Bundle Trust Board (Open Session) 28 March 2019

1 PROCEDURAL BUSINESS

1.1 Welcome and Apologies for Absence

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

1.2 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.

1.3 09:00 - Chairman Introduction and Update

To receive an update from the Trust Board Chairman.

1.4 09:05 - Chief Executive Update

To receive an update from the Chief Executive Officer.

ITEM 1.4 DRAFT CEO REPORT TO TRUST BOARD MARCH 2019 FINAL.docx

1.5 09:10 - Procedural Matters (MW)

ITEM 1.5 Procedural Matters.docx

ITEM 1.5a Trust Board Open Minutes 29 Jan 2019 v3.docx

ITEM 1.5b Trust Board CLOSED Minutes 29 Jan 2019.docx

ITEM 1.5c Trust Board Open Minutes 6 March 2019.docx

ITEM 1.5d Action Log.docx

1.6 Board Committees Revised Terms of Reference and Operating Arrangements (KC)

To agree revised terms of reference and operating arrangements for Board Committees

ITEM 1.6 Revised Committee Terms of Reference.docx

1.7 09:15 - Patient Story (LH)

2 STRATEGIC AND FORWARD LOOK BUSINESS

2.1 09:45 - Long Term Strategic Framework: Our vision for 2030 (RM)

The purpose of this paper is to present the board with a copy of the trust's Long Term Strategic Framework: A Vision for 2030

ITEM 2.1 LTS Trust Board Paper March 2019 Draft V0.2 Final.docx

ITEM 2.1a LTS_ Our Vision for 2030_V0.12 March 2019 Final.pdf

2.2 10:15 - Identifying and Managing Frequent Callers (AS) - PRESENTATION

2.3 10:45 - Initial 2019/20 Revenue Budget (CT)

Approval of WAST Initial Revenue Budget for 2019/20

ITEM 2.3 WAST Initial 1920 Revenue Budget 2019-20.docx

2.4 11:05 - BREAK

3 PERFORMANCE, GOVERNANCE AND ASSURANCE

3.1 11:15 - Finance Performance as at Month 11 (2018/19) and Discretionary Capital Programme Update (CT)

To provide the Board with an update on the financial performance and savings delivery of the Trust for the first eleven months of 2018/19

ITEM 3.1 Finance Report - M11 18-19 - FINAL.doc

3.2 11:30 - Integrated Medium Term Plan 2018/19 - Quarter Three Delivery Report (RM)

To report the Quarter 3 position of the Trust's 2018/19 IMTP commitments

ITEM 3.2 IMTP 18-19 Qtr 3 Report SBAR v4 TB.docx

3.3 11:40 - Monthly Integrated Quality and Performance Report 2018/19 (RM)

To note and discuss the Trust's performance and improvement actions

ITEM 3.3 SBAR MIQPR January 2019 v6 TB.docx

ITEM 3.3a Annex 1 - MIQPR Dashboards Jan 19.xlsx

ITEM 3.3b Annex 2 - MIQPR Graph Pack January 2019 v2.pptx

3.4 11:50 - Policies (KC)

• *Development, Review and Approval of Policies*
• *Policies update*

ITEM 3.4 SBAR - Policy on Policies 280319.docx

ITEM 3.4a WAST Policy for Policies 280319.docx

ITEM 3.4b Board - WAST Policy Report 280319.doc

3.5 11:55 - Board Assurance Framework (KC)

ITEM 3.5 BAF Report SBAR for TB 280319.docx

3.6 12:00 - Feedback from Trust Board Committees - Since last Board meeting

• *Audit*
• *Quest*

ITEM 3.6a Audit Board Brief 070319.docx

ITEM 3.6b QuESt Board Brief Feb 19.docx

4 CONSENT ITEMS

4.1 12:05 - Minutes of Committees (MW)

To note and endorse Minutes of Committees and any policies referred to in those Minutes

ITEM 4.1 Minutes of Committees.docx

ITEM 4.1a Audit Committee OPEN Minutes 6 December 2018 v3.doc

ITEM 4.1ai Audit Minutes CLOSED Minutes 6 December v3.doc

ITEM 4.1b CONFIRMED OPEN MINUTES 27 November 2018 (ii).doc

ITEM 4.1bi CONFIRMED CLOSED MINUTES 27 November 2018 (2).doc

ITEM 4.1d CONFIRMED Charitable Funds Minutes 13 09 18.docx

5 ANY OTHER BUSINESS

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

6 DATE OF NEXT MEETING

The next meeting of the Trust Board is scheduled for 30 May 2019

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

CHIEF EXECUTIVE REPORT: 28TH MARCH 2019

MEETING	**TRUST BOARD**
DATE	**28th March 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	**28TH MARCH 2019**	**FOR INFORMATION**

SITUATION

This report provides an update to the Trust Board on key activities, matters of interest and material issues since the last meeting of the Trust Board held on 29th January 2019.

BACKGROUND

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

Since the last Trust Board meeting on 29th January, items of note include:

- Attendance at the Mind Blue Light Conference presenting our Mental Health Improvement Plan which aims to improve the mental wellbeing of our people, our mental health practice and building pathways for our patients.
- Presentation of awards at the St John Ambulance Wales National Youth Awards.
- Stakeholder engagement meetings with the Chief Constable of North Wales Police, Chief Executive of BCU and AB health boards, Swansea University paramedic education team
- Presentation of long service awards to staff in North Wales
- Attendance at the NHS Confederation Wales conference, national Project A wellbeing event as the AACE CEO sponsor and Ambulance Leadership Forum annual conference

There have been the regular rounds of EASC meetings and we were delighted that the Chief Ambulance Services Commissioner endorsed our IMTP for 2019/22 on behalf of the Emergency Ambulance Services Committee. I am very grateful for all the work done by the Planning and Performance Team and staff across the Trust in developing our IMTP. We now await confirmation of approval from Welsh Government.

Martin Woodford and I attended a Ministerial meeting of NHS Wales Chairs and Chief Executives. The Minister invited Martin to present a paper setting out the individual initiatives we have up and running in each of the 7 health board areas. The Minister welcomed the paper and recognised the increasing importance the Trust plays in reducing demand on primary and secondary care settings. Health boards were challenged to develop plans to implement our service initiatives consistently across the country and report back to the Minister in 6 months.

Work has continued in partnership with Goodson Thomas on the recruitment of a Director of Operations. By the time of the Trust Board meeting I hope I will have made a substantive appointment.

I continue to engage with staff and trade union partners and have held various business meetings and made a visit to our NEPTS CCC in Vantage Point House, met staff in our new office, Ty Elwy and attended the QSPE Directorate meeting in Swansea.

Operations Directorate

Ambulance Operations

Progress continues to be made in implementing the new Operational Directorate management structure including the appointment of a new business manager and second staff officer adding capacity to enhance planning capability and improve overall compliance across a range of areas.

Work is ongoing to support our Paramedics in completion of their Year 1 Band 6 portfolios. As at early March, and excluding those paramedics on long term sick absence, maternity leave and NQPs:

- 58% (486 staff) of staff have completed 100% of their Year 1 competencies.
- 19% (162 staff) of paramedics are currently in the process of completion.
- 77% (648) of staff have either completed all competencies or are in the process of completion
- 22% (188) of staff are yet to complete their Year 1 competencies and are now subject to individual intervention and progress monitoring

CCC

Our home working trial for the NHS Direct Clinicians is working extremely well with staff reporting the benefits of working remotely and no patient safety issues being identified. In the coming months we will enhance this service with improved remote IT connections and bring more staff into the remote working arrangements.

Final approval for a new Clinician (Band 6) Job Description has been secured and is now in use for new staff across NHS Direct and the Clinical Support Desk (CSD). This allows for Paramedics to also take on the role of Clinician within NHSD. This standardises the working contract between NHSD and the CSD, which will allow for closer working in the future.

The Band 5 Clinician Job Description has also been endorsed. This will allow for a new role within NHSD to supplement the existing more Senior Band 6 role in order to diversify the workforce, improve recruitment and retention and improve our clinical offer.

Resilience

BREXIT planning continues with Welsh Government, NHS Wales and multi-agency partners based on the worst case scenario of a 'no deal' EU Exit that will require daily situation reporting into Welsh Government from 18th March 2019. A health table top exercise was run to identify any areas of concern around the EU Exit and work on the VPH ICC is underway and is scheduled to be completed by the end of March, when it will be used for managing our EU Exit command, control and coordination (C3) processes and to manage our response to future major incidents or business continuity challenges.

A live play exercise was held on 11th March at Cardiff Wales Airport to test the plan for its new role as one of the UK's nine divert status airports, which will receive aircraft where there are security concerns, this will now commence on Monday 18th March 2019. Further Tactical and Strategic Command courses have been run to enhance and improve our command cadre capability and further Operational Command training courses are planned post the EU Exit period.

Advertising is underway for replacement HART Operatives on full time and temporary positions and expressions of interest have been requested from operational staff interested in becoming one of the Trusts SORT volunteer cadre across Wales.

Non-Emergency Patient Transport Services

NEPTS have appointed a Quality Assurance Officer to manage the quality of the external provision we purchase now and in the future. They have updated our QA standards in association with the QSPE department and will now move their focus to working with external providers to ensure they meet these standards and are regularly monitored.

The reason for a delay to the transfer of work in Hywel Dda has now been addressed by the Health Board and the transfer is planned for the 1st April. The next planned transfers of work are BCU, planned for May and AB for June. Whilst AB is a relatively straightforward transfer, BCU is more complex but has the benefit of procuring all current provision through their own purchasing system. They will therefore have good record keeping and quality standards already in place.

To allow us to manage current/future external provision we have accessed a dynamic purchasing framework through the shared services partnership. This will ensure the appropriate governance is in place for all providers and will also help us to merge provision and reduce costs. The framework will let us award contracts for work ranging from 1 job to 6 months.

At the start of March we successfully merged our separate call taking lines to create a virtual national team with all existing WAST staff being in one pot of call takers handling a national pool of calls. This is a major step forward from the current arrangement of call takers answering discrete pots of calls and we have already seen improvements in timeliness of answering and abandoned call rates. The next step is to include the current HB arrangements in Cwm Taf & Powys into the national pool.

Our work to reduce fax usage within the service continues and we have set a target date of the 31st July to eradicate fax as a booking option.

We have begun work to replace our current CAD system with the aim of tendering for a new supplier in 2020/21.

Our work on end of life provision continues and this month we have undertaken 2 milestone journeys. The first milestone was that we undertook our 500th End Of Life transport taking patients to their preferred place of death/care, whether that be home or in a hospice/hospital. So far all of the journeys have arrived in a timely manner. As these calls would have most likely ended up in the EMS call stack previously, we have also reduced the number of conveyances required by an emergency resource. We also undertook a very different type of journey for the first time. The journey in question was to fulfil one of the last wishes of a very poorly terminally ill lady by taking her to see and smell the sea for the last time. The patient was suffering from severe anxiety and the consultant leading her care felt that by undertaking this journey it would relieve at least some of her anxiety and improve the patient's wellbeing by giving the patient and her family something different to focus on. The team arranged for transport to the local beach and also arranged for the patient and her family to spend an hour having a picnic together overlooking the sea in a safe, warm environment.

Although this was essentially a one-off journey, we are assembling a team of staff from across WAST and the palliative care community to develop this idea into a service that we can offer to a limited number of patients per year.

Medical and Clinical Directorate

The Medical and Clinical Services Directorate has developed an Atrial Fibrillation (AF) Pathway in collaboration with GPC Wales. AF is a major risk factor for cardiovascular disease, such as stroke or heart disease. The project objective was 'to increase the number of patients referred to Primary Care, or an appropriate local care pathway for further assessment and treatment of atrial fibrillation'. The aim is to refer patients to their local GP for treatment if they were identified as showing symptoms of AF, typical of an increased probability of stroke. Early identification of AF should lead to preventative Primary Care treatment rather than costly intervention surgery. The Trust and GPC Wales have demonstrated considerable effort and commitment to produce the finalised version of the pathway which is now live across Wales and is being used an example of best practice through engagement and early initiative on the NHS Wales AF Pathway Implementation Group.

South Wales Fire Rescue Service (SWFRS) approached the Trust to ask for support in developing a 'Fire Trauma Course'. During the same period the Trust was also approached by Mid and West Wales Fires Rescue Service (MWWFRS) asking for the Trust to support the development of a similar training package. The Regional Clinical Lead and Health Board Clinical Lead for Aneurin Bevan worked with both Fire Rescue Services and finalised a training package titled 'SWFRS & WAST working in partnership to save lives Fire Trauma Course'. The Trust supported a train the trainers programme for SWFRS and has also delivered an initial course which included MWWFRS. MWWFRS have reviewed the course and have also agreed to utilise the same training material, SWFRS are due to share the training programme with North Wales Fire Service. With the development of this training package, there will be consistency in the education provided to all Fire Fighters across two of the three fire services and hopefully North Wales Fire Service will also adopt the training ensuring consistency across Wales.

Nigel Rees Head of Research & Innovation has been appointed Health & Care Research Wales (HCRW) Co-Injuries & Emergencies Specialty Lead for Wales. He is the first Paramedic in the UK to be appointed to such a position, which he jointly holds with Consultant Physiotherapist Associate Professor Ceri Battle. This prestigious role is usually held by Senior Professors and Medical Consultants. The role provides important

strategic support as part of the HCRW Support & Delivery Service and maps onto the 30 National Institute for Health Research (NIHR) therapeutic areas.

The Omnicell Project has been submitted for a Public Sector Paperless Award. The award recognises and celebrates a project that has demonstrated outstanding progress towards becoming a paperless operation. Omnicell has shown substantial progress in several areas such as effective management and culture, significant efficiency savings and innovation.

We have met with Macmillan to discuss a three year partnership arrangement. Macmillan have proposed a £1.2m investment to the Trust to support staff education and staff training for patients at their last stages of life. The work is aligned to the EOLC National Delivery Plan for Wales and will consider improved education, specialist support, audit and the development of new roles and increased research. A further meeting is taking place to scope out the work and develop a project plan which will be presented internally for agreement.

A Frequent Caller Annual Report has been developed outlining the extensive partnership work and achievements over last year. During 2018 the six Clinical Support Officers managed 1,227 new frequent callers who generated 8,326 calls to the Trust. After positive intervention the calls reduced by 81% and the total ambulance hours required to manage these calls subsequently reduced by 78%.

We continue to test and develop the ideas portal through the Clinical Improvement intranet page. Once testing is complete and the access, process and outcomes have been evaluated it will be transferred to the WAST Improvement and Innovation Network. This will support the launch of WIIN on 25th March. During the testing phase the portal has been accessed by colleagues and 15 ideas have been submitted.

The Directorate has developed and designed a guide and a portfolio of evidence to enable staff to complete and subsequently submit their work in achieving the IQT silver Award. To develop this solution we have engaged in some significant work with Lisa Henry, IQT Programme Lead and Dominque Bird, Head of Capacity and Capability, 1000Lives. From March the new workbook will form part of the IQT educational process and is accessed via the WAST internet.

The Directorate continues to lead on the development of the ePCR Outline Business Case. We are intending to present the OBC to Trust Board in May following comments from the external Informatics Business Case Assurance Group and submitted to National Informatics Management Board in April

The first meeting of the Clinical Indicator Review Group has been held. The purpose of the group will be to review our current clinical indicators, in terms of their appropriateness and their reporting arrangements. In addition, this group will be responsible for proposing further clinical indicators to ultimately monitor the safety, effectiveness and efficiency of the clinical care that is provided by the Trust.

The Directorate has been able to complete all its objectives and actions within its LDP for 2018 - 2019 on time and within budget.

Powys Health Board Clinical Lead, Georgina Passmore's sterling work in regard to improving the care and management of pressure areas has been recognised and she has been nominated for a Journal of Wound Care Award. Georgina was instrumental in developing an advisory booklet which has now been released to Trust staff.

The Methoxyflurane (Penthrox) Evaluation by EMTs is now in its fourth month and over 200 units of the inhaled analgesia have been used in the ABMU and HDUHB areas. The evaluation has now been extended to EMTs working from stations in the south of Powys. There have been no adverse patient related incidents to date and early feedback is positive. This will support EMTs to have a wider scope of analgesia choice, particularly when working as a double EMT crew or when there are delays accessing paramedic support for analgesia for our patients.

Advanced Paramedic Practitioner (APP) recruitment from both internal and external applicants is at interview stage for nine posts in C&W and four in SE to join the current APP Teams of twelve and six respectively. Four further APP vacancies are currently at advert stage (internal and external) in North Wales, funded from

Pacesetter monies for a Primary Care rotation and are in addition to the current BCU APP Team numbers of ten. The BCU WAST team are also supporting the implementation of the Single Integrated Clinical Assessment and Triage Service into the Llanfairfechan CCC. This project forms part of the BCUHB 90 day plan with the funding for the GPs from BCUHB.

All three APP regional models now include a rotation through CCC and all are producing consistent data whereby around 65% of patients managed by the APP Teams are managed in the community and not conveyed to hospital - in addition to significant reductions in emergency ambulance utilisation. The APP Team in the Hywel Dda area also rotate through GPOOH and are undertaking over 20% of all home visits in the Pembrokeshire and Carmarthenshire, following HDUHB investment in the WAST APP Team in this Health Board area

Welsh legislation has been amended to include Non-Medical Prescribing for Paramedics. Five WAST Paramedics are in Universities undertaking the Non-Medical Prescribing course, with the first four due annotation to the HCPC register from June 2019, if successful. The WAST Prescribing Policy is in the final stages of drafting and due at the Policy Group in April 2019. Two members of the Medicines Management Group are meeting with Welsh Government, NHS Wales Shared Services Partnership and the Chief Pharmaceutical Officer in March to plan the next steps of realising Paramedic Prescribing in WAST.

Planning and Performance Directorate

Extraordinary JET Meeting

All Health Boards and Trusts have bi-annual joint Executive team (JET) meetings with Welsh Government colleagues. At our last routine meeting it was mutually agreed that a bespoke third meeting was arranged so that some more in-depth discussions on some specific points could be had. This meeting took place at the beginning of March and fruitful discussions were had regarding:

- Updates on Performance & Winter
- Long Term Strategy
- Resourcing the Transformation
- Mental Health Services
- Older People
- Band 6 Implementation - Benefits and Status

This was an extremely positive meeting where there was not only clear recognition that the Trust had been adopting the right approach to managing winter pressures but also very clear support which the strategic direction of travel which the organisation is articulating in its long term strategy, a document which Trust Board will be asked to approve in the open session of the Trust Board.

Strategic Transformation Board

The first meeting of the organisations new Strategic Transformation Board (STB) was held on the 27th February. I chair this group which meets on a monthly basis. Prior to 2019/20 the organisation had an IMTP Delivery and Assurance Group (IDAG) which was a group that had responsibility for monitoring delivery of the IMTP. The 'process' received high level of assurance from internal audit, however, real life showed it was too activity focused, not outcome focused. In addition a separate Executive Peer Review Forum met until Quarter 1 of 2018/19 to monitor delivery the Local Delivery Plans of each Directorate. Conversations were too often seen as 'interesting' but not focusing on the burning platforms. It is now recognised that the review and assurance of both the IMTP and LDPs should not be happening in isolation as they are intrinsically linked. As such, the STB has been created with a purpose of:

- Ensuring the realisation of the Trusts long term goal by ensuring delivery of identified deliverables within the IMTP
- Ensure realisation of Directorate LDPs
- Seek assurance on the work and progress of other key internal strategic boards including; National Estates Implementation Board and Discretionary Capital Planning Group

- Manage any other strategic decisions which will impact on the delivery of the Trusts long term strategy or medium term plans.

Strategic Service Change

Trust Board will be receiving their routine strategic change highlight report today, however, a couple of headlines worth drawing out include;

Transfer and Discharges

Both the WAST and EASC Integrated Medium Term Plans make a commitment to developing a transfer and discharge service offer to Health Boards. As an organisation we are increasingly being asked to offer such a service as Health Boards look to regionalise and/or centralise many of their services. There is a particular acute need for such a solution to be found in South East Wales with the impending opening of the new Grange Hospital in ABHB.

We are leading the development of this proposal and have created a task and finish group to lead the development on what such a service could look like. Membership of the task and finish group includes Health Board and CASC representatives. We have an ambition to be able to articulate a proposal by the end of Q2 19/20.

2020/21 Planning Cycle

Welsh Government have confirmed that for 2020/21 IMTP they are moving forward the timetable to final submission by 31 December 2019. This means that we have to produce and agree another IMTP in this calendar year. The change in timescales also mean consideration has been given to whether current internal arrangements and processes are adequate for delivering such IMTP development and approval. Three early options have been identified which, over the next month, will be explored with the Assistant Directors Leadership Team (ADLT) prior to a recommendation being made to EMT over the next month. The options include;

- The status quo of the current processes and pulling them forward
- The current process is reversed so that the organisation develops the IMTP first and then asks for Directorate LDPs to be developed in response to the submitted IMTP
- A hybrid approach of the above is developed whereby the organisation engages on what the IMTP should look like between March and September prior to the IMTP being developed from September through to December before Directorates are then asked to develop their LDPs against the submitted IMTP from December through to March 2020

Partnerships and Engagement Directorate

During April, May and June, along with members of the Trust Board and local managers, I'll be carrying out roadshows across the country meeting as many colleagues as I can. I'll be sharing our plans for this year and those in the near future, providing an update on our long term strategy, the daily challenges we face and what we are doing about them. It will also be an opportunity for colleagues to influence what we do going forward and to ask anything in a question and answer session. Twenty one separate dates are confirmed and communications are underway through various mediums to promote the roadshows.

The new corporate website is currently being populated with updated, fresh content and the progress is on track for the launch date of the 31st March 2019. The nominations for the Staff Awards 2019 are now open and we have already received a number of nominations from both staff and members of the public. We had a great response from the launch of our Woody Wise campaign which urged the public to use the service wisely.

Finance and ICT Directorate

Finance

The Finance Team have continued to enable and support the Trust to deliver on its financial targets, both capital and revenue, year to date and forecast. Specifically, during the period following the last Board, a key focus has been on the detailed budget setting required set against the financial plan underpinning the 2019-22 WAST IMTP. This includes the converting of the high level financial plan included in the IMTP into directorate budgets for the 2019/20 financial year. This will include agreeing processes for approving underlying cost pressures brought forward from 2018/19, allocating savings schemes and prioritising pending developments for 2019/20.

As we move closer to the financial year end, the team are closely monitoring the capital allocation, ensuring that we maximise the potential to utilise fully our capital funding to support additional schemes as appropriate. This includes additional funding we have recently received from Welsh Government, and the reallocation of any slippage or underspends elsewhere in the programme.

The team are continuing to progress work on the modernisation of certain aspects of banking arrangements. A proposal for the setting up of a card payment system for private patients to make payments awaits approval and discussions are taking place with our banking team in respect of arrangements for issuing of payment cards to Trust officers to partly replace the use of petty cash.

Health Informatics

The Qlik Sense project is coming to the end of the first phase of rollout. Prioritising business areas for the next tranche has begun through a prioritisation exercise with senior stakeholders.

The Information Governance Team have liaised with the Home Office to manage the transition from the Regulation of Investigatory Powers Act 2000 (RIPA) to the Investigatory Powers Act (IPA) 2018, with its regulations coming into place on 25th April 2019 for public authorities. The Trust is required to provide assurance in the form of documentation and defined roles and responsibilities around the IPA. A communication and awareness campaign was undertaken during March 2019.

ICT

The ICT Department continues to perform well in respect of day to day support with incident resolution below target of 95% at 90.1% against an increase in call volume of 13.3% over the same period last year. This was to some degree expected as over the period there has been some staff departures, and significant resources involved in preparation work and moving staff to Ty Elwy. Customer satisfaction during the same period increased from 90% to 92.3%.

The department has an ongoing portfolio of 61 work streams relating to a wide range of ongoing projects and improvements across the Trust. During the period 10 work streams were completed and 3 new work streams commissioned.

The main areas of focus over the last period has been on:

- 111 Continued to support the ongoing national procurement for a new ICT systems and preparation for extension of pathfinder into Aneurin Bevan UHB
- Rostering System – preparation work to support launch of the mobile GRS APP
- Preparatory works for commencement of equipment installation and staff moves in Ty Elwy
- Preparatory works for the move to Matrix One
- Continuation with the work to progress the recommendations of the Stratia report to improve Trust process and technology around ICT and cyber security

Progressing procurements supported by additional Welsh Government capital funding made available towards the end of the financial year specifically for IM&T. Schemes prioritised include; new and replacement Video Conferencing units, increase in staff devices, investment in servers to support EMS and Cleric CAD, increased resilience at NHSDW sites and equipment to support the training schools at Ty Elwy and Cefn Coed.

Corporate Governance

The Corporate Governance Team has already begun work on the mandatory year-end reporting requirements. This includes the Annual Governance Statement and the overarching Annual Accountability Report. The External Auditors have advised that particular attention this year will be placed on the Trust's Remuneration Report, which forms part of the Accountability Report, to ensure the many board and senior staff changes during 2018/19 have been accurately and correctly reported.

Workforce and Organisational Development Directorate

High sickness rates remain a significant concern for the Trust and a priority to deliver improvement, with much work ongoing to achieve our target reduction. The Trust's sickness absence rate in January 2019 was 7.89% (cumulative rate of 7.29%). This is a reduction on the same time last year (Jan 8.66%). Our Improving Attendance 9 Point Action Plan continues to progress. The main aims of the plan are to reduce the sickness absence rate and improve the health and wellbeing of our workforce. Of particular note are the launch of the rapid access physiotherapy services in November 2018 and SilverCloud online CBT service in December 2018; distribution of Health and Wellbeing posters and information cards signposting staff to different sources of internal and external support; implementation and delivery of joint training on the new All Wales Attendance at Work Policy, prioritisation of the Human Resources Team to the proactive management of long term sickness cases working with key managers and Occupational Health.

WAST has also engaged with one of the national programmes directed by #ProjectA which has a focus of sharing good practice across all Ambulance Trusts on health and wellbeing of staff. In addition, WAST is working closely with West Midlands Ambulance Trust to understand and learn more about the health and wellbeing progress they have made over a number of years which has seen a sustained low level absence rate.

The seasonal influenza vaccination is being made available to all Trust staff and volunteers. Welsh Government set a 60% immunisation target for staff with direct patient contact. This year's immunisation rates stands at 40.17% as reported to Welsh Government on 9th March 2019. The Big Jab event was held during the week beginning 18th February 2019 which enabled a further push on vaccination uptake before the end of the season and an additional 20 members of staff received the vaccine. The final figure to be reported to Welsh Government will be on the 12th April. The Occupational Health Manager will be attending the Annual Influenza Programme Meeting on 19th March whereby a review of all LHB's and Trusts flu campaigns will be discussed and best practice shared. Within WAST, an end of season flu meeting is planned for 28th March to review this year and commence initial planning for the 2019/20 season.

The 12 month turnover rate for the Trust as a whole in February 2019 was 7.2%. This has slightly increased from November's rate of 7.09%. As of February 2018, there were approximately 40 ambulance response vacancies, which included 18 CTL vacancies and 16 UCS vacancies. In addition the Trust has 13 APP vacancies, which the medical directorate are currently aiming to appoint to following recent APP engagement events.

Due to the over recruitment that took place following last year's Big Bang paramedic recruitment event (where one of the aims was to cover predicted turnover up to the end of March 2019), the Trust currently has no paramedic vacancies (against the overall funded establishment) as of February 2019. However 34 EMTs are due to graduate as paramedics in late April/May this year following an 18 month conversion course and a further 46 newly qualified paramedics are due to graduate from Swansea University in the summer. The Big Bang paramedic recruitment event is due to take place on 12th April 2019 and is specifically focussed on newly qualified paramedics due to the above excess supply.

Work is currently underway to develop the new Education and Training area within Ty Elwy, with plans to relocate the team at the premises during April. The centre will include a second immersive learning environment (mirroring facilities at Swansea), additional high fidelity simulation equipment and a designated 'viewing gallery' to enable tutors to observe simulated training scenarios from outside the room, making the learning experience more realistic.

Approval has been gained by the Charitable Funds Committee to continue the CFC Bursary Scheme into 2019/20, with applications for the next round to open in April.

Work continues at a pace to ensure that the Leadership and Management Development Strategy is delivered. This continues the approach of linking closely with partners, including ensuring we have as large a group of leadership colleagues participating in the Academi Wales Summer School in June. Following the positive Board feedback of the 6 month Treating People Fairly (TPF) Report, the final touches are being made to the Annual Report (which will provide updates against our Strategic Equality Objectives) and highlighting key planned actions across Wales to help meet the SEOs in 2019/20. With the additional resource agreed to support the TPF agenda, it is anticipated that the additional corporate influence will quickly be felt.

There continues to be a focus on ensuring the best possible colleague experience as part of developing the Trust's culture. To help this, the 2019 Staff Awards has been launched. Whilst this continues to be recognised as a great success and valued by colleagues, the ongoing approach has been shortlisted for a UK award. We continue to develop how people can be their whole selves in work, including developing the role of volunteers and volunteering as equally valued colleagues. Developing a mature culture of giving and receiving feedback remains a core component of our work, and we look forward to the April Colleague Experience Workshop where localised stories will be shared and a small number of key corporate priorities will be committed to. To support colleagues to be as well as possible, we continue to develop the services and offerings available. Our overarching approach is being pulled together in a collaboratively developed Health and Wellbeing Strategy, which will be considered by the Board early in the new financial year.

Quality, Safety and Patient Experience Directorate

Falls

The Level 1 Falls Assistants provided by St John Ambulance Cymru responded to 1,178 people who had fallen between October 2018 and 24 February 2019. The majority of these people were over the age of 65 and only 29% of patients attended by the Level 1 Falls Assistants required conveyance to hospital.

In comparison with 2017/18, timeliness to respond to Falls has improved in 2018/19. There have been no Serious Adverse incidents relating to Falls between October 2018 and 24 February 2019 (compared to 4 in the same period 2017/18). The Trust have received no concerns/complaints about the Falls Assistant Service and patient experience feedback has been positive.

Welsh Ambulance Services NHS Trust (WAST) Improvement and Innovation Network (WIIN)

The WAST Improvement and Innovation Network (WIIN) was established to engage with staff in order to focus on building capacity and capability for improvements and innovation across the Trust and will officially launch on 25 March 2019.

Project A

Project A has continued at pace during February and March 2019, with three Accelerated Design Events held in London, focussing on Falls, Mental Health, and Staff Wellbeing. WAST was strongly represented at all events with key subject matter and frontline colleagues. The outputs of each design event are being formally collated; several informal networks and collaborations have been conceived and good relationships across the UK ambulance community.

Patient Experience & Community Involvement (PECI)

As part of our continued engagement with learning disability communities, we have welcomed two new volunteer Learning Disability Community Champions to our team (Ffion and Colin) from Caerphilly People's First. Ffion and Colin are being supported by PECI to deliver key WAST messages and general information to local learning disability groups. The latest information, coproduced in partnership with Learning Disability Groups and our staff is an 'Information About Me' document. This information document has been developed

as an aid for front line staff to provide them with useful information which will help them when they are called to a patient with a learning disability, for example, medication, health conditions etc. The sheet will also contain information that the patient feels they would like the paramedic to know about them, to help them have a better experience and feel respected. We have also extended our suite of easy read resources for people with learning disabilities.

Our programme of work with Children is closely aligned to and supports the Children's Commissioners programme and delivers against the UN Principles of the Rights of the Child. We held our first joint workshop with Abertawe Bro Morgannwg University (ABMU) Health Board Youth Panel, with an invited audience of children aged 8-12 who had been conveyed by ambulance to Morriston Hospital and their carers/parents. This workshop focused on reviewing our Trust Promises to children and young people and capturing their expectations/experiences by asking what was 'tops' and 'pants'. We are now planning a second youth workshop with a view to building this into our scheduled annual engagement plan. Still on children, the George Street Primary School Partnership with South Wales Fire & Rescue and Gwent Police has concluded with posters designed by the school children being converted into public signs that will be placed outside the school and ambulance station to alert the public not to block access and road routes in and around the school/ambulance station. PECI have also been approached to engage with schools in the North and ABMU areas to explore whether we could develop a series of artwork from the children to hang around the new Ty Elwy and Matrix buildings.

With 1 in 5 people affected by a sensory loss in Wales we have continued to drive for better experiences for people accessing WAST services with a sensory loss. Five members of staff sat their British Sign Language (BSL) Level 1 exam (two paramedics, two technicians and a PECI member of staff). This is a first for the NHS across the UK where staff have been taught online. Three members of staff have also already used their BSL to communicate with patients, the first was a deaf patient who had experienced a fall whilst out the second was a deaf patient experiencing chest pain. The third was during a careers fair where BSL was used to communicate with a group of young students. Their experiences have been recorded for the annual Deaf Awareness Campaign to encourage others to learn BSL. We are confident that these staff will have passed their exams, the results are due imminently and we are planning to promote this success to encourage others to learn BSL.

Risk

The Executive Manage Team have agreed a set of categories for risk and following a successful workshop in North Wales a revised process has been agreed which will enable Assistant Directors to have an increased focus an ownership of organisational risk. The Quality, Safety & Patient Experience Directorate have migrated their word Risk Register into the electronic Risk Register module within Datix. Further Corporate Directorates will migrate during Quarter 1, 209/20 with the Operational Directorates following in Quarter 2. All Directorate Risk Registers and the Corporate Risk Register will be e-risk by the end of July 2019.

Mental Health

WAST is relatively early in the maturity journey for mental health but are represented at all Team Meetings, including the Mental Health Network Board, plus we are working closely with the Chief Ambulance Services Commissioner (CASC). We are active participants in Together for Mental Health, the Crisis Care Concordat, Talk to me 2 and are active partners with health boards and police forces.

We understand that there is significant demand on both WAST and police services in relation to patient experience of mental distress or mental ill health, however, we are unsure of what the precise demand is at this present time.

WAST are working with key partners to simplify the crisis pathways for patients who need to access crisis care services and are aware that a single crisis care model would be beneficial.

We are also working with our Commissioners and our Clinical Contact Centre (CCC) colleagues to understand the mental health support required within the CCC, particularly around Hear and Treat.

Below are some of the developments that we are currently taking forward in partnership:

- Develop a single crisis care model for Wales, allowing local variation, but with a strong core supported by evidence and Quadruple Aim at its heart.
- Mental Health Hear and Treat Network - to unify all mental health hear and treat systems, processes, training, triage systems - Police, WAST, CALL, others, working closely with Local Health Boards e.g. rotational posts.
- Investment in 24/7 single point of access in a crisis via 111 e.g. 'dial 1 if you are in mental health crisis'.
- Develop mental health 'symptom checkers' for stress, common mental health problems for use online, explore online crisis support.
- Explore opportunities for integration e.g. between mental health professionals in police and WAST environments.
- Upskill NHS Direct Wales/111 workforce, explore potential for working more closely with CALL on lower level crises

RECOMMENDATION

That Trust Board note the contents of this report.

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

PROCEDURAL MATTERS

MEETING	**Trust Board**
DATE	**28 March 2019**
EXECUTIVE	**Board Secretary**
AUTHOR	**Corporate Governance Officer**
CONTACT DETAILS	**Steve Owen, 01745 532994, steven.owen2@wales.nhs.uk**

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

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

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

Minutes

1 To confirm as a correct record the minutes of the open and closed session of the meeting of the Board held on 29 January 2019 and 6 March 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:

0197 – Lease relating to Barry Fire Station
0198 – Deed of Lease, Matrix one

RECOMMENDED: That

(1) the minutes of the meeting of the open and closed session of the Board held on 29 January 2019 and 6 March 2019 be confirmed as a correct record and consideration be given to any matters arising, together with the actions set out in the action log; and

(2) the use of the Trust Seal as described be noted.

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON 29 JANUARY 2019 AT THE CHRISTCHURCH CENTRE, MALPAS ROAD, NEWPORT

PRESENT:

Martin Woodford	Chairman of the Board (Interim)
Jason Killens	Chief Executive
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Pam Hall	Non Executive Director
Mark Harris	NEPTS General Manager South East
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director and Interim Deputy Chief Executive
Rachel Marsh	Interim Director of Planning and Performance
James Mycroft	Non Executive Director
Chantal Patel	University Representative
Louise Platt	Interim Director of Operations
Claire Roche	Assistant Director of Quality, Governance and Assurance
Chris Turley	Interim Director of Finance and ICT
Claire Vaughan	Director of Workforce and Organisational Development (OD)

IN ATTENDANCE:

Julie Boalch	Corporate Governance Manager
Anthony Carter	Paramedic (Part)
Leanne Hawker	Partners in Healthcare Lead (Part)
Wendy Herbert	Assistant Director of Quality and Nursing (Part)
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer

OBSERVERS:

Helen Higgs	Head of Internal Audit
Dave Thomas	Wales Audit Office (Part)

APOLOGIES

Claire Bevan	Director of Quality and Nursing
Professor Kevin Davies	Non Executive Director
Bleddyn Roberts	Trade Union Partner
Martin Turner	Non Executive Director

01/19 CHAIRMAN INTRODUCTION AND UPDATE

The Chairman welcomed all to the meeting advising that it was being audio recorded. He especially welcomed Dave Thomas from the Wales Audit Office and Anthony Carter who would be presenting the staff story. Apologies had been received from Claire Bevan, Professor Kevin Davies, Bleddyn Roberts and Martin Turner.

The declarations of interest in respect of Mr Emrys Davies as a former member of Unite and Mr Nathan Holman as Chair of the Cross Hands Community Health Council were noted.

In terms of an update following the last Board meeting, the Chairman drew attention to the following:

1. He gave feedback following his appraisal with the Minister for Health and Social Services which included discussion and context around; an improved IMTP, the financial position was on track to achieve balance, despite winter pressure performance was holding up. Other topics of discussion included; managing staff sickness, need to ensure NEPTS gets coverage at the top level and also the continuing need to build on partnerships with Health Boards. The Minister was also clearly interested in the Trust's work on mapping collaborative best practice across the NHS Wales system
2. Members were provided with an overview of the recent ride outs he had been on; one in the Cwm Taf area and one in Powys. Each area had their own different challenges which became more evident during the ride outs. It was noted that morale in both areas was high in spite of the system pressures. Of particular concern was the issue of communication with frontline staff which was being addressed
3. The Chair referred to a meeting with the new chair of EASC Dr Chris Turner and the Commissioner Stephen Harrhy. An open invite had been extended to EASC colleagues to attend future Trust Board meetings and Board Development meetings

RESOLVED: That

(1) the declarations of interest as described above were noted; and

(2) the Chair's update was noted.

02/19 CHIEF EXECUTIVE UPDATE

Jason Killens Chief Executive, explained that the report was intended to update the Trust Board on key activities and material issues since the last meeting.

Prior to presenting his update Jason was very sad to report the death of a colleague during the Christmas/New Year period, Emma, a Call Handler who had worked in the Trust for many years in the Central and West area.

In presenting the update Jason referred to his written report and drew the Board's attention to the following:

1. The Trust's Falls framework had been recognised across the UK at a recent National Project A event in London as best practice. Claire Roche commented that the framework was being adopted by other UK ambulance services

2. Brexit – The Trust continued to work closely with contingency partners in readiness should there be a no deal scenario following 29 March
3. Work and planning for several scenarios was continuing with service change in terms of how it would impact the Trust
4. IMTP – the work of Rachel Marsh and her team in producing such an exemplary plan in a much shorter time than usual was particularly noteworthy

RESOLVED: That

(1) the update was noted; and

(2) Members acknowledged the work undertaken by the Falls team.

03/19 PROCEDURAL MATTERS

Minutes

The minutes of the open and closed session of the meeting of the Board held on 13 December 2018 were confirmed as correct subject to the minor amendments as described;

Open: Remove Paul Hollard from attendance list

Closed:

Add Mark Harris to attendance list
Page five, first paragraph, line three: delete SCIF and insert SAI

Trust Board Action Log

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

Urgent Business Approved by the Chairman and Chief Executive

The following items of business had been approved by the Chairman and Chief Executive, in consultation with other Non Executive Directors, since the last meeting under the urgency procedures contained in Standing Order No: 2.1:

01/19 – Significant claim. The original paper presented at Trust Board on 13 December 2018 required a minor amendment prior to authorisation from the Board.

Use of the Trust Seal

Since the last Trust Board meeting the Trust Seal had been used on the following occasion:

0191 – Morriston and Princess of Wales Hospitals
0192 – Wrexham, Gwynedd and Glan Clwyd Hospitals
0193 – Llandough and University Hospital of Wales
0194 – Prince Charles and Royal Glamorgan Hospitals
0195 – Prince Philip, Glangwili, Withybush and Bronglais Hospitals

All the above seals related to Omnicel medical cabinets

RESOLVED: That

(1) the minutes of the meeting of the open and closed session of the Board held on 13 December 2018 were confirmed as correct subject to the minor amendments as detailed above; the actions set out in the action log were dealt with as described;

(2) the urgent business approved by the Chairman and Chief Executive in consultation with other Non Executive Directors since the last meeting was endorsed; and

(3) the use of the Trust Seal as described was noted.

04/19 STAFF STORY – COMMUNITY ENGAGEMENT – PEMBROKESHIRE'S FIVE YEAR PLAN

Prior to the presentation, Leanne Hawker gave an overview of the background to the story adding that it was fully supported by the Trust's commitment to the rights of the child

Anthony Carter, Paramedic, gave the Board a presentation which was focussed on the project being undertaken in the Pembrokeshire area to engage children more fully with the Trust. The vision of the project was that every child entering nursery education in 2019 would meet with the ambulance service at least five times throughout their educational journey.

There were several aims which Anthony referred to as the seven pillars:

1. Engage our communities – interact more with the local communities
2. Deliver educational material and health promotion – in collaboration with partners in healthcare
3. Promote self-help and first aid – this needs to be started at a young age and to continue for generations to come
4. Identify, support and engage the vulnerable – the engagement of Health Care Professionals would be a significant step going forward
5. Recruit new and engage existing community volunteers – encourage and support volunteers
6. Forge long term working partnerships
7. Reduce call volume – taking the above into account, call volume to the Trust should be reduced.

Anthony referred to and gave further details on the primary engagement plan which consisted of five phases; in doing so he expanded upon each one:

1. Phase 1 Nursery Visit
2. Phase 2 Infant School
3. Phase 3 Junior School
4. Phase 4 Secondary School (Lower Years)
5. Phase 5 Secondary School (Upper Years)

In terms of the elements which supported the overall project, he gave further details for each one which included holding key community events and local specialist services which would engage with all types of schools in Wales.

In order scale up this project it was essential to engage more fully with the organisations listed below:

1. Local Health Board
2. Nurseries, Schools and Colleges
3. Local Communities
4. Community Leaders
5. Fire and Police Services
6. Local Papers
7. National News

The project was continuing to gain momentum but was not without its inherent challenges.

The Board noted that the full presentation was available via the Trust's website.

Members welcomed the presentation and raised the following:

1. As part of the seven pillars going forward it would be of value to include a method of introducing and encouraging children to consider a career in the Trust.
2. The Trust should fully support this in a regulated fashion and build upon it utilising the Trust's available resources
3. It was noted that the benefits would not be seen immediately, and generally would be in the region of 10 – 15 years' time
4. Were there ways of measuring call volumes for particular age groups which would provide tangible outcomes? Anthony Carter advised that the engagements and conversations were being tracked however the ability to measure outcomes was challenging
5. Was it possible to link in with the local public health and sexual health clinics to ensure there was a consistent message? Anthony Carter commented that it was about building a bespoke package and connecting with the relevant partners going forward
6. What were the health boards doing in terms of their engagement with schools? It was noted that it was proving a challenge for them to fully engage
7. The Board recognised there was a role for the Trust's leadership team to take this forward. Jason Killens commented that there was a place for this project within the public health strategy; and the Trust should be able to identify available resources from within this. There would be structural issues which may constrain the work on this project being undertaken. However, going forward, the project would be discussed at Executive Management Team meetings, and in the short term the Trust should understand the challenges and connect with the overall strategy in order to make it routine business.

Members expressed their thanks for such a powerful presentation which had left them in no doubt of Anthony's enthusiastic and passionate approach to delivering this project to a satisfactory conclusion; recognising the challenges going forward.

RESOLVED: That the story was noted.

05/19 INTEGRATED MEDIUM TERM PLAN 2019 – 2022

Rachel Marsh, Interim director of Planning and Performance advised the Board that the plan had been subject to a shorter than normal planning cycle as mandated by Welsh Government. Welsh Government also required that the plan should have no more than 100 pages and reflect the commissioning intentions for EMS and NEPTS.

In terms of developing the plan, the Board were advised of the approach taken which included; review of the three year priorities against the long term strategy, alignment with Health Board IMTPs and engagement with trade union partners.

In terms of delivering excellence, Rachel Marsh gave an overview of the how the Trust intended to ensure it was carried out by drawing attention to several of the key deliverables and enablers the Trust was focussing on.

A key area of focus was the support given to Trust staff enabling them to achieve the best they can through improving health and wellbeing and strengthening education possibilities as examples.

The Trust maintained quality, value and efficiency in all that it did; these were the Golden Threads that held the it together; this was broken down in several themes of work which Rachel Marsh described in more detail.

The Interim Director of Finance and ICT, Chris Turley, emphasised it was key to have a financial balance position and continue to build on this.

The financial detail within the plan had been discussed at several meetings prior to this meeting.

Chris Turley referred to the discussion from the last Board Development Day and updated the Board with regards to the funding flows, in particular the Healthier Wales transformation funding (an additional 1%) that had been included in the Health Board's Allocation Letter. He assured the Board that the latest support from the Commissioners was that this 1% would be recognised within the financial plan in addition to other previously agreed funded schemes. On that day it was also discussed what the 1% would potentially be invested in; it equated to circa £1.5m for EMS and circa £200k for NEPTS.

Rachel Marsh referred to some detailed comments and feedback from Welsh Government which were required to strengthen the plan. Further correspondence was due to be received from the Commissioner this week and following that the plan would be submitted to Welsh Government

The Director of Workforce and OD, Claire Vaughan, provided the Board with an overview of the workforce section of the presentation and drew attention to the following areas:

1. Recruitment to increase capacity in both the clinical desk and Advanced Paramedic Practitioners was ongoing
2. The sickness target within the Trust was expected to reduce over the next two years
3. Risks and the mitigation to address had been detailed within the plan; Members were provided with further details in this regard

Rachel Marsh gave an overview of other critical enablers within the plan and provided further detailed information in terms of the areas as listed below:

1. Fleet
2. Information and Communications Technology
3. Estates
4. Informatics

The Board were provided with information which looked at the Trust's requirement to submit mandatory performance target information and gave details.

In terms of delivering the plan and the timelines of submission, the Board's attention was drawn to the final two slides in which Rachel Marsh provided more detail.

The Board, having considered the plan in more detail raised the following points:

1. NEPTS – There were areas within the plan in which NEPTS was not referred to; Rachel Marsh agreed to rectify this where applicable
2. There were some case where themes had not been identified against deliverables
3. There should be some benefits articulated against Optima and Qlik sense
4. A query arose concerning the alignment of the plan against Local Health Board plans; Rachel Marsh explained that there was financial alignment and furthermore, a set of commissioning templates had been established which consisted of joint initiatives. It was agreed that Rachel would strengthen and better artciulate alignments within the plan.
5. Board leadership and governance, a query arose whether this could be more prominent within the plan, Rachel Marsh advised it would be referenced more in the plan
6. Members asked for a reference to be made in the narrative which described how the the number of Serious Adverse Incidents were being reduced as a consequence of ambulance delay

Rachel Marsh added there may potentially be an issue with additional resources being available to support the work; and it must be stressed that everyone in the organisation should be working to the same objectives.

Jason Killens commented that the plan would be tweaked in order to relect the overall strategic ambition and direction

Members congratulated the team involved in producing such a very comprehensive document; it was clearly evident that a tremendous amount of work had gone into its preparation. The Board were happy to endorse the plan and recommend its submission to Welsh Government noting that the comments made would be incorporated.

RESOLVED: That:

(1) the plan, with some latitude in the final editing in incorporating the comments made, was approved; and

(2) it was noted that the presentation was available for viewing on the Trust's website.

06/19 TRANSFER OF NON-WAST NEPTS WORK TO WAST – HYWEL DDA UHB

Mark Harris presented the report advising that the purpose of it was to request that the Trust Board approved the transfer of non WAST NEPTS work from Hywel Dda Health Board to the Trust effective from 01 March 2019.

In terms of background information, Mark Harris reminded the Board 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 it would do this through using a mixed economy model of providers to ensure flexibility, quality and value for money; this was being termed as the 'plurality model').

The total value of the transfer was £1,112,153. This comprised of values paid to External NEPTS Providers of £1,048,478, based on 2018/19 forecast spend and also for the staff set to TUPE (Transfer of Undertakings (Protection of Employment)) into the Trust of £63,675. The TUPE process had now been finalised and all staff had agreed to transfer.

Members, following a discussion regarding the TUPE process and the governance in terms of the Disclosure Barring process were content to approve the transfer.

RESOLVED: That

(1) the change of transfer date now proposed for 01 March 2019 was noted; and

(2) the transfer of non WAST NEPTS work from Hywel Dda UHB to WAST was approved.

07/19 TREATING PEOPLE FAIRLY- 6 MONTHLY UPDATE APRIL 2018 – SEPTEMBER 2018

The Director of Workforce and OD Claire Vaughan explained that the six month update report for the period April to September 2018 had been developed to improve the information available in terms of activities taking place across the Trust to promote equality, diversity and inclusion.

As part of the Strategic Equality Plan (SEP) and *Treating People Fairly* the Board was asked to consider and approve the report for publication on the Trust's website and circulation across the organisation. A copy of the report would also be made available in Welsh in due course.

In terms of highlights from the update report, Claire Vaughan drew attention to the following points:

1. Further work had been conducted to join together the Patient Experience Community Involvement Team and Organisational Development
2. A future Board Development Day would include consideration of the Trust's Equality and Diversity strategy.
3. Being Our Best day – Claire Vaughan gave details from what had been gleaned during this event and the Board gave consideration as to how this could be taken forward
4. The Trust was continuing to seek to attract more diversity on the Board.
5. Disability and supporting this in the workforce – promoting this was an area where the Trust could do more going forward.

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

1. Did the Trust really understand any cultural blockers in terms of recruitment? Chantal Patel gave an overview of ongoing work in the Indian Community in Swansea to attract new staff and referred to an initiative in Cardiff which was looking to develop a plan for communities to better understand and become more aware of the paramedic role. Claire Vaughan added that taster days were planned to inform people from Black and Minority Ethnicity communities about opportunities in the Trust

2. A query arose surrounding the gender pay gap – Claire Vaughan explained that the workforce in the Trust had been predominantly male; however the number of females being employed had increased over the last three years. Pay was also based on length of service and on the whole female staff took more career breaks

than male counterparts; increases in pay were incremental based on length of service

3. Following a question regarding an ageing workforce – Claire Vaughan explained that there were several initiatives being developed to address this

RESOLVED: That

(1) the contents of the update report was noted; and

(2) publication on the Trust's website was approved.

08/19 FINANCE PERFORMANCE AS AT MONTH 9 (2018/19) & UPDATE ON DISCRETIONARY CAPITAL PROGRAMME

Revenue

Chris Turley, Interim Director of Finance and ICT, outlined the reported year to date revenue financial position of the Trust as at month nine 2018/19. It was consistent with the verbal update on the Month nine position provided to the Finance and Resources Committee on 10 January 2019.

The year to date revenue financial position of the Trust 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 remained 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.

James Mycroft provided further and detailed information which had been discussed at the FRC meeting. In terms of the end of year position he assured the Board that the Trust was in a good position.

In considering the report further, Members raised the following points:

1. An excellent report showing a very good month nine position. However, that the position was achieved because the Trust was using reserves and under spending were off-set by overspendings elsewhere. Of particular concern was the overspend on NEPTS. Mark Harris advised this was a very complex area but that a number of options were being explored, in conjunction with Commissioners where required, to address the underlying issues. It was also noted that the Finance and Resources Committee (FRC) had conducted a "deep dive" into the NEPTS financial position at its January meeting.
2. A query arose regarding if there had been any development in resourcing a business person to identify areas where additional funding could be raised. Jason Killens commented that there were plans in place to progress this.

Capital

Chris Turley gave an overview of the Trust's detailed capital expenditure and drew the Board's attention to the additional capital funding that had been received; £1.141m for additional discretionary items and £0.700m specifically for IM&T discretionary items. The FRC had received a detailed update on the plans to commit the first of these - the c£1.1m additional discretionary funding received, at its meeting on 10 January 2019, including a request to recommend to Board two specific schemes within this.

The two main schemes which FRC had specifically asked to consider were the Out of Hospital Cardiac Arrest (OHCA) Improvement Plan; this consisted of Cardiac arrest equipment which was linked with a better delivery for the care of patients and the Building and Engineering works only to form Training Facilities in Ty Elwy (Unit 7). FRC had requested more detail before recommending to Board the approval of these.

Chris Turley gave more detail on both schemes and referred Members to the information contained within the report. He explained that the work had been completed from an FRC perspective to recommend approval of these schemes and sought Board approval. Members recognised that there was always a risk when additional funding is allocated late in the year, with added time pressure on the Trust to ensure it is spent in the most appropriate way, with pressure then on FRC and Board to make a decisions at pace, whilst ensuring good governance.

