prioritising requirements according to user needs • Engagement with user groups on all aspects of the project
Senior Supplier	• Agreeing objectives for supplier activities in line with the contract. • Ensuring continued progress in line with required outputs • Ensuring supplier resources are made available as require • Ensuring the quality and acceptance criteria of products are met in accordance with quality procedures and that work packages are signed off once completed • Providing supplier opinions on board decisions and follow on actions • Resolve supplier requirements and priority conflicts
Other Project Board Members	• Monitor progress against project plans • Agree tolerance levels within which the project manager must operate • Provide advice and knowledge to support successful delivery of the project • Authorise the release of necessary funding and/or resources from their respective user/supplier role • Provide engagement with stakeholders both internally and externally to the project • Ensure that the project meets its objectives
Project Manager	• Managing the production of the required deliverables • Planning and monitoring the project • Preparing and maintaining project, stage and exception plans as required • Managing project risks and issues including the development of contingency plans • Liaison with programme management to ensure that work is neither overlooked nor duplicated • Monitoring overall progress and use of resources, initiating corrective action where necessary • Applying change control and configuration management processes

Workstream	Responsibilities
	• Providing reporting on project progress through highlight reports and end-stage assessments • Identifying and obtaining support and advice required for the management, planning and control of the project • Managing project administration • Conducting a project evaluation review to assess how well the project was managed

6.3.3 Workstream Responsibilities

The table below details the high level responsibilities of the 111 IIS Implementation Project workstreams.

Workstream	Responsibilities
Clinical	• Review prescribing module and ensure that the content and processes involved are appropriate for NHS Wales Services, whilst remaining complaint with the relevant legislation • Review clinical content and ensure that Welsh specific content is created in line with agreed local policy. • Review Algorithmic outcomes and ensure that specific outcomes are appropriate for NHS Wales Services.
Financial	• Setting up an appropriate mechanism to ensure that accrued Service Credits are appropriately applied to future invoices and charges. • Setup an appropriate mechanism to ensure that payment milestones and other charges and invoices are managed appropriately throughout the implementation phase and throughout the life of the contract. • Setup reporting mechanisms to ensure that financial activity is open and transparent, supporting the wider stakeholder organisations in understanding their financial contributions to the wider Service.
Reporting/Standards	• Agree reporting structure and mechanisms between all Stakeholder Organisations. • Oversee implementation of SNOMED and other Information Standards within new 111 system. • Agree the physical location, configuration and data management processes relating to the storage of Datamart Data. • Ensuring reporting structure and mechanisms relating to Information Governance are in place • Agree mechanism and structure for regular monitoring of performance standards

Data Centre	• To identify and provide suitable rack and power supply for Date Centre located services.
Security	• Review and Assure the security configuration and design implemented from the agreed design plans. • Configure ongoing monitoring between supplier and authority equipment.
Technical – Interface Integration	Support the integration of 111 systems with the following NWIS Systems: • WCP • EMPI/WDS • NADEX • NIIAS • WRDS • Choose Pharmacy and links to other integration services (Fiorano)
Technical - Access	• Evaluation of current 111 website provision, rebranding and enhancing website based on the contents of the contract. Aligning the Web presence of the service with the agreed technical enhancements • Supporting the development and implementation of the 111 Application ("App") • Scoping out of patient facing services related to 111, including revision and update of material • Supporting the development and implementation of the web chat facility • Determining the solution and process for utilising DOS services within the system as well as identifying mechanisms for sharing DOS data.
Technical - Telephony	• Integrate new solution with existing LHB and Trust Telephony Systems as per the agreed specification. • Integrate new solution with existing LHB and Trust Voice Recording Systems as per the agreed specification.
End User Devices	• Assessing the existing mobile hardware and working arrangements, evaluating the options and supporting the implementation of the new mobile solution in line with the arrangements listed in the specification • Evaluate the scope of remote access arrangements for the service across Wales and develop a consistent approach to support the implementation of the new 111 system • Assessing the existing hardware and working arrangements for the bases, evaluating the options and supporting the implementation of the new mobile solution in line with the arrangements listed in the specification • Assessing the existing hardware and working arrangements for the hubs, evaluating the options and supporting the

	implementation of the new mobile solution in line with the arrangements listed in the specification
Service Delivery	• Ensure that the agreed principles of service delivery/management are implemented ahead of go-live • Ensure that the service desk arrangements are in place to support 111
Training	• Ensure provision to support Train the Trainer activities are in place • Ensure that training is in place for clinical staff for go-live and ongoing 111 activities • Ensure that training is in place for non-clinical staff for go-live and ongoing 111 activities • Ensure that training is in place for back office staff for go-live and ongoing 111 activities • Plan, support and co-ordinate the training activities for the 111 solution • Agree and implement reporting against training
Communication & Engagement	• Ensure timely and coordinated communication is conducted across the project, covering all stakeholders including Local Health Boards, Trusts, Welsh Government, Professional Groups, Local Authority, third sector organisations and the public.

6.3.4 Project Plan

A milestone project plan for the implementation of the replacement NHS Wales 111 Integrated Information Solution is set out in the following table. The timescales are indicative at this stage, and this will be further developed with the Contractor following the effective date in line with the principles set out in Schedule 6.1 (Service Implementation Plan) of the contract.

Milestone Date	Milestone Activity
Q3-Q4 2019/20	Effective Date of Contract
Q4 2019/20	Hardware installation in NHS Wales Datacentres
Q1 2020/21	Requirements gathering complete
Q2 2020/21	System development and integration complete
Q3 2020/21	System and User Acceptance Testing complete
Q3 2020/21	End User training completed
Q3 2020/21	Readiness to Proceed Milestone 1
Q4 2020/21	System deployed in 111 Health Boards (ABUHB, CTMHB, HDUHB, PTHB, SBUHB)
Q4 2020/21	Stable Operations Milestone 1 (commencement of payments)
Q4 2020/21	Readiness to Proceed Milestone 2 (CVUHB)
Q1 2021/22	111 Service and System Rollout to CVUHB
Q1 2021/22	Stable Operations Milestone 2 (CVUHB)
Q1 2021/22	Readiness to Proceed Milestone 3 (BCUHB)

Q2 2021/22	111 Service and System Rollout to BCUHB
Q2 2021/22	Stable Operations Milestone 3 (BCUHB)

6.4 Use of Special Advisers

It is envisaged that the majority of specialist advice will be sourced from within NHS Wales, or through engagement with partners in NHS England and Scotland. If external special advisors are required, this will be in a timely and cost effective manner in accordance with the Treasury Guidance: Use of Special Advisers.

6.5 Arrangements for Change

The approach being adopted to contract change is to keep changes to the agreed specification of requirements to a minimum throughout the life of the contract. However, where there are opportunities to materially benefit service delivery, these will be considered and managed within the parameters of the contract. The framework and plan for managing changes in the contract are laid out in Schedule 8.2 (Change Control) of the Agreement.

Change Control for the Project will be managed according to PRINCE2 methodology, namely through the escalation of Requests for Change through to the project manager and then escalated to the Implementation Project Board and National 111 Programme Implementation Board as required.

6.6 Arrangements for Benefits Management and Realisation

The full Benefits Register for this scheme can be found at Appendix 2. At this stage in the project the baseline collection method and time periods are being scheduled, as will indicative post-improvement collection points. The Benefits Data Plan will be managed via the Project Board and updated accordingly at project initiation and in agreement with the contracted supplier. These benefits are linked to the implementation of the new Integrated Information Solution and are not intended to cover the full 111 implementation. However, it is important to note that a number of the benefits that will be delivered through the service transformation set out in the 111 Strategic Plan are contingent upon the IT implementation being successful. The NHS Wales 111 Programme Implementation Board, as the national vehicle to deliver roll-out, provides leadership and strong governance across NHS Wales organisations, and will be responsible for overseeing benefit realisation.

6.7 Arrangements for Risk Management

Risk registers will be used to track the risks throughout the project and the life of the contract. During the solution implementation process, the Project Board will be notified of all business risks and will be responsible for implementing the necessary countermeasures to manage any risks identified, escalating to the Programme Implementation Board as required. On successful implementation of the system, any ongoing risks will be managed by the appropriate governance structures on a national basis.

A copy of the project risk register is attached at Appendix 7. The project risk register sets out who is responsible for the management of risks and the required counter measure.

6.8 Arrangements for Contract Management

The strategy, framework and plan for contract management are set out within the contract itself. Appropriate provision is made for:

- Implementation Planning
- Service Level Monitoring and Service Credits
- Charging and Invoicing
- Audit
- Business Continuity and Disaster Recovery
- Information Governance
- Dispute Resolution
- Change Control

It is intended that quarterly meetings will be held with the supplier to discuss contract management issues, agree any change requests and assess the impact of any service credits, for poor performance, on the quarterly invoice.

Contract management will be provisioned by WAST as the Contracting Authority, with continued support from NHS Wales Shared Services Partnership.

6.9 Arrangements for Post Project Evaluation

In accordance with established procedures, it is recommended that a Post-Implementation Review (PIR) and Project Evaluation Review (PER) based on PRINCE2 methodology are undertaken. These will ascertain whether the anticipated benefits have been delivered, and assess how well the project was managed and delivered compared with expectations.

6.9.1 Post Implementation Review (PIR)

This review ascertains whether the anticipated benefits have been delivered. The review is timed to take place 12 months post go live of the system, to allow time for the system and service to bed in following implementation of the 111 service on an all-Wales basis.

6.9.2 Project Evaluation Review (PER)

This review appraises how well the project was managed and whether or not it delivered to expectations. It is timed to take place 2 months following initial go-live of the system.

6.10 Gateway Review Arrangements

A 0-1 Gateway Review was undertaken in March 2016 as part of the scrutiny process for development of the Business Case submission. Colleagues from the 111 Wales Board, WAST and ABMUHB participated in this two-day review and the outcomes were formally reported to WG.

The Delivery Confidence Assessment for the 111 Wales Programme and SOC was **Amber** which means that successful delivery appears feasible. This Amber rating was anticipated due to the technical nature of the programme.

A Gateway 2 Review (procurement strategy) took place in February 2017, focussing specifically on the IT replacement programme. The Delivery Confidence Assessment for the procurement strategy was **Amber**, suggesting that successful delivery was feasible. The reason for the Amber rating was due to the complex and resource intensive nature of competitive dialogue.

A Gateway 3 Review (investment decision) was undertaken on the project in March 2019, in preparation for submission of the draft FBC. The Gateway 3 Review Report is attached at Appendix 8. The Delivery Confidence Assessment was **Amber/Green**, which means that successful delivery appears probable. The review did make a number of recommendations that should be addressed in order to increase the likelihood of successful delivery. Recommendations focussed on the delivery and sign off of the FBC, the level of data liability contained within the contract Agreement and the sign off of WAST as the Contracting Authority. All of these recommendations have been addressed prior to the submission of this FBC.

A Gateway 4 Review (readiness for service) will be planned ahead of the proposed go-live in Q4 2020/21.

A Gateway 5 Review (benefits realisation) will be planned at a suitable date following the achievement of stable operations for the new 111 Wales solution.

Schedule 6.1 of the contract contains provision for the Contractor to participate in Gateways 4 and 5 at the Authority's request.

6.11 Contingency Plans

As detailed above, there is an urgent need to replace the existing end of life product in order to support the continued delivery of the NHSDW and 111 Wales services. Efforts have already been made to extend support for the legacy product beyond the supplier's notified end date, which has resulted in an extension to November 2020, it is anticipated that as Capita Healthcare Decisions will be providing the new IT solution that, in the event of delay, they would continue to support the CAS system and there is contractual provision to ensure that NHS Wales costs are covered during this period. In order to mitigate against the risk of a delay in implementation, the existing GPOoH system contracts that are in place within the 111 service have been co-termed to end in March 2021, and Welsh Government have been approached to ensure that any revenue costs associated with double running are covered through funding for Transforming Digital Services, which would cover funding to March 2022 if required. The agreements for BCUHB and CVUHB have been similarly timed to ensure that adequate protection for slippage has been provided. These arrangements will ensure that the

current service provision will be supported by IT systems in the event that the implementation of the new solution is delayed.

7 Signatories

Name:

Signed:

Date:

Senior Responsible Owner

Name:

Signed:

Date:

111 Programme Director

Name:

Signed:

Date:

On behalf of the Welsh Ambulance Services Trust

Integrated Information Solution for 111 Wales - FBC d2.0

APPENDIX 1 – FBC Signoff Timescales

Tasks	Full Business Case Approval Process			
	September	October	November	December
NHS FULL BUSINESS CASE REVIEW				
• **WAST BOARD** : FBC / CONTRACTING AUTHORITY REVIEW	19 Sep			
• **ALL WALES URGENT PRIMARY CARE** : SIGN OFF	25 Sep			
• **DIRECTORS OF PRIMARY CARE**: SIGN OFF		4 Oct		
• **BCAG** : FBC REVIEW / APPROVE	27 Sep	7 Oct		
• **111 IMPLEMENTATION BOARD** : REVIEW / SIGN OFF	12 Sep	21 Oct		
• **WAST FINANCE & PERFORMANCE SUB COMMITTEE** : APPROVE		24 Oct		
• **DDOF BOARD** : SIGN OFF		24 Oct		
• SUBMIT FBC TO **WELSH GOV**.		25 Oct		
• **111 IMPLEMENTATION BOARD** : FORMAL SIGN OFF			8 Nov	
• **WAST BOARD** : FORMAL SIGN-OFF			21 Nov	
WELSH GOVERNMENT ~ FBC APPROVAL PROCESS				
• **INTERNAL POLICY LEADS / WG** : UPDATES	Aug - Sep			
• **WELSH GOV. SCRUTINY PANEL**		25 Oct	26 Nov	
• **INFRASTRUCTURE INVESTMENT BOARD APPROVAL** (NOV)			27 Nov	
• **EFFECTIVE SUPPLIER CONTRACT AWARD**				4 Dec
• **INFRASTRUCTURE INVESTMENT BOARD APPROVAL** (DEC) – * IF NOV ROUND MISSED				11 Dec

111 PROGRAMME

Strategic Plan for the Development of the 111 Service in Wales

November 2017

DE v10 24/11/17

Contents

1. Strategic Context

1.1 Background

The strategic and clinical justification for the national 111 Wales Programme is one which is fundamentally aimed at simplifying the multiple and often complex pathways that exist for patients, carers and professionals in navigating their way through our urgent and unscheduled care systems. The 111 service in Wales can provide improved access and signposting to services, clinical advice and treatment 24 hours a day, 7 days a week but must be based on the prudent healthcare principles that have underpinned the pathfinder work to date.

This challenge is not unique to Wales and similar approaches are being developed across the Home Nations; but internationally, evidence of front-end call handling and triage function to manage urgent /unscheduled care is apparent in Europe, Australasia, Canada and South America. All systems evidence that patients will otherwise take the easiest and most accessible route into health-care which unfortunately means they often inadvertently access out-of-hours services (in particular face to face GP appointments or via home visiting requests) conveyance by an ambulance (often 999) or present directly at the front door of Emergency Departments.

The 111 service for Wales will therefore aim to ensure that patients get to the right service or professional in a timely and prudent manner and ultimately aim to stabilize or where appropriate reduce demand on these parts of our pressurized service. Over time, our expectation should be for the Welsh 111 service, with a free to use number and supporting digital platform, should become an instantly recognised brand for healthcare and advice, providing patients with an easy and accessible route to the right healthcare.

Following the launch of the 111 Pathfinder within Abertawe Bro Morgannwg University Health Board (ABMU) in October 2016 and Carmarthenshire in May 2017, the 111 National Programme is currently operating within a transitional phase to deliver a new service model across NHS Wales. The next phase of roll out will depend on agreement to this strategic outline programme but work is ongoing to consider the roll out into Powys, Pembrokeshire and Ceredigion and also Aneurin Bevan University Health Board. The new service model will seek to deliver a standardised and functionally integrated call handling and clinical assessment function, which combines the best components of the current NHS Direct Wales (NHSDW) and GP out of hours services (GPOOH) whilst supporting a wider service transformation agenda linked to regional and national working.

This plan seeks to highlight the opportunities for expanding this roll-out over the next 2 years and highlight what opportunities exist to link this approach into the wider debate on future service models for primary care, urgent care and a closer alignment with the Welsh Ambulance Service over the period up to 2022.

1.2 Case for Change

There have been a number of reviews and reports which have highlighted that the unscheduled care system in Wales is not resilient to expected and unusual surges in external demand, or demand shifts within it. This lack of resilience leads to increased attendance at Emergency Department (ED) units and increased waiting times at these units. A series of Welsh Audit Office reports have noted a range of problems within the unscheduled care system in Wales resulting in the system operating in a disjointed way for people who need help. The reports note many factors which have placed considerable pressure on unscheduled care services, including rising demand, financial constraints, workforce challenges and problems with patient flow through hospitals. The first report concluded that, radically new ways of delivering unscheduled care should be introduced in order to improve care. This included a number of recommendations, for example, that Health Boards should seek to provide points of access to unscheduled care that better reflect the nature of demand, including; "a single point of access should be contactable by phone at all times of the day".

The clinical need for alignment and sharing of information between organisations, clinical teams, departments, sectors and IT systems are a pre-requisite for the future delivery of 111 for Wales. Strategic alignment of priorities and support for the roll-out of 111 Wales will:

- improve patient safety and experience,
- reduce duplication and service inefficiency and therefore contribute to overall financial sustainability – particularly within unscheduled care ,
- support the delivery of services closer to people's homes and improve rates for self-care,
- assist to sustain OOH services by reducing the over-reliance on face to face and home visiting,
- reduce pressure on emergency services,
- help avoid unnecessary hospital admission and
- target the key NHS Wales priority of reducing inappropriate demand within the unscheduled care system.

From a Prudent Healthcare perspective, investment in an integrated 111 system will:

- make more effective use of skills and resources by streamlining call-handling, reducing duplication and data entry,
- support health and well-being,
- prioritise care for those with greatest need first,
- provide the platform for a more sustainable model for the delivery of GP out of hours services.

The current, fragmented service delivery model has led to disjointed provision

and duplication of a number of functions. Outside the hours of Monday to Friday (8am to 6.30pm) when General Practitioner (GP) surgeries are open, urgent primary care services are provided (or commissioned) by Local Health Boards (LHBs). Each has a different service model and operating system in place. The GPOOH services in each of the seven LHBs operate independently of each other but all provide telephone assessment with signposting to other clinical services and/or face to face appointments or home visits when required.

NHS Direct Wales provides a 24 hour service offering health information /advice and signposting to clinical and a range of other services as required. All OOH services and NHSDW provide call handling and clinical assessment services in addition to the local face to face services, even at times when there is a low level of demand (e.g. after midnight). There is potential to organise services differently during these periods to provide a more efficient and effective service.

In addition to different service delivery models and operating systems across the 7 LHBs, the GPOOH services and NHSDW also have different service and quality standards, including the prioritisation categories for clinical assessment and appointment. Neither NHSDW nor GPOOH standards reflect those of in-hours primary care services or properly align in a strategic manner with other parts of the unscheduled care system. This can create perverse incentives within the wider unscheduled care system for patients, who may navigate to the service where they believe they will be seen the quickest, rather to than the most appropriate service.

It is recognised that across Wales that GPOOH services are becoming increasingly fragile.

Factors that are impacting on OOHs staffing include:

- Retirement patterns and age profiles
- An increase in part-time working and those wanting portfolio careers (particularly amongst female GPs)
- Pension and tax regime changes that are outside the direct control of the NHS (UK wide)
- Attractiveness of in-hours locum shifts and the emergence of 'VIDEO' doctor services who are becoming competitors in the marketplace.

Factors that are impacting on the demand for OOHs include:

- Increasing patient expectations and delivery of services 24 /7
- Capacity within in-hours primary care services results in 'overflow' work to out-of-hours from 6:30pm onwards most evening and weekends.
- Increasing complexity of care
- The impact of an ageing population on the volume of care
- Transfer of services from secondary to primary care.

Filling GP shifts has often been a challenge at certain unpopular times of the year but LHBs are reporting that this is increasingly getting much harder and has

increasingly become the 'norm' most weekends. The majority of LHBs rely on a small cohort of very dedicated individuals who often cover the majority of OOH shifts.

The current model of GPOOH service delivery is not considered sustainable and alternative service models/opportunities need to be urgently considered.

1.3 Policy Context

The implementation for an All Wales 111 service is supported by a number of national strategies and Welsh Government (WG) commitments including Setting the Direction (2010) and the national Plan for a Primacy Care Service for Wales (2015). The Primary Care Plan indicated that the development of the 111 Wales Service is a key component of WG vision and future plans for a strengthened primary care service in Wales. The plan acknowledged that key to the success of the new service is the ability to co-ordinate and access a broad range of locally developed and responsive care pathways and community based services to provide alternatives to hospital care and admission. A 111 service in Wales would provide a national 24/7 online and telephone service for health information, advice and assistance for urgent health care needs or when people do not know who else to contact.

111 Wales also facilitates delivery of the WG's Programme for Government commitment to introducing a 111 system that builds on the success of NHSDW and offers a single number for accessing health information and advice 24/7, including out of hours health care in Wales, linked in to the local urgent medical and dental out of hours services.

Informed Health and Care: A Digital Health and Social Care Strategy for Wales provides a clear direction of travel for NHS Wales to widen access to NHS held patient information for use within primary and secondary care to improve clinical decision making and reduce duplication, and for patients themselves in support of informed self-care. The development of the 111 service is wholly aligned with this national strategy.

Whilst there are differences between the existing models across England, and Scotland (and increasingly across the Western World) all are, however, seeking to harmonise and simplify access into urgent and unscheduled care. This includes their supporting technical infrastructure and digital platforms. The 111 Wales Team have researched the international models and liaised closely with colleagues in other home nations to learn from their experiences. Key issues have been identified and distilled to inform the Welsh approach.

1.4 Parliamentary Review

The Parliamentary Review of Health and Social Care has been established to deliver recommendations on implementing key initiatives during this Assembly term to deliver improved outcomes for the population of Wales over the next 5 to 10 years. As part of their evidence gathering, the 111 team were asked by

the Chair of the Review, Dr Ruth Hussey, to provide oral evidence at a hearing in 4th May 2017. Dr Stephen Bassett, Clinical Lead for the 111 Programme, also provided a wider evidence base linked to the experiences of the all Wales GP Out of Hours Forum.

The 111 feedback was based on the experiences and lessons learnt from the ABMU and Carmarthenshire pathfinder work and how this approach could be used to transform the wider pre-hospital and urgent care agenda and the application of prudent healthcare principles. Many of the issues noted within this plan were highlighted to the panel and were positively received. We hope that there will be a number of recommendations taken forward in the final report which will further support the 111 roll out across Wales. The latest position statement from the Parliamentary Review team sets out the benefits of an integrated all Wales approach.

Integration is a means to an end – providing patients with a seamless service at the right time and in the right place. It is about getting all parts of the system to work together so that the patient receives quick, efficient and effective care with the right outcome. To achieve this, we need to get services working seamlessly together in health and social care, primary and secondary care, and physical and mental health services.

Prudent healthcare is embedded in the nation's psyche – the public are actively engaged in their health and well-being – and are supported to stay well. They are equal partners in their care, they take action to keep themselves well and the majority are living independently. People are able to confidently navigate the health and care system and are empowered to work with public servants and ensure they get the help they need.

From the moment a member of the public has need of care, primary or secondary health services, we want their experience to be seamless and this requires integrated service provision.

Integration of health and social care; integration of mental and physical health services; and integration of secondary and primary care. Integrated services lead to better user satisfaction, better outcomes and when implemented effectively, make better use of resources.

All parts of the urgent and emergency care system, including A&E, Minor Injury Units, GPs, pharmacies, the ambulance service, the developing NHS 111 service and crisis response teams need to work as part of a single system, which is well understood by people when they need care and advice. People at home should be supported by community teams that include the social and voluntary sector, co-ordinated by GPs with access to hospital specialists.

Designing, planning and providing seamless health and social care services in partnership with individuals and focused on their needs will require practitioners across secondary and primary care and health and social care to work together more closely. New integrated models of care are being developed across Wales

and the NHS and local government is committed to increasing the pace and scale of this work and as a system to learning from good practice as it develops.

A fundamental principle of a whole system approach to unscheduled care services is the ability to share patient and condition specific data across a number of service areas. We need to have much more easily accessible real time information about the performance of services to enable patients to make choices about their care and also how and when they access services. Transparency will be greatly enhanced by the provision of real time information as many of the current systems in healthcare take an extended period of time to produce meaningful data, e.g. mortality data and other information can take three months or more to produce. To ensure transparency is the norm, performance and data systems need to be supported.

1.5 Primary Care Strategy

The current pressures facing the primary care sector in Wales have led to the development of a Pacesetter Programme which has been running in Wales since 2015. As a result of a number of pacesetter projects, which have been testing new ways of working, a new, emerging model of primary care is being considered. The new model has primary care stability at the heart of the model and is essential to ensure that GP practices and clusters are sustainable and can respond to future demands.

The model has a number of central components including:

- Safe and effective call handling and triage systems at the front door of primary care to direct patients to the most appropriate professional in the team
- Triaged calls are directed to the most appropriate number of the in house multi-professional team incorporating the skills of a pharmacist, physiotherapist, paramedic, physician's associate, mental health specialists and others
- As a result of effective triage and MDT working, GPs and Advanced Practitioners in the practice are freed up to manage more complex patients
- MDT working within the 111 service will ensure appropriate management of patients in the out of hours period with good communication systems to ensure that professional teams have access to contemporaneous clinical records
- The holistic MDT model offers a more proactive and preventative approach to care with patients managed earlier in their care pathways when they can respond better to education and support for self-care
- The model promotes collaborative cluster working such as Federations and the Primary Care Hub.

The emerging model has a number of similarities with the proposed 111 model. This synergy of approach across in and out of hours care is essential to ensure

that patients experience consistent approaches across the 24/7 period. Over time, the ability for the models to work in tandem with the ability to redirect patients to a more appropriate service irrespective of their initial point of access is critical.

One of the success factors for 111 would be a direction of patients away from primary care services by maximising use of alternative pathways and other services that can support patients in line with the prudent health care agenda.

1.6 WAST Clinical Model & Long Term Strategy

The Welsh Ambulance Service is committed to being a clinically-led, high quality service that provides the best possible care for patients. Over the course of 2015/16 the organisation reviewed its purpose, vision and behaviours. This work helped shape a Strategic Statement of Intent in 2016/17 which clearly articulated an ambition for WAST to:

- move away from a response and treatment provider towards an urgent and emergency mobile healthcare service offering a wide range of skills and expertise for clinical decision-making, supported by a range of options and alternatives for referral and/or advice;
- be an ambulance service employer of choice, with established and respected credentials in clinical outcomes for patients;
- be a great place to work and to belong, with each colleague understanding what they are trying to achieve;
- become a technology-enabled workforce and service, expanding the interfaces through which the public can access services and similarly maximise the benefits of technology in communication with staff and equipping them in the field (for example apps for training through to diagnostic and care support);
- make progress towards a vision for Clinical Contact Centres delivering an integrated health model (across 111, EMS, non-emergency patient transport and other NHS services) and taken the opportunity to improve and realise benefits from collaboration with our blue light partners in control centres;
- recalibrated and strengthened our offer to the primary care system, working effectively with primary care clusters for both in-hours and the out-of-hours service;
- set and delivered our agenda for collaboration with our blue light partners when it has delivered benefits for patients and the public purse;
- established effective collaborative relationships with NHS Wales teams, with opportunities for cross-boundary working; and
- have established ourselves as a provider of high quality teaching, research and innovation. We will have strengthened strategic partnerships with academic and teaching institutions and become a Trust with University status.

This statement of intent also committed the organisation to exploring opportunities to re-position WAST into a more central role in the urgent and emergency care system including understanding the opportunities of having a more expansive role as the navigation route/gateway for urgent and emergency care (in terms of referral to anticipatory or definitive care).

This statement of intent (SoI) is the foundation for the WAST Strategic Framework 2030 which is under development and, building on the themes of the SoI the organisation is testing through the lenses of:

- Widening our clinical offer
- Leadership and workforce
- Partnerships
- Technology.

The WAST Strategic Framework 2030 is being developed through engaging with staff, service users and partners and is due for finalising in Spring 2018.

The 111 service, and the opportunities it presents, are clearly a key part of this vision for WAST and the wider system.

1.7 Emergency Ambulance Services Commissioning Model

Ambulance commissioning in Wales is a collaborative process underpinned by a national collaborative commissioning quality and delivery framework. All seven Health Boards have signed up to the framework. Emergency Ambulance services in Wales are provided by a single national organisation – Welsh Ambulance Services NHS Trust (WAST).

The framework provides a mechanism to support the recommendations of the 2013 McClelland Review of Ambulance Services. It puts in place a structure which is clear and directly aligned to the delivery of better care. The framework introduces clear accountability for the provision of emergency ambulance services and sees the Chief Ambulance Services Commissioner (CASC) and the Emergency Ambulance Services Committee (EASC) acting on behalf of health boards and holding WAST to account as the provider of emergency ambulance services.

WAST is required to meet a number of quality standards, core financial requirements and outcome indicators under each step of the innovative ambulance service care pathway – the 5 step model (as shown overleaf).

Step 5	**Take me to Hospital**	⇨	**Handover to LHB Services & Alternatives** *facilities available for WAST to take patients for further assessment and / or treatment as part of a defined pathway – avoiding conveyance to A&E*
⇧	Emergency Ambulance Services Care Standards for Step 5: 15: Handover/Turnaround 14: Appropriate Conveyance 13: Alternatives to A&E		
Step 4	**Give me treatment**	⇨	**Refer to LHB Services & Alternatives** *alternative care treatment options available for WAST to refer patients for further assessment and / or treatment – after ambulance arrival on scene*
⇧	Emergency Ambulance Services Care Standards for Step 4: 12: Alternate referral 11: Clinical Standards		
Step 3	**Come to see me**	⇨	**Divert to LHB Services & Alternatives** *alternative response services 'owned' by the LHB – instead of an ambulance vehicle response*
⇧	Emergency Ambulance Services Care Standards for Step 3: 10: Life Threatening Response 9: Serious Response 8: Appropriate Dispatch		
Step 2	**Answer my call**	⇨	**Signpost to LHB Services & Alternatives** *care advice options which are available for WAST to transfer callers for guidance*
⇧	Emergency Ambulance Services Care Standards for Step 2: 7: Signpost "hear & direct" 6: Advise "hear & treat" 5: Triage 4: Public Calls 3: HCP Calls		
Step 1	**Help me to choose**	⇨	**Direct to LHB Services & Alternatives** *care options which are available to avoid a '999' call*
⇧	Emergency Ambulance Services Care Standards for Step 1: 2: Collaborative Development 1: Citizen Engagement		**5-Step Care Model**

The 111 service aligns with the first 2 steps in the model – *Help Me to Choose* and *Answer my Call* and should be embedded at the heart of the 5 step model going forward.

2 Accountability and Governance

2.1 Unscheduled Care Programme

The National Programme for Unscheduled Care has been established to facilitate, drive and enable transformational change and sustained improvement for unscheduled care services in Wales by promoting a more prudent, whole system approach, with better integrated health and care services. The Programme balances long-term commitments to transform services and engage with the public which is underpinned by an ambition to focus on the outcomes that matter to people and aligned to the principles of 'triple aim', along with short-term performance commitments.

The National Unscheduled Care Programme Board (the Board) was established in 2015 to provide guidance and assurance to the Chief Executive of NHS Wales and the Cabinet Secretary for Health, Wellbeing and Sport on delivery of the National Programme for Unscheduled Care.

The agreed objectives for the Programme are as follows:

- Encourage the adoption of a whole system approach to the management of unscheduled care, maintaining a focus on people, their outcomes and what matters to them.
- Develop and agree a single understanding for unscheduled care across Wales and utilise public, professional and clinical expertise, alongside existing best practice and evidence to inform future models of care, service improvement and national enabling guidance and tools to support this.
- Ensure the right outcomes are agreed for quality and safety across the whole primary, community and hospital health and social care pathway
- Develop a blended suite of whole system qualitative and quantitative outcome indicators and performance measures to ensure we are going in the right direction to improve outcomes for citizens across the range of services across the whole system that contribute to the unscheduled care agenda.
- Enable improvement in the delivery, planning and evaluation of local unscheduled health and care services through the creation of framework agreements to support transformational change
- Commission the collection and analysis of data and intelligence to inform a better understanding of patient flow and inform the delivery of appropriate patient-centred models of care
- Utilise and expand networks across Wales to ensure professional expertise and patient experience are used to shape change and improve services
- Identify services and areas that would be amenable to the development of a commissioning framework agreement.

2.2 111 National Implementation Board

Following an initial project which was led by Welsh Government in 2013 /14, NHS Wales Chief Executives agreed to establish a strategic programme to test the feasibility of developing a 111 Service within Wales. This project was aligned with a wider programme to transform access to urgent and emergency care with initial work focusing on:

- Developing a detailed clinical model for Wales that met local needs and addressed the requirements of operational and clinical services.
- Establishing the necessary governance arrangements including the identification of a 'host' organisation for the pathfinder.
- Reviewing the technical architecture and support structures to develop an integrated service across NHS Direct Wales and GP out-of-hours services.

Senior Responsible Officers were identified and agreed on behalf of NHS Wales Chief Executives (Judith Paget) and from Welsh Government (Andrew Goodall) and a Programme Director was appointed in 2015 (Richard Bowen), to take the programme forward and launch a local pathfinder to test feasibility and overall implementation.

A 111 Implementation Programme Board was established to ensure appropriate governance and assurance mechanisms were put in place for service readiness and to ensure that strong partnerships were maintained between the Local Health Boards, WAST, Welsh Government, Professional Groups, Local Authority and third sector organisations.

The 111 Implementation Board is chaired by the Senior Responsible Officer (SRO) Judith Paget and meets bi-monthly. Professional group representation includes the RCN, RPS, BMA /GPC Wales, RCGPs and the All Wales GPOOH forum. The Royal College of Emergency Medicine (Wales) have also been heavily involved throughout this programme and remain a strong supporter of 111 in Wales.

The 111 Programme Team has been established which include a number of clinical and operational leaders from WAST and NHS Wales and the Project Team ensures that all key actions from the Board are delivered within the required timescales.

The 111 Programme Board maintains close dialogue and liaison with the Emergency Ambulance Services Committee (EASC) for the purposes of the business case linked to the procurement of the national replacement IT infrastructure however has increasingly been linking with the All Wales Executive Board where all Chief Executives and senior Welsh Government officials are in attendance.

Ultimately the 111 Programme is accountable to the **All Wales Unscheduled Care Board** (USC Board) which is chaired by Andrew Goodall and formally reports updates on a quarterly basis. The terms of reference for that group

includes the requirement to align various national strategies and initiatives including pre-hospital and urgent care.

111 Governance structure
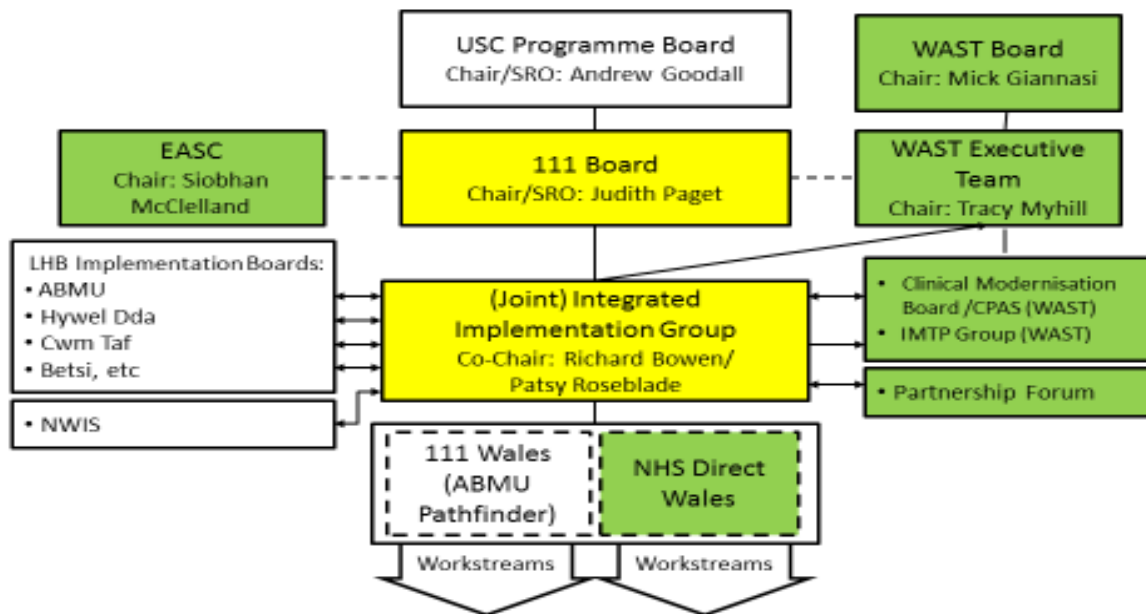
3   Review of the 111 Pathfinder

3.1 Service Model

The service model for 111 Wales differs from that in operation elsewhere in the UK. In Wales, the model is based on an *integrated* approach to the delivery of call taking, clinical assessment by the 111 service, and clinical assessment services provided by the ABMU GPOOH Service.

The 111 service integrated the current telephony service provided by NHS Direct Wales with the front-end call handling and triage function used by GP Out-of-Hours Services to provide a single service for patients to access if they need urgent help, or access to health information and advice. Welsh Ambulance Services NHS Trust (WAST) are the host organisation. A technical bridge (a concentrator) was created to join the two clinical assessment systems, as summarised in the following diagram.
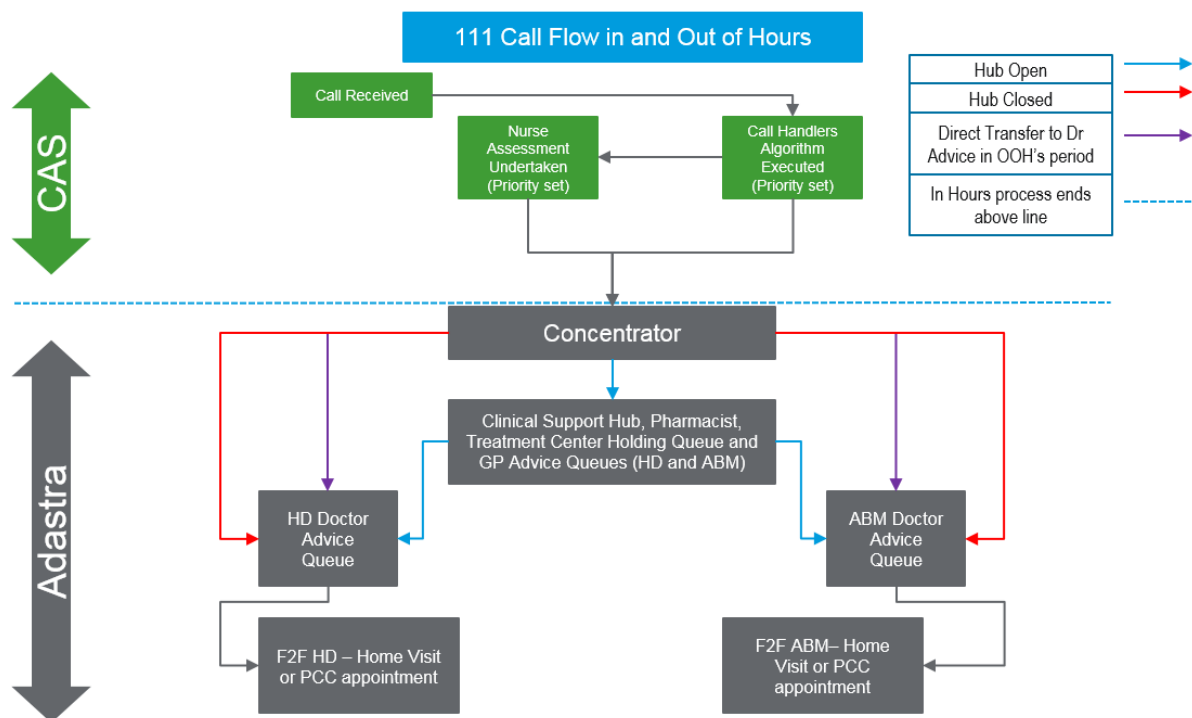
Calls within the 111 service are assessed through the Call Streaming Prioritisation Tool (CSPT). This tool is mainly used by trained call takers (though it is also used by clinical staff during busy periods when the service is focussing on maintaining access levels). CSPT has 60+ protocols which the call takers use to assess and prioritise calls to reach the appropriate patient outcome. This system is based on a previous model designed by NHS Direct England which uses evidence based clinical protocols to direct callers to an appropriate level or place of care, within an appropriate time frame. Having said this, a number of CSPT protocols were prioritised for clinical review (e.g. infants under 18 months,

children aged 18 months to 5 years) to the desired call flow model for 111 whilst maintaining the 0845 service.

The purpose of the Pathfinder was to 'field test' the clinical model to fully consider and evaluate the benefits of the service within ABMU, towards ensuring a smooth transition across the rest of Wales. A full-time programme team was created to oversee the full development of the service and the implementation of the Pathfinder in 2015.

A key element component of the service model is the development of the Clinical Support Hub (CSH). The CSH is operational for 40 hours per week which matches the peak demand into the service – 7pm to 11pm on weeknights and 8am to 6pm at weekends and bank holidays.

- An experienced GP, nurse advisor, pharmacist and administrative support form the core of the CSH in the ABMU/Carmarthenshire pathfinder. The key function of the Hub is to:

- Manage complex callers into 111 – for example, patients with Special Patient Notes, mental health conditions, those living in care homes or at end of life

- Support overall call flow between 111 and GPOOH - acting as a 'flight controller' overseeing call queues and matching demand and capacity

- Taking calls from other healthcare professionals (for example, paramedics, district nurses) and providing expert advice to support professionals working in community settings to help patients to receive the right care and treatment, and wherever possible, to remain in their own homes.

3.2 Evaluation – Key Messages

An evaluation was commissioned by the 111 Programme Board, on behalf of NHS Wales, from RSM PACEC working in collaboration with the University of Sheffield (Medical Care Research Centre). The terms of reference for the evaluation included:

- An analysis of the activity and performance during the first six months, with appropriate benchmarks throughout the evaluation period;

- An 'impact analysis' considering the impact of 111 on other urgent care services including Emergency Department, the Welsh Ambulance Services Trust and primary and community based services; and

- A high level financial evaluation.

The key findings from the evaluation are:

- The 111 Pathfinder was successfully implemented in October 2016 and received over 71,000 calls in the first six months of operation, 94% of which were answered by call takers;

- The 111 Pathfinder generally met the standards that were set for it (under the Interim Standards and Quality Measures) for example the average triage times for priority ones calls was 3 minutes compared to a standard of 20 minutes. Also, only 2% of priority one calls were queued for more than 20 minutes against a quality standard that notes 95% of priority calls should be answered within 20 minutes.

- There was a high level of service user satisfaction with 95% of survey respondents stating that they were satisfied or very satisfied with the whole 111 process. Furthermore, the service has received a very small percentage of formal complaints, all of which were minor (0.07% of all calls).

- There has been a very small reduction (1%) in the number of ED attendances during the first six months of operation compared to the same six months in the previous year. However, other health boards across Wales experienced a slight increase in ED attendances during the same period. Therefore, whilst this is not a statistically significant reduction it is an important one.

- The number of non-urgent ambulance conveyances in the ABMU area has decreased since the introduction of the service 29% compared to the same time the previous year.

- Key stakeholders involved in the development and the operation of the service are enthusiastic about the Pathfinder and believe that greater benefits and efficiencies could be achieved with careful roll-out across Wales.

- Whilst it is difficult to disaggregate the impact of the 111 Pathfinder from other ongoing initiatives within urgent and emergency care services in the ABMU region, it is possible that the 111 Pathfinder contributed towards efficiencies particularly in ED and MIU attendances and Ambulance conveyances. For example, ED attendances in ABMU decreased slightly compared to increases in other LHBs. It must be stressed however that this cannot be directly attributed to the 111 service, and that these findings are based on the limited available data.

- Feedback from operational staff and senior stakeholders suggests that the service requires more clinical staff and experienced call handlers to facilitate any further expansion.

These findings, and in particular the introduction of the Clinical Support Hub, illustrate the transformational potential of the 111 service across Wales to the wider health and social care system. Although it is recognised that the evaluation has limitations (which are carefully set out in the report), it does offer insights into the potential for 111 to be a 'game changer'. A copy of the Executive Summary is included at Appendix 1.

3.3 Learning from Elsewhere

Prior to the introduction of the 111 pathfinder in Wales, models of 111 services in England and Scotland were reviewed.

NHS England rolled out their National 111 service in 2013. The service in England differs significantly from NHS 24 in Scotland and also from 111 pathfinder in Wales. In England, all calls are prioritised and assessed through a national decision support software called NHS Pathways. Around 25% of calls are transferred to a clinical advisor for assessment, as the rest are managed by call takers in line with the NHS Pathways algorithms. Across England, typically 20% of callers to 111 are advised to visit an Emergency Department or are transferred to the 999 service.

NHS England are in the process of developing a 'Clinical Assessment Service' which mirrors some of the key attributes of the Clinical Support Hub in Wales. Increasingly, the direction of travel in England is to develop a service where a higher proportion of calls are clinically assessed.

The model in Scotland is similar to the 111 pathfinder in Wales. There are a range of call takers and clinical advisors (mainly nurses) employed within Scotland who also have an integrated GPOOH/111 system so that all calls are routed via 111. Scotland have recently launched a new clinical system and decision support tools. It is too early to have any indication of the benefits or outcomes from this significant investment in a new ICT system. In the longer term, it should be possible to benchmark service delivery across Wales and Scotland. (Some comparative work was also undertaken by RSM PACEC in their evaluation report.)

Nuffield Trust reviewed the development of the 111 service in England in their *Nuffield Winter Insight Briefing* in February 2017. The briefing acknowledged the criticisms levied at 111 services in England that the service model adds to pressures on A&E, but challenged this on the basis that the service overall seems to steer people away from emergency services. Patient surveys conducted in England suggest that as many as 8 million more people would have gone to A&E and the ambulance service over the last 3 years if 111 didn't exist.

4 Future Direction

4.1 Emerging Clinical Model – Up to 2022

The future vision for 111/GPOOH is to deliver an integrated model for patients living in Wales that provides advice, health information and access to urgent care 24/7.

These principles have been shaped through extensive dialogue with a number of key stakeholders and are informed by early learning from the pathfinder, as well as recognition of the broader strategic drivers across NHS Wales, including workforce and sustainability challenges. They align with the model for unscheduled care in Wales. It is recognised that these will take time to deliver that that close partnership working across NHS Wales and with social care and third sector partners is a critical 'must do' if the vision is to be realised effectively. The key principles are:

- WAST will operate a national 111 service with clinical and non- clinical staff in clinical contact centres alongside delivery of a national Clinical Support Hub which are networked with regional spokes across Wales

- Clinical Contact Centres co-located with WAST tri-control centres in the medium to long term to achieve improved outcomes and benefits to patients

- The Clinical Support Hub (111) and Clinical desk (WAST) will be integrated with a range of professionals including GPs to deliver:

  o Complex care including the clinical assessment of Health Care Professional calls, green & amber calls
  o Supporting health care professionals working in community settings to aid decision making, treatment planning and use of alternative care pathways including paramedics and staff from care homes
  o Coordinating and managing home visiting services during the out of hours period

- Integrated health information and advice services available through free-to-call number 24/7

- Provision of urgent health care support services 24/7 including front-end triage for all GPOOH services in Wales

- Integration of other national helplines under the 111 umbrella

- Strategic alignment with health and social care services and a long term potential to move towards single point of access for health and social care services

- Services underpinned by system wide clinical & service standards for out of hospital care delivering integrated solutions for vulnerable groups including:

  o Palliative care services and end of life care

- People living in care homes
- People with mental health problems
- Frail older people

- Clinical assessment (telephone & face to face) delivered jointly with Local Health Boards maximising efficient service delivery:

  - *National* - once for Wales
  - *Regional* – working across Health Board boundaries
  - *Local* – delivering care in local communities where safe, effective and efficient to do so

- A flexible, multi-disciplinary workforce with delivering on the 'only do what only you can do' prudent health care principle

- A service underpinned by a single, national Directory of Service

- Maximise use of digital and multi-channel access.
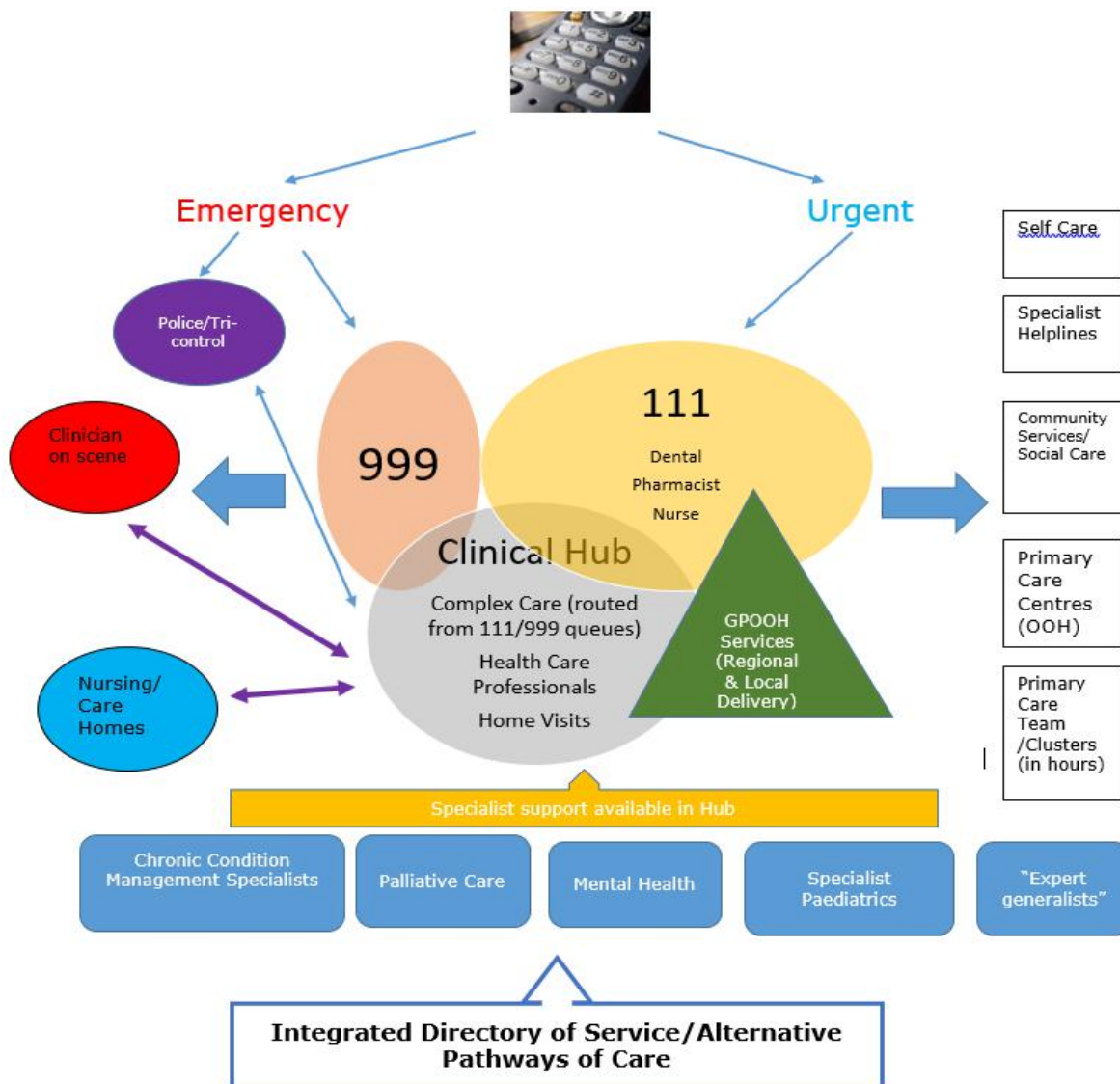
4.2 Operating Model

Under this model, it is proposed that GPOOH services would be delivered as an **integral part of the urgent care system**, maximising opportunities to deliver safe, and effective care that is accessible but also efficient. National, regional and local working will be defined by demand profiles within an explicit governance framework that supports GPs to work on a regional and national footprint. For example, between midnight and 8am when call volume to 111 is low, it will be possible to deliver specialist GP telephone assessment on a regional basis by utilising the hub model and/or virtual networking across Wales providing that the right technical infrastructure is in place. At peak demand, there will need to be a 'hub & spoke model' using remote working opportunities for clinicians to support service delivery when call volume is at its peak (e.g. between 8am and 2pm at weekends).

Professionals working in community settings would have access to the Clinical Hub – this includes registered health care professionals working in the independent sector (e.g. care homes) as well as community nursing staff and ambulance clinicians assessing patients on scene.

Key to the model is the development and management of an active **Directory of Service (DoS)** that contains both national and local information and is accessible to all clinicians working in urgent care. The DoS should be designed to be easily accessible through use of applications that work remotely on mobile platforms.

The **clinical systems** in use in both the 999 and 111 services need to be integrated to allow for streaming to the most appropriate service/professional. Systems should allow for **direct routing** to appropriate queues through coding structure wherever possible to route the caller to the most appropriate service. (E.g. medication queries routed through to pharmacist queue). Specific Interactive Voice Response (IVR) should also be used to stream callers to designated queues.

The 111 service should be the single point of access for **dental callers** who require urgent dental assessment across Wales. There should be an ability for the 111 service to stream and book patients directly for urgent dental care during the out of hours period.

In future, the 111 service should be able to direct patients electronically to the **Common Ailment Service** (when fully rolled out) as an alternative option to referral to in and out of hours GPs. Similarly, pathways into the **Wales Eye Care Initiative**, should be maximised and delivery of these schemes standardised across Wales.

The 111 service should work with GP Practices & through Primary Care Clusters to develop opportunities to direct patients through to Primary Care services

during the in-hours periods with appropriate information flows/governance arrangements to support this.

Standards across the service should also be aligned to avoid perverse decision making and to promote a consistent response to patients irrespective of the telephone number used.

The service should be supported by an **IT Digital Platform** to make multi media - video/ Skype type/ chat room assessments the norm. The technology would also support the application of functions to support sensory loss groups – particularly the deaf community where the existing technology is not conducive to urgent care.

From the emerging principles flow a number of implications:

- An explicit merger of 2 functionally separate services – NHS Direct Wales and elements of GP Out of Hours Services - with the responsibility for managing and delivering 111 services integrated with WAST as part of their core statutory responsibilities moving away from a 'hosted' model with clarity on accountability arrangements between Health Boards and WAST

- A wider role for WAST in the unscheduled care system with a change in accountability for Health Boards and a new governance model to deliver regional, national and local solutions for GPOOH delivery

- Integrated 'out of hospital' care standards that are aligned with standards across other parts of the unscheduled care system which will require a change to the current GPOOH standards

- Reallocation of resources across NHS Wales

- A new governance framework to support cross-boundary regional models

- Investment in underpinning technical and other infrastructure to deliver the full service model.

4.3 Service Development up to 2020

It is recognised that delivery of the full service model will take time and that the implications will need to be further assessed collaboratively with Welsh Government, Health Boards and WAST as the key stakeholders. Some of the wider system benefits can only be realised with the introduction of a new end-to-end ICT system.

However, over the next 2-3 years, we can build on the pathfinder and introduce a new platform for NHS Wales to enable some of wider patient and system benefits to be realised pending full roll-out across Wales.

A more detailed timetable is set out in section 7 but the following schematic shows the key elements of service delivery over the period up to April 2020:

2017/18 Extend pathfinder	2018/19 Extend pathfinder & Establish Regional Working	2019/20 Integrated working & Preparation for new ICT system
Extend Clinical Support Hub into VPH (Autumn 2017)	Roll out service into Powys & Pembs/Ceredigion (Q1) and Aneurin Bevan (Q2/Q3)	Roll out service into Cwm Taf area (Q1)
Develop regional working in South East/South West	Establish 3rd Clinical Support Hub spoke in North Wales Pilot integrated CSH/Clinical Desk in VPH (Q2)	Consolidate regional working and national clinial support hub across Wales

Development of new ICT solution

DoS & Pathway Development

Under this model, by **June 2020**:

- Over 2/3rds of patients in Wales will be covered by the 111 service (assuming that Cardiff and Vale and Betsi Cadwaladr are the only Health Boards to come on board after 2020)

- **A national Clinical Support Hub** (working through regional spokes) will be in place across Wales bringing benefits to the unscheduled care system

- 5 Health Boards (ABMU, HD, AB, CT, C&V) will be operating on an ICT platform that allows calls to be managed across regional boundaries and depending on further discussions around Powys, this could be extended to 6 Health Boards

- Overnight GPOOH telephone assessment could be coordinated through the Clinical Support Hub providing significant opportunities to reshape workforce delivery and deliver a sustainable model for overnight working

- A new model whereby the regional spoke of the Hub in the South East is **fully integrated** with 999 emergency service delivery could support the flow of calls across 111, 999 and GPOOH services bringing significant benefits to both patients and unscheduled care services. In the longer term, it is suggested that this should be the model but it is recognised

that co-location of clinical desks will have dependencies with the work on developing 3 Clinical Contact Centres across Wales and will therefore have a longer lead-in time.

- In readiness for the launch of a new ICT system in 2020-21, early learning from the extended pathfinder phase will support a smooth transition to a new service model for Wales

- Closer working across Health Board boundaries during this period could also facilitate the development of shared triage functions to support peak hours call flow management.

4.4 Opportunities & Benefits for Wales

The following are the key benefits for both patients and wider service delivery:
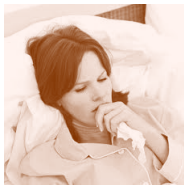
Patient Benefits

- Simple, free, number to access help 24/7
- Services based on where you live, not where you are registered
- Lack of duplication in assessment processes
- Seamless transfer of information across services
- Consistent service delivery across Wales
- Help to choose right service

Service Benefits

- Standardisation of service delivery & pathways
- Improved resource alignment across 999/111
- Efficient service delivery
- Appropriate use of services by patients
- Maximises use of scarce workforce
- Improved clinical outcomes
- Improved direction to alternative services & from unscheduled care
- Enhanced staff experience

The service model also offers opportunities to deliver benefits across the NHS in Wales, principally by developing an infrastructure that allows professionals to connect and be part of a wider service that operates 24/7 which offers greater economies of scale in working across Health Board boundaries.

Workforce - Development of new roles to upskill a multi-professional workforce in telephone assessment as well as creating opportunities for rotational working to improve retention

'Once for Wales' solutions using specialist skills wisely to deliver 24/7 care by networking professionals and offering opportunities for remote working

Sustainable solutions - working across boundaries to deliver sustainable service models within GPOOH services and improve resource utilisation

Improved information to support commissioning and planning across NHS Wales with ability for end-to-end reporting on patient outcomes

4.5 Benefits Realisation

An initial benefits realisation plan for the programme as developed in 2015. The evaluation confirmed that some of the benefits have been realised (e.g. improved caller experience, reduced duplication, increase in callers accessing right care, first time) though it is recognised that the full benefits realisation is limited by the length of the pathfinder work to date, and the limited evaluation period of 6 months. Nevertheless, there is evidence to support that strategically the development of the 111 service in Wales could be pivotal in supporting both the emerging primary care model of care, and also the unscheduled care system. Some of these benefits may only be fully realised when the new ICT system is introduced. An outline benefits realisation plan is set out at Appendix 2. It is recognised that this requires further detailed development over the next 6 months to refine the measures and outputs. However it provides a starting point for considering the wider benefits of all Wales roll out.

The following table sets out the high level benefits and potential success measures using the Institute of Health Improvement framework: Better Quality; Improved Outcomes; Lower Cost.

Benefit	Potential Success Measures
Better Quality	
Standardisation of service delivery and pathways	Number of conveyances, ED attendances and admissions for key pathway areas e.g.: - Blocked catheters - Palliative care - Mental Health - Dental care
Removal of duplication from the assessment process	- Re-triage rates between 111/0845 & GPOOH services - Patient experience - Number of callers who have their call closed following assessment with one clinician
Consistent service delivery across Wales	- Home Visiting rates/numbers - Number of GPs visits for tasks that would be completed by other professionals (e.g. death certification, blocked catheters)
Improved staff experience	- Number of staff working in rotational roles - Retention of staff within 111 and their 'host' area - Acquisition of additional clinical competencies in advanced practice
Improved Outcomes	
Seamless transfer of information	Number of 999 calls that are closed following clinical assessment by professionals working in the hub and follow up rates
Improved clinical outcomes	- Number of significant events across Wales from GPOOH services - Disposition rates for key pathway areas – e.g. referrals to ED, 999, GPOOH, in hours primary care - Timeliness measures relating to quality of care – e.g. query stroke cases referred into right setting in timely way
Maximise use of scarce resources (workforce)	- Number of cases closed by all professionals working in the service (e.g. pharmacists, specialist practitioners) without need for further referral onto other services - Number of patients signposting to other settings (e.g. Wales Eye Care Scheme, Common Ailments Scheme) across Wales - Number of patients who are assessed by GPOOH services - Number of patients who are directed to in hours primary care services - Number of ambulance conveyances/attendances for key patient groups (patients with mental health problems) - Number of staff working in dual roles across 111/999/Health Boards in rotational roles

Benefit	Potential Success Measures
Lower Cost	
Improved resource alignment across 999/111	• Number of cases closed by all professionals working in the service (e.g. pharmacists, specialist practitioners) without need for further referral onto other services • Number of patients signposted to other settings (e.g. Wales Eye Care Scheme, Common Ailments Scheme) • Number of patients who are assessed by GPOOH services • Number of patients who are directed to in hours primary care services • Number of ambulance conveyances/attendances for key patient groups (patients with mental health problems) • Number of staff working in dual roles across 111/999/Health Boards in rotational roles
Help to choose right service	• Number of calls into 999 service • Number of calls into 0845 service • Number of Emergency Department attendances
Efficient service delivery	• Cost per call for 111 and GPOOH services • Number of patients who are closed with self care advice • Number of GPOOH contacts
Improved resilience	• Escalation status across 111/999 /wider system

4.6 Procurement of New ICT System (2019/20)

The implementation of a new IT solution spanning both national and local elements of 111 Wales Service provision is a key enabler for the full delivery of the 111 Wales service model; the development of new ways of working, and provision of new access routes into the service. Investment in a new IT solution will directly support streamlined access from the patient perspective and maximise the opportunities for service users to Choose Well, using appropriate unscheduled care services other than Emergency Departments.

The current 111 Wales IT infrastructure comprises of two separately supplied products, connected through bespoke data-sharing software. A critical element of this interim solution, the system used within WAST services, has been in use since 2001 and is end of life. Whilst GP OoH services all utilise the same software product, there are multiple separate instances in use, which reduces the opportunities for cross-border collaboration and safe, effective regional working.

The IT procurement workstream within the 111 Wales programme will replace the existing NHSDW IT system in order to maintain the viability of both NHSDW and the emerging 111 Wales Service, and consolidate the GP OoH IT systems into a single, end to end replacement. The procurement of a new solution

specifically designed to meet the needs of the 111 Wales model and with the potential to be developed in support of the emerging service will also provide a strategic platform for service improvement.

The specification for the 111 Wales solution has been developed as a result of extensive engagement with a range of stakeholders across NHS Wales. The system will comprise of a number of specific elements, as summarised below:

- a **single patient management system** incorporating a patient record and workflow queue management,
- **decision support tools** for use by clinical and non-clinical staff to support call prioritisation and clinical assessment,
- **interoperability mechanisms** with a range of clinical and service systems to support effective clinical decision making and service direction (including secure transfer of data in and out of the 111 IT system),
- interface mechanisms to enable the development of a seamless **multi-channel access** mechanism to the service including the e-flow programme and Welsh Community Care Information Solution (WCCIS),
- appropriate and effective data security and access measures,
- an appropriate IT service support infrastructure to ensure robust and effective service delivery on a 24 hour basis, with the majority of system demand in the out of hours period.

The single IT solution supports delivery of the 111 Wales vision by enabling the:

- Delivery of a safe, effective and efficient service. The new solution will be underpinned with robust clinical content which is adaptable to our needs and can be changed over time to support service model developments. The implementation of a supportive workflow product will improve efficiency and reduce the current risks and duplication of work associated with passing data between NHSDW and GP OoH systems. IT interfaces with a range of data sources will support safe and informed clinical decision making, and support the swift and easy handover of patients/data to wider services when required.
- Provision of a robust pathway of first choice for unscheduled care. It has long been the aim of the programme that 111 Wales is viewed as the easiest option to access urgent care. The new IT solution will be built upon a secure and resilient technical platform, ensuring robust and resilient service delivery on a 24/7 basis.
- Provision of easy access for the public through the implementation of a range of multi-channel access mechanisms which link seamlessly with the IT solution improving service user experience.
- Ability to manage surges in demand. The use of a single, integrated solution, opens the possibility of managing demand on a national basis throughout the service, rather than just at the NHSDW front end. Additionally, robust and secure mechanisms to support remote working

(including home working) will assist in managing peaks in demand without the need to scale up call centre premises for short periods.

- Support of informed decision making at both an individual and strategic level. The capture and analysis of consistent, high quality directly comparable service and performance information using a single data coding structure will support NHS Wales to make informed decisions on service improvement and investment. The scope of the all Wales system also enables the provision of health intelligence information and disease outbreak warnings at the earliest opportunity. Clinical system users will have the ability to access a range of information on the individual patient that they are dealing with, to support person centred decision-making. Through the parallel expansion of the Directory of Services, and the ability to directly refer cases to the place that they can receive the right care at the right time for their needs.

- Facilitating a sustainable multi-professional workforce; through the ability to work on a regional and national basis, work more flexibly (including remotely), and develop in-system professional profiles to balance the service input of expert generalists and subject specialists.

Procurement Milestones	
Activity	**Planned Completion Dates**
Supplier Longlist (x6) Finalised & Approved	Complete
Full procurement document pack finalised and approved	End December 2017
Functional/Technical Dialogue with Longlisted Suppliers (ITPD Stage)	January – July 2018
Supplier Shortlist (x3) Finalised & Approved	July 2018
Competitive Dialogue with Shortlisted Suppliers (CD & Trial ISFT Stages)	August 2018 – February 2019
Final Evaluation & Award Recommendation (Final ISFT Stage)	February – April 2019
Receipt and Approval of Full Business Case & Final Award recommendation	April 2019
Full Business Case Submission and Approval	May – July 2019
Contract Award	August 2019
Go Live Phase 1	October 2020

4.7 Directory of Services

The ability to access a comprehensive Directory of Services is recognised as a critical facet of successful 111 Wales delivery. The ability for the service, particularly during the out of hours period, to signpost or refer patients to a

range of appropriate local services supports one of the core aims of the 111 service; that of reducing unnecessary attendance in Emergency Departments or ambulance responses.

On behalf of NHS Wales, the 111 Programme is taking a lead on the development of a single national NHS Wales Directory of Services through the NHS Wales DoS Board, which feeds into the wider Welsh Government programme spanning health, local authorities and the third sector. Learning from the experiences in NHS England of the 111 launch, the programme is taking a pragmatic, phased approach to the implementation. The first phase of works throughout 2017/18 is focussed on the development of appropriate and robust mechanisms for each NHS organisation to capture, validate and update detailed service information to ensure that this is available in a consistent format and is maintained to a sufficiently high standard. A key principle adopted is that data should be updated once, and used to feed a variety of sources to ensure reliability and reduce duplication.

The existing NHSDW DoS is being used as the platform to store and view this information, and investment has also been made to enable Social Care and Third Sector service information to be accessed through the NHSDW DoS, assisting efforts to integrate Health and Social Care. The initial focus of DoS population is on primary and community based services, in recognition of their potential to add best value by levering change in the urgent care system.

It is anticipated that the existing DoS database will be replaced in due course by a web based solution that will support wider professional and service user access. Consideration of the most appropriate mechanism to implement this new DoS is scheduled for 2018/19, enabling the opportunities offered by the full IT procurement to be factored into decision-making. In parallel with this work, the content of the DoS will be further expanded to support redirection to secondary care services, where clinically appropriate.

4.8 Pathways

A number of key critical pathway areas were identified at the launch of ABMU and Carmarthenshire Pathfinders. These are areas where it is critically important that patient pathways from 111 into local services are clear, consistent and aligned with the 111 key principles that aim to deliver care within people's homes as far as possible.

The key areas are:

- Catheter Management
- Dental pain
- Mental health crisis (for adults, older people and children)
- Palliative care (including access to pain relief quickly)
- End of life care
- Falls

- Frail Older People.

A baseline assessment tool was developed in 2015 to enable Health Boards to self assess how well their system responds to patients to have urgent care needs on a 24/7 basis and particularly when routine services (e.g. General Practice) is closed.

4.9 Dental Services

Access to urgent dental care (both in and out of hours) remains a key priority for NHS Wales. The 111 Programme have been working with Welsh Government, LHBs and Public Health Wales (PHW) to review the current provision, recognising that this will be a key component of the future service model for 111 services. Currently around 20% of the total call volume to NHSDW are from patients who are trying to access urgent dental services.

A review was completed in 2016 and the key findings are set out below:

- Currently, there is no all-Wales consensus on what constitutes a need for emergency or urgent dental care.

- Epidemiological data on the incidence of urgent and emergency dental conditions are poor and often insufficient for the purposes of robust planning and monitoring of unscheduled dental care services.

- There is no nationally-agreed service specification or delivery model for the commissioning of urgent or emergency dental care services, and existing guidance included in the Welsh Health Circular (WHC) (2005) 099 are now in excess of a decade old.

- Approximately three quarters of care for urgent and emergency dental conditions is provided in routine dental care by General or Community Dental Services. Demand on unscheduled dental services is therefore likely to be closely associated with the capacity and accessibility of primary dental care in an area, as well as prevalence of dental disease and socioeconomic deprivation.

- There is a need to regularly confirm that information provided to the public regarding how to access urgent and emergency dental care in their local area is kept up-to-date.

- Information on NHS Dental Charges for urgent and emergency care are not always communicated well and as a result there may be confusion amongst patients as to how much treatment is likely to cost.

- Whilst cost call handling services employ algorithm-based clinical prioritisation tools, the use of such protocols is not universal. As a result there may be unnecessary variation between services with regard to the type of care received by patients. This may be reflected in the outcome of calls; in some services 75% of callers are directed to clinical care whilst in others this is 47%.

- Some call handling services have dental practitioners 'on call' for consultation. However in some services the skills of these clinicians are not utilised to their full potential.

- In many current models of care patients may need to make several calls before accessing clinical care, providing the same information on multiple occasions. This is an inefficient system and compromises patient experience.

- Active monitoring of demand on dental helplines and the number of patients subsequently referred to clinical care can assist in the planning of unscheduled dental care services to maximise the benefit gained from existing resources.

- Across the LHBs there are a number of different models for the delivery of clinical care for patients with urgent and emergency dental problems. This heterogeneity will need to be considered during the rollout of the 111 service in Wales.

- Whilst there are some examples of good access to urgent and emergency dental care in Wales, this varies between LHBs and there are some vulnerable groups who do not receive an equitable service. This is particularly the case for individuals who may experience difficulties travelling to dental clinics (such as patients who are housebound or those without their own transport), and patients who are unable to accept care without sedation or general anaesthetic.

- There is variation in appointment length for urgent and emergency dental care between services.

- There is currently insufficient monitoring of patient experience in many unscheduled dental care services.

- Arrangements for monitoring and assuring the quality of care provided in unscheduled dental care in Wales vary between areas.

- There are instances where communication between different parts of the urgent and emergency dental care service (commissioners, call handlers, triaging staff, and clinical care providers) could be improved to help support quality of care and efficient use of resources.

Discussions on the potential all Wales model for 111 in respect of dental health care have been initiated. However, as yet, there is no formally agreed model for dental provision across Wales and this is unlikely to be agreed until 2018/19. The costings set out in section 5 therefore **exclude** the impact of an all Wales model beyond the level of service that NHSDW provide (which includes front end call taking and dental triage for ABMU, Hywel Dda, Powys and Betsi Cadwaladr). Some provision has been made to cover the cost of bringing calls from the Aneurin Bevan Health Board area (as this is in the next phase of roll out) but demand profiles for dental services in Cardiff and Vale and Cwm Taf areas are not included.

5   Clinical and Workforce Model up to 2020

5.1 Service Model

The pathfinder service model was designed around prudent health care principles and with a vision that the 111 service would be fully integrated with the delivery of GPOOH services, but yet be able to offer appropriate help and advice to callers who ring when their GP practice is open.

The basic principles of the model are:

Urgent Calls
- During in hours period, calls are streamed to an appropriate care setting or assessed by nurses and closed with advice directed to the most appropriate service
- During the out of hours period, calls are streamed directly for GP assessment

Routine Calls
- During the **in hours** period, calls are streamed to an appropriate setting or assessed by nurses or dental health care professionals and closed with advice or directed to an appropriate care setting
- During the **out of hours** period, calls are assessed by nurses and either closed with advice, or passed through for further assessment by the GPOOH service or identified for a face to face appointment if required
- Pharmacists working in the Clinical Support Hub support the assessment and management of appropriate cases during operational hours

Complex Calls
- Between 7pm and 11pm (weeknights) and 8am to 6pm (weekend & bank holidays) the Clinical Support Hub supports the management of complex callers including:
  - calls from care homes
  - paramedics
  - patients with mental health issues
  - patients with a Special Patient Note
  - palliative care patients and those at end of life

The underpinning philosophy behind the model is to route calls through to the right professional or right service to meet their needs quickly, and minimising multiple hand-offs.

Learning from the pathfinder phase has been invaluable in considering the future vision and model for 111. The key learning points are set out in section 2.2.

The principles of the current call flow should remain a central feature going forward:

- Call taking functions currently delivered by GPOOH services will **transfer** into 111

- 111 will provide **clinical triage** for callers on a 24/7 basis with an assumption that the proportion of callers who will need to be clinically assessed by 111 is around 50%
- Local Health Boards will continue to be responsible for providing **clinical triage for urgent callers** (estimated at 50%) and delivery of core face to face services including treatment centre attendances and home visits
- The **Clinical Support Hub** will continue to support the management of complex cases within 111/GPOOH and will support overall call flow between 111 and GPOOH to ensure a safe and effective service is delivered.

However, over the next 2 years, there are opportunities to re-shape the delivery of GPOOH services in tandem with the development of 111. In particular, the focus should now shift to considering the possibilities that 111 now offers in being able to consider regional working to deliver sustainable solutions and maximise the use of scarce workforce skills. Currently, each GPOOH service across South Wales tries to resource a number of GPs during the overnight period. GPs are usually based at Primary Care Centres, but also cover home visiting and telephone assessment duties. There is considerable scope to reshape service delivery to:

- Extend the CSH functionality and opening hours to support regional working by looking at the South West Hub coordinating triage activity for the overnight periods for both ABMU & Hywel Dda Health Boards
- Establish the CSH in South East Region and North Wales and look at regional working across Aneurin Bevan, Cwm Taf & Cardiff (in advance of 111 this would also be technically possible if Cardiff are on same instance of Adastra)
- Consider the future model for home visiting across South Wales and consider moving to an approach that maximises other professionals e.g. Advanced Paramedic Practitioners, Advanced Nurse Practitioners. A robust workforce plan is required to avoid a multiplicity of models and an erosion of core WAST or Health Board services.

Whilst it is recognised that there will need to be local service provision to be able to assess patients who need a face to face appointment, there remains potential to restructure service delivery and move towards regionally based telephone triage supported by a network of local primary care centres. An analysis of the demand profile during the overnight period is ongoing to inform and shape the model.

5.2 Demand & Capacity Plan

A demand and capacity review has been undertaken to support the roll out of the 111 service in Wales and this updates the previous information which was included in the previous submission to the Minister in 2015. Workforce requirements to deliver the service model are set out below.

The following table set out the core assumptions on demand into 111 based on an analysis of GPOOH data and NHS Direct Wales data.

Table 1: Demand Assumptions for 111 Roll Out

Organisation	Data	Comments
Current 0845 Service	301,640	0845 calls are based on 2016/17 figures and 111 based on assessment of demand for a year based on (ABMU & Carms). (Please note that there will be a degree of substitution between 0845 and 111 but this is not possible to calculate accurately in-year at this time. Requires a reassessment in March 2018 when a full year of Carmarthenshire data is available)
111 (including ABMU from October 16 & Carms from May 17)	150,000	
Aneurin Bevan	165,000	This is based on telephony data supplied by ABUHB including an assessment of total in and out of hours dental demand. No additional uplift demand factor has been applied as there will be overlap with calls that are transferred to NHSDW for answer under the current model
Hywel Dda (Pembrokeshire & Ceredigion)	60,000	This is based on data supplied by HDUHB for period 02/05/17 to 04/08/17 which indicates that there were 50,000 calls presented for answer. An uplift factor of 20% has been applied
Cwm Taf	85,000	This is based on data supplied to WG by Cwm Taf Health Board (telephony demand) uplifted by 20%
Cardiff and Vale	137,000	This is based on data supplied to WG by C&V Health Board (telephony demand) uplifted by 20%
Betsi Cadwaladr	165,000	This is based on 2014 data as 2016 reports to Welsh Government suggest a drop in demand. This will need reassessment in 2020 prior to launch and is therefore included here for indicative planning purposes
Powys	40,000	This is based on an assessment of current demand which is between 2,500 and 3,500 calls per month
Green 3 calls	(34,000)	These are calls that are not routed via telephony but are included her for nurse workforce planning
Total Call Volume	**Circa 1.13m**	
Total Call Volume up to April 2020	**835,000**	This assumes that all Health Boards except Cardiff & Vale and Betsi Cadwaladr are included and includes core 0845 activity and green calls

The total potential demand into the 111 service when fully rolled out is therefore in the order of 1.13m calls. This is in line with previous assessment made in 2015 of between 1m and 1.2m calls. In line with the proposed roll out plan capacity to delivery 835,000 calls will be required up to June 2020. This is double the current level of total calls into NHSDW and 111 Pathfinder areas.

As demand is not static, it is important that there is a regular review of the demand profile as planning for the programme matures. This is particularly important as 111 rolls out as the speed of substitution of demand between the 0845 service and 111 will vary across Wales, which impacts on the workforce requirements going forward.

In order to assess total workforce requirements, a number of assumptions have been agreed to enable a capacity model to be constructed.

Table 2: Core Workforce Assumptions

Baseline Assumptions	Call Takers	Nurse Advisors	Comments
Average Handling Time (AHT) • 111 • 0845	650 seconds 508 seconds	900 seconds 1200 seconds (green 3 calls)	The new assumptions are based on actual AHT since pathfinder launch including wrap time. The difference between 0845 and 111 AHT reflects the different process that staff have to follow to send the call through to the GPOOH service. There will be a significant focus in 2017 on reducing AHT where safe to do so. The increasing AHT is also reflective of a significant increase in new recruits within the service.
Ratio of whole time equivalent to headcount	1:3	1:2	As the service shifts to become an urgent care service during the OOH period a more flexible workforce is needed to be able to meet peaks in demand. These ratios represent an ideal ratio and therefore are a long term aspiration for the service over a 3-5 year period.
Shrinkage	35.25%	36.25%	Actual shrinkage has been reviewed in detail. These figures now incorporate all time spent away from front-line duties including A/L, audit, training, sickness etc.
Nurse triage	-	50%	The proportion of calls that are expected to be clinically assessed within 111 service during OOH hours.

5.3 Core Workforce Requirements

The demand and core assumptions set out in tables 1 and 2 respectively have been used to assess workforce requirements for the service including supervisory support.

The following table sets out the total additional workforce requirement for the core 111 service (excluding Clinical Support Hub). Again, these focus on the period up to the end of quarter 1 2019-20.

Table 3: WAST workforce requirements

Staff Group (WAST)	ABMU	Carms	P&C	AB	CT	Powys	Total
	wte	wte	wte	wte	wte	wte	wte
Call Takers	16.53	5.13	8.56	23.52	12.12	5.65	71.51
Clinical Advisors	11.5	3.61	6.02	16.55	8.53	3.97	50.18
Administrative Staff (Hub)		1.38			1.38		2.76
Supervisory Staff	0.50		1.8	5.40	2.70	1.00	11.40
Total	29.91	8.74	16.38	46.85	23.35	10.62	135.85

The workforce requirements for the Clinical Support Hub are set out below:

Table 4: Clinical Support Hub Staffing Requirements

Hub staffing profile	Health Board Hub (working 40 hours per week)	Regional Hub (working 40 hours per week)	National Hub (3 regional bases)
General Practitioner(s)	1 (40 hours)	2 (80 hours)	6 (240 hours)
Pharmacists (Band 8a)	1 (40 hours)	2 (80 hours)	6 (240 hours)
Advanced Practitioner(s) (Band 7)	1 (40 hours)	2 (80 hours)	6 (240 hours)

5.4 Workforce Plan

The importance of the workforce is recognised as being one of the critical factors in ensuring the success of the 111 service within NHS Wales. We need to ensure that we have a sustainable workforce with the right skills, behaviours and training and in the right numbers to support the delivery of excellent healthcare and drive improvements for our patients in the urgent unscheduled care setting.

Traditionally the NHSDW workforce has included call handlers, nurses, dental nurses and health information advisors. There is a need to critically examine the workforce composition in order to plan for the workforce of the future by introducing new roles and ways of working i.e. advanced practitioners, paramedics etc. The workforce of the future for 111 Wales needs to capitalise on the wider use of clinicians and specialised professionals with and/or aligned to the 111 service, which must also include developing skills, competency profiles, career frameworks and clarity on individuals scope of practice.

Within the core "front end" service, consideration must be given to extending the call handling role particularly the use of a band 4 supervisor who not only call

handles but provides supervisory support and advice to call handlers freeing up clinicians in line with "Prudent" health care principles.

Dental pain without dental injury is one of the common reasons for calling NHSDW however access and availability of dental services across Wales varies significantly with clinicians often faced with the difficulty of managing patient expectations and where to refer patients and a dental service model for Wales needs to be considered. Evidence from the pilots in 111 services in England highlighted that dental nurses referred fewer patients to Emergency Departments and GPOOH services and refer more patients to dental services than other clinicians. A new dental model should also include the potential to directly stream dental callers in urgent pain directly to dental services where secondary triage is of limited value if the patient is ultimately seen by a dental practitioner in a face to face setting.

Nursing

Whilst the majority of nurses will be employed by WAST due to the current difficulties being experienced nationally to recruit nurses and in order to avoid destabilising current Health Board services; should nurses apply to work within the 111 service consideration should be given to introduce rotational nurses and joint roles between respective Health Boards and the 111 service. A rotational pilot whereby nurses rotate between 111 and the Emergency department was tested within ABMU and work is being undertaken exploring the concept of joint roles with Aneurin Bevan.

Rotation into other settings provides opportunities for staff to enhance their knowledge and skills and increase their ability to deliver person centred care. Ultimately, rotation assists organisations to achieve the objectives within Setting the Direction: Primary and Community Services Strategic Delivery Programme (2010) to provide service delivery models which establish the best possible conditions for patients, carers and NHS staff in a high quality system. In order to achieve these objectives there needs to be a cultural shift where opportunities for staff rotation between the 111 service and Health Boards form part of everyday working culture and are aligned to annual appraisal, revalidation and personal development.

In order to support the above, national training programmes should also be redesigned/aligned to ensure that rotational opportunities between the 111 Service and Health Boards form part of every-day training programmes.

Clinical Support Hub

The Clinical Support Hub (CSH) can be best described as a multi-professional team of clinical and other staff working together to manage patients with complex needs and acting as a resource for other professionals working within the urgent care service to provide clinical advice and supporting management

plans. Initially, the CSH has focussed during the peak out of hours periods between:

- 6.30pm and 11pm Monday to Friday
- 8am to 6pm Weekends (plus Bank Holidays).

Over time, as the service rolls out across Wales it is envisaged that the operational hours will expand and it is likely that the Hub will be dispersed and this could encompass professionals working remotely. The Hub has initially been staffed by a GP, Pharmacist, Nurse and an Administrator although it is envisaged that other clinicians could be engaged as the service rolls out across the Principality.

The key function of the CSH is to:

- Identify and manage patients with complex needs by undertaking a holistic, multidisciplinary telephone assessment to determine the appropriate outcome in line with the patients' needs and wishes

- Provide clinical support for health professionals working in the wider unscheduled care system who may require advice or support in developing appropriate treatment or management plans

- Provide clinical support to other colleagues working within the 111 service either on site or virtually by providing telephone advice to remote centres, with a potential for 3 way call management with patients

- Support an effective interface between the 111 service and GP Out of Hours service by acting as 'flight controller' overseeing 111 call queues, assisting in routing calls to the right queue/health care professional, and making decisions as part of the wider 111 escalation process.

The Clinical Support Hub is an integrated model between Health Boards and WAST with the nurses and administrators being employed by WAST and other clinicians being engaged by the respective Health Boards. Consideration needs to be given to the engagement model going forwards and also the following staffing requirements:

- **GPs** – As part of the pathfinder a GP is present for 40 hours a week and it is envisaged that at least 1 GP per Health Board will be engaged within the CSH. Consideration as to the engagement model will need to be carefully considered due to the HMRC position (see below) and changes to pension allowances. Furthermore due to the challenges faced in GPOOH with vacant shifts for GP's becoming the norm, consideration needs to be given in how the Clinical Support Hub can support a "regionalised" approach for providing expert medical advice/care.

- **Pharmacists** - As part of the pathfinder a pharmacist is present for 40 hours a week with an additional pharmacist working weekends and bank holidays. The current engagement model is via a bank arrangement and consideration will need to be given as to whether this is fit for purpose for the future.

- **Palliative care nurses** – palliative care nurses have not been previously introduced in NHSDW or the GPOOH setting and as the service evolves there is a recognition from the public and health care professionals of the importance of support for end of life care which itself has an impact on the urgent care and emergency care system. Research from England has revealed that providing palliative care nurses in the 111 clinical hubs dealing with specific identified cases improve volume of calls that require self-care and reduce referrals to other settings.

- **Mental health** - This remains a challenge for the NHS in Wales as a whole and during the out of hours period callers with a range of mental health needs make contact with the urgent and emergency care system. Those callers that have an urgent mental health need often require specific advice and therefore we need to look at the 111 service having access to specialist mental health professionals. Pilots in the NHS England 111 service have reported that supporting callers with direct access to a mental health crisis team or employing mental health practitioners in the clinical hub reduced the rate of referral to Emergency departments and the ambulance service.

- **Other Specialist nurses** - as 111 rolls out across Wales further consideration needs to be given towards having other specialist nurses i.e. diabetes nurses, paediatric nurses etc. working remotely (pan Wales) as a member of the clinical support team. Currently there is insufficient demand to warrant Health Boards having specialist nurses over the weekend period but in order to meet the unscheduled care demand across Wales it could be possible for specialist teams to work on an "on call" type of arrangement e.g. one in every 7 weekends.

- **Paramedics** – paramedics are trained in all aspects of urgent and emergency care and presently are an untapped resource within NHSDW. Consideration is currently being given to developing the role of paramedics within the future 111 service

- **Dental Nurses** – as noted earlier, further work is required to develop the future dental model for NHS Wales. There may be a requirement in future to consider the expansion of dental nurses working within the service.

In order to develop these models, a number of specialist/advanced practice roles have been included within the costings (section 5). For flexibility at this point, these are not assigned to WAST but could be resourced from Health Boards depending on local service delivery models.

It is important that as the service rolls out that the hub operates as a virtual, national Hub that potential has a small number of 'spokes' which could include professionals sitting in different bases across Wales, but managing call flow on a regional or even national basis. Depending on demand profiles, there may be times when there are professionals working simultaneously across sites in a number of locations. At other times, when demand is lower, the Hub could be

operational from a single site. The flexibility of a national Hub, working regionally, will only be maximised if the culture and working practices support this approach and avoid silo operating.

Implications of HMRC changes

One of the high level risks identified within the overall 111 programme risk log relates to the ability to recruit and retain GP's in light of the Lanarkshire Her Majesty's Revenue & Customs (HMRC) ruling regarding the employment status of GP's i.e. whether they are self-employed or employed. To recap, HMRC ruled in 2013 that NHS Lanarkshire were required to pay tax and NI at source for the independent (GP) practitioners working in their Out of Hours Service effectively meaning that they should be classed as employees. At the time of the ruling NHS Lanarkshire were already experiencing recruitment difficulties for GP's and the ruling made it even less attractive, financially and psychologically, for GP's to work in their Out of Hours service compared to other nearby Boards.

HMRC have been investigating the employment status of Out of Hours GP providers in all Welsh Health Boards and have recently determined that GPs should be classed as employees for taxation purposes. This is because they are subject to the same control and directions from their managers as standard employees and therefore all Tax and National Insurance contributions should be deducted at source via PAYE.

Currently there are a number of ways that a GP can be engaged within a Health Board OOH setting, namely:

- via direct engagement
- via an agency, umbrella or managed service company
- via personal service companies.

The key risks for Health Boards relate to GPs engaged via direct engagement i.e. self-employed contractors. There will be increased financial costs as a result of Health Boards paying tax and NIC's at source and potential employment liabilities should independent contractors be classed as employees. If organisations want to ensure that costs are neutral (i.e. the hourly rate is reduced by the value of the tax/NIC liability) then recruitment difficulties are highly likely to ensue. This was a material impact that following the ruling in Lanarkshire when 50% of GPs withdrew from GPOOH provision.

Most GPs report, financial considerations aside, that they have no appetite to work under a contract of employment, particularly in light of paying additional pension contributions. They perceive that they will have less flexibility on the shifts they can work and that there is little confidence that Health Boards will ensure a smooth transition regarding PAYE therefore causing delays in payment for work undertaken.

For those GPs engaged via personal service companies, the IR35 rules changed in April 2017, whereby the responsibility for operating the IR35 rules moved

from the individual workers personal service company to the public sector body, agency or third party responsible for paying the workers company. Therefore any Health Boards who engaged GP's via a personal service company are now responsible in deciding whether the IR35 rules apply for those GPs that they engage and must deduct the appropriate amount of tax and NICs at source.

It is clear that the changes to be introduced in November 2017 could have a further de-stabilising effect on an already fragile GP out of hours service.

5.5 Technical Infrastructure

As part of the roll out plan, an assessment has been made as to the costs that will be incurred by way of ICT requirements in both Health Boards and WAST.

Information has been supplied by WAST on the following areas where an increase in establishment in the service will result in additional costs being incurred:

Table 5: Technical Costs

Item	Rationale	Recurring/ Non Recurring	Amount
DMS Licences (Capita Health Care)	These are licences to enable all 111 staff to be able to use the Clinical content	Recurring	£675 per user per month above a baseline of 70 licenses
CISCO UCCX licences	Agent software to control flow of call across the available staff with appropriate skillset	Recurring	£200 per user per annum
Cybertech	Call recording capability for each concurrent agent telephone line	Recurring	£200 per voice channel above baseline of 70
Shifttrack	Provides access to the e-rostering system	Recurring	20% of one off licence fee above a certain limit (will only impact once BCU are live)
Cost of telephony calls to 111	This is the cost paid by the service for incoming and outgoing calls	Recurring	Based on an average cost per call = £0.32p since pathfinder launched in line with the anticipated call volumes
Cisco telephony	Licence for telephone system	Non recurring	One off licence costs of £100 per head (above a baseline of 70)
Shifttrack	Provides access to the e-rostering system	Non recurring	Cost for additional 250

Item	Rationale	Recurring/ Non Recurring	Amount
			licences when current licence threshold of 500 is reached
PC's etc	Basic unit cost of establishing a PC, desk and telephone up to required peak demand capacity	Non recurring	£1200 per position
Adastra system changes	Costs of configuring Adastra systems in line with roll out plan	Non recurring	Based on cost of £20k per Health Board
CAS system changes	Costs of configuring CAS per Health Board roll out (e.g. disposition mapping)	Non recurring	Based on £25k per Health Board
Rotamaster	Additional licences for Health Boards who are rostering staff into the Hub	Non recurring	Based on provisional sum of £1k per Health Board
Cybertech	Call recording capability for each concurrent agent telephone line	Non recurring	£1000 per voice channel above baseline of 70

One of the key service costs included is the provision of licences which allow staff to utilise the clinical content within CAS. In 2016/17, Welsh Government funded the capital cost of procuring Interflex licences up to 200 users (which allows access to the core Capita system). However, the service is currently only resourced to procure 70 clinical content licences (which operate as concurrent usage rather than per employee). As further Health Boards roll out additional licences will be required as follows:

Table 6: CAS licensing requirements

CAS license requirements (peak demand normal Saturday excluding Christmas)	0845/111 pathfinder (already funded	costs for Carms & ABMU	AB	P&C	Powys	CT	C&V	BCU
Number of CAS licenses required	70	14	41	14	7	20	33	41
Running Total	70	14	125	139	146	166	199	240

In line with the 'peak demand' calculations set out in 4.8 the above table demonstrates that beyond Cwm Taf, the number of licences required will exceed the 200 available (when additional capacity for extraordinary periods of demand such as Easter and Christmas are taken into account). The cost of these licences is £675 per user per month and above 200 a renegotiation of the capital and revenue cost will be required. This explains why a 'firebreak' year is needed in 2020/21 (whilst the new ICT system is being introduced) before roll out to BCU

and C&V otherwise the financial cost will outweigh the benefits of roll out ahead of the new ICT solution. The cost of increasing capacity up to 166 users is circa **£777k** per annum in 2019/20 (full year effect) over and above current (2016) spend of £567k.

5.6 Corporate Management WAST

To support the roll out of the service across Wales, there are a number of critical functions that need to be adequately resourced within WAST to support the delivery of the 111 service. These costs have been mapped for the period up to April 2020 and it is recognised that beyond this phase of roll out, a further review will be required to consider the implications of roll out into BCU and Cardiff and Vale which will increase the overall call volume by a further 300,000 calls.

The critical priorities up to April 2020 are:

Table 7: WAST corporate costs

Area	Rationale	Requirement	2017/18	2018/19	2019/20
Roster Management	As the headcount increases, additional staff are required to roster staff in line with service requirements	3 wte Band 4	✓ (2)	✓ (+1)	✓
Information Analyst	A dedicated information analyst is required to develop the reporting framework for 111	1 wte Band 6	✓	✓	✓
Directory of Service	Further development work is required on the all Wales DoS	0.5wte Band 5	✓	✓	✓
Service Manager	Management support to ensure that 111/0845 has sufficient management capacity	0.5 wte Band 8c	✓	✓	✓
OD Support	Resources to develop a comprehensive OD plan	Sum of £28k	x	✓	✓

Area	Rationale	Requirement	2017/18	2018/19	2019/20
HR Business Partner	Required to provide corporate support in line with additional headcount	1 wte Band 6	x	✓	✓
Training, Education & Professional Development	Additional practice coaches/trainer required as headcount increase	Band 6 practice coaches	✓ (2)	✓ (+2)	✓
		Band 5 non clinical CAS trainers	✓ (2)	✓	✓
	Specialist clinical development role	Band 7 (partially funded from procurement resources)	✓	✓	✓
	Senior Nurse role	Band 8a	✓	✓	✓
Technical Support	Senior technical support to 111 Programme	1 wte Band 8b (90% funded through procurement resources)	✓	✓	✓
	Technical support - WAST	1 wte Band 5	✓	✓	✓

5.7 Other Issues

As part of the assessment of demand, work has also been undertaken on the physical estate requirement arising from roll out up to April 2020 to cope with normal peak demand (i.e. a typical Saturday morning).

The normal capacity within WAST (NHSDW/111) is 90 seats, though surge capacity up to 130 seats is possible through use of training rooms within Swansea and VPH. Roll out of the service to Powys is therefore possible within the current footprint. Beyond Powys, and remembering that additional capacity is needed during extraordinary periods of demand such as Easter and Christmas, additional seating capacity will need to be sourced. One option being explored is the creation of a satellite facility within West Wales. Any costs associated with the establishment of this spoke have not been included in this plan as an option appraisal is ongoing at the time of writing.

The long term proposals for 111 roll out need to inform a wider estates review within WAST that will drive towards a modernised and integrated Clinical Contact Centre strategy whereby 999 and 111 services are delivered from the same facility. In the medium term (i.e. 2018 onwards) it is understood that a number of other options are being explored including the potential to expand the seating

capacity within Thanet House. Work to scope out the potential for remote and/or home working for clinical staff are also being undertaken as this could provide a flexible workforce model that provides surge capacity efficiently in the future, as well as being an attractive option for clinical staff. Facilities to accommodate a spoke for the Clinical Support Hub in the North have also not yet been assessed and this work will be undertaken in early 2018 to consider what options are available across the NHS estate.

There are no capital costs included within this plan and this represents a risk given the current constraints on NHS capital funding.

Table 8: Peak staffing requirements (physical estate)

Peak Demand	0845/111	ABMU/Carms	AB	P&C	Powys	CT	C&V	BCU
Staffing Numbers (peak on Saturday morning)	70	14	41	14	7	20	33	41

6 Financial Summary

6.1 Service & Workforce Costs

A number of scenarios were considered as part of the development of this plan as shown below and each scenario costed and assessed against feasibility and desirability factors.

Scenario	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q4
1 (Original Plan)	AB	P&C		Powys (number only)	CT	
2a	Powys	P&C			AB	
2b	P&C	Powys			AB	
3a	Powys	P&C			CT	
3b	P&C	Powys			CT	
4	Powys	P&C		AB	CT	
5 (Preferred)		Powys P&C		AB		CT

Scenario 1: As set out earlier in this plan, there are broader issues around the sustainability of GPOOH services and increasing fragility in filling rota's within a number of services. Coupled with this are nursing recruitment challenges. It is not considered that this option is deliverable in the current climate. It was further noted that in view of discussions taking place about the future viability of the current GPOOH service model in Powys, consideration should be given to including Powys as a full service roll-out in 2018/19 which would require the original planned rollout to be resequenced.

Scenario 2/3: resequencing the programme to focus on smaller Health Boards areas would minimise risks and would have the advantage of bringing Powys into the roll out programme to support service sustainability in this rural area. However, this resequencing would result in an additional Health Board not being able to launch 111 until *after* the new ICT system is in place. This stores up inherent risk within the programme which would be elongated into 2021/22.

Scenario 4: this scenario would see 4 Health Boards rolling out over the next 2 financial years. Once again, because of the issues around OOH sustainability and recruitment challenges it is not considered a feasible option.

Scenario 5: following assessment by WAST and the 111 Programme Team this is considered the preferable scenario as it minimises future risk for the programme in continuing with the planned roll out into 5 Health Board areas ahead of the new ICT system. However, by delaying Cwm Taf until the first quarter of 2019/20, we are still able to protect the "firebreak" year from September 2019 until mid 2020 to allow for preparatory work to introduce the ICT system. It also allows a clear 3 month gap between successive roll-outs which will ensure that the system beds down properly.

Scenario 5 has been costed as follows:

Table 9: Financial Summary

	2018/19						Total	2019/20						Total
	ABMU fye	Carms fye	P&C fye	AB pye	CT	Powys fye		ABMU fye	Carms fye	P&C fye	AB fye	CT fye	Powys fye	
Core Staffing Costs (Call Takers and Clinical Advisors)	1082	317	612	910	0	432	3352	1092	320	618	1838	882	437	5188
CAS Licences	113	0	113	166	0	57	450	113	0	113	332	0	57	616
Telephony & other licencing	66	0	25	34	0	16	141	66	0	25	69	35	16	210
Non recurring costs including equipment and licences	0	0	67	164	0	69	300	0	0	0	0	113	0	113
3 Regional Hubs							1869							2517
WAST delivery and corporate costs							643							649
Health Board costs							250							253
111 Programme Budget							933							942
Fixed contribution of £400k per Health Board (pro rata)	-400	-200	-200	-200	0	-400	-1400	-400	-200	-200	-400	-400	-400	-2000
Total	861	117	617	1075	0	173	6538	1272	320	756	2239	1031	509	8488

Detailed financial tables are set out below:

DMS Content Licences £675 per month per user	Current	ABMU & Carms	AB	P&C	Powys	CT
Cost per annum	567	113.4	332.1	113.4	56.7	162.0
Running total			445.5	558.9	615.6	777.6

Other costs (Non recurring)		ABMU & Carms	AB	P&C	Powys	CT
Cisco UCCX licence (£980 cost per user)			40.2	13.7	6.9	19.6
Shift track (cost for 250 liences above 500 baseline)						
Basic cost of PC, telephone (unit cost - £1.2k)			49.2	16.8	8.4	24.0
Additional Technical Adastra works				10.0	20.0	20.0
Additional Capita Technical works			25.0	10.0	25.0	25.0
Cybertech £1000 per voice channel (above 70)			41.0	14.0	7.0	20.0
CISCO licence for telephone system £100 (above 70)			4.1	1.4	0.7	2.0
Additional ESR costs £27 per person at ratio of 3 heads:wte			3.8	1.3	0.9	1.9
Additional costs for rotamaster software for HBs for hub			1.0			1.0
	Total	0.0	164.3	67.2	68.8	113.5

Other costs (Revenue)		ABMU & Carms	AB	P&C	Powys	CT
Cisco UCCX licence (£200 per user per annum)			8.2	2.8	1.4	4.0
Shifttrack circa 20% of the one off licence fee (above 500 users)						
Telephony (111 cost only)		63.5	52.4	19.1	12.7	27.0
Cybertech (£200 per voice channel) above 70 licences			8.2	2.8	1.4	4.0
		63.5	68.8	24.7	15.5	35.0

6.2 Health Board Financial Impact

Within table 9, there is reference to a fixed contribution of £400k per Health Board. When the pathfinder launched in ABMU and Carmarthenshire there was a reinvestment of funding that was previously used to secure GPOOH services from a private provider (Primecare). This funding effectively reduced the amount of new funding required to roll out the service. The total sum offset from both organisations in 2017/18 is £800k. The table assumes that the same level of reinvestment will be made by other Health Boards (whether directly as resource or through the TUPE transfer of staff) to offset the costs of establishing 111 across Wales. As the proposed roll out of the service to BCU and Cardiff & Vale is scheduled for 2020/21, and the full year impact of this will fall in

2021/22, detailed costings are not provided. However, the additional workforce cost is likely to be in the order of £2.2m (net of Health Board contribution).

6.3 Financial Assumptions

The financial assumptions have been built up as follows:

- Staffing costs are based on 2017/18 pay scales uplifted by 1% in 2018/19 and 2019/20
- Hub costs have been based on a standardised pay rate of £85/£95/£120 per hour which mirrors pay rates in the current Hubs (South West and South East) and making an assumption that tax and NIC will be deducted at source in line with HMRC position
- Other costs (e.g. licensing requirements) are set out in the tables above.

6.4 Total Resource Requirements

The total resource requirement from Welsh Government is therefore:

Table 10: Resources Required

	2017/18 Over (under) £m	2018/19 Over (under) £m	2019/20 Over (under) £m
111 Service Roll out to 5 Health Boards including national Hub in 3 locations costed in October 2017 (**including CAS licences**)	3.68	6.56	8.49
Original 111 budget allocation (agreed in 2016/17) (**excluding CAS licences**)	4.18	7.37	6.97
Variance	(0.50)	(0.81)	1.52

6.5 Efficiency Opportunities

Section 4 has set out the parameters used to calculate the capacity requirements. Within this, it is recognised that further work is required to ensure that the service model is being delivered efficiently. There are opportunities to reduce average handling times for both call handlers and clinical advisors and a plan has been put in place to focus on both short and medium terms improvement actions to deliver clinical and service benefits. Any funding released should be reinvested into quality/service development in line with the strategic plan.

Table 11: Efficiency Opportunities

Area	Current	Example	Impact
Call Handling Times	650 seconds	Reduction of 25 seconds over 100,000 calls = 0.5wte.	25 second reduction in ABMU and Carms call volumes equates to 0.75wte =£21k
Nurse Advisor Times	900 seconds	Reduction of 5% to 855 seconds over 10,000 calls – 0.1wte	Over 250,000 calls this would equate to 2.5wte = £140k

6.6 Programme Support

To support the roll out of the Programme and the parallel procurement process, a dedicated programme team will be required for the period up to 2021/22. The core team will consist of:

- Programme Director
- Workforce Lead
- Service Lead
- Clinical Leads
- Lead Pharmacist
- Programme Management Support
- Technical lead.

The overall costs also include a sum for each Health Board to support local project management's costs for Powys, Pembrokeshire & Ceredigion, Aneurin Bevan and Cwm Taf. These project costs include an element of administrative project resource as well as support to ensure that DoS and pathway work is properly resourced.

7 Governance and Hosting

7.1 Future Governance Model

Over the last several months, the 111 National Board, the WAST Executive Team and Welsh Government Policy colleagues have been working to provide clarity on the future corporate governance and legal position on the future hosting organisation for 111 pathfinders.

Clarity was also required on the corporate 'cover' that could be assured to the WAST Board for further roll-outs so legal advice was sought from Shared Services colleagues. That legal advice was formally noted by the 111 National Board in May 2017 and provided to WAST directly.

In summary, the legal advice provided earlier this year (and as noted in the 111 Programme Board in May) was clear and unambiguous; namely that from a service procurement perspective, any future All Wales roll-out would broadly be in accordance with the NHS (Wales) Act and the establishment orders were amended to give WAST the extant powers to deliver such a service (or to expand in other pathfinder areas).

The advice also suggested that it was unlikely that any action would be taken against WAST as it would be providing a service in accordance with its duties under the 2006 Act but this has subsequently been disputed by the WG legal team.

The 111 National Programme Board and the Welsh Ambulance Service Trust (WAST) have obtained further specialist procurement and legal advice from Shared Services colleagues on the potential for any procurement challenge from 3rd parties and who the defendants would be either pre or post-delivery of an All Wales 111 service roll-out.

Under these amendments to the establishment order, procurement (legal) specialists have once again confirmed that WAST have the necessary power to undertake the pathfinder expansion on behalf of NHS Wales and these function are now a primary role for the organisation. No issues have been identified in terms of how the orders were drafted and the organisation is not deemed to be operating *ultra vires*. The changes to the legislation have made these functions clear and unambiguous and they are being delivered by WAST on behalf of NHS Wales.

The expansion, and ultimate delivery, of both the interim 111 pathfinders and the all Wales roll-out is an internal arrangement between NHS organisations and should not constitute a proper contract based on the Public Contracts Regulations 12 /7 namely '*A contract concluded exclusively between two or more contracting authorities falls outside the scope of this Part where all of the following conditions are fulfilled:—*

(a) the contract establishes or implements a co-operation between the participating contracting authorities with the aim of ensuring that public services

they have to perform are provided with a view to achieving objectives they have in common;

(b) the implementation of that co-operation is governed solely by considerations relating to the public interest; and

(c) the participating contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation.

An analysis needs to be undertaken to confirm that all three of the above conditions are fulfilled in order to come within the scope of the Regulation 12(7) exception however based on discussions with legal colleagues, our future arrangements would not be subject to the public procurement regime.

We are of the understanding that any future pathfinder expansion and /or All Wales service will be delivered in accordance with the NHS (Wales) Act 2006 and none of the elements required for a public contract are present (based on the above principles).

Assessed against these regulations and what is now explicit and extant within the updated Establishment Orders, the risk of legal challenge is deemed low from either another NHS body of from a 3rd party /private entity.

Formally, the Minister has not issued any formal direction to the NHS in Wales (or individual organisation) so we should formally note that WAST and NHS Wales is making this decision on a service change which is for the benefits of patients and overall service improvements in urgent care. This will need to be formally noted as part of the plan and in the appropriate national forum although this has been noted at both the NHS Executive Board and the Unscheduled Care Board chaired by the Director General.

We are formally recommending that the following specifics are noted:

- WAST has the power within the amended establishment orders to continue delivering the expansion of the 111 pathfinders in partnership with LHBs and are not operating *ultra vires.*
- Specialist procurement (legal) advice has been obtained and the risk of challenge (although feasible) from another NHS body or third party provider is deemed to be low for the delivery of an All Wales 111 Service.
- NHS Wales and Welsh Government should formally recognise that WAST will continue to host and ultimately deliver the national 111 service on behalf of NHS Wales. This may need to be formally endorsed by the Minister and Director General.
- The service and clinical model will continue to be refined as it rolls out across all LHBs and the appropriate resources and infrastructure as detailed within this SOC would need to be in place for WAST to deliver this increased role /function.
- WAST Board will need to be formally asked to <u>consider</u> taking on the clinical, operational and corporate governance responsibilities for the 111 service at a date to be agreed (possibly 2020 /21). At that point the formal commissioning of the All Wales service can also be enacted.

8   Risk Assessment

The following table sets out the key risks around the programme plan and proposed mitigations. (NB A more detailed programme risk register is in place and sets out a comprehensive risk assessment across service and procurement risks).

Area	Description	Risk Score (Consequence x Likelihood)	Mitigation
GPOOH fragility	A number of issues are impacting the stability of GPOOH services including HMRC changes, pressures within in hours services, workload etc. These have been highlighted in recent reports from Wales Audit Office and the NHS Wales Delivery Unit.	5 x 4 = 20	An action plan has been developed and is supported by the Directors of Primary Care and NHS Wales Chief Executives to help stabilise the delivery of OOH services by focussing on regional models and development of the multidisciplinary workforce.
Workforce	The inability to recruit sufficient clinical staff (nurses and other professionals) will impact on the delivery of the Hub and wider 111 service	4 x 4 = 16	Career framework and recruitment plan under development. Plans to test new workforce models underway including potential for rotational roles
Capital availability	The lack of capital could impact on the provision of sufficient physical capacity to enable the service to be operational in line with the planned programme	4 x 3 = 12	WAST are currently assessing options for provision of additional capacity including potential to expand within Thanet House by relocating non front line staff. Longer term plans for CCC configuration will require detailed assessment of options for all WAST estate. Work initiated to also scope out potential for a spoke option in west Wales and also home working which will provide additional surge capacity
System licenses	The current Capita contract which secures access to the clinical system will expire in Nov 19 ahead of the introduction of the new ICT system. Health Boards are also on rolling contracts with the supplier of the Advanced Health and Care (Adastra) system. The cost of extending the	4 x 4 = 16	Health Boards have been asked to consider their current contractual arrangements with Advanced Health and Care in light of delays in the procurement process. Further advice is being provided by procurement colleagues who are supporting the procurement of the new ICT system. It is recognised that there are both financial and legal risks that need to be further explored.

Area	Description	Risk Score (Consequence x Likelihood)	Mitigation
	licences with Capital and Adastra for a further year would be financial punitive.		
Call Flow	Call flow between 111 and GPOOH is not as planned resulting in increased referrals into GPOOH services from 111	4 x 3 = 12	A service improvement plan is in place to mitigate this risk and this will be monitored on a weekly basis during 2017/18 to ensure that improvements are being delivered. Plan includes focus on reducing percentage of urgent calls directly flowed into GPOOH and also improving self care outcome rates following nurse triage.
Workforce – HMRC	Recent changes as a result of HMRC decisions on the employment status of GPs would result in GPs no longer wanting to undertake out of hours shifts	4 x 4 = 16	Plans are being put in place by Health Boards to mitigate against this risk however, the situation remains fragile and there is an urgent need to consider future workforce models
Clinical Systems	The Clinical Assessment Software (CAS) system in NHSDW is a legacy system.	5 x 1 = 5	The system was upgraded in 2016 ahead of the launch and is now on a more resilient platform which would provide a stable environment until launch of the new ICT system in 2021.
Demand	An increase in demand would result in insufficient capacity within the service to manage call flow	4 x2 = 8	An uplift has been built into the demand assessment to allow for demand changes as a result of the free-to-call number
Engagement with new models	Lack of engagement from GPs and other clinicians in new model	3 x 3 = 9	Workforce Modernisation group in place to plan and develop new models of care, also working with Health Education and Improvement Wales (HEIW)
Reputational	Geographical roll out by Health Board will result in some patients waiting longer to access the 111 service. This will result in differential experience across Wales and would be challenging to manage particularly in cross border areas.	1 x 3 = 3	Clear plan on when each area will roll out will help to explain the rationale behind the roll-out across Wales.

9   Programme Plan

The following table sets out the high level programme plan which incorporates both the planned service roll-outs and key procurement milestones for the period up to the end of 2021 when the full procurement is expected to be complete.

Possible Sequence of roll-out	
2017/18	**Timescale**
Establish Clinical Support Hub for ABUHB	Sept 2017
Procurement Competitive Dialogue for Shortlisting	Quarter 3 – Quarter 1 2018/19
2018/19	
Powys Go Live	April 2018
Pembs and Ceredigion Go Live	June 2018
ABUHB Go Live	Autumn 2018
Procurement Competitive Dialogue for Final Contract Award	Quarter 2 - 4
2019/20	
Cwm Taf Go Live	Quarter 1
NO FURTHER SERVICE ROLL-OUTS IN 2019/20	
Procurement Final Evaluation & Business Case Submission	Quarter 1 - 2
Preparation for All Wales IT implementation	Quarter 2 – Quarter 2 2020/21
(Early prep with Cardiff and Betsi for 111 roll-out in 2020/2021)	
2020/21	
New IT commence go live	Quarter 3
Cardiff & Vale Go Live	Quarter 3
Betsi – start phased roll out	*Quarter 4*

10 Recommendations

This plan sets out a clear direction for the 111 Programme and the benefits of investing in the service. The opportunities to use 111 as a transformational part of the unscheduled care delivery programme for NHS Wales are significant.

Welsh Government are requested to:

- Note the longer term vision for the future of the service as an integrated 111/GPOOH model working as a core part of WAST supporting both 111 and 999 service delivery and the benefits that will be realised.

- Support the roll out of the current service model up to 2020 with a focus on:
    - Service roll out into Powys, Pembrokeshire & Ceredigion, Aneurin Bevan and Cwm Taf Health Board
    - Development of 3 regional Hubs in South East, South West and North Wales supporting the delivery of 111/GPOOH services
    - Development of regional service models for GPOOH.

- Note the indicative timetable for procurement of a new integrated clinical system for NHS Wales.

- Support the release of resources for 2018/19 and 2019/20.

- Note legal advice received by NHS Wales in respect of the proposed future governance arrangements.

NHS Wales – Review of the 111 Pathfinder

In Association with Janette Turner, University of Sheffield

Final Report – September 2017

1   Executive Summary

1.1   CONTEXT OF THE REVIEW

There have been a number of reviews and reports which have highlighted that the unscheduled care system in Wales is not resilient to unexpected and unusual surges in external demand, or demand shifted within it. This lack of resilience leads to increased attendance at ED units and increased waiting times at these units[1].   In response to these issue the NHS Wales Urgent and Unscheduled Care Programme Board has developed a wider strategy to transform urgent and unscheduled care services in Wales[2]. The overall aim of the strategy is to co-ordinate and manage unscheduled care demand in a different and organised way, to help meet the needs of patients within their own communities and possibly to slow the year on year increase (or, to slow the increase in demand) on hospital-based services.

A key element of the strategy was the development and implementation of a free to call helpline that provides a single access point that is intended to help patients' access urgent help when they need it; as well as improving access to health information and advice[3]. The 3-digit number (111) that is free-to-call from both landlines and mobile telephones can offer support and advice to callers 24 hours of the day, 7 days a week. The 111 service integrated the current telephony service provided by NHS Direct Wales with the front-end call handling and triage function used by GP Out-of-Hours (GPOOH) Services in the Abertawe Bro Morgannwg University Health Board (ABMU) area to provide a single service for patients to access if they need urgent help, or access to health information and advice. Welsh Ambulance Services NHS Trust are the host organisation.   A technical bridge (a concentrator) was created to enable communication between the two clinical systems in use.

The service is hosted by the Welsh Ambulance Service (WAST). NHS Wales established an Implementation Board to oversee the implementation of the pilot service which is known as the 111 Pathfinder and the work is supported by a national 111 programme team who have worked closely with WAST and ABMU Health Board. The new service is being piloted in the ABMU Health Board area and was launched in October 2016. Patients in the six other Welsh Health Boards can continue to access health advice through NHS Direct Wales and have access to urgent care through their own Health Board based GP Out-of-Hours (GPOOH) services. In May 2017, the Carmarthenshire area (which is part of the Hywel Dda University Health Board) was brought into the 111 pathfinder. However, as this was out with the evaluation window, no data on this service has been included in this report.

A comprehensive set of standards were developed for the service which provided targets and parameters for how the service should operate, for example 95% of calls should be answered within 60 seconds of the end of the telephone message, 95% of urgent (priority one) calls should receive a call back within 20 minutes and 95% of routine (priority 2/3) calls should be clinically assessed within 2 and 4 hours respectively.

1.2   TERMS OF REFERENCE AND METHODOLOGY

- RSM PACEC in collaboration with the University of Sheffield (Medical Care Research Centre Unit) were appointed to undertake a review of the NHS Wales 111 / Out of Hours Pathfinder Project. Specifically the terms of reference stated, that the evaluation should include:

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[1] E.g. see External Factors ('Drivers') Affecting Long-Term Trends and Recent 'Pressures' on Unscheduled Care Use and Performance in Wales. Public Health Wales, 2013.

[2] The Way Ahead for Unscheduled Care in Wales. Unscheduled Care Improvement Board 2014.

[3] The telephony element of the 111 service is hosted by WAST under the NHSDW element of the Trust, which currently uses a CAS telephony service. GPOOH in the ABMU area which provides the triage and clinical support element of the service uses ADASTRA to handle calls and record data.

- An analysis of the activity and performance during the first six months, with appropriate benchmarks throughout the evaluation period;
- An 'impact analysis' considering the impact of 111 on other urgent care services including Emergency Departments, the Welsh Ambulance Service (WAST) and primary and community-based services; and
- A high-level financial evaluation.

The evaluation, was also required to review the process of implementing 111 in the pilot areas and to consider what lessons can be applied if this service model was rolled out to the rest of Wales. The evaluation focused on the first full six months of operation, November 2016 to April 2017.

A mixed methodology was applied to the evaluation, involving the collation and analysis of qualitative and quantitative data to demonstrate the performance and impact of the service which specifically included:

- User (patient) feedback through a postal questionnaire (401 responses were received);
- Professional feedback from staff across several services (consultations n=24; and a staff survey, n=85);
- Twenty-four consultations with senior policy and operational staff within the urgent and unscheduled care system. Policy staff were interviewed at the start of the evaluation to gain further insight into the policy and strategic aims of the service and operational staff were interviewed near the end of the evaluation to gain further insight into the operational impacts and any issues associated with implementation;
- An analysis of the activity and performance during the first six months of implementation (CAS and Adastra data), to assess if the service was meeting the standards that were set for it and a review of incidents and complaints information;
- An 'impact analysis' which assessed the wider impact of 111 on other parts of the health care system, such as; Emergency Departments, the Welsh Ambulance Service (WAST) and primary care services;
- A high-level financial analysis which considered the cost of the service and any potential cost savings that could be identified as a result of the implementation of 111;
- A comparative analysis to benchmark activity levels and structures with other 111 services in the UK;
- A literature review of the implementation arrangements at both a national and local level and links to recognised best practice and how this may support the longer term national model.

It should be noted that a number of limitations impacted on the evaluation, the most significant of these was the limited amount of data that was available. This was due to technical issues relating to the amalgamation of CAS and Adastra datasets, and the availability of data within the ABMU area. Furthermore, it is not possible to track individuals as they move through the wider health care system, for example from 111 to WAST, ED or GP in-hours services. It should be noted that the inability to track patients through the healthcare system is a systematic issue across the NHS and is not peculiar to NHS Wales or to the implementation of the 111 service.

1.3 FINDINGS FROM THE CONSULTATIONS

Interviews with senior policy and operational stakeholders focused on collating feedback on the policy need for improvements to urgent care in Wales and how the 111 should contribute to this. Stakeholders provided feedback on the context in which 111 has been implemented, and the impact of the service so far.

All consultees highlighted the need for reform and improvement across urgent and unscheduled care system in Wales (referring to a number of Audit Office[4] reports that highlighted a lack of resilience within the current system and pressures on ED wards) and that the implementation of the 111 Pathfinder was a key element of the strategy to deliver reform.

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[4] WAO Report – Unscheduled Care – Developing a Whole System Approach (2013)

Stakeholders highlighted several perceived benefits of the 111 Pathfinder, including improved access to urgent care and improved care, as well as the ability to ensure that patients get access to the right level of care for them in the appropriate setting, therefore offering improved levels of efficiency within the urgent care system. Stakeholders also noted that they expect the Pathfinder to make a positive impact on other parts of the health service, for example by reducing the level of demand for emergency care and unscheduled care (in acute hospitals), primary care teams (i.e. GP appointments) and GP Out of Hours (GPOOH) services. There was a high level of agreement amongst those who were consulted with that the standards that have been developed for the pathfinder are detailed and reflect the wide range of data that is required to adequately monitor the implementation of the service. Although it was also noted that currently it is not possible to trace patients once they leave the 111 or GPOOH system.

Potential challenges highlighted by stakeholders included the limitations of the data collection, as currently patient pathways are monitored on two separate systems (CAS and Adastra). The reconciliation of data across systems has proved difficult. GPOOH services across Wales are delivered slightly differently and collect slightly different datasets. This was noted as a potential challenge for the wider rollout of the project as it could make it difficult to demonstrate the impacts of the project across all Health Board areas.

All of those consulted with, highlighted the importance of ensuring that the service is sufficiently resourced both from a financial and workforce perspective. Staff shortages were highlighted as a key challenge to the service, with particular shortages of experienced nurses and GPs, (similar staff shortages across the wider healthcare system in Wales were also noted). There are known peaks in demand for unscheduled care and staffing rotas should reflect the demand profile. Furthermore, staffing levels and the technology should be able to manage any potential surges in demand, for example at weekends or bank holidays.

Whilst the current technical solution was noted as a challenge, the planned all Wales NHS IT and telephony system was noted by consultees as an opportunity to improve the systems that staff are using and to maximise the opportunities for integration with other parts of the health system and to collect more detailed data in order to fully understand the impact of the service.

1.4   STAFF FEEDBACK

In order to collate staff views of the effectiveness of the implementation of the service and the quality of care provided, all 270 111 staff engaged by WAST in the delivery of NHS Direct and 111 services were asked to complete an online survey. In total 85 staff surveys were returned (31%). The majority of respondents (65%) were either call handlers or nurse advisors.

Whilst the majority of respondents (62%) believed that the service was well implemented, some areas for improvement were also highlighted. A small proportion (26%), noted that they believed that their training could be improved. Issues raised included the need for additional training on the CAS system and a reduction in time lag between completing their initial training and the implementation of the service. A small proportion of staff also believed that they would benefit from additional face-to-face, line manager support (25%).

- Call handlers also highlighted that the call screening prioritisation tool (CSPT) was inadequate (71%). Respondents noted that they found the system is too rigid when diagnosing illnesses and offering advice. The tool was slow and difficult to operate, particularly at times of high demand. This feedback was also mirrored by senior operational staff who were consulted noting that the algorithms used by call handlers are risk adverse, which results in too many GPOOH appointments; this in turn creates additional pressure on the wider GPOOH system. A small number of respondents (27%) to the survey stated that the hardware system was not user friendly, and that this impacts on operational performance as it takes longer than it should do to search key information to enter data. However, despite this lack of confidence in the

clinical decision making tools, 75% of respondents noted that they believe patients were always or often directed to the right service.

- Another key operational issue highlighted by staff was the rota system, 53% of respondents noted that they were satisfied with the rostering, with 27% noting that they were not satisfied. Those who were not satisfied highlighted the need for a good work-life balance, and to maintain a fair rota system. Additional concerns among staff were that the system could be abused by patients as a by-pass to the GPOOH service in order to access a GP when they were unable to get an in-hours appointment. It should be noted however that despite staff concerns, predicted demand for the service was marginally above the predicted volume (less than 5%). Feedback relating to staff morale was very mixed for example whilst only 15.4% of respondents agreed that morale was high, 62.96% of respondents were also satisfied or, quite satisfied with their current role within 111.

Staff also reported high levels of satisfaction with the service they were delivering for example 55.6% of respondents noted that they believed that 111 provided a good service for patients and 67.9% of respondents reported that they believed that 111 improved access to urgent care services in AMBU.

1.5   PATIENT FEEDBACK

Surveys were issued to patients/service users via post and 401 completed responses were received. Patients provided highly positive feedback with 92% of respondents stating that they would recommend the service. Almost all respondents (94.1%) stated that they found the health advice and information they received helpful.

An analysis was also completed of the comments posted on the ABMU social media pages regarding 111. Whilst there were slightly more negative comments posted on social media than received via the survey (23%), the majority of comments were positive. Furthermore, the proportion of negative comments decreased as the service rolled out across all areas and became embedded.

Whilst a small number of negative comments were receive that related to specific circumstances (such as one respondent who noted that they had received the wrong prescription via 111), the majority of negative comments related to a lack of advertising of the service.

1.6   ACTIVITY LEVELS

Activity level data was provided by ABMU and was based on amalgamated data from both the CAS and Adastra systems. This data covered the first six months of implementation (November 2016 to April 2017).

In total, just under 72,000 calls were logged in the first six months of operation. This was around 3% higher than projected based on previous call volumes to GPOOH services and NHS Direct Wales. The service performed well against the standards set out in the Interim Standards and Quality Measures. In total, 98% (base=63,751) of calls were queued for less than 20 minutes (within 11). Of total calls, just 4.3% (n=538) of calls were abandoned after 60 seconds over the first six months of operation which included a busy period over the Christmas and New Year holidays.

The majority of calls were made at the weekend (51%). The busiest time of the day was 6pm. The busiest day since the service was launched was on the 27th December 2016 where 1,154 calls were received over the course of 24 hours. Weekends proved busier than weekdays, and lines were busiest at 6pm and 9am. Many callers were referred onto GPOOHs (66%). Key stakeholders and senior operational staff noted that work is ongoing to better track and categorise call outcomes across the patient journey from 111 into GP out of hours services to facilitate end to end reporting and an accurate understanding of patients outcomes. This will help to add more detail on activity levels and the wider impact of the service.

1.7   IMPACT OF THE SERVICE

In order to understand if the implementation of the 111 Pathfinder had impacted on other parts of the health service an analysis was completed of trends in service use within the ABMU area and a comparative analysis of service use within other Health Boards.

ABMU data shows that there was a decrease of 1% in ED attendance (1,343 visits) in the ABMU area (compared to the previous year) throughout the 111 pilot period. There was also a reduction in ambulance conveyances to ED, with an overall reduction of 5%. The largest reduction came from non-urgent (green) conveyances, which reduced by 29%. Although this change cannot be wholly attributed to 111 it can be surmised that the service has contributed significantly to this reduction[5]. The reduction in ED attendances compares well to other Health Board areas in Wales, where four Health Board areas experienced an increase in demand. Furthermore, whilst all Health Boards have experienced a decline in non-urgent (green) ambulance conveyances over the past year the reduction is more significant in ABMU than in other Health Board areas.

Economic impact of the 111 Pathfinder was also considered. The annual running cost budget of £1.673 million, was off-set by cost savings to other parts of the health service. It is possible to estimate some of the savings that will have accrued because of 111 implementation. For example using financial data provided by WAST and ABMU, it is estimated that the 111 Pathfinder could have contributed notional savings in the following areas though caution should be exercised in reviewing this data as these are not actually 'cash releasing' savings, but would in real terms be cost avoidance or efficiency gains:

- £60,000 through a reduction in GPOOH doctor advice calls;
- £218,000 through a reduction in ED attendances;
- £205,000 through a reduction in non-urgent (green) ambulance conveyances;
- £60,000 through a reduction in Minor Injury Unit (MIU) attendances.

In addition to this, 111 could potentially contribute to other in-direct cost savings/efficiency gains that are more difficult to quantify, for example if it is assumed that if 10% of the proportion of patients who previously would have been conveyed to hospital via ambulance and admitted to a ward for one night then additional efficiency gains of £99,120 would also be accrued[6].

1.8   COMPARATIVE ANALYSIS

The service was also compared with similar services in Scotland, Blackpool, and Great Yarmouth and Waveney. This comparative analysis highlighted that the ABMU 111 Pathfinder is structured differently to other 111 services elsewhere in the UK, for example the ABMU services are focused on clinical triage; whereas the English model is non-clinical, therefore a direct comparison is very difficult.

However, elements of the services that were comparable included levels of demand and call answering times. The ABMU 111 Pathfinder compared favourably with the other more established services in the comparator areas. Demand levels were reasonably similar across all areas ranging from 0.12 calls per capita in Scotland to

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[5] Since the development of the 111 Pathfinder there have been a number of other initiatives undertaken across the health sector in Wales that were designed to improve both services and efficiencies, this had included work by WAST to improve response times though changes to their clinical model. It is not possible to disaggregate the impacts of the 111 Pathfinder from these other initiatives.

[6] NHS Wales cost of one overnight stay in an acute hospital is stated as £413. http://www.wales.nhs.uk/documents/delivery-plan-for-the-critically-ill.pdf. 10% = 120 days (6 months), or, 240 12 months = £413x240 =£99120.

0.18 per capita in Blackpool and 0.14 in ABMU.   The average length of call ranged from seven minutes in Blackpool, to 18 minutes in Great Yarmouth and Waveney, average call times in ABMU were 15 minutes.

1.9   CONCLUSIONS

Qualitative feedback from key stakeholders, together with an analysis of the activity level data from the CAS and the Adastra system and data relating to other parts of the health care system suggest that the 111 Pathfinder has been well implemented. This is evidenced by the fact there were no increases in demand for other services such as ED or GPOOH appointments.

The service also performed well against the agreed standards. For example, 94% of total calls were answered within 60 seconds and the average triage times for urgent calls was 3 minutes compared to a standard of 20 minutes.

Overall there has been a positive response to the 111 Pathfinder among service users, with 95% of survey respondents reporting that they were satisfied with the service. Whilst a minority of staff (27%) suggested making some amendments to the training provided, the majority of staff (75%) reported that patients received care in the right place all or most of the time.   Feedback from staff on how the new service has impacted on their role was mixed, for example whilst only 14% of respondents agreed that morale was high, 44.7% also noted that they were more satisfied with their role within 111 than their previous role.

It has been difficult to disaggregate the impacts of the 111 Pathfinder from that of other ongoing health interventions in Wales. However a review of statistics and key datasets in ABMU and across Wales suggests that the 111 Pathfinder has contributed towards improvements in other parts of the healthcare system such as a reduction in ambulance conveyances and a reduction in ED attendances in ABMU, whereas other Health Board areas experienced increased attendances during the same period.

Whilst it is recognised that there are limitations with the 111 IT systems which were developed by connecting two separate legacy systems (CAS and Adastra) it should also be noted that this is an interim arrangement and a new NHS Wales IT solution is being planned.

1.9.1 FUTURE CONSIDERATIONS

The quantitative data analysis, consultations with key stakeholders and the staff and service user surveys highlighted a number of issues that should be considered for any wider roll-out of the 111 service, as summarised below:

- Senior operational staff noted the difficulties in recruiting experienced clinical staff such as experienced nurses and out of hours GPs.   Whilst this issue is not unique to the 111 Pathfinder, it is possible that the recruitment of suitably qualified staff for out of hours services is particularly challenging (due to the required shift patterns).   Feedback from key stakeholders and the staff survey suggests that the 111 service could be made a more attractive career opportunity with the potential addition of additional of professional supervision, regular staff feedback, training opportunities and more frequent on- the- job training. As the 111 Pathfinder is rolled out across Wales, NHS Wales may wish to consult with key professional bodies (such as the RCN Wales and the RCGP Wales), to further understand how working in the 111 service could be made an attractive option.
- Potentially low levels of staff morale were highlighted both in the staff survey and by key stakeholders. Retaining existing staff and recruiting new staff will be critical to any future expansion of the service; maintaining high levels of staff morale will be an important aspect of this. Both the staff survey and interviews with key stakeholders suggested a number of points for consideration.   Firstly, rostering was

highlighted (in the staff survey) as a key issue impacting on staff morale; the current rostering system should be reviewed by WAST in order to ensure that the operational needs of the service can be met whilst also maximising fairness and transparency for staff across all roles.   Now that the 111 Pathfinder has been operational for more than six months and new systems and processes have become embedded, NHS Wales should consider completing a staff survey to identify key areas of staff concern and how staff morale could be improved.

- Almost all of those consulted with, noted the limitations of the current IT solutions. However, it was also noted that a new all Wales IT solution is due to be developed and implemented which will replace both existing systems (CAS and Adastra). This will provide the opportunity to implement a more connected service with greater potential to provide more detailed management information. Therefore, the data requirements and inter-operability of the 111 service should be considered as part of the wider IT system specifications.

- A small number of senior clinicians involved in the operation of the service noted that the algorithms used in the triage process/clinical decision making tools should be reviewed. A structured programme of review should be considered based on the high volume/high impact so that improvements can be prioritized in line with service need.   This concern was also echoed through feedback in a staff survey which highlighted a lack of confidence in the clinical decision making tools by the staff using them. Concern was expressed that current algorithms used for triage are too risk adverse resulting in too many calls being transferred to GPOOH services, which could have been dealt with by providing self care advice or in-hours GP appointments. Looking at the comparative analysis fewer callers from Wales were directed towards community and primary care settings than those within the English and Scottish regions. However, care should be taken in interpreting differences without a thorough understanding of the different tools in operation across the UK. It is also important to understand whether the there are issues around the 'system dispositions' or whether human factors are contributing towards the overall position. The adverse impact of this is that the service may not be as efficient as it could be, and also that it makes the GPOOH service more pressurised to work in and a less attractive job role.

- Given that this review was completed following the first six months of delivery it was not possible to identify any trends in activity level data or, any impact on other services. NHS Wales should consider undertaking a further review of the 111 Pathfinder as it is rolled out across other Health Board areas and more longitudinal data becomes available.

Draft Benefits Realisation Framework (Revised - October 2017)

Benefit	Early Learning from Pathfinder	Potential Impact & Scale	Success measures
Better Quality			
Standardisation of service delivery and pathways	The introduction of a clear set of pathways for certain conditions (e.g. dental, catheter management, mental health) has demonstrated the value of being able to direct patients to the most appropriate setting. An example would be commissioning of emergency supply service for patients who need repeat medication when their GP practice is closed. Automated routing from via telephony messaging to the website has helped to divert demand away from 111 service. Discussions with professional groups have also highlighted that the system is not yet making full use of other skill sets (e.g. pharmacists, optometrists) to manage patients away from GP delivered care.	Scaling up the 10 critical pathway areas across Wales would improve the ability for patients to be signposted to the right service and move away from GPOOH becoming the default option. This would have an impact in freeing up capacity in other services (e.g. ambulance, primary care and ED's) to care for those who require urgent help. There should be a focus on maximising the opportunities presented by the Common Ailments Scheme and also Wales Eye Care Initiative to divert patients to alternative settings.	Number of conveyances, ED attendances and admissions for key pathway areas e.g.: • Blocked catheters • Palliative care • Mental Health • Dental care • Patients with D&V
Removal of duplication from the assessment process	The design of the connector between 111/GPOOH ensures that patients do not have to repeat information (e.g. demographics)	Across Wales, the design of the model would be used to free up valuable clinical time that is currently duplicating processes across GPOOH	• Re-triage rates between 111/0845 & GPOOH services • Patient experience

Benefit	Early Learning from Pathfinder	Potential Impact & Scale	Success measures
	and this provides an improved patient experience. The service model has also been designed to reduce secondary triage by identifying clear pathways for certain types of calls. E.g. symptomatic patients aged under 5 who call during the OOH period can be routed to an appointment from their initial phone call improving patient experience	and NHSDW. This would have a financial/productivity benefit for 111/GPOOH service.	• Number of callers who have their call closed following assessment with one clinician
Consistent service delivery across Wales	As the pathfinder has been geographically based, the extent of inconsistency across Wales has not been fully evaluated. However, early learning from ABMU and Carmarthenshire has highlighted different practices within GPOOH service that would impact on quality and cost and also patient experience. For example, differential home visiting rates, access issues into urgent dental care and management of blocked catheters – all of which result in increased resource use of the most skilled practitioners.	The adoption of regional models and a clearer pathway for patients based on where you live, not where you are registered would be considerable. Early learning has identified that in the 5 months since the Hub was introduced, the home visiting rate in Carmarthenshire has reduced by 50%. This is attributed to senior GP presence in the Hub managing call flows and complex cases and supporting call flow. A typical cost for a home visit = £100 so harmonisation of home visiting policies would result in improved resource utilisation.	• Home Visiting rates/numbers • Number of GPs visits for tasks that would be completed by other professionals (eg. death certification, blocked catheters)
Improved staff experience	An early test of rotational roles in ABMU where Emergency Department (ED) Nurses were seconded into the 111 service and then rotated back to ED proved beneficial – both to the service and the individual. A qualitative	Enhanced telephone assessment skills working in 'hear and treat' services could enhance staff experience and increase staff competency that will be of wider benefit across NHS Wales	• Number of staff working in rotational roles • Retention of staff within 111 and their 'host' area • Acquisition of additional clinical competencies in advanced practice

Benefit	Early Learning from Pathfinder	Potential Impact & Scale	Success measures
	review highlighted that staff and their managers felt that the experience gained in 111 had enhanced their triage skills		
Improved Outcomes			
Seamless transfer of information	Connectivity of 2 independent clinical systems (and in the longer term introduction of a single system) results in improved handover of care. Early learning from the pathfinder suggests that the targeted work to ensure that the call streaming and prioritisation tool is fit for purpose and has not adversely impacted on 999 dispositions since the introduction of 111 service. The availability of Special Patient Notes (SPN) within 111 enhances the direction of patients to the most appropriate setting by avoiding unnecessary diversion to the 999 service.	At scale, 111 can safely identify patients who require an emergency response and can arrange despatch quickly. The potential integration of the Clinical Hub/clinical desk offers the ability to strengthen the clinical assessment of patients who call 999 and divert them into the 111 service where appropriate.	• Number of 999 calls that are closed following clinical assessment by professionals working in the Hub and follow up rates
Improved clinical outcomes	The work undertaken to re-develop the call streaming tool and also to introduce new, evidence based nurse teleguides has ensured that the service has been safe. To date there have been no critical or serious untoward events. A clear governance framework is in place to manage adaptation to the	The current approach within GPOOH services which is based on 6 different Adastra systems with differing usage of clinical decision support software is unsustainable and would lead to safety concerns where algorithms are not updated. Clear pathways of care for key groups would lead to improved outcomes for patients when linked	• Number of significant events across Wales from GPOOH services • Disposition rates for key pathway areas – e.g. referrals to ED, 999, GPOOH, in hours primary care • Timeliness measures relating to key conditions (e.g. query stroke patients directed to appropriate

Benefit	Early Learning from Pathfinder	Potential Impact & Scale	Success measures
	system and ensure that changes are evidence based and robustly introduced.	across the unscheduled care system to provide timely, effective care.	setting within evidenced timeframes)
Maximise use of scarce workforce	The challenges of delivering care 24/7 across Wales are significant. Many Health Boards report gaps in working rota's and inability to provide consistent cover. Within 111, there has been a focus on moving towards a multidisciplinary team model. The introduction of pharmacists into the pathfinder has highlighted the potential opportunities for other professionals to provide telephone based care. (For example, over the past 18 months, data suggests that pharmacists are able to successfully manage a minimum of 4 calls per hour, and have achieved a closure rate through advice +/- prescription of 72%).	Working at scale would facilitate the introduction of other specialist services that are linked to or part of the 111 service that would utilise scarce professional time in a cost efficient manner. For example, supporting children with diabetes 24/7 with access to a specialist is not possible in every Health Board. By pooling resources, it is possible to establish a rota that covers the out of hours period. Other examples where this would add value at scale include: mental health; chronic disease management, palliative care – these have been evaluated in England and benefits realised. Providing care different using technology would also improve resource utilisation and lower cost. The ability to rotate staff between 'hear and treat' and 'see and treat' services could offer enhanced careers and support wider recruitment and retention plans. One outcome would also be enhanced workforce planning across NHS organisations in Wales.	• Number of cases closed by all professionals working in the service (e.g. pharmacists, specialist practitioners) without need for further referral onto other services • Number of patients signposted to other settings (e.g. Wales Eye Care Scheme, Common Ailments Scheme) • Number of patients who are assessed by GPOOH services • Number of patients who are directed to in hours primary care services • Number of ambulance conveyances/attendances for key patient groups (patients with mental health problems) • Number of staff working in dual roles across 111/999/Health Boards in rotational roles

Benefit	Early Learning from Pathfinder	Potential Impact & Scale	Success measures
Lower Cost			
Improved resource alignment across 999/111	Increasing contact into the Hub/111 from paramedics on scene has helped to reduce ambulance conveyances to Emergency Departments in ABMU for low acuity patients by 29%.	Enabling a consistent pathway for ambulance crews and care homes to GPs and other MDT members would result in significant savings for NHS Wales. Even if the level of reduction in conveyances was halved, this would still produce substantial savings that would be re-invested into other areas or released from the system. The reduction in potential hospital admissions (as a proportion of conveyances are likely to have resulted in an admission) would produce benefits to patient flow within hospitals and contribute to more efficient use of resources	• Conveyances to Emergency Departments • Number of conveyances from care homes to Emergency Department • Number of calls from care homes to 999 service • Referral from ambulance crews into clinical desk/Clinical Hub • Referrals into alternative pathways into other services
Help to choose right service	Having a simple, free number to access help 24/7 would help patients to use services wisely. Feedback from the pathfinder supports that the number is memorable and this is evidence by the reduction in callers using the 0845 46 47 number and immediate reduction in patients calling the old GPOOH number at service launch. This was achieved with a soft launch and limited marketing. Early learning from the pathfinder hints at the potential reduction in ED attendances in ABMU since launch.	At scale, and with proper marketing, 111 presents an opportunity to direct patients away from ED's. There is also potential to consider whether 111's role should be strengthened to become the 'gateway' into emergency departments/minor injury units for certain types of patients although it is recognised that the benefits/disbenefits of this would need to be carefully assessed.	• Number of calls into 999 service • Number of calls into 0845 service • Number of Emergency Department attendances

Benefit	Early Learning from Pathfinder	Potential Impact & Scale	Success measures
Efficient service delivery	Early learning suggests that there has been a reduction of GPOOH attendances since the launch of the service through it is recognised that this is not conclusive due to data limitations.	The ability to divert proportion of cases towards self care or other professionals (e.g. community pharmacy) should be reviewed at an all Wales level. The inconsistency of commissioning arrangements with other primary care contractors across Wales needs to be reviewed to ensure that opportunities to adopt prudent healthcare principles are taken. Achieving a 20% reduction in GPOOH contacts would potential release savings when 111 is fully rolled out. These savings would be maximised through regional working. Currently, all Health Boards are staffing overnight rota's with GP at a cost of £260k (£90 per hour x 8 hours x 365 days) per GP per annum. Across Wales the number of GPs would be significantly reduced if a regional model was adopted that considered 'expert triage' being conducted in a smaller number of locations, with a new home visiting model that consider alternative practitioners (e.g. paramedics) and an alternative configuration of GP centres. Early demand assessments suggest that the number of GPs required to manage the workload generated between midnight and 8am (weeknights) is significant lower than current rostering levels.	• Number of patients who are closed with self care advice • Number of GPOOH contacts • Cost per call for 111 and GPOOH services

Benefit	Early Learning from Pathfinder	Potential Impact & Scale	Success measures
Improved resilience	Not tested through pathfinder	The ability for mutual aid across 111/999 through an integrated model should support escalation processes and the wider health care system	• Escalation status within 111/999/wider system

Full Business Case - Integrated ICT Solution

Benefits Identification and Review

Strategic Driver Legend

		Strategic Driver
111 Strategy	1	Reduce duplication / system inefficiency
	2	Right service, right time, right outcome
	3	Improve patient safety and quality
	4	Stabilise GP OOH service
	5	Reduce inappropriate demand on ED / USC services
Prudent Healthcare	6	More effective use of skills and resource
	7	Prioritise care needs
	8	Value for money
A Healthier Wales	9	Using technology to support sustainable services
	10	Reduce visits to general hospitals
	11	Whole system approach 24 / 7 Service
	12	Preventative services - manage health / wellbeing
	13	Utilising national digital architecture
	14	Seamless services, delivered closer to home
	15	Equitable access to services

Benefits Table

Strategic Driver columns: 1–5 (111 Strategy / Primary Care Strategy), 6–8 (Prudent Healthcare), 9–15 (A Healthier Wales)

1. Reduce duplication / system inefficiency
2. Right service, right time, right outcome
3. Improve patient safety and quality
4. Stabilise GP OOH service
5. Reduce inappropriate demand on ED / USC services
6. More effective use of skills and resource
7. Prioritise care needs
8. Value for money
9. Using technology to support sustainable services
10. Reduce visits to general hospitals
11. Whole system approach - 24 / 7 service
12. Preventative services - manage health / wellbeing
13. Utilising national digital architecture
14. Seamless services, delivered closer to home
15. Equitable access to services

Ref	Identified Benefit	Enabler / Output	Benefit Type	Cash Releasing?	Beneficiaries	Benefit Measure/Evidence	Benefit Owner	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
BEN-001	Reduction in staff time required to manage issues / contingency with ICT platform	Increased Reliability/Resilience of Software	Quantitative	N	111 Clinical Staff; 111 Non-Clinical Staff; 111 End User	• Measurable reductions in system downtime • Number of service desk calls re: issues / outage	Contract Manager	Y		Y			Y		Y	Y				Y		
BEN-002	Improved staff morale	• Increased Reliability/Resilience of Software • Increased scalability and flexibility within the system and the ability to better meet demand	Qualitative	N	111 Clinical Staff; 111 Non-Clinical Staff	• Staff Survey • changes in attrition/sickness rates (indirect)	HR	Y		Y			Y			Y		Y		Y		
BEN-003	Improved 111 caller experience / outcome / safety	• Increased Reliability/Resilience of Software • Increased scalability and flexibility within the system and the ability to better meet demand • Improved clinical content resulting in more appropriate outcomes • Provision of multi channel access to service	Qualitative	N	111 End User	• Patient Survey - post AB rollout, then annually • Number of complaints / incidents raised • Follow up telephone survey (consent)	HR / Patient Experience Team (WAST)		Y	Y	Y	Y		Y		Y	Y	Y	Y		Y	Y
BEN-004	Improved utilisation, rota compliance and fill rate of call handler and clinicians	• Improved data quality/reporting capability to inform capacity and demand. • Improved utilisation of e.g. homeworking/remote access to meet demand quickly during peak hours	Quantitative	N	111 Clinical Staff; 111 Non-Clinical Staff; 111 End User	• Rota fill rate • Sickness/attrition rate (indirect) • Call Abandonment rate	HR	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y		
BEN-005	Improved utilisation of technical staff skill set/expertise for meaningful data analysis	Improved data quality/reporting capability	Quantitative	N	NHS Technical Staff	• Measure effort in cleansing/maintaining source data	Data Analyst - WAST	Y					Y		Y	Y		Y		Y		
BEN-006	Facilitates new ways of working to stabilise the service.	• Increased scalability and flexibility within the system and the ability to better meet demand. • Improved utilisation of e.g. homeworking/remote access to meet demand quickly during peak hours	Quantitative	N	111 Clinical Staff; 111 Non-Clinical Staff; 111 End User	• Call Abandonment rate • Number of staff from non-traditional 111 disciplines using the system (e.g. Pharmacists/Paramedics)	Report / Data Analyst	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
BEN-007	Improved equitable access to up-to-date Health Information	Improved clinical content resulting in more appropriate outcomes e.g. DoS, multi channel access, online symptom checker	Quantitative	N	Patients; NHS Wales Clinical Staff	• Number of self care outcomes • Access figures for DoS information / app / Online symptom checker	PECI / Supplier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
BEN-008	Reduce inappropriate demand on emergency departments	Improved clinical content resulting in more appropriate outcomes	Quantitative	N	Patients; NHS Wales Clinical Staff	• Percentage reduction in Emergency Department referrals through system • Healthcare Professional feedback • Clinical Audit	Data Analyst - WAST	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
BEN-009	Reduce inappropriate demand on Primary Care service	Improved clinical content resulting in more appropriate outcomes	Quantitative	N	Patients; NHS Wales Clinical Staff	• % of home visits and PCC visits booked • Healthcare Professional feedback • Clinical Audit	HB Ops Managers	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
BEN-010	Improved clinical decision making and autonomy	Access to accurate and consistent patient information including safety notes and alerts, and integration with other NHS Wales systems e.g. WCP	Quantitative	N	Patients; NHS Wales Clinical Staff	• Number of times WCP accessed through 111 system • 111 System summary records available to in hours clinicians through WCP • reduction in time for calls to be completed/closed	Data Analyst - 111/Clinical Lead	Y		Y			Y		Y	Y		Y		Y		Y

ID	Benefit	Enabler	Type		Stakeholders	Measure	Owner															
BEN-011	Improved visibility of 111 caller status/journey across system	• System supports effective workflow management across system • Algorithms prevent duplication • Appropriate, efficient management of follow up calls	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff Patients	• Initial call answering time • Abandonment rate • Callback times (Patient and Advice) • % of advice callback within SLA • Number of 'warm transfers' to clinician advice • Patient survey	HR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
BEN-012	Improved capability and responsiveness to implement additional technical services	Modern technological ICT platform backed by supplier technology roadmap and commitment to delivery	Quantitative	N	111 Clinical Staff 111 Non-Clinical Staff Patients	• Delivery time for new functional, technical and clinical requests (i.e. from change control request to go-live). Compare with previous release models	LHB Ops Managers /Contract Manager/ Supplier	Y	Y				Y		Y	Y		Y		Y		Y
BEN-013	Reduced ICT revenue costs	Price cap set over 14 yr contract that mitigates against licence cost inflation	Quantitative	Y	NHS Wales	Revenue costs - pre v post contract	Finance Lead							Y								
BEN-014	Improved contract and service management	One supplier and contract	Qualitative	N	NHS Wales Contracting Authority Service Delivery Team	Reduction from 8 contracts to a single all-Wales contract	Contract Manager	Y					Y		Y						Y	
BEN-015	Costs of Service stable for 7-14 years	7+1(x7) contract	Quantitative	Y	NHS Wales	• Contractual 'lock down' of licence costs under new deal	Finance lead	Y					Y		Y							

Contract notice

Directive 2014/24/EU - Public Sector Directive

Section I: Contracting authority

I.1) Name and addresses

NHS Wales Shared Services Partnership as hosted by Velindre NHS Trust

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NUTS: UKL

Internet address(es)

Main address: http://www.procurement.wales.nhs.uk

Address of the buyer profile: http://www.sell2wales.gov.wales/search/Search_AuthProfile.aspx?ID=AA0221

I.1) Name and addresses

Velindre NHS Trust

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I.1) Name and addresses

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I.1) Name and addresses

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I.1) Name and addresses

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I.1) Name and addresses

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Contact person: Christine Thorne

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NUTS: UKL

Internet address(es)

Main address: http://www.wales.nhs.uk

I.1) Name and addresses

Welsh Ambulance Service NHS Trust

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LL17 0RS

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E-mail: matthew.perrott@wales.nhs.uk

NUTS: UKL

Internet address(es)

Main address: http://www.ambulance.wales.nhs.uk/

I.2) Joint procurement

The contract involves joint procurement

I.3) Communication

The procurement documents are available for unrestricted and full direct access, free of charge at:

https://etenderwales.bravosolution.co.uk/esop/toolkit/opportunity/opportunityDetail.do?opportunityId=30646&oppList=CURRENT

Additional information can be obtained from another address:

NHS Wales Informatics Service

Ty Glan yr Afon, Cowbridge Road East,

Cardiff

CF11 9AD

UK

Contact person: Matthew Perrott

Telephone: +44 2920502152

E-mail: matthew.perrott@wales.nhs.uk

NUTS: UKL

Internet address(es)

Main address: http://www.wales.nhs.uk/sitesplus/956/home

Tenders or requests to participate must be sent electronically to:

https://etenderwales.bravosolution.co.uk/home.html

I.4) Type of the contracting authority

Body governed by public law

I.5) Main activity

Health

Section II: Object

II.1) Scope of the procurement

II.1.1) Title

111 Wales Integrated Information Solution

Reference number: P406

II.1.2) Main CPV code

48000000

II.1.3) Type of contract

Supplies

II.1.4) Short description

The 111 service in Wales is being developed to support the delivery of a new health and care model in Wales. Over time, the 111 number and web portal will be used as a gateway to a range of primary and community services, capitalising on new technology to deliver care close to home in line with our wider strategic intent.

To support this exciting development, the 111 Wales service will require an end-to-end ICT system to replace the current systems within GP Out of Hours services and NHS Direct Wales and to interface with other systems that operate across Primary, Community, and Secondary care arenas. This will also include Ambulance Services.

The new solution will need to include the following elements:

-Patient Management System

-Decision Support Software

-Prioritisation and Streaming Software

-Clinical Decision Support Software

II.1.5) Estimated total value

Value excluding VAT: 42 500 000.00 GBP

II.1.6) Information about lots

This contract is divided into lots: No

II.2) Description

II.2.2) Additional CPV code(s)

48800000

48810000

48000000

48100000

II.2.3) Place of performance

NUTS code:

UKL

Main site or place of performance:

All sites and geographical region of NHS Wales and the Health Boards or Trusts within Wales

II.2.4) Description of the procurement

The Authority intends to undertake a Competitive Dialogue Procurement for this requirement.

All interested suppliers must respond to the Pre Qualification Questionnaire available on eTender Wales. This initial stage of the procurement is being run in parallel with the 111 Programme Progression of an Outline Business Case to Welsh Government. On the basis that this "Outline Business Case" is approved, the formal Procurement, beyond the PQQ, will continue.

An Invitation to Participate in Dialogue process will commence in early 2017 with the formal Dialogue taking place through 2017 to conclude in a contract award being made following the successful sign off of a "Final Business Case".

II.2.5) Award criteria

Criteria below:

Quality criterion: Quality / Weighting: 65

Price / Weighting: 35

II.2.7) Duration of the contract, framework agreement or dynamic purchasing system

Duration in months: 84

This contract is subject to renewal: Yes

Description of renewals:

The term of the agreement shall be for seven (7) years with an option to extend for a further period of up to seven (7) years in increments of no less than one (1) year thereby the maximum term of the agreement shall be fourteen (14) years.

II.2.9) Information about the limits on the number of candidates to be invited

Objective criteria for choosing the limited number of candidates:

Up to six (6) providers, with the highest overall score from the PQQ, that pass all elimination criteria, in response to the PQQ will be long listed to receive an Invitation to Participate in Dialogue. The scoring methodology is included within the PQQ documentation, available via the eTender Wales portal.

II.2.10) Information about variants

Variants will be accepted: No

II.2.11) Information about options

Options: Yes

Description of options:

The Authority may purchase from the successful bidder additional development, training, integration services and applications for the development of the 111 Wales Service

II.2.13) Information about European Union funds

The procurement is related to a project and/or programme financed by European Union funds: No

Section III: Legal, economic, financial and technical information

III.1) Conditions for participation

III.1.2) Economic and financial standing

Selection criteria as stated in the procurement documents

III.1.3) Technical and professional ability

Selection criteria as stated in the procurement documents

III.2) Conditions related to the contract

III.2.1) Information about a particular profession

III.2.2) Contract performance conditions

A draft set of Terms and Conditions are provided in the Pre Qualification Questionnaire document set

Section IV: Procedure

IV.1) Description

IV.1.1) Type of procedure

Competitive dialogue

IV.1.4) Information about reduction of the number of solutions or tenders during negotiation or dialogue

Recourse to staged procedure to gradually reduce the number of solutions to be discussed or tenders to be negotiated

IV.1.8) Information about Government Procurement Agreement (GPA)

The procurement is covered by the Government Procurement Agreement: Yes

IV.2) Administrative information

IV.2.1) Previous publication concerning this procedure

Notice number in the OJ S:

2016/S 149-269452

IV.2.2) Time limit for receipt of tenders or requests to participate

Date: 10/03/2017

Local time: 14:00

IV.2.3) Estimated date of dispatch of invitations to tender or to participate to selected candidates

Date: 10/04/2017

IV.2.4) Languages in which tenders or requests to participate may be submitted

EN

IV.2.6) Minimum time frame during which the tenderer must maintain the tender

Duration in months: 12 (from the date stated for receipt of tender)

Section VI: Complementary information

VI.1) Information about recurrence

This is a recurrent procurement: No

VI.2) Information about electronic workflows

Electronic ordering will be used

Electronic invoicing will be accepted

Electronic payment will be used

VI.3) Additional information

It is considered that in addition to the Authorities directly listed within this notice additional beneficiaries to the contract may include registered providers of Social and Health care in Wales including Local Authorities in Wales. This will not be an initial requirement of the contract.

-

Bidders should note that the Contracting Authority, or any successor in title to any of the aforementioned statutory bodies, may be succeeded by any other NHS Wales organisation during the course of this procurement. The identity of the Contracting Authority will be determined in discussion with the Welsh Government and Bidders will be advised accordingly.

-

The Authority is unable to say at this stage of the procurement whether or not the solution which is being sought to be procured will be deployed as a national solution and therefore on an All Wales Basis. As a result, drafting has been included in the Terms and Conditions to reflect the position in the event of a national deployment of the solution.

-

NOTE: The authority is using eTenderwales to carry out this procurement process. To obtain further information record your interest on Sell2Wales at http://www.sell2wales.gov.wales/search/search_switch.aspx?ID=56159

Under the terms of this contract the successful supplier(s) will be required to deliver Community Benefits in support of the authority's economic and social objectives. Accordingly, contract performance conditions may relate in particular to social and environmental considerations. The Community Benefits included in this contract are:

Support for engagement, education and awareness of the 111 Wales Service,

Support to promote and improve the general health and wellbeing of all citizens in Wales.

(WA Ref:56159)

The buyer considers that this contract is suitable for consortia.

VI.4) Procedures for review

VI.4.1) Review body

NHS Wales Shared Services Partnership

4-5 Charnwood Court,, Heol Billingsley, Parc Nantgarw

Cardiff

CF15 7QZ

UK

Telephone: +44 1443848585

Internet address(es)

URL: http://www.procurement.wales.nhs.uk

VI.5) Date of dispatch of this notice

07/02/2017

CONTRACT AWARD REPORT

FOR

The Procurement of a MASTER SERVICES AGREEMENT for 111 WALES SINGLE INTEGRATED INFORMATION SYSTEM

Document Control Sheet

Version	Date	Status	Author	Change Summary	Distribution
D0_1	17.04.19	DRAFT	S Powell	First Draft from template	M Perrott
D0_2	07.05.19	DRAFT	S Powell	Drafting changes to process and evaluation	M Perrott
D0_3	17.05.19	DRAFT	S Powell	Population of Tables and Appendices	M Perrott & A Percival
D_04	01.07.19	DRAFT	M Perrott	Update with Final Scores	A Hartshorn (Commercial Advisor)
D_05	02.07.19	DRAFT	A Hartshorn	QA completed	M Perrott & A Percival
D_06	02.07.19	DRAFT	M Perrott	Inclusion of "Evaluation Summary" Appendix 7	A Hartshorn (Commercial Advisor)
D_07	03.07.19	DRAFT	M Perrott	Typographical	S McCann (Legal Advisor @ BMLLP)
D_08	04.07.19	DRAFT	M Perrott	Acceptance of minor drafting changes by S McCann	
V1.0	04.07.19	FINAL	M Perrott	Final Version for submission to CLF	
Signature of Director of NWSSP					
Date	Tuesday 9th July 2019				

Sign off Process

Drafted By	Date	Reviewed by	Date	Signed off by	Date	Final Approval	Date
NHS Wales Informatics Service Commercial Services Team	1st July 2019	111 Commercial & Legal advisor, 111 Programme Director	4th July 2019	111 Implementation Board	9th July 2019	NWSSP Managing Director	9th July 2019

1. Introduction

1.1. NHS Wales Shared Services Partnership as hosted by Velindre NHS Trust, acting on behalf of NHS Wales organisations (including Local Health Boards, NHS Trusts, and their hosted organisations, referred to herein as the "Authority Parties") is undertaking a procurement of a 111 Wales Integrated Information Solution.

1.2. In February 2014, the Unscheduled Care Improvement Programme produced its vision for how unplanned care needs should be met in Wales. Included in "The Way Ahead for Unscheduled Care in Wales" were key objectives for NHS Wales such as: the need to provide rapid, reliable advice (both clinical and non-clinical) when needed; to support and actively promote self-care; to provide easy access to urgent care across Wales; and enhanced information systems and care networks that cross organisational boundaries.

1.3. A key component in "The Way Ahead" is for the unscheduled care system in Wales to implement a free, 24 hour telephony and advice service to meet out-of-hours, urgent and primary care needs (in this context, primary care comprises primary medical, dental, community and mental health).

1.4. This procurement focuses on the absolute requirement to replace the current NHS Direct Wales (NHSDW) Clinical and Patient management system, which is beyond end of life, and the opportunity to consolidate to a single GP Out of Hours (GP OoH) system across NHS Wales from the current disparate, individual Health Board arrangements. A single integrated solution for NHS Wales will be the core digital enabler for delivery of the 111 Wales Service, providing access to health advice and urgent care through a free-to-call telephone service and multi-channel web access.

1.5. This service will form an integral part of the unscheduled care system in Wales, supporting Prudent Health Care by directing patients to the most appropriate service for their needs and offering a genuine alternative to attendance at Emergency Departments and face-to-face GP OoH services, where clinically appropriate.

1.6. The 111 Wales Service will ultimately be the mechanism for patients to access urgent out of hospital services and has a key role to play in simplifying how patients navigate a complex and often confusing unscheduled and primary care system on a 24-hour, 7 day a week basis. The free to use service will join the current NHSDW service together with the GP OoH services across Wales.

1.7. Whilst there are wider, significant benefits of the introduction of the all Wales 111 Technical solution, the specific benefits of this investment are to:
- secure continued provision of NHSDW service;
- provide a single integrated GP OoH system;

- provide economies of scale, efficiencies and reduction in duplication from moving from multiple to a single system;
- provide improved patient experience and ease of use from a single point of contact and consistent response across NHS Wales;
- support improved non-clinical and clinical decision making as a result of access to complete and up to date patient information, impacting on patient clinical outcomes;
- deliver increased efficiency, improved quality and safety, and reduced clinical risk, by having an integrated system which allows relevant information to be shared;
- provide seamless data transfer from NHSDW to GP OoH services;
- significantly improve the technical platform to provide a more robust and resilient technical solution, which delivers significant improvements and efficiencies of storage, backup, disaster recovery, business continuity, maintenance and ongoing support;
- provide the key components of the technical platform to deliver the 111 Wales service;
- enable the development of multi-channel access mechanisms for the public;
- enable the provision of consistent and directly comparable service and performance data; and
- enable the provision of health intelligence information and disease outbreak warnings at the earliest opportunity.

1.8.   Any new 111 Wales Service solution must take into account the following:
- The current and planned national technical architecture supporting NHS Wales;
- Business process re-engineering, e.g. opportunities for changing working practices arising from the solution;
- Growth and service change;
- Upgradability, "openness" and interoperability of the system;
- Interfacing requirements/capabilities;
- Compliance with Information Governance and Security requirements for services being provided for NHS Wales; and
- Provision of a robust approach by the Supplier to Transition (Data Migration) for exit management and potentially limited system implementation.

1.9.   This report contains seven (7) Appendices:
- Appendix 1 - Workstream Participants
- Appendix 2 - P406 Evaluation Model
- Appendix 3 - Contract Notice 2017/S 028-049392
- Appendix 4 - P406 111 Wales Longlisting Report
- Appendix 5 - P406 Shortlisting Report

- Appendix 6 - Completed Evaluation Model
- Appendix 7 - Evaluation Summary

2. Purpose of this Report

2.1. This report presents to the Project Board the conclusions of the Evaluation Team following the completion of the Competitive Dialogue process and evaluation of the Tender Responses, together with the recommendation for the award of contract.

3. Structure

3.1. This report is presented in five (5) further sections, supplemented by appendices:

  a) Recommendation
  b) Model and process
  c) Evaluation Outcome
  d) Overall Conclusions
  e) Next Steps for the Award of Contract

4. Recommendation

4.1. Following evaluation of the two (2) shortlisted bidders' tenders, the Evaluation Team recommends that Clinical Solutions International Limited (trading as *Capita Healthcare Decisions*, *part of Capita plc*) should be appointed to the new NHS Wales 111 single Integrated Information Solution Master Services Agreement for a period of seven (7) years with an option to extend (on an annual basis in one-year increments) up to a maximum contract period of fourteen (14) years. The Overall Weighted Scores for each Bidder are:

4.2. Table 0: Overall Weighted Scores

	Weighting	Advanced Health and Care Limited	Capita Healthcare Decisions
Authority Requirements	35%	20.55%	19.05%
Operational Governance	11%	5.63%	4.83%
Commercial & Legal	14%	5.36%	5.61%
Financial	35%	16.10%	19.72%
	14 Year Bid Price	**£38,287,463**	**£36,160,738**
Strategic Fit	5%	2.68%	2.23%
TOTAL	**100%**	**50.32%**	**51.44%**

5. Model and Process

5.1. The Evaluation Model is located in Appendix 2 and was approved by the Project Board on 26th January 2018.

5.2. The Procurement Strategy recommended that a multi-disciplinary evaluation team needed to be set up to ensure that an appropriate solution would be procured in accordance with Authority requirements, within a robust contractual model and based on Value for Money principles.

5.3. Experts across the NHS in Wales and specialist advisers, drawn from the groups below, evaluated responses from bidders at the various stages in the procurement process:

a) General Practitioners
b) Nurses and Call Handlers from the NHSDW/111 Service
c) Pharmacists
d) Technologists
e) Informaticists
f) Service Management
g) Testing
h) Security
i) Procurement, Commercial and Legal.

5.4. Evaluation at each stage of the procurement was conducted in the following evaluation work streams:

a) Functional
b) Technical
c) Operational Governance
d) Commercial, Legal and Financial.

The membership of each stream is included in Appendix 1.

Evaluation Criteria

5.5. In line with procurement best practice and the Public Contracts Regulations 2015 ("PCR2015"), an Evaluation Model and associated scoring spreadsheet were developed, together with a scoring mechanism (see evaluation methodology and scoring section below and Appendix 2). The evaluation criteria were structured under five (5) key areas:

a) Authority Requirement (Functional and Technical)
b) Commercial and Legal
c) Operation and Governance
d) Financial
e) Strategic Fit

5.6. Within each of the high-level areas detailed above, the Evaluation Team reviewed bidders' responses and scores were allocated in a range against each requirement (see Table 5.7 below).

5.7. Table 5.7: Evaluation Scoring Criteria

Guidance	Score
Excellent: **Very Strong response, meets the requirement and definitively adds value.**	10
Acceptable: **Adequate response, meets the requirement adequately. E.g. the response is Fully Compliant and supported by explanatory text and/ or evidence indicating how the proposed solution meets or will meet the requirement by the required date.**	6
Partial: **Marginal response, meets some aspects of the requirement but not others; e.g. the response is Partially Compliant and supported by explanatory text and/ or evidence indicating how the proposed solution partially meets or will partially meet the requirement within the required date. The response also indicates which aspects of the requirement will not be met.** **This score may also be allocated to:** i. **requirements where the response is labelled "Fully Compliant" but appropriate explanatory text and / or evidence is not provided;** ii. **requirements where the response is labelled "Fully Compliant" but the explanatory text / evidence does not demonstrate compliance to the requirement or is in conflict with other statements made by the bidder.** iii. **Requirements where the bidder has proposed changes to Authority drafting that are considered to have a detrimental effect.**	3
Poor: **Poor response, does not meet the requirement by a wide margin.** **This includes significant changes proposed to Authority drafting considered to have a significantly detrimental effect.**	1
Unacceptable: **No response, or wholly inadequate** **Modifications to the Agreement and / or its schedules relating to Key Commercial Principles "Accepted" at Stage 3 but subsequently changed.**	0

5.8. Ensuring that any solutions put forward offer an acceptable level of functionality, service and performance to underpin the clinical services delivered by 111 Wales was key to this Evaluation Model. Therefore the Technical and Functional section of the criteria contained a number of scoring thresholds, below which a bidder's solution would not be considered further. Thresholds were not applied to other sections of the award criteria.

5.9. All thresholds for the Technical and Functional criteria were clearly identified in the Weightings tab of the Evaluation Model provided in Appendix 2, disclosed to bidders and discussed with bidders extensively during Dialogue.

5.10. The Scoring Thresholds applied to the Technical and Functional section within the Evaluation Model were at Level 3 "Score Threshold". Bidders had to achieve a minimum score of 3 for the element being evaluated, in order to "**Pass**".

5.11. Should a bidder fail to achieve any threshold set in the Technical and Functional section, this would result in their elimination from the procurement exercise.

Refinement of Scores

5.12. Within the Evaluation Process, the Authority was able to refine the scores allocated to the participant's written responses on specific Level 3 scored elements, as outlined in 5.17. This process of score refinement occurred at both ITPD and ISFT stage as follows:

5.13. **ITPD** - participant presentation in response to Functional Use Case Scenarios and a Business Continuity and Disaster Recovery (BCDR) Desktop Exercise

5.14. **ISFT -** participant presentation in response to Functional Use Case Scenarios and a Business Continuity and Disaster Recovery (BCDR) Desktop Exercise

5.15. The Evaluation Models for both the ITPD and the ISFT identified the Level 3 items that were subject to score refinement and which exercise would be undertaken to do so.

5.16. The Level three items that could be refined at ITPD and ISFT stage were:

5.17. **Table 5.17: Level 3 scored elements subject to "refinement"**

Level three Item	Ref	ITPD	ISFT	
		Written Score refined via Presentation	Written Score refined via Presentation	Written Score refined via BCDR Desktop Exercise
Workflow	RS2.1	✔	✔	✔
Core Operational Case Management	RS2.4	✔	✔	✔
Specific Decision Support Software Requirements: Non Clinical	RS3.1	✔	✔	✔
Specific Decision Support Software Requirements: Clinical	RS3.2	✔	✔	✔
Core Architecture & Infrastructure	RS4.1	✔	✘	✘
Cyber Security / Incident Response	RS4.2	✘	✘	✔
Service Segregation	RS4.10	✘	✔	✘

5.18. Any scoring refinement resulting from the Presentation or BCDR Desktop Exercise to the scores attributed from the initial written could only be to decrease that score. Under no circumstances could the score awarded to the written response be improved upon during the evaluation process (where applicable).

5.19. It should be noted that no scores were reduced or amended as a result of the refinement exercise at either ITPD or ISFT stages

The Procurement Process

5.20. The purpose of this section is to explain the process and criteria undertaken by the Authority to select bidders for the 111 Wales Single Integrated Information System.

5.21. **Table 5.21: Procurement Process**

Milestone	Date
Executive Committee approval of Contract Schedules	31/01/17
Contract Notice and PQQ Issued	07/02/17
PQQ Response Deadline	10/03/17
111 Executive Procurement Board Approve "Longlisting" Report	**19/09/18**
Supplier shortlisting outcome notification	29/09/17
Issue Invitation to Participate in Dialogue Document	02/02/18

Milestone	Date
111 Executive Procurement Board Approve Invitation to Participate in Dialogue documentation	**26/01/18**
Supplier Briefing Sessions	12/02/18
System Demonstrations	07/03/18 – 14/03/18
Dialogue Round 1: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	16/04/18 – 01/05/18
Dialogue Round 2: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	25/06/18 - 03/07/18
111 Executive Procurement Board Approve "Shortlisting" Report	**18/10/18**
Dialogue Round 3: OpGov & C/L/Fi Meeting 1. Two Days per Bidder (Day 1 Op Gov, Day 2 C/L/Fi)	26/11/18 – 29/11/19
Dialogue Round 4: Functional & Technical 3. Two Days per Bidder (Day 1 Functional, Day 2 Technical)	3-4/12/18 & 10-11/12/19
Dialogue Round 5: OpGov & C/L/Fi Meeting 2. Two Days (Day 1 Op Gov, Day 2 C/L/Fi)	21/12/19 – 24/01/19
Trial Invitation to Submit Final Tender (Trial ISFT)	04/02/19 – 19/02/19
Evaluation of Trial ISFT	25/02/19 – 28/02/19
Trial ISFT Bidder Feedback Meetings	01/03/2019
111 Executive Procurement Board Approve ISFT Documentation	**13/03/19**
Invitation to Submit Final Tender (ISFT)	15/03/19 – 29/03/2019
Evaluation of ISFT	29/03/2019 – 20/05/2019
ISFT Evaluation of Use Case Scenarios & BCDR Exercise	11/05/19 – 12/05/19
111 Executive Procurement Board Agree non –award of ISFT	**10/05/19**
Re-Issue of ISFT (ISFT2) to bidders	10/05/19
Bidder Clarification Meetings	30/05/19
Close ISFT2	29/03/19
Evaluation of ISFT2	24/06/19 – 27/06/19
111 Executive Procurement Board & 111 Implementation Board meeting to Approve Award Recommendation	**09/07/19**
Issue Intention to Award letters to Bidders ("Standstill")	10/07/2019

Contract Notice & Pre-qualification Stage PQQ ("Long-listing")

5.22.   To initiate the procurement phase, a Contract Notice was placed in the Official Journal of the EU ("**OJEU**") on 7th February 2017 (Appendix 3) to advise the market of the Authority's intention to procure a Master Services Agreement for 111 Wales Single Integrated Information System for a term of seven (7) years with the option to extend on an annual basis up to a maximum contract period of fourteen (14) years.

5.23.   The Authority "long-listed" bidders on the basis of their ability to meet key technical requirements and key financial criteria which were needed to pass the Short-listing threshold via the PQQ questionnaire responses. Nine (9) providers expressed an interest at the PQQ stage and following a scored evaluation of the responses received a longlist of six (6) providers received an Invitation to

Participate in Dialogue. Further details regarding the specific process undertaken are included in the Long-listing Report approved by the Project Board on 19th September 2017 (See Appendix 4).

Invitation to Participate in Dialogue ("Short-listing")

5.24. The Shortlisted providers were invited to engage with the Authority through two (2) rounds of Functional and Technical dialogue meetings, a total of four (4) days of engagement per provider, to refine and explore options in respect of the Authority's Requirements.

5.25. During this process, four (4) of the six (6) longlisted providers, of their own volition, withdrew from the procurement process, leaving just Advanced and Capita to formally respond to the Invitation to Participate in Dialogue. Further details regarding the specific process undertaken are included in the Short-listing Report approved by the Project Board on 18th October 2018 (See Appendix 5).

Detailed Dialogue

5.26. The detailed dialogue phase focused on a series of meetings for each of the Authority streams, detailed in 5.4 above, to engage in further dialogue with both bidders. The objectives of this phase were to ensure, via an iterative process of meeting, contract drafting and review, both the bidders' solutions were explored in depth and a set of robust draft contract schedules were developed which fully reflected the Authority's requirements.

5.27. A sub-set of the Evaluation Team, supplemented by additional subject matter experts and specialist advisers, represented the Authority in the dialogue process.

Trial Invitation to Submit Final Tenders (Trial ISFT)

5.28. In the latter stages of the Dialogue, a Trial ISFT was conducted to ensure that the Authority's requirements were understood and that the bidders were prepared to submit their offers in an acceptable and comparable form. In addition, this process provided the evaluation team with a 'dry run' on the formal evaluation of offers. Following review of each of the trial bids, the Commercial team met with each of the bidders to provide feedback regarding any issues around process and compliance with the Authority's requirements. Note that this did not include any feedback on the respective trial bids' strengths or weaknesses.

Invitation to Submit Final Tenders (ISFT)

5.29. Following the Trial ISFT and final adjustments to the Authority's schedules, the Authority invited the two bidders to respond to an invitation to submit final tenders ("**ISFT**"). Bidders were advised that compliant and variant responses could be provided but the Authority would require full visibility of the price and risk implications of each and all compliant and variant responses.

5.30. Following a thorough evaluation of the two responses received, including Use Case Scenarios and a Business Continuity and Disaster recovery Desktop Exercise,

the 111 Procurement Project team were unable to recommend either of the Bidders for a contract award on the basis that each of the bids received had a number of significant areas of concern. The 111 Executive Procurement Board, on the 10th May 2019, accepted this recommendation and agreed to re-issue the Invitation to Submit Final Tenders (**ISFT2**).

5.31. This was an unusual, but not unprecedented step in procurement terms, and legal advice was taken before embarking on it.

5.32. Having taken this action, both bidders were invited to attend a Clarification meeting on 30th May 2019, held in the offices of Blake Morgan LLP. Chaired by Andrew Hartshorn (Commercial Advisor), clarification was given on the Authority's position on aspects of each of the bids that were either unacceptable (i.e. scoring zero) or of significant concern (scoring 1). This was not a further dialogue meeting and no negotiation was entered into between the Authority and either bidder. The Authority representatives explained why each highlighted element of the bid was unacceptable or of significant concern, and the bidders had the opportunity to as questions and seek clarification

5.33. Bidders were then afforded the opportunity as part of ISFT2 to make changes to any part of their bids, not only the areas identified by the Authority. Both bidders were afforded exactly the same opportunity and timescale to make any amendments that they wished.

6. Evaluation & Selection

6.1. The Evaluation Team reviewed and scored all of the ISFT2 responses in the four (4) workstreams and then the Chairs of each Workstream met to agree their award recommendation. The main objective of this evaluation stage was to recommend one bidder, to whom the Master Services Agreement would be awarded, based on their ability to meet the Authority's requirements and which demonstrated best value to the Authority within the evaluation model set out above.

7. Evaluation Outcome

7.1. Based on evaluation conducted across the four evaluation workstreams the final scores awarded at ISFT2 stage are provided in Table 0 (overleaf). This shows the scores achieved by both bidders, summarised at Level 1 of the Evaluation Model.

7.2. Note that an 'Acceptable' score in this evaluation process was a six (6). The "Control" column in Table 7.5 below shows (for illustrative purposes) the score that would have been awarded if a bidder had achieved the minimum acceptable score of 6 on all Technical and Functional threshold criteria, 6 ("Acceptable") on all other criteria, and submitted an "average" price.

7.3.   The full evaluation scores, threshold compliance and commentary from the Evaluation Panel in respect of the rationale for the score awarded for both of the Bidders have been provided at Appendix 6.

7.4.   An Evaluation Summary of the aspects of the bids received that were scored less than "Acceptable" (being a score of six (6)) is provided at 0. These were not threshold requirements and are provided for information.

7.5.   Neither of the Bidders failed against any Technical and Functional Level Three scoring thresholds.

Table 0

	Level 1 Weighting	Number of scored elements	Control	Advanced						Capita					
				Weighted Score	Number of elements scored...					Weighted Score	Number of elements scored...				
					3	1	0				3	1	0		
Authority Requirements	35%	28	21%	20.55%	4	0	0			19.05%	6	0	0		
Operational Governance	11%	13	6.6%	5.63%	1	1	0			4.83%	4	0	0		
Commercial & Legal	14%	21	8.4%	5.36%	5	2	1			5.61%	5	2	0		
Financial	35%	8	18%	16.10%	1	0	0			19.72%	1	0	0		
Strategic Fit	5%	5	3%	2.68%	0	1	0			2.23%	1	1	0		
TOTAL	100%	75	57%	50.32%						51.44%					
Rank				2						1					

8. Next Steps for the Award of Contract

8.1. Subject to the approval of the 111 Procurement Executive committee and the 111 Implementation Board on the 9th July 2019, the following actions will be undertaken:

a) Final Business Case to be submitted to Welsh Government by 31st July 2019;

b) 111 Programme Team to complete agreements between Welsh Ambulance Service NHS Trust ("**WAST**") and Welsh Government ("**WG**") to confirm WAST as the Contracting Authority;

c) Award decision ("**Standstill**") letters will be issued to the two (2) bidders notifying them of the outcome and providing all debrief information required under the Public Contracts Regulations 2015 and offering a further face to face or telephone debrief if required;

d) Further debriefs will be provided to unsuccessful bidder as soon as reasonably possible following any such request. This will be managed by members of the Commercial, Legal and Financial Dialogue Team;

e) Submission of the Award recommendation to the WAST Board for Acceptance. **(NOTE – NWSSP have set out that it will not Award a contract on behalf of WAST for these Services)**;

f) The Agreement will be printed and forwarded to Clinical Solutions International Limited (trading as *Capita Healthcare Decisions*, *part of Capita plc*) to be signed and then counter-signed by the Authority; and

g) A Contract Award Notice will be published in the European Journal concluding the formal procurement process.

Appendix 1. Membership of Workstreams

Functional Evaluation Group

Name	Designation
Richard Bowen (Chair)	111 Programme Director
Pete Thomas	111 Clinical Lead
Ian Rawlings	111 Technical Lead
Alexandra Gibbins	111 Pharmacy Lead
Paul Mason	111 Informatics Manager
Kirsty Robathan-Smith	111 Assistance Programme Manager
Tracey Needham	Senior Clinical Development Practitioner
Stephanie Kneath	WAST Clinical Operations Manager
David Stein	WAST Service Delivery Manager
David Elford	WAST Call Handler Coordinator
Paul Lawrence	NWIS Product Specialist
Matthew Perrott	NWIS Strategic Contracts Manager
Alex Percival	NWIS Principal Project Manager

Technical Evaluation Group

Name	Designation
Gary Bullock (Chair)	NWIS Director of Applications
Ian Rawlings	111 Technical Lead
Paul Mason	111 Informatics Manager
Kirsty Robathan-Smith	111 Assistant Programme Manager
Dave Stein	WAST Service Delivery Manager
Graham Kennedy	NWIS Head of Architecture & Integration
Paul Lawrence	NWIS Product Specialist
Andy Shanahan	NWIS Lead Security Design Consultant
Chris Ash	NWIS Infrastructure Design Architect
Matthew Perrott	NWIS Strategic Contracts Manager
Alex Percival	NWIS Principal Project Manager

Operational Governance Evaluation Group

Name	Designation
Andrew Hartshorn (Chair)	Commercial Advisor
Richard Bowen	111 Programme Director
Ian Rawlings	111 Technical Lead
Paul Mason	111 Informatics Manager
Aled Williams	WAST Head of IT
Stephanie Kneath	WAST Clinical Operations Manager
Helen Rees	WAST Head of Nursing Education
Paul Lawrence	NWIS Product Specialist

Name	Designation
Andy Shanahan	NWIS Lead Security Design Consultant
Simon Williams	NWIS Head of Service Management
Matthew Perrott	NWIS Strategic Contracts Manager
Alex Percival	NWIS Principal Project Manager

Commercial, Legal & Financial Evaluation Group

Name	Designation
Andrew Hartshorn (Chair) (non-scoring; advisory only)	Commercial Advisor
Richard Bowen	111 Programme Director
Jane Tyler	111 Finance Lead
Aled Williams	WAST Head of IT
Simon McCann (Legal Advisor) (non-scoring; advisory only)	Blake Morgan Senior Partner
Matthew Perrott	NWIS Strategic Contracts Manager
Alex Percival	NWIS Principal Project Manager

Appendix 2.   P406 Evaluation Model

P406 ISFT
Evaluation Model v2

Appendix 3.   Contract Notice 2017/S 028-049392

P406 - 111 Wales
FINAL Contract Notice

Appendix 4.   P406 111 Wales Longlisting Report

P406 111 Wales
PQQ Longlisting Report

Appendix 5.   P406 111 Wales Shortlisting Report

P406 - 111 Wales
Shortlisting Report

Appendix 6.   Completed Evaluation Model with Comments

P406 ISFT2
Evaluation Model v2

Appendix 7.   Evaluation Summary

This Appendix summarises the areas in which bidders scored less than 6 ("Acceptable"), but this was not applied as a minimum threshold (i.e. pass/fail) requirement.

Neither bidder failed to achieve the minimum threshold scores required in the Technical and Functional section of the award criteria.

Authority Requirements (Functional & Technical)

Supplier	Advanced	Capita
Authority Requirements (35%)	20.55%	19.05%
Rank	1	2

Advanced Health and Care Limited

The evaluation Panel recorded the following feedback in relation to the bid submitted by Advanced.

The bid was compliant to a large extent with **24 out of 28** evaluated criteria being scored "Acceptable".

Those four (4) areas that were considered by the panel to be partially compliant, receiving a score of three (3), were:

Alternative Contact Channels (RS2.3)

The evaluation team noted that some of requirements in Alt_1.3 were not being provided, the only additional contact channels were mobile app and web-based service user focused triage.

Functionality was offered to integrate via FHIR-based API platform was to be provided, and email integration was also to be included.

Where there were functionalities that could not be provided as part of the Services, a full explanation was provided as to how these could be achieved and a commitment to working with the Authority was made subject to the Change Control Procedure.

Mobile Working (RS2.6)

The bidder was unable to provide the Services on a single mobile platform but would require a hybrid approach of multiple devices in order to deliver most of the functionality. The response stated clearly that integration with Welsh Clinical Portal and Decision Support Software would be a development for the future which did not have a timescale.

Core Interoperability – Electronic Staff Record (RS4.7)

The solution offered did not provide the ESR integrated functionality as set out in the requirements and would only be offered through Change Control Procedure (CI_11.1).

Core Interoperability – Telephony System Interface (RS4.8)

The evaluation team noted that current voice recording integration did not include Cybertech integration and there was no firm commitment to develop this for the implementation.

Capita Healthcare Decisions

The evaluation Panel recorded the following feedback in relation to the bid submitted by Capita.

The bid was compliant to a large extent with **22 out of 28** evaluated criteria being scored "Acceptable".

Those six (6) areas that were considered by the panel to be partially compliant, receiving a score of three (3), were:

Workflow (RS2.1)

The response provided stated "fully compliant" but did not provide sufficient evidence or explanatory text to demonstrate how the Bidder's solution would fulfil the requirements.

Additional Patient Management System requirements (RS2.2)

Specific aspects of the requirement (CSF_1.2, 1.3, 1.8) lacked any explanation or evidence detailing how the requirement would be met.

Mobile Working (RS2.6)

The response provided contradicted itself in respect of offline prescribing relating to requirement MW_1.4.7. The response to MW_1.4.7 states prescribing is available offline whilst the response to requirement PD_1.14 states that mobile prescribing is not possible while offline. Many of the responses, namely MW_1.4.1-1.4.8 were superficial and did not provide any evidence or explanatory text.

Cyber Security / Incident Response

There is a lack of detail within several of the answers and no evidence of how the requirements will be achieved. In respect of patching, despite a detailed description of these requirements, only "exposed" servers will be patched. Additionally, the Bidder has not provided any details of how it will schedule and perform penetration testing.

Core Interoperability – User Interface etc. (RS4.6)

The response was inconsistent and made superficial references to integration standards without any evidence or explanatory text to support practical use of these integrations. (Example CI_1.5).

Core Interoperability – Telephony System Interface (RS4.8)

The response provided stated "fully compliant" but did not provide sufficient evidence or explanatory text to demonstrate how the Bidder's solution would fulfil the requirements.

Operational Governance

Supplier	Advanced	Capita
Operational Governance (11%)	5.63%	4.83%
Rank	1	2

Advanced Health and Care Limited

The evaluation Panel recorded the following feedback in relation to the bid submitted by Advanced.

The bid was compliant to a large extent with **11 out of 13** evaluated criteria being scored "Acceptable".

The one (1) area that was considered by the panel to be partially compliant, receiving a score of three (3), was:

Standards (SVD1)

Changes to Schedule 2.3 (Standards) paragraphs 2.3, 8.4 and 8.6 all create additional Change Control obligations. Additionally, Annex 1 was missing from the submission.

The one (1) area that was considered by the panel to be poor, receiving a score of one (1), was:

Acceptance of service levels and service point regime acceptance (SLV1)

Within Schedule 2.2 (Service Management) Service Points for all Service Failures and the continuation of Service Failures at all Priority Levels have been reduced by 60% from the Authority's drafting, representing a significantly detrimental impact.

Capita Healthcare Decisions

The evaluation Panel recorded the following feedback in relation to the bid submitted by Capita.

The bid was compliant to a large extent with **9 out of 13** evaluated criteria being scored "Acceptable".

Those four (4) areas that were considered by the panel to be partially compliant, receiving a score of three (3), were:

Standards (SVD1)

Change to Schedule 2.3 paragraph 8.4 creates additional Change Control obligations upon the Authority.

Acceptance of service levels and service point regime acceptance (SLV1)

Within Schedule 2.2 (Service Management) there were reductions in Service Points for some Service Failures associated with Change by 50%. Service Points were reduced for continuation

of Service Failures by 6% - 25%. Additional changes within Part A, paragraph 4.1 suspends Service Points when "reasonably considered" workarounds are provided.

Availability metrics - Service Downtime etc. (SLV8)

Changes to drafting in Schedule 2.2 (Service Management) paragraph 14.1, four Transactional Performance Service Levels were changed to state that these would now be agreed post contract award. Also, there were reductions of between 33% and 60% on Repeat and/or Persistent Failure multipliers.

Implementation (SIM1)

Schedule 6.1 (Implementation Plan) had new drafting inserted into Table 8.2a which made changes to Stable Operations Milestone allowing a number of P3 and P4 Service Failures to not apply to the achievement of that Milestone.

Supplier	Advanced	Capita
Commercial & Legal (14%)	5.36%	5.61%
Rank	2	1

Advanced Health and Care Limited

The evaluation Panel recorded the following feedback in relation to the bid submitted by Advanced.

The bid was compliant to the extent that **13 out of 21** evaluated criteria were scored "Acceptable".

The four (4) areas that were considered by the panel to be partially compliant, receiving a score of three (3), were:

Authority responsibilities (LAR1)

Schedule 3 (Authority Responsibilities) paragraph 2.16.3 had an inclusion of open ended drafting requiring Authority staff to be available. Within paragraph 2.16.5, a new defined term created open ended and unspecified training obligations on Authority Service Management Staff.

Additionally, the Bidder added new drafting at paragraph 2.17 for the inclusion of Quality of Service ("**QoS**") prioritisation which was considered as a significant requirement on the Authority and was considered undeliverable by the Authority under any circumstances.

Commercially Sensitive Information (LAR4)

The durations added into Schedule 4.2 (Commercially Sensitive Information) of confidentiality were considered to be excessive.

Other Contractual Issues that affect the Risk position of the Authority (LAR5)

Drafting within the Master Services Agreement ("**MSA**") Clause 40.2 made a significant increase on the minimum contract term prior to Termination for Convenience. Additional drafting within the MSA Clauses 44.2 & 44.4.1(c) impose minor restrictions on Assignment or Novation, which would be linked to the Change Control Procedure.

Key Personnel (CGP3)

Schedule 9.1 (Key Personnel) was not completed fully.

The two (2) areas that were considered by the panel to be poor, receiving a score of one (1), were:

Limits or Caps and Liabilities (LAR3)

The bidder changed MSA Clause 37.6 which had a significantly detrimental effect as the scope of deductions that could be applied were limited to limited to cover payments in respect of only "Charges" made in the current payment quarter. Additionally, MSA Clause 37.8.3 (allowing anticipated savings as a category of recoverable loss) was deleted.

Licence terms of Software (IPR1)

New drafting within Schedule 5.1 (Software) Annex 1 to Part A paragraph 1.3 had the effect of limiting the Authority's ability to extract data as required in Schedule 2.1 (Authority Requirements).

Schedule 5.1 (Software) Annex 1 to Part A paragraph 1.4 conflicts with the obligation upon the contractor in MSA Clause 37.12. The Bidder included a statement within the drafting that clinical content will be provided using "commercially reasonable efforts" to compile the content, the "agreed consensus of all customer sites", and that the content is "offered in good faith". All of these inclusions create uncertainties around duties and responsibilities on the Contractor to provision the clinical content as set out in the MSA. This paragraph is also not a software or licensing related issue.

The one (1) area that was considered by the panel to be unacceptable, receiving a score of zero (0), was:

Payment Profiles (PAY2)

Schedule 7.1 (Charging and Invoicing), paragraph 7 was deleted in its entirety. This is significantly detrimental to the Authority as the Authority would be at risk for all ongoing payments to current suppliers with no opportunity to recover those costs due to Contractor delay.

Capita Healthcare Decisions

The evaluation Panel recorded the following feedback in relation to the bid submitted by Capita.

The bid was compliant to an extent with **14 out of 21** evaluated criteria being scored "Acceptable".

Those five (5) areas that were considered by the panel to be partially compliant, receiving a score of three (3), were:

Commercially Sensitive Information (LAR4)

The durations added into Schedule 4.2 (Commercially Sensitive Information) of confidentiality were considered to be excessive.

Other Contractual Issues that affect the Risk position of the Authority (LAR5)

Bidder drafting within Schedule 7.1 paragraphs 11.4 & 11.4.5 increases Authority Risk.

Licence terms or Software (IPR1)

Schedule 5.1 (Software) Annex 2 to Part A had revisions that include Terms and Conditions from a Third Party which are more restrictive than those set out by the Authority.

Intellectual Property (IPR2)

The bidder deleted the words "or agreed to be paid" from MSA Clauses 33.1 & C33.4 which has the impact of limiting the Authority's options in specific scenarios.

Key Personnel (CGP3)

Schedule 9.1 (Key Personnel) was not completed fully.

Those two (2) areas that were considered by the panel to be poor, receiving a score of one (1), were:

Limits or Caps on Liabilities (LAR3)

The bidder has limited its liability within the MSA Clause 37.4 to now be in aggregate, not per Deployment Order. MSA Clause 37.5.1 drafting increases the Authority Liability and risk.

MSA Clause 37.6 contains a significantly detrimental change in the Service Credit Cap to 50% of the "Service Charges" in any one Payment Quarter.

Payment Profiles (PAY2)

Changes were made at Schedule 7.1 (Charges and Invoicing), paragraphs 7.1 & 7.2, which limit delay payments to 10% of the Charges over a twelve (12) week period.

Financial

Supplier	Advanced	Capita
Financial (35%)	16.10%	19.72
Rank	2	1

Advanced Health and Care Limited

The Evaluation Panel recorded the following feedback in relation to the bid submitted by Advanced.

The bid was compliant to a large extent with **7 out of 8** evaluated criteria scored "Acceptable".

The one (1) area that was considered by the panel to be partially compliant, receiving a score of three (3), was:

Level and visibility of overhead recovery and margin by cost type (FIN6)
Overheads were only included for staff expenses and accommodation.

Capita Healthcare Decisions

The evaluation Panel recorded the following feedback in relation to the bid submitted by Capita.

The bid was compliant to a large extent with **7 out of 8** evaluated criteria being scored "Acceptable".

The one (1) area that was considered by the panel to be partially compliant, receiving a score of three (3), was:

Level and visibility of labour rates& Software Maintenance Charges (FIN8)
The Service Catalogue was not completed with Labour Rates.

Strategic Fit

Supplier	Advanced	Capita
Strategic Fit (5%)	2.68	2.23
Rank	1	2

Advanced Health and Care Limited

The evaluation Panel recorded the following feedback in relation to the bid submitted by Advanced.

The bid was compliant to a large extent with **4 out of 5** evaluated criteria scored "Acceptable".

The one (1) area that was considered by the panel to be partially compliant, receiving a score of three (3), was:

Variance from Schedule drafting in their entirety (STF1)

There were a number of amendments made that had a significant detrimental impact to the proposed Agreement, as detailed in the above sections.

Capita Healthcare Decisions

The evaluation Panel recorded the following feedback in relation to the bid submitted by Capita.

The bid was compliant to an extent with **3 out of 5** evaluated criteria scored "Acceptable".

The two (2) areas that were considered by the panel to be partially compliant, receiving a score of three (3), were:

Variance from Schedule drafting in their entirety (STF1)

There were a number of amendments made that had a significant detrimental impact to the proposed Agreement, as detailed in the above sections.

Biggest challenges facing NHS Wales in delivering the 111 integrated IT solution (ST4)

The response did not outline how the Bidder would support NHS Wales in meeting the challenges.

NHS Wales Legacy system costs - contracted values only (significant ad hoc costs not included due to unpredictable nature)

	Net of VAT	Including VAT
C&V UHB		
Adastra 40 User Licences etc	£74,170	£89,004
Hosted & managed services based on 265 Users and 50 concurrent	£47,425	£56,910
Odyssey Support	£2,250	£2,700
Odyssey Licences	£22,200	£26,640
	£146,045	**£175,254**
AB		
Annual Support & Maintenance Contract (inc VAT)	£129,352	£155,222
Annual License & Support & Maintenance for Odyssey	£34,318	£41,182
Unknown - Computer Maintenance	£1,606	£1,927
Unknown – Software / License Fees	£3,314	£3,977
	£168,590	**£202,308**
ABMU		
Concentrator Hosting Fee	£13,180	£15,816
Hosted and Managed Annual Contract (40 licences)	£109,250	£131,100
	£122,429	**£146,915**
Hy Dda		
Adastra licences and support	£115,500	£138,600
Odyssey licences - No longer required due to 111	£0	£0
Odyssey support - No longer required due to 111	£0	£0
Annual cost	**£115,500**	**£138,600**
BCU		
Adastra 55 licences	£60,448	£72,537
SCT Support	£2,399	£2,879
Capscan	£3,298	£3,958
Aremote	£11,359	£13,631
Panasonic Toughbook mobile	£1,112	£1,334
Source relay per device	£123	£147
Aremote no presc	£1,015	£1,218
AV Hosted renewal cost	£16	£19
Odyssey licence - 16 users	£43,650	£52,380
Odyssey support	£8,730	£10,476
Odyssey Training	£2,848	£3,418
	£134,997	**£161,996**
CWM TAF		
Annual cost 30 licences	**£84,700**	**£101,640**
WAST		
CAS Licences		
WAST Baseline licences	£567,000	£680,400
Plus 111 funded		
Additional 15 CAS Licences ABMU	£121,500	£145,800
Additional 15 CAS Licences Pembs/Carm	£121,500	£145,800
Additional 7 CAS LicencesPowys	£56,700	£68,040
Additional 35 CAS Licences AB	£283,500	£340,200
Additional 7 CAS Licences Cwm Taf	£56,700	£68,040
	£1,206,900	**£1,448,280**
CURRENT ANNUAL COST OF LEGACY SYSTEMS	**£1,979,161**	**£2,374,993**

Note: Powys not included as cannot extract costs from ShropDoc contract

111/OOH PROJECT

TERMS OF REFERENCE FOR THE IMPLEMENTATION BOARD

PURPOSE OF THE IMPLEMENTATION BOARD

To provide strategic direction and advice to Welsh Government and NHS Wales on the implementation of a new 24/7 urgent health care advice and information service, incorporating access to OOH services; specifically to:

- develop a strategic intent to improve the design of the current services provided by NHSDW, OOH call handlers and OOH clinical assessment,

- design, direct and implement a staged national work programme to achieve the strategic intent; and to,

- utilise and expand forums / networks across Wales to ensure that professional and public expertise informs the project and all existing staff are fully engaged and supported throughout the process.

The 111/OOH Implementation Board is a key strategic priority for the National Unscheduled Care Board which is chaired by the NHS Wales Chief Executive. As such, progress will be reported to this Board and the NHS Executive Board on a regular basis to ensure strategic alignment with other All Wales programmes.

AIMS OF THE PROJECT

The project aims to;

1. Implement a new all-Wales service that will help patients who have an urgent need for health advice or information, through a phased implementation of a free telephone support line which can also access local services, particularly GP OOH services.

2. Ensure that the agreed clinical model is robustly tested and that the clinical decision support tools and algorithms do not result in the destabilisation of the existing urgent and unscheduled care system

3. Establish the infrastructure to enable the new service to operate from late June 2016 with the expectation of a phased rollout in 2016 /17.

4. Work with partner organisations to ensure that NHS Wales procures an appropriate digital platform and infrastructure for both the interim and long term service solution

5. Develop, adopt and embed effective corporate, clinical and information governance mechanisms to enable the service to operate safely and legally.

6. Ensure that an appropriate commissioning framework is established for the long term delivery of services (linked to the Emergency Ambulance Service Committee – EASC)

7. Oversee the establishment of appropriate organisational arrangements with the capability to employ and deploy staff and resources to deliver the new service

SCOPE

The scope of the work will include the following:

- the creation of a new service specification for the management of urgent health advice and information including access to OOH services,

- access to a free-to-caller telephone number – 111,

- the design of the technical system components that staff will use to manage calls,

- Improving access to out-of-hospital services linked to any national and /or local initiatives as agreed with the Board,

- engagement with key stakeholders including the public,

- the expansion of on-line services providing high quality information for the public linked to the development of a Citizen's Portal,

- developing and embedding agreed standards for the new service, and

- oversight of the set-up of appropriate organisational structures to deliver the service, supported by robust commissioning arrangements.

Detailed objectives are noted within Appendix A.

BOARD ACCOUNTABILITY

- The Implementation Board will meet monthly initially and as necessary thereafter according to timing of decisions within the work programme.

- All meetings will be minuted; actions recorded and performance managed.

- The Implementation Board will monitor and be accountable for the delivery of the work of all sub groups established to take forward the work programme.

- The Board will regularly receive and note the Project risk register.

- In addition the Board will commission the collection and analysis of data intelligence to inform staged implementation arrangements.

EXPECTATIONS OF BOARD MEMBERS

- Members should be a designated senior level lead within their organisation, delegated with the authority to make decisions on behalf of the organisation/network they are representing.

- Members will be responsible for ensuring that their own organisation/network is fully briefed on decisions of the Implementation Board.

- Members may be expected to lead on key work streams and be accountable for feeding the outcome/findings to the Implementation Board.

- The membership of the Implementation Board will be accountable for decisions, and further actions arising from additional work streams.

- Members are expected to make every effort to attend all meetings. One nominated deputy, with delegated authority can be identified when required.

PROGRAMME SUPPORT

A full time Project Director will be appointed to manage the day to day running of the project. Project support will be provided by nominated expertise from NHS Wales.

The team will support the chair and group members by;

- providing advice on the design, structures and controls of the programme,

- monitoring the progress of the plan, identifying and overcoming risks and issues

- general secretariat duties including circulating relevant papers for meetings and monitoring actions,

- other ad-hoc support in relation to delivery of the work programme, including membership of various sub groups,

- contributing to and maintaining communication networks.

METHOD OF WORKING

- The Chair reserves the right to schedule ad hoc meetings should it be deemed necessary.

- The Implementation Board may establish working/task and finish groups to take forward certain actions or groups of actions determined by Board.

- Sub groups will be required to plan, deliver, quality assure and sign off all deliverables prior to submission to the Implementation Board for approval.

- The Implementation Board will invite input and co-opt advice from specialist sources as appropriate.

- Key documents relating to this work will be published.

IMPLEMENTATION BOARD MEMBERSHIP

Name	Role	Organisation
Judith Paget (Chair)	Chief Executive / NHS Senior Responsible Officer	Aneurin Bevan University LHB
Andrew Goodall (wef July 2015, replaces Simon Dean)	Chief Executive NHS Wales /WG Senior Responsible Officer	Welsh Government (DHSS)
Stephen Bassett	Chair of GP Out of Hours Forum	Abertawe Bro Morgannwg University LHB
Richard Bowen (wef Jan 2015)	Project Director	111 Programme NHS Wales
Mair Davies (wef Oct 15)	Chair of the Welsh Pharmacy Board	Royal Pharmaceutical Society
Tina Donnelly	Director	Royal College of Nursing
Hannah Evans (wef Sept 15, replacing Chris Powell who replaced Sara Jones as WAST rep wef Jan 2015)	Interim Director of Planning	Welsh Ambulance Services Trust
Neil Frow	Managing Director	NHS Wales Shared Services Partnership
Andrew Griffiths	Chief Information Officer for Health and Director	NHS Wales Informatics Service
Grant Duncan (wef Jan 17, replacing Karen Gully)	Deputy Director, Healthcare Primary Care Division	Welsh Government (DHSS)
Alex Howells	Chief Operating Officer	Abertawe Bro Morgannwg University LHB
Lisa Howells	Dental Representative	Welsh Government/ Public Health Wales
Charlotte Jones	Chair of the BMA Welsh General Practitioners Committee	British Medical Association
Chris DV Jones	Chair / Lead Chair for Unscheduled Care	Cwm Taf University LHB
Peter Jones	Deputy Director – Digital Health & Care	Welsh Government (DHSS)
Phil Kloer (wef Dec 15 replacing Sue Fish)	Medical Director Representative	Hywel Dda University Health Board
Claire Marchant	Director of Social Services Representative	National ADSSC /Monmouthshire CBC

Rebecca Payne (wef Oct 15)	Chair Elect of RCGP Wales	Royal College of GPs
Roger Perks	Policy Lead – Unscheduled Care	Welsh Government
Gareth Rees	Deputy Director of Operations	Hywel Dda University Health Board
Alyson Thomas/ Clare Jenkins (replacing Tony Rucinski and Peter Meredith-Smith)	Director	Board of Community Health Councils in Wales

IMPLEMENTATION BOARD ATTENDEES

Name	Role	Organisation
Gary Bullock	Director of Application Development and Support	NHS Wales Informatics Service
Dorothy Edwards	Assistant Project Director	111 Programme
Stephen James	Workforce Lead	111 Programme
Stephen Harrhy	Chief Ambulance Service Commissioner	Emergency Ambulance Services Committee
Jude Kay	Programme Manager	111 Programme
Chris Powell	Operational Lead for 111	Welsh Ambulance Service Trust
Ian Phillips	Informatics Lead	111 Programme
Peter Thomas	111 Clinical Lead	111 Programme
Chris Turley	111 Finance Workstream Lead	Welsh Ambulance Service Trust
Aled Williams	Head of ICT /111 Technical Workstream Lead	Welsh Ambulance Services Trust

REPORTING STRUCTURE
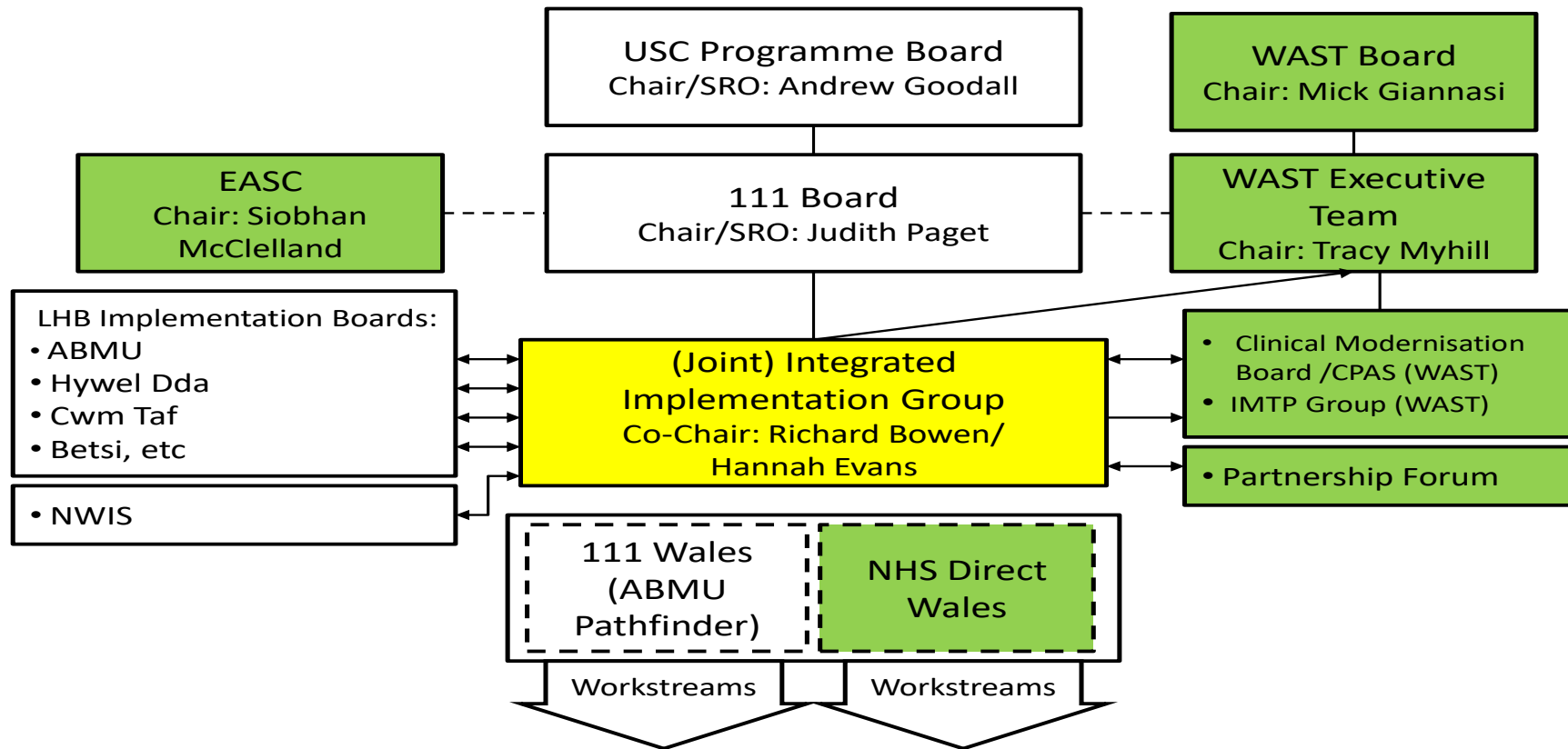
111/OOH PROJECT OBJECTIVES

Phased Go Live by LHB from October 2016

The scope of the project has been shaped by the need to meet the following key objectives, namely to:

a) establish and agree a detailed, costed service model;

b) secure the 111 number with the expected functionality;

c) establish the other technical system components;

d) ensure that the technical components of the system architecture are populated appropriately;

e) have sufficient numbers of trained staff to meet the service specification and the projected demand;

f) liaising with local services and stakeholders, ensure the new service is introduced smoothly;

g) undertake appropriate public awareness activities;

h) develop and embed agreed service standards;

i) establish arrangements with LHBs to ensure that current and future local services are 'connected' appropriately to the service;

j) work with stakeholders to demonstrate effective connectivity with local Single Points of Access and the proposed Citizen's Portal; and

k) provide easy to use and accessible on-line services, in particular high quality information on health conditions and public health material.

New Organisational Entity

In terms of establishing the **organisational form** to deliver the 111 service, the key objectives have been identified as the need to:

l) design and implement an appropriate governance structure;

m) develop and agree a comprehensive governance and accountability framework to enable the new entity to operate effectively;

n) design an organisational structure for the new service and to implement it in line with NHS policies on organisational change;

o) set the strategic direction for the new service including an effective and timely operational planning process; and

p) following detailed staff and stakeholder engagement, to transfer staff, contracts, assets and liabilities to the new entity.

111 Integrated Information Solution - Project Risk Log
As at 2 September 2019

Summary Position:	Overview Position
No of open **Extreme Risks:**	0
No of open **High Risks:**	1
No of open **Medium Risks:**	5
No of open **Low Risks:**	0
Total **OPEN Risks**	6
No of **Closed Risks:**	0
Total	6

Risk Change from Previous

↑ Increasing	0
↓ Decreasing	0
– Static	6
	6

Risk Scoring Matrix

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikley	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Area	Ref	Risk Category	Description	Outcome/ Impact Description of the risk	Previous / Initial Score			Controls Currently in Place	Latest Risk Score			Change from previous	Anticipated timescale for mitigation	Can this be tolerated?	Risk owner	Review frequency	Update Notes	Status
					Consequence	Likelihood	Score		Consequence	Likelihood	Score							
IIS Implementation	IMP 001	Service Risk	There is a risk that the supplier is unable to deliver the required solution.	NHSDW CAS system unable to perform, loss of 111 service. Exisiting GPOOH services face major disruption due to loss of front end services. Increased costs due to contract renewals with GPOOH supplier. Reputational damage to NHS Wales. Cost of termination could be excessive.	5	1	5	Detailed dialogue with the suppliers have taken place. Contract contains an agreed written specification. Contractual governance arrangements to ensure: • Quality and scope remain within acceptable tolerances during the design and development stage. • Appropriate remedies in place in the event of poor performance/low availability. • Appropriate remedies in place for delay and termination if the requirements are unable to be met.	5	1	5	-					control text renewed on 01/03/2018	Open
IIS Implementation	IMP 002	Service Risk	There is a risk that the delivery timescales are too ambitious and therefore unachievable.	Extension of contracts for existing systems beyond the current dates. Disruption to services caused by unreliability of current software provision. Reputational risk to NHS Wales. Potential financial penalties if delay is due to Authority cause.	4	3	12	Timescales clearly articulated to suppliers. Open discussion in dialogue to confirm that development timescales are achievable. Scrutiny of feasibility of supplier approach to development through dialogue sessions and responses, and financial model. Following contract execution, regular meetings with supplier to focus on delivery. Programme Board will sign off on plans, stages and gateways in partnership with the supplier to ensure progress is managed appropriately. Early engagement with key stakeholders including Welsh Government Capital team to expedite FBC sign off and contractual risk with both incumbent suppliers.	2	3	6	-					Reviewed 14/11	Open
IIS Implementation	IMP 003	Service Risk	There is a risk that project management and change management arrangements are inadequate to support delivery of the solution.	Slippage in timescales/cost due to inadequate programme management.	2	2	4	Robust provision outlining change management process within contractual schedules. Commitment from NHS Wales and successful supplier to mutually agree project management arrangements.	2	2	4	-					Reviewed 14/11/17	Open
IIS Implementation	IMP 004	Service Risk	There is a risk that the supplier does not commit the appropriate and adequate resource to implement the solution.	Slippage in timescales/quality of service due to lack of supplier resource.	2	2	4	Extensive engagement through dialogue discussed and mitigated potential issues raised by suppliers. Completion of comprehensive financial model to detail supplier activity and costs for implementation. Strong contractual arrangements mandate collaborative approach to implementation between NHS Wales and successful supplier.	2	2	4	-					Reviewed 15/10//2018	Open

IIS Implementation	IMP 005	Service Risk	There is a risk that NHS Wales will not have sufficient resource to support the implementation.	Slippage in timescales/quality of service due to lack of NHS Wales resource.	2	2	4	Involvement of NHS Wales stakeholders in the development of the requirement specification and the dialogue/evaluation teams. Internal NHS Wales discussions to understand the challenges and obligations of implementation. Clear contractual arrangements to determine the responsibilities of both supplier and NHS Wales in regard to implementation. Development of detailed project plan to understand requirements for implementation resource.	2	2	4	-					Open
IIS Implementation	IMP 006	Financial Risk	There is a risk that the financial arrangements for the new solution will not be in place.	Inability to award contract. Continued provision of current disparate/unreliable solution. NHSDW unable to continuing functioning with current CAS system.	4	2	8	In-depth understanding of supplier costs through financial model. NHS Wales capital implementation costs agreed with stakeholders and included in business case for sign off by Welsh Government. Revenue arrangements to be agreed with the Deputy Directors of Finance.	4	3	12	-					Open
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OGC Gateway™ Review 3: Investment Decision

Project Title:	**111 Wales Integrated Information Solution**
IAH ID number:	**AH/19/09**

Version number:	Final
Senior Responsible Owner (SRO):	Judith Paget
Date of issue to SRO:	20th March 2019
Department/Organisation of the Project	NHS Wales
Review dates:	18th-20th March 2019
Review Team Leader:	Caroline Charlton
Review Team Members:	Joanne Snaith Rachel Stephens
Previous Review:	Gate 2 20th-24th February 2017 DCA: Amber
Security Classification:	Official

This assurance review was arranged and managed by:

Welsh Government Integrated Assurance Hub (IAH)
Cathays Park 2
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Cardiff
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1.0 Delivery Confidence Assessment (DCA)

<u>Delivery Confidence Assessment:</u>	**Amber**/**Green**

The Review Team finds that the DCA is Amber/Green: Successful delivery appears probable.

At the time of this review, tender documents had not been submitted. The Review Team noted a strong degree of confidence that compliant tenders within the available cost envelope would be received. This confidence is underpinned by the Procurement Project Team's delivery of the competitive dialogue process thus far. The Amber/Green DCA is given on the basis that this assumption proves to be correct.

The report contains four recommendations relating to issues that are known to the Procurement Project Team.

Of the recommendations contained in this report the one that concerned most interviewees was that of the selection of the contracting authority. Determining which organisation would be the contracting authority was a recommendation from the 2017 Gateway Review. It is not clear to the Review Team why this has not yet been agreed, but it is now proving to be an unnecessary distraction and needs to be resolved.

1.1 Delivery Confidence Assessment

The Delivery Confidence assessment RAG status should use the definitions below:

RAG	Criteria Description
Green	Successful delivery of the project to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Amber/Green	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
Amber/Red	Successful delivery of the project is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Red	Successful delivery of the project appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project may need re-baselining and/or overall viability re-assessed.

2.0 Summary of Report Recommendations

The Review Team makes the following recommendations which are prioritised using the definitions below:

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification
1.	**Recommendation 1: The SRO should ensure that completion of the FBC is given priority within the team in order to meet the required sign off deadlines.**	C- Critical	Do Now	Context Aims and Scope 8.3 Business Case
2.	**Recommendation 2: The SRO should ensure that an updated timeline for FBC sign off is completed and agreed by all parties.**	C- Critical	Do Now	Programme & Project Management 3.3 Change Control
3.	**Recommendation 3: Further clarity is sought from both Welsh Government and NHS legal advisers on the level of unlimited liability cover that should be**	E- Essential	End April before tenders are received	Risks, Issues & Dependencies 9.2 Management of Risk

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification
	accepted as part of this procurement contract.			
4.	**Recommendation 4: Decisions on organisational roles and responsibilities for Contracting Authority and Provider roles need to be finalised.**	E- Essential	End September before award of contracts	Governance 1.1 Structures & Processes

Critical (Do Now) – To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately

Essential (Do By) – To increase the likelihood of a successful outcome the programme/ project should take action in the near future.

Recommended – The programme should benefit from the uptake of this recommendation.

3.0 Comments from the SRO

From a Programme and SRO perspective we welcome the thorough and robust approach taken by the Gateway Team and take on board the key recommendations noted.

4.0 Background

The aims of the project:
The Integrated Information Solution project aims to provide a single system to replace the existing end of life NHS Direct Wales (NHSDW) Clinical Assessment System (CAS) and the multiple GP Out-of-Hours (GP OoH) IT systems in us across NHS Wales. This will provide the enabling technical solution to support delivery of the 111 Wales service beyond October 2020.

The driving force for the project:
In February 2014 the Unscheduled Care Improvement Programme produced its vision for how unplanned care needs should be met. The 111 Wales service model aims to support the integration of urgent and unscheduled care by delivering a functionally integrated urgent care service that is the "front door" of the NHS and provides the public with access to and signposting to services, clinical advice and treatment 24 hours, 7 days a week.

The procurement/delivery status:
The procurement for the Integrated Information Solution is currently scheduled to receive final tenders at the end of March 2019 and submit the Full Business Case (FBC) in June 2019 with a view to award a contract in September 2019 subject to receiving approval.

With regard to the overarching 111 Wales Programme, a phased rollout began with a pathfinder to one Local Health Board (LHB) in October 2016 and by September 2019 five of the seven LHBs will be operating under the new service model albeit using legacy software.

Current position regarding previous assurance reviews:
The 111 Wales Programme undertook a Gate 0 in March 2016 at the outset of the pathfinder and a Gate 2 in 2017 for the Integrated Information Solution.

A summary of recommendations, progress and status from the previous assurance review has been provided by the Programme Team and can be found in Annex C.

5.0 Purposes and conduct of the OGC Gateway Review

The primary purpose of an OGC Gateway Review 3: Investment decision, is to confirm the FBC and benefits plan now that the bid information has been confirmed and check that all the necessary statutory and procedural requirements were followed throughout the procurement process.

Annex A gives the full purposes statement for an OGC Gateway Review 3.
Annex B lists the people who were interviewed during the review.
Annex C provides progress against the last assurance review recommendations.

6.0 Acknowledgement

The Review Team would like to thank the 111 Wales Team for their support and openness, which contributed to the Review Team's understanding of the Project and the outcome of this review.

7.0 Scope of the Review

The scope of this review is the procurement associated with the Integrated Information Solution for implementation of the 111 Wales Programme. At the time the review took place, final tenders had not been received and the FBC was still at draft stage.

8.0 Review Team findings and recommendations

8.1: Assessment of the proposed solution

The Review Team understood that NHS Wales Shared Services Partnership (NWSSP) is acting on behalf of NHS Wales organisations to lead the procurement for the 111 Wales Integrated Information Solution. This role leading the procurement is an interim one. Discussion around which organisation will be the signatory (Contracting Authority) to the contract and whether the same organisation will lead on implementation and Business as Usual (BAU) (provider), is still to be determined. This is discussed in more detail in paragraph 8.5 below.

The procurement covers both NHSDW clinical and patient management system and GP OoH systems across Wales (currently separate contracts across individual LHBs). The procurement followed a Competitive Dialogue process. There were nine responses to the pre-qualification questionnaire (PQQ) that was issued after expressions of interest to the OJEU advert. Following evaluation of the PQQ, a long-list of six bidders was established. Four of these six bidders subsequently withdrew leaving the project with two bidders. Both bidders are expected to submit final tenders at the end of March.

A number of interviewees explained that ideally they would have preferred to take more bidders to final tender stage to maximise commercial leverage and potential for innovation within solutions. However, there was a high degree of confidence that the project would receive two compliant bids. Interviewees and documentation described a robust approach to the procurement with appropriate assurance and use of subject matter experts and stakeholders. The documented approach to evaluation is similarly robust and we received confirmation from interviewees that specific resources had been identified and dates placed in diaries for the evaluation process.

8.2: Business Case and Stakeholders

Business Case

The Review Team received a draft FBC which needs to be completed in final draft within the next 6-8 weeks to meet the required timetable for sign off and associated procurement agreement. The FBC follows the OBC format and is constructed on the five case model, setting out the evidence for change, the desired solution and associated outcomes and benefits. The FBC provides information on the existing arrangements, the current ICT arrangements and the ongoing business need. Once completed the FBC should provide a clear case for change and for the financial and resource investment required.

All sections of the draft FBC need updating: some of this can be completed before full costings are received from suppliers such as the Strategic and Management cases; whilst other sections around commercial and financial aspects will need to wait. The FBC needs more detail around benefits and benefits realisation, including a quantification of anticipated benefits for the full 7 years of the contract and the potential further 7 year extension.

Recommendation 1: The SRO should ensure that completion of the FBC is given priority within the team in order to meet the required sign off deadlines.

The FBC needs to be on the agenda and discussed at a number of meetings, including the NHS Business Case Assurance Group, NHS Wales National Informatics Management Board and then needs to be submitted for internal Welsh Government scrutiny before being sent to WG Infrastructure Investment Board (IIB). The Review Team considered that the schedule required to meet the timetable was not fully understood and believes that the time for internal WG scrutiny before IIB needs to be factored in. To facilitate this the draft FBC could be discussed and presented to the WG prior to formal submission. It has been suggested that the Procurement Project Team should ensure appropriate representation at IIB at which the FBC is discussed, to enable any questions and issues to be addressed.

Recommendation 2: The SRO should ensure that an updated timeline for FBC sign off is completed and agreed by all parties.

The Financial Case within the FBC will be completed once the proposals are received. Although positive discussions have taken place with Deputy Directors of Finance (DDoF), the engagement needs revisiting and the informal agreements given further consideration. The Review Team understands that no decisions have been made regarding charging for the service, whether this is top sliced or "pay as you go". Once tenders are received, further clarification is needed on these options and agreement with DDoFs should be sought with some urgency.

Clarification is also required on who is responsible for agreeing these funding models and whether each organisation will need to confirm arrangements in writing.

Stakeholders

The Review Team noted that the success of the IT Procurement has been dependent upon full support from across the NHS in Wales. This large stakeholder group has included clinicians, LHBs, WAST and NWIS as well as backing from the WG NHS teams. Stakeholders have been involved in all stages of the procurement and as such, strong stakeholder management and engagement has been developed. The 111 Wales Programme has a detailed Engagement Action Plan which includes individuals and groups involved in the procurement. The Review Team considers that this plan should be extended to cover the implementation phase of the procurement once a supplier has been appointed.

One of the lessons of this Project is that success is very difficult without that support. A number of lessons learned exercises have been undertaken during the procurement and Pathfinder implementation phases and these lessons should be shared with all parties for the development and implementation phase.

Communication between the Procurement Project Team and stakeholders has been generally good. As the 111 Wales Programme and the procurement implementation gathers pace the Procurement Project Team may need to review how consistent communications continues between a larger stakeholder group.

8.3: Risk management

The Review Team found that risk identification and management has been undertaken by the Procurement Project Team throughout the procurement phase and discussed at each 111 Executive Procurement Board meeting. Risks identified relate to the work of the Procurement Project Team and include those around commercial/contractual elements, financial implications and technical delays. The Procurement Project Team has identified two key risks; firstly around the acceptance of liability for the clinical evidence base and secondly around limited liability insurance of data. The first key risk is believed to be resolved after it formed part of feedback following the 'trial invitation' to tender.

The second key risk is slightly more complex in that IT suppliers are not willing to offer unlimited liability insurance cover. This is one of the first IT procurements to take place since the implementation of GDPR and suppliers are more risk averse. The potential suppliers have been asked to provide costs for cover in bands of £20million up to £100million. There is a risk to the project if suppliers do not provide this cover and therefore do not produce compliant bids. Whatever liability cover is chosen for this contract could set a precedent for all future IT contracts across the public sector in

Wales. Greater clarity is needed both from WG and NHS legal advisers on the level of cover that should be accepted.

Recommendation 3: Further clarity is sought from both Welsh Government and NHS legal advisers on the level of unlimited liability cover that should be accepted as part of this procurement contract.

The Review Team reviewed the 111 Programme Risk Register which incorporates the IT procurement but did not see risk registers for LHBs, WAST and NWIS. The implementation for each organisation will be of a different scale, complexity and resource requirement and therefore will carry their own risks.

The Review Team noted concerns around the risk of, specifically, revenue funding not being allocated from the LHBs to allow efficient and consistent running of the service both during implementation and when the service becomes business as usual.

8.4: Review of current phase

The Review Team found that the Project was under control and that all documentation and procedures are in place to allow successful delivery.

The Review Team saw positive working relationships between stakeholders and good collaboration evidence such as co-chairing of governance bodies and integrated working groups.

The Review Team heard that some new functionality would become available under the new contract but not necessarily on "day one". Some interviewees expressed scepticism about how long the supplier may take to deliver more innovative aspects eg multi-channel access, apps (etc). Absolute clarity will be required on which functions need to be available on day one, priorities for which functions are to follow and, crucially the roadmap for when they will be delivered. The SRO should be aware and comfortable with the proposed financial model that seeks to capitalise license payment up front for the delivery of these functions.

The Review Team heard evidence that a contingency plan, which covers two scenarios is in place. The first being that one of the two remaining suppliers withdraws from the procurement process, and the second being that both suppliers submit non-compliant tenders. These contingency plans, however should be formalised and the relevant detail provided within the FBC.

8.5: Readiness for the next phase – Readiness for service

As mentioned in paragraph 8.1 above, the decision on which organisation will act as Contracting Authority is still to be finalised. At the time of this review, the prevailing thinking was that a written request would shortly be issued by the WG/Welsh Health

Minister to WAST to act in this role. A discussion paper on the potential issues and considerations around this was taken to the WAST Board Meeting in December 2018. WAST also sees itself as a logical choice for the role of provider of the service (hosting staff and NHSWD service already).

The Review Team heard that the current proposed position seems to be the role of Contracting Authority and Provider will be separated until completion of rollout and handover to BAU. This is currently scheduled for March 2021. The provider role will be filled by the 111 Wales Programme during this period. Further work will need to be carried out to clarify the functions of these roles. If WAST is not to act as service provider for the implementation period, their role in decision making and governance needs to be clear.

Based on the draft FBC that was reviewed, there were some issues on which decisions still had to be made including:

- whether multiple Deployment Order Authority Parties need to be accommodated in the contract;

- how training will be handled and whether there needs to be a central resource from the customer side rather than separate interfaces across all LHBs; and

- whether a single or multiple service desk model should be adopted.

These and other issues (such as agreement on level of limited liability) will have long-term impacts on the Contracting Authority and all parties need to agree how these will be resolved.

Recommendation 4: Decisions on organisational roles and responsibilities for Contracting Authority and Provider roles need to be finalised.

Plans for roll-out, testing etc will be developed once final bids have been received and the Procurement Project Team is aware of the need to identify and secure appropriate resources for implementation. Lessons learned have been reviewed from NHS England and NHS Scotland and, prior to each 111 Wales implementation, lessons learned from earlier implementations in Wales have been shared.

The current governance structure is based around procurement activities: as the project moves towards award and then implementation, governance should be reviewed to ensure the focus is on roll-out with adequate user and stakeholder engagement.

9.0 Next Assurance Review

Implementation of service is scheduled to begin in October 2020. The next OGC Gateway Review on this project; a Gateway 4: Readiness for Service should therefore take place in May/June 2020.

ANNEX A
<u>Purposes of the OGC Gateway™ Review 3: Investment decision</u>

- Confirm the Full Business Case and benefits plan now that the relevant information has been confirmed from potential suppliers and/or delivery partners.

- Confirm that the objectives and desired outputs of the project, are still aligned with the programme to which it contributes and/or the wider organisation's business strategy.

- Check that all the necessary statutory and procedural requirements were followed throughout the procurement/evaluation process.

- Confirm that the recommended contract decision, if properly executed within a standard lawful agreement (where appropriate), is likely to deliver the specified outputs/outcomes on time, within budget and will provide value for money.

- Ensure that management controls are in place to manage the project through to completion, including contract management aspects.

- Ensure there is continuing support for the project.

- Confirm that the approved delivery strategy has been followed.

- Confirm that the development and implementation plans of both the client and the supplier or partner are sound and achievable.

- Check that the business has prepared for the development (where there are new processes), implementation, transition and operation of new services/facilities and that all relevant staff are being (or will be) prepared for the business change involved..

- Confirm that there are plans for risk management, issue management and change management (technical and business) and that these plans are shared with suppliers and/or delivery partners.

- Confirm that the technical implications, such as 'buildability' for construction projects; and for IT-enabled projects information assurance and security, the impact of e-government frameworks (such as e-GIF, e-business and external infrastructure) have been addressed.

ANNEX B

List of Interviewees

The following stakeholders were interviewed during the review:

Name	Organisation and role
Richard Bowen	Programme Director, 111
Ian Rawlings	Technical Lead, 111
Tracy Needham	Senior Clinical Development Practitioner, WAST
Matthew Perrott	Senior Contracts Manager, NWIS
Simon McCann	Senior Partner, Blake Morgan (Legal Advisor)
Andrew Hartshorn	Commercial Advisor, InForm Solutions
Roger Perks	Head of Unscheduled Care, Welsh Government
Judith Paget	111 SRO/Chief Executive Aneurin Bevan UHB
Alex Percival	Principal Project Manager, NWIS and 111
Ian Gunney	Deputy Head NHS Capital Estates and Facilities, Welsh Government
Gary Bullock	Director of Applications Development and Support, NWIS
Aled Williams	Head of IT, WAST
Alan Roderick	Assistant Director of Performance and Information, Cwm Taf UHB
Toni Glavin	Divisional Lead (East) – GP OoH Service, Betsi Cadwaladr UHB
Jane Tyler	Finance Lead, 111
Paul Mason	National Informatics Manager, 111/OoH
Dr Stephen Bassett	Clinical Director (GP OoH), Abertawe Bro Morgannwg UHB
Alex Gibbins	Lead Pharmacist, 111
Chris Turley	Interim Director of Finance, WAST

ANNEX C

Progress against previous assurance review (20/02/2017 - 24/02/2017) recommendations provided by the Procurement Project Team:

Recommendation	Progress/Status
Develop a process to identify the eventual contract host for the new system and consider any migration arrangements	Agreement in writing from Shared Services to act as an interim Contracting Authority until the submission of FBC to Welsh Government in May/June 2019 Board development sessions held with WAST executives and independent members to ensure support for them taking this role on after FBC submission (agreed). Letter to formally be sent from Welsh Government
Prepare at the next level of details the dependencies on other projects and systems, including interfaces in readiness for the competitive dialogue process	**Action complete** – dependencies on other project and systems included within the specification and summarised in readiness for the competitive dialogue process.
Give early consideration to the new system rollout arrangements in readiness for the competitive dialogue process.	**Action complete** – timescales for rollout will be live with sequence for 111 deliver. By October 2019 we will have 5 LHBs that will be covered by the 111 system with Cardiff & Vale and Betsi coming live post implementation of the new IT system. The concept of three Deployment Orders (5LHBs +1 +1) has been clearly communicated to suppliers.
Develop the benefits realisation plan to specifically identify those benefits that are directly delivered by the introduction of a new IT solution.	**Action complete** – benefits realisation plan submitted as part of the OBC submission. This will be updated for the FBC submission.
Prepare a separate risk log for the IT procurement project to also include dependences, assumptions and decisions made by the IT procurement board.	**Action complete** – separate risk log routinely produced for the IT procurement board and regularly update as part of normal business.
Seek appropriate support for the OBC from WAST and Health Boards	**Action complete** – approved obtained for OBC from deputy DOFs (on behalf of DOF) and updates to chairs and CEOS and WISB.

	ALL LHBS represented on the All Wales sat the OOHs forum (all CDs and operational leads) plus memberships on the exec procurement board.
	FBC approval will now go through the business case assurance group which represents all organisations in Wales prior to submission to Welsh Government.
Identify and resource the skills and capacity needed for the procurement process and particularly the dialogue sessions.	**Action complete** - details resource allocation submitted (and approved) to Welsh Government prior to OBC submission for project management. Resource agreed for 20/08/19 and 2019/20 financial year which included project team, clinical and technical input plus additional input from LHBs and WAST.
Finalise governance arrangements for the project's procurement phase	**Action complete** – separate project board and work stream leads identified as part of OBC and preparation for supplier engagement. Separate risk log and resource finalised. Governance reporting aligned to 111 National Board
Develop a project plan, including identifying delivery milestones, interdependencies and the critical path	**Action complete** - the milestones and critical pathways have been mapped and regularly updated to the Procurement Board and 111 National Board
Develop a rollout blueprint for use by Health Boards	**Action complete** – detailed project plan template and operational readiness checklist produced for each LHB roll out.
Reconfirm the scope of the 111 programme for the next phase	**Action complete** – scope of the 111 programme clearly identified as part of the 111 roll out sequence further areas of development linked to the submission of the Strategic plan
Review the programme governance and management arrangements	• Programme Governance and management arrangements linked to the separation of the procurement Board agenda. • Alignment with the All Wales GPOOH forum also agreed • Membership of National Board agreed to ensure alignment with key work areas.

AGENDA ITEM No	2.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

OUR PEOPLE AND CULTURE STRATEGY 2019/20 – 2021/22	
MEETING	**Trust Board**
DATE	**21 November 2019**
EXECUTIVE	**Claire Vaughan, Executive Director of Workforce and OD**
AUTHOR	**Claire Vaughan**
CONTACT DETAILS	**Claire Vaughan 01633 626263** **claire,vaughan@wales.nhs.uk**

CORPORATE OBJECTIVE	**To support our people to be the best they can be**
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	**Our staff and resources**

REPORT PURPOSE	To seek Trust Board approval of our People and Culture Strategy 2019/20 – 2021/22
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE		

WHERE	**WHEN**	**WHY**
People and Culture Committee	**09.04.19**	**To test People and Culture themes and direction of travel**
ADLT	**22.08.19**	**For discussion and input**
EMT	**28.08.19**	**For discussion and comment**
WOD Directorate Day	**17.09.19**	**For discussion and WOD input**
WASPT	**23.08.19**	**For discussion and TUP input**
People and Culture Committee	**15.10.19**	**For consideration and comment prior to Trust Board consideration**

SITUATION

1. The purpose of this report is to seek approval of the Trust Board of the draft People and Culture Strategy 2019/20 – 2021/22 presented at Appendix 1 and the key deliverables and commitments identified within.

BACKGROUND

2. Our *People and Culture Strategy 2019 – 2022* is the umbrella strategy that sets out the ambitions and priorities for the next three years (at a high level) that will ensure we continue to set in place the right conditions and culture for our people to be their best, enabling everyone to enjoy a productive, healthy, happy (working) life and to support and underpin delivery of the Trust's ambition to be the leading ambulance service, providing safe, effective, high quality care to the population of Wales.

3. The content of this strategy has been subject to a period of consultation and engagement, and an earlier draft reviewed by key internal (including EMT, ADLT, WASPT and People and Culture Committee) and external stakeholders (including the Chief Ambulance Services Commissioner and Welsh Government Director of Workforce & OD) with feedback invited and incorporated prior to finalising this version for Trust Board approval.

ASSESSMENT

4. Our Strategy is designed to take us forward on a journey towards Delivering Excellence 2030 and our strategic people goals. It is an enabler to realising the broader strategic intent to expand digital solutions and new technology to help patients gain easier access to our services and advice; to help our staff to stay healthy, and gain increased access to clinical advice and to further develop their clinical skills; and towards implementing new, future service developments such as becoming the Call Handler of Choice, offering a sustainable, future out of hours service, and being recognised as the sole provider of transport to access healthcare in Wales, with a dedicated discharge and transfer service for patients leaving hospital.

5. Our Strategy builds upon the solid platform of improvement delivered over the past three years, and challenges us to move forward and stretch our ambition and appetite for change and transformation over the next three years, as we seek support for our plans to re- shape the skill mix and numbers of our workforce, and to better understand our future workforce requirements and implications of the developments such as the proposed transport and discharge service.

6. Our Strategy also recognises the need to continue to deliver against a range of workforce and service performance targets and key deliverables, particularly around resource available and improving attendance.

7. Our Strategy focuses our attention and efforts upon a number of key deliverables and commitments, all of which can be mapped towards delivering our longer term strategic goals, and are central to responding to some of the risks, challenges

and opportunities we face. When brought together, these deliverables are mutually reinforcing and designed to ensure the Welsh Ambulance Service continues to be a great place to work, volunteer, develop and grow

8. These deliverables and commitments are summarised for ease of the Board's attention at Appendix 2.

RECOMMENDED: That the Trust Board:

➔ **RECEIVE** and **APPROVE** the draft People and Culture Strategy 2019/20 – 2021/22 for implementation and communication.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	EQUIA implications of implementing key deliverables may be assessed as appropriate at point of development
Environmental/Sustainability	N/A
Estate	Not specifically addressed but implications of future wellbeing strategy and proposed skill mic and numbers increase will impact.
Health Improvement	Throughout
Health and Safety	Improving workplace safety is a central tenet of the strategy
Financial Implications	Costs of implementing key deliverables will be addressed on a case by case basis.
Legal Implications	N/A
Patient Safety/Safeguarding	Throughout
Risks	Articulated within the Strategy
Reputational	Throughout – linked to delivery of key objectives
Staff Side Consultation	WASPT

Being Our Best: Our People and Culture Strategy

2019 – 2022

Contents

Foreword

Our long term strategy and vision for the future of work at the Welsh Ambulance Service is exciting. As we move increasingly towards being seen as a provider of out of hospital healthcare services, rather than a transportation service, we will need to ensure our future workforce is sustainable, highly skilled and capable of playing a wider role in delivering, collaborating and co-ordinating the provision of care across the wider healthcare system.

Our workforce and volunteers are pivotal to helping us achieve this. We are a people- and patient-centred organisation, and our teams, regardless of role or function, are all working together to provide the highest quality services to the population of Wales. In so doing, we are all striving to make things better for our communities and ourselves, building community resilience from a variety of settings and roles. That is why it is so important that we demonstrate compassion and care in every interaction, be it with our patients, service users or each other. What each of us does and how we do it sets our culture going forward. How each of us feels about our work and about the Trust as an employer, are the most important factors in determining the quality of the care we provide.

This ***People and Culture Strategy 2019 – 2022*** is the umbrella strategy that sets out our ambitions and priorities for the next three years (at a high level) to ensure we are setting in place the right conditions and culture for our people to be their best, enabling everyone to enjoy a productive, healthy, happy (working) life and to support and underpin delivery of the Trust's ambition to be the leading ambulance service, providing safe, effective, high quality care to the population of Wales.

We have prioritised and called out a number of key actions within each section which we believe are necessary to respond to some of the risks, challenges and opportunities we face; but when brought together are mutually reinforcing and designed to ensure the Welsh Ambulance Service continues to be a great place to work, volunteer, develop and grow.

The last three years have provided a solid platform upon which we will build our future plans. We have introduced many new initiatives and developments which have made the Trust a better place to be.

We know this because, through our Staff Survey results, colleagues have told us things are improving. However, we know there is still so much more we can do and must do to meet the longer term strategic ambitions of [A Healthier Wales](#) and of **Delivering Excellence – Our Vision for 2030.**

Over this next three years (and into the future), we are going to need leaders at all levels of the organisation with the vision, passion, honesty and courage to challenge the norm and recognise the need to do things very differently. We must look beyond our *work*force to embrace the concept and opportunities of our wider *care*force, valuing and growing the contribution of our volunteers to help transform local communities, build community resilience and help the public make better, informed, healthier choices.

You will see within our strategy an ambition to move away from tradition and uniformity, towards designing wellbeing, quality and diversity into our jobs, systems of work, working environments, learning and education. This will be key to encouraging agility, engagement and readiness to change.

I am delighted to share this strategy with you all, as the first in a series of planned three-year People and Culture strategies aimed at supporting delivery of our long-term strategic ambitions. This is a hugely exciting and challenging time for us all and we look forward to continuing to engage and work with you all to deliver our goals and ambitions over the next three years.

Claire Vaughan

Executive Director of Workforce and OD

The Future of Work is Human…

It is of course difficult to predict the future with any degree of accuracy, and in the past there have been some exaggerated predictions about the age in which we now live, most of which have not come true. On the other hand, there have been innovations and inventions not predicted, such as smart phone technology, that have been truly transformative and have become a part of our daily lives. This, and other similar technologies, provides a platform for further advances, many of which could have a direct impact in the medical world and change our notions of managing illness and health, shaping our **clinical and non-clinical services** and the **skills and design of jobs** in the future.

Whilst we cannot be certain about everything, we can be certain that our workforce will remain at the **heart of everything we do**, and that the need for care and compassion will be constant. We can fairly confidently predict that the average working life will continue to increase so people will be **working longer;** they will look to **change jobs** more frequently as they seek **greater variety and choice**. Maintaining a **focus on health and wellbeing** will therefore be key to a longer, healthy, happy working life with **greater control and flexibility** over work, enabling better balance and a supportive response to the growing number of colleagues with **carer responsibilities**.

As we look towards the future, and to exploring how we can expand our influence within the wider community, unscheduled care and multi-disciplinary, out of hospital care setting, we foresee opportunities to explore and expand our horizons in understanding **new technology, data analytics and data science** and the potential this exciting **digital world** can offer us in thinking about the future design of our jobs, wellbeing approaches, creating greater access to our services and advice for patients, our occupational health services and clinical information for staff and improving access to education and learning.

Our ambition in the regard is set out in more detail in *Delivering Excellence: Our Vision for 2030,* which talks of a strategic intent to develop as the 'Call Handler of Choice' and be seen as the sole provider and co-ordinator of transport to access healthcare in Wales. Increased **prescribing rights** for advanced (paramedics and nurses) practitioners offers potential to expand their role and

influence within the **wider multi-disciplinary team and community setting**. There is an emerging narrative that describes the potential to develop '**care or system navigator roles**' supporting patients to navigate the system, accessing care at the most appropriate point, avoiding the 'front door' of the hospital. In becoming the 'call handler of choice,' we aim to develop multi-disciplinary teams within our clinical contact centres, and identify opportunities where **digital and technological solutions** could improve access to our services in future. We also have ambitious plans to provide a **national transfer and discharge support service**, providing timely transport to patients leaving hospital.