Before approving these schemes, Members made further comments:

1. What were the ongoing revenue costs for these capital commitments? – Chris Turley explained that for the two schemes referred to it was relatively minimal and was fully documented within the report
2. Members suggested that a pre-approved list of projects be presented to the Board as and when required
3. Business cases template – Members noted that this was being followed more robustly notwithstanding the varying values of each case

RESOLVED: That

(1) the current year to date and forecast revenue and capital financial position and performance of the Trust, key drivers and risks within this and any corrective action being taken was noted;

(2) the national work ongoing that may result in a refresh to the content, style and presentation of future Board and Committee reporting in relation to financial performance was noted;

(3) the update in relation to additional capital funding that was made available to the Trust in Month 9 was noted;

(4) the two schemes referred to in the above narrative, Out of Hospital Cardiac Arrest (OHCA) Improvement Plan and the Building and Engineering works only to form Training Facilities in Ty Elwy (Unit 7) were approved; and

(5) it was noted that a pre-approved list of projects would be presented to the Board at future meetings going forward.

0919 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh, Interim Director of Planning and Performance explained that the purpose of this report was to provide a single report which detailed the Trust's performance against key quality and performance indicators for November 2018 and to highlight the headline performance for December 2018, with detail specifically for the Christmas and New Year period. She referred to the embargo on data timing, confirming that this was being addressed to ensure the Board had the most up to date data going forward.

Following a meeting with several of the Trust's Mon Executive Directors, feedback on the reporting style was noted and the Board understood that the format for the March Board would reflect that feedback.

The Board's attention was drawn to the information relating to the Trust's performance during the current winter period which was an improvement on the same period last year. Members noted that the March report would reflect the whole of the winter period.

Members noted there had been an improvement in red performance from the same period last year and there was sustained performance above the 65% all Wales target.

The Amber Review Implementation Programme had been initiated, and would consist of establishing an overarching time limited programme group to provide assurance to stakeholders on the recommendations of the Amber Review. The programme would be led by the National Collaborative Commissioning Unit and had a projected end date of November 2019.

Following further consideration of the report Members raised the following:

1. Call performance – Members expected an improvement following the introduction of the new Computer Aided Dispatch system. Louise Platt advised that a piece of work was being conducted to evaluate more statistics emanating from the CAD in order to provide more detailed information.
2. Members were concerned there was a change in the level of staff sickness – Claire Vaughan accepted there had been an increase in the levels of short term sickness; however there had been a decrease in the levels of long term sickness. The Board noted the progress with long term sickness which was encouraging and recognised that it was being regularly reviewed at the relevant Committee
3. Members suggested that further analysis be carried in order to establish the reason for the apparent downward trend in EMS treating on scene

After additional discussion in terms of metrics, the Board endorsed the Trust's mission to develop and implement more meaningful indicators and develop the data for what the organisation needs

RESOLVED: That the November Monthly Integrated Quality and Performance Report was noted and discussed.

10/19 WELSH LANGUAGE STATUTORY STANDARDS: COMPLIANCE NOTICE – SECTION 44 WELSH LANGUAGE (WALES) MEASURE 2011

The Board Secretary Keith Cox, in providing an overview of the report explained that 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 Compliance Notice indicated specific timescales for compliance against each standard. It was expected that compliance against each individual standard would be effective from the date indicated in the notice. The Trust's statutory Welsh Language Scheme would cease to apply on the day in which it was required to comply with a standard for the first time (imposition date). In this case, the earliest date would be 30 May 2019.

In accordance with section 54 (2) of the Welsh Language (Wales) Measure 2011, the Trust had the right to challenge and appeal against this final Compliance Notice by applying to the Welsh Language Commissioner.

There was an increased responsibility to ensure that switchboards and reception areas (including Help-lines) that dealt with the public offered a bilingual service and a comprehensive sign-posting service to Welsh medium services. Specific staff training would be required by staff that worked in these areas to ensure that they adopt the correct approach.

Over the next few months a detailed action plan would be prepared and steps taken to implement the new standards. The Trust's Assistant Directors Learning Team (ADLT) will oversee the implementation of the standards.

Members recognised the significant amount of work conducted by the Welsh Language Officer Melfyn Hughes and recorded a note of thanks.

The Board noted the challenges and expressed some concern in terms of the required training and the timescales involved.

Keith Cox further commented that any additional resource requirements had not yet determined; it was anticipated that by the end of the financial year the Trust would know the costs involved; acknowledging there would be an increase in the cost for translation. Chris Turley explained there was always an element built in which would address this and it would be reflected in the budget.

RESOLVED: That the requirements of the Trust's Final Compliance Notice was noted.

11/19 WALES AUDIT OFFICE REPORTS

Structured Assessment

Dave Thomas in presenting the report provided the Board with a brief explanation of the structured assessment; it was the main vehicle used by the Auditor General annually at each Health Body in Wales to discharge its responsibilities in relation to arrangements for efficiency and economy.
The findings from the Structured Assessment were arranged into three areas:

1. Corporate Governance which included Board effectiveness and Committee working
2. Strategic planning arrangements
3. The wider arrangements that support the efficient, effective and economical use of resources

Members' attention was drawn to the following headlines within the assessment:

1. Improvements in areas which had been identified earlier had been addressed
2. It had been noted that the increase in the number of Board meetings had reduced the number of Chairs Actions
3. The ongoing work in terms of the Board Assurance Framework had been recognised
4. The overall planning process was making good progress and this was underpinned by the IMTP
5. Workforce – this was going in a positive direction
6. Management responses – comments were positive

The Board noted that the assessment had been presented at the last Audit Committee meeting and recognised that work was underway to address the recommendations.

Annual report

Dave Thomas explained that the report included the audit of accounts, the Structured Assessment and the Trust's response to the National Fraud Initiative and was presented for information.

A note of thanks was recorded for all the Trust staff involved in assisting the Wales Audit Office.

Members noted that it was generally a very reassuring report and recognised that time should be set aside to review the governance framework and assess if the changes agreed at the Board's last meeting had a positive impact on the Trust's effectiveness going forward.

RESOLVED: That the reports were received and the management responses and associated deadlines were noted.

Date of next meeting: 28 March 2019

UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on TUESDAY 29 JANUARY 2019 at the CHRISTCHURCH CENTRE, MALPAS ROAD, NEWPORT

PRESENT:

Martin Woodford	Chairman of the Board (Interim)
Jason Killens	Chief Executive
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Pam Hall	Non Executive Director
Mark Harris	NEPTS General Manager South East
Wendy Herbert	Assistant Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director and Interim Deputy Chief Executive
Rachel Marsh	Interim Director of Planning and Performance
James Mycroft	Non Executive Director
Louise Platt	Interim Director of Operations
Chris Turley	Interim Director of Finance and ICT
Claire Vaughan	Director of Workforce and Organisational Development

TRUST BOARD REPRESENTATIVES

Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer

APOLOGIES

Claire Bevan	Director of Quality and Nursing
Professor Kevin Davies	Non Executive Director
Bleddyn Roberts	Trade Union Partner
Martin Turner	Non Executive Director

01/19 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.

02/19 PROCEDURAL MATTERS

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

Apologies were recorded from Claire Bevan, Professor Kevin Davies, Bleddyn Roberts and Martin Turner.

The standing declarations of Interest in respect of Mr Emrys Davies as a retired member of UNITE, and Nathan Holman as Chair of the Cross Hands Community Health Council were noted.

RESOLVED: That the standing declarations of Mr Emrys Davies being a retired member of UNITE, and Nathan Holman as Chair of the Cross Hands Community Health Council were noted.

03/19 SIGNIFICANT CLAIMS

The Board discussed the reports that had been submitted.

RESOLVED: That

(1) the papers for significant value claims relating to CS, ST and PG were withdrawn; and

(2) the paper relating to AD was deferred to EMT for decision.

04/19 NHS STRATEGIC SERVICE CHANGES

The Director of Planning and Performance, Rachel Marsh gave an overview of the report. She explained that in some Health Board areas, there were a number of service change plans being progressed which were likely to have implications for the Trust.

She also explained that the changes were likely to result in additional distance to convey patients with a secondary conveyance created where a patient was taken to the nearest hospital prior to transfer onto a 'hub' or specialist centre.

Furthermore, some changes would require Trust staff to undertake additional training in order to convey patients. The Board recognised that some of these changes were still in the preliminary stages and not yet fully agreed however, the Trust were aware of some changes which were due to be implemented shortly.

The Board discussed the report in further detail and raised the following points:

1. What were the arrangements in the Cwm Taf area in terms of Paediatric transfer and repatriation? Rachel Marsh advised that Cwm Taf Health Board would provide this service; discussions were still ongoing to finalise the details
2. The Board understood that any services taken over by the Trust would incur additional expenses which would be taken into consideration going forward
3. Following a query whether Health Informatics had worked in conjunction with NWIS in relation to coding and if this satisfied national standards; Rachel Marsh confirmed that Health Informatics coding met the national standards

and the Trust were in the process of completing work to document involvement in line with the audit report recommendations.

4. Members recognised the challenges that would result from the strategic service changes and acknowledged that while these changes may be relatively small from the perspective of individual Health Boards, the impact upon the Trust should not be underestimated.

RESOLVED: That the Board noted the report.

05/19 UPDATE ON BREXIT

Director of Partnerships and Engagement, Estelle Hitchon gave an update on the Trust's Brexit preparedness. As requested by Welsh Government, this was considered in the context of a 'worst case scenario' and looked at the potential impact of a 'No Deal' Brexit upon the Trust.

Key findings included the potential for fuel, medication and equipment shortages. It was confirmed that the Trust was looking at remedies which may mitigate any disruption.

Members noted that the situation around Brexit was constantly evolving which meant that the Trust was having to deal with 'unknown unknowns' but despite this, the Board were assured that any potential disruption was being mitigated.

In a response to whether the Trust had any financial contingencies to help deal with additional costs which may be incurred as a result of Brexit; Chris Turley confirmed that the Trust had these in place.

RESLOVED: That

(1) the preparations being undertaken by the Welsh Ambulance Service in respect of Brexit were noted.

(2) the Brexit risk register was considered by the Board; and

(3) the adding of a Brexit risk to the corporate risk register, recognising that it fell outside the normal scoring for a risk which would routinely feature as a corporate risk was deferred by the Board pending additional information from other Trusts.

06/19 ANY OTHER BUSINESS

Jason Killens gave a brief overview of a developing situation relating to handover delays and advised that the Trust were looking to identify any instances where an excessive delay could have been avoided.

RESOLVED: That the update was noted.

Date of next meeting: 28th March 2019

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON 6 MARCH 2019 AT VANTAGE POINT HOUSE, CWMBRAN AND VIA TELEPHONE

PRESENT:

Martin Woodford	Chairman of the Board (Interim)
Jason Killens	Chief Executive (Via Telephone)
Keith Cox	Board Secretary
Professor Kevin Davies	Non Executive Director (Via Telephone)
Pam Hall	Non Executive Director (Via Telephone)
Mark Harris	NEPTS General Manager South East
Estelle Hitchon	Director of Partnerships and Engagement
Dr Brendan Lloyd	Medical Director and Interim Deputy Chief Executive
Rachel Marsh	Interim Director of Planning and Performance
James Mycroft	Non Executive Director (Via Telephone)
Louise Platt	Interim Director of Operations
Bleddyn Roberts	Trade Union Partner (Via Telephone)
Andy Swinburn	Assistant Director of Paramedicine
Chris Turley	Interim Director of Finance and ICT
Martin Turner	Non Executive Director (Via Telephone)
Claire Vaughan	Director of Workforce and Organisational Development (OD)

APOLOGIES

Claire Bevan	Director of Quality and Nursing
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director

12/19 CHAIRMAN INTRODUCTION AND UPDATE

The Chair thanked everyone for attending the meeting at short notice, which had been called primarily to discuss options for utilising capital slippage. The meeting was urgent as decisions had to be made quickly so as to allow spending to take place before the end of the financial year.

The Chair referred to the email from the Board Secretary, circulated on 4 March 2019, which included details of the three proposed schemes which could be funded from the capital slippage. A number of queries and questions had been raised via email and whilst responses had been provided, it was felt that, for the sake of good governance, a meeting should be convened to clarify and address any outstanding matters.

13/19 CAPITAL SLIPPAGE

The Board Secretary's email of 4 March also brought to the Board's attention two other matters and the Chair sought the Board's views on these. The matters were:

i. **Transfer of Non-NEPTS work from Hywel Dda Health Board to WAST**. It was reported that the contract value of £1.1million, which the Board approved in January 2019, had increased by a further £18k. This was due to some further work being identified after the January Board meeting. The additional amount was relatively small and wouldn't normally require Board approval but, given that this meant the final contract value was different from what the Board originally approved, confirmation was sought that the Board were content with this change. The low risk of this transfer was re-emphasised and the Board agreed they were content with this addition.

ii. **AEDS**. Funding had been made available from the Welsh Government for the specific purpose of purchasing AEDs. The funding related to 2018/19 revenue expenditure and was being made available by the Welsh Government from the additional funding for winter previously announced. The total funding was £307k (including VAT), and had been agreed by EASC and can only be used for the purchase of AEDs. This nevertheless provided the Trust with the opportunity to further enhance the AED deployment programme and our objective of improving outcomes from out of hospital cardiac arrests.

The Board sought assurances that the goods could be purchased and received this financial year and that there was no risk to the Trust of losing the Welsh Government funding because the purchase fell into the following financial year. This assurance was given. It was confirmed that the order had been placed and the goods would be received before the end of March. It was also recognised that whilst the funding was being made from the Welsh Government for this specific purpose, the expenditure would go through the Trust's books and it was important that due process was followed. The Board therefore confirmed that they were content to approve this expenditure.

The Board considered the paper from the Director of Planning and Director of Finance providing an update on the 2018/19 capital programme. The paper outlined areas where there had been capital slippage during the year and proposed three alternative schemes on which the capital funding could be spent before the year-end. There were potentially other schemes that could be considered to utilise capital slippage but given the short time, the focus should be on the three schemes listed. Other options were likely to be smaller in value and within management delegated authorities. It was recognised that some lessons learnt needed to be taken from this process, but this should be reported to the new Finance and Performance Committee rather than a discussion for today.

The Board considered each of the three schemes in turn.

i. Airways Management Training Manikins (£144k including VAT). Recent best practice statements from the College of Paramedics, a number of serious incidents across the UK, Coronial Regulation 28s and published guidance had reinforced the need for operational clinicians, and in particular Paramedics, to have more frequent training and review in respect of airways management. Currently, WAST undertakes this review annually but guidance recommended that this was undertaken quarterly. Purchase of the manikins was an important part of the delivery of this capability.

The Board sought assurances around sufficient training resources to deliver on this and whether there were revenue cost implications and were provided with assurances on both counts. The training capacity was already in place and any revenue implications had been built into the appropriate budgets going forward.

RESOLVED: The Board were content to approve this scheme.

ii. **NEPTS 4x4 Vehicles (£195k including VAT).** The bid related to the purchase of eight additional NEPTS vehicles. It would double the NEPTS current 4x4 capacity and reduce the need to hire additional vehicles during bad weather. The vehicles would be purchased under a framework agreement.

RESOLVED: The Board unanimously agreed to approve this scheme.

iii. **Control Drugs Safes for Vehicles (£423,904.53 including VAT).** The bid related to the funding of a new system of electronic safes which would improve security for controlled drugs on vehicles. The new system would help address concerns raised by Internal Audit in this area and also help reduce the lost hours caused by the current system as a result of vehicles and safe keys becoming separated. Vehicles would not require modification in order for the new safes to be fitted and they were transferable between vehicles giving the new system a long shelf life.

The Board raised a number of concerns about following correct procurement procedures and ensuring there were competitive tendering arrangements in place, particularly given the value of the contract. It was confirmed that the supplier was from an existing NHS framework and, after some discussion, it was also confirmed that the supplier was the only one on the framework able to offer the system being purchased. The NHS Procurement team had reviewed the contract and had confirmed they were content with the process the Trust had followed.

The Board enquired whether this system was in use in other ambulance services and, if so, what were their experiences of using it. The only ambulance service which the Trust was aware of who had this system was the London Ambulance Service, but their use of the system differs from our own intended use. It was acknowledged that the Trust was leading the way with this system, recognising that other ambulance services would no doubt procure this system if they were able to.

The Board questioned, given the high value of the contract, whether it would be prudent to run a pilot or a trial period before committing to such a large purchase. It was emphasised that there were inherent risks in running two control drugs systems and a trial or pilot scheme could be more problematical. It was also emphasised that the purchase of this system had been on the plans for some time, had been well worked through, and the Trust would likely to have sought Board approval to purchase it in 2019/20.

RESOLVED: The Board, noting the assurances provided, unanimously agreed to approve this scheme.

The Board asked whether, as a consequence of approving these schemes, there would be an impact on our capital budgets next year. It was confirmed that there would be some impact, although this was likely to be small. It would certainly be less than the amount brought forward so the Trust would gain overall. A detailed report would be prepared for the

Finance and Performance Committee setting out the spending profile of this year's capital together with the plans for 2019/20. It was acknowledged that, as part of the lessons learnt, the Trust should prepare a list of reserve items that could be purchased from capital slippage so that the Board could be sighted on these in advance.

Date of next meeting: 28 March 2019

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 29 JANUARY 2019

CURRENT ITEMS

	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
17	83/18 Open Session	13 December 2018	REVISED GOVERNANCE AND ACCOUNTABILITY FRAMEWORK	Finance and Performance Committee terms of reference be prepared for discussion at the Trust Board meeting of 28 March 2019	Keith Cox	On Agenda for 28 March 2019 meeting
19	28/18 Closed Session	13 December 2018	SIGNIFICANT VALUE CLAIM – PATIENT P	Once settled, claim to be presented to Board for final sign off	Claire Bevan	Ongoing

COMPLETED ACTIONS

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
1	Open Session 11/17	23 March 2017	Engagement And Communications Framework: Proposed Delivery Plan	**The submission of an update report for consideration by the Board on a quarterly basis, beginning June 2017 was agreed.**	E Hitchon	**COMPLETED**
2	Open Session 19/17	23 March 2017	Board Assurance Framework	**The proposed process for implementation with the view to presenting the 'live' BAF report to the 29 June Board meeting was agreed.**	K Cox	**COMPLETED**
3	Open Session 21/17	23 March 2017	Revision to Standing Orders and Scheme of Delegation and Delegation of Powers	**Revisions to be implemented going forward**	P Hollard	**COMPLETED**
4	Open Session 29/17	20 July 2017	Clarification on wording for resolution on Clinical Contact Centres (CCC) from March 23 Minutes	**Agreed that the Director of Planning and Performance liaise with Board Secretary to provide clarity with the wording on the resolution regarding the CCC (Minute 06/17 refers)**	K Cox	Clarity on wording provided and Minute amended to reflect change **COMPLETED**
5	Open Session 40/17	20 July 2017	Board Assurance Framework	**Final BAF be presented to Trust Board at 28 September 2017 meeting**	K Cox	On Agenda **COMPLETED**
6	Open	20 July	Revision to Standing Orders	**A formal report on progress was to be**	K Cox/ P	**COMPLETED**

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
	Session 41/17	2017 and 28 September 2017	and Scheme of Delegation of Powers	**presented at the Trust Board on 28 September 2017 meeting – Formal report deferred to 14 December 2017**	Hollard	**Board delegated approval to Task and Finish Group to finalise following minor amendments**
7	Open Session 5417	28 September 2017	IMTP Refresh	**In terms of the refreshed five priorities for the Trust, it would be advantageous to broaden the effective partnerships to include the third sector and patients within future reports**	H Evans	**COMPLETED**
8	Open Session 58/17	28 September 2017	Standing Orders	**A working group, to include the Executive Directors be set up in November to consider the Draft Standing Orders prior to submission to the Board**	K Cox	**COMPLETED**
9	Open Session 70/17	14 December 2017	111 Service	**A discussion on the next steps to be taken with 111 was agreed to be held at a future Board Development Day**	H Evans	**COMPLETED**
10	Closed Session	22 March 2018	EMRTS	**Invite Professor David Lockey to a future Board meeting to present an update on EMRTS**	K Cox	**COMPLETED**
11	Open Session 40/18	19 July 2018	RISK MANAGEMENT STRATEGY AND FRAMEWORK 2018/21	**Members noted that at paragraph 3.3 of the Risk Management Strategy and Framework, the structure shown reflected the old IMTP structure and it was agreed this would be updated to illustrate the new structure**	C Bevan	**Risk Management Strategy and Framework has been updated COMPLETED**

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
12	Open Session 42/18	19 July 2018	ADVANCED PRACTICE MODEL BUSINESS CASE	**The Board was to receive regular updates on progress**	B Lloyd	**Update will be provided during Medical Director update COMPLETED**
13	Closed Session	19 July 2018	Development of a Long Term strategic Framework	**Board to receive update at next meeting – 27 September 2018**	E Hitchon	**On Open Agenda COMPLETED**
14	59/18	27 September 2018	Patient Story	**Update following any actions taken following the story presented at Board meeting on 27 September 2018**	C Bevan	**Update provided by CB, Item closed**
15	60/18	27 September 2018	IMTP	**Update to be provided at next meeting**	E Hitchon	**On Agenda Closed**
16	74/18	13 November 2018	Update on actions to address those recommendations in the Amber Review which the Trust could progress immediately	**To be presented at Trust Board in December**	J Killens	**Item On Agenda Closed**
18	87/18 Open Session	13 December 2018	DEVELOPMENT OF A LONG TERM STRATEGIC FRAMEWORK	**Updated following comments to be presented to Trust Board on 29 January 2019**	Rachel Marsh	**COMPLETED On Agenda**
20	29/18 Closed Session	13 December 2018	SIGNIFICANT VALUE CLAIM – PATIENT W	**Virtual Board meeting was to consider further clarity on costs. Formal update to be presented at next Board meeting**	Keith Cox Claire Bevan	**Completed 29 January 2019**
21	30/18 Closed Session	13 December 2018	NHS STRATEGIC SERVICE CHANGES	**Deferred to 29 January 2019 Trust Board Meeting**	Rachel Marsh	**COMPLETED On Agenda**

AGENDA ITEM No	**1.6**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**4**

Board Committees
Revised Terms of Reference and Operating Arrangements

MEETING	**Trust Board**
DATE	**28 March 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 agree revised terms of reference and operating arrangements for Board Committees.**
CLOSED MATTER REASON	**Not Applicable**

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1 This paper sets out for approval revised terms of reference and operating arrangements for the following Board Committees:

- Audit Committee
- Finance and Performance Committee
- People and Culture Committee
- Quality, Patient Experience and Safety Committee

BACKGROUND

2 Trust Board on 13 December 2018, in agreeing Paper 2.5 Revised Governance and Accountability Framework, requested that the terms of reference and operating arrangements for the Board Committees listed above be reviewed and amended as required for discussion and approval at this Trust Board meeting.

3 Members will note that the list above includes the People and Culture Committee whose terms of reference were approved by Trust Board on 13 December 2018. These are resubmitted for Board approval following a small number of revisions to the membership and quorum sections and the insertion of an additional sentence with regards to delegation from Trust Board for policy approvals. These changes have been necessary to ensure consistency in approach with other Board Committees.

4 The terms of reference for the Remuneration Committee were also listed for approval at this Board meeting but this is not possible following the rescheduling of the planned meeting of the Remuneration Committee from the 14 March 2019 to the 28 March 2019. As a consequence, the Remuneration Committee terms of reference will be submitted to Trust Board at the next scheduled Board meeting on 30 May 2019.

5 As explained in the 13 December 2018 Trust Board paper, the Charitable Funds Committee terms of reference are subject to a separate review by the Committee and these will be reported to Trust Board on 30 May 2019.

ASSESSMENT

6 The terms of reference attached as appendices to this report were considered and approved (subject to minor revisions outside of the formal committee meetings) for submission to the Board on the following dates:

Audit Committee	Appendix 1	7 March 2019
Finance and Performance Committee (through Finance and Resources Committee)	Appendix 2	10 January 2019
People and Culture Committee	Appendix 3	Not Applicable
Quality, Patient Experience and Safety Committee	Appendix 4	26 February 2019

RECOMMENDED:

That the Committee terms of reference and operating arrangements as set out in Appendices 1, 2, 3, and 4 be agreed.

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APPENDIX 1

AUDIT COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Audit Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:

- the adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non clinical) designed to support the public disclosure statements that flow from the assurance process, including the Annual Governance Statement and the Annual Quality Statement, providing reasonable assurance on:

  - the organisation's ability to achieve its objectives;
  - compliance with relevant regulatory requirements, standards, quality

and service delivery requirements and other directions and requirements set by the Welsh Government and others;
- the efficiency, effectiveness and economic use of resources; and
- the extent to which the organisation safeguards and protects all its assets, including its people,

and to ensure the provision of high quality, safe healthcare for its citizens;

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- 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;
- 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 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:

- 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) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information;

in so doing, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.5 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Committee shall provide a written, Annual Report to the Board and the Chief Executive (Accountable Officer) on its work in support of the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

APPENDIX 2

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

- 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

- 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 reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- 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.

APPENDIX 3

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.

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;
- 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
- 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.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance

and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

APPENDIX 4

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;
- 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 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

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

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. 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.

Annex A

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

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

A Long Term Strategic Framework: Our Vision for 2030

MEETING	**Trust Board**
DATE	28th March 2019
EXECUTIVE	Rachel Marsh, Interim Director of Planning and Performance
AUTHOR	James Houston, Planning and Performance Business Partner
CONTACT DETAILS	James.houston@wales.nhs.uk

CORPORATE OBJECTIVE	Development of a Long Term Strategic Framework is a key corporate objective.
CORPORATE RISK (Ref if appropriate)	n/a
QUALITY THEME	All
HEALTH & CARE STANDARD	The Long Term Strategic Framework has been developed in alignment to support the key objectives as set out in the Health and Care Standard (s), 'A Healthier Wales' national strategy for health and social care and the 'Quality & Governance (Wales) Bill'.

REPORT PURPOSE	The purpose of this paper is to present the board with a copy of the trust's Long Term Strategic Framework: A Vision for 2030. **It is recommended that Trust Board:** **APPROVE and ENDORSE** the trust's Long Term Strategic Framework; **DISCUSS and SUPPORT** the proposed engagement approach.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	20th March 2019	Approval

SITUATION

1 The purpose of this paper is to present the board with a copy of the trust's Long Term Strategic Framework: A Vision for 2030 for approval and endorsement.

2 The long term strategic framework has been developed over the past 18 months to set out the long term vision and ambition for the Welsh Ambulance Service up to 2030.

3 The framework is organised into three main sections:

- *Our Goal: Delivering Excellence*: Describes the emerging vision for the Trust aligned to the three core objectives (i) Helping patients and staff stay healthy, (ii) Helping patients more easily access our services at the right time, and (iii) Providing the right care in the right place, wherever and whenever it is needed.

- *Our Enablers*: Describes the four key enablers that underpin the strategic framework: (i) Continue to provide the best care possible, outcomes and experience to our patients, (ii) Enable our people to be the best they can be, (iii) Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology, and (iv) Whole system partnership and engagement.

- *Our Golden Threads*: Describes how we will ensure that 'Quality' and 'Value and Efficiency' is at the heart of everything we do.

4 **It is recommended that Trust Board:**

APPROVE and ENDORSE the trust's Long Term Strategic Framework;
DISCUSS and SUPPORT the proposed engagement approach.

BACKGROUND

5 Over the past five years the Welsh Government have set out clear expectations for all NHS Wales organisations to adopt and embed a 'planning' based approach to develop services that are fit for the future and deliver tangible improvement in patient care, outcomes and experience.

6 The development of three year Integrated Medium Term Plans (IMTPs) has been the key area of focus as set out in the All Wales NHS Wales Planning Guidance.

7 It was recognised however that in addition to the IMTPs, a longer term view is required to deliver the transformational change across NHS Wales to tackle the long standing challenges to improve health outcomes and provide services that are fit for purpose today and for future generations.

8 In response to this the Trust Board agreed, in summer 2017, to develop a Long Term Strategic Framework to set out the future direction and vision of the organisation to 2030.

ASSESSMENT:

9 A Long Term Strategy Steering Group was established with executive, non-executive and trade union partner leads to oversee and co-ordinate the development of the strategic framework.

10 To support its development the Trust undertook a period of extensive engagement across Wales canvassing the views and ideas from our key stakeholders as summarised below:

Stakeholder Group	Number of attendees	Description
Patients / Service Users	**135**	PECI team attended and engaged directly with a range of service user groups and public events
Our staff	**160**	Attended a range of staff meetings & workshops (Inc. CTL development days / Directorate meetings & Swansea University Trainee Paramedics)
Health Boards & External Stakeholders	**145**	Held 3 regional stakeholder workshops with all Health Boards, Blue Light partners, the Commissioner and Third sector reps
Total	**440**	

11 To support the development of the strategic framework we have undertaken the following work:

- Reviewed available literature and best practice information from other ambulance and health services across the UK and Internationally;
- Engaged closely with Public Health Wales and the Future Trends team;
- Held a series of Board Development sessions and bespoke workshops with internal and external stakeholders to develop and test ideas; and
- Engaged and shared progress with internal Committees / Boards including EMT / WASPT and Directorate Meetings.

12 It was agreed that the style of the document should be presented in a reader friendly style, supported by infographics / graphics. To take this forward we have worked closely with Savage & Grey designers to help develop the style, design and formatting the document.

13 Throughout this process we have undertaken a number of cycles of reviews and feedback sessions with the strategy steering group, executive leads and teams across the organisation.

14 It is recognised that the IMTP and the recently established Strategic Transformation Board will be the key vehicles to deliver the key objectives set out in the strategic framework. To commence this approach we have embedded key elements of the strategy within our 2019/20 IMTP.

Next Steps

15 Subject to approval and endorsement of the strategic framework at Trust Board it is proposed that we engage and share the document with the Emergency Ambulance Service Committee (EASC). This approach will enable us to discuss with key commissioning and health board stakeholders the approach to formally launching the strategic framework.

16 We will then develop a detailed engagement plan setting out who and how we will engage with all of our key stakeholders to launch the strategic framework. It is proposed that the engagement plan will be refined and tested with the internal Long Term Strategy Steering Group and presented at the next Trust Board meeting.

17 In parallel to this work we will commence internal engagement with our staff via the Chief Executive engagement events arranged to commence in April 2019.

RECOMMENDATION:

18 **It is recommended that Trust Board:**

APPROVE and ENDORSE the trust's Long Term Strategic Framework;
DISCUSS and SUPPORT the proposed engagement approach.

Annex

Welsh Ambulance Service NHS Trust

Delivering Excellence

Our **vision** for 2030

Foreword

We are delighted to present 'Delivering Excellence', a document which sets out our vision for the future of the Welsh Ambulance Services NHS Trust (WAST). This vision has been shaped by extensive engagement with our patients, staff and key stakeholders.

So why develop a long term strategic framework for 2030?

As a national service, working across the whole of Wales, we must continue to provide high quality care that is valued and meets the needs and expectations of our patients and stakeholders today and for future generations.

We recognise that the world around us is rapidly changing, and that there are many challenges facing us and our partners across health and social care, however this will give us new opportunities, which we need to embrace, to transform our services, to rise to these challenges and become part of the solution.

Of course, we must always be the service that quickly and safely transports patients to hospital, whether in an emergency or planned situation, and we will continually work to improve this core offer, but also believe that we have a much wider contribution to make.

- We meet and interact with thousands of people every year, and we can use these contacts to make a difference in terms of helping them to stay healthy;
- In the future, we will make it easier for more patients to be able to access the care and health advice that they need virtually or online;
- We will enhance the skills of our clinicians in our contact centres and in the community, giving them access to the latest technology and clinical equipment. This will support them to make more informed clinical decisions and as a result, more patients will be able to be treated in the community or in their own home, rather than in hospital; and
- We will aspire to be the sole provider and coordinator of planned transport to access healthcare in Wales.

This will contribute to the Welsh Government's vision for health and social care services in Wales, set out in the 'A Healthier Wales' strategy, which focuses on improving population health and wellbeing, providing better quality and more accessible services that deliver high value, delivered by a motivated and sustainable workforce.

We are unable to deliver our vision in isolation and want to build on the positive relationships we have with our patients, the people who work and volunteer for us, our health partners and wider stakeholders to deliver meaningful change.

This is a hugely exciting time for the Welsh Ambulance Service and we look forward to working with you to realise our long term vision for 2030.

Martin Woodford,
Interim Chair

Jason Killens,
Chief Executive

The Welsh Ambulance Service at a glance...

We serve
3 million people
across Wales

We receive over
540,000
999 calls per year *

We provide an emergency response to over
22,000
immediately life threatening incidents per year

We have over
700 vehicles
in our fleet

We receive over
460,000
non-immediately life-threatening emergency calls per year

We transport over
860,000
non-emergency patients to hospital per year

We receive over
275,000
calls to NHS Direct Wales per year

We receive over
3.8 million
visits to the NHS Direct Wales website

We employ over
3,000 people

We have operating expenses of
£178 million

We occupy over
113 buildings

*All other calls coming into our contact centres were answered and referred to other appropriate services to meet the caller's needs

Our key challenges...

Increasing Ambulance incident demand

projected to **increase by**

2-3% per year

(Source - ORH Demand & Capacity Report)

Growing Population

The population in Wales is set to **grow by circa 4% to 3.24 million** by 2030

(Source - Public Health Wales statistics)

Increasing number of households

by 2030 the number of households in Wales will **increase by over**

90,000

(Source - Public Health Wales statistics)

Increasing older adult population

By 2030 the number of people **aged 65+** is projected to **increase by**

158,000 (+24.9%)

This will mean more older adults needing our services

(Source - Public Health Wales statistics)

More complex conditions

Currently more than

40%

of people aged 75+ live with two or more **longstanding illnesses**

(Source Public Health Wales statistics)

Health risk factors

62% of people aged 16+ are projected to be **obese or overweight** by 2030

(Source Public Health Wales statistics)

Mental Health

In Wales **1 in 4 people** will experience some kind of a mental health problem or illness within their lifetime.

(Source - Office for National Statistics)

Career expectations

Changing career expectations of **future generations**

New technology

Keeping pace with the development of new and innovative technologies.

Increasing Public expectation

Expectations of the NHS are continuing to **increase**

Towards 2030 – Our Opportunity

This is an exciting opportunity to describe our future vision for the Welsh Ambulance Service in a clear and uncomplicated way. In this document we explain; what Our Goal **'Delivering Excellence'** means, the Enablers that will help us achieve our vision and the Golden Threads that underpin everything we do.

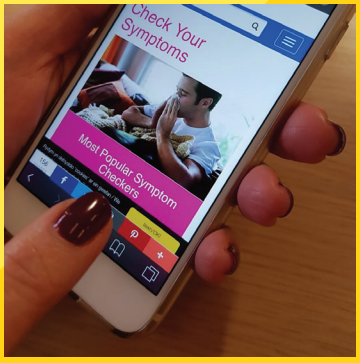
Our **Goal:** Delivering **Excellence**

It is our Goal to deliver excellence in all that we do. To achieve this we have identified three key areas that we will focus on, and in this document describe the emerging areas of work that will enable us to deliver our vision for the future.

Helping patients and staff to stay healthy:

As a national provider, we have an opportunity to use the thousands of daily interactions with our patient's, members of the public and our staff to help improve their **health and wellbeing**.

We have a role to play in promoting key strategies to combat the population health challenges being faced across Wales through the **prevention of ill-health** and the advocacy of **healthy lifestyles**. It is our ambition to make every contact count.



Helping patients more easily access our services at the right time:

It is increasingly important that patients make informed and appropriate choices about **accessing the right health care**.

We will ensure our services are easily accessible and enable people to make appropriate choices about the type of care they need, and how they access the right services to meet those needs.

Providing the right care in the right place, wherever and whenever it is needed:

We want to build on the progress we have made to move away from only being seen as a traditional ambulance and transport service. We want to become a provider of **high quality care** that meets the needs of our patients wherever and whenever it is needed.

Treating people in hospital when they are unwell will become only a small part of modern healthcare with greater emphasis on providing **care closer to home**.

Our **Goal** Delivering **Excellence**

In this section we describe the emerging actions we will be undertaking for each of our three core objectives to realise our goal of Delivering Excellence.

Helping patients and staff to stay healthy

We will play a **strengthened role engaging with the public, patients and wider stakeholders** to provide health advice, education and to support resilient communities.

We will **collaborate with key partner organisations** (including Health Boards, Local Authority, Public Health Wales, blue light partners and the third sector) to help address the key determinants of health through proactive engagement with our patients and support resilient communities.

We will be the first port of call (single point of contact) for people needing **healthcare advice 24/7**. Patients will have access to online services, providing high quality, clinical advice that's easily accessible.

We will enhance our health and **well-being advice systems** to ensure that we can access and signpost patients to appropriate local services that meet their needs.

We will have a greater presence **engaging in community education** across Wales with voluntary and third sector organisations to provide health education and advice. It is our aspiration to influence the school education curriculum to provide the opportunity for all school children to learn first aid skills.

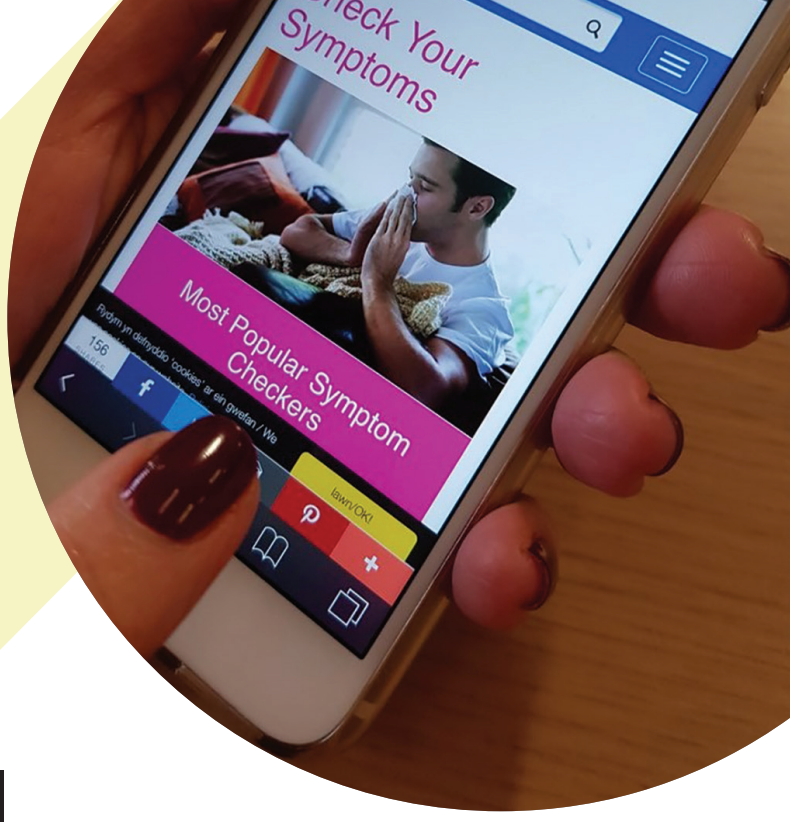
We will be an **exemplar employer** supporting positive health and well-being for all the people who work and volunteer for us.

We will **invest** in resources and expertise to support all of our workforce and volunteers to maintain their own health and well-being, ensuring a healthy work life balance.

We will provide **opportunities for our workforce** to contribute and support health initiatives schemes outside of the day job (for example tackling loneliness).

We will introduce a **welfare "check and care" service** to identify any deterioration in vulnerable service users.

We will introduce a **welfare "check and care" service**, that will make sure any deterioration in condition or social issues (e.g. loneliness and isolation) are spotted quickly. Staff will be able to refer in to a range of community services provided by teams from across health, social care and the third sector/community groups to help people before they find themselves in crisis.



Helping patients more easily access our services at the right time

We will enable service users to make **informed and appropriate choices** when accessing our services.

We will develop and implement a **national strategy** to provide advice and education which will enable the public to make informed choices about their health needs and access our services appropriately.

We will ensure our services are **easily accessible**.

We will engage and involve patients to ensure that our services are **easily accessible** and utilise the latest communication technology. We will focus upon improving access for people with sensory loss and enhance our ability to provide care in the patient's first language.

We will embrace the **latest technology** and communication applications to provide services that are easily accessible and meet the differing needs and expectations of all of our service users.

We will become the **call handler of choice** for all health related contacts across Wales.

We will utilise **video and other technologies** to enhance the way our services can be accessed, particularly for services users contacting us in an emergency situation.

We will develop access to services **online** and through internet applications. This will include developing an online portal for booking patient transport that is fully integrated with the appointment booking systems in the hospital.

Our **Goal** Delivering **Excellence**

Providing the right care in the right place, wherever and whenever it is needed

We will play a **strengthened** role supporting the provision of a sustainable telephone, treatment and triage model for all urgent / non-urgent health queries across Wales.

A core component of this will be exploring the opportunities to develop a long term solution for the provision of the **Out of Hours service** across Wales.

We will provide **live chat and video** consultation access for patients to access our clinical teams for triage, advice and health information.

We want to develop and implement the opportunities of utilising **artificial intelligence technology** to support triage and clinical decision making in our contact centres.

We want to provide a **national pathway** co-ordination function to ensure patients can access and be signposted to local services available to them.

Our clinical teams will work in a **range of environments** as part of multi-disciplinary teams.

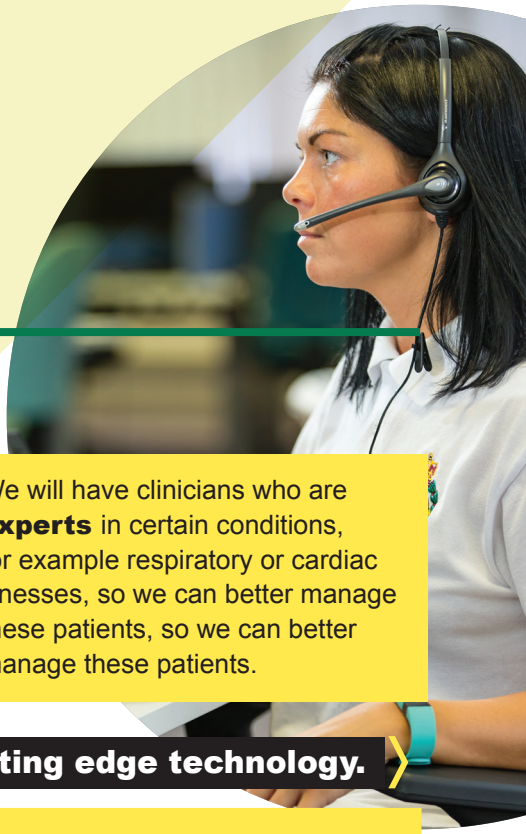
24/7

This could be delivered in local healthcare facilities (e.g. GP surgeries) or as part of an **out-of-hours** clinical service where patients can access urgent care **24/7/365**. This might be a mobile service, based in a community facility like a community centre, or even in a **24-hour store**.

We will establish **multi-disciplinary** clinical and non-clinical teams in our contact centres who have a range of skills to provide specialist advice, clinical triage and onward referral to appropriate continuing care. The team could include mental health practitioners, midwives and specialist nurses with a focus upon managing frailty and care for older adults.

We will develop services to meet the **health needs** of the population.

We will develop services to address the **changing health and care needs** of the population. A key area of focus is to develop services that meet the complex needs of the frail elderly population and patients suffering mental health conditions.



We will develop our teams to have a **wider range** of clinical skills

Equipping our clinical staff with **additional skills** (e.g. prescribing / enhanced wound management) and other skills that currently require the intervention of another clinician or a trip to hospital.

We will have clinicians who are **experts** in certain conditions, for example respiratory or cardiac illnesses, so we can better manage these patients, so we can better manage these patients.

We will have access to **enhanced clinical equipment** and **cutting edge technology.**

We will be able to deploy **video** or **drone** technology to assess the seriousness of an incident before deploying resources.

Our clinical teams will have access to the latest, evidence based equipment. This could include:

Enhanced equipment and clinical diagnostic capabilities to support clinical decision making (for example point of care testing or mobile scanning technology).

In a life threatening emergency our teams will be able to engage with specialist clinicians in our control centre, hospitals or other locations to seek expert clinical advice. This will involve **digital technology** so that we can speak in real time, share information and images to get a fast, accurate diagnosis and work out the best care for the patient.

We will have access to **timely patient Information.**

Our staff will have access to **timely clinical information** about the patients they are treating, and be able to capture and share this information through an electronic solution, with other health professionals to provide high quality and seamless care.

We want to utilise **patient held data** from wearable technology to support clinical decision and remote monitoring of patients.

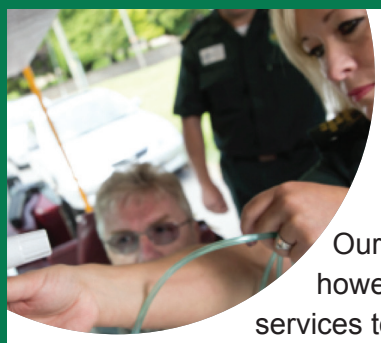
We will be the **sole provider and coordinator** of transport to access healthcare in Wales.

To achieve this we will play a key role in the co-ordination of all **public sector transport** across wales ensuring a joined up approach to service provision.

We will provide a national discharge support service that provides timely transport to patients leaving hospital. Through our partnerships we will ensure that those patients have a safe and if needed an adapted environment to go **“home”** to.

Our **Enablers**

We recognise that our vision cannot be delivered in isolation and the following four enablers will be crucial to help support its successful implementation.



1 Continue to provide the best care possible, outcomes and experience to our patients

Our Long Term Strategic Framework sets out a clear vision and ambition for 2030, however we recognise the importance of continuing to improve the delivery of our core services today. Outlined below are the key areas we will continue to focus upon to improve the quality of care we provide that meets the needs and expectations of our patients today and in the future.

Emergency Medical Services (EMS)

- We will enhance our 'Hear & Treat' services and continue to roll out the 111 service across Wales.
- We will improve our ambulance response times for all patients requiring a face to face clinical assessment.
- We will work with all Health Boards to improve patient flow by ensuring only clinically appropriate patients are conveyed to hospital and reduce handover delays at hospital.
- We will strengthen the working relationships with our Blue Light Partners including Fire, Police & the Emergency Medical Retrieval & Transfer Service (EMRTS).
- We will continue to develop and implement service innovations including the expansion of the Advanced Paramedic Practitioner (APP) rotational model and patient focused service improvements.
- We will enhance our First Responder capabilities across Wales.
- We will continue to provide and enhance our specialist response capability to ensure we deliver our obligations against the Civil Contingencies Act.

Non-Emergency Patient Transport (NEPTS)

- We will improve the quality and timeliness for all patients using the non-emergency patient transport service.
- We will standardise the delivery of NEPTS services across Wales.
- We will improve our operating systems including the implementation of a new NEPTS Computer Aided Dispatch system (CAD).
- We will be responsible for commissioning and delivery of all non-emergency transport services across Wales.
- We will introduce a national call taking system for patient and health care professional transport bookings across Wales.
- We will work with partners to develop a national discharge & transfer service.

2 Enable our people to be the best that they can be

Our vision for the future of work is exciting and our workforce and volunteers are pivotal to help us achieve this. We want fantastic, healthy, happy people led by vibrant leaders who recognise that the workforce of 2030 will have different aspirations and dreams. We must adapt to meet changing patient needs and expectations and deliver services that are fit for the future. We must be innovative with our role design, enable flexible career pathways and use the advantages of technology to allow colleagues to focus on the provision of care of the highest quality and compassion to patients.

Underpinned by our behaviours that will continue to support us to be our best, set out below are the key areas we will need to focus on to ensure we are recognised as the ambulance service employer of choice and remain competitive in the face of increasing demand for students, health care workers and volunteers alike.

We will be recognised and renowned as being an **exceptional place** to work, volunteer, develop and grow

We will continue to build a workplace culture that embraces difference, values trust and places a positive emphasis on productive relationships. Remarkable people will clearly see the positive impact they can make by volunteering, training and choosing a career with the Welsh Ambulance Services #TeamWAST.

Our future workforce will be **agile, highly skilled and capable**

We will transform our education and training provision to ensure our clinicians are developed and supported to maximise their impact by delivering, collaborating and co-ordinating the provision of care across the wider healthcare system and by building community resilience from a variety of settings and roles.

Our Leaders will be **compassionate, collaborative and courageous**

They will demonstrate the skills and aptitude to manage change and complexity as our health and social care system moves towards even greater collaboration and joined up working. They will be able to set direction, lead and influence across Health and Social Care, engender high levels of trust and motivation within multidisciplinary teams and create a focus on innovation, accountability and continuous quality improvement.

We will all enjoy a **long, healthy and happy** working life

We will ensure appropriate resources and strategies are in place to protect physical and mental wellbeing, to create meaningful and interesting jobs and a growth mindset which welcomes and responds positively to future change. We will help individuals manage their home and carer responsibilities in balance with the requirements of their roles.

3 Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology

Being at the forefront of adopting new innovative ideas and implementing cutting edge technology will be crucial to realising our vision for 2030. This will mean that we can provide new services, offer a greater range of healthcare in different settings and have access to the latest evidence based equipment and technology to improve patient care.

It will also mean that the people who work and volunteer for us can access the right technology to enable them to be their best. The key areas we will focus on are outlined below:

We will embed new technology to enhance and improve the services we provide

We will introduce new virtual access points through online and mobile applications.

We will fully embed the latest 'digital' and 'video' technology to improve communication and connectivity.

We will enhance our clinical diagnostic capabilities this could include using artificial intelligence, point of care testing or mobile scanning equipment.

We will embrace the latest sustainable technology to reduce our carbon footprint

This will include replacing our fleet with alternative low emission vehicles (e.g. hybrid or electric).

We will explore the feasibility of autonomous vehicle technology.

We will transform the way we access and manage information

We want to develop an integrated solution to join up and share clinical information with other NHS organisations.

All staff will have access to the most appropriate technology to undertake their role.

We will explore opportunities to utilise information collected by wearable applications to support clinical decision making and remote monitoring.

We will use technology to communicate more effectively

We will adopt new and innovative technology to transform how we communicate and engage.

Ensure we have the right buildings in the right place

We will deliver on our long term aspirations to have the right buildings in the right place.

We want to be at the forefront of research to drive forward innovations in clinical practice and wider organisational delivery

Enhance our research alliances with industry and other leading research stakeholders. Aligning research with future case mix and population health to ensure that the care we provide is clinically safe and in line with evidence based practices.

Encourage and nurture ideas from our staff and patients to improve outcomes and experience, building our reputation as an innovative and creative organisation.

4 Whole system partnership and engagement

Our long term strategy sets out an ambitious future for the Welsh Ambulance Service, but it is not a strategy that can be delivered in isolation. To successfully deliver our vision we will continue to develop services by engaging and collaborating with our patients, our people, health and social care and blue light partners, the third sector and all other stakeholders.

Play a strengthened role involving and engaging with our stakeholders

We will undertake a more active role engaging with our patients and the communities we serve to use the citizen's voice and the knowledge of the people who work for us to develop and improve the services we provide.

We will help to build resilient communities through an advanced programme of engagement focusing upon health education and training people in CPR and defibrillation. We will work and support the full range of age groups, cultures and communities, from schools to workplaces to ensure that the people of Wales are confident in basic life support skills.

Developing new partnerships

We will develop new partners focusing not only on those with whom we deliver services with, but also partners who are supporting us to develop new solutions. This could include working with private enterprise to develop new technology.

Our relationships with our partners will look quite different, with a focus on collaborative and shared roles, environments and staff development. We will plan and deliver services together and develop new roles for our teams.

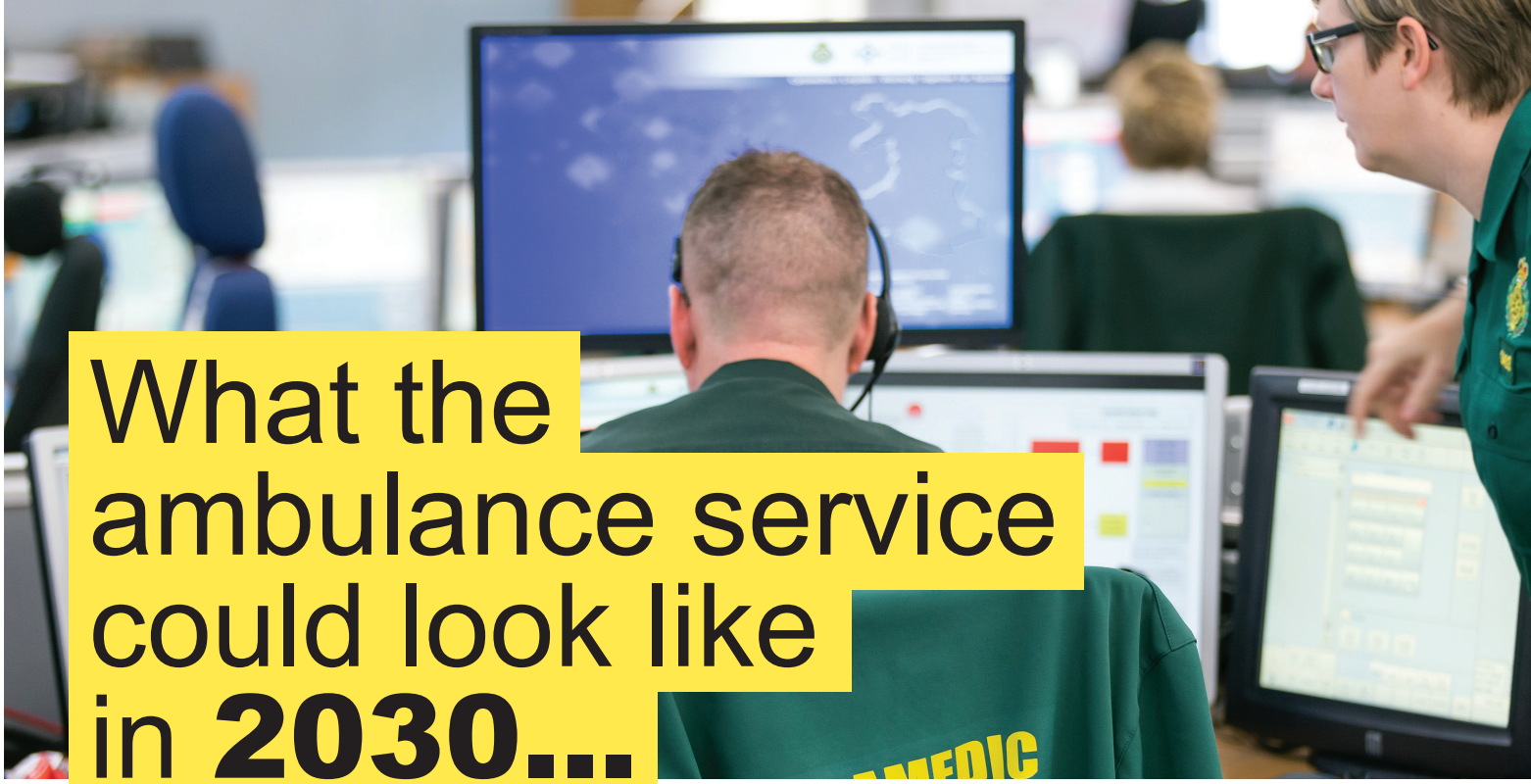
Whole system collaboration

We will work in tandem with a range of partners from the public, third and private sector partners to deliver healthcare solutions that enable people to live well at home for as long as possible.