It is important that we are able to plan and drive the **transformation** in services and culture that we want to see. We believe this **People & Culture Strategy** will take us closer towards developing **organisation and individual capacity** to respond and adapt to system and service transformation at increasing **pace**; towards creating the **right conditions where individuals are supported and enabled** to be more **agile** and **accepting of change**; to a place where our **education and training** provision can **evolve and keep pace** with digital and service transformation; towards improved digital literacy across the workforce, and **a leadership that promotes** high levels of **trust and autonomy**, reducing bureaucracy, **simplifying** processes and creating more **freedom** to make decisions and take appropriate risks.

You can find more detail of our thinking of the Future of Work and a view from the future workplace in our long term strategy Delivering Excellence – Our Vision for 2030.

The Operating Context

There are a number of national strategy and policy drivers which have shaped our thinking and the design of our long term ambitions and strategic priorities. These include the UK Ambulance Services strategy, and the distinct Welsh context framed by the *Wellbeing of Future Generations Act, A Healthier Wales* and the *Health and Social Care (Quality and Engagement) (Wales) Bill 2019*, which set out the transformational changes required to deliver closer integration of health and social care, a requirement for continuous improvement in quality and culture of openness through imposing a **Duty of Candour** and **Duty of Quality** to better meet the needs of current and future generations in Wales.

A Healthier Wales challenges us to provide a joined up response to growing societal problems such as **increased frailty, isolation and loneliness** and to provide **seamless, best care** for all, where and when they need it. There is a genuine opportunity for the Trust's workforce to play a significant role in responding to these future challenges; by leading the way in changing mindsets, leadership behaviours and approaches which support individuals to not only receive best care, but also be supported to take **ownership** of their own caring responsibilities. As part of strategic plans, we aim to increase opportunities for our colleagues to give back to their own local community through greater opportunities to get involved in both **paid and volunteering activities** directed at **community and schools education**, befriending and care co-ordination, encouraging themselves and others to be as healthy, well and safe as possible and making '**every contact count**.'

Our approach to developing our people and our priorities are designed to take account the principles set out in *A Healthier Wales* and of the emerging long term **Health and Social Care Workforce Strategy** which includes planning for **new workforce models**, strengthening **prevention, well-being**, generalist and Welsh language skills, developing strategic education & training partnerships, supporting career long development and diversification

diversification across the wider workforce. We will ensure the potential future role the Welsh Ambulance Service workforce can play within the wider Health and Social Care system is firmly fixed within this emerging strategy.

The 5 Step Ambulance Care Pathway also provides a helpful framework to align our people and culture priorities ensuring they support service delivery and developments across all 5 steps including increased emphasis upstream to steps 1 and 2. This will in particular influence our workforce planning and education offerings to ensure the shape and skills of the workforce reflects each step of the process and underpins our ambitions to be a leading ambulance service.

Our Strategic Goals

Engaged

We will be recognised and renowned as an exceptional place to work, volunteer, develop and grow

Sustainable & Agile

We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long term strategy
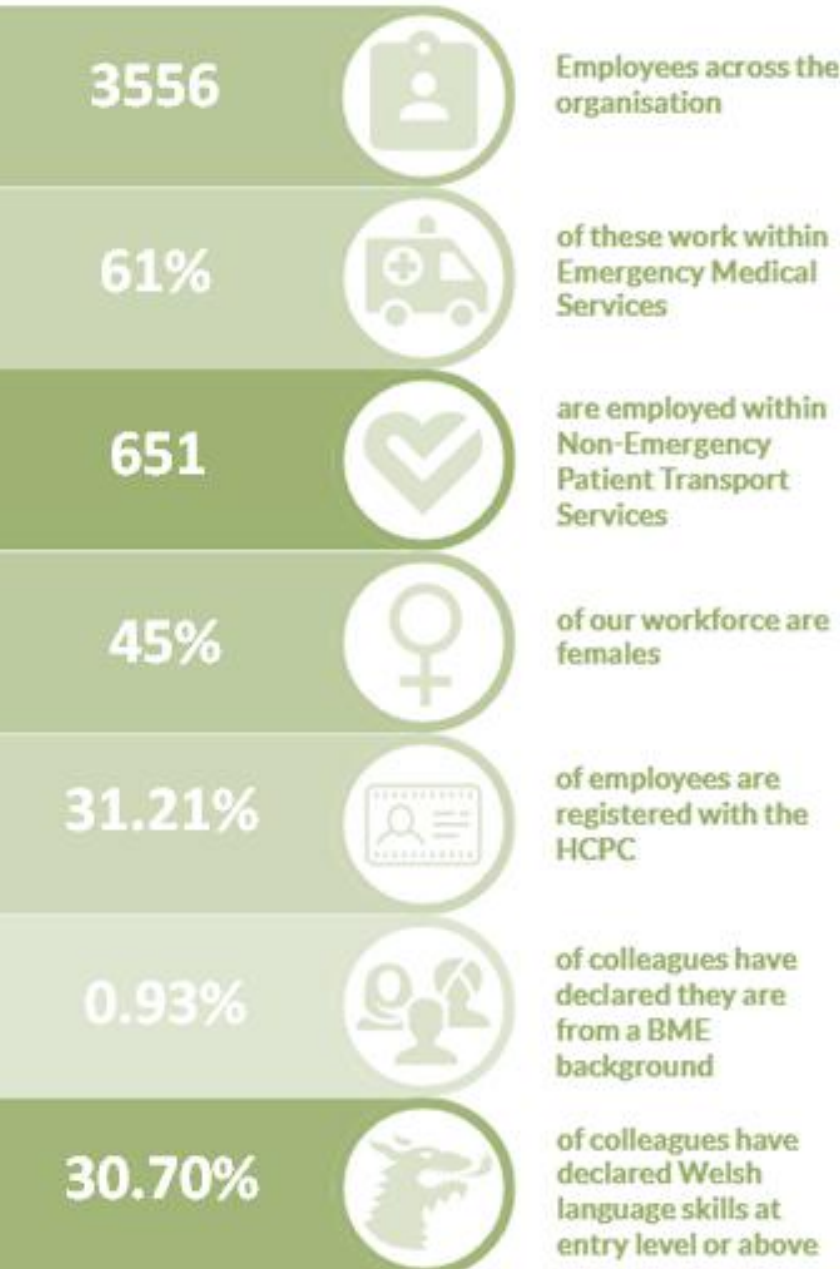
Well Led

We will develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust

Healthy

We want everyone to enjoy a long, healthy, happy and productive (working) life

Our Workforce at a Glance

3556 Employees across the organisation

61% of these work within Emergency Medical Services

651 are employed within Non-Emergency Patient Transport Services

45% of our workforce are females

31.21% of employees are registered with the HCPC

0.93% of colleagues have declared they are from a BME background

30.70% of colleagues have declared Welsh language skills at entry level or above

Leading Diversity

We have seen a positive increase in female staff employed over the past three years, from 25% to 45% and our LGBTQ network continues to grow in influence and presence; but presently there are only 25 staff who identify/declare themselves as BME - less than 1% of the overall workforce. Also less than 4%, only 136 staff, have declared that they have a disability. There is no doubt the statistics are a driver to encourage greater action to embed diversity and inclusion. As part of the AACE Ambulance Sector and our work on Project D, we want to shift our thinking to 'leading diversity' and 'celebrating difference,' rather than 'managing' equality as a problem to be solved. As we refresh our **Treating People Fairly: Strategic Equality Plan and Objectives** through 2019 (to publish April 2020) we will focus on the positives of **transforming employment prospects for those with disabilities**, of **creating a culturally intelligent, inclusive workplace, of improving access to careers and to education for under- represented groups** among our workforce; and we'll continue to work with a range of partners across education, ambulance and the Welsh health and social care system to help us to bring about real change.

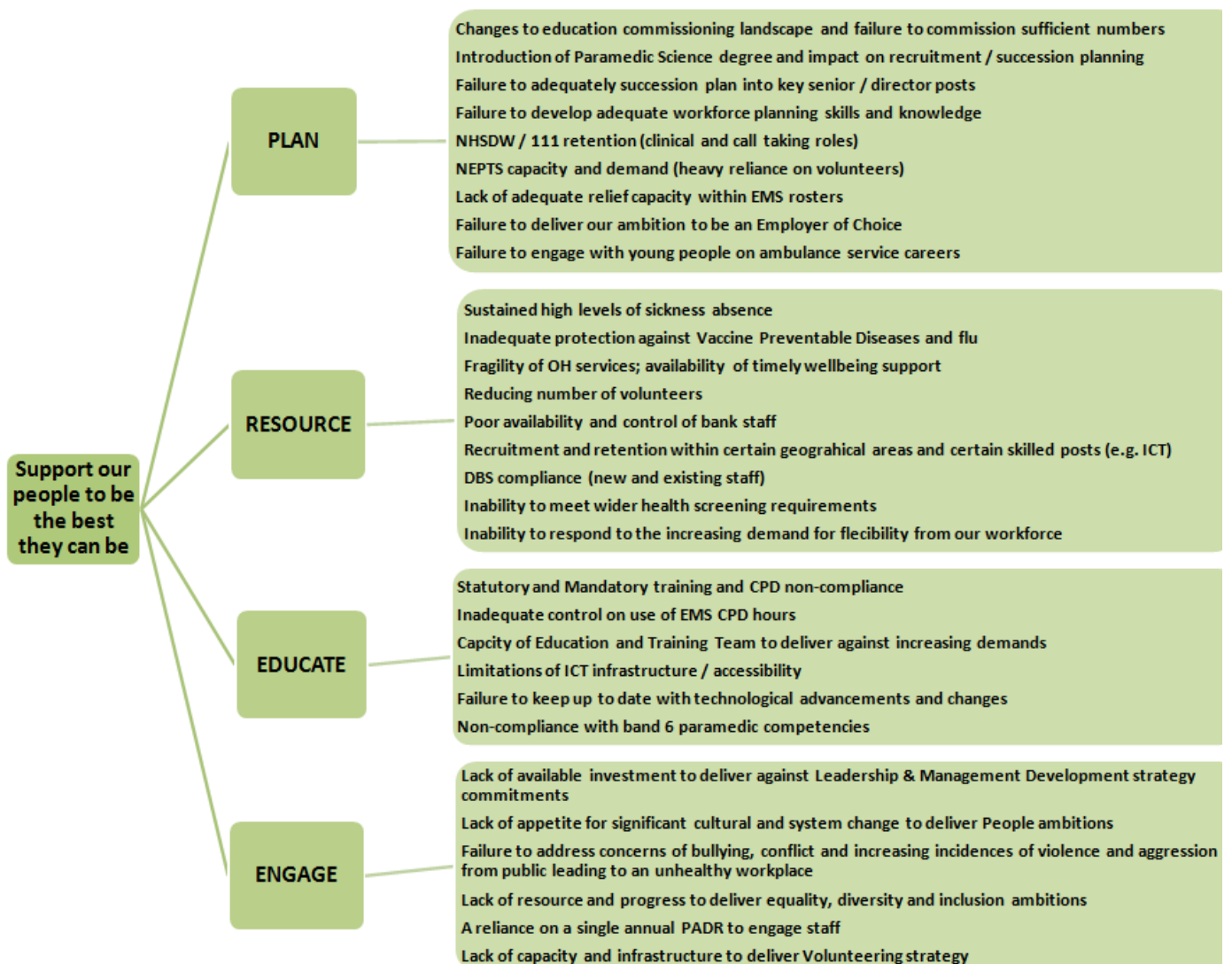## Caring for Our Older Workforce

We have also seen an increase in the number of staff aged 50+, from 34% three years ago to 40% in 2019. In our ambition to support people to age well in Wales and aligned to the broader strategic aims of the Older People's Commissioner for Wales Strategy 2019-22 and Welsh Government Healthier Wales Plan, we also need to consider the implications and challenge of an ageing workforce. Increasing longevity and expectations of a longer working life are strong drivers to continue to focus on the **health and wellbeing** of our workforce and will also drive changes to our **career pathways** and **educational models** in the longer term. We also need a **rethink of what it means to work flexibly** within our services (beyond our legal requirements to do so); to *promote* and *encourage*, not *resist* or *tolerate* requests for greater flexibility, to help people to accommodate and manage their increasingly complex, demanding lifestyles and caring responsibilities.

Our People and Culture Strategic Risks

We've described above the strategic context within which we are operating, and also some of our workforce characteristics and the challenges that these present for the future. There is also another driver to determining our strategic priorities and actions going forward – risk. Below is just an outline of some of the **risks and issues** that we have taken into account in our planning for the next three years – some are actual, some are potential risks we foresee if action isn't taken to mitigate or plan to avoid these risks.

Support our people to be the best they can be

PLAN
- Changes to education commissioning landscape and failure to commission sufficient numbers
- Introduction of Paramedic Science degree and impact on recruitment / succession planning
- Failure to adequately succession plan into key senior / director posts
- Failure to develop adequate workforce planning skills and knowledge
- NHSDW / 111 retention (clinical and call taking roles)
- NEPTS capacity and demand (heavy reliance on volunteers)
- Lack of adequate relief capacity within EMS rosters
- Failure to deliver our ambition to be an Employer of Choice
- Failure to engage with young people on ambulance service careers

RESOURCE
- Sustained high levels of sickness absence
- Inadequate protection against Vaccine Preventable Diseases and flu
- Fragility of OH services; availability of timely wellbeing support
- Reducing number of volunteers
- Poor availability and control of bank staff
- Recruitment and retention within certain geograhical areas and certain skilled posts (e.g. ICT)
- DBS compliance (new and existing staff)
- Inability to meet wider health screening requirements
- Inability to respond to the increasing demand for flecibility from our workforce

EDUCATE
- Statutory and Mandatory training and CPD non-compliance
- Inadequate control on use of EMS CPD hours
- Capcity of Education and Training Team to deliver against increasing demands
- Limitations of ICT infrastructure / accessibility
- Failure to keep up to date with technological advancements and changes
- Non-compliance with band 6 paramedic competencies

ENGAGE
- Lack of available investment to deliver against Leadership & Management Development strategy commitments
- Lack of appetite for significant cultural and system change to deliver People ambitions
- Failure to address concerns of bullying, conflict and increasing incidences of violence and aggression from public leading to an unhealthy workplace
- Lack of resource and progress to deliver equality, diversity and inclusion ambitions
- A reliance on a single annual PADR to engage staff
- Lack of capacity and infrastructure to deliver Volunteering strategy

Our Goal is to deliver excellence in everything we do and enable our people to be their best. Our **strategic priorities** are designed to be relevant to all parts of our workforce, paid and volunteer. Having a set of clear priorities will help us ensure we focus our attention and resources towards **taking opportunities for improvement**, tackling some of the main **challenges and risks** facing us, and ensuring we continue to provide the **best care possible**. Our priorities and some of the actions we will take are themed and are summarise on the next two pages. More detail on each of the themes follows on from this.

Overview - People and Culture
Strategic *Themes*

Plan

Effective planning of our workforce to ensure sufficient people are available, in the right place, at the right time with the right skills and behaviours to deliver our long term ambitions

We intend to build on the improvements made to our workforce planning, and to further expand our frontline services. We have already benefitted from investment into our paramedic workforce, and in developing our advanced practice workforce and clinical desk capacity. We have also expanded our call taking and nurse advisor workforce through roll out of the 111 service. We have invested in growing our corporate teams, including patient safety and quality, clinical leadership and organisational development capacity. In 2019 we will complete a refreshed capacity and demand exercise for both EMS and NEPTS, which will (if supported) be translated into a detailed workforce change plans, requiring investment in education and training capacity, large scale recruitment activity, localised roster changes, change management implications and potential opportunities to upskill existing grades of staff. We will also see changes to our supply chain through introduction of the paramedicine degree, further investment in advanced practitioners, and an expanded role for nurses as we respond to the requirements of the Nurse Staffing Level (Wales) Act 2016 and developments in falls services. We must ensure robust plans are in place to respond to existing and new developments such as the continued transfer of services under the NEPTS business case, development of a new transfer and discharge service, continued roll out of 111 and wider Health Board and system changes such as the Major Trauma Service and Clinical Futures. To support delivery we will need to increase our planning and programme management capacity and ensure robust succession planning to senior leader posts. We must also build systems, relationships and processes that enable us to work more closely with Health Boards and Trusts to ensure we are able to plan more effectively in the future, to promote joined up, multi-disciplinary working and planning to respond to future changes in local and national services.

Recruit & Resource

Prioritising actions to improve resource availability, increased workforce productivity and efficiency, tackling absence and reducing recruitment timescales and challenges

Maintaining and improving productivity and availability of our staff, whilst also accelerating delivery of our own internal efficiencies will remain a focus for us. We will complete the work we have started in partnership to review our resourcing policy and practices and complete our ongoing EMS roster reviews; we also recognise how important it is to our staff that we do more to improve meal break compliance and responses to short notice requests for flexibility and leave. We face a continued challenge to deliver further improvements to our attendance rates, whilst ensuring staff are appropriately supported and cared for and we will deliver on our attendance improvement plan actions. We'll also continue our work to ensure timely and effective recruitment of #RemarkablePeople and on-boarding processes to remove any unnecessary delays; work more closely with university partners to ensure we attract students with the right skills and attitudes to the profession, and with schools to increase awareness of the range of job and work experience opportunities, whilst continuing to build relationships and job opportunities for veterans of our Armed Forces. In the longer term, we need to be more agile and prepared to respond to changing demand and Health Board service developments and the impact that may have on rosters and working patterns, as well as the increasing need for flexible working patterns to help staff stay well in future. So, over the next three years, we will explore how we will make greater use of technology (including self-rostering and home working technologies) to improve flexibility and availability of both substantive and bank staff, and for modelling demand profiles and impact of changes to services so we can align our rosters and workforce accordingly.

Overview - People and Culture Strategic *Themes*

Educate

Transforming our approach to education and training, providing quality assured, person centred development opportunities, nurturing a supportive Trust-wide culture of lifelong learning

Over the next three years we will be changing the way we deliver training and education to our workforce for improved access and enhanced learner experience. We will be evolving our provision to make greater use of immersive, virtual learning and mobile technologies; taking learning closer to the individual through establishment of high quality, Local Learning Communities, and developing our Education and Training team, shifting from a purely 'taught' to an increasingly 'facilitated, coaching' style of education delivery. We'll be developing our apprenticeship schemes, supporting delivery of the Band 6 paramedic competency framework, developing quality assurance across all learning provisions and continuing to develop our corporate workforce. We'll work with HEI partners to ensure smooth transition to the paramedic degree programme and plan how we support existing EMT staff to develop into future paramedics. We're also exploring the potential for the Trust to attain University Status, and increase opportunities for clinical academic careers. We will establish a network of Subject Matter Experts to ensure high quality delivery of important topics such as Safeguarding and Mental Health. We will maximise opportunities for collaboration and partnership, ensuring we provide flexible, high quality learning experiences. Increasing Digital Literacy and improving basic skills will also be a necessary requirement as we move forward and support our workforce to aspire to progress their careers and prepare for change.

Engage

We will focus on ensuring this is a great place for us all to work, train, volunteer and grow, supported by vibrant, compassionate, courageous and collaborative leaders.

Our workplaces are changing. More and more individuals are seeking meaningful, satisfying work where they can make a real difference and be appreciated. Demographic diversity, multi-generational workforces and increasingly demanding jobs are a reality and present real leadership challenges. Over the next three years we will implement our agreed Leadership and Management Development Strategy which is designed to support development of a high trust, high performance culture. We will offer bespoke programmes of development designed to develop the required set of leadership behaviours, increased management capability (including managing change effectively) and address succession planning challenges. We will also set out plans to further improve colleague experience and support, including the development and launch of a new Volunteer Strategy. We'll take action to further build positive, psychologically and physically safe workplace environments as part of our new Wellbeing Strategy; to tackle our diversity challenges and develop more culturally intelligent leaders and managers; and respond to the reported increasing incidence of bullying and conflict within the workplace. To support this, we'll also be refreshing our organisational behaviours, vision and aim following feedback from our Teams. We'll also take a look at how we treat our Bank staff, and what opportunities exist to better connect them to the workplace, ensuring better access to training, development and career development opportunities.

Effective Future Workforce Planning

As we move increasingly towards being seen as a provider of 'out of hospital' healthcare services, rather than simply a transportation service, and continue to expand our hear and treat workforce (and in the longer term, potentially our out of hours service offering), we need robust workforce plans in place to ensure a **sustainable, agile, highly skilled and capable** workforce, in sufficient numbers and at the right time.

Data show people are living longer with more complex health conditions, which in turn places increasing demand on the services we provide and on the workforce we employ. Our workforce story mirrors changes to the Welsh demographic. The population in Wales is projected to increase by 9% to 3.3 million by 2036, with a substantial rise among the older population. While people are living longer we are also seeing a decline in the birth rate and less young people entering the workplace. And so competition to attract new starters increases.

Obesity rates are predicted to continue to rise in Wales, with over 67% of people age 45+ projected to be obese by 2025; as are more complex conditions as currently more than 40% of people aged 75+ live with two or more longstanding illnesses. The shape of our workforce and wider population health challenges are closely linked and impact on both the demand for services and capacity to deliver and have a significant influence on our future workforce plans.

In the short to medium term, we have identified a number of potential risks that will influence the shape of our future workforce plans; challenges such as planning for Brexit and the requirements of the **Nurse Staffing Level (Wales) Act 2016**; changes to the **education commissioning** landscape and the **introduction of a degree** requirement for paramedicine; restrictions on

Increase of 145% predicted in those aged over 85 years old

Population projected to increase by 9% to 3.3 million by 2036

>65% of people aged 45+ projected to be obese by 2025

Percentage of adults being treated for Diabetes predicted to rise from 7% to 11.5% by 2030

salary levels that often leave us struggling to compete and to attract the best candidates at very senior manager level; proposals to nationally review ambulance section A4C job evaluation profiles and increasing expectation locally to review and update job descriptions; and increasing **competition for our qualified professionals** at a time when there are not enough staff across the health system to meet demand.

Whilst planning to address these challenges, we must also plan for the implementation of changes to workforce skill mix and numbers identified through our capacity and demand reviews. In 2018/19 we introduced our workforce planning toolkit based on the six step model of workforce planning to support our workforce planning process. In future we will also be able to use workforce supply forecasting methods and modelling software to better predict of workforce demand as a result of local and national health system changes such as the Major Trauma Network changes.
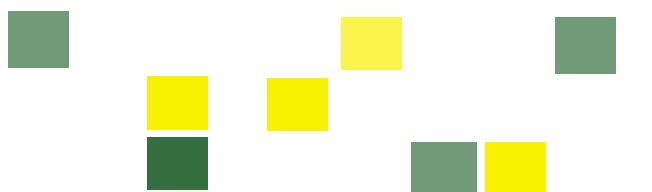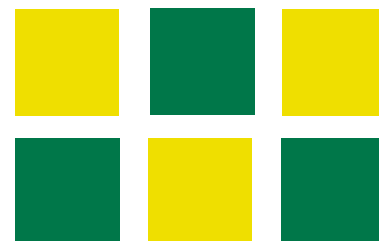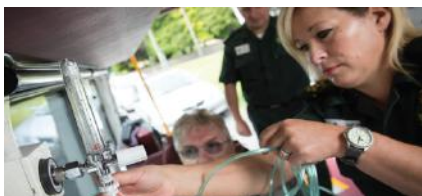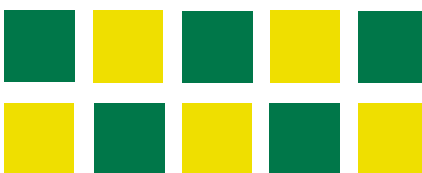
Effective Future Workforce Planning

Further work is needed to embed robust workforce planning processes across all directorates over the next 3 years and increase our capacity to manage and deliver large scale workforce planning and change, and to begin to understand and plan for the workforce needed to deliver our longer term strategic ambitions including the emerging proposal to become the Call Handler of Choice, and what it means to be the sole provider of transport to healthcare in Wales.

To deliver this strategic priority we will focus our efforts on these key deliverables…

- 2019/20 Deliver a Board approved **People and Culture Strategy** that sets out our ambitions and priorities for the next three years on our journey towards Delivering Excellence 2030

- 2020/21 Develop a **workforce transformation plan** to enable implementation of a shift in workforce skill mix, increase in numbers and roster changes as part of delivering the **EMS capacity** and demand recommendations.

- 2021/22 Scope the **strategic workforce plan requirements** for Delivering Excellence 2030, including the requirements for future NEPTS services and development of a discharge and transport service, and aspiration to be the Call Handler of Choice.

We will also…

- Ensure **robust education commissioning arrangements** are in place to delivery sufficient numbers of high quality, trained paramedics in the future (taking account of the changes to education requirements).

- Ensure we have sufficient **supporting infrastructure and capacity** with the necessary planning, programme management, education and training and OD skills needed to support delivery of our workforce and service transformation plans.

- Continue the successful roll out of the 111 Service across the rest of Wales.

Recruitment & Resource Availability:
Providing a Safe, High Quality, Responsive Service

We aim to ensure that all of our services users can access the right help, from the right place at the right time. Our workforce is highly motivated to provide the **best possible care** to our patients. However there are a number of **internal inefficiencies** that we need to address together to improve **efficiency, productivity and availability** to respond.

These inefficiencies and challenges were highlighted in the **2018 Amber Review**, but they are not unique to us, as demonstrated in the 2018 **Lord Carter Review** into English Ambulance Services.

Whilst progress towards **reducing absence** and **improving meal break compliance** has been made in 2018/19, we must continue our focus to further reduce our sickness absence, **address variability in relief capacity** and **increase availability of bank staff**; to make inroads to reduce the number of **hours lost after handover to clear**, further increase compliance with taking meal breaks and reduce the number of hours we lose travelling **back to base for meal breaks**. This will require our workforce and operations teams to continue to work closely together with trade union partners to drive the improvements we need to see.

This work has started with a new approach to reviewing and improving our **resource policy and practice,** which takes a look at the challenges through a quality improvement lens in partnership with TU colleagues. In past years this has proved a challenging area to deliver change, but together we are seeking further improvements to meal break compliance and over runs, greater flexibility and efficiencies within rosters, and the project will also lead us to review our **EMS relief staffing** arrangements..

Improving attendance among our workforce has always been a key priority but over the past 12 months we have been unable to deliver the sustainable reduction required; and we continue to have one of the highest sickness rates of all NHS organisations in Wales and UK ambulance services. We remain determined to deliver significant and sustainable improvements in attendance through **better, supportive, planned management** of absence cases, **increased resources** to support line managers, and
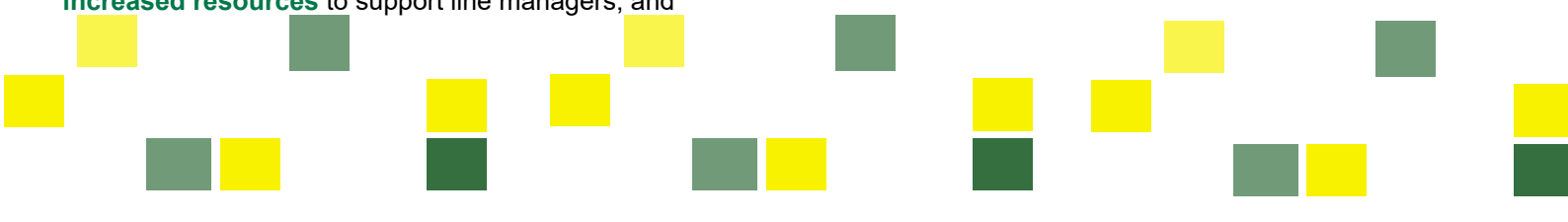
investing in our **occupational health service** provision and developing proactive strategies to support and enable staff to stay well at work.

To deliver this strategic priority we will focus our efforts on these key deliverables….

- 2019/20 Deliver an improvement in **resource availability** levels across the workforce

- 2020/21 Expand our offer of **meaningful work experience** opportunities to school age children and build on a **programme of schools engagement** to raise awareness of service opportunities to ensure a ready supply of remarkable people to work in the ambulance service

- 2021/22 Invest in developing our **Occupational Health and Wellbeing Services**, including exploring the potential use of **video technology, introduction of in house clinical psychology** and review of our recently implemented **rapid access to physiotherapy services** to improve access.

We will also

- Maintain a continued focus on **robust, but compassionate management of long term sickness** absences, with a focus on better process planning, and regular local and senior management scrutiny of the caseload to deliver continued reductions in average length of absence.

- Evaluate the benefits of **home working technology** within our contact centres to enable greater flexibility and ability to scale up (and down) the workforce at times of increased demand; plan for further roll out across 2020/21

- Expand our recruitment plans to tap into '**alternative talent pools'** such as retirees seeking to re-enter work, people caring for children or other family, ex-armed forces and mature students seeking flexible hours, particularly in our contact centre environments.

- Complete our **Resource Policy Improvement Project** and explore ways to increase flexibility on and off the job and improve the experience of our frontline EMS staff.

- Secure improvements to the resilience and function of our paramedic and NEPTS **Bank Arrangements**.

Spotlight On: Recruitment and Widening Access to Ambulance Service Careers

Recruiting #Remarkable People

Widening access to career opportunities within the Trust is crucial if we are to be truly reflective of the diverse communities we serve across Wales, and **remain competitive** in the face of ever increasing recruitment challenges. Our focus will be on placing Trust behaviours at the heart of the selection process creating a **positive candidate experience** to attract new talent and evaluating our recruitment and retention processes.

In order to **embrace diversity and celebrate inclusivity**, we must foster a culture where every member of our workforce can be themselves within the workplace. However, applicants from different sections of our communities find it impossible to connect with the language and 'NHS speak' of our job descriptions and traditional methods of developing recruitment material; and often they do not see themselves in our jobs or images. By continuing as we do, the Trust is missing out on the richness and experience an inclusive, diverse workplace brings. The Trust must undertake a review of the entire recruitment and selection process and recognise the mindset change required if it is to become an **employer of choice** and remove barriers for candidates from **less represented groups**.

Connecting with the Armed Forces Community

In April 2019 we signed up to the **Step into Health pledge** and **Armed Forces Covenant** as a sign of our commitment to supporting veterans of our Armed Forces and their families into ambulance service careers. Just under 2% of our current workforce have either joined us directly from the Armed Forces and/or have declared they are an Armed Forces Reservist. We pledge to continue to **support careers events** tailored to those about to leave, or those who have recently left the military. We will also seek to offer **better access to advice and information** for those keen to find out more about working for us and the range of jobs available. Transitioning from active service can be tough, and to help support and guide those joining the Trust who are finding it difficult to adjust, we are establishing a **network of support advocates** from among existing staff.

Inspiring Future Generations

Raising awareness of career opportunities among school age children and creating broader opportunities for **work experience** is vital if we are to encourage young people to consider the Trust as a future employer of choice. With a focus on diversity, inclusion and widening access for disadvantaged or underrepresented groups, we are committed to build upon a **schools engagement programme** by increasing the use of volunteering, work experience, internship and pre-employment activity. We already connect with a range of schools and colleges from across Wales and by participating in the delivery of various careers events in relation to clinical and non-clinical careers, enrichment days and mock interview events. We want to do more of this, and to do it in a more planned, systematic way in future.

Widening access through Apprenticeships

Developing our **Apprenticeship offering** is an integral element of widening our participation both in terms of existing and future colleagues and will help us to better meet the changing needs of our workforce and learners, providing a flexible, accessible and modern approach to learning. Establishing Apprenticeship routes within both **operational and corporate roles** will support the provision of **meaningful career pathways**, enable us to improve colleague experience, organisational recruitment and retention rates and also help us to better reflect the communities we serve in terms of diversity. It will also place the learner at the heart of the educational process.

Graduate Trainees

The Public Services Wales **graduate training scheme** creates opportunities for individuals and organisations to build relationships, shared actions and community outcomes through a formalised approach. It is expected that this pan-organisational leadership development will facilitate leadership careers which have a portfolio of different sectors and organisations. We are proud to play a role in this development, **collaborating with colleagues across public service** to offer opportunities to aspiring leaders.

Transforming Education and Training

A look into the Future

Our ambition to be a leading ambulance service can only be delivered if we support our people with education that compliments the Ambulance Quality Indicators - 5 Step Ambulance Care Pathway. We see the development of *Technology Enabled Learning* playing a key role in the future design and delivery of education. Technology provides us with the means to enhance learning and the learning experiences across the full spectrum of our provision, enabling skills to be developed and refined using the latest interactive training equipment. We intend to enable immersive and virtual learning environments at all our main sites, and are excited to explore how **Augmented Reality, Virtual Reality and gamification** concepts can help us to deliver **statutory and mandatory training** in a more engaging, impactful way.

Towards Self Directed, Self -Owned Learning

We also want to empower our people to **own their professional learning** whether that be in their taught, nationally recognised regulated qualifications and apprenticeships delivered and facilitated by the National Ambulance Training College or training and education delivered through devolved functions. Delivering **engaging content** that builds on experiential learning will assist our people to access learning in a more frequent, **bitesize** manner. Where regulated qualifications form significant parts of programmes, we will support an open mind-set – driving the learning experience by seeking solutions using professional enquiry and curiosity whilst ensuring the necessary compliance for a nationally acclaimed quality provision.

Statutory and Mandatory Training

To improve take up of our **annual CPD programmes** and **Statutory & Mandatory Training** requirements we will continue to work on making the content challenging, relevant and engaging, taking learning from incidents and innovation, and improving access through **eLearning via OnClick and ESR**. We will also encourage locally delivered, centrally quality assured peer CPD learning to complement the annual programme and engaging with **bite-sized micro-learning** to develop knowledge and test understanding on hand held devices – truly bringing learning to individuals, on demand.

Assuring Quality Provision

We want all of our people to **access quality learning**, wherever they are in the country. We have a growing body of local learning networks where peer learning opportunities are made available to complement the CPD programme facilitated by the Education & Training team. Developments in technology provide us with the opportunity to **capture this local learning** and distribute it to teams in other parts of the country. By building a resource that is centrally quality assured and locally delivered, we can be confident that best practice and the latest thinking can be **accessed in a timely manner**. Quality Assurance will be monitored closely by the Trust's Strategic Education Steering Group.

University Status

Research and development, innovation, education and training and collaborative relationships with industry are found throughout the everyday business of the Trust. We want to remain at the **forefront** of such initiatives and attaining University Status enables us to clearly state our **commitment to excellence and continuous improvement** across the whole organisation, establishing professionalising progression pathways for the whole workforce.

Fit for Purpose Estate

We will continue to explore the benefits of **co-locating** our educational provision with **academic and other partners** in the longer term, while also recognising the need to create **local, equitable access** to high quality, learner centred education opportunities in a fit for purpose environment, in all three regions.

For a *Skilled, Competent and Safe* Future Workforce

Contact Centre (CCC/NHSDW/111) Education

Whilst this is delivered by a specific systems training team, the skills, aptitudes and competencies that are required in the contact centre environment could be enhanced through creating a range of engaging **scenario based and immersive teaching opportunities.** We propose to create a **virtual contact centre environment** with numerous simulated experiences to provide colleagues a more realistic experience when developing skillsets and chance to practice clinical triage skills and newly acquired telemedicine skills, in a safe space. This will also provide colleagues in other roles with an appreciation of the role played by this service in Steps 1 and 2 of the 5 Step Model. We will also explore creation of an **apprenticeship route** as a potential specialist development opportunity, supporting our ambition to be the healthcare call handler of choice.

Changing needs of NEPTS

The needs of our ageing population are changing the response that our Non-Emergency Patient Transport Services (NEPTS) provide. To ensure we develop the skills, knowledge and understanding of our NEPTS people, their bespoke education has developed to provide learning relating to **End of Life Care, frailty** and working with those living with **dementia** and engaging effectively with their **carers**. We will continue to meet the needs of the **Health Care Support Worker agenda** and provide **regulated, accredited education** to support the developments in **transfer and discharge services** ensuring colleagues consistently operate to the highest standards of care.

Developing our Administrative Staff

As part of our education agenda, we will continue to progress our **Administrative and Clerical Professional Development Initiative**, investing in and recognising the contribution of our corporate support service colleagues. We will undertake a **training needs analysis,** and create learning opportunities such as **minute taking training** delivered via our immersive learning environment and facilitation of **professional development events** specific to administrative and clerical roles.

Driver Education

We are proud of our **Driver Training School** and its achievements, and will continue to invest in **high quality, leading edge, technology-rich** Driver Training Vehicles in multiple formats to ensure our people are able to seamlessly transition from the learning environment to their operational role.

We must also plan for delivery of the **Diploma in Emergency Response Ambulance Driving Instruction** programme (by 2021), and enable internal development of driving instructor staff for effective succession planning to enable us to meet the requirements of **Section 19 of the Road Traffic Act (2006)**, which is expected to come into force in 2021/22. We will also embed our recently developed **nursing and midwifery career framework** and **paramedic career frameworks** which set out opportunities for development of advanced practice skills and internal rotations in WAST to maximise the skills of registered nurses and paramedics, and encourage progression from student to **Nurse or Paramedic Consultant** posts with **rotations** for staff in WAST and across Health Boards.

Advanced Practice & Paramedic Prescribing

We have presented **Commissioners** with our ambitious plans to expand the provision of **Advanced Paramedic Practitioners (APP)** over the next five years. An emerging evidence base has been established from which we can demonstrate the positive impact that expanding APP provision could have by ensuring more patients are treated at home or in community settings, thereby reducing conveyance to hospitals, hospital waits and handover delays.

A fundamental aspect of this advanced practice model is **rotational working** where clinicians move between WAST and other non-ambulance setting such as Primary Care and the provision of Out of Hours services. This rotational working allows the development of another strand of our 'key enablers' namely Advanced Paramedic **Independent Prescribing**. We are the first ambulance service in the UK to educate and incorporate Advanced Paramedic Independent Prescribing into frontline practice and are at the beginning of a journey to explore and potentially expand our number of APPs with this ability. This investigatory process will hopefully develop the evidence to how we can incorporate this **enhanced degree of medicines delivery** into ambulance service practice and ensure our frontline clinical services are sufficiently modelled to serve our changing patient needs in the future.

For a Skilled, Competent and Safe Future Workforce

As NHS Wales evolves in terms of its governance arrangements it is vital that we assist our corporate team to understand the NHS, the organisation and the vision of governance and the need to comply with NHS practices. In the continually changing landscape the team will need to look to the future and move away from conventional administrative processes to take on a more professional and advisory supporting role to the Board. Training plans will be established to ensure our staff are fully skilled and equipped with knowledge in areas such as good governance, legal, digital technology and IT to support the Board to operate at a strategic level and assist the organisation to evolve and move forward at pace.

Rapidly changing patient care models, alongside medical and technological advances, will require all frontline staff to acquire new information and digital skills and adopt new ways of working over the coming years. A digital-enabled workforce has a crucial role to play in our future ambulance service, enabled by a strong, resilient and skilled informatics and IT workforce at the heart of our digital transformation.

To deliver this strategic priority we will focus our efforts on these key deliverables….

- 2019/20 Deliver a Board approved **Strategy and Implementation Plan** with key deliverables over the next three years.

- 2020/21 Introduce the **Paramedic Science Degree programme** and develop the **Conversion Programme** to enable sustainable supply and internal progression routes.

- 2021/22 Ensure all staff meet a **minimum standard for core education requirements** and **digital literacy** in readiness for future service and digital transformation

We will also…

- Ensure that all of our people are educated to **Make Every Contact Count** by promoting the importance of **patient centered practice** and decision making, empowering our community to recognise the role they play.

- Expand opportunities to undertake apprenticeships, including clinical apprenticeship pathways and consolidate support through the future creation of an Apprenticeship Academy

- Develop **Clinical and Driving Instructor pathways** to enable effective succession planning and meet requirements of Road Traffic Act 2006

- Explore options to introduce **gamification, VR and AR** modes of delivery and expanded immersive and simulated learning opportunities.

Spotlight On: Professional Development

Paramedic Education

We have been working with our academic partners to plan for the introduction of the **degree in paramedicine** as entry level for a newly qualified paramedic from 2020. We will also develop our plans to **widen participation** and access by further expanding our **apprenticeship** offering and learning from **pre-degree pilot schemes** run in England aimed at encouraging individuals from BME backgrounds into paramedicine. This will be further enhanced by our ambition to attain **University Status**. Completing delivery of the education process aligned to the new band 6 paramedic role will also remain a key focus for us, with work planned to fully evaluate and measure the associated benefits. The introduction of degree based education as being the point of registration for paramedics will be a **strategic enabler** to the professions development and ensure our future paramedics are suitably skilled to deal with the increasingly complex patient presentations seen across the wider unscheduled care system.

Post registration education

As our paramedics develop throughout their careers it is now essential that a well-developed and **comprehensive career framework** exists to ensure they can continue to deliver optimum care to patients as their skills grow and development. Likewise, the ever increasing need for effective frontline **clinical leadership** will require clinicians to be suitably educated. Embracing this emphasis on lifelong learning, and continued professional development is a key aspect of the future paramedic. The ability to move across disciplines, into broadening areas of practice will ensure that WAST continues to be viewed as an employer of choice, educating and supporting paramedics throughout out their careers. Post-registration education is the key by which we will increase the professionalization of our paramedic workforce. As the profession matures and develops, with broadening opportunities to work across disciplines, individual paramedics will be required to further embrace the philosophy of lifelong learning, becoming increasingly cognisant of the professional values and responsibilities.

This will ensure that we are able to attract and retain the **highest calibre clinicians** and ensure that the care offered to our patients continues to be of the utmost quality.

Nurse Education

We have developed an ambitious **Nursing Career Framework** with the aim of assisting nurses to flourish within their role and to be supported academically and clinically to progress within the service, eventually up to the level of Consultant Nurse. Concentrating on the **'hear and treat'** areas of nursing within WAST, a modular approach to education with rotation into 'see and treat' areas has commenced and is being evaluated. Our ambition is to scale up the academic opportunities open to nurses to include funding for full MSc programmes of study to create a nursing workforce for WAST that will **complement** paramedic services and meet future requirements in alignment with service development. Placing nurses in cars is one of these developments. Band 5 nurses will be introduced into the NHS Direct/111 Service and Student Nurse Placements have been reintroduced into our clinical contact centres.

Clinical supervision / work based coaching is an integral element of the Nursing Career Framework. Work is ongoing to secure the resources required to provide this on a regular and consistent clinical basis. Continuing Professional Development (CPD) for nurses - *vital to ensure nurses and midwives maintain safe and effective practice, improve practice or develop new skills* - is built into the nurse roster and ensures the organisation is assisting nurses to meet the requirements of the **Nursing and Midwifery Council (NMC)** Revalidation process. Nurses joining the Trust to undertake a role in 'hear and treat' undertake an extensive induction programme and the ambition is to gain **external recognition and accreditation** for this programme. This includes a plan for in-house development of a bespoke, fit for purpose 'hear and treat' educational module with higher educational institute (HEI) accreditation.

Engage: Making WAST a Great Place to Work

Great colleague experience leads to great patient experience. This is reason enough to continue to focus our efforts on further improving colleague experience, so that our patients and service users also benefit. However, **bold changes** are needed over time if we are to truly transform individual experiences of work and create a healthier WAST.

At the start of this strategy we stated that the future of work is human. For every colleague to have the best possible experience, we must start to move to a much more **person-centred approach** – and focus on the '**human experience'**. This means actively encouraging people to be their true selves in work as far as possible, **designing meaningful support systems**, creating a clearer understanding of **what brings meaning, satisfaction and purpose** to individuals, whatever their role, and embracing **individual difference**. A natural consequence of an increased focus on the individual is the shift from **standardisation and uniformity to fairness and flexibility**. This shift will prove challenging for many, managers, trade union partners and members of staff alike. But we have to start somewhere, and we can do that through small (and larger) changes here and there in what we do and how we do it.

We have already said that the strategic priorities and actions identified throughout this document are mutually reinforcing, and should, when brought together, make a significant contribution to the wellbeing and happiness of individuals at work. We have also identified a range of further actions and priorities, informed by the results of our **2018 NHS Wales Staff Survey** and specifically designed to make improvements in the following areas:

- *Team-working*
- *Senior Manager and Executive visibility and confidence.*
- *Communications (between managers and staff).*
- *Management of Change.*
- *Experience of harassment and bullying*
- *Increasing incidence of violence and abuse against our workforce*

We will continue to collaboratively develop local actions to address these and other areas of concern identified through future staff surveys.

We will also continue to play an influential role in supporting the NHS Wales Colleague Experience Workstream and the Ambulance Sector Projects A and D to develop a collective response to the challenges of improving respect and resolution, diversity and inclusion, health and wellbeing and innovation.

To deliver this strategic priority we will focus our efforts on these key deliverables….

- In 2019/20 Refresh our commitment to our Volunteer workforce, and develop a strategy designed to improve their experience, opportunity and the support available to help them flourish.

- 2019/20 Deliver a Board approved strategy to improve the Health and Wellbeing of the Trust's workforce, which will initiate a transformation in the design of our processes, jobs and ways of working (inc shift patterns)

- In 2020/21 Refresh our **Organisational Behaviours, Vision and Aim**, listening and learning from individual stories to improve our approach to respect and resolution of conflict at work.

- In 2021/22 Improve the support available to those caring for family and relatives through the **Launch of a new Carer's Framework.**

We will also

- Refresh our **Strategic Equality Plan and Objectives** for publication in April 2020, explore roll out of programme of cultural intelligent leadership and increase leadership capacity within the Trust to secure the change needed.

- Implement our approved **Leadership and Management Development Strategy** seeking our new opportunities to collaborate with other public sector organisation in its delivery and in the development of collaborative system leaders. And improvements to **Team-working** across the Trust

- Strengthen our OH team with Occupational Psychology expertise to inform and design **better systems of care** and **organisational interventions** to enable individuals to better cope with the demands of their jobs.

Spotlight On: Our Health & Wellbeing Strategy

Wellbeing by Design. A long, healthy, happy, (working) life is something most of us wish for. Over the coming years, we will all need to adapt and cope with changes to our environment and increasing emotional demands of life, at a pace that has not be required before. Some of us will relish the opportunities this brings, whilst for others the changes will be highly challenging, and will likely to create additional demands and stress on us. Combined with the implications of an increasingly long working life, rising levels of carer responsibilities increasing levels of stress-related sickness absence, predicted rises in levels of obesity, cancer, cardiovascular disease and musculo-skeletal disability among the population of Wales, the impact on individual health and wellbeing is likely to be significant.

We also know that many of the systems, processes and protocols within our workplace do not encourage or give individuals significant choice over what is done and how it is done. Nor do they take account of the emotional labour and psychosocial load inherent in jobs associated with the caring professions.   An example of jobs with **high demand, low control, and high emotional labour** can be found within our Clinical Contact Centres, where continued exposure to the distress of patients whilst having to maintain control over their own emotions often leads to high sickness.

'Daily our staff are confronted with the extremes of joy, sadness and despair. Many retain a collection of curated, traumatic memories of death and dying. They see and hear the horrors of extreme trauma; the aftermath of major road traffic accidents, suicide, and children in distress or dying and they help families cope with the loss of a loved one. They see 'life in the raw.' Adapted from Health Education England - Commission into NHS Staff and Learner Mental Wellbeing Report 2019

As public awareness of the importance of good workplace mental health is growing, so does the call from within our own workforce for us to do more to promote and **safeguard their** own **mental health and wellbeing**. We have been working hard to change how mental wellbeing is viewed in our workplace, collaborating with colleagues

across the UK Ambulance services on **#Project A** to help improve the health and wellbeing of colleagues. To date we have implemented our **Trauma Risk Management (TRiM)** system, **Stress and Resilience at Work Training (StRaW)** and provided access to **Silvercloud on line CBT**, as well as making improvements in access to **counselling resources** working with the support of Care First, TASC (The Ambulance Services Charity) and Psychology Wales.

However, there is clearly much more to do to further **break down stigma**, to tackle the root causes of **work related stress**, design appropriate interventions to tackle challenges such as **burnout and post-traumatic stress disorder**, and to prepare employees, student paramedics and future employees to understand and cope with the particular emotional demands of our work

61% of staff feel able to make improvements in own area of work

40% of staff feel involved in changes in their team

40% of staff feel involved in deciding upon changes affecting their work area

Addressing these challenges sits at the heart of our Wellbeing Strategy, which will set out our ambitious plans to create **psychologically safe working environments**, better understanding of the demands of jobs, improve **team based working**, develop leaders capable of understanding and responding to the **emotional needs of staff**, improve **health surveillance, signposting** and to introduce augmented, **personalised and group psychosocial interventions**. We recognise the need for **specialised mental health input** to our in-house occupational health and wellbeing service to help deliver these ambitious plans; and we will be seeking to expand the team with input from **clinical psychologists** in 2019/20 to enable delivery of our wellbeing strategic priorities.

Spotlight On: Our Volunteer Strategy

Our volunteers are a vitally important part of our overall service delivery. There is so much more we can do to show that we value the role and contribution that they make when generously giving of their time, energy and skills. Volunteers play an important role, as highlighted by a 2018 Kings Fund review of volunteering in health and care, which identified the **value** of volunteers in improving patient experience, building closer relationships between services and communities, tackling health inequalities improving public health and promoting health in hard-to-reach groups, and supporting the coordination of care for people with multiple needs.

Within NHS England there is a growing understanding of the **importance** of volunteering and social action as a key enabler to transforming the way the NHS works in future, and the NHS Long Term Plan commits to doubling the number of volunteers across the NHS (NHS England 2019). The emerging health and social care workforce strategy in Wales also identifies the importance of **recognising and valuing the contribution of volunteers and carers** to ensuring a flexible and sustainable future workforce.

For many people the support they need will be delivered by a variety of different people working closely together – professional and unpaid carers, family and friends, community volunteers, housing organisations and neighbours, as well as themselves.

Across WAST, our volunteers currently provide support in three main services areas as **Community First Responders (CFR), Volunteer Car Drivers** and **Medics through the British Association for Immediate Care (BASCIS).**

In February 2019 the Trust Board renewed its **commitment to volunteering** as a vital part of this service provision, and commissioned the development of a new Volunteer Strategy, to be launched in 2020.

This new strategy will set out the actions needed to **build volunteering capacity, strengthen governance and oversight, and improve the quality of the volunteering experience.** Over time we will also explore how we collaborate with third sector partners to support and encourage all paid colleagues to seek out opportunities to give back and (where appropriate) use their "work time" for a much broader community benefit, which we see as key to achieving the Wellbeing of Future Generations Act and A Healthier Wales goals.

Overall, the success of our strategy will be measured in terms of **a more engaged, appropriately trained and skilled unpaid careforce** who feel their contribution and commitment is recognised and valued. We also expect to see, a more robust and sustainable volunteer contribution develop over time, supported by clear management and governance arrangements.

Our Enablers: Partnership and Leadership

Working With Trade Union Partners

Much of our success to date has been based upon a strong message of **'Go Together, Go Far'** and the encouragement and expectation of working together with our Trade Union Partners. As we continue our journey together, and with the arrival of a new Chief Executive, it felt right to refresh and reaffirm our commitment to working in partnership, which we did in early 2019/20 through the issue of a **partnership statement**. This joint statement was a vehicle to promote partnership, further strengthening relationships between management and trade union partners and to reinforce the message that working together in partnership will help us deliver our longer term ambitions for our service and provide the best possible care to our patients, today and tomorrow.

Our priorities moving forward include a review of our facilities arrangements to ensure that they support **partnership working at all levels** of the Trust and the development of a model for consultation and partnership engagement that we can promote in development of our management teams and local representatives as part of our leadership and management development strategy. We believe the continued strengthening of these relationships is **critical to our future success** and look forward to further developing our ways of working together to achieve our shared ambitions for the Trust being a great place to work.

Compassionate and Collaborative System Leadership

The key enabler of changing culture is through our leadership and our **Leadership and Management Development Strategy 2019-22** sets out our vision and approach / actions for the next three years. An example of what can be achieved with investment, energy and the support of the Trust Board can be seen in our hugely successful **Team Leader Development Programme** which has already had a major impact across the Trust. We will continue to build on our underpinning ethos of developing leaders at all levels, as we broaden out our learning opportunities to both current and aspiring leaders. Helping leaders be compassionate, individual and human, enabling them to see the importance of their role in setting the conditions for wellbeing and happiness among their teams is at the heart of what we do.

Through our implementation plan, we will find ways to deliver against our ambition to **grow and encourage system leadership**, developing the ability of our people to lead, influence and manage across an integrated, collaborative system of care and multi -disciplinary teams. Building collaborative development partnerships with other public sector organisations will help us to provide the best possible opportunities to our people; and will assist in creating **aspirational career pathways** so that clinicians and leaders have the opportunity to gain the skills and experience needed.

Further strengthening **clinical leadership** across the Trust is key to future clinical services strategy development, to driving quality improvement and assurance, promoting professionalism and helping us make informed decisions regarding effective use of resources. **Strong, compassionate clinical leadership** will be central to enabling the change in reporting and disclosure culture among professionals that will be required by the introduction of the new Duty of Candour. Through genuine engagement with frontline staff, building on professional responsibilities and personal commitment to patients, clinical leaders will set the grounds to make the duty a reality – not one of compliance. This will be a key leadership and OD challenge over the coming years.

Our Enablers:

Technology

A Technology Enabled Workforce

Most organisations expect to increase or significantly increase their use of Artificial Intelligence (AI), cognitive technologies, automation and robotics over the next few years – and healthcare is no exception.

Electronic Patient Care Record (EPCR): The Trust already uses digital pen technology to complete patient care records (PCRs) for the patients that all of our Emergency Medical Services staff attend. This technology has delivered considerable benefits compared to the historical paper based process. Looking to the future, and in line with the emerging ideas from developing our long term strategic framework, we want to develop a more **innovative and effective** electronic solution to capture and record clinical data and information that will enable us to further demonstrate and improve the quality of care we provide to our patients. An ePCR solution will enable the Trust to **share digital clinical records** with other healthcare providers along the patient's journey to improve their experience and outcomes; this technology will also enable improved clinical decision making and signposting. A full training plan will be needed to ensure our workforce are **prepared** for the new technology and the benefits it can bring

Electronic Staff Record (ESR)

As new technology expands, so jobs must change and the jobs of the future are much more likely to be digital skills, multidisciplinary and data and information driven. At a national level, it is possible we will also need to re-think our core systems such ESR (Electronic Staff Record) in favour of **cloud based systems** and innovative new platforms; we will support national discussions through the course of this strategy.

Plans have been made to roll out education and training self-enrolment, additional management self service functions, such as processing changes to hours, and also making use of talent management and succession planning functions to support the implementation of the Leadership and Management Development Strategy through 2019/20 and beyond.

Ensuring the workforce has the **skills and competencies** to enable the technological advances being made across healthcare will be an essential part of our future digital workforce plan. Having the right skills in using new technology, engaging in effective **telemedicine** and **interpreting informatics outputs** with strong data analysis and science skills will ensure technology invested in can operate optimally for the benefit of our population and our workforce. We know our patients can benefit from improved healthcare using technology – we want our workforce to benefit in much the same way. Using technology to improve the **design of jobs** and assist productivity, applying it to supporting our peoples wellbeing by increasing and easing accessibly to **Occupational Health** and transforming our **Education and Training** to make learning meet the individual needs of our people, where and when they need it are exciting deliverables we wish to achieve.

We look forward to positively influencing the direction of travel and development of a new digital Transformation Strategy following appointment into the new Director of Digital Services post, and implementing the various solutions required to support our people to maximise the benefits a **Technology Enabled Workforce** can realise.

Figure 1: Top 10 digital healthcare technologies and their projected impact on the NHS workforce from 2020 to 2040

Arrow heat map represents the perceived magnitude of impact on current models of care and, by inference, on the proportion of workforce affected
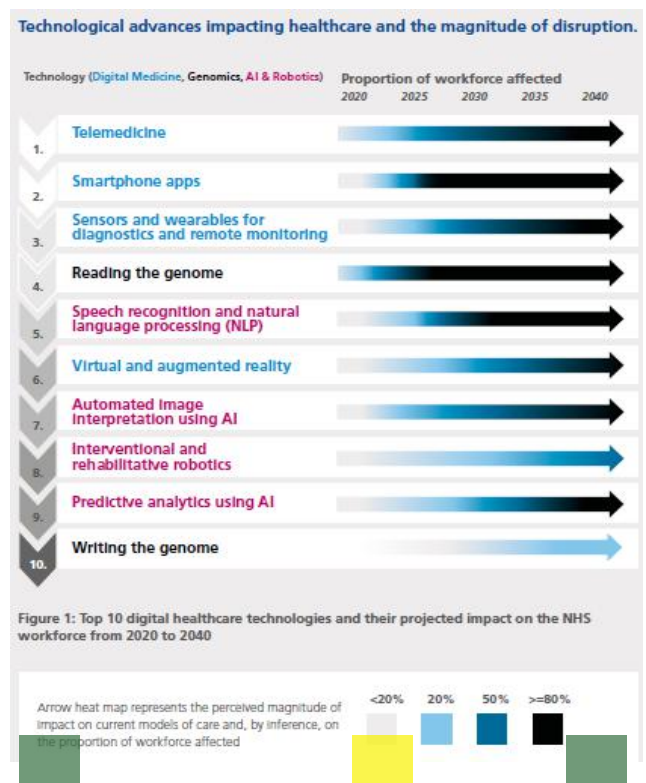
Our Golden Threads: Quality, Value and Efficiency

*As an ambulance service, we are committed to providing the **best quality of care** to our patients and service users, care which is delivered in the most cost effective and efficient way for every taxpayer pound we spend. In developing our people and culture vision for the future, we have held these principles at the core of our thinking.*

Quality at the Heart of everything we do

We are an organisation that seeks **continuous improvement** in the quality of our care, our services, and in our staff; which encourages organisational learning and professional candour, seeking to learn from mistakes to avoid repeated future incidents. We will, when the time comes, actively strive to ensure we meet any further requirements created by the **Duty of Quality** and **Duty of Candour** as set out (and likely to be legislated for) in the **Health and Social Care (Quality and Engagement) (Wales) Bill**.

We also aspire to realise the aims of "A Healthier Wales", embracing the **NHS Core values** and the whole system values as below:

- Putting **quality and safety** above all else, providing high value evidence based care
- Integrating **improvement** into everyday working, eliminating harm, variation and waste
- Focusing on **prevention, health improvement and inequality**, contributing to sustainable development of future generations
- Working in **true partnership**
- **Investing in our staff,** through training and development, enabling them to work safely and effectively

But understanding what we mean by putting quality and quality assurance at the heart of everything we do, and particularly how this applies within a **workforce context** requires further explanation.

As a starting point, we will work with colleagues to improve quality across all four aspects of our People and Culture strategic themes –providing **improved workforce planning** support for colleagues; **reducing sickness absence rates**; improving quality of l

education delivery; enabling **greater diversity and inclusion**; promoting a **culture of safety and learning**; enabling colleagues to speak up and **raise concerns**; creating a culture which is **free from bullying** and other oppressive behaviours; **valuing the learning and improvements** made through concerns raised; ensuing **swift, fair and blame free investigations** into concerns raised; **communicating** to ensure those staff who most need to understand the new Duty of Candour and Duty of Quality are supported to understand and enact it; ensure **appropriate, thoughtful support** is in place for individuals when mistakes are made; and working in **partnership** with our Trade Union partners in a meaningful, constructive way to deliver improvement. These are just some of the ways we believe we can make a positive contribution towards ensuring quality remains at the heart of everything we do.

Creating Value and Efficiency

We will work with partners to **maximise opportunities to realise efficiency and value across the whole system**; this will include benchmarking our performance, developing an evidence base for delivery and evaluation of benefits realisation for interventions relating to (for example) reducing sickness absence and introducing the Band 6 competencies; we will also seek out opportunities to collaborate and share learning resources and facilities.

We will explore **potential income generation opportunities** associated with Apprenticeship pathways and will maximise the use of **technology and digital approaches** to work to benefit both our colleagues and our patients, for example in accessing our Occupational Health Services in future.

Our commitment to establishing **Local Learning Communities** will enable colleagues to learn closer to home, reducing expenditure associated with travel and subsistence; and work will also be undertaken to redesign the existing Human Resources Hub and investigation processes to ensure provision of the most effective and efficient services.

Our section on resource availability at page 13 provides further detail of efficiency and productivity opportunities.

Delivery Plan

2019/20	Deliver a Board approved **People and Culture Strategy** that sets out our ambitions and priorities for the next three years on our journey towards Delivering Excellence 2030	**PLAN**
	Deliver an improvement in **resource availability levels** across the workforce	**RESOURCE**
	Deliver a Board approved **Strategy and Implementation Plan** with key deliverables over the next three years	**EDUCATE**
	Refresh our **commitment to our Volunteer** workforce, and **develop a Volunteer Strategy** designed to improve their experience, opportunity and the support available to help them flourish	**ENGAGE**
	Deliver a Board approved **strategy to improve the Health and Wellbeing** of the Trust's workforce, which will initiate a transformation in the design of our processes, jobs and ways of working (including shift patterns)	**ENGAGE**
2020/21	Develop a **workforce transformation plan** to enable implementation of a shift in workforce skill mix, increase in numbers and roster changes as part of delivering the **EMS capacity** and demand recommendations	**PLAN**
	Expand our offer of **meaningful work experience** opportunities to school age children and build on a **programme of schools engagement** to raise awareness of service opportunities to ensure a ready supply of remarkable people to work in the ambulance service	**RESOURCE**
	Introduce the **Paramedic Science Degree programme** and develop the **Conversion Programme** to enable sustainable supply and internal progression routes	**EDUCATE**
	Refresh our **Organisational Behaviours, Vision and Aim**, listening and learning from individual stories to improve our approach to **respect and resolution** of conflict at work	**ENGAGE**
2021/22	Scope the **strategic workforce plan requirements** for Delivering Excellence 2030, including the requirements for future NEPTS services and development of a discharge and transport service, and aspiration to be the Call Handler of Choice	**PLAN**
	Invest in developing our **Occupational Health and Wellbeing Services**, including exploring the potential use of **video technology, introduction of in house clinical psychology support** and review of our recently implemented **rapid access to physiotherapy services** to improve timely access to support	**RESOURCE**
	Ensure all staff meet a **minimum standard for core education requirements** and **digital literacy** in readiness for future service and digital transformation	**EDUCATE**
	Improve the support available to those caring for family and relatives through the **Launch of a new Carer's Framework**	**ENGAGE**

Accountability: Monitoring Arrangements

The Executive Director of Workforce & OD has overall accountability for the delivery of this strategy, on behalf of the Chief Executive, and will work collaboratively across Executive Management Team colleagues to ensure delivery. Delivery of this strategy will be monitored at monthly **Workforce and Organisational Development Directorate Business Meetings**, reporting to **Strategic Transformation Board**, **People and Culture Committee** and the **Trust Board** as appropriate.

The **People and Culture Committee**, launched in April 2019, is chaired by a non-executive director and is there to provide assurance to the Trust Board that the leadership team is setting in place the right conditions for our people to be their best, to enjoy and healthy, happy and productive (working) lives, to ensure adequate staff resources are available to deliver safe and sustainable services, to mitigate risks and issues and that the organisation is well led. It will receive period progress reports on delivery of our People and Culture Strategic ambitions and actions plans in order to provide assurance to the Board, and will deep dive into relevant subject areas as appropriate to increase scrutiny, understanding and provide support and direction in deliver where possible.

We have developed a **Benefits Realisation Map** to assist us in identifying the range of benefits we are seeking to deliver with our strategic enablers ie. our workforce plan and enabling strategies. This Map will be supported by the development of **a Benefits Monitoring Scorecard** (in development) to identify the key measures related to each of the strategic goals.

Our People and Culture Committee will….
Provide assurance to the Board of leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language. Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.

…deep dive into matters relating to delivery of the People and Culture Strategies and enabling strategies, particularly on topics such as partnerships and engagement, and the effectiveness of arrangements to ensure organisational wide compliance of health, safety and welfare requirements; and approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

Thank you for taking the time to read our Strategy

Appendix 2 – Summary of key strategic deliverables and commitments

Workforce Planning
To deliver this strategic priority we will focus our efforts on these key deliverables….

- 2019/20 Deliver a Board approved **People and Culture Strategy** that sets out our ambitions and priorities for the next three years on our journey towards Delivering Excellence 2030

- 2020/21 Develop a **workforce transformation plan** to enable implementation of a shift in workforce skill mix, increase in numbers and roster changes as part of delivering the **EMS capacity** and demand recommendations.

- 2021/22 Scope the **strategic workforce plan requirements** for Delivering Excellence 2030, including the requirements for future NEPTS services and development of a discharge and transport service, and aspiration to be the Call Handler of Choice.

We will also

- Ensure **robust education commissioning arrangements** are in place to delivery sufficient numbers of high quality, trained paramedics in the future (taking account of the changes to education requirements).

- Ensure we have sufficient **supporting infrastructure and capacity** with the necessary planning, programme management, education and training and OD skills needed to support delivery of our workforce and service transformation plans.

- Continue the successful roll out of the 111 Service across the rest of Wales.

Recruitment & Resource Availability
To deliver this strategic priority we will focus our efforts on these key deliverables….

- 2019/20 Deliver an improvement in resource availability levels across the workforce.

- 2020/21 Expand our offer of **meaningful work experience** opportunities to school age children and build on a **programme of schools engagement** to raise awareness of service opportunities to ensure a ready supply of remarkable people to work in the ambulance service

- 2021/22 Invest in developing our **Occupational Health and Wellbeing Services**, including exploring the potential use of **video technology, introduction of in house clinical psychology support** and review of our recently implemented **rapid access to physiotherapy services** to improve timely access to support.

We will also

- Maintain a continued focus on **robust, but compassionate management of long term sickness** absences, with a focus on better process planning, and regular local and senior management scrutiny of the caseload to deliver continued reductions in average length of absence.

- Evaluate the benefits of **home working technology** within our contact centres to enable greater flexibility and ability to scale up (and down) the workforce at times of increased demand; plan for further roll out across 2020/21

- Expand our recruitment plans to tap into '**alternative talent pools'** such as retirees seeking to re-enter work, people caring for children or other family, ex-armed forces and mature students seeking flexible hours, particularly in our contact centre environments.

- Complete our **Resource Policy Improvement Project** and explore ways to increase flexibility on and off the job and improve the experience of our frontline EMS staff.

- Secure improvements to the resilience and function of our paramedic and NEPTS **Bank Arrangements**.

Education and Training
To deliver this strategic priority we will focus our efforts on these key deliverables….

- 2019/20 Deliver a Board approved **Strategy and Implementation Plan** with key deliverables over the next three years.

- 2020/21 Introduce the **Paramedic Science Degree programme** and develop the **Conversion Programme** to enable sustainable supply and internal progression routes.

- 2021/22 Ensure all staff meet a **minimum standard for core education requirements** and **digital literacy** in readiness for future service and digital transformation

  We will also

- Expand opportunities to undertake apprenticeships, including clinical apprenticeship pathways and consolidate support through the future creation of an Apprenticeship Academy

- Develop **Clinical and Driving Instructor pathways** to enable effective succession planning and meet requirements of Road Traffic Act 2006

- Explore options to introduce **gamification, VR and AR** modes of delivery and expanded immersive and simulated learning opportunities.

- We will ensure that all of our people are educated to **Make Every Contact Count** by promoting the importance of **patient centered practice** and decision making, empowering our community to recognise the role they play.

Engage – Making WAST a great place to work
To deliver this strategic priority we will focus our efforts on these key deliverables….

- In 2019/20 Refresh our **commitment to our Volunteer** workforce, and **develop a Volunteer Strategy** designed to improve their experience, opportunity and the support available to help them flourish.

- 2019/20 Deliver a Board approved **strategy to improve the Health and Wellbeing** of the Trust's workforce, which will initiate a transformation in the design of our processes, jobs and ways of working (including shift patterns)

- In 2020/21 Refresh our **Organisational Behaviours, Vision and Aim**, listening and learning from individual stories to improve our approach to **respect and resolution** of conflict at work.

- In 2021/22 Improve the support available to those caring for family and relatives through the **Launch of a new Carer's Framework.**

  We will also

- Refresh our **Strategic Equality Plan and Objectives** for publication in April 2020, explore roll out of programme of cultural intelligent leadership and increase leadership capacity within the Trust to secure the change needed.

- Implement our approved **Leadership and Management Development Strategy** seeking out new opportunities to collaborate with other public sector organisation in its delivery and in the development of collaborative system leaders, and improvements to team working across the Trust.

- Strengthen our leadership team with Senior Occupational Psychology expertise to inform and design **better systems of care**, **organisational interventions and preventative strategies** to enable individuals to better cope with the demands of their jobs

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

NHS Direct Wales/111 Peer Review

MEETING	Trust Board
DATE	21 November 2019
EXECUTIVE	Lee Brooks Director of Operations
AUTHOR(S)	Chris Powell 111/NHSD Area Manager
CONTACT DETAILS	Chris.Powell2@wales.nhs.uk

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	N/A
QUALITY THEME	
HEALTH & CARE STANDARD	(Effective Care) Standard 3.1 Safe and Clinically Effective Care: Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

REPORT PURPOSE	To provide briefing to Trust Board and ensure Trust Board informed of 111 development
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE		
WHERE	**WHEN**	**WHY**
Senior Operations Team Meeting	05/11/19	Information
Finance & Performance Committee	Electronically out of session	To agree proposed governance and monitoring process

SITUATION

1.0 During July 2019 a Peer Review of the 111/NHS Direct Wales service (NHSDW) was undertaken by an external panel chaired by Dr CDV Jones, Chair of Health Education and Improvement Wales (HEIW). A report outlining the findings and recommendations from the review were received by the Trust (Appendix 1) and a written response from the Chief Executive Officer (Appendix 2) was provided in August 2019.

2.0 This paper outlines the conduct of the peer review, the outcome of the review and the actions taken in response to the recommendations made, and proposes the governance for monitoring the progress of the Peer Review action plan.

BACKGROUND

3.0 Between August 2018-December 2018 a clinically led, data driven process to peer review each Health Board's GP Out of Hours service was undertaken. The purpose of the peer review was to act as 'critical friend' in offering advice and support as part of the Winter Planning process. Importantly, this exercise was supported by the Clinical Directors of Service and by the All Wales OOH Forum and followed the same principles identified within the Peer Review Framework (July 2017) and similar schemes for cancer, audiology and palliative care services.

4.0 As part of the all Wales peer review process, a peer review to assess the operational and clinical infrastructure for call handling, nurse triage and the clinical support hub functions within NHS Direct /111 was recommended due to its delivery of the front-end capacity for five OOH services by October 2019.

5.0 A peer review focuses on delivering a quality improvement and transformational process, is designed to be robust, evidence based and clinically led but not designed to be performance driven. The expected outcome of a peer review is to:
- recognise good practice
- provide positive support for improvement
- provide clarity of direction and assist in the development of a solution focused, sustainable model for Wales

6.0 Terms of reference for the clinically led peer review visit were agreed and a half day workshop with representatives from the organisation including the Executive lead for 111, workforce, clinical and service delivery managers alongside front end staff was held on 11 July 2019.

7.0 Staff who engaged in the peer review process fed back that they found the experience positive and supportive and felt actively involved in all areas of discussion with the Peer Review Team.

ASSESSMENT

8.0   The Peer Review Report, developed by the Chair of the Peer Review Panel was received and accepted by the Trust in August 2019. Overall the report is positive with specific reference made to the commitment shown by staff in delivering high quality patient care and the successful implementation and delivery of 111 into three Health Board areas.

9.0   The recommendations drawn from the peer review report will inform the development of a high level Peer Review action plan to ensure that actions are transformed into business as usual, this work is currently being progressed and finalised by the Trust's internal 111 group.

10.0   Once completed the action plan will be submitted to the Trust's Finance and Performance Committee who will also monitor its progress, providing assurance of its progression on behalf of the Trust Board.

RECOMMENDED That the Trust Board:

- **ACCEPT** the Peer review and review outcomes
- **NOTE** progress on the development of the Peer Review action plan
- **APPROVE** that the Trust Finance and Performance Committee will receive and monitor the action plan thus providing assurance of its delivery to the Board.

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	N/A
Environmental/Sustainability	N/A
Estate	N/A
Health Improvement	N/A
Health and Safety	N/A
Financial Implications	N/A
Legal Implications	N/A
Patient Safety/Safeguarding	8.0
Risks	N/A
Reputational	4.0
Staff Side Consultation	N/A

Mr Jason Killens
Chief Executive
Welsh Ambulance Services NHS Trust
Trust Headquarters,
Cwmbran

31st July 2019

Dear Jason

RE: Peer Review for NHSD/111 services within Welsh Ambulance Service Trust

On behalf of the Peer Review Team, I am writing to thank you and your executive, clinical and operational teams for their active engagement and support on the 11th July 2019. The purpose of the visit was to act as a 'critical friend' and to provide some direct support /advice for the local NHS Direct /111 team as part of the next phase of 111 roll-outs in 2019 /20 and as part of the wider work in seasonal planning.

The Panel was impressed by the ongoing dedication and commitment that was demonstrated by all staff and their continued focus on delivering high quality patient care 24 /7. Equally, the implementation of two clinical hubs and the successful delivery of 111 into three (soon to be four LHBs) across Wales whilst not increasing demand onto already hard pressed urgent and emergency care services is to be highly commended.

The staff we met were passionate about delivering long-term sustainable change within the service and understood the clear need to align and ultimately merge the NHS Direct and 111 components with the front-end call handling and clinical triage functions of urgent primary care (OOH) in LHBs. The benefits and significant opportunities that 111 affords the wider unscheduled care system were understood but staff felt that this message should be clearly communicated within the Trust.

Your executive team and Board members continue to take an active interest and direct personal involvement with this work to date and we note that there have been a number of public Board and Board development sessions to help shape the 111 agenda. From both a corporate governance and assurance perspective, this support will be vital going forward but will require more detailed discussions around contracting authority and provider status of the 111 service within WAST. It is suggested that this becomes a standing agenda item for the Board or appropriate sub-committee of the Trust going forward with increased visibility in your IMTP and future workforce plans.

WAST have very experienced individuals within the operations and clinical teams who are working closely with the 111 national programme to transform the workforce, clinical models and wider integration with other services. This needs to be strengthened by support from other corporate functions within the Trust as the delivery requirements will become more complex with the introduction of an integrated IT system across WAST and urgent primary care over the next 12-18 months.

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Similar to other urgent care services in Wales and across the UK, WAST are facing very similar challenges as noted above. All providers are exploring a variety of solutions to ensure long term sustainability involving clinical pathway redesign, multi-disciplinary team working and IT /digital solutions against the 'prudent' healthcare principles. The Peer Review Panel have therefore identified some key issues and actions which may assist you and the team going forward including:

Demand /Capacity Review and Assurance Reporting
Original costed plans for the 111 service (in 2014/15) were jointly completed and subsequently updated by the national 111 programme and WAST in May 2017 and are currently being refreshed again for 2019 /2020. Assessments were made against existing call volumes within NHSD and OOHs, shrinkage, average handling times and demand patterns and current and future workforce requirements. Although not perfect, these plans have been sufficiently robust for both strategic and operational planning and have provided appropriate levels of assurance to Boards (national, LHBs and WAST).

For this next round of demand /capacity planning it remains critical that '*actual*' demand for each of the LHB areas are assessed to include the 0845 telephony volumes. It was noted that demand for 0845 has continued to rise particularly within the non-111 areas and at a significant rate to counter any net decrease within 111 areas. Resource requirements for both services now need to be recalculated to ensure that workforce, supervision and training /education capacity matches current and future demand. It would be helpful if the Board could ensure that this is given a high priority going forward, noting in particular the current weekend pressures on existing services.

Your Information Department are now actively working with the Operation Team to produce accurate and timely dashboards for monitoring both 111 and 0845 activity. This has taken some considerable time to develop due in part to wider organisational priorities. The Trust should now conclude this work to ensure accurate baselines against which demand /capacity planning can be made for future 111 rollouts.

The Peer Review Team were impressed with the dynamic and flexible nature of the new Qlicksense dashboard and how it can be increasingly used to provide timely assurance and monitoring against service standards and outcomes. It was noted that LHBs are increasingly going to be reliant on this information for reporting purposes so the quicker this can be concluded and integrated with OOHs data the better end-to-end reporting measures will be.

Clinical Incident Reporting: It was reassuring to note that there was a low clinical incident rate within NHSD and 111, with only two SUIs noted since launch. Reporting within DATIX is also far higher within the organisation when compared to LHBs however, the Trust Board should not be complacent as the overall Wales position is reportedly low when compared to England and Scotland (*the peer review panel were unable to quantify exactly at time of writing*). Action is now being taken to collectively

share such intelligence from incidents and complaints across LHBs and WAST on a quarterly basis at the Urgent Primary Care Q&S Forum. In future, it would be good opportunity for such information to be shared with the appropriate sub-committee of the Board.

Workforce Redesign and opportunities for the future
The Peer Review panel were pleased to note some excellent examples of innovative working practices within NHSD /111 which included for the rotation of nurses with local Emergency Departments and the piloting of remote /home clinical triage to improve agile working in the future. Staff generally felt valued by the organisation and particularly commented on the benefits of regular appraisals, individual objective setting and having practice coaches to support them. They also noted the benefits from previous patient safety walkabouts by non-executive directors and would welcome them being more frequent and consistent in the future.

Clinical staff in particular welcomed the opportunity for wider multi-disciplinary working and commented on the benefits of having other clinicians working alongside them e.g. when the Clinical Support Hub was operational. Equally, there was recognition that as professionals they should be given every opportunity to work at the top of their profession and competency however all staff were utilising the decision support tools (DST) to complete calls. The general consensus was that they felt that it was mandatory practice to use the tools and not utilise their clinical knowledge and expertise. This was particularly apparent for nurses with a paediatric or ED background and should be reviewed.

Clinical decision making: Some staff noted that if they over-rode the decision template then this would lead to formal internal disciplinary processes and /or litigation if something went wrong. The Panel were aware that clinical staff have been told that they can go 'off script' if they deem it clinically justified and apply sound judgement in doing so and the decision is clearly documented within the clinical notes. Similar issues have been discussed within the NHS24 service in Scotland. Their Band 5 staff (and below) are mandated to use DSTs and have active supportive supervision and training reviews in place to aid individual progression and overall confidence. All their Band 6s (and above) use their own clinical judgement for decision making and interestingly are now moving to a wider MDT approach in part due to similar challenges within the nursing profession. The Panel would recommend a visit to Scotland to assess the applicability of this approach for NHS Wales and the impact on outcomes and perceived risk aversion.

It was noted that WAST have an approved Band 5 job description and person specification which has been in place for some considerable time however these posts have yet to be advertised. The peer review team were unclear as to the exact reasons for the delay and roll-out. In light of the Scottish example, we would recommend an urgent review of this position by the executive team with an early decision being made. The peer review team believes that this would have a positive

benefit on future recruitment and retention of nurses within the service and offer a clear career framework going forward.

Workforce Strategy: There needs to be a clearly published workforce strategy in place for NHSD /111 staff which aligns with the Trusts future aspiration to deliver the 111 national service model for NHS Wales and become the "call handler of choice". One of the biggest risks to this strategic goal is the challenge of recruiting and retaining sufficient numbers of call handlers and nurses to match peaks in demand activity – increasingly at weekends when the call volume numbers are far in excess of 999 workload.

More recently, the NHSD /111 operational team have clearly demonstrated that there is more than sufficient local talent and capacity to recruit call handler numbers to meet future requirements however rostering; increasingly for part time staff, must be reviewed to ensure weekend hours can be covered. This should be eminently achievable but this staff group need to feel valued by the organisation and regularly communicated with. We believe your teams have many of the operational solutions to address this front end (non-clinical) call handling capacity issue and as one individual noted "*it's not about resources, it's about being resourceful…*" Increasingly the way forward will be to offer flexible, part-time working to compliment personal home /life circumstances and being able to roster them accordingly.

Recruitment and retention of clinical staff remains the greatest challenge and risk for the organisation as evidenced within a recent internal review. WAST has however demonstrated through the last two nurse recruitment campaign for the 111 service that it is entirely possible to recruit sufficient numbers if the offer is targeted, flexible and jointly co-ordinated with any wider marketing campaign. For the first time there is also opportunities in attracting additional nursing staff in North Wales and from across the borders in NE England due to the opening of the new facility in Ty Elwy.

WAST should review why there appears to be a consistent and ongoing shift of internal appointments from NHSD /111 to the 999 clinical desk. It was unclear as to whether this was caused by a perception of call volume differences, roster practices, shift length (staff often want longer shifts) and /or wider team cultures etc. The Peer Team would suggest that there should be consistency of operational practices between the two functions – particularly for nurse rotas, with a critical focus on weekends initially.

As noted, we were mindful that a deep dive has recently been undertaken into nurse retention within the organisation and so hopefully all the recommendations from that report will now be implemented.

Workforce redesign and a career framework for both clinically and non-clinical staff will provide some of the greatest opportunities for the organisation and the Peer Review Team were very encouraged by the enthusiasm and constructive debate we had with your staff and that suggestions being generated. The key points will be

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discussed in greater detail with your executive leads and can be included within your local action plans going forward.

Symptom Checkers and wider digital opportunities
The Panel recognised the significant work that had been undertaken to develop the multiple symptom checkers (28 to date) on your website and the obvious benefits which they can offer in terms of signposting and /or redirecting patients to the most appropriate clinical service. The symptom checkers compliment the front end telephony service and users are proactively encouraged to use the NHSD website for accessing quick advice and information online. The team that manages the clinical content also ensures that all symptom checkers are subject to external peer review and reviewed every 3 years.

The PECI team actively manage the content within the NHSD website and have a number of initiatives planned to support the Trusts Mental Health Improvement Plan and a dedicated section for children and young people. Both teams have done an exceptional job to develop this website with minimal resources – which now attracts over 4 million website visits per annum.

With the development of the integrated IT solution for the new 111 integrated system solution, WAST has a significant opportunity to enhance the digital offering for patients and the applicability of moving to app based solutions as part of the wider self-care approach to 'choose well' and fully explore how this system could benefit the organisation in the future.

WAST's Directory of Service (DOS) will increasingly be seen by NHS Wales as the single point of up-to-date content for a range of primary, community, local authority and third sector services. The work undertaken by the internal WAST team to develop this function to date (and with minimal resource), has been exemplary. Linking this work with the outcomes from the pathway assessments undertaken by each LHBs urgent primary care (OOH) reviews should now be undertaken and build on the work that you are already doing in areas like mental health and palliative care.

The DOS will be another key component of the future digital offering by WAST on behalf of NHS Wales and will provide a vital resource in offering alternatives to hospital based service for patients, relatives and carers. The active promotion of the DOS function and the ongoing development of your symptom checkers linked to the redesign of website redesign, needs a clear framework of support. With the appropriate executive director and 111 support however the DOS could form a vital link between the 111, urgent primary care and 999 strategies and be the cornerstone for your future clinical strategy.

Positioning of the NHSD /111 service
As noted earlier, the executive team and Trust Board has been actively involved in shaping the 111 strategy over the last four years and have regularly received both formal and informal briefings on progress. The organisation also holds a key accountability function in terms of service delivery. This role has always been taken seriously by the Board and the 111 Service is now firmly embedded within the future

direction of NHS Wales thanks to the direct input from colleagues and staff within the organisation.

WAST will ultimately deliver the 111 service in the future and there will need to be an orderly and phased transition of the service from the 111 National Programme to the organisation. The sustainability and success of the future service will be dependent upon the vital role that it will play in the transformation and delivery of pre-hospital and urgent primary care and the Peer Review Team were pleased to hear the obvious enthusiasm from staff who want to actively engage and be part of this process. This strategic direction needs to be clearly communicated from the Board to direct front line staff so they understand that NHSD /111 will be a key priority for the organisation and that they have a pivotal role to play in helping to shape its future.

For WAST, apart from the obvious benefits implicit above, it would also seem a good opportunity to revisit the organisations direct involvement with wider system planning and the organisations direct involvement on groups such as the Regional Planning Boards. Multi-agency partners need to understand the change in function that the 111 service will bring and that WAST are not (and never will be) 'just' the custodians of the emergency 999 transport service.

The Trust is in a strong position to capitalise on the dedicated clinical and operational leadership already in place and build on many of the good examples already cited. Staff need the executive and Board's visible support, further encouragement and a clear message about universal adoption of best practice regardless of geography.

We would be grateful if you could thank all those who actively participated in this process and to everyone for their open and constructive dialogue throughout. If there is any further input that we can provide to your team or Board as a result of this process then please do not hesitate to contact us directly. We will link directly with your executive leads to ensure all actions are now collated and form part of a local action plan going forward.

Kind regards

Dr CDV Jones
Chair of the Peer Review Panel

Cc: Richard Bowen, Chris Turley, Roger Perks

CHAIR AND CHIEF EXECUTIVE'S OFFICE

Your Ref:
Our Ref: JK58/LB/et

21 August 2019

Dr Chris D V Jones
Chair of the OOH Peer Review Panel
Health Education and Improvement Wales
Ty Dysgu
Cefn Coed
Nantgarw
CF15 7QQ

Dear Chris

Thank you for your letter dated 31 July 2019 outlining your findings from the peer review for NHSD/111 services within Welsh Ambulance Services NHS Trust. I also thank you for allowing us a short period to digest the findings to consider our response. We accept your letter and thank you and others for the investment in our service.

I have shared your letter with my operations team who have drawn out the following list of recommendations:

- Increased engagement and visibility with the workforce from the Executive team, to include patient safety walk arounds
- Completion of the demand and capacity review
- Completion of Qliksense development to enable end to end reporting for Health Boards and NHSD/111 in totality
- Agree reporting process from operations to Board sub-committee
- Organisational workforce strategy that includes 111

Cadeirydd/Chair : Martin Woodford
Prif Weithredwr/Chief Executive: Jason Killens

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
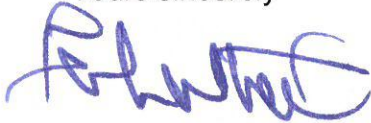
- Increase numbers of part time workforce (to meet peak demand)
- Increased clinical autonomy with associated governance framework
- Further development of rotational roles/part-time working opportunities to enable clinicians to maintain specialist skills
- Implementation plan and timescale for Band 5 clinicians
- Single clinical workforce across NHSD/CSD

- Enhance the digital 'offering' via clear Digital Strategy (DoS, symptom checkers etc)
- Increase organisational opportunities to contribute to wider service planning eg engagement via Regional Planning Boards

Our next step is to discuss the content of your letter in greater detail with our internal 111 group. We shall then prepare an action plan to respond to the recommendations with the ambition of transitioning bespoke action into our business as usual approach.

Once again, my thanks for providing us with what I am sure will be incredibly valuable input.

Yours sincerely

Jason Killens
Chief Executive

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

INTEGRATED MEDIUM TERM PLAN

2020/23 PLAN DEVELOPMENT

MEETING	Trust Board
DATE	21st November 2019
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning & Performance
AUTHOR	James Houston, Planning & Performance Business Partner
CONTACT DETAILS	James.houston@wales.nhs.uk

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

REPORT PURPOSE	To provide an update regarding progress in developing the Trust's 2020/21 – 2022/23 Integrated Medium Term Plan.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. The purpose of this report is to provide the Trust Board with an update regarding progress to develop the 2020/21 – 2022/23 Integrated Medium Term Plan (IMTP).

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

BACKGROUND

3. The Trust is required to undertake an annual review of its IMTP to reflect the next three year planning cycle from 2020/21 to 2022/23. The updated plan is required to be submitted to Welsh Government by the 31st January 2020.

ASSESSMENT

4. Following the September Trust Board meeting, last year's approved IMTP has been shared with the nominated IMTP leads from each directorate for initial review and to refresh their respective sections of the plan to describe the next three year outlook.

5. The table below provides a high level overview of the key project milestones, key leads, completion dates and current RAG status.

   - Finalise IMTP working draft (V0.1) – **22nd November**
   - Update IMTP with Commissioning Intentions (V0.2) **6th December**
   - Virtual review of IMTP(V0.2) by committee/stakeholders **(6th– 22nd December)**
   - Discussion at Board Development session **12th December.**
   - Update IMTP (V0.3) – **22nd December**
   - Finalise technical appendices – **10th January**
   - Submit IMTP (V0.3) to scheduled committees **(14th – 23rd January)**
   - Finalise IMTP (V0.4) - **24th January**
   - Trust Board approval – **30th January**
   - Submit to Welsh Government – **31st January**

6. The current status of this work is on track as per the plan below and no high level risks or issues have been identified to date that will impact our ability to submit an approvable plan to Welsh Government by the 31st January 2020.

RECOMMENDATION

7. This report asks the Trust Board to NOTE the update provided.

INTEGRATED MEDIUM TERM PLAN 2020/21 – 2022/23

BACKGROUND

8. The Trust is required to undertake an annual review of its IMTP to reflect the next three year planning cycle from 2020/21 to 2022/23. The updated plan is required to be submitted to Welsh Government by the 31st January 2020.

9. A detailed paper was tabled at the September Trust Board outlining the approach to updating the IMTP, an overview of the national planning guidance from Welsh Government and an update on the work undertaken to review the organisational priorities.

10. The purpose of this report is to provide the Trust Board with an update on progress to date and overview of the next key steps.

ASSESSMENT

__Progress & Key Milestones__

11. Since the Trust Board in September, last year's IMTP has been shared with the nominated IMTP leads from each directorate for initial review. This exercise provided a first opportunity for colleagues to review and refresh their sections of the plan with the next three year outlook.

12. Following receipt of the updated sections, work is underway to collate and knit the updates into the plan in readiness to share a first working draft (v0.1) with ADLT & EMT on the 22nd November.

13. A key influencing factor for the structure and content of the IMTP is the strategic Commissioning Intentions issued by EASC. We have been in dialogue with EASC regarding the Commissioning Intentions which are due to be formally issued before the end of November.

14. Initial discussions suggest that the Commissioning Intentions will be formulated around the Quadruple Aim, set out in the 'A Healthier Wales' strategy, across each of the 5 step service models. Our response to this will need to be considered to ensure that our IMTP robustly aligns to the Commissioning Intentions and also the Trusts Long Term Strategic Framework: Our Vision for 2030.

15. The next update of the plan (v0.2) is planned to be drafted by the 6th December, with work being undertaken in close collaboration with EMT, ADLT and nominated IMTP leads. This version of the plan will reflect our response to the strategic commissioning intentions issued by EASC and also the detailed planning guidance from Welsh Government. This will be shared virtually with all key committees and stakeholders for feedback, and also discussed at the Board Development session on the 12th December.

16. All feedback will be considered and the next iteration of the plan (v0.3) will be drafted by the 22nd December. This will enable the financial, workforce and

planning technical appendices to be completed and submitted by the required dates in January.

17. The plan will then be shared for final review with key committees during mid-January in readiness to submit the final version (v0.4) to Trust Board for approval on the 30th January.

18. Underpinning this process, there will be regular engagement and monitoring of progress through EMT and ADLT. There will also be regular meetings arranged with the commissioner's office to ensure robust alignment between our respective plans.

19. The table below provides a high level overview of the key milestone actions to be undertaken in preparation for submission of the plan to Welsh Government by the end of January 2020.

Milestone / Action	Who	Comp. Date	Status
Initial refresh of IMTP	IMTP leads	31st Oct	Complete
Develop first working draft (v0.1)	Planning	**22nd Nov**	**In progress**
Present first draft to EMT / ADLT (v0.1)	Planning	27th / 28th Nov	In progress
Receive EASC Commissioning Intentions	CASC & Planning	22nd Nov	In progress
Review and update plan (v0.2) (share virtually with all committees / key stakeholders)	Planning & ADLT	**6th Dec**	**Not Started**
Discuss IMTP (v0.2) at Board Development	Trust Board	12th Dec	Not Started
Review and update plan (v0.3)	Planning & ADLT	**22nd Dec**	**Not Started**
Receive all technical appendices	Appendices leads	10th Jan	Not Started

Formal committee review and feedback (v0.3)
  - People & Culture Committee
  - Quarterly EMT Strategy & Planning
  - Finance & Performance Committee
	Planning	
		14th Jan
		16th Jan
		23rd Jan
			Not Started

Final amendments (v0.4)	Planning & ADLT	**24th Jan**	**Not Started**

Sign off plan (v0.4)
  - WASPT
  - Trust Board
	Planning	
		27th Jan
		30th Jan
			Not Started

Submit to Welsh Government	Planning	31st Jan	Not Started

Organisational Priorities

20. A total of 33 priority objectives have been identified, including those that have rolled over from last years' IMTP or new objectives that have been identified as a key priority for the Trust. An overview of the priority objectives is included in the appendix for information. Work is continuing to refine these objectives and to refresh the narrative in the plan, to ensure the direction of travel for the next three years is clearly articulated.

21. It is to be noted that for a number of the organisational objectives, the Trust will require Health Board support and access to associated funding to enable successful implementation. To support this, we will be engaging with Health Board colleagues via the EASC Management group on the 22nd November and individual

Health Board level discussions during December to jointly discuss service proposals. As part of these discussions, we will be highlighting the key objectives we would like included in their respective plans, including the expansion of APPs and falls level 2 response, recommendations from the Demand & Capacity review, opportunities to explore a national model of clinical triage (e.g. SICAT) and development of national alternative care pathways, as agreed by EASC in its September meeting.

Key Risks

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

Risk	Mitigation
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. Discussions held during EASC development session in November. Additional meetings with CASC office being arranged
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.
Ongoing issue of internal capacity to consequently deliver an agreed plan must be balanced against 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.
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 engages with Welsh Government Finance leads.

RECOMMENDATION

23. This report asks the Trust Board to NOTE the update provided.

APPENDIX

Appendices 1 – IMTP Organisational Priorities

Ref	PRIORITY	LEAD DIRECTORATE
1	Continued expansion of the APP role	Medical & Clinical Services
2	Evaluate and implement non-medical prescribing framework	Medical & Clinical Services
3	Complete rollout of the 111 service	Finance and Corporate resources
4	Approve and implement a transforming education strategy	Workforce
5	Implement the approved leadership and management strategy	Workforce
6	Develop a digital transformation strategy	Digital
7	Develop access to services online and through internet applications	Digital
8	Utilise video and other technologies to enhance the way services are accessed.	Digital
9	Deliver an improvement in resource availability levels	Operations
10	Explore opportunities for further work with ICHOM and the Bevan Commission	Finance and Corporate resources
11	Improve and capture sharing and utilisation of information though implementation and rollout of Qliksense and Optima	Digital
12	Focused action on the highest priority EMS commissioning intention(s)*	P&P
13	Focused action on the highest priority NEPTS commissioning intention(s)*	P&P
14	Focus on the next steps associated with the D&C review with a focus on addressing the relief gap*	Planning & Performance & Operations
15	Implement the Public Health plan with a focus on an initial element*	QSPE
16	Implement the Health and Well Being Strategy*	Workforce
17	Implement the volunteering strategy (subject to Board approval) *	Operations
18	Procure NEPTs CAD system*	NEPTs
19	Procurement of the EPCR*	Medical & Clinical Services
20	Utilise technology to improve communication with staff with a focus on a specific issue(s) *	Digital
21	Implementation of the Trusts engagement plan with a focus on specific aspect(s) of the plan*	Partnerships & Engagement
22	Full engagement in early evaluation of the major trauma network and engagement with ABHB on the opening of the Grange Hospital*	Planning & Performance
23	Pilot a transfer & repatriation service (subject to service being commissioned) *	Planning & Performance
24	Progress the defined call handler of choice opportunity*	Planning & Performance
25	Implementation of the older people's framework with a focus on level 2 falls*.	QSPE
26	Further NEPTs transformation*	NEPTS
27	Progress delivery of next phase of estate SOP*	Finance and Corporate resources
28	Health and Social Care (Quality and Engagement) (Wales) Bill;	QSPE
29	Red improvement programme;	Operations
30	Learning from the Cwm Taf Morgannwg Maternity services review;	QSPE
31	Wellbeing of Future Generations (WBFGA) - *Sustainability, including environmental sustainability.*	Finance and Corporate resources
32	Pathway development;	Medical & Clinical Services
33	System leadership;	Planning & Performance

AGENDA ITEM No	3.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

INTEGRATED MEDIUM TERM PLAN

2019/20 QUARTER TWO UPDATE

MEETING	Trust Board
DATE	21 November 2019
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning & Performance
AUTHOR	James Houston, Planning & performance Business Partner
CONTACT DETAILS	James.houston@wales.nhs.uk

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

REPORT PURPOSE	The purpose of this report is to provide an update to Trust Board on the progress in delivering the key organisational commitments in the 2019/20 IMTP as at the end of Quarter 2.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

IMTP Quarter 2 Update Report

SITUATION

1. The purpose of this report is to provide an update to Trust Board on the progress delivering the key organisational commitment outlined in the 2019/20 IMTP.

2. This report covers the quarter 2 reporting period (July – September 2019).

BACKGROUND

3. In February 2019 the Minister for Health and Social Care approved WAST's 2019/20 – 2021/22 Integrated Medium Term Plan.

4. The Strategic Transformation Board (STB) was established, chaired by the Chief Executive, to provide the governance and monitoring of progress to deliver the forty-two priority objectives articulated in the IMTP.

5. Each of the objectives is aligned to one of the seven strategic themes of the organisations Long Term Strategic Framework: Our vision for 2030, with an assigned Executive Lead. They are also linked to a number of expected outcomes and benefits.

ASSESSMENT

Quarter two update on delivery of the 2019/20 IMTP

6. The STB undertakes regular monitoring of all of the forty-two objectives. The chart below provides a high level overview of the RAG status of all of the forty-two objectives. A more detailed breakdown by deliverable is provided as Appendix 1.

IMTP Deliverable status at end of Qtr.2

■ Green   ■ Amber
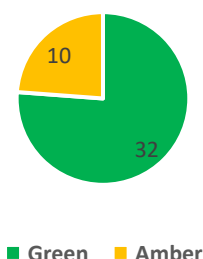
7. There was a commitment following the July Trust Board meeting that the quarterly IMTP reporting process would be reviewed and refreshed. This was discussed at the July Board Development session and it was agreed that future quarterly reports would provide a high level overview of progress across each of the objectives, alongside a more detailed overview of the top 10 high priority objectives identified during the session.

8. The top 10 priority objectives are listed below and a more detailed overview of progress is detailed in Table 1 overleaf.

- Continue expansion of APP role;
- Strategic service change with a focus on the opening of the Grange Hospital *(please note that this isn't currently a specific deliverable within the 2019/20 IMTP, however this will be included in the 2020/21 IMTP);*
- Highest priority EMS commissioning intentions;
- Highest priority NEPTs commissioning intentions;
- Secure approval for the procurement of the EPCR;
- Develop and approve Older People's Framework;
- Deliver an improvement in resource availability levels;
- Review of next priorities from estates SOP and development of cases for capital funding;
- Amber review and the findings of the D&C review;
- People and Culture strategy which encompasses (1) Approve & Implement a HWB Strategy, (2) Approve & implement a transforming education strategy, and (3) Refresh our commitment to volunteering.

Table 1 – Progress Update against the top 10 IMTP deliverables

Strategic theme	Quarter 2 key achievements		Healthier Wales Quadruple Aim
Delivering Excellence **RAG Status** 🟩	**Continue expansion of APP role (if funded and agreed with commissioner)** A staff officer has been appointed to assist with the central coordination, expansion and governance of the Advanced Paramedic Practitioner (APP) Rotational Model. 24 fulltime trainee APPs have commenced their education programmes at 3 different Universities. There has been interest in further recruitment of APPs in the wider USC system received from CTM, AB and SB Health Boards. A discussion paper is being taken to the EASC Management Group in November to test the feasibility of expanding the APP model across each of the Health Boards.		**Improved population health and wellbeing**
	Governance Mechanism	**Updates to CASC and EASC.** **Senior Clinical Team Meetings and Strategic Transformation Board**	
Whole system Partnership and Engagement **RAG Status** 🟧	**Strategic service change with a focus on the opening of the Grange Hospital** Aneurin Bevan University Health Board (ABUHB) have been undertaking a review of transfer needs aligned to the Clinical Futures model and are due to report on 14 November. This will enable further discussions on the inter-hospital transfer model and commissioning of the service. A meeting is planned between Chief Executives (WAST and ABUHB) on 28 November 2019 to confirm and agree next steps. Joint ABUHB, WAST and NCCU meetings in the diaries fortnightly to progress work at pace regarding transfers. High level impact being modelled by ORH as part of the demand and capacity review and the impact is being factored into workforce planning / finance discussions for IMTP. Collaborative work also underway with ABUHB regarding pre-hospital streaming. Further work is required with ABUHB with regards to any requirements to facilitate the move of patients into the Grange University Hospital and this programme of work is now commencing within ABUHB. **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**		**Better quality and more accessible health and social care services**

	WAST will play a critical role in the success of the South Wales and South Powys Major Trauma network when it goes live in April 2020 and as part of these preparations has/is playing a full and active part in the preparations. This includes; ❖ Developing the networks Major Trauma silver triage tools which is now endorsed by the Network Board; ❖ In collaboration with HEIW and EMRTs an online training package has been developed for all paramedics to support them in operating within this new network; ❖ Internal conversations are ongoing around the face to face element of the training and the best way for this to be facilitated; ❖ In recognising the lead in time to establish a Major Trauma desk within the organisations Clinical Contact Centre (CCC) the in-year funding element of the business case was approved and recruitment is underway; ❖ There are a number on internal work streams developing the training packages for the trauma desk staff which will include shadowing EMRTS staff and WAST internal ICT training such as the CAD;	
	Governance Mechanism	**Strategic Planning & Partnership Forum & Strategic Transformation Board**
Value and Efficiency in all that we do **RAG Status**	**Deliver an improvement in resource availability levels** The formal programme of work that has been established to ensure that there is a sustained shift in resource availability, led by the Directors of WOD and Operations, has formed 8 work streams. These are; (1)Improving Attendance, (2) Improving Recruitment Timescales, (3) Modernising Bank Arrangements, (4) Transforming Resource Policy & Practice, (5) Other Workforce Efficiencies, (6) Implementation of Electronic Timesheet, (7) Reducing Lost Hours – Return to Base, (8) Reducing Lost Hours – Handover to Clear The work stream leads will report progress on a monthly basis via a highlight report to the senior operations team and on a quarterly basis to the People and Culture Committee in order to monitor progress and delivery. Current progress / improvements include: ▪ Roster reviews in Aneurin Bevan and Cwm Taf are now complete; ▪ Improvements in Meal Break compliance; ▪ Improvements starting to be seen in elements of sickness absence, with LTS sickness cases reducing both in number and length of absence	**Higher value health and social care**
	Governance Mechanism	**People & Culture Committee Strategic Transformation Board**

| Enable our people to be the best they can be

RAG Status

🟧 | **People and Culture Strategy**
Refresh our commitment to volunteering
The Director of Ops is commencing wider consultation with the Volunteer management team, volunteers and third Sector partners on the vision for WAST volunteers. Initial conversations have taken place.
Once the direction of the strategy is confirmed it will be circulated and presented at People and Culture, WASPT and Board in early 2020.
Approve & implement a transforming education strategy
Additional Locality Learning Communities established in Hywel Dda with excellent participation and compliance rates to date.
Immersive virtual technology suite installed at Ty Elwy. Discussions now underway with supplier regarding installation of CCTV equipment for a viewing gallery.
CPD Hours Guidance document published. Work undertaken with Resource and Operations colleagues to identify those staff who have not yet booked on to upcoming CPD sessions and allocating them dates.
Meeting took place on 8th July with Swansea Bay UHB to discuss rotational roles for nurses however, it was recognised we are not in a position to proceed with these roles at the moment as the focus is recruiting into clinician posts for the remainder of the 111 roll out. Links have been made and this will be revisited.
Meeting held with BCU Aug 2019: regarding rotational role for NHSDW/111. Two North Wales based nurse advisors supported with HEIW funding to undertake a Level 7 module at Bangor University (Physical Examination and Diagnostics) – commences in January. Further student nurse placements have taken place at VPH.
Approve & Implement a HWB Strategy
Development of strategy currently paused; awaiting appointment of Workplace Wellbeing Lead | A motivated and sustainable health and social care workforce |
| | **Governance Mechanism** | **People & Culture Committee and Strategic Transformation Board** | |

Continue to provide the best possible care, outcomes and experience to our patients **RAG Status** 🟩	**Implement the recommendations of the Amber review** The Amber Review Implementation Programme had 9 assurance mechanisms for WAST, the NCCU and Health Boards to deliver. The Programme is due to end in Nov-2019 i.e. one year task and finish programme, and the Programme Board will be closed at the end of Nov-2019 as planned. A closure report is currently being drafted which will go to EMT in Dec-2019. This will RAG rate each of the 9 assurance mechanisms and sub-mechanisms. All assurance mechanisms will have been delivered by Nov-2019 with the exception of:- ▪ Changes to the AQIs to reflect patient's whole episodes of care and engagement with patient groups. This mechanism is the responsibility of the NCCU. WAST will make some changes in Q3 and further changes in 2020/21 after a consultation exercise led by the NCCU. ▪ Reduction in lost hours at hospitals: WAST has delivered the various amended reporting requirements, but handover lost hours are significantly higher than 2018/19; and ▪ Reduction in longest waits: the very longest waits have reduced, but there are more waits over 12 hours in the first half of 2019/20 than there were in the same period last year. ▪ The key strategic response to the Amber Review was the collaborative and independent Demand & Capacity Review. This has been completed to timescale and WAST is now collaborating with the NCCU and health boards on an implementation programme for the Review.	**Better quality and more accessible health and social care services**
	Governance Mechanism	**Amber Review Project Board and Strategic Transformation Board**	
RAG Status 🟩	**Highest priority NEPTs commissioning intentions** Local progress has been made in this period for action on Reducing Aborted Journeys, failed discharges and on the day cancellations. This work is collaborative with Health Boards. Sub-groups need to be developed to progress and we have requested the Commissioner's Office support to identify Health Board representatives. First meeting to review the 'quality of booking information' occurred in August. New appointment in place to oversee National Call Taking. Funding application has been submitted for Healthier Wales funding to develop a Transport Solutions service. Feedback is positive and further information has been requested to support the bid.	**Better quality and more accessible health and social care services**
	Governance Mechanism	**NEPTS Senior Leadership Team And Strategic Transformation Board. Also monitored through the Commissioning mechanism; the DAG Meeting and the internal NEPTS Commissioning Review Group**	

RAG Status	**Highest priority EMS commissioning intentions**	**Better quality and more accessible health and social care services**
■	A detailed Red Improvement Plan continues to be implemented to deliver sustainable performance improvement against the Red performance target. A Pathways Development Group has been established to oversee the prioritisation and implementation of a range of national pathways. Work ongoing to support the National Respiratory Implementation Group roll out of a self-care application and development of a national Respiratory pathway. Workshop arranged for 13th Dec with Welsh Government and Health Boards to develop the Respiratory Pathway and prioritise future pathway development across Wales. Dual Pin reporting function now in place on HAS screens. Significant improvements in Handover to Clear compliance across Wales continue to be demonstrated.	
	Governance Mechanism — **Senior Operations Team Meeting and Strategic Transformation**	
Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology **RAG Status**	**Secure approval for the procurement of the ECPR**	**Improved population health and wellbeing;** **Higher value health and social care;**
■	The Trust's ePCR OBC was considered in June 2019 for funding from the NHS Capital provision, however a change in Government arrangements means the case is now being considered as part of the Digital Transformation Funding arrangements. Welsh Government feedback in August, requested further work on the OBC, in particular, to scope the feasibility of an additional fifth option to "extend the Welsh Clinical Portal out of hospital" by developing an in-house portal solution for the Trust rather than purchasing a commercial product. In September, the Trust gained WG support to procure specialist services to complete this work. The Trust has awarded a contract to a Channel 3 Alliance. The draft feasibility report will be produced by the end of November 2019 and presented to the Executive Management Team in early December. The findings of the study will determine the scope of the revision of the OBC required and if the preferred option in the case will change or not. It is envisaged that these findings will be worked into the OBC for re-consideration by WG in early January 2020.	
	Governance Mechanism — **ePCR Project Board & Strategic Transformation Board**	
RAG Status	**Review of next priorities from estates SOP and development of cases for capital funding**	**Higher value health and social care;**
■	The Estates SOP has been reviewed and refreshed in collaboration with Estates and Operations; • We have retained our ISO 14001 status; • Training & Development Department are now operating from Ty Elwy HQ; • OBC complete for the Cardiff MRD and the FBC to be received at Trust Board in November; • The OBC for the South East Fleet Workshop is in progress and to be received by Trust Board;	

	▪ Phase two of Matrix One is advancing well which will enable remaining staff to be relocated from Cefn Coed	
	Governance Mechanism	**Estates Programme Board & Strategic Transformation Board**	

Quality at the heart of everything we do
 	
RAG Status
 	
🟩
	Develop and Approve Older People's Framework
	The Older People's Steering Group has developed a bid for funding through the 1% for Wales funding stream. This has been developed in partnership with the NCCU, voluntary sector partners, and cross-directorate teams
	The application has successfully received recurring financial support, to progress the Older People's improvement strategy, framework, and associated programmes of work.
	The intended use of the funding is for:
	  ▪ Improvement Lead: Older People - provisional interview date 17 October 2019
	  ▪ Improvement Programme Administrator - TBC
	  ▪ The WAST Older People's Steering Group has commenced developing a high-level priority improvement map for this work, and measurement plan with key partners
		Better quality and more accessible health and social care services

	Governance Mechanism	**QUEST & Strategic Transformation Board**	

Welsh Government IMTP assurance

9. Historically there has been a requirement for the Trust to submit its formal Trust Board IMTP quarterly report to Welsh Government as part of in year assurance mechanisms.

10. For 2019/20 the Trust is now only required to return a higher level reporting template that takes a "**by exception**" principle with the only areas of exception being the three specific issues which were listed in the accountability letter to the Trust's CEO from the Chief Executive of NHS Wales. These have to be reported on every quarter and are;

- Work with the Chief Ambulance Commissioner and health boards to respond to the recommendations of the Amber Review;

- Work with the Welsh Government's workforce team to provide assurance that the workforce strategy has clear deliverables, milestones, risks and mitigation;

- Set out service plans to support the Major Trauma Centre and network.

11. This more proportional approach recognises and rewards the organisation for being in the lowest possible level of escalation- routine monitoring. A copy of the Trust's quarter two submission to Welsh Government is shown in Appendix two.

RECOMMENDATION

12. Trust Board are asked to:

- ❖ **NOTE** the update provided.

Appendix 1: IMTP Deliverable Q2 progress tracker

Theme	Deliverable	Lead	Monthly Deliverable Status		
			Jul-19	Aug-19	Sep-19
Delivering Excellence	Develop and approve a WAST Public Health Plan	Claire Bevan	Green	Green	Green
	Continue expansion of APP role (if funded and agreed with commissioner)	Brendan Lloyd	Green	Green	Green
	Evaluate and implement APP/non-medical prescribing framework	Brendan Lloyd	Green	Green	Green
	Complete rollout of 111 service across Wales	Chris Turley	Green	Green	Green
	Articulate Opportunities to be caller handler of choice	Lee Brooks	Green	Green	Green
	Deliver full benefits of the NEPTs business case	Mark Harris	Green	Green	Green
	Complete transfer of work from Health Boards and Trusts	Mark Harris	Green	Green	Green
	Design and implementation of improved booking and call taking processes and procedures	Mark Harris	Green	Green	Green
Best Care & Outcomes	Deliver on the EMS commissioning intentions	Lee Brooks	Green	Green	Green
	Deliver NEPTs commissioning intentions	Mark Harris	Green	Amber	Green
	Review of approach to station cleaning	Rachel Marsh	Amber	Amber	Amber
	Implement the recommendations of the Amber review	Rachel Marsh	Green	Green	Green
People	Approve & Implement a HWB Strategy	Claire Vaughan	Green	Green	Amber
	Approve & implement a transforming education strategy	Claire Vaughan	Green	Green	Amber
	Implement the approved Leadership & Management Strategy	Claire Vaughan	Green	Green	Amber
	Refresh our commitment to volunteering	Claire Vaughan	Green	Green	Amber
Whole System Engagement	Develop a Trust engagement plan	Estelle Hitchon	Green	Green	Green
	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	Rachel Marsh	Green	Green	Green
	Delivering a targeted and effective programme of schools and community engagement	Claire Bevan	Green	Green	Green
	Articulate and start to deliver a transfer and repatriation service to support Health Board strategic service change	Rachel Marsh	Green	Green	Amber
Technology & Innovation	Develop a Digital transformation strategy	Chris Turley	Amber	Amber	Amber
	Develop specification and business case for new NEPTs CAD system	Mark Harris	Green	Green	Green
	Develop access to services online and through internet applications	Chris Turley	Green	Green	Green
	Secure approval for the procurement of the EPCR	Brendan Lloyd	Green	Amber	Amber
	Utilise technology to improve communication with staff	Chris Turley	Green	Green	Green
	Utilise video and other technologies to enhance the way our services are accessed	Chris Turley	Green	Green	Green
	Launch and develop the WIIN platform (WAST Innovation and Improvement Network)	Claire Bevan	Green	Green	Green
	Review of next priorities from estates SOP and development of cases for capital funding	Rachel Marsh	Green	Green	Amber
	Delivery of an MRD for Cardiff and new work shop for south east region	Rachel Marsh	Green	Green	Green
	Modernisation of our fleet	Lee Brooks	Green	Green	Green
	Improve the capture sharing & utilisation of information through implementation & rollout of Qliksense & Optima	Chris Turley	Amber	Amber	Green
Quality at the Heart	Develop and approve Older People's Framework	Claire Bevan	Green	Green	Green
	Engage and involve users with sensory loss to improve accessibility	Claire Bevan	Green	Green	Green
	Implementation of the Mental Health and Dementia Improvement Plan	Claire Bevan	Green	Green	Green
	Deliver prioritised actions of the Carter Review	Rachel Marsh	Green	Amber	Green
	Roll out Trusts Falls Framework	Claire Bevan	Green	Green	Green
Value & Efficiency	Explore opportunities for further work with ICHOM and the Bevan Commission	Chris Turley	Green	Green	Green
	Maintain strong links with the other UK nations to enable sharing of best practice and collaborative work	Chris Turley	Green	Green	Green
	Improve understanding of cost base and cost behaviour, including benchmarking based on outcomes as well as costs	Chris Turley	Green	Green	Green
	Maximise procurement efficiencies	Chris Turley	Green	Green	Green
	Improve efficiency in stock inventory and asset tracking, through RFID	Chris Turley	Green	Green	Green
	Deliver an improvement in resource availability levels	Lee Brooks	Green	Green	Amber

Key – Green = In Progress On Track, Amber = In Progress Off Track

Quarter 2 - Reporting Proforma for NHS Planning 2019-20

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

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

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

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

This template must be submitted to HSS-PlanningTeam@gov.wales quarterly. The deadline date for quarter 2 is below: Q2 – **11 October 2019**

Accountability Conditions		
Specific Issues	**Evidence**	**Status**
1. Work with the Chief Ambulance Commissioner and health boards to respond to the recommendations of the Amber Review.	WAST is represented by the Director of Planning and Performance on the Amber Review Oversight Group, chaired by the Chief Ambulance Services Commissioner. This group has met once to date. WAST has also established an internal Amber Review Delivery Group, which includes representation from National Collaborative Commissioning Unit (NCCU). The programme plan is based around nine assurance mechanisms for WAST/NCCU to deliver. **The actions to be delivered by WAST are largely on target**. Information was supplied in support of a half-way point Ministerial statement on the 04/06/19. Despite many of the agreed actions being taken, there remains a political and system reputational risk that at the end of the year it will be possible to report that recommendations of the amber review have been completed yet Amber performance will remain a concern. Currently Amber One median, 65th, 95th and 99th times are higher than the same time last year and there is a clear correlation between Amber performance and notification to handover lost hours. Some improvement has been seen in the reduction of the very longest waits, but these are beginning to worsen again as handover delays increases. One of the key actions in the Amber Review programme is to commence reporting on the very longest waits. It has been agreed with the National Collaborative Commissioning Unit (NCCU) that reports will be provided for all waits of 18 hours and over. Agreement on the process and format of this report is almost finalised and the report will go live before the end of the programme. Similarly, we have already agreed on improved reporting of handover performance with the NCCU. Further changes have been requested the NCCU, which are close to completion. The main focus of the Amber Review assurance mechanisms for WAST are process changes and projects e.g. the Demand & Capacity Review. There will be a time lag between these process and project changes and any improvement in Amber performance and unless there is a significant downward trend in handover lost hours, which is considered unlikely through the winter months, we are predicting a decline in Amber performance. Whilst separate to the Amber Review, WAST has a winter plan (with associated revenue implications) in order to mitigate the impact of increased demand and increased handover lost hours. Similarly it was agreed at Sep-19 EASC that WAST lead on developing a pro-active approach to regional escalation/systems leadership, building on the 11-00 Gold Call and moving to a more pro-active management of unscheduled care system capacity e.g. ambulance diverts etc. A system wider workshop is planned for 15th September 2019 with an action plan to be delivered at pace to be the main output.	**Amber**
2. Work with the Welsh Government's workforce team to	WAST is developing a People and Culture strategy to drive performance improvements and culture change across the organisation recognising the importance of our workforce and volunteers. The Strategy is based around four key themes: Plan; Resource; Educate, and; Engage with the key enablers recognised as	**Green**

provide assurance that the workforce strategy has clear deliverables, milestones, risks and mitigation.	Partnership and Leadership, Technology and Quality, Value and Efficiency. The Strategy is in the engagement phase of development and will provide opportunity for the Welsh Government Workforce team to receive the milestones and identified risks and considerations. The People and Culture Strategy is an overarching strategy and is supported by specific enabling strategies and action plans including its Transforming Education Strategy which was approved in July 2020. WAST is also developing a Volunteering Strategy and a Wellbeing Strategy to set out the direction of travel over the next three years. Meetings have been arranged with the Welsh Government workforce team to engage in discussions with the Trust on the development of these strategies.	
3. Set out service plans to support the Major Trauma Centre and network.	In collaboration with the CASC and EMRTs, WAST has developed its element of the Major Trauma programme business case and this has been submitted to the NHS Wales Collaborative. The business case has been reviewed in Trust Board and was submitted to EASC in September. The 'in year' element of the business case was supported which has allowed WAST to progress with the arrangements required to establish a Major Trauma desk. A decision on all other element of the business case will be made in November via a special EASC/WHSCC meeting. WAST will require funding to be approved at this meeting if it is to have in place other critical elements of the service to meet a go live date of the 01 April. This includes provision of training to our paramedic workforce and the establishment of a transfer and discharge solution.	**Green**

The headings below encompass generic conditions set out in your accountability letter. These can be completed at your liberty. Issues defined by your organisation as 'by exception' should be included.

Commissioner Engagement

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

Continue to work collaboratively with EASC to meet expectations and adhere to the principles outlined in the Commissioning Quality and Delivery Framework Agreement for Emergency Ambulance Services;

WAST continues to work closely with the NCCU. EASC now regularly receive a WAST Provider Report, updating the Committee on quality, performance and progress on key IMTP deliverables.
WAST will need to formally review its progress against the EMS commissioning framework at the half year point and is currently undertaking this review. This has been slightly delayed due to the work on the relief gap that has emerged out of the Demand & Capacity Review; however,

WAST does formally report to every Board the Trust's progress on the IMTP targets and also the commissioning intentions.

Support and work collaboratively with Local Health Boards to meet their service improvement targets, for example around patient flow, pathway work etc.

A Pathways Development Group (PDG) has been set up to oversee the prioritisation, development and implementation of a range of pan-wales alternative clinical pathways to improve patient care. The high-level focus of the group is to:-
- To undertake a baseline review of current clinical pathways available to WAST clinicians (frontline ambulance staff);
- Analyse current 999 activity to identify opportunities to develop clinically robust clinical pathways for high volume patient groups on a pan-wales basis;
- Prioritise a set of clinical pathways for national implementation;
- Engage with Health Boards and key stakeholders to support the project;
- To oversee the planning, implementation and evaluation of the national pathways.
- Receive and consider any pathway proposals suggested through the WAST Improvement & Innovation Network (WIIN).

In addition a range of WAST colleagues are working with Swansea Bay Health Board on specific actions to reduce Ambulance handover delays at the Health Boards hospitals.

This work is being escalated so that 3 new pathways can be made available in each Health Board area in time for the winter period.

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

Ensure that quality standards are maintained and improved across all of your services and with your partners (primary care, health boards, social care and the third sector). Nothing to report

Continue to develop plans for the long term that provide sustainable services and improved outcomes for your population
An engagement plan is being developed to shape discussions with Health Boards and other stakeholders in regards to our Long term strategy for Ambulance Services in 2030. Many of the ambitions articulated can only be delivered in collaboration.

Provide ongoing assurance on the development/enhancement of the EMRTS and resource arrangements
WAST continues to attend EMRTS delivery and Assurance (DAG) meetings.

Continue to work collaboratively with EASC through the DAG with key stakeholder HB's to meet key objectives of the business case on the delivery of NEPTS
NEPTS has seen improvement for the patient through the amalgamation of three regional call taking centres driving efficiencies and objectives of the business case, improving the numbers and timeliness of calls answered. NEPTS is developing a transport solutions aspect now to direct all enquiries to most appropriate resource delivering a service for both eligible and non-eligible patients.
The novation of all HB contracts has met a delayed transfer timeline over the past twelve months due to numerous complexities that were not considered and detailed within the business case. The progress and learning of the initial HB novated contracts however has improved the co-ordinated and improved approach taken at DAG.