Development of staff will look different, with an emphasis on collaborative training across the public service and beyond, and the rotation of employees across organisations.

Organisational boundaries will be reduced and there will be a genuine sense of one public service, in which each organisation plays its part.

We will use a collaborative approach to sharing information and referring patients to a range of services that best meet their needs, regardless of where they are.



What the ambulance service could look like in **2030...**

Patient Story

Simon is at his home and begins to feels unwell.

His wife notices that his speech seems slurred and seems to be having difficulty holding a pen.

Current - 2019

I rang 999 and described my husband's symptoms over the phone. An ambulance arrived within 30 minutes. The Paramedics quickly assessed my husband and said that his symptoms indicated that he was having a stroke.

They pre-alerted the stroke ward and transported him to hospital on blue lights. We live about 30 miles from the hospital and the journey took about 40 minutes. When we got to hospital he went straight to be scanned and was given medication (thrombolysis) to treat the clot.

He was then cared for on the stroke ward for a few days and discharged home with regular appointments for ongoing care and rehabilitation.

Future

I called 999 using a video app on my phone. I was transferred to a clinician who assessed my husband's condition. The clinician explained that the symptoms indicated that it could be a stroke and a Paramedic with a mobile scanner was on the way.

They arrived within 30 minutes and my husband was assessed by the Paramedic and taken onto the vehicle to be scanned. The scan only took 5 minutes and the Paramedic shared the images with the consultant in the hospital. They had a video call and confirmed that my husband was having a stroke. My husband received medication (thrombolysis) on the ambulance and then immediately transported to a specialist stroke unit.

The early diagnosis and treatment on the ambulance was really important for his recovery. He spent 48 hours in hospital and was well enough to return home with regular appointments for specialist rehabilitation and is making a really good recovery.

Benefits

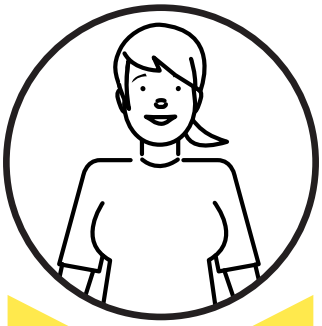
Enhanced clinical skills and diagnostic capabilities

Earlier diagnosis of stroke

Quicker time to treatment

Better patient outcomes and experience

Patient Story



Claire requires transport to help her attend a diabetic outpatient appointment at her local hospital.

Current - 2019

I called the transport booking line to make arrangements to attend my 9:30am hospital appointment. The booking team were really helpful and explain that they can't get me in for my appointment time but the hospital are aware of this and will accommodate me when I arrive.

On the day the transport could arrive up to two hours before my appointment which means I spend a lot of time ready and waiting to go. I am a little apprehensive waiting because I don't want to miss my appointment.

The ambulance picks up four other patients on the way to hospital and the journey takes over an hour. It also takes a long time to get home and for a twenty minute appointment most of the day is taken up.

Future

I used the online application to book transport. I could select from a number of different transport providers and chose the one that best suited my needs. I received a reminder the night before and given access to a link so that I could track the vehicle on the day.

An electric vehicle picked me up, there were small screens on board for entertainment which also provided helpful health information. The journey went really quick and I arrived at hospital on time and attended my outpatient appointment. The system automatically booked transport for my follow up appointment which I could view and amend using the helpful app on my phone. The journey is much more comfortable than before and I spend less time travelling so that I can enjoy the rest of the day.

Benefits

Better access to book and manage transport bookings

More information available

More timely transport

Better patient experience

Less time spent travelling

Better range of options to book transport (online / application).

Patient Story

Mary is 68 years old and has bronchitis.

She wakes up in the night coughing with a shortness of breath.

Current - 2019

I rang 999 as I woke up coughing and short of breath and this really frightened me.

When the Paramedics arrived they were really friendly and helped to calm me down. They carried out a few tests and thought it was best to take me to hospital. I didn't really want to go to hospital but I agreed. I had to wait a long time in the emergency department to be seen and ended up being admitted onto a ward. Whilst in hospital I suffered another infection. This made me really unwell and meant that I ended up staying in hospital for seven days.

Future

I rang 111 and was transferred to a clinician for a video clinical assessment. The clinician asked me lots of questions and I was able to share information about my heart rate and temperature using the information from my smart watch. The clinician reviewed my medical history and arranged an appointment for a home visit from an advanced paramedic that night. I was assessed and prescribed antibiotics. I didn't have to go to hospital and could stay at home which made me really happy.

I explained to the Paramedic that I didn't have any family or friends nearby and that I sometimes felt lonely. The Paramedic made arrangements for the local community team to contact me using a video app on my phone the next day. They were really helpful and provided me with information of local community groups that I could join. This was really helpful and since joining I have made lots of new friends.

Benefits

Patient cared for at home

Better patient experience

Avoided admission to hospital

Avoided the possibility of contracting a hospital acquired infection

Improved social network and support

A view from the **workplace**

NHS Direct Wales & 111 Service

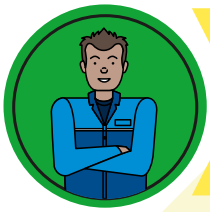
"I am proud to be the first port of call for people looking for health advice whether its day or night, or they are home or out and about. We can respond to people's differing needs online via the live chat, or over the phone, and we can be flexible to ensure we provide high quality clinical advice and signpost to the most appropriate health or social care services. I am professionally developed to ensure the advice I give is up to date and appropriate for this clinically responsive service and enjoy working in a multidisciplinary team of professionals who are all focused on helping patients help themselves."

NEPTS

"We now offer so much more than a transport service. As I collect patients from their homes I am encouraged to chat with the patients and to take note if I notice any change to them or their domestic circumstances. This welfare check enables me to signpost my patients to services in the community who can provide support. If I am really concerned I know who to contact and am confident that I will be listened to. I receive regular training and can access immediate updates and advice on line so I am confident that I know what I am looking out for. Making a difference to patients really enriches my role and gives my work more meaning."

EMS

"Looking back I can't believe how many patients we took to hospital, often waiting outside them. Today everything feels so joined up and our clinical skills are used in so many different settings helping to prevent the high numbers of urgent 999 calls. On a personal level I know my safety is the Trust's priority and that my manager looks out for me. She recognises when I am doing well and when I need a bit of extra support or when I could do things better. Our regular catch ups really help and under her leadership we can achieve anything as a team."

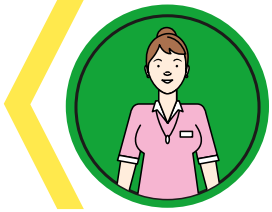


Fleet

“Our fleet of ambulances and cars have always been so important to WAST but even more so now given the range of clinical services provided across a variety of different environments. In addition the technology has provided opportunities to think radically differently about our vehicles and I really enjoyed being part of the team involved in understanding what these changes mean and planning the future design of our fleet. I am so proud that our fleet of electric and driverless vehicles is designed to really maximise the care we are able to provide.”

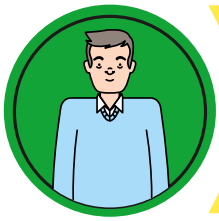
Corporate

“Improved access to technology means that many of the routine, time consuming tasks I used to do are now much easier and quicker, leaving me more time to focus on the important things. Access to some of the virtual and remote working technology also means I can be more flexible around where, when and how I work giving me greater control and a better work-life balance.”



Clinical Contact Centre (CCC)

“The technology that we use in the CCC has transformed how we communicate with callers and the wearable health technology really enables the delivery of a swift and targeted response. Working in this service has provided me with opportunities to work flexibly and to develop. The Trust has helped me to become more resilient and is focused on my wellbeing recognizing the importance of balancing home and work responsibilities. Opportunities to provide the services using technology from home have really helped.”



Volunteering

“There are so many opportunities to volunteer with WAST and I love the connections with the other emergency services too. For me, volunteering with WAST provides an opportunity to give back to my community. For my colleague, who started with us as part of a school scheme, they loved it so much they used this as a stepping stone to getting a job in health and social care. Our contributions are always valued and I am very proud to be a part of this organisation.”

Our Golden Threads:

Quality at the Heart of everything we do

It is our commitment to ensure that we provide the highest quality of care for our patients and their carers that meet their needs today and for future generations.

Our strategic framework has been developed with quality being at the heart of everything we do. The quality of our service will support the Healthier Wales vision for everyone in Wales to have longer healthier and happier lives and be able to remain active and independent in their own homes for as long as possible.

Quality will be at the heart of our Transformation Programme and we will engage with the public so that they can contribute directly to this cycle of improvement.

The Quality & Governance in Health and Care Bill, a Healthier Wales Strategy for Health & Social Care, the Health & Care Standards and Commissioning requirements for quality set out clear expectations regarding our duty of Quality and Candour. In support of this we have adopted the six domains of quality in healthcare to further strengthen and embed a quality driven culture throughout the organisation by applying quality planning, improvement and control. These will inform the decisions we make, how we learn and grow as an organisation and most importantly the care we provide and outcomes and experiences of service users.

Person-Centred Care

Our services will respond to people's needs and choices. We want people to have a positive experience and value the services and care we provide.

Timely Care

People will have timely access and response to services based on clinical need and will be actively involved in decisions about their care.

Efficient Care

We will ensure that we provide the best quality care through the most efficient use of the resources available.

Safe Care

We will ensure that people using our service are protected from avoidable harm.

Effective Care

The care and treatment we provide will achieve good outcomes and will be based on the best available evidence. We will embrace opportunities to learn, grow and improve.

Equitable Care

We will ensure that quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

Value and Efficiency in all that we do

It is paramount that we achieve the best health outcomes for our patients through providing services in the most efficient way that deliver the greatest value. Our strategy has been developed on this principle and outlined below are the three key areas.

Embed Value Based Healthcare:

We will embed the principles of value based healthcare by measuring the outcomes that matter to people and use data to drive innovation, improvement and learning.

Deliver financial value:

All business undertaken in the organisation considers financial value and efficiency to improve services.

Drive efficiency through collaboration and learning:

We will maximise opportunities with partners to realise efficiency and value across the whole system and continually benchmark with others.

How We Will Take The Strategy **Forward**

We have established a Strategic Transformation Board to oversee and manage the implementation of this strategic framework.

The strategy will be organised into key projects of work and will form the basis for our future three year integrated medium term plans and underpinning annual directorate delivery plans.

Throughout the lifetime of this strategic framework we will be talking regularly to our patients, the public our staff and key stakeholders to further develop our plans and to report progress of our achievements.

For more information please contact:

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AGENDA ITEM No	**2.3**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

INITIAL 2019/20 REVENUE BUDGET

MEETING	**Trust Board**
DATE	**28th March 2019**
EXECUTIVE	**Director of Finance and ICT**
AUTHOR	Jason Collins
CONTACT DETAILS	**Chris Turley Tel 01633 626182Chris.Turley2@wales.nhs.uk**

CORPORATE OBJECTIVE	**IMTP priority objective (s)**
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	**Health and Care Standard (s)**

REPORT PURPOSE	**Approval of WAST Initial Revenue Budget for 2019/20**
CLOSED MATTER REASON	**NA**

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	**13thMarch 2019**	**To discuss and confirm outstanding budget setting issues**
FRC (Virtual)	**Week beginning 18th March 2019**	**To be sighted ahead of Trust Board**
Trust Board	**28th March 2019**	**To approve**

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

INITIAL 2019/20 REVENUE BUDGET

SITUATION

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2019/2020 is translated into delegated budgets, the key assumptions made and remaining choices required in doing so.

2. The content of this paper were discussed at Executive Management Team on 13th March 2019 and has been shared with Finance & Resource Committee members prior to presentation to Board, in the absence of an FRC meeting since the last Board meeting.

3. Following the approval of the initial 2019/20 budget, individual discussions will be held by the (Interim) Director of Finance and Executive colleagues and other senior managers to formally agree and delegate the 2019/20 budgets, in accordance with the Trust Standing Financial Instructions (SFIs).

BACKGROUND

4. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2019/20 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the financial plan, the WAST resource envelope for the 2019/20 financial year is currently **£193.4m** analysed in the table below which was included within the IMTP.

Uplift assumptions	Baseline	Discretionary Uplift @ 2 %	Healthy Wales @ 1 %	Pay Award	Total
Income Source	**£m**	**£m**	**£m**	**£m**	**£m**
EMS baseline	146.5	3.0	1.5	3.3	**154.2**
Renal Transport	1.1	0.0			**1.1**
Airwave	-0.2*				**-0.2**
Clinical Desk (2019/20)	0.8*				**0.8**
ESMCP	0.0				**0.0**
Band 6 paramedic - per WHC (2017) 053 (2019/20)	1.6*				**1.6**
APP - partial Business Case (2019/20)	1.2*				**1.2**
Total EMS (WHSSC)	**151.1**	**3.0**	**1.5**	**3.3**	**158.8**
NEPTS (inc £763k Cardiff)	20.0	0.4	0.2	0.4	**21.0**
Income from Health boards & Trusts (including 111 which increased by £1m for 2019 /20)	6.5	0.1	0.1	0.1	**6.8**
Total income from NHS Wales	**177.6**	**3.4**	**1.7**	**3.9**	**186.6**
Other income					
Welsh Government	4.5	0.0	0.0	0.0	**4.5**
Other Income	2.2	0.0	0.0	0.0	**2.3**
Total income	**184.2**	**3.5***	**1.7***	**3.9***	**193.4**

Denotes change from 2018/19 budgets

6. The majority of these income changes relate to non-discretionary increases in that there is a corresponding expenditure increase so are in effect cost neutral. The impact of this is that any cost pressures or developments need to be funded into budgets from the 2% (£3.5m) general uplift together with any additional savings released. This is effectively therefore the key element of focus for the budget setting decisions that need to be made at the outset of the financial year.

WHSSC income

- Detailed resourced schedule for WHSSC is included, for info, as ***Annex 1***.
- Pay awards total £3.3m which includes 19/20 (£1.7m) and 2018/19 pay award, previously paid direct by WG (£1.6m).
- As agreed within the IMTP, WHSSC income includes the full year impact of 2018/19 developments for Clinical Desk Enhancements (£0.8m), full year effect of the 20 wte APP expansion (£1.2m) and the 2019/20 impact of the Band 6 Paramedic Business Case (£1.6m). Within our budget plan each of these is assumed to be cost neutral, with the appropriate budget set accordingly.

2019/20 total Income from Welsh NHS bodies

- Income assumed for the 111 service is £4.1m. Corresponding expenditure budgets for the same value have been set so any fluctuation in this income level will be cost neutral.
- Locally commissioned EMS services include services such as prompt cardiac transport, dedicated discharge services and neonatal clinical transport. This also includes £0.2m to reflect the costs of service change resulting from the transfer of PON services within Cwm Taf. Other health board income includes fleet maintenance income, rental income from WAST Estate and provision of Occupational Health Services.

Income from Welsh Government

- Income from Welsh Government totals £4.5m and includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) functions totalling £2.7m.
- WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST.
- Research & Development income includes core funding for WAST Research Team plus income for ongoing projects from 2018/19.

Other Income

- This includes NEPTS – NHS England Contracts (£0.1m), Compensation Recovery Unit (CRU) (£0.3m), Welsh Universities (£0.3m), Operational Cover at Sports Events (£0.1m), Air Ambulance CCC (£0.1m), Education Purchasing Unit (£0.5m) and Other (£0.9m).

OPENING REVENUE BUDGETS

7. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break even duty, and the three year financial plan detailed within the IMTP, and which align to the operational delivery plans of the organisation. From a high level budget setting perspective, the financial plan for 2019/20 is summarised below.

	Opening Budgets £m	Savings per IMTP £m	Financial Plan 19/20 £m
Income (as above)	**193.4**		**193.4**
Operating Expenses	180.7	-2.1	178.6
Profit on Asset Disposal	-0.3		-0.3
Interest Receivable	-0.0		-0.0
Interest Payable	0.2		0.2
Depreciation	14.9		14.9
Total	**195.5**	**-2.1**	**193.4**
Planned / budgeted Surplus / - deficit	**-2.1**	**2.1**	**0.0**

8. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring "rollover" position from the 2018/19 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process. This has resulted in a number of choices which then have to be made on how areas of financial pressure and previous commitments are reflected in finalising the budget for 2019/20. This is also in the context of a number of "givens" as described below.

Pay

9. The pay budget will increase from 2018/19 levels on the basis of the following assumptions:

    - **Additional 2019/20 impact of the 3 year NHS pay award is £2.5m** that describes
        - Quicker pay progression up spinal points
        - 1.1% cash payment in April 19 for those on top of increment point as at 31st March 2019
        - **Cease** payments of enhancements on sickness periods from 1st April 2019. If this is not the case, the financial planning assumption is that this will continue to be centrally funded, as it has been since this was reintroduced from January 2018.
    - Funded whole time equivalents (wtes) rolled over from 2018/19 and flexed for agreed developments, which include the 2019/20 impact of 111, APPs agreed as part of the 2018/19 winter initiatives and Clinical Desk.
    - With the change in skill mix occurring from the Band 6 Paramedic Business Case where NQPs and EMT 3 are now in situ, there is a need to update the budget for this new skill mix to be reflected in funded wte.
    - Impact of any holiday pay on voluntary overtime is **not** included, as this continues to be worked through nationally and will at least in part influenced by the final 2018/19 treatment of this.
    - Impact of any changes to employer's pension's contributions is **not included** in either income or pay costs. This is the approach currently agreed with WG and it is assumed that central funding would be provided to cover these costs, an assumption that has been recently reconfirmed by WG.

10. The plan provides that **£0.3m of pay costs will be capitalised** to support the development of the 2019/20 capital schemes, with a corresponding requirement being highlighted against the discretionary capital allocation for 2019/20.

11. Financial implications of the roll out of 111 in 2019/20 have been included at £4.1m with a corresponding income stream of equal value, the majority of this relates to staff costs.

Non-pay, contingency and "below the line" items

12. Non pay budgets will be set taking into consideration the existing budget levels together with 2018/19 forecast expenditure outturn, currently £1.5m of inflation funding (other than for pay awards) has assumed to be funded, predominantly in relation to non-pay costs, including the fixed costs of rates increases and fleet maintenance as well as the full year impact required to offset non-recurring benefits / costs from 2018/19.

13. As per previous years a modest contingency budget of £0.5m (0.3%) has been proposed at the outset of the year.

14. As in previous years, the opening profit on asset disposal budget will be set at £0.3m. This includes the sale of vehicles and obsolete and replaced equipment.

15. Interest receivable and payable budgets have currently been 'rolled over' at 2018/19 estimated outturn values.

16. Depreciation budget corresponds with an income budget totalling £14.9m. It is assumed depreciation is 'ring fenced' by Welsh Government with under spends clawed back and agreed increases as a result of capital investments funded, therefore assumption is no under or overspends during the 2019/20 financial year.

Healthier Wales reserve

17. As detailed within the IMTP, there is a further 1% funding for Healthier Wales schemes in 2019/20 totalling £1.725m (recovered via EASC of £1.477m and NEPTS and other contracts of £0.248m in our income plan). This has been ring fenced as corresponding additional expenditure is assumed to support the development of these initiatives. This will be held as a separate reserve at the outset of the financial year.

Cost pressures

18. It is also proposed that 2019/20 expenditure budgets include a further £2.1m for ***existing*** unavoidable cost pressures, of this £0.4m relates to pay inflation, over and above that specifically funded. The balance of £1.7m is detailed in *Annex 2* and has been reviewed in details by EMT who supports the inclusion of these pressures in delegated budgets and therefore **recommends its approval by Board,** as part of this overall initial revenue budget.

19. The main non pay areas that these include cover a range of unavoidable cost pressures, many of which have been flagged to Board members previously and had previously been indicated would be addressed as part of 2019/20 budget setting, where possible. Many of these have been that which have driven some of the overspending areas of budgets in 2018/19, that have been offset either by additional income (now also recognised in the plan) or other areas of underspends (in the Trust's overall balanced financial position in 2018/19) which are not assumed to be sustainable. These therefore include:-

    - Net revenue costs of a range of recent significant capital and estates developments, including Ty Elwy, Matrix One, Cardiff East. Whilst any savings and efficiencies that can be accrued from these will be, Trust Board had previously noted the need for some additional revenue costs for a number of these, including as part of the approval of capital business cases, where applicable. This is inevitable given the significant improvement in many areas of our estate these developments have seen, and need to be recognised now in 2019/20 budgets;

    - Also recognising in revenue budgets the costs of maintenance relating to a range of medical equipment (e.g. defibs) funded from the capital plan over the last few years, but which again have a revenue tail;

    - A commitment previously made as part of the 111 development to further increase the nursing and practice based coaching and support provided to the current NHSDW service;

- The continuing pressure on fuel prices, and
- A range of smaller developments that have been agreed and progressed over the last couple of years, which have yet to be fully recognised in delegated budgets, but for which costs are being incurred (as agreed) resulting in a local pressure. This includes the establishment of clinical and medical on call, additional costs relating to the annual flu campaign, the "Big Bang" recruitment event and the Staff Awards.

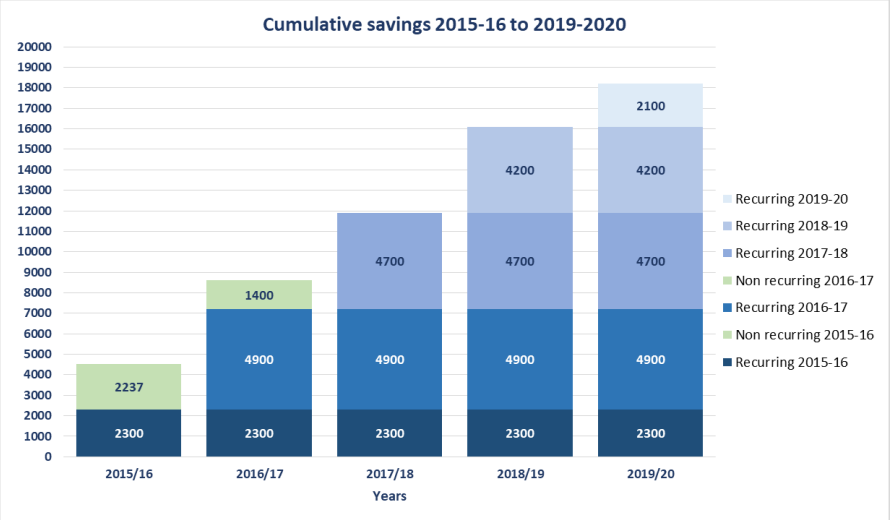
SAVINGS AND EFFICIENCIES

20. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2019/20. This is currently £2.1m and the themes as agreed within the IMTP are detailed in ***Annex 3.*** A lead Executive has been identified for each major scheme who is further developing each savings theme to include a profile of savings over the financial year by month, risk assessment for achievement, including quality and performance risks, and the procedure for monitoring each scheme.

21. As discussed as part of the finalisation of the financial plan, the current savings target and requirement for 2019/20 is less than in recent financial years. Whilst this is inevitable, as the previous level of additional savings year on year is not sustainable, the current target should be regarded as the minimum level of savings and efficiencies required to deliver financial balance within the context of the 2019/20 financial plan, with any additional savings able to be delivered providing scope for re-investment.

22. Formal reporting against these plans will replicate that delivered in the 2018/19 financial year and will include savings performance incorporated in financial reports to EMT, Finance and Performance Committee, Trust Board and externally to Welsh Government and Commissioners.

23. WAST has demonstrated ability to deliver significant savings (in excess of £16m over the previous 4 years) which has resulted in the achievement of financial balance. Our approach to developing savings plans has reflected the need to deliver immediate, recurrent and sustainable cost reductions. Assuming delivery of financial balance in 2019/20 and the savings required to do so, this will bring the total recurring savings achieved by the Trust to over £18m, as demonstrated below. This is in excess of 12% of the Trust's discretionary revenue expenditure at the start of this period



24. Delivery of year on year savings of this level is clearly a challenge but for 2019/20 some of this detail to support the high levels plans shown in Annex 3 have already been identified as follows:-

- Through reducing levels of overtime and variable pay incurred to provide sickness cover, we will save £400k. This is based on modelled and differential targets which will result in a Trust average of 6.3%, an overall reduction of circa 0.7% against current sickness levels.

- Reduction in general overtime costs in alignment with our general drive towards recruitment into permanent posts, together with reviewing skill mix will save £300k.

- Improved fleet efficiency of £200k will be achieved through a modernised fleet stock together with a reduction in external maintenance costs. In addition we will look to increase fuel efficiency which will also reflect our commitment towards hybrid and / or electric vehicles.

- Non-operational vacancy management of £300k reflecting the current and past levels of achievement.

- Travel & subsistence of £200k. This is in line with recent internal audit findings and recommendations. We will look to reduce travel through greater use of technology, ensure maximum VFM where travel is essential and further improve our procurement to reduce overnight accommodation costs. This will all be in tandem with further reviews of our T&S policy and procedures to ensure eligibility and adherence.

- Further drive other potential procurement and non-pay savings, in conjunction with NWSSP and focussing on contract renewals, opportunities to reduce the range of suppliers for certain items and through the potential to explore some short term specialist procurement work.

- As ever, there will be a range of Local Schemes, currently estimated at c£300k, to be delivered through a variety of smaller scale schemes by budget holders across the Trust.

- Income generation including interest receivable £300k. This will include further exploring the ability to maximise s106 funding potentials.

- Estates efficiencies £100k, to be delivered through energy efficiency with an emphasis on environmental sustainability and estates developments.

NET CURRENT POSITION

25. Based on the assumptions (and "givens") therefore proposed and highlighted so far, the table below demonstrates the net impact on the 2%, £3.5m uplift as highlighted in paragraph 5 above, and how this has been so far applied.

Income changes	Income	Notes	**Expenditure Change**	**Balance**
	£m	£m	£m	**£m**
Future years inflation	-3.5	Available		**-3.5**
2019/20 pay impacts requiring funding from the 2%			0.6	**0.6**
Cost Pressures: Additional Pay Non Pay (annex 2)			0.4 1.7	**0.4** **1.7**
Contingency Reserve			0.5	**0.5**
Other inflation			1.0	**1.0**
Statutory cost			0.4	**0.4**
Savings plan			-2.1	**-2.1**
Total balance	**-3.5**	**0.0**	**2.5**	**-1.0**

26. Therefore, on the assumption that the full 2019/20 savings target of £2.1m is achieved and the above cost pressures (as described in Annex 2) totalling £1.7m are funded in full, in the way proposed in this paper, then there is a **residual budget available of £1m** to be committed for 2019/20**.**

27. This value is then further reduced by the previous Trust Board approval to progress the investment in a Digital Director totalling £0.150m (full year cost), plus a further £0.025m (non recurring in 2019/20) of recruitment costs. Therefore this leaves a **residual budget available of c£0.8m (0.4% of the Trust's total 2019/20 revenue budget),** on top of the Healthier Wales 1% funding and the contingency proposed. This could increase proportionately with the value of any cost pressures which are managed through other means or if further savings can be achieved.

Approach to approving delegation of remaining budget

28. There are a range of potential developments which could be supported from this residual budget. The vast majority of these are detailed in local LDPs and are being further evaluated in detail as we head into the financial year. The current estimated cost of all of these exceeds the residual budget currently available so a prioritisation process will be required.

29. It is proposed that the agreement to prioritise and allocate the remaining **residual budget available of c£0.8m** to delegated budget areas is undertaken via the Executive Finance Group (EFG) through the first quarter of the financial year. This should enable a number of the remaining potential schemes to be fully quantified and a robust prioritisation methodology for investment (by assessing each bid against a defined set of criteria) to be undertaken. Progressing this in this timescale should also allow for the following expenditure risks to be considered prior to final agreement to incur additional costs:-

    - Outcome of the finalisation of that to be supported via the Commissioners from the Healthier Wales 1% (and if there are any other areas from within that proposed from this which, if not supported in this way, the Trust may still want to look to progress);
    - Outcome of the upcoming "Big Bang" recruitment event and how this then needs to be reflected in 2019/20 budgets;
    - Outcome of the ongoing NEPTS review on financial sustainability, including building on that which was subject to the "deep dive" in January FRC;
    - The finalisation of the Microsoft Enterprise Agreement renewal / Office 365 business case, negotiated costs and what central funding to support this will be available;
    - Welsh Language Standards requirements;
    - Outcome of the holiday pay on overtime ruling, and what funding will be available to support this.

30. A further update on the progress of delegating this residual small element of remaining revenue budget for 2019/20 will therefore then be provided to Board in its May 2019 meeting.

Initial Directorate Budgets

31. The table below therefore provides how all of that proposed through the paper to date translates into opening 2019/20 revenue budgets by Directorate, with the current 2018/19 budget also provided as a comparator

REVENUE BUDGET TOTALS BY DIRECTORATE 2019/20 - as at March 2019

DIRECTORATE	OPERATING EXPENSES								FOR INFO:-
	2019/20 Operating Expenses Baseline £000s	Pay Award £000s	Unavoidable Pay / Non Pay Costs 19/20 £000s Annex 2	Planned Savings 19/20 £000s Annex 3	Healthier Wales (1%) £000s	Contingency £000s	Remaining Budget to Allocate £000s	Total Operating Budget 2019/20 £000s	2018/19 Budget £000s
Chief Executive	1,704	20		-4				**1,720**	**1,527**
Board Secretary	261	5		0				**266**	**261**
Partnership & Engagement	534	9	10	-1				**552**	**534**
EMS Operations	119,149	1,870	980	-1,230				**120,769**	**114,472**
Finance, ICT, HI, Estates	14,671	89	396	-263				**14,893**	**14,665**
NEPTS	22,955	357	140	-109				**23,343**	**22,752**
Planning & Performance	498	8		-10				**496**	**498**
Quality & Nursing	3,630	71	90	-84				**3,707**	**3,719**
Workforce & OD	3,968	69	25	-92				**3,970**	**3,958**
Clinical & Medical	2,589	50	60	-7				**2,692**	**2,880**
Trust Reserves & Centrally held budgets (Depn, etc)	18,171	0		-300	1,725	500	875	**20,971**	**20,986**
Total	**188,130**	**2,548**	**1,701**	**-2,100**	**1,725**	**500**	**875**	**193,379**	**186,252**

ASSESSMENT

Key risks

32. No financial plan is risk free and the budgets for 2019/20 are proposed to be set within this context, and facilitating the management of such risk through the financial year. As included within the IMTP, a summary of the key risks include :-

- Outcomes of Demand and Capacity work;
- Delivery of cash releasing savings and efficiencies;
- Funding assumptions in relation to pay awards, pension changes, other cost pressures;
- Outcome of legal ruling on holiday pay on overtime and funding availability to support this, if required;
- Non-pay inflation and any impact in relation to Brexit (particularly suppliers);
- Full implementation of the NEPTS business case, specifically matching the profile of efficiency with service development, or the agreement of additional funding;
- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC commissioning intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan (Paramedic Band 6 funding);
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments (e.g. further implementation of the APP business case) are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies.

RECOMMENDATION:

33. ***Trust Board are asked to:***

- **Approve** the 2019/20 initial revenue budget.

Annex 1

EASC (RE7 Schedule) - 2019/20

DESCRIPTION	WAST (RE7) 2019/20 £m	NOTES
Carried Forward Balance	**147.634**	
2018/19 Non Recurrent Adjustments (19/20 impact)		
Reinstatement of Non Recurrent Band 6 Paramedic Funding Slippage	**0.000**	Non recurrent slippage 18/19
ESMCP - Control Room Solution (CRS) - Revenue Impact	**0.250**	Recurrent Baseline £1.7m
ESMCP Project Team Resources	**0.225**	Recurrent Baseline £0.591m
Recurrent Baseline 2019/20	**148.109**	
2018/19 Developments / Adjustments (19/20 impact)		
ESMCP - Control Room Solution (CRS) - Revenue Impact	**-0.350**	WG Business Case 30th January 2018. 19/20 revenue requirement is £1.100m plus £0.250m carried forward from 18/19 hence total requirement of £1.350m for 19/20. Baseline of £1.7m carried forward so planned reduction of £0.350m
ESMCP Project Team Resources (baseline adj to £499k)	**-0.092**	WG Letter 30/10/18 (19/20 £499k)
	147.667	
Inflationary Uplifts 19/20 - Other		
2% Discretionary Uplift	**2.953**	
1% Healthy Wales Plan	**1.477**	
	152.097	
Inflationary Uplifts - Pay 18/19 & 19/20		
Pay Award Element 18/19 mapped via commissioners	**1.595**	Paid direct to WAST via WG for 18/19
Pay Award Element 19/20 mapped via commissioners	**1.725**	
	155.417	
2019/20 Impact of Agreed Developments :-		
Paramedic Band 6 (19/20 uplift)	**1.573**	As per Paramedic Band 6 business case
Clinical Desk Enhancements (full year impact of 18/19 development)	**0.824**	18/19 paid direct to WAST via WG that totalled £0.363m
APP (full year impact of 18/19 development)	**1.163**	18/19 paid direct to WAST via WG that totalled £0.516m
	158.977	
Other Adjustments		
Planned Airwave Reduction	-0.168	Final reduction of Airwave repayment for 19/20
Total Forecast Income 2019/20	**158.809**	

Annex 2

Unavoidable Cost Pressures /Previously committed spend 2019/20

Subjective Heading	**£000**
Fuel	**540**
Clinical Medical & Disposable (Corpuls Maintenance & Infection Prevention and Control consumables)	**375**
Net Increase in revenue costs as a result of capital & estate developments	**366**
Fleet Maintenance	**199**
2x Band 6 Practice Nurses for NHSD	**90**
Clinical & Medical - On Call Roster	**60**
Insurance Costs - Vehicles / volunteers / personal indemnity	**30**
Flu Vaccines	**16**
Big Bang Recruitment	**15**
Staff Awards / Regional Awards	**10**
Total	**1,701**

Planned Savings for 19/20 identified at budget setting stage

Subjective Heading	£000	Executive Lead
Sickness	**400**	Director Workforce & Organisational Development
Overtime	**300**	Director of Operations
Fleet	**200**	Director of Operations
Non Operational Vacancies	**300**	Director of Finance, ICT & HI
Travel & Subsistence	**200**	Director of Partnerships & Engagement
Local Schemes	**300**	ALL
Income Generation (S106, Service Developments)	**300**	Director of Finance, ICT & HI
Procurement Savings Cost Avoidance		Director of Planning & Performance
Estates	**100**	Director of Planning & Performance
Total	**2,100**	

AGENDA ITEM No	**3.1**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**5**

FINANCIAL PERFORMANCE AS AT MONTH 11 2018/19

MEETING	**Trust Board**
DATE	**28nd March 2019**
EXECUTIVE	**Interim Director of Finance & ICT**
AUTHORS	**Gwen Kohler / Ed Roberts**
CONTACT DETAILS	**Chris Turley Tel 01633 626201 Chris.Turley2@wales.nhs.uk**

CORPORATE OBJECTIVE	**IMTP priorities**
CORPORATE RISK (Ref if appropriate)	**CRR42, CRR45 & CRR46**
QUALITY THEME	
HEALTH & CARE STANDARD	**2.1, 2.4, 3.1**

REPORT PURPOSE	**To provide the Board with an update on the financial performance and savings delivery of the Trust for the first eleven months of 2018/19**
CLOSED MATTER REASON	**N/A**

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	**13th March 2019**	**To note the current year to date financial position (as at M11) and year end forecast**
Trust Board	**28th March 2019**	**To note the current year to date financial position (as at M11) and year end forecast**

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

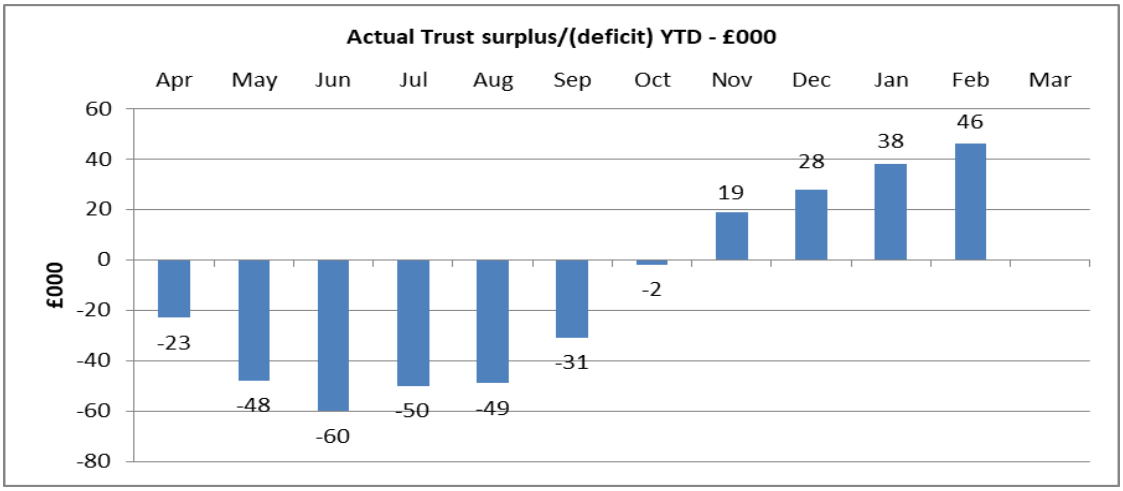
FINANCIAL PERFORMANCE AS AT MONTH 11 2018/19

SITUATION

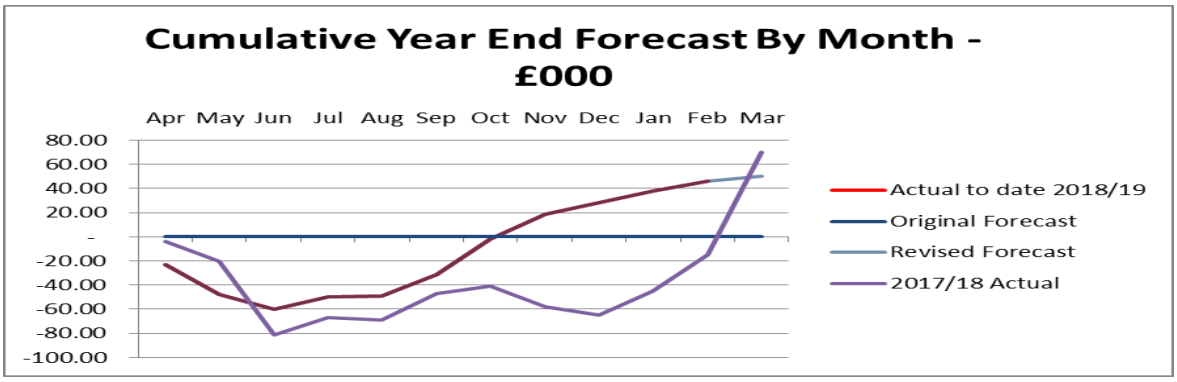
1. This report provides the Board with a detailed update on the revenue financial performance of the Trust against budget as at the end of February 2019 (Month 11) of the 2018/19 financial year. It will also provide an update on the Trust's capital programme for 2018/19.

BACKGROUND

2. The year to date revenue financial position of the Trust as at Month 11 2018/19 (February 2019) is a small underspend against budget of £0.046m. This is 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 will be maintained and delivered. This will be subject to the continuing successful management of a small number of remaining risks through the remaining few weeks of the financial year.



3. Whilst the overall revenue position is in balance, there continue to be areas that adversely impact on the Trust's financial position which need to be further managed, especially as we move 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 and which is subject to a separate paper to Trust Board. 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 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. In relation to NEPTS cost pressures, FRC received a detailed "deep dive" into its financial position in its January meeting and work on this is continuing, to identify how this compares to the assumptions built into the business case and analysing some of the operational challenges the service has faced since its implementation. There are also further planned discussions on this with the Chief Ambulance Services Commissioner (CASC).



ASSESSMENT

4. The Month 11 summary Statutory Targets Performance and year end forecast dashboard are shown at ***Annex 1***.

5. Year to date (YTD) and full year income assumptions are in line with those previously reported to Board, with all planned EASC income now being received by the Trust. This includes the full cost impact of the 2018/19 pay deal, for which Welsh Government have funded in full the additional impact of this pay award above the previously assumed 1% (and that included in the baseline financial plan).

6. Non EASC income assumptions are in line with agreed services provided by WAST.

7. Reported income against the initial budget set to Month 11 is a favourable variance of £1.158m However, as previously described to FRC and Board, much of this is in how this is presented through the financial year, with corresponding offsets in other areas of the overall Trust budget (i.e. pay or non pay). Any recurring impact of these are also being considered as part of budget setting for 2019/20 and beyond.

8. Expenditure by Directorate and Health Board Area is shown at ***Annex 2***. Overall the total pay variance for the year to date period is an under-spend of £1.531m. Assumptions and main variances within this are as follows:

    - As noted as being funded above, the cumulative pay position now includes the new rates of pay defined in the 'pay deal' for the 2018/19 financial year, paid as new rates in October 2018 and arrears in November 2018. WG have funded in full the additional impact of this pay award above the 1% (i.e. that included in the baseline financial plan for 18/19) and this value totalled £3.058m (£1.891m for pay award and £1.167m for the re-instatement of the unsocial hours sickness enhancement, albeit this element is of a non recurrent nature);

    - Full cost impact of Band 6 funding against actual expenditure incurred is a surplus and this is being used to support the training costs for the c85 recruited NQPs and Qualified Paramedics. This approach was agreed with our Commissioners;

    - Total cumulative Overrun expenditure reported to Month 11 was £873k which represents an under-spend of £66k. £691k of this relates to EMS Operations & CCC (Cumulative under-spend as at Month 11 of £43k) and £182k for NEPTS (Cumulative

under-spend as at Month 11 of £23k). It has been noted that some overrun is recorded as Time Off In Lieu;

- High level of pay savings continue in the majority of corporate functions due to vacancies.

9. Cumulative non-pay position at Month 11 is an adverse variance of £2.643m. Assumptions and main variances within this are as follows, ***including some offsetting both the income and pay variances above****:*

- Taxi and other vehicle hire position overspent by £411k. NEPTS share is £351k (of which some is offset by rechargeable income in BCU) with the main overspending area being the South East. Some of this is also offset by a surplus on Hospital Car Service of £97k. EMS CCC use of taxis is overspent by £60k;

- Fuel overspent by £475k (increase of £16k in Month 11) due to increased forecourt prices. The budget for 2018/19 has been devolved to directorate / Operational areas and this will be an area of cost pressure that will need to be recognised as part of 2019/20 budget setting;

- Fleet Maintenance is over-spent by £139k. The implementation of time based servicing and the introduction of new vehicles should reduce this run rate in future months, although an element of this will again need to be recognised going forward;

- Losses and Special Payments overspent by £189k and this include areas that cannot be recovered from the Welsh Risk Pool;

- Voluntary and independent sector providers are overspent by £558k. This includes expenditure for additional services provided to support winter initiatives. The NEPTS position is £238k (of which £219k is supported by income from winter initiatives) and EMS Ops by £320k of which the majority supports UCS vacancies (reported as an under-spend in the pay position) and provision of 'falls support' of which the majority was introduced to support winter initiatives (of which £120k is supported by income from winter initiatives). Again, where recurring impacts of this nature are evident, these will be reflected in updates to the 2019/20 budget;

- Travel & Subsistence budget is currently under spent by £147k with the majority of this due to reduction in meal breaks (allowable and disturbed) now controlled by CCC where expenditure has reduced by c£30k per month;

- Clinical Services and supplies are cumulatively overspent by £414k with the majority due to Medical and Surgical Equipment and the servicing and parts costs associated with Corpuls defibs and introduction of IPC items;

- Pressures on Rates costs from loss of small business relief, general inflation uplifts and rental costs for new premises for 2018/19 has resulted in cost pressure of £338k. This area will continue to overspend to year end and at a higher rate as other business rates are due from other sourced buildings. Continued savings on utility costs and buildings maintenance have resulted in offsetting under-spends in these areas of £98k and £105k to date;

- £400k of savings (£200k Admin Review and £200k additional income target) is held centrally in reserves and not allocated to directorate positions. £68k of the £200k additional income target has been met by a fortuitous non recurrent gain from a VAT recovery exercise in Month 3. Month 8 cumulative financial position includes £200k of the unallocated and unachieved admin review target – this will be addressed as part of 2019/20 budget setting.

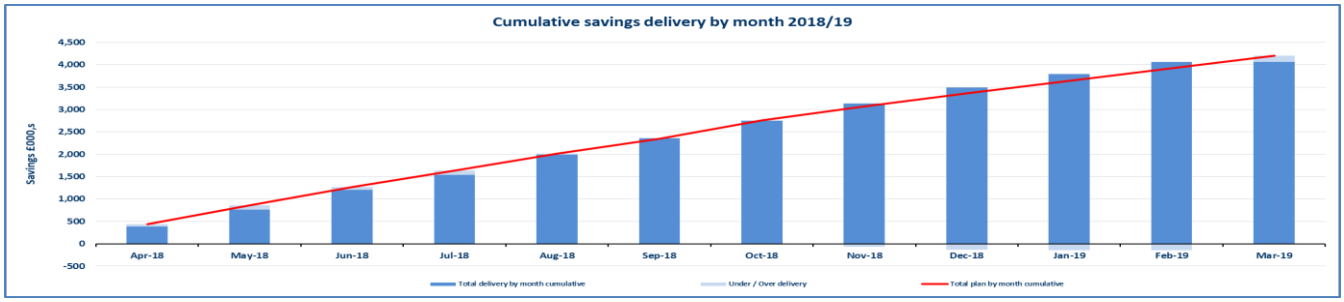
- As at Month 11, £209k from profit on asset disposal has been realised against the annual budget target of £300k.

Savings

10. Our financial plan for 2018/19 indicated that £4.2m (Circa 3%) of savings and cost containment measures will be required to achieve financial balance.

11. As at 28th February the Trust has achieved total savings of £4.068m against a year to date target of £3.926m, an over achievement against the target of £0.142m.

12. The graph below presents the cumulative savings profile and the year to date savings delivery by month.



13. Key points drawn from this are:-

- Whilst our total savings plans are broadly in balance as at Month 11 there are specific schemes over achieving which are offsetting others that are under achieving;

- Travel & Subsistence savings have over-achieved to date due to a significant reduction in the provision of allowable and disturbed meal break payments;

- Through management of non-operational vacancies, plans has been exceeded to date and this is planned to continue to the end of this financial year;

- Estates and utilities have realised savings due to reduction in electricity and gas. Full delivery however is currently off track due to significant increases in rates;

- As a result of rising forecourt prices the impact of savings against fuel are somewhat masked. We will continue to maximise the benefits of discounted fuel through the use of All-Star fuel cards at specified garages with additional monitoring information to be provided at a local level.

"Winter" initiatives

14. As previously reported to Board, the Trust also agreed some additional funding via the Commissioner for a range of schemes submitted to improve operational performance through the last few months. These include three schemes relating to additional clinical desk clinicians to further increase hear and treat, falls assistants and an element of the previously Board approved APP business case. On top of these there are a number of additional schemes including additional NEPTS discharge and transfers and staff welfare vehicles. Recovery of additional funding to offset these costs have flowed direct from Welsh Government. Any agreed recurring elements of these have also been built into 2019-22 IMTP and financial planning process and will be set in 2019/20 detailed delegated budgets.

15. Trust Board members will also be aware that, as described in the additional Board meeting held on 6th March 2019, the Trust agreed with Welsh Government and the Commissioner to utilise some central slippage in additional funding to procure a number of AEDs for community deployment, including at a number of police stations across North Wales and in secondary schools across Wales. This is on top of any the Trust may be looking to purchase itself from its discretionary capital funding for deployment as our stations. As these additional community deployment AEDs will not form part of the Trust's asset base, these have been treated at revenue expenditure in the Trust's 2018/19 ledger, with the corresponding revenue funding to offset the impact of this similarly recovered direct from WG as above.

Corrective action

16. Whilst the Trust is in financial balance, work continues to be progressed via Budget Managers and the Executive Management Team (EMT), even at this late stage in the financial year, to discuss and deliver the actions required to ensure delivery of the year end position, and also to address areas of overspend within the overall balanced position, especially as we move into a new financial year. Areas of work that are key to this include:

    - As previously noted in relation to the NEPTS cost pressures a detailed "deep dive" into its financial position was recently undertaken and discussions continue on this topic with the Chief Ambulance Services Commissioner (CASC);

    - Continue to identify the benefits of the introduction of the Fleetwave system, maximise the impact of the previous fleet review and explore areas of additional opportunities;

    - Continued engagement with Budget Holders to ensure they remain within their delegated budgets for 2018/19. Cost pressures and directorate developments are assessed against their baseline budgets locally prior to any forward request for additional funding, especially in the context of budget setting for 2019/20.

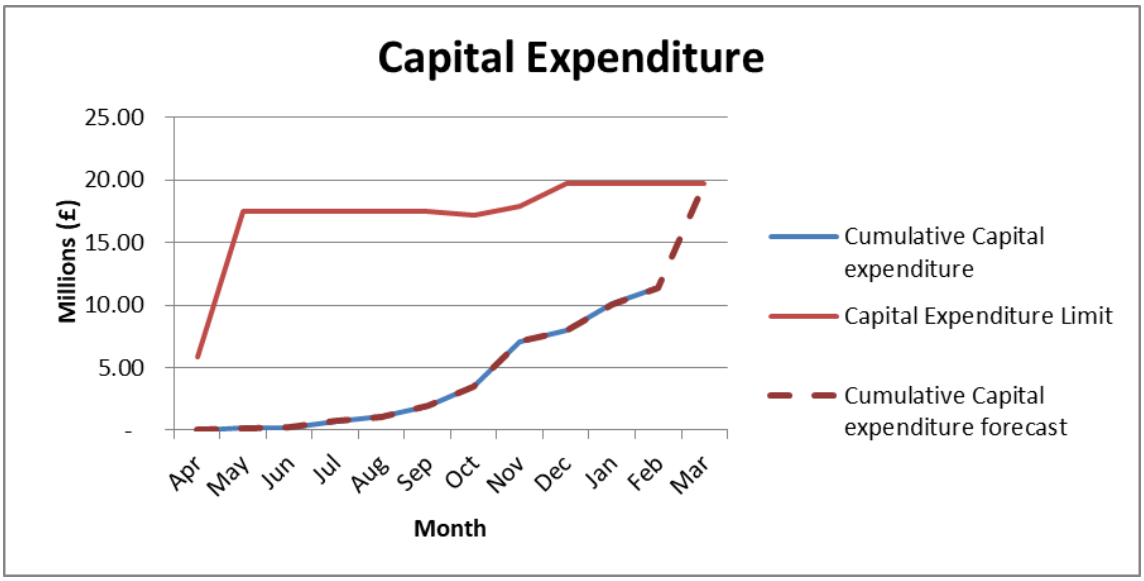
Balance sheet and update on discretionary capital programme

17. The Trust's balance sheet at Month 11 and forecast year end balance sheet are shown at ***Annex 4***.

18. The Trust's detailed capital expenditure by project is shown at ***Annex 5***. At Month 11 the Trust's current approved Capital Expenditure Limit (CEL) is £19.740m, the Trust also has to reinvest £0.045m of Net Book Value thus meaning the Trust needs to expend £19.785m in this

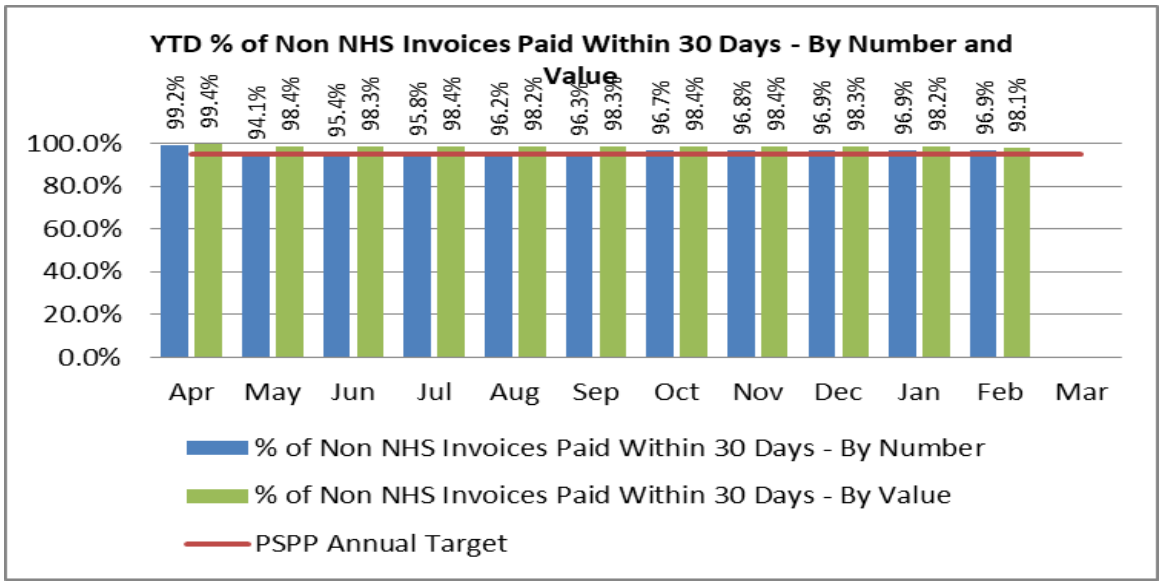
financial year. The biggest scheme is the Fleet replacement programme of £10.293m. The majority of orders have now been raised and projects are moving forwarded with spend now coming through as vehicles are being completed, this was all due to the earlier confirmation this year of fleet funding.