Develop workforce/estates and capital investment strategies consistent with the development of the EMS clinical response model.

The Demand and Capacity review currently being undertaken collaboratively between WAST and EASC will likely have a significant bearing on future strategies for the workforce, estates and capital.

We do however retain an endorsed Estates Strategic Outline Programme and an Estates programme board continues to take this work forward internally. A Gateway 0 review of the SOP has also been completed and recommendations are being worked through.

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

It works at pace to resolve outstanding service and workforce planning issues for the South Wales Programme and Acute Care Alliances through the regional planning committee

Nothing to report- WAST remains fully engaged in all relevant regional planning forum

It continues to extend collaborative working and regional planning with health boards and trusts to develop regional solutions where applicable

Nothing to report- WAST remains fully engaged in all relevant regional planning forum

It continues to prioritise, strengthen and realise benefits through your partnership, collaboration and involvement arrangements, agreements and plans

Progress now being made in terms of Regional Partnership Board representation, with WAST having a seat at the Cardiff and Vale, North Wales and West Wales RPBs (the latter being a very recent development - representation will start at the next appropriate meeting), with further representation at the Gwent Adult Services Partnership, a sub structure of the Gwent RPB. In addition, further efforts are being made to secure visibility at the remaining RPBs in Wales, recognising their criticality to the Trust's partnership and collaboration activities.

It works with internal and external stakeholders and commissioners (including primary and community care, community health councils, third sector, social care and wider local authority partners) to explore potential solutions for transformation and new models of health and care.

Noting progress in RPB representation as above, the Trust is also working closely through primary care clusters, EASC and with CHCs on a range of developments which should optimise citizen benefit through more innovative and productive use of the skills of our staff and our resources.

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

Meet the targets and profiles set out in your IMTP for year 1 in order to achieve the improved position in line with national priorities and targets and any service change proposals outlined in your IMTP

The formal Welsh Government target is 65% and WAST has delivered this in each month of 19/20; however, the "enhanced monitoring" WAST is currently in regarding Red performance is predicated on 70% pan-Wales and 65% per health board (as is the EMS Demand & Capacity Review). WAST did not achieve the 70% target in July and August (69.3% and 69%). The 65% health board level target has been missed four times since Apr-19. WAST has a Red Improvement Plan in place which has been scrutinised by the WG Assurance meeting and EASC.

Concerns responded to within 30 days has been consistently below the target of 75% (29% in July). Similarly, serious incidents assured to timescales has been consistently below the target of 90% (in June it was 50%, which was the highest we rate we have achieved so far this year). The processes have been previously reviewed. The key issue is one of capacity. Our Winter Plan includes increased capacity to help manage the increased demand on the QSPE Directorate over the winter months (the increased capacity is dependent on winter monies).

The PADR rate has been steady in the mid-70% range, which is below the 85% target.

Sickness absence is above the target profile, but below the same period last year. Sickness absence in Jul-19 was 6.70%. The Trust has a nine point sickness absence management in place.

Demonstrate progress towards meeting targets set out in years 2 and 3 of your IMTP

Nothing to report

Continue to have robust delivery, monitoring and performance management arrangements in place to assure your Board, Commissioners and Welsh Government that your plan is on track.

Internal:

WAST has substantially overhauled its Board Quality & Performance Report and we continue to make improvements, in particular, we will be moving statistical process control upper and lower control limits in quarter 3. Optima Predict is now available. Optima is powerful simulation software. Progress will now be made on reviewing the performance framework for the rest of the organisation.

External:

We continue to work with our commissioner on delivery, monitoring and performance management arrangements through the EASC governance arrangements.

- We are awaiting commissioning intentions for 20/21 in order to incorporate into our internal planning processes-
- A single Management Group **has been created to predominantly oversee EMS commissioning (NEPTS DAG continues to work as previously**. To date this group has met twice and a further two meetings are in the diary for the remainder of the year, with a forward work programme to be determined.

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

Deliver a balanced financial plan, in line with the agreed plan in your IMTP, and maintain ongoing dialogue between your Board, commissioners and Welsh Government officials regarding financial assumptions and modelling; As at 31st August the organisation is meeting all statutory duties, with a small year to date underspend of £0.006m and a balanced financial position forecast for the year end.
Demonstrate the benefits of any additional investment, in particular any monies received via specific and targeted funding. You will be expected to provide updates on how this investment has yielded benefits at the JET meetings. The Trust has recently received indication from EASC on where the 1% healthier Wales funding is to be invested. This includes WAST initiatives around; Older People NEPTs transport solutions Complete roll out of a Level 1 falls response Clinical Psychology investment to support staff wellbeing and organisational design. Discussions continue around utilising the in-year underspend on some other projects which we believe could offer system wide benefit over the winter period. We also believe that there are a number of lessons that can be learnt in regards to the process developed and approaches taken in terms of how this resource was allocated.

<table>
<tr><td>AGENDA ITEM No</td><td>3.4</td></tr>
<tr><td>OPEN or CLOSED</td><td>OPEN</td></tr>
<tr><td>No of ANNEXES ATTACHED</td><td>3</td></tr>
</table>

AGENDA ITEM No	3.4
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– September 2019

MEETING	Trust Board
DATE	21st November 2019
EXECUTIVE	Rachel Marsh – Director of Strategy, 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	06 Nov 19	Consideration and approval
Trust Board	21 Nov 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 September 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 and form the basis of the metrics used in this report.

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 (July 2019 – Sept 2019) was published on 30 October 2019. Monthly information is published by Welsh Government on Red and Amber performance. http://gov.wales/statistics-and-research/ambulance-services/?lang=en. The next iteration of the EMS AQIs is due to be published on 29 January 2020 for the period October 2019 – December 2019.

4. The main body of this report for consideration by EMT is included as **Annex One**, which includes a dashboard of the top indicators and subsequent pages dedicated to each indicator with analysis.

5. **Annex Two** 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. A separate PowerPoint pack of graphs is included as **Annex Three**. 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 Two**.

6. Feedback from the last Trust Board in September was positive, with agreement to 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 8 below);
   - Links to the Board Assurance Framework, in particular, to include key risks in this (see point 9 below);
   - Inclusion of Statistical Process Control (SPC) charts and trajectories (see point 10 below);

- 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.

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

8. Welsh Government have issued a new set of Standards and Quality Indicators for 111 and Out Of Hours in Wales. 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, it has been agreed internally with 111 and Health Informatics colleagues to include the new measures in this report where data is available in 111 through QlikSense. The new measures have been included in **Annex 1** – pages 4 and 5 of this report. It is not yet possible to report the same measures for NHS Direct Wales (NHSDW) as it has not been confirmed if the metrics can be applied in the same way.

9. 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 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.

10. The first iteration of Statistical Process Control (SPC) Charts have been have been configured for this version of the report. These have initially been produced for red performance and conveyance to major emergency departments and have been included in **Annex 3, slides 11 and 13** respectively. Future versions will include more detailed data observations in Annex 1.

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 are 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. 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.

13. In addition, there are a significant range of other performance reports produced to inform performance management within the Trust which continue alongside this report, such as: quarterly analysis of the AQIs; JET Performance Slide Pack; Health Board Performance and Quality Reports for Health Board Committee meetings; EASC Provider Report; Weekly Red Dashboard; Optima reporting; and other adhoc performance reports and presentations such as the Mid-Wales Health Collaborative Scrutiny Panel information.

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. The second meeting was held on 10th October. The third is scheduled for 10th December 2019.

ASSESSMENT

15. A full assessment of the top indicators is included in **Annex One**. This section contains a highlight of the main areas of concern.

16. Despite **Red performance** achieving above the 65% target, performance continues to gradually decline. In September, the percentage of emergency responses to red incidents within 8 minutes was 68.4%, compared to 69.0% in August 2019 and 73.9% in September 2018. The SPC chart in **Annex 3**, slide 13 highlights this and identifies a shift in the mean performance in February 2019. Since July 2019, performance has been below the mean, warning that there could be a further reduction upcoming. Red 95th percentile performance also continues to worsen. September 2019 was 16 minutes 57 seconds compared to 16 minutes 54 seconds the previous month and 15 minutes 26 seconds in September 2018.

17. Due to the deterioration in Red performance, the Trust moved into enhanced performance management via NCCU. Red performance is being closely monitored internally with a Red Improvement Plan in place, with the current focus being on overproducing on RRV unit hours, more effective deployment of existing resource, incident upgrades and overnight performance. Further discussions are ongoing with Welsh Government and the Commissioner on additional immediate or short term actions that could be taken.

18. Although the actions in place to improve red performance are largely on target, whilst notification to handover lost hours continues to increase, we do not expect performance to improve. Detailed analysis has identified a very strong correlation between red median performance and lost hours from notification to handover delays. A full assessment of red performance and the actions being taken can be found on **page 7 of Annex One**.

19. **Amber performance** remains a concern. Although winter 2018/19 did not see the very long Amber tail of 2017/18, the underlying trends for Amber response times are increasing. In September 2019, Amber 65th and 95th percentile response times have increased compared to the previous month. Amber median decreased by 2 seconds. All Amber response times are considerably higher than the same period the previous year. This is despite the Amber Review Implementation Programme plan being largely on track.

20. Finance and Performance Committee requested a "deep dive" into Amber Performance at its October 2019 meeting. A detailed report on Amber performance was included as part of this report which included a detailed update of the delivery of the Amber Review Implementation Programme. The report concluded that despite the Amber Review Implementation Programme being largely on track, the overriding impact on performance is availability of ambulance resources. Analysis identified that the three most significant causes of longer Amber response times are the number of hours the Trust is able to produce (insufficient budgeted staff due to relief gap), increased lost hours due to hospital handover delays, and hours lost due to higher levels of sickness absence. If hospital handover lost hours continues to increase, we do not expect to see an improvement in performance. A more detailed assessment on Amber performance can be found on **page 8 of Annex One**.

21. As mentioned above, lost hours from notification to handover delays are increasing significantly which is a major concern for ambulance responses. Historically, improvements would have been seen through the months April to September however this year lost hours have continued to worsen since winter 18/19 and are already at worse level in September 2019, than the highest peaks in the last two winters which were 9,967 in January 2018 and 8,781 in January 2019. If patterns follow the normal winter trend, hospital handover lost hours are likely to continue to increase over winter and have a further detrimental effect on response times. The Trust can mitigate handover lost hours through "shift left" activities e.g. hear & treat and see & treat, and is doing so within current level of resources. Some additional short term winter schemes are also being funded to mitigate losses at ED doors.

22. The **response to concerns within 30 days** improved in September to 66% compared to 44% in August 2019, however this remains significantly below the 75% target. Additionally, the volume of **Serious Adverse Incidents (SAIs) assured within timescales** remains below the 90% target, although has significantly improved to 75% in September 2019 compared to 66% in August 2019 and 0% in July. It must be noted the percentage will vary considerably due to the small numbers being reviewed. Further detail can be found on **page 10 of Annex One**, including the associated improvement actions.

23. **Clinical Indicator (CI)** performance is reported on a quarterly basis with the latest update for quarter 2 included in this version. Four indicators have consistently not met the 95% target. Three of these are on an upward trend with the last two quarters performance at an improved position compared to the same period last year. The **ST segment elevation myocardial infarction (STEMI) indicator** has been of concern however, the % of patients documented as receiving appropriate STEMI care bundle has improved in the last quarter with a shift in performance from ranging between 65-70% to 70-85%, a key highlight is a peak in August of 87.0%. The only indicator that has seen a decline in performance compared to last year is the **% of hypoglycaemic patients documented as receiving appropriate care bundle**, the baseline position for 2018/19 was 89.0% and in 2019/20 to date it is 88.1%.

24. It is important to highlight the shortfall in compliance with a number of the care bundles is specifically around certain elements within the bundle (for example pain scoring in neck of femur fractures). Therefore, it's important to understand that each of the CIs are composed

of a bundles of assessments or interventions, therefore a low performing CI isn't necessarily as a result of a failure of the whole bundle, more often it's a shortfall in one area. The extract below provides the specific criteria:

Calculation of a Care Bundle
Compliance to a care bundle requires each and every specific criterion of care to be met. E.g. A bundle comprises 3 criterion; A, B, and C. For each record the bundle is compliant only when A, B and C or the justifiable exceptions are all met. The bundle is therefore a reflection of the number of records where all of the individual criteria or the justifiable exceptions are met. It is reported as a percentage of the total number of records for that specific condition.

25. Reviews of the bundle elements suggest that this is often a shortfall in documentation and not necessarily the clinical intervention (once again pain scoring is a good example, where we generally score well in administration of the analgesia but fall short on the recording of the pain score). The instigation of ePCR which will enable the mandatory completion of certain fields of the document will eradicate recording issues. In addition, the work that's being processed to review the Clinical Team Leader role, and increase its clinical leadership focus, will also support improved CI scores.

RECOMMENDATION

The Executive Management Team is asked to:-

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

Monthly Integrated Quality and Performance Report
September 2019

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

Themes	No.	Top 10 Monthly Indicators	Target 2019/20	Baseline Position (2018/19)	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-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	327,676	294,158	257,523	310,381	267,085	295,279	296,222	293,461	364,768	397,017	441,412	421,774	G
	2	Call Volumes to NHSDW	Combined Improvement trend	243,840	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863	17,721	17,894	17,370	15,507	G
		Call Volumes to 111		277,395	21,603	26,152	33,479	27,720	27,045	31,900	33,450	31,170	28,891	28,625	36,623	39,433	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	12.0%	7.8%	7.5%	7.7%	7.9%	9.4%	8.4%	8.0%	8.6%	8.2%	8.7%	8.5%	8.3%	8.5%	R
	4	% of verified incidents that were conveyed to major Eds	Reduction Trend	48.60%	49.6%	49.14%	48.52%	48.23%	48.35%	48.91%	51.15%	47.78%	46.59%	50.52%	46.77%	46.25%	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%	74.7%	72.3%	72.8%	71.8%	72.4%	71.2%	70.3%	70.2%	72.5%	69.3%	69.0%	68.4%	G
		Red 95th percentile	Reduction Trend	00:15:25	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	00:16:54	00:16:57	R
	6	Amber 95th percentile	Reduction Trend	02:38:42	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	03:26:29	03:28:25	R
		Amber 65th percentile	Reduction Trend	00:37:00	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	00:47:34	00:48:26	R
		Amber Median	Reduction Trend	00:24:11	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	00:30:52	00:30:50	R
	7	Number of lost hours following handover to clear over 15 minutes	Improvement trend	11,282	961	1017	962	1,099	926	985	1,062	947	644	342	283	300	G
	8	% of concerns that received a final (reg 24) within 30 days on being received	75%	46%	53%	43%	59%	27%	33%	70%	63%	55%	33%	29%	44%	66%	R
		Serious adverse incidents assured within agreed timescales	90%	33%	33%	0%	0%	0%	0%	0%	0%	20%	50%	0%	66%	75%	R
	9	Emergency Ambulance unit hours production	95%	92.8%	94%	94%	95%	97%	92%	91%	95%	92%	91%	89%	86%	88%	A
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	6.3%	7.14%	7.02%	7.19%	7.85%	7.89%	7.45%	7.18%	6.77%	6.28%	6.24%	6.70%	7.51%	7.19%	A

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

FPC

**INDICATOR 1 – Number of Hits to NHSDW Website
2019/20 Target – Improvement Trend**

G

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 developing the strategy, 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 • Develop further online self-assessment symptom checkers based on the needs and behaviours of online users. • Directory of Services redesigned and updated by Sept 2019 Feasibility study undertaken on using Live Chat features by Mar 2010	AMBER
Develop access to services online and through internet application	Mar 20		GREEN
Utilise video and other technologies to enhance the way our services are accessed	Mar 20		GREEN

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 (expected end November 2019). 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 421,774 NHSDW unique website visits in September 2019. Of these visits, 65.5% were accessed by females and the largest proportion of viewers by age fell in the 25-34 years old band, 30.51%. In September 2019, the most viewed pages were: stomach pain symptom checker, generally unwell symptom checker, self-assessments and ovulation calculator.

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.

Visits to the website for the last quarter, (July 2019 to September 2019) recorded the highest number of visitors for sometime. There has been a slight decrease in September 2019, however the position is still a significant increase compared to the previous two Septembers and is still high compared to the overall level over the previous two years. The total number of visits to the website was 1,260,203 (previous quarter visits were 954,451 and same quarter in 2018/19 were 857,180) an increase of 305,752 visits compared to the previous quarter and 403,023 compared to same period last year. 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, which first met on 21st August to review the indicators under Step 1. A second meeting took place on 2nd October 2019 which concluded that the data would need to be collected manually. Further discussions are required to agree if this is feasible.

OUR GOAL *DELIVERING EXCELLENCE*

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

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

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

FPC

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

AB roll out live August 2019

Carmarthen 111 roll out

■ Total NHSDW Calls ■ Total 111 Calls

% of 111 Offered Calls Abandoned After 60 Secs
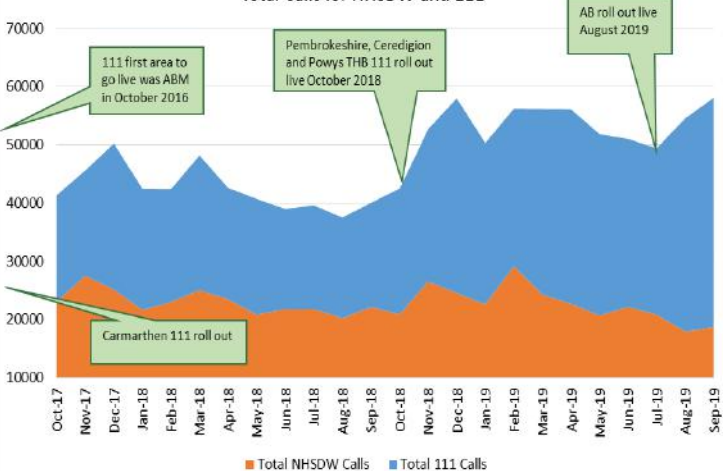
—— % of 111 Offered Calls Abandoned After 60 Secs

111 Timely Clinical Triage of Patients

—— % of calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of the first contact
—— % of calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact
—— % of calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact

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 and Aneurin Bevan in August 2019.

NHSDW call demand continues to decrease overall. There has been a year on year decrease of 18.86%. 111 telephony overall demand continues to increase as the service is rolled out. There has been a year on year increase of 56.23%. Overall, the volume of 111 and NHSDW calls has increased as per target.

The following metrics, those in graphs 2 and 3 above, originate from a new set of 111 Standards implemented by Welsh Government since July 2019. It is not yet possible to report the same metrics for NHSDW as it has not been clarified if the measures can be applied to NHSDW in the same way.

The 111 call abandonment rate is on an upwards trend and has seen a year on year increase of 2.0% for the period October 2017 to September 2019. There has been a significant increase in recent months to 12.3% in September 2019, compared to 6.1% in August and 6.4% in July. September 2018 was 2.1%. The normal expected rate for 111 services is c.2%. The high abandonment rate suggests there is not enough capacity to meet demand.

The **highest priority calls, P1CT, continue to provide a timely response**, starting their definitive clinical assessment within 1 hour of the end of first contact, continuously achieving over the 90% target. The lower priority calls, P2CT and P3CT, continue to be below the 90% target for providing a response within 2 hours and 4 hours respectively.

Improvement Actions

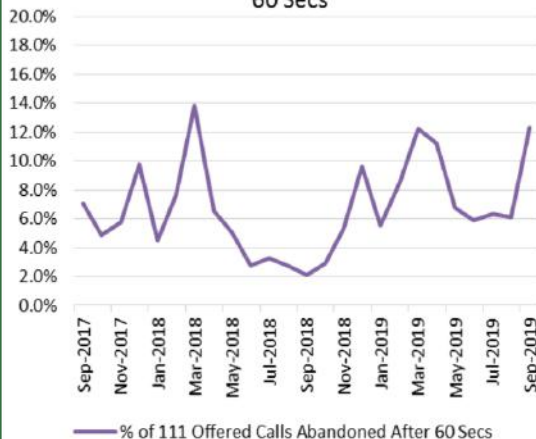| IMTP Deliverable	Completion Date	Progress Update	RAG
Complete rollout of 111 service across Wales	2020/21	Planning for the roll out of 111 into Cwm Taf Morgannwg continues with service launch estimated for Spring 2020. The recruitment plan for staff to support the roll out has commenced and a schedule of monthly Implementation Board meetings and work stream meetings remain in place. Early discussions to scope 111 roll out into Cardiff and Vale UHB next year have commenced.	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 with next steps being discussed both internally and with the 111 Programme Team.	GREEN

FPC

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

G

111 Calls by Final Outcome

Legend: Referred to a General Practitioner (handover of care); Advised to attend ED/MIU; Referred to 999; Health information / quick call; Referred to another Health Professional; Administration; Dental; Advised to contact General Practice; Assessment and advice

NHSD Calls by Final Outcome

Legend: Referred to a General Practitioner (handover of care); Advised to attend ED/MIU; Referred to 999; Health information / quick call; Administration; Dental; Advised to contact General Practice; Assessment and advice

Analysis

Following on from the previous 111 and NHSDW slide, the new 111 WG standards set out a defined list of common final outcomes to report as call volumes. This is intended to allow an understanding of the most common outcomes for patients presenting the service and to be able to compare trends and similarities both within LHBs, and between LHBs. This will assist in planning future services.

For the purpose of this report, both the 111 and NHSDW call volumes have been split by final outcome for the purpose of understanding the both services within WAST.

The most significant final outcome for 111 calls is consistently **Referral to a General Practitioner(GP) (handover of care).** The following top two outcomes in September 19 were Administration, which are calls ended non-clinically, such as caller not wishing to proceed, call aborted, call duplicated, etc. This accounted for 12.2% of calls. Followed closely by calls advised to attend ED/MIU accounting for 12.0%. The remaining outcomes in order of volume accounted for: dental (7.4%); referred to 999 (6.4%); advised to contact GP (5.7%); health information/quick call (4.0%); assessment and advice (3.7%); and referred to another Health Professional (1.2%).

Final outcomes for NHSDW see a wider variety between the different dispositions. The top final outcome for NHSDW is consistently Administration accounting for 27.6% in September 2019. The remaining outcomes, in order of volume of calls accounted for are: advised to attend ED/MIU (17.1%); referred to GP (handover of care) (13.4%); dental (11.5%); advised to contact GP (8.2%); health information/ quick call (7.9%); referred to 999 (7.7%); assessment and advice (3.6%); and referred to another Health Professional (3.0%).

A review of the groupings within each outcome is required which may change the positions reported here in future.

FPC

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

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

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

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.	COMPLETE
Full cross-directorate Clinical Review of the Clinical Contact Centre Functions.	Oct-19	The strategy paper has now been replaced by the EMS Demand & Capacity Review (another key action in the Amber Review). The final report for the Review will be reported to Nov-19 EASC, but indications are that the maximum hear & treat rate that WAST could aspire to is 10.2%. Separate, but related to this work is the CCC Clinical Review.	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, capital funding bid has been submitted and approved. Pilot due to commence 16.09.19 postponed for 4 weeks.	AMBER
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 September, compared to 7.5% in September 2018 and 6.9% in September 2017.

3,295 ambulances were stopped in September 2019, compared to 2,784 in September 2018; however, the percentage performance trend has not met the internal 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. Since the new Clinicians have been operational there has been an increase in the volume of incidents that have gone through the Clinical Support Desk and NHSD, however a review of clinical desk activity has identified that a large percentage of the calls are not suitable for a hear and treat outcome and therefore have not contributed to the hear and treat rate. The full detailed outcomes of the review and subsequent recommendations will go to EMT for discussion and agreement in November 2019.

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 has improved overall, however recent months have begun to see a decline. 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

- Oct 17 - Sept 18
- Oct 18 - Sept 19

FPC

INDICATOR 4 – % of verified incidents that were conveyed to Major ED
2019/20 Target – Reduction Trend

A

Conveyance to Major ED

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	R A G
Continue expansion of APP role (If funded and agreed with Commissioner)	Sep-19	The additional 24 Advanced Paramedic Practitioners started at 3 Universities in Sep-19 (undertaking 2 shifts per week within WAST and/or Primary Care). As part of the 'Big Bang' recruitment process, backfill for these fulltime positions was undertaken to ensure sufficient operational staff resources remained available whilst the APPs were being educated.	GREEN
Evaluate & implement APP/non-medical prescribing framework	Mar-20	4 of the 5 Prescribers have completed the programme. 1 due to finish later this year. A further 5 have commenced the programme in September this year. Once all 5 Prescribers are in practice an evaluation framework will be designed. Health Minister met with Prescribers on 11 September 2019 in VPH and presentation 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.	A priority piece of work has been completed and established a baseline of all existing pathways with a view to introducing key and standardised pathways across the whole Trust 'once for Wales'. The Pathways Development Group has been created and work is progressing work related initially towards a respiratory care pathway. This is being progressed with WG, CASC and HB collaboration	GREEN

Analysis

The Trust conveyed 17,934 of patients to major emergency departments (EDs) in September 2019, compared to 18,260 in the same period last year. The graph demonstrates that the volumes and proportions conveyed remain fairly consistent year on year. The average rate for 2019/20 to date is 48.49%, compared to the 2018/19 rate of 47.15%. 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 .

There is a slight increase year on year of 3.2% in the number of incidents treated at scene. The number of incidents referred to an alternative provider remains fairly stable with a year on year increase of 1.4%. The percentage of see & treat incidents that re-contact the service within 24 hours remains very low .

Incidents Treated at Scene and Incidents Referred to Alternative Providers

Recontact % within 24 hours of see & treat

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

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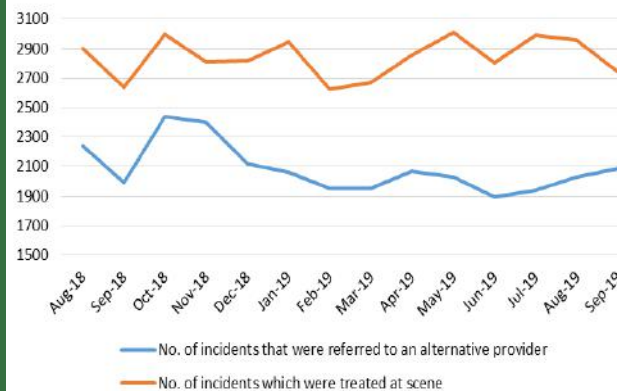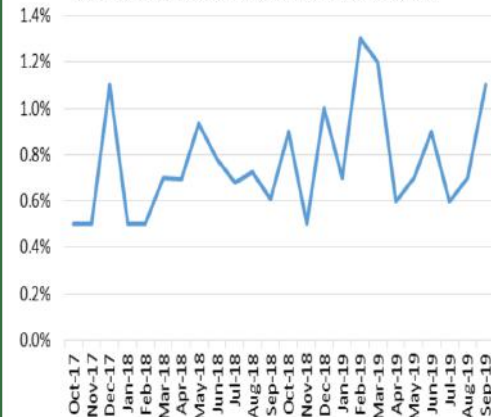
INDICATOR 5 – RED % of Emergency Responses to Red Calls Arriving within 8 minutes to Improve and Red 95th Percentile 2019/20 Target – 65% and Red 95th Percentile reduction trend

65% | 95th
G | R

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

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

Analysis

Red performance sustained above the 65% target at an all Wales level (68.4%). However, performance has been gradually declining over the last 12 months, due to increases in demand and reduction in number of running calls.

The correlation between red performance and notification to handover delays must also be noted. This is can be seen in **Annex 2**, **slide 59 and 60** where peaks in the number of lost hours from handover delays, correlates with a deterioration in red median performance. Further analysis undertaken supports this, the correlation coefficient for red 8 min and lost hours to hospital handover delays is 0.83, which suggests a very strong positive relationship. This has correlation has strengthened since August 2019 from 0.81. The highest a correlation could be is 1, which would be a perfect correlation.

The 65th target was not achieved by 1 HB in August 2019, (Powys achieved 58.6%, 36 of the 87 incidents were missed). The variation between the best and worst Health Board area performance decreased year on year from 17.36% to 16.00%. Red 95th percentile is on a gradual worsening trend over the two years displayed.

Red demand increased by 6.97% 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.

Total Verified RED Demand Calls

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

Legend: Lowest Performing % | Variance | Highest Performing % | Target

Red Response Times against Lost Hours to Notification to Handover Delays

Legend:
- SB Lost Hours
- AB Lost Hours
- BCU Lost Hours
- C&V Lost Hours
- CTM Lost Hours
- Hywel Dda Lost Hours
- Powys
- RED Median

Improvement Actions

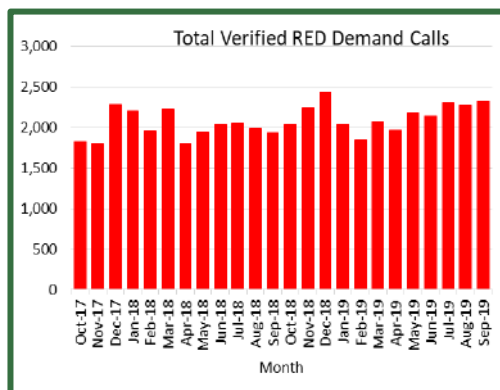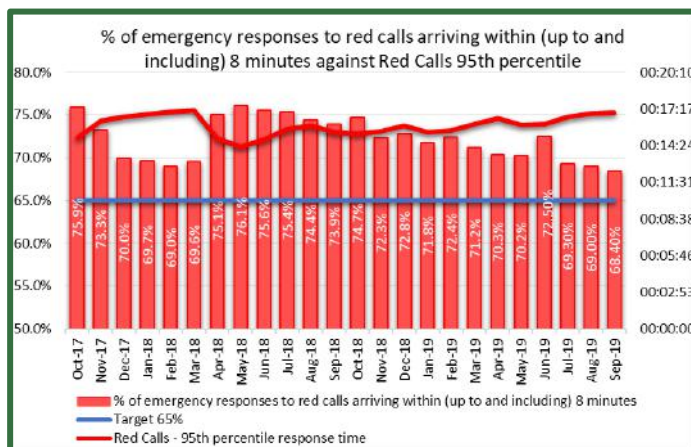| Key Improvement Actions	Completion Date	Progress Update	RAG
Red Improvement Plan	Weekly updates ongoing, Mechanism to cease enhanced performance management is yet to be agreed with NCCU.	A detailed update against the RED Performance Improvement Plan is completed on a weekly basis, copy available on request. There are 93 actions in the Plan. Of these 70 have been completed or are on target, 20 are amber and 3 being RAG rated red. The 3 are: Improving the experience of CFR schemes; review of deployment points; and standardise reporting for daily performance management.	GREEN
Weekly Performance, Demand and Capacity Review meeting	Weekly ongoing	This weekly meeting is used to review the Red Improvement Plan. The link to demand & capacity is to do with using demand forecasts linked to Optima Predict to forecast. P&P are aiming to have predictive Red reporting live for Dec-19.	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.

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.

Despite these improvement actions being on target, while lost hours from hospital handover delays continues to increase, we do not expect red performance to improve.

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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

Amber 1 & 2 - 95th Percentile

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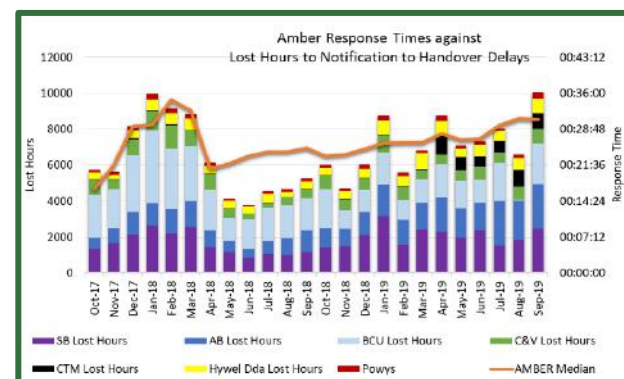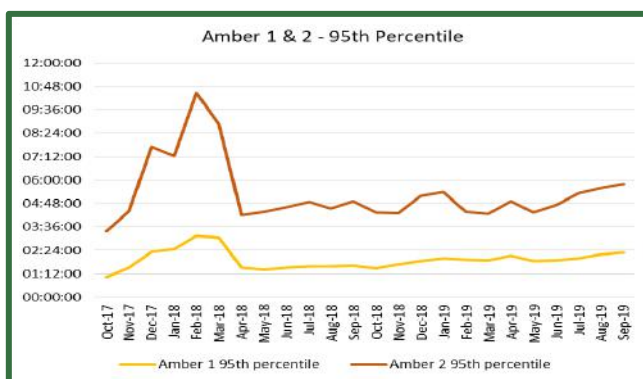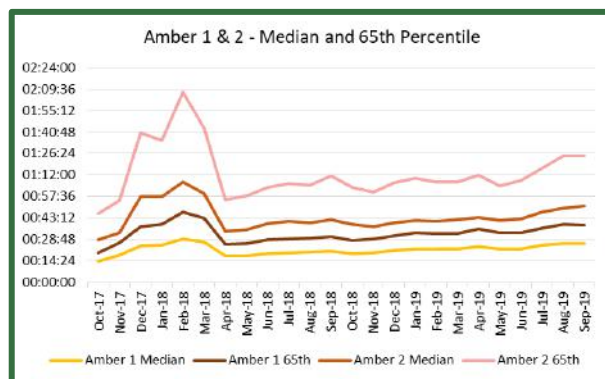
Analysis

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 September 2019, there were 158 patients waiting over 12 hours, compared to 172 in August and 154 in July. 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 September 2019 at 10,025 hours, compared to 5,253 hours in the same period last year. 87,662 hours were lost in the last 12 months, compared to 76,053 hours the previous 12 months as graphed above. Full detail included in annex 1 and 2.

Total Verified AMBER Demand Calls

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. All the actions have either been completed or are on-target or have been re-programmed by the NCCU, with the exception of the last two 8) to reduce handover lost hours and 9) to reduce longest waits. The Trust lost 26,481 hours to handover delays in Q2 or -25 shifts per day. The lost hours were 82.83% higher in Q2 compared to the same period last year. For the first 6 months of 2019/20 824 patients waited over 12 hours, compared to 671 in the same period last year.	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 identified appropriate falls patients and co-ordinated a response. A full evaluation is awaited.	GREEN
Other Key Improvement Actions	**Completion Date**	**Progress Update**	**RAG**
Demand and Capacity Review	Nov-19	The final report will go to EASC in November 2019 with indicative costs. A delivery plan will need to be agreed with EASC post this meeting.	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.	AMBER
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. Two key initiatives have been agreed with EASC: working with our partner of choice, St John Cymru Wales, to increase the Trust's unscheduled care service capacity and help backfill the lost hours from handovers through expanded St John Cymru Wales cover over the next 12 months: an additional 10 shifts per day, starting 04 Nov-19; and the utilisation of third party providers as an interface at key acute hospital sites where handover delays are particularly prominent (Glan Clywd, Morriston, Prince of Wales and Royal Gwent) to improve handover of WAST patients and provide care under WAST supervision to the point of handover to the hospitals, thereby freeing up WAST colleagues to respond to patients in the community. We are currently finalising the specification for this and then will embark on a procurement process, whilst also confirming local arrangements at each site	GREEN

Despite improvement actions being on target, including those within the Amber review, we do not expect to see an improvement in Amber performance due the continued increase in lost hours due to Hospital handover delays.

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NHS Trust

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

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

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

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

Analysis

***Handover to clear* delays are on an overall decreasing trend. 9,528 hours were lost** in the last 12 months, period October 2018 to August 2019, compared to 11,226.5 hours in the same period last year. In September, a total of 300 hours were lost to handover to clear delays. A significant improvement compared to the previous year where there were 888 lost hours in September 2018.

The **percentage of handover *to clear* within 15 minutes** of transfer of patients to hospital staff was 88.6% in September 2019, compared to 74.5% in September 2018. The target for 2019/20 is a reduction trend.

87,662 hours were lost to handover to N2H over the last 12 months, compared to 76,053 in same period two years ago (Oct-17 to Sept-18). 10,025 hours were lost in September 2019 compared to 5,253 in September 2018 and 8,048 in August 2019. Historically, improvements would have been seen through the months April to September however this year lost hours have continued to worsen since winter 18/19 and are already at worse level in September 2019, than the highest peaks in the last two winters which were 9,967 in January 2018 and 8,781 in January 2019.

Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Handover to Clear Improvement Plan	ongoing	Action plan in place has been delivered and improvements continue. Work is ongoing to reach the expected target of 25% in compliance with the H2C target across Wales by end of March 2020. From an ambulance response perspective, more effective performance management measures are in place with local teams and local actions plans in place and considered Business as Usual with continued one to one monitoring with AOMs and ADO. 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 14% performance gain. Lost hours have reduced by 71% from March 2019	COMPLETE
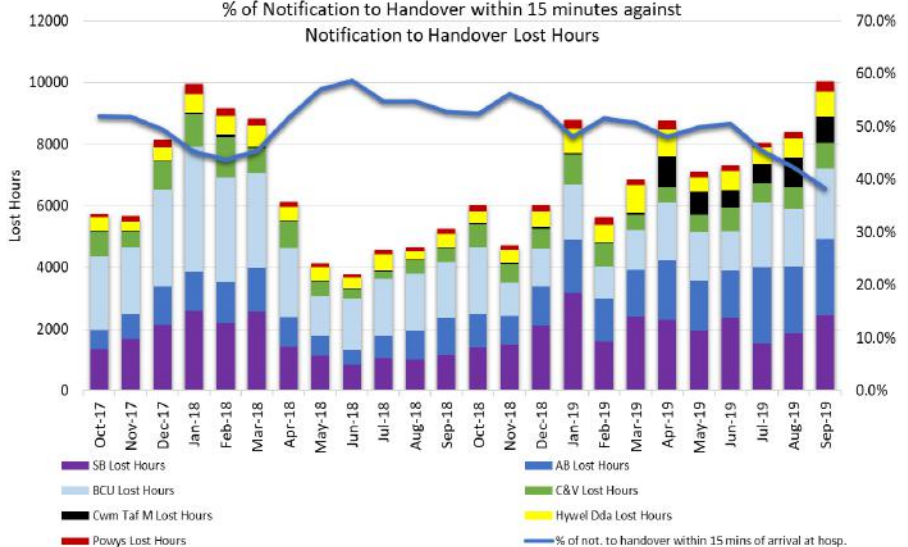
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INDICATOR 8 – % of concerns that received a final response under regulation 24 within 30 days

QUEST

R

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

Legend:
- % 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

Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Winter Planning 2019/20	Sep-19	Early & local resolution type indicators are now in place within Concern fields. There are scripted responses for Concerns admin teams to use in relation to attitude & driving, with another being currently written for lost property. As more themes & trends of successful early & local resolutions completed by telephone are identified, further scripts will be added. The concerns admin team have now also been given access to C3 Radius in order to search SOE for information to answer queries at source such as time of call and time of hospital arrival.	GREEN
Creation of a Patient Safety & Experience Learning & 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 & opportunity to resolve a larger proportion of concerns received "at source"	Jan-20	PTR team event on 17th September to introduce and discuss the revised process which included early and local resolution. Scripted responses in relation to staff attitude and driving standards have been circulated to the concerns administration team to deal with concerns at point of entry to the service, high level info then sent to locality teams to complete feedback and learning loops.	GREEN
Redesign Investigation report templates & provide mechanism for earlier patient / family contact.	Sep-19	Investigation reports for concise and RCA (SAI) level investigations.	BLUE
Integration of approved paragraphs into part-automated response letters.	Complete	Increasing consistency whilst reducing completion lead times.	BLUE
Reconfigure Serious Incident Process.	Mar-20	Trial of Patient Safety Manager (C&W) attending & conducting clinical reviews held by health board clinical leads with staff has shown a reduction in the length of time to generate learning actions & associated SAI assurance for Welsh Government across the C&W region. The Adverse & Serious Adverse Incident Management policy is currently mid-review & will include a standardised approach to SAI review, inclusive of review learn improve events and summary sign off at PSELMG.	GREEN
Implementation of Serious Incident Joint Investigation Framework	Oct-19	This had been approved at pan-Wales Directors of Nursing forum and now implemented into WAST practice by Patient Safety Teams following SCIF meetings.	BLUE

Number of Serious Adverse Incidents (SAIs) Reported against % of serious incidents assured within the agreed timescales

Legend:
- SAIs Reported to WG
- % serious incidents assured within the agreed timescales
- Target against % of SAI assured within agreed timescales 90%

Analysis

The **percentage of responses to concerns** increased to 66% in September from 44% in August & 29% in July 2019. Performance remains below the 75% target. However the improvements put in place will achieve an increase in compliance for October. The number of total concerns for September (72) decreased compared to August (73) which 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 & 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 & have requested historical data is provided for 2018/19. The change in how the data is reported was implemented in Datix in August 2019 & will be amended in this report from September data onwards, including historical data.

SAI volumes recorded increased to 3 incidents in September 2019. The 3 Serious Adverse Incidents reported to WG in September 2019 resulted from 8 cases being discussed at 2 Serious Case Incident Forums, none of these cases were in relation to patient falls. The overall volumes of SAIs are on a reducing trend. This is on an increasing trend.

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

A

Emergency Ambulance Unit Hours Production

RRV Hours Planned vs Actual

UCS Hours Planned vc Actual
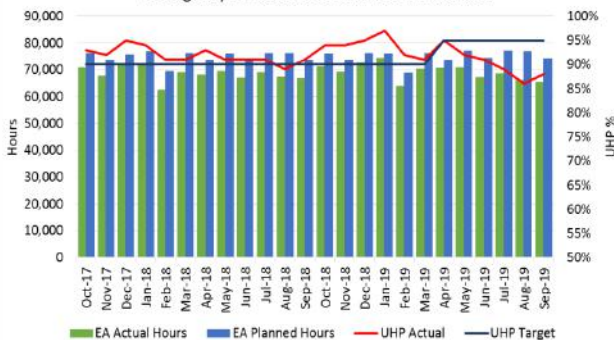
Pan Wales Total Rota Abstraction hrs vs % Funded Contractual

September 19	Hours	%
Annual Leave	38305	14.76%
Sickness	20683	7.97%
Alternative Duties	7586	2.92%
Training	7742	2.98%
Other	9683	3.73%
All Abstraction hrs	83908	32%
Pan Wales total* shift hours covered by Overtime/Bank v % funded Contractual	Hours	%
	23752	9%

*Overtime hours include both core rota hrs coverd and additional initatives

Analysis

Emergency Ambulance Unit Hours Production (UHP) saw a further decrease to 88% in September. 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 September 2019, 32% of contracted hours were abstracted, compared to 36% in August 2019. The highest proportion was annual leave at 18.24%. The abstractions were covered by a mix of relief (18.18%) and overtime (9%). The remaining gap explains the shortfall in UHP across all vehicles.

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Deliver an improvement in resource availability levels	Mar-20	' A Resource Availability Programme has been established which consists of **8** work streams. These are; Improving Attendance, Improving Recruitment Timescales, Modernising Bank Arrangements, Transforming Resource Policy & Practice, Other Workforce Efficiencies, Implementation of Electronic Timesheet, Reducing Lost Hours – Return to Base, Reducing Lost Hours – Handover to Clear. The work stream leads will report progress on a monthly basis via a highlight report to the senior operations team and on a quarterly basis to the People and Culture Committee in order to monitor progress and delivery'.	AMBER
Other key Improvement Actions	Completion Date	Progress 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 one 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. UHP clock in operation daily by Resource and Ops Teams, it is being used on a weekly basis by Senior Ops to review against forecasted demand; ongoing work supported by HI and a possible Forecasting T&F Group will support further development.	GREEN

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

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WAST Sickness Absence

- 2017/18
- 2018/19
- 2019/20
- 2019/20 Trust Target (6.30%)
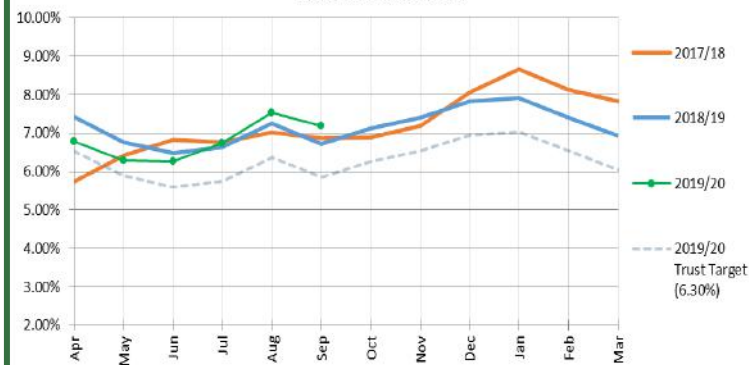
Analysis

Overall Trust wide sickness absence decreased in September by 0.32% to 7.19%. When we compare the September 2018 rate of 6.72% we are recording a 0.47% increase. Long-Term sickness increased slightly in September but is 0.21% lower than the September 2018 rate of 5.43%. Short-Term sickness reduced by 0.03% from the August 2019 figure

The average length of all cases closed in September increased by 14.41 days from last month.

The Trust has reported a reduction in September 19 after the usual seasonal increase during July and August. Work has commenced to identify actions that can be implemented across WAST from the recent WMAS Health and Wellbeing visit to WMAS. Further discussions will be scheduled in relation to the benefits of re-introducing fitness testing. High focus has continued with managers, HR and OH managing short and long term sickness absence.

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

Average working days lost per FTE

16.23 days

Rolling 12 month Absence %

7.12%

Long Term	Short Term
5.22%	**1.90%**
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.14%	**1.16%**

12 months Sickness Absence - Short / Long Term by Directorate
(September 18 - September 19 Comparison)

% = 12 mth sickness

Directorate	%
OPERATIONS DIRECTORATE	7.65%
STRATEGY, PLANNING & PERFORMANCE...	7.48%
QUALITY, SAFETY & PATIENT EXPERIENCE...	4.92%
FINANCE & ICT DIRECTORATE	2.19%
WORKFORCE & OD DIRECTORATE	1.73%
PARTNERSHIPS & ENGAGEMENT DIRECTORATE	1.16%
MEDICAL & CLINICAL DIRECTORATE	0.72%
BOARD SECRETARY	0.25%
CHIEF EXECUTIVE DIRECTORATE	0.01%

- Sep-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	Apr 2020	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 March 2020 for ratification.	GREEN
Other Key Improvement Actions	**Completion Date**	**Progress Update**	**RAG**
Improve resources to support line managers	Ongoing	The mental health portal was launched on World Mental Health Day 10th Oct 2019. The portal provides practical advice to managers and employees on supporting a positive mental health. Contact details of support from internal and external sources are also available in the portal. In addition an internal ' managing employees with mental health issues' video has also been launched with practical support and advice.	GREEN
Address shortfalls in Occupational Health Service	Dec 2019	Our nearly appointed OH and Wellbeing Business Manager commenced in post on the 14th October 2019. The key areas that the post holder will focus on initially will be developing KPI's, reviewing current SLA's and project managing the COHORT 10 upgrade. The Head of OH and Wellbeing will commence in post on the 6th December and will provide leadership to the OH and wellbeing team. Additional OH support is currently being provided by WAST employees currently on phased return to their substantive posts and those seeking redeployment. This is proving both beneficial to the OH team and the individuals.	GREEN
Implement actions to address short term absence	Dec 2019	Regular meetings with managers, HR and OH are continuing. Learning from WMAS visits are currently being reviewed and a small working group has been formed to identify opportunities that could be adopted by WAST.	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

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 four indicators which are Red. Of these four, 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 4 indicators that are Red, the remaining indicators 4 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 October 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.

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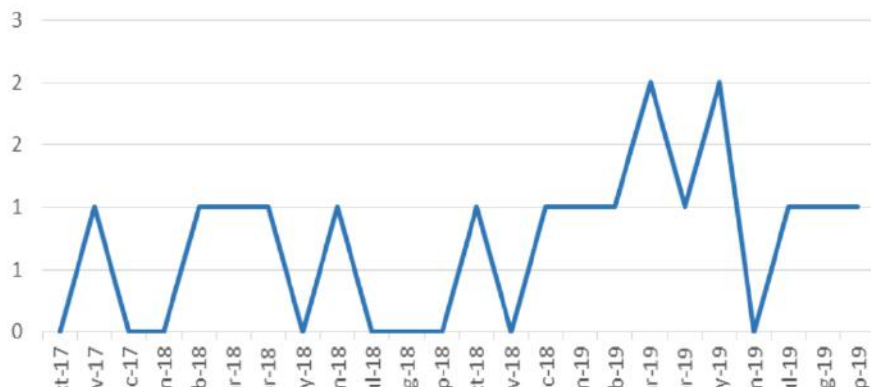
Reduction in the variation in AMBER call 95th percentile response times between the longest and shortest Health Board performance
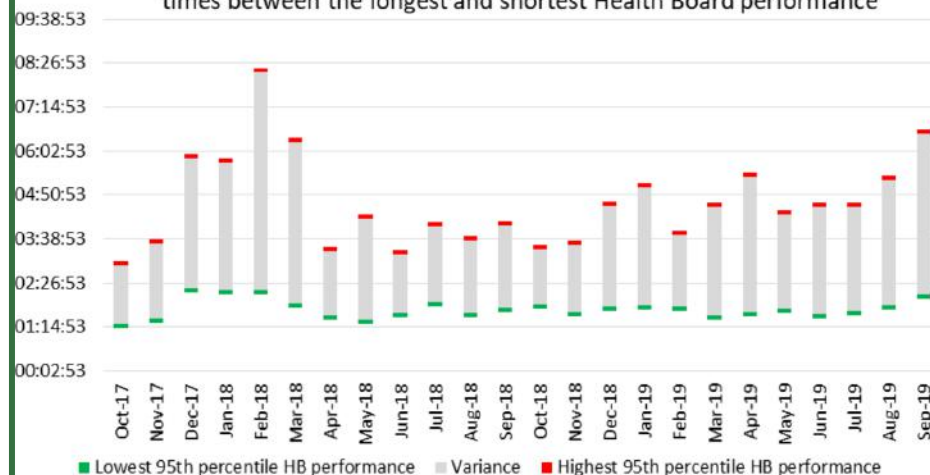
CLINICAL INDICATORS DASHBOARD

			Reporting Frequency	Target	Baseline Position (predicted March 2019)	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	RAG
Our Strategic Enablers																		
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	4	% of stroke patients documented as receiving the appropriate stroke bundle of care	Quarterly	95%	97.00%	94.2%	95.8%	95.3%	96.0%	95.9%	96.8%	94.8%	95.1%	96.6%	95.8%	96.6%	96.6%	G
		% of patients with a fractured hip/femur who are documented as receiving analgesia	Quarterly	95%	91.00%	92.1%	92.5%	91.5%	91.7%	93.3%	94.3%	94.2%	91.4%	93.7%	92.8%	89.8%	93.8%	A
		% of acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle	Quarterly	95%	73.00%	60.8%	74.7%	76.3%	65.9%	60.0%	66.7%	71.9%	66.7%	82.9%	70.7%	87.0%	71.4%	R
		% of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door	Quarterly	Improvement Trend	15.00%	15.4%	11.0%	11.5%	15.0%	11.5%	13.3%	17.3%	20.0%	11.0%	16.0%	14.8%	11.3%	A
		% older people with suspected hip fracture documented as receiving appropriate care bundle	Quarterly	95%	78%	81.2%	79.1%	79.0%	80.6%	82.7%	88.7%	85.0%	80.5%	83.9%	81.5%	80.8%	83.2%	R
		% suspected sepsis patients who had a documented NEWS score	Quarterly	95%	99.00%	98.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	98.4%	100.0%	97.7%	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%	100.0%	G
		% of hypoglycaemic patients documented as receiving appropriate care bundle	Quarterly	95%	89.00%	89.9%	89.8%	87.2%	85.3%	89.0%	88.2%	93.1%	82.8%	89.2%	87.6%	86.0%	89.8%	R

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

CI

Clinical Indicators Quarterly Update
2018/19 Target – 95%

Clinical Indicators chart (Oct-17 to Sep-19)

Legend:
- % older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)
- % of suspected sepsis patients who have had a documented NEWS score
- % of patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle
- % of hypoglycaemic patients who are documented as receiving the appropriate care bundle
- % of suspected stroke patients who are documented as receiving appropriate stroke care bundle
- % of older patients with suspected hip fracture who are documented as receiving analgesia
- % of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle
- Target 95%

Analysis

The Trusts Clinical Indicators are reported quarterly, published through the AQIs. Four indicators have consistently not met the 95% target. Three of these are on an upward trend with the last two quarters performance at an improved position compared to the same period last year. The **ST segment elevation myocardial infarction (STEMI)** indicator has been of concern however, the % of patients documented as receiving appropriate STEMI care bundle has improved in the last quarter with a shift in performance from ranging between 65-70% to 70-85%, a key highlight is a peak in August of 87.0%. The only indicator that has seen a **decline in performance compared to last year is the % of hypoglycaemic patients documented as receiving appropriate care bundle**, the baseline position for 2018/19 was 89.0%, in 2019/20 to date it is 88.1%.

It is important to highlight that of the nine Clinical Indicators currently reported on: Five are for compliance to care bundles for specific conditions; and four are for compliance where only one aspect of PCR completion is reported on. The current criteria for each of the care bundles is shown in the image to the right.

A care bundle requires each and every specific criterion of care to be met, e.g. for a STEMI patient, the PCR(s) for a patient must document two Pain Scores, GTN, Aspirin and Analgesia administered (or a reason documented why any of these were not possible – a justified exception).

The care bundle is therefore a reflection of the number of records where all of the individual criteria or the justifiable exceptions are met. It is reported as a percentage of the total number of records for that specific condition.

Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Clinical Indicator Review Group	Ongoing	A CI Review Group was established in early 2019 to review the existing CIs and to develop new CIs to realise the benefits of the Band 6 Paramedic role. The CI Review Group have completed their review of the current CIs and approved them, the technical specification of these can now begin to be developed and the reporting process updated by Health Informatics. One new CI has also been developed taking into account the JRCALC 2019 Clinical Practice Guidelines, the referral aspect of this CI is to be decided. The development of a further CI will commence when a specific condition is agreed.	GREEN
Improvement to Clinical Indicator Compliance	Ongoing	As a result of lessons learned from the CI Improvement Plan during 2017/18 the Medical & Clinical Directorate initiated a series of improvements as part of a dynamic plan to improve compliance to Cis, further demonstrating the clinical care delivered. These have included: • reviewing & issuing PCR supporting information to support staff in their completion of PCRs • development of an aide memoir which illustrates CI criteria • provide all EMS staff with clipboard boxes with a list of condition codes & an aide memoir attached • further collaborative work with HI to refine the CI reporting system • support of the Regional & Health Board Clinical Leads to promote these initiatives in their HB areas • the Clinical Improvement Team undertaking a pilot for improvement in one locality for compliance to condition codes on PCRs	GREEN
ePCR	Ongoing	The OBC was submitted to Welsh Government on schedule and WAST have been asked to scope out the potential for an in-house solution as one of the options to add to the OBC. The Specification and FBC due date are therefore likely to change to reflect the additional time to include this action in the OBC.	AMBER

NON-EMERGENCY PATIENT TRANSPORT TOP INDICATOR DASHBOARD

			Reporting Frequency	Target	Baseline Position (predicted March 2019)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-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%	82.8%	74.5%	70.6%	G
	2	% of calls abandoned before being answered (NEPTS)	Quarterly	Reduction Trend	13.2%	5.6%	5.3%	5.6%	5.3%	8.6%	9.6%	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%	57.7%	59.0%	57.4%	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%	14.8%	13.6%	16.5%	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%	56.3%	57.4%	58.8%	A
	6	% of enhanced renal journeys arriving after their appointment time (NEPTS)	Quarterly	Reduction Trend	16.3%	17.4%	17.8%	18.5%	19.3%	17.4%	17.6%	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%	33.8%	38.8%	37.3%	A
	8	% of enhanced oncology journeys arriving after their appointment time (NEPTS)	Quarterly	Reduction Trend	33.3%	32.3%	33.0%	34.8%	35.6%	31.0%	35.8%	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%	62.6%	64.1%	74.4%	G
	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%	68.5%	69.2%	67.3%	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%	50.3%	51.6%	51.2%	A
Our Strategic Enablers												
Continue to provide the best possible care,	12	% of journeys aborted (NEPTS)	Quarterly	Reduction Trend	0	12.8%	12.1%	12.2%	12.8%	12.5%	12.7%	G

NB. NEPTS QI data only available from July 2018.

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NON-EMERGENCY PATIENT TRANSPORT - Step 2 & 4 (Social Journeys)
Target - Improvement Trends

G

% Calls Answered within 60 seconds (NEPTS)
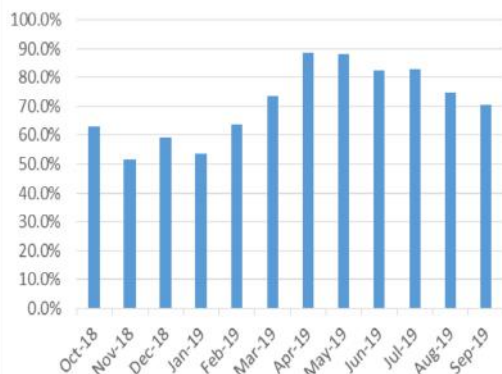
% of Calls Abandoned before being answered (NEPTS)
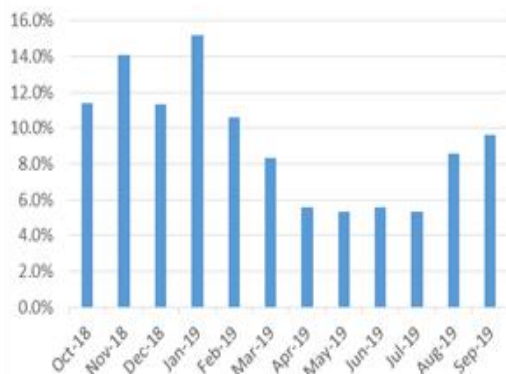
Analysis

The % of calls answered within 60 seconds has significantly improved over the last 12 months from an average of 57.9% in 2018/19 to an average of 76.0% in Q2 2019, there is a noticeable improvement trend being achieved.

The % of calls abandoned before being answered has also significantly improved over the last 12 months from an average of 13.2% in 2018/19 to an average of 7.8% in Q2 2019. This measure is also significantly achieving the reduction trend.

The improvement in the call answering time and calls abandoned rate follows the implementation of a virtual national call-taking team throughout late February and early March. We anticipate that this trend will begin to stabilise from June onwards.

Aborted journeys continue to remain relatively stable but still require work to reduce the current level. This work needs to be undertaken in conjunction with LHB's to maximise impact.

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Design and implementation of improved booking and call taking processed and procedures	March 2020	This work is underway and will be supported by the bid submitted to the CASC under the Healthier Wales.	**GREEN**
Other Key Improvement Actions	**Completion Date**	**Progress Update**	**RAG**
Implement a national booking hub	December 2019	Implementation of a virtual national call-taking team throughout late February and Early March was followed by an improvement in call answering times and abandoned rates.	**GREEN**
Complete integration of Powys & Ty Elai call taking centre activity into National call taking model	December 2019	Initial fact finding visits have been undertaken and data has been requested from both centres for their current activity and performance levels. Transfer has been postponed due to the delays of transfers.	**GREEN**
Establish a NEPTs DAG sub group to develop an abort reduction plan	September 2019	A sub-group has been established; the first meeting is scheduled for 05.11.19.	**GREEN**
Develop access to services online and through internet application, including online portal for NEPTS bookings, linked to hospital systems.		Will form part of the development of new call taking processes	**GREEN**

% journeys aborted (NEPTS)
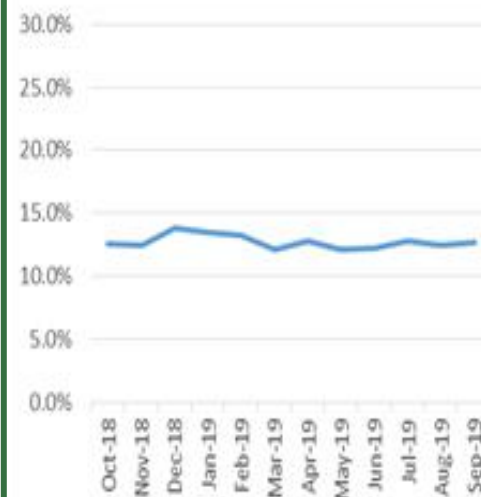
NON-EMERGENCY PATIENT TRANSPORT – Step 4
Target – Improvement Trend of Journey Arrivals

A

% Core Journeys Arriving (NEPTS)

- % of core journeys arriving within 30 minutes of their appointment time (+/-) (NEPTS)
- % of core journeys arriving more than 30 mins + after their appointment time (NEPTS)

% 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)

% 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)

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Develop specification and business case for the new NEPTS CAD system	March 2020	Funding has been secured to deliver this work stream and adverts will shortly be issued for resources to complete the work.	GREEN
Deliver NEPTS Commissioning Intentions: Reduce on the day cancellations	2024	A subgroup has been established with the commissioner and the HB to proceed with this work.	GREEN
Other Key Improvement Actions	**Completion Date**	**Progress Update**	**RAG**
Identify the extent and nature of the role of volunteers within the NEPTS service in conjunction with the development of the Transport Solutions model	January 2020	Work will commence following approval of funding for the Transport Solutions model.	GREEN
Expand and develop our volunteer team over the next 3 years	Ongoing	Work has commenced by the Volunteer Manager on a volunteer recruitment and retention plan.	GREEN
Improve data capture through the use of mobile technology	March 2020	Additional PDA devices funded through capital sources. The roll out of these has commenced.	GREEN
Continue to implement the renal improvement plan. Transition planning activity towards actual booking times.	March 2020	We have been working with the Renal Network and WHSSC to support these processes and to improve system performance using a joint improvement plan.	GREEN

Analysis

In Q1 2019, the % of journeys arriving within their acceptable window (Core journeys – within 30 mins either side of their appointment; Enhanced Renal and Oncology – 30 mins prior to appointment time) has slightly improved across each area: Core; Renal; and Oncology compared to the levels in 2018/19.

Renal patient performance saw a deterioration in Q4 due to an unanticipated increase in the volume and complexity of patients requiring transport and staff shortages within the Renal Network HUB affecting updating of planned ready times. This has now been addressed with the renal network.

Core patient activity for HD & ABM has historically been based on a standard appointment time of 10am & 2pm. The data presented is reported against actual booking times and this will significantly affect our performance until we fully transition our planning systems towards actual booking times.

All performance measures currently only count approx. 80% of the overall activity as Taxi and some volunteer data is not able to be captured within the system until the rollout of PDA devices is complete.

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NON-EMERGENCY PATIENT TRANSPORT – Step 5
Target – Improvement Trend

A

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

% of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)
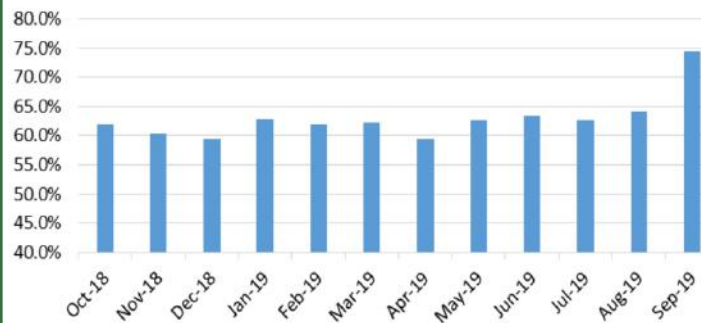
% of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)
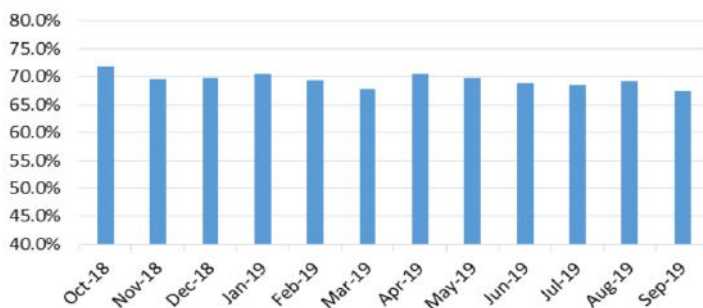
% of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)
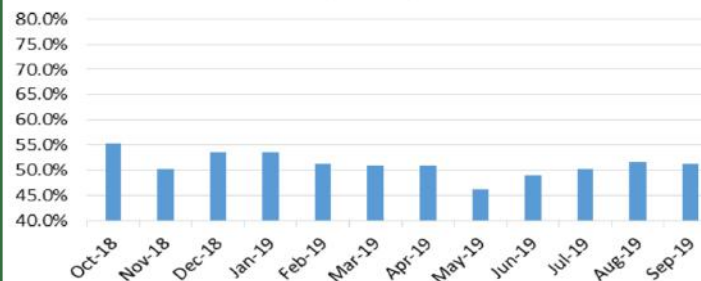
Analysis

In Q2 2019, the % of discharge and transfer journeys collected within the acceptable window of 60 minutes has continued to improve, compared to the levels in 2018/19.

In addition, the % of enhanced oncology journeys, collected within the acceptable window of 30 minutes also saw an improvement month on month.

However, for all other journeys: Core and Renal; there has been a very slight decrease in performance of collection times. The acceptable window for collections of: Core journeys is less than 60 minutes of their booked ready time; and Renal and Oncology is less than 30 minutes of their booked ready time.

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Improvement Actions

Other Key Improvement Actions	Completion Date	Progress Update	RAG
Continue to implement the renal improvement plan.	March 2020	We have been working with the Renal Network and WHSSC to support these processes and to improve system performance using a joint improvement plan.	GREEN

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NON-EMERGENCY PATIENT TRANSPORT – Activity
Target – Increasing Trend

A

Number of Core Patient Journeys - Discharge & Transfer (NEPTS)

No. of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)

No.of Enhanced Renal Patient Journeys (NEPTS)

No. of Enhanced Oncology Patient Journeys (NEPTS)
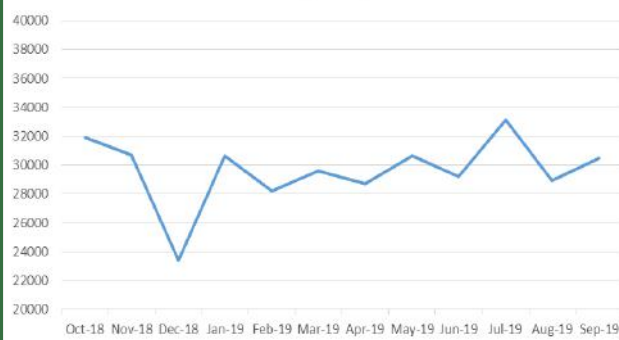
Improvement Actions

IMTP Improvement Actions	Completion Date	Progress Update	RAG
Complete transfer of work from health boards and Trusts	September 2019	SBUHB will transfer in September 2019. Progress with the remaining HB's has been slower than expected due to difficulty obtaining appropriate engagement and information from the HB's.	GREEN
Deliver NEPTS Commissioning Intentions: Reduction in social journeys	March 2020	Work will commence following approval of funding for the Transport Solutions model.	GREEN

Analysis

The total level of NEPTS Patients journeys in Q2 2019 was 201,341 compared to 197,204 in the previous quarter. The average monthly activity level in Q2 was 67,341, compared to the average monthly level of 64,402 in the period July 18 to September 18.
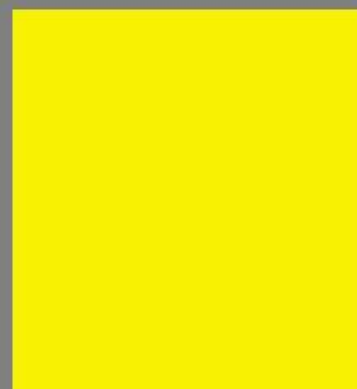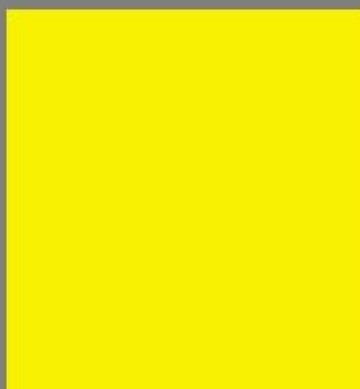
Welsh Ambulance Services NHS Trust

Integrated Performance Report

2019/20

Themes	No.	Top 10 Monthly Indicators	Target 2019/20	Baseline Position (2018/19)	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-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	327,676	294,158	257,523	310,381	267,085	295,279	296,222	293,461	364,768	397,017	441,412	421,774	G
	2	Call Volumes to NHSDW	Combined Improvement trend	243,840	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863	17,721	17,894	17,370	15,507	G
		Call Volumes to 111		277,395	21,603	26,152	33,479	27,720	27,045	31,900	33,450	31,170	28,891	28,625	36,623	39,433	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	12.0%	7.8%	7.5%	7.7%	7.9%	9.4%	8.4%	8.0%	8.6%	8.2%	8.7%	8.5%	8.3%	8.5%	R
	4	% of verified incidents that were conveyed to major Eds	Reduction Trend	48.60%	49.6%	49.14%	48.52%	48.23%	48.35%	48.91%	51.15%	47.78%	46.59%	50.52%	46.77%	46.25%	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%	74.7%	72.3%	72.8%	71.8%	72.4%	71.2%	70.3%	70.2%	72.5%	69.3%	69.0%	68.4%	G
		Red 95th percentile	Reduction Trend	0:15:25	0:15:20	0:15:30	0:15:59	0:15:26	0:15:35	0:16:06	0:16:32	0:16:03	0:16:04	0:16:38	0:16:54	0:16:57	R
	6	Amber 95th percentile	Reduction Trend	2:38:42	2:32:45	2:32:02	2:41:41	2:58:35	2:46:33	2:41:33	3:06:52	2:41:39	2:51:56	3:05:12	3:26:29	3:28:25	R
		Amber 65th percentile	Reduction Trend	0:37:00	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	00:47:34	00:48:26	R
		Amber Median	Reduction Trend	0:24:11	########	########	########	########	########	########	########	########	########	########	########	########	R
	7	Number of lost hours following handover to clear over 15 minutes	Improvement trend	11,282	961	1017	962	1,099	926	985	1,062	947	644	342	283	300	G
	8	% of concerns that received a final (reg 24) within 30 days on being received	75%	46%	53%	43%	59%	27%	33%	70%	63%	55%	33%	29%	44%	66%	R
		Serious adverse incidents assured within agreed timescales	90%	33%	33%	0%	0%	0%	0%	0%	0%	20%	50%	0%	66%	75%	R
	9	Emergency Ambulance unit hours production	95%	92.8%	94%	94%	95%	97%	92%	91%	95%	92%	91%	89%	86%	88%	A
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	6.3%	7.14%	7.02%	7.19%	7.85%	7.89%	7.45%	7.18%	6.77%	6.28%	6.24%	6.70%	7.51%	7.19%	A

			Reporting Frequency	Target	Baseline Position (predicted March 2019)	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-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%	82.60%	74.50%	66.80%	72.10%	62.70%	59.20%	60.6%	67.4%	67.1%	73.2%	73.4%	61.0%	R
		% 111 calls answered within 60 seconds of the end of the message	Monthly	Improvement Trend	80%	72.35%	62.45%	52.87%	61.10%	49.3%	44.3%	49.8%	58.8%	58.6%	62.9%	62.0%	48.4%	R
		% of 111 Offered Calls Abandoned after 60 Seconds	Monthly	< 5%	5.50%	2.9%	5.3%	9.6%	5.5%	8.5%	12.2%	11.2%	6.8%	5.9%	6.4%	6.1%	12.3%	R
		% of 111 Calls Prioritiesd as P1CT that started their first definitive clinical assessment within 1 hour of the end of the first contact	Monthly	90%	94.40%	95.5%	95.8%	92.2%	94.8%	95.3%	95.6%	96.3%	95.3%	95.7%	95.0%	95.7%	95.0%	G
		% of 111 Calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact	Monthly	90%	78.20%	80.6%	75.5%	73.1%	76.9%	73.0%	79.0%	74.1%	75.6%	75.1%	77.2%	72.9%	68.4%	R
		% of 111 Calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact	Monthly	90%	75.20%	79.0%	70.5%	70.8%	76.9%	75.2%	77.5%	72.7%	74.4%	74.7%	74.4%	69.1%	62.3%	R
		% of NHSDW Calls prioritised as P1CT that started their first definitive clinical assessemnt within 1 hour of the end of first contact	Monthly	90%	97.20%	97.5%	97.3%	97.8%	97.8%	97.3%	97.2%	97.7%	97.5%	97.4%	96.9%	97.1%	97.0%	G
		% of NHSDW Calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact	Monthly	90%	85.90%	86.9%	83.1%	85.6%	88.1%	81.8%	86.0%	82.6%	85.7%	85.0%	85.7%	80.2%	82.3%	A
		% of NHSDW Calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact	Monthly	90%	87.70%	88.1%	83.3%	88.8%	91.8%	89.1%	88.6%	81.2%	87.2%	87.4%	88.7%	79.8%	82.7%	A
		% of 999 calls answered within 6 seconds (will be replaced by banding indicator in January 2019)	Monthly	Improvement Trend	83%	86.4%	83.7%	80.6%	83.1%	86.2%	86.7%	83.0%	86.0%	82.9%	77.4%	73.5%	78.5%	A
		Median 999 Call answer times	Monthly	Improvement Trend	N/A	-	-	-	-	-	-	0:02	0:02	0:02	0:02	0:03	0:02	TBD
		65th Percentile 999 Call answer times	Monthly	Improvement Trend	N/A	-	-	-	-	-	-	0:03	0:03	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	1:46	1:22	TBD
		Recontact % within 24 hours of telephone triage (hear & treat)	Monthly	Reduction Trend	17.00%	18.5%	4.9%	7.4%	4.4%	3.7%	5.2%	6.2%	6.5%	9.0%	7.6%	8.0%	7.6%	A
		% of incidents where 2 or more vehicles arrived on scene	Monthly	Improvement Trend	15.8%	14.9%	15.3%	15.8%	15.2%	15.6%	15.8%	16.0%	15.5%	15.5%	16.3%	16.2%	19.0%	A
		% of Amber incidents where Ideal resource first on scene (note: Amber 1 used here)	Monthly	Improvement Trend	72.00%	74.6%	72.3%	71.0%	71.3%	71.0%	70.5%	68.1%	69.0%	67.9%	68.0%	66.8%	66.2%	A
		Recontact % within 24 hours of see & treat	Monthly	Reduction Trend	0.70%	0.90%	0.50%	1.00%	0.70%	1.3%	1.2%	0.6%	0.7%	0.9%	0.6%	0.7%	1.1%	A
		% of patients conveyed to hospital following a face to face assessment	Monthly	Improvement Trend	68.00%	68.30%	68.10%	67.90%	67.70%	67.3%	68.2%	66.5%	67.2%	66.5%	66.5%	66.2%	67.1%	A
		% of calls answered within 60 seconds (NEPTS)	Quarterly	Improvement Trend	57.90%	62.90%	51.70%	59.30%	53.40%	63.7%	73.6%	88.5%	88.3%	82.4%	82.8%	74.5%	70.6%	G
		% of calls abandoned before being answered (NEPTS)	Quarterly	Reduction Trend	13.20%	11.4%	14.1%	11.3%	15.2%	10.6%	8.3%	5.6%	5.3%	5.6%	5.3%	8.6%	9.6%	G
		% of Journeys booked by fax/post/hand (NEPTS)	Quarterly	Reduction Trend	25.80%	26.8%	24.9%	26.3%	23.8%	24.9%	24.6%	22.5%	22.1%	20.4%	21.7%	23.4%	21.1%	G
		% of Journeys booked after 12 noon the day before travel (NEPTS)	Quarterly	Reduction Trend	12.00%	10.8%	11.8%	13.8%	12.4%	12.5%	12.9%	12.0%	11.5%	11.9%	12.3%	13.0%	11.7%	A
		% of core journeys arriving **more than 30 minutes prior** to their appointment time (NEPTS)	Quarterly	Improvement Trend	26.83%	27.6%	26.2%	25.4%	27.8%	26.5%	26.7%	27.8%	28.0%	27.5%	27.5%	27.4%	26.1%	A
		% of core journeys arriving within 30 minutes of their appointment time (+/-) (NEPTS)	Quarterly	Improvement trend	59%	57.90%	59.00%	57.60%	58.00%	58.70%	58.70%	59.1%	58.40%	57.20%	57.66%	58.98%	57.42%	A
		% of core journeys arriving **more than 30 mins after** their appointment time (NEPTS)	Quarterly	Reduction Trend	14.86%	14.6%	14.8%	16.9%	14.3%	14.8%	14.6%	13.1%	13.6%	15.2%	14.8%	13.6%	16.5%	A
		% of enhanced renal journeys arriving within 30 minutes prior of their appointment time (NEPTS)	Quarterly	Improvement trend	61%	63.00%	61.90%	60.00%	59.10%	58.10%	59.40%	58.7%	57.24%	57.48%	56.34%	57.41%	58.84%	A
		% of **enhanced renal** journeys arriving **after** their appointment time (NEPTS)	Quarterly	Reduction Trend	16.34%	14.2%	16.8%	17.5%	17.7%	19.4%	18.8%	17.4%	17.8%	18.5%	19.3%	17.4%	17.6%	A

Strategic Aim	#	Indicator	Frequency	Trend	Target/Baseline													RAG
		% of enhanced oncology journeys arriving within 30 minutes prior to their appointment time (NEPTS)	Quarterly	Improvement trend	37%	39.00%	38.00%	36.00%	39.50%	37.70%	37.70%	38.9%	36.91%	34.94%	33.8%	38.8%	37.3%	A
		% of **enhanced oncology** journeys arriving **after** their appointment time (NEPTS)	Quarterly	Reduction Trend	33.27%	33.0%	33.9%	35.8%	32.3%	30.3%	35.4%	32.3%	33.0%	34.8%	35.6%	31.0%	35.8%	A
		% of discharge & transfer journeys - collected **less than 60 minutes after** their booked ready time (NEPTS)	Quarterly	Improvement Trend	60.72%	61.9%	60.4%	59.4%	62.9%	61.8%	62.2%	59.4%	62.7%	63.4%	62.6%	64.1%	74.4%	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%	78.0%	79.3%	78.8%	80.0%	79.0%	78.9%	79.5%	78.8%	78.5%	77.4%	79.0%	76.2%	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%	22.0%	20.7%	21.1%	20.1%	21.0%	21.0%	20.5%	21.2%	21.5%	22.6%	21.0%	23.8%	A
		% of enhanced renal journeys - collected **less than 30 minutes after** their booked ready time (NEPTS)	Quarterly	Improvement Trend	70.26%	71.7%	69.5%	69.7%	70.5%	69.4%	67.7%	70.4%	69.8%	68.8%	68.5%	69.2%	67.3%	A
		% of enhanced renal journeys - collected **more than 30 minutes after** their booked ready time (NEPTS)	Quarterly	Reduction Trend	29.73%	28.3%	30.5%	30.3%	29.4%	30.6%	32.3%	29.6%	30.2%	31.2%	31.5%	30.8%	32.7%	A
		% of enhanced oncology journeys - collected **less than 30 minutes after** their booked ready time (NEPTS)	Quarterly	Improvement Trend	52.50%	55.2%	50.3%	53.6%	53.6%	51.2%	50.8%	50.8%	46.3%	49.0%	50.3%	51.6%	51.2%	A
		% of enhanced oncology journeys - collected **more than 30 minutes after** their booked ready time (NEPTS)	Quarterly	Reduction Trend	47.49%	44.8%	49.7%	46.4%	46.4%	48.6%	49.3%	49.2%	53.7%	51.0%	49.7%	48.4%	48.8%	A

Our Strategic Enablers

Strategic Aim	#	Indicator	Frequency	Trend	Target/Baseline													RAG
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	12.6%	12.5%	13.8%	13.5%	13.2%	12.1%	12.8%	12.1%	12.2%	12.8%	12.5%	12.7%	G
		Number of LHBs not achieving the Red incidents target	Monthly	0	6 per annum	1	0	1	1	1	2	1	2	0	1	1	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%	17.8%	14.9%	21.9%	17.9%	13.7%	20.0%	19.3%	16.9%	11.2%	7.4%	14.1%	13.6%	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	1:30:34 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	4:26:14 AM	4:23:29 AM	R
		Compliance with HCP time requests to improve across each LHB	Monthly	Improvement Trend	83%	81.8%	82.1%	79.2%	78.6%	78.6%	79.9%	79.8%	80.3%	80.6%	78.0%	77.9%	83.7%	A
		% of stroke patients documented as receiving the appropriate stroke bundle of care	Quarterly	95%	97.00%	94.2%	95.8%	95.3%	96.0%	95.9%	96.8%	94.8%	95.1%	96.6%	95.8%	96.6%	96.6%	G
		% of patients with a fractured hip/femur who are documented as receiving analgesia	Quarterly	95%	91.00%	92.1%	92.5%	91.5%	91.7%	93.3%	94.3%	94.2%	91.4%	93.7%	92.8%	89.8%	93.8%	A
		% of acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle	Quarterly	95%	73.00%	60.8%	74.7%	76.3%	65.9%	60.0%	66.7%	71.9%	66.7%	82.9%	70.7%	87.0%	71.4%	R
		% of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door	Quarterly	Improvement Trend	15.00%	15.4%	11.0%	11.5%	15.0%	11.5%	13.3%	17.3%	20.0%	11.0%	16.0%	14.8%	11.3%	A
		% older people with suspected hip fracture documented as receiving appropriate care bundle	Quarterly	95%	78%	81.2%	79.1%	79.0%	80.6%	82.7%	88.7%	85.0%	80.5%	83.9%	81.5%	80.8%	83.2%	R
		% suspected sepsis patients who had a documented NEWS score	Quarterly	95%	99.00%	98.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	98.4%	100.0%	97.7%	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%	100.0%	G
		% of hypoglycaemic patients documented as receiving appropriate care bundle	Quarterly	95%	89.00%	89.9%	89.8%	87.2%	85.3%	89.0%	88.2%	93.1%	82.8%	89.2%	87.6%	86.0%	89.8%	R
		% of handover to clear within 15 minutes of transfer of patient care to hospital staff	Monthly	Improvement Trend	74.00%	74.2%	72.2%	74.5%	75.3%	74.7%	74.6%	74.9%	75.8%	82.5%	87.5%	88.8%	88.6%	G
		% of staff that would be happy with the standards of care provided by their organisation if a friend of relative needed treatment	Annual	Between Surveys	71%	71.0%						-	-	-	-	-	-	G
		% of employed NHS staff completing dementia training at an informed level (Level 1)	Half yearly	85%	75%	76.08%	76.06%	76.17%	76.66%	77.31%	77.93%	78.3%	78.69%	78.82%	79.59%	79.7%	79.5%	R
	5	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	2,031	2,088	2,348	2,361	2,071	2,125	2,248	2,152	2,017	1,997	1,961	2,022	A
		% of notification to handover within 15 minutes of arrival at hospital	Monthly	Improvement Trend	53.3%	52.40%	56.20%	53.6%	47.6%	51.6%	50.7%	48.1%	49.8%	50.5%	45.4%	42.3%	38.2%	R
		Number of lost hours following notification to handover over 15 minutes	Monthly	Reduction Trend	66,500	6,020	4,707	6,038	8,781	5,610	6,833	8,766	7,100	7,324	8,049	8,407	10,025	R
		% 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

Objective	#	Measure	Frequency	Trend/Target	Value	Further reduction of £54,000			Further Reduction £157,000			Futrther Reduction of £20,000			Increase of £161,000			RAG
Support our people to be the best that they can be	6	Overtime use to reduce.	Quarterly	Reduction Trend	£6.5m													G
		% of headcount who have had a PADR/medical appraisal in the previous 12 months	Monthly	85%	75%	74.72%	73.12%	71.47%	70.72%	72.37%	76.17%	73.18%	74.09%	74.59%	75.43%	75.34%	75.79%	A
		% compliance for each completed level 1 competency within the core skills & training framework	Monthly	85%	85%	84.46%	84.47%	87.35%	88.45%	89.98%	91.75%	90.59%	89.45%	87.13%	87.68%	87.90%	88.04%	G
		% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework	Monthly	85%	75%	65.44%	67.46%	78.98%	81..64%	86.37%	91.39%	92.03%	91.90%	89.25%	89.70%	90.04%	89.88%	G
		% of CFRs where they were the first response arriving at scene	Monthly	Improvement Trend	86.00%	86.8%	86.4%	86.9%	85.9%	85.5%	88.1%	86.5%	88.0%	85.9%	86.2%	87.5%	85.0%	G
		Overall staff engagement score	Annual	Improvement Between Surveys	3.65	3.65						-	-	-	-	-	-	G
Ensure the design and infrastructure of the organisation are at the forefront innovation and	7	Number of Health and Care research Wales clinical research portfolio studies	Half yearly	10% Annual Improvement	2	-	2	2	2	-	-	3						A
		Number of patients recruited in Health and Care research Wales clinical research portfolio studies	Half yearly	10% Annual Improvement	15	-	18	18	18	-	-	114						G
Our Golden Threads																		
		Number of patient falls reported as SAIs.	Monthly	Reduction Trend	10 (2 in Nov-18)	0	2	0	1	0	0	0	3	0	0	2	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			1			0			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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	G

			Reporting Frequency	Target	Baseline Position (predicted March 2019)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-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%	82.8%	74.5%	70.6%	G
	2	% of calls abandoned before being answered (NEPTS)	Quarterly	Reduction Trend	13.2%	5.6%	5.3%	5.6%	5.3%	8.6%	9.6%	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%	57.7%	59.0%	57.4%	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%	14.8%	13.6%	16.5%	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%	56.3%	57.4%	58.8%	A
	6	% of enhanced renal journeys arriving after their appointment time (NEPTS)	Quarterly	Reduction Trend	16.3%	17.4%	17.8%	18.5%	19.3%	17.4%	17.6%	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%	33.8%	38.8%	37.3%	A
	8	% of enhanced oncology journeys arriving after their appointment time (NEPTS)	Quarterly	Reduction Trend	33.3%	32.3%	33.0%	34.8%	35.6%	31.0%	35.8%	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%	62.6%	64.1%	74.4%	G
	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%	68.5%	69.2%	67.3%	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%	50.3%	51.6%	51.2%	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%	12.8%	12.5%	12.7%	G

SECTION 4: WAST Activity Dashboard

Description	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
NHSDW Total Call Volumes	18,692	17,954	21,423	19,968	18,629	18,790	19,555	18,863	17,721	17,894	17,370	15,507
111 Total Call Volumes	21,611	26,152	33,479	27,720	27,045	31,900	33,450	31,170	28,891	28,625	36,623	39,433
Frequent Caller Call Volumes	1,947	2,397	2,151	2,155	1,892	1,979	1,278	2,257	2,487	2,534	2,732	2,712
999 Call Volumes (From 1st Apr 0845 numbers removed)	44,170	43,780	46,993	44,975	40,414	44,304	41,531	40,793	40,133	43,471	43,015	41,839
HCP Call Volumes	6,113	6,356	6,680	7,217	6,399	6,715	6,701	6,915	6,280	7,121	6,649	6,573
Hear & Treat Volumes (calls assessed and closed by the clinical desk)	2,895	2,937	3,257	3,765	3,011	3,130	3,412	3,280	3,334	3,463	3,321	3,295
Total Verified Incidents	38,691	38,424	41,237	40,452	36,119	39,283	40,042	39,954	38,645	40,861	40,230	38,776
Total Verified Incidents: RED	2,044	2,233	2,431	2,045	1,842	2,078	1,967	2,172	2,138	2,301	2,274	2,325
Total Verified Incidents: AMBER	26,937	26,727	28,484	28,051	25,008	27,230	27,956	27,684	26,765	28,250	28,085	26,814
Total Verified Incidents: GREEN	9,507	9,280	10,134	10,149	9,096	9,798	9,937	9,916	9,565	10,101	9,689	9,502
Number of incidents which were treated at scene	2,944	2,624	2,670	2,854	2,624	2,670	2,854	3,007	2,805	2,988	2,956	2,739
Conveyance Volumes	15,852	15,727	16,722	15,942	14,335	16,007	15,480	15,687	14,812	15,197	14,947	14,831
Conveyance to Major ED	19,203	18,882	20,007	19,510	17,465	19,213	18,622	19,089	18,008	18,817	18,447	17,934
NEPTS Patient Journeys	70,295	68,049	60,216	69,694	63,613	66,350	64,958	68,403	63,843	71,464	65,344	64,533
Number of Core Patient Journeys - Discharge & Transfer (NEPTS)	4,170	4,212	4,020	4,459	3,906	4,215	3,970	4,185	3,825	4,719	4,832	4,149
Number of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)	31,888	30,709	23,424	30,648	28,222	29,583	28,705	30,660	29,211	33,133	28,929	30,471
Number of Enhanced Patient Journeys - Enhanced Renal Journeys (NEPTS)	18,187	17,527	18,138	17,902	16,648	17,922	17,809	18,693	16,998	17,882	17,948	16,670
Number of Enhanced Patient Journeys - Enhanced Oncology Journeys (NEPTS)	2,273	1,988	1,544	5,462	4,862	4,975	4,873	5,260	4,668	5,498	4,851	4,051
SAI Volumes Reported to WG	2	8	2	2	4	1	2	4	4	3	4	3
SAI Volumes Due for Closure	1	1	4	1	8	2	1	5	2	1	3	4
SAI Volumes Submitted for Closure	-	1	1	-	-	-	-	1	1	-	2	3
Concerns Volumes	143	121	91	134	111	115	106	133	93	127	73	72
Patient Safety Incidents, Near Misses and Hazards	134	161	137	182	136	133	138	149	175	189	125	125
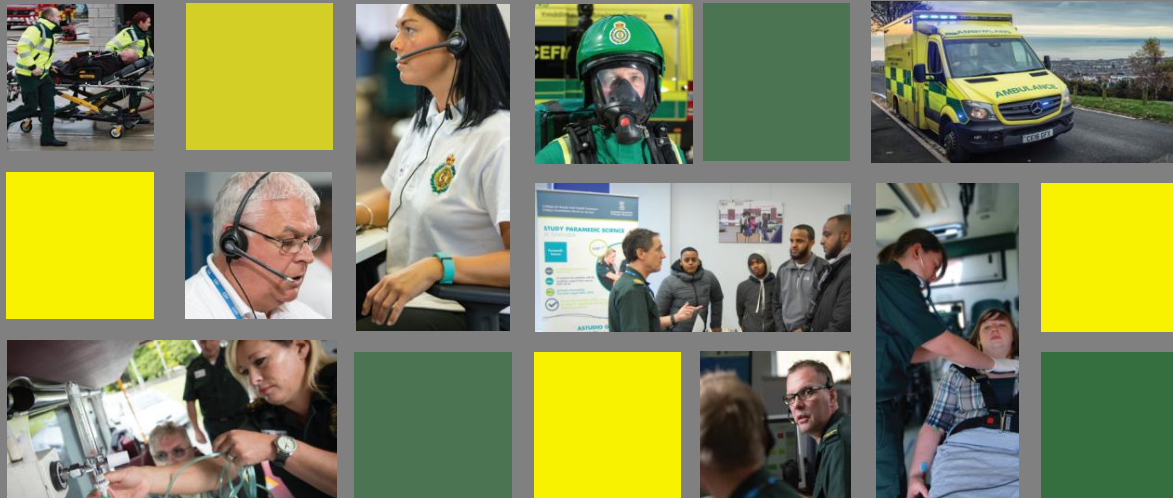
Integrated Quality and Performance Report
Welsh Ambulance Services NHS Trust
September 2019

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

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

Number of NHS Direct Wales unique website visits
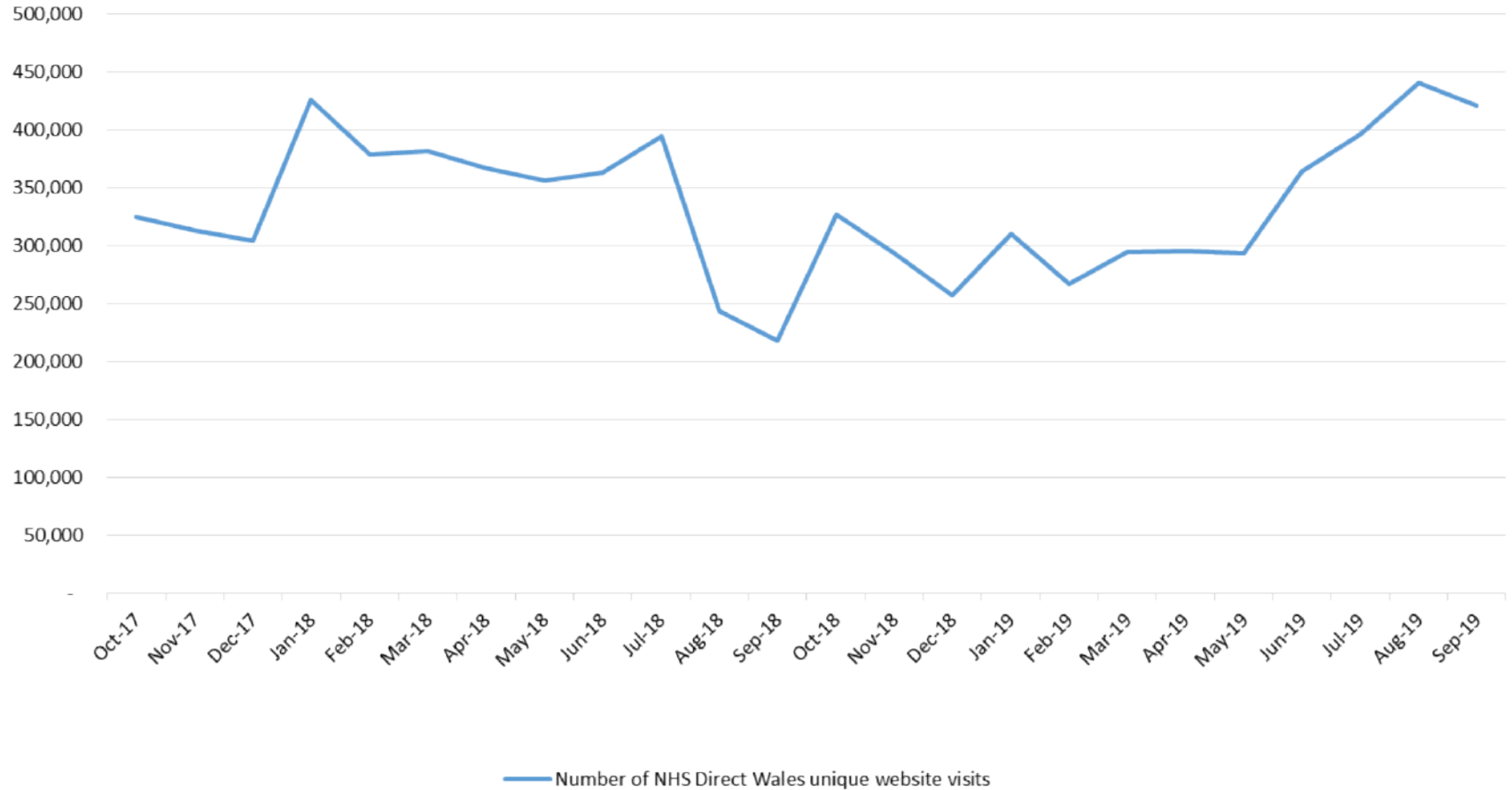
Total Calls for NHSDW and 111

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

% of 111 Offered Calls Abandoned After 60 Secs

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

111 Timely Clinical Triage of Patients

— % of calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of the first contact

— % of calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact

— % of calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact

— Target 90%
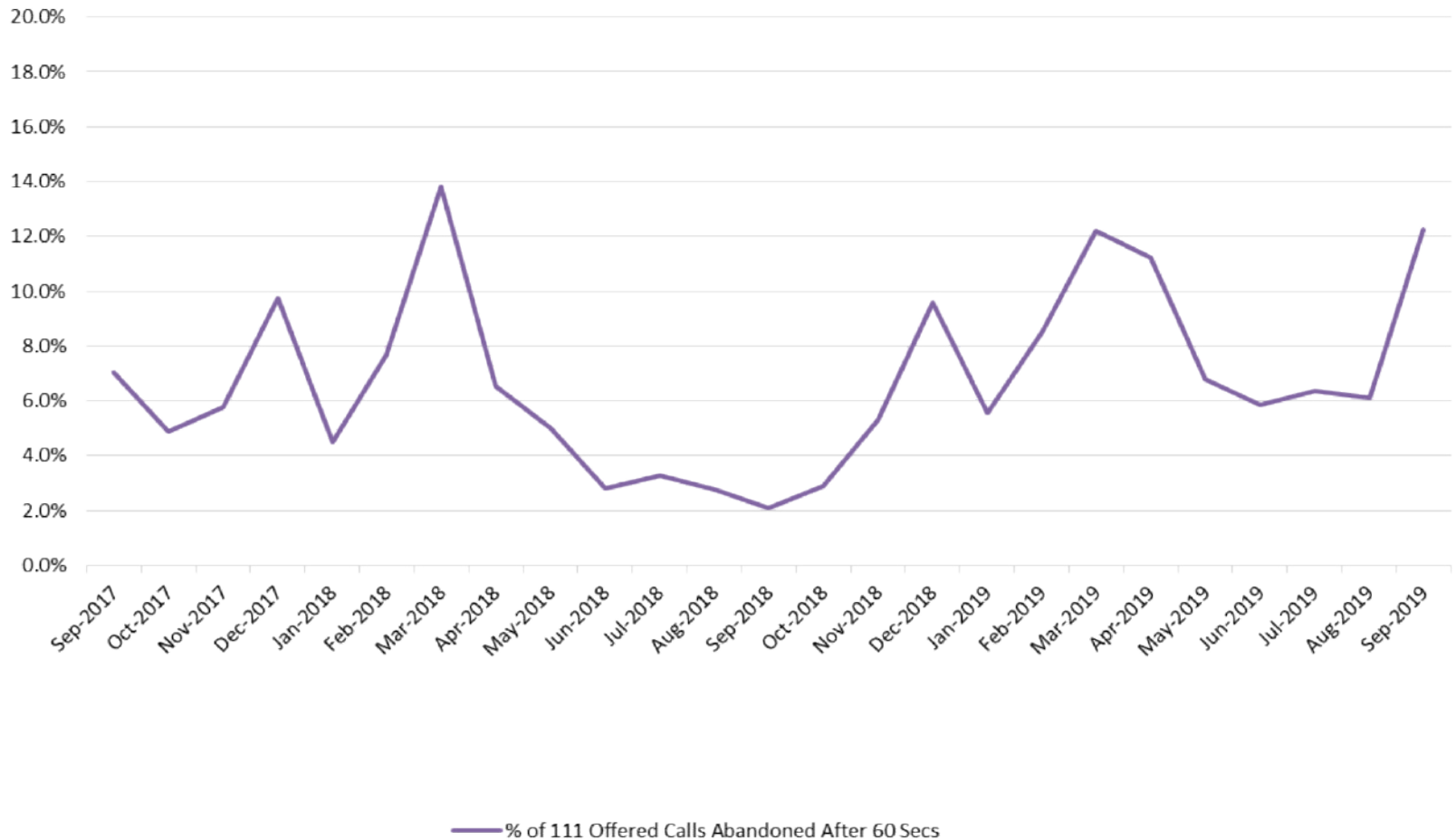
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

NHS Direct Wales Timely Clinical Triage of Patients

— % of calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of the first contact

— % of calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact

— % of calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact

— Target 90%

111 Calls by Final Outcome

NHSD Calls by Final Outcome

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

Hear & Treat

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

Annotations on chart:
- 7 additional Clinicians went live 18th Dec
- 5 FTE Clinicians started May 19
- 4 additional Clinicians live mid-Feb 19
- 5 FTE Band 7 Clinicians completed training April 19
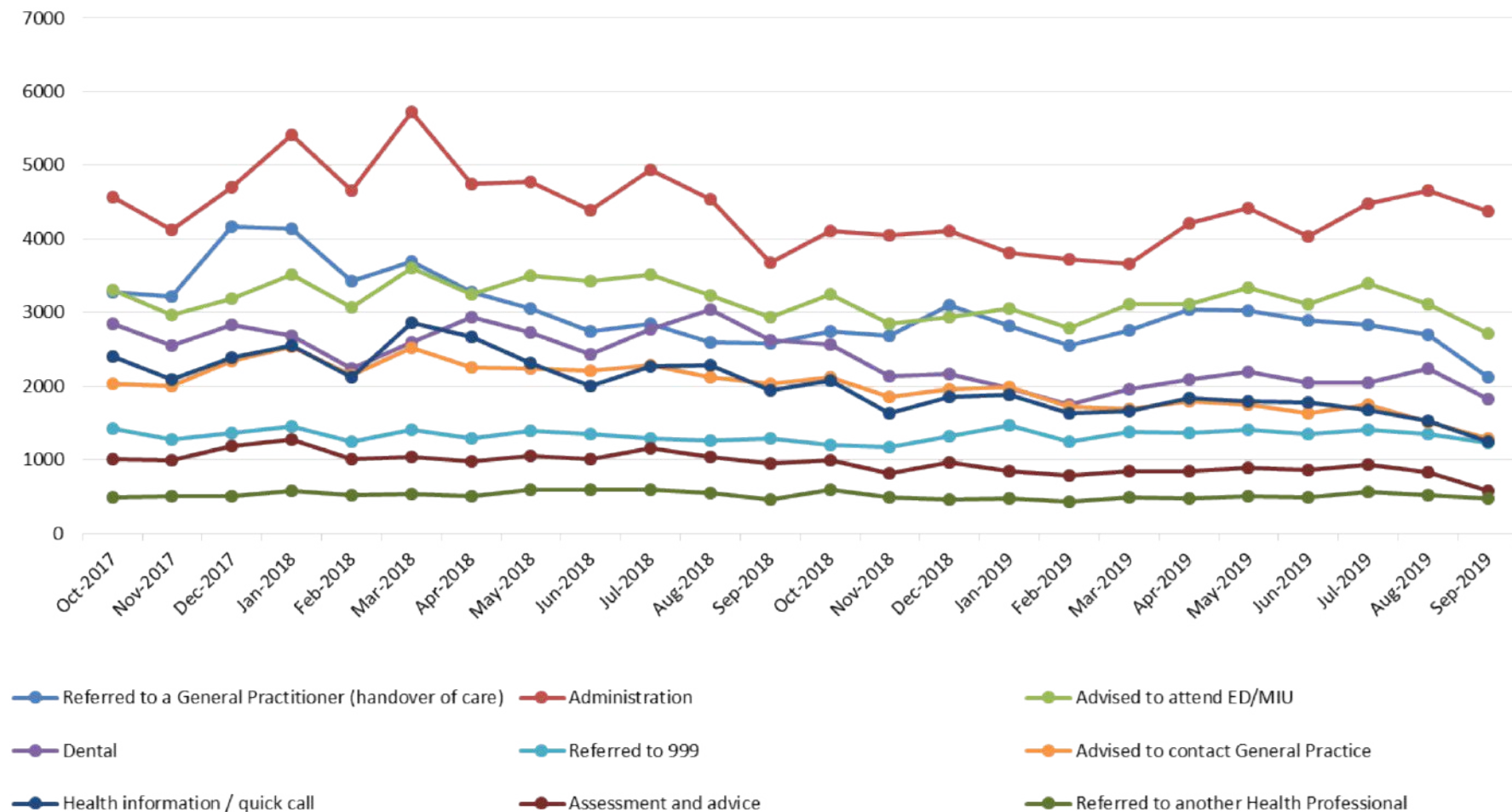
PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Conveyance to Major ED
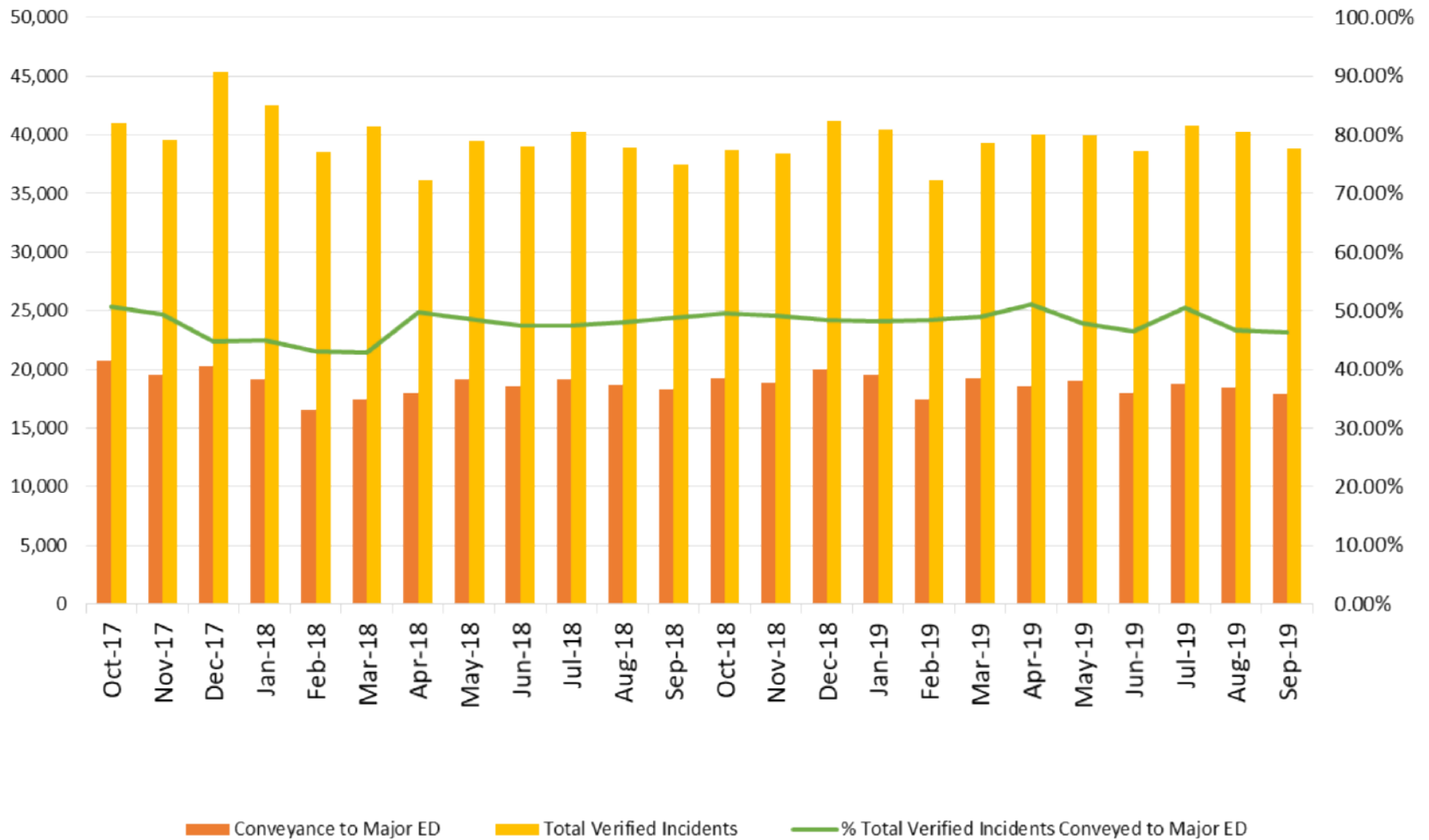
■ Conveyance to Major ED   ■ Total Verified Incidents   —— % Total Verified Incidents Conveyed to Major ED

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

% of verified incidents that were conveyed to major ED- starting 01/10/17

Legend: Mean — Perfomance % — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

% of verified incidents that were conveyed to major ED- Moving range, starting 01/10/17

Legend: Moving range — MR control limits — MR mean — High point

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 Performance - % of emergency responses to red calls within 8 minutes- starting 01/10/17

Legend: Mean — Perfomance % — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

% of emergency responses to red calls within 8 minutes- Moving range, starting 01/10/17

Legend: Moving range — MR control limits — MR mean — High point

OUR GOAL, DELIVERING EXCELLENCE

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

Red Calls - 95th percentile response time
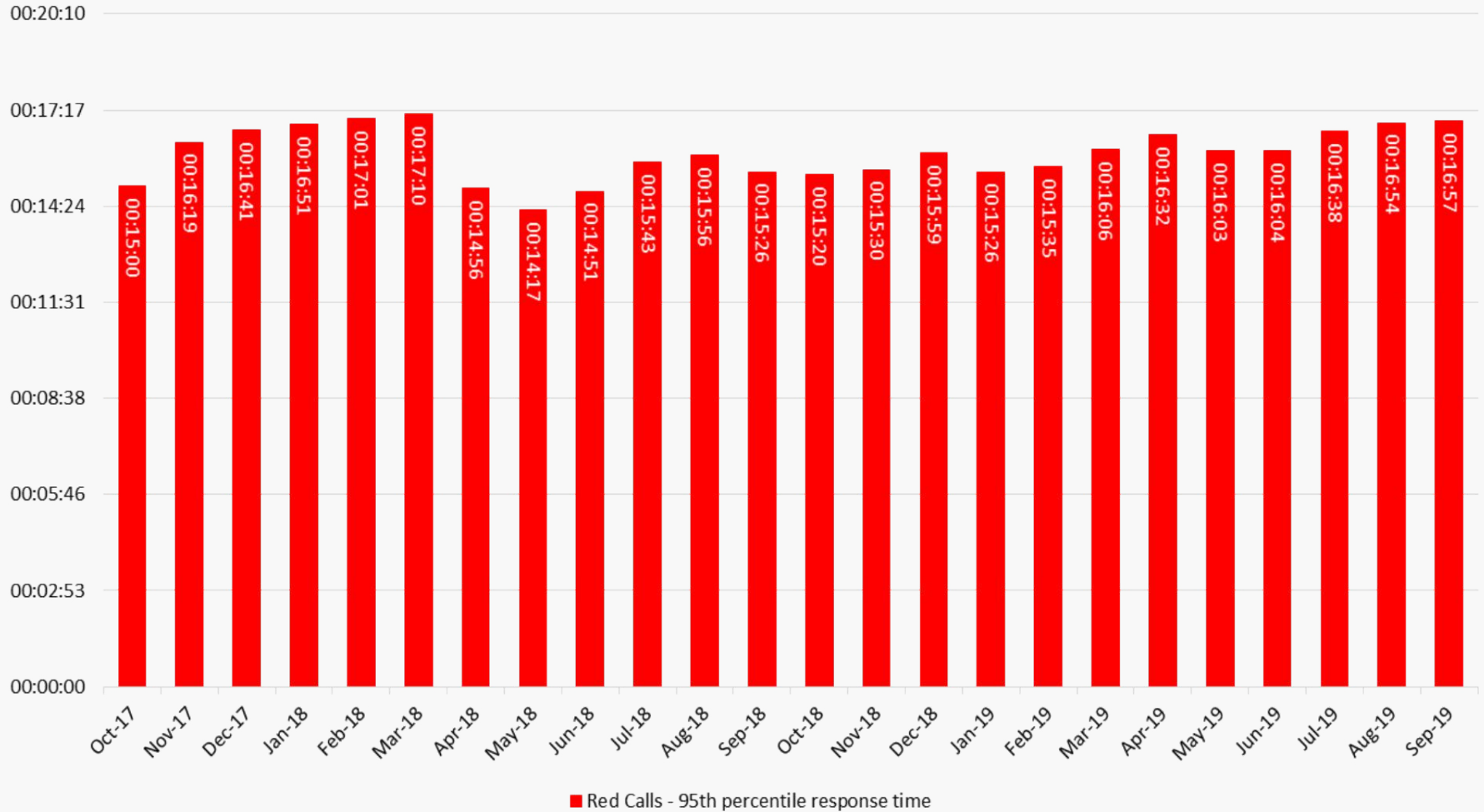
Month	Time
Oct-17	00:15:00
Nov-17	00:16:19
Dec-17	00:16:41
Jan-18	00:16:51
Feb-18	00:17:01
Mar-18	00:17:10
Apr-18	00:14:56
May-18	00:14:17
Jun-18	00:14:51
Jul-18	00:15:43
Aug-18	00:15:56
Sep-18	00:15:26
Oct-18	00:15:20
Nov-18	00:15:30
Dec-18	00:15:59
Jan-19	00:15:26
Feb-19	00:15:35
Mar-19	00:16:06
Apr-19	00:16:32
May-19	00:16:03
Jun-19	00:16:04
Jul-19	00:16:38
Aug-19	00:16:54
Sep-19	00:16:57

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
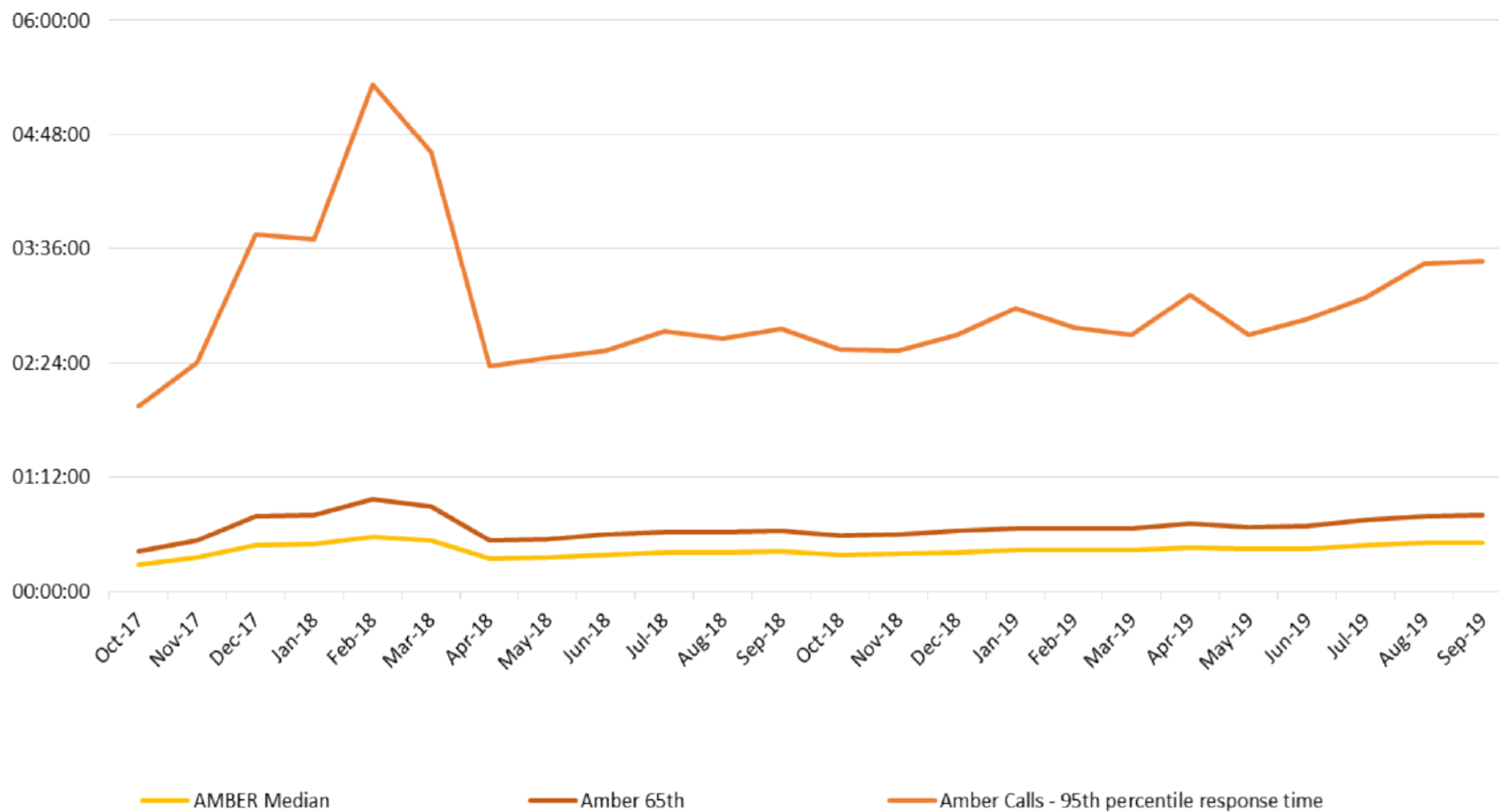
Legend: AMBER Median, Amber 65th, Amber Calls - 95th percentile response time

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

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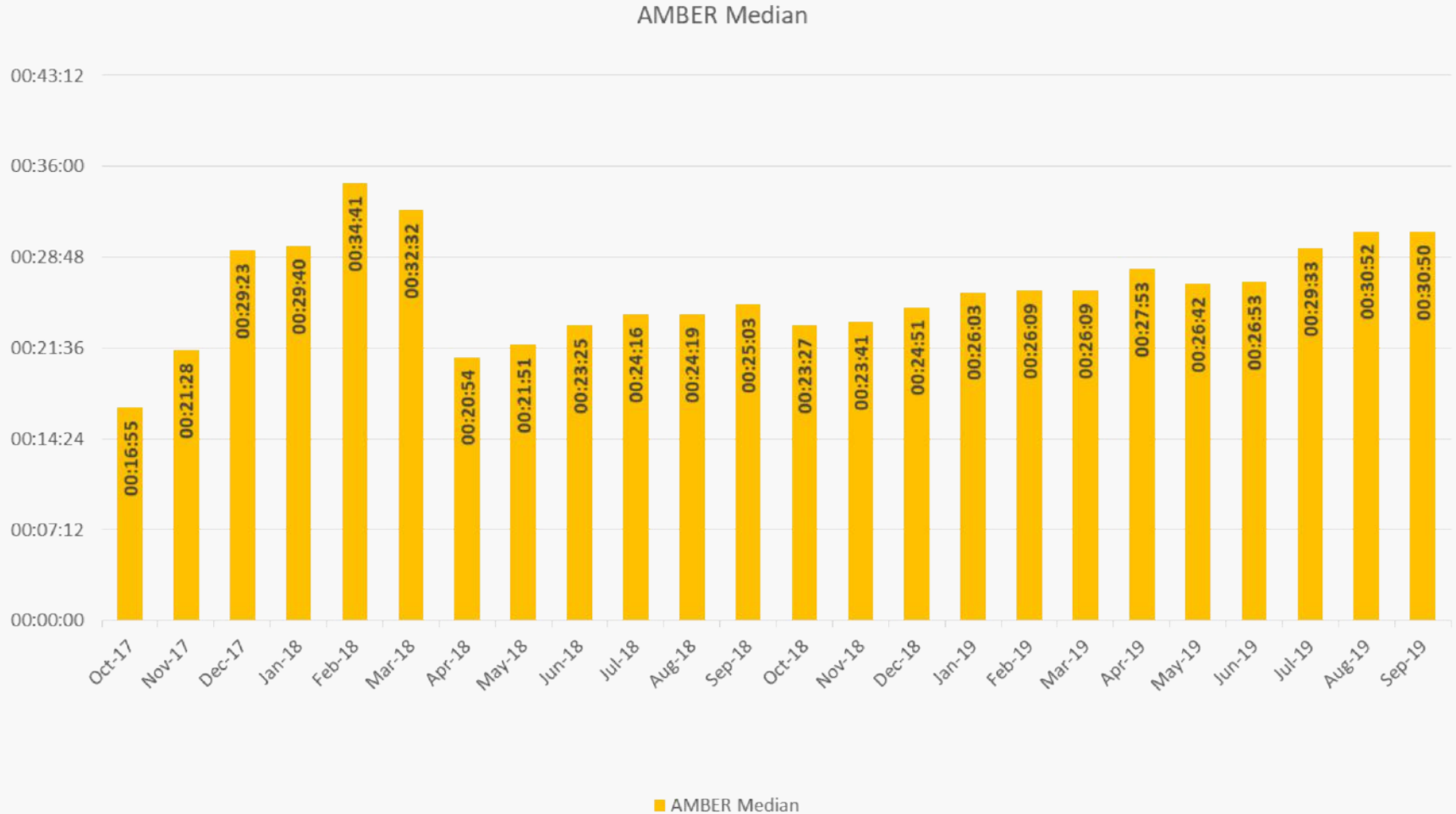
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (Oct-18 to Sep-19)
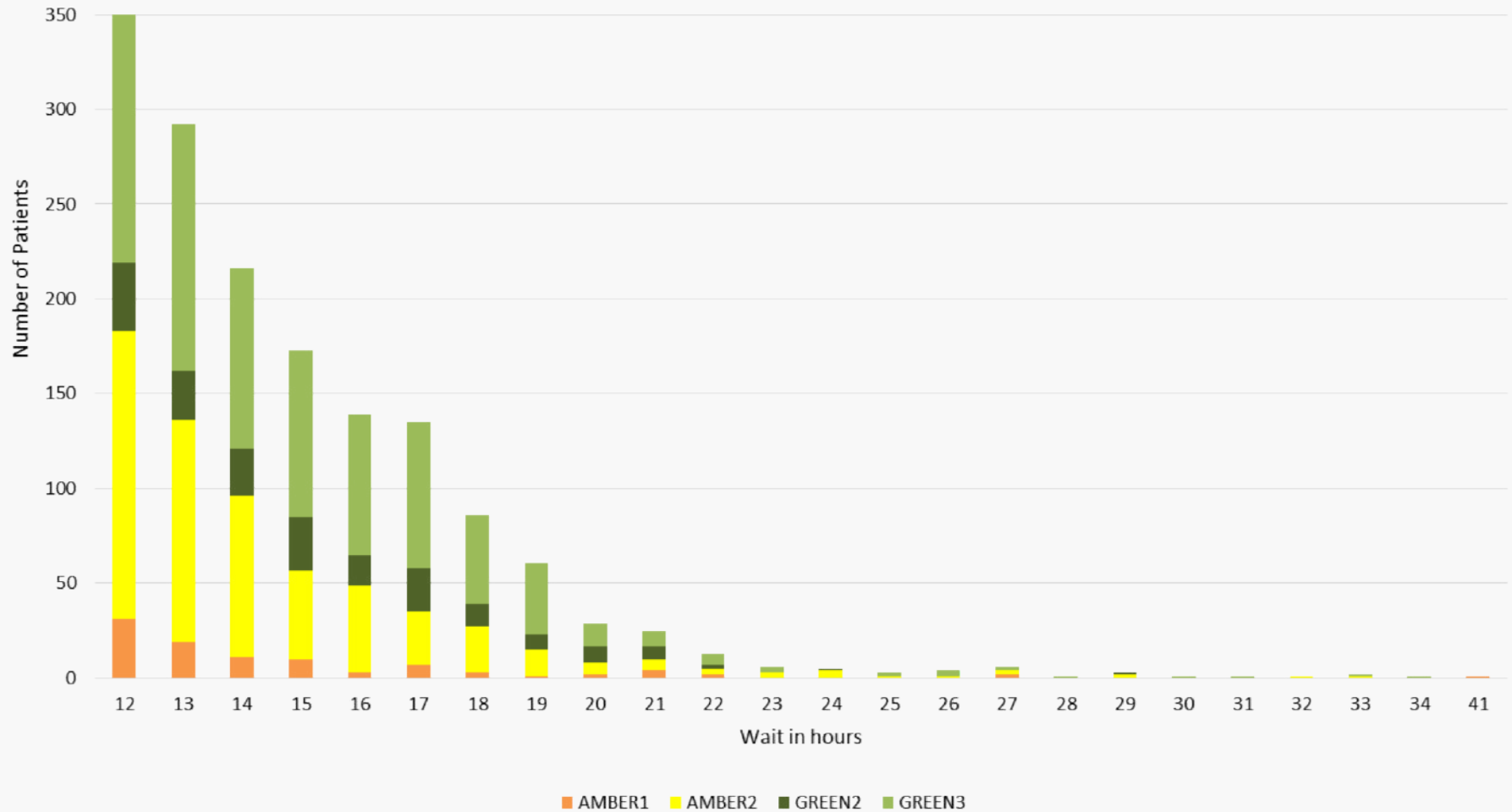
OUR STRATEGIC ENABLERS