19. Board members will recall that an additional Board meeting was held on 6th March to approve a small number of additional capital schemes that needed to be completed by the end of the financial year and which were being funded by areas of slippage or underspend elsewhere in the capital programme. The detailed paper that supported these discussions highlighted the reasons for this, the carried forward impact this may have on the 2019/20 programme and the rationale for the schemes being proposed to offset this impact this financial year. This also included a commitment to bring forward a lessons learnt to the April meeting of the new Finance & Performance Committee to explore any areas where the capital planning processes could be futher enhanced in future years, and also highlighted that a detailed year end update on the final capital programme expenditure will also be provided to both the above meeting and to May Board. As a result of the above, weekly, and sometimes more frequent, meetings continue to be held through March to ensure the Trust delivers on the above final CEL position, whist continuing to ensure value in all of its capital expenditure.



PSPP

20. Public Sector Payment (PSPP) compliance for Month 11 was 96.9% against the 95% WG target set for non-NHS invoices by number, and 98.1% by value.



Risks

21. Within the monthly reported financial position returns to WG the Trust continues to highlight some risks of delivering on its financial targets, which will need to be mitigated and managed to ensure successful delivery of financial balance by the year end, as even at this late stage of the financial year no forecast is completely risk free. These include:-

- Following the ruling which provided for holiday pay entitlements to apply not just to compulsory overtime (such as over runs) but also to incidental and voluntary overtime, including an element for all other pay related allowances, this was added as a risk from Month 4. The value of this could be significant at c£1m per annum with potential arrears payments due. This would impact on all NHS organisations. Discussions continue at National UK Ambulance DoFs and Ambulance Director of Workforce as well as at all Wales CEO and DoF meetings. The impact on the wider NHS in Wales is also being quantified, as this issue is clearly not exclusive to the ambulance sector. WAST is leading via Welsh DoFs, work on this to establish a consistent approach to how Welsh NHS organisations will treat this in this year's financial accounts. It is noted however, that leave to appeal this decision has now recently been granted, with this not expected to be heard until 2019/20. Legal advice has now just been received in relation to this and how this is to be treated as part of the 2018/19 accounts process, and what funding coverage (across the NHS in Wales) may be available as part of this – a further update on this will be provided to the Board at the March meeting, therefore;

- Personal Injury Benefit (PIBs) funding, previously identified as a risk has been removed, following discussion with WG;

- Still recorded as a risk is the funding in regards to technical funding for additional impairments of £2.929m. This is recorded as low risk as it is assumed that WG will fund this as in previous financial years, and discussions are concluding to ensure this.

Format of future Board and Committee reporting

22. As previously highlighted to Board, the Trust is leading, alongside other organisations, a piece of work across NHS Wales on suggested improvements to the content, style and presentation of financial reports provided to Boards and its Committees. Building on researched good practice, this may see a refresh to this report from 2019/20 onwards. The publication of a good practice guide in relation to this was launched at the recent NHS Wales Finance Academy Conference, and this will now be taken through the new Finance and Performance Committee in April in the first instance.

RECOMMENDED That the Board:

- **Note the current year to date and forecast revenue and capital financial position and performance of the Trust, key drivers and risks within this and any corrective action being taken.**

Annex 1- Statutory Targets Performance Dashboard

	YTD		Forecast	
Breakeven-achievement of financial balance	On Target	G	On Target	G
CRL- Capital spend equal or less than the Capital Resource limit	On Target	G	On Target	G
EFL- Remain within External Financing Limit	On Target	G	On Target	G
PSPP- 95% of Non NHS Invoices by Number are paid within 30 days	On Target	G	On Target	G
Note * Amber would be shown if overall financial deficit was within 1% of turnover				

Annex 2 - Breakdown by Directorate and Health Board Area

Month 11 2018/19	INCOME Variance £'000	PAY Variance £'000	NON-PAY Variance £'000	TOTAL Variance £'000
Service Delivery	- 70	- 494	170	- 395
Resilience	- 50	- 49	61	- 38
Resources	- 78	- 254	130	- 201
Clinical Contact Centre	- 62	- 30	- 22	- 114
999 Clinical Contact Centres	-	- 0	- 224	- 224
Head of NHSD/111	- 51	- 140	107	- 83
Abertawe Bro Morganwg HB	- 64	- 131	156	- 39
Aneurin Bevan HB	- 189	316	89	216
Betsi Cadwaladr HB	- 41	- 440	308	- 173
Cardiff and Vale HB	- 3	- 127	244	114
Cwm Taf HB	- 0	- 43	27	- 16
Hywel Dda HB	- 44	- 107	- 11	- 162
Powys HB	- 3	231	134	363
First Responders	- 9	40	35	66
Air Ambulance	-	- 0	-	- 0
Subtotal Service Delivery	**- 663**	**- 1,229**	**1,205**	**- 688**
Chief Executive	- 130	109	- 9	- 31
Board Secretary	-	12	- 21	- 8
Director of Partnerships & Engagement	- 66	8	- 13	- 70
Strategic Development	- 0	- 28	- 2	- 30
Clinical	2	70	60	132
Workforce & OD	- 87	- 212	170	- 129
Quality, Safety & Patient Experience	- 24	- 239	35	- 227
Trust Income	23	-	-	23
Reserves	168	245	656	1,069
Deputy Director of NEPTS	- 336	160	698	523
Finance Department	13	- 65	- 94	- 146
Head of ICT	- 36	- 107	- 434	- 578
Estates	- 21	0	367	347
Head of Health Informatics	- 1	- 86	12	- 75
Capital & Estates	- 0	- 170	12	- 158
HCS	-	-	-	-
Net (Surplus) / Deficit	**- 1,158**	**- 1,531**	**2,643**	**- 46**

Annex 3 - Income and Expenditure Analysis

Month 11 2018/19	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Annual Plan 2018-19 £'000
INCOME				
Total Income	**- 169,788**	**- 170,946**	**- 1,158**	**- 186,727**
EXPENDITURE				
Administrative, Clerical & Board Members - Pay	19,664	18,895	(769)	20,728
Medical & Dental - Pay	28	94	66	108
Nursing & Midwifery Registered - Pay	7,532	7,204	(328)	7,970
Prof Scientific & Technical - Pay	-	-		204
Additional Clinical Services - Pay	42,965	45,336	2,371	49,080
Allied Health Professionals - Pay	49,530	46,808	(2,722)	51,472
Healthcare Scientists - Pay	-	-		-
Estates & Ancilliary - Pay	1,684	1,535	(149)	1,675
Students - Pay	-	-		-
Pay - Sub Total	**121,403**	**119,872**	**- 1,531**	**131,237**
Clinical Services & Supplies - Non Pay	2,581	2,994	413	2,817
General Services & Supplies - Non Pay	719	927	208	785
Establishment & Transport Expenses - Non Pay	15,454	16,184	730	16,887
Premises and Fixed Plant - Non Pay	23,044	23,606	562	26,859
External Contract staffing & consultancy - Non Pay	221	231	10	262
Other Services - Non Pay	6,366	7,086	720	7,830
Non Pay - sub total	**48,385**	**51,028**	**2,643**	**55,440**
Total Expenditure	**169,788**	**170,900**	**1,112**	**186,677**
Net (Surplus) / Deficit	**-**	**- 46**	**- 46**	**- 50**

Annex 4 - Balance Sheet

	Closing Balance End of Feb 19	Forecast Closing Balance End of Mar 19
Non-Current Assets	**£'000**	**£'000**
Property, plant and equipment	73,852	80,013
Intangible assets	3,353	4,270
Trade and other receivables	566	500
Other financial assets		-
Non-Current Assets sub total	**77,771**	**84,783**
Current Assets		
Inventories	1,228	1,200
Trade and other receivables	4,511	13,475
Other financial assets	-	-
Cash and cash equivalents	12,831	326
Non-current assets classified as held for sale		-
Current Assets sub total	**18,570**	**15,001**
TOTAL ASSETS	**96,341**	**99,784**
Current Liabilities		
Trade and other payables	15,381	16,486
Borrowings	113	1,500
Other financial liabilities	-	-
Provisions	4,089	4,089
Current Liabilities sub total	**19,583**	**22,075**
NET ASSETS LESS CURRENT LIABILITIES	**76,758**	**77,709**
Non-Current Liabilities		
Trade and other payables	-	-
Borrowings	942	927
Other financial liabilities	-	-
Provisions	6,228	6,228
Non-Current Liabilities sub total	**7,170**	**7,155**
TOTAL ASSETS EMPLOYED	**69,588**	**70,554**
FINANCED BY: **Taxpayers' Equity**		
PDC	66,162	67,124
Retained earnings	(6,265)	(6,261)
Revaluation reserve	9,691	9,691
Other reserve	-	-
Total Taxpayers' Equity	**69,588**	**70,554**

Annex 5 - Capital Programme
Capital Programme - 2018/2019

	Discretionary Bid no	Date Capital Project Approved	2018-2019 Planned Expenditure £'000	2018-2019 Expenditure To Date £'000	2018-2019 Expected Final Cost £'000
ICT AWCP					
Control Room Solution			1,117	296	1,117
Video conferencing refresh			75	-	75
Matrix ICT hardware			167	-	167
Digital Flipchart PoC			16	-	16
CAD Additional Servers			146	-	146
Extension to staff devices Pilot			82	-	82
NHSDW Phone Resilience			29	-	29
NHSDW Site Resilience			19	-	19
Additional Switch Capacity			28	-	28
Training School @ Ty Elwy			138	-	138
ICT AWCP TOTAL			**1,817**	**296**	**1,817**
18/19 Fleet BJC					
EMS Chassis 18-19			1,319	1,293	1,319
EMS Conversion 18-19			1,894	603	1,894
EMS Comms 18-19			45	33	45
EMS Equipment 18-19			1,019	1,053	1,019
RRV Chassis 18-19			853	890	853
RRV Conversion 18-19			576	427	576
RRV Comms 18-19			86	71	86
RRV Equipment 18-19			820	866	820
PCS Large Renault Master (stretcher) Chassis 18-19			40	40	40
PCS Large Renault Master (stretcher) Conversion 18-19			64	-	64
PCS Large Renault Master (stretcher) COMMS 18-19			3	28	3
PCS Large Renault Master (stretcher) EQUIP 18-19			34	38	34
PCS Large Renault Master (Double Wheel Chair) Chassis 18-19			623	445	623
PCS Large Renault Master (Double Wheelchair) Conversion 18-19			980	386	980
PCS Large Renault Master (Double Wheelchair) COMMS 18-19			47	15	47
PCS Large Renault Master (Double Wheelchair) EQUIP 18-19			98	91	98
Specialist (NREV) Chassis 18-19			158	101	158
Specialist (NREV) Conversion 18-19			105	-	105
Specialist (NREV) COMMS 18-19			35	-	35
Specialist (NREV) EQUIP 18-19			14	3	14
Specialist (Neonatal) Chassis 18-19			106	-	106
Specialist (Neonatal) Conversion 18-19			70	-	70
Specialist (Neonatal) COMMS 18-19			23	-	23
Specialist (Neonatal) EQUIP 18-19			82	61	82
Project Costs 18-19			102	69	102
Specialist (Driver Training) Chassis 18-19			106	64	106
Specialist (Driver Training) Conversion 18-19			152	1	152
Specialist (Driver Training) COMMS 18-19			4	-	4
Specialist (Driver Training) EQUIP 18-19			10	2	10
Specialist (Paramedic) Chassis 18-19			106	-	106
Specialist (Paramedic) Conversion 18-19			152	-	152
Specialist (Paramedic) COMMS 18-19			4	-	4
Specialist (Paramedic) EQUIP 18-19			82	44	82
Make Ready Vehicle Chassis 18-19			41	0	41
Make Ready Vehicle Conversion 18-19			4	-	4
Make Ready Vehicle COMMS 18-19			-	-	-
Make Ready Vehicle EQUIP 18-19			15	0	15
Additional Communication Equipment ORH			153	-	153
Contingency			272	-	272
18/19 Fleet BJC TOTAL			**10,293**	**6,625**	**10,293**

Funded From Discretionary Capital 2018-2019						
Fleet 2017/18 BJC						
EMS Chassis 17-18	Slippage	08/09/2017		-	-	-
EMS Conversion 17-18	Slippage			-	-	-
EMS Comms 17-18	Slippage			4	3	4
EMS Equipment 17-18	Slippage			-	0	-
PCS Large Renault Master (stretcher) Chassis 17-18	Slippage			-	- 0	-
PCS Large Renault Master (stretcher) Conversion 17-18	Slippage			80	96	80
PCS Large Renault Master (stretcher) COMMS 17-18	Slippage			25	22	25
PCS Large Renault Master (stretcher) EQUIP 17-18	Slippage			-	- 0	-
PCS Large Renault Master (Double Wheel Chair) Chassis 17-18	Slippage			-	-	-
PCS Large Renault Master (Double Wheelchair) Conversion 17-18	Slippage			110	58	110
PCS Large Renault Master (Double Wheelchair) COMMS 17-18	Slippage			1	24	1
PCS Large Renault Master (Double Wheelchair) EQUIP 17-18	Slippage			-	-	-
HART Primary Responders - Chassis 17-18	Slippage			-	-	-
HART Primary Responders - Conversions 17-18	Slippage			-	-	-
HART Primary Responders - Comms 17-18	Slippage			12	11	12
HART Primary Responders - Equipment 17-18	Slippage			-	2	-
Joint Response Unit	Slippage			-	-	-
Vito Conversions	Slippage			-	-	-
NEPTS Vehicle Bag	Slippage			-	-	-
Fleet Tyre Pressure Bag	Slippage			-	-	-
Fleet Handheld Tablets	Slippage			-	- 0	-
Project Costs 17-18	Slippage			5	7	5
Fleet Diagnostic Equipment	Slippage			37	-	37
Fleet 2017/18 BJC TOTAL				**274**	**223**	**274**
Fleet 2016/17 BJC						
EMS	Slippage	27/04/2017	WG	-	6	-
PCS	Slippage		WG	-	-	-
RRV/EP	Slippage		WG	-	2	-
Fleet 2016/17 BJC TOTAL				**-**	**9**	**-**
Fleet Other - 8810						
Fleet Safety Costs - repairs to vehicles		27/04/2017	NS	150	154	154
Asset De-recognition - engine replacement for 515's		27/04/2017	NS	150	146	146
M3		27/04/2017	NS	-	-	-
INTO A VOSA MOT TESTING STATION	1718-R1-BID014	04/07/2017	NS	-	-	-
Major Incident Response Equipment – Immobilisation and Moving and Handling	1718-R1-BID003	04/07/2017	NS	-	-	-
Installation of VDO SAT NAV Replacement	1718-R1-BID039	14/09/2017	NS	76	37	76
Retro Fitting of Corpuls Defibrilators RRV Fleet	1718-R1-BID042	14/09/2017	NS	-	- 0	-
				-	-	-
NEPTS Chargers		27/02/2018	NS	-	-	-
Fleet Other 8810 - TOTAL				**376**	**338**	**376**
ICT Projects - 8830						
General replacement and new hardware	1033	27/04/2017	NS	175	92	175
NEPTS Communication Hubs	1718-R1-BID024	27/04/2017	NS	-	-	-
Qklisense		22/01/2018	NS	-	-	-
Digipens 17-18			NS	22	22	22
Real Asset Management System			NS	-	-	-
Airwave and Terrafix Device for Falls Response Service and Joint Response Unit	1718-R1-BID049	27/02/2018	NS	17	16	17
Improve communication for North West Aneurin Bevan		27/02/2018	NS	-	0	-
Corpuls File Transfer Protocol (FTP) Upload Server		27/02/2018	NS	-	-	-
Emergency Medical Services Computer Aided Dispatch System CAD			WG	3	18	3
NEPTS Call Taking Integration Infrastructure	1819-R1-BID003	16/05/2018		-	-	-
EMS CCC Secondary Triage System	1819-R1-BID014	16/05/2018		-	-	-
Upgrade of WAST 999 Cisco Phone System	1819-R1-BID015	22/05/2018		151	-	151
EMS CCC -CAD Phase 2 & 3 Implementation	1819-R2-BID23	20/09/2018		174	27	174
Upgrade of Cybertech Call Recording System	1819-R2-BID24	20/09/2018		89	13	89
Replacement of VPH Core Lan Switches	1819-R2-BID25	20/09/2018		32	0	32
Implementation of the GoodSAM MIS Module into the EMS CAD System	1819-R2-BID26	20/09/2018		33	9	33
Data Wharehouse Modernisation Programme	1819-R2-BID32	20/09/2018		31	31	31
Electronic Clinical Patient Records				24	-	24
IM&T Discretionary				-		-
					-	
ICT Projects - 8830 TOTAL				**751**	**228**	**751**

Estates Projects - 8840						
2016-17 Projects						
Roofing Colwyn Bay 16/17 - 17/18	1017	27/04/2017	NS	-	1	-
Holyhead Roof	1019		NS	-	-	-
Rhyl Heating 16/17	1023	27/04/2017	NS		-	
Holyhead/llandudno/Portmadog Kitchens 16/17	1021	27/04/2017	NS	-	-	-
Drainage Works 2016/17	1020	27/04/2017	NS	-	-	-
Aberystwyth Building Works 16/17	1011		NS		-	
Tredegar Refurbishment 16/17	1029	27/04/2017	NS	-	22	-
Asbestos remedials - £21k in capital accruals to reverse in M3	a1052		NS	-	-	-
VPH Technology Upgrade	a1053		NS	-	-	-
CCC training rooms for CAD training	a1069		NS	-	-	-
CCC infrastructure	1001a		NS		-	
Cynon Taf - Hawthorne	ESTATES 7	27/04/2017	NS	-	-	-
Carmarthen Old Control -	ESTATES 6	27/04/2017	NS	-	-	-
Abergavenny	ESTATES 10	27/04/2017	NS	-	-	-
North Drains - BC £51k approved. Pre tender cost check £80k	ESTATES 15		NS	-	-	-
Remedial work & electrical Testing	ESTATES 8		NS	-	-	-
Bangor Workshop Oil Tank Refurb 16-17					-	
2017-18 Projects						
Relocation of Llandrindod Wells Ambulance Station to Llandrindod Wells Fire Station	1718-R1-BID025	27/04/2017	NS	-	-	-
Relocation of Newquay Ambulance Station to Minaeron, Aberaeron	1718-R1-BID026	27/04/2017	NS	-	-	-
issues at existing station	1718-R1-BID022	27/04/2017	NS	150	35	150
Whitland Extension and Relocation to Fire Station	1718-R1-BID023	27/04/2017	NS	84	55	84
Bryncethin - Drainage repairs, Tarmac resurfacing and additional parking spaces	1718-R1-BID030	27/04/2017	NS	-	2	-
Improvements and refurbishments at Blaenau Ffestiniog Ambulance Station	1718-R1-BID015	27/04/2017	NS	-	- 0	-
VPH CCC Technology refresh	1718-R1-BID028	20/07/2017	NS	477	352	477
Relocation of Barry Ambulance Station to Barry Fire Station & MRD	1718-R1-BID027	14/09/2017	NS	1	5	1
Unit 7 - HQ St Asaph Relocation 17-18	1718-R1-BID060	15/12/2017	NS	2,369	2,006	2,369
CCC Furniture 17-18	1718-R1-BID017		NS	38	27	38
Tumble Replacement Garage Doors	1718-R1-BID061	27/02/2018	NS	-	-	-
Thanet & Snowdon House Control Centres – Replacement Furniture	1718-R1-BID063	27/02/2018	NS	-	-	-
Bryn Tirion Control Centre – Replacement Furniture	1718-R1-BID064	27/02/2018	NS	-	-	-
Unit 7 – Security Works			NS	-	-	-
Bassaleg - NEPTS PARKING AND CHARGER			NS	-	0	-
Monmouth - Tarmac Resurfacing			NS	-	-	-
Aberdare - Replacement Garage Door			NS	-	-	-
General Estates Fund 17-18 Utilised on Projects Below:		**27/04/2017**	**NS**	**-**	**-**	**-**
Replacement access system – Vantage Point House	1718-R1-BID031	27/04/2017	GF	-	1	-
Replacement Boiler, distribution and controls – Colwyn Bay Ambulance Station	1718-R1-BID032	27/04/2017	GF	2	2	2
HOLLYHEAD – LED lighting & Welfare improvements	1718-R1-BID035	27/04/2017	GF	-	-	-
Centre, North Wales	1718-R1-BID041	29/08/2017	GF	-	-	-
VPH Training		29/08/2017	NS	-	-	-
Pembroke Roof 16/17	1016	27/04/2017	NS	-	6	-
				-	-	-
2018-19 Projects				**-**	**-**	**-**
Bryn Tirion - Replacement Lighting and Mechanical Ventilation to Control Room and associated works	1819-R1-BID004	10/05/2018		109	9	109
Colwyn Bay Amb Station - Replacement Boiler, Distribution and Controls	1819-R1-BID010	10/05/2018		45	5	45
Bangor & Caernarfon Amb Stations - Replacement Kitchens and associated works	1819-R1-BID011	10/05/2018		66	-	66
Snowdon House - Replacement mechancial servicers	1819-R1-BID012	10/05/2018		5	14	5
Thanet & Snowdon House CC – Replacement Furniture (additional)	1819-R1-BID013	10/05/2018		8	8	8
Cowbridge	1718-R1-BID021			10	-	10
Cefn Coed Relocation	FRC 05/07/18			917	746	917
Relocation of Staff off Lansdowne				84	94	84
Support For Fees relating to the Estates SOP				291	118	291
Glynneath Replacement Garage Door				20	-	20
Newtown Replacement Garage Door				10	-	10
General Estates Fund 18-19 Utilised on Projects Below:				**175**	**-**	**175**
Estates Projects- 8840 TOTAL				**4,860**	**3,508**	**4,860**
Equipment - 8820						
OHCA Improvement Plan				887	-	887
Equipment - 8820 TOTAL				**887**	**-**	**887**
Project Support Costs - salary paid from capital		**27/04/2017**	**NS**	**326**	**164**	**326**
Discretionary Capital 2018/2019 TOTAL				**7,474**	**4,469**	**7,474**
Non-Discretionary Capital Total				**12,110**	**6,921**	**12,110**
Discretionary & Non-Discretionary TOTAL				**19,584**	**11,390**	**19,584**
Unallocated Discretionary Capital (incl NBV proceeds)				**201**	**-**	**201**
Unapproved/Overspend Schemes				-	-	-
TOTAL CAPITAL PROGRAMME				**19,785**	**11,390**	**19,785**

AGENDA ITEM No	3.2
OPEN or CLOSED	OPEN
No of APPENDIXES ATTACHED	

Integrated Medium Term Plan – 2018/19
Quarter 3 Delivery Report

MEETING	EMT
DATE	13th March 2019
EXECUTIVE	Rachel Marsh, Director of Planning & Performance (Interim)
AUTHOR	Jonathan Watts, Assistant Director of Strategy & Planning Hugh Bennett, Assistant Director, Commissioning & Performance Kerri Hitchings, Commissioning & Performance Manager Olivia Barnes, Commissioning & Performance Officer
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CORPORATE OBJECTIVE	All IMTP Strategic Aims.
CORPORATE RISK (Ref if appropriate)	ALL Risks
QUALITY THEME	All
HEALTH & CARE STANDARD	All

REPORT PURPOSE	To report the Quarter 3 position of the Trust's 2018/19 IMTP commitments
CLOSED MATTER REASON	Not applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	13/03/19	Approval
Board	28/03/19	Consider the Trust's progress and corrective actions

SITUATION

1. The purpose of this report is to outline the Quarter 3 2018/19 position against the 2018/19 – 2020/21 WAST Integrated Medium Term Plan (IMTP) commitments.

2. Trust Board is asked to note that this is a “moment in time” report which represents an accurate position as at the end of December 2018 and acknowledge that measures are in place to rectify any of the strategic actions that are not on track. These actions will be reported on in the next Quarter 4 report.

3. Trust Board is asked to:
    - **Note** the approach taken to build a picture of performance against IMTP commitments; and
    - **Note** the progress at Quarter 3.

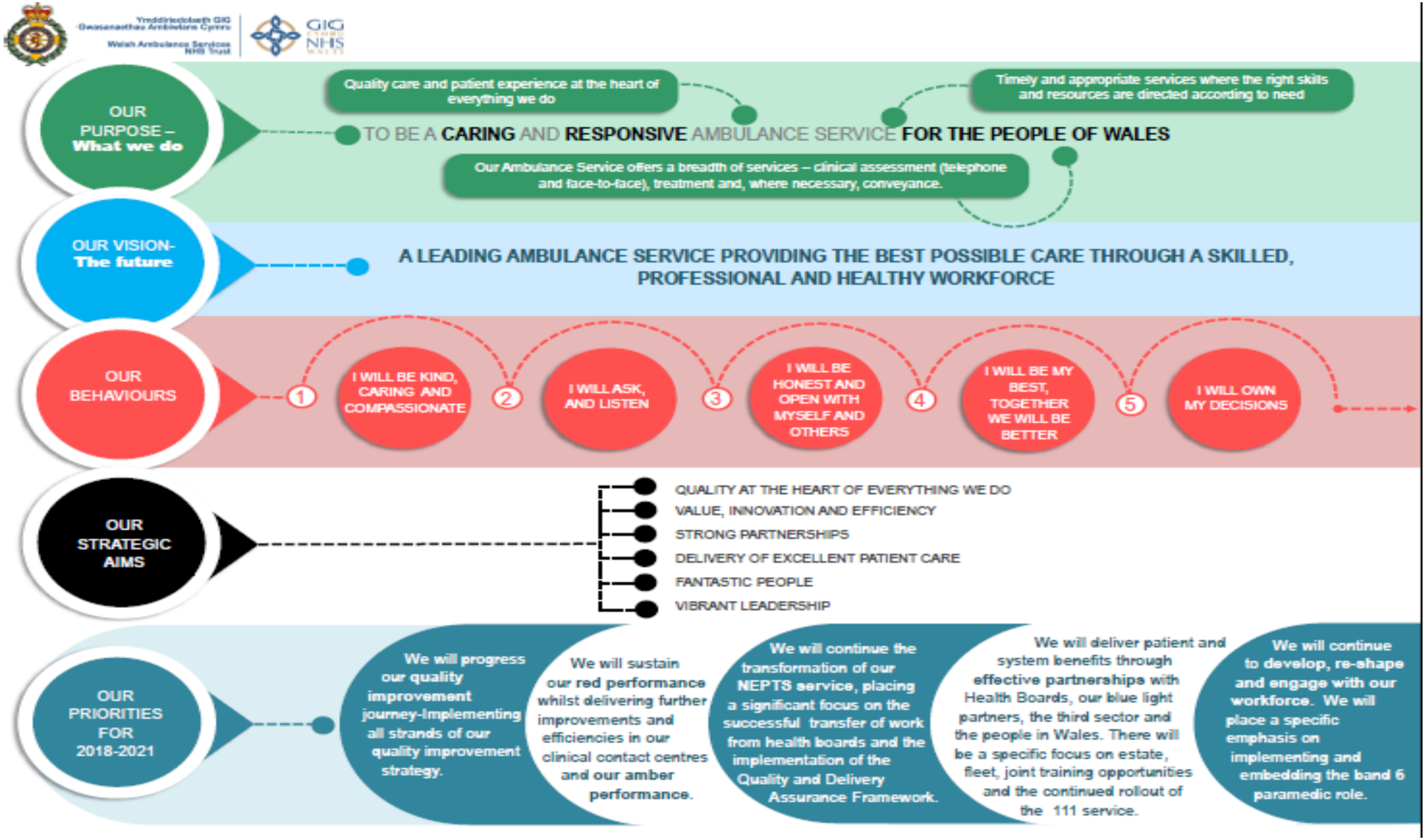
BACKGROUND

4. As part of the NHS Wales Planning Framework and its administrative duties, the Trust is required to:
    a) break even over a rolling three year period; and
    b) have a three-year integrated plan that is submitted to and approved by Welsh Ministers

5. The Trust has received approval of its 2018/19 IMTP from the Cabinet Secretary for Health.

6. The current IMTP is framed around our Purpose, Vision and Behaviours and also our set of strategic aims (table one below):

Table 1: Strategy Map



7. The key components of the IMTP which require assessment on progress are:
    - 44 strategic actions (SAs);
    - a suite of performance ambitions; and
    - a balanced financial plan.

8. Building on the established approach to monitoring the IMTP in 2017/18 (and incorporating recommendations from internal audits and the Structured Assessment), the approach for 17/18 was modified slightly and continued as such into 18/19.

9. In 2018/19 we committed to 44 actions, of which 30 should be delivered by March 2019, 11 by March 2020 and 3 by March 2021.

10. Each of our 44 actions is assigned an Executive Lead so that there is top level ownership. Details on the position of each Strategic Action are available in **Appendix 1**, attached. A consolidated list of the actions, with Executive Lead identified and current position is available in **Appendix 2**, attached.

11. *Plans on a Page* were developed for the strategic actions. They offered a greater level of detail and assurance regarding key aspects listed below:

    - Key milestones and associated timelines;
    - Expected outcomes;
    - Resource requirements;
    - Measures of success;
    - Risks to delivery; and
    - Management / delivery arrangements.

12. I-DAG was traditionally the forum through which progress against these actions was monitored, including progress against the six aspects listed above. With predominately EMT membership, it offered an opportunity to unblock issues as they arose and to limit the impact on delivery of actions.

13. A number of factors, including attendance, has meant that the group has not been able to meet since June 2018.

14. It has been agreed that for the remainder for 2018/19 a monthly SBAR highlight report is brought to a monthly Executive Management Team meeting instead. This offers the same opportunities as iDAG because of the membership.

15. Recognising that the Trust has received substantial assurance on its approach to managing delivery of IMTP commitments there is a desire to ensure we do not let the robustness of internal processes slip. As such a new approach to IMTP delivery has been agreed as part of finalising our 2019/20 plan ,

16. 2019/20 delivery will be managed as part of the new Strategic Transformation Board (STB) which has been established. This forum will retain sight of both IMTP delivery and local delivery of Directorate Local Delivery Plans (LDPs).

17. In adopting this approach it is anticipated that the benefits which IDAG have been bought can be developed upon so that the organisation becomes even more robust in the management of its continued transformation journey. Particularly through ensuring the organisation is not focusing on the 'right' things but also reporting and providing assurance to Trust Board, EASC and Welsh Government on the things that are of strategic importance.

ASSESSMENT

18. The assessment of the progress made in the delivery of the IMTP should be viewed through three lenses:

    - Quarter 3 status report of the 44 strategic actions;
    - Quarter 3 status report of the performance ambitions; and
    - Quarter 3 financial performance.

IMTP Strategic Actions

19. Whilst progress remains broadly on track, quarter three has remained challenging, with an acute need to maintain grip and rigour in regard to driving through the scrutiny and performance management of the Trust's IMTP moving forward.

20. **Appendix 1** gives an analysis of Quarter 3 delivery of the 44 actions, detailing the associated improvements for those actions that are currently off target.

Performance Dashboard/ Performance Ambitions

21. The Trust developed, and agreed, performance ambitions as part of its IMTP planning process, and as a means to articulate quantifiable benefits associated with the six strategic aims and confirm our ambition to improve performance across a number of key metrics.

22. The Trust's metrics are reported monthly via our Integrated Quality and Performance Report (IQPR) and are reviewed monthly at EMT meetings and quarterly at Committee and Board meetings.

23. Reflecting the developing maturity of this approach, it should be noted that:
    - Not all aims are numerically quantifiable; some measures are qualitative;
    - Some can only be reported annually; and
    - Some are developmental for which measures are being developed.

24. **Appendix 2** provides the Quarter 3 position of the Performance Ambitions, including the associated improvement actions, which should also be considered in the context of recent IQPRs.

Summary of 'Off Target' Strategic Actions and Performance Ambitions

25. One action was categorised as Red (requires urgent attention), at the end of Quarter 3.

Strategic Action	Corrective Action
SA3: We will work with Health Boards and the Chief Ambulance service commissioner to agree business cases which detail required commissioning allocations for the following service changes which we expect to see happen in 2018/19; Paediatric, Neonatal, Obstetric services / ENT / Vascular (all SE Wales), Stroke services across BCU and the provision of Thrombectomy services to Welsh patients.	Some milestones have changed following conversations with the CASC. Requested to close this action in January 2018 via the Executive Management team as it no longer becomes an activity which the Trust needs to undertake. An alternative action is now in place which relates to taking this issue forward through the agreed collaborative Demand and Capacity Review.

26. The following table provides a summary of Strategic Actions that were categorised as Amber (off target) in Quarter 3 with improvement actions and/or further information, recognising that a number of these will have made progress in Quarter 4:

Table 2 – 'Off Target' Strategic Actions (Amber)

Strategic Action	Corrective Action
SA15: We will establish a Computer Aided Dispatch (CAD) phase 2 project board and look to make significant progress in realising the benefits of the new CAD	Action will extend into Year Two following delays in recruitment. If so will be monitored through CCC Senior Team and Business Meetings.
SA22: We will benchmark and review our corporate and support service structure and operating model for the future	Action Amber due to time slippage. Expectation was for this action to complete in year of 2018/19 which has not been achieved, however it is still expected to complete be end of year one (31.3.19).
SA23: We will agree with our Commissioners a clear and measurable benefits realisation	Agreement of benefit realisation plan with Commissioner. Two clinical indicators have been agreed: breathing

plan for the Band 6 paramedic role and investment, linked to the Ambulance Care Pathway and AQIs.	difficulties and chest pain. A Clinical Indicator Reference Group is in process of being established with a top priority to focus on the development of these indicators by 30th September 2019, in line with the commissioning intention. It is planned for half yearly benefit realisation reports to be produced. However, in relation to this specific action, a benefits realisation plan will be complete by the end of March 2019.
SA25: We will continue to develop and engage on our vision for 3 equitable Ambulance Academies and develop a clear business plan in early 2018 for consultation and implementation, subject to identified funding	The original objective for this action has changed and focus has shifted to getting a clear education and training strategy in place. The action remains amber due to delays from external influences and has now been deferred to complete in Year Two and will be monitored through the Workforce directorate.
SA31: We will enhance and strengthen our Occupational Health and Wellbeing Services; with a focus on further improving access to mental health and musculo-skeletal services for staff	Due to delays in sourcing and finalising service providers this action is delayed. Still on track to complete in Year One on the 28th February 2019
SA34: We will deliver an Outline Business Case (OBC) for the Cardiff Ambulance Resource Centre (ARC) (subject to suitable site identification)	OBC submitted to Welsh Government, awaiting approval. Unable to progress with purchase until this has been confirmed
SA38: We will work with NWIS and other partner organisations on the development of clinical information sharing arrangements	This action has been reprofiled to complete in Year Three (March 2021) due to lack of progression with external providers. Will continued to be monitored through the ICT Steering Group.

27. The following table provides a summary of Performance Ambitions that were 10% or more off target i.e. Red, at the end of quarter three, with correction actions and/or further information:-

Table 3 – Off Target Performance Ambitions (10% of more/Red)

Measurable Ambition	Baseline	2018/19 Ambition	Apr-18	May-18	Jun-18	Jul-18	Aug-17	Sep-18	Oct-18	Nov-18	Dec-18	RAG	Improvement Actions
We will be an organisation that prioritises the mental health and well-being of people (patients/service users and staff)	Measure1: Percentage of staff who have undertaken Mental Health Training 0%	Measure 1: 10% of frontline staff undertaken Mental Health training	3% (56 staff)	4% (81 staff)	5% (93 staff)	5% (113 staff)	5% (113 staff)	6% (120 staff)	6% (120 staff)	6% (120 staff)	6% (120 staff)	R	No formal Mental Health training occurred throughout quarter 3. The Mental Health team have been working throughout this period to organise and advertise a number of Mental Health training sessions across Wales, which have commenced in Quarter 4.
	Measure 2: Staff Resilience: percentage of staff completing Headsted E learning 0%	Measure 2: 10% of frontline staff completing Headsted E Learning	-	-	2% (41 staff)	2% (51 staff)	-	-	-	-	4% (75 staff)	R	A total of 10 users applied in the five months to the 31st of December, bringing the total to 75. 25% of all signed-up users completed the programme in its entirety. All staff who have completed the full programme to date experienced marked and significant improvement according to the surveys. It is to be expected that the initial interest and/or awareness of the initiative immediately after the original publicity has waned somewhat. Another publicity campaign is essential to bring the availability of the programme to the attention of the WAST workforce. The company has recommended urgent consideration should be given to opening up the Shift Your Stress opportunity beyond the CCC staff, to benefit all WAST employees.

Embedding Improving Quality Together (IQT) - Team Leaders to have completed their Silver IQT Project	0%	20%	0%			0%			0%			R	22 Team Leaders completed the Silver IQT Workshop during this quarter pushing the total to 95. Team Leaders have struggled with writing up their projects once completed. This has led to collaboration with the Clinical and Medical Directorate for further guidance. A workbook has been designed to support this and is being distributed in March 2019. This will assist in Silver IQT completion, however the figures will likely push into Quarter 1 and 2, 2019/20.
Percentage of concerns that had final reply/interim reply within 30 working days of concern received.	79%	Sustain	30%	29%	56%	49%	51%	48%	53%	43%	59%	R	Performance over the quarter has improved. Formal & Joint 30 day compliance completed by due date and redress cases were dealt with within 30 days. However, early intelligence suggests that the increase in volume of concerns in early Q4 has caused performance to decrease significantly.
Percentage of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle	67%	95%	66.0%	73.0%	74.3%	73.8%	81.1%	69.1%	60.8%	74.7%	76.3%	R	A further improvement on baseline position, but 18.7 percentage points below target at December 2018. Corrective action in place involving: improving staff ability to identify criteria – posters, PCR completion, CPD and further training tools and materials.

Percentage of handover to clear within 15 minutes (AQI22 ii)	77%	90.00%	75.3%	73.1%	73.0%	73.4%	73.1%	74.5%	74%	71.8%	74.3%	R	Declining trend. Implementation of 90 day action plan for handover to clear in Q4 18/19.
Number of NEPTS bookings made by fax/paper	30%	15.00%	27.0%	28.0%	25.7%	26.0%	28.3%	26.8%	26.8%	24.9%	26.3%	R	Positive overall trend moving towards the 2018/19 ambition, but currently 11 percentage points off the performance ambition. Draft IMTP 19/20 includes proposed action to develop a liaison and call taker model through a potential booking hub.

Financial Performance

28. Performance against the IMTP financial plan is reviewed and monitored on a regular basis for example:
    - through the Financial Resource Committee (FRC); and
    - reports to Board.

29. A summary of the month nine (Quarter 3) position is included in **Appendix 1** for completeness as the financial plan is a key component of the IMTP. A detailed monthly finance report will form a separate report.

Conclusion and Forward Look

30. The detail in the appendices show the progress made at Quarter 3 in delivery against the IMTP commitments. Whilst there are some areas that are not on track, there are plans to recover or to recalibrate milestones for Quarter 4.

31. The key mechanisms to track performance are in place and will continue to be strengthened as the process further matures in the Trust.

32. In the three years that iDAG has been functioning it has been the mechanism by which the Trust provides assurance to both Trust Board and Welsh Government regarding progress being made against its IMTP.

33. Whilst it is a function that has received 'substantial assurance' from internal audit we remain committed to ensuring *form follows function*. In light of the of the Trust being in the advanced stages of developing its new three year Integrated Medium Term Plan for 2019/20 – 21/22 it has become clear that in order to provide the assurance both Board and Welsh Government expect then our infrastructure is going to need to change.

34. iDAG will close down by March 2019 and be replaced by a Strategic Transformation Programme Board with a suite of formal projects reporting into it. Progress in the development of this thinking can be followed through the development of the IMTP.

RECOMMENDED:

(1) That the approach taken to build a picture of performance against IMTP commitments be noted; and

(2) The progress (and improvement actions undertaken) in Quarter 3 be noted; and

(3) That this is position is a 'moment in time' is noted, and does not reflect activities that may have occurred since December 2018.

AGENDA ITEM No	3.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– January 2019

MEETING	Trust Board
DATE	28 March 2019
EXECUTIVE	Rachel Marsh – Interim Director of Planning and Performance
AUTHOR	Kerri Hitchings – Commissioning and Performance Manager
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	13/03/19	Consideration and approval
Trust Board	28/03/19	Consideration and approval

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 January 2019.

BACKGROUND

2. The Emergency Ambulance Services Committee (EASC) commissioning intentions (based on the Ambulance Quality Indicators (AQIs)) and the Welsh Government Delivery and Outcomes Framework (which in turn informs the Welsh Government Balanced scorecard) form the basis of the Trust's performance indicators. The Framework and the commissioning intentions represent what the Trust is held publically to account on in terms of our quality and performance metrics. Both are also brought together and reported on at the Joint Executive Team (JET) meeting with Welsh Government.

3. The Emergency Medical Services (EMS) AQIs are published quarterly by the Emergency Ambulance Services Committee (EASC) on their website; http://www.wales.nhs.uk/easc/ambulance-quality-indicators. The latest quarter (October 2018 – December 2018) was published on 31st January 2019. Monthly information is published by Welsh Government on Red and Amber performance. http://gov.wales/statistics-and-research/ambulance-services/?lang=en. The development of the AQIs is an iterative process, with constant refinement as we continually improve what we report. Recent changes to the Emergency Medical Services (EMS) AQIs include new indicators for multiple arrivals on scene and ideal response. 2018/19 has also seen the development of a much more sophisticated set of indicators for measuring and improving the Non-Emergency Patient Transport Service (NEPTS) performance: these are now available, but not formally published in the same way as the EMS AQIs. The next iteration of the EMS AQIs is due to be published on 24 April 2019 for the period January 2019 – March 2019.

4. The Planning & Performance Directorate has received a considerable amount of feedback in recent months on areas for improvement in the reporting of performance to Board/Committee. A facilitated session with Non-Executive Directors (NEDs) took place in early January to consider this further. The fundamental points that came out of the session were that:

- there was a requirement for the Board report to concentrate on a smaller list of critical indicators;
- for each of these critical indicators, an analysis of the data would be required, together with a clear description of actions being taken to continue to improve performance; and
- for all other indicators for which the Trust Board are accountable, data should continue to be included in appendices, with possible reference by exception.

5. The 2019/22 Integrated Medium Term Plan identified, through the Strategy Map, an agreed set of headline outcome measures. The full list of measures can be found in the table below. The outcome measures have been reviewed and those that should be reported monthly have been drawn out to produce a list of top 10 measures. The dashboard outlining these top 10

measures, including current performance for 2018/19, is included in the *Assessment* section of this report below. The dashboard has been structured in line with our Long Term Strategic Framework.

6. For this edition of the report, changes have been made to focus this SBAR on the top 10 monthly indicators. The format has been updated with each indicator having a dedicated page, based on the feedback received. The remaining elements of the report remain as previous versions. **Annex 1** contains three scorecards (Welsh Government, EMT and NEPTS), outlining the key metrics the Board/Committees are held to account on for 2018/19. A separate PowerPoint pack of graphs is included as **Annex Two**, which can be projected on screen during Board to aid discussion. Where possible the graphs provide two years of data so that a clear trend can be seen and enable seasonal comparison.

7. For future versions of the report, it is planned that key measures that are reported quarterly or annually, such as the Clinical Indicators and NEPTS indicators, and measures which are off target will also feature in the main body of the report, with their own dedicated page. There will also be a revised set of scorecards for 2019/20 to include all Welsh Government targets, Commissioning Intentions and IMTP outcome measures.

8. Future iterations of the report will also be assisted by an AQI dashboard in QlikSense. This is expected to be complete by end of quarter 1, 2019/20. There is also intention for an IPR dashboard to be built into QlikSense, this is currently one of the 5 top priorities for the system however there are no timescales currently set for completion. Once complete this will assist in a more timely production of the IPR.

9. In relation to how this performance data will be monitored and managed within the organisation, 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 highlight reports 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.

10. In addition to feedback on areas of improvement for this report, at the last Trust Board in December 2018, clarity on the definition on the AQIs was sought, particularly for the Clinical Indicators (CIs). There is a detailed set of technical definitions for the AQIs, all of which were agreed through the Commissioning and Quality Delivery Framework (CQDF) Technical Measures Group in collaboration with the Chief Ambulance Services Commissioner (CASC). A detailed analysis on the AQIs was reviewed at EMT on 30th January. EMT were assured that there are appropriate mechanisms in place to ensure the AQIs were accurately reported.

11. The Board will note that the proposal is that the NEPTS indicators are reviewed quarterly, and as such, no narrative is included in this report. However, the detailed performance data against the indicators in contained in Annex 2, the graph pack. At present, no trend data is available given the small number of data points available since the indicators started being measured. The first quarterly report data will be included in next Board report in May 2019.

Our Strategy Map	Executive Owner		Headline Outcomes / Measures	Reporting Frequency
Goal Delivering Excellence	**Brendan Lloyd**	➢ *Help patients and staff to stay healthy*	➢ Outcome measures to be developed	➢ TBD
		➢ *Help patients more easily access our services at the right time*	➢ Outcome measures to be developed	➢ TBD
		➢ *Provide right care in the right place, wherever and wherever it is needed*	➢ More calls to '111' and NHSDW / more hits to website ➢ Proportion of clinical desk calls assessed and closed (Hear and Treat) to reach and be sustained at 12% ➢ Proportion of verified incidents conveyed to a major ED to decrease	➢ Monthly ➢ Monthly ➢ Monthly
Strategic Enablers	**Rachel Marsh**	➢ *Continue to provide the best possible care, outcomes and experience to our patients in our core service*	➢ Red to improve ➢ Amber median, 65th percentile and 95th percentile to reduce across all Health Board areas ➢ Improved performance against clinical indicators ➢ Reduction in lost handover to clear hours ➢ Increase in planned v actual UHP to 95% ➢ Reduction in complaint response times ➢ Achievement target for dementia training of staff ➢ Reduction in number of serious incidents relating to time delays ➢ Increase in the proportion of journeys undertaken for eligible patients ➢ Increase in the proportion of ineligible patients who are helped to find alternative transport solutions ➢ Reduction in the number of aborted and cancelled journeys	➢ Monthly ➢ Monthly ➢ Quarterly ➢ Monthly ➢ Monthly ➢ Monthly ➢ Quarterly ➢ Quarterly ➢ Quarterly ➢ Quarterly ➢ Quarterly
	Estelle Hitchon	➢ *Whole system partnership and engagement*	➢ Increase in number of new pathways with Health Boards ➢ Membership of at least three RPB's ➢ Increased number of shared facilities with other public service/third sector partners	➢ Quarterly ➢ Annually ➢ Annually
	Claire Vaughan	➢ *Support our people to be the best they can be*	➢ Achieve sickness reduction to 6.3% March 2020 ➢ Maintain low levels of frontline vacancies (below 5%) ➢ Improved UHP and relief capacity overtime reduction	➢ Monthly ➢ Quarterly ➢ Quarterly

			➢ Reduction in incidence of bullying and harassment ➢ Improvement in key indicators related to staff personal safety and attendance and wellbeing ➢ Improvement in CPD rates ➢ Delivery of Band 6 competence requirements. ➢ Maximised contribution of volunteers, improvements to volunteer numbers ➢ Overall improvements in staff engagement (survey) score and achievement of workforce KPIs	➢ Annually ➢ Annually ➢ Quarterly ➢ Quarterly ➢ Quarterly ➢ Annually
	Chris Turley (interim)	➢ *Ensure the design and infrastructure of the organization are at the forefront of innovation and technology*	➢ Growth in both capability and capacity of our workforce in applying the 'model for improvement' ➢ Number if improvement ideas being progressed ➢ Board approved NEPTs CAD business case ➢ Baseline Trust's position against an agreed digital maturity model (Year One) and track progress in subsequent years, linked to delivery of agreed Trust strategy ➢ % of operational staff with mobile devices over the life of this plan	➢ Quarterly ➢ Quarterly ➢ Annually ➢ Annually ➢ Quarterly
		➢ *Use of our Estate & Fleet*	➢ WG approved MRD and Workshop case ➢ Reduction in carbon footprint ➢ Reduction in estate backlog maintenance ➢ Improvement in estate utilisation	➢ Annually ➢ Annually ➢ Annually ➢ Annually
Our Golden Threads	**Claire Bevan**	➢ *Quality at the heart of everything we do*	➢ Improvement in relevant clinical and quality indicators as set out by the Commissioner and Welsh Government	➢ Quarterly
	Chris Turley	➢ *Value in everything that we do*	➢ 'Net effect' in terms of activity impact, resource impact and performance impact from initiatives (commissioning intention) ➢ Value gained from resources invested ➢ Proportion of split off costs / resources relating to steps 4 & 5 ➢ Proportion of resources available to support front line activity	➢ Annually ➢ Annually ➢ Annually ➢ Annually

ASSESSMENT

TOP 10 INDICATORS DASHBOARD

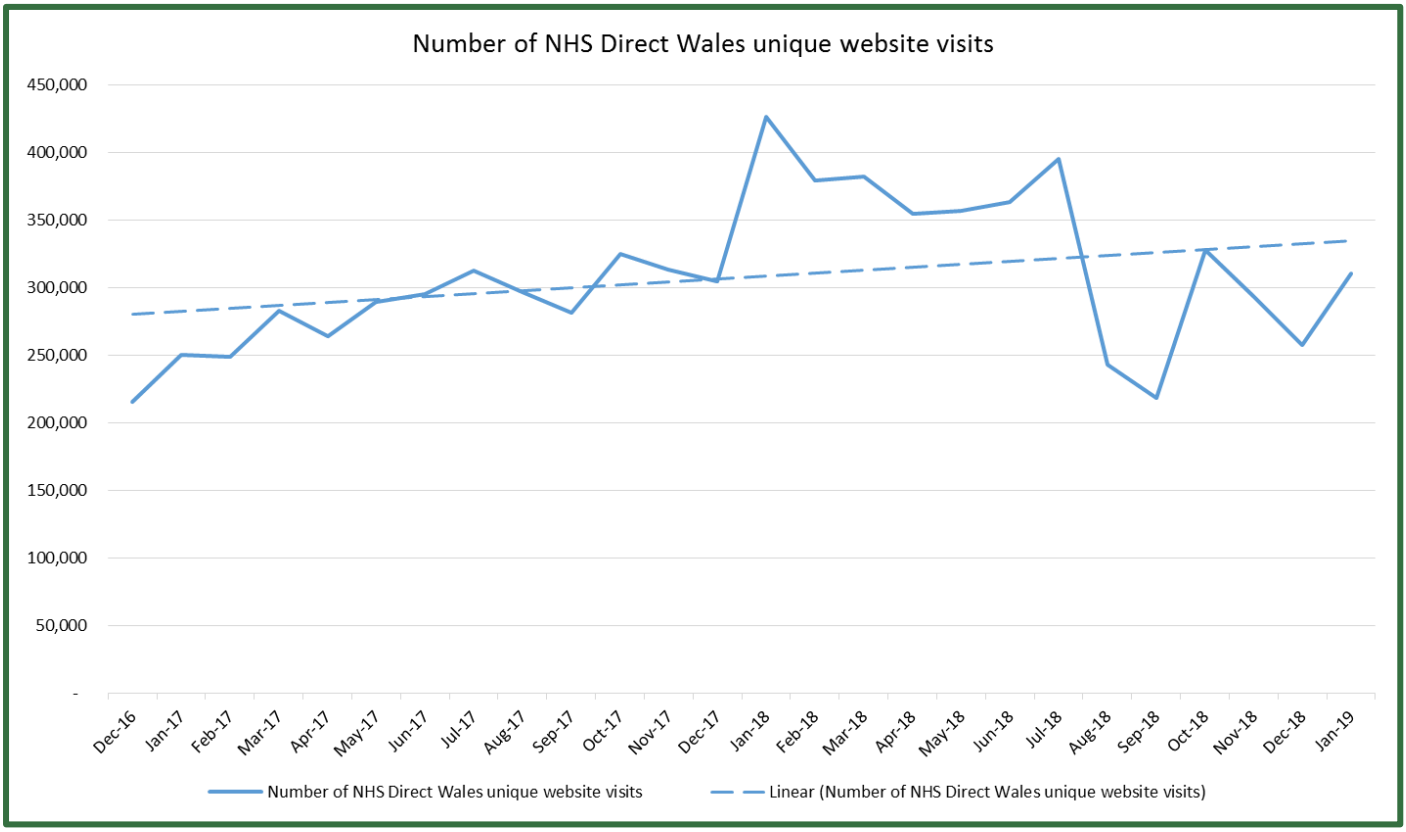
	No.	Top 10 Indicators	Target 2019/20	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	RAG
Our Goal - *Delivering Excellence*														
Provide the right care in the right place, wherever and whenever it is needed	**1**	Number of hits to the NHSDW website	Improvement trend	367,614	356,542	363,332	395,162	243,464	218,554	327,676	294,158	257,523	310,381	G
	2	Call Volumes to NHSDW	Improvement trend	24,249	22,651	20,643	22,112	20,797	17,932	18,692	17,954	21,423	19,968	A
		Call Volumes to 111	Improvement trend	19,168	19,976	17,304	17,905	17,361	16,959	21,611	26,152	33,479	27,720	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	8.0%	7.4%	7.2%	7.4%	7.3%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	A
	4	% of verified incidents that were conveyed to major EDs	Reduction Trend	49.8%	48.6%	47.5%	47.5%	48.1%	48.7%	47.5%	49.14%	48.52%	52.48%	R
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%	76.1%	75.6%	75.4%	74.4%	73.9%	74.7%	72.3%	72.8%	71.8%	G
		Red 95th percentile	Reduction Trend	00:14:56	00:14:17	00:14:51	00:15:43	00:15:56	00:15:26	00:15:20	00:15:30	00:15:59	00:15:26	R
	6	Amber 95th percentile	Reduction Trend	02:22:11	02:27:19	02:32:05	02:44:04	02:39:45	02:45:49	02:32:45	02:32:02	02:41:41	02:58:35	R
		Amber 65th percentile	Reduction Trend	00:32:05	00:32:57	00:36:03	00:37:19	00:37:20	00:38:38	00:35:27	00:35:52	00:38:14	00:40:05	R
		Amber Median	Reduction Trend	00:20:54	00:21:51	00:23:25	00:24:16	00:24:19	00:25:03	00:23:27	00:23:41	00:24:51	00:26:03	R
		Emergency Ambulance unit hours production	90%	93.0%	91.0%	91.0%	91.0%	89.0%	91.0%	94%	94%	95%	98%	G
Support our people to be the best that they can be	**7**	Number of lost hours following handover to clear over 15 minutes	Improvement trend	862	941	816	909	916	888	961	1017	962	1,099	R
	8	% of concerns that received a final (reg 24)/interim reply (reg 26) within 30 days on being received	75%	30%	29%	56%	49%	51%	48%	53%	43%	59%	27%	R
	9	% sickness absence for staff (all staff)	5.9%	7.12%	6.56%	6.61%	6.78%	7.25%	6.78%	7.02%	7.19%	7.85%	7.89%	R

OUR GOAL *DELIVERING EXCELLENCE*

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

INDICATOR 1 – NUMBER OF HITS TO NHSDW WEBSITE

2018/19 Target – Improvement Trend



Analysis

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 NHS DW presents. The Trust has no influence on this, other than to continue to improve the site. The number of visits has increased for January 2019, however it is unclear if this is a one off or if improvements to the website has improved the search results. The overall two year trend remains positive, the target is an improvement trend.