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

Patient Waits in Hours																								
Month	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	41	Grand Total
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
Aug-19	43	43	22	23	10	13	7	3	4	3			1												172
Sep-19	44	24	24	14	18	12	5	5	3	3	2	1		1		1							1		158
Grand Total	366	292	216	173	139	135	86	61	29	25	13	6	5	3	4	6	2	2	1	0	1	3	1	1	1570

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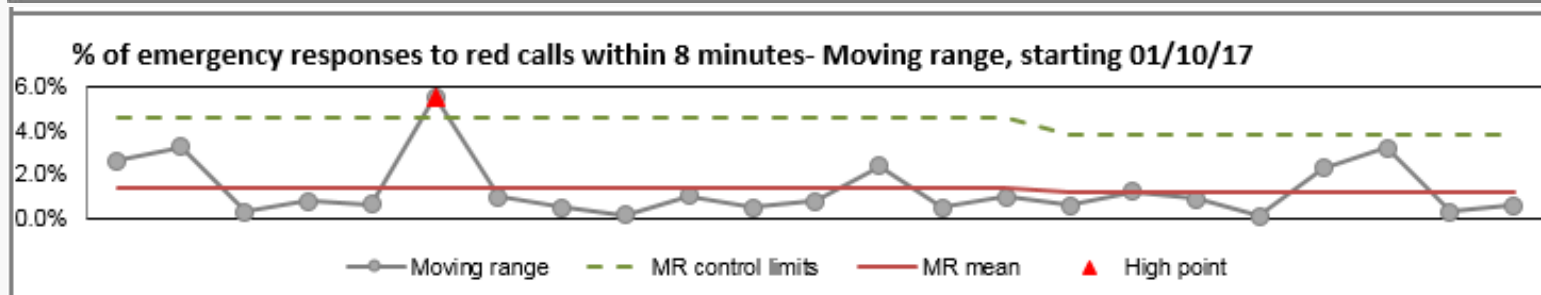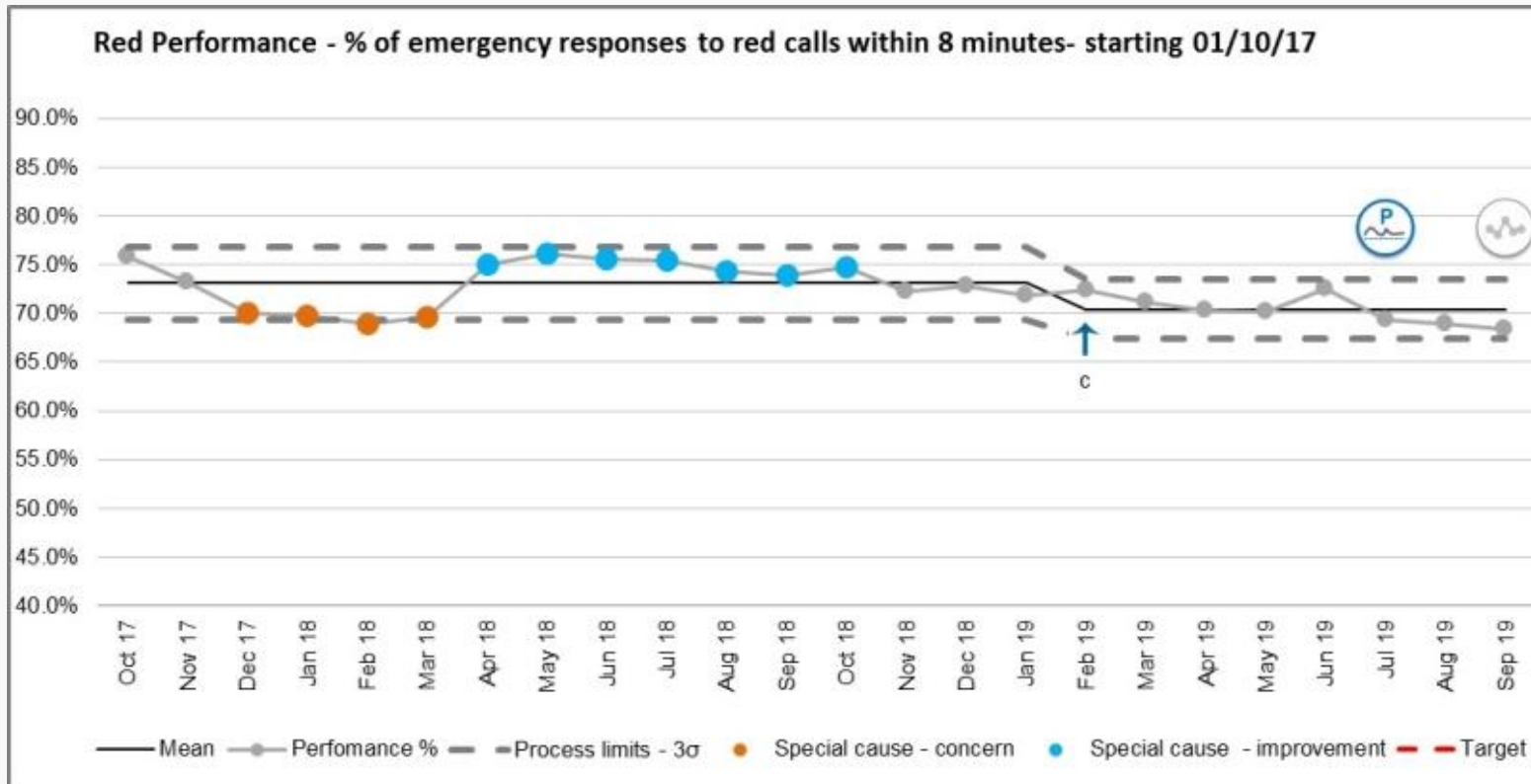

Emergency Ambulance Unit Hours Production
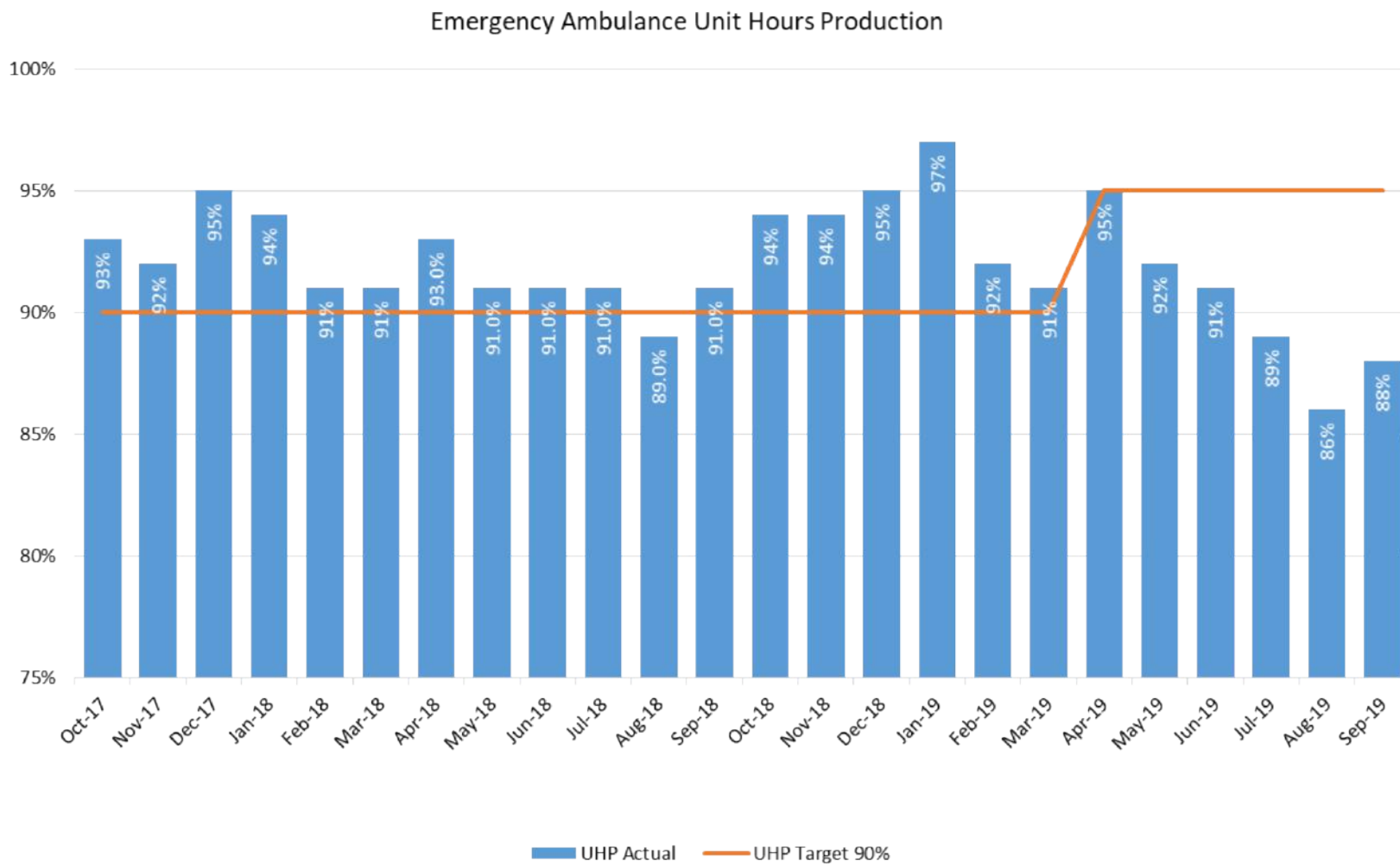
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

% of Handover to Clear within 15 Minutes against Lost Hours to Handover to Clear
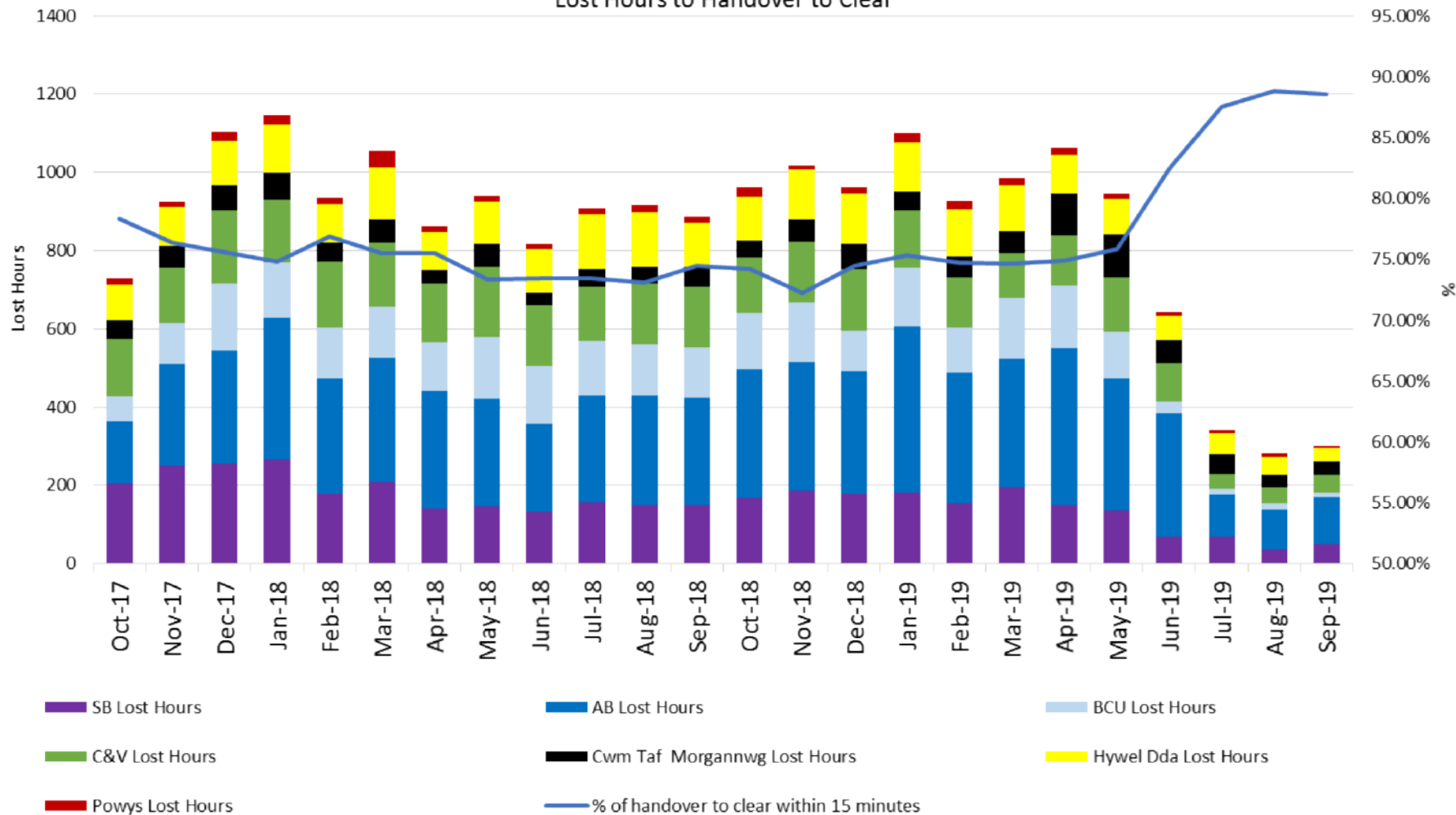
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

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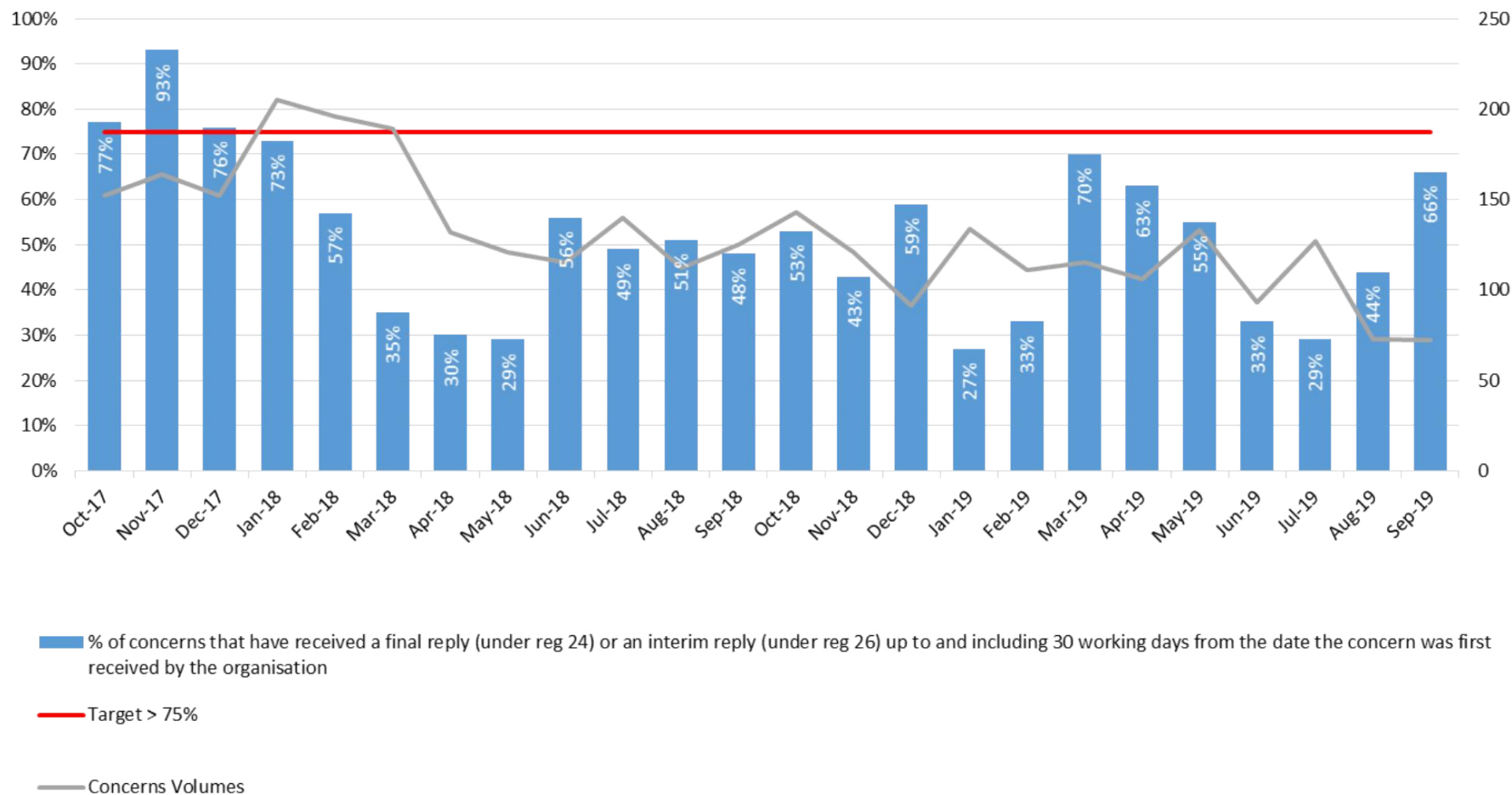
% of concerns that have received a final reply (under reg 24) or an interim reply (under reg 26) up to and including 30 working days from the date the concern was first received by the organisation

Target > 75%

Concerns Volumes

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

Number of Serious Adverse Incidents (SAIs) Reported against % of serious incidents assured within the agreed timescales

Legend:
- SAIs Reported to WG
- % serious incidents assured within the agreed timescales
- Target against % of SAI assured within agreed timescales 90%
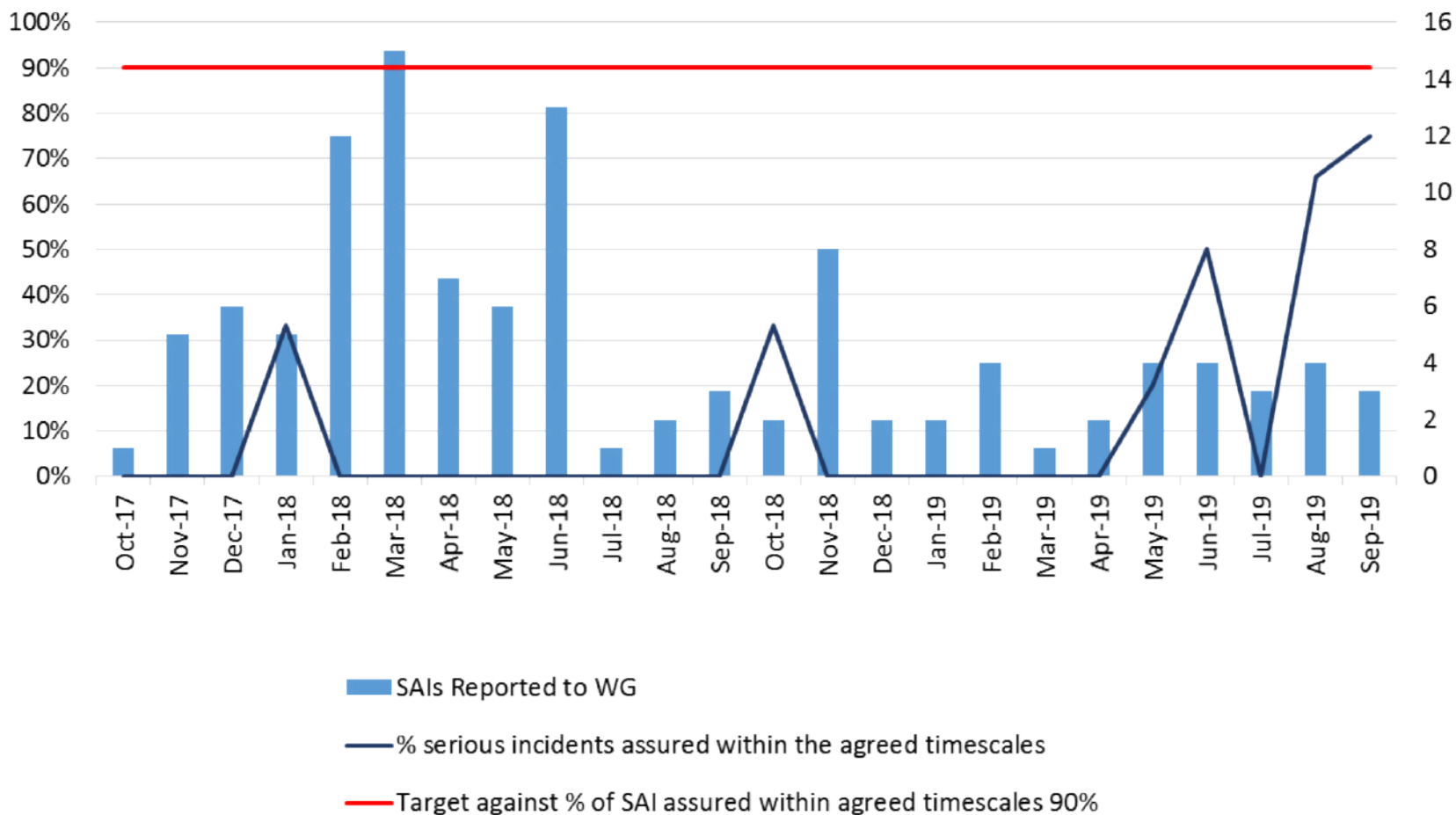
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SEVRICE

Number of Serious Adverse Incidents (SAIs) against
% of serious incidents assured within the agreed timescales

Legend:
- SAIs Submitted for Closure
- SAIs Due for Closure
- % serious incidents assured within the agreed timescales
- Target against % of SAI assured within agreed timescales 90%

23
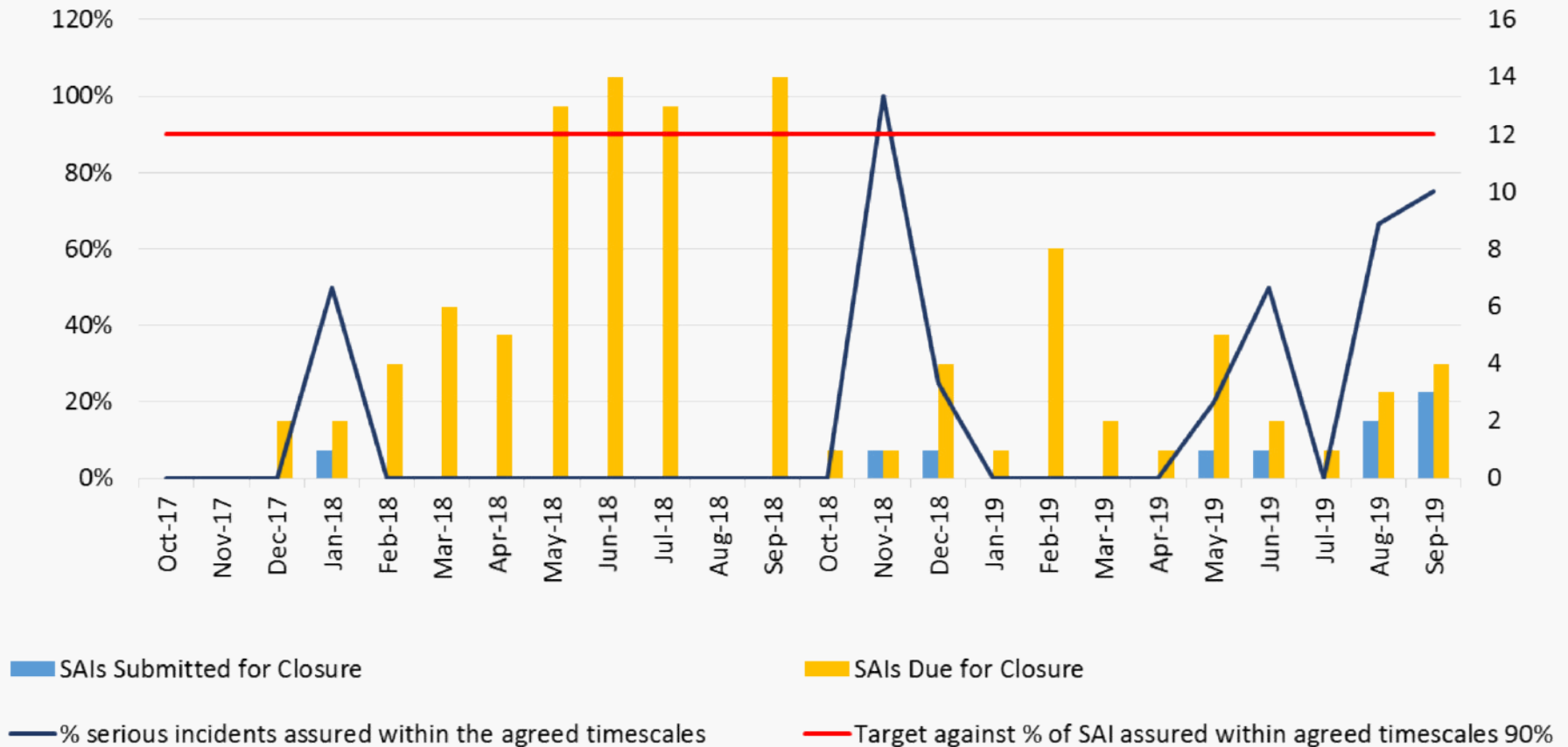
SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

WAST Sickness Absence October 2018 - September 2019
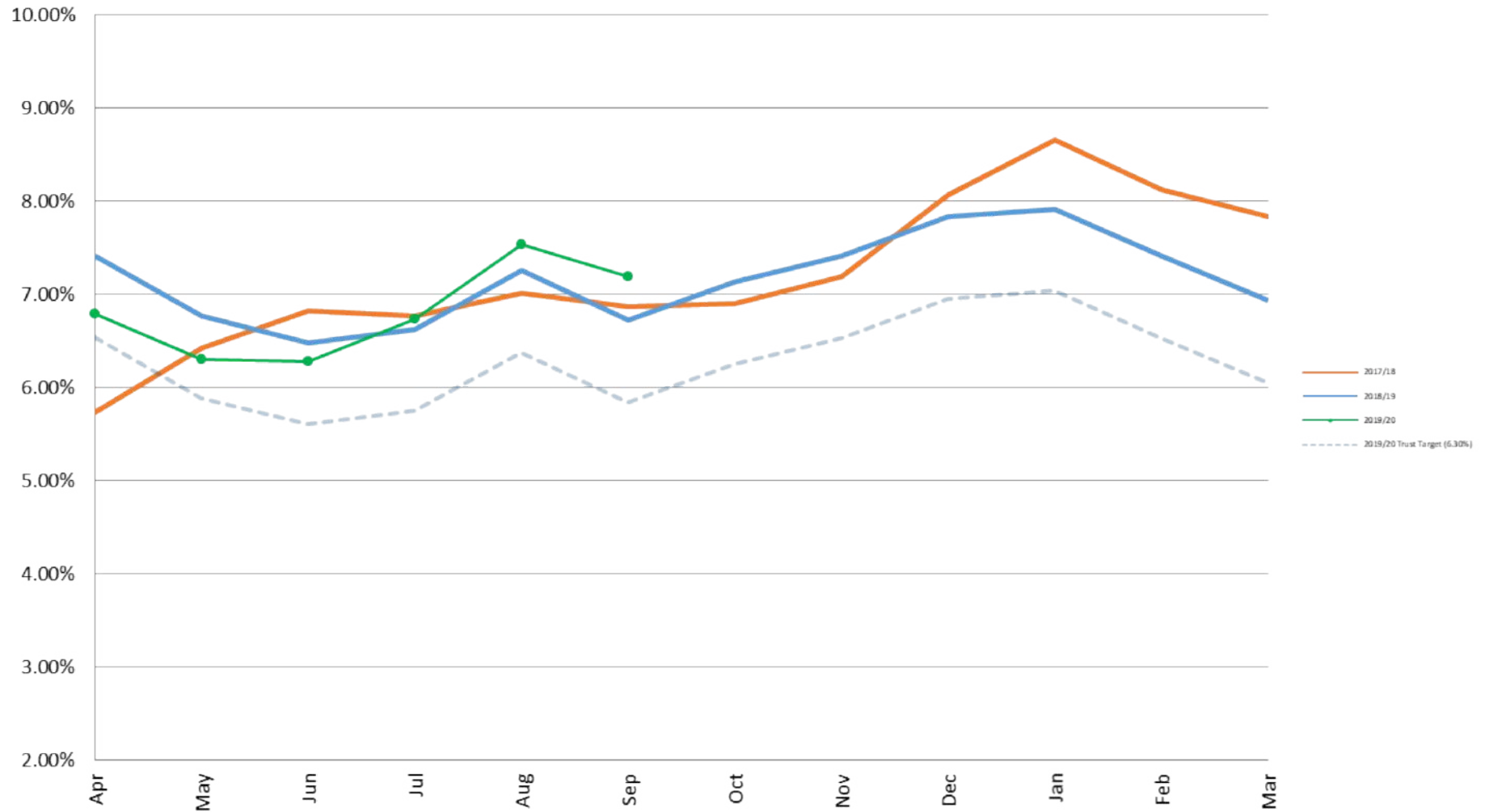
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

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

Month	%
Oct-17	67.80%
Nov-17	62.60%
Dec-17	49.50%
Jan-18	68.30%
Feb-18	54.60%
Mar-18	49.50%
Apr-18	64.04%
May-18	66.96%
Jun-18	77.09%
Jul-18	75.56%
Aug-18	79.16%
Sep-18	81.60%
Oct-18	72.35%
Nov-18	62.45%
Dec-18	52.87%
Jan-19	61.10%
Feb-19	49.30%
Mar-19	44.30%
Apr-19	49.80%
May-19	58.80%
Jun-19	58.60%
Jul-19	62.90%
Aug-19	62.0%
Sep-19	48%

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

% of 111 Offered Calls Abandoned After 60 Secs

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

111 Timely Clinical Triage of Patients

Legend:
- % of calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of the first contact
- % of calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact
- % of calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact
- Target 90%

111 Calls by Final Outcome

NHSD Calls by Final Outcome

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

Month	%
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%
Aug-19	73.5%
Sep-19	78.5%

■ % of 999 calls answered within 6 seconds

30

OUR GOAL, DELIVERING EXCELLENCE

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

Hear & Treat

■ Number of calls ended following WAST telephone assessment through Clinical Support Desk & NHSDW (Hear and Treat)

31

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

Re-Contact % within 24hrs of Telephone Triage (Hear and Treat)
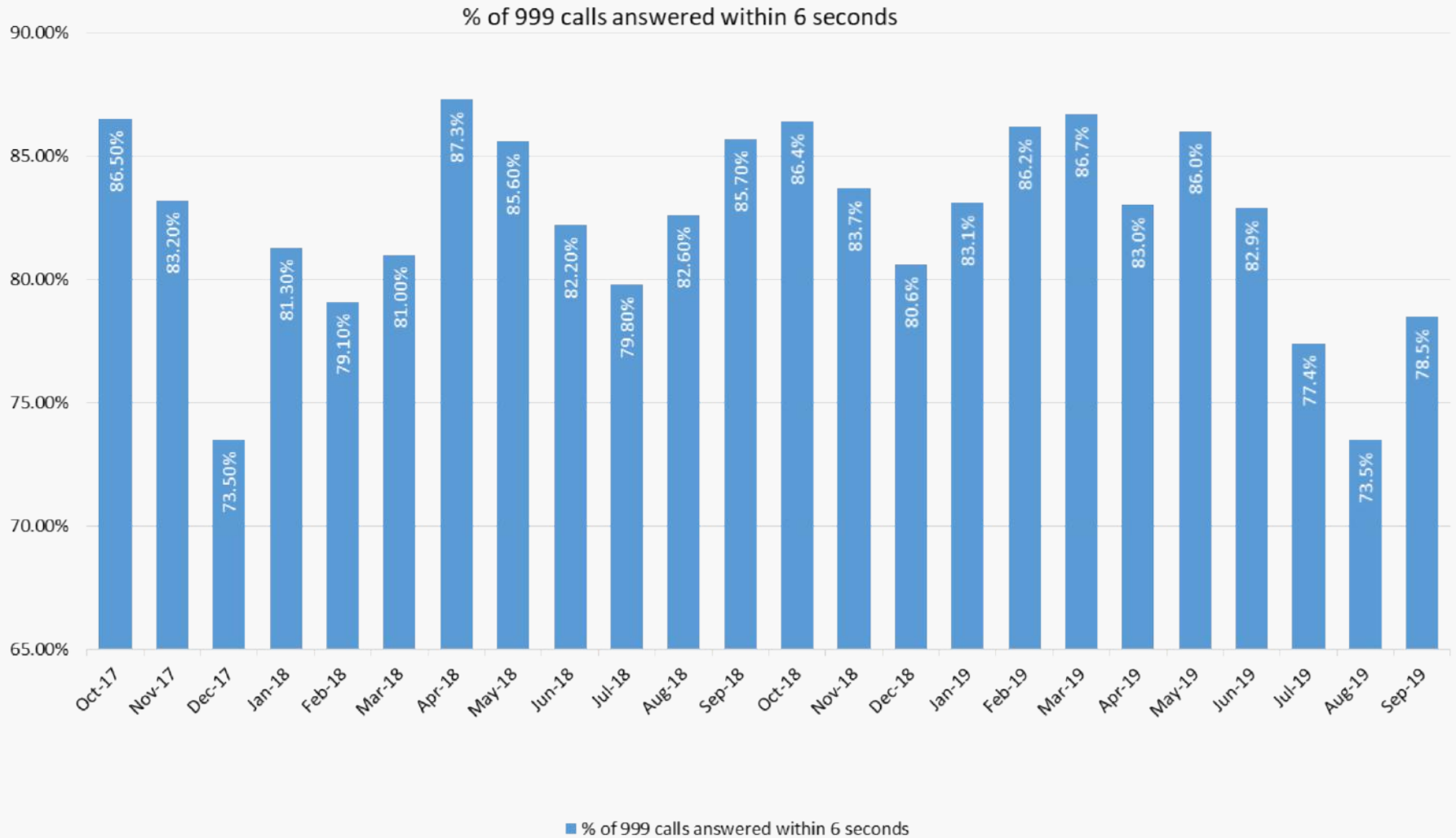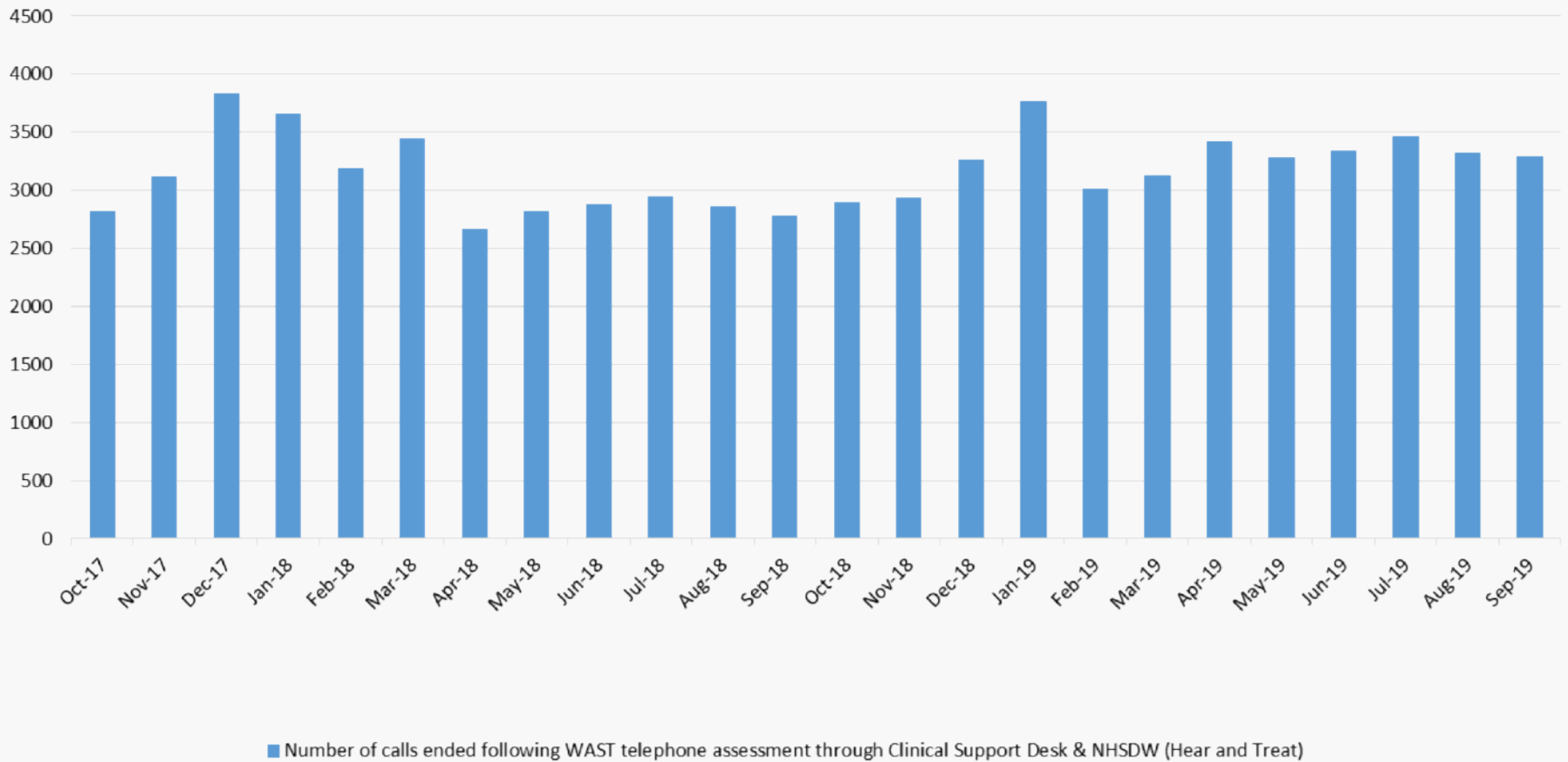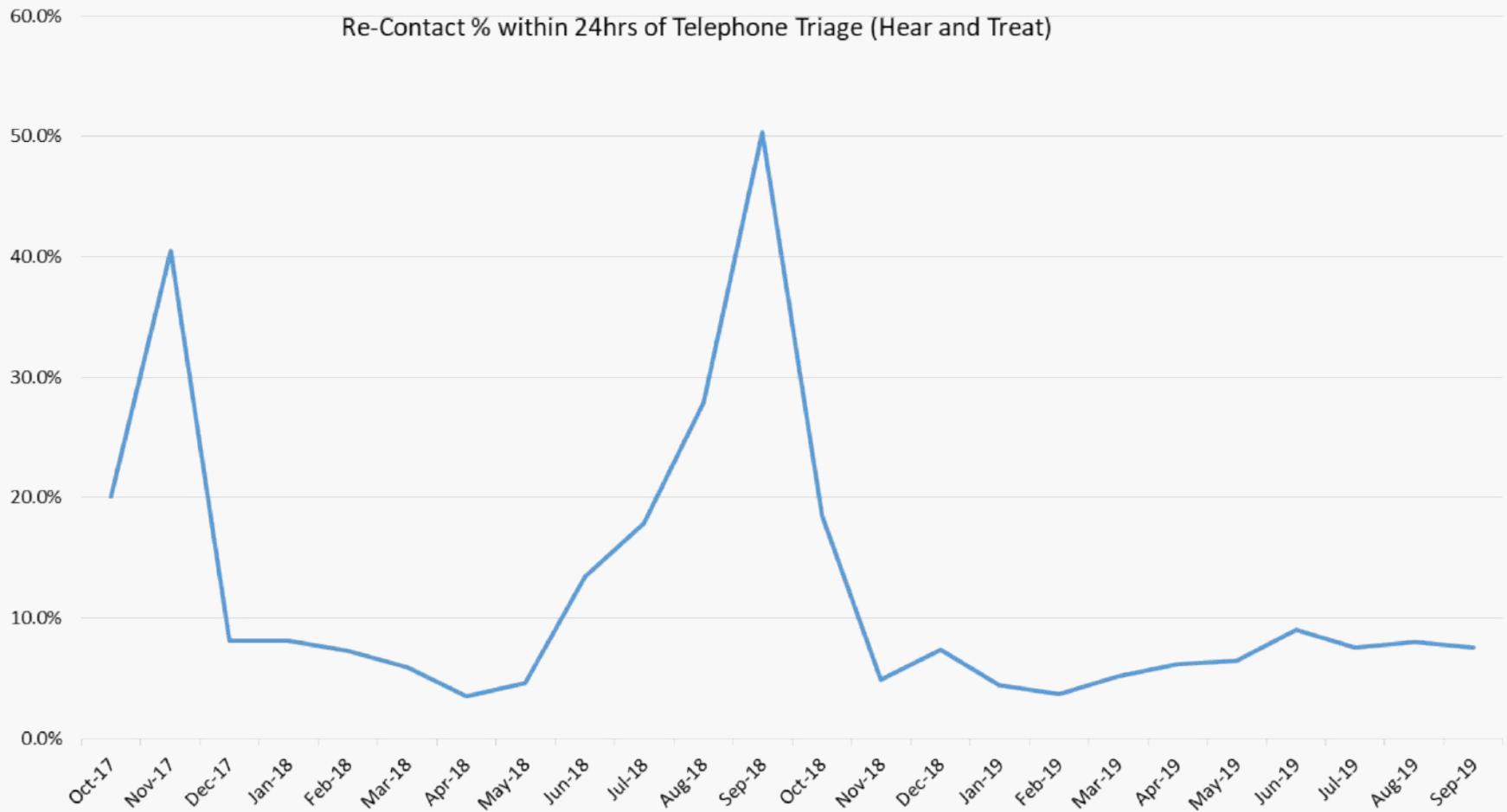
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of incidents where 2 or more vehicles arrived on scene

Legend: —— % of incidents where 2 or more vehicles arrived on scene

Incidents Treated at Scene and Incidents Referred to Alternative Providers

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

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

Recontact % within 24 hours of see & treat

% 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

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

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

Compliance with HCP time requests to improve across each LHB
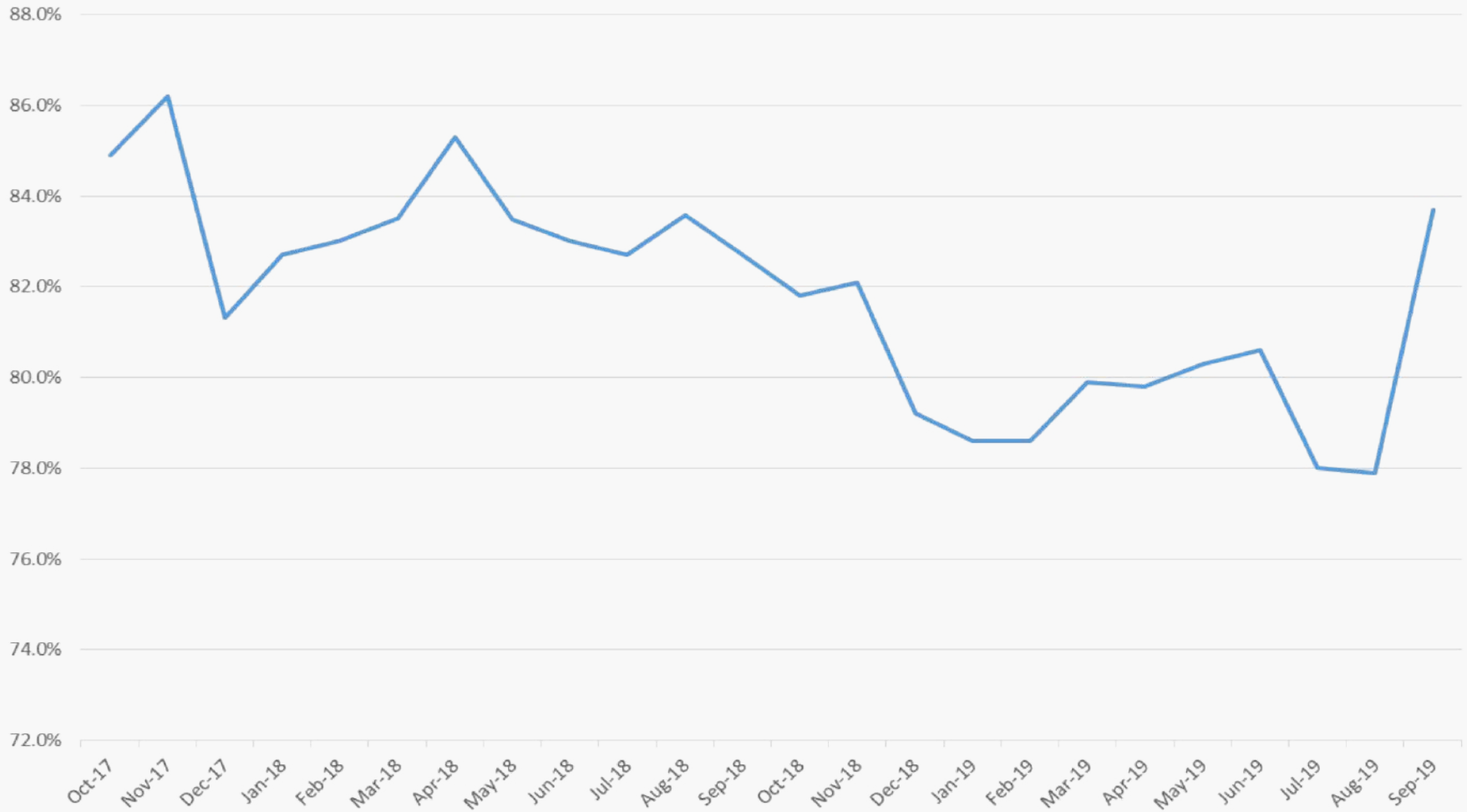
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

% of suspected stroke patients who are documented as receiving appropriate stroke care bundle
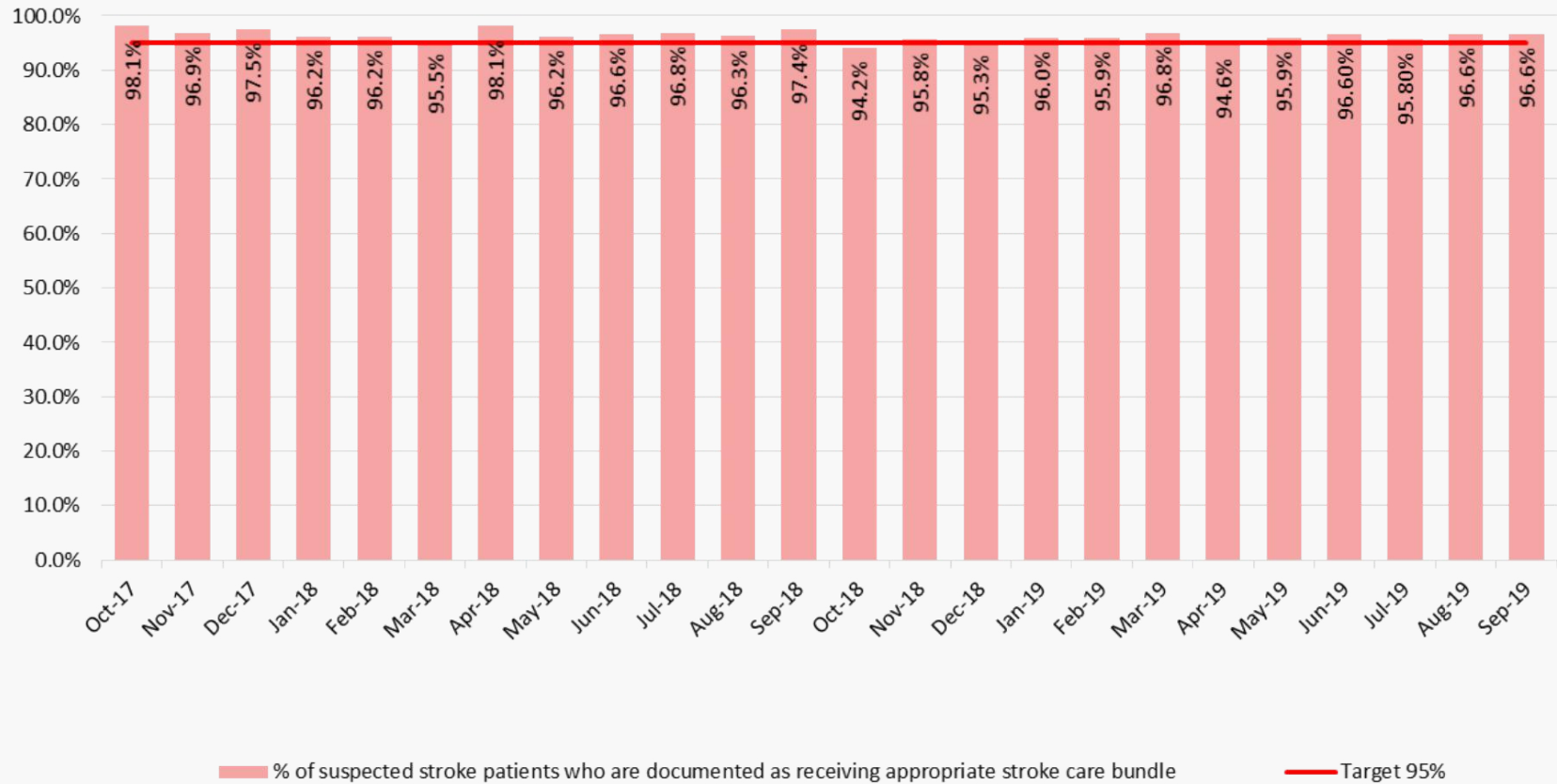
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

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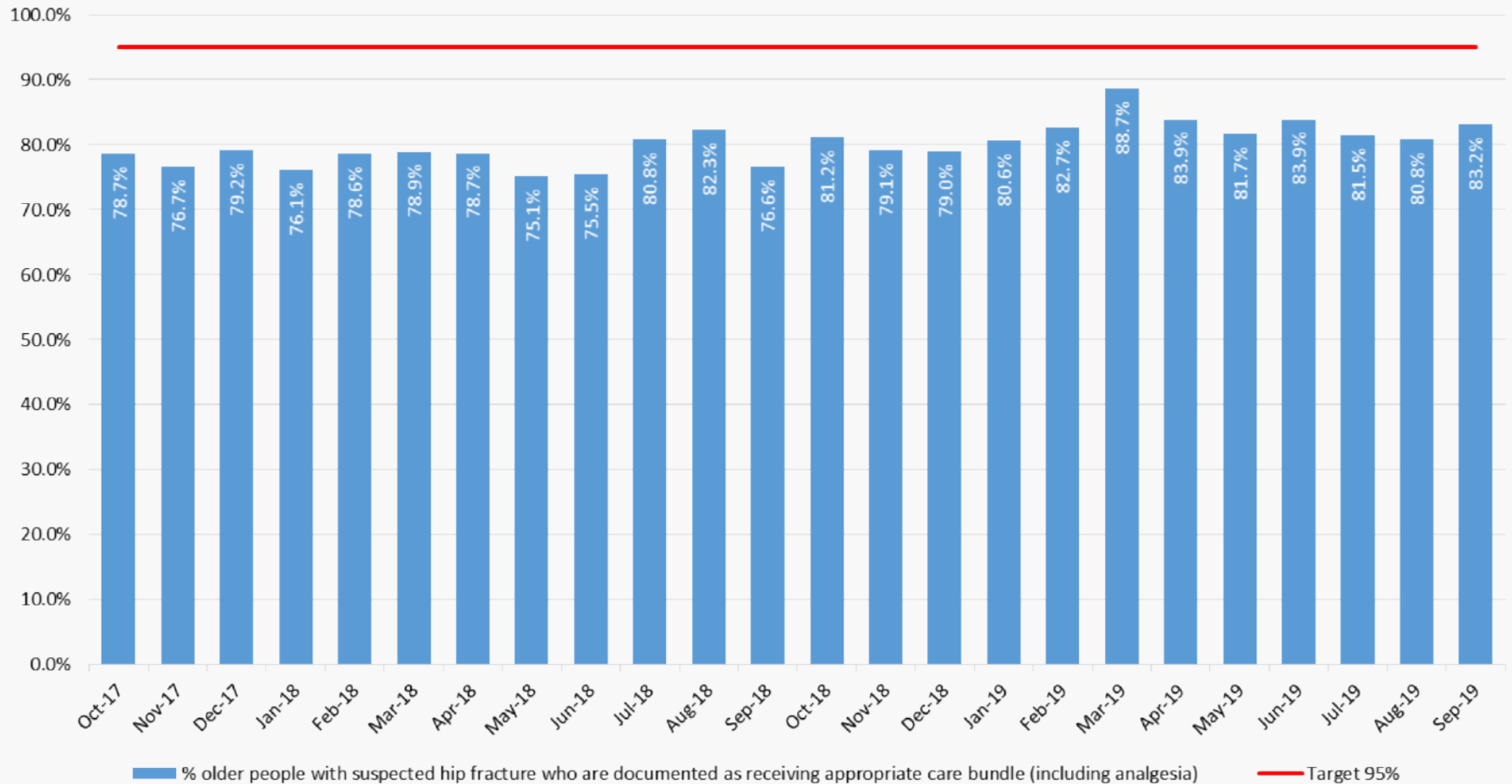
OUR STRATEGIC ENABLERS

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

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

Month	%
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%
Jul-19	70.70%
Aug-19	87.00%
Sep-19	71.40%

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

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

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

OUR STRATEGIC ENABLERS

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

% 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%

Month	%
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%
Jul-19	81.5%
Aug-19	80.8%
Sep-19	83.2%

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

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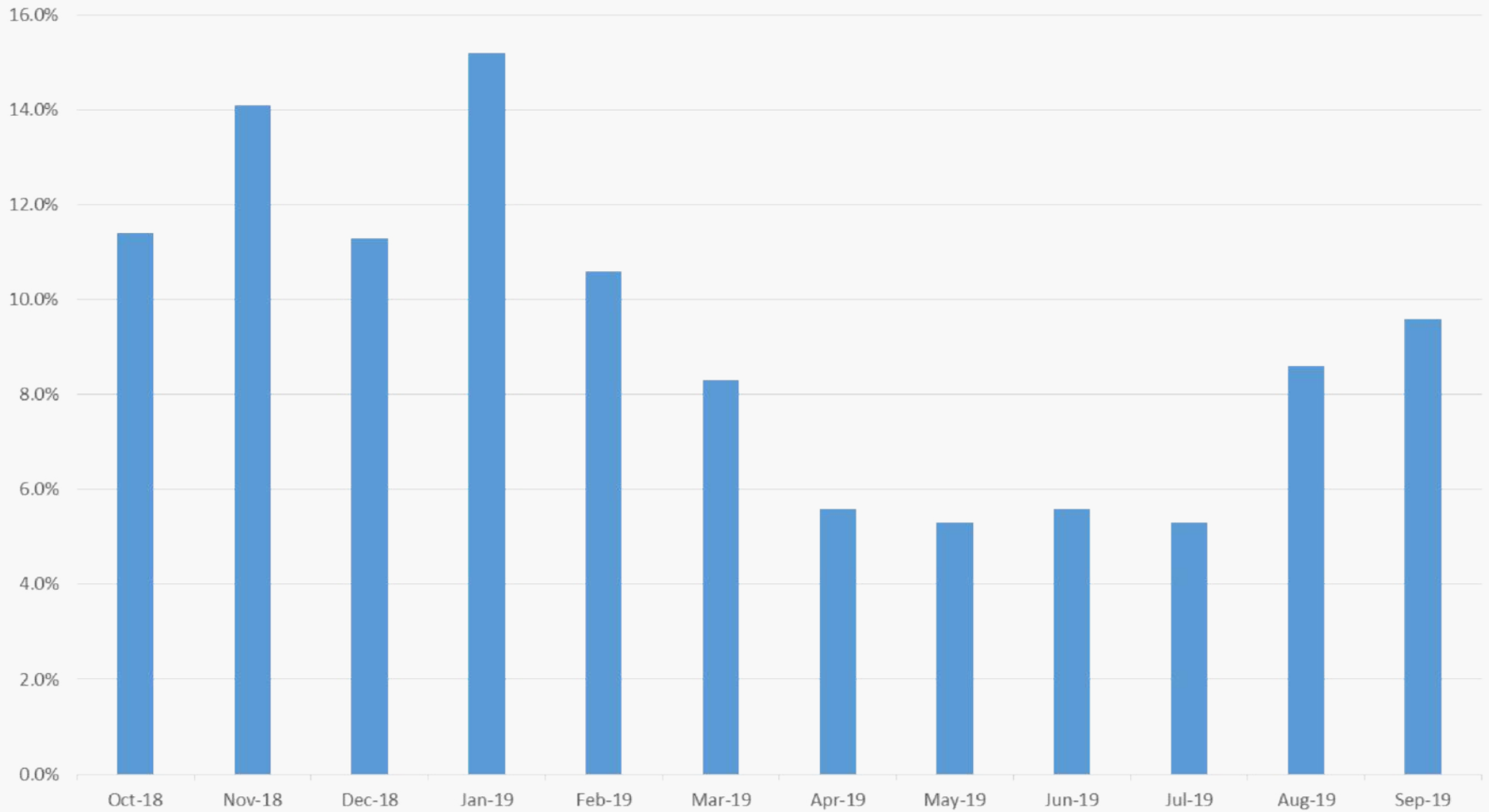
PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% Bookings made by fax/hand/post (NEPTS)

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)

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)

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

% Of Enhanced Oncology Journeys - Arrival Times (NEPTS)

Legend:
- % 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 less than 60 minutes of their booked ready time - (NEPTS)

OUR GOAL DELIVERING EXCELLENCE

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)

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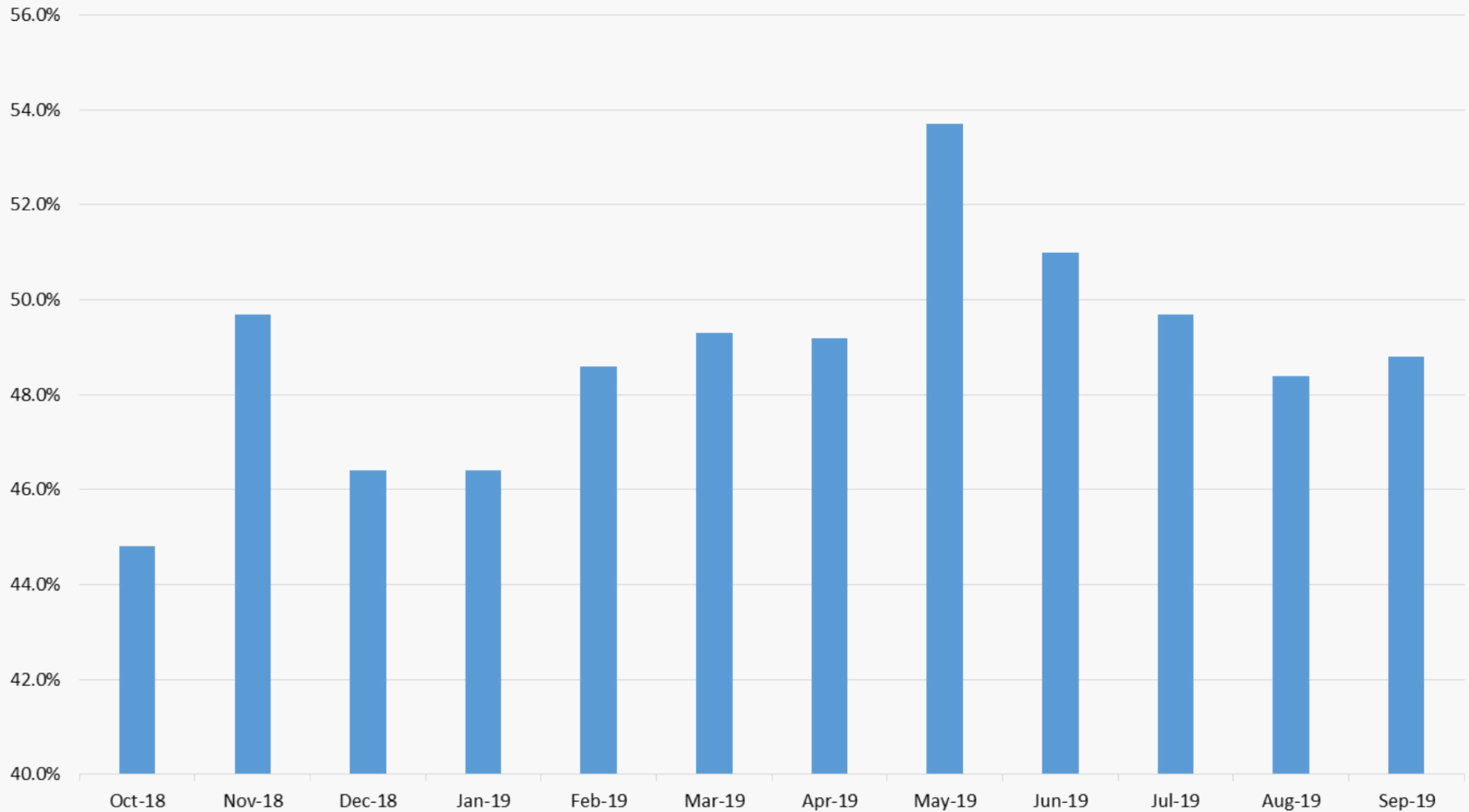
PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

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)

OUR GOAL DELIVERING EXCELLENCE

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

No.of Enhanced Renal Patient Journeys (NEPTS)

OUR GOAL DELIVERING EXCELLENCE

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

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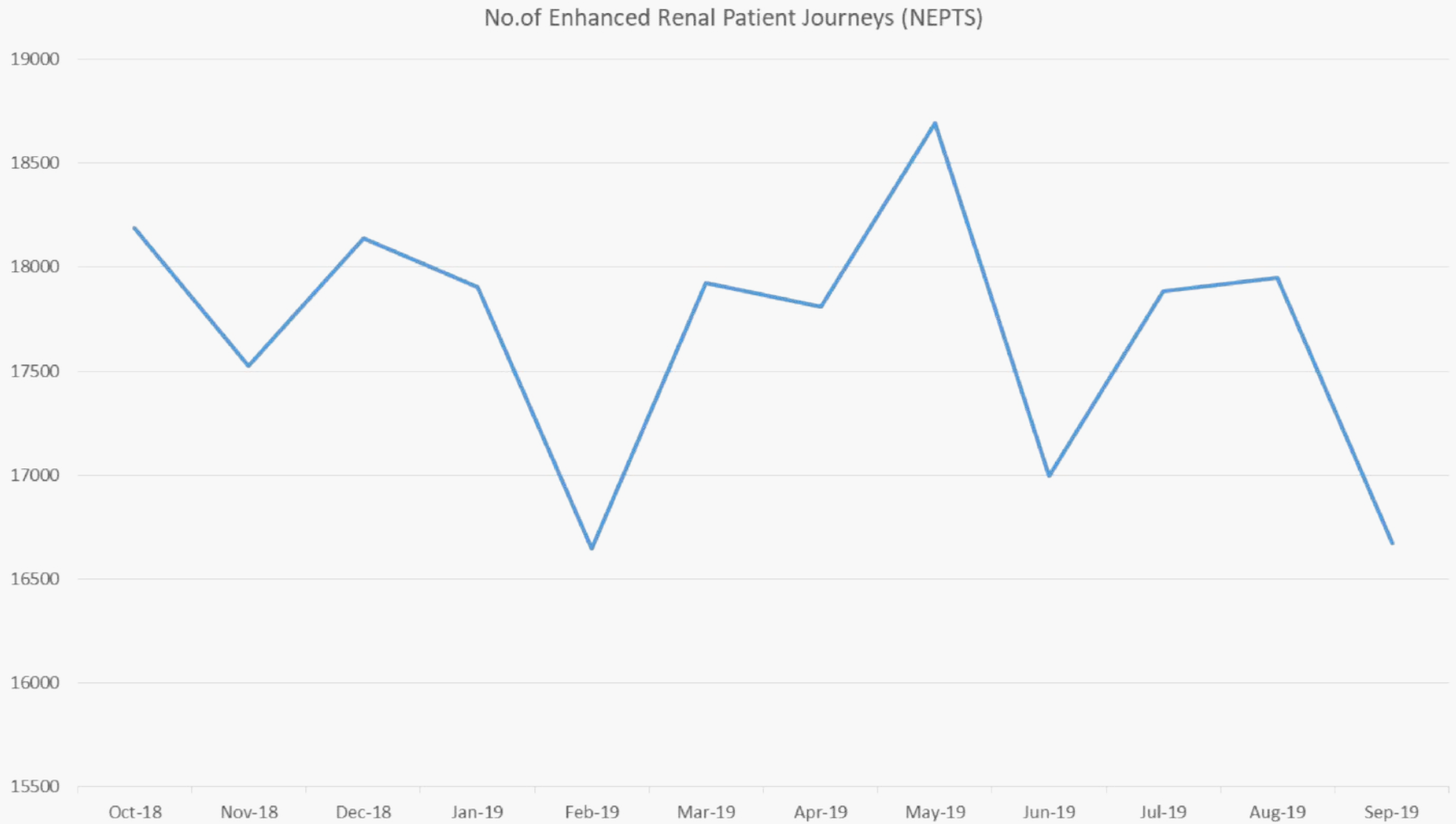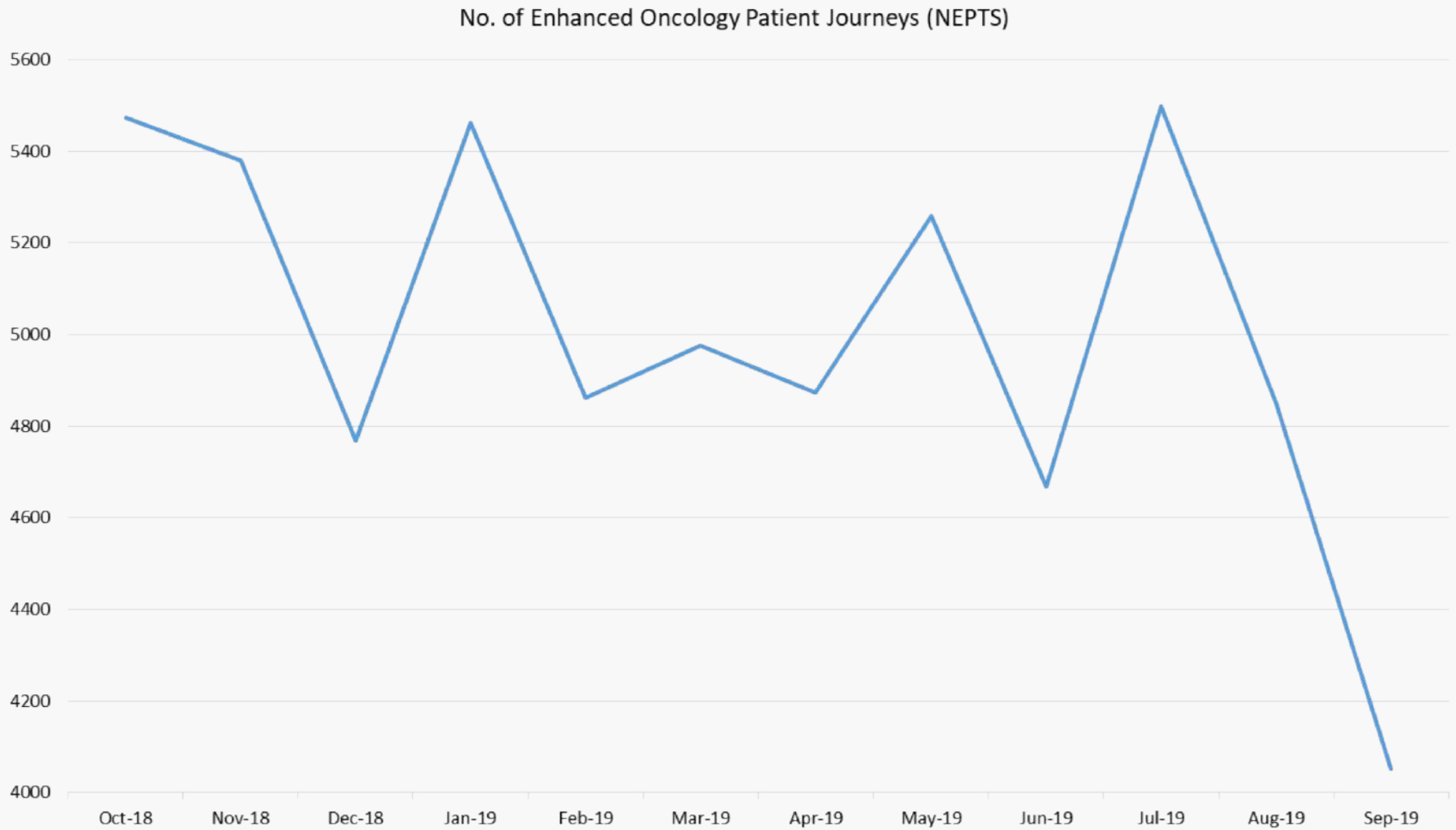
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

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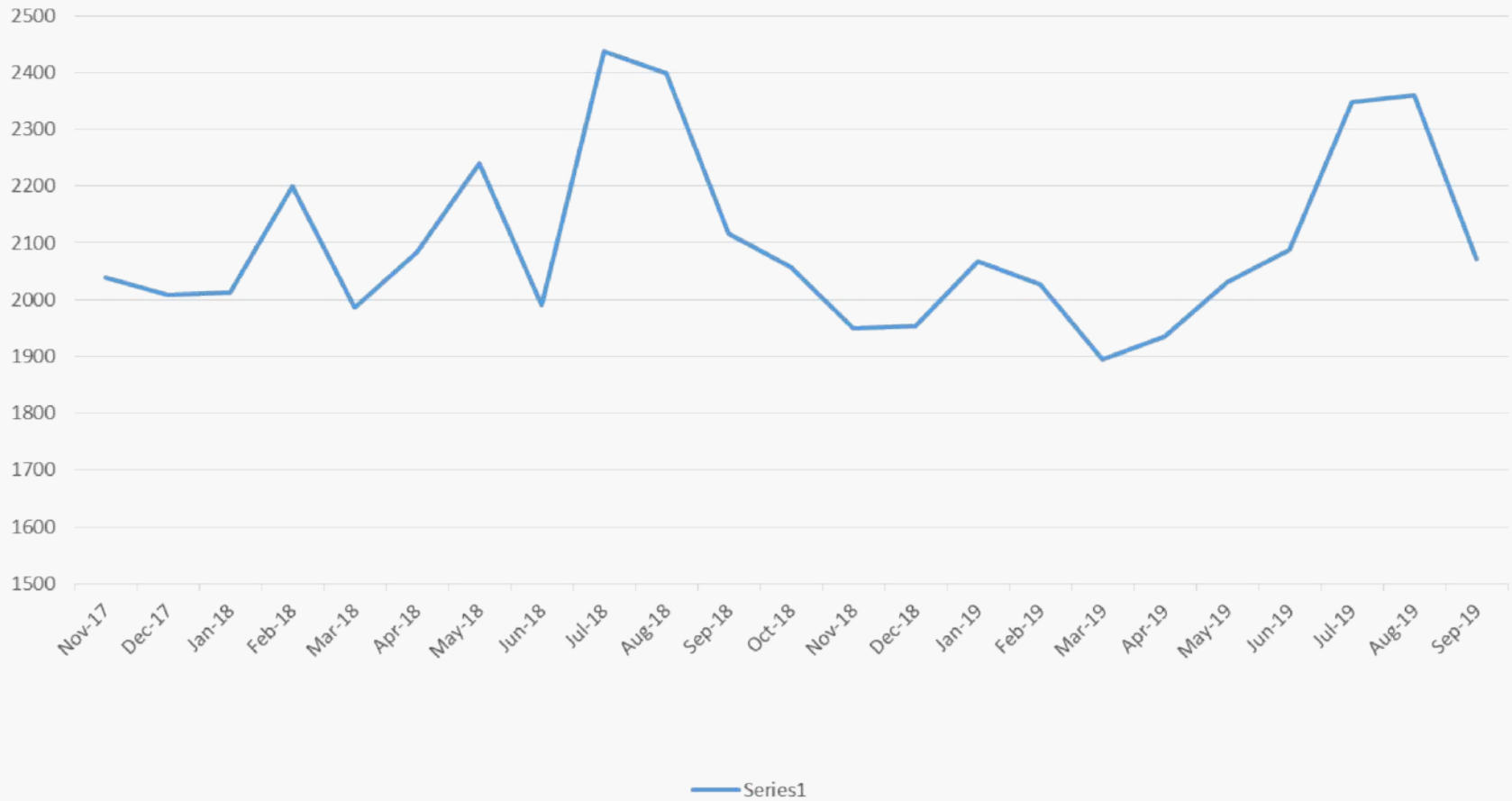
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

% of Notification to Handover within 15 minutes against Notification to Handover Lost Hours
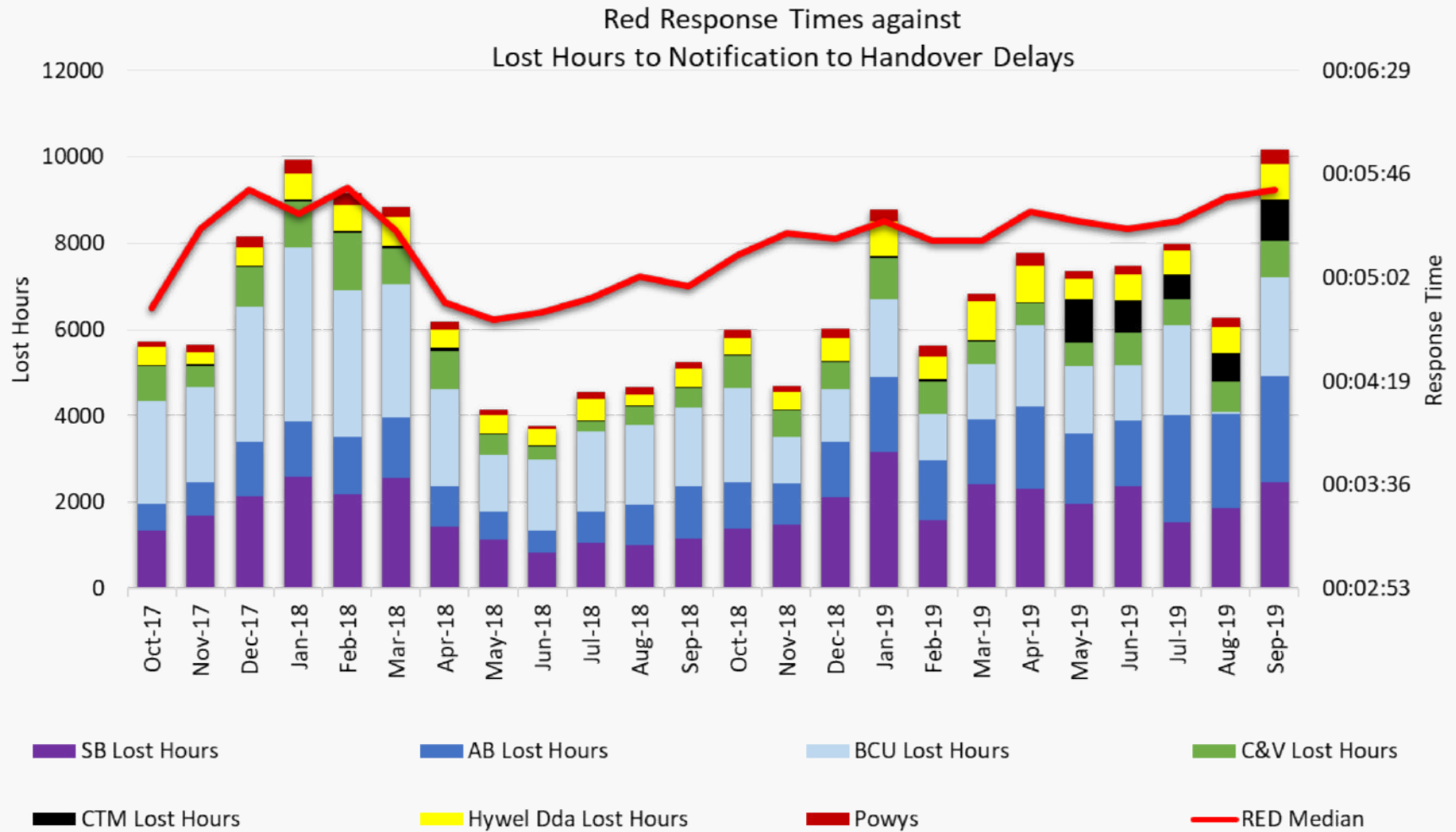
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

Red Response Times against Lost Hours to Notification to Handover Delays

WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

Red Median Correlated with Notification to Handover Lost Hours Sep-17 to Sep-19
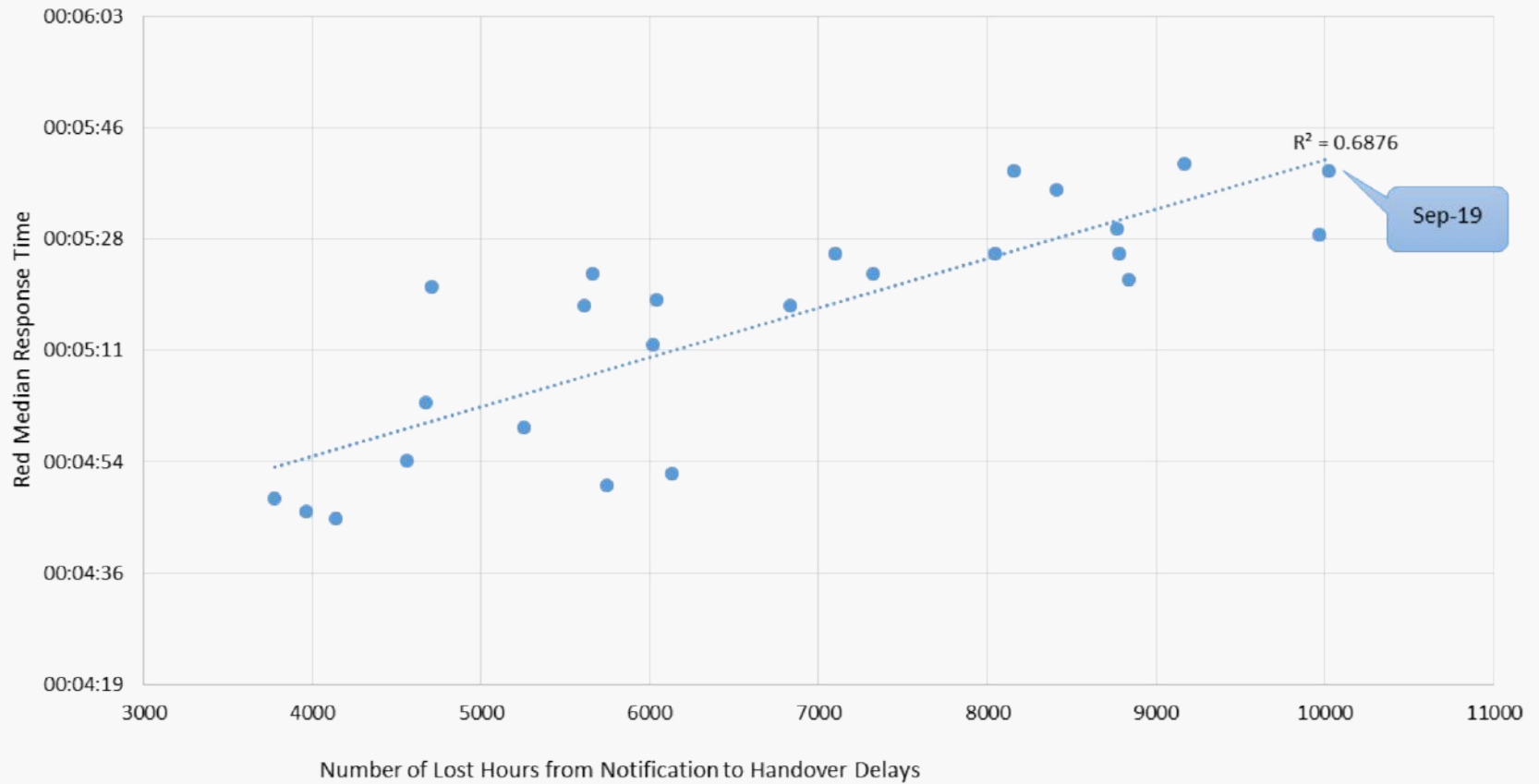
WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

Amber Response Times against
Lost Hours to Notification to Handover Delays

Legend:
- SB Lost Hours
- AB Lost Hours
- BCU Lost Hours
- C&V Lost Hours
- CTM Lost Hours
- Hywel Dda Lost Hours
- Powys
- AMBER Median
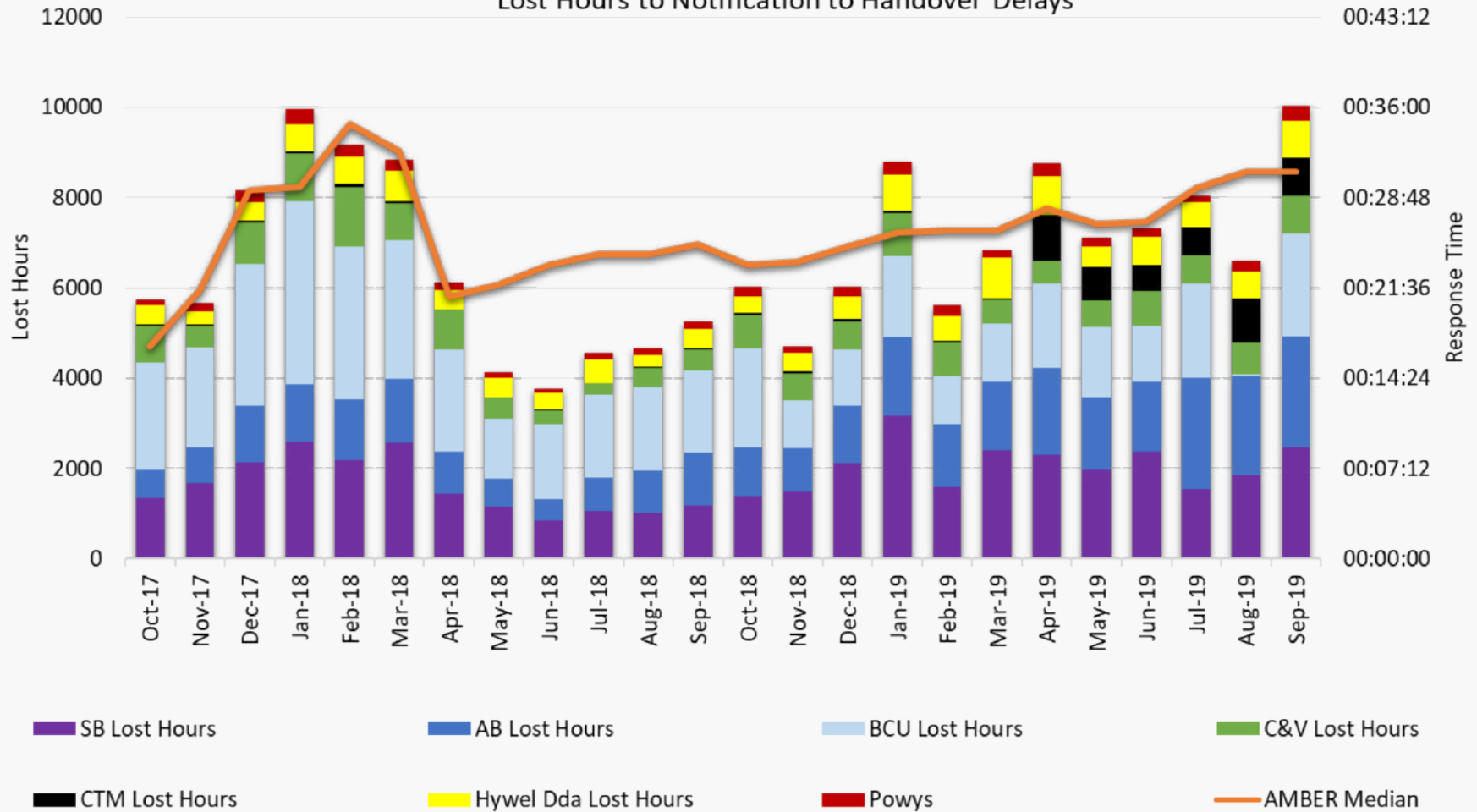
Amber Median Correlated with Notification to Handover Lost Hours Sept-17 to Sep-19
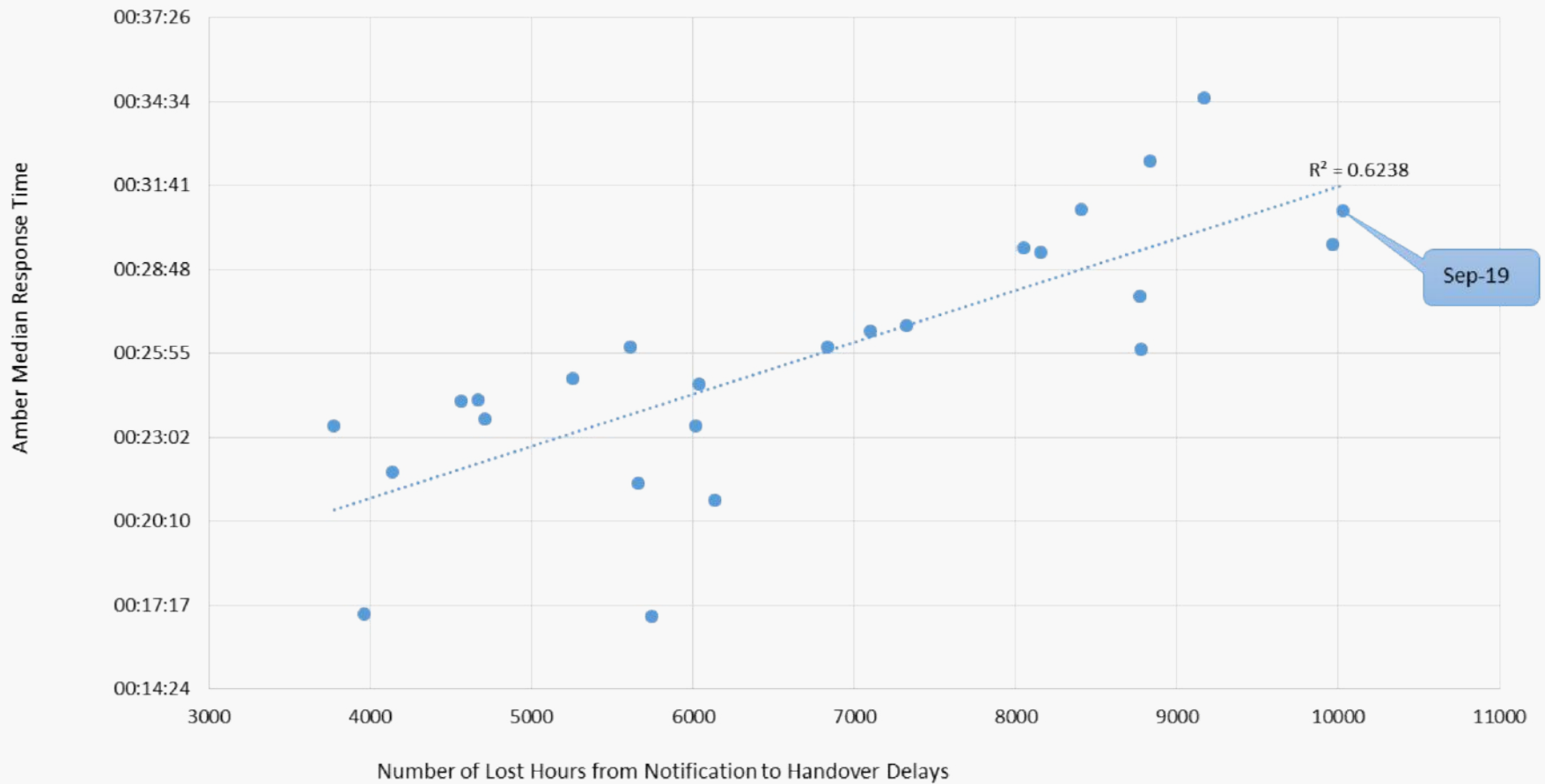
OUR STRATEGIC ENABLERS

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%

Month	Value
Oct-17	69.1%
Nov-17	67.8%
Dec-17	68.6%
Jan-18	68.4%
Feb-18	68.1%
Mar-18	67.8%
Apr-18	73.0%
May-18	76.0%
Jun-18	77.0%
Jul-18	77.2%
Aug-18	76.8%
Sep-18	75.96%
Oct-18	74.72%
Nov-18	73.12%
Dec-18	71.47%
Jan-19	70.72%
Feb-19	72.30%
Mar-19	76.10%
Apr-19	73.18%
May-19	74.09%
Jun-19	74.59%
Jul-19	75.43%
Aug-19	75.34%
Sep-19	75.79%

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%

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
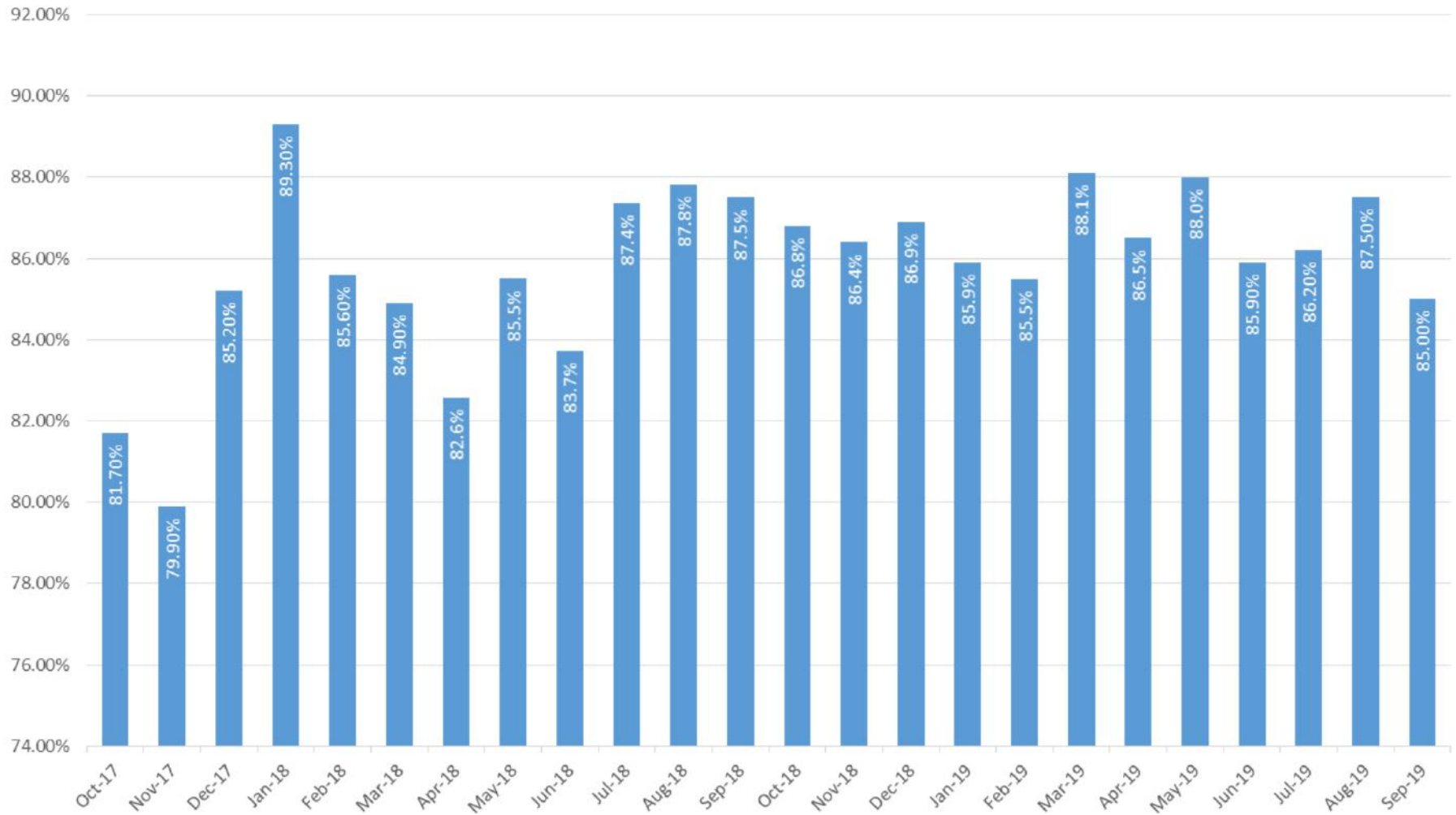
QUALITY AT THE HEART OF EVERYTHING WE DO

Number of Serious Adverse Incidents
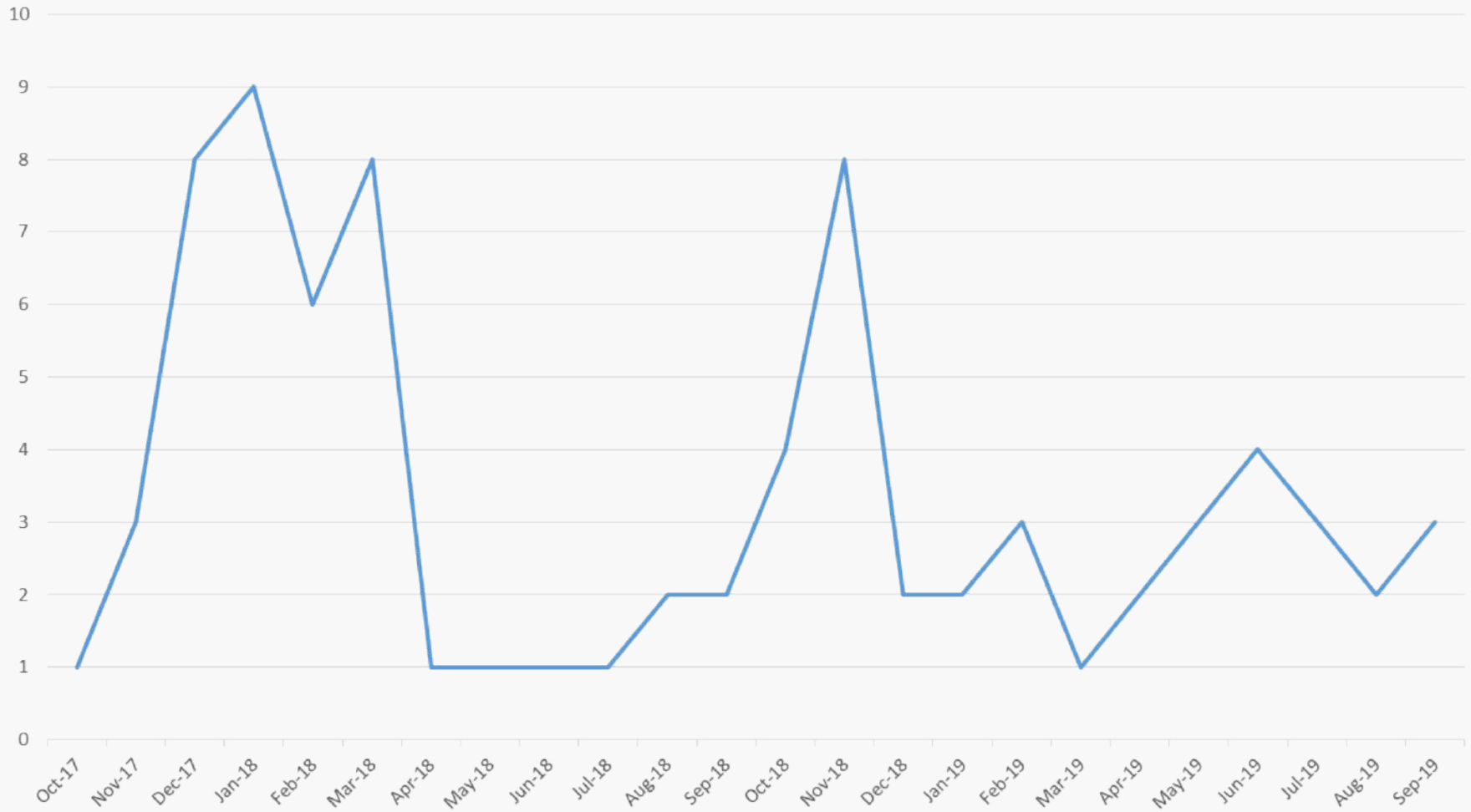
QUALITY AT THE HEART OF EVERYTHING WE DO

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

Quarter	Number
Q1 17/18	0
Q2 17/18	2
Q3 17/18	1
Q4 17/18	1
Q1 18/19	2
Q2 18/19	0

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

79
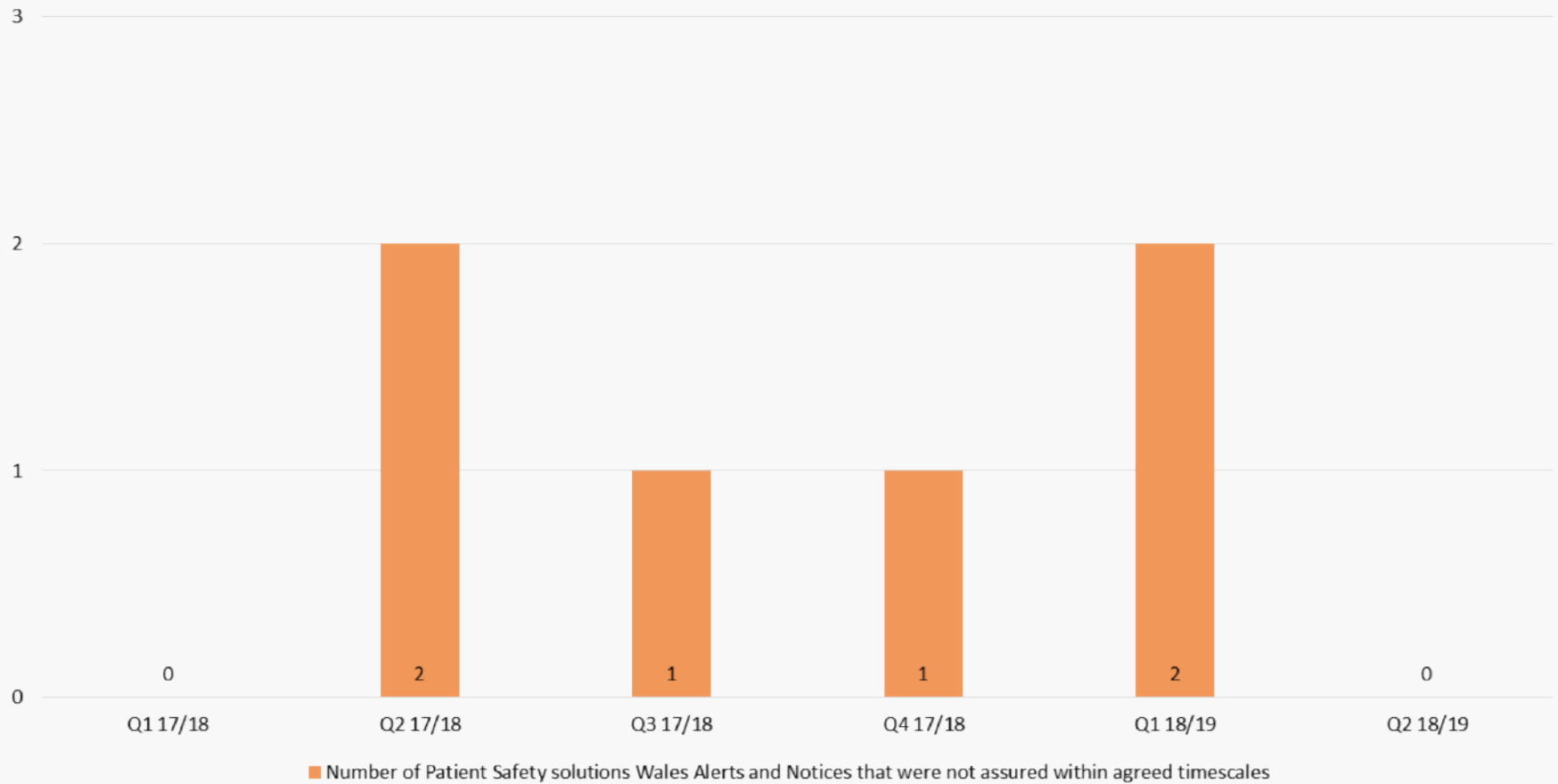
QUALITY AT THE HEART OF EVERYTHING WE DO

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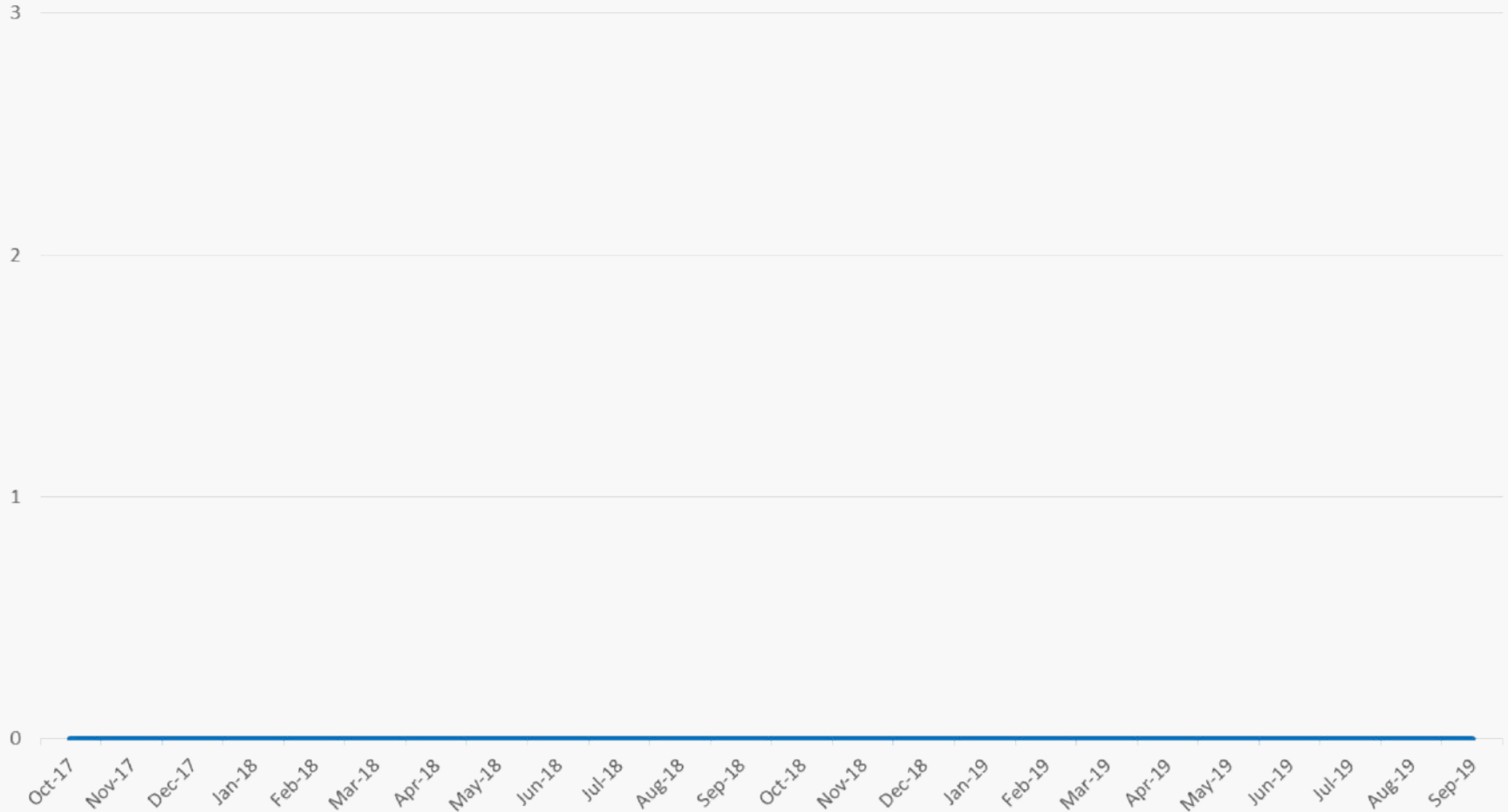
VALUE IN EVERYTHING WE DO

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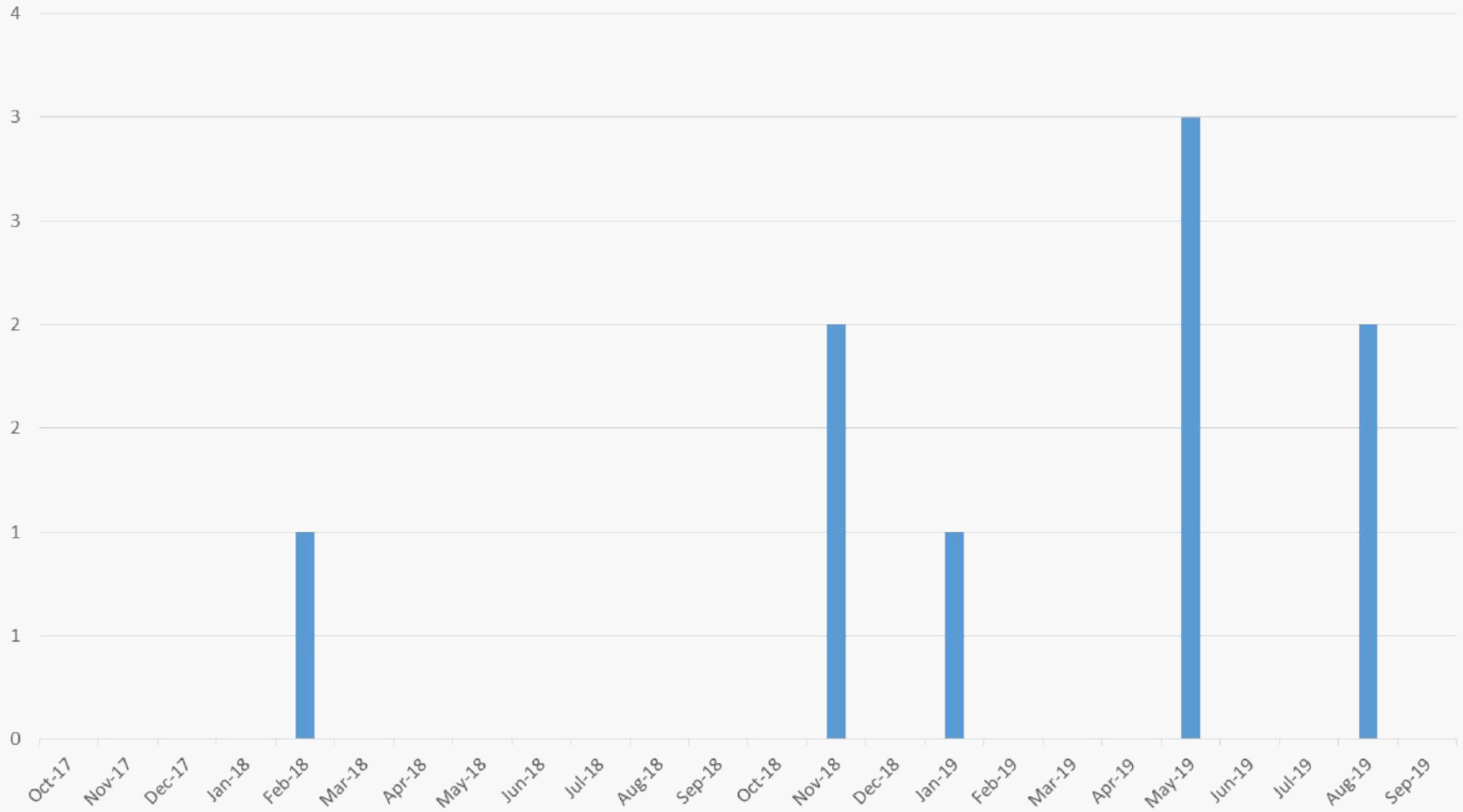
Patient Safety Incidents, Near Misses and Hazards

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

Concerns Volumes

Legend:
- % of concerns that have received a final reply (under reg 24) up to and including 30 working days from the date the concern was first received by the organisation 72%
- Target > 75%
- Concerns Volumes
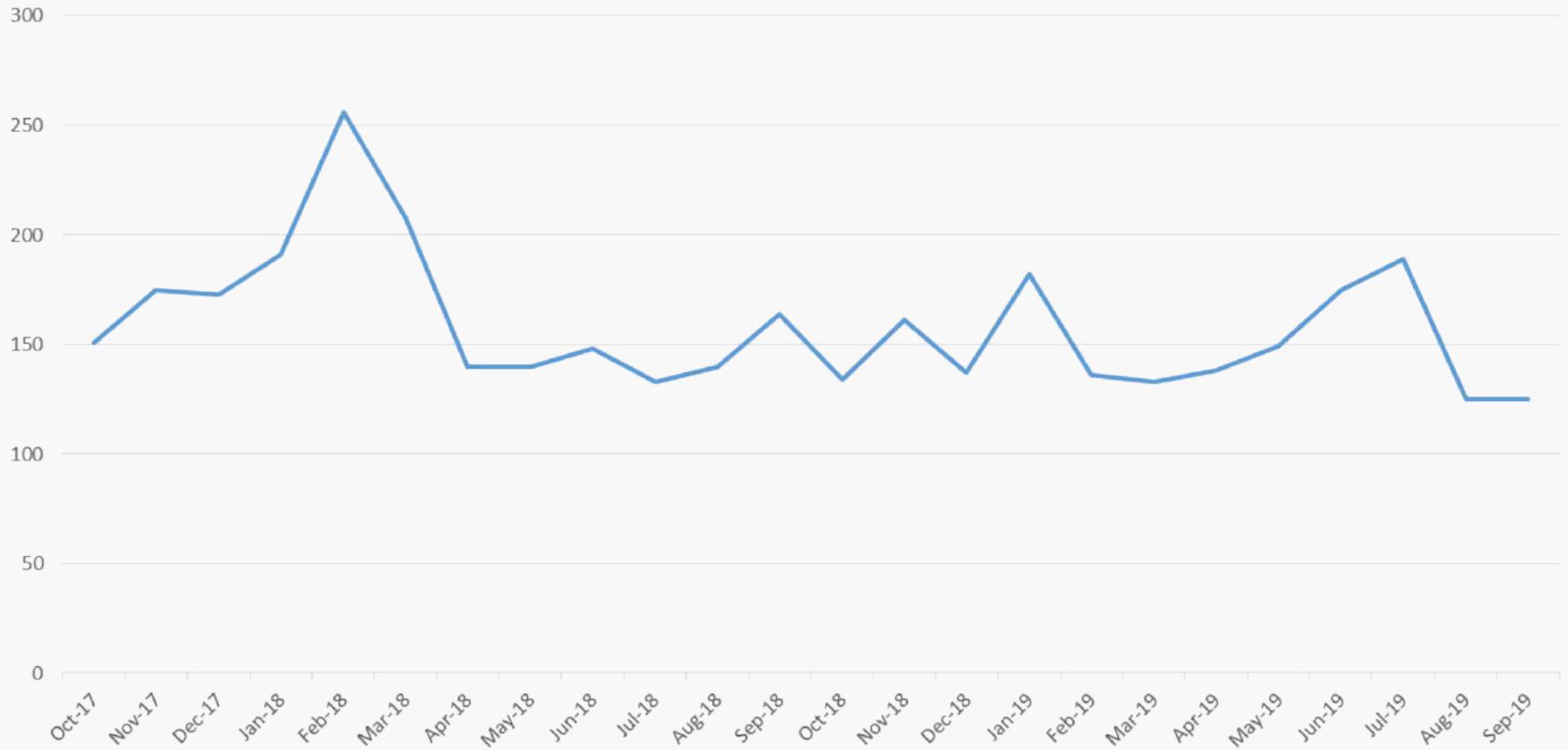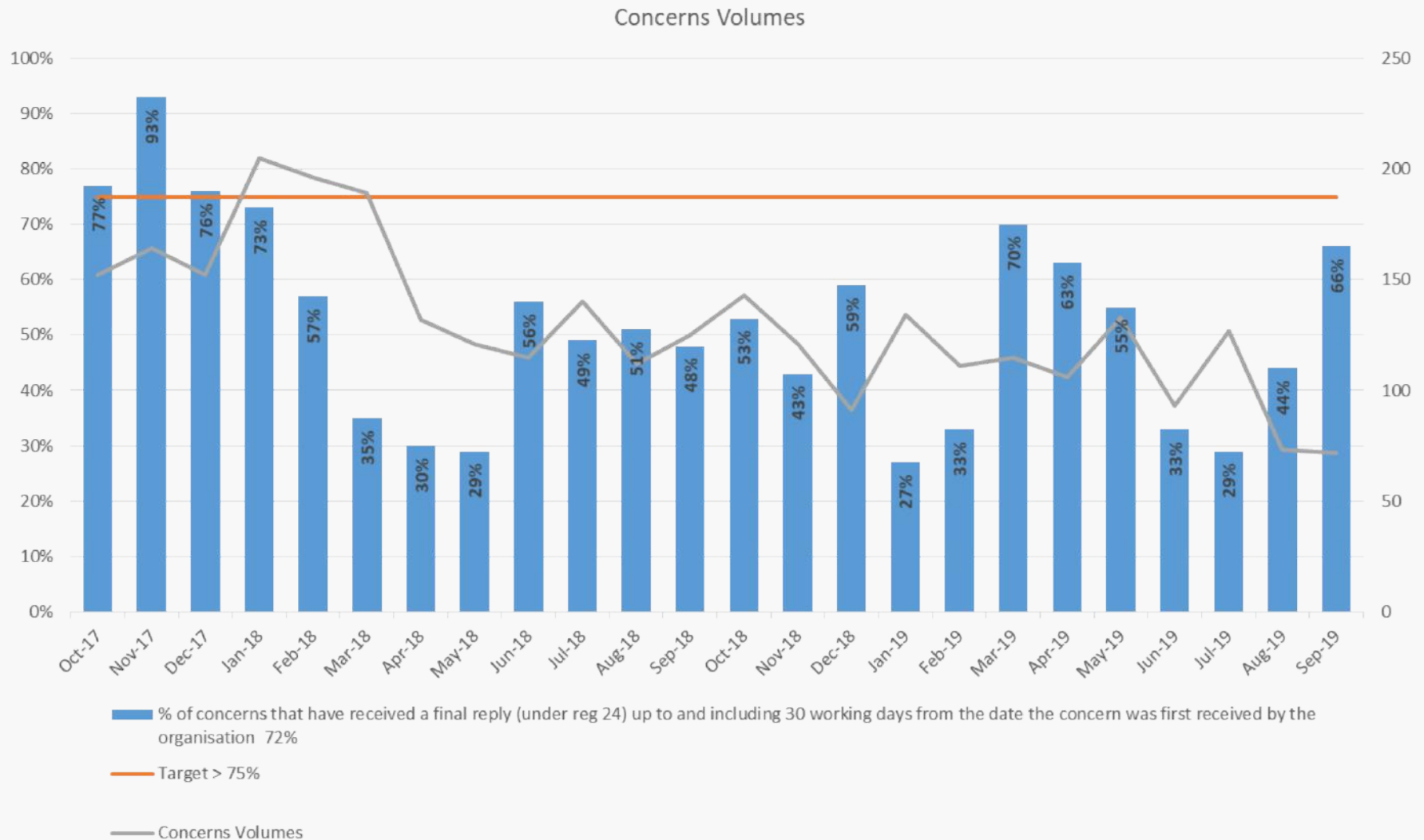
SAI Volumes