Improvement Actions

The key action for the Trust is to continue to improve the website.

In order to help improve the website, additional symptom checkers will be added. The initial ambition for 2018/19 was to increase the number of symptom checkers from 27 to 33. There are currently only 28. Progress has not moved as quickly as expected due to priorities placed on clinical colleagues to assist in clinical verification of the content. Two new checkers are currently being mapped through to 2019/20 for completion.

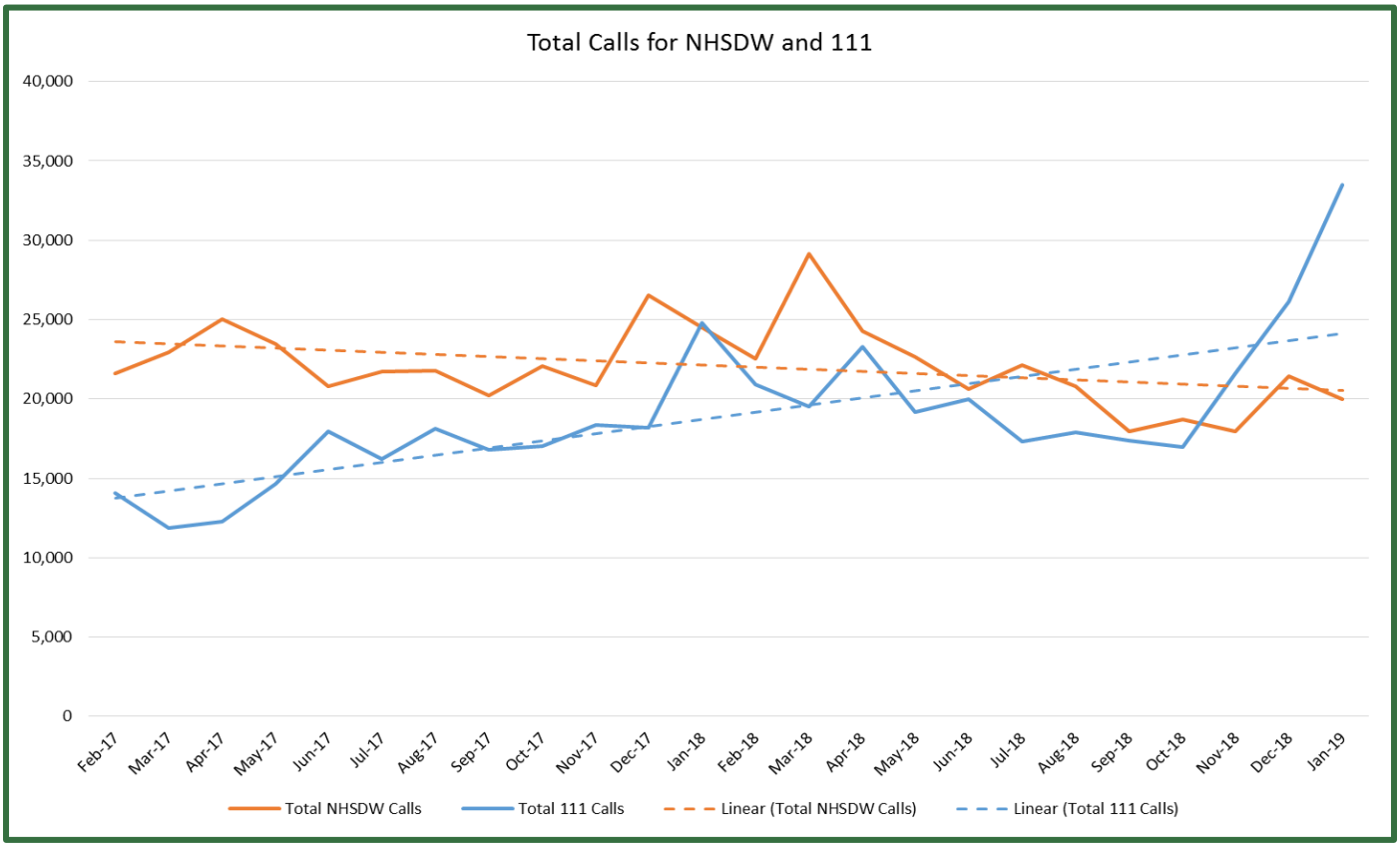
This will remain a key action in the 2019/20 plans.

OUR GOAL *DELIVERING EXCELLENCE*

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

INDICATOR 2 – Call Volumes to NHSDW and 111

2018/19 Target – Improvement Trend



Analysis

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

NHSDW call demand continues to decrease. There has been a year on year decrease of 4.9%.

111 telephony overall demand continues to increase as the service is rolled out, with a considerable increase in October 2018 when the latest areas went live. There has been a year on year increase of 25.8%.

Improvement Actions

The next roll out is planned for Aneurin Bevan UHB. This has been delayed and is now rescheduled for April 2019, however there is an ABHB clinical support hub operation already in place to support ABHB GPOOH. Recruitment is ongoing at 3 sites to secure staff for ABHB 111 roll out.

There is ongoing recruitment of Paramedics and Band 5 nurses to NHSDW to expand the clinical workforce, with a retention plan in place in order to secure appropriate clinical staffing levels.

A review of 111 demand has been undertaken by the 111 Programme Board, the increase in demand the service has experienced, is above the initial demand projections that were initially projected. This has instigated the need for a 111 demand review in 19/20 to ensure the service is suitably resourced and able to meet demand and sustain performance.

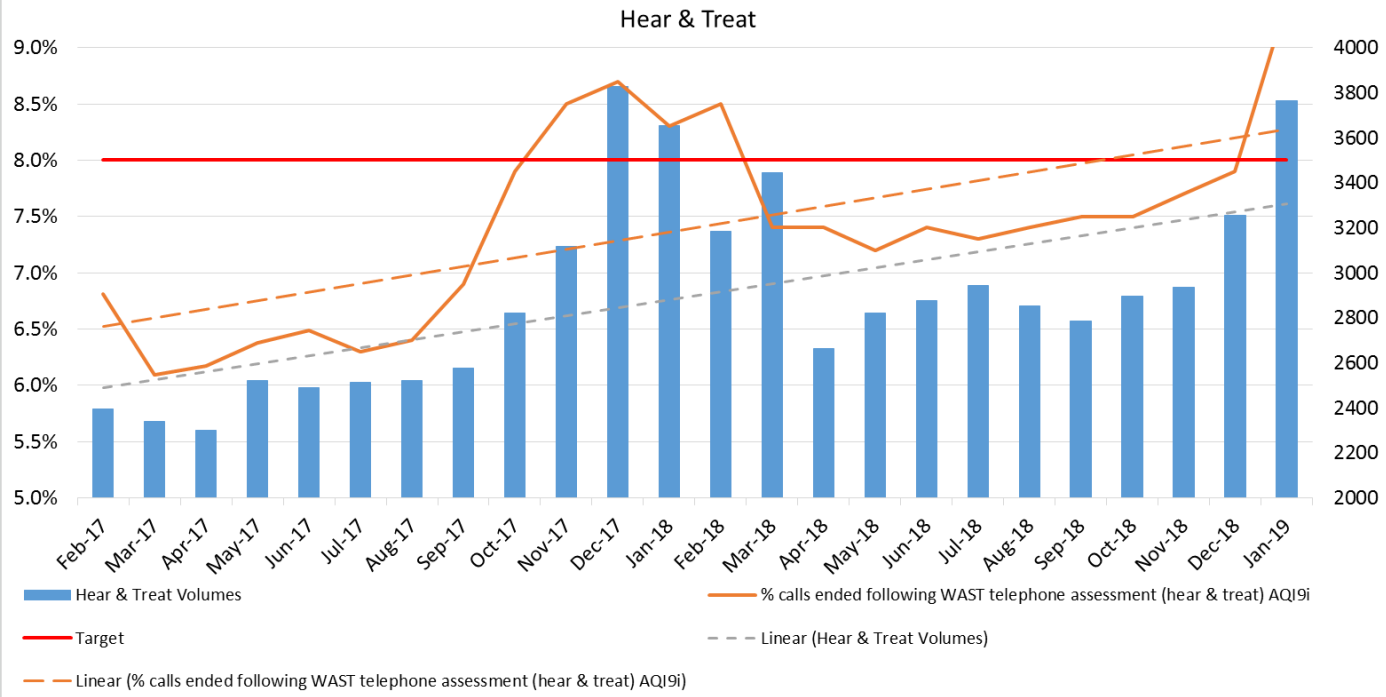
Further development work is planned with informatics to ensure standardised and timely reporting across 111 and NHSDW.

OUR GOAL *DELIVERING EXCELLENCE*

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

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

2018/19 Internal Target – 8%: Commissioning Intention – increasing volumes



Analysis

The **Clinical Desk and NHSDW (Hear & Treat)** achieved 9.4% performance in January 2019, compared to 7.9% in December 2018 and 8.3% in January 2018.

3,765 ambulances were stopped in January 2019, compared to 3,655 in January 2018. The percentage performance trend has improved significantly over the 8% performance ambition for 2018/19.

Improvement Actions

The Trust should see further improvement to this indicator now that the Welsh Government winter monies have been received for an additional 11 FTEs Band 6 and 5 FTEs Band 7. This will increase the current establishment from 32 FTEs to 48 FTEs. There are already 40.61 staff in place with the 5 FTE Band 7 posts appointed and due to commence training in April 2019. An additional 5 FTE have been appointed and are currently processing through pre-employment checks with a start date expected for May 2019. Additional posts are due to be advertised during April 2019 to back fill expected vacancies and then remains 1 FTE post which are expected to be filled and live by June 2019. The ambition is to achieve a 12% level of hear & treat in 2019/20 (this includes Clinical Service Desk and transfers to NHDW/111).

A structured review of activity flows between the Clinical Support Desk and NHSD has commenced in Quarter 4, with the purpose to ensure patients cohorts are being managed in the right place to maximise hear and treat rates, completion will be within 2019/20.

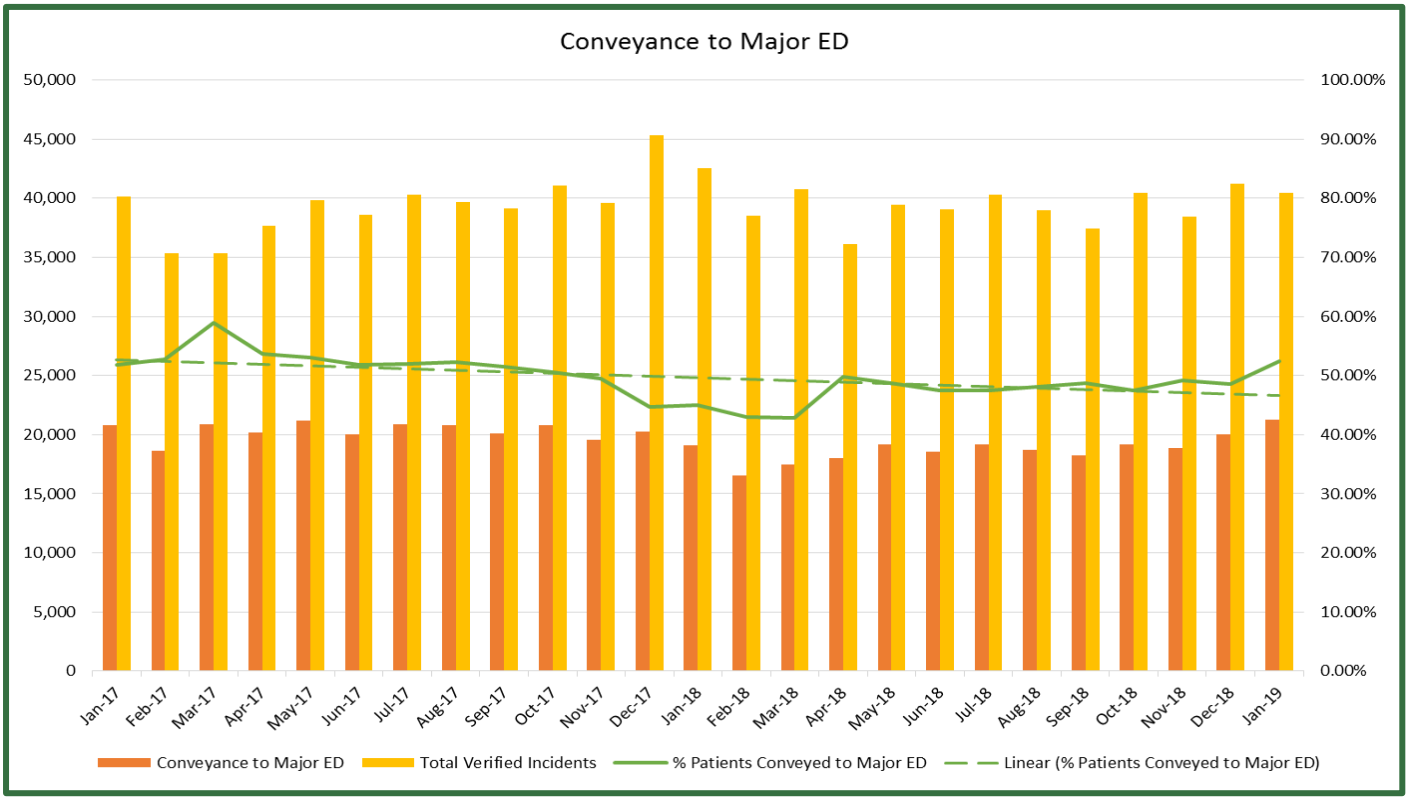
Revised operating processes for the CSD will take place to focus clinician time on those patients groups will deliver the best value from clinician input either to secure patient safety or additional hear and treat.

OUR GOAL *DELIVERING EXCELLENCE*

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

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

2018/19 Target – Reduction Trend



Analysis

The Trust conveyed 19,510 of patients to major emergency departments (EDs) in January 2019, compared to 19,131 in the same period last year but 4.17% less patients in quarter three 2018/19, compared to the same quarter last year. The graph demonstrates that the volumes and proportions conveyed are both generally lower this year than last. 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 EDs. The target for this indicator is a reduction trend.

Improvement Actions

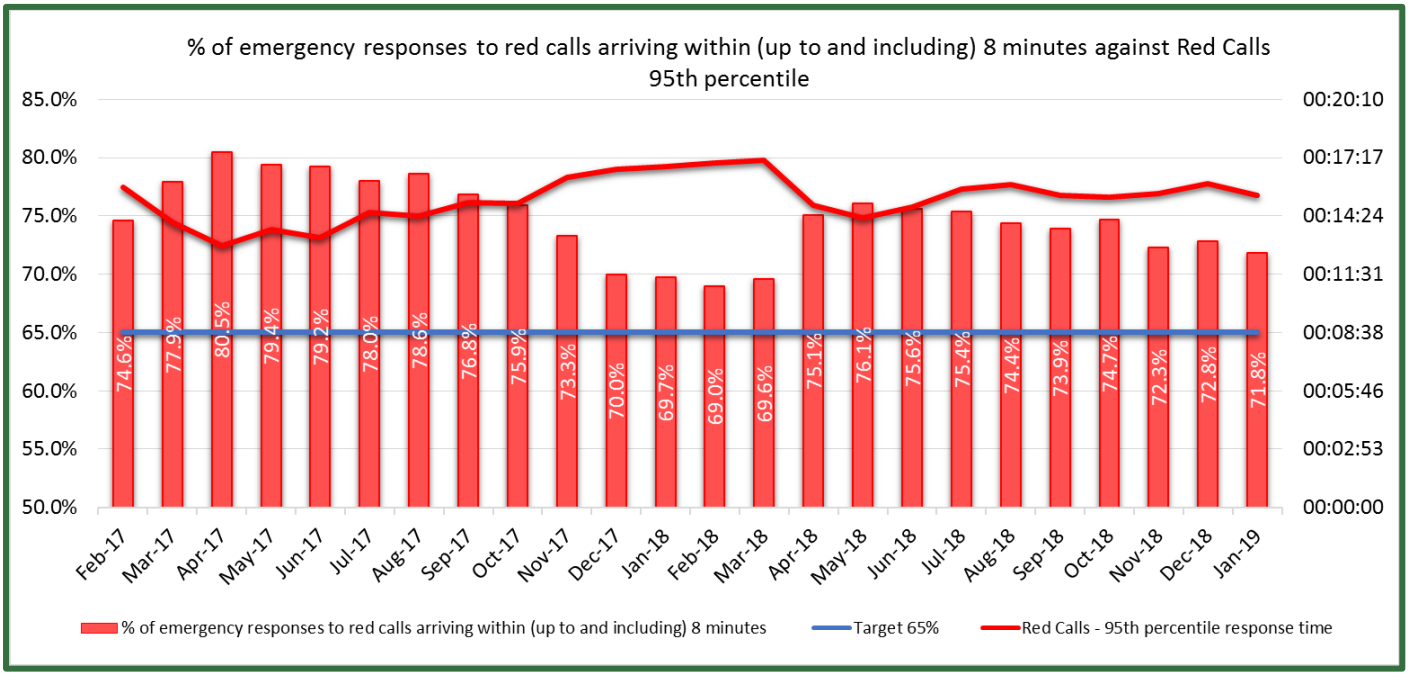
The Trust should see a further improvement to this indicator as a result of hear & treat and the expansion of the Advanced Paramedic Practitioner (APP) Rotational Model. The Trust has received Welsh Government additional monies for the expansion of this Model through 20 additional APPs across Wales. Following a recruitment drive in autumn 2018, 9 APPs were appointed in North, 3 in C&W and 7 in SE, these went live over January and February 2019. We still have 10 vacancies remaining. Three APP Engagement Events were held in January across Wales to raise the awareness of the recruitment and gain interest for additional APPs who would like to commence with the Trust. Recruitment for the 10 vacancies completed on 20 March 2019 and will go live over the following few weeks.

OUR STRATEGIC ENABLERS

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

INDICATOR 5 – RED % of Emergency Responses to Red Calls Arriving within 8 minutes to Improve and Red 95th Percentile to reduce across all Health Board Areas

2018/19 Target – 65% and Red 95th Percentile reduction trend



Analysis

Red performance sustained above the 65% target at an all Wales level (71.8%). However, performance is gradually declining. Target not achieved in all HBs for January 2019. (Hywel Dda 62.5%).

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

Red demand increased by 13% overall, and in every Heath Board area. Increased demand in almost every MPDS code, but biggest volume increases seen in breathing problems. Increases likely to be therefore genuine and due to increasing age / morbidity in general population.

The graph pack (annex 2) and MIQPR dashboard (annex 1) provide the variation in performance between Health Board areas. Future annexes will contain the full Health Board level data.

Related measures include % of 999 calls answered within 6 seconds which is detailed in annex 1 and 2; and time allocation to red calls to reduce, this is a commissioning intention however the formal metric is under development.

Improvement Actions

The Trust has a detailed and actively managed Comprehensive Winter Plan 18/19. Actions in place to ensure performance improved in HD and Powys.

Moving into 2019/20, this remains a key deliverable. Workshop held with operational leads on .the 18th March 2019 which considered both national and local priorities for change. An action plan will now be developed which will be monitored through This will also consider all related red demand measures.

The establishment of Amber Review Delivery Group will also impact on Red e.g. reducing abstractions (sickness), reducing handover delays etc. Work on-going to November 19.

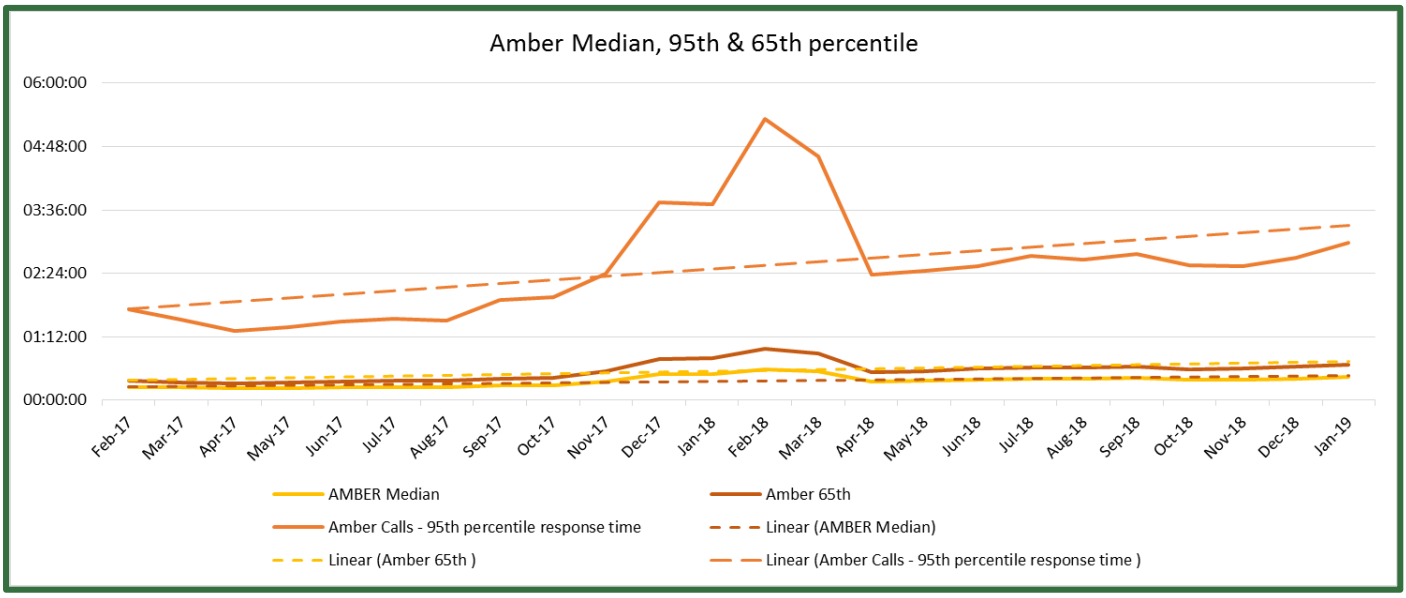
The Demand & Capacity Review will provide evidence of the resources required to meet demand. Planned to complete in September 19.

OUR STRATEGIC ENABLERS

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

INDICATOR 6 – AMBER Median, 65TH Percentile and 95th Percentile to Reduce across all Health Board Areas

2018/19 Target – Reduction Trend



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.

The number of hours lost to notification to handover delays increased. 72,007 hours were lost in the last 12 months, compared to 59,965 hours the previous 12 months. See annex 1 and annex 2

Verified amber demand is increasing, although amber demand which requires attendance at scene is actually decreasing.

Improvement Actions

There are three main winter initiatives aimed to improve Amber performance: further enhanced Hear & Treat (see page 8); APP Rotational Model (see page 10); and the Falls Assistants Framework (see below).

There are 7 St John Falls Assistant vehicles across South Wales, covering 5 Health Boards. CFR teams in N Wales have provided a similar Level 1 response. A full evaluation is underway. Data to date demonstrates an overall improved response time ALL Code 17 calls. The Level 1 Falls Assistants have an average response time of 53 minutes and conveyance rate of 29%. This service is not currently funded recurrently, and discussions are ongoing with the Commissioner.

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.

The Amber Review Implementation Programme has been initiated to provide assurance to stakeholders on the recommendations of the Amber Review. The programme, led by the National Collaborative Commissioning Unit (NCCU), is expected to run no longer than 12 months with a projected end date of November 2019. A date for the first meeting of the oversight group has not yet been set.

Internally, an Amber Review Delivery Group has been established, with the first meeting held on the 18th March 2019. A full action plan is being developed which will be monitored through the Strategic Transformation Board.

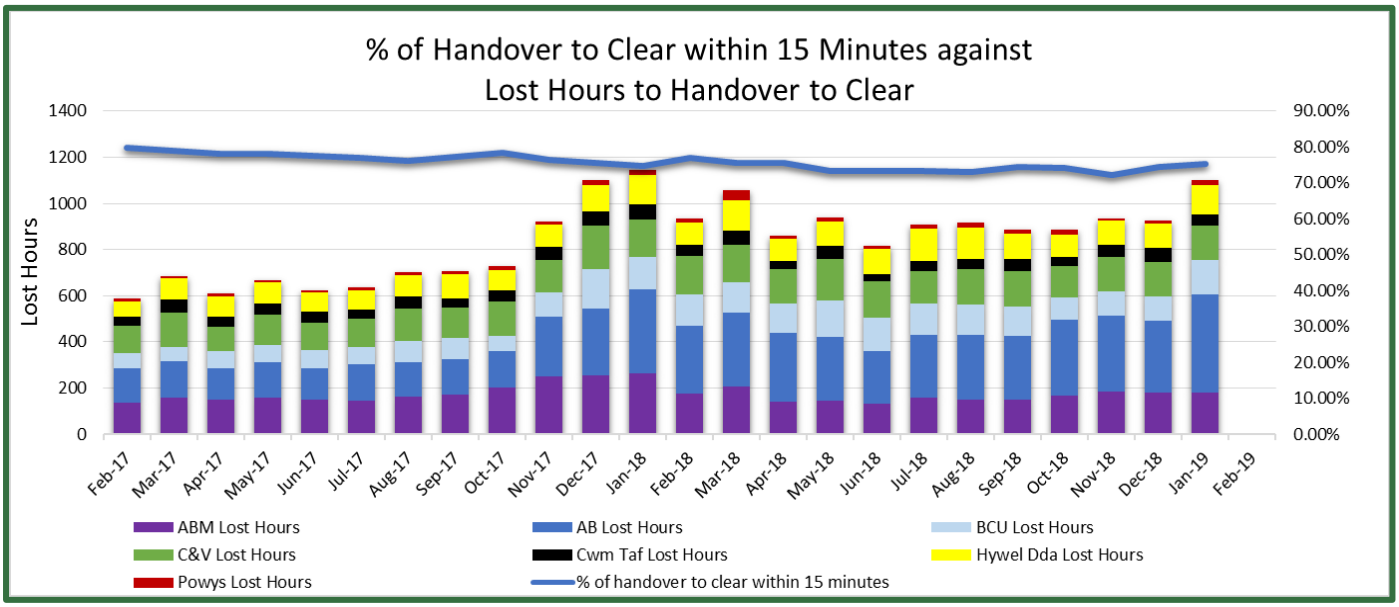
A key action arising is the need to undertake a collaborative Demand and Capacity Review. The terms of reference for this review have been agreed with the CASC and the work will go out to tender at the beginning of April, with an expectation that this will be concluded and reported to EASC in September 2019.

OUR STRATEGIC ENABLERS

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

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

2018/19 Target – Reduction Trend



Analysis

***Handover to clear* delays are on an overall increasing trend. 11,362 hours were lost** in the last 12 months, period February 2018 to January 2019, compared to 9,125 hours in the same period last year. In January, a total of 1,099 hours were lost to handover to clear delays.

The **percentage of handover *to clear* within 15 minutes** of transfer of patients to hospital staff was 75.3% in January 2019, compared to 74.8% in January 2018. The commissioning intention is an improvement (the trend is worsening).

Improvement Actions

A 90 day action plan for handover to clear (H2C) was implemented from 1st March 2019, which is intended to deliver an improvement of 25% in compliance with the H2C target across Wales by end of March 2020. Within the Amber Review, it is highlighted that lost efficiency as a result of delays after the ambulance crew has handed a patient over at the emergency department are on an upwards trajectory and have increased by 45% across Wales in the last two years; and have resulted in more than 16,500 lost ambulance hours over the last two years.

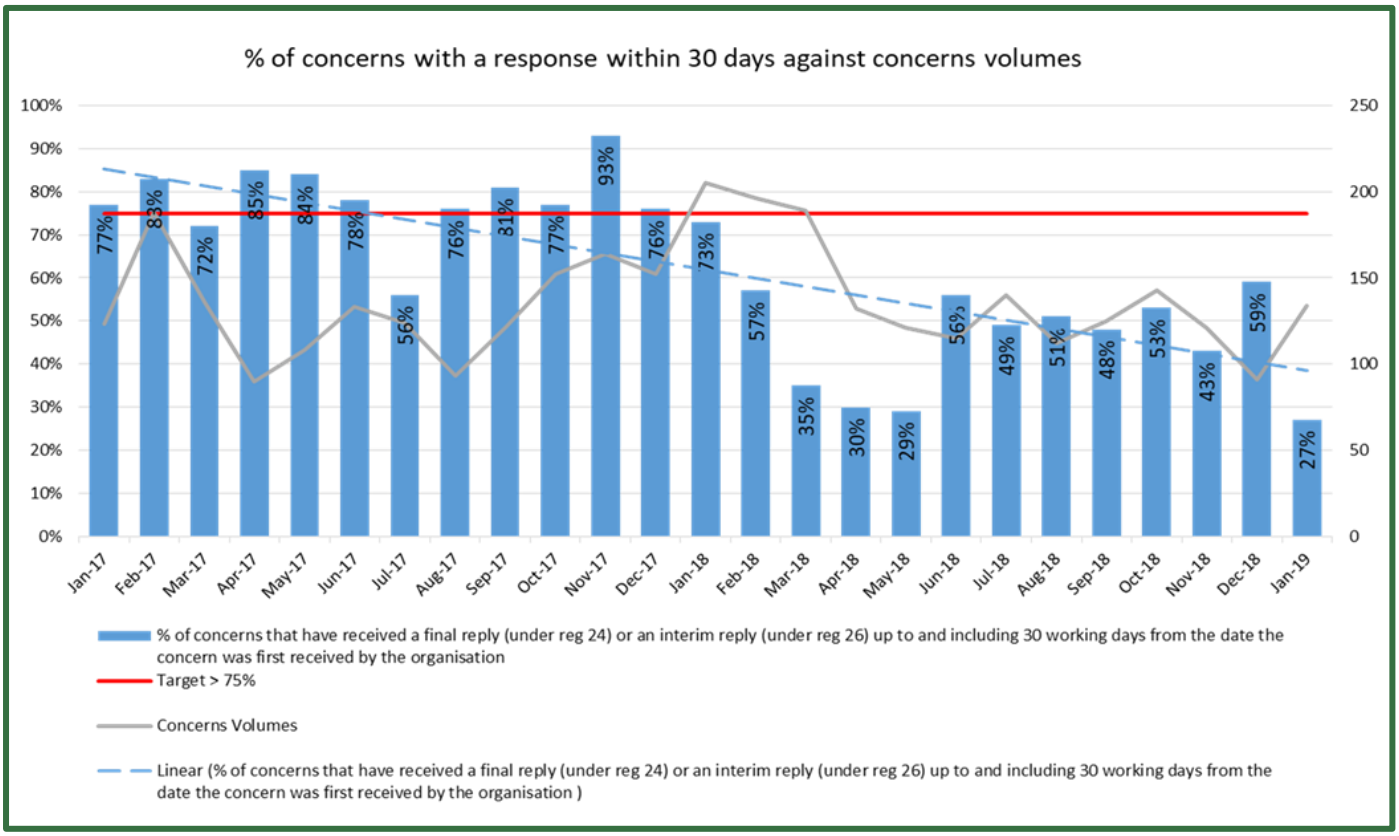
There are predominantly a number of actions that can be taken to improve our internal efficiency and reduce the time taken to clear after handover. From an ambulance response perspective, the focus will be on a more effective performance management of H2C as part of a local performance management framework within the Operations Directorate. From a CCC perspective, measures may include: implementing Dual PIN as part of the Hospital Arrival Screen (HAS) system or alternative technology; 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).

OUR STRATEGIC ENABLERS

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

INDICATOR 8 – % of concerns that received a final reply (reg 24) or an interim reply (reg 26) within 30 days

2018/19 Target – 75%



Analysis

The **percentage of responses to concerns** has decreased to 27% in January, from 59% in December, and remains significantly below the Welsh Government target of 75%.

The volumes of concerns are on a very slight downward trend, however peaks and troughs month to month appear to have an impact on the in month performance.

Improvement Actions

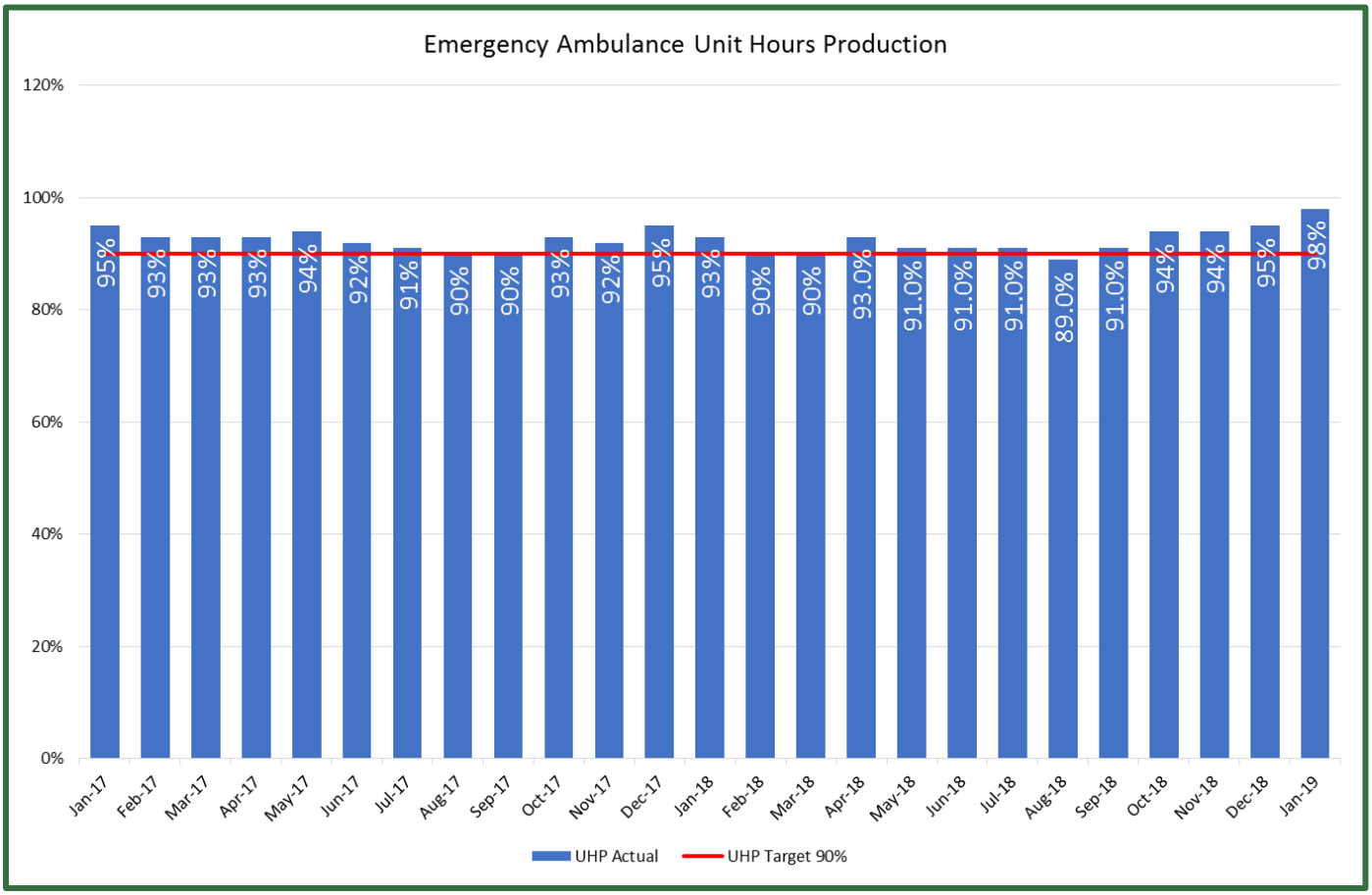
The targeted next phase of improvement work with concerns management is progressing with a focus on: review of the concerns quality assurance process across the Trust applying the model for improvement to reduce time scales, staff training and development of an information leaflet to describe our services to inform redesign of concerns letter presentation. These actions aim to achieve improvements in compliance from April 2019.

OUR STRATEGIC ENABLERS

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

INDICATOR 9 – Emergency Ambulance Unit Hours Production

2018/19 Target - 90%



Analysis

Emergency Ambulance Unit Hours Production (UHP) was 98% in January. This is a considerable improvement over the last 5 months and has been above the 90% informal target agreed with the CASC for every month over the last two years, with the exception of August (89%). The commissioning intention is an improving trend. The actual emergency ambulance hours available over the last two years has also now shifted to a slight upward trend.

Improvement Actions

We have worked to reduce levels of vacancies, for example through the 2018 Big Bang recruitment, which will be replicated in 2019. This allowed us to over recruit against forecasted future vacancies, through improved workforce planning. In addition, we undertook a conversion of overtime to 35 WTEs in 2018/19.

The Trust continues to focus on reduced abstractions e.g. sickness absence.

Roster Reviews in AB and CT implemented by April 2019 with further reviews once D&C Review completed.

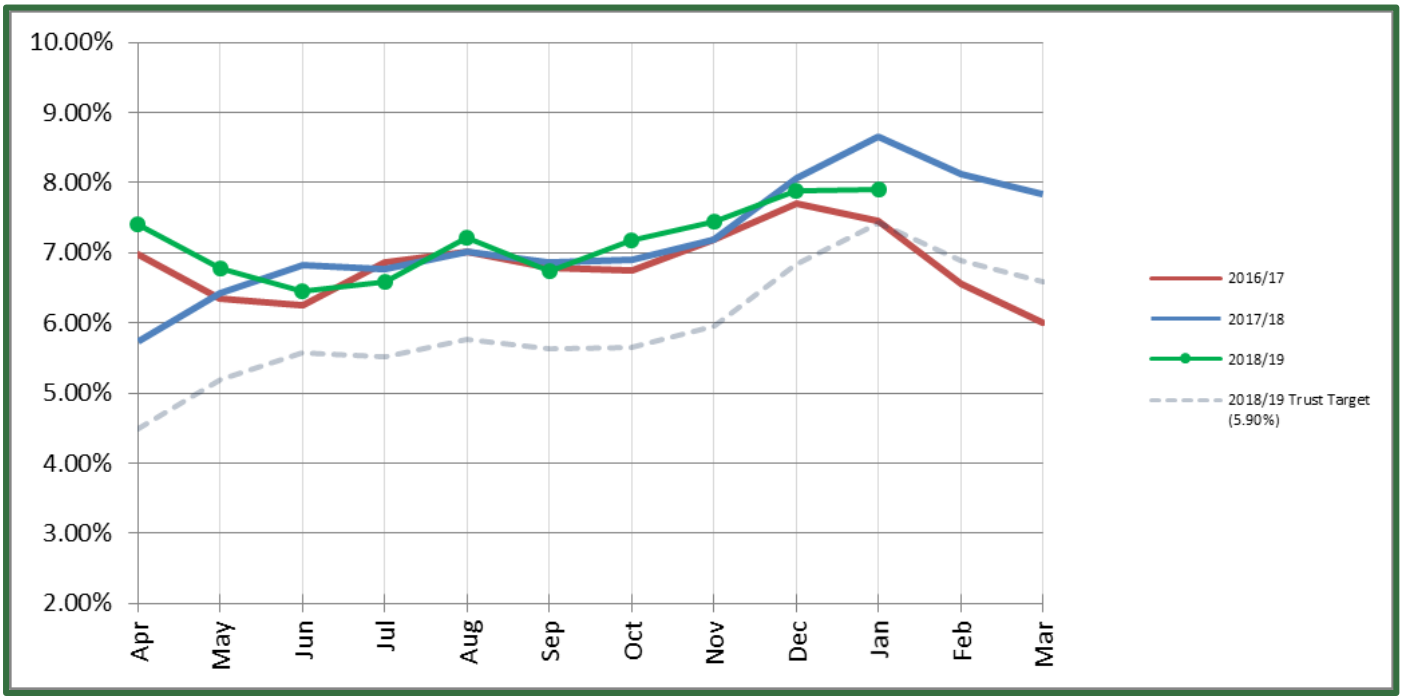
Work on-going using a new Resource Dashboard which visually shows areas which are over-resourced as well as under-resourced, and allows staff and managers to redistribute resources appropriately to ensure that we maximise actual against planned unit hours of production

OUR STRATEGIC ENABLERS

SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

INDICATOR 10 – % Sickness Absence for All Staff

2018/19 Target – 5.9%



Analysis

A key abstraction from rosters is sickness. The 100% UHP includes a level of planned sickness (5.63%).

Overall Trust wide sickness absence was 7.89% in January. Overall the sickness levels for this year remain at roughly the same level as the last two years. Sickness levels remain high when compared to other UK ambulance services. The Amber Review highlighted sickness levels.

Improvement Actions

In addition to the nine point plan to address sickness, Managing Attendance Policy training continues to be rolled out across Wales and the HR team are in the process of organising a second visit to WMAS to discuss their management of sickness absence (HR, Managers and TUPs to attend). The HR team meet weekly with managers and Occupational Health to support the management of absence in all areas and hot spot areas now have sickness action plans in place. We have not yet seen these actions have an effect on the sickness rate.

RECOMMENDATION

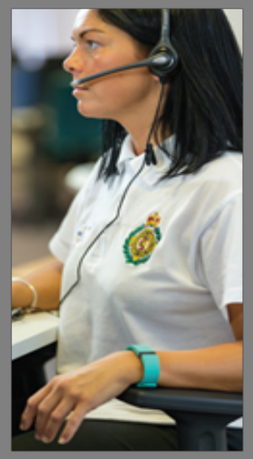
Trust Board is asked to:-

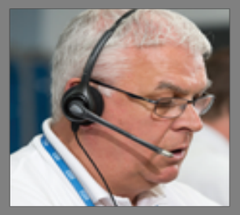
- **Note and discuss** the performance outlined in the January Monthly Integrated Quality and Performance Report.
- **Note and discuss** the revised format of the Monthly Integrated Quality and Performance Report.

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Annex 1





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

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

SECTION 1:WG Dashboard														
Quality Theme	Description	WG Target and/or Commissioning Intentions	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	RAG*	MOM** TREND
Emergency Medical Services and Urgent Care Services														
Staying Healthy	Uptake of the influenza vaccination amongst healthcare workers	60%	No data available						19.6%	33.3%	36.46%	38.87%	R	↑
Safe care														
	Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales	0	2			0			-	0	0	0	-	-
	% serious incidents assured within the agreed timescales	90%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	R	↔
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	-	↔
	Number of administration, dispensing, and prescribing medication errors reported as serious incidents	12 month reduction trend	0	0	0	0	0	0	0	0	0	0	-	↔
	Number of patient falls reported as serious incidents	12 month reduction trend	0	0	0	0	0	0	0	2	0	1	-	↑
	Amber Calls - 95th percentile response time (AQI 12)	12 month reduction trend	2:22 tt:11	2:27 tt:19	2:32 tt:05	2:44 tt:04	2:39 tt:45	2:45 tt:49	2:32 tt:45	2:32 tt:02	2:41 tt:41	2:58 tt:35	-	↑
	Red Calls - 95th percentile response time (AQI 11)	12 month reduction trend	0:14 tt:56	0:14 tt:17	0:14 tt:51	0:15 tt:43	0:15 tt:56	0:15 tt:26	0:15 tt:20	0:15 tt:30	0:15 tt:59	0:15 tt:26	-	↓
Effective Care														
	% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework	85%	77.59%	72.09%	66.57%	65.05%	66.31%	65.73%	65.44%	67.46%	78.98%	81.64%	A	↑
	% calls ended following WAST telephone assessment (hear & treat) AQI9i	12 month improvement trend	7.4%	7.2%	7.4%	7.3%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	-	↑
	% patients conveyed to hospital following a face to face assessment (AQI19i)	12 month reduction trend	68.4%	68.2%	67.7%	67.4%	68.0%	68.7%	68.3%	68.1%	67.9%	67.7%	-	↓
	Number of Health and Care research Wales clinical research portfolio studies	18/19 end yr. target (10% of 17/18 (8))	2			-			2			-	R	↔
	Number of Health and Care research Wales commercially sponsored studies	0	0			-			0			-	G	↔
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	18/19 end yr. target (10% of 17/18 (878))	15			-			18			-	R	↔
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	0	0			-			0			-	G	↔
Individual & Dignified Care														
	% 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	75%	30%	29%	56%	49%	51%	48%	53%	43%	59%	27%	R	↓
	% of NHS employed staff completing dementia training at an informed level	85%	76.50%	76.66%	76.57%	76.88%	77.09%	76.83%	76.08%	76.06%	76.17%	76.66%	A	↑
	% of emergency responses to red calls arriving within (up to and including) 8 minutes (AQI 11)	65%	75.1%	76.1%	75.6%	75.4%	74.4%	73.9%	74.7%	72.3%	72.8%	71.8%	G	↓

SECTION 1:WG Dashboard														
Quality Theme	Description	WG Target and/or Commissioning Intentions	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	RAG*	MOM** TREND
Timely Care	Amber calls - median response times (AQI 12)	12 month reduction trend	12:20:54 AM	#########	#########	12:24:16 AM	12:24:19 AM	########	12:23:27 AM	########	########	########	-	↑
	% NHSDW calls answered within 90 seconds of the welcome message	12 month improvement trend	75.00%	76.60%	84.00%	83.40%	86.30%	88.00%	82.60%	74.50%	66.80%	72.1%	-	↑
	% 111 calls answered within 60 seconds of the end of the message	12 month improvement trend	64.04%	66.96%	77.09%	75.56%	79.16%	81.60%	72.35%	62.45%	52.87%	61.1%	-	↑
	% of 999 calls answered within 6 seconds (AQI 7)	12 month improvement trend	87.3%	85.60%	82.20%	79.80%	82.60%	85.70%	86.4%	83.70%	80.6%	83.1%	-	↑
	% of suspected stroke patients documented as receiving appropriate stroke bundle of care (AQI16ii)	95%	98.1%	96.2%	96.6%	96.8%	96.3%	97.4%	94.2%	95.8%	95.3%	-	G	↑
	% older patients with suspected fracture hip/femur who are documented as receiving analgesia (AQI16iii)	95%	90.3%	90.0%	88.0%	92.6%	94.4%	90.9%	92.1%	92.5%	91.5%	-	A	↓
	% acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle (AQI16iv)	95%	66.0%	73.0%	74.3%	73.8%	81.1%	69.1%	60.8%	74.7%	76.3%	-	R	↑
Staff & Resources														
	Financial balance - annual expenditure YTD as % of budget expenditure YTD		100.20%	100.20%	100.10%	100.10%	100.10%	100.00%	100.00%	100.00%	100.00%	100.00%	-	↔
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc. Doctors and dentists in training)	85.0%	73.0%	76.0%	77.0%	77.2%	76.8%	75.96%	74.72%	73.12%	71.47%	70.72%	R	↓
	% staff who are undertaking a performance appraisal who agree it helps them improve how they do their job	Improvement on 2016 (45%)	51%										G	↑
	Overall staff engagement score	Improvement on 2016 (3.34)	3.65										G	↑
	% compliance for each completed Level 1 competency within the Core Skills and Training framework by organisation	85.0%	89.23%	87.50%	86.04%	85.49%	85.70%	84.91%	84.46%	84.47%	87.35%	88.45%	G	↑
	% sickness absence rate of staff (monthly)	12 month reduction trend (5.9% Trust Target)	7.12%	6.56%	6.61%	6.78%	7.25%	6.78%	7.02%	7.19%	7.85%	7.89%	R	↑
	% staff that would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	Improvement on 2016 (65%)	71%										G	↑
	EA Unit hours production	12 month improvement trend	93.0%	91.0%	91.0%	91.0%	89.0%	91.0%	94%	94%	95%	98%	-	↑

RAG*	
R	Indicator not met
A	Within 10% Margin of Indicator
G	Meeting Indicator
*applicable if numerical target only	
**month on month trend	

TREND	
↑	Increase >10% compared to last month
↓	Decrease >10% compared to last month
↑	Increase compared to last month
↓	Decrease compared to last month
↔	No target/ target not impacted
↑	Increase direction of travel, no target
↓	Decrease direction of travel, no target

SECTION 2: WAST EMS Dashboard														
Quality Theme	Description	WG Target and/or Commissioning Intentions	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	RAG*	MOM** TREND
WAST EMS 5 Step Framework 2019-19														
Step 1 - Help Me Choose	Number of hits to the NHSDW website	12 month improvement trend	367,614	356,542	363,332	395,162	243,464	218,554	327,676	294,158	257,523	310,381	-	↑
Step 2 - Answer My Call														
	Re-Contact % within 24 hours of telephone triage (Hear & Treat)	12 month reduction trend	3.5%	4.6%	13.5%	17.9%	27.9%	50.4%	18.5%	4.9%	7.4%	4.4%	-	↓
Step 3 - Come to See Me														
	Reduction in the variation in RED call response time performance between the best and worst Health Board performance:	Reduction in Gap	23.4%	17.8%	23.0%	16.2%	10.9%	15.2%	17.8%	14.9%	21.9%	17.9%	-	↓
	- Highest Performing %	-	83.1%	83.9%	85.7%	85.0%	81.1%	81.3%	82.0%	80.3%	80.4%	80.4%	-	-
	- Lowest Performing %	-	59.7%	66.0%	62.8%	68.8%	70.2%	66.1%	64.2%	65.40%	58.50%	62.50%	-	-
	- Highest LHB Initials (Number of RED calls)	-	C&V (260)	C&V (291)	C&V (330)	C&V (260)	C&V (236)	C&V (261)	C&V (274)	C&V (310)	C&V (333)	C&V (254)	-	-
	- Lowest LHB Initials (Number of RED calls)	-	P (40)	HD (140)	HD (150)	BCU (302)	HD (160)	HD (152)	P (61)	HD (157)	P (62)	HD (155)	-	-
	Reduction in the variation in AMBER call 95th percentile response times between the longest and shortest Health Board performance	Reduction in Gap	1:46:01 AM	2:45:33 AM	1:37:00 AM	2:03:52 AM	1:58:59 AM	2:16:01 AM	1:30:34 AM	1:50:27 AM	2:44:56 AM	3:14:09 AM	-	↑
	- Highest Performing Time	-	1:26:07 AM	1:19:11 AM	1:29:37 AM	1:48:12 AM	1:30:23 AM	1:38:28 AM	1:43:44 AM	1:31 tt:23	1:40 tt:12	1:42 tt:09	-	-
	- Lowest Performing Time	-	3:12:08 AM	4:04:44 AM	3:06:37 AM	3:52:04 AM	3:29:22 AM	3:54:29 AM	3:14:18 AM	3:21 tt:50	4:25 tt:08	4:56 tt:18	-	-
	- Highest LHB Initials	-	HD	P	P	P	P	P	P	P	BCU	P	-	-
	- Lowest LHB Initials	-	C&V	C&V	C&V	AB	AB	AB	ABM	C&V	ABM	ABM	-	-
	% Community First Responders attendances where they were the first response arriving at the scene	12 month improvement trend	82.6%	85.5%	83.7%	87.4%	87.8%	87.5%	86.8%	86.40%	86.90%	85.90%	-	↓
	% of incidents where 2 or more vehicles arrived on scene (AQI14)	12 month reduction trend	16.5%	16.7%	15.7%	16.0%	15.5%	15.7%	14.9%	15.3%	15.8%	15.2%	-	↓
Step 4 - Give Me Treatment														
	Number of incidents which were treated at the scene	12 month improvement trend	2,596	2,780	2,692	2,944	2,902	2,637	2,999	2,811	2,817	2,944	-	↑
	Number of incidents that were referred to an alternative provider	12 month improvement trend	1,152	1,249	1,114	2,026	1,894	1,936	2,031	2,088	2,348	2,361	-	↑
	Re-Contact % within 24 hours of See & Treat	12 month improvement trend	0.7%	0.9%	0.8%	0.7%	0.7%	0.6%	0.9%	0.5%	1.0%	0.7%	-	↓
	% patients with attempted resuscitation following cardiac arrest, documented as having ROSC at hospital door	12 month improvement trend	13.8%	18.7%	12.8%	17.1%	14.5%	13.7%	15.4%	11.0%	11.5%	-	-	↑
	% older people with suspected hip fracture who are documented as receiving appropriate care bundle	95%	78.7%	75.1%	75.5%	80.8%	82.3%	76.6%	81.2%	79.1%	79.0%	-	R	↓
	% of suspected sepsis patients who have had a documented NEWS score	95%	100.0%	98.0%	100.0%	97.6%	98.0%	97.4%	98.0%	98.4%	100.0%	-	G	↑
	% of patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	G	↔
	% of hypoglycaemic patients who are documented as receiving the appropriate care bundle	95%	84.4%	87.5%	90.5%	93.3%	91.7%	87.3%	89.8%	89.9%	87.2%	-	A	↓
	% of AMBER1 Incidents where Ideal Resource First on Scene	12 month improvement trend	-			72.4%	72.8%	72.3%	74.6%	72.3%	71.0%	69.1%	-	↓
Step 5 - Take Me Home														
	% of handover to clear within 15 minutes of transfer of patient care to hospital staff	12 month improvement trend	75.5%	73.4%	73.4%	73.4%	73.1%	74.5%	74.2%	72.2%	74.5%	75.3%	-	↑
	Number of lost hours following handover to clear over 15 minutes	12 month reduction trend	862	941	816	909	916	888	961	1017	962	1,099	-	↑

Step 5 - Take Me to	% of notification to handover within 15 minutes of arrival at hospital	-	51.50%	56.90%	58.70%	54.70%	54.70%	52.50%	52.40%	56.20%	53.6%	47.6%		↓
	Number of lost hours following notification to handover over 15 minutes	-	6,134	4,137	3,777	4,562	4,669	5,253	6,020	4,707	6,038	8,781		↑
	% of patients conveyed to Major ED (not a formal WG indicator or AQI but used in JET pack)	12 month reduction trend	49.8%	48.6%	47.5%	47.5%	48.1%	48.7%	47.5%	49.14%	48.52%	52.48%	-	↑

RAG*	
R	Indicator not met
A	Within 10% Margin of Indicator
G	Meeting Indicator
*applicable if numerical target only	
**month on month trend	

TREND	
↑	Increase >10% compared to last month
↓	Decrease >10% compared to last month
↑	Increase compared to last month
↓	Decrease compared to last month
↔	No target/ target not impacted
↑	Increase direction of travel, no target
↓	Decrease direction of travel, no target

SECTION 3: WAST NEPTS Dashboard																
Quality Theme	Description	WG Target and/or Commissioning Intentions	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG*	MOM** TREND
WAST NEPTS 5 Step Framework 2019-19* **																
Step 1 - Help Me Choose	N/A	TBC****													-	
Step 2 - Answer My Call	% of calls answered by Time Band (within 15 seconds)	TBC****	45.0%	42.3%	41.3%	38.1%	43.7%	49.7%	54.5%	43.6%	50.5%	-			-	↑
	% of calls being abandoned before being answered	TBC****	14.9%	14.7%	15.9%	19.0%	15.5%	13.0%	11.4%	14.1%	11.3%	-			-	↓
Step 3 - Coordinate My Journey	% of bookings made by fax/post/hand	TBC****	27.0%	28.0%	25.7%	26.0%	28.3%	26.8%	26.8%	24.9%	26.3%	-			-	↑
Step 4 - Pick Me Up	% of journeys aborted	TBC****	12.4%	12.2%	13.2%	12.4%	11.8%	12.5%	12.6%	12.5%	13.8%	-			-	↑
	% of renal patients arriving prior to their appointment	TBC****	81.4%	81.4%	81.3%	82.0%	83.4%	83.1%	80.3%	79.7%	84.4%	-			-	↑
Step 5 - Take Me to My Destination	% of renal patients collected > 30 minutes after their booked ready time	TBC****	26.3%	28.1%	29.2%	29.2%	27.4%	29.6%	28.3%	30.5%	30.3%	-			-	↓

RAG*		TREND	
R	Indicator not met	↑	Increase >10% compared to last month
A	Within 10% Margin of Indicator	↓	Decrease >10% compared to last month
G	Meeting Indicator	↑	Increase compared to last month
*applicable if numerical target only		↓	Decrease compared to last month
**month on month trend		↔	No target/ target not impacted
***NEPTS AQIs available quarterly only		↑	Increase direction of travel, no target
****NEPTS commissioning intentions to be set by EASC through 2019/20 IMTP Process		↓	Decrease direction of travel, no target

SECTION 4: WAST Activity Dashboard												
Description	WG Target and/or Commissioning Intentions	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	MOM** TREND
SAI Volumes	-	1	1	1	1	2	2	4	8	2	2	↔
Concerns Volumes	-	132	121	115	140	112	125	143	121	91	134	↑
Patient Safety Incidents, Near Misses and Hazards	-	140	140	148	133	140	164	134	161	137	182	↑
Calls Volume to NHSDW	-	24,249	22,651	20,643	22,112	20,797	17,932	18,692	17,954	21,423	19,968	↓
111 Call Volumes (James Moore - HI)	-	19,168	19,976	17,304	17,905	17,361	16,959	21,611	26,152	33,479	27,720	↓
Frequent Caller Call Volumes (AQIs)	-	1,886	2,163	2,216	2,186	2,147	2,185	1,947	2,397	2,151	2,155	↑
999 Call Volumes (IPR)	-	41,349	46,198	45,694	47,655	45,569	43,869	44,170	43,780	46,993	44,975	↓
Total Verified Incidents	-	36,153	39,459	39,042	40,289	38,940	37,463	38,691	38,424	41,237	40,452	↓
Total Verified Incidents: RED	-	1,806	1,946	2,044	2,052	1,986	1,931	2,044	2,233	2,431	2,045	↓
Total Verified Incidents: AMBER	-	25,164	27,437	27,483	28,460	27,248	26,351	26,937	26,727	28,484	28,051	↓
Total Verified Incidents: GREEN	-	9,029	9,875	9,337	9,538	9,496	8,991	9,507	9,280	10,134	10,149	↑
HCP Call Volumes (AQIs)	-	6,276	6,648	6,775	6,563	6,088	5,917	6,113	6,356	6,680	7,217	↑
Hear & Treat Volumes (AQIs)	-	2,663	2,820	2,876	2,942	2,854	2,784	2,895	2,937	3,257	3,765	↑
Conveyance Volumes (AQIs)	-	15,304	16,126	15,622	16,130	15,757	15,348	15,852	15,727	16,722	15,942	↓
NEPTS Patient Journeys (AQIs)	-	62,743	67,822	65,977	66,898	65,334	60,985	70,304	68,049	60,217	69,683	↑
Conveyance to Major ED	-	17,992	19,193	18,555	19,153	18,721	18,260	19,203	18,882	20,007	19,510	↓

TREND

↑ Increase >10% compared to last month

↓ Decrease >10% compared to last month

↑ Increase compared to last month

↓ Decrease compared to last month

↔ No target/ target not impacted

↑ Increase direction of travel, no target

↓ Decrease direction of travel, no target

Ambulance Quality Indicator Glossary

No.	Term	Definition
1	65th Percentile	A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 65th percentile is the value below which 65 percent of the observations may be found.
2	95th Percentile	A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.
3	999	Emergency telephone service operated by telephony providers such as BT, allowing anyone to contact the emergency services, this also applies to 112 (European) & 911 (US).
4	AMBER	Calls received and categorised as serious but not life threatening. These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via “hear & treat” services over the telephone. Patient experience and clinical indicator data will be used to evaluate the effectiveness of the ambulance response to amber calls.
5	Call	A telephone call received by the Welsh Ambulance Services NHS Trust via 999 or from a Health Care Professional.
6	CFR	Community First Responder trained by the Welsh Ambulance Services NHS Trust to respond to appropriately graded calls.
7	Clear	Time a Welsh Ambulance Services NHS Trust crew are clear (free for other work) from either the scene or hospital.
8	Conveyance	A 999 incident which has received an emergency response at scene and resulted in the patient being conveyed to hospital.
9	EASC	Emergency Ambulance Service Committee: 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).
10	Incident	A 999 call which excludes the following: calls made in error, duplicate calls, information calls, test calls and calls to other ambulance controls.
11	Response	A 999 Incident which as received an emergency response at scene.
12	Fractured Femur	Hip fractures, also called proximal femoral fractures, are cracks or breaks in the top of the thigh bone (femur) close to the hip joint.

Ambulance Quality Indicator Glossary

No.	Term	Definition
13	Frequent Caller	Frequent callers are defined where the Welsh Ambulance Services NHS Trust have received 5 or more calls from the same address in the same month.
14	GREEN	Calls received and categorised as green are neither serious or life threatening. Conditions such as ear ache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage.
15	Handover	Handover of care from Welsh Ambulance Services NHS Trust to LHB hospital staff.
16	Health Care Professional	Suitably qualified health professional defined as: Doctor, General Practitioner, Emergency Care Practitioner, Nurse, District Nurse, Midwife, Paramedic, Dentist, Approved Social Worker.
17	Hear & Treat	Hear and treat are callers who were deemed to have non-life-threatening conditions and received triage and advice over the phone.
18	Ideal Response	The type of clinician / resource to send, in preference for the specific category (or codes).
19	LHB	Local Health Board: an LHB is an administrative unit within the National Health Service in Wales. The 7 LHB's in Wales are Abertawe Bro Morgannwg University Health Board, Aneurin Bevan University Health Board, Betsi Cadwaladr University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board.
20	Major A&E Unit	Hospitals which provide a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions and which usually has an Accident and Emergency department.
21	Major Acute	Hospitals which provide acute services limited to a one or two specialist units.
22	Median	Median is the number separating the higher half of a data sample. The median of a finite list of numbers can be found by arranging all the observations from lowest value to highest value and picking the middle one (e.g., the median of {3, 3, 5, 9, 11} is 5).
23	Minor A&E Unit	Hospitals which provide a range of acute in-patient and out-patient services specialist services (including some surgical acute specialties) but not the wide range available in major acute hospitals.
24	MPDS	Medical Priority Dispatch System: MPDS is a unified system used to dispatch appropriate aid to medical emergencies including systematised caller interrogation and pre-arrival instructions.
25	NHSDW	NHS Direct Wales is a health advice and information service available 24 hours a day, every day and is part of the Welsh Ambulance Services NHS Trust.
26	Non-Conveyance	Patients which are not transported to hospital following assessment by clinician.
27	Non-conveyances (by reason)	Number of patients not taken to hospital split by the reason why i.e. Treated at Scene.
28	Notification	Time that the Welsh Ambulance Services NHS Trust notified LHB hospital staff of their arrival at hospital.
29	Overall % Conveyance	Percentage of patients transported to hospital following initial assessment at scene by a Welsh Ambulance Services NHS Trust clinician.

Ambulance Quality Indicator Glossary

No.	Term	Definition
30	PROQA	Professional Questioning & Answering Software: ProQA is an expert system designed to help provide the very best in service and speed. Correct dispatch levels are usually determined in less than one minute. ProQA additionally provides Dispatch Life Support (DLS) protocols which meet or exceed the international standards for emergency medical dispatching. ProQA is built on a foundation of empirical literature and medical experience relevant to medical dispatching.
31	RED	Calls deemed to be Immediately Life-Threatening.
32	ROSC	Return of spontaneous circulation refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure
33	STEMI	STEMI - ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.
34	Stroke Care Bundle	A Care Bundle is a group of between three and five specific interventions or processes of care that have a greater effect on patient outcomes if done together in a time-limited way, rather than separately.
35	Suitable Response	The type of clinician / resource to send, if the IDEAL response is not available for the specific category (or codes).
36	WAST	Welsh Ambulance Services NHS Trust: Spread over an area of 20,640 kilometres and serving a population of 2.9 million, this diverse area encompasses tranquil rural retreats, busy seaside resorts and large urban conurbations.
37	ABM	Abertawe Bro Morgannwg University Health Board
38	AB	Aneurin Bevan University Health Board
39	BCU	Betsi Cadwaladr University Health Board
40	C&V	Cardiff and Vale University Health Board
41	CT	Cwm Taf University Health Board
42	HD	Hywel Dda University Health Board
43	P	Powys Teaching Health Board

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

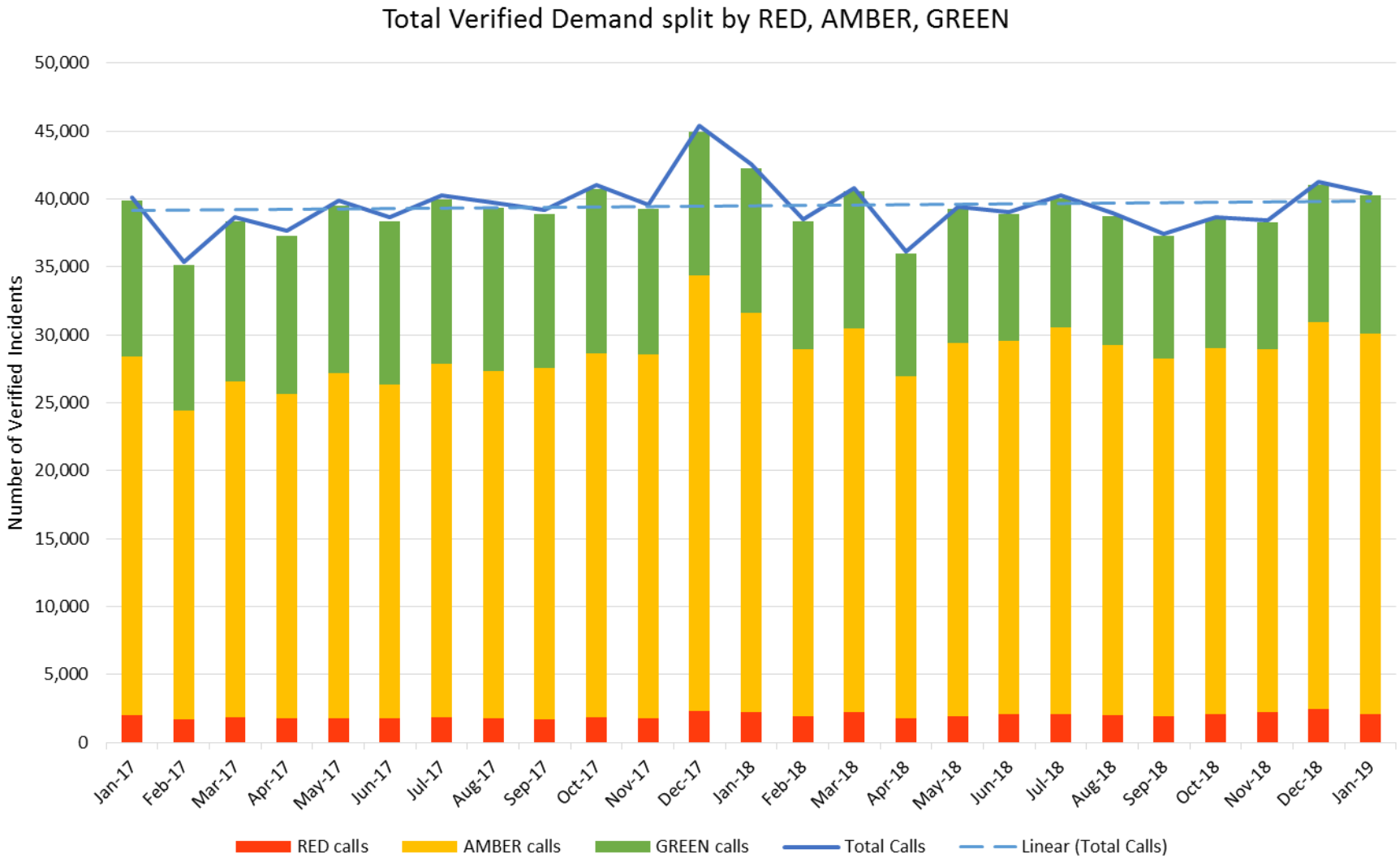
Welsh Ambulance Services
NHS Trust

Annex 2

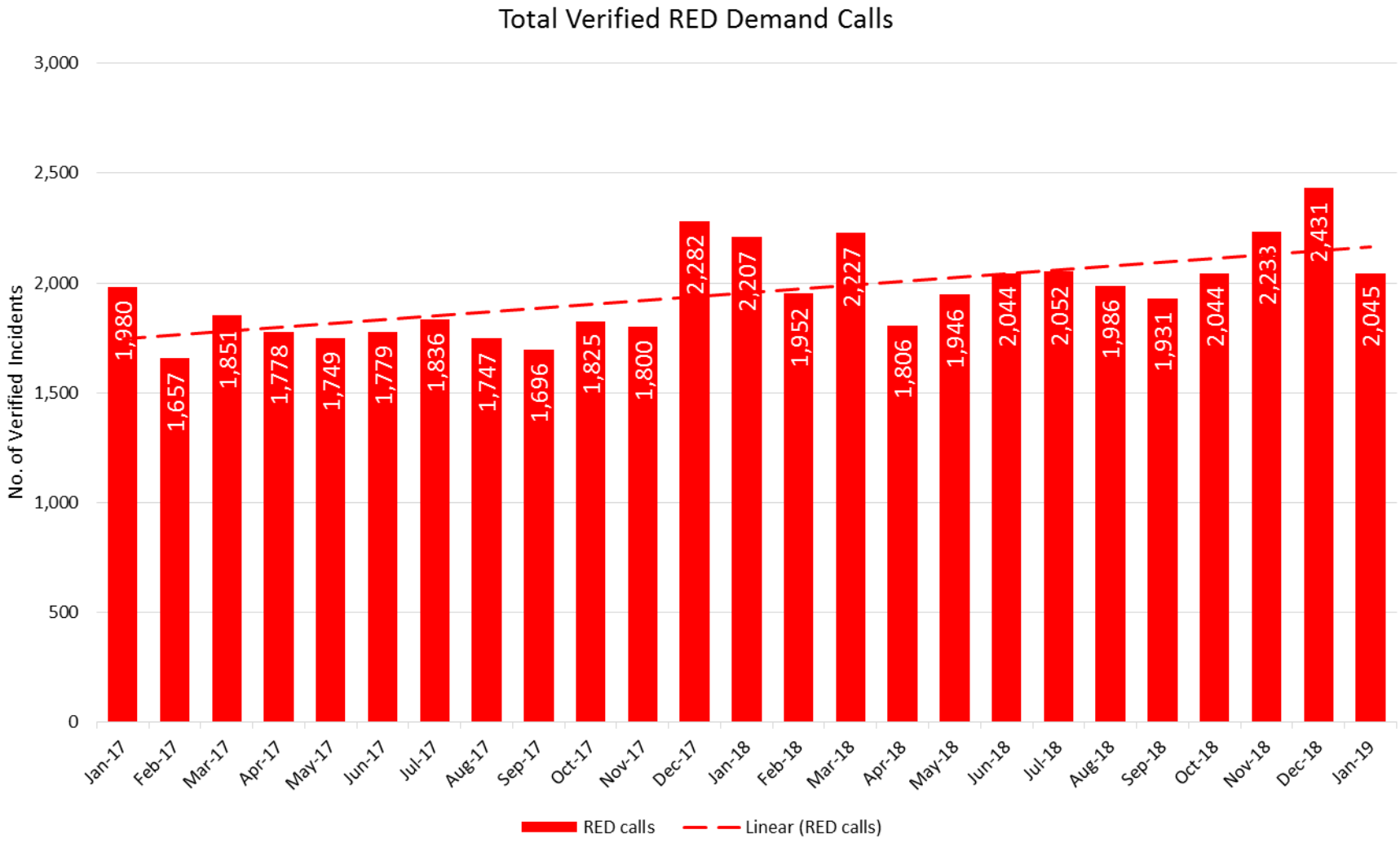
Integrated Quality and Performance Report
Welsh Ambulance Services NHS Trust
January 2019

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

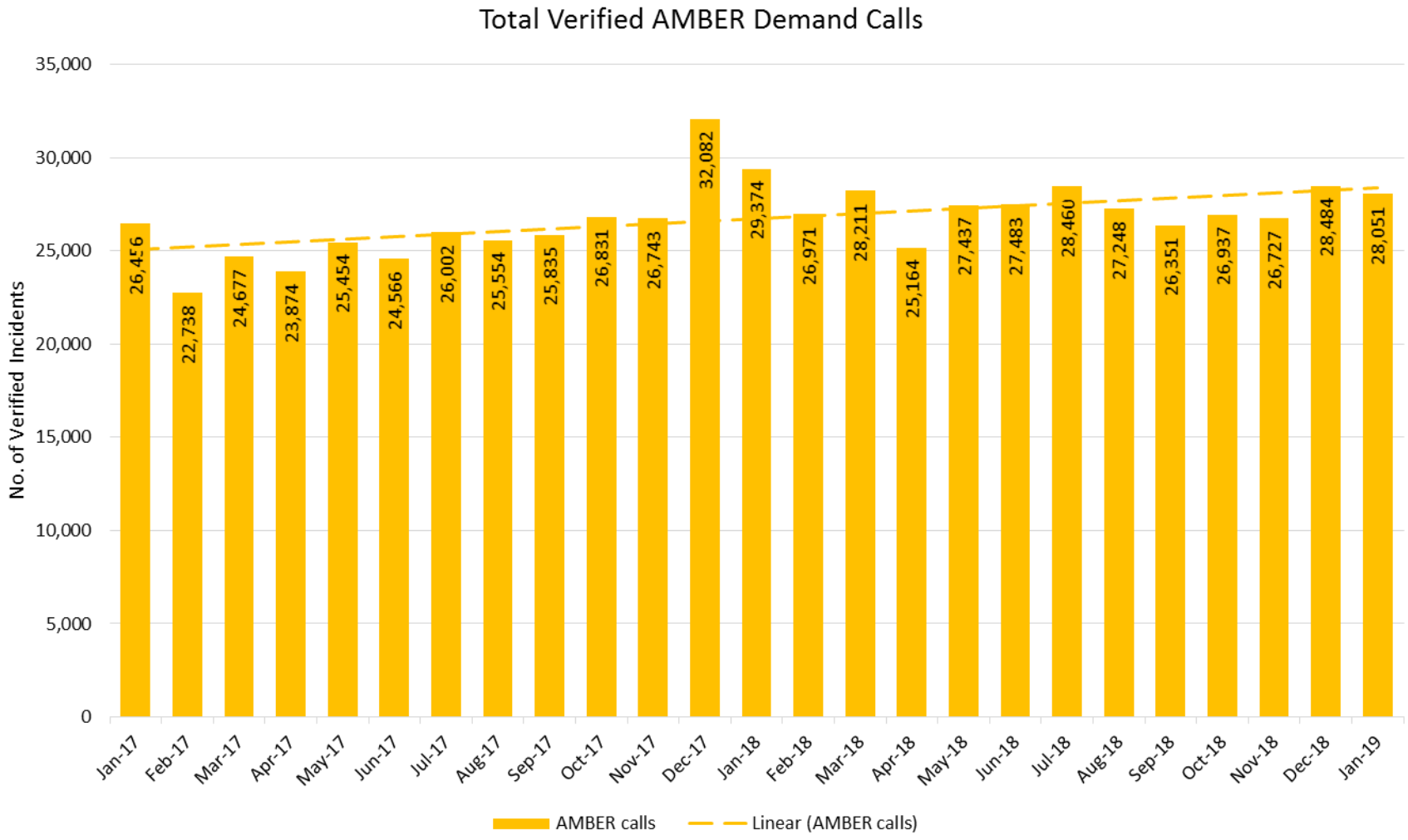
DEMAND


Total Verified Demand split by RED, AMBER, GREEN
Number of Verified Incidents
50,000
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
RED calls
AMBER calls
GREEN calls
Total Calls
Linear (Total Calls)

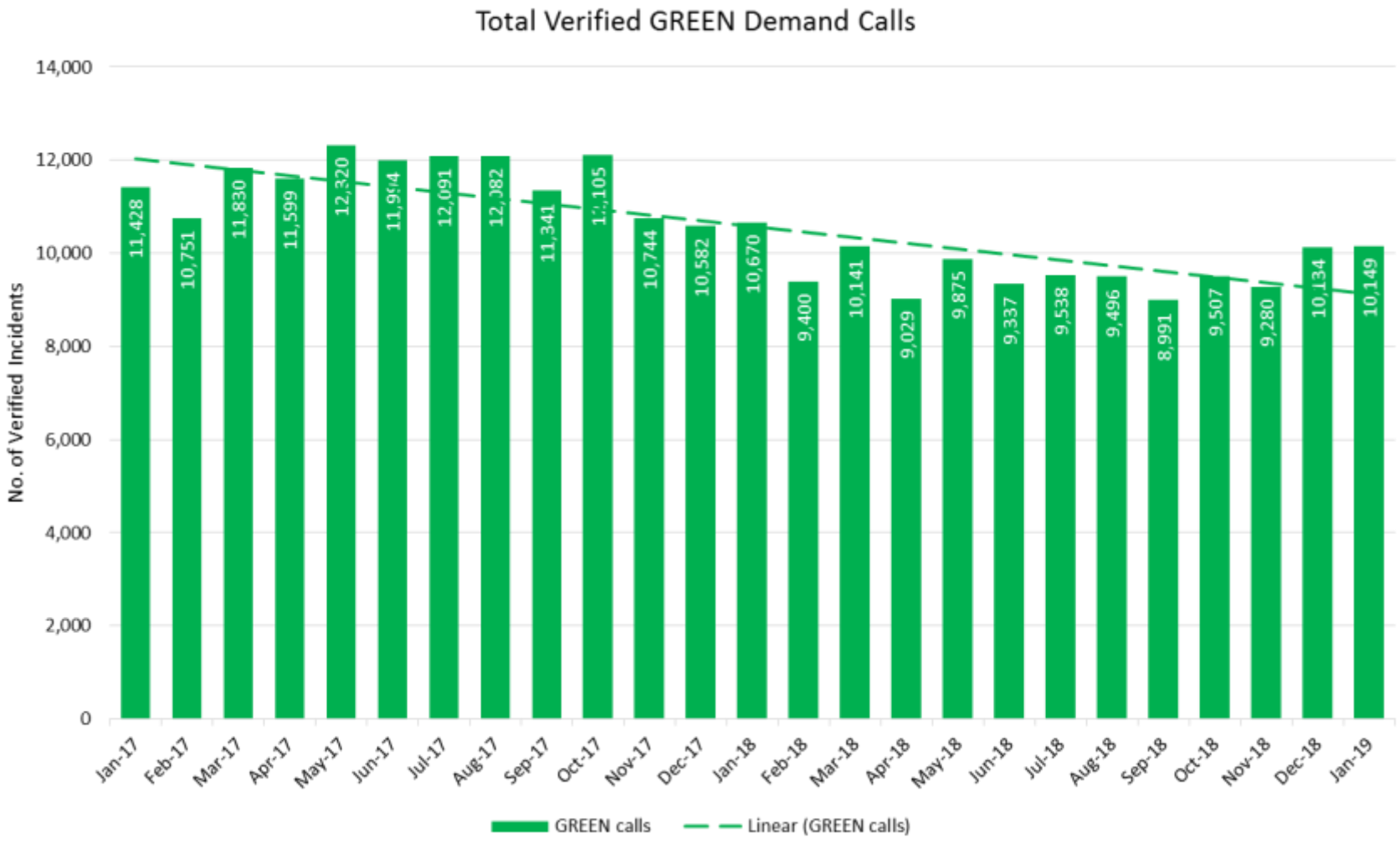
DEMAND


Total Verified RED Demand Calls
No. of Verified Incidents
3,000
2,500
2,000
1,500
1,000
500
0
1,980
1,657
1,851
1,778
1,749
1,779
1,836
1,747
1,696
1,825
1,800
2,282
2,207
1,952
2,227
1,806
1,946
2,044
2,052
1,986
1,931
2,044
2,233
2,431
2,045
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
RED calls
Linear (RED calls)

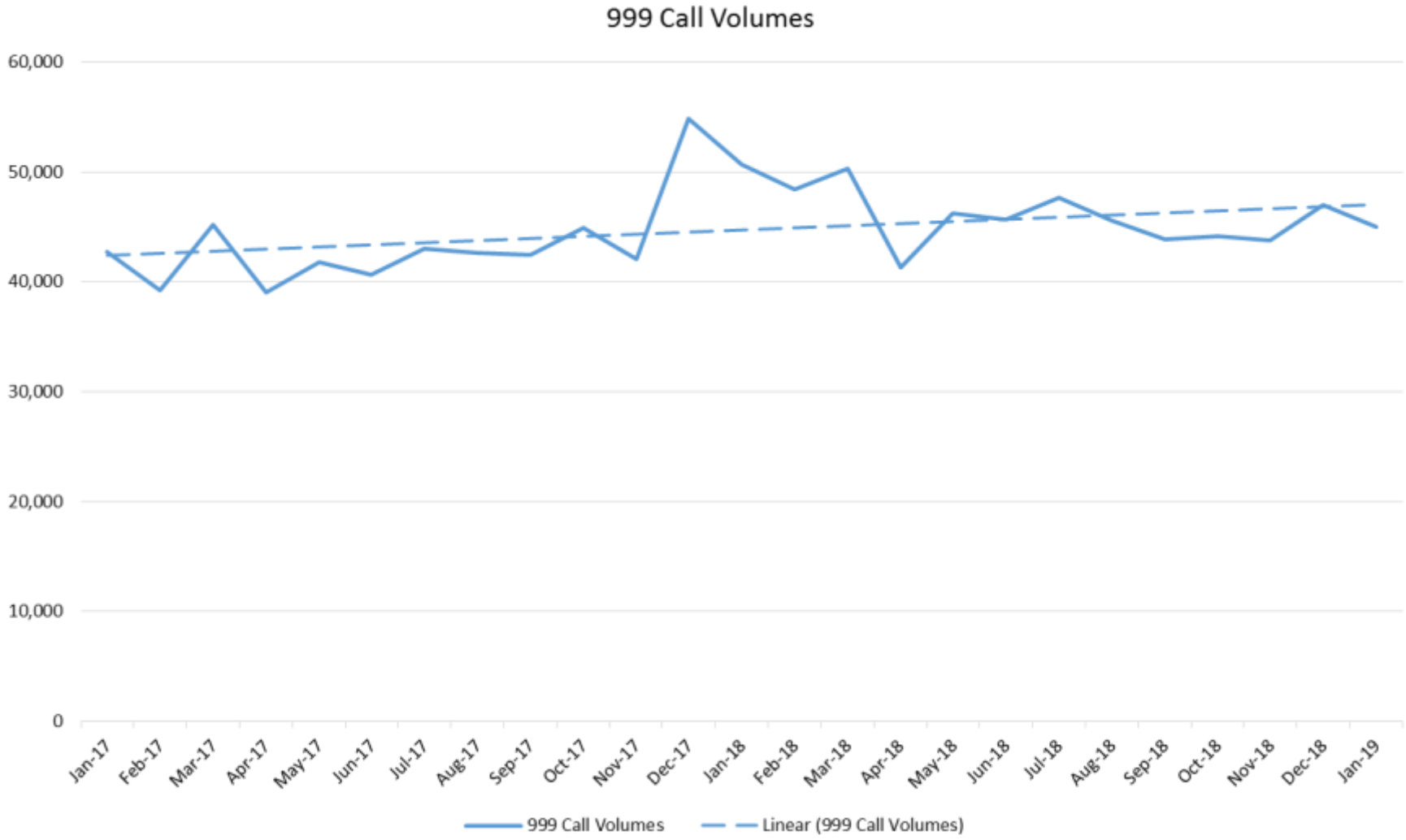
DEMAND


Total Verified AMBER Demand Calls
No. of Verified Incidents
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
26,456
22,738
24,677
23,874
25,454
24,566
26,002
25,554
25,835
26,831
26,743
32,082
29,374
26,971
28,211
25,164
27,437
27,483
28,460
27,248
26,351
26,937
26,727
28,484
28,051
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
AMBER calls
Linear (AMBER calls)

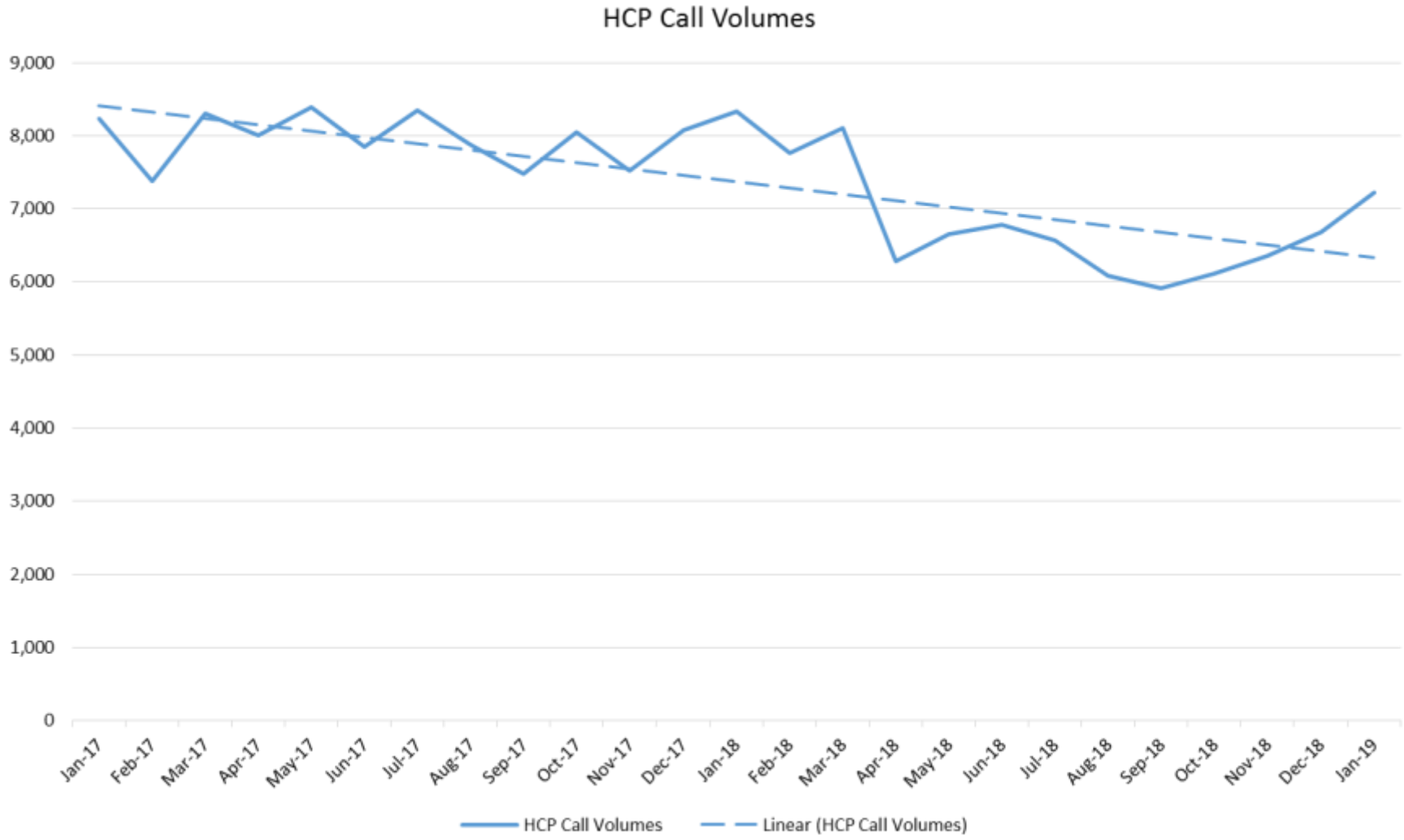
DEMAND


Total Verified GREEN Demand Calls
No. of Verified Incidents
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
11,428
10,751
11,830
11,599
12,320
11,994
12,091
12,382
11,341
12,105
10,744
10,582
10,670
9,400
10,141
9,029
9,875
9,337
9,538
9,496
8,991
9,507
9,280
10,134
10,149
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
GREEN calls
Linear (GREEN calls)

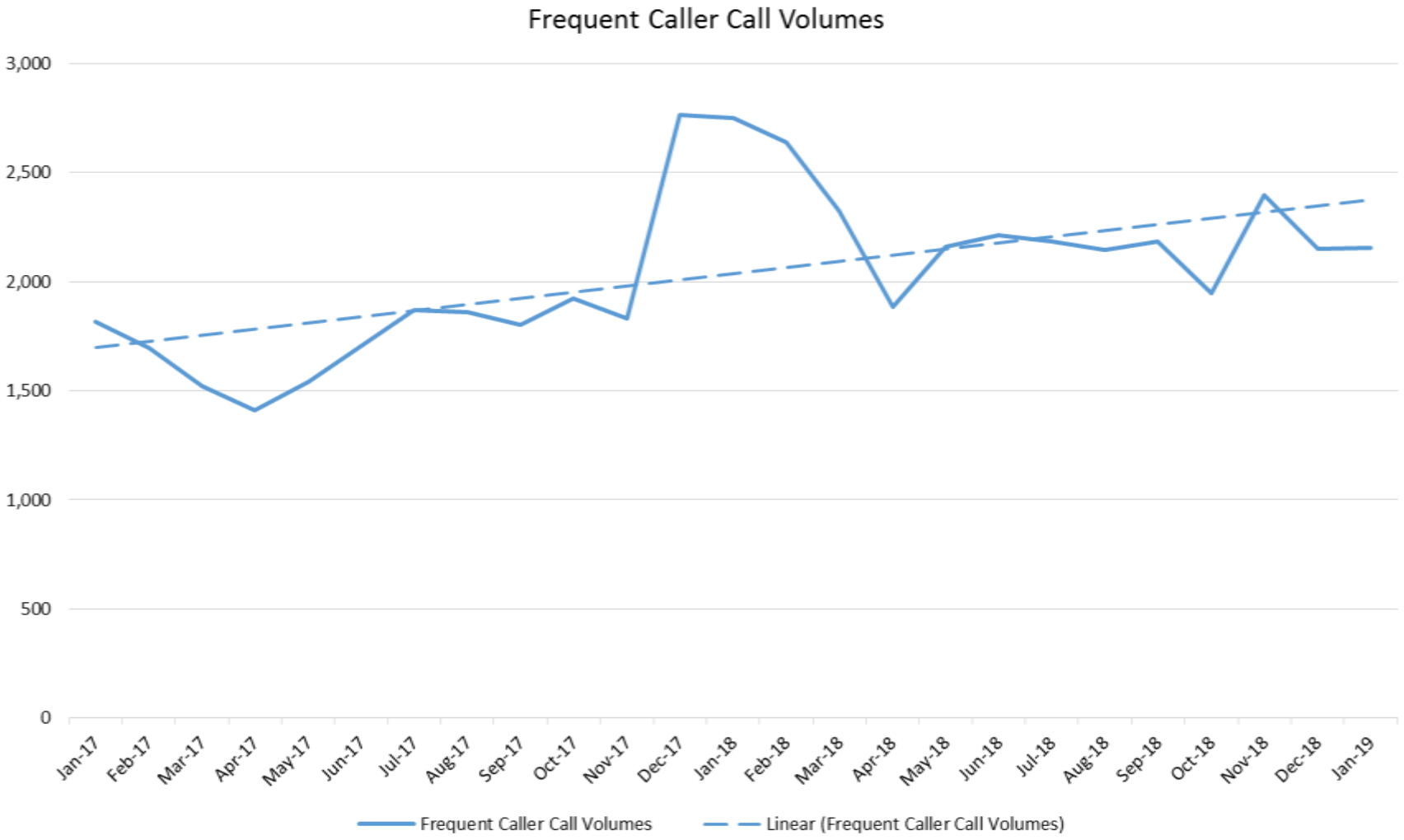
DEMAND


999 Call Volumes
60,000
50,000
40,000
30,000
20,000
10,000
0
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
999 Call Volumes
Linear (999 Call Volumes)

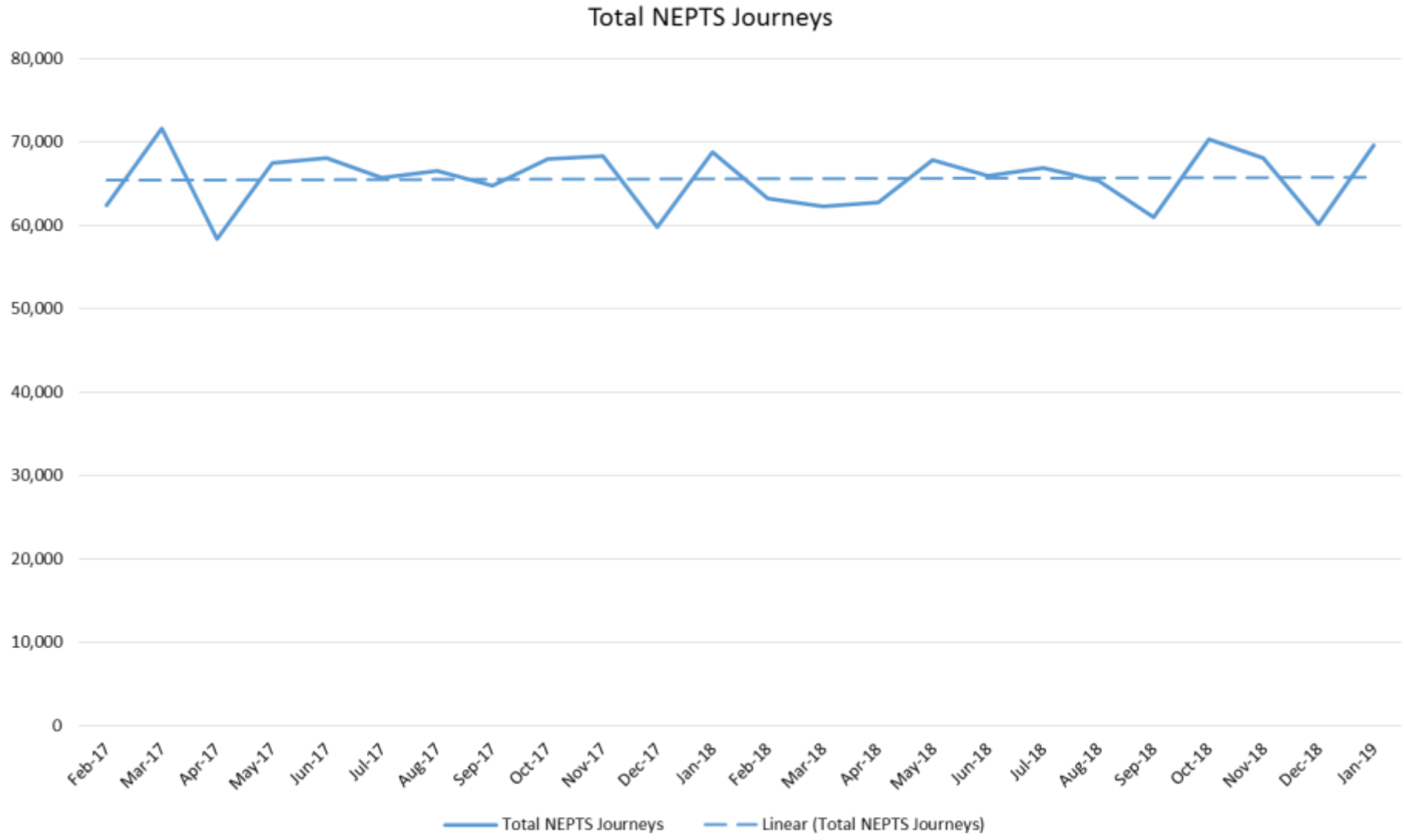
DEMAND


HCP Call Volumes
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
HCP Call Volumes
Linear (HCP Call Volumes)

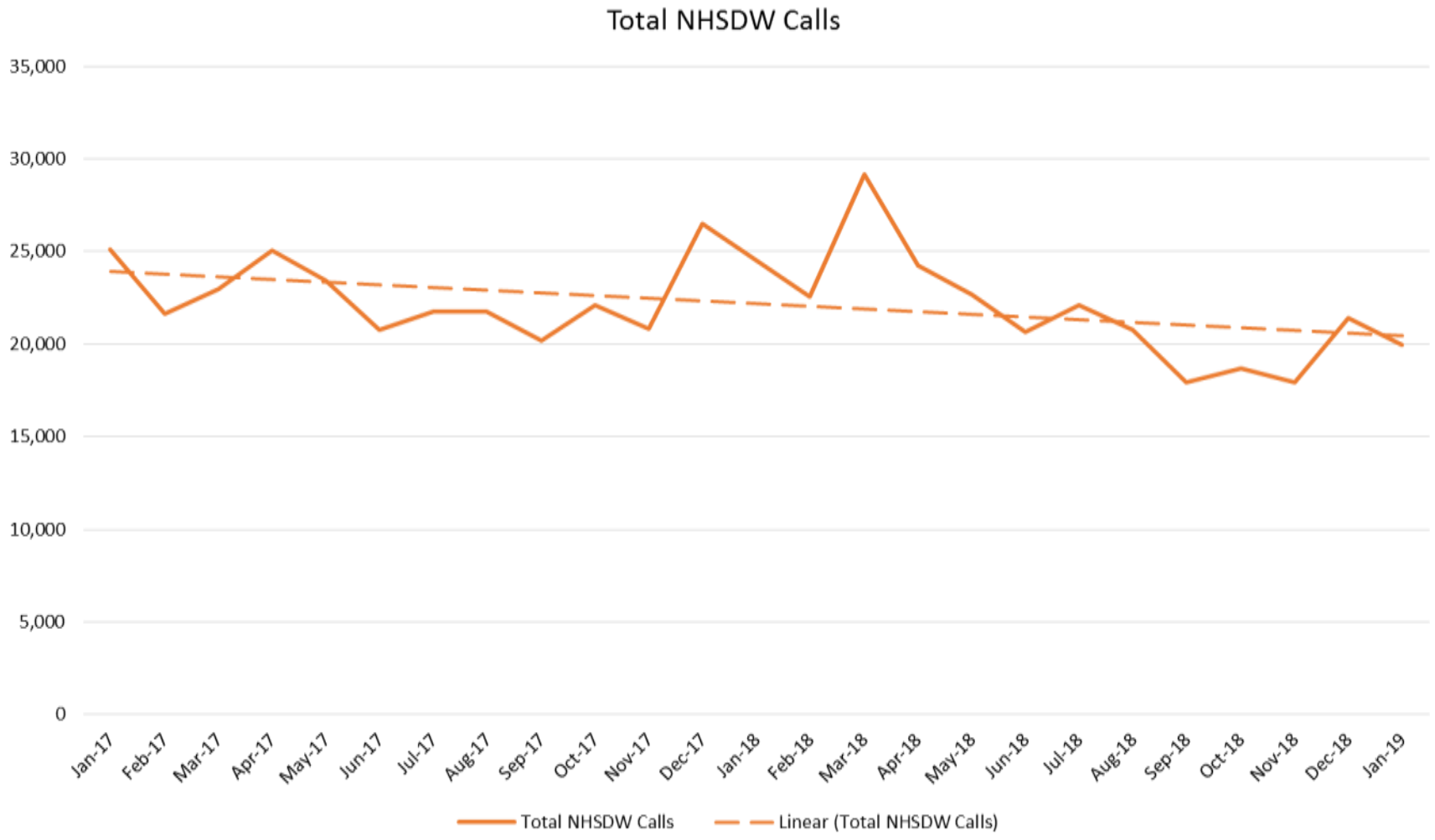
DEMAND


Frequent Caller Call Volumes
3,000
2,500
2,000
1,500
1,000
500
0
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Frequent Caller Call Volumes
Linear (Frequent Caller Call Volumes)

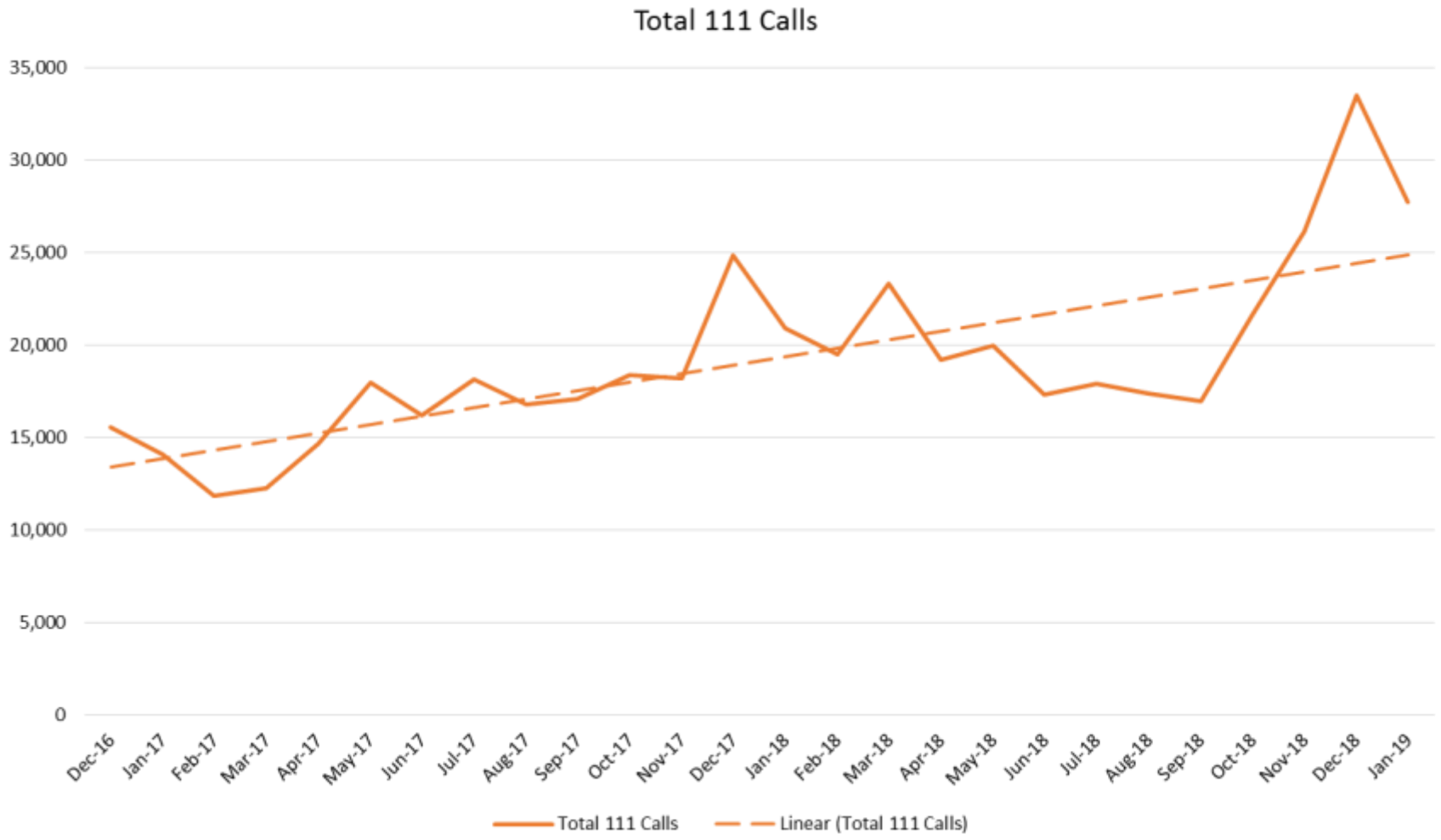
DEMAND


Total NEPTS Journeys
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Total NEPTS Journeys
Linear (Total NEPTS Journeys)