SAI Volumes

Legend: SAI Volumes — Target against % of SAI assured within agreed timescales 90%
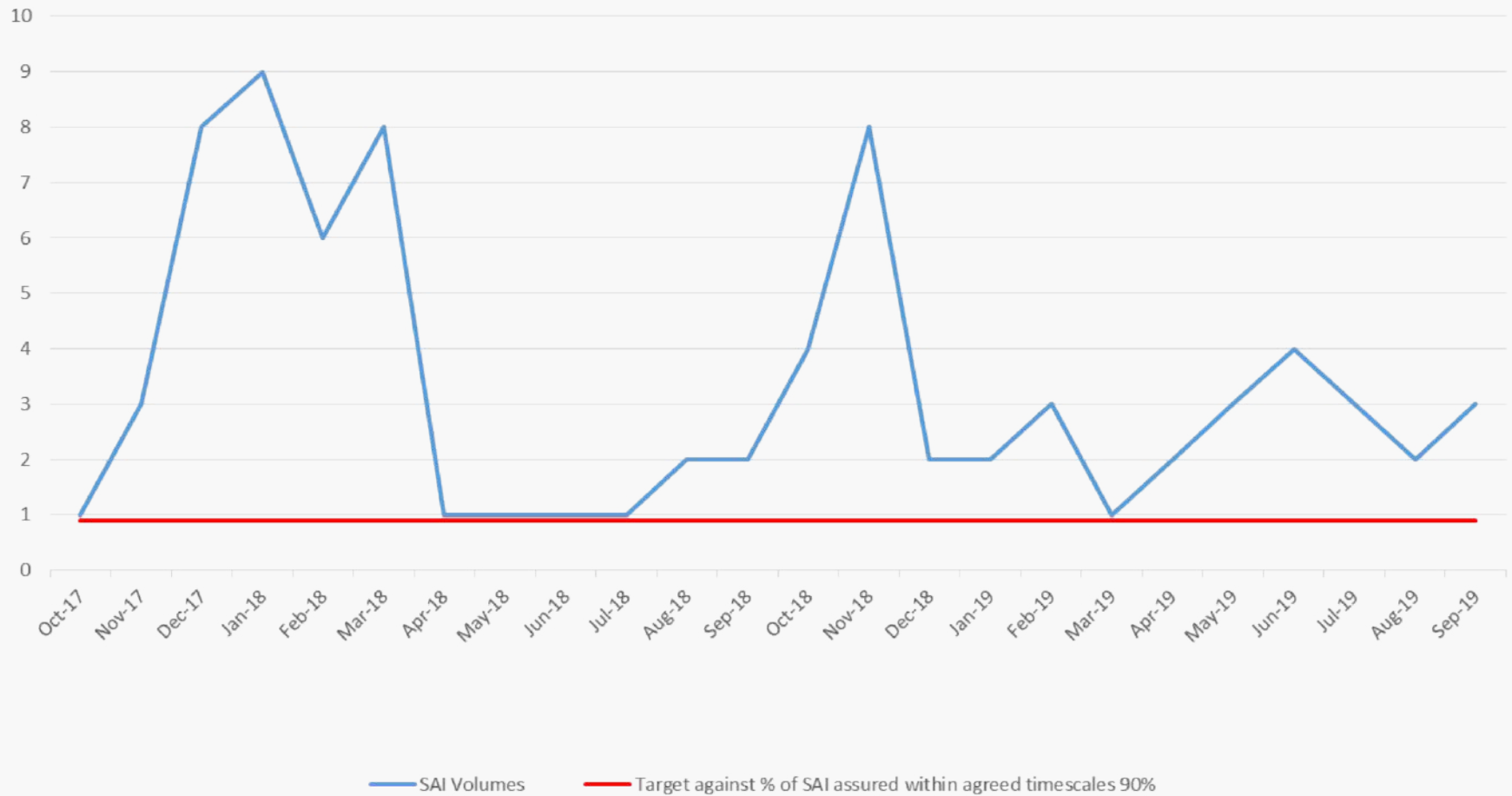
Total NHSDW Calls
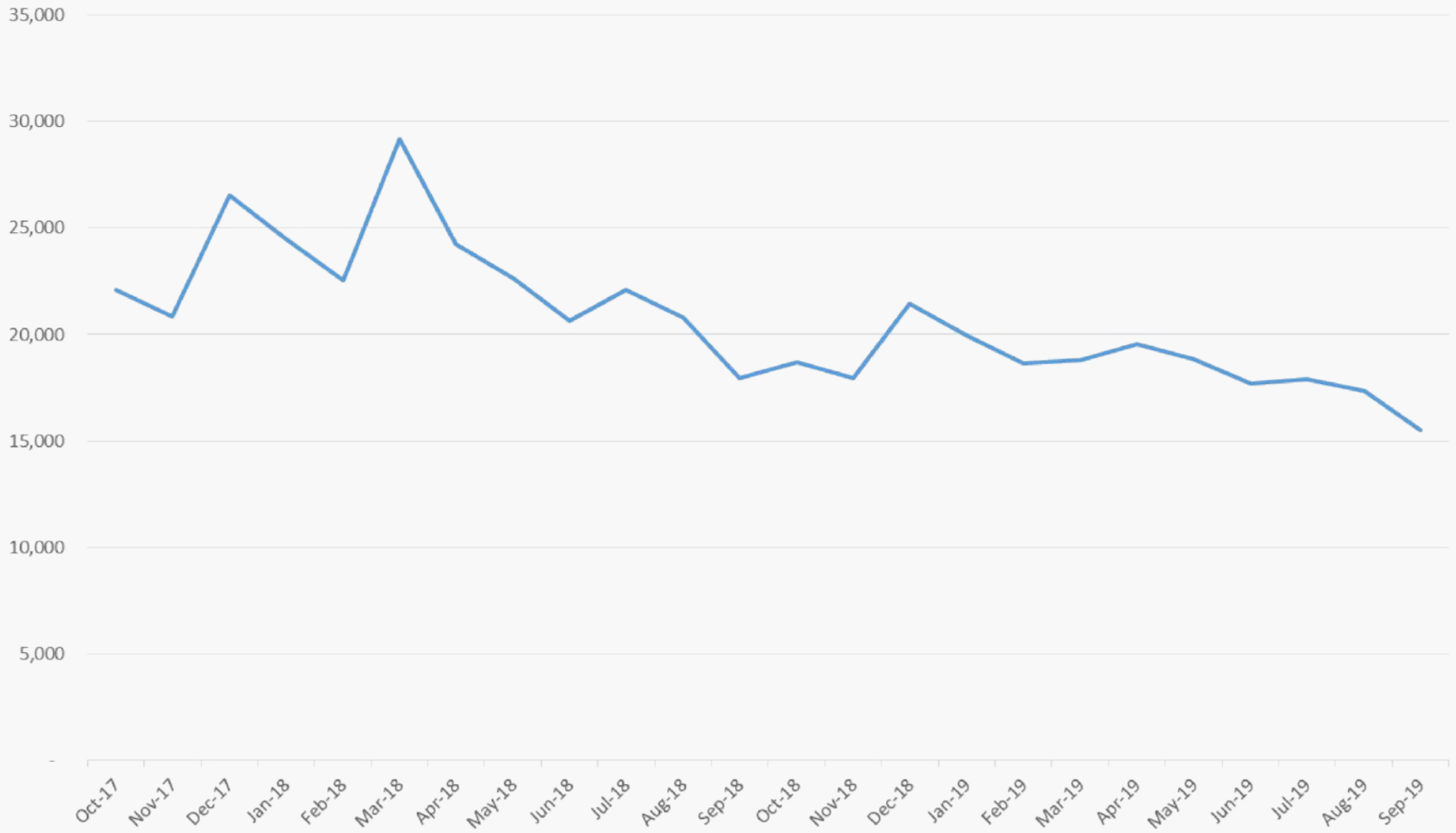
Total Calls for NHSDW and 111
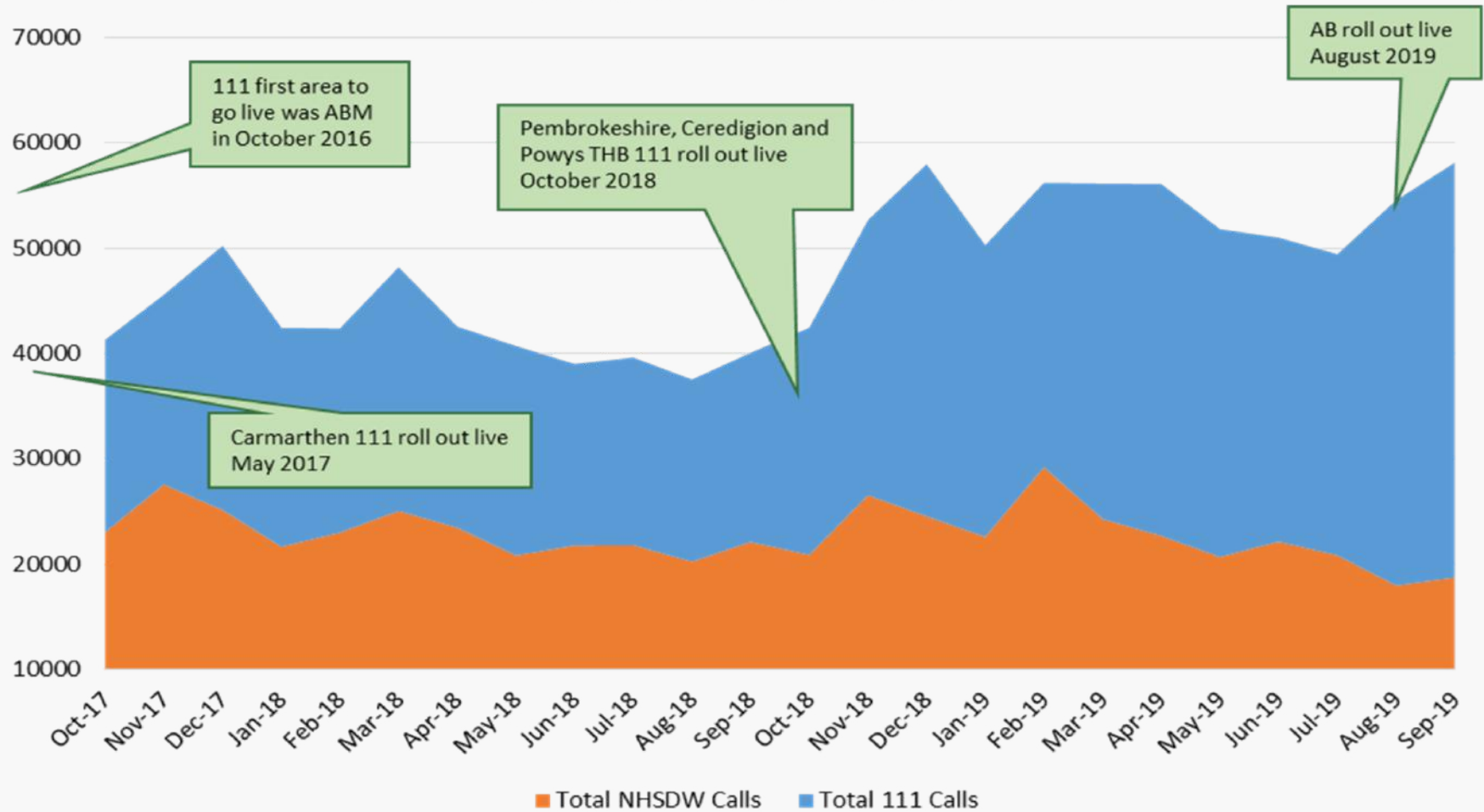
Frequent Caller Call Volumes
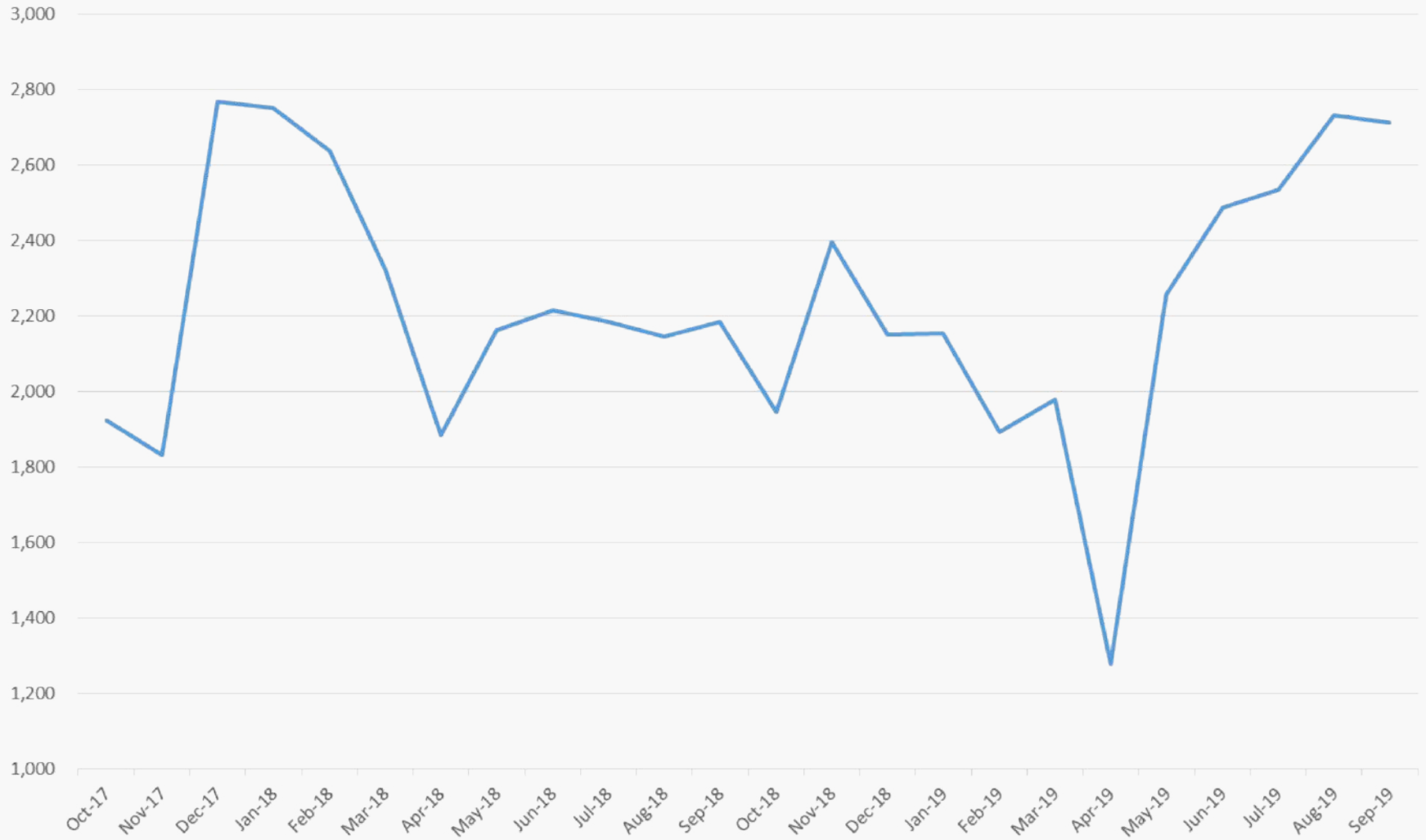
ACTIVITY

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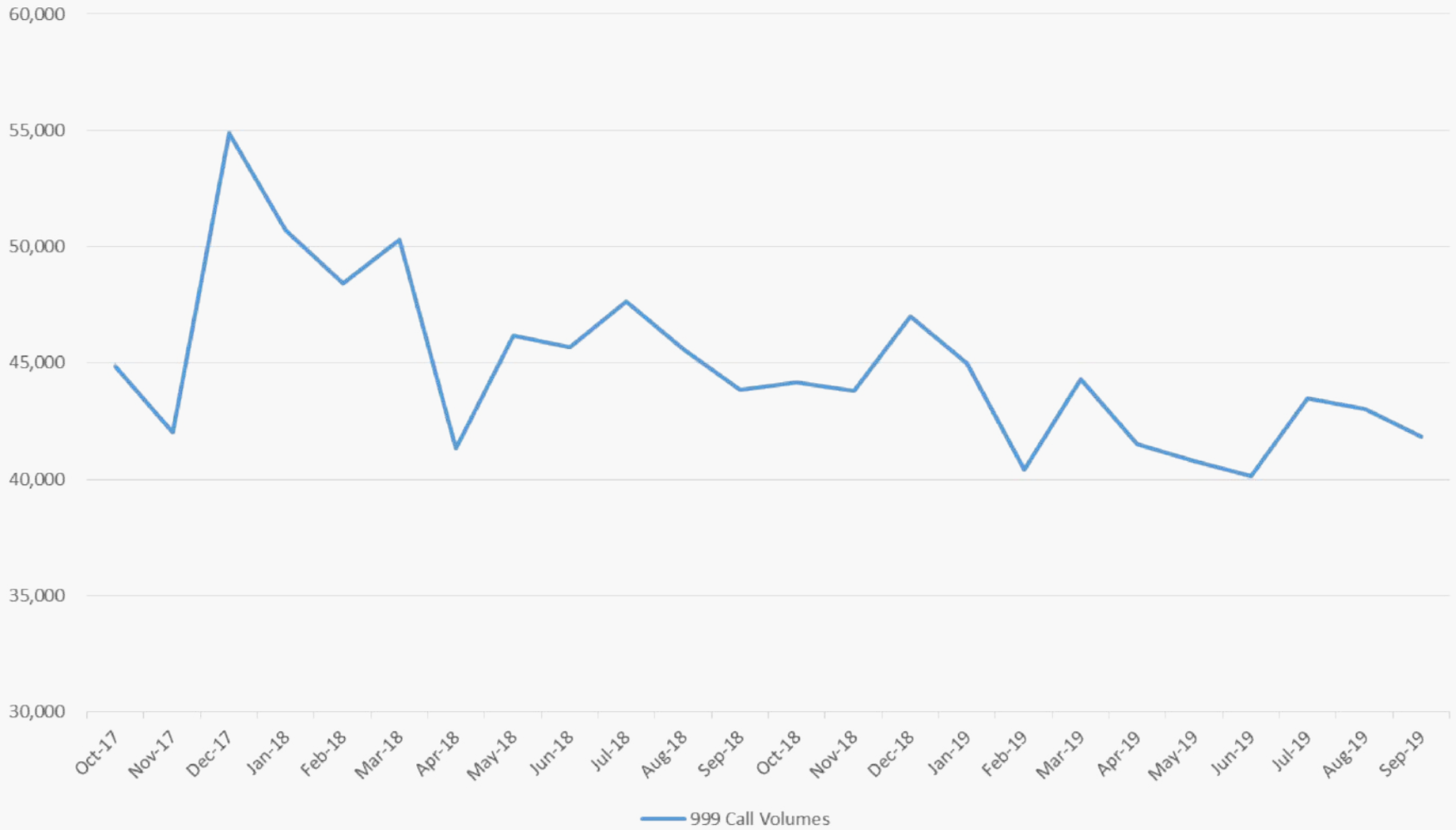
Total Verified Demand split by RED, AMBER, GREEN

Total Verified RED Demand Calls

Month	Value
Oct-17	1,825
Nov-17	1,800
Dec-17	2,282
Jan-18	2,207
Feb-18	1,952
Mar-18	2,227
Apr-18	1,806
May-18	1,946
Jun-18	2,044
Jul-18	2,052
Aug-18	1,986
Sep-18	1,931
Oct-18	2,044
Nov-18	2,233
Dec-18	2,431
Jan-19	2,045
Feb-19	1,842
Mar-19	2,078
Apr-19	1,967
May-19	2,185
Jun-19	2138
Jul-19	2301
Aug-19	2274
Sep-19	2325
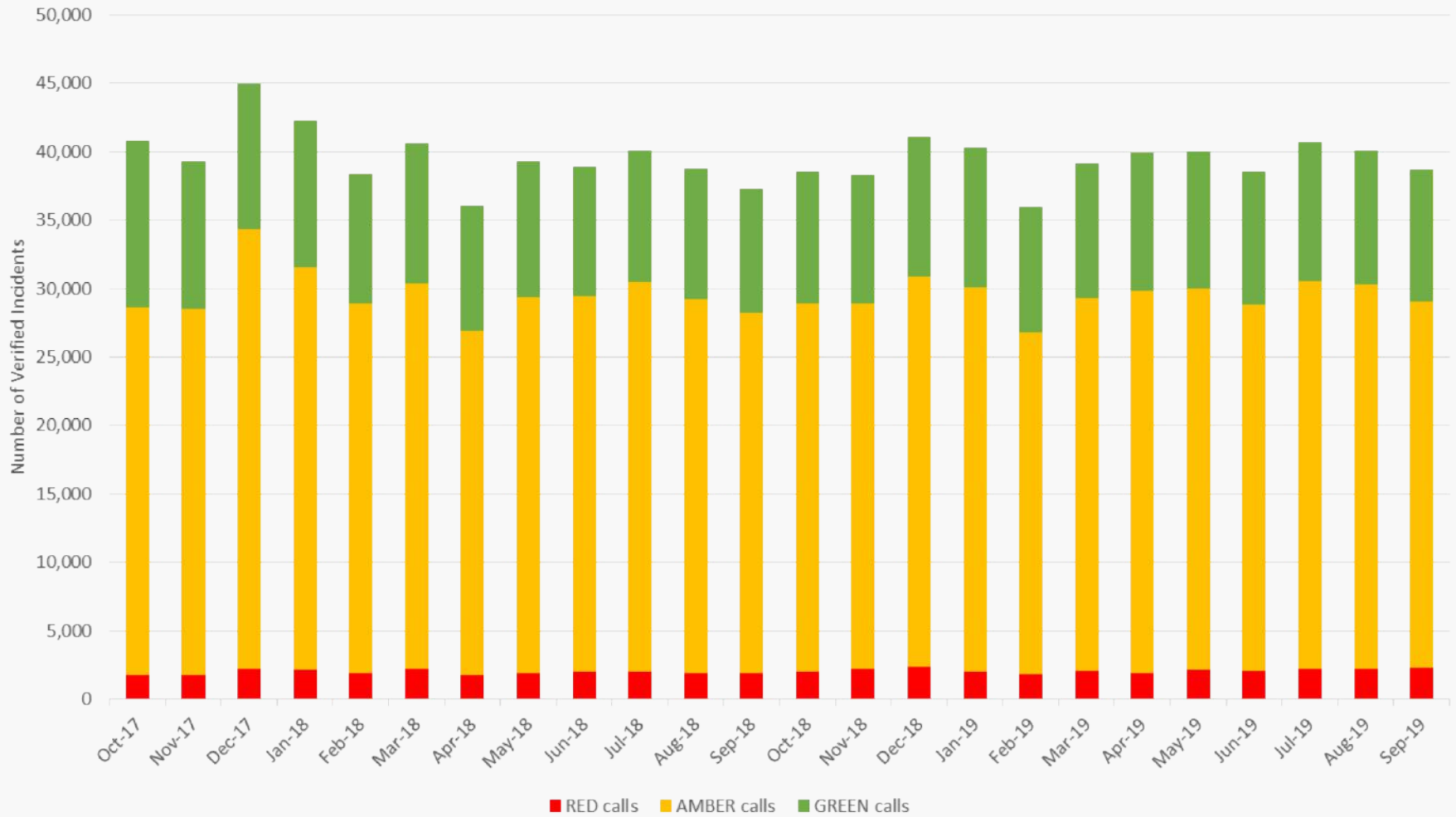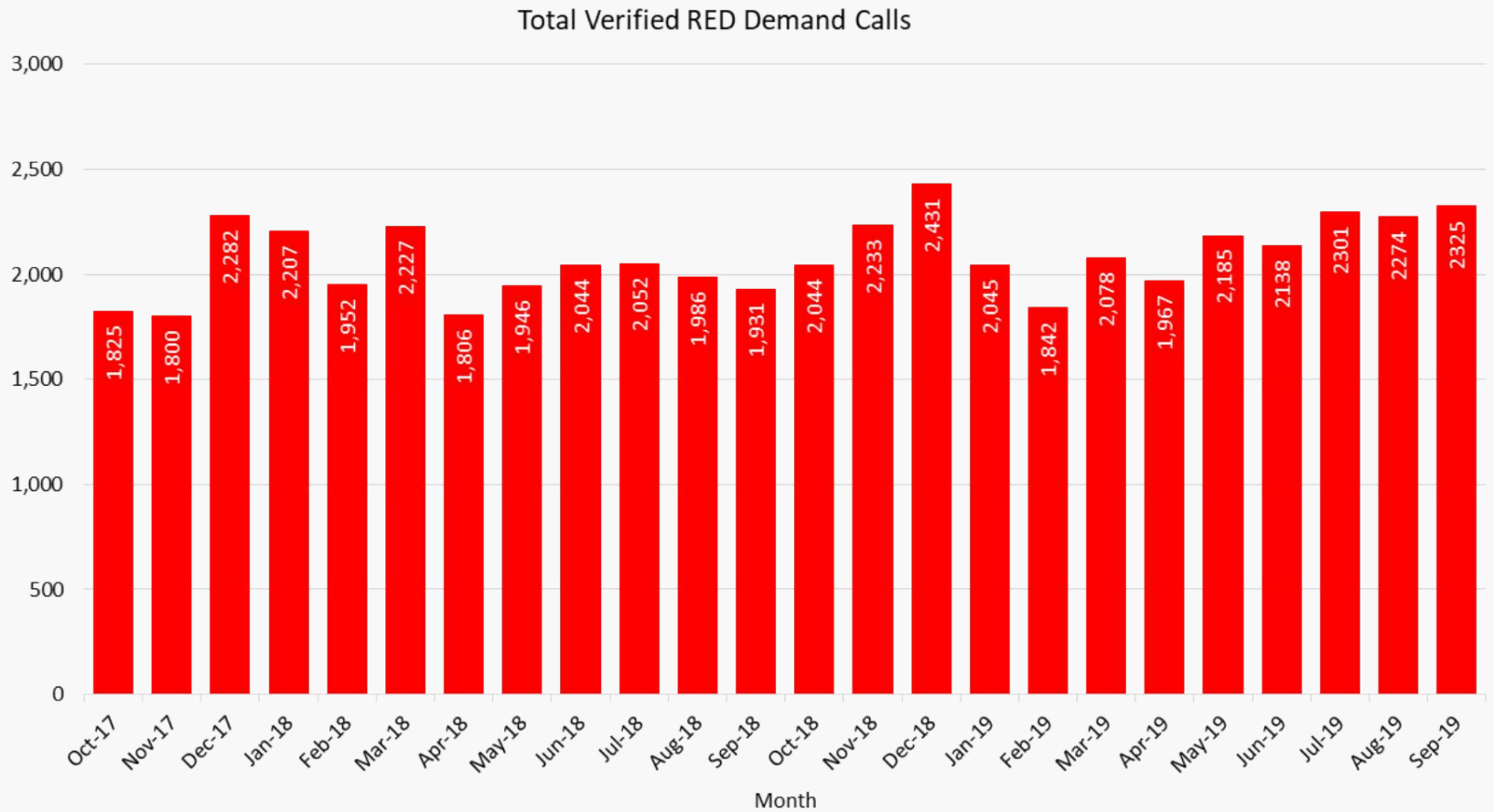
Total Verified AMBER Demand Calls
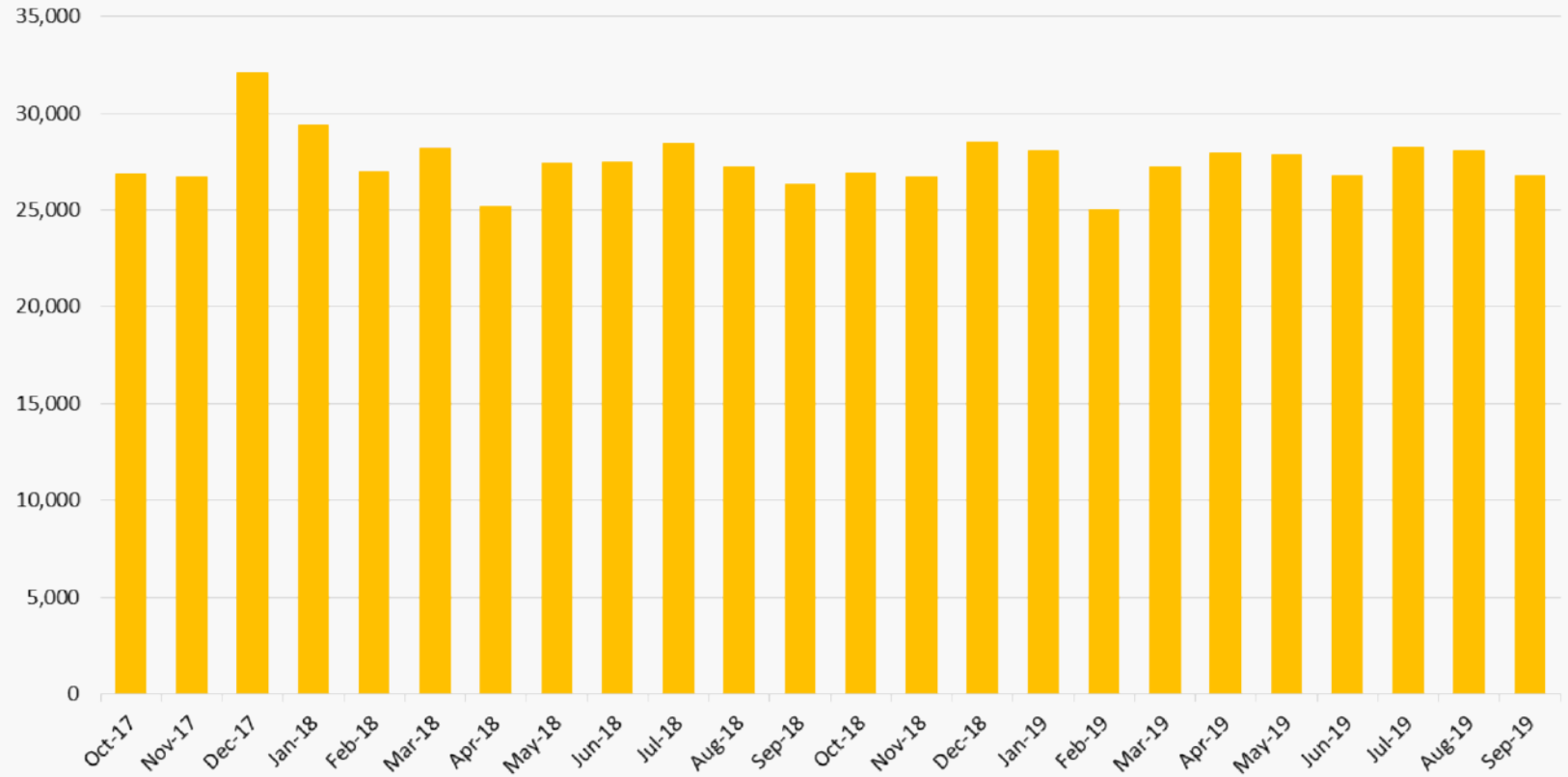
Total Verified GREEN Demand Calls
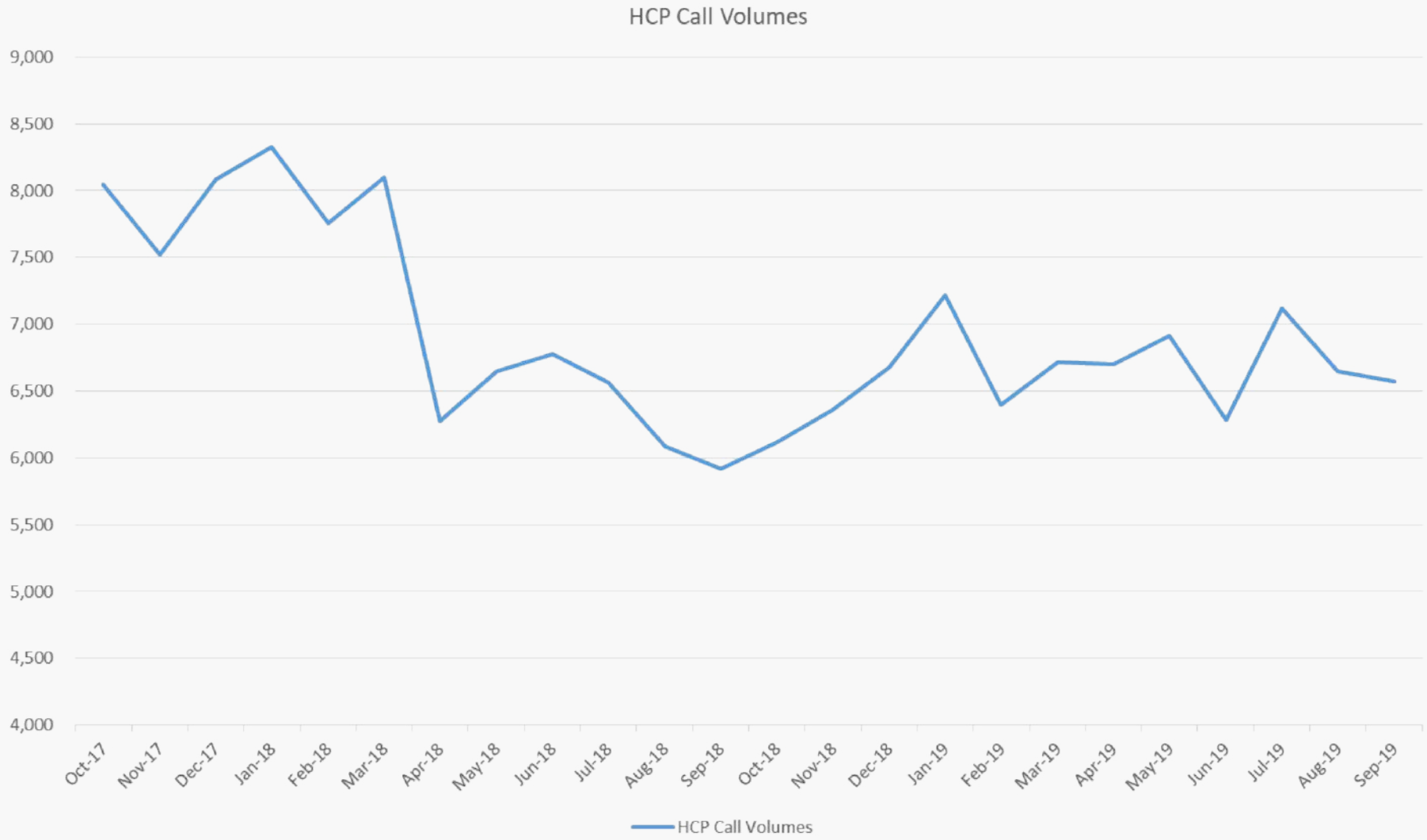
HCP Call Volumes

Hear & Treat Volumes
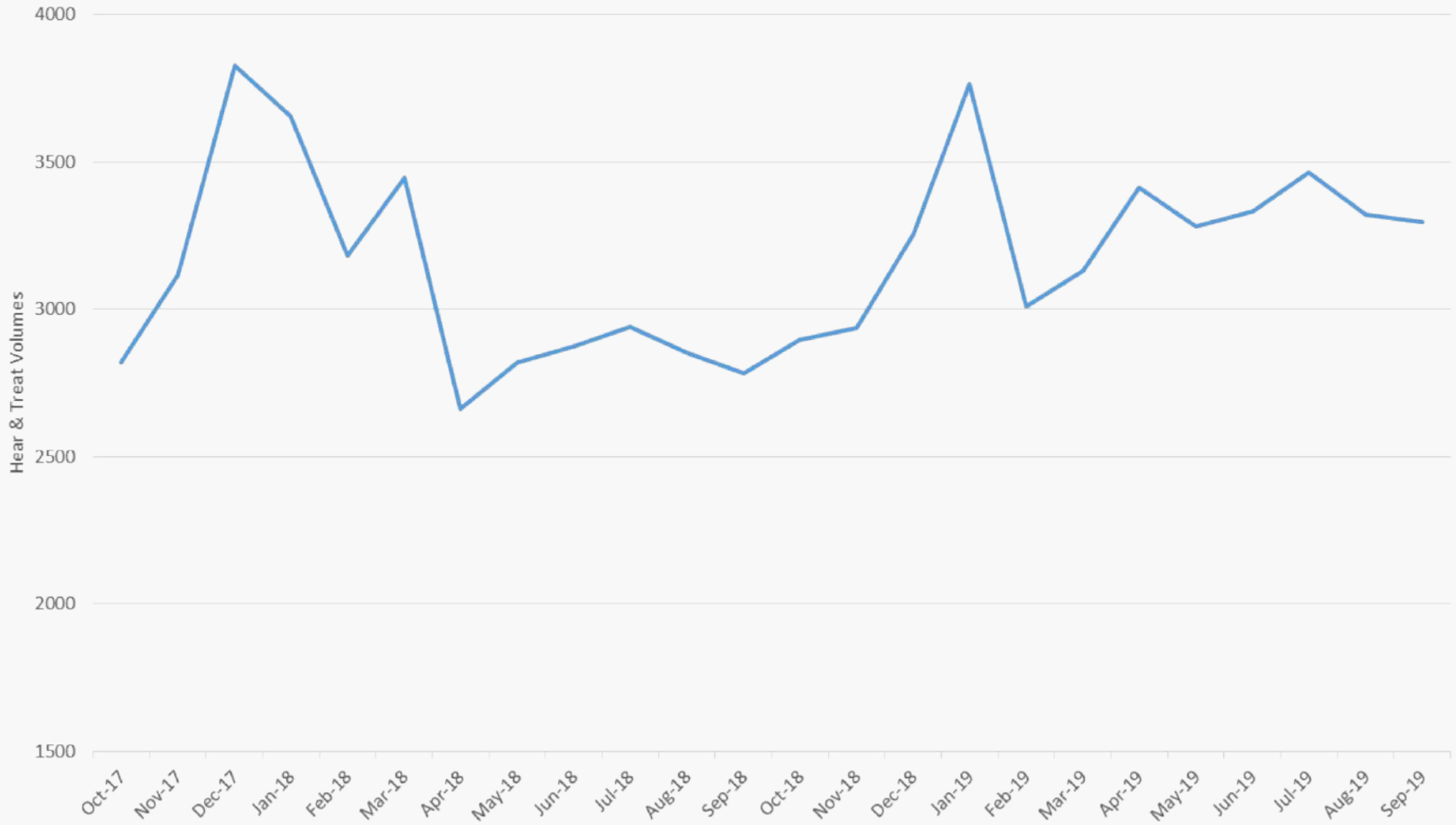
Conveyance Volumes
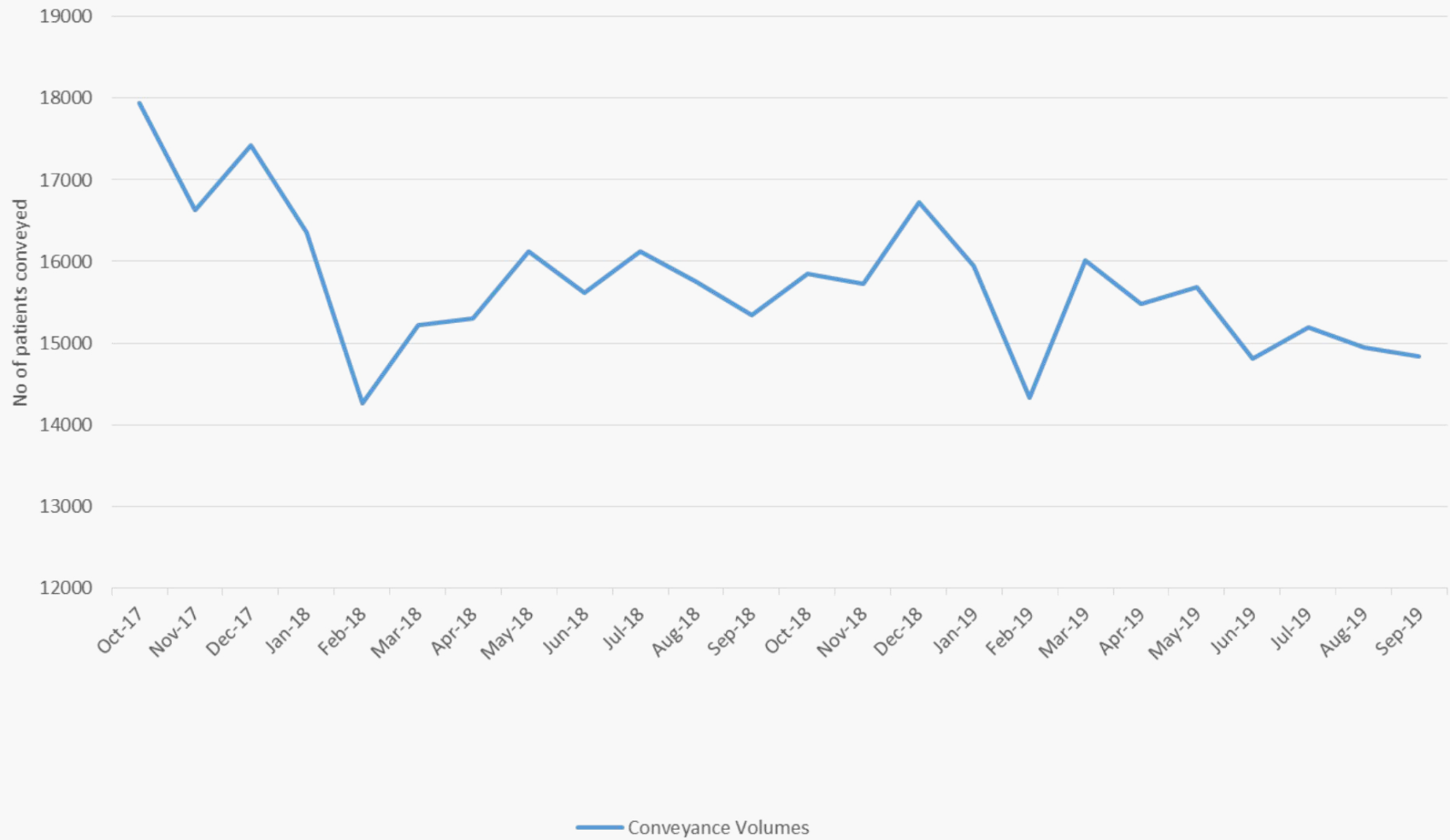
NEPTs Patient Journeys
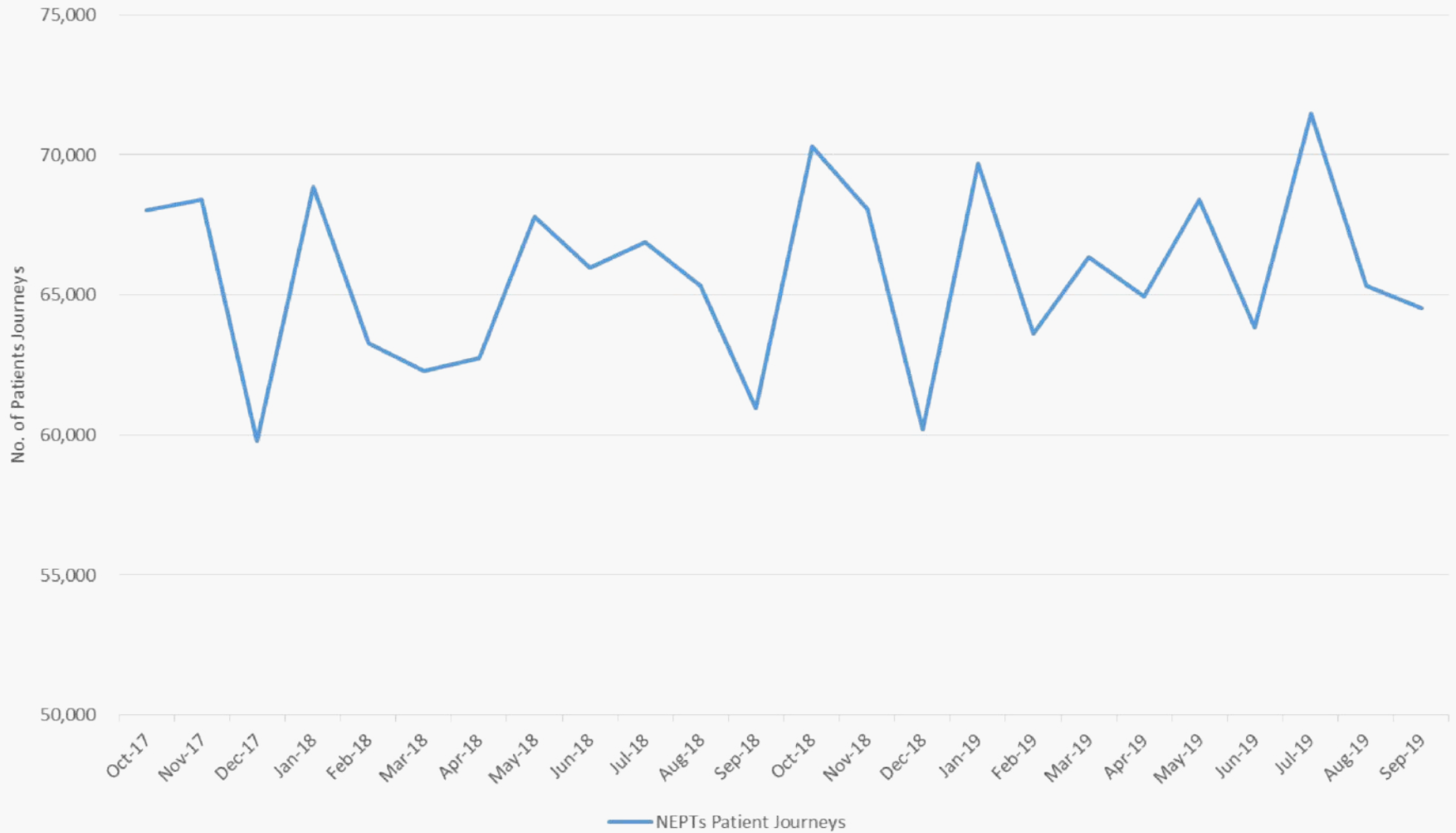
AGENDA ITEM No	3.5
OPEN or CLOSED	OPEN
No of APPENDICES (ANNEXES) ATTACHED	1 (3)

FINANCIAL PERFORMANCE AS AT MONTH 7 2019/20

MEETING	Trust Board
DATE	21st November 2019
EXECUTIVE	Interim Director of Finance & ICT
AUTHORS	Gwen Kohler / Jason Collins / Jill Gill
CONTACT DETAILS	Chris TurleyTel 01633 626201 Chris.Turley2@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP priorities
CORPORATE RISK (Ref if appropriate)	CRR42, CRR45 & CRR46
QUALITY THEME	
HEALTH & CARE STANDARD	2.1, 2.4, 3.1

REPORT PURPOSE	To provide the Board with an update on the financial performance of the Trust for Month 7of the 2019/20 Financial year.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	6th November 2019	Verbal update on m07 position
Trust Board	21st November 2019	To note

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 7 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 October 2019 (Month 7), with 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 2019/20 year to date** (1st April-31st October 2019) are that:

   ➢ The cumulative revenue financial position has remained constant with a small **underspend against budget of £0.011m.** The forecast for 2019/20 remains a balanced position;

   ➢ In line with the financial plans that support the **approved IMTP** gross savings of £1.326m have been achieved against a year to date target of £1.302m, an **over achievement against the target of £0.024m**;

   ➢ Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.5% for the number, and 97.5% 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 extension costs now starting to be incurred in relation to ESMCP delays, which WAST assume will be funded by Welsh Government.

4. Capital spend is in line with plan as at Month 7 and the only significant balance sheet movement in month relates to 'Trade and Other Receivables' which is is showing an increase of some £4.4m compared to Month 6. This is largely due to a small number of large value invoices raised in month to Health Boards and the Welsh Government which have now been paid in Month 8.

ASSESSMENT

Revenue position

Income

5. Reported Income against the initial budget set to Month 7 shows a favourable variance of £0.183m. This mainly relates to the additional income received from providing ambulance cover at sporting events, plus extra contractual referrals within NEPTS, recharging for APP costs and recovery of costs re vehicle accident damage (non WAST fault).

Pay costs

6. Overall the total pay variance at Month 7 is an under-spend of £0.584m. 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. NEPTS pay position continues to overspend with a year to date cumulative reported position at Month 7 of £0.244m which includes an in month variance of £0.034m.

Non-pay Costs

7. The non-pay position at Month 7 is an adverse variance of £0.779m, this is attributed to a number of factors including taxi and other vehicle hire of £0.089m, fuel budgets overspend by £0.029m due to increased litres used and higher forecourt prices in the early part of this financial year, travel, subsistence and excess mileage areas are currently overspent by a combined total of £0.089m, use of voluntary (supporting vacancies) and independent sector providers are overspent by £0.172m. Fleet maintenance has overspent by £0.217m due to a number of factors such as labour rate increases by main suppliers and telematic licence costs. Other areas of overspend include pressures on Estates budgets for building and maintenance costs and on general losses and special payments.

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. £1.326m of savings have been delivered between 1st April and 31st October 2019 against a target of £1.302m (62% of the total). Performance by scheme is demonstrated in the graph below.

Savings delivery by theme
1st April - 31st October 2019
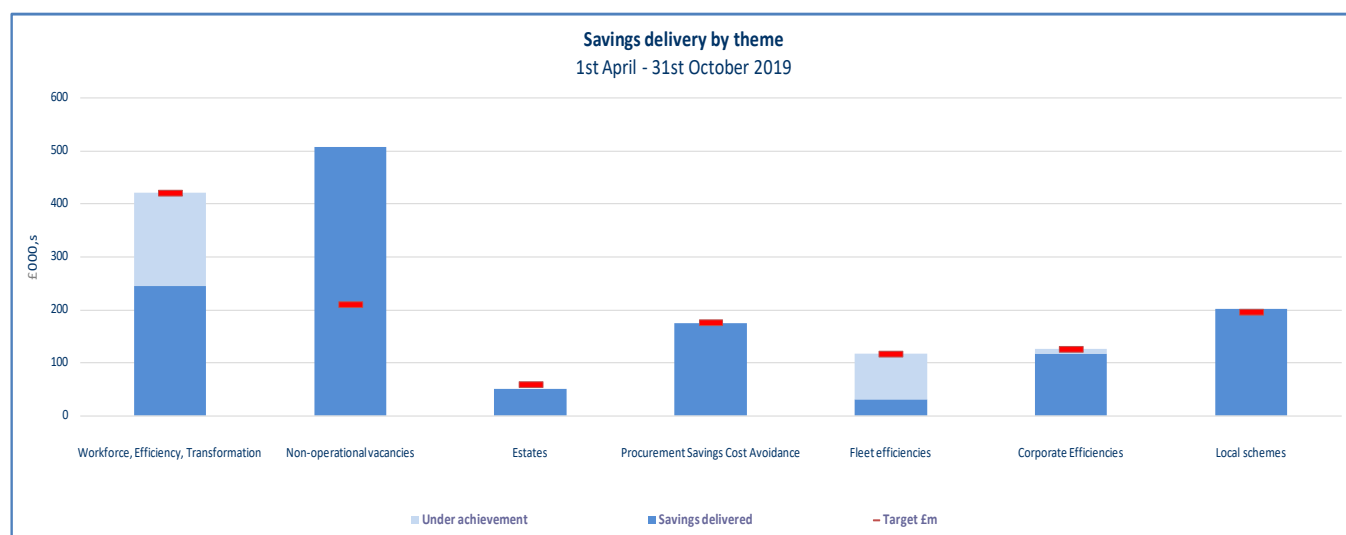
Capital

9. At Month 7 The Trust's current detailed capital expenditure by project is £19.903m. To date there has been £4.091m 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	29	313
Vehicle Replacement Programme 2019/20	2,928	13,586
Cardiff Make Ready Depot FBC Fees	398	559
111 Costs	12	20
Sub Total	**3,208**	**14,078**
Discretionary:		
I.T.	379	1,032
Equipment	281	462
Statutory Compliance	0	0
Estates	131	2,262
Other	92	2,437
Sub Total	**883**	**6,193**
Total	**4,091**	**20,271**
Less NBV reinvested		(368)
Total Funding from WG	**4,091**	**19,903**

RECOMMENDED That the Trust Board:

Note the Month 7 revenue and capital financial position and performance of the Trust as at 31st October 2019

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 72019/20

INTRODUCTION

1. This Appendix provides the Trust Board with a detailed update on the financial performance of the Trust as at 31st October 2019 (Month 7). The cumulative revenue financial position has remained constant with a small **underspend against budget of £0.011m.** The forecast for 2019/20 remains at 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 October 2019. The forecast outturn for 2019/20 remains breakeven.

Revenue Financial Position for the period 1st April - 31st October				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-200,989	-115,072	-115,255	-183
Expenditure				
Pay	142,421	82,511	81,927	-584
Non-pay	40,972	21,800	22,579	779
Total pay & non-pay expenditure	183,393	104,311	104,507	196
Depreciation & Impairments / interest payable & receivable	17,596	10,761	10,738	-23
Total	0	0	-11	-11

Summary of Key areas of variance

Income

3. Reported Income against the initial budget set to Month 7 shows a favourable variance of £0.183m. This mainly relates to the additional income received from providing ambulance cover at sporting events, plus extra contractual referrals within NEPTS, recharging for APP costs and recovery of costs re vehicle accident damage (non WAST fault).

Pay costs

4. Overall the total pay variance at Month 7 is an under-spend of £0.584m. 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. NEPTS pay position continues to overspend with a year to date cumulative reported position at Month 7 of £0.244m which includes an in month variance of £0.034m.

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.

Non-pay Costs

6. The non-pay position at Month 7 is an adverse variance of £0.779m, this is attributed to a number of factors as follows.

7. Fuel budgets overspend totals £0.029m due to increased litres used and higher forecourt prices in the early part of this financial year.

8. Taxi and other vehicle hire is overspent by £0.089m, analysed as NEPTS £0.053m and EMS £0.036m which includes costs in relation to the hire of welfare vehicles.

9. Travel & Subsistence and excess mileage areas are currently overspent by a combined total of £0.089m. The Excess mileage overspend of £0.038m is due to relocation to new offices and lump sum payments claimed instead of allowance claimed over the next four years. General travel is overspent by £0.050m with £0.041m in relation to NEPTS with the balance spread over a number of other directorates.

10. Voluntary and independent sector providers are overspent by £0.172m of which £0.071m relates to NEPTS activities and £0.101m to Operations (which are supporting operational vacancies).

11. Fleet maintenance has overspent by £0.217m due to a number of factors such as labour rate increases by main suppliers and telematic licence costs.

12. Expenditure incurred on the continuation of FALLS support totalling £0.323m has been funded from the Healthier Wales funding allocation.

13. Other areas of overspend include pressures on Estates budgets for building and maintenance costs and on general losses and special payments.

Savings

14. 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. £1.326m of savings have been delivered between 1st April and 31st October 2019 against a target of £1.302m (62% of the total). Whilst our total savings plans are broadly in balance as at Month 7 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 October 2019
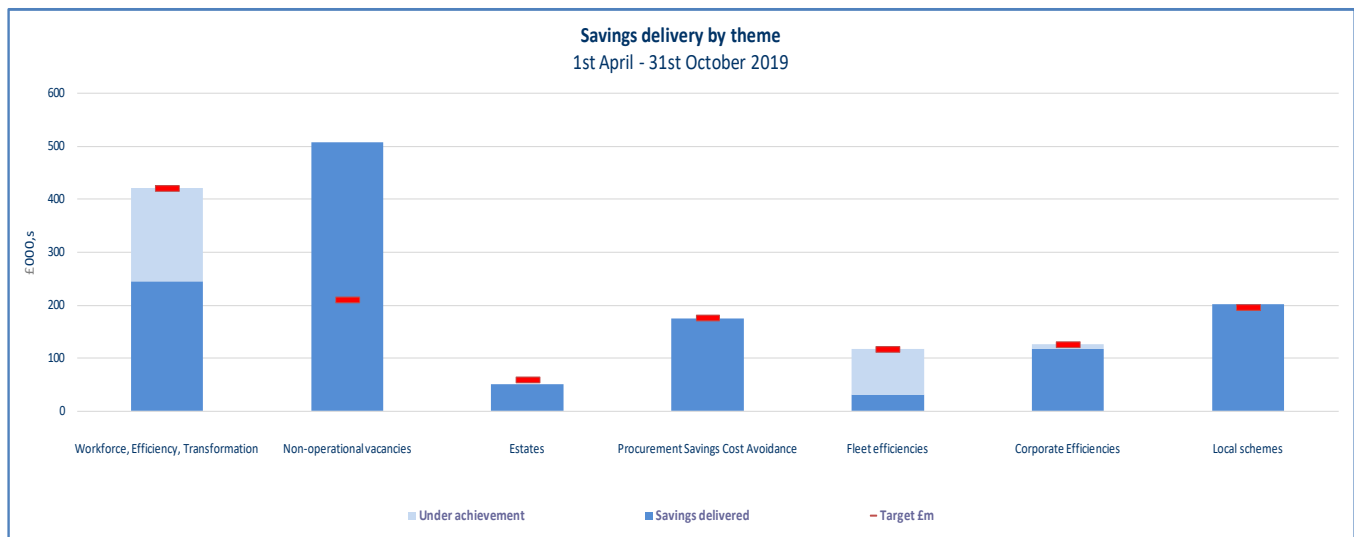
- Workforce, efficiencies and transformation has achieved savings / cost containment of £0.244m to Month 7 of the financial year;

- Through management of non-operational vacancies £0.507m has been saved which exceeds the target to date by £0.297m;

- 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 £0.117m;

- Overall £0.118m has been delivered against a target of £0.125m within corporate efficiencies. 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

15. Whilst there is a small surplus reported at Month 7 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 EMS Operations, and is offset by underspends predominately within a number of the Corporate Directorates.

	Financial position by Directorate @ 31st October			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Directorate				
Operations Directorate*	111,752	64,180	64,324	145
NEPTS Directorate*	2,381	1,321	1,630	308
Chief Executive Directorate	1,742	997	964	-33
Board Secretary	285	161	158	-3
Partnerships & Engagement Directorate	615	330	278	-52
Finance and ICT Directorate	9,162	4,902	4,615	-287
Planning and Performance Directorate	5,727	3,370	3,305	-65
Quality, Safety and Patient Experience Directorate	3,605	2,072	1,986	-86
Workforce and OD Directorate	3,818	2,161	2,116	-44
Medical & Clinical Services Directorate	2,684	1,459	1,458	-1
Trust Reserves	20,701	11,640	11,756	116
Trust Income (mainly WHSSC)	-162,473	-92,593	-92,601	-8
Overall Trust Position	**0**	**0**	**-11**	**-11**

* Budget is net of directly attributed income

16. 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 October			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-11,412	-6,760	-6,875	-115
Pay	107,480	62,016	61,811	-206
Non Pay	15,684	8,923	9,389	466
Total	**111,752**	**64,180**	**64,324**	**145**

17. 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. In Month 7 an additional recovery of £0.025m was made in relation to vehicle accident damage (non WAST fault).

18. Pay variances relate to vacancies including managerial and administrative areas, Advanced Paramedic Practitioners (APP),Clinical Team Leaders (CTL) as well as funded additional posts for agreed developments. Fleet management and workshop vacancies and savings have in part been offset by agency costs and through non-pay external supplier costs.

19. Non Pay cumulative variances include fuel costs due to increased forecourt prices during the early part of the financial year and increased usage in Months 4 and 7. The Month 8 position will reflect the usage discount as part of the fuel contract, currently this is estimated at c £0.016m.

20. Other Non pay variances include Taxi expenditure (£0.036m) supporting the clinical model, travel and subsistence and use of external suppliers to support funded vacancies.

Clinical operating expenses are now reporting a cumulative under-spend of £0.053m due to a one-off credit of £0.048m from a recent VAT review by the finance team.

21. Cost pressures in relation to Fleet Maintenance are due to the impact of labour rate increases by suppliers, receipt of accident damage invoices and telematic licence costs which report a cumulative overspend of £0.217m.

22. The table below provides detail of how this translates against individual budget areas.

	Breakdown of Financial position for Operations @ 31st October			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Operational Budgets				
Operational Directorate Management and Support	2,476	1,105	1,067	-38
Operations Directorate - Resilience/Business Continuity	587	-104	-104	-0
National Fleet Services	5,872	3,431	3,646	216
Resource Department	1,185	691	700	9
Clinical Contact Centres	13,445	7,850	7,780	-70
NHSD/111 Services	5,977	3,470	3,532	62
Ambulance Response	82,211	47,738	47,704	-34
Total Operations budgets	**111,752**	**64,180**	**64,324**	**145**

Non-Emergency Patient Transport (NEPTS)

	Breakdown of Financial position for NEPTS @ 31st October			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Income	-23,256	-13,362	-13,398	-36
Pay	16,822	9,821	10,065	244
Non Pay	8,815	4,863	4,963	100
Total	**2,381**	**1,321**	**1,630**	**308**

23. The below provides detail of how this translates against individual budget areas and demonstrates that the main area of overspend is in the South East.

24. NEPTS pay position continues to overspend with a cumulative reported position at Month 7 of £0.244m. Main focus is in the South East region of NEPTS which accounts for c77% of this overspend. Implementation of monitoring procedures have commenced with the aim to reduce this current position.

25. NEPTS Non pay position also continues to overspend with a cumulative position of £100k at Month 7. This is mainly attributed to the increased use of taxi provision and travel expenses.

26. In respect of income, NEPTS has, in month, over recovered against its ECR target and transfer of services totalling £0.022m, cumulative over recovery is now £0.036m.

27. In relation to the full delivery of the previously agreed NEPTS business case and the ongoing delivery against this, 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;
- Quality assurance of the external providers to WAST;
- ICT changes and upgrades to enhance user requirements;
- Commissioning of 365 the Dynamic Purchasing framework;

28. NEPTS has also successfully been awarded funding from the Healthier Wales initiative and implementation has commenced.

	Breakdown of Financial position for NEPTS @ 31st October			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Operational Budgets				
NEPTS Deputy Director	1,002	531	495	-36
NEPTS General Manager Central and West	1,299	716	708	-8
NEPST General Manager North	481	300	395	95
NEPTS General Manager South East	-401	-225	32	257
Total Operations budgets	**2,381**	**1,321**	**1,630**	**308**

Corporate budgets

	Breakdown of Financial position for Corporate @ 31st October			
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
Income	-1,836	-1,187	-1,210	-23
Pay	17,457	10,033	9,448	-585
Non Pay	12,019	6,606	6,642	36
Total	**27,639**	**15,452**	**14,881**	**-571**

29. The directorate level table presented in paragraph 15 provides the detail in relation to the financial position of each of the corporate directorates. To note, the majority are underspent and reporting a combined total underspend of £0.571m.

30. The table above demonstrates how this relates to pay, where there are a number of vacancies which are contributing to overall savings delivery. In addition there is an overachievement of income.

Trust Reserves / Depreciation and Other

	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-2,012	-1,170	-1,171	-1
Pay	662	641	604	-37
Non Pay	22,050	12,169	12,323	155
Total	**20,701**	**11,640**	**11,756**	**116**

Table header: Breakdown of Financial position for Reserves, Depreciation & Other I &E @ 31st October

31. The position above is inclusive of income from Welsh Government for Personal Injury Benefit scheme, depreciation and impairments costs of £17.933m, together with the costs of the one off A4C payment made in April as part of the pay award that was separately funded by Welsh Government.

32. The non-pay position also includes the Trust contingency and residual budget setting reserve, additional profit from asset sales and Healthier Wales Funding details of which can be seen in Annex 3.

Public Sector Payment Policy (PSPP)

33. Public Sector Payment Policy (PSPP) compliance for the second quarter was 96.5% against the 95% WG target set for non-NHS invoices by number and 97.5% by value. This is demonstrated in the graph below.

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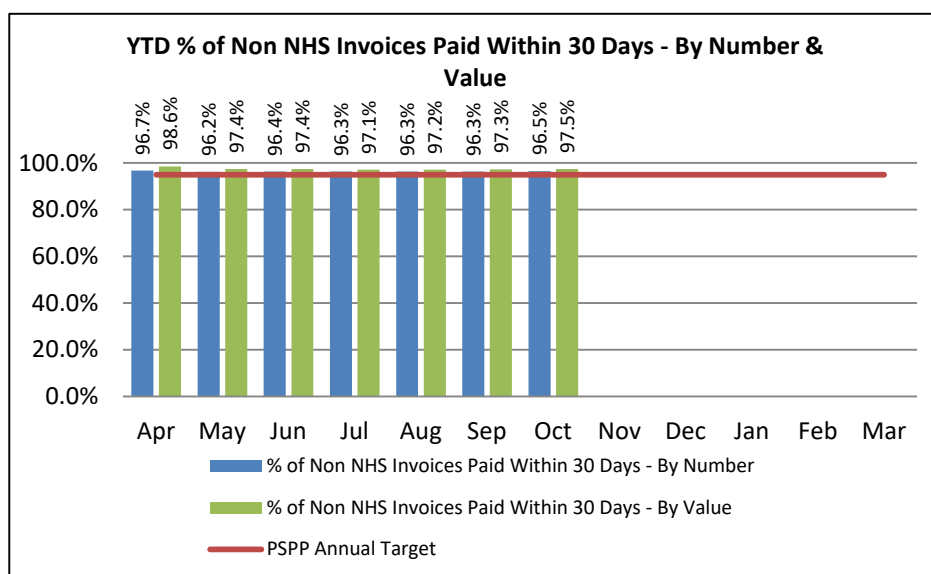
Capital

34. The Trust's current detailed capital expenditure by project is shown at *Annex 1*. At Month 7 the Trust's current approved Capital Expenditure Limit (CEL) is £19.903m. The total capital programme of £20.271m shown within *Annex 1* includes reinvestment of net book value of assets disposed in year of £0.368m.

35. To date there has been £4.091m 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	29	313
Vehicle Replacement Programme 2019/20	2,928	13,586
Cardiff Make Ready Depot FBC Fees	398	559
111 Costs	12	20
Sub Total	**3,208**	**14,078**
Discretionary:		
I.T.	379	1,032
Equipment	281	462
Statutory Compliance	0	0
Estates	131	2,262
Other	92	2,437
Sub Total	**883**	**6,193**
Total	**4,091**	**20,271**
Less NBV reinvested		(368)
Total Funding from WG	**4,091**	**19,903**

Balance sheet

36. The Trust's balance sheet at Month 7 is shown at *Annex 2* and at this stage of the year there are no concerns.

Risks and assumptions

- **Holiday pay**

37. 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.

38. 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.

39. Based on an agreed all Wales approach, no additional accruals are included within the 2019/20 position at present a medium rated risk of £1.0m (full year estimated cost) has been highlighted, based on the methodology adopted for the 2018/19 accrual. If these estimates change as part of the appeal outcome, and the previous accrual is not sufficient, the assumption is that any additional costs from 2018/19 and 2019/20 would be met by the Welsh Government – however this risk includes the potential for this not to be the case.

- **Sickness payments**

40. Payments have continued to be made in the year to date period for sickness payments during unsocial hour periods (these are now being held from 1st October 2019). This has previously been identified as a risk with a potential full year value of c£1.2m however advice has been provided via Welsh Government to confirm that all costs incurred will be matched by income, therefore this risk has been mitigated for 2019/20.

- **ESMCP / Airwave extension costs**

41. This project is delayed nationally with the result that it is necessary to extend the existing Airwave contract which will result in some additional costs and these values have been quantified at Month 7. Initial discussions were held on the 17th October 2019 between WAST and Welsh Government to clarify both the accounting treatment and required funding for these costs. Subsequently Welsh Government have confirmed the revenue funding for 2019/20 but additional revenue support will be required for future financial years. In addition to this revenue impact there is also a capital requirement for funding to cover the finance lease of £5.390m. Subsequent e-mail correspondence with WG colleagues requested that WAST formally notify WG of the Airwave extension costs (and therefore the request for Capital support) and this was provided on the 31st October 2019. An initial e-mail response to this has been received with further discussions planned with WG for week beginning 18 November 2019. Should agreement in relation to capital funding not be agreed within the next month then it may be necessary to reflect this within our financial position, with the potential for a capital overspend to be reported. However, given the content of the initial e-mail response received and the accepted nature of this cost pressure on the Trust, this is assumed to be unlikely.

Forecast and future planning

42. For reference Annex 3 provides a full analysis of the balance of reserves for 2019/20. Currently unallocated budget is £0.299m.

43. In addition EASC have also approved schemes from the A Healthier Wales funding allocation. An adjustment will be actioned now in Month 8 to the total EASC income value to align the total to that confirmed from this funding, when compared to that included at the outset of the financial year.

Annex 1 - Capital Programme
Capital Programme - 2019/20

	2019-2020 Planned Expenditure £'000	2019-2020 Expenditure To Date £'000	2019-2020 Expected Final Cost £'000
Non-Discretionary Capital 2019/20			
ICT AWCP			
ESMCP - Control Room Solution	313	29	313
111 Costs	20	12	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	398	559
TOTAL Estates 19/20	**159**	**239**	**159**
Fleet 2019/2020 BJC			
EMS Chassis 19-20	1,838	1790	1,838
EMS Conversion 19-20	3,572	0	3,572
EMS Comms 19-20	194	0	194
EMS Equipment 19-20	1,390	484	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	121	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	24	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	12	85
Specialist (Paramedic) Chassis 19-20	108	115	108
Specialist (Paramedic) Conversion 19-20	155	0	155
Specialist (Paramedic) COMMS 19-20	4	0	4
Specialist (Paramedic) EQUIP 19-20	45	12	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	50	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**	**2,927**	**13,586**
Non-Discretionary Capital TOTAL	**14,078**	**3,208**	**14,078**

Funded from Discretionary Capital 2019/20			
Fleet Other - 8810			0
Fleet Safety Costs - repairs to vehicles	150	28	150
Asset De-recognition - engine replacement for 515's	150	142	150
Repayment to Discretionary 2019/20 - Utilised in 2018/19	- 319	-319	- 319
Vehicle air conditioning service/repair machines	16	0	16
Fleet Other 8810 - TOTAL	- 3	- 149	- 3
Fleet 2018/19 BJC			
EMS Conversion 18-19	6	5	6
EMS Comms 18-19	-	-3	-
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
Specialist (NREV) EQUIP 18-19	-	3	-
Project Costs 18-19	-	2	-
Specialist (Driver Training) Conversion 18-19	6	29	6
Make Ready Vehicle Conversion 18-19	-	1	-
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	90	30
ICT Projects - 8830			
General replacement and new hardware	283	188	283
Upgrade of WAST 999 Cisco Phone System	15	10	15
EMS CCC -CAD Phase 2 & 3 Implementation	120	57	120
CRS - ESMCP	254	0	254
Matrix ICT hardware	95	103	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
Ty Elwy Mobile Phone Boosters	12	11	12
Qliksense Delivery Support	63	0	63
Remote clinical support desk working	28	0	28
ICT Projects - 8830 TOTAL	1,032	378	1,032

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	5	25
Bryn Tirion– Repairs and Improvements	42	2	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	20	0	20
Tredomen Project	10	0	10
Caerphilly Project	9	0	9
Door access control	40	0	40
Additional appliance bay door replacement	70	0	70
Upgrade of air conditioning system at Thanet House	50	0	50
Estates Allocation	28	0	28
Design fees	100	9	100
Matrix House Swansea	600	2	600
Relocation of Cowbridge AS to Cowbridge Fire Station	20	0	20
Relocation of Monmouth AS to Monmouth Fire Station (Establish an SDP at Monmouth)	20	0	20
Abergavenny - renew roof and upgrade WC area	170	0	170
Blackwood- renew roof and upgrade welfare area	140	5	140
Pembroke Dock – Phase 2 Wash & Stock	200	2	200
Replacement Garage Door - Various Sites	120	8	120
2018-19 Projects			
Bryn Tirion - Replacement Lighting and Mechanical Ventilation to Control Room and associated works	1	56	1
Colwyn Bay Amb Station - Replacement Boiler, Distribution and Controls	-	2	-
Snowdon House - Replacement mechancial servicers	5	3	5
Cowbridge	14	5	14
Cefn Coed Relocation	3	-40	3
Relocation of Staff off Lansdowne	1	13	1
Glynneath Replacement Garage Door	-	-3	-
Newtown Replacement Garage Door	-	-1	-
Unit 7 - HQ St Asaph relocation (Training School)	97	18	97
2017-18 Projects			
Llanidloes extension and relocation to Fire Station due to structural and asbestos issues at existing station	-	17	-
Improvements and refurbishments at Blaenau Ffestiniog Ambulance Station	-	1	-
VPH CCC Technology refresh	30	2	30
Relocation of Barry Ambulance Station to Barry Fire Station & MRD	-	3	-
Unit 7 - HQ St Asaph Relocation - Repayment to WG	241	21	241
2016-17 Projects			
Holyhead Roof	-	1	-
Estates Projects- 8840 TOTAL	**2,262**	**131**	**2,262**
Equipment - 8820			
OHCA Improvement Plan	28	15	28
Control Drug Safe	113	103	113
Cycle Medical Response expanded into ABHB area	89	0	89
Community First Responders Training Equipment	45	38	45
Community First Responders Equipment	160	184	160
Equipment - 8820 TOTAL	**435**	**340**	**435**
Project Support Costs - salary paid from capital	**350**	**92**	**350**
	-		-
Discretionary Capital 2019/20 TOTAL	**4,106**	**883**	**4,106**
Non-Discretionary Capital Total	**14,078**	**3,208**	**14,078**
Discretionary & Non-Discretionary TOTAL	**18,184**	**4,091**	**18,184**
	-		-
Unallocated Discretionary Capital (incl NBV proceeds)	2,087	0	2087
Unapproved/Overspend Schemes	-	0	0
CAD underspend	-	0	0
	-		-
TOTAL CAPITAL PROGRAMME	**20,271**	**4,091**	**20,271**

Annex 2 - Balance Sheet

	Opening Balance as at 1st April 2019	Closing Balance as at 31st October 2019	Forecast Closing Balance as at 31st March 2020
Non-Current Assets	£'000	£'000	£'000
Property, plant and equipment	79,336	72,891	81,627
Intangible assets	5,713	5,729	5,713
Trade and other receivables	523	523	500
Other financial assets	-	-	-
Non-Current Assets sub total	**85,572**	**79,143**	**87,840**
Current Assets			
Inventories	1,418	1,418	1,200
Trade and other receivables	7,372	10,484	7,372
Other financial assets	-	-	-
Cash and cash equivalents	13,626	9,255	326
Non-current assets classified as held for sale	130	130	-
Current Assets sub total	**22,546**	**21,287**	**8,898**
TOTAL ASSETS	**108,118**	**100,430**	**96,738**
Current Liabilities			
Trade and other payables	23,673	17,274	11,433
Borrowings	941	8	-
Other financial liabilities	-	-	-
Provisions	4,884	5,115	5,115
Current Liabilities sub total	**29,498**	**22,397**	**16,548**
NET ASSETS LESS CURRENT LIABILITIES	**78,620**	**78,033**	**80,190**
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**	**71,805**	**73,962**
FINANCED BY:			
Taxpayers' Equity			
PDC	68,386	68,263	70,431
Retained earnings	(6,254)	(6,243)	(6,254)
Revaluation reserve	9,514	9,785	9,785
Other reserve	-	-	-
Total Taxpayers' Equity	**71,646**	**71,805**	**73,962**

Annex 3 - Contingency / Reserve Budgets Month 07 2019/20

	Contingency & Unallocated Opening Budget £000	Additional P&L (R100) £000	Operations (E100) £000	Healthier Wales £000	Total £000
Opening Annual Budget	955	350	570	1,725	3,600
Month 1					
FALLS Expenditure - April 2019				-45	-45
Month 2					
FALLS Expenditure - May 2019 (Clinical Audit Staff) - To Be Released Non Recurrently	-40			-49	-49 -40
Month 3					
Increase in Volunteer Mileage Rates from 1st June 2019	-55				-55
FALLS Expenditure - June 2019				-41	-41
Month 4					
FALLS Expenditure - July 2019				-42	-42
Demand & Capacity Review - EMS & CCC	-135				-135
111 Income Removal for Healthier Wales plan as funded at cost				-43	-43
Month 5					
FALLS Expenditure - August 2019 (Estimate)				-48	-48
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
Month 6					
WAST 2 - FALLS Expenditure - September 2019 (Estimate)				-49	-49
Big Bang Recruitment (6 week Training Costs and non pay) - no overtime restriction) - Month 6 Costs			-64		-64

Month 7					
WAST 2 - FALLS Expenditure - October 2019 (Estimate)				-49	-49
Big Bang Recruitment (6 week Training Costs and non pay) - no overtime restriction) - Month 7 Costs			-67		-67
Communications Restructure Costs - assumed Oct 19 start	-61				-61
APP Business Case (WAST Contribution of £500k. Therefore utilising the £410k budget set for big bang recruitment training costs) and 50/50 split funding for APP Business Case	47				47
Current challenges to the provision of Occ Health Services - (1xB7 Business Support Manager and 2xB6 Nurses. All FT until 31/3/20). Current plan £86k	-66				-66
Emergency Services Day (plan was £10k)	-17				-17
REF 1 : Conditional Survey of Estates	-90				-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 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
Actual Balance as at Month 7	224	350	424	1,359	2,357

Committed But Not Released					
REF 14 :Nursing Uniform	-16				-16
Ops Developments					
Big Bang Recruitment (6 week Training Costs and non pay) - no overtime restriction) - Month 8 onwards			-197		-197
TEMT (20/1/20-3/5/20) and UCS Courses (27/1/20-8/3/20) - Salary costs when in training school			-177		-177
EASC Approved Healthier Wales Bids (WAST)					
WAST 5 - Older People framework				-37	-37
WAST 6 - Mental Wellbeing by Design				-33	-33
WAST 1 - NEPTS				-136	-136
MT 1 - Major Trauma Clinical Desk				-57	-57
WAST 2 - FALLS Expenditure (based on current scheme numbers) - October 19 to March 20 (Based on agreed funding of £606k less spend from Apr to Oct 19 of £324k)				-282	-282
EASC Approved Healthier Wales Bids (Non WAST)					
EMRTS Expansion				-150	-150
NCCU - research & evaluation				-80	-80
P1 - Powys Respiratory MDT				-81	-81
BC1 - BCUHB SICAT				-44	-44
SB1 - SBUHB GP Stack Project				-48	-48
CV2 - Clinical Pathway - NSTEACS				-152	-152
EASC Adjustments					
APP Practice Expansion Plan (Cohort 2)					0
ESMCP Control Room Solution (CRS) - Revenue Impact					0
ESMCP Project Team Resources					0
Winter Pressure Funding					
Recruitment (46wte)					0
CCC Clinicians					0
Use of Private Paramedics to cohort patients					0
SJA UCS Support					0
Less WAST Contribution	-100				-100
Less Healthier Wales Contribution	-22			-259	-281
NHS Wide Issues / From MMR					
WRP Overspend		-187			-187
Remaining Budget as at Month 7	**86**	**163**	**50**	**0**	**299**

Note

Includes plan for profit on disposals (c£350k)

Charitable Funds Annual Report and Accounts 2018/19

MEETING	TRUST BOARD
DATE	21st November 2019
EXECUTIVE	Interim Director of Finance & ICT
AUTHOR	Financial Accountant
CONTACT DETAILS	Chris Turley, 01633 626201, Chris.Turley2@wales.nhs.uk

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

REPORT PURPOSE	For the Trust Board to approve the Trust's Charity Annual Report and Accounts for 2018/19 and accepts the assessment of going concern
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Charitable Funds	5th September 2019	No action. For information only.
Trust Board	21st November 2019	To approve the Trust's Charity Annual Report and Accounts for 2018/19 and confirmation of the assessment of going concern

SITUATION

1. The Welsh Ambulance Services NHS Trust Charity Draft Annual Report and Accounts for 2018/19 are attached at Annex 1 and 2. The Report and Accounts have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

BACKGROUND/ASSESSMENT

2. The draft Trust Charity Annual Report and Accounts were presented to the Charitable Funds Committee (CFC) on 5th September 2019. Since then, the Wales Audit Office (WAO) team have undertaken an Independent Examination of the Annual Report and Accounts.

3. No amendments or changes were required as a result of the Independent Examination.

4. In line with changes in legislation introduced last year the charity's financial situation as a going concern should be confirmed by the trustees. This should be made as a joint decision when approving the accounts.

5. This means that the trustees should assess whether the charity can continue its operations and meet its liabilities as they fall due for a period of 12 months from the date of signing.

6. As a result of the healthy reserve situation currently enjoyed by this charity and in light of the management of funds in place, the Treasurer, Christopher Turley, is happy to recommend to the Trustees that the going concern status is assured for a further 12 months from the date of signing the accounts.

RECOMMENDED:

That the Trust Board approves the Trust Charity Annual Report and Accounts for 2018/19 and that the Trustees confirm their assessment of the charity's financial situation as a going concern, prior to submission to the Charity Commission by the prescribed deadline of 31 January 2020.

Welsh Ambulance Services NHS Trust Charity

Registered Number: 1050084

Annual Report 2018/19

Contents

Page

1. Reference and Administrative Details

Name of charity:

'WELSH AMBULANCE SERVICES NHS TRUST CHARITY'

The Welsh Ambulance Services NHS Trust Charity (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales.

The Welsh Ambulance Services NHS Trust is a corporate body in its own right. It is led by a Board of Directors comprising a Chairman, seven Non-Executive Directors, a Chief Executive, a Director of Finance and four other Executive Directors. The Trust acts as the Corporate Trustee of the Charitable Funds held on behalf of the ambulance services in Wales. During the year 2018/19 the members of the Trust Board were:

Chairman: Martin Woodford (Interim from 1/4/18)

Non-Executive Directors:

Kevin Davies (Charitable Funds Committee Chairman)

Pamela Hall

Emrys Davies

James Mycroft

Paul Hollard

Helen Birtwhistle (until 31/10/18)

Martin Turner (Interim from 23/7/18)

Executive Directors:

Jason Killens	Chief Executive (from 24/9/18)
Patricia Roseblade	Chief Executive (Interim) (1/4/18 to 23/9/18) Director of Finance and ICT (Supernumerary) (24/9/18 to 14/10/18). Left the Trust on secondment to Powys LHB (15/10/18).
Brendan Lloyd	Medical Director and Deputy Chief Executive (Interim)
Christopher Turley	Executive Director of Finance and ICT (Interim)
Claire Vaughan	Executive Director of Workforce and OD
Claire Bevan	Executive Director Quality and Nursing

Address of Principal Office: Welsh Ambulance Services NHS Trust
Ty Elwy
Ffordd Richard Davies
St Asaph Business Park
St Asaph
Denbighshire, LL17 0LJ

Treasurer: Chris Turley
Interim Director of Finance & ICT
Welsh Ambulance Services NHS Trust
Vantage Point House
Ty Coch Way
CWMBRAN
NP44 7HF

Bankers: Barclays Bank plc

Corporate Banking Centre
70 Kingsway
Swansea, SA1 5JB

Auditors:　　　　　　　　　Wales Audit Office
Ground Floor, Unit 5325
North Wales Business Park
Abergele
Conwy
LL22 8LJ

Solicitors:　　　　　　　　Blake Morgan
Bradley Court
Park Place
Cardiff
CF10 3DP

Registered Charity Number:　　1050084

2. Structure, Governance and Management

2.1 Trusteeship

All funds donated for the benefit of ambulance services in Wales are held within this Charity. Separately identifiable designated sub funds are held within the main Charity's umbrella these being three Regional General Purpose funds, a National General Purpose fund, three Community First Responder Schemes, a Bursary Fund and a restricted Ambulance Equipment Fund.

The Trust Board is the sole corporate trustee of the charity managed by the Welsh Ambulance Services NHS Trust and is accountable for its administration and stewardship. The duties, responsibilities and liabilities of trusteeship lie with the body corporate.

On appointment Executive and Non-Executive Directors take part in an informal induction programme and they are made aware, as Board members, of their responsibilities as the Corporate Trustee of Welsh Ambulance Services NHS Trust Charity. The Charitable Funds Committee regularly overviews the aims, objectives and recent performance of the charitable fund. The Committee is also updated regularly with any changes in Charitable Fund legislation.

Members of the Charitable Funds Committee are aware of their responsibilities and aim to ensure that:

a. All legislation and Charity Commission regulations are complied with.
b. The Trust's rules and regulations are adequate and are adhered to.
c. The Trust's charitable funds investment policy is approved by the Board and kept under regular review.
d. The financial activities and the statement of affairs of the Trust's charity are regularly reviewed.
e. Expenditure approvals are given by the Board for expenditure requests over delegated thresholds.
f. Delegated financial limits are approved for charitable fund expenditure.

2.2 Operation of Funds

During the year ending 31st March 2019 the following occurred:-

• The Trust's Charitable Funds Committee met twice during the year to review the affairs of the Charity and the management arrangements for all of the Charity's funds.
• The Trustee received annual reports on the management of the Charity's funds. Additional reports were also received by the Trustee for consideration and approval on the Charity's operations and policies.

- Individual charitable transactions have been subject to formal control procedures and reported to nominated fundholders on a regular basis.
- The Charitable Funds Committee has considered any risks to which the Charity may be exposed during the year. This has included a review of the systems and procedures operated by the Charity.
- The Independent Examiner will issue a report on the accounts. It is the Independent Examiner's responsibility to examine the accounts, following procedures laid down by the Charity Commission, and state any particular matters that have come to his attention.

2.3 Air Ambulance Appeal

Over 15 years ago an appeal was launched to fund the long-term operation of an air ambulance service for Wales. This appeal has been registered as a separate charity with the Charity Commission. Therefore, no air ambulance appeal funds are held within the Welsh Ambulance Services NHS Trust Charitable Fund accounts.

3 Objectives and Activities

Ambulance services in Wales receive numerous voluntary donations and gifts mainly from local communities within the principality. These gifts in law are regarded as charitable donations and as such are administered under the laws of trusteeship and the charitable acts laid down in statute.

All donations received are held in a separate charitable trust account and are used in accordance with the Charity's objectives as laid down in the governing document approved by the Charity Commission. Although the general objectives of the Charity are fairly wide ranging i.e. with reference to utilising funds "for any charitable purpose or purposes relating to the National Health Service", they are principally used to purchase amenities for the benefit of ambulance staff, together with providing additional training resources to further enhance the quality and standards of care provided by ambulance services in Wales.

The Welsh Ambulance Services NHS Trust Charity are sincerely grateful for the donations and legacies received, which are usually associated with the delivery of professional services and high standards of patient care provided by individual members of the service.

The recognition and support given to the ambulance service within Wales is appreciated and we would like to thank everyone for their continued support.

4   Achievements and Performance

4.1   Background

The Welsh Ambulance Services NHS Trust charitable funds' overall prime aim is to benefit patient care. Therefore the Trustee has a reserves policy of encouraging funds to be spent (in accordance with the donors' wishes) rather than to be accumulated. In line with this policy £26k (2017/18 £61k) was spent during the year to enhance the standards of patient care and ambulance staff welfare.

4.2   Income

Total Income during the year was £33k (2017/18 £54k). This includes donations of £28k, legacies of £3k and £1k from interest received.   No specific fundraising activities were performed by the Charity during the year.

The majority of income was received from numerous individual donations of small value. Their worth to the continued support of ambulance patient care throughout Wales cannot be overstated. The Trustee would like to thank all the individuals who have contributed to the charity during the year, particularly in a climate of competing calls on their charitable giving.

There was a £12k unrealised investment gain for the year to 31st March 2019 (£5k 2017/18). Unrealised gains occur due to increases in market value, these can fluctuate up or down according to market performance.

4.3   Expenditure

Total expenditure on charitable activities during the year amounted to £26k (2017/18 £61k). Of this, £10k (2017/18 £27k) was used to purchase a wide range of medical equipment and medical and surgical items for use on ambulances to enhance pre-hospital emergency care.

The Welsh Ambulance Services NHS Trust has 3,140 staff based across the whole of Wales. During the year £16k (2017/18 £34k) was spent from charitable funds for the benefit of staff and amenities. Of this £3k related to bursaries awarded to staff for training and development purposes (2017-18 £20k).

Total management expenses in the year amounted to £10k (2017/18 £10k) which represented 2.48% of the average fund balances in the year. This included costs relating to audit and governance.

4.4   Summary
The total charitable fund balances held at 31st March 2019 were £408k (31st March 2018 £399k). Fund balances therefore increased by £9k during the year.

5 Financial Review

5.1 Reserves Policy (fund balances)

There are no recurrent commitments, other than the £10k management fee, against Charitable Fund Balances; donations are applied only to support non recurrent expenditure on staff and patient welfare.

The Trustee considers that public donations should be applied within a reasonable period of receipt, normally within 12 months, as long as there are no approved long term plans that require accumulation of balances, and that expenditure represents appropriate use of funds. During the year expenditure exceeded income by £3k.

The Trustee actively encourages fund holders to use their funds rather than accumulate, and look to reducing current balances.

The charity has few fixed costs and the Trustee considers that free reserves should be set at a level to cover one year's worth of fixed cost at £10k. Reserves are currently above this level.

The Trustee has in the past approved a budget and reserves policy with the aim of utilising charitable funds in accordance with the donor's wishes. The Trustee also has an objective not to increase the total funds held between one year and the next unless special circumstances arose in accordance with the purposes for which the funds were given e.g. if funds were given to contribute towards a purchase in a future time period.

The Charitable Funds Committee in conjunction with Charitable Funds managers continue to consider options to expend the current accumulated funds.

5.2 Investment and Grant Making Policies

The Charity's investment policy is in accordance with the governing document as approved by the Charity Commission. This is to hold a minimum of 20% in interest earning bank accounts and a maximum of 50% in fixed income or equity funds. This is in order to obtain the maximum return on investment with the minimum of risk to the funds.

The Charity does not currently have a policy of making grants to other bodies and none were made during the 2018/19 financial year.

6 Trustee's Statement on the Accounts

The full annual accounts have been prepared in accordance with:-
- the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014,
- the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102),
- the Charities Act 2011, and
- UK Generally Accepted Practice as it applies from 1 January 2015.

They were approved by the Trustee on 21st November 2019. The full annual accounts have been subjected to an Independent Review and will be submitted to the Charity Commission.

The Trustee confirms that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the aims and objectives and granting of expenditure. Details of payments made during the year are detailed below. As a result of this expenditure members of the public accessing ambulance services either as patients or carers/relatives will benefit from the enhancement of equipment and services funded by them.

Patients' Welfare   - Purchase of small pieces of equipment and enhancement of services and facilities over and above that normally provided by the NHS.

Staff Welfare   - Enhancement of staff facilities and by providing education over and above that would normally be provided by the NHS.

Capital Equipment   - Purchase of equipment in addition to or an enhancement of that which would be normally provided by the NHS.

7   Plans for the Future

The charity will continue to support staff with a view to enhancing patient experience.

Chris Turley ……………………………………………

Interim Director of Finance
On behalf of the Trustee
21 November 2019

The full 2018/19 accounts are shown at **Appendix A** in this report. Additional copies of the Trust's Charitable Fund Accounts are available on request from the following address:-

Chris Turley
Interim Director of Finance
Welsh Ambulance Services NHS Trust
Vantage Point House
Ty Coch Way
CWMBRAN
NP44 7HF

Tel: 01633 626201

APPENDIX A

2018/2019 Funds held on Trust Accounts

WELSH AMBULANCE SERVICES NHS TRUST CHARITY

The accounts for Funds Held on Trust.

FOREWORD

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

STATUTORY BACKGROUND

The NHS Trust is the corporate trustee of the funds held on trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Trustee has been appointed under s11 of the NHS and Community Care Act 1990.

The Welsh Ambulance Services NHS Trust charitable funds held on trust are registered with the Charity Commission and include funds in respect of Ambulance services throughout Wales.

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of the charitable funds held on trust is to apply income for any charitable purposes relating to the National Health Service wholly or mainly for the services provided by the Welsh Ambulance Services NHS Trust.

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2019

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total 2018-19 £000	Total 2017-18 £000
Incoming resources						
Incoming resources from generated funds						
Income from donations and legacies						
Donations		28	-	-	**28**	34
Legacies	2	3	-	-	**3**	20
Investment income	3	1	-	-	**1**	-
Other incoming resources		1	-	-	**1**	-
Total incoming resources		**33**	**-**	**-**	**33**	54
Expenditure on						
Charitable activities	4	36	-	-	**36**	71
Total resources expended		**36**	**-**	**-**	**36**	71
Gains on investment assets		12	-	-	12	5
Net incoming /(outgoing) resources before transfers		**9**	**-**	**-**	**9**	(12)
Net movement in funds		**9**	**-**	**-**	**9**	(12)
Fund balances brought forward as at 1 April 2018		**345**	**54**	**-**	**399**	411
Fund balances carried forward as at 31 March 2019		**354**	**54**	**-**	**408**	399

BALANCE SHEET AS AT 31 MARCH 2019

	Note	Unrestricted funds	Restricted Income funds	Endowment funds	Total 2018-19	Total 2017-18
		£000	£000	£000	£000	£000
Fixed assets						
Investments	8/9	**116**	**-**	**-**	**116**	104
Total fixed assets		**116**	**-**	**-**	**116**	104
Current assets						
Debtors	10	**4**	**-**	**-**	**4**	1
Investments	11	**139**		**-**	**139**	138
Cash at bank and in hand		**159**	**-**	**-**	**159**	172
Total current assets		**302**	**-**	**-**	**302**	311
Liabilities						
Creditors: Amounts falling due within one year	12	**10**	**-**	**-**	**10**	16
Net current assets		**292**	**-**	**-**	**292**	295
Total assets less current liabilities		**408**	**-**	**-**	**408**	399
Funds of the charity:						
Unrestricted income funds		**354**			**354**	345
Restricted income funds			**54**		**54**	54
Endowment funds					-	-
Total funds	13	**354**	**54**	**-**	**408**	399

Chris Turley ....
Interim Director of Finance and ICT

Kevin Davies ....
Chairman (Charitable Funds Committee)

 21 November 2019

 21 November 2019

2

STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 31 MARCH 2019

	Note	Total Funds 2018-19 £000	Total Funds 2017-18 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	**14**	**(12)**	130
Cash flows from investing activities:			
Dividend, interest and rents from investments	**3**	**-**	-
Proceeds from the sale of investments	**8**	**-**	-
Net cash provided by (used in) investing activities		**-**	**-**
Change in cash and cash equivalents in the reporting period		**(12)**	130
Cash and cash equivalents at the begining of the reporting period	**15**	310	180
Cash and cash equivalents at the end of the reporting period	**15**	**298**	310

NOTES TO THE ACCOUNTS

Accounting policies

1.1 Accounting convention
Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the reserves sections of the annual report for more information).

1.2 Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

● A restricted fund or

● An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds usually result from legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

The charity has no permanent endowment funds, and has one restricted fund created during 2015/16.

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (ear-marked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 13.

Accounting policies (continued)

1.3   Incoming resources

a)   All incoming resources are recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

b)   Legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.
Receipt is probable when:
● Confirmation has been received from the representatives of the estate(s) that probate has been granted
● The executors have established that there are sufficient assets in the estate to pay the legacy and
● All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

c)   Intangible income

Intangible income (e.g. the provision of free accommodation) is included in the accounts with an equivalent amount in outgoing resources, if there is a financial cost borne by another party. The value placed on such income is the financial cost of the third party providing the resources.

1.4   Resources expended

a)   Expenditure is recognised when and to the extent that a liability is incurred. In accounts prepared on the accruals basis, liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure as described in Financial Reporting Standard 5 and 12. A liability will arise when a charity is under an obligation to make a transfer of value to a third party as a result of past transactions or events

b)   Support Costs

In undertaking any activity there may be support costs incurred that, whilst necessary to deliver an activity, do not themselves produce or constitute the output of the charitable activity. Similarly, costs will be incurred in supporting income generation activities such as fundraising, and supporting governance of the charity.

Support costs do not, in themselves, constitute an activity, instead they enable output-creating activities to be undertaken.

c)   Governance costs

Governance costs comprise all costs incurred in the governance of the charity. These costs include costs related to statutory account preparation and audit together with strategic managment costs. Governance costs are apportioned as described in note 5 to the accounts.

Accounting policies (continued)

1.5   Investment fixed assets

Investment fixed assets are shown at market value. The following points should be taken into account when the valuations are being undertaken:-

(i)   Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div;

(ii)   Other investment fixed assets are included at the trustee's best estimate market value.

(iii)   The date and amounts of the valuations;

(iv)   Where historical cost records are available, the carrying amount that would have been included in the financial statements had the investment assets been carried at historical cost less depreciation;

(v)   Whether the person(s) carrying out the valuation is (are) internal or external to the entity;

(vi)   Where the trustee is not aware of any material change in value and therefore the valuation(s) have not been updated, a statement to that effect; and

(vii)   Where the valuation has not been updated, or is not a full valuation, the date of the last full valuation.

2. Material Legacies

As per 1.3 b) above, legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

● Confirmation has been received from the representatives of the estate(s) that probate has been granted

● The executors have established that there are sufficient assets in the estate to pay the legacy and

● All conditions attached to the legacy have been fulfilled or are within the charity's control.

3. Analysis of gross investment income

	Unrestricted funds	Restricted Income funds	Endowment funds	Total 2018-19	Total 2017-18
	£000	£000	£000	£000	£000
Investments in a common deposit/investment fund	1	-	-	1	-
Total gross income	**1**	**-**	**-**	**1**	-

4. Details of resources expended - charitable activities

	Activities undertaken directly	Support costs	Total 2018-19	Total 2017-18
	£000	£000	£000	£000
Patient Education and Welfare	10	5	**15**	32
Staff Education and Welfare	16	5	**21**	39
Total	**26**	**10**	**36**	71

5. Allocation of support costs

Support and overhead costs are allocated over charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of the charity.

	Charitable activities £000	Total 2018-19 £000	Total 2017-18 £000	Basis of apportionment
Governance				
External auditor's costs	2	2	2	
Internal audit	1	1	1	
Producing statutory accounts	5	5	5	
Strategic management cost	2	2	2	
	10	10	10	Average Balance of Fund

	Unrestricted funds £000	Restricted funds £000	Total 2018-19 £000	Total 2017-18 £000
Charitable activities	10	-	10	10
	10	-	10	10

6. Auditor's remuneration

The auditor's remuneration of £1500 (2017-18 £1,500) related solely to the independent examination with no other additional work undertaken.

7. Transfer between funds

No Transfers were made between funds.

8. Analysis of fixed asset investments

	Total 2018-19 £000	Total 2017-18 £000
Market value at 1 April 2018	104	99
Less: Disposal at carrying value		
Add: Acquisitions at cost	-	-
Increase / (decrease) on cash awaiting investment	-	-
Net gain on revaluation	12	5
Market value at 31 March 2019	116	104

9. Analysis of market value

	Held in UK £000	Held outside UK £000	Total 2018-19 £000	Total 2017-18 £000
Investments in a common deposit/investment fund	116	-	116	104
Total market value of fixed asset investments	116	-	116	104

The investment fund above is invested in the COIF Charities Investment Fund and the investment valuation has been performed by CCLA Investment Management Ltd.

10. Analysis of debtors

	Total 2018-19 £000	Total 2017-18 £000
Amounts falling due within one year:		
Trade debtors	-	-
Prepayments	-	-
Accrued income	-	-
Other debtors	4	1
Sub-total	4	1
Amounts due over one year:		
Trade debtors	-	-
Prepayments	-	-
Accrued income	-	-
Other debtors	-	-
Sub-total	-	-
Total debtors	4	1

11. Current asset investments

The current asset investments of £138,464 (2017-18 - £137,804) are sums held on deposit to facilitate cash flow.
No current asset investments were held in non cash investments or outside the UK during the year.

12. Analysis of creditors

	Total 2018-19 £000	Total 2017-18 £000
Amounts falling due within one year:		
Trade creditors	10	16
Other creditors	-	-
Sub-total	10	16
Amounts due over one year:		
Loans and overdrafts	-	-
Trade creditors	-	-
Other creditors	-	-
Accruals	-	-
Deferred income	-	-
Sub-total	-	-
Total creditors	10	16

13. Analysis of funds - unrestricted, unrestricted designated and restricted funds

	Balance at 1 April 2018	New designation /receipts	Utilised/ released	Gross transfer between funds	Gains and losses	Balance at 31 March 2019
	£000	£000	£000	£000	£000	£000
Material designated funds						
North Region	120	7	(8)	- 1	4	122
Central & West Region	32	7	(4)	- 3	1	33
South East Region	9	3	(2)	-	-	10
First Responders North	9	11	(8)	1	-	13
Trust National Fund	168	5	(10)	4	6	173
First Responders South East	3	-	- 1	-	-	2
First Responders Central & West	-	-		-	-	-
Bursary Fund	4	-	(3)	-	-	1
Total	**345**	**33**	**(36)**	**1**	**11**	**354**
Material restricted funds						
Ambulance Equipment Fund	54	-	-	-	-	54
Total	**399**	**33**	**(36)**	**1**	**11**	**408**

14. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2018-19 £000	Total 2017-18 £000
Net income / (expenditure) (per Statement of Financial Activities)	**9**	(12)
Adjustment for:		
(Gains) / losses on investments	**(12)**	(5)
(Increase) / decrease in debtors	**(3)**	146
Increase / (decrease) in creditors	**(6)**	1
Net cash provided by (used in) operating activities	**(12)**	130

15. Analysis of cash and cash equivalents

	Total 2018-19 £000	Total 2017-18 £000
Cash at bank and in hand	159	172
Notice deposits (less than 3 months)	139	138
	298	310

16. Pooling scheme

An official pooling scheme is operated for investments relating to the following schemes:

COIF Charities Deposit Fund

The scheme was registered with the Charity Commission on 28th March 2000.

17. Related party transactions

During the year neither the trustee or members of the key management staff or parties related to them has undertaken any material transactions with the Welsh Ambulance Services NHS Trust Funds Held on Trust.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

A recharge of governance costs of £10,000 (2017/18 £10,000) was made during the year from the Welsh Ambulance Services NHS Trust to the charity.

The Summary Financial statements of the Welsh Ambulance Services NHS Trust are included in the annual report and accounts.

18. Post balance sheet events

The Funds Held on Trust had no post balance sheet events having a material effect on the accounts.

19. Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

STATEMENT OF TRUSTEE'S RESPONSIBILITIES

The trustee is responsible for preparing the Trustee's Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustee is required to:

- select suitable accounting policies and then apply them consistently;

- observe the methods and principles in the Charities SORP;

- make judgments and estimates that are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements ;

- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011 and the Charity (Accounts and Reports) Regulations 2008. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

By order of the trustee

Signed:

Kevin Davies ....
Chairman (Charitable Funds Committee)   21 November 2019

Chris Turley ....
Interim Director of Finance and ICT   21 November 2019

**REPORT OF THE INDEPENDENT EXAMINER TO THE TRUSTEE OF
WELSH AMBULANCE SERVICES NHS TRUST CHARITY**

I report on the accounts of the Welsh Ambulance Services NHS Trust Charity for the year ended 31 March 2019, which are set out on pages 1 to 12.

Responsibilities and basis of report

As the charity's trustees, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 (the Act). You are satisfied that the accounts are not required to be audited by charity law and have chosen instead to have an independent examination.

I report in respect of my examination of your charity's accounts as carried out under section 150(3) of the Act. In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the Act.

An independent examination does not involve gathering all the evidence that would be required in an audit and consequently does not cover all the matters that an auditor considers in giving their opinion on the accounts. The planning and conduct of an audit goes beyond the limited assurance that an independent examination can provide. Consequently I express no opinion as to whether the accounts present a 'true and fair' view and my report is limited to those specific matters set out in the independent examiner's statement.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

- accounting records were not kept as required by section 130 of the Act; or
- the accounts do not accord with those records; or
- the accounts do not comply with the applicable requirements concerning the form and content set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view which is not a matter considered as part of an independent examination; or
- the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

.

Adrian Crompton	Wales Audit Office
Auditor General for Wales	24 Cathedral Road
	Cardiff
Date	CF11 9LJ

TRAGENDA ITEM No	3.7
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

EXECUTIVE DIRECTOR OF QUALITY AND NURSING PATIENT SAFETY HIGHLIGHT REPORT

MEETING	Trust Board
DATE	21 November 2019
EXECUTIVE	Executive Director of Quality & Nursing
AUTHOR	Assistant Director of Quality & Nursing
CONTACT DETAILS	Wendy Herbert 01792 315886 wendy.herbert3@wales.nhs.uk

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

REPORT PURPOSE	To provide assurance to the Board on Patient Safety related topics, focusing on monitoring, learning

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	Circulated electronically 7 November 2019	For information, discussion and noting
Trust Board	21 November 2019	For information, discussion and noting

PUTTINGS THINGS RIGHT			
	July	August	September
Formal concerns			
Total Received	99	65	83
Total Closed	95	80	98
2 Day Acknowledgment % for	92%	91%	88%
30 Day Response due % for	55%	70%	74%
Ombudsman			
Cases Received	3	1	1
Cases Closed	5	3	4
Reports Received	1	0	0
Coroners			
Information request	13	15	19
Identified as Interested Party	0	2	0
Staff attended	0	0	0
Regulation 28 issued	0	0	1
Response to Regulation 28 in 56 working days	0	0	0
Response to Regulation 28 outside 56 working days	0	0	0
Serious Adverse Incidents (SAIs) to Welsh Government (reporting date)			
SAIs reportable to Welsh Government	3	4	3
SAI Closures Submitted - Total	4	5	7
SAIs Closed (by WG) - Total	1	3	9
Serious Case Incident Forums held	4	5	2
Serious Case Incident Forums Cases	15	25	8
Claims			
Personal Injury – Received	3	3	3
Personal Injury – Closed	3	4	24
Clinical Negligence – Received	2	2	3
Clinical Negligence – Closed	20	1	0
Road Traffic Collision & Damage to Property – Received	16	14	16
Road Traffic Collision & Damage to Property – Closed	19	127	26

SITUATION

1. The purpose of this Patient Safety Highlight Report is to provide an update to the Trust Board on the key information in relation to PTR and Patient Safety. The Report provides information to the Board on Concerns, Serious Incidents and Coroner's activity. In addition, it will identify the themes and trends emerging from our concerns and provide assurance to the Board on the progress, with implementation of corrective action plans against these.

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

BACKGROUND

3. This Patient Safety Highlight Report covers the period of July to September 2019.

4. This Report will specifically focus on key issues surrounding Patient Safety, providing assurance to the Board on monitoring arrangements and learning.

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

ASSESSMENT

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

6. During this reporting period 11 SCIFs were convened, with 48 incidents being discussed. From these SCIFs, 10 Serious Incidents were reported to Welsh Government, 2 of which had been identified as reportable during Quarter 1 but were submitted to Welsh Government in Quarter 2.

7. The main challenge for the PTR team during Q2 has been in relation to the system wide emergency pressures in demand and delays at hospitals that have impacted on service delivery for the Trust. Between 21 September 2019 and 23 September 2019, 6 patient safety incidents were identified and discussed at the Trust's SCIF held on 27 September 2019. Following the SCIF, 4 cases have been passed to the respective Health Boards for investigation under the recently introduced and approved Serious Incident Investigation Framework. The other incidents have been passed to the respective Health Boards as patient safety incidents.

8. The table below provides a comparison between the same periods in 2018/2019.

WAST SAIs by reported date
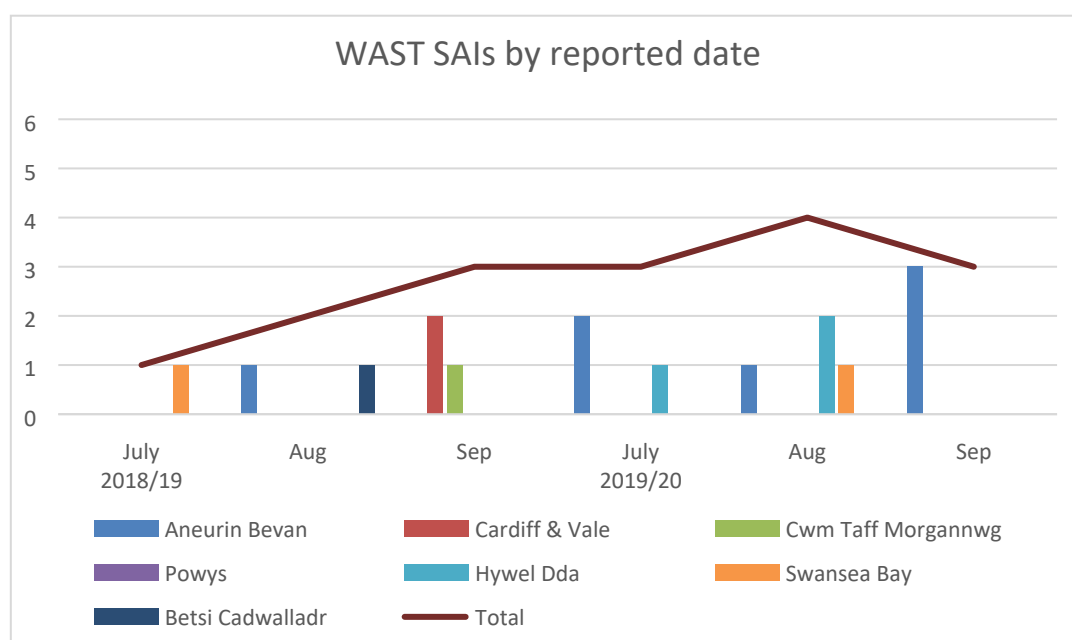
9. In addition to the above we have also reported 8 incidents under the Joint SI framework during this quarter.

Joint SI Framework
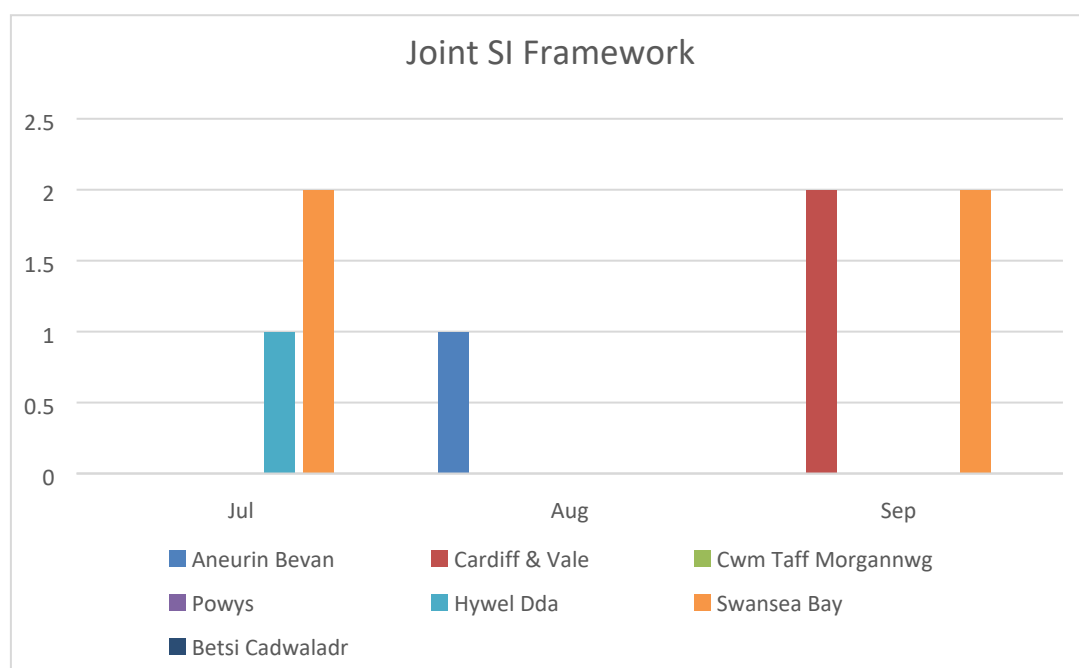
10. All of the investigative reports are subject to a robust Quality Assurance (QA) process and accompanied by an action plan which will highlight both individual and organisational learning needs. In addition to this, a SI closure form will be required to be submitted to WG (appendix Y – Closure summary for Serious Incidents) and will include:

10.1. Problems identified;

10.2. Contributory factors; and,

10.3. Confirmation of actions implemented and arrangements for completing outstanding actions.

11. Following submission to WG and prior to closure, the WG Quality Division reviews all SI submissions to ensure that the learning is considered and embedded.

12. In relation to the themes and trends from our investigations of the 10 SAIs the following have been identified:

12.1. Difficulty in obtaining the correct location (n=1);

12.2. Allocation issue (n=1);

12.3. Incorrect call categorisation (n=6); and,

12.4. Clinical issues (n=2).

13. In relation to the above themes and trends, the following areas of learning have been identified, following the completed and quality assurance of the investigation. These areas have been documented within the action plan template and signed off as either complete, or an on-going action.

Themes and Trends	Identified, agreed and shared learning
Difficulty in obtaining the correct location. Allocation issue. Incorrect call categorisation.	Call Handler feedback and support through the MPDS Department. Additional training via the MPDS team. Additional period of 1:1 monitoring by the MPDS/Call Taking Supervisor for the call to ensure that no other areas of learning are identified. Allocator and Dispatcher have received 1:1 feedback to ensure that CCC SOP (Section 8) are adhered to at all times. This has been monitored by the Duty Control Manager. The call takers will have their calls reviewed for a period of time (3 months), to ensure that no other areas of learning are identified. Allocator and Dispatcher have received 1:1 feedback to ensure that all resources are allocated rest breaks immediately. This has been monitored by the appropriate Duty Control Manager. Operational staff member feedback to ensure that they logon to resource immediately at start of shift. External stakeholder sharing of learning via SWASFT call handler whose call was non-compliant to MPDS standards. Update to the gazetteer (a geographical index which is updated every 6 weeks. Self-reflection of customer service skills.

Clinical issues	Debrief / Reflection facilitated by the Health Board Clinical Lead and crew regarding Patient Clinical Record completion with an understanding of clinical indicators.
	Familiarisation of the WAST airway document 2017 especially around the guidance on cardiac arrest (iGel and $ETCO_2$).
	Revisiting the resuscitation of hypothermic patients and adjustment of drug doses in line with JRCALC guidelines.
	Sepsis E-learning update.
	Revision of Sepsis within JRCALC and application of Paramedic Pathfinder to support clinical decision making.
	Supported practice session on documentation completion.
	Clinical review of incident with attending clinicians, with emphasis on appropriate patient transfer process for deceased patients identified by Trust staff, conveyance to mortuary units and contact Police.
	Issuing of the Patient Safety Notice regarding the placement of Pulse Oximeters.

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

14. Over the past 6 months the PTR Team has been working in collaboration with Welsh Government and the Welsh Risk Pool regarding the new concerns process. The new process has been redefined from 1 October 2019 and is as follows:

    14.1. Early Resolution – 2 day Key Performance Indicator (KPI) (previously an On The Spot concern);
    14.2. Local Resolution – Although dealt with under the Regulations they do not require a formal Regulation 24 letter of response. Local resolution can achieved by phone, email or a face to face meeting. The spirit of the Regulations must be followed and the complainant must be satisfied with the response; and,
    14.3. Formal – requires a formal letter of response, as required under the Regulations. These are currently signed off by the Chief Executive Officer, following Quality Assurance (QA) of the investigation, with the KPI being 30 days. These 30 days are split into 20 days (investigation and QA), 5 days (discuss possible Breach of Duty and Qualifying Liability in Tort (if any), commence letter) and 5 days (through QA and ultimately for the CEO to sign.

15. To ensure that all internal stakeholders understand and comply with the new Regulations, a series of internal meetings were facilitated which has reinforced continuity across all areas of the business. The PTR Team has also re-designed the suite of investigative templates which compliments the new process.

16. The table below provides an analysis on all areas within the PTR portfolio for this quarter:

Compliance

	Jul	Aug	Sep
■ Early Resolution complance	100%	97%	95%
■ 2 day acknowledgement	92%	91%	88%
■ 30 day formal	55%	70%	74%

■ Early Resolution complance   ■ 2 day acknowledgement   ■ 30 day formal
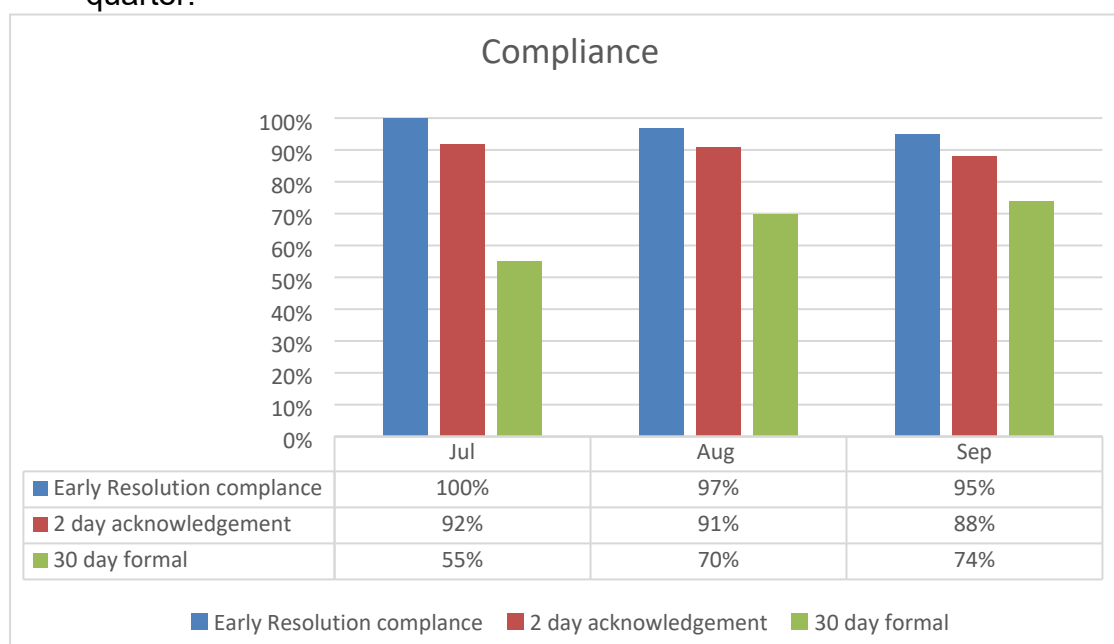
17. The data presented above will only be accurate at the time of reporting. The department is still working through the significant data and system change to reflect the new process.

18. In terms of our 30 day, Tier 1 target, the efforts of cross Directorate and partnership working demonstrate confirmation of an improving recovery of compliance throughout this quarter, where we have achieved 55%, 70% and 74%. It must be noted that a recovery is underway, although the sustainability of this will be somewhat dependant on the volumes received through this winter. Early indications through October and November are that our volumes are increasing.

19. A key element to this target is the volume of completed and QA Investigation Officer reports within the 20 day KPI. Unfortunately, this still remains low and the agreement of 2 posts within the CCC to support the investigation and quality assurance processes will ultimately assist with improving the timeliness of this process. The Job Descriptions have been developed and will be advertised, once banded.

20. The table below illustrates the volume of Formal concerns received by the Trust, making a comparison by month from 2017 onwards. It can be seen that month on month the volume of Formal concerns is increasing however, more recently, they include Local Resolution that have been converted from an unresolved Early Resolution.

Response under the Putting Things Right Regulations 2017/18 - 2018/19 - 2019/20

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Volume 2017/18	30	19	31	38	22	29	28	28	48	69	80	97
Volume 2018/19	60	39	38	51	34	36	43	34	33	44	29	27
Volume 2019/20	74	90	53	99	65	83						
Compliance 2017/18	88	83	78	58	76	81	68	89	79	74	56	34
Compliance 2018/19	34	32	60	52	53	49	54	45	62	27	34	50
Compliance 2019/20	56	68	67	55	70	74						
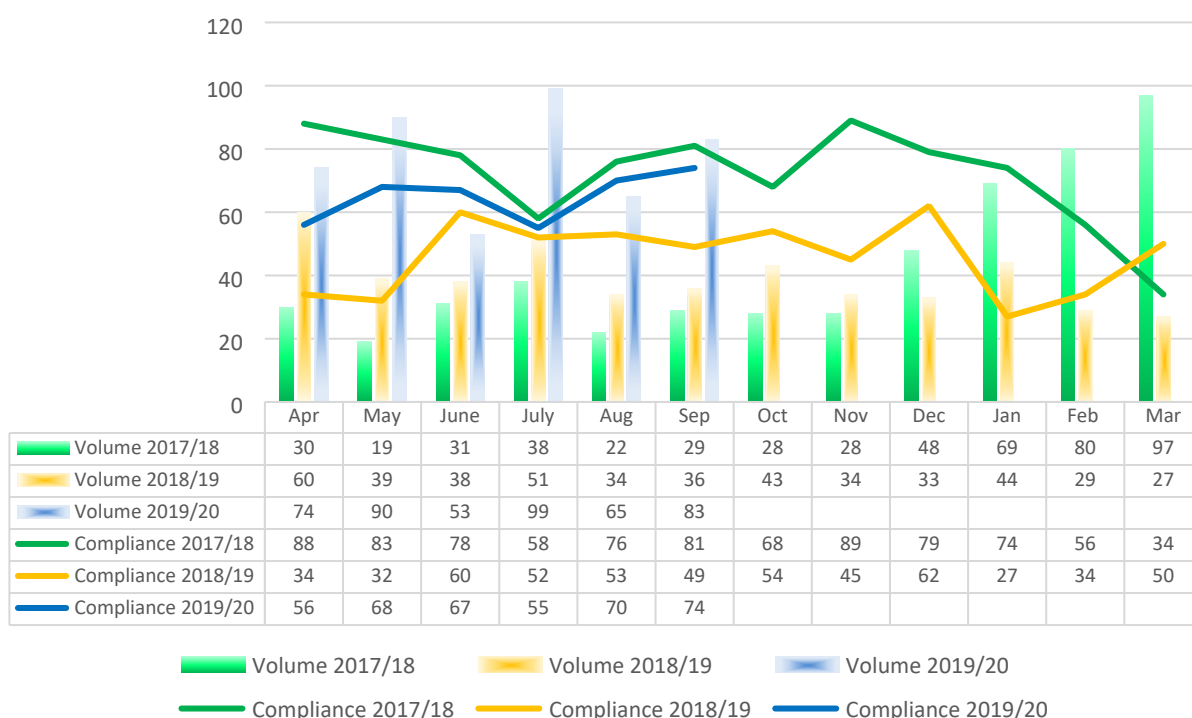
21. The PTR Department has undertaken an Away Day in relation to the new concerns process. In addition to this a half day workshop to process map the investigative 'cross over' between Operations and CCC will also be facilitated by the Head of Patient Safety, Concerns and Learning.

22. The themes and trends emerging from our PTR investigations remains primarily delayed responses to patients awaiting a response within the communities.

Political and Ombudsman Investigations

23. The table below illustrates the volume of Political concerns comparing the past 5 years through to this quarter. The majority of the concerns continue to be in relation to the time taken to respond in emergency situations. The concerns are spread pan-Wales, across all Health Board areas.

24. The PTR Team have designed a monthly report on the Political concerns under investigation with oversight of the Executive Director of Quality & Nursing, Chief Executive and Chairman.

25. Having previously reported a significant rise in concerns raised by Politicians across the winter period of 2017-18 in the Trust's Quality Assurance report, the trend for this period has slightly decreased.

Political Concerns

	2015/16	2016/17	2017/18	2018/19	2019/20
July	6	5	12	10	3
Aug	9	1	5	7	10
Sep	7	12	9	10	7
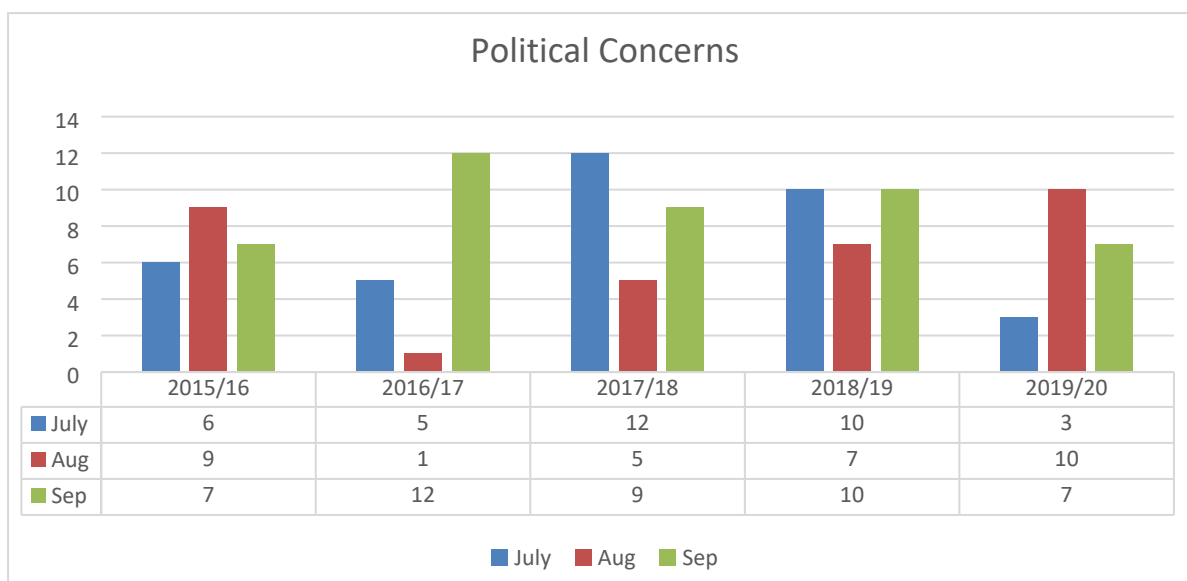
26. In relation to Ombudsman investigations during the reporting quarter we have:

26.1. Received 5 new cases;
26.2. Closed 12 cases;
26.3. Received 1 report that has concluded;
26.4. There are currently 8 open investigations. 2 reports have been received and actions are ongoing. There are 6 cases where investigations are in progress; and,
26.5. The Trust continues to receive decision notices from the Ombudsman where no investigation is undertaken as the Trust is able to demonstrate a comprehensive investigation has already been undertaken through the concerns process.