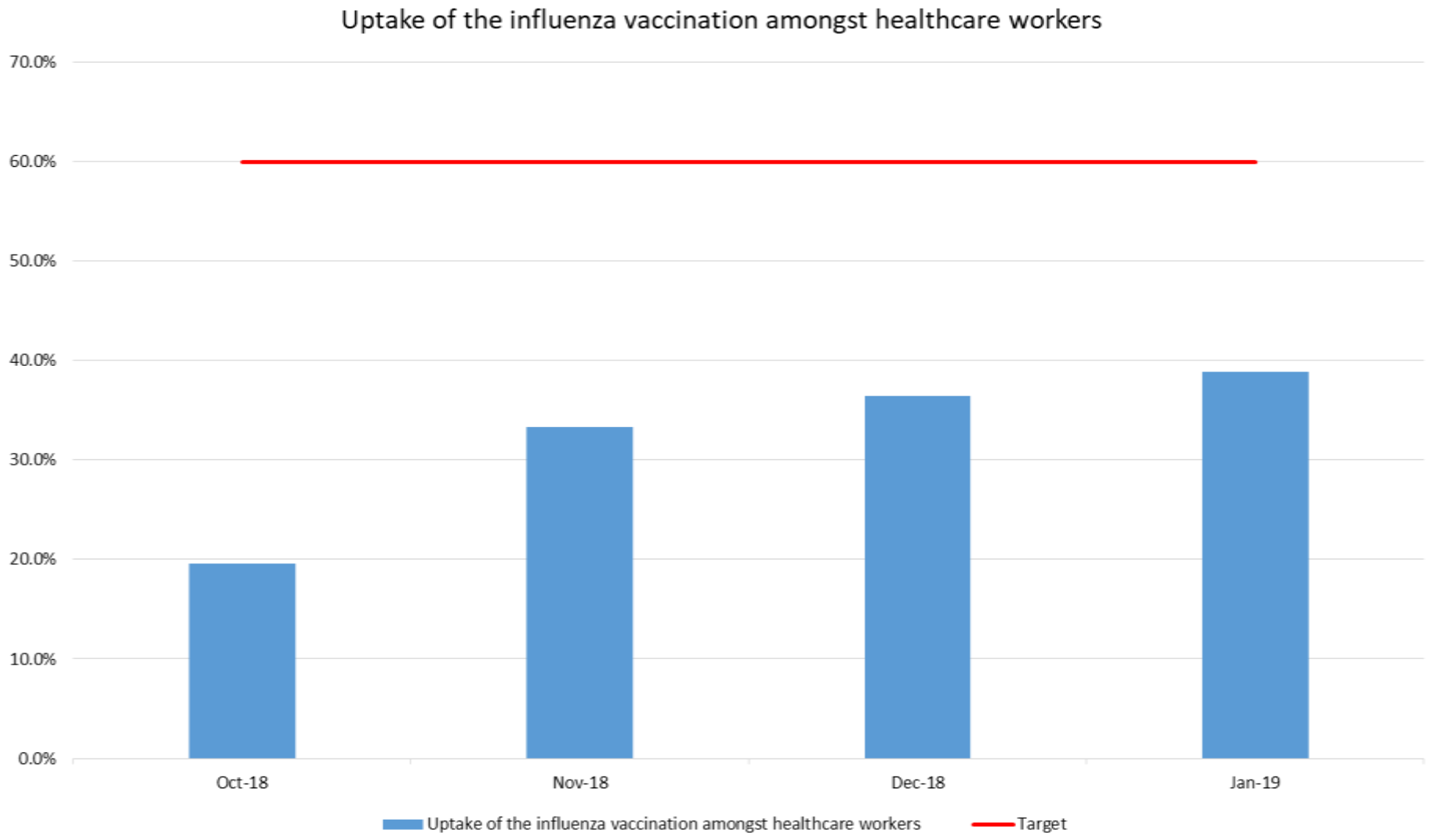
DEMAND


Total NHSDW Calls
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Total NHSDW Calls
Linear (Total NHSDW Calls)

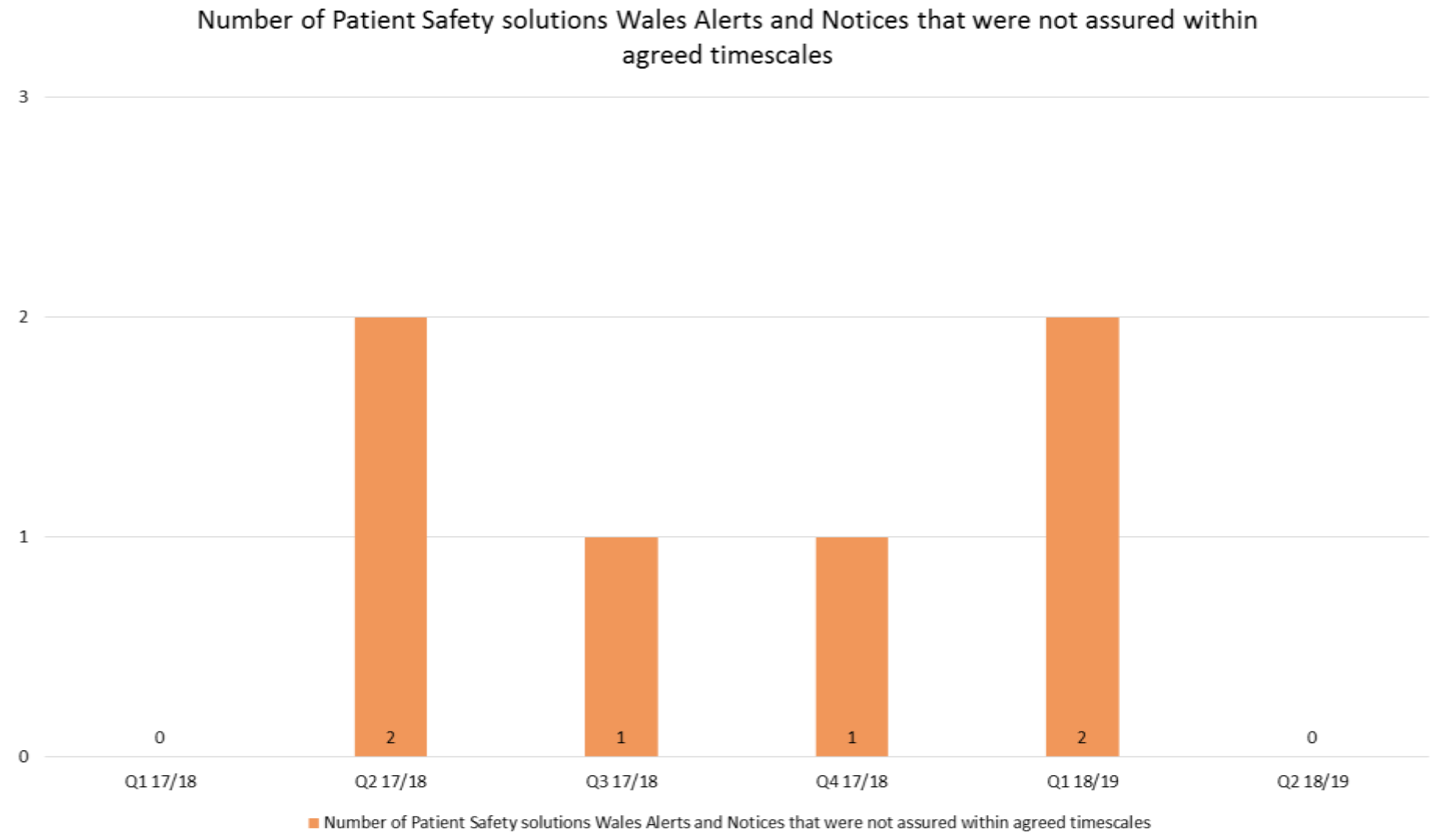
DEMAND


Total 111 Calls
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Total 111 Calls
Linear (Total 111 Calls)

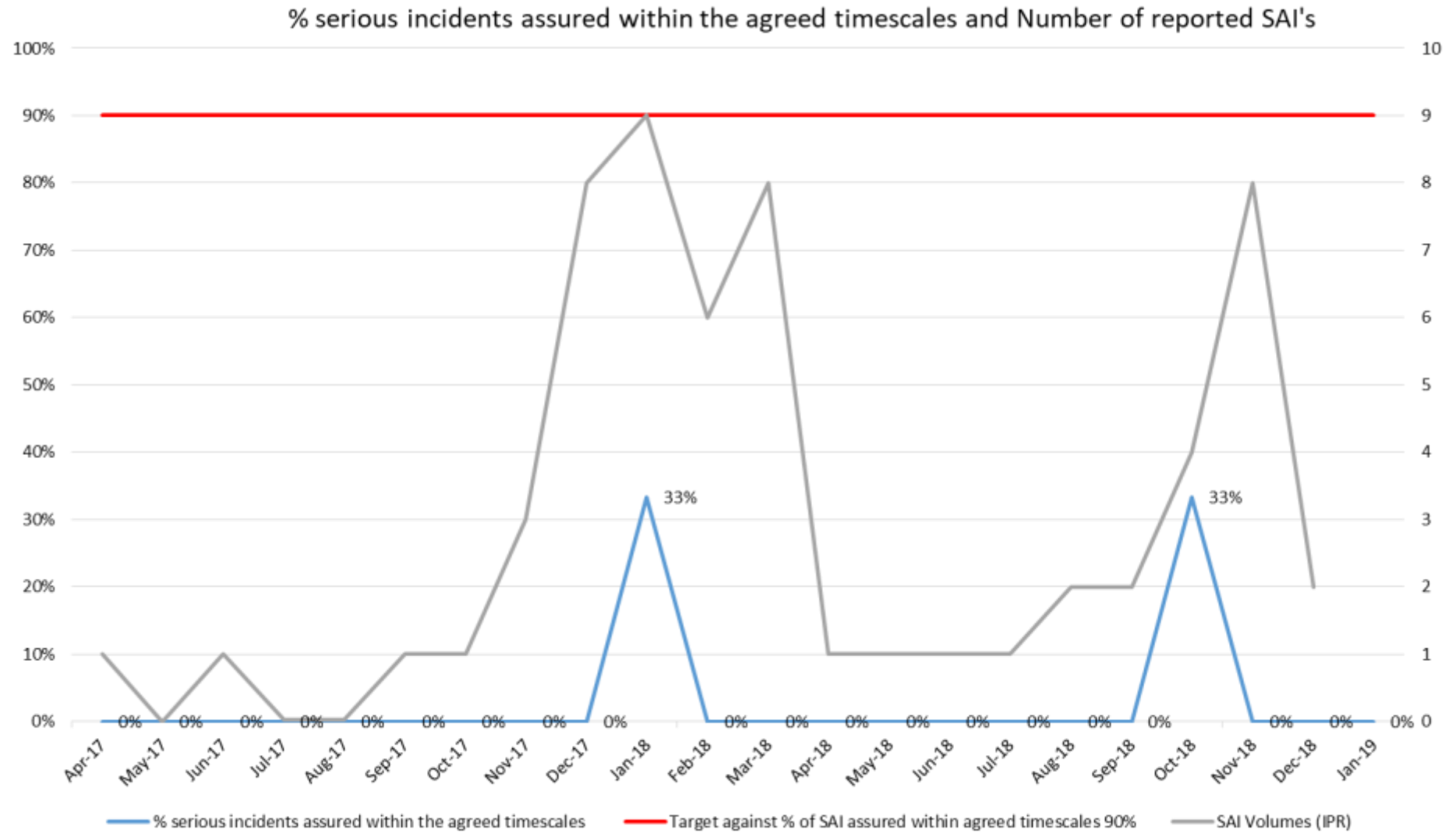
STAYING HEALTHY



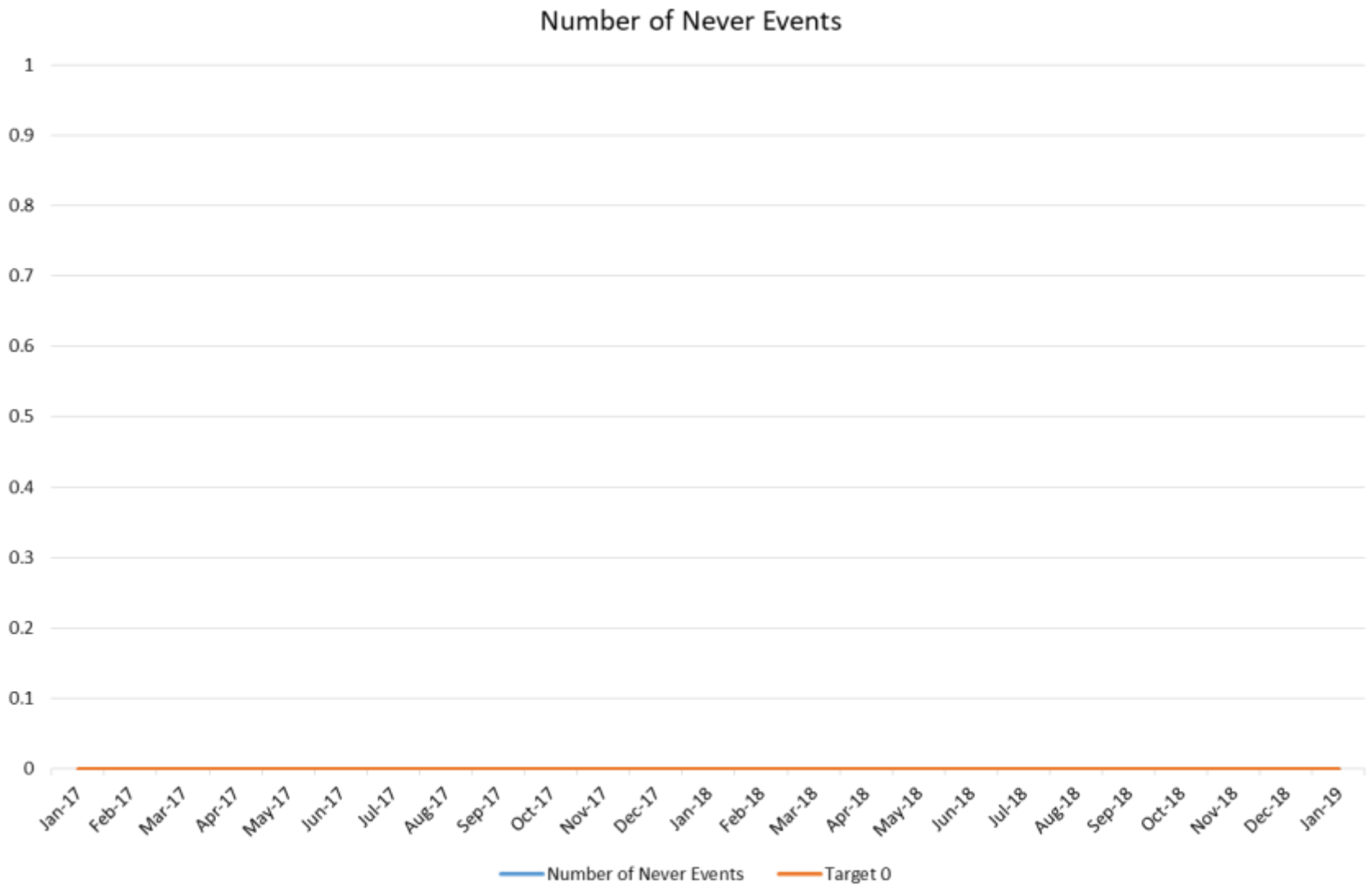
SAFE CARE


Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales
3
2
1
0
0
2
1
1
2
0
Q1 17/18
Q2 17/18
Q3 17/18
Q4 17/18
Q1 18/19
Q2 18/19
Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales

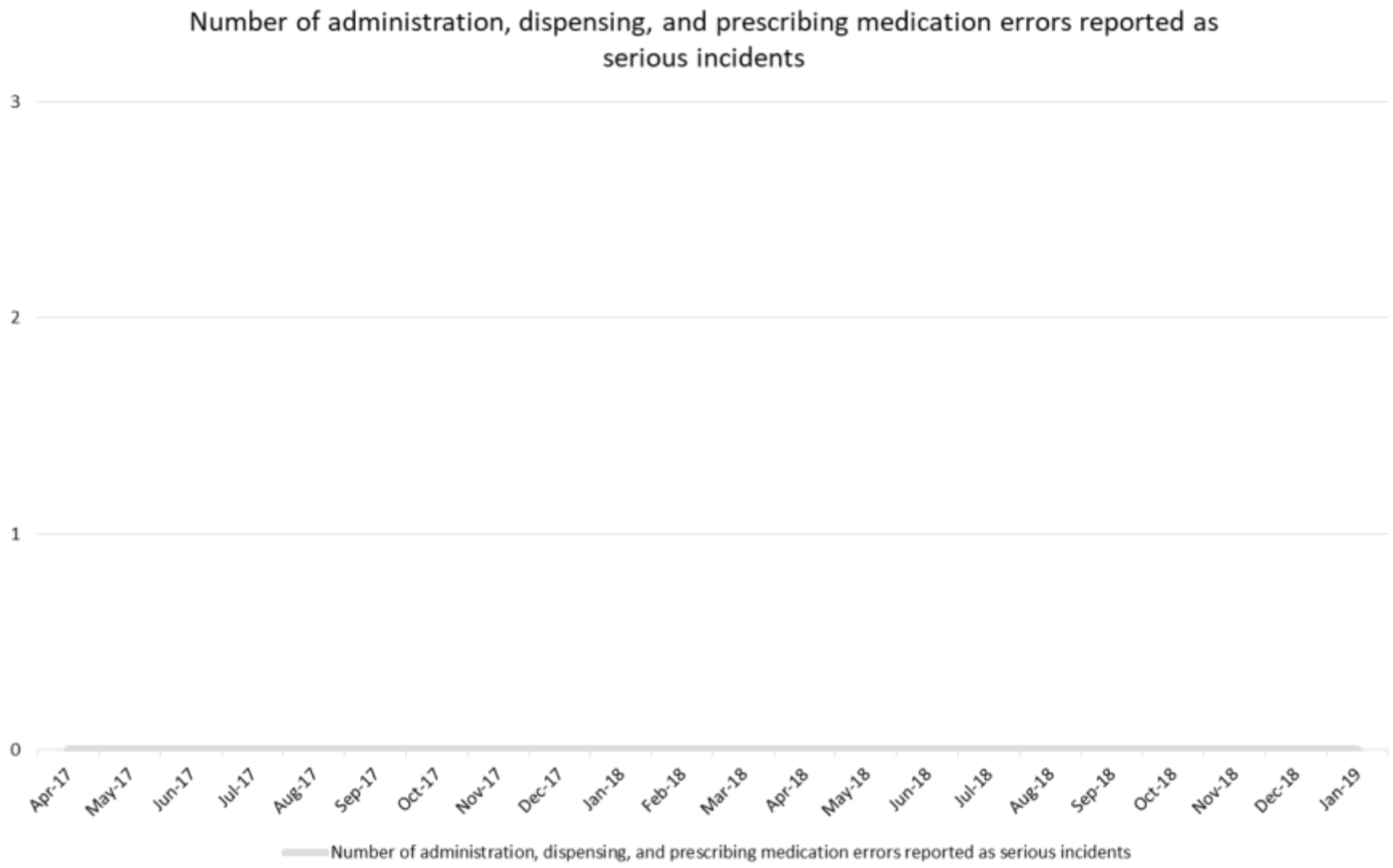
SAFE CARE – to update



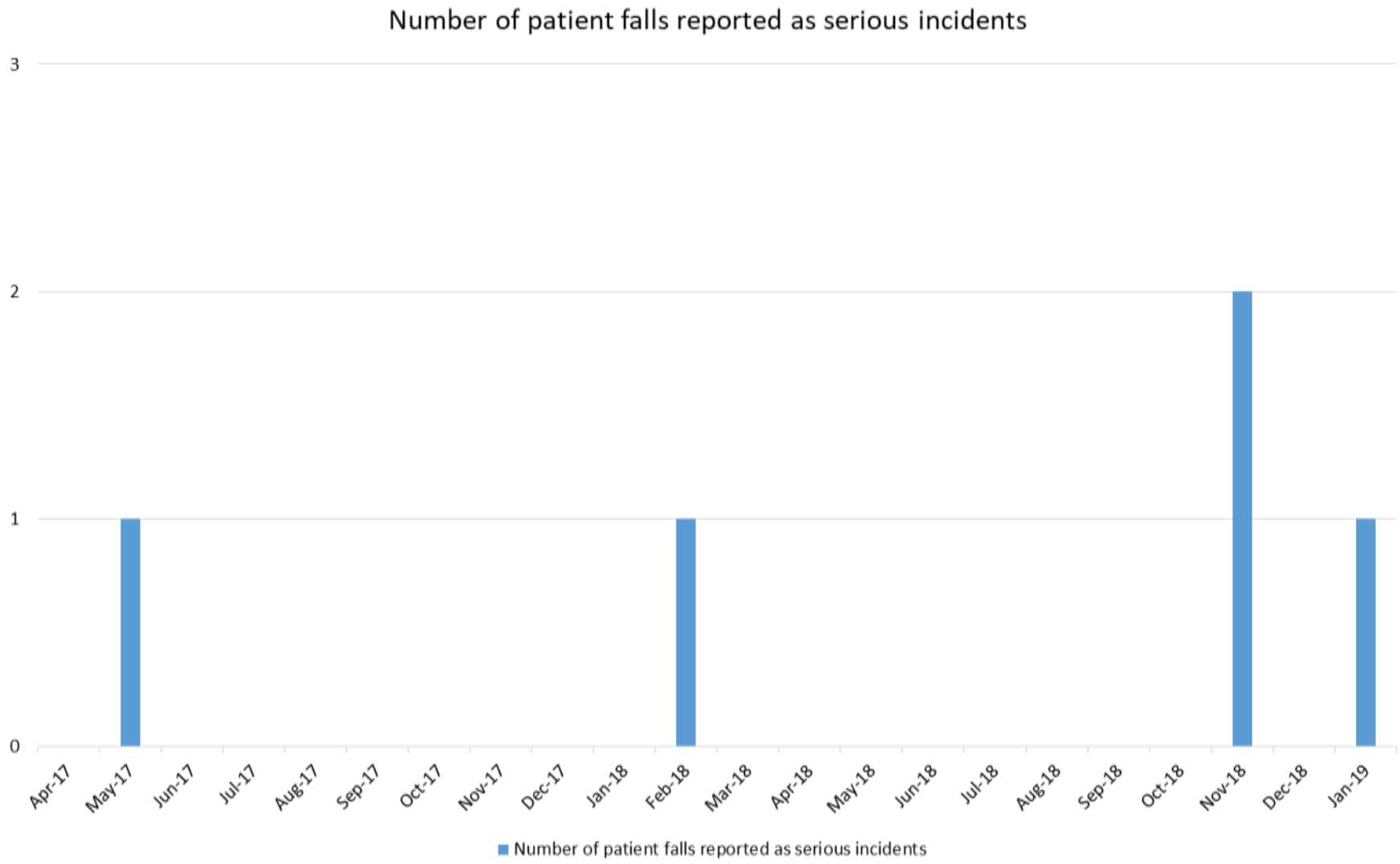
SAFE CARE

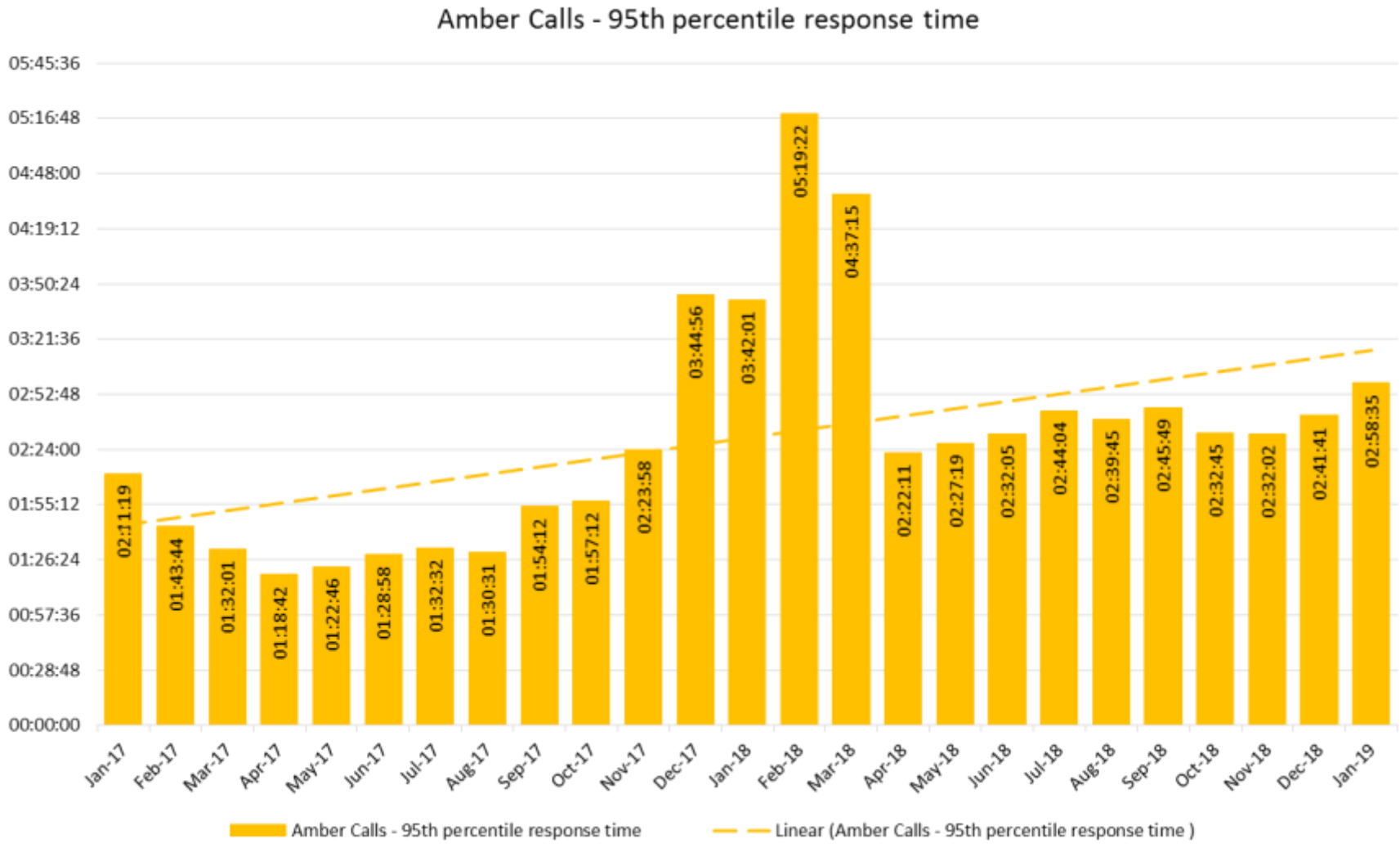

Number of Never Events
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Number of Never Events
Target 0

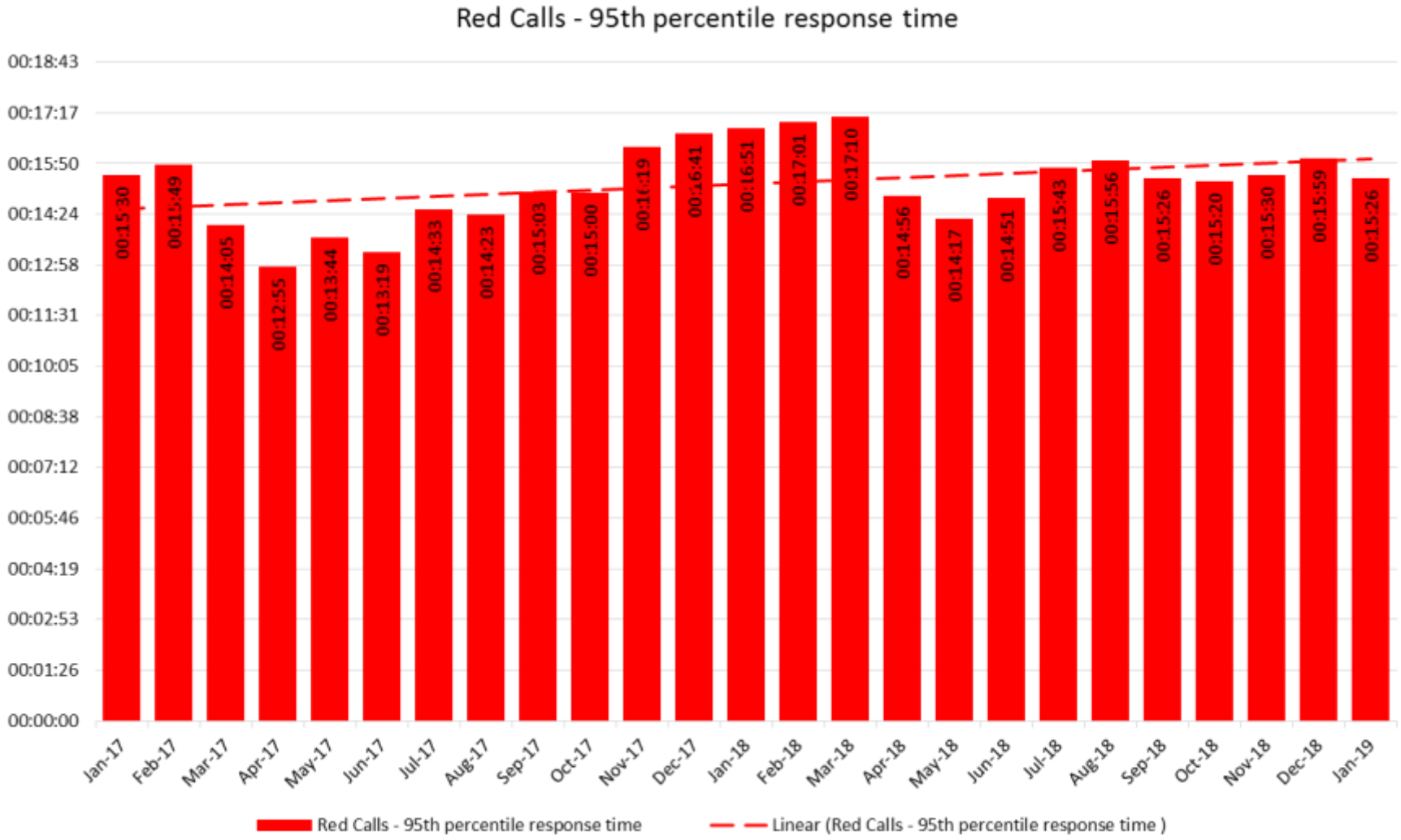
SAFE CARE


Number of administration, dispensing, and prescribing medication errors reported as serious incidents
3
2
1
0
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Number of administration, dispensing, and prescribing medication errors reported as serious incidents

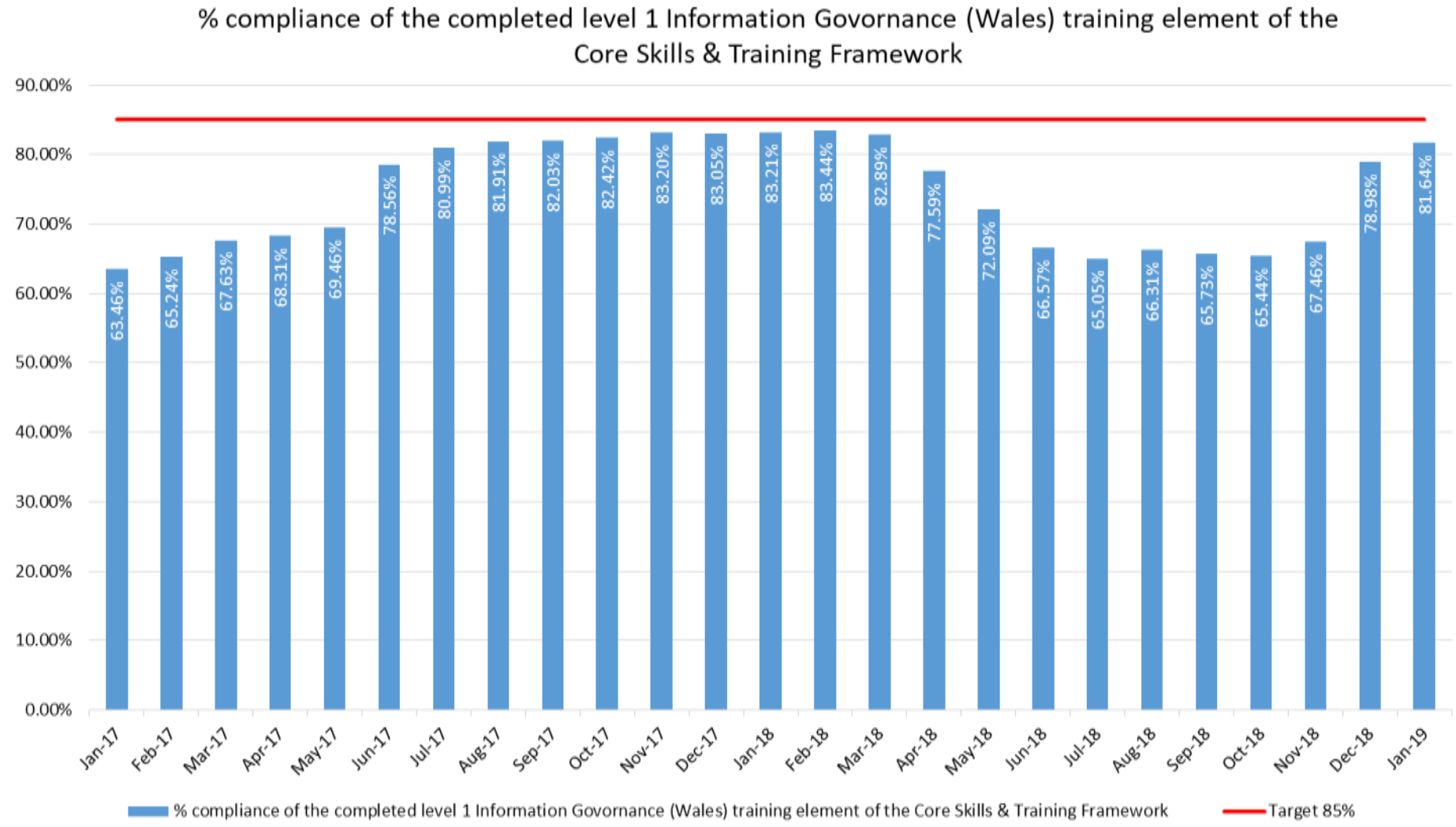
SAFE CARE


Number of patient falls reported as serious incidents
3
2
1
0
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Number of patient falls reported as serious incidents

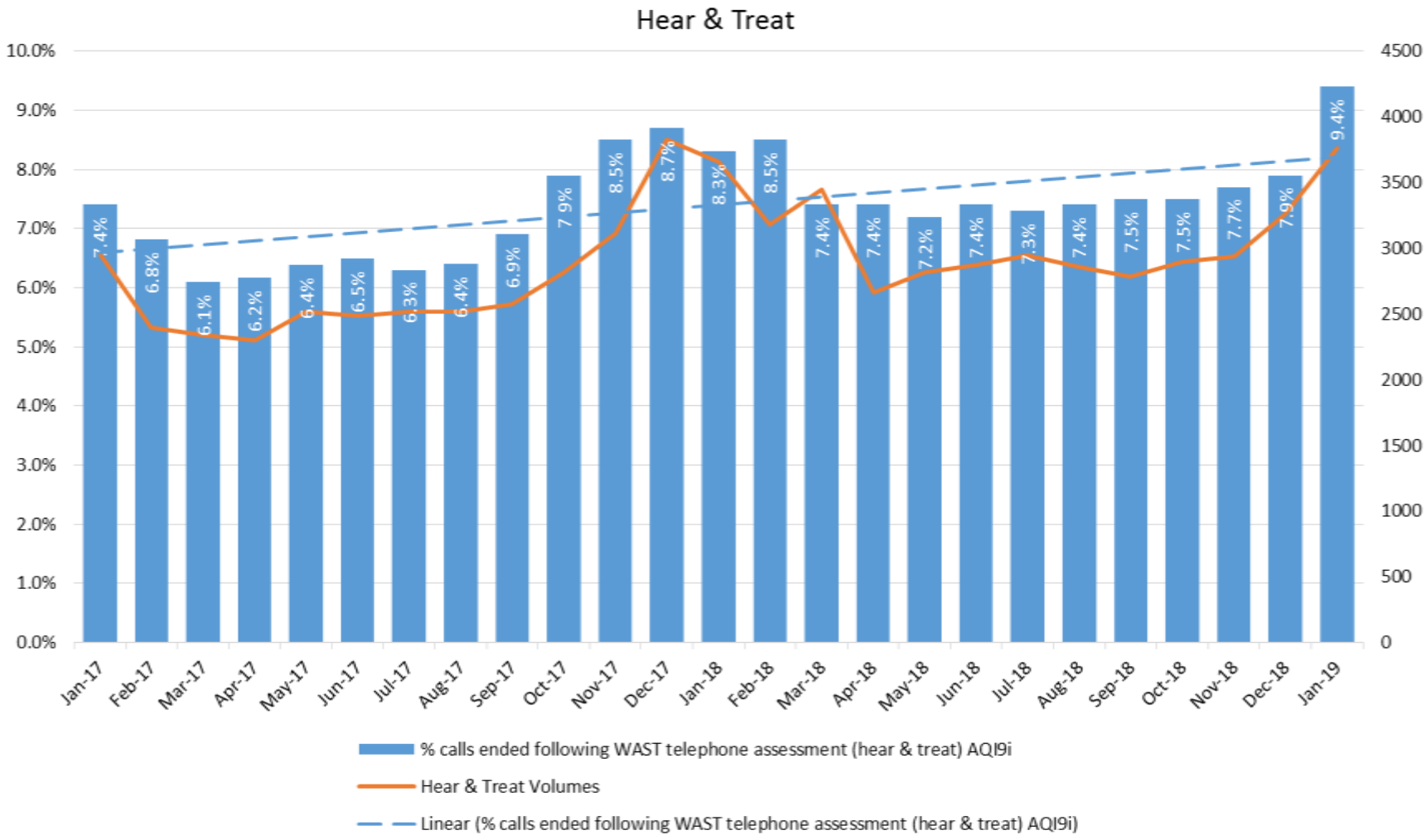

Amber Calls - 95th percentile response time
05:45:36
05:16:48
04:48:00
04:19:12
03:50:24
03:21:36
02:52:48
02:24:00
01:55:12
01:26:24
00:57:36
00:28:48
00:00:00
02:11:19
01:43:44
01:32:01
01:18:42
01:22:46
01:28:58
01:32:32
01:30:31
01:54:12
01:57:12
02:23:58
03:44:56
03:42:01
05:19:22
04:37:15
02:22:11
02:27:19
02:32:05
02:44:04
02:39:45
02:45:49
02:32:45
02:32:02
02:41:41
02:58:35
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Amber Calls - 95th percentile response time
Linear (Amber Calls - 95th percentile response time)


Red Calls - 95th percentile response time
00:18:43
00:17:17
00:15:50
00:14:24
00:12:58
00:11:31
00:10:05
00:08:38
00:07:12
00:05:46
00:04:19
00:02:53
00:01:26
00:00:00
00:15:30
00:15:49
00:14:05
00:12:55
00:13:44
00:13:19
00:14:33
00:14:23
00:15:03
00:15:00
00:16:19
00:16:41
00:16:51
00:17:01
00:17:10
00:14:56
00:14:17
00:14:51
00:15:43
00:15:56
00:15:26
00:15:20
00:15:30
00:15:59
00:15:26
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Red Calls - 95th percentile response time
Linear (Red Calls - 95th percentile response time)