27. The requirements of the Ombudsman's new clinical standards have not yet affected the findings within the reports. This will continue to be monitored.

28. The Trust will ensure accurate completion of the new documentation supporting Local and Early resolution of concerns to prepare for future challenge by the Ombudsman.

Coroner's activity

29. The Trust received 1 Regulation 28 Prevention of Future Deaths within this quarter. The responding day within the 56 day timeframe is 11 November 2018. The draft letter and accompanying action plan will be taken to the Quality, Patient Experience and Safety Committee on 26 November 2019.

Key achievements

30. The Joint Serious Incident Framework has now been ratified through the Directors of Nursing Forum and is now forming part of our decision making at the SCIF. Further meetings have been set up with the Assistant Directors of Nursing

across all Health Boards to ensure that a consistent and seamless process is being applied, monitored and reviewed.

31. During this quarter the Trust's PTR Scrutiny Panel convened to discuss and provide assurance to the Non-Executive Directors on the quality and rigor of the investigation for the South East region. The Panel focused on assurance re compliance with the PTR regulations with an incident and subsequent Joint SAI investigation and Coroner's Inquest.

32. The newly formed Patient Safety Monitoring and Learning Group also convened during this quarter. The next meeting is due to be scheduled for December 2019, with a specific focus on Serous Incident learning and Regulation 28 action plans. The latter will also be taken to the Assistant Director's Forum to ensure cross directorate collaboration for improvements and learning.

It is RECOMMENDED that,

(1) The Trust Board receives this report for information, discussion and noting.

EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required for this report.

REPORT CHECKLIST

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

AGENDA ITEM No	3.8
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Welsh Ambulance Service Framework for Engagement 2019-22: Delivery Plan Quarterly Update November 2019

MEETING	Board
DATE	21/11/19
EXECUTIVE	Director of Partnerships and Engagement
AUTHOR	Director of Partnerships and Engagement
CONTACT DETAILS	Estelle Hitchon M: 07990 085055 E: estelle.hitchon2@wales.nhs.uk

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

REPORT PURPOSE	To update Board on progress against the Engagement Framework Delivery Plan
CLOSED MATTER REASON	Not applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Board	21/11/19	Noting

SITUATION

1. The engagement framework and associated delivery plan was approved by the Board at its July 2019 meeting.

2. This report represents the first quarterly update on progress against the delivery plan.

BACKGROUND

3. The framework for engagement is designed to provide coherence and focus around the Trust's prioritised engagement activities, recognising that it does not encompass the totality of the organisation's engagement work.

4. The adoption of the framework was an IMTP commitment for the 2019/20 year.

5. The associated delivery plan details 2019/20 actions to ensure engagement activity is targeted in those areas where optimum benefit can be derived and/or where there is greatest organisational/reputational risk.

ASSESSMENT

6. Positive progress has been made across the areas outlined within the delivery plan as outlined in the attached update, acknowledging that this is the first quarterly report and, therefore, early in the process of bedding in the framework for engagement.

7. Work will continue in the next quarter, recognising that the winter period may give rise to additional engagement requirements as part of the management of pressures.

8. In particular, it will be critical to maintain robust and effective engagement with health boards, the Chief Ambulance Services Commissioner and Welsh Government over the coming months.

9. This will be undertaken regularly and through a variety of fora, with a clear focus on identifying collaborative solutions to maintaining patient safety and employee wellbeing at times of increased escalation.

10. Such work may, in turn, require a refocusing of activities and/or objectives. Should this be the case, this will be reflected in the next report, scheduled to be reviewed at the March 2020 Board meeting.

RECOMMENDED:

*   That the Board notes this update report.

EQUALITY IMPACT ASSESSMENT
Undertaken to ensure the rights of protected characteristic groups are respected and that there is no adverse impact.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	To be kept under regular review

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

Welsh Ambulance Services NHS Trust: Engagement Framework Delivery Plan 2019-20: Quarterly Update November 2019

Issue	Action	Who	When	Progress	Anticipated Outcome
Response to staff survey results 2018	Development, delivery and evaluation of organisational response plan, which responds to issues raised, including: - Visibility of leaders - Bullying - Violence and aggression - Management of change - Communication at all levels - Mental wellbeing - Team working	Director of WOD Director of Partnerships and Eng	Update to July 2019 People Committee Review end Qtr 4 2019/20 to assess progress and next steps	People Committee received update report on progress against actions October 2019. Work continuing across all action plan areas.	Colleague experience improved Improved confidence in leadership in responding to colleague concerns Colleagues better understand long term strategy and direction of travel Colleagues feel safer in the workplace
Workforce issues: Meal breaks Rostering Role reviews e.g. CTL Band 6 benefits Shift patterns Consultation on portfolio changes Proposed NEPTS social journeys changes Improved approach to recruitment and support of volunteers, with concomitant impact on service contribution	TUs (local and regional officers where required) engaged early in all relevant discussion Clear communication with managers and colleagues about proposed developments with opportunities for two-way engagement External stakeholders identified and appropriate communication in place, e.g. CHCs, WG, commissioners, CASC, patients etc.	Director of WOD Interim Deputy Director NEPTS Director Ops Director Partnerships and Eng	By end quarter 4 2019/20	Extensive work undertaken on role reviews and currently in banding process (Nov19). Engagement with key stakeholders including WG, CHCs and other on proposed NEPTS social journeys continues Volunteer strategy in an advanced stage of development. Scheduled for Board early 2020.	Workforce understand and accept need for change and are responsive External stakeholders acknowledge and are supportive of changes. Mutual benefits are clearly identified. Patients experience service appropriate to their needs Existing and potential volunteers feel supported and committed

Issue	Action	Who	When	Progress	Anticipated Outcome
Amber Review: WAST Response	Develop and deliver a programme of public engagement that focuses on call prioritisation and resource utilisation in line with the recommendations of the Amber Review	Director of Nursing and Quality (PECI)	March 31 2020	This action is now closed having been deemed as complete via the Amber Review Implementation Board. Returns to BAU for PECI team.	People understand the way in which calls are prioritised and the resources available. They are able to make better choices when selecting services appropriate to their need
	Work closely with CASC and NCCU colleagues to engage staff in the progress of the actions emanating from the Amber Review	Interim Director of Planning and Performance	March 31 2020	This continues via the Amber Review Implementation Board. WG statement on progress of Amber Review expected quarter 3 19/20	Teams understand the implications of the Amber Review and recognise and support the need for the changes required
	Manage collaboratively the messaging around the outcome of the demand and capacity review through development of a comms plan with CASC (as per Amber Review)	Chief Executive Director of Partnerships and Engagement Interim Director of Planning and Performance	October 31, 2019	Initial comms with staff shared via Zoom webinar 12/11. Further comms to be scheduled as appropriate including with stakeholders	Outcome of Demand and Capacity Review is understood and accepted by colleagues, commissioners, CASC, WG and politicians.
Commissioner/LHB engagement	Work closely with the CASC to finalise revisions to Ambulance Quality Indicators and ensure their communication to stakeholders	Interim Director of Planning and Performance	September 30 2019	Continuing to support work led by ACASC and NCCU. Anticipate work concluded by end of 2019/20	AQIs are agreed and supported as appropriate measures of quality and performance

Issue	Action	Who	When	Progress	Anticipated Outcome
	Develop monthly briefing for EASC members on WAST developments, performance etc.	Interim Director of Planning and Performance	September 30 2019	This action is complete. Monthly briefing now in place supported by discrete communication on issues of note.	Commissioners have accurate and timely information. Relationships are strengthened
Commissioner/LHB engagement	Continue engagement with primary care clusters and LMCs to secure understanding of ambulance call prioritisation system and out of hospital opportunities	Medical Director	March 31 2020	Regular engagement by Medical Directorate colleagues which has included LMC visits to CCC. Handling plan in place to address emerging issues with a focus on relationship building	Primary care colleagues understand call prioritisation and dispatch system. Rotational model continues to develop

Issue	Action	Who	When	Progress	Anticipated Outcome
	Collaborate with health boards to deliver a range of referral pathways – ensure engagement is consistent and that benefits of pathways are mutually agreed and understood	Interim Director of Planning and Performance (supported by Director of Ops and Medical Director)	March 31 2020	Agreed focus on three areas: breathing difficulties, chest pain, falls. Communication sent to all Health Board CEOs to confirm their commitment to developing alternative care pathways accessible to WAST Clinicians. Nominated Health Board Leads have been identified. Primary initial focus on respiratory.	More referral pathways are developed and/or existing pathways accept referrals from ambulance staff. Conveyance rates to EDs reduce. Health board colleagues understand clinical model, profile of patients and recognise need to improve pathway availability. Relationships improved
	Ensure representation and attendance at regional planning committees to optimise opportunities for discussion.			Ongoing representation plus supporting discussion at peer group meetings etc.	

Issue	Action	Who	When	Progress	Anticipated Outcome
	Identify and action opportunities to promote the work and development of the APP model and other alternative models of care	Director of Partnerships and Engagement (Comms Team) Medical Director	March 31 2020	All opportunities continue to be explored. Recent filming with Hugh Pym BBC health Editor with future broadcast date. Also exploring filming through the medium of Welsh as part of S4C documentary on primary care.	The model of delivery and potential of the APP role is understood and supported
Commissioner/LHB Engagement	Review and agree lead Exec roles in relation to health board areas, with anticipated outcomes clearly identified	Chief Executive (supported by Director of Partnerships and Engagement)	September 30 2019	Complete. Agreed to focus on peer & corporate rather than geographically specific engagement. Lead Exec LHB role therefore stood down.	Clarity of role and expectation. Relationships with health board colleagues improved.
	Review and agree lead NED roles in relation to health board areas, with anticipated outcomes clearly identified	Chair	September 30 2019	Partially complete. Lead NED roles to remain. Plan to be finalised following current NED recruitment process	Clarity of role and expectation. Relationships with health board NEDs improved. Opportunities for further collaboration identified.

Issue	Action	Who	When	Progress	Anticipated Outcome
Schools engagement	Map current schools engagement activities and develop a standards framework as a baseline for further development and systemisation in years 2 & 3	Director of Nursing and Quality (PECI Team)	March 31 2020	Standards framework developed and being embedded. PECI Team developing approach using Qliksense to better capture and analyse schools engagement to identify gaps and opportunities	Organisation has clear roadmap for schools engagement, with appropriate governance and standards framework. Consistency of messaging.
Wider system, public service and political engagement	Provide system leadership in the development, implementation and evaluation of a system wide communication and engagement plan for winter 2019/20, working closely with health boards, Welsh Govt and CASC	Director of Partnerships and Engagement	October 31 2019	#BeWiseSaveLives winter comms campaign developed and launches 18/11. Focus on defraying low acuity demand. Targeted messaging around flash points e.g. Black Friday, NYE, periods of high escalation etc. Agreement from HBs and WG to support messaging.	Demand is reduced, particularly at key pinch points, e.g. festive season, periods of adverse weather. WAST messages are basis for system messaging.

Issue	Action	Who	When	Progress	Anticipated Outcome
Wider system, public service and political engagement	Ensure representation on a minimum of three regional partnership boards, ensuring WAST is visible at strategic level and identifying strategic collaboration opportunities with a range of stakeholders that reflect organisational strategy, ambition and deliver improved services for patients	Director of Partnerships and Engagement	December 2019	Complete. Now represented on four RPBs or their substructures. Further representation at remaining RPBs to be explored via offer of long term strategy presentation in Qtr 4.	WAST is visible at RPB level. Strategic significance of the organisation is identified & welcomed. Opportunities for further collaboration identified, improving patient care and meeting organisational ambition. Alternative funding for developments identified
	Develop collaborative opportunities with a range of stakeholders to provide estates opportunities that meet organisational ambition	Interim Director of Planning and Performance	March 2020	Opportunities continue to be explored. Recent reprovision of Nelson station an example of successful working with alternative partners, e.g. local authorities	New and alternative estates opportunities are available. Improved environments for staff. Relationships with partners improved.

Issue	Action	Who	When	Progress	Anticipated Outcome
	Undertake a "voice of the stakeholder" exercise to gauge and understand stakeholder views and perceptions of the Welsh Ambulance Service and from which a year 2 and 3 engagement delivery plan can be built	Director of Partnerships and Engagement	31 March 2020	Project brief currently being scoped as of November 2019	Organisation understands how it is perceived by stakeholders. Engagement plan 2020-21/21-22 better reflects need and addresses any issues. Stakeholders feel heard and able to influence
Wider system, public service and political engagement	Continue programme of political meeting as appropriate, including briefing in advance of winter 2019/20 to group leaders	Chief Executive (supported by Director of Partnerships and Engagement and CASC)	March 31 2020	Pre-election period has impacted original timelines. Routine engagement continues. Winter briefing post December 12	Organisation is viewed as receptive and transparent. Politicians have access to current and accurate information
	Continue to identify opportunities to submit evidence to assembly inquiries/reviews	Director of Partnerships and Engagement	March 31 2020	Qtr 3 has seen active approaches by committee clerks on evidence submission, including on prison healthcare and sepsis.	Organisation is seen as having constructive views and ideas to offer. Policy-makers view WAST contribution as important and valued.

Issue	Action	Who	When	Progress	Anticipated Outcome
	Ensure clear and timely engagement with WG colleagues in relation to issues of assurance, performance and service developments in order to secure appropriate support and engender confidence	Chief Executive / Executive Team	March 31 2020	Continues through a number of mechanisms including JET, assurance and 1-2-1 meetings. Regular engagement on direction of travel and dialogue around emerging issues	Confidence in ability to deliver is maintained and improved. Information is shared in a timely manner. Issues are identified and flagged early, with appropriate remedial action identified. Proposed service developments are understood and supported
Messaging	Suite of core messages to be developed and refreshed at quarterly intervals (or sooner if required) and distributed to Board members, senior leaders and managers	Director of Partnerships and Engagement	From July 2019	First suite of core messages focused on winter period issued 15/11/19. To be reviewed March 2020. Intended as an aide memoire to support consistency of messaging to stakeholders by Board and senior leadership team members.	Consistency of messages to support engagement activities Staff, stakeholders remain connected to the key tenets of organisational strategy and operational priorities

Issue	Action	Who	When	Progress	Anticipated Outcome
Engagement with HE	Identify and implement regular programme of engagement with HEIW /HE providers to ensure early involvement in workforce planning and support for new roles	Director of WOD Medical Director	March 31 2020	Continues through a range of mechanisms. Full engagement in emergent all – Wales workforce strategy plus scheduled presentation on commissioning work at EMT	Support is secured for WAST requirements in education commissioning process. Curricula are influenced. HEIW and HEIs respond positively to innovation, creation of new roles etc.
	Develop appropriate relationships with HE providers that support securing of University Trust status and deliver range of organisational and patient benefits	Director of WOD	December 31, 2019	Update on progress presented at October 2019 People Committee	University Trust status is supported by HE partners and delivers appropriate organisational and patient benefit
Private sector engagement	Scope potential partnering with private sector organisations to work collaboratively on digital solutions in the context of improved colleague, patient and public experience	Director of Digital	March 31 2020	This action will be reprofiled to 2020/21 pending the arrival in Jan 2020 of the recently appointed Director of Digital	Organisation is visible to potential private sector partners. Partners are aware of direction of travel and are responsive

AGENDA ITEM No	3.9
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Revised Standing Orders

MEETING	Trust Board
DATE	21 November 2019
EXECUTIVE	Board Secretary
AUTHOR	Assistant Corporate Secretary
CONTACT DETAILS	Tel: 01745 532906 Email: Mike.Armstrong@wales.nhs.uk

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

REPORT PURPOSE	To approve revised Standing Orders for the Trust
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	21 November	Approval

SITUATION

1   Following receipt of revised Model Standing Orders from Welsh Government the Board Secretary has reviewed and updated the Trust's Standing Orders.

BACKGROUND

2   Whilst individual NHS organisations are responsible for the review of their Standing Orders, these documents are informed by Model Standing Orders issued by Welsh Government using the Ministers power of direction in accordance with Sections 12(3) and 19(1) of the National Health Service (Wales) Act 2006.

3   In September 2019 the Welsh Government issued revised Model Standing Orders for Local Health Boards, Trusts and the Welsh Health Specialised Services Committee. Model Standing Orders for the Emergency Ambulance Services Committee were issued for the first time.

ASSESSMENT

4   The revised Model Standing Orders reflect a number of changes to legislation which require changes in the governance arrangements within NHS organisations such as the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.

5   The Trust's Standing Orders have been amended to incorporate these changes. Highlighted in yellow in **Appendix 1** are the significant changes to the Trust's documentation.

6   Welsh Government also issues Model Standing Financial Instructions. These are incorporated within Schedule 2 of Standing Orders and have effect as if incorporated directly into the Standing Orders. The timing of their review traditionally has coincided with the review of the Model Standing Orders. On this occasion however, the Model Standing Financial Instructions are being reviewed by Welsh Government on a different timeline. A national task and finish group has been established to take this work forward with the involvement of representatives of the Board Secretaries and Director of Finance networks.

7   Attached as **Appendix 1** are the Trust's revised Standing Orders. Schedule 2 provides a web link to the Trust's current Standing Financial Instructions. These will be amended and reported back to Trust Board once the findings of the national task and finish group are received.

RECOMMENDED

   1) **That the revised Standing Orders for the Trust, as set out in Appendix 1, be approved.**

Welsh Ambulance Services NHS Trust

Standing Orders

Reservation and Delegation of Powers

November 2019

Model Standing Orders, Reservation and Delegation of Powers for NHS Trusts

These Model Standing Orders are issued by Welsh Ministers to NHS Trusts using powers of direction provided in section 19 (1) of the National Health Service (Wales) Act 2006. National Health Service Trusts ("NHS Trusts") in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business. When agreeing SOs Trusts must ensure they are made in accordance with directions as may be issued by Welsh Ministers. They are designed to translate the statutory requirements set out in the National Health Service Trusts (Membership and Procedure) Regulations 1990 (S.I. 1990/2024) into day to day operating practice, and, together with the adoption of a Schedule of decisions reserved to the Board of Directors; a Scheme of decisions to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Trust.

These documents form the basis upon which the Trust's governance and accountability framework is developed and, together with the adoption of the Trust's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Trust Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Trust's Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within the Trust.

Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

Contents

Contents list/page numbers to be finalised once Standing Orders approved by Trust Board (November 2019).

Section A – Introduction

Statutory framework

Welsh Ambulance Services National Health Service Trust ("the Trust") is a statutory body that came into existence on 1st April 1998 under the **Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998 (S.I. 1998/678)**, "the Establishment Order".

i) The principal place of business of the Trust is Vantage Point House, Ty Coch Way, Cwmbran, NP44 7HF

ii) All business shall be conducted in the name of Welsh Ambulance Services National Health Service Trust, and all funds received in trust shall be held in the name of the Trust as a corporate Trustee.

iii) NHS Trusts are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how NHS Trusts are governed and their functions.

iv)   **The National Health Service Trusts (Membership and Procedure) Regulations 1990 (S.I. 1990/2024)**, as amended ("the Membership Regulations") set out the membership and procedural arrangements of the Trust.

v)   Sections 18 and 19 of and Schedule 3 to the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on NHS Trusts and to give directions about how they exercise those functions. NHS Trusts must act in accordance with those directions. The NHS Trust's main statutory functions are set out in their Establishment Order but additional functions may also be contained in other legislation, such as the NHS (Wales) Act 2006.

vi)   The Well-being of Future Generations (Wales) Act 2015 also places duties on LHBs and some Trusts in Wales. Sustainable development in the context of the Act means the process of improving economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.

vii)   In some cases the relevant function may be contained in other legislation. In exercising their powers NHS Trusts must be clear about the statutory basis for exercising such powers.

viii)   As a statutory body, NHS Trusts have specified powers to contract in its own name and to act as a corporate trustee.

ix)   In addition to directions the Welsh Ministers may from time to time issue guidance which NHS Trusts must take into account when exercising any function.

x)   NHS Trusts work closely with the seven Local Health Boards (LHBs) in Wales. The chief executive of the Trust is an associate member of the following joint-committees of the LHBs:

- The Welsh Health Specialised Services Committee, and
- The Emergency Ambulance Service Committee.

xi)   **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee ("WHSSC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I.**

2009/3097) which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.

xii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.08))** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8 (W.8))** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee ("EASC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.

xiii) **The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012) require the Trust to establish a Shared Services Committee and prescribe the membership of the Shared Services Committee in order to ensure that all LHBs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

xiv) **The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993)** have effect as made under section 33 of the NHS (Wales) Act 2006 enable LHBs, NHS Trusts and Local Authorities to enter into any partnership arrangements to exercise certain NHS functions and health-related functions as specified in the Regulations. The arrangement can only be made if it is likely to lead to an improvement in the way in which NHS functions and health-related functions are exercised, and the partners have consulted jointly with all affected parties, and the arrangements fulfil the objectives set out in the Area Plan developed in accordance with the **Social Services and Well-being (Wales) Act 2014**.

xv) Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions. NHS bodies includes NHS bodies in England such as the NHS Commissioning Board, NHS Trust and NHS Foundation Trust and, for the purposes of this duty, also includes bodies such as NICE, the Health and Social Care Information Centre and Health Education England.

xvi) Section 82 of the NHS Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

xvii) The Welsh Language (Wales) Measure 2011 makes provision with regard to the development of standards of conduct relating to the Welsh Language. These standards replace the requirement for a Welsh Language Scheme previously provided for Section 5 of the Welsh Language Act 1993. The Welsh Language Standards (No.7) Regulations 2018 (2018/411) came into force on the 29 June 2018 and specifies standards in relation to the conduct of NHS Trusts. The Trust will ensure that it has arrangements in place to meet those standards which the Welsh Language Commissioner has required by way of a compliance notice under section 44 of the 2011 Measure.

xviii) Paragraph 18 of Schedule 3 to the NHS (Wales) Act 2006 provides for NHS Trusts to enter into arrangements for the carrying out, on such terms as considered appropriate, of any of its functions jointly with any Strategic Health Authority, Local Health Board or other NHS Trust, or any other body or individual.

xix) NHS Trusts are also bound by any other statutes and legal provisions which govern the way they do business. The powers of NHS Trusts established under statute shall be exercised by NHS Trusts meeting in public session, except as otherwise provided by these SOs.

NHS Framework

xx) In addition to the statutory requirements set out above, NHS Trusts must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that are expected at all levels of the service, locally and nationally.

xxi) Adoption of the principles will better equip NHS Trusts to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.

xxii) The overarching NHS governance and accountability framework incorporates these SOs; the Scheme of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the '*Doing Well, Doing Better: Standards for Health Services in Wales*' (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

xxiii)   The Welsh Ministers, reflecting their constitutional obligations, and legal duties under the **Well-being of Future Generations (Wales) Act 2015 (2015/2)**, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.

The Welsh Ambulance Service NHS Trust is not considered a public body under the Act but is committed to achieving the Well-being Goals and the sustainable development principle.

xxiv)   Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual, which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of NHS Trust business are also issued electronically, usually under cover of a Welsh Health Circular.

NHS Trust Framework

xxv)   Schedule 2 provides details of the key documents that, together with these SOs, make up the NHS Trust's governance and accountability framework. These documents must be read in conjunction with these SOs and will have the same effect as if the details within them were incorporated within the SOs themselves. The Standing Financial Instructions form Schedule 2.1 of these SOs.

xxvi)   NHS Trusts will from time to time agree and approve policy statements which apply to the Trust's Board of directors and/or all or specific groups of staff employed by Welsh Ambulance Services National Health Service Trust and others. The decisions to approve these policies will be recorded and, where appropriate, will also be considered to be an integral part of the Trust's SOs and SFIs. *Details of the Trust's key policy statements are also included in Schedule 2.*

xxvii) NHS Trusts shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxxv) below).

xxviii) For the purposes of these SOs, the Trust Board of Directors shall

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collectively be known as "the Board" or "Board members"; the Executive and Non-Executive Directors shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance – SO 1.1.2 refers.

Applying Standing Orders

xxix) The SOs of NHS Trusts (together with SFIs and the Values and Standards of Behaviour Framework will, as far as they are applicable, also apply to meetings of any formal Committees established by the Trust, including any sub-Committees and Advisory Groups. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. *Further details on committees may be found in Schedule 3 of these SOs.*

xxx) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and Trust officers have a duty to report any non-compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

xxxi) Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.

Variation and amendment of Standing Orders

xxxii) Although these SOs are subject to regular, annual review by the NHS Trust, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made if:

- The variation or amendment is in accordance with regulation 19 of the Membership Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;

- The proposed variation or amendment has been considered and approved by the Audit Committee and is the subject of a formal report to the Board; and

- A notice of motion under Standing Order 7.5.14 has been given.

Interpretation

xxxiii) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of the Trust shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director of Finance (in the case of SFIs).

xxxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The Role of the Board Secretary

xxxv) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within NHS Trusts, and is a key source of advice and support to the NHS Trust Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within NHS Trusts. The Board Secretary is responsible for:

- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
- Facilitating the effective conduct of NHS Trust business through meetings of the Board, its Advisory Groups and Committees;
- Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the NHS Trust compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair (and Chief Executive) in respect of matters relating to responsibilities of the Board, its Committees and Advisory Groups, and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.

Further details on the role of the Board Secretary within Welsh Ambulance Services NHS Trust, including details on how to contact them, is available at http://www.ambulance.wales.nhs.uk/en/44

Section B – Standing Orders

1. THE TRUST

1.0.1 The Trust's principal role is to:

    (a)   to manage ambulance and associated transport services;

    (b)   to manage such other services (including communications and training) relating to the provision of care as can reasonably be carried out in conjunction with the management of ambulance and associated transport services from Ambulance Headquarters at:

        (i)   Vantage Point House, Ty Coch Way, Cwmbran, NP44 7HF
        (ii)   Ty Elwy,St Asaph Business Park, St Asaph, LL17 0LJ,
        (iii)   Matrix One, Northern Boulevard, Swansea, SA6 8RE,

    (c)   To own the premises associated with the provision of the services in paragraphs (a) and (b);

    (d)   to perform the functions of the National Contact Point in Wales for the purposes of Directive 2011/24/EU as set out in regulations 3 to 6 of the National Health Service (Cross-Border Healthcare) Regulations 2013; and

    (e)   to provide—

        (i)   information about health conditions and availability of health services; and

        (ii)   remote access health advisory, triage and referral services,

    for the purposes of the health service in Wales.

The Trust was established by, and its functions are contained in, the **Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998** (S.I. 1998/678), as amended. The Trust must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.

1.0.2 To fulfil this role, the Trust will work with all its partners and stakeholders in

the best interests of its population.

1.1 Membership of the Trust

The membership of the Trust shall comprise the Chair, 7 non-executive directors and 5 executive directors.

1.1.1 For the purposes of these SOs, the Trust Board of directors shall collectively to be known as "the Board" or "Board members"; the executive and non-executive directors (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively. The Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance. All such members shall have full voting rights.

1.1.2 The Minister for Health and Social Services shall appoint the Chair and non-officer members of the Trust.

1.1.3 The Trust will appoint a Committee whose members will be the Chair and non-executive directors of the Trust whose function will be to appoint the Chief Executive as a director of the Trust.

1.1.4 The Trust will appoint a Committee whose members will be the chair, the non-executive directors and the Chief Executive whose function will be to appoint the executive directors other than the Chief Executive.

Executive Directors

A total of 5, appointed by the relevant committee, and consisting of the Chief Executive, the Director of Finance and 3 other Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.

Non-executive directors [to be known as Independent Members]

1.1.5 A total of 7 (excluding the Chair) appointed by the Minister for Health and Social Services.]

Use of the term 'Independent Members'

1.1.6 For the purposes of these SOs, use of the term 'Independent Members' refers to the following voting members of the Board:

- Chair
- Vice-Chair
- Non-Executive Directors

unless otherwise stated.

1.2 Joint Directors

1.2.1 Where a post of Executive Director of the Trust is shared between more than one person because of their being appointed jointly to a post:

> (i)   Either or both persons may attend and take part in Board meetings;
> (ii)   If both are present at a meeting they shall cast one vote if they agree;
> (iii)   In the case of disagreement no vote shall be cast; and
> (iv)   The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1 The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.3.3 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in the Membership Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

1.3.4 The Trust will require Board members to confirm in writing their continued eligibility on an annual basis.

1.4   The Role of the Trust, its Board and responsibilities of individual members

Role

1.4.1 The principal role of the Trust is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

> ▪ Setting the organisation's strategic direction

- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Trust's performance across all areas of activity.

Responsibilities

1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.

1.4.4 NHS Trusts shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".

1.4.5 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting the Trust within the communities it serves.

1.4.6 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.

1.4.7 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

1.4.8 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.

1.4.9 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of the Trust. They are the appointed Accountable Officer for the Trust and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.

1.4.10 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or "champions" as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the Trust, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. **RESERVATION AND DELEGATION OF TRUST FUNCTIONS**

2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

     (i) Schedule of matters reserved to the Board;
     (ii) Scheme of delegation to committees and others; and
     (iii) Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 The Trust retains full responsibility for any functions delegated to others to carry out on its behalf. Where Trusts and Local Health Boards have a joint duty e.g. the provision of Shared/Hosted Services the Trust remains fully responsible for its part, and shall agree through the determination of a written Partnership Agreement the governance and assurance arrangements for the partnership, setting out respective responsibilities,

ways of working, accountabilities and sources of assurance of the partner organisations.

2.1 Chair's action on urgent matters

2.1.1 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.

2.1.2 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.

2.2 Delegation of Board functions

2.2.1 The Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board' within the Model Standing Orders (see paragraph 2.0.2 (i), to Committees and others, setting any conditions and restrictions it considers necessary and in accordance with any directions or regulations given by the Welsh Ministers. These functions may be carried out:

(i) By a Committee, sub-Committee or officer of the Trust (or of another Trust); or
(ii) By another LHB; NHS Trust; Strategic Health Authority or Primary Care Trust in England; Special Health Authority; or
(iii) With one or more bodies including local authorities through a sub-Committee.

2.2.2 The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees or sub-Committees which it has formally constituted.

2.3 Delegation to officers

2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the

remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.

2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.

2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 NHS Trust Committees

3.1.1 The Board may and, where directed by the Welsh Ministers must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term "Committee"

3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

- Board Committee
- sub-Committee

unless otherwise stated.

3.2 Sub-Committees

3.2.1 A Committee appointed by the Board may establish a sub-Committee to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

3.3 Committees established by the Trust

3.3.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business:

- Quality and Safety;
- Audit;
- Information governance;
- Charitable Funds;
- Remuneration and Terms of Service; and
- Mental Health Act requirements

3.3.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity;

- Maximise cohesion and integration across all aspects of governance and assurance.

3.3.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board, its Committees and any Advisory Groups);
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.3.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary.

3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the Trust Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role

and remit, membership may be drawn from the Board, its staff (subject to the conditions set in Standing Order 3.4.6) or others not employed by the Trust.

3.3.6 Executive Directors or other Trust officers shall not be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers or to review Mental Health Tribunals (in accordance with the Mental Health Act 1983). Designated Trust officers shall, however, be in attendance at such Committees, as appropriate.

3.3.7 Full details of the Committee structure established by the Board, including detailed terms of reference for each of these Committees are set out in Schedule

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

3.4   Other Committees

3.4.1 The Board may also establish other Committees to help the Trust in the conduct of its business.

3.5   Confidentiality

3.5.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.6   Reporting activity to the Board

3.6.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

4.0.1 From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the function of managing and providing the Shared Services to the health service in Wales function has been conferred on it.

4.0.2 The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the Shared Services Regulations") require the Trust to establish a Shared Services Committee which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations prescribe the membership of the Shared Services Committee in order to ensure that all LHBs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.

4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation Agreement and a Hosting Agreement between all LHBs and Trusts setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. ADVISORY GROUPS

5.0.1 The Trust may and where directed by the Welsh Ministers must, appoint Advisory Groups to the Trust to provide advice to the Board in the exercise of its functions.

5.0.2 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so.

5.0.3 The Trust does not have any Advisory Groups.

5.1   The Local Partnership Forum (LPF)

Role

5.1.1 The LPF's role is to provide a formal mechanism where the Trust, as employer, and trade unions/professional bodies representing Trust employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the Trust - achieved through a regular and timely process of consultation, negotiation and communication. In doing so, the LPF must effectively represent the views and interests of the Trust's workforce.

5.1.2 It is the forum where the Trust and staff organisations will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.

5.2   Relationship with the Board and others

5.2.1 The LPF's main link with the Board is through the Executive members of the LPF and via the People and Culture Committee.

5.2.2 The Board may determine that designated Board members or Trust staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of Board members or Trust staff, subject to the agreement of the Trust Chair.

5.2.3 The Board shall determine the arrangements for any joint meetings between the Board and the LPF's staff representative members.

5.2.4 The Board's Chair shall put in place arrangements to meet with the LPF's Joint Chairs on a regular basis to discuss the LPF's activities and operation.

5.2.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

Refer to Schedule 4 for detailed Terms of Reference and Operating Arrangements.

6.   WORKING IN PARTNERSHIP
6.0.1 The Trust shall work constructively in partnership with others to plan and secure the delivery of an equitable, high quality, whole system approach to health, well-being and social care for its citizens. This will be delivered in

accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

6.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the Trust through:

- The Trust's own structures and operating arrangements, e.g., Advisory Groups; and
- The involvement (at very local and community wide levels) in partnerships and community groups – such as Public Service Boards – of Board members and Trust officers with delegated authority to represent the Trust and, as appropriate, take decisions on its behalf.

6.0.3 The Social Services and Well-Being (Wales) Act 2014 sets out duties for working in partnership with local authorities complementing existing duties under section 82 of the NHS Act 2006 (duty to cooperate with local authorities) and sections 10 (arrangements with other bodies) and 38 (duty to make services available to enable the discharge of local authority functions) of the NHS (Wales) Act 2006. An advice note on partnership working – implications for health boards and NHS Trusts from the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 has been published and it can be found here: https://socialcare.wales/cms_assets/hub-downloads/Partnership-working-–-implications-for-health-boards-and-NHS-Trusts.pdf

6.0.4 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6.1 Community Health Councils (CHCs)

6.1.1 The **Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010** (S.I. 2010/288) and the **Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010** (S.I. 2010/289) place a range of duties on Trusts in relation to the engagement and involvement of CHCs in its operations.

6.1.2 In discharging these duties, and given the all-Wales nature of the Trust's functions, the Board shall work constructively with the Board of Community Health Councils in Wales, to ensure that CHCs across Wales are involved,

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as appropriate, in:

- The planning of the provision of its healthcare services;
- The development and consideration of proposals for changes in the way in which those services are provided; and
- The Board's decisions affecting the operation of those healthcare services that it has responsibility for

and formally consulting with the Board of Community Health Councils and CHCs as appropriate on any proposals for substantial development of the services it is responsible for.

6.1.3　The Board shall ensure that each relevant CHC is provided with the information it needs on a timely basis to enable it to effectively discharge its functions.

Relationship with the Board

6.1.4　The Board may determine that designated CHC members shall be invited to attend Board meetings.

6.1.5　The Board may make arrangements to hold regular meetings between the Board of Community Health Councils and CHCs, as appropriate.

6.1.6　The Board's Chair shall put in place arrangements to meet with the Board of Community Health Councils Chair on a regular basis to discuss matters of common interest.

7.　MEETINGS

7.1　Putting Citizens first

7.1.1　The Trust's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.　The Trust, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested and required) and in electronic formats;
- Requesting that attendees notify the Trust of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL)

interpretation at meetings; and

- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and provisions made in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

7.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views and interests of the Trust's citizens and other stakeholders, including any views expressed formally to the Trust, e.g., through CHCs.

7.1.3 The Board at its meeting in March 2014 agreed to introduce audio recording of Board meetings with effect from 1 April 2014. The intention behind this proposal is for the Trust to be as open and transparent as possible about the way decisions are made, to use the recordings to write up the decision at the end of a debate and also for reference purposes should it be necessary to recall the precise wording of suggestions, advice and recommendations made at the meeting

7.2 Annual Plan of Board Business

7.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

7.2.2 The plan shall set out the arrangements in place to enable the Trust to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

7.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.

7.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisations website.

Annual General Meeting (AGM)

7.2.5 The Trust must hold an AGM in public no later than the 31 July each year. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of the meeting, and the agenda, shall be displayed bilingually (in English and Welsh) at the Trust's principal sites and the Trust's website.

The notice shall state that:

- Electronic or paper copies of the Annual Report and Accounts of Trust are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. as Braille, large print, easy read etc.

7.2.6 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others, such as the organisation's annual quality statement.

7.2.7 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

7.3 Calling Meetings

7.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

7.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

7.4 Preparing for Meetings

Setting the agenda

7.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees and Advisory Groups; and the priorities facing the Trust. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

7.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar

days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

7.4.3   Board members shall be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

7.4.4   No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision.   This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that assessment shall accompany the report to the Board to enable the Board to make an informed decision.

7.4.5   In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

7.4.6   In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

7.4.7   Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- At the Trust's principal sites; On the Trust's website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in the Trust's communication strategy.

7.4.8 When providing notification of the forthcoming meeting, the Trust shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

7.5 Conducting Board Meetings

Admission of the public, the press and other observers

7.5.1 The Trust shall encourage attendance at its formal Board meetings by the public and members of the press as well as Trust officers or representatives from organisations who have an interest in Trust business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and shall have appropriate facilities to maximise accessibility.

7.5.2 The Board and its committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

> *That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).*

7.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.

7.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

7.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as

observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

7.5.6 Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Board, its Committees and Advisory Groups

7.5.7 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Trust, (whether directly or through the activities of bodies such as CHC and the Trust's Advisory Groups representing citizens and other stakeholders) and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

7.5.8 The Chair of the Trust will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.

7.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

7.5.10 At least one-third of all Board members, at least one of whom is an Executive Director and one is an Independent Members, must be present to allow any formal business to take place at a Board meeting.

7.5.11 If the Chief Executive or an Executive Director is unable to attend a Board

meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

7.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

Dealing with motions

7.5.13 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

7.5.14 **Proposing a formal notice of motion –** Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

7.5.15 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

7.5.16 **Amendments -** Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be

considered by the Board alongside the motion.

7.5.17 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e.., the substantive motion.

7.5.18 **Motions under discussion –** When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

7.5.19 **Rights of reply to motions –** The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.5.20 **Withdrawal of motion or amendments –** A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

7.5.21 **Motion to rescind a resolution –** The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

7.5.22 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

7.5.23 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes

shall record the name of the individual and the way in which they voted.

7.5.24 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of the Trust's citizens and stakeholders. Such views will usually be presented to the Board through the Chair*(s)* of the Trust's Advisory Group*(s)* and the CHC representative(s).

7.5.25 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

7.5.26 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

7.6 Record of Proceedings

7.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

7.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on the Trust's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, the General Data Protection Regulations 2018, and the Trust's Communication Strategy and Welsh language requirements.

7.7 Confidentiality

7.7.1 All Board members together with members of any Committee or Advisory Group established by or on behalf of the Board and Trust officials must respect the confidentiality of all matters considered by the Trust in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

8. VALUES AND STANDARDS OF BEHAVIOUR

8.0.1 The Board must adopt a set of values and standards of behaviour for the Trust that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Trust, including Board members, Trust officers and others, as appropriate. The framework adopted by the Board, Statement of Principles and Behaviours will form part of these SOs.

8.1 Declaring and recording Board members' interests

8.1.1 *Declaration of interests* – It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Membership Regulations. Board members must notify the Chair and Board Secretary of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

8.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

8.1.3 *Register of interests* – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

8.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.

Model Standing Orders, Reservation and Delegation of Powers for NHS Trusts

8.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by the Trust are made aware of, and have access to view the Trust's Register of Interests. This may include publication on the Trust's website.

8.1.6 ***Publication of declared interests in Annual Report –*** Board members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in the Trust's Annual Report.

8.2 Dealing with Members' interests during Board meetings

8.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of the Trust and the NHS in Wales.

8.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

8.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:

(i) The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;

(ii) The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;

(iii) The declaration is formally noted and recorded, and the Board

member takes no part in the Board discussion or decision;

(iv) The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

8.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

8.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

8.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

8.2.7 *Members with pecuniary (financial) interests –* Where a Board member, or any person they are connected with[1] has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

8.2.8 The Membership Regulations define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

8.2.9 *Members with Professional Interests -* During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a Trust Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

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[1] In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

8.3   Dealing with officers' interests

8.3.1   The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of Trust officers' interests in accordance with the Values and Standards of Behaviour Framework.

8.4   Reviewing how Interests are handled

8.4.1   The Audit Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

8.5   Dealing with offers of gifts[2], hospitality and sponsorship

8.5.1   The Values and Standards of Behaviour Framework approved by the Board prohibits Board members and Trust officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

8.5.2   Gifts, benefits or hospitality must never be solicited. Any Board member or Trust officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Trust Board member or officer. Failure to observe this requirement may result in disciplinary and/or legal action.

8.5.3   In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate.   In assessing whether an offer should be accepted, individuals must take into account:

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- ▪ **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;

- ▪ **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to

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[2] The term gift refers also to any reward or benefit.

benefit the Trust;

- ▪ **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- ▪ **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Trust; and

- ▪ **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

8.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

8.6 Sponsorship

8.6.1 In addition to gifts and hospitality, individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

8.6.2 All sponsorship must be approved prior to acceptance in accordance with the Values and Standards of Behaviour Framework and the Trust's Gifts, Hospitality and Sponsorship Policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

8.7 Register of Gifts, Hospitality and Sponsorship

8.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Board members and employees. Executive

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Directors will adopt a similar mechanism in relation to Trust officers working within their Directorates.

8.7.2 Every Board member and Trust officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship are kept under active review, taking appropriate action where necessary.

8.7.3 When determining what should be included in the Register with regard to gifts and hospitality, individuals shall apply the following principles, subject to the considerations in Standing Order 8.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.

- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate[3]' hospitality need not be included in the Register.

8.7.4 Board members and Trust officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- acceptance would further the aims of the Trust;
- the level of hospitality is reasonable in the circumstances;
- it has been openly offered; and,
- it could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

8.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Trust to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the Board upon the adequacy of the Trust's arrangements for dealing with offers of gifts, hospitality and sponsorship.

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[3] Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

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9. SIGNING AND SEALING DOCUMENTS

9.0.1 The common seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board or Committee of the Board.

9.02. Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.

9.1 Register of Sealing

9.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

9.2 Signature of Documents

9.2.1 Where a signature is required for any document connected with legal proceedings involving the Trust, it shall be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.

9.2.2 The Chief Executive or nominated officers may be authorised by the Board to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

9.3 Custody of Seal

9.3.1 The Common Seal of the Trust shall be kept securely by the Board Secretary.

10. GAINING ASSURANCE ON THE CONDUCT OF TRUST BUSINESS

10.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of Trust business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

10.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit Committee (or equivalent).

10.0.3 Assurances in respect of services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the Trust.

10.0.4 Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive.

10.0.5 Arrangements for seeking and providing assurance is respect of any other services provided on behalf of or in association with the Trust shall be clearly identified and reflected within the practice of the organisation and within the relevant agreements.

10.1 The role of Internal Audit in providing independent internal assurance

10.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

10.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

10.2 Reviewing the performance of the Board, its Committees and Advisory Groups

10.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

10.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

10.2.3 The Board shall use the information from this evaluation activity to inform:

- the ongoing development of its governance arrangements, including its structures and processes;

- its Board Development Programme, as part of an overall Organisation Development framework; and

- the Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

10.3 External Assurance

10.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the Trust's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

10.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

10.3.3 The Board shall keep under review and ensure that, where appropriate, the Trust implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee or other appropriate bodies.

10.3.4 The Trust shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities. Under

section 145 of and paragraph 17 to Schedule 8 of the Government of Wales Act 2006.

11. DEMONSTRATING ACCOUNTABILITY

11.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of citizens and other stakeholders, including its officers and healthcare professionals.

11.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their partners.

11.0.3 The Board shall also facilitate effective scrutiny of the Trust's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

11.0.4 The Board shall ensure that within the Trust, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

12. REVIEW OF STANDING ORDERS

12.0.1 The Board Secretary shall arrange for a appropriate impact assessments to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

12.0.2 These SOs shall be reviewed annually by the Audit Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.

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MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

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This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

(i)   A Committee, e.g., Quality and Safety Committee;

(ii)   A sub-Committee e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board; and

(iii)   Officers of the Trust (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the Trust.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

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all of which form part of the Trust's Standing Orders.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs*

- *The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management*

- *Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*

- *The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*

- *The Board must take appropriate action to assure itself that all matters delegated are effectively carried out*

- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*

- *Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others*

- *The Board may delegate authority to act, but retains overall responsibility and accountability*

- *When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn,*

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have powers to further delegate those functions to others.

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of Trust functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit[4] Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of control and other established procedures within the Trust.

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[4] Trust to insert title for the committee that carries out these functions.

SCHEDULE OF MATTERS RESERVED TO THE BOARD[5]

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs.
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Trust, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges.
4	FULL	OPERATING ARRANGEMENTS	Approve, vary and amend: ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the Trust; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers.

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[5] Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements.

			In accordance with any directions set by the Welsh Ministers.
5	FULL	OPERATING ARRANGEMENTS	Approve the Trust's Values and Standards of Behaviour framework.
6	FULL	OPERATING ARRANGEMENTS	Approve the Trust's framework for performance management, risk and assurance.
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the Trust's aims, objectives and priorities.
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with SOs.
10	FULL	OPERATING ARRANGEMENTS	Approve arrangements relating to the discharge of the Trust's responsibility as a bailee for patients' property
11	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints and incidents
12	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with SFIs
13	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
14	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Trust
15	FULL	OPERATING	Authorise use of the Trust's official seal

		ARRANGEMENTS	
16	FULL	ORGANISATION STRUCTURE & STAFFING	Ratify appointment and manage appraisal, discipline and dismissal of the Chief Executive
17	FULL	ORGANISATION STRUCTURE & STAFFING	Ratify the appointment, appraisal, discipline and dismissal of the Executive Directors and any other Board level appointments, e.g., the Board Secretary and those constituting the Management Team
18	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee
19	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the Trust's top level organisation structure and corporate policies
20	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Trust Committees directly accountable to the Board
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee or Group set up by the Board
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all Committees and groups established by the Board
24	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust
25	FULL	STRATEGY &	Determine the Trust's strategic aims, objectives and priorities

		PLANNING	
26	FULL	STRATEGY & PLANNING	Approve the Trust's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
27	FULL	STRATEGY & PLANNING	Approve the Trust's Risk Management Strategy and plans
28	FULL	STRATEGY & PLANNING	Approve the Trust's citizen engagement and involvement strategy, including communication
29	FULL	STRATEGY & PLANNING	Ratify proposals for the acquisition, disposal or change of use of land and/or buildings
30	FULL	STRATEGY & PLANNING	Approve the Trust's partnership and stakeholder engagement and involvement strategies
31	FULL	STRATEGY & PLANNING	Approve the Trust's key strategies and programmes related to: ▪ The development and delivery of patient centred clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
32	FULL	STRATEGY & PLANNING	Approve the Trust's budget and financial framework (including overall distribution and unbudgeted expenditure)
33	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
34	FULL	PERFORMANCE & ASSURANCE	Approve the Trust's audit and assurance arrangements
35	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Trust's Executive on progress and performance in the delivery of the Trust's strategic aims, objectives and priorities and approve action required, including improvement plans to recover the Trust's strategic position where required

36	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Trusts Committees, groups and other internal sources on the Trust's performance and approve action required, including improvement plans
37	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Trust's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Trust's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Trust Committees (as appropriate)
38	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Trust's Chief Internal Auditor and approve action required, including improvement plans
39	FULL	PERFORMANCE & ASSURANCE	Receive the annual management letter from the Auditor General for Wales and approve action required, including improvement plans
40	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the Trust's performance against *Doing Well, Doing Better: Standards for Health Services in Wales* (formally the Healthcare Standards) and approve action required, including improvement plans
41	FULL	REPORTING	Approve the Trust's Reporting Arrangements, including reports on activity and performance to citizens, partners and stakeholders and nationally to the Assembly Government
42	FULL	REPORTING	Receive, approve and ensure the publication of Trust reports, including its Annual Report and annual financial accounts

DELEGATION OF POWERS TO COMMITTEES AND OTHERS[6]

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- The composition, terms of reference and reporting requirements in respect of any such Committees; and
- The governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- **Audit Committee**
- **Quality Patient Experience and Safety Committee**
- **Remuneration Committee**
- **Finance and Performance Committee**
- **People and Culture**
- **Charitable Funds Committee**

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation to Committees.

In the event the Chief Executive Officer is absent the Deputy Chief Executive Officer takes on full responsibility of the Chief Executive Officer. If the Deputy Chief Executive is the Director of Finance then the Director of Finance responsibilities is delegated

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[6] As defined in Standing Orders.

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to the Deputy Director of Finance.

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SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The Trust SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts on the Trust's Management Team also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the Trust's Scheme of Delegation to Officers.

Unless otherwise stated, sub-delegations to others are permitted. It is for individual Directors to ensure that a system of sub-delegations are in place for their respective directorates.

The table that sets out the Trust's delegated matters and responsible officers is maintained by the Trust as a separate document. http://www.ambulance.wales.nhs.uk/en/11

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

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Schedule 2

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KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS
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Trust framework
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The Trust's governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs*** *(see Schedule 2.1 below)*
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance (which includes):***
  - Board Assurance Framework
  - Quality Delivery Plan
  - Integrated Medium Term Plan

agreed by the Board. These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

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NHS Wales framework
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Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual, which can be accessed at www.wales.nhs.uk/governance-emanual/ . Directions or guidance on specific aspects of Trust business are also issued electronically, usually under cover of a Welsh Health Circular.

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MODEL STANDING FINANCIAL INSTRUCTIONS FOR NHS TRUSTS

This is maintained by the Trust as a separate document.

http://www.ambulance.wales.nhs.uk/en/11

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

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BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Introduction

This paper sets out the integrated governance framework agreed by Trust Board in December 2018.

Governance and Accountability Framework

The Trust's governance and accountability framework ensures that the Board is able to respond dynamically to the rapidly changing environment in which it operates whilst at that same time ensuring that quality and assurance are at the heart of the Trust's overall assurance framework.

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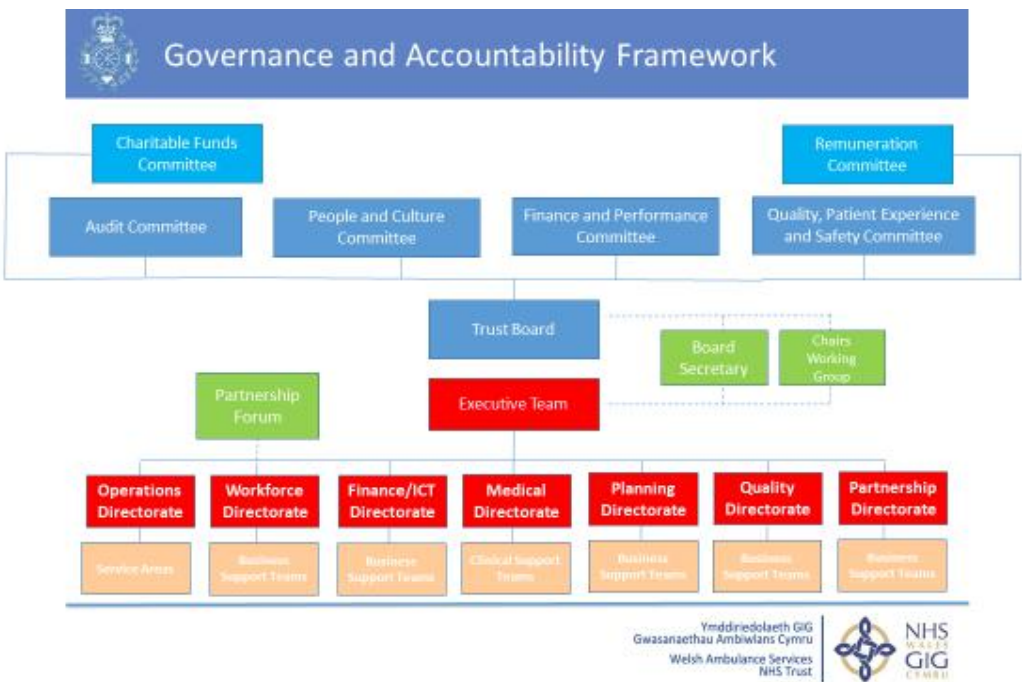
Committee Terms of Reference

Committee terms of reference and operating arrangements were approved by Trust Board at meetings held in March 2019 and May 2019.

- March 2019 - Audit Committee, Finance and Performance Committee, People and Culture Committee, Quality, Patient Experience and Safety Committee.
- May 2019 - Charitable Funds Committee, Remuneration Committee

The terms of reference and operating arrangements for each Committee are set out in Annex 1. Terms of reference are reviewed at least annually by each respective committee.

Format and Frequency of Board and Committee Meetings

The frequency of Board and Committee meetings is reviewed annually by Trust Board. Therefore the number of scheduled meetings set out below may vary year on year. Additional and closed session meetings of the Board and Committees are held as business requires.

- The Trust Board is a public meeting and is scheduled to meet at least six times per annum.
- Audit Committee, Finance and Performance Committee, People and Culture Committee, and Quality, Patient Experience and Safety Committee are public meetings and are scheduled to meet at least quarterly.
- Charitable Funds Committee is a public meeting and is scheduled to meet at least twice per annum.
- Remuneration Committee is held in closed session and is scheduled to meet at least four times per annum.

In addition to the formal Committees as set out above, from 1 April 2015 the Trust introduced a Chairs Working Group consisting of the Trust Chair, and Chairs of all Committees, together with the Chief Executive, Board Secretary and Executive Leads of each Committee. The Group meets quarterly to ensure that there is no duplication or lack of reporting across the business.

In support of the Board, the Trust has established the Welsh Ambulance Service Partnership Team as a forum where the Trust Executives, Trade Unions and Professional Organisations work together to improve the Trust's services for the people of Wales. It is the principal partnership forum for the discussion of national priorities and strategies and where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

The Trust does not have a stakeholder reference group or a healthcare

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professionals' forum (as defined in the IFRS NHS Wales Manual for Accounts) as these are not applicable to the Trust.

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AUDIT COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1.	INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2.	PURPOSE

2.1 The purpose of the Audit Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

3.	DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:

- the adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non clinical) designed to support the public disclosure statements that flow

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from the assurance process, including the Annual Governance Statement and the Annual Quality Statement, providing reasonable assurance on:

- the organisation's ability to achieve its objectives;
- compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government and others;
- the efficiency, effectiveness and economic use of resources; and
- the extent to which the organisation safeguards and protects all its assets, including its people,

and to ensure the provision of high quality, safe healthcare for its citizens;

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;
- the Schedule of Losses and Compensation;
- the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- the adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity;
- proposals for accessing Internal Audit services via Shared Services   arrangements (where appropriate);
- anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2   The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by reviewing:

- all risk and control related disclosure statements (in particular the Annual Governance Statement and the Annual Quality Statement) together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

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- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:

- the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the LHB's/ Trust's activities, both clinical and non clinical; and
- the reliability and integrity of these assurances.

3.5 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;
- the work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and

recommendations of these review bodies, and the risks of failing to comply;

- the systems for financial reporting to the Board, including those of budgetary control, are effective;
- the results of audit and assurance work specific to the Trust, and the implications of the findings of wider audit and assurance activity relevant to the Trust's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations' governance arrangements;
- monitor progress against the requirement of the Auditors' Management Letter;
- receive and review key Trust Annual Reports e.g. Trust Annual Report, Infection Control Annual Quality Statement; Annual Governance Statement and make recommendations to the Board for their adoption; and
- review the content of the Corporate Risk Register and obtain assurance that control measures are in place to mitigate all identified risks.

Authority

3.6 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.7 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.8 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Access

3.9 The Head of Internal Audit and the Engagement Leads/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.

3.10 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.11 The Chair of Audit Committee shall have reasonable access to Directors and other relevant senior staff.

Sub Committees

3.12 The Committee may establish sub- committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair   Non Executive Director
Members   Three further Non Executive Directors of the Board

4.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise e.g. Wales Audit Office, Internal Audit.

4.3 The Chair of the Trust shall not be a member of the Audit Committee.

Attendees

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

- Director of Finance and ICT
- Board Secretary
- Head of Internal Audit
- Director of Operations
- Local Counter Fraud Specialist
- Representative of the Auditor General
- Trade Union Partners (x2)
- Other Directors will attend as required by the Committee Chair

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

By Invitation

4.5 The Committee Chair may invite the following to attend all or part of a

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meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

4.6   The Chief Executive (Accountable Officer) should be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.

4.7   The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.8   Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

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

4.10   Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

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

Secretariat and Support to Committee Members

4.12   The Board Secretary, on behalf of the Committee Chair, shall:

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- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

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5.	**COMMITTEE MEETINGS**

Quorum

5.1   At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2   Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board business and calendar of meetings. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

5.3   The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

Withdrawal of individuals in attendance

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

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

6.1   Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

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

6.3   The Committee, through its Chair and members, shall work closely with the Board's other committees, including where appropriate joint (sub)

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committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information;

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

6.4   The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

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

| 7. | REPORTING AND ASSURANCE ARRANGEMENTS |

7.1   The Committee Chair shall:

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

7.2   The Committee shall provide a written, Annual Report to the Board and the Chief Executive (Accountable Officer) on its work in support of the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

7.3   The Board may also require the Committee Chair to report upon the

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committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8.	APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9.	REVIEW

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

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FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1.	INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2.	PURPOSE

2.1 The purpose of the Finance and Performance Committee (the Committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP):
- monitoring of the IMTP and ensuring achievement of key milestones;
- robustness of any cost improvement measures and delivery of key strategies and plans;
- ensure delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking; and
- scrutinise business cases for capital and other investment

3.	DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

Finance

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- monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances;
- review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy, including the efficiency review implementation and required savings targets;
- monitor achievement and planning of both in-year and recurring cost improvement plans and efficiencies. The Committee shall review the proposals for future efficiency schemes and make recommendations to the Board as appropriate;
- ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting
- monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board;
- receive, review and ensure mitigation of financial risks of delivery of plans;
- monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation, and
- review performance against the relevant Welsh Government financial requirements

Performance

- review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance standards;
- monitor and review progress against the Trust's Integrated Medium Term Plan;
- review the effectiveness of the Trust's Performance Management Framework and receive assurance on the value of outcomes produced by the framework;
- monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;
- obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams; and
- consider and review all Corporate Risks which relate to those business areas which come under the scope of the Committee.

Planning

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- oversee and contribute to the development of the Trust's Long Term Strategy and make recommendations to the Board;
- oversee and contribute to the development of the Trust's Integrated Medium Term Plan and make recommendations to the Board;
- review proposals for corporate objectives and delivery criteria and make recommendations to the Board as appropriate;
- develop and obtain assurance on the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee;
- review the Trust's strategies and plans and make recommendations to the Board as appropriate and ensure that the financial considerations complement the business plans (this includes formally receiving all business cases that require approval by the Welsh Government and making recommendations to the Board regarding their annual submission to Welsh Government); and
- review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews.

Authority

3.2   The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.3   The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.4   The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.5   The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4.	MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair　　　 Non Executive Director
Members　 Three further Non Executive Directors of the Board.

Attendees

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

- Director of Finance and ICT
- Director of Operations
- Director of Planning and Performance
- Trade Union Partners (x 2)

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

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

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and

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

Secretariat and Support to Committee Members

4.9   The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

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5.   COMMITTEE MEETINGS

Quorum

5.1   At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2   Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

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

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

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

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

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

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

6.3   The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4   The Committee shall embed the Trust's corporate standards, priorities and

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requirements, e.g. equality and human rights through the conduct of its business.

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7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

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

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9. REVIEW

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

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PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1.	INTRODUCTION

1.1   The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2   In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2.	PURPOSE

2.1   The purpose of the People and Culture Committee ('the Committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the NHS in Wales.

2.2   The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.

2.3   The Committee will also provide assurance to the Board on matters relating to partnerships and engagement, and in relation to the effectiveness of arrangements in place to ensure organisational wide compliance of health, safety and welfare requirements.

2.4   The Committee will approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

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3.	DELEGATED POWERS AND AUTHORITY

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

- development and implementation of the Trust's People and associated strategies and plans;
- champion the health and wellbeing of the workforce, monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff;
- development and implementation of the Trust's workforce plans and recruitment strategies;
- development, implementation, approval and compliance with workforce policies and procedures;
- monitor delivery of the Trust's strategic workforce priorities set out in the Integrated Medium Term Plan;
- monitor performance against key workforce indicators such as sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinaries and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern;
- champion the Trust's Strategic Equality Plan - Treating People Fairly, and support the work of networks and monitor progress against our equality, diversity and inclusion goals;
- consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed;
- receive and consider projects of major strategic organisational change where there is a significant impact on the workforce;
- monitor progress and seek assurance of an appropriate culture and arrangements to enable the Trust to discharge its statutory responsibilities regards the Welsh Language Standards, health, safety and welfare, equality and diversity, and relevant Healthcare Standards requirements;
- monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements;
- monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change;
- consider and seek assurance of the effectiveness of mechanisms used for measuring the experience of staff and volunteers and of plans in place to address areas of improvement;
- all matters relating to partnerships and engagement;

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- monitor progress towards the achievement of the Trust's aspiration for University status and its relationships with educational partners; and
- any other matter in relation to the Committee's overall purpose and responsibilities.

Authority

3.2   The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.3   The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.4   The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.5   The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4.	MEMBERSHIP

Members

4.1   The membership of the Committee will comprise:

Chair   Non Executive Director
Members   Three further Non Executive Directors of the Board.

Attendees

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

- Trade Union Partners (x 2)
- Director of Workforce and Organisation Development

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- Director of Partnerships and Engagement
- Director of Finance and ICT
- Director of Operations

4.3   The Chief Executive will have a permanent standing invite to attend the Committee.

4.4   The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation (e.g. University representative) to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5   Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

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

4.7   Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

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

Secretariat and Support to Committee Members

4.9   The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

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| 5. | COMMITTEE MEETINGS |

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

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

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

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

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

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

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

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and

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requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

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

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9. REVIEW

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

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QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1.	INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Quality, Patient Experience and Safety Committee.** This Committee has a key assurance role on behalf of the Board in relation to the Trust compliance with the Commissioning Core Quality Requirements, the NHS Wales Health & Care Standards 2015 and working towards the required compliance of the Welsh Government Quality and Governance Bill. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2.	PURPOSE

2.1 The Committee is responsible for overseeing the improvement and outcomes in quality, patient experience, effectiveness and safety and delivering the Quality Strategy.

Its specific responsibilities are to provide:

- Evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to governance, quality and safety of healthcare;
- **Assurance** to the Board in relation to the Trust's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

2.2 The Audit Committee will need to have an effective relationship with this Committee to understand the processes in operation. The primary focus of this Committee in relation to risk is to:

- propose new policy when needed;

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- monitor the effectiveness of risk management processes, both clinical and non-clinical; and
- intervene in the event of any risks arising which cannot be resolved by an alternative group or body of the Trust.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

- oversee the Trust's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- consider the implications for quality and safety arising from the development of the Trust's corporate strategies and plans, or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board; and
- consider the implications for the Trust's quality and safety arrangements from review/investigation reports, external guidance and national reports and actions arising from the work of external regulators.

3.2 The Committee will, in respect of its assurance role, seek assurances that governance (including risk management, management of health and safety and security) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the Trust's activities, and that these are compliant with relevant legislation. Additionally, the Committee will provide advice and assurance on the reliability, integrity, safety and security of the information collected and used by the organisation.

3.3 The Committee will be responsible for monitoring the Trust compliance with the Mental Health Act and Code of Practice through the work of the Trust Mental Health Steering Group.

3.4 The Committee's programme of work will be designed to ensure that, in relation to all aspects of quality and safety:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organisation, at all levels (directorate/team/region/locality) has a citizen centred approach, putting patients, patient safety, quality of care and safeguarding above all other considerations;
- the care planned, or provided, across the breadth of the organisation's functions (including directorate/team/region/locality and those provided by the independent or third sector) is consistently applied, based on

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sound evidence, is clinically effective and consistent with agreed standards e.g. NICE, JRCALC etc;

- the organisation, at all levels (directorate/team/region/locality) has the right systems and processes in place to deliver, from a patients perspective – person centred, efficient, effective, timely and safe services;

- there is an effective clinical audit and quality improvement plan and function that meets the standards set for the NHS in Wales;

- there is good collaborative team and partnership working to provide the best possible outcomes for its citizens; and

- that any matters raised by the Medical Director, Director of Quality & Nursing or other Directors in relation to patient safety and clinical risk are considered and addressed promptly and fully.

3.5   **Annex A** sets out the main functions of the Quality, Patient Experience and Safety Committee

Authority

3.6   The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.7   The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.8   The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.9   The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4.	MEMBERSHIP

Members

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4.1   The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair   Non Executive Director
Members   Three further Non Executive Directors of the Board.

Attendees

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

- Medical Director
- Director of Operations
- Director of Quality and Nursing
- Trade Union Partners (x 2)

4.3   The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.4   Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

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

4.6   Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

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

Secretariat and Support to Committee Members

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4.8   The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5.	COMMITTEE MEETINGS

Quorum

5.1   At least two members must be present to ensure the quorum of the Committee. In the absence of the Committee Chair, one of those in attendence must be designated as Chair of the meeting.

Frequency of Meetings

5.2   Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

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

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

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

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

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

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

6.3   The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

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

7.	REPORTING AND ASSURANCE ARRANGEMENTS

7.1   The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities.

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This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;

- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2   The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In so doing, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook and national guidance.

8.   APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9.   REVIEW

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

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The main functions of the Quality, Patient Experience and Safety Committee are to:

TO OBTAIN ASSURANCE:

- that the Health and Care Standards and Commissioning Quality Core Requirement are embedded Trust wide with actions taken in relation to any identified non-compliance;
- to provide assurance that the Trust is in compliance with the Mental Health Act and the Trust's Mental Health Improvement Plan;
- review the outcomes of clinical audits in line with the Trust's Clinical Audit and Effectiveness Plan;
- obtain assurance that the risks aligned to this Committee are supported with evidence of mitigation and controls assurance;
- assurance will be provided to the Committee by the Research and Development Forum with regards to the Trust's obligations for research and governance, as set out in the Welsh Government Research Governance Framework for Health and Social Care;
- review the outcomes of infection control audits and obtain assurance on the effectiveness of management actions relating to infection prevention and control;
- that recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
- that lessons are learned from patient experience information and patient safety and workforce related incidents, complaints and claims;
- on the Trust's safeguarding matters and where appropriate make recommendations for change;
- that the work of the Patient Experience & Community Involvement (PECI) arrangements and associated service user experience feedback is taken into account in the design and delivery of services, ensuring the full implementation of lessons learnt;
- on the arrangements for the management of health, safety and security and compliance with relevant legislation;
- that the workforce is appropriately selected, trained, supported and responsive to the needs of the service, and that professional standards and registration/revalidation requirements are maintained;
- progress of measures to improve data security and Caldicott performance against the Information Governance Toolkit;
- performance against indicators for clinical performance and clinical safety and assess the effectiveness of the relevant indicators

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CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1.	INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In accordance with Standing Orders (and the Trust's Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee** "the Committee**"**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2.	CONSTITUTION

2.1 The Welsh Ambulance Services NHS Trust Charity (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales.

2.2 The Welsh Ambulance Services NHS Trust is a corporate body in its own right. It is led by a Board of Directors comprising a Chairman, seven Non-Executive Directors, a Chief Executive, a Director of Finance & ICT and three other Executive Directors. The Trust acts as the Corporate Trustee of the Charitable Funds held on behalf of the Welsh Ambulance Services NHS Trust.

2.3 The purpose of the Committee is to make and monitor arrangements for the control and management of the Trust's Charitable Funds.

3.	SCOPE AND DUTIES

3.1 Within the budget, priorities and spending criteria determined by the Trust as Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 and Charities Act 2011 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.

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3.2 To ensure that the Trust policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:-

- Trustee Act 2000
- The Charities Act 1993
- The Charities Act 2006
- The Charities Act 2011
- Terms of the fund's governing documents

3.3 To oversee and monitor the functions performed by the Director of Finance and ICT and the Bids Panel as defined in Standing Financial Instructions.

3.4 To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.

3.5 To monitor and review the Trust's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

4. DELEGATED POWERS AND DUTIES OF THE DIRECTOR OF FINANCE AND ICT

4.1 The Director of Finance and ICT has delegated responsibility for the Trust's Charitable Funds as defined in the Trust's Scheme of Reservation and Delegation and as detailed within the Charitable Funds Investment Policy. With support from the Bids Panel, the specific powers, duties and responsibilities delegated to the Director of Finance are:-

- That Charitable Funds held are managed and scrutinised appropriately
- Administration of all existing charitable funds.
- Provide guidelines in response to donations, legacies and bequests, fundraising and trading income.
- Responsibility for the management of investment of funds held on trust as detailed within the Charitable Funds Investment policy.
- Ensuring that the banking arrangements for the charitable funds are kept entirely separate from the Trust's NHS funds.
- Prepare reports to the Trust Board including the Annual Account.
- Make arrangements for independent audit at appropriate times.

5. AUTHORITY

5.1 The Committee is authorised by the Board to:

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- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;
- by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee; and
- establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. (Formal sub-committees may only be established with the agreement of the Board.) Reporting to the Committee is a Charitable Funds Bursary Panel whose duties and responsibilities are set out in the Bursary Scheme approved by Trust Board 28 January 2016. The Committee has also agreed a National Bids Approval Panel at its March 2019 meeting.

6. MEMBERSHIP

Members

6.1 The membership of the Committee will comprise:

Chair   Non Executive Director
Members   Three further Non Executive Directors of the Board

6.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6.3 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Attendees

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

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- Director of Finance and ICT
- Board Secretary
- Director of Workforce and OD
- Director of Operations
- Trade Union Partners (x2)

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By Invitation

6.5   The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

6.6   The Chief Executive (Accountable Officer) should be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.

6.7   The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

Member Appointments

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

6.9   Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

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

Secretariat and Support to Committee Members

6.11   The Board Secretary, on behalf of the Committee Chair, shall:

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- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

7.   COMMITTEE MEETINGS

Quorum

7.1   At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of meetings

7.2   Meetings shall be held normally no less than twice in any financial year and otherwise as the Committee Chair deems necessary - consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

7.3   The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

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

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

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

- joint planning and co-ordination of Board and Committee business; and
- appropriate sharing of information

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

8.3   The Committee will consider the assurance provided through the work of

the Board's other Committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance,

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

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the board in their capacity as trustees. This may include, where appropriate, a separate meeting with the Board.

9.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum – as set out in section 7

11. REVIEW

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

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REMUNERATION COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1.	INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Remuneration Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2.	PURPOSE

2.1 The purpose of the Remuneration Committee (the Committee) is to provide:

- advice to 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; and
- assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

3.	DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change, ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government, are applied consistently;

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- ensuring that there is a process in place which both sets Executive Directors and other VSMs objectives and subsequently assesses performance;
- proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of all termination/severance payments (including A4C) in accordance with the relevant Welsh Government guidance; with regard to consideration of applications under the Voluntary Early Release Scheme, the Committee is authorised to approve all applications up to and not exceeding a value of £50k. Applications above that amount will be considered by the Committee and if endorsed will then specifically require WG approval.
- proposals in respect of any litigation claims in relation to any HR/employment matter which is not the subject of reimbursement by the Welsh Risk Pool.

Authority

3.2 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.3 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements. .

Sub-Committees

3.4 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4.	MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair   Non Executive Director
Members   Three further Non Executive Directors of the Board.

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4.2 The Chairman of the Audit Committee shall be co-opted to the Committee with full membership powers when VERS applications are to be considered by the Committee.

Attendees

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

- Chief Executive
- Director of Workforce and Organisation Development
- Board Secretary
- Trade Union Partner (x2)

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

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

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

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

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

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- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5.	COMMITTEE MEETINGS

Quorum

5.1   At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2   Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

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

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

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

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

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

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

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

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

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9. REVIEW

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

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Schedule 4

LOCAL PARTNERSHIP FORUM
LOCAL PARTNERSHIP FORUM   **Terms of Reference and Operating Arrangements**

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

The Trust has not established any Local Partnership Forums with the exception of the Welsh Ambulance Services Partnership Team.

The Welsh Ambulance Service Partnership Team (WASPT)

Meetings of the WASPT will not be held in public and therefore the relevant standing orders of the Trust in relation to meetings in public will not apply.

Role

The WASPT's role is to provide a formal mechanism where the Trust, as employer, and trade unions/professional bodies representing Trust employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the Trust achieved through a regular and timely process of consultation, negotiation and communication. In doing so, the WASPT must effectively represent the views and interests of the Trust's workforce.

It is the forum where the Trust and staff organisations will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.

The Trust may specifically request advice and feedback from the WASPT on any aspect of its business, and the WASPT may also offer advice and feedback even if not specifically requested by the Trust. The WASPT may provide advice to the Board:

- in written advice; or
- in any other form specified by the Board.

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Terms of reference and operating arrangements

The Board must formally approve terms of reference and operating arrangements for the WASPT. These must establish its governance and ways of working, setting out, as a minimum:

- the scope of its work (including its purpose and any delegated powers and authority);
- membership (including member appointment and removal, role, responsibilities and accountability, and terms and conditions of office);
- meeting arrangements;
- communications;
- relationships and accountabilities with others (including the Board, its Committees and Advisory Groups, and other relevant local and national groups);
- any budget and financial responsibility (where appropriate);
- secretariat and other support; and
- reporting and assurance arrangements.

In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the WASPT, keeping any such aspects to the minimum necessary. The WASPT will also operate in accordance with the TUC six principles of partnership working. The detailed terms of reference and operating arrangements are set out in Schedule 3 (Annex 7)

The WASPT may establish sub-fora to assist it in the conduct of its work, to facilitate:

- ongoing dialogue, communication and consultation on service and operational management issues specific to Divisions/Directorates/Service areas; and/or
- detailed discussion in relation to a specific issue(s).

Membership

The Trust shall agree the overall size and composition of the WASPT in consultation with those staff organisations it recognises for collective bargaining. As a minimum, the membership of the WASPT shall comprise:

<u>Management Representatives</u>

- Trust Chief Executive
- Director of Finance and ICT
- Director of Workforce and Organisational Development

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together with the following:-

- General Managers/Divisional Managers (details of which are contained within the Terms of Reference); and
- Workforce and Organisational Development staff (details of which are contained within the Terms of Reference).

The Trust may determine that other Executive Directors or others may act as members or be co-opted to the WASPT.

Staff Representatives

The maximum number of staff representatives shall be twelve. This will include the staff side chair and secretary and 4 other representatives elected following due process by the full membership of the staff side comprising representation from those staff organisations recognised by the Trust. However the WASPT will work towards reducing to six staff side representatives when the partnership forum is established and functioning appropriately.

In attendance

At least one of the four Trade Union representatives on the Board shall be invited to attend WASPT meetings in an ex officio capacity.

The WASPT may determine that full time officers from those staff organisations recognised by the Trust shall be invited to attend WASPT meetings.

Member Responsibilities and Accountability

Joint Chairs

The WASPT shall have two Chairs on a rotational basis, one of whom shall be drawn from the management representative membership, and one from the staff representative membership.

The Chairs shall be jointly responsible for the effective operation of the WASPT:

- chairing meetings, rotated equally between the Staff Representative and Management Representative Chairs;

- establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating framework; and

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- developing positive and professional relationships amongst the Forum's membership and between the Forum and the Board.

The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Trust's other advisory groups (if established). Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

The chairs are accountable to the Board for the conduct of business in accordance with the governance and operating framework set by the Trust.

Joint Vice Chairs

The WASPT shall have two Vice Chairs, one of whom shall be drawn from the Management Representative membership, and one from the staff representative membership.

Each Vice Chair shall deputise for their Chair in that Chair's absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed.

The Vice Chair is accountable to their Chair for their performance as Vice Chair.

Members

All members of the WASPT are full and equal members and collectively share responsibility for its decisions.

All members must:

- Be prepared to engage with and contribute to the WASPT's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;

- Comply with their terms and conditions of appointment;

- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and

- Promote the work of the WASPT within the professional discipline they represent.

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Appointment and terms of office

Management representative members shall be determined by the Board.

Staff representatives shall be determined by the staff organisations recognised by the Trust, subject to the following conditions:-

- Staff representatives must be employed by the Trust and accredited by their respective trade union; and

- A member's tenure of appointment will cease in the event that they are no longer employed by the Trust or cease to be a member of their nominating trade union.

The Management Representative Chair shall be appointed by the Board.

The Staff Representative Chair shall be elected from within the staff representative membership of the WASPT, by staff representative members, in a manner determined by the staff representative members. The Staff Representative Chair's term of office shall be for one (1) year.

The Management Representative Vice Chair shall be appointed from within the management representative membership of the WASPT by the Management Representative Chair.

The Staff Representative Vice Chair shall be elected from within the staff representative membership of the WASPT, by staff representative members, in a manner determined by the staff representative members. The Staff Representative Vice Chair's term of office shall be for one (1) year.

A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform their respective WASPT Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on the conduct of their role.

Removal, suspension and replacement of members

If a WASPT member fails to attend three (3) consecutive meetings, the next meeting of the WASPT shall consider what action should be taken. This may include removal of that person from office unless they are satisfied that:

(a) the absence was due to a reasonable cause; and

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(b) the person will be able to attend such meetings within such period as the WASPT considers reasonable.

If the WASPT considers that it is not conducive to its effective operation that a person should continue to hold office as a member, it may remove that person from office by giving immediate notice in writing to the person and the relevant nominating body.

Before making a decision to remove a person from office, the WASPT may suspend the tenure of office of that person for a limited period (as determined by the WASPT) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the WASPT suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

 A nominating body may remove and, where appropriate, replace a member appointed to the WASPT to represent their interests by giving immediate notice in writing to the WASPT.

Relationship with the Board and others

The WASPT's main link with the Board is through the Executive members of the WASPT.

The Board may determine that designated Board members or Trust staff shall be in attendance at WASPT meetings. The WASPT's Chair may also request the attendance of Board members or Trust staff, subject to the agreement of the Trust Chair.

The Board shall determine the arrangements for any joint meetings between the Board and the WASPT's staff representative members

The Board's Chair shall put in place arrangements to meet with the WASPT's Joint Chairs on a regular basis to discuss the WASPT's activities and operation

The WASPT shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

Support to the WASPT

The WASPT's work shall be supported by two designated Secretary's, one of whom shall support the staff representative members and one shall support the management representative members.

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The Director of Workforce and OD will act as Management Representative Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

The Staff Representative Secretary shall be elected from within the staff representative membership of the WASPT, by staff representative members, in a manner determined by the staff representatives. The Staff Representative Secretary's term of office shall be for two (2) years.

Both Secretaries shall work closely with the Trust's Board Secretary who is responsible for the overall planning and co-ordination of the Trust's programme of Board business, including that of its Committees and Advisory Groups.

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Appendix 1

Six Principles of Partnership Working

- a shared commitment to the success of the organisation

- a focus on the quality of working life

- recognition of the legitimate roles of the employer and the trade union

- a commitment by the employer to employment security

- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation

- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

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Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually

- Attend the meeting well-prepared, willing to contribute and with a positive attitude

- Listen actively. Allow others to explain or clarify when necessary

- Observe the requirement that only one person speaks at a time

- Avoid 'put downs' of views or points made by colleagues

- Respect a colleague's point of view

- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation

- Try not to react negatively to criticism or take as a personal slight

- Put forward criticism in a positive way

- Be mindful that decisions have to be made and it is not possible to accommodate all individual views

- No 'side-meetings' to take place

- Respect the Chair

- Failure to adhere to the Code of Conduct may result in the suspension or removal of the LPF member.

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Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCN)
- UNISON
- UNITE
- GMB
- British Orthoptic Society
- Society of Radiographers
- British Dental Association
- Society of Chiropodists and Podiatrists
- Federation of Clinical Scientists
- Chartered Society of Physiotherapy (CSP)
- British Dietetic Association
- British Association of Occupational Therapists (BAOT)

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People & Culture Committee Chair's Brief

Staff Survey Action Plan	The Assistant Director of OD provided committee members with an update regarding progress against the Staff Survey Action Plan and planned next steps. Members were pleased to see demonstrable progress and energy around this work. A challenge was posed around achievability of the actions within the planned timescales; colleagues agreed to refine the action plan wording with a view to articulating progress at year end and next steps for 2020 onwards. Attendees were pleased to hear about progress made in relation to in-house Clinical Psychology provision, following a successful bid for Healthier Wales funding. Part of this agenda involves recruitment of a Workplace Wellbeing Lead, to support and facilitate conversations across the organisation regarding design of work and focussing on preventative measures and early interventions for mental health issues, strengthening our colleagues' capacity to cope. Trade Union Partners raised concerns regarding recent cancellation of Health and Wellbeing and Mental Health Steering Groups; the Director of Workforce and OD agreed to lead on discussions to refresh these groups, ensure effectiveness and provide sufficient assurance of progress against objectives.
Deep Dive: Violence and Aggression	The Director of Workforce and OD provided colleagues with an overview of the significant work undertaken and progress made to date in relation to improving the support provided to colleagues who have suffered violence / abuse at work and associated reporting / monitoring processes, linked to the Trust's Personal Safety Action Plan. Members were appraised of current statistics and data, including the percentage of staff reporting having been subject to harassment / abuse from patients (38% in 2018; up from 29% in 2016), average number of incidents against our staff reported per day (1 per day) and the number of custodial sentences recorded for perpetrators of violence against our staff since November 2018 (12). Learning gained from colleague experience was shared with the committee, specifically in relation to the far reaching personal impact of such incidents and the benefits of personalised support provided by the Case Manager. Colleagues discussed the issue of flagging addresses associated with incidents of violence and abuse and the need to explore methods of sharing such information across the wider health and care system. A discussion was also held around the need for caution in terms of the wording used to describe our stance on addressing violence and abuse against our workforce, noting the potential implications of using the term 'zero tolerance', in consideration of those cases where no further action is taken. Instead, colleagues supported adoption of the CEO's message, i.e. "it is never ok to abuse our staff and we will take appropriate action". Members supported the notion of issuing warning letters to service users who demonstrate violence and aggression towards our staff; the team reported this has been particularly effective within NEPTS (and other NHS organisations) and the committee requested this be mirrored within other areas of the Trust. The committee formally thanked the team for the significant, positive work undertaken to date and acknowledged the need for a sustainable infrastructure to be established.
111 / NHSDW Retention	HR colleagues provided committee members with an overview of findings from the RECENT Deep Dive exercise into recruitment and retention of staff within the 111 / NHSDW service. Members heard that reasons cited for leaving included work life balance, retirement and health reasons. The analysis also identified, however, that two thirds of those staff who retired, later returned to work in the service. 25% of nurse leavers were identified as TUPE staff and half of these left within the first three months, suggesting a discrepancy between role expectation and the actual job. The exercise also identified a number of improvement opportunities, including: improved focus on colleague wellbeing and engagement during a period of rapid service growth; plans to pilot a generic assessment tool to enable experienced nurses to apply greater autonomy (in response to learning from leaver questionnaires); evaluation of the benefits of remote and home working for clinical triage *and* opportunities for rotational posts through both See / Hear and treat environments.
Workforce Performance Report	The Deputy Director of WOD shared the refreshed Workforce Performance Report, reflecting requested amendments and additions of the committee. The SBAR report provided colleagues with a sound overview of the data, and discussions focussed on sickness absence and compliance with the Band 6 Paramedic competency framework. Committee members were pleased to note the significant progress made in relation to long term sickness absence but noted that this approach now needs to be mirrored in relation to short term sickness absence. Colleagues noted the recent implementation of the new All Wales Managing Attendance Policy and acknowledged that managers are still getting to grips with the principles of the policy and its application. Members discussed limitations in terms of alternatives to sickness absence, noting that many colleagues have no other option than to report sick; this includes incidences where annual leave is refused and where staff are well enough to attend work but unable to fulfil their normal role (citing the example of a Call Taker suffering with Laryngitis). A discussion was held regarding the risk that failing to reduce sickness absence presents in terms of potentially undermining future discussions around increasing establishment. Colleagues discussed the current low compliance rates in term of Band 6 Paramedic competencies and assurance was given regarding the improved engagement levels compared with Year 1. The committee requested that a Deep Dive be undertaken to provide further assurance, with findings reported back to January PCC meeting.

People & Culture Committee Chair's Brief

Frontline Capacity and Resilience: Winter 2019/20

The committee formally noted work ongoing in relation to winter planning and addressing the relief capacity gap. Following discussion with the Commissioner, support has been secured to take prompt action to increase our workforce resource in the run up to winter. These plans include offering substantive contracts to existing bank staff, full time positions to existing part time colleagues and adverts for fully qualified Paramedic and EMT staff. Colleagues discussed recent concerns highlighted by internal staff regarding the recent advert for EMT positions, open only to existing UCAs; the Director of WOD assured the committee that this approach had been taken in recognition of the constraints associated with delivery of driver education and that work is already underway to increase Driving Instructor capacity within the National Ambulance Training College. The Chair raised concerns regarding the potential significant risk in terms of recurrent cost associated with this work; colleagues agreed to raise this at the upcoming Finance and Performance Committee.

People and Culture Strategy

The Committee received the latest draft of the emerging People and Culture Strategy, following extensive consultation across the organisation. The Director of WOD indicated that further work is required in order to more effectively contextualise the strategy for corporate colleagues, with further engagement and consultation planned to facilitate this. The committee acknowledged the significant, demonstrable progress made and invited members to provide comments and feedback directly to the Team. A discussion was held regarding wording in terms of strategies / plans and colleagues agreed to give further consideration to this to ensure clarity. The committee formally considered and commented on the document, in preparation for submission to Board in November, recognising that remaining plans will progress through PCC at a later date (Volunteering / Wellbeing).

University Status

The Committee received a progress update in relation WAST's application for University Status, noting the ongoing engagement with Welsh Government in preparation for submission. The Director of WOD shared that the formal application process has not yet opened but work continues to progress, with Terms of Reference for committee being drafted. The Chair requested that a timeline be added prior to submission to Board in November, clarifying next steps and likely outcomes.

Treating People Fairly / Public Sector Equality Duties

The Assistant Director, OD provided the committee with an overview of measures taken to meet the Public Service Equality Duties (PSED), including development of WAST's Strategic Equality Objectives (SEOs). Initial plans propose development of WAST's SEOs around four simple themes: *participation and ownership; valuing individuality and difference; being well (as possible)* and *cultural leadership.* Members noted concerns regarding OD Team capacity and acknowledged the broader nature of this work regarding system working and cultural change.

WASPT Partnership Activity Report

The Committee recognised the continued, positive work of WASPT colleagues, reflected within the 6 monthly report received. Highlights included sign up to the Dying to Work campaign, successful Big Bang recruitment events, internal audit undertaken into TUP release time and ongoing work relating to the CTL review and UCA Job Description review. Members were pleased to see continued, strong partnership working and thanked colleagues for sustained effort and collaboration.

Special Leave Policy

The amended Special Leave Policy was presented to the Committee for approval and formal adoption, following addition of a paragraph regarding provision of additional support to bereaved parents / partners. Colleagues acknowledged the upcoming review of the policy (January 2020), noting its current inadequacies and limitations and the subsequent impact on sickness absence rates.

Disciplinary and Investigation Timelines

The Deputy Director of WOD provided members with a verbal update regarding work ongoing to improve timelines associated with disciplinary cases and investigations. Colleagues noted some inaccuracy regarding number of cases reported; this will be addressed by the team. The committee recognised the challenge presented by this issue and thanked colleagues for ongoing work.

Committee Assurance Framework

Committee members were pleased to receive the developing Committee Assurance Framework and associated report, recognising the significant progress made and the resulting assurance provided. Colleagues' attention was drawn to key emerging risks undergoing development within the Directorate, including DBS checks, OH resilience and JD reviews.

Issues to be Raised at Board

All Wales approach to Violence and Aggression flagging; Workforce Performance Dashboard, improvement in LTS rates and the need for focus on STS absence; People and Culture Strategy; Recommended adoption of Special Leave Policy; alignment of CAF with BAF; 111 Retention / Recruitment.

OUR BEHAVIOURS

I WILL BE KIND, CARING AND COMPASSIONATE

I WILL ASK AND LISTEN

I WILL BE HONEST AND OPEN WITH MYSELF AND OTHERS

I WILL BE MY BEST, TOGETHER WE CAN BE BETTER

I WILL OWN MY DECISIONS

Date of Next Meeting: 14th January 2020

AGENDA ITEM No	4.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

MINUTES OF COMMITTEES

MEETING	TRUST BOARD
DATE	21 November 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 July 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 16 July 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.

RECOMMENDED: That the Board endorse the above minutes.

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD ON 9 JULY 2019 IN THE HENLLYS ROOM, VANTAGE POINT HOUSE, CWMBRAN WITH A VC LINK TO ST ASAPH and OTHER AREAS

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Pam Hall	Non Executive Director (Via VC)

IN ATTENDANCE:

Claire Bevan	Director of Quality and Nursing
Craig Brown	Trade Union Partner (Via VC)
Lee Brooks	Director of Operations
Andrew Challenger	Assistant Director, Professional Education and Training
Keith Cox	Board Secretary
Sarah Davies	Workforce and OD Business Manager
Victoria Davies	Organisational Development Manager
Nathan Holman	Trade Union Partner
Estelle Hitchon	Director of Partnerships and Engagement
Helen Higgs	Head of Internal Audit
Melfyn Hughes	Welsh Language Officer
Jo Kelso	University Status Project Manager
Jason Killens	Chief Executive (Part)
Rachel Marsh	Interim Director of Planning and Performance
James Moore	Assistant Director Workforce and OD
Steve Owen	Corporate Governance Officer (Via VC)
Louise Platt	Assistant Director of Operations
Julie Stokes	Workforce and OD
Sharon Thorpe	Trade Union Partner
Kim Tovey	Senior OD Manager
Chris Turley	Interim Director of Finance and ICT
Claire Vaughan	Director of Workforce and OD
Helen Watkins	Deputy Director of Workforce and OD
Sara Williams	Policy and Governance Lead

APOLOGIES:

Professor Kevin Davies	Non Executive Director
Paul Seppman	Trade Union Partner

12/19   WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded.

1319   DECLARATIONS OF INTEREST

The standing declaration of Mr Emrys Davies as a former member of UNITE was recorded. The declaration in respect of Mr Nathan Holman as Chair of the Llannon Community Council was also recorded.

RESOLVED: That the declaration of interests as described above were recorded.

14/19   MINUTES/ACTION LOG

The Minutes of the open meeting held on 9 April 2019 were considered and the following amendments were agreed:

1. Correct spelling of Helen Watkins
2. Correct title of Andrew Challenger Assistant Director, Professional Education and Training
3. Minute 05/18 final word in first paragraph, change to Members
4. Minute 07/19 under heading Sickness Absence, paragraph 6, Remove comments in brackets

The Minutes of the closed meeting held on 9 April 2019 were considered and the following amendments were agreed:

1. Correct spelling of Helen Watkins
2. Correct title of Andrew Challenger Assistant Director, Professional Education and Training
3. Minute 03/19 second paragraph line four, delete period insert period.

Action Log

The Committee considered the action log:

Action number 1: Report of grievances, Helen Watkins agreed to provide an update at the next meeting.

Action number 2: sickness rates, actual numbers of personnel would be incorporated in the next performance report.

Action number 3: High level report on actions from staff survey. On Agenda, marked as completed.

Action number 4: Discussion of University status at Board Development Day. COMPLETED
The Chair commented that an issue had been raised at the last meeting regarding the reporting process for the Welsh Ambulance Service Partnership (WASPT) Team in terms of governance structure; it was noted that the Board supported that WASPT

would report through the People and Culture Committee. This was to be reflected in the Committee's Terms of Reference.

RESOLVED: That

(1)   subject to the above amendments, the Minutes of the open and closed sessions of the meeting held on 9 April 2019 were agreed; and

(2)   the items in the action log were considered and discussed as appropriate.

Prior to presentation of the reports, the Chairman asked that the provenance and purpose of the reports were more explicit at future meetings.

15/19   QUARTERLY WORKFORCE PERFORMANCE REPORT

Helen Watkins in providing an overview of the report explained that in the past the majority of the Trust's workforce information had been provided in various formats by different individuals. On occasion this had resulted in a variance in the figures being reported to both internal and external stakeholders due to the differing reporting methods and dates being used

Therefore, to improve the consistency of reporting and reduce duplication, the Workforce Systems team had developed a new workforce performance dashboard which would be populated during the last week of each calendar month with data for the previous month (e.g. information for June will be available by the end of July). The first draft of the new workforce performance dashboard was being presented today. It included a number of the key themes aligned to the Workforce strategy: Planning and resourcing, Education and Training and Leading and Engaging.

The metrics were now being reported in the one place and this would hopefully reduce the possibility of there being a duplication in information reporting.

In terms of the highlights from the report Helen Watkins drew the Committee's attention to the following areas:

1.   Recruitment timelines, the Trust had achieved the all Wales target of 44 days for May
2.   Attendance, this had improved from the previous month
3.   Statutory and Mandatory Training, the rates of completion had been consistently higher the 85% target every month

Comments

1.   Was there sufficient information within the report to satisfy the requirements of the Executive Management team? This question would be considered going forward
2.   It was suggested that more detail surrounding occupational health be included within the report
3.   Was this data available for lower management. Louise Platt advised that detailed information was available to locality managers

4. Following a comment regarding the reduction of incidents of bullying and harassment. Claire Vaughan advised that around 21% of staff stated they had been subjected to this behaviour; the Trust was undertaking work to reduce this
5. Members noted that the key indicators had been identified specifically for this Committee

Managing Sickness Absence Deep Dive

Julie Stokes provided the Committee with a presentation on managing sickness absence.

Key headlines for the presentation included:

1. Long term absence has reduced, longest case on average was around 170 days
2. Fast track Physio. Work was ongoing to improve the benefits of this going forward
3. Violence and aggression, the Trust was starting to look at more detailed information to consider if there was a link which triggered sickness absence
4. Unit Hours Production, again this was another area the team would be looking into especially around annual leave
5. Further work was being conducted regarding the provision of Psychological support for staff during the winter pressures period
6. Keep me in work strategy, return to work interviews following a period of sickness absence had improved
7. Review conducted by Swansea centre for health and economics, results were due out soon
8. There were still further challenges going forward which the actions aimed to address included: increased focus on Musculoskeletal injuries, develop in house training for managers and continue to focus on long term and short-term absence with managers

Members recognised there would be numerous changes going forward and it was a case of how to communicate to the staff how these changes were going to be implemented

The chairman referred to the monthly sickness case review meeting he had attended recently and recognised the impressive work being conducted by the workforce team in terms of meeting the needs and health and wellbeing of staff.

RESOLVED: That

(1) the new format and key performance points were noted; and

(2) the deep dive presentation on managing sickness absence was received.

16/18 STAFF SURVEY FOLLOW UP AND PRIORITIES

James Moore provided an overview of the report and reminded the Committee that following the 2018 NHS Wales staff survey, the Committee had asked to be kept

abreast of progress from the Trust's point of view. The participation in the survey had been variable over the last several years and the Trust had been focusing on improving staff experience during that time.

The Trust was now developing a new approach to surveys which would be more from a collaborative standpoint. Following the latest survey the Trust had implemented several priorities going forward; in which James Moore provided more detail

1. Improvement of communication at all levels
2. The provision of more support for staff in terms of mental health
3. Understanding and reducing harmful conflict
4. Improve personal safety
5. Develop team working
6. More visibility of senior managers
7. Improve how changes in the Trust were experienced

Comments:

In terms of improving communications what opportunities were being considered regarding the mobile hand held devices? Estelle Hitchon explained that further work was required; however the Trust recognised the use of hand held devices was the direction of travel being considered. Chris Turley added that there were plans in business case to include the devices going forward.

RESOLVED: That the progress being made towards addressing the agreed priorities was noted.

CEO Road Show Update

Jason Killens briefed the Committee by way of a presentation with details of his roadshow in which he visited Trust locations from April through to June 2019.

The key areas of conversation focused around setting the scene from his perspective during the last 9 months, the Challenges faced by the Trust and the long-term view of the Trust, and these included:

1. Current values and behaviours; comments included that the Trust could be more aspirational; however, the majority of staff were content with the current position
2. Support and the wellbeing strategy, staying healthy was of particular importance to staff
3. Rest breaks - staff expressed a concern that the existing arrangements need to be changed, with more efficient and safer conditions
4. Clinical Team Leader review, there was a strong support to make progress in this area
5. Body worn cameras, most colleagues agreed this would provide an added layer of prevention against violence and aggression
6. Key roadshow actions, these included Occupational Health support and scope of practice for falls prevention which will take time to progress

Members were informed by Claire Vaughan on the status of the actions illustrated in the presentation and assured the Committee that there was good engagement with Trade Union Partners.

RESOLVED: That the update was noted.

17/19 UPDATE ON STRATEGY DEVELOPMENTS

Claire Vaughan explained that the intention of the report was to give the Commitee an overview of the progress being made towards the approval of the overarching People and Culture strategy.

Under the overarching strategy there were four key strategies:

1. Eduaction and training
2. Leadership and Management
3. Volunteering
4. Wellbeing

Several engagements were taking place across the Trust whereby the strategies would be tested to consider if they were fit for purpose. Claire Vaughan gave a timeline in terms of how these strategies would be implemented.

RESOLVED: That the update report was noted and the decision to hold the three strategies pending arrival of the new Director of Operations was supported.

18/19 TRANSFORMING EDUCATION AND TRAINING STRATEGY

Andrew Challenger gave an explanation in terms of the process involved and the feedback received from various stakeholder and engagement groups prior to its presentation for the Committee in which it was in the final draft form

Whilst the strategy was not yet implemented and was still in development, there were areas where the Trust was already delivering which included apprenticeships and that was evolving.

Members considered the report in further detail and were happy to endorse recognising it was an evolving document.

Following a query regarding technology investment, Members recognised there would be costs and it would be linked with digital transformation.

RESOLVED: That

(1) the progress to date was noted and discussed; and

(2) the strategy was endorsed for approval at the Board

19/19 UNIVERSITY STATUS UPDATE

An overview of the report was given by Claire Vaughan in terms of at what stage the Trust was with regards to its application for University status

The business case had been through the Executive Management Team (EMT), however there was still further work to be undertaken prior to its development going forward; It was proposed to present a short report to the Board next week.

Members noted it would be a strategic decision to be undertaken by the Board with the Committee to monitor and be given assurance going forward through EMT.

Jo Kelso advised the Board that Welsh Government and the Trust's relationships with other sectors fully supported the Trust's long term ambition.

Members were content to support the application going forward noting that the rationale was to develop the case further.

RESOLVED: That the application was supported.

20/19   **IMPLEMENTING THE LEADERSHIP AND MANAGEMENT STRATEGY AND UPDATE ON TEAM LEADER DEVELOPMENT PROGRAMME EVALUATION REPORT**

Kim Tovey reminded the Committee that the strategy had been approved at the Board last year. The strategy contained three high level priorities:

1.   Identifying and encouraging current and future managers
2.   Developing, and building confidence in leaders and managers
3.   Applying, embedding, motivating and sustaining

A number of key actions had arisen and these would be implemented over a three year period.

One of the measures the Trust focused on was how would this strategy make a difference and what were the baseline measures.

In terms of the key actions, the Trust was looking into improving the appraisal system; this would include developing a 'toolkit' for managers.

Furthermore, the Trust was looking to develop staff leadership and management capability; using evidenced based initiatives. Other priorities would involve the encouragement of staff to take ownership of their personal and professional development.

The Committee were given details of future events which involved working together with the other emergency services at a joint service leadership forum; which would enhance the Trust's learning and enable best practice of joint ideas.

In terms of activities having taken place, Members were given details of summer school attendance by five members of staff; in which the benefits and application of learning had proved invaluable.

In addition, funding had been secured for another cohort of the Institute of Leadership Management level five coaches.

Members were given details of the high level team leader and management evaluation for their attention:

1. Currently there were 13 cohorts in progress
2. There were 149 learners on the programme broken down as follows, 84 Clinical Team Leaders, 12 NHS Direct, 14 Clinical Contact personnel 26 NEPTS non Operational Team Leaders and 13 Team leaders from HART

The key themes identified from feedback from colleagues on the programme included:

1. Greater opportunities to ask questions, listen and be listened to
2. The ability to think differently with the opportunity to share different viewpoints
3. An improved awareness of role expectations
4. An increase in knowledge and skills

Comments

How were staff enrolled on the course and were they aware of the criteria? Kim Tovey gave an overview of the entry requirements for team leaders and explained the process involved prior to entry on to the programme

RESOLVED: That the progress outlined in the report was noted.

21/19   RISKS RELEVANT TO THE COMMITTEE – VERBAL UPDATE

Claire Vaughan advised the Committee that the risk register was currently being developed to reflect the new e risk register and the Board Assurance Framework still contained the old risks.

Keith Cox added that the risks were more relevant, and the Committee should note a considerable amount of work regarding risk was being undertaken.

The Chairman recognised the work towards developing the e risk register thus far. It suggested that the NEDs debate the information over the summer and bring to the next meeting their thoughts on having a consistent approach over all Committees.

RESOLVED: That

(1)   the update was noted; and

(2)   an item be added to CWG in terms of risks relevant to each Committee.

22/19   IMPLEMENTATION OF THE WELSH LANGUAGE STANDARDS

Melfyn Hughes, in presenting the report advised the Committee that from 30 May 2019 the Trust had moved from compliance to new Welsh Language standards; falling in line with other emergency services and local authorities.

On 30 November 2018, the Trust received its Statutory Compliance Notice from the Welsh Language Commissioner under Section 44 of the Welsh Language (Wales) Measure 2011, along with all other Health Bodies in Wales. The timescales for compliance against each individual standard were brought to the Committee's attention.

Details in terms of how the standards were being implemented has been widely communicated to staff.

It was important to note that some of the standards had been challenged if believed to be unacceptable and these were sent to the Welsh Language Commissioner. In terms of media reporting, Estelle Hitchon gave an overview and examples of when this would be reported through the medium of Welsh. The Welsh Language Commissioner has considered the challenges and has deemed them as valid.

The next phase was due for completion by 30 November 2019 and these have also highlighted more possible challenges for the Trust. There were ongoing discussions with the Welsh Language Commissioner to identify exactly what needs translating.

Melfyn Hughes drew the Committee's attention to the detailed breakdown of standards and the timescales for completion of a particular standard. Standard 97 was a particular concern for the Trust as this involved the provision of training in welsh to staff on several areas including recruitment, complaints and induction; should they wish. Should there be no staff member who wanted the training conducted in welsh then it does not have to be facilitated. Claire Vaughan advised that the necessary resources were required to be in place should training in welsh be requested by individuals.

Comments:

1.   Andrew Challenger gave an overview of training and education and expressed concern that to try and do this in welsh would be a very challenging prospect
2.   The Committee recognised that more resource was required in order to implement, challenge and conform with the standards going forward as required
3.   It was noted that a translation service was being set up with Betsi Cadwaladr University Health Board
4.   A note of thanks was recorded for the team involved in the work being undertaken to deliver the implementation of the welsh language standards

RESOLVED: That the actions required to successfully implement the new Welsh Language Standards from 30 May 2019 were noted.

23/19   CONSENT ITEMS

The following items were presented as read:

1.   Treating People Fairly Annual Report - Approved
2.   Dying to Work Campaign - Approved (noted the policy was approved at the Board in which this document was part of)
3.   Sub Group Minutes/Action Log – Noted, it was agreed that the action log would be provided instead of the minutes.
4.   Monthly Integrated Performance Report - April 2019 - Noted
5.   Issues to be raised at Board – Noted, Chairman gave details of the items.

RESOLVED: That the above items were noted, endorsed and approved where annotated.

DATE OF NEXT MEETING

15 October 2019

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 JULY 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
Professor Kevin Davies	Non Executive Director
Pam Hall	Non Executive Director (VC St Asaph) (Temporary Member)

IN ATTENDANCE:

Lee Brooks	Director of Operations
Mark Harris	Interim Deputy Director NEPTS (part)
Helen Higgs	Head of Internal Audit
Nathan Holman	Trade Union Partner
Gwen Kohler	Interim Deputy Director of Finance
Gareth Lloyd	Fleet Systems Manager
Rachel Marsh	Interim Director of Planning and Performance
Lee McAlea	Assistant Finance Officer
Louise Platt	Assistant Director of Operations
David Poland	Wales Audit Office
Phil Taylor	Interim South East General Manager NEPTS (part)
Steph Taylor	Assistant Project Accountant
Chris Turley	Interim Director of Finance and ICT

APOLOGIES

Emrys Davies	Non Executive Director
Bleddyn Roberts	Trade Union Partner

14/19   PROCEDURAL MATTERS

The Chairman welcomed all to the second meeting of the new Finance and Performance Committee and reminded attendees that the meeting was being audio recorded.

Apologies were received from:

Emrys Davies and Bleddyn Roberts

The following declarations of interest were recorded: Professor Kevin Davies, Independent Member of St John Cymru and Nathan Holman, Chair of the Llannon Community Council.

Minutes

The minutes of the meeting held on 25 April 2019 were considered by the Committee and agreed as a correct record subject to:

1. Under second paragraph of Minute 04/19, add sub heading **Finance**

2. Where the Minutes referred to Academy, for clarity this was in all cases the NHS Wales Finance Academy

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: Update on post hours production – On agenda, marked as completed

Action Number 50: Update on NEPTS Commissioning – On agenda, marked as completed

Action Number 51: Qlik Sense – Chris Turley advised that there had been some developments and further reference to Qlik was referenced in reports on the agenda. It was noted that a more detailed report would be provided at the next meeting.

RESOLVED: That

(1) the Minutes of the open and closed meetings held on 25 April 2019 were confirmed as a correct record subject to the amendments as described above;

(2) the action log was discussed and the actions therein were implemented; and

(3) the declarations of interest as stated were noted.

15/19   FINANCIAL PERFORMANCE AS AT MONTH 3, 2019/20

Chris Turley reminded the Committee that the format of the Trust's finance reports 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 the coming months to reflect any feedback received.

The key highlights from the report included:

1. The cumulative revenue financial position had remained constant with a small underspend against budget of £0.001m. The forecast for 2019/20 remained a balanced position.

2. In line with the financial plans that supported the approved IMTP, savings of £0.621m had been achieved against a year to date target of £0.600m, an over achievement against the target of £0.021m.

3. The Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.4% for the number, and 97.4% of the value of non NHS invoices paid within 30 days.

4. As would be expected early in the financial year, capital spend year to date was low, but that external capital funding of £13.586m had now also been approved for investment in vehicles by the Welsh Government Minister for Health and Social Services.

5. The Committee also noted that in terms of further transparency, it was a requirement from Welsh Government to provide them with monthly monitoring returns and these were referred to as annexes to the report.

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

1. Clarity was asked in terms of the additional investment support from Healthier Wales and was it appropriate. Chris Turley explained that whilst all the detailed bids had been submitted to the Commissioning Team for evaluation against this funding, the administrative process in agreeing these the bids was still progressing.

2. Non pay overspend – NEPTS: Taxi fares, did the Trust set a cap on the price and what was the risk in terms of the contract arrangements with health boards when responsibility was transferred to them? Chris Turley explained that in the short term there may be a difference in some areas between what had been the core service and what additional work the Trust was transferring to it. Any overspend risk associated in terms of the additional work being transferred from health boards would be mitigated by them. In terms of the price caps placed on taxis Mark Harris advised that due to the often short notice of taxi requirement it was unreasonable to place a cap on fares; furthermore price capping was not detailed in the business case as part of the contract going forward.

3. Who had the responsibility in deciding if a patient was eligible to use NEPTS? Mark Harris explained that the Trust was responsible and it was based on availability of resources which included the use of taxis; all journey were approve by the operations manager for the relevant area

4. ESMCP delay – Louise Platt advised the Committee that the Trust's business case had been submitted to Welsh Government and it was the latter's approval that was awaited. This 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 costs. Should funding however not be available this could present a significant risk to the Trust. Louise Platt agreed to provide a formal update report at the next Committee meeting.

The Committee recognised that the NEPTS overspend was offset by other savings within the Trust. Members noted that the Trust relied in some part on volunteer drivers acknowledging the increase in demand for transport.

In terms of the use of NEPTS and the significant increase in demand, Mark Harris provided the Committee with an overview of the issues and challenges involved. The Committee noted that a further update report would be provided at the next meeting which would address issues including the commissioning arrangements.

RESOLVED: That

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

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

(3) **the Welsh Government monthly monitoring return submissions for months 2 and 3 was noted; and**

(4) **a further update report on the ongoing NEPTS financial position and outlook would be provided at the next meeting.**

16/19   SAVINGS DELIVERY AS AT MONTH 3, 2019/20

Chris Turley gave a summary overview on the savings delivery against plan as at month three for the 2019/20 financial year. The Committee were advised that the report should be read in conjunction with the detailed report on the overall financial position and performance for the Trust for the same period.

In providing the detailed update, Gwen Kohler drew the Committee's attention to the following:

1. Workforce, efficiencies and transformation had achieved savings / cost containment of £0.153m to Month 3 the financial year;

2. Through management of non-operational vacancies, £0.219m had been saved which far exceeded the target to date by £0.084m;

3. Challenges to the achievement of the savings target against fleet continued into 2019/20. Some savings totalling £0.030m had been achieved compared to the plan of £0.050m;

4. Overall £0.049m had been delivered against corporate efficiencies against a target of £0.052m. Further detailed analysis work continued to reduce travel costs which included extending the use and availability of pool cars and reviewing travel arrangements;

5. There were a number of local schemes, some of which were attracting additional income rather than reducing costs.

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

1. Was there a distinction between savings and efficiencies from a financial context? Chris Turley explained that the report focused on the financial impact and the bottom line, through a combination of genuine reductions of spend and the management of, where applicable the avoidance of costs.

2. Savings on non-operational vacancies; concern was expressed that this was always reported as having non-financial impact on the Trust. Chris Turley acknowledged the comment stating that this would be addressed by the Executive Finance Group going forward

RESOLVED: That the delivery of the 2019/20 savings plan as at Month 3, and the context of this within the overall financial position of the Trust was noted.

17/19   CAPITAL PROGRAMME 2019/20 UPDATE (to include approval for discretionary

capital programme)

Rachel Marsh, in providing an overview of the report drew the Committee's attention to the undermentioned items:

1. At the last Committee meeting a range of top-slices were considered and approved, including £500k for estates, £175k for ICT, £300k for fleet, £350k for project costs and £100k for design fees. This left a total of £3.519m to allocate.

2. Since the last Committee meeting, the Internal Capital Planning Group (ICPG) had received a number of business cases. These had all been financially verified and then scrutinised by the Assistant Directors Leadership Team, prior to being scored and prioritised at the ICPG.

3. A number of schemes below £100k had been prioritised, and had been approved by ICPG, in line with delegated financial limits. Details of the schemes were illustrated in table two of the report.

4. Of the remaining business cases that were prioritised through this process, eight exceeded the approval limit of the ICPG delegated authority, with six requiring FPC approval (£100k-£250k) and two requiring Trust Board approval (over £250k). A summary of these schemes was shown in Table 3 of the report. It was also indicated how the spend would be split for the scheme across 2019/20 and 2020/21. In terms of the two larger schemes which required Board approval Rachel Marsh gave further details:

Matrix One Swansea

The Trust has recently taken the lease on one and a half floors in Matrix One, which had enabled the organisation to move out of Conwy House and to move a large number of staff previously accommodated in Cefn Coed Hospital. However, both the training function and NEPTS services remained in Cefn Coed, a building which is in an extremely poor state of repair, and which the Trust has committed to vacate as soon as possible.

A further half a floor was available within the Matrix One building, and initial discussions have indicated this would be ideally suited to development of a new training facility. The space could also potentially house the NEPTS management team if configured efficiently, and was an option that would be explored further.

An indicative capital cost of £600k had been identified, based on the cost of refurbishment of the rest of the Matrix One scheme. The final cost of the scheme would be known once the design and tendering phases were complete. There was a revenue implication of £75k per year based on lease costs and utilities costs, which would not commence until 2020/21, and would need to be included in next year's financial plan and budget setting, if approved.

The scheme as described would not allow for the transfer of the NEPTS call taking team, and further options were currently being explored around the Swansea area, with a further proposal to come back to the next Committee once finalised. It was acknowledged that a solution must be found as soon as possible.

The available space was currently occupied on a short term basis by a third party until the end of November 2019, and the Trust would be able to take occupation immediately after this, allowing the scheme to be completed in this financial year.

The main benefit of this scheme therefore was that it would allow for further staff to be transferred from Cefn Coed site to be situated adjacent to other Trust services.

Members reflected on the report and made the following comments:

1. Whilst supportive of the training facility at Matrix One, concern was expressed in terms of the number of car parking spaces available.   Rachel Marsh advised that a further 50 spaces would be made available.

2. Following a comment regarding the revenue implication of £75k per year, Chris Turley assured the Committee that, based on the assumption that next year's financial plan and funding uplifts would be the same as the previous two years, this amount would be able to be accommodated in budget setting.

The other scheme which required Board approval concerned **Pembroke Dock** at a cost of £330k.

The scheme at Pembroke Dock was for phase two of refurbishment work on the site which would create the facilities to deliver a Make Ready service, as well as improving other aspects of the site. There were no Make Ready facilities in Hywel Dda and this was identified as one of the early priorities within the Estates SOP, which could be achieved via refurbishment, rather than a new build option. This would provide a great deal more resilience in the area.

In terms of other schemes, the Committee were given an overview of work required at Abergavenny Station and Blackwood Fleet Workshop; the relocation of Cowbridge and Monmouth stations; and Community First Responders equipment such as the SpO2 (peripheral capillary oxygen saturation), probes and the Mangar Camel lifting devices More detailed descriptions were highlighted within the report.

Members discussed the implications in terms of relocation of the stations mentioned and the costs involved. Following a query regarding the anomaly in the business case which showed a cost summary indicative capital cost of £250k and the budget cost of works of £95k it was agreed that Rachel Marsh would obtain clarification on this and circulate to Members. This referred to both Cowbridge and Monmouth.

Rachel Marsh made reference to the potential future schemes which were highlighted within the report.

Following a query in terms of the Cardiff Make Ready Depot Full Business Case fees Chris Turley explained in more detail the breakdown of costs involved

Members also discussed in further detail the process involved in terms of the procurement of CFR equipment.

RESOLVED: That

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

(2)   the six highlighted discretionary capital schemes which fell between £100k-£250k with spend across 2019/20 and 2020/21 were approved subject to clarification of costs involving the relocation of Cowbridge and Monmouth stations; and

(3)   the two discretionary capital schemes which were above £250k for onward consideration and approval at Board were endorsed.

18/19   **MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

The Chairman advised that the Committee should be made aware of areas of concern in terms of performance and also be presented with relevant deep dives being made aware of the challenges. Furthermore he suggested that at the next Board Development Day a discussion be held in order to clearly determine the information this Committee be presented with in terms of the IPR

The Committee 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 IMTP 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 the report.

The improvement actions had been structured to focus on progress against the IMTP deliverables and other key Improvement actions that would have an impact on performance.

In terms of red performance, the Committee were presented with a presentation which highlighted the Trust's red response time over a period of 2 years from June 2017. Details were also shown which demonstrated how the Trust was performing in individual health board areas noting there was variation.

Rachel Marsh provided further detail in terms of how many of the red calls were not reached within the target time and by using the software Qlik sense and Optima, the Trust now had the ability to analyse and scrutinise demand data in more detail. This data had given the Trust the capability to review its deployment points and modify them more effectively.

The Committee were shown details of hospital handover delays which unfortunately were not in the Trust's gift to improve; however ongoing discussions with health boards were being undertaken to progress this issue positively. In terms of the time taken by crew members to handover patients to hospital and clear to be ready for another call, this had improved greatly in recent weeks. Louis Platt added that the majority of health board areas were continuing to show improvement. It was further explained by Louise Platt that the use of the dual PIN system (a nurse and paramedic were required to activate their respective PIN simultaneously when the patient had actually been cleared) had played a significant part in enhancing the handover to clear times.

The Committee were briefed on other plans which included increasing the number of public access defibrillators around the country.

Members were given detailed information in terms of the justification and benefits to patients for longer journeys in which there was evidence to suggest better outcomes; each case was treated on its own merit.

Members made the following comments:

1. Why did the Trust report on performance from a health board perspective and not hospitals? Rachel Marsh explained that it was based on ambulances arriving at hospitals in a particular health board area

2. Following a comment regarding demand, Louise Platt gave a comprehensive summary in terms of how the Trust reviewed, monitored and factored in all the demands and predicted demands for operational purposes

3. Was the delay in hospitals releasing vehicles when there was a red call factored in to the overall performance? Louise Platt advised that this specific issue was part of ongoing discussions with health boards

4. The Committee wanted to understand what impact the increase in demand had on performance. Louise Platt explained that Optima would be able to analyse the data based on a set of assumptions.

5. Were there higher demand areas per head of population? Rachel Marsh explained that demand had increased generally across Wales.

RESOLVED: That

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

(2) future reports would continue to illustrate red performance.

19/19   UPDATE ON FINALISATION OF 2019/20 BUDGET

Chris Turley reminded the Committee that the revenue budget for 2019/20 was approved by Trust Board on 28 March 2019 where it was noted that a small residual budget reserve was available of £0.798m (0.4% of the Trust's total 2019/20 revenue budget) and a general contingency set at £0.5m. Specifically in relation to the residual budget setting reserve, it was noted that this would be further updated following Q1 2019/20, when a number of potential internal and external cost pressures for the coming financial year would be better known. The Board approved the budget on this basis.

The following additional items had been agreed by Executive Management Team and Executive Finance Group and the budget would be released to directorates' delegated budgets when costs were incurred throughout the remainder of the financial year:

1. Investment in Partnerships & Engagement (Communications) team to build further resilience into this and ensure full coverage across the all Wales footprint

2. Planning & Performance team development to support and enhance the continuing delivery of the IMTP, along with again recognising a previous (non recurring) commitment in relation to Clinical Audit within the Medical Directorate

3. A realignment of volunteer mileage rates, to make these consistent across the Trust;

4. The upcoming EMS / CCC – Demand & Capacity Review (if none of this gets externally funded by the Commissioners);

5. Microsoft / Office 365 contract renewal; some reasonable discounts were expected and there was a possibility of some funding from Welsh Government

6. Training and associated non pay costs for the recruitment of the newly qualified paramedics from the big bang recruitment exercise

7. Further development of Advanced Paramedic Practitioner (APP) Expansion Business Case – however, it was noted that the majority of this, especially on a recurrent basis, would need to be separately funded

In addition, there remained further emerging cost pressures that required addressing in this financial year and also a remaining 'long list' of potential developments that were identified at budget setting stage by directorates These were illustrated in more detail at Appendix 1 to the report where it also indicated which investments were recurring or non recurring.

RESOLVED: **That**

(1) the items currently agreed and hence committed from the residual budget setting reserve, in line with the Trust Board approval of the 2019/20 revenue budget were noted;

(2) the current position in relation to the Trust's contingency was noted; and

(3) the process being progressed via EFG in relation to the remaining cost pressures / developments was noted.

20/19 ICT PERFORMANCE UPDATE FOR QUARTER 1 2019/20 / UPDATE FROM ICT STEERING GROUP

Chris Turley explained that the report was primarily for noting and advised that future reports would be more comprehensive.

Members noted that it appeared there had been no allocation in the budget for ICT resources. Chris Turley explained that at the moment it was not a priority to invest on a revenue recurrent basis. However it was being re-prioritised through capital on a short term basis, e.g. contracting staff.

RESOLVED: That the content of this report in lieu of a full update from the ICT Steering Group, and also the intention to provide more detailed updates from ICT SG to future meetings was noted.

21/19 111 UPDATE

In providing a verbal update Chris Turley advised the Committee on the following points:

1. implementation into the Aneurin Bevan Health Board was progressing on time and was due to go live on 13 August 2019

2. it was intended to hold a closed Board/Board Development session to discuss the recently revised procurement process in which more detail was provided

RESOLVED: That

(1) the update was noted; and

(2) It was noted that a Board/Board Development session be allocated to discuss the revised procurement process.

22/19   BEVAN COMMISSION EXEMPLAR PROJECT – "*A SHOCK TO THE SYSTEM*"

Prior to the presentation by members of the project Lee McAlea, Gareth Lloyd and Steph Taylor, Chris Turley gave an overview of the work involved commenting that the project was sponsored by Swansea University.

The highlighted points from the presentation included:

1. The team involved were awarded the excellence in finance and performance improvement award 2018 from the Healthcare Financial Management Association (HFMA)

2. The project focussed on how Wales may achieve its ambition building healthcare services based upon Aneurin Bevan's core principles to best meet the needs of the people of Wales

3. A scheme to support Health Care professionals across Wales was established in 2015 and was called the Bevan Exemplars; since this time over 140 projects have been supported primarily to improve health outcomes, patient experience, prudent healthcare and resource efficiency

4. Several principles to achieve the project goals included; achieving health and well-being with the public, patients and health care professionals as equal partners through co-production. Principle two was to care for those with greatest health need first and making most effective use of all the skills and resources available. Principle three, do only what was needed and do no harm. Principle four, reduce inappropriate variation using evidence based practises consistently and openly

5. The project the team considered was to look at stock control at Make Ready Depots and how this could be incorporated into the Fleetwave system (Fleet asset management software) Several problems and challenges were encountered but these were overcome

6.   During the initial project stage the team also focused on the Corpuls three defibrillator to ensure that servicing was being complied with in order to reduce the risk to the public. Part of the project work involved logging the associated assets within the Fleetwave system which would determine equipment servicing frequency

7. A pilot scheme ran in the Powys area which looked at the data collected from the vehicles and the defibrillator associated with those vehicles; the data collected automatically scheduled the next service date of the equipment. Going forward, the system will be able to identify the location of the defibrillator before the service was due to be completed.

8. Once all the data was logged into the Fleetwave system and a better prediction of

servicing was available, this would have a positive cost impact in that budgets could be set more accurately

9. Details of the numbers of Corpuls three defibrillators and the total associated costs was presented

10. The project has been very beneficial to the team members, going forward, the team will be showcasing the project at the Senedd – National Assembly for Wales and hoped to be working with Wiin solutions

Following the presentation the Committee raised the following:

1. The Committee sought further clarification on details of the costs which were provided at the meeting.

2. In terms of the Radio Frequency Identification tagging work – was the work on the Corpuls three project useful? Chris Turley commented that some of the learning was invaluable

RESOLVED: That

(1) the presentation was noted; and

(2) the Committee recognised the valuable work undertaken by the project team.

23/19   DELIVERY VALUE BASED HEALTHCARE

Chris Turley provided a verbal update in which he explained how the Trust was focusing its efforts in driving cost saving efficiencies

RESOLVED: That the update was noted.

24/19   NON-EMERGENCY PATIENT TRANSPORT (NEPTS) THIRD PARTY MANAGEMENT SOLUTION

The report was presented by Phil Taylor which was to provide the Committee with the relevant information in order to approve the proposed award to 365 Response (Digital transport software) for the provision of NEPTS, following the procurement process for a third party management solution to manage the dynamic procurement of NEPTS for recommendation to the Board.

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 WAST to a spend of £2.1 million spend.

It was important to note that there were also no direct costs for the use of the framework. 365 response would recover the costs from the provider in the form of a percentage of the overall work.

In considering the report in more detail, the following points were raised:

1. The report approval route should have been clearly illustrated in the report for scrutiny and governance purposes. Mark Harris provided the Committee with details of the scrutiny and quality assurance procedure and process.

2. Was the Trust assured that any suppliers contracted through the 365 system would have had the relevant Disclosure Barring Service (DBS) checks completed? Mark Harris gave assurance that a system had been in place to ensure the necessary checks were being carried out.

3. In terms of the 'Living Wage' – were the providers paying this to their staff? At this stage this was unknown, however it was assumed this was the case. Chris Turley agreed to arrange for clarification in this matter to be sought.

4. Reference was made as to whether the Appendix to the report should be presented in the Trust Board closed session. Clarity would be sought from the Board Secretary.

RESOLVED: That

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

(2) the decision to award to 365 Response for the provision of a compliant third party management solution was recommended to the Board for approval.

25/19   TRANSFER OF NON-WAST NEPTS WORK TO WAST – SWANSEA BAY

In terms of background, Mark Harris reminded the Committee that the NEPTS Business Case had set out the recommendation to establish a new commissioning process and for the Trust to act as the main national provider of NEPTS on behalf of NHS Wales. It was agreed that this would be done through a mixed economy model of providers to ensure flexibility, quality and value for money (now termed the 'plurality model').

In support of the transfer of work from Swansea Bay UHB, the fourth work package to transfer, a significant amount of work had been completed to gather and collate information, to seek legal advice, and to develop the Transfer Document.

Mark Harris presented the report explaining that the purpose of the report was to provide the Committee with an update and seek approval to transfer non-WAST NEPTS work from Swansea Bay health board to WAST. The report detailed the process undertaken in preparation to transfer the work, and the development of a transfer document.

The total value to transfer to the Trust for NEPTS activity was £1,497,053. This consisted of values paid to external NEPTS providers of £1,493,808, based on 2018/19 forecast spend and also £3,245 or the proportion of administrative staff costs.

In terms of the governance arrangements, the Committee were provided with details of the process and subject to the satisfactory conclusion the transfer would take place on 1 September 2019.

Members raised the following:

1. Clarity was sought in terms of the out of scope transfer regarding the commissioning and management of taxi services: Mark Harris explained which taxi services would still be the responsibility of the health board. Going forward this would be reviewed.

2. An explanation was asked in regard to what ECR stood for. Mark Harris informed the Committee that this stood for Extra Contractual Work and gave an example of when this would be used.

RESOLVED: That

(1) the update on progress to date with transferring the non-WAST NEPTS work from Swansea Bay HB to WAST was noted.

(2) Approval to proceed with the transfer of Non-WAST work from Swansea Bay to WAST was given.

26/19   MAJOR TRAUMA NETWORK

Rachel Marsh provided Members with a verbal update on the cost of the impact that the Trust would sustain from the new centre in terms of extra calls. Members recognised that further scrutiny was still ongoing in terms of the exact costs and other implications

RESOLVED: That the update was noted.

27/19   POLICIES

Wheels and Tyres Policy

Data Quality Policy

RESOLVED: That the above policies were approved and that the Quest Committee were to be made aware of approval of the Data Quality Policy as Members felt it should have been approved through that Committee.

28/19   MISCELLANEOUS

Sustainability Annual Report 2018/19

Rachel Marsh explained that the Trust was required by Welsh Government to submit an Annual Sustainability Report as part of its Annual Report. Clear guidance was provided in terms of what was required and this had been included in the report.

The report had shown that excellent progress was being made, highlights included:

1. Decrease of 9% in CO2 emissions
2. Reduced fuel consumption
3. A significant reduction in waste going to landfill from 100 tonnes to 5.54 tonnes
4. Continued achievement of the ISO 14001:2015 Environmental Management standard.

The Committee noted the good progress being made; however any non-conformities required addressing going forward. The Committee recognised that from a fleet perspective there was further improvement from an environmental perspective to be achieved.

RESOLVED: That

(1) the Sustainability Annual Report for 2018/19 was noted; and

(2) the Environment Sustainability objectives for 2019/20 were noted.

Risks relevant to F&PC

Chris Turley updated Members on the progress being made in terms of reporting the relevant information to the Committee. The Committee noted the work being undertaken to refresh the risk register which was aligned with the Board Assurance Framework and the monitoring and scrutiny of risks by other Trust Committees. It was noted that a fuller report would be presented to the Committee in due course.

Frequency of F&PC

The Chairman had expressed concern that four meetings per year was insufficient to conduct the annual business of the Committee and advised that they should coincide with the current bi-monthly meetings of the Board. Members discussed in more detail the various scenarios and it was proposed to have six meetings per year on a short trial period, dovetailed with Board meetings and streamline the agendas going forward

RESOLVED: That, for a trial period the Committee be held six times per year to fall in line with Board meetings was agreed.

The Welsh Ambulance Services NHS Trust

Shared Commitment to Improve Patient Care and Staff Well-being

Welsh Ambulance Services Partnership Team (WASPT)
Minutes of the Meeting held on Monday 25th March 2019
Henllys Boardroom at Vantage Point House, Cwmbran

19.21 Present:

Helen Watkins	Deputy Director of Workforce & OD	**HW**
Rachel Marsh	Interim Director of Planning & Performance	**RM**
Andy Swinburn	Asst. Director of Paramedicine	**ASw**
Andrew Challenger	Asst. Director of Professional Education & Training	**AC**
Sonia Thompson	Asst. Director of Operations (interim)	**ST**
Caroline Miftari	Head of Quality Assurance	**CM**
Joanne Rees Thomas	General Manager of NEPTS	**JRT**
Julie Stokes	Senior Workforce Transformation Manager	**JS**
Sara Williams	Workforce Policy & Governance Lead	**SW**
Kate Blackmore	Clinical Contact Centre Manager	**KB**
Gwen Kohler	Financial Planning Manager	**GK**
Bleddyn Roberts	Trade Union Chair (Unite) **(Chair)**	**BR**
Angie Roberts	Branch Secretary (Unison)	**AR**
Damon Turner	Branch Chair (Unison)	**DT**
Paul Ellery	Trade Union Partner (Unison)	**PE**
Nathan Holman	Branch Secretary (GMB)	**NH**
Nick Morgan	Trade Union Partner (GMB)	**NM**
Ian James	Trade Union Partner (GMB)	**IJ**
Gareth Price	Trade Union Partner (GMB)	**GP**
Paul Seppman	Branch Secretary (Unite)	**PS**
Andy Evans	Trade Union Partner (Unite)	**AE**
Craig Brown	Trade Union Partner (RCN)	**CBr**
Julie Ward-Smith	Trade Union Partner (GMB)	**JWS**

19.22 Apologies:

Claire Vaughan	Director of Workforce & OD	**CV**
Jason Killens	Chief Executive	**JK**
Estelle Hitchon	Director of Partnership & Engagement	**EH**
Chris Turley	Interim Director of Finance	**CT**
Louise Platt	Interim Director of Operations	**LP**
Claire Bevan	Director of Quality & Nursing	**CBe**
Stephen Clinton	Asst. Director of Operations	**SC**
Angharad Steele	Workforce Policy & Governance Advisor	**ASt**

19.23 In attendance:

Sarah Parry	Corporate Assistant HR Officer	**SP**
Julie Boalch	Corporate Governance Manager	**JBo**
Gavin Lane	Assistant Regional Fleet Manager	**GL**
David Edwards	Trade Union Partner (GMB) – Observing	**DE**

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19.24 Welcome and Introduction

BR welcomed and gave apologies for those who could not attend the meeting. Deputies were in attendance for the following:
- Helen Watkins for Claire Vaughan
- Andy Swinburn for Brendan Lloyd
- Sonia Thompson for Louise Platt
- Gwen Kohler for Chris Turley
- Caroline Miftari for Claire Bevan
- Joanne Rees Thomas for Mark Harris
- Kate Blackmore for Steve Clinton

In addition, David Edwards, Trade Union Partner for GMB, attended the meeting as part of his development.

19.25 CEO Welcome

a) CEO Update

HW explained that the JK would not be present at the meeting, and sent his apologies.

HW raised awareness of the upcoming Chief Executive Engagement Events which will be taking place throughout the Trust at various sites across Wales. The events will begin on 11 April 2019 in Caernarfon and will finish on 18 June 2019 in Pontypool. During the course of the twenty one events, all members of staff will be provided with an opportunity to meet the Chief Executive, members of the Executive Teams and local managers, to share future plans for the year, to provide an update on the long term strategy and discuss key issues and day to day challenges. This would be a good opportunity for staff to influence what #TeamWAST will do, going forward. HW asked if staff were aware of the Chief Executive Engagement Events, the Trade Union Partners confirmed that colleagues are aware of the event and are being encouraged to attend.

b) Appointments

HW explained that the Selection Day for the Director of Operations took place on the 21 and 22 of March 2019. She thanked the Trade Union Partners who had participated in the event, and confirmed that discussions in relation to this are ongoing and therefore an announcement hasn't been made yet.

19.26 Trade Union Partner Agenda Items

a) Health & Safety – Deep Cleaning at stations

The Trade Union Partners brought to the table the concerns regarding deep cleaning at stations. AR explained that there wasn't a consistent approach to cleaning at stations across the Trust and a recent audit in BCU (North) region provided significantly worrying findings and this was also having a detrimental effect on staff morale.

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AR said that the issue had been raised at the National Health & Safety Committee, however, Trade Union Partners were in agreement that urgent work needed to be done to take the issue forward. She explained that the Trust had previously done good work on the cleaning of vehicles, and would like to see the same happen in relation to cleaning at all stations.

AR stated that Claire Bevan, Executive Director of Quality and Nursing and Claire Roche, Assistant Director of Quality, Governance & Assurance, had agreed to take this issue forward following the audit in the BCU North region, and said that a meeting would be arranged with Claire Vaughan to begin to develop a strategy. However, no further information had been provided. RM explained that this issue would sit under the Capital & Estates remit and confirmed that a meeting had been scheduled to discuss the issues. She had also asked a member of the Capital & Estates team to provide baseline data in readiness for that meeting to get an understanding on what cleaning resources are available at each station. In addition, cleaning at stations was a key deliverable of the IMTP, therefore this is on the agenda for work to be undertaken.

AR appreciated the update, however, she emphasised that this had been an ongoing issue and the Trade Union Partners want to see forward movement. She asked if Trade Union Partners could have involvement from the beginning, with early discussions, and not once a proposal had been made. RM asked AR to provide names of Trade Union Partners to be involved.

ACTION: **AR to provide RM names of Trade Union Partners to be involved with Station Cleaning discussions**

b) Meal Break away from base

AR explained that there was an inconsistent approach across the Trust in relation to staff receiving a meal break allowance and staff should receive the meal break allowance if they are going to a base where there are no facilities. Issues had been identified in NEPTS (North) and EMS. PS said that staff are being told that they cannot claim the meal break allowance as there are aware of their base changing for the day, then they would not be entitled to claim mileage either. AE said that the lack of facilities was the issue in Norbury Road for staff to take food. AC stated that Norbury Road had a small kitchen with a fridge and microwave but appreciated that it wasn't a big facility and did not have a seating area.

SW said that the meal break allowance was in relation to any additional incurring costs and pre-planning of meals. NH explained that it was common practice that staff who have their meal at their base station would not be eligible for the payment, however if staff have a meal somewhere else which was not their base station then they would be eligible to make a claim. Until recently, payments had been made. JRT stated that NEPTS (South) do not claim if they attend training at Norbury Road or Cefn Coed but agreed that there was inconsistency across the three regions which had been discussed at the National NEPTS Partnership forum.

NH said that when a member of staff was at station and asked to deliver a patient to hospital, they would get paid, therefore the same should apply when asked to attend training.

ST asked if it was worth doing further work on this issue to gain a better understanding on what was happening in each region and reviewing the facilities available. HW said she would be happy to work on this issue with ST.

ACTION: ST and HW to work on the Meal Break away from base issue

c) Lone working / solo responding

AE explained that the Lone Working Policy was out of date and required a review. He said that the issues were in relation to the Paramedic Band 6 agreement, and staff who didn't want to work as a solo responder were being advised that this would be managed as a capability / performance issue, even though the correct measures had been put in place via the PADR process. He emphasised that staff are feeling anxious about working as a solo responder and do not feel that the Trust are giving them the correct level of support.

NH said that situations have occurred when staff have gone off sick. NH explained that the practice of informing staff in advance of when they have a shift on an RRV had changed, and staff were being told on the day that they would be working as a solo responder, which was causing fear and anguish. He said that this issue was linked to the Managing Attendance at Work Policy, and if staff are feeling anxious about solo responding, it would have a significant impact on their wellbeing. AR said that there was an issue with staff leaving the Trust as they do not want to solo respond.

IJ said that the Trust needed to have discussions with other Emergency Services, as the Police do not solo respond past 10pm. There are six policies from other organisations, all of which have solo responding on a voluntary basis. In addition, ACAS stated that unless there was a written contractual agreement that staff are to respond solo on an RRV then staff wouldn't have to.

DT expressed that it was frustrating from a Trade Union Partner perspective as there are a number of staff who are happy to work on an RRV, whereas others are not happy to work on an RRV. This is being managed as a capability / performance issue, when there is nothing wrong with the individuals' clinical abilities, but solo responding is having an impact on their mental health and wellbeing. It was disappointing that the Trust cannot come to an agreement to utilise that staff who want to work on an RRV and the staff who don't want to solo respond doesn't have to. This would be an easy issue to resolve, however WAST are the only Trust which is removing staff choice to solo respond.

HW questioned the status of the Lone Working Policy. AR said that the current policy hasn't been finalised because it wasn't fit for purpose. She said that there is an expectation for Paramedic to solo respond (in line with the Band 6 Job Description), but the Trust does not have a robust Lone Working Policy to support staff who are solo responding. She explained that the Blue Lamp Trust had offered their support to help develop the Lone Working Policy.

IJ explained that the two-day Violence & Aggression training session was no longer being provided and this should be provided under the Health & Safety Act. SW stated that solo responding was part of the Band 6 Job Description, however, the examples which had been discussed were individual circumstances. JWS said that the Job Description and Policy would need to be looked at together. She said that newly qualified Paramedics do not have the experience to solo respond.

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AR asked if the deployment plan was being followed appropriately, as current practice is to send two resources to respond. NH gave an example; a patient had a stroke, it's not a red call emergency and an RRV would be sent to the scene to sit with the patient, knowing that they would need to be conveyed to hospital. ASw confirmed that the RRV would be sent there until ambulance support arrived.

PS confirmed that solo responding was also in the EMT Job Description.

HW said that further work would need to be done on the issue and to gain a better understanding on what had been happening and the future approach. She agreed to review the issue with ST outside of WASPT meeting.

ACTION: HW and ST to review and gain a better understanding on solo responding

19.27 Policies / Procedures for approval

a) Fuel Card Policy

No issues raised with the policy. Policy to proceed to the appropriate committee.

b) CCTV Policy

No issues raised with the policy. Policy to proceed to the appropriate committee.

19.28 Performance / Operations Update

ASw gave a presentation on the 'Clinical Team Leader Role Review'. The presentation focused on the drivers for change, the proposal, and an opportunity was provided at the end of the presentation for questions.

Clinical Response Model - Operational Needs
The Clinical Response Model in WAST is unique compared to other UK Ambulance Services. The model focuses on clinical outcomes rather than time, and the day-to-day operational delivery remained as the key objective.

Clinical Response Model - Clinical Needs
- Variability of outcomes in different areas
- Published ROSC performance lagging behind other services
- Performance had remained static or worsened in a number of care bundles
- Lack of compliance against a number of statutory requirements
- ePCR would become a key tool to capturing information
- Pre-registration education and NQP process

Operational Challenges
- Staff wellbeing - Attendance at work and Operational support 24 hours of the day. Staff require support around the clock, but the correct management structure is currently not in place

- Reducing variation – the CTL Job Description review would help this, included horizon scanning and the importance to be able to react quickly to an ever changing demand
- Vehicles
- Post-production lost hours
- Operational readiness
- Flexibility/prioritising

Attendance at Work
Sickness continues to increase; WAST is an outlier compared to other UK Ambulance Trusts. Could more be done to support staff?

The Proposal – how would it look?

a) Duty Operations Manager – proposed Band 7 (going through Job Evaluation process)
- Working collaboratively with respective Senior Paramedic
- Principle of the role is the operational leadership of a defined area. Operating on both an Emergency Ambulance and a Rapid Response Vehicle, ensuring the safe service delivery from all ambulance clinicians
- 25% rostered time in a patient facing role
- 75% would be spent supporting the Locality Manager in ensuring the continuous provision of a safe and effective service

b) Senior Paramedic – proposed Band 7 (going through Job Evaluation process)
- Working collaboratively with respective Duty Operations Manager
- Principle role of the role is the clinical leadership of a defined group of ambulance clinicians. Undertaking a clinically active role, operating on both an Emergency Ambulance and a Rapid Response Vehicle resources and ensuring the safe delivery of clinical care from all ambulance clinicians but more specifically from their respective clinical team
- 75% rostered time in a patient facing role, work to an extended scope of paramedic practice. Delivering clinical care alongside other frontline ambulance clinicians, they would be the lead Paramedic and have responsibility to ensure excellent patient care is delivered at all times

Question & Answer Session
DE raised a concern that the CTLs had not been involved in the discussion for the CTL proposal and this would cause anxiety amongst the CTLs. ASw explained that this was a proposal and the CTL would have an opportunity to comment at the CTL Roadshows; the aim was to get the same message out to all staff and avoid any traffic and avoid doing it twice. HW confirmed that the CTL Roadshows would provide a broad engagement opportunity. ASw confirmed that the presentation would be the same as the CTL Roadshows. HW agreed with ST that prior to the CTL Roadshow events they would meet to review the proposal with Trade Union Partners.

ACTION: HW / ST / ASw to meet with TUP prior to the CTL Roadshows to review the proposal

NH explained that the Band 6 project was a good example of partnership working; the process for this was nothing like the Band 6 project process, why would best practice be ignored. ASw

said that a Task & Finish group could be pulled together to work in partnership and get into the details. HW said that the issue was around engagement before the CTL Roadshows; there would be a Task & Finish group coming up to iron out any difference of opinions. DT said that he would have expected to see a Gantt chart, timeline, or programme of events so that the Trade Union Partners could comment.

NM queried the changes in the Operations Management Structure; a new Director of Operations would be appointed, and there could be a risk that the new Director of Operations might disagree with the changes to the role. AWs said that this was a draft proposal and the Executive Team was in support of the proposal. The Director of Operations would not be starting for another 6 months, and the Trust do not want to sit on this for the next coming months. In addition, discussion would have taken place with the new Director of Operations prior to them commencing in post. NH said that other Trusts in England had trialled this proposal and were unsuccessful. ASw explained that WAST have a different Clinical Response Model to England.

DE explained that the Trust currently had an outstanding CTL Collective Grievance Appeal in relation to the job review; a date was yet to be confirmed, and queried how the proposal could go ahead with the grievance outstanding. ASw said he was aware of the grievance and the outcome could impact on the landscape of the review. DE said that staff would need protection under the Organisational Change Policy if they do not meet the criteria. NH said that in order to go through the Organisational Change Policy process, an updated job description would be required, and his grievance was asking for the current job description to be reviewed. HW explained that a date would be arranged but this had been difficult due to diary commitments.

19.29 Planning and Performance

a) IMTP Delivery

RM delivered a presentation on the delivery of the Long Term Strategy and IMTP. The presentation covered the following:
- How the IMTP aligns to the Long Term Strategy
- The mechanisms to keep the Trust true on the journey
- Solution
- Partnership working
- Confirmed areas of responsibility

How the IMTP aligns to the Long Term Strategy
All levels of planning within the organisation should now be being aligned to the strategic direction of the organisation, and central goal of the Long Term Strategy Framework is 'Delivering Excellence'. The Long Term Strategy described the Trust's goal, the enablers to support realisation of the goal, and two golden threads (principles) to be adopted as part of delivery. In total, 42 'Key deliverables' had been identified for the next three years of the IMTP to start the Trust on its journey.

The mechanisms to keep the Trust true on the journey
This includes lessons learnt and reflections:

- IDAG – the existing assurance mechanism for delivery of the IMTP

- o 'Process' gave high level of assurance from internal audit
- o Real life showed it was too activity focused, not outcome focused
- Quarterly peer review process - existing mechanism for assurance on Directorates delivering LDPs
  - o LDP/IMTP should be intrinsically linked
  - o Conversations 'interesting' but not focusing on the burning platforms
- LDPs and IMTPs do not align

Solution

A monthly Strategic Transformation Board had been created with an objective to ensure the realisation of the outcomes described in both the Long Term Strategy and the IMTP. This forum would regularly report into Trust Board.

Partnership working

Routine updates would be provided at every WASPT meeting with an invitation to propose which of the following we might like to focus on;

- Delivering Excellence
- Continue to provide the best possible care, outcomes and experience to our patients
- Enable our people to be the best they can be
- Whole system partnership and Engagement
- Ensure the design and infrastructure of the organization are at the forefront of innovation and technology
- Quality at the heart of everything we do
- Value and Efficiency in everything we do

There would be a commitment to 'play back' key communication messages following every Strategic Transformation Board both directly to Trade Union Partners and staff via Siren, social media channels, and manager briefings.

The Trade Union Partners would have a direct involved on any relevant project groups, task and finish group etc.

Confirmed areas of responsibility

There were seven areas of responsibility for the 42 key deliverables. Each are of responsibility would have an Executive Sponsor who would be responsible to report on the progress to the Strategic Transformation Board.

BR asked for an update on the Amber Review. RM confirmed that EASC was in the process of establishing an oversight group however no date had been confirmed. This group would be required to report to Welsh Government. The Trust would need to do another Demand & Capacity Review, a paper would be going to EASC tomorrow for approval, following the outcome of the EASC meeting a Steering Group would need to be created which would require Trade Union Partner involvement.

19.30 Quality, Safety and Patient Experience

a) WAST Innovation and Improvement Network (WIIN)

CM discussed the launch of WIIN and provided the WASPT with promotional materials. WIIN is a Trust-wide network for driving improvement and innovation which is accessible to colleagues via the Trust's intranet homepage. WIIN seeks to connect people within the Trust, maximising the knowledge, skills and talents of staff resources, and to share learning. WIIN recognises that improvements happen in a variety of ways and that different skills, tools, and perspectives are essential. The WIIN ideas portal had been developed by WAST as a platform for improvement projects and innovative ideas from across the organisation to encourage change and to enable all staff to effect change in the workplace. All colleagues are invited to share their improvement and innovation ideas, or discover how to take their own project forward, via the WIIN portal. The WIIN intranet site was the place to find and access information, resources, and key contacts for support & advice to make improvement & innovation happen.

AR questioned if there would by any recognition for staff who have developed innovative ideas etc. CM confirmed that there would be an event, once or twice a year, to show recognition and staff to share stories.

19.31 Band 6 Competencies and CPD

AC delivered a presentation on 'Compliance Update – CPD and Band 6 Competencies'. He explained that Claire Vaughan had already presented this to the Executive Team. He said that partnership working had worked well over the last year.

Specific Compliance Concerns:
- Overall Statutory & Mandatory Training compliance was on target, but further work would be required by the Corporate Team to ensure the target would be reached.
- Compliance with CPD (2 day mandatory training for frontline staff), for EMS staff were not acceptable and a small number of individuals had been identified who had failed to attend CPD sessions on a repeated basis. As a result, 'Blockade Days' have been arranged to address the issue
- The use of fully paid 52 CPD hours had been audited internally and recommendations had been made. This included capturing how the 52 CPD hours are being used.
- Completion of Year 1 Band 6 Competencies was continuing to improve.

CPD detail:
AC shared and discussed CPD data with WASPT. He said that enough courses had been arranged to ensure that staff would be able to attend and complete their training. Courses had been running throughout the year with poor attendance. Presentation to be circulated to WASPT.

ACTION: SP to circulate the Band 6 Competencies and CPD presentation to WASPT

What have we been doing?
- Scheduled double CPD classes to meet the demand
- Fortnightly reports to be used to Locality Managers detailing the names of non-compliant colleagues and to ensure they would be booked onto a training session

<u>What do we need to do differently?</u>
AC said that Trade Union Partners had provided helpful feedback on how to move forward.
- To trial a frontload CPD session by encouraging staff to pre-book before April 2019
- Evaluation forms suggested that the attendance of CTLs and LMs could be beneficial
- Work with ICT to expand e-learning as most computer systems do not work on stations
- To introduce a rotational Learning & Development Manager model to expand the Local Learning Community
- Non-compliance with CPD: Consequences

<u>Internal Audit: Management of CPD:</u>
- Recommendations to take forward
- Remind staff of their CPD responsibilities
- Take action regarding staff who are non-compliance with CPD
- Improve process for recording, monitoring and reporting the use of CPD hours
- Roll-out of Local Learning Community initiative more widely

<u>Next Steps – Urgent Action Needed:</u>
- Clarify accountability – with line managers (linked to CTL review). Capture this in a set of core objectives, linked to PADR
- Ensure an addendum to NHS Wales Pay Progression Policy for local implementation – make clear that CPD / Competencies / Statutory & Mandatory must be completed to progress
- Discuss and engage with Trade Union Partners on the consequences
- Urgent action through Resources and Training team to address shortfall in CPD attendance 2018/19 programme , may require ad-hoc mop up sessions in 2019/20
- Communication across the workforce regarding expectation that staff would book onto 2019/20 CPD programme by April 2019 and if fail to do so, it would be booked for staff with an expectation to attend
- Ensure the above would be reflected into the CPD guidance for reissue
- CPD audit recommendations must be completed. Particular focus on the Resources control / GRS system to enable robust tracking.
- Action needed at a local level to address EMS shortfalls as much as possible
- NATC to consider level of detail & reports to be provided to AOMs at points to ensure no repeat of individuals failing to attend CPD

<u>Progress on Year 1 Band 6 Competencies:</u>
AC gave thanks to Trade Union Partners who had been involved. He shared and discussed Band 6 Competencies: Trust Position data with WASPT. He explained that L&D would be sitting down with the staff who have failed to complete their Year 1 Band 6 Competencies to gain an understanding for why it had not been completed and if they would require any support to help them complete their competencies. Further discussions would need to take place with those who do not intend on completing their competencies.

The consequences of failing to complete the Band 6 Competencies was also discussed. NH asked if this would be linked to the Pay Progression Policy, as there is a new pay structure for which the majority of staff would automatically progress up, and cannot be stopped. HW said that the Pay Progression Policy was still in development.

<u>Next Steps – Urgent Action Needed Band 6:</u>
- Clarify accountability sits with line managers (linked to CTL review). Capture this in a set of core objectives, linked to future PADR
- Ensure an addendum to NHS Wales Pay Progression Policy for local implementation and make clear that CPD / Competencies / Statutory & Mandatory must be completed to progress
- Development of a clear framework for managing this process going forward
- Discuss and engage with Trade Union Partners on the consequences
- Continued focus on Band 6 competency completion
- Need a solution for those due to increment in April if linked to pay progression as time is short
- Continued proactive approach at local level through ESMs and Clinical Leads

AC discussed the recording of CPD hours; the hours would be signed off by CTLs, however, there is no record of CPD hours on staff's timesheets. There are inconsistencies across the Trust for how this information is captured, and part of the recommendations from the internal audit would be to accurately capture the information. He explained that Resourcing colleagues would be exploring the potential to utilise a module within GRS to record, monitor and report use of CPD hours more effectively, which would have an interface with ESR.

PS said that he had emailed AC with comments in relation to the challenges of getting staff booked onto the training before April. AC said that he had been asked to avoid winter pressures and school holidays which had left a small timeframe. The current system had been failing therefore a new process should be trialled to see what works.

AR asked if data would be available linking CPD and PADR. AC confirmed that there was no direct figure. AR said that it would be a piece of work that goes hand-in-hand.

AR said that NEPTS are not entitled to the paid 52 CPD hours, this would need to be reflected in the presentation.

DT questioned if the presentation was a proposal as the presentation read as this was what was being done currently. AC explained that at the first meeting an agreement was made to have a plan in place for next year, the plan would be to encourage people to book onto training before April, if this would not be possible then extra session would be scheduled, however these dates would not be published. PS asked about the follow-up meeting; AC confirmed that the follow-up meeting had been cancelled and needed to be rescheduled.

DT said it would have been better if this could have been provided at the Trade Union Partner Team Meeting prior to WASPT, as the Trade Union Partners do not feel as if they had been involved in the process of this proposal. AC said he would take the comment on board.

NH suggested that this should be done over a two year cycle, and it should be pulled back if the dates have not been released for April. NH suggested that for this year, they should do the session from April with an extended deadline, and then next year could be April to July with a commitment that dates would be released before Christmas.

19.32 Sickness / Absence Management

JS provided a 'Sickness Update' presentation and apologised that the papers were not provided sooner.

Absence Headlines
- Current data demonstrated a decrease in sickness rates since January 2019
- Long term sickness rates appear to be reducing, particularly when compared with same time last year.
- Increase in short term absence is in line with seasonal trends.

Proactive Management Long Term Sickness Cases
- Average length of Long Term Sickness cases had reduced since October 2018
- Longest single duration had significantly reduced since October 2018
- Number of cases being closed has reduced considerably in January 2019

Absence Reason
- Long Term vs, Short Term – data was expected
- Short Term included asthma and cold, cough, flu – influenza
- Long Term included benign and malignant tumours, cancers, back problems, other musculoskeletal problems and anxiety/stress/depression/other psychiatric illnesses

Absence Reason by Age
The Trust has an aging workforce; there is a significant increase in the number of staff with back problems and other musculoskeletal problems. Evidence-based research suggested that this issue was not unusual, and the Trust will need to focus on putting interventions in place to support staff.

NHS Wales Organisational Sickness Absence Tool
NHS Wales have developed an Organisational Sickness Absence Tool with data which can be downloaded to compare the Trust with other organisations within NHS Wales.

Further enhance to Services & the 9 Point Action Plan
1. Further enhance services within Occupational Health to support staff experiencing difficulties with mental health issues
2. Engage fast-track physiotherapy services to review existing caseload (where appropriate) to support staff with musculoskeletal issues, as well as preventative intervention
3. Scale-up services for frontline staff to access psychological support during times of peak demand during the winter
4. Proactively manage Long Term Sickness cases
5. Ensure a clear, straightforward and compassionate dismissal process, and shift expectations to a focus on return to work in foreseeable future, not at the end of a paid sick leave entitlement
6. Strengthen the approach to 'suitable alternative duties' and develop a prevention focus and proactive "keep me in work" process to enable short, managed time away from front-line duties

7. Seek further improvements with Trade Union Partners to rest break arrangements which enable of staff to routinely take a break during their shift.
8. Design a progressive programme of wellbeing assessments, leading eventually to ambulance service relevant fitness testing (longer term impact)
9. Identify volunteers and seek to undertake a control group study to explore the effects of 12 hour night shifts on the health and wellbeing of staff, pilot shorter shifts with greater control / ownership, and measure impact on sickness absence (develop case for self-rostering)

AR raised concerns regarding staff who are on alternative duties for longer than 3 months and cannot return to their substantive role due to a work-related injury, as the advice provided by Occupational Health and managers is that staff would need to look for other job roles/redeployment. JS said she would discuss this with AR outside of WASPT.

AR said that Occupational Health would be closing cases for colleagues with mental health issues. SilverCloud had been launched within the Trust, however, no one had been referred to the service. JS explained that would be self-referral in the future and that 7 staff had been referred to the programme.

AR raised concerns regarding the distance staff would need to drive in North Wales to gain access to Fast-Track services for musculoskeletal issues. This was not a reasonable request to ask someone with back problems to drive over an hour to receive treatment. JS said she would review this.

DT asked if the Trust carried out lifting tests as there was an issue with new recruits who are not robustly built to undertake lifting duties, could the Trust consider putting lifting tests in place. JS said that this would be part of fitness testing and not only a part of recruitment, the Trust want staff to maintain their fitness and also for staff to be re-assessed prior to return from work following a period of absence.

NH questioned the reasons for a reduction in Long Term Sickness, could the figures reflect the number of staff who are returning to work and the number of staff who had been dismissed due to sickness. JS confirmed she had the data available and would share.

NH questioned the Managing Attendance at Work Policy and staff having to return after a six month period, there had been complex cases where individuals have had operations and would not be fit to return after 6 months, how could they get redeployed if they would not be fit enough to return to work in the first instance. Staff had asked for unpaid leave rather than having a further period of sickness as they were concerned about losing their jobs. JS explained that the managers would need to take the issues into consideration and support their staff throughout the period of sickness. JS confirmed that she would review this outside of WASPT.

IJ said that the presentation referred to ensuing staff was taking their meal breaks, there needed to be work undertaken on shift overruns. JS said that that discussion would need to take place with available data, Swansea University had done work which was evidence-based which could help.

PS asked if the managers who had not attended the Managing Attendance at work Policy had been identified. JS confirmed that work was being done on this; she said that the training

sessions were not being done in partnership, in comparison to when the training was initially rolled out.

BR said that mental health services would be essential for newly qualified Paramedics because when they start in post they are unaware of the nature of the role and what they could potentially be exposed to.

19.33 Step into Health / Armed Forces Covenant

HW gave apologies that the paper were received late.

HW explained that Step into Health was a scheme that was established in 2014 and rolled out in NHS England in 2018 to support military veterans and their spouses to secure employment within the NHS. Step into Health connects NHS employers with military personnel, as it was widely recognised that those from the military hold a number of transferable skills which would be suitable for NHS employment. The Armed Force Covenant was a pledge which the Trust could sign to demonstrate that the Trust would support employees as reservists and veterans. By becoming a forces friendly employer, the Trust could benefit from the wide range of unique skills and experiences that reservists and veterans could bring to the organisation. Employing armed forces community members could also help diversify the talent in the workforce.

NH stated that this scheme was superb and the Trust should be supportive of reservists and veterans. He raised concerns about the Trust having the ability and making appropriate arrangements to be able to provide support to reservists and veterans when something goes wrong.

19.34 WASPT Activity Report

HW explained that the report highlighted the key areas of activity which had been undertaken in partnership and reported through the WASPT meeting during the period 2018/19. She explained that the aim was for the report to go to the first People & Culture Committee on 9 April 2019. The overall purpose was to demonstrate the amount of work and engagement through the WASPT forum.

BR stated that the Trade Union Partners had a few issues with the report. PS said that the Trade Union Partners were supportive of the idea behind the report and would be important to share, however the report included inaccuracies. PS provided SP with the inaccuracies to be amended.

ACTION: SP to amend the WASPT Activity Report in readiness for the People & Culture Meeting on 9 April 2019

19.35 NEPTS Update

JRT explained that the NEPTS update provided to WASPT was over five weeks ago and there were further updates.

a) NEPTS Appointments

The Quality Assurance Manager role had been recruited into for a period of six months. The key part of the role includes working with alternative providers as part of the quality assurance framework and transfer of work. They would be reporting to the Head of Transformation.

Interviews had taken place for the Volunteer Manager role and a candidate has been appointed.

b) Commissioning Framework update / Transfer of Work

The Transfer of Work for Hywel Dda was due to take place on 1 March 2019, however, there were some outstanding issues from a Hywel Dda perspective which meant that the Transfer of Work would happen on Monday 1 April 2019.

c) NEPTS Fleet

The remaining replacement vehicles had been released during March 2019. All future builds will include having patient information screens in the rear of the vehicles.

NEPTS would be purchasing additional NEPTS smaller vehicles (4x4's) to assist with fleet capacity and to avoid having to hire specific vehicles each winter. As part of the review into future fleet requirements, NEPTS would work with Trade Union Partners to consider a number of options to fit the business needs.

In addition, individual staff torches had been ordered and awaiting delivery dates.

19.36 Finance Update

GK explained that the SBAR would provide WASPT with a detailed update on the revenue financial performance of the Trust against budget as at the end of December 2018 (Month 9) of the 2018/19 financial year. This was consistent with the verbal update on the Month 9 position provided to the Finance and Resources Committee on 10 January 2019 and presented to Trust Board on the 29 January 2019. It also provided an update on the Trust's Capital Programme for 2018/19, again in line with that discussed at FRC.

The year-to-date revenue financial position of the Trust as at Month 9 2018/19 (December 2018) was a small underspend against budget of £0.028m. This was an improvement in the year-to-date position this month of £0.009m. The Trust remains confident that the statutory duty of financial balance by the financial year end would be maintained and delivered. This would be subject to the continuing successful management of a small number of remaining risks.

Whilst the overall revenue position was in balance, there continue to be areas that adversely impact on the Trust's financial position which would need to be further managed, especially to inform the detailed financial planning for 2019/20 and beyond as part of the IMTP and in particular the detailed budget setting that would follow. These include:

- Fuel due to an upward trend in forecourt prices, causing a pressure against the baseline budget set for 2018/19
- The use of Taxi services to support NEPTS and an increase in servicing and consumable costs for Medical Equipment.
- The Trust has also being adversely affected by the increase in business rates and the loss of business rates relief
- NEPTS cost pressures, FRC received a detailed "deep dive" into its financial position in its January meeting and work on this was continuing, to identify how this compares to the assumptions built into the business case and analysing some of the operational challenges the service had faced since its implementation. There was also further planned discussions with the Chief Ambulance Services Commissioner (CASC) which would help inform aspects of the 2019-22 IMTP.

19.37 Internal Audit Reports

a) Health Board Areas/Station Review Follow Up

ST said that the WASPT would have received the full audit report and an additional paper on Health Board Areas/Station Review Follow-up. The report was presented to the March 2019 Audit Committee and received a limited assurance. The auditors had identified a number of recommendations which had not been done, the Trust has gave assurance that there was an action plan in place and they would be expecting a response. Following the Operations restructure, Judith Bryce, Head of Ambulance Response, would have an audit within her remit.

19.38 Holiday Pay Case Update (Flowers v East of England Ambulance Trust)

SW stated that an appeal date had been scheduled for May 2019, therefore an update should be available for the next WASPT meeting in May.

19.39 Minutes from previous meeting

Minutes agreed and approved from 28th January 2019 meeting subject to the following changes:

18.66 (b) Uniform in hot weather – nursing uniform
CB explained that the nursing staff with NHSDW/ 111 are currently wearing blue tops which does not match the WAST uniform policy or the NHS All Wales Uniform Standard. The decision was now sat with Claire Bevan.

ACTION: Approved minutes to go on Siren

19.40 Matters arising

Update on actions from 28th January 2019 meeting.

19.06 TUP agenda items – UCS Scope of Practice

ASw said that the UCS Scope of Practice had not chance since it was previously presented at WASPT. Trade Union Partners asked if the UCS Scope of Practice could be circulated

19.06 TUP agenda items – Deployment of UCS Staff

ST said she had not been provided with an update on this but would follow this up with Kate Blackmore. ST confirmed she would provide an update at the next meeting.

19.06 TUP agenda items – WASPT Action Log

HW confirmed that work needed to be done on the process of WASPT to ensure papers/documentation received on time etc. This could be picked up under the review. DT said that the Audit Committee had a similar issue about JB had resolved this by adding in an additional column.

18.108 TUP agenda items – Partnership Working

HW said she would link in with CV and provide an update at the next meeting

18.108 TUP agenda items – Job Description Review

HW said she would link in with CV and provide an update at the next meeting

18.66 (b) Uniform in hot weather – nursing uniform

CR explained that the nursing staff are currently wearing blue tops which does not match the WAST uniform policy or the NHS Wales Uniform Policy. The decision was now sat with Claire Bevan. Change of action owner from Craig Brown to Claire Bevan

18.48 WPF Joint Statement - Pay Enhancement

TUP asked for this meeting to still go ahead. HW agreed that a meeting should go ahead to decide what needs to happen and understand the issue. NH explained that the issue was some people would have been paid what they should have been paid.

19.41 Date of next meeting

The date of the next meeting had been scheduled for 20th May 2019, Henllys Boardroom, Vantage Point House, Cwmbran

The Welsh Ambulance Services NHS Trust

Shared Commitment to Improve Patient Care and Staff Well-being

Welsh Ambulance Services Partnership Team (WASPT)
Minutes of the Meeting held on Monday 20th May 2019
Henllys Boardroom at Vantage Point House, Cwmbran

19.42 Present:

Helen Watkins	Deputy Director of Workforce & OD **(Chair)**	**HW**
Rachel Marsh	Interim Director of Planning & Performance	**RM**
Claire Bevan	Executive Director of Quality & Nursing	**CBe**
Mark Harris	Interim Deputy Director of NEPTS	**MH**
Bob Tooby	Asst. Director of Operations	**BT**
Heather Ransom	Interim Asst. Director of Operations	**HR**
Julie Stokes	Senior Workforce Transformation Manager	**JS**
Sara Williams	Workforce Policy & Governance Lead	**SW**
Gwen Kohler	Interim Deputy Director of Finance	**GK**
Keith Cox	Board Secretary	**KC**
Nick Morgan	Trade Union Partner Chair (GMB)	**NM**
Paul Seppman	Trade Union Partner Secretary (Unite)	**PS**
Damon Turner	Trade Union Partner Deputy Chair (Unison)	**DT**
Nathan Holman	Assistant Trade Union Partner Secretary (GMB)	**NH**
Bleddyn Roberts	Trade Union Partner (Unite)	**BR**
Angie Roberts	Trade Union Partner (Unison)	**AR**
Paul Ellery	Trade Union Partner (Unison)	**PE**
Ian James	Trade Union Partner (GMB)	**IJ**
Andy Evans	Trade Union Partner (Unite)	**AE**
Mark Marsden	Trade Union Partner (Unison)	**MM**
David Edwards	Trade Union Partner (GMB)	**DE**
Stephen Dowber	Trade Union Partner (GMB)	**SD**

19.43 Apologies:

Claire Vaughan	Director of Workforce & OD	**CV**
Jason Killens	Chief Executive	**JK**
Estelle Hitchon	Director of Partnership & Engagement	**EH**
Chris Turley	Interim Director of Finance	**CT**
Louise Platt	Interim Director of Operations	**LP**
Andy Swinburn	Asst. Director of Paramedicine	**ASw**
Stephen Clinton	Asst. Director of Operations	**SC**
Craig Brown	Trade Union Partner (RCN)	**CBr**

19.44 In attendance:

Sarah Parry	Corporate Assistant HR Officer	**SP**
Angharad Steele	Workforce Policy & Governance Advisor	**ASt**
Julie Boalch	Corporate Governance Manager	**JBo**
Donna Dibble	HR Business Partner, South East Region	**DD**
Paula Jeffrey	Regional Clinical Lead	**PJ**

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19.45 Welcome and Introduction

HW welcomed and gave apologies for those who could not attend the meeting. Deputies were in attendance for the following:

- Helen Watkins for Claire Vaughan
- Bob Tooby and Heather Ransom for Louise Platt
- Gwen Kohler for Chris Turley

HW welcomed NM to his first WASPT meeting as Trade Union Partner Chair and gave thanks to BR for his support over the years as Trade Union Partner Chair and the role he had on the partnership working journey.

19.46 CEO Welcome

a) CEO Update

HW explained that JK could not be present at the meeting, and sent his apologies.

HW said that the Chief Executive update was regarding the Chief Executive Engagement Events which had been taking place throughout the Trust at various sites across Wales. The events began on 11 April 2019 in Caernarfon and would be finishing on 18 June 2019 in Pontypool. She encouraged all individuals to attend the events.

HW explained that JK wanted the group to discuss the Partnership Statement – Go Together Go Far which had recently been signed by the Trade Union Partner Branch Secretaries and would be going to Trust Board to endorse and approve for adoption by the Trust. Handouts of the Partnership Statement and "How does good partnership working look?" document were provided. HW acknowledged that this was a positive piece of work which would help moving the journey of partnership working forward. PS asked if this would be included in the Chief Executive Engagement Events, and explained that JK was aware that the statement had been agreed and signed off therefore this should be included in the Chief Executive Engagement Events.

RM explained that JK wanted the group to discuss the increased scrutiny of the Trust's performance. In April 2019, the Welsh Government indicated concerns around levels of Red Performance, for example Hywel Dda and Powys miss the 65% target. Therefore the Commissioner had put increased monitoring arrangements in place, and increased reporting tools and updates to be provided on a daily or weekly basis.

There was a view for this to improve however there would be a vast amount of work to be done, prior to seeing improvements. RM confirmed that the Commissioner had been supportive throughout and was pleased with the information provided by the Trust. During the EASC Committee meeting, it had been noted that there was an increase in the number of hospital delays and there would be an expectation for those to reduce, however, the Trust was battling against a scenario where there was not enough resources to respond. RM emphasised that the Commissioner believes that there would be further scrutiny over the coming months and expected to see continued improvements.

RM discussed the Amber Review, of which the Minister would be making an oral statement on 4 June 2019. The Trust expects that there would be pressure on the actions and improvements

that had been made following the review. BR said that he appreciated the current pressured environment however the frontline staff are doing what they can with limited resources and the issue remained with the blockage in the hospitals. RM explained that a major recommendation following the Amber Review was to review hospital delays, the Trust had been doing deep dives and action plans around the recommendations but there would be push backs onto the Health Boards.

DT asked if the Trust would be targeting particular areas which would impact the staff. RM said that the Trust was currently looking at UHPs, Hours put out and Handover to Clear however there were issues with the data which the Trust was hoping to be resolved with dual pin. The Commissioners had begun asking about Post Production Lost Hours however there had not been much in the data. BT said that there was a number of lost hours with staff going back to station to have their meal break. RM said that this had gone up dramatically over the last couple of months as the Trust was not paying staff for their meal breaks, this would be a piece of work to be done with Trade Union Partners.

PS asked if the WASPT could provide assurance that if something would be changed and impact on the staff, that the Trade Union Partners would be made aware prior to this being implemented. HW agreed and confirmed.

b) Appointments

HW confirmed that Martin Woodford had been appointed as Chair of the Welsh Ambulance Services NHS Trust for a period of three years. KC explained that following Martin Woodfords' appointment the Trust had three Non-Executive Director vacancies which are Welsh Government appointments and these would be advertised in the next coming weeks.

In addition, following a UK national and international recruitment search and selection process, Lee Brooks had been appointed as the Director of Operations. Lee's start date was yet to be confirmed but was anticipated to be July 2019.

PS stated that the Trade Union Partners relish the opportunity and would continue to support appointments and welcome improving the selection process.

19.47 Trade Union Partner Agenda Items

a) Open Mic Calls

DT gave an overview and explained that staff had raised concerns across a number of areas regarding the frequency of open mic calls. He explained that this practice was now losing its effectiveness because staff would turn down the volume, as staff would be constantly receiving calls.

NM explained that staff would also have open mic calls during their meal breaks. DT said that the number of open mic calls had increased, especially the amber calls. This was having an impact on staff's wellbeing because the calls are during the meal break window and therefore staff are not having a break from their work. The Trade Union Partners asked if this could be reviewed.

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HR explained that this was difficult because staff could only be reached by radio, and she asked if the Trade Union Partners had any ideas on how to improve the issue. DT responded that open mic calls could only be for red calls and not amber calls, however, there had been a large number of amber calls coming through this system and this was having an opposite effect on its purpose.

HR emphasised that the purpose of open mic calls was to get to the sickest patients as quickly as possible and proposed that this should only be for red calls and high acuity amber calls. HR said she would be happy to work with DT to find a solution. BR suggested that a solution could to be have increased staffing levels during the meal break window however there are a lack of resources available to do that. HR explained that the Trust was fortunate to have a workforce that does attend the open mic calls and there could be a possibility to ask the Commissioner for more resources following the outcome of the Demand & Capacity Review. DT asked if there could be a proposal in the interim to improve the process. BT said that he would raise this at the Senior Ops Meeting and provide WASPT with an update.

ACTION: **BT and HR to raise open mic calls at the Senior Ops Meeting and provide feedback at the next WASPT meeting.**

b) Job Description Update (UCS)

PS explained that this was an ongoing issue and had been raised at WASPT on a number of occasions. The Trade Union Partners wanted the UCS job description to be updated and to progress this through the Job Evaluation process, as the staff have been working outside the scope of practice within their current job description. It was proposed that there would be a commitment to hold a meeting to review the Job Description and evaluate by July 2019.

BT explained that UCS staff had previously been sent to the wrong type of calls and there was a view to establish this issue. He further explained that Steve Clinton had been undertaking a piece of work to ensure that staff are not being sent to calls they should not be going to. PS acknowledged that this was positive however the current job description does not reflect their current work. He explained that the Trade Union Partners had already identified representatives for a group to be established. HW said that this was an opportunity to review the job description and the role.

ACTION: **PS to provide HW with the names to established a UCS Job Description Review Group.**

HR asked the Trade Union Partners to provide her with real time evidence of staff being sent to calls that they should not be sent to. NM said that it would be difficult to provide real time evidence because the Trade Union Partners would not be made aware of the issues until a few days later, HR said that this would be fine. BR said that staff had raised the issue with Control and the response they would receive was "we have nothing else to send".

NM explained that a list of priority job descriptions for review had been sent to Claire Vaughan, however they have had no response.

ACTION: **HW to follow up with CV on the list of priority job descriptions.**

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c) Paramedic Conversion

PS explained that there was confusion on what would be the next stages with the EMT to Paramedic conversion as there does not seem to be a consistent approach across the Trust. He said that HR and Simone Houlbrooke had arranged a workshop and issues have been discussed. There was issues around staff not knowing their start dates or if they had secured a job. This should be a joyful moment for staff by congratulating them on their achievement, however this had unfortunately not been the case due to a breakdown in communication. Therefore, lessons could be learnt for the future, and there needed to be an improvement in the communications and a consistent approach across the Trust. HW gave her assurance that the Trust does recognise this as a congratulatory moment, and this was good learning because improvements would be put in place for the future..

d) NHS Wales Managing Attendance at Work Policy

PE explained that there had been an issue with NEPTS colleagues who had been provided with alternative duties and temporary re-deployment. He explained that these individual had been told at the end of the 12 week redeployment period that they would need to go back on sick, as they were not fit to return to their substantive job role. MH asked PE to provide him with details to discuss further.

AR explained that she had concerns regarding the NHS Wales Managing Attendance at Work Policy. She explained that she this was in relation to staff who have been provided with temporary redeployment for 12 weeks, and have no view of returning to their substantive role due to their ill health, and were told that their employment would need to finish. However, some of these staff members had been injured in work and was not fair for staff to be told that the organisation wanted to end their employment.

AR also raised concerns regarding issues with Occupational Health, acknowledging that they are under huge pressures, but there was significant delays in arranging for staff to have their having the first appointment with Occupational Health, which was not acceptable. AR gave one example in the North, whereby the waiting list for a staff member to attend an appointment was several months long. HW explained that she was aware of the issues and that she was working with the Occupational Health Team on a weekly basis. In relation to delays in the North, HW agreed that this was not an acceptable length of time and other providers was being looked at to support the service.

JS explained that comments from the Trust and other Health Boards regarding the NHS Wales Managing Attendance at Work Policy was being provided for consideration at regular meetings which were being held on an All Wales basis. JS emphasised that there needed to be more of an understanding on the issues relating to the 12 week period of temporary redeployment, and a request for examples to be provided with further detail in order for the issues to be resolved.

JS stated that each individual should be treated differently; as each case was different. The ethos of the policy was the wellbeing of staff and helping them to stay in work. JS gave her assurance that the HR Senior Management Team meet on a regular basis to review staff on long term sickness, and each case gets considerable scrutiny and there was little conversation about terming contracts. Overall, the Trust should be managing expectations with an aim to get people back into work.

e) Grievances

PS explained that there are a large number of grievances which are being set up outside of the policy timeframe, and there was a request from the Trade Union Partners for the process around grievances to be tightened.

PS stated that in the event that a Trade Union Partner was not available to attend, then an extension should be arranged by mutual agreement.

NH added that there have been a vast number of grievances where managers are telling staff to "put a grievance in" rather than having a conversation around the issue.

JS agreed, and gave her assurance that Workforce & OD have difficulties with arranging the grievance panels due to availability, and are often outside of the timeframes. However, going forward, there needed to be robust conversations between managers and staff rather than going to a grievance hearing. DD explained that in the South East region alone there are 15 live grievances which the team are trying to arrange a panels for. It was agreed that there should be an agreement from both parties to prioritise these in order for them to be heard within the specified timeframe.

f) Future WASPT meetings

PS explained that the agenda items and accompanying papers were late again and this was problematic for the Trade Union Partners' Team Meeting and there needed to be a conversation about how to improve the process. HW asked if the Trade Union Partners had any suggestions.

SW explained that there are often delays with the papers as they would need to go elsewhere (EMT, Trust Board, Audit Committee etc.), prior to the WASPT meeting.

The Trade Union Partner meeting had been scheduled to take place two and a half weeks before WASPT, and it was suggested that this could be moved. BR raised a concern that papers may still not be received. HW said that the WASPT could trial moving the date of the Trade Union Partner Team Meeting to see if this makes a difference, and review this in a few months' time.

ACTION: PS and NM to link in with SP to amend TUPTM dates.

19.48 Policies / Procedures to be recommended for approval

a) Data Quality Policy

No issues raised with the policy. Policy to recommend for approval

b) Non-Medical Prescribing Policy

PJ provided the WASPT with an overview on the Non-Medical Prescribing Policy. PS said that there were no issues raised with the policy and to recommend for approval. However, it was noted that there was a short review date due to the policy being trialled in the first six months.

NH raised concerns around the terminology in the policy, in particular, using words such as bank workers being **contracted** for two shifts. NH stated that you cannot stipulate to a bank worker how many hours they work unless a contract was offered, and this would therefore change the nature of the agreement.

HW said that this would be a requirement if the bank worker wanted to work as a prescriber, and if they hadn't worked those hours then they cannot prescribe. JS added that it was the bank workers choice to work two shifts a month.

BR explained the issues was that bank workers cannot ring Resources to ask for two shifts a month if they are not available. PJ explained that it was about maintaining the professional criteria to enable bank workers to prescribe, which was accepted.

ACTION: Policies to be recommended for approval.

19.49 Performance / Operations Update

BT provided an update from Operations. He explained that delays are worse than ever; the delays were 26 hours, which included waiting in the hospital corridor. The longest delays was seen at Morriston Hospital, Royal Gwent Hospital and Ysbyty Glan Clwyd which was having an impact on performance. The Commissioner was concerned regarding Powys and Hywel Dda, and deep dives would be undertaken in those areas. There was no blame; the geography of those areas speak for themselves.

HR discussed the Red Performance Improvement Plan which involved WAST, the Welsh Government and the Commissioner. Red Performance was currently 65%, which needed to be higher. Weekly reports have been provided to the Commissioner and the Trust have been trying to come up with solutions to get out of Red Performance.

BT said that Lee Brooks, the new Director of Operations would reinforce the structures the Trust had in place, with an emphasis on Community First Responders TO ADD value to that area of business. The Community First Responders currently attend calls and have been stood down over 50% of the time, however the Trust require this resource to support Paramedics.

BT explained that ongoing work was being done on Body Cameras. A business case would be presented to EMT on 5th June 2019. The funding for this equipment was high, however would be essential for the health and safety of staff, and there had been an incident recently where staff had been assaulted by members of the public.

PS asked if a small update could be provided for the Trade Unions, for discussion. BT explained that there are Ops News Letters which could go to the Trade Union Partner Meeting for discussion.

19.50 Planning and Performance

a) Demand & Capacity Review

RM gave an update on the Demand & Capacity Review which had gone to EASC in terms of setting up a collaborative network. There had been an agreement from EASC and the Trust had gone out for tender for a company to work on the Demand & Capacity Review. An interview panel was being established with an intention to appoint a company very soon.

RM stated that it would be ideal to get the initial report by September 2019 and the final report soon after. The Trust would like this to be completed in advance of winter to be able to take to EASC for funding etc. The Commissioner was on the Steering Group which had been an important part of the process.

NM asked if the Roster Review would continue; RM explained in response that they were in the process of finalising Cwm Taf and Aneurin Bevan rosters, but was unaware of any other reviews. BR said there was an issue with night cover in Dobshill. RM responded that she was unaware of this issue.

SD stated that it was impacting on service delivery. NH added that staff had already been asked to change their rotas because of the review, and they were now being told to change their rotas again because of the data but the same data should have been used.

RM explained that there was only one set of data which had been worked on, and this review was to have a refreshed look on the demand. HR said that it would be the correct data as this would be the only available data. RM agreed to review this outside of the WASPT Meeting.

b) WAST Governance Meetings

RM explained that WAST had recently initiated a Strategic Transformation Programme Board (STB). This approach was designed to support the delivery of the key deliverables which were articulated in the organisations' integrated medium term plan (IMTP).

The creation of the STB requires seven 'forums' to be established, each lead by an Executive. Each forum will be responsible for the delivery of one of the seven strategic themes of the organisation. In agreeing this approach the Executive team wanted assurance that a plethora of new sub meetings would not be created without due consideration of existing meetings and governance arrangements which already exist. Therefore a review of the Trusts' internal meeting structure as the Trust had a huge number of meetings with much duplication. This would be an opportunity to rationalise through merging meetings and in some cases collapsing meetings.

PS asked if Trade Union Partners could be involved in this piece of work. RM said that Jonathan Watts would be leading on this project.

ACTION: **PS/NM to get in contact with Jonathan Watts re: WAST Governance Meetings**

c) Strategic Transformation Board

RM said that the Strategic Transformation Board was in its early stages and there had been difficulties with time management. Following the first meeting, there was questions around time allocation or the guidance pack not being clear.

This would be the forum where Jason Killens would hold the Directors to account in the IMPT deliverables over the next 3 years. The purpose would be to provide an update on the progress, discuss the challenges and the barriers to be removed.

There would also be a quarterly review for each directorate for the directorate to discuss and raise concerns on progress on their Local Delivery Plans which feed into the IMTP.

The purpose of this was to see if we have done what we said we would do, and if we haven't – how would this be rectified or on reflection, could we do an alternative.

19.51 Quality, Safety and Patient Experience

CB explained that the documentation referred to at the meeting was unfortunately not available in preparation for the Trade Union Partner Team Meeting. She explained that everything discussed today would be going to QuEST for 21 May 2019.

She explained that the IMTP key deliverables being taken forward under the strategic golden thread "quality at the heart of everything we do" will report through the Quality Steering Group:
- Older Peoples Framework (Frailty, Loneliness and Isolation – this included working with the Third Sector)
- Falls Framework
- Dementia and Mental Health
- Sensory Loss
- Implementation of WIIN (WAST Improvement and Innovation Network)
- WAST Public Health Plan

The priorities for improvement identified from the Carter Review will be overseen through the Assistant Director Leadership Team.

The WAST Annual Quality Statement for 2018/19 would be published in the public domain on 31st May 2019.

A new Patient Safety and Experience Learning and Monitoring group has been established to triangulate the emergent themes and trends from concerns, incidents and Regulation 28 reports from Coroners.

WAST was working with the Commissioner in relation to the Mental Health Access Review focusing on how do patients in mental health crisis access our services. This would inform the Model for Crisis Care in Wales and the review would be due for conclusion in November 2019.

19.52 NEPTS Update

MH provided an overview on the NEPTS update

a) NEPTS Appointments
Pennie Walker had been appointed as NEPTS National Volunteer Manager, she commenced in post on 24 April 2019.

James Haley had been appointed into the NEPTS Finance Lead Role.

Operational recruitment continues across all three regions and many vacancies had been filled which include the Withybush Switchboard Team, NET Centres and Journey co-ordination centres, and Operational teams across Wales.

b) Commissioning Framework Update

Hywel Dda Health Board completed the transfer for work on 1 April 2019, with three staff transferring over to WAST from Hywel Dda under TUPE arrangements.

All remaining Health Boards was completing scoping exercises which map out key stakeholders, clarity on governance arrangements and identification of all non-emergency transport spend. A robust programme management approach had been developed and implemented with a clear transfer of work process, issue log, risk register and this had been approved by the (DAG) Delivery and Assurance Group, as a sub-group of EASC.

c) Swansea Bay Health Board / Cwm Taff Morgannwg Health Board

Whilst the Health Board boundary changes were completed on 1 April 2019, the previous boundaries and ways of working have remained in situ within WAST. NEPTS specific meetings was arranged for the end of April to discuss the requirements of any internal WAST NEPTS changes.

d) Vehicle replacement programme

The two remaining NEPTS vehicles were being rolled out during April 2019, which would complete the current vehicle replacement programme.

e) Engagement sessions

A rolling programme was planned for WAST Executives, Directors and Non Exec Directors to spend time with NEPTS operational team and Journey Co-ordination Centres had commenced, this programme had been received well by all parties, increasing the awareness of the service that NEPTS provides.

f) NHS Wales Awards

NEPTS had submitted an entry under the End of Life Care Rapid Transport Service, under the category of Delivering patient centred services.

g) Call taking function

Historically call taking provision had been provided by three separate teams across Wales, based in VPH, Llanfairfechan and Cefn Coed. Over the last few months these three teams had been amalgamated to provide a virtual one team provision, with one contact number for Wales. This had resulted in a much improved service, with waiting times for calls to be answered significantly reduced and the number of calls answered increased.

The call taking teams across all three sites continue to drive this change forward and this had delivered a real benefit for patients who contact us for any NEPTS related queries.

AR explained that NEPTS Senior Team and Trade Union Partners meet on a monthly basis at a national forum, the forum demonstrates good partnership as issues go to the national forum and get resolved. MH reinforced the good partnership and approach to those meetings.

19.53 Finance Update

GK explained that the SBAR would provide WASPT with a detailed update on the revenue financial performance of the Trust against budget as at the end of February 2019 (Month 11) of the 2018/19 financial year. The SBAR would also provide an update on the Trust's capital programme for 2018/19.

The year to date revenue financial position of the Trust as at Month 11 2018/19 (February 2019) was a small underspend against budget of £0.046m. This was an improvement in the year to date position this month of £0.008m. The Trust remains confident therefore that the statutory duty of financial balance by the financial year end would be maintained and delivered. This would be subject to the continuing successful management of a small number of remaining risks through the remaining few weeks of the financial year.

Whilst the overall revenue position was in balance, there continue to be areas that adversely impact on the Trust's financial position which needed to be further managed, especially as the Trust moved into the new financial year. Some of this also informs the detailed budget setting for 2019/20, based on the financial plan within the IMTP. These include:
- fuel costs due to an upward trend in forecourt prices, causing a pressure against the baseline budget set for 2018/19
- the use of Taxi services to support the Non-Emergency Patient Transport Services
- an increase in servicing and consumable costs for Medical Equipment

A discussion took place in relation to the SBAR and information provided within. DT asked if it would be appropriate for Trade Union Partners to receive training on finance reporting in order to gain a better understanding of the figures etc. GK explained that the Trust had a good finance training package and would be happy to coordinate a training session.

ACTION: GK to arrange Finance Training Session with Trade Union Partners.

19.54 Band 6 Paramedics – End of Project Report

SW explained that the purpose of the End of Project Report was to review how the project performed against the Project Initiation Document used to authorise it. It also allows the passing on of any lessons that can be usefully applied to other projects and a handover of details of unfinished work, ongoing risks or potential product modifications. SW asked if the Trade Union Partners had any comments on the report.

PS said that it was difficult to comment as none of the current Trade Union Partners had access to the minutes from the Band 6 Implementation Project Group and asked if it would be possible to have sight of this to ensure all the actions had been captured. SW said she was unaware of any formal minutes taken at those meetings which were chaired by Richard Tompkins. HW said she would look into this further.

ACTION: HW to make enquiries into minutes from the Band 6 Implementation Project Group; and once received, these would be circulated to TUPs

PS gave feedback on the report:
- Report summary should include a statement to say that the skills had been accumulated over the years
- In relation to the Band 6 Benefits Realisation, it would be wrong to assume that there would be big improvements over night. Could this be incorporated to manage the expectation of the Commissioners.
- Referral rates, the baseline started high due to the number of referrals.

PS emphasised that this was a good exemplar project and it was a shame that the same principles had not been applied to the CTL Job Review.

NM asked if the report could include either numbers or a percentage. The report for example says...53% and only 18 had been extended.

ACTION: SW to provide feedback to Hugh Bennett.

19.55 Internal Audit Reports

a) Trade Union Release Time

HW confirmed that an internal audit had been done to review the Trade Union Release Time which had been undertaken as part of the internal audit plan. Feedback from the internal audit had been provided and Trade Union Partners were in attendance. Key points to feedback was the level of engagement from Trade Union Partners, which was a recognition of the dedication and passion to working in partnership. However, further work would need to be done on the monitoring of hours and review of the Facilities Agreement. There needed to be a mechanism in place to ensure appropriate levels of control from both parties.

The report would be going to Audit Committee on 23 May 2019, and this included the management response. The report received limited assurance. The next steps included establishing a Task and Finish Group to review the recommendation and put a plan in place to work through the recommendations.

ACTION: NM/PS to provide names of Trade Union Partners to be part of the Task & Finish Group.

PS said that the Trade Union Partners did not have the management response in readiness for the Trade Union Partner Team Meeting. HW explained that this was due to the timing. PS asked if this could be put on the next WASPT agenda to include the management response. PS asked when the management response could be shared with Trade Union Partners. KC confirmed that it could be shared following Audit Committee.

ACTION: Trade Union Release Time and Management Response to be included on the WASPT agenda (29 July 2019)

PS said that the difficulties was fitting a 24-hour-service into a 9-5 world. HW explained that receiving the limited assurance was anticipated and the recommendation was to ensure the recognition of work and demonstrating how that could be captured. The Trust does not have a way of evidencing the amount of work undertaken by the Trade Union Partners.

PS explained that this would be an opportunity to review the Facilities Agreement, many Trade Union Partners have been struggling to meet with members and, in addition, do not have the basic requirements to do this e.g. room availability. BR said this should include access to mobile phones and laptops with video conferencing to make it easier to meet with members and management. HW said that this would be an opportunity to make things better.

DT stated that getting a limited assurance made the Trade Union Partners feel that it was a thankless task, as most of Trade Union time would take place on days off. They are trying to get a balance as they also needed to maintain clinical practices. HW explained that the audit said that partnership working was working well, however there needed to be improvements on capturing the work which was being done, there was also a concern on the amount of work being done out of hours.

NH responded that there was a lack of understanding for how Trade Union Partner duties are done, and it would be difficult to say to a member not to contact them out of working hours. AR agreed with this view, adding that the challenges of being a Trade Union Partner was being able to switch off, as members share personal details. There was a question about what could the Trust do to recognise the challenges the Trade Union Partners are faced with. JS questioned what support the Trade Union Partners get from their Unions; AR responded that this had been raised with the Unions as well.

19.56 Holiday Pay Case Update (Flowers v East of England Ambulance Trust)

HW confirmed that the appeal was held on 15th May 2019 but had not had any feedback following the appeal but would expect something within the next month or two. It was anticipated that this would go to the High Court or European Court of Justice.

DT questioned if Wales would make the decision to pay, as Scotland had made this decision. JS explained that from an All Wales Assistant Directors of Workforce and OD point of view, the topic had been quite quiet and that Wales are awaiting to hear the outcome and not follow Scotland.

GK explained that the Trust have included the provision within the financial accounts depending on the outcome of the case.

19.57 Minutes from previous meeting

Minutes agreed and approved from 25th March 2019 meeting subject to the following changes:

<u>Page 4, 19.26 Trade Union Agenda Item – c) Lone Working / Solo Responding</u>
Change from:

This would be an easy issue to resolve, and WAST is the only Trust which requires staff to work as a solo responder

To:

This would be an easy issue to resolve, however WAST are the only Trust which is removing staff choice to solo respond.

ACTION: Approved minutes to go on Siren

19.58 Matters arising

Update on actions from 25th March 2019 meeting.

<u>19.28 Performance / Operations Update – CTL Role Review</u>
ACTION ONGOING
HR said that the Monthly Ops TUP meeting went ahead, Andy Swinburn was in attendance and Trade Union Partners attended the meeting via video conference. PS said that it wasn't discussed at that meeting. BR said that there had been movement away from a "done deal" in the engagement sessions. NH said there was an issue with the third job description and the current job description not being fit for practice. There had also been an issue with sending Trade Union Partners who are not CTLs but Paramedics were involved in the Band 6 Paramedic conversion; the Trade Union Partners are still waiting for an answer on this issues.

<u>19.26 Lone Working / Solo Responding</u>
ACTION ONGOING
HR said that she had not had the opportunity to meet with HW regarding the action. However, she explained that she would hold onto this action until it was resolved.

AR said that an agreement was made at the Violence & Aggression Steering Group that the Lone Working Policy and Violence & Aggression Policy would remain as separate policies. BT said that he had chaired the meeting and would need to get this ratified by Claire Vaughan.

<u>19.26 Meal Breaks away from base</u>
ACTION ONGOING
HR said that she had not had the opportunity to meet with HW regarding the action. However, she explained that she would hold onto this action until it was resolved.

19.26 Health & Safety – Deep Cleaning at Stations
ACTION ONGOING
RM met with Claire Vaughan, IJ was in attendance from a Trade Union Partner perspective. There was discussion on getting a proposal together and Jason Killens was keen to progress this.

19.06 Deployment of Staff
ACTION CLOSED
Covered at today's meeting.

19.06 WASPT Action Log
ACTION ONGOING
HW said this would be brought up as part of the Go Together Go Far work.

18.108 Partnership Working
ACTION ONGOING
HW said this would be brought up as part of the Go Together Go Far work. This would link in with Kim Tovey's work on the Leadership & Management Strategy

18.108 Job Description Review
ACTION ONGOING
PS said that a priority list had been sent to Claire Vaughan however no response had been received. HW agreed to follow-up this action.

18.48 Pay Enhancement Group
ACTION CLOSED
NM explained that some staff was at a loss as they had been paid the average and not actual. SW said that the national agreement was to pay the average. NM said that the Welsh Partnership Forum said that if there was data available to pay actual then the Trust should. HW said that this action should be closed as the Trust made the decision to pay the average as per the national agreement.

18.49 Band 6 Paramedic Closure Report
ACTION CLOSED
Covered at today's meeting.

18.06 Go Together Go Far Project
ACTION ONGOING
HW said this would be brought up as part of the Go Together Go Far work and working in Partnership.

19.59 Any other Business

a) Remaining Staff in Cefn Coed Hospital

PS asked to not forget that there was still staff left in Cefn Coed Hospital. RM explained that this was one of the Trust's priorities for the year.

b) Data on performance

HR proposed getting performance data at an individual level to see how well staff are performing. BR said that staff would want to know what this data would be used for. NM said that would it be possible to review what the data would look like before making a decision. HR said that this would be good to start a conversation to see what we could do and what are the benefits. PS confirmed that he understood the value of doing this. SD asked if the report could include failed referrals in out of hours and HR agreed. DT said that performance within the organisation had come a long way over past years and should be celebrated. HR said that this would be able providing staff with good information and meaningful data to help with PADR discussions and help staff to build on what they want to improve.

c) Volunteer Strategy

JS explained that she had previously taken the Volunteer Strategy to the Trade Union Partners Team Meeting and since then considerable progress had been made. The plan was for a final version of the Strategy to go to People & Culture Committee in July 2019 and in the meantime she would be keen to take the strategy to the Trade Union Partners Team Meeting for comments.

ACTION: JS to take the Volunteer Strategy to a Trade Union Partners Team Meeting

d) WAST Innovation and Improvement Network

CB explained that since this had launched there had been a great response from staff and many ideas have been placed onto the portal. She explained that a summary report would be developed and shared with WASPT.

e) Changes to Occupational Health

HW explained that Johanna Warren had left the Trust and that the vacant post was in the process of being reviewed in preparation of being advertised. She explained that she had been working with the Occupational Health Team to put interim arrangements in place. NH said that the Health & Wellbeing Group had not had a meeting and this had been replaced by a workshop. JS explained that this was due to the development of the Health & Wellbeing Strategy.

19.60 Date of next meeting

The date of the next meeting had been scheduled for 29th July 2019, Henllys Boardroom, Vantage Point House, Cwmbran

Welsh Ambulance Services NHS Trust

Shared Commitment to Improve Patient Care and Staff Well-Being

Welsh Ambulance Services Partnership Team (WASPT)
Minutes of the Meeting held on Monday 29th July 2019 at 12.00pm
Henllys Boardroom, Vantage Point House, Cwmbran

19.61 Present:

Claire Vaughan	Director of Workforce and OD **(Chair)**	**CV**
Jason Killens	Chief Executive Officer	**JK**
Louise Platt	Assistant Director of Operations	**LP**
Brendan Lloyd	Medical Director	**BL**
Estelle Hitchon	Director of Partnership and Engagement	**EH**
Chris Turley	Interim Director of Finance	**CT**
Stephen Clinton	Asst. Director of Operations	**SC**
Sonia Thompson	Area Operations Manager, Cwm Taf	**STh**
Julie Stokes	Senior Workforce Transformation Manager	**JS**
Joanne Rees Thomas	General Manager	**JRT**
Lee Brooks	Director of Operations	**LB**
James Moore	Assistant Director of OD	**JM**
Rachel Marsh	Director of Planning and Performance	**RM**
Claire Bevan	Executive Director of Quality and Nursing	**CB**
Melfyn Hughes	Welsh Language Officer	**MH**
Andy Evans	Trade Union Partner (Unite)	**AE**
Mark Marsden	Trade Union Partner (Unison)	**MM**
Paul Ellery	Trade Union Partner (Unison)	**PE**
Paul Seppman	Trade Union Partner Secretary (Unite)	**PS**
Bleddyn Roberts	Trade Union Partner (Unite)	**BR**
Ian James	Trade Union Partner (GMB)	**IJ**
Hugh Parry	Trade Union Partner (Unite)	**HP**
Steven Dowber	Trade Union Partner (GMB)	**SD**
Craig Brown	Trade Union Partner (RCN)	**CBr**
Angela Roberts	Trade Union Partner (Unison)	**AR**
Sharon Thorpe	CTL and Assistant Secretary of branch (GMB)	**ST**

Apologies:

Andy Swinburn	Assistant Director of Paramedicine	**AS**
Helen Watkins	Deputy Director of Workforce and OD	**HW**
Sara Williams	Workforce Policy and Governance Lead	**SW**
Nick Morgan	Trade Union Partner (GMB)	**NM**
Damon Turner	Trade Union Partner Deputy Chair (Unison)	**DT**
Nathan Holman	Assistant Trade Union Partner Secretary (GMB)	**NH**
Julie Boalch	Corporate Governance Manager	**JB**
Keith Cox	Board Secretary	**KC**

In attendance:

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| Angharad Steele | Workforce Policy and Governance Advisor | **ASt** |
| Toni-Marie Norman | Project Support Officer | **TMN** |

19.62 Welcome and Introduction

CV welcomed all attendees and gave apologies for those who could not attend the meeting. CV welcomed LB to his first WASPT meeting as Director of Operations.

CV also acknowledged that this was BR's final WASPT meeting before his retirement; JK, CV and Trade Union Partners thanked him for all his efforts and contribution within the Trust and acknowledged that he will be greatly missed. JK confirmed that BR has been helpful with his advice and counsel since he commenced his role as Chief Executive Officer, and wished him the best going forward.

CV confirmed that HP, Trade Union Partner and Branch Secretary for Unite, North region, will now be attending WASPT in BR's absence, and was welcomed by all.

19.63 CEO Welcome

JK confirmed that there have been particular pressures in terms of handover delays, where operational staff are doing their best to look after patients in the back of vehicles and in corridors, prior to handover.

JK reassured colleagues that whilst it might not feel like there's a not a lot going on, there is a lot of ongoing conversation with the rest of the health system regarding the impact on staff and patients. There is a desire to fix it and a recognition that it is getting worse, and JK thanked all staff for their patience on this matter.

BR agreed that it is affecting everything and it's starting to boil over; PS added that the sickness rates are going up because of this. CV agreed that it feels relentless; there is no respite through the summer and it is a real concern going into winter pressures.

SD explained that BCU hospitals are operating differently, and there are concerns that best practice is not being used. He explained that patients are on the beds for 3 hours and are seen by a doctor and cleared within 10 minutes.

CB confirmed that there has been work with the senior team regarding improvement methodology on the issues with best practice and some aspects of the pathways are becoming more consistent. She explained that they have been undertaking tests for change which haven't been working over the past fortnight, and they will be getting feedback to the senior team on the learning of the cycle. CB explained that Jonathan Sweet, Operations Manager, and Liz Hughes, Operations Manager, are working in collaboration with the senior teams in that area. CB acknowledged that there is an issue with the stretchers; there are ongoing conversations within the Older Peoples' steering group on the prevention of pressure ulcers and prolonged periods of time on beds. CB explained that manual handling and risk assessments will be part of the Older People planning.

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MM stated that the waiting times on an All Wales basis are getting drastically worse, however, this is improving in some areas such as Cardiff and Vale. JK agreed there is work to be done in terms of improvement and taking patients to other facilities instead of local Emergency Departments. JK emphasised that we need to continue to apply pressure to Health Boards and thanked all for their patience.

19.64 Consultation on the proposed Executive Management Team portfolio changes

JK confirmed that the proposed EMT portfolio changes had been sent to the lead Trade Union Partners before this went live, and explained that the portfolio was built on conversations and the creation of the new post of the Director of Digital Services, to deliver a transformation of WAST's digital future and strategy.

JK confirmed that the proposed portfolio went on Siren with a closing date for suggestions for the end of the week commencing 29th July 2019. JK confirmed that some suggestions had already come in and that he will look at this at the beginning of the following week. JK explained that if there are no sufficient changes then the vacancy details for the role of Director of Digital will go out the following month. The portfolio sits under the Director of Operations, and CV wants to focus on the specific changes of the Director of Digital Services, which has an impact on Finance.

19.65 Board Appointments

JK confirmed that the Executive Director of Quality and Nursing vacancy will be advertised shortly. In addition to this, it is hoped that the vacancies for the substantive Director of Finance and Director of Planning will also be advertised shortly (these roles are currently interim.) CV confirmed that communications will be going out to explain all the various posts and reassure colleagues that there is no need to be anxious and this will settle things on the Board table. Non-Executive Director appointments will also be coming through very shortly. PS confirmed that Trade Union Partners are happy to assist with future recruitment activity.
ACTION: CV will send out the schedule of posts and processes to the Trade Union Partners.

19.66 Trade Union Partners Agenda Items

a) Partnership working
PS stated that there are some examples of meetings in the past couple of months which have recently taken place that are out of partnership with Trade Unions. He explained that these issues have been raised at the appropriate level but it feels like there is a lot of time spent firefighting, and queried if this was in line with Go Together, Go Far (GTGF). CV agreed that colleagues equally want to progress GTGF, and acknowledged that there are a lot of colleagues who want to get involved. However, she highlighted that this will take too much time with more people involved, and suggested a smaller group could complete this and then involve more as time goes on. PS also suggested the option of roadshows for GTGF, which was noted. It was acknowledged that there are frustrations for both parties and CV is talking to colleagues about putting a plan together.

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ACTION: ASt and team to accelerate the plan to roll out GTGF.

b) NHSD and CCC

PS stated that this particular agenda item seemed to have fallen of the agenda, and he didn't want staff in NHSD and CCC to be forgotten about. He clarified that the Trade Union Partners would like this to be a standard agenda item to discuss any issues and share updates etc.

SC provided an update on the key developments within NHSD/CCC. He provided an updated regarding the air conditioning issues in Snowdon House, and confirmed that the costs of the project had escalated from £50,000 to £250,000. Richard Davies, Assistant Director of Capital and Estates, had recently visited Snowdon House and looked at the option of re-using existing parts to fix the problem.

SC also provided an update on the roll out of NHSD/111 and confirmed that they have recruited staff as required and are working closely with the programmes to predict what the outcome will be. He explained that this will be a quiet launch because the publicity for the previous launch caused an influx of calls as patients phoned 111 for the first time.

SC confirmed that CAD Phase 3 is underway; there is ongoing work to improve CAD, and a CAD Board Meeting had been convened. SC confirmed that they are looking for staff to join the CAD Board Meetings and look at how Dispatchers work together, and to consider the ideal number of Dispatchers and Allocators to work together for more efficiency.

CBr raised concerns about the Allocator role and queried the welfare checks that are being done, and if we are overseeing the volume of welfare checks that need to be completed. CBr stated that there is a significant workload and he doesn't want to risk the safety elements of the welfare checks.

SC confirmed that the welfare checks will be done, and these are usually done with the clinician. However, the more call takers there are, the more welfare checks there are that need to be done.

CBr was concerned that the stack of calls was getting bigger and emphasised that there is a need to remember that it is a vital role to take on that stack of welfare checks, and the desk cannot take on that workload. BR queried if this is the safest approach, because the call takers are doing welfare checks instead of clinicians. SC confirmed that if a call taker has any concerns, a clinician would need to be involved.

CBr gave an update on Nurse recruitment, and confirmed that they have received a significant number of applications, and 22 candidates have been scheduled to be interviewed. SC thanked the ICT team for the work completed in TY Elwy to be able to recruit in that area.

ACTION: NHSD/CCC to be kept as a standard agenda item for future WASPT meetings.

c) Disciplinary Cases

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PS raised the concern that it is felt that there has been an increase in disciplinary cases; he asked if this was the case and if so, does something need to be done differently.

CV confirmed that the number of disciplinary cases has increased; the Incident Decision Tree (IDT) process was removed in September 2017, and there have been 29 cases since then.

CV confirmed that she would share the data with PS and that she would like to understand why some of the cases were determined as 'no case to answer.'

PS stated that there is a need to look at timeliness from complaint to disciplinary, and made reference to the duty of candour and to encourage people be open and honest about complaints. PS added that in some instances, it may be more appropriate for something to be managed as capability, not disciplinary.

ACTION: ASt, JS, and HW to review the disciplinary cases and processes with PS.

19.66 Policies/Procedures for Approval

  a) NHS Wales Special Leave Policy

ASt presented paragraph 7.1.3 of The NHS Wales Special Leave Policy, which has been agreed with Trade Unions and was ratified at the Welsh Partnership Forum Business Committee on 13 June 2019.

In line with paragraph 6.2 of the Framework Agreement for the Reform of Agenda for Change, partnership discussions have taken place and an additional section 23 of the NHS Terms and Conditions of Service was developed, which will apply in England and Wales.

As a result of this, an amendment has been agreed to the NHS Wales Special Leave Policy as follows:

Paragraph 7.1.3 – Bereavement – to include an additional bullet point 2:

> "Death of a child for which an employee has had primary caring responsibility. Section 23 of the NHS Terms and Conditions of Service Handbook provides for two weeks leave. In line with the bullet point above, a significant period of time off in excess of two weeks may be required and appropriate conversations will need to be held on an ongoing basis between the employee and manager in a sensitive manner about the amount of ongoing special leave required and flexibility and support for the employee on their return to work. Section 23 also provides further detail regarding the wider provisions of support for employees in such difficult circumstances."

ACTION: NHS Wales Special Leave Policy to be submitted to Julie Boalch for formal ratification and implementation.

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PS referred to section 7.2.2 of the Special Leave Policy which makes reference to when staff attend an internal job interview to further their career. The Policy states that requests for leave to attend job interviews within the NHS or Welsh Government's Health and Social Care Department will not be unreasonably refused. However, NHS Organisations may insist that annual leave is taken to attend interviews outside of the NHS rather than special leave granted.

PS explained that a consistent approach to this is required because it isn't clear if staff have paid time off or are required to work the time back. CV agreed that we need to think about this and we shouldn't ask people at certain levels to take leave or work days back in order to attend an internal job interview.

ACTION: CV and PS to discuss further.

b) Welsh Translated Policies
For noting, the following Trust policies have been translated to Welsh, as of 31st May 2019:

- Employment Break Scheme
- Special Leave
- Dignity at Work
- Disciplinary
- Grievance
- Organisational Change
- Pay Progression Policy & FAQs
- Procedure for NHS staff to raise concerns
- Recruitment and Retention Payment Protocol
- Reserve Forces Training & Mobilisation
- Secondment
- Managing Attendance at Work
- Menopause

19.67 Performance Operations update

LP confirmed that Clare Langshaw has been appointed as Ambulance Operations Manager, Resilience and Special Operations, and will commence on 1 August 2019.

LP also confirmed that red performance monitoring is in place; this is below 70%, and Hywel Dda has been identified as a pinch point and has a performance plan in place.

LP stated that additional CFRs are to be trained in Hywel Dda and Powys.

Dual Pin, the updated system for handing over patients at hospitals, has gone live in all Health Boards, apart from Swansea Bay, which will go live 1st August 2019.

PS highlighted that TOIL requests were being declined because of UHP; cross border working and the release of crews into other areas have impacted on working over hours. LB confirmed the need to assess and evaluate the scrutiny, and that he would be happy to look at some examples in more detail.

A Band 5 Business Support Officer for Mid & West region has been appointed, and will provide business support to Operations Managers. Three Business Support Officers will be recruited in total, one for each region (North, Mid & West, South East.)

LP stated that she is very grateful that LB has joined the team and expressed her thanks for all the support she has received during her secondment as Director of Operations.

ACTION: **CV to pick up on specific TOIL issues up between LB and Trade Union Partners**

19.68 Planning and performance

a) Planning Update
RM confirmed that £1.7m funding has been secured for WAST and/or EMERTS to improve Healthier Wales. RM explained that a review took place on Friday and the commissioners were supportive. RM also confirmed that more support has been given for wellbeing in terms of Clinical Psychology; this is very positive, and they will hopefully give the final news on this as soon as possible.

RM also provided an update on Transfer and Discharge services, and clarified that EASC is our commissioner. We have a commitment to look at what an All Wales transfer service looks like, and the aim is to really understand what the Health Boards need. A useful workshop went ahead to look at what that model will look like.

RM confirmed that big changes are happening with the Grange University Hospital going live within Aneurin Bevan University Health Board. RM explained that they are envisaging a huge increase in transfer between their hospitals, and are very anxious to get the model agreed as soon as possible. Furthermore, a major trauma service plan is in place to introduce the new major trauma centre in Cardiff UHW by April 2020. RM explained that she has a meeting with the ABUHB Team the following week; this will have a big impact on staff.

RM explained that the IMTP is to be submitted by September 2019; engagement events are being planned and a survey will be launched on Siren. RM stated that webinars will also be scheduled, and she would like a Trade Union Partner to be involved with the process of the IMTP.

ACTION: **PS will ask for more Trade Union Partners volunteers to be involved with the IMTP process.**

AR confirmed an interest in Transfer and Discharge and that she would like NEPTS to be involved. AR also queried if funding could be unlocked as part of Healthier Wales for professional mediation within the workplace. CV agreed that there is a lot of work to be done on conflict resolution, and acknowledged that mediation is one potential response to it, however, there are other responses that need to be developed.

CV stated that once we have more resource in the OD team, they will look at this and discuss it further. CV confirmed that they would look at a refresh of our organisational behaviours and understand what conflict, bullying and harassment looks like and feels like in the organisation, so we can understand the tools and approaches we need in place.

CV confirmed that the Trust has put in a bid for a Consultant Clinical Psychologist to lead on the Wellbeing Agenda. CV emphasised that we need to be more flexible in our approach, and there is a lower level Psychology bid to lead on TRiM and to case manage and provide advice and guidance to individuals and managers.

ACTION: CV and RM to have further discussion on the trauma training proposal.

MM raised the concern that the option to give staff a choice of rosters was not an actual choice; for example, he was aware that three people had given nine months' notice to use TOIL and their requests had been refused. CV responded that there are going to be parameters and people need to work where demand is required. LP stated that for the majority of the time, self-rostering at Christmas has worked in various ambulance stations, and has been really successful.

ST queried if there were further delays on transfers and discharge. RM confirmed that they need to be clear on how much activity is needed; they want dedicated ambulances just for that hospital which can't happen especially if a red call comes in. RM stated that we need to understand the scale of demand, and there is a meeting on Thursday in relation to the details.

b) Demand and Capacity Review
RM confirmed that two meetings had taken place so far with Trade Union Partners present. She confirmed that they have appointed ORH, who previously completed the Demand and Capacity Review. ORH are currently in week seven of the data collection and analysis mode, and are presenting back the data.

RM explained that in particular, ORH looked at the difference with 3 years' past data and could see some shifts in data and what needs to be improved. RM stated that ORH are building the model of the data to allow them to forecast based on assumptions in order to meet the projected demand.

RM stated that discussions had taken place that morning in which they looked at comparisons with other ambulance services across the UK. RM stated that it was envisaged that the final report would be published in September 2019, and will be taken to the commissioner in November 2019. Following this, an action plan will be put in place in relation to the data.

PS confirmed that it had been agreed that he will share the PowerPoint slides in relation to this with Trade Union Partners, and queried if they could increase the number of Trade Union Partners to four in the Terms of Reference.

JK advised that if the Terms of Reference needs to be changed, this will need to go to the steering group, Health Boards, and commissioners to agree to any changes. JK advised that the steering group is a small group and does not need a lot of attendees.

PS confirmed that himself, Damon Turner and Nathan Holman are involved, and Craig Brown would have lots to offer the steering group for CCC. CV stated that this would be left with RM and the Trade Union Partners to agree.

ACTION: JK and RM to discuss the request for changes and liaise directly with PS.

CBr suggested that rather than make the changes, they could have another meeting, pre or post meeting, to discuss comments in order to alleviate the pressure of changing the Terms of Reference.

RM stated that she didn't want the data to be distributed to wider staff but only to Trade Union Partners, as some data may make colleagues feel anxious that the data could be misinterpreted. PS confirmed that Trade Union Partners would be advised that it's not for further circulation.

c) Winter planning
LP confirmed that planning meetings have taken place since March 2019 and are held monthly, and a Task and Finish group has been set up with strong trade union involvement in relation to tactical planning. LP explained that everyone has chosen which group to feed into; each group feed back to the large group in relation to tactical plans, and will be taking the plan to Trust Board in September 2019. Plans will be presented for Health Board specific plans, which will then feed to wider plan to go to Trust Board.

d) Amber Review
RM made reference to the statement which Vaughan Gethin, Minister for Health and Social Services, gave in June 2019; she confirmed that a majority of actions are green, however, this does not necessarily mean that performance has improved. The longest waits have gone down and they have better escalation processes to deal with long waits. Hospital delays are a major part of why our people are waiting longer for an ambulance, and work is going ahead with the commissioner on this.

PS raised the issue that Trade Union Partners weren't involved in the Amber Review Group; RM confirmed that she would be happy for Trade Union Partners to attend and she would speak to Hugh Parry to arrange an invitation.

ACTION: RM to speak to Hugh Parry to arrange for Trade Union Partners to attend meetings for the Amber Review.

19.69 Welsh Language Standards update

MH provided an update on the Welsh Language Standards, which is a series of statutory requirements that apply to the Trust. MH explained that a Compliance Notice with timescales has been published on Siren, and highlighted that, for example, external phone calls must be answered with a bilingual greeting.

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MH further explained that intranet pages have been set up with all the guidance required to be compliant. MH asked Trade Union Partners to ensure that staff are aware of the standards.

MH raised awareness that some challenges have been made to the commissioner in respect of some of the required actions and their imposition dates; for example, social media posts are posted in real-time, and we don't have the translation facility for this.

MH explained that with regards to Welsh language training during working hours, they would need to look at this option for operational staff, and provide allocated time for Welsh language training during or out of CPD hours.

STh confirmed that she is chair of the Welsh Language Implementation Group, and added that it is useful to draw attention to areas with potential challenges.

MH explained that the Trust must be able to facilitate training or meetings (e.g. grievance and disciplinary hearings) in Welsh. EH explained that there is a communications capacity issue in relation to the compliance of the standards, and this has been flagged with Andrew Goodall, Chief Executive for NHS Wales, regarding what the challenges are likely to be. A response is needed by 9th August 2019 in relation to the challenges, and an audit trail for the implementation of standards for the commissioner; these challenges are not unique to WAST.

AR raised a concern that nothing has come through to the Trade Union Partners regarding the Welsh Language Standards, and there are concerns that a Trade Union Representative for Welsh meetings may not be possible, and CPD hours for some staff are not available to undertake Welsh training. CV accepted this point and acknowledged that Trade Union Partners are a key part of the grievance and disciplinary process.

MH responded that the Welsh Language Standards affect the Trust organisation and how we deal with a request, e.g. for a meeting to be convened in Welsh. MH explained that the commissioner recommends that a translator is arranged for meetings, as requested. MH also clarified that information from an external source that is shared with the Trust would not need to be translated into Welsh. Internal partnership notices will need to be translated and shared bilingually.

BR raised a concern that clinical training is not currently set up as compliant for the Welsh Language Standards, and there needs to be wider discussion on this. MH confirmed that whoever sets up the meeting is responsible for compliance.

CBr raised concerns that whilst on an NHSD shift, there may not be any Welsh call takers, and they would need to look at putting Nurses on the roster who have the ability to speak Welsh. CB stated that this would need to be taken back to rostering teams etc.

19.70 QSPE Update

CB provided an update on the Safe Clean Care campaign which is progressing as part of IPC planning, through the IPC and Trade Union partnership. The safeguarding transfer to the eDoc has been developed and rolled out in NHS Direct Wales, and will further progress through autumn.

The safeguarding referral paper document transfer to the eDoc works system has been developed and rolled out in NHS Direct Wales; this has been positively received by staff, and will further progress implementation through autumn.

CB confirmed that 2020 is the Year of the Nurse; the 200th anniversary of the birth of Florence Nightingale, and there will be celebrations throughout the year, but in particular in the month of May. The plan for celebrations is being collated by the Chief Nursing Officer and a WAST local planning group.

CB explained that the electronic Risk Register is progressing well and will enable us to manage risk in a more "live" approach. The feedback from directorates has been positive and provide a focus for live discussion at team meetings, with ease of completion of e risk assessments. Full migration of all risks will be completed by the end of quarter 2.

The Welsh Government has launched the Health and Social Care (Quality & Engagement Bill 2019.) The bill is on a journey to become an act, placing a duty of quality and duty of candour for Health and Social care organisation. The consultation for this is out at the moment in preparation for the bill.

The development of the WAST Older People Framework is a key deliverable in the IMTP. The development of the framework is being progressed in collaboration with commissioners.

CB explained that there has been further work regarding pressure ulcer prevention development and the e-learning package, and a meeting had taken place with Georgina Passmore to re align the e–learning and risk assessment tool to move towards compliance with the Purpose; a new All Wales risk assessment tool (awaiting WHC to be issued).

The Mental Health Plan for WAST is progressing at pace; WAST is working in collaboration with the commissioners with regards to the Mental Health Access Review. Following this review, the WAST Mental Health Improvement plan will be reviewed, however, the 2019/20 plan has been supported by the Welsh Government with recurrent funding.

CB confirmed that the uptake for the applied suicide intervention skills training is fully booked. A mental health e-learning package is currently being developed, and 13 October 2019 is World Mental Health Day.

CB raised awareness that WAST has been approached by ITN (television production company), who are looking at implementing a digital platform programme for

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Alzheimer's. WAST were approached specifically in relation to our plan for dementia. QSPE have put together a storyboard of the success of the Trusts work with partners.

PS raised a concern about signposting of TRiM, explaining that he was aware of one member of staff who got pulled to attend a red call whilst they were in an assessment. JS confirmed that she would speak with the Occupational Health Team regarding TRiM.

ACTION: JS to speak with the Occupational Health Team regarding TRiM.

CB explained that there have been 64 applications submitted to the WAST Improvement and Innovation Network (WIIN) project. There are ongoing plans to build capacity for WINN fellowships, and to work together with the IHI courses to help develop capacity in the organisation.

CB explained that they are working with a leadership focus, and working on a wider QA network. CB confirmed that the quality assurance report is going to QUEST in September. PS queried the fellowships and if the staff took on the opportunity, could they have reassurance that the fellowship will be backfilled.

ACTION: CB and Jonathan Turnbull Ross to present a list of submissions from the WINN project at the next WASPT meeting.

PS raised a concern that the packs to go with the Aseptic Non Touch Technique (ANTT) training have not been distributed. It was confirmed that Laurence Neville will need to give an update on ordering packs for ANTT. BCU is missing from the Falls Plan, and there has been over recruitment on CFRs for this area, however, this is not sustainable.

PS stated he was disappointed that the Trade Union Partners were not asked to contribute. CB responded that she was of the understanding that the steering group had Trade Union Partner involvement; she confirmed that she would check with Claire Roche.

ACTION: CB to liaise with Claire Roche regarding Trade Union Partner involvement.

19.71 NEPTS Update

JRT confirmed that NEPTS is looking to undertake further recruitment in coordination centres. A "mop up" meeting with Hywel Dda had taken place and they were happy with the transfer of work taking place.

There were further discussions with the remaining Health Boards, and in terms of the vehicle replacement programme, there are ongoing requirements for the remaining 33 vehicles to be replaced.

JRT explained that there is a considerable amount of seats inside of vehicles, and they are currently down to 90 vehicles with 5 seat capacity within the fleet. A paper has

been approved to increase the weight limit on vehicles, but there are implications on C1 licensing. The recruitment of staff for requirement on the licences will need to be discussed.

JRT reported that the NHS Awards judging panel came to NEPTS, and they facilitated a 2 hour session with colleagues regarding the programme for End of Life Care and the rapid transport service. The judging panel looked at the vehicle and viewed videos from the Communications Team about utilising the service. JRT confirmed that there have been 768 journeys since introduction of the service. JRT was unable to confirm results at present; the assessment will be held in September.

BR queried the outcome of 365 funding and it was agreed that this would be looked into.

ACTION: JRT to confirm outcome of 365 funding with Trade Union Partners.

19.72 Finance and ICT

CT gave an update on the current financial position within the Trust. CT confirmed that the overall position is good; we are currently in month 3 and are balanced year-to-date.

CT confirmed that there are variances, and a current area of financial pressure is within the NEPTS team due to overspending. However, the risks are being managed well. CT stated that due to the better financial position, we have a better chance of securing certain funding e.g. capital funding. CT confirmed that work is ongoing with the commissioner.

CT acknowledged that Trade Union Partners had queried at the previous WASPT meeting if finance training could be provided to Trade Union Partners to better understand the position we are in. CT confirmed that the team are working on a training package and hoped to run training in September 2019; Jason Collins is getting dates in the diary with Trade Union Partners.

ACTION: Dates for finance training for Trade Union Partners to be confirmed.

19.73 People and Culture Strategies

a) Wellbeing Strategy
JM referred to the draft of the Wellbeing Strategy and confirmed that it will be going to Board in September. JM stated that they hoped to get it signed off at that meeting after the TU/ALDT and EMT meetings taking place.

There are currently 3 priorities that are being worked on, these are:

- The redesign of work – working with individuals to redesign work
- Target focus – which will link in with work redesign
- Infrastructure – both localised and organisational

JM stated that a number of events throughout WAST have been helpful in relation to the Wellbeing Strategy, and this has been greatly received by colleagues.

ST acknowledged that TRiM has been a welcome addition to support staff, however, the resources are running out fast due to high demand.

JM agreed that TRiM has been a huge success for WAST, and it would be great if we could re-design work so staff could get immediate access. CV added that there is a need for greater flexibility and ownership.

It was agreed that the evaluation report on TRiM would be presented at the next WASPT meeting.

ACTION: **Evaluation report on TRiM to be presented at next meeting.**

PS raised the concern that silo working is increasing and there is not much downtime for staff; there is a need to be preventative and less reactive. EH stated that there is a need to get underneath this and understand if this is a regional problem or because of managers

LP confirmed that a meeting would be arranged with Trade Union Partners regarding silo working.

ACTION: **LP to meet with TU Partners regarding silo working.**

b) Volunteer strategy
JS provide an update on the Volunteer Strategy; she confirmed that research has been undertaken and the Trust has currently set out a 3 year plan:

Year 1 – Getting our house in order in terms of governance, processes, standards, issues with resources, recruitment etc.
Year 2 – What are we doing well? Surveys to look at this in further detail
Year 3 – Blue sky thinking, look at reintroducing the Blue Light Cadet Scheme

JS confirmed that really good feedback has been provided from the Board regarding the 3 year plan.

Mileage allowance has been queried because volunteers currently claim different allowances for expenses, and the Board has agreed to standardise this to 40p per mile for all volunteers.

It was confirmed that the Executive Lead for Volunteers for Year 1 of the Volunteer Strategy will be the Director of Operations.

JS confirmed that uniforms for volunteers are an issue because our volunteers are currently paying for their uniforms, apart from their jacket and lanyard. There is an appetite to address the uniform issue with the Board, and it was agreed to look at proposals for volunteers' uniforms.

JS confirmed that they are hoping for a sign-off on Volunteer strategy in September 2019, and emphasised that it is a moving document and will continue to progress as time goes on.

Board development will be taking place the day after WASPT on discussions regarding where we are at. There is a need funding to be secured to complete some of this work.

JS acknowledged that the Welsh Ambulance Service has a fantastic contribution from its committed volunteers. BR queried where the budget will come from for the volunteers and said that he wouldn't want it affecting the budget for permanent staff; this was noted.

19.74 Internal Audit Report

The Performance Management Local Delivery Plans, Trade Union Release Time, and Travel and Subsistence Internal Audit report were noted in the meeting.

a) Trade Union Release Time
It was noted that the Trade Union Release Time Audit Report had been to Audit Committee.

b) Travel and Subsistence

EH explained that the review of travel and subsistence expenses was completed in line with the 2018/19 Internal Audit Plan in quarter three of last year. EH explained that the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with travel and subsistence expenses was limited assurance. EH emphasised that the purpose of the paper is to bring the Welsh Ambulance Service into compliance with the NHS Terms and Conditions of Service Handbook.

EH drew attention to the following two proposed key changes:

1. **Claims for day time meal allowances (up to a maximum of £5)**
   Claims for day time meal allowances will be authorised only in circumstances where no prior notice of the need to be away from base was provided or where the requirement could not reasonably be planned for, and therefore no alternative provision could be made.

   In the interests of transparency and for audit purposes, staff are advised that all claims should be supported by a valid receipt, up to a maximum of £5. While the provision of a receipt is not an absolute requirement, as outlined in the staff handbook, staff are advised to secure one in the interests of transparency and any future audit purposes. It should be noted that this payment is not related to a similar allowance for "spoilt" meal breaks.

   EH emphasised that if staff can get a receipt, they should ensure that they have one for audit purposes; Counter Fraud have flagged this as a risk, and the manager is required to check that this is a legitimate claim. It is recognised that

it is not always possible to obtain a receipt, e.g. when making a purchase from a vending machine. EH emphasised, therefore, that it is not an absolute requirement to provide a receipt.

2. **"Automatic" £20 Evening Meal Allowance**
Internal Audit highlighted deficiencies in the process for booking hotel accommodation and in the adding of an "automatic" £20 meal allowance with each hotel booking, in addition to the routine "bed and breakfast" provision made at the time of booking.

While the system for the booking of accommodation is currently being reviewed by Shared Services to ensure that the Trust is securing best value, there is a need to review the "automatic" £20 meal allowance.

The £20 allowance allowed for within the NHS Terms and Conditions of Service Handbook covers a 24 hour period, rather than the "evening meal" allowance for which it is routinely used in the current WAST system. The current system is, therefore, out of line with the terms and conditions as outlined in the NHS Terms and Conditions of Service Handbook and requires adjustment to bring the Trust in line with terms and conditions.

The current system also opens up the Trust to potentially fraudulent invoices from providers who may invoice for the full £20 allowance rather than the amount actually spent, while also constraining the choice of individuals as to where they eat.

It is now proposed that the £20 meal allowance for an overnight stay where bed and breakfast has been booked is removed, and that all evening meals should be paid for by the individual at the time of purchase. A receipt should be provided and the amount incurred claimed through the expenses system, up to a maximum value of £15, excluding alcohol, which will not be reimbursed. This proposed new level of £15 takes into account the fact that the previous £20 allowance is for a 24 hour period and that the evening meal allowance as per Annexe 14 of the NHS Terms and Conditions of Service Handbook is £15.

A number of queries were raised in the meeting regarding the costings for overnight meal allowances, and there was some confusion about the 24 hour rule and evening meal spend. EH emphasised that £20 is the 24h allowance, whereas £15 is the evening meal allowance, and it is important that we are clear regarding what is covered.

EH explained that an All Wales Travel and Subsistence Policy is in development, and they have looked at what other Ambulance Services have in place. NHS Wales Shared Services Partnership also has guidance for staff. EH stated that assuming we have agreement for this, an FAQs document for staff can be developed.

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PE stated that the rate of inflation has not been taken into account since 2004.

BR highlighted that some staff do not have knowledge of using the e-expenses system and asked if training could be considered.

AR raised concerns that providing a receipt for claims for day time meal allowances (up to a maximum of £5) was a bit grey because staff may not be able to obtain a receipt, and there was a need to consider how this would impact on staff.

EH acknowledged that this was a good point, and stated that the Trust would not be mandating this.

JRT stated that teams within NEPTS are currently getting receipts and attach them to the time sheets.

EH queried if there was any intrinsic hostility in response to the paper. PS responded that there was custom and practice in place for over 15 years in respect of the amount that is claimed.

AR raised concerns that in some instances, the overnight accommodation allowance is crucial because staff could be out of pocket, and felt that an EqIA was needed to ensure that no one is disadvantaged financially.

EH confirmed that she would liaise with PS to go through the detail.

ACTION: **EH and PS to arrange a meeting on the detail of the Travel and Subsistence audit report and process of communication to staff. The final decision will be made by the Executive Management Team, for implementation from 1 October 2019.**

19.75 Holiday pay case (Flowers v East of England Ambulance Trust)

CV stated that the case went to appeal and they would await further developments for this at future WASPT meetings as an ongoing agenda item.

19.76 Minutes from previous meeting held 20 May 2019

- Page 7 of minutes – PS clarified that under section 19.49 of the Performance Operations Update, he (PS) asked if a small update could be provided for the Trade Unions.
- Page 3 of minutes – PS stated that the wording of the last paragraph should be changed to "improve the process", and the last sentence in the second paragraph under section 19.47 should state "DT" (not DE.)

Minutes agreed and approved from 20 May 2019 WASPT meeting.
ACTION: Amended and approved minutes to go on Siren

19.77 Matters arising

Update on actions from 20 May 2019 meeting:

19.50 Planning and Performance – WAST Governance Meetings

Paul Seppman and Nathan Holman attended (it was noted that the Action Log stated that Nathan Holman was an observer, however, he was not.)

19.47 Trade Union Partner Agenda Items – Open Mic Calls

Brendan Lloyd and Claire Vaughan meeting on 30th July 2019; the need for good governance for safety was acknowledged.

19.28 Performance/Operations Update

Andy Swinburn confirmed this action has been completed; the Expert Reference Group has been formed and 3 representatives from the Trade Unions have been named to attend.

19.26 Trade Union Partner Agenda Items – Lone working / solo responding

The Lone Worker policy has not progressed.

19.26 Trade Union Partner – Meal breaks away from base

This needs to be picked up with Estates and Trade Union Partners.

19.26 Trade Union Partner Agenda Items – Health and Safety – Deep cleaning at stations

Clare Bevan raised this at the meeting.

18.108 Job Description Review

Closed.

18.68 Nursing Uniform

Closed.

18.06 Go Together, Go Far

Notes of WASPT meeting to go to People and Culture Committee.

19.78 Any Other Business

Managing Sickness Absence Training Video
JS stated that she was looking for a Trade Union Colleague to take part in a video aimed at managers to support with managing sickness absence. JS confirmed that this will feature on Social Media and will be used as part of our training tools. JS asked if any expressions of interest could be shared with her ASAP, as filming would be taking place in Matrix One all day the following Monday.

ACTION: Trade Union Partners to contact JS if they would like to assist with the video.

Facebook Closed Group
ST queried if it was felt that the WAST closed Facebook Group is a "friend or foe." CV thanked ST for raising this and confirmed that this would require JK's involvement to debate the pros and cons.

ACTION: CV to speak to JK regarding the WAST closed Facebook Group.

19.79 Date of next meeting
The date of the next meeting has been scheduled for 23 September 2019, Henllys Boardroom, Vantage Point House, Cwmbran

NHS Wales Collaborative Leadership Forum
Minutes of Meeting held on 13 May 2019

Author: Mark Dickinson	**Version:** 1 (Approved)

Members present	Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL) Maria Battle, Chair, Cardiff & Vale UHB (MB) Tracey Cooper, Chief Executive, Public Health Wales (TC) Andrew Davies, Chair, Swansea Bay UHB (AD) Vivienne Harpwood, Chair, Powys tHB (VH) Alex Howells, Chief Executive, Health Education & Improvement Wales (AH) Chris Jones, Chair, Health Education and Improvement Wales (CJ) Brendan Lloyd, Medical Director, Welsh Ambulance Service NHS Trust (BL) (for Jason Killens) Marcus Longley, Chair, Cwm Taf UHB (ML) Donna Mead, Chair, Velindre NHS Trust (DM) Tracy Myhill, Chief Executive, Swansea Bay UHB (TM) Judith Paget, Chief Executive, Aneurin Bevan UHB (JP) Mark Polin, Chair, Betsi Cadwaladr UHB (MP) Judith Hardisty, Vice Chair, Hywel Dda UHB (JH) (for Bernadine Rees) Carol Shillabeer, Chief Executive, Powys tHB (CS)
In attendance	Mark Dickinson, NHS Wales Health Collaborative (MD) Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)
Apologies	Gary Doherty, Chief Executive, Betsi Cadwaladr UHB Steve Ham, Chief Executive, Velindre NSH Trust Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust Steve Moore, Chief Executive, Hywel Dda UHB

	Bernadine Rees, Chair, Hywel Dda UHB Len Richards, Chief Executive, Cardiff & Vale UHB Allison Williams, Chief Executive, Cwm Taf Morgannwg UHB Jan Williams, Chair, Public Health Wales Martin Woodford, Chair, Welsh Ambulance Service NHS Trust

Welcome and introduction	**Action**
AL welcomed colleagues to the meeting and noted apologies for absence.	

Minutes of previous meeting	**Action**
The minutes of the meeting held on 6 December 2018 were **approved** as a correct record. The minutes will be forwarded to board secretaries for noting at health board and trust board meetings.	**MD**

Action log and matters arising	**Action**
The action log was reviewed. It was noted that the majority of actions had been closed as completed. Those actions that remain open all relate to the development of an NHS Wales National Executive function. It was noted that RF and MD are meeting Jo Jordan and Samia Saeed-Edmunds in Welsh Government on 14 May to discuss this. It is anticipated that this will be primarily focused on WG gathering information about the Collaborative. It was noted that detail was awaited in respect of progress with plans for the NHS Executive. *(DM joined the meeting at this point)*	

Year End Report against 2018/19 Collaborative Work Plan	**Action**
RF introduced the report against last year's work plan, noting that it had already been received by the Collaborative Executive Group. Some outstanding actions have been carried forward into the plan for 2019/20. Concerns were noted around delays to the critical care clinical information system and MD provided an update, reporting that it was hoped that procurement documentation would be signed off during May.	

	Action
The heightened emphasis on maternity services was noted in the context of the need to establish the new Wales Maternity and Neonatal Network. It was noted that the planned appointment of a National Mental Health Director had been delayed pending progress with the NHS Executive. CS reported that it was approximately a year since the previous director had retired, but was optimistic that progress could soon be made. *(AD joined the meeting at this point)* AL queried why the Eating Disorders dashboard was being delayed until 2022. CS responded that this was due to the timing of the implementation of the WCCIS system, but that some aspects of the dashboard would be operational before full WCCIS roll out. AL thanked RF for the report and noted that, given the context, the Collaborative team has done very well to get through so much work and to complete many important actions.	

Collaborative Annual Report 2018/19	**Action**
RF introduced the Annual Report, noting that this is the first time a narrative annual report has been produced by the Collaborative team. The report is intended to respond to the need for more information for key stakeholders and also the desire of team members to promote the work done. The target audience is primarily stakeholders in NHS Wales, Welsh Government and CHCs and the content has been shaped to reflect this. The report covers both core business for NHS Wales and additional work in support of WG. Content had been provided by staff in individual teams and programmes. RF drew attention to the new areas of work covered in the report, including support to the Women's Health Implementation Group and to the nationally directed programme for endoscopy. RF also noted Collaborative-wide activities, including peer review. RF referred to the fact that the Collaborative team has grown in size and emphasised the efforts being made to engage with staff and to act on their feedback, including via a newly established staff forum.	

(TC joined the meeting at this point)

AL noted that the report was very clear and helpful.

JP referred to the section on the lymphoedema network, suggesting that, as staff are involved in direct care delivery, there was a need to review the governance and respective roles and responsibilities of the Collaborative and health boards. **RF undertook to review the governance arrangements for the lymphoedema network.**

RF

AD suggested that lessons need to be learned about how work is led and about lines of accountability, particularly for work undertaken for WG.

DM referred to the reference in the report to Save a Life Cymru, noting that WG had not agreed for CPR training to go into schools, although this was the case in other parts of the UK. BL added that it had been suggested that CPR could have been added to the content of the Welsh Baccalaureate qualification. AD noted the potential role of further education.

ML noted that approximately half of resource of the Collaborative is invested in the Wales Cancer Network and queried the rationale for this. RF responded that this is purely a legacy issue reflecting the history of investment decisions over many years. RF added that the Collaborative is increasingly taking opportunities to work across networks and programmes, citing work to develop a Collaborative-wide analytical function as an example. AL stated that there is a need to move towards a more balanced deployment of resources.

TC noted the context for the year ahead, anticipating plans for the NHS Executive. There is a need to ensure that resources are aligned behind strategic priorities, including those specified in whatever national delivery plans exist post 2020.

RF undertook to consider the issues raised in the further development of the report.

RF

AL thanked RF and the Collaborative team for producing a helpful and informative report.

Collaborative Work Plan 2019/20	**Action**
RF introduced the high level work plan, noting that the individual sections will be the subject of 'deep dives' at forthcoming meetings of the Collaborative Executive Group, with the first one being on the work of the Wales Cardiac Network in May. AL asked about the work of the new Maternity and Neonatal Network and how its work will interface with the recently announced action by a number of agencies. RF responded that discussions are ongoing to clarify this. AL queried whether the key deliverables are clearly enough articulated and are both measurable and achievable. TC suggested that the 'big ticket' items should be more clearly identified in the introduction. CJ suggested the need for greater clarity as to where is assurance held and the mechanisms for assurance. MP raised a specific issue of accountability in relation to the LINC programme, which had recently been subject to formal reporting to boards. RF responded to these issues, noting that the Collaborative team had produced a paper last year to clarify the governance and accountability of each of networks back through network boards to the Collaborative Executive Group and the Collaborative Leadership Forum (and, in some contexts to WG). RF added that this was the first she had heard about the concerns in relation to LINC and noted that update reports on LINC had been brought to the last three meetings of the Forum. JP added that the last update had included specific consideration of the process for taking the LINC business case to boards. CJ reported that he still has outstanding concerns about the governance arrangements for work commissioned directly from the Collaborative team by WG. AL responded that these concerns have previously been raised with WG, including directly with Andrew Goodall and it is known that these problems are recognised. AD stressed the need for the work of the Perinatal Mental Health Network (and other parts of the Collaborative) to align with the wider work on health improvement and the early years being led by Public Health Wales. DM referred to the work of the Wales Cancer Network on the single cancer pathway and also the wider work on	

diagnostics, stressing the importance of analytical work to gain a greater understanding of the growth in demand for cancer diagnosis and treatment services. TC noted that, in their respective lead roles for cancer, pathology and imaging, she, Steve Moore and Len Richards are working increasingly closely on these issues. It is planned to submit a three year plan for cancer diagnostics to WG for investment.	
AH noted that the wider context is shifting with the development of a national NHS Wales clinical plan. AL responded that chairs are not currently sighted on this work.	
CJ noted the references in the plan to peer review, stressing the need for a more holistic approach. MD reported that peer review was being introduced across the Collaborative's networks, in line with the NHS Wales Peer Review Framework (previously agreed by the Forum) and that learning and experience was being shared across networks. **It was agreed that an updated three year peer review programme will be brought to the next meeting in September**.	**MD/RF**
RF undertook to consider the issues raised in the implementation of the work plan.	**RF**

Collaborative update	**Action**
RF introduced a written update report, containing briefings on a number of areas of work and other issues.	
Major trauma network RF referred to the report and provided additional information. A very productive workshop had been held, which had benefited from patient input. The aspiration remains for the network to be operational from April 2020, but this remains challenging. Engagement is taking place in Hywel Dda in relation to interim trauma unit designation, which may raise issues for other health boards.	
It was noted that consideration of workforce requirements for thoracics will be taken forward through the WHSSC Joint Committee.	
TM emphasised both the importance and benefits of having patients 'in the room' participating in the planning and development of services. The precedent set through the workshop needs to be maintained through the ongoing work of the network board. TM also noted the new appointment in	

Cardiff and Vale UHB to the role of Programme Director for the Major Trauma Centre.

CJ emphasised the need for clarity about the OD requirements for the new network, and networks more generally, because they traverse normal boundaries. Participants need support to transition into the required new ways of working.

Single cancer pathway (SCP)
RF introduced the report, referring to £3m WG investment and the fact that the Wales Cancer Network was running a process that had sought, and would be evaluating, applications from health boards and trusts. RF noted the increasing alignment across the SCP work, diagnostics networks and the new endoscopy programme, each of which has associated funding streams.

The processes for allocating the various funding streams were discussed. It was noted that £1m would be deployed under the auspices of the Endoscopy Programme Board, but there was not yet clarity over how the £1.4m for diagnostics and healthcare sciences would be allocated. It was noted that multi-organisation bids had been encouraged in the SCP process and that these should be treated positively, without detriment to Betsi Cadwaladr as, effectively, a 'region' in its own right.

JH expressed concern that there were too many individual funding streams, being allocated separately. This was noted as a recurring theme.

Major conditions implementation groups
The transfer to the Collaborative of responsibility for supporting major conditions implementation groups, together with the TUPE transfer of relevant staff was noted.

AL noted that funding directed via such groups was time limited, but had, in many cases been allocated to ongoing services. Evaluation of the effectiveness of such investment is variable. AL had written to the Deputy Chief Medical Officer on this issue in January and had received a holding response.

RF reported that the Collaborative has worked on mapping the spend of the £1m allocations and will be working with

implementation groups to develop appropriate exit strategies for when the funding ends or is altered.	**RF/MD**

Wales Maternity and Neonatal Network
The content of the report was noted, as was the need to be clear about purpose of network. The need for close working between the new network and the Perinatal Mental Health Network was stressed.

National endoscopy programme
The content of the report was noted, as was the challenging timescale.

LINC
It was noted that, notwithstanding the issues referred to above, the outline business case has now been approved by health boards and trusts and that the WG scrutiny process had recommended approval. A gateway review has also been undertaken. A substantive paper is to be reported to the May meeting of the Collaborative Executive Group.

Accommodation
The content of the report was noted.

Hosting agreement
The recently agreed extension to the hosting agreement, under which Public Health Wales hosts the Collaborative team on behalf of NHS Wales was noted.

Other Business	**Action**
It was noted that it was AD's last meeting of the Collaborative Leadership Forum. AL thanked AD for his contribution, noting specifically his wisdom. CJ, as the previous chair of the Forum, added his thanks and noted that he expected that AD would continue to find ways of collaborating. CJ added that AD demonstrated the value of public service friendship and support and wished him well for the future.	

Date of next meeting
Post meeting note: the next meeting will be held at 9am on 17 September 2019 at the NHS Wales Confederation, Phoenix House, Cathedral Road, Cardiff.