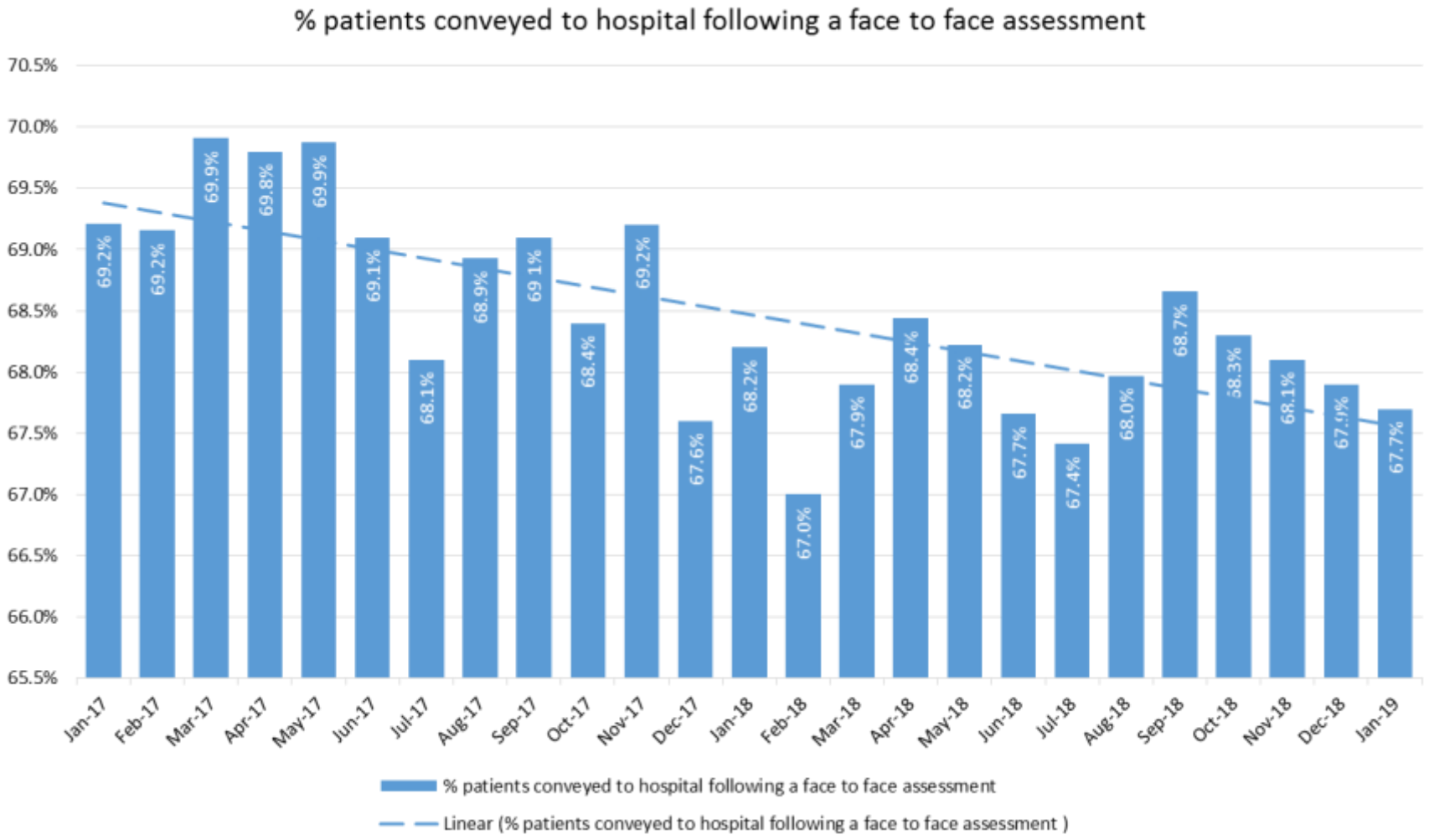
EFFECTIVE CARE



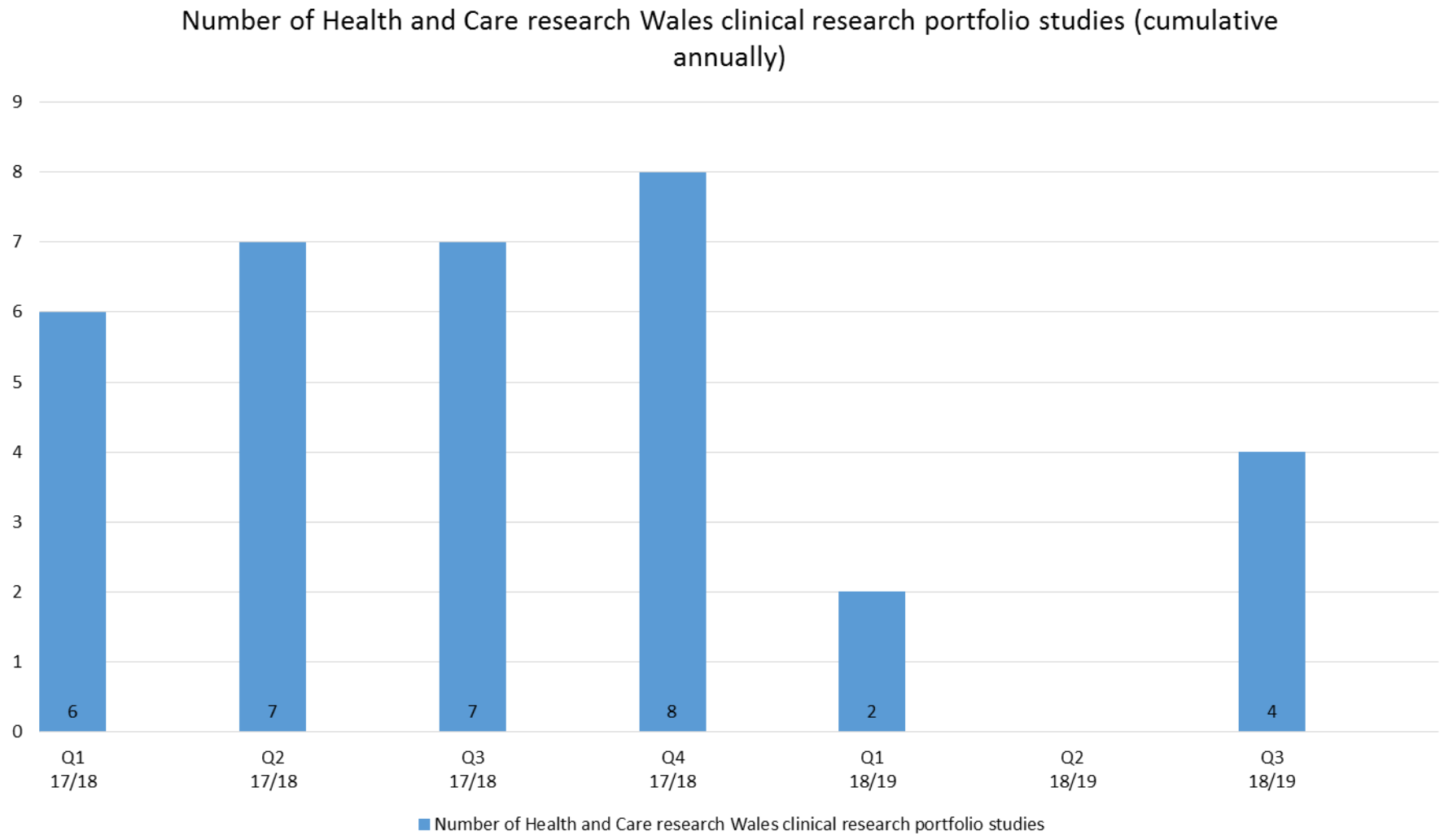
EFFECTIVE CARE



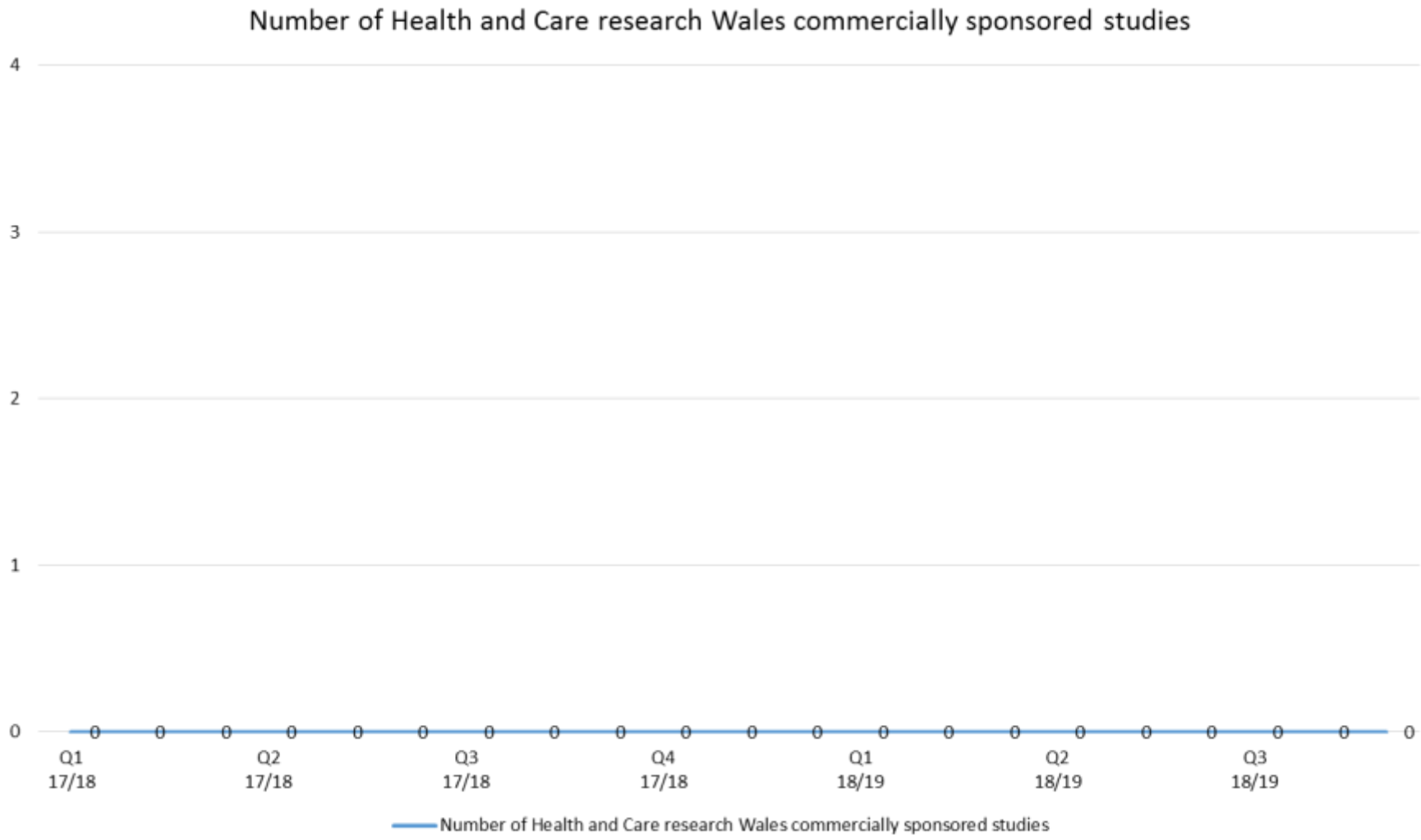
EFFECTIVE CARE



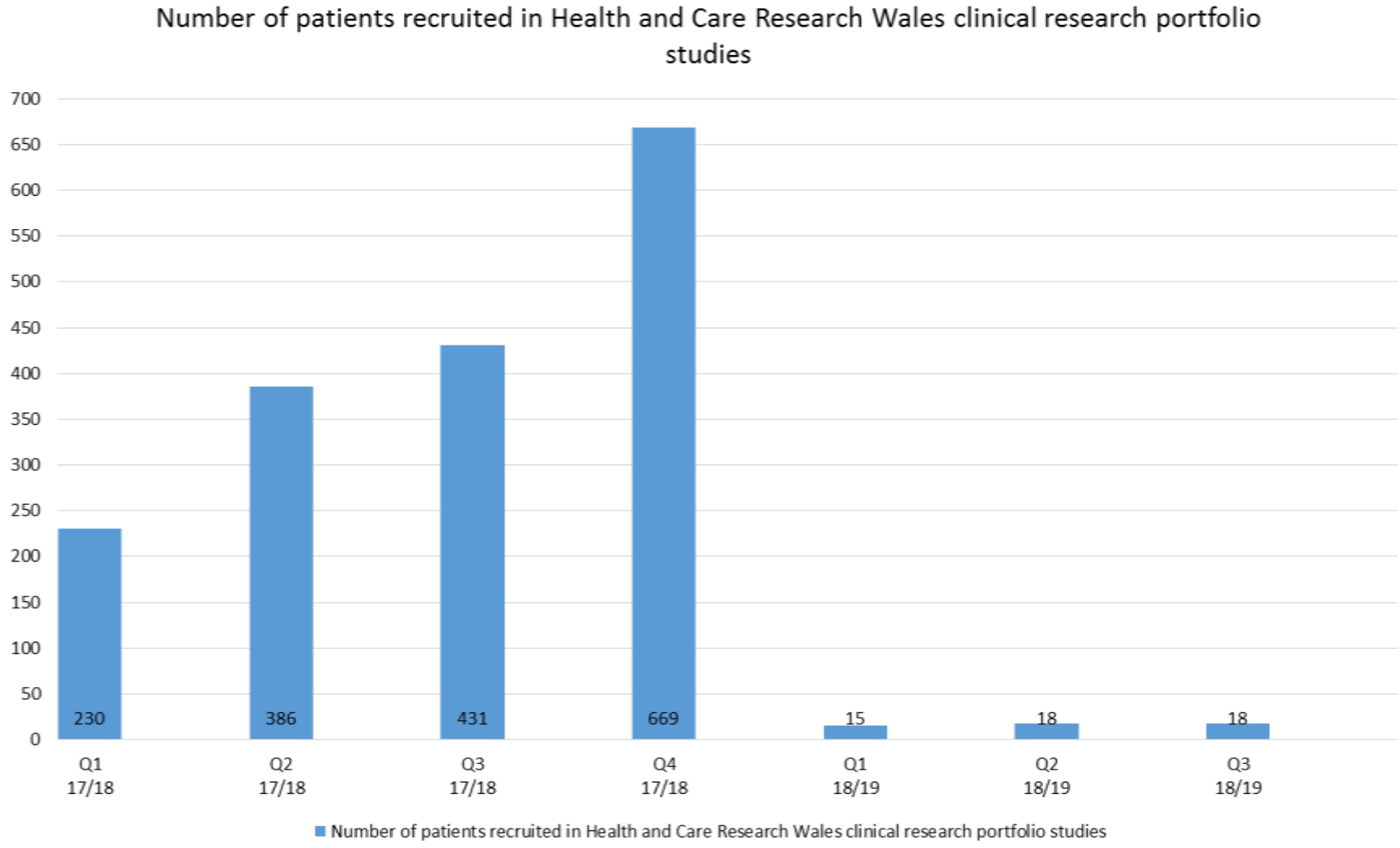
EFFECTIVE CARE



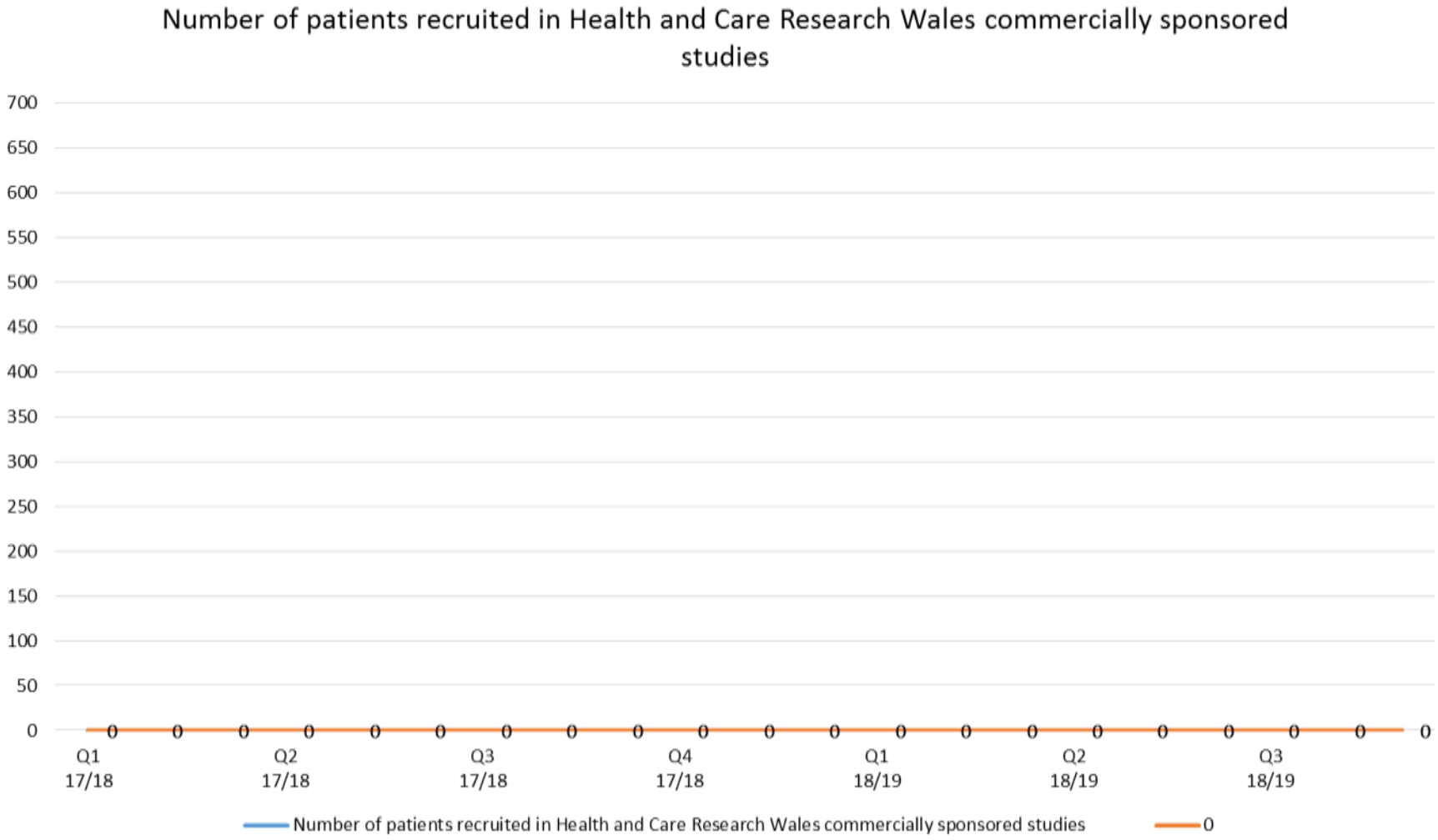
EFFECTIVE CARE



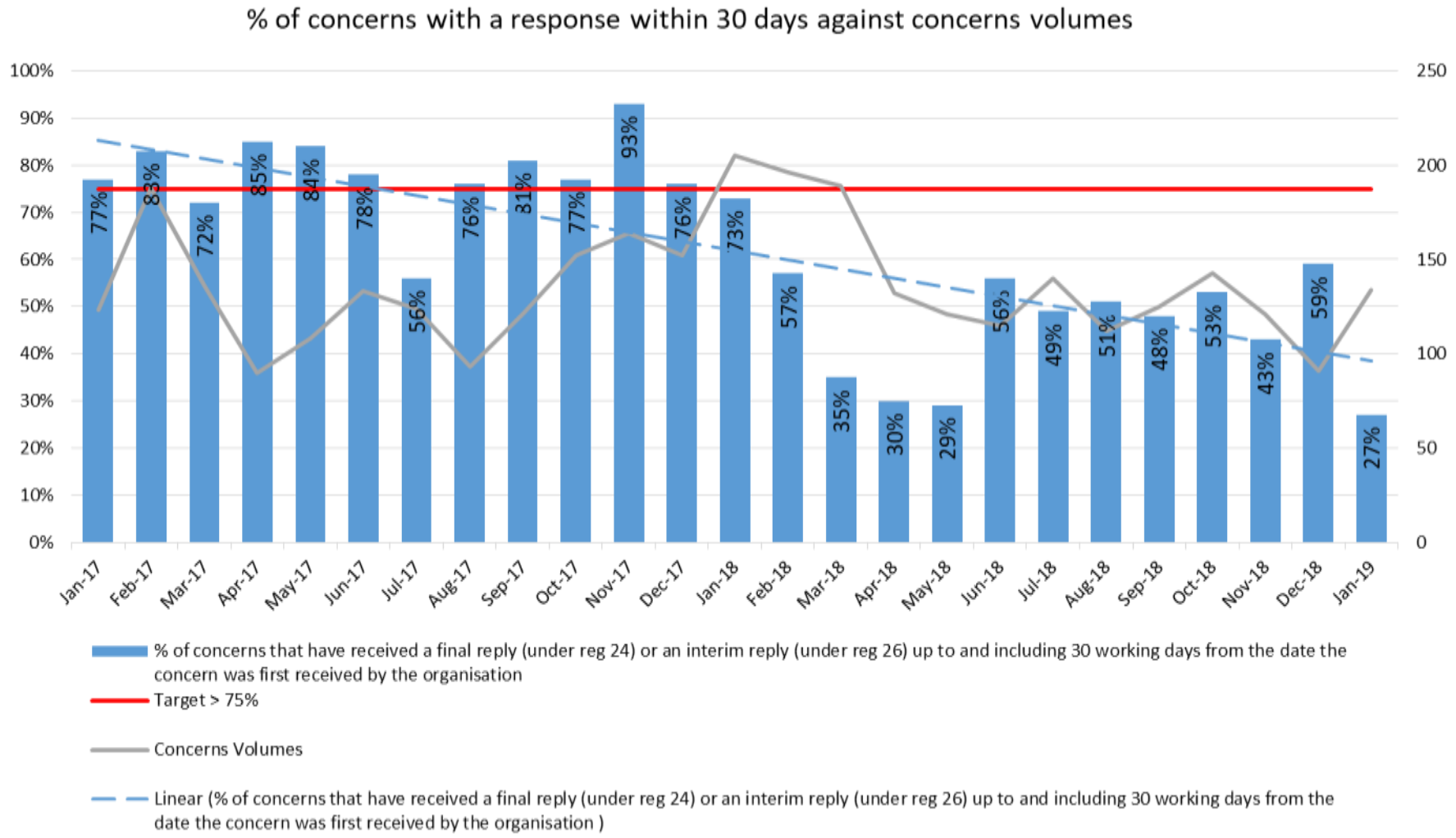
EFFECTIVE CARE



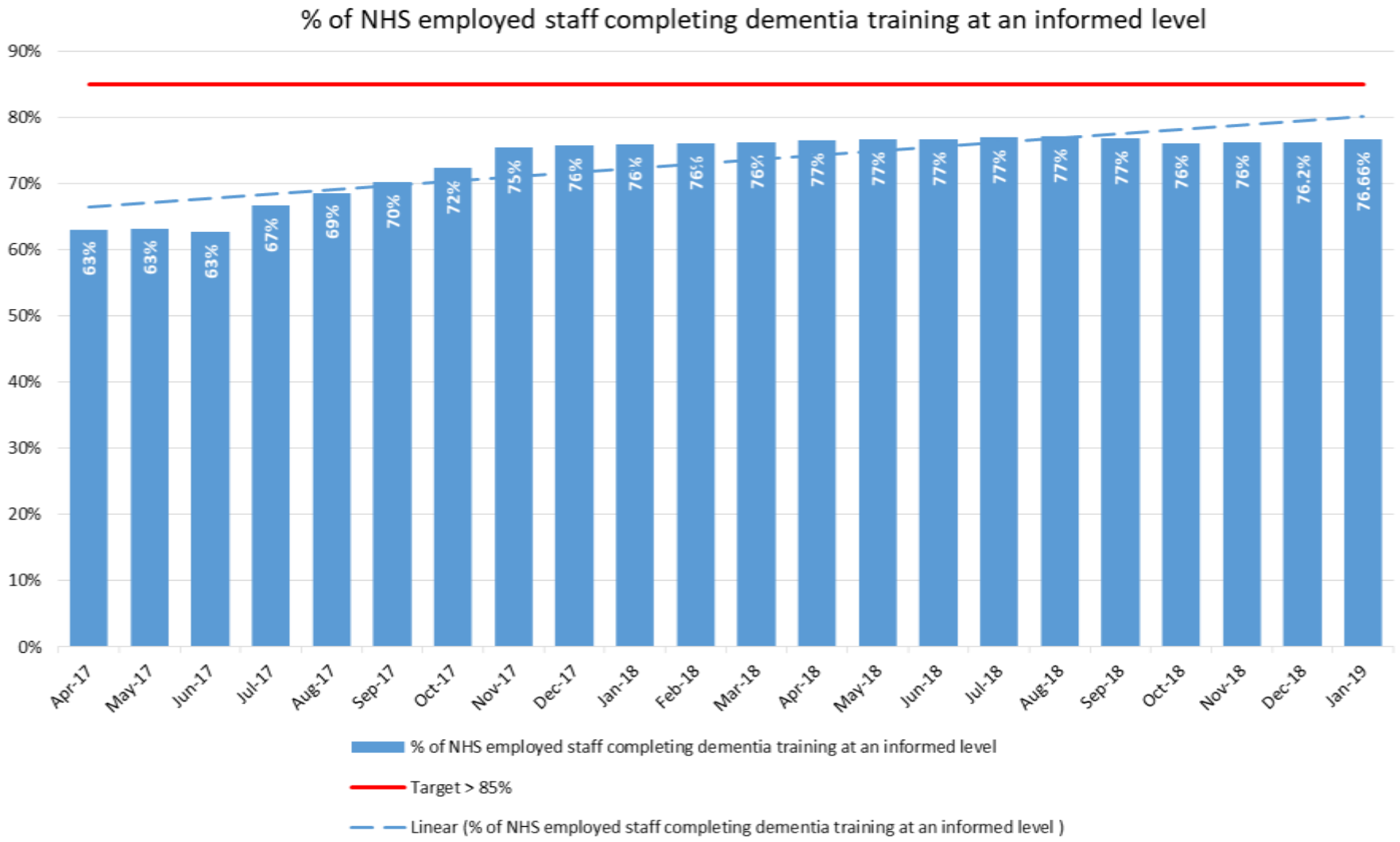
EFFECTIVE CARE



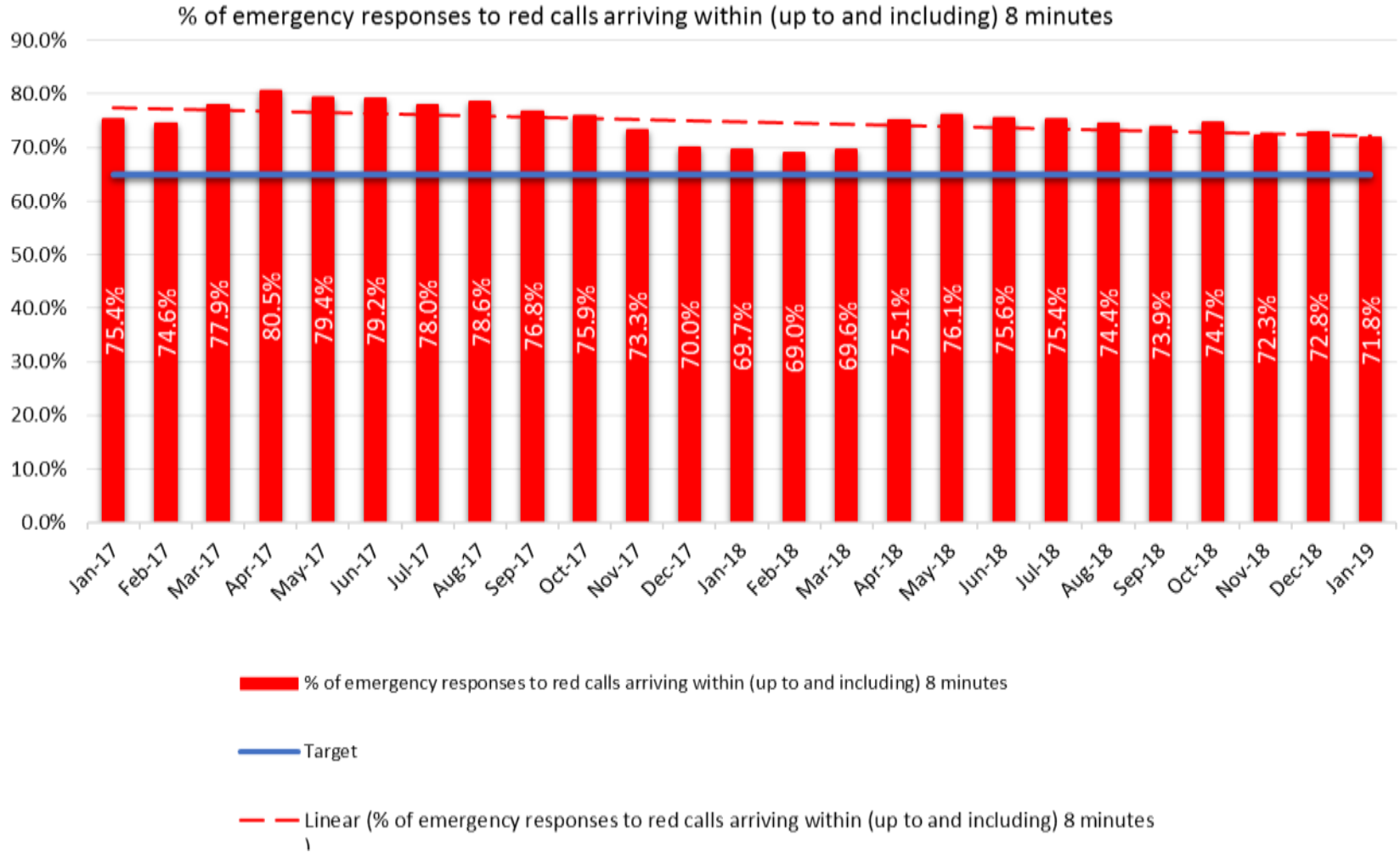
INDIVIDUAL & DIGNIFIED CARE



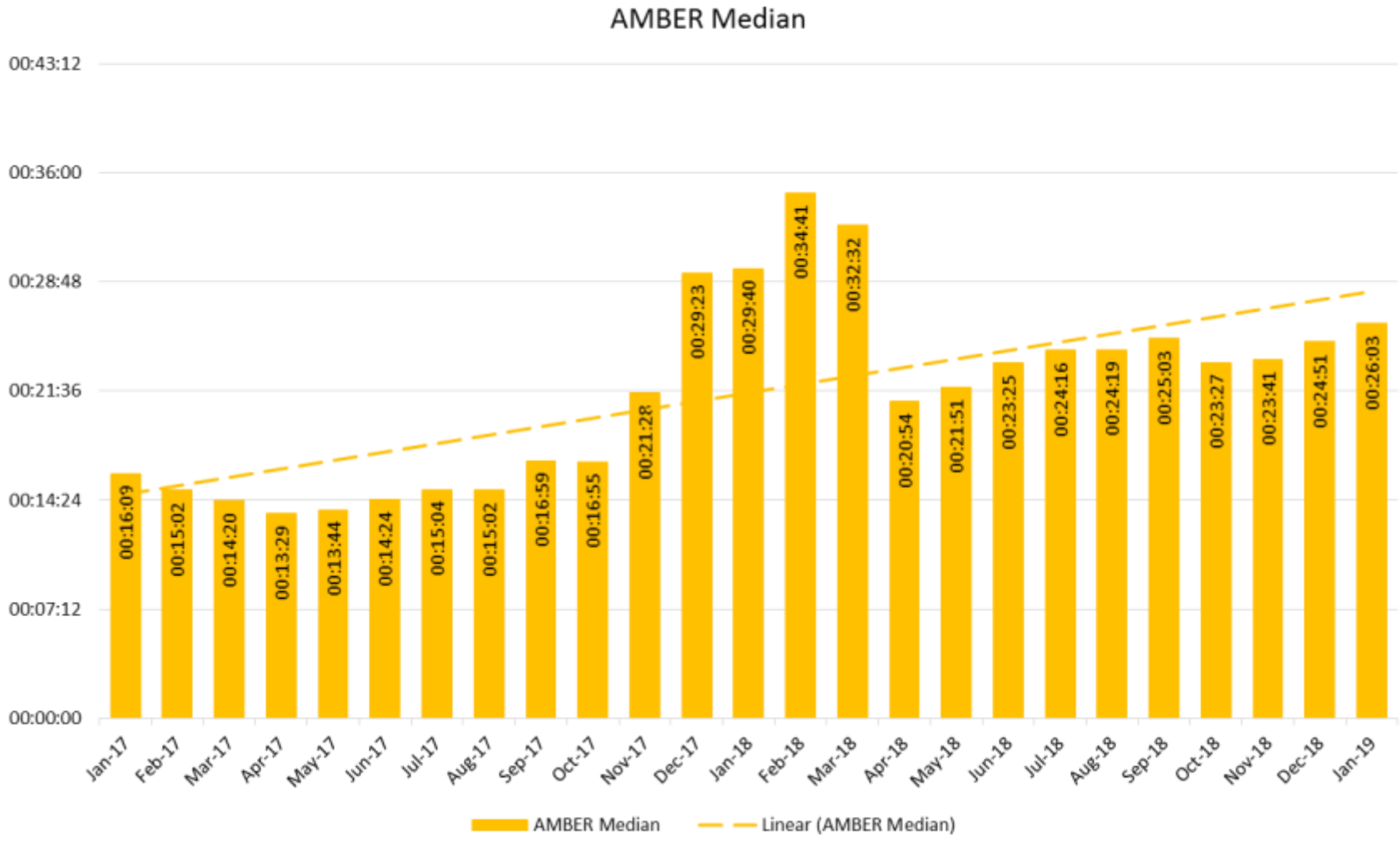
INDIVIDUAL & DIGNIFIED CARE



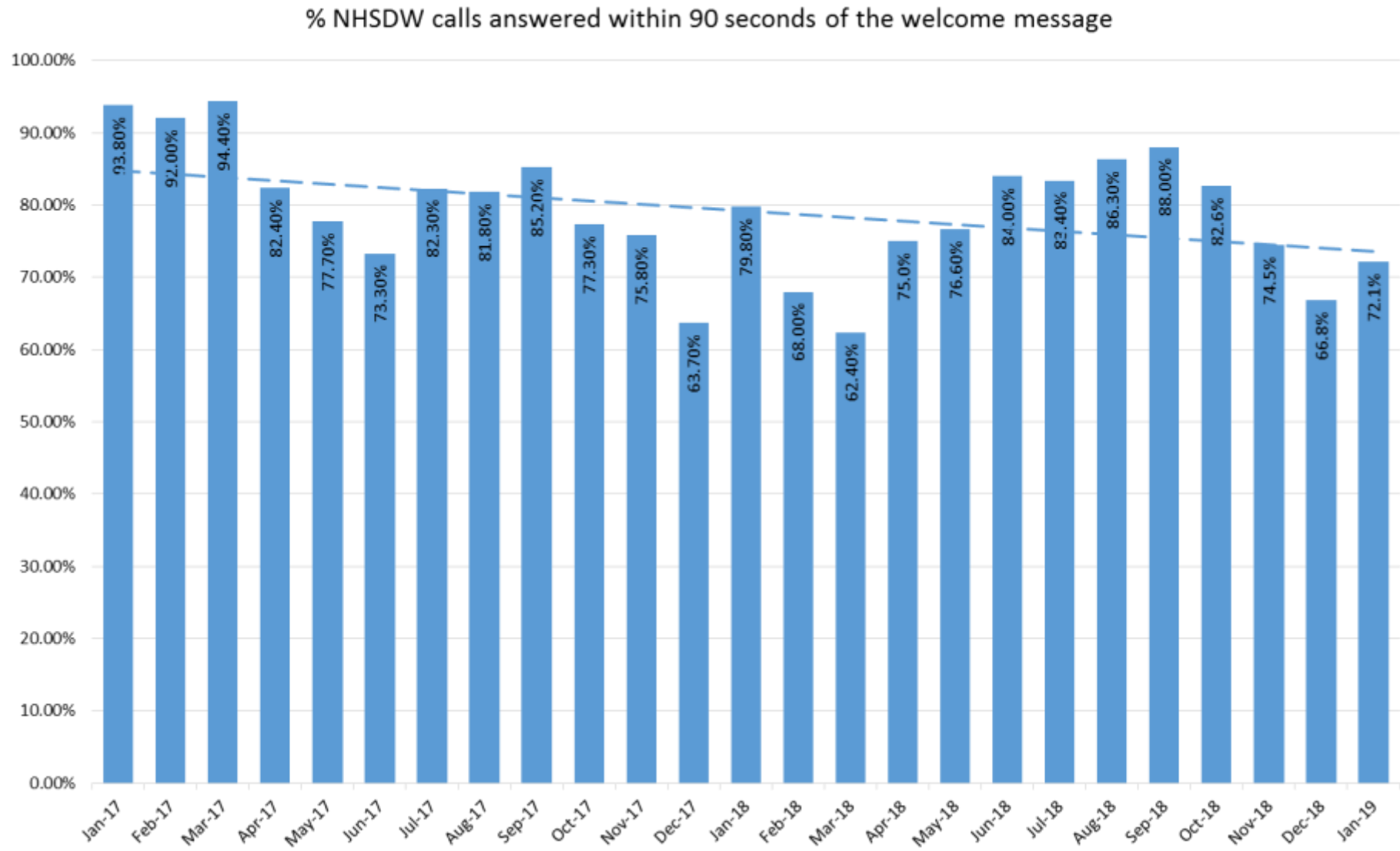
TIMELY CARE


% of emergency responses to red calls arriving within (up to and including) 8 minutes
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
75.4%
74.6%
77.9%
80.5%
79.4%
79.2%
78.0%
78.6%
76.8%
75.9%
73.3%
70.0%
69.7%
69.0%
69.6%
75.1%
76.1%
75.6%
75.4%
74.4%
73.9%
74.7%
72.3%
72.8%
71.8%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
% of emergency responses to red calls arriving within (up to and including) 8 minutes
Target
Linear (% of emergency responses to red calls arriving within (up to and including) 8 minutes)

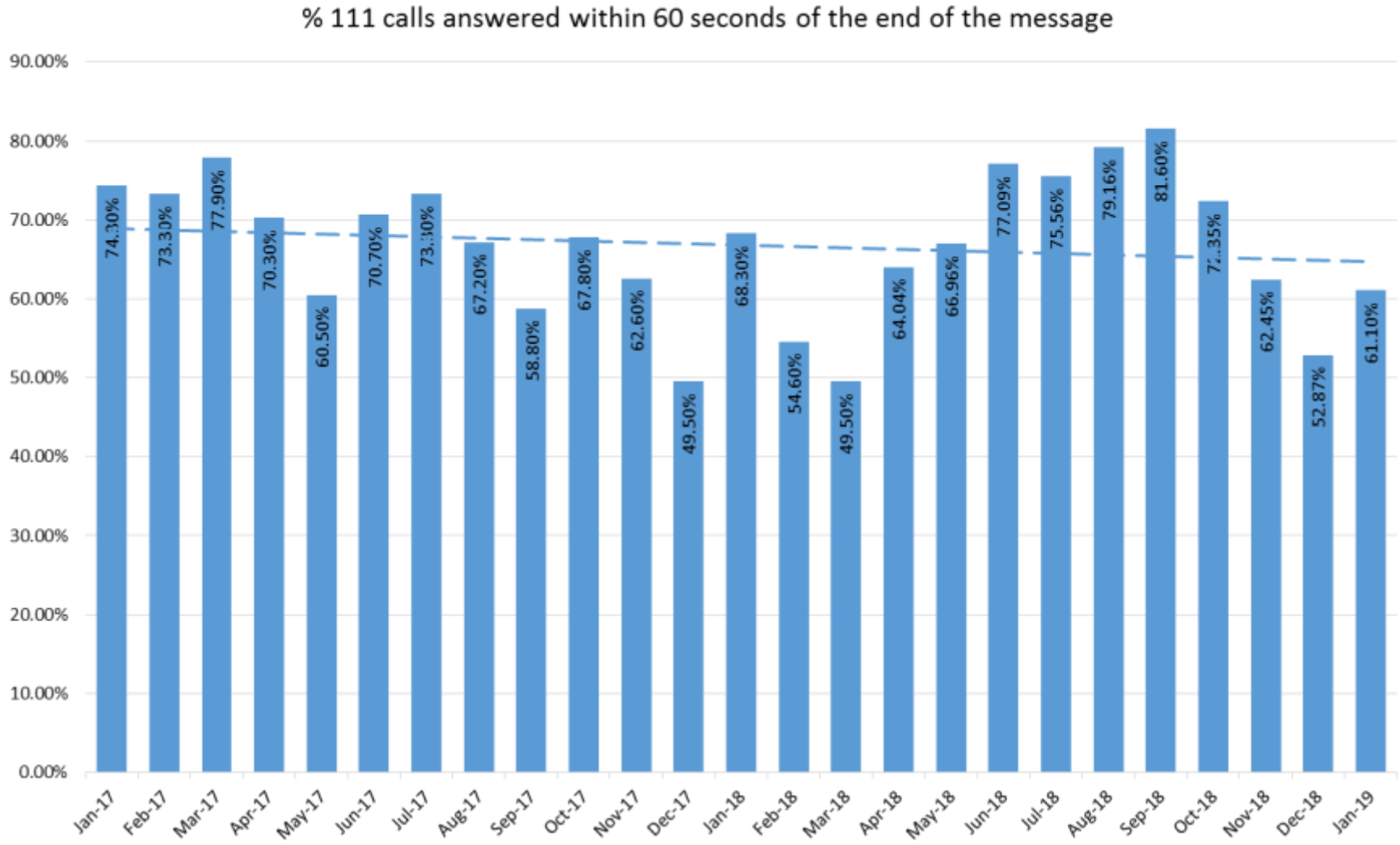
TIMELY CARE


AMBER Median
00:43:12
00:36:00
00:28:48
00:21:36
00:14:24
00:07:12
00:00:00
00:16:09
00:15:02
00:14:20
00:13:29
00:13:44
00:14:24
00:15:04
00:15:02
00:16:59
00:16:55
00:21:28
00:29:23
00:29:40
00:34:41
00:32:32
00:20:54
00:21:51
00:23:25
00:24:16
00:24:19
00:25:03
00:23:27
00:23:41
00:24:51
00:26:03
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
AMBER Median
Linear (AMBER Median)

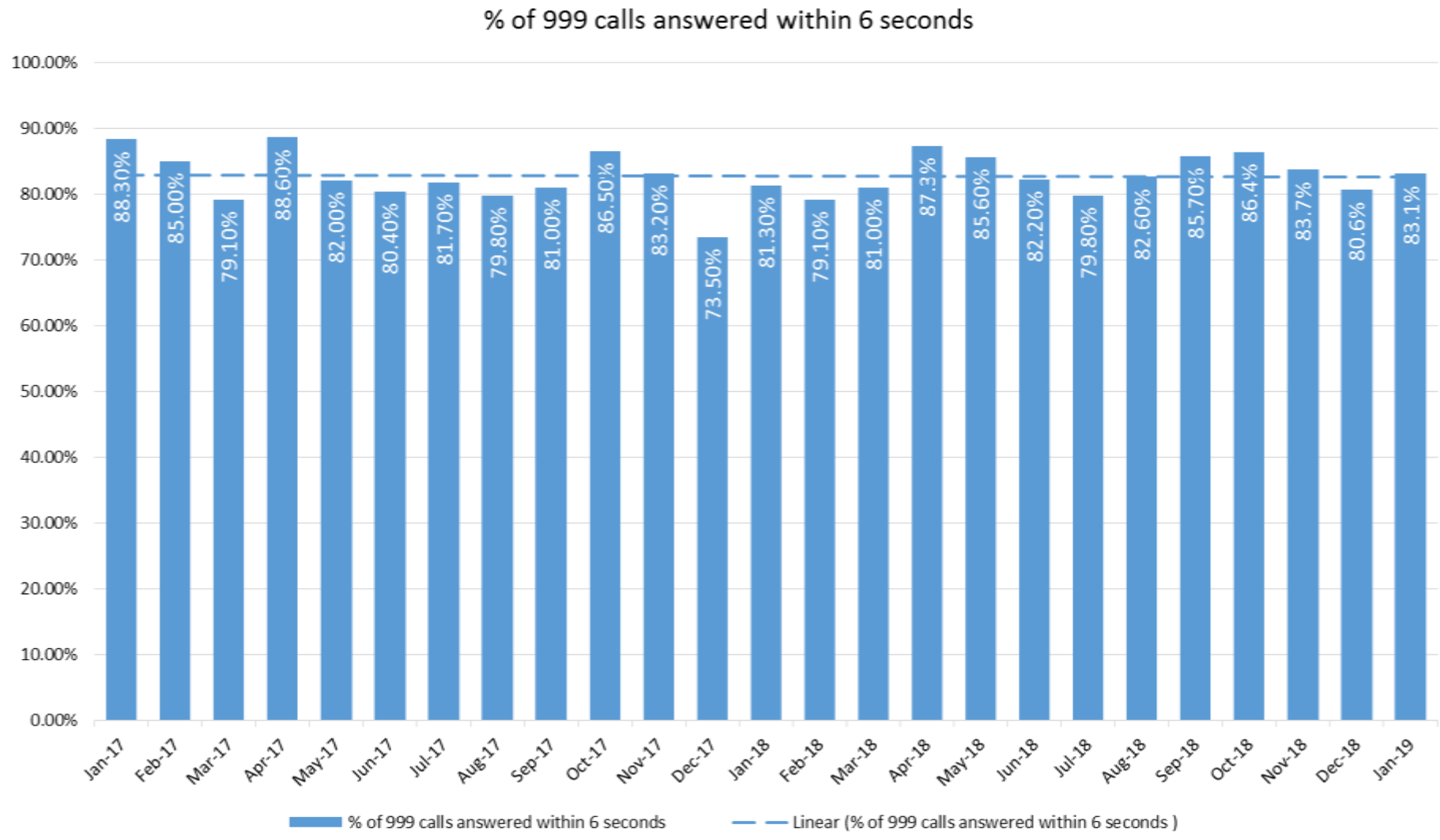
TIMELY CARE


% NHSDW calls answered within 90 seconds of the welcome message
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
93.80%
92.00%
94.40%
82.40%
77.70%
73.30%
82.30%
81.80%
85.20%
77.30%
75.80%
63.70%
79.80%
68.00%
62.40%
75.0%
76.60%
84.00%
83.40%
86.30%
88.00%
82.6%
74.5%
66.8%
72.1%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19

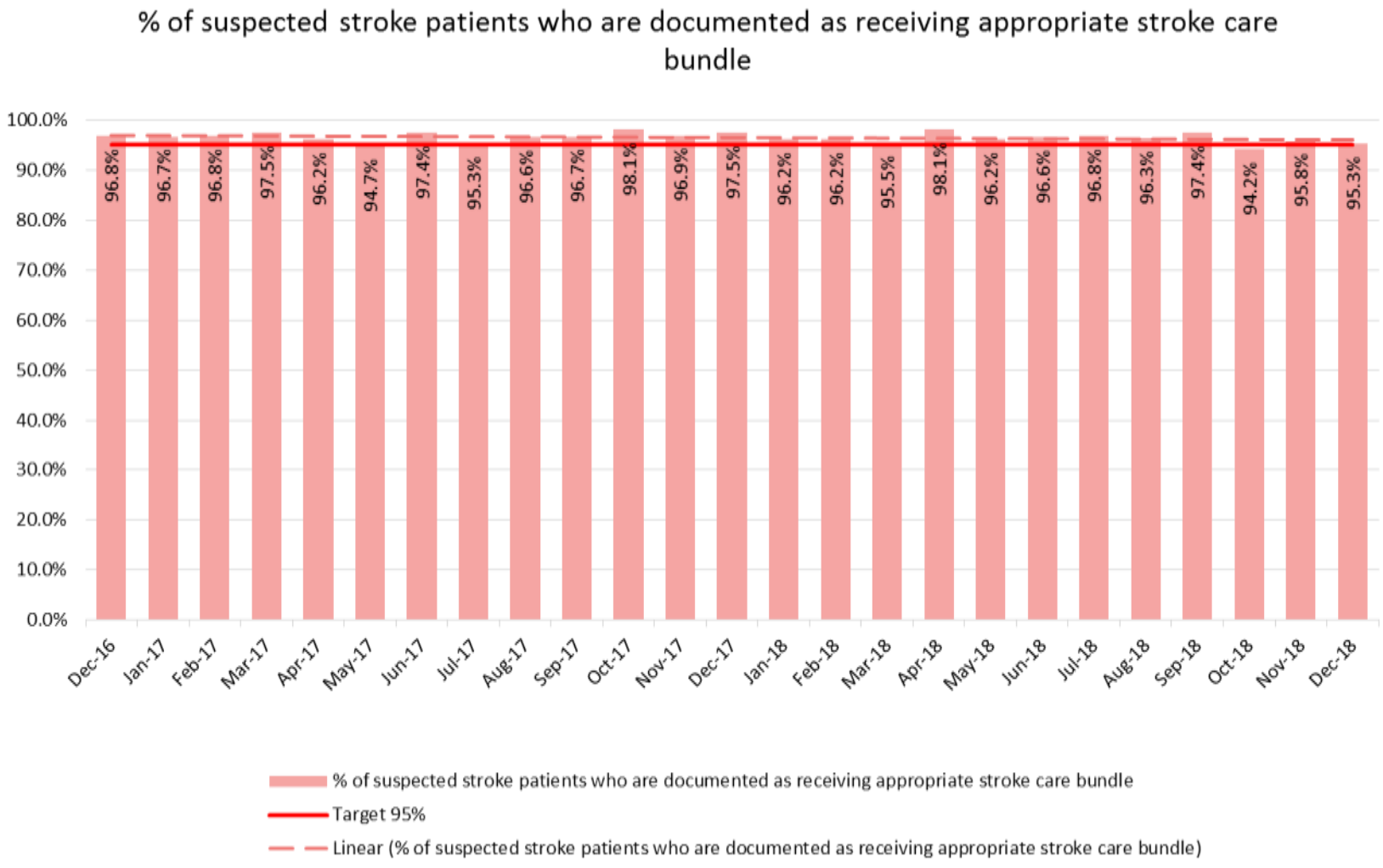
TIMELY CARE


% 111 calls answered within 60 seconds of the end of the message
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
74.30%
73.30%
77.90%
70.30%
60.50%
70.70%
73.30%
67.20%
58.80%
67.80%
62.60%
49.50%
68.30%
54.60%
49.50%
64.04%
66.96%
77.09%
75.56%
79.16%
81.60%
72.35%
62.45%
52.87%
61.10%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19

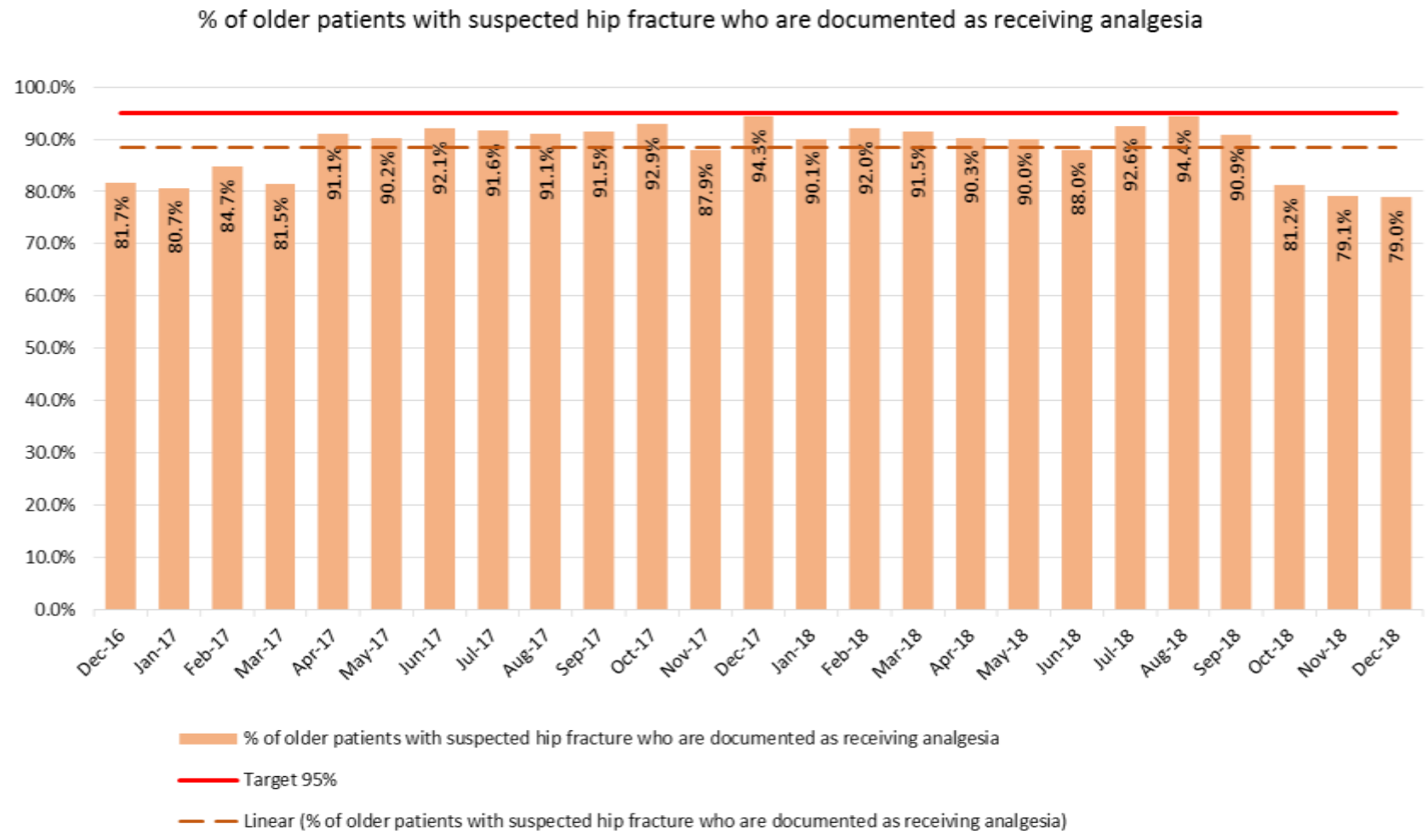
TIMELY CARE


% of 999 calls answered within 6 seconds
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
88.30%
85.00%
79.10%
88.60%
82.00%
80.40%
81.70%
79.80%
81.00%
86.50%
83.20%
73.50%
81.30%
79.10%
81.00%
87.3%
85.60%
82.20%
79.80%
82.60%
85.70%
86.4%
83.7%
80.6%
83.1%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
% of 999 calls answered within 6 seconds
Linear (% of 999 calls answered within 6 seconds)

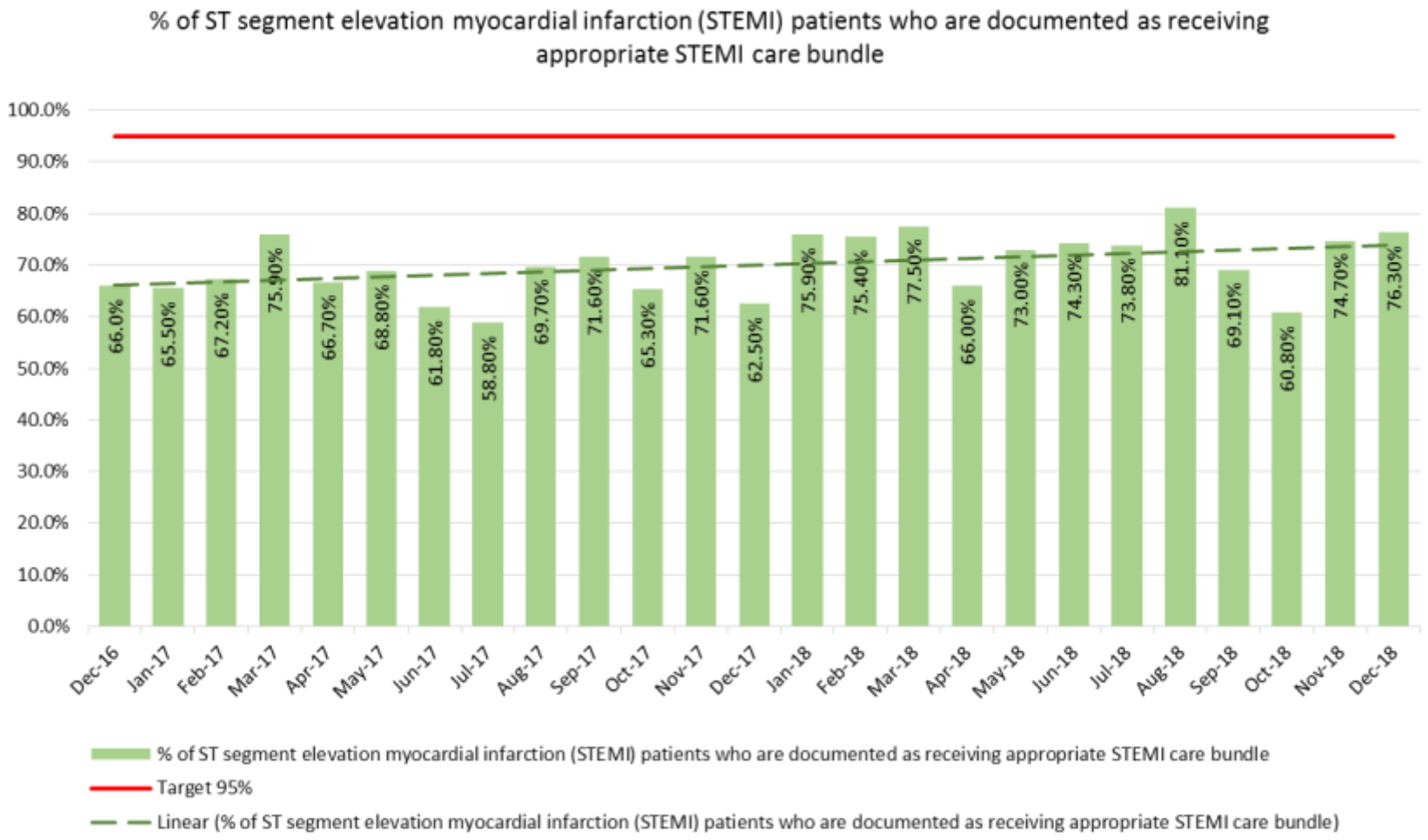
TIMELY CARE


% of suspected stroke patients who are documented as receiving appropriate stroke care bundle
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
96.8%
96.7%
96.8%
97.5%
96.2%
94.7%
97.4%
95.3%
96.6%
96.7%
98.1%
96.9%
97.5%
96.2%
96.2%
95.5%
98.1%
96.2%
96.6%
96.8%
96.3%
97.4%
94.2%
95.8%
95.3%
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of suspected stroke patients who are documented as receiving appropriate stroke care bundle
Target 95%
Linear (% of suspected stroke patients who are documented as receiving appropriate stroke care bundle)

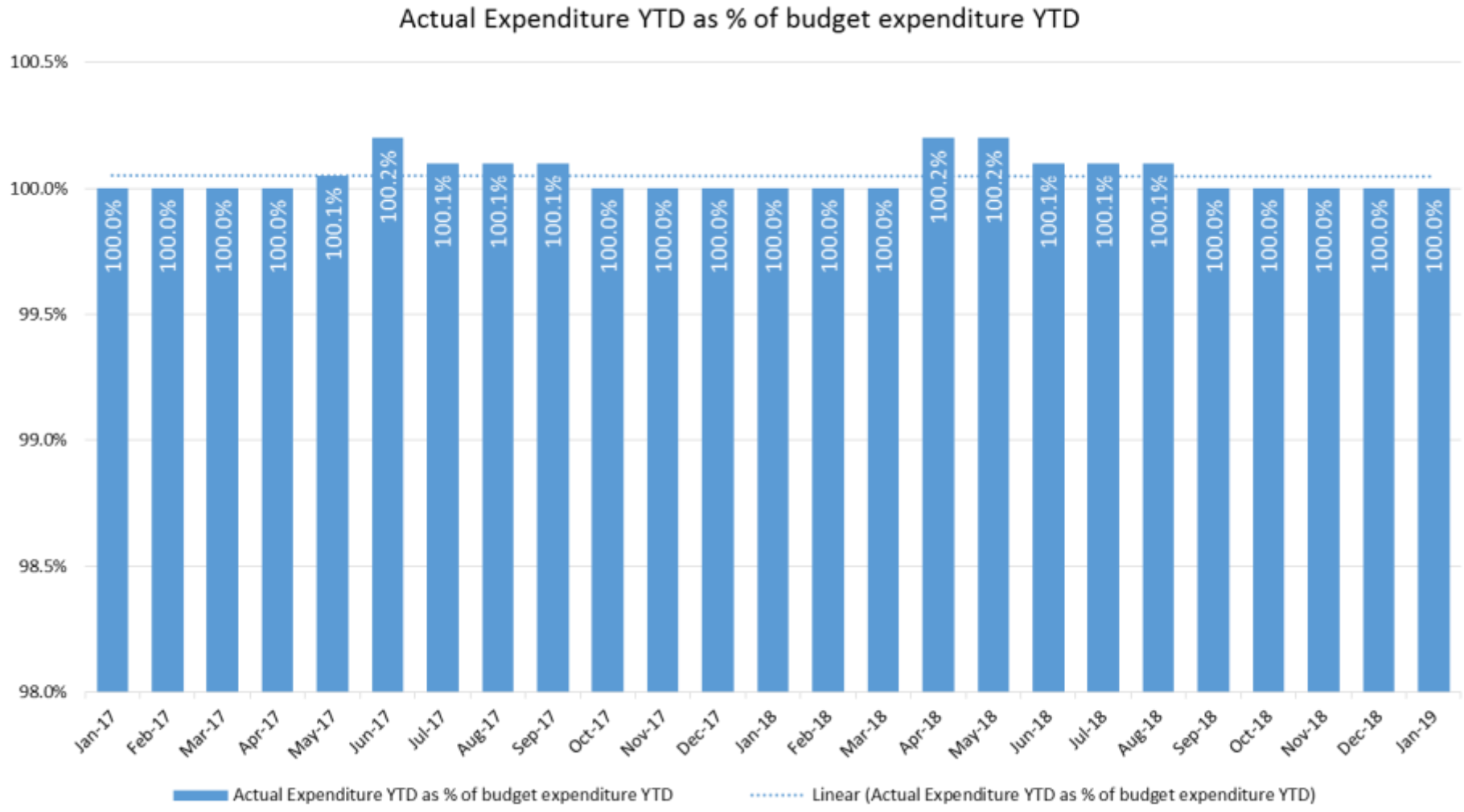
TIMELY CARE


% of older patients with suspected hip fracture who are documented as receiving analgesia
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
81.7%
80.7%
84.7%
81.5%
91.1%
90.2%
92.1%
91.6%
91.1%
91.5%
92.9%
87.9%
94.3%
90.1%
92.0%
91.5%
90.3%
90.0%
88.0%
92.6%
94.4%
90.9%
81.2%
79.1%
79.0%
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of older patients with suspected hip fracture who are documented as receiving analgesia
Target 95%
Linear (% of older patients with suspected hip fracture who are documented as receiving analgesia)

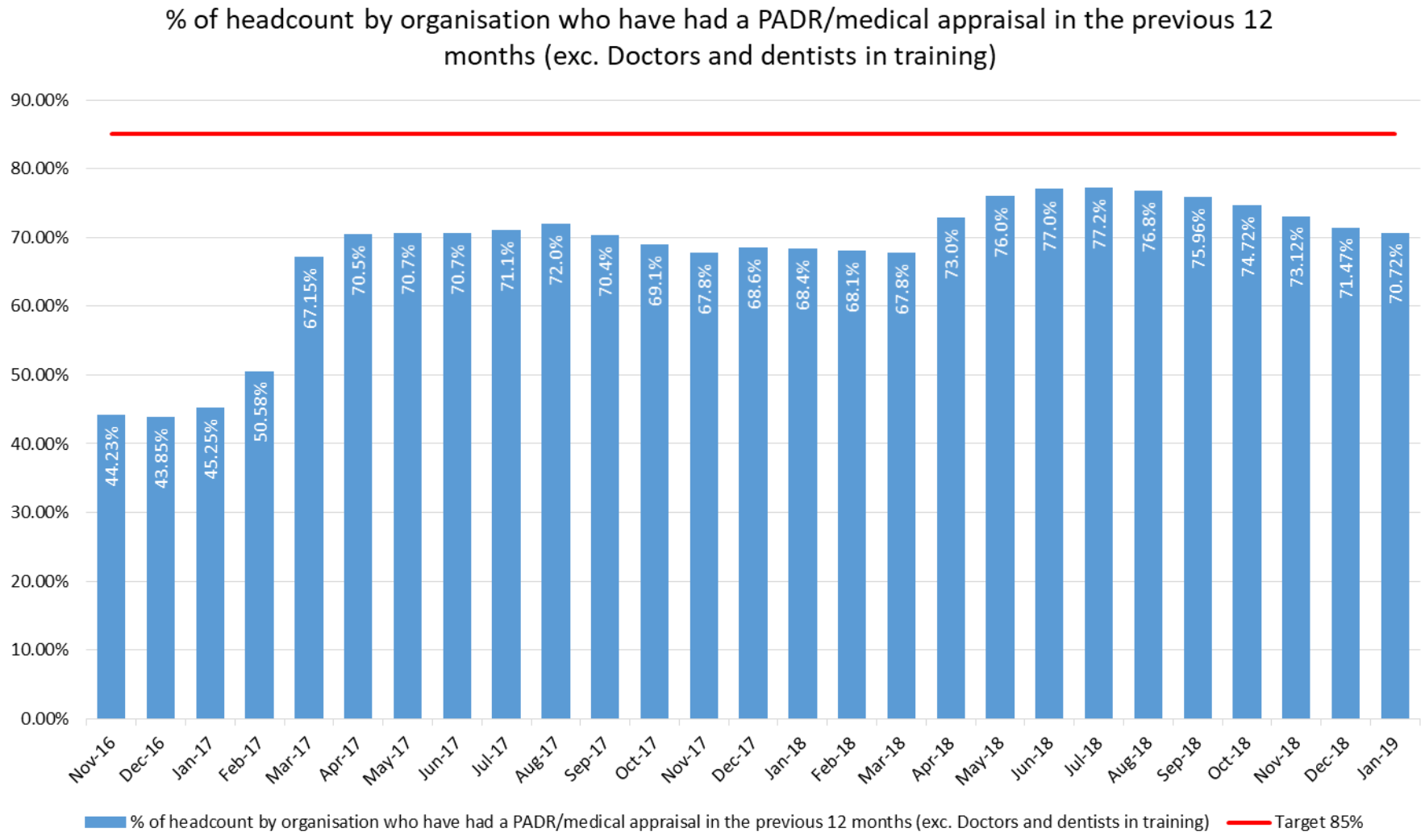
TIMELY CARE


% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
66.0%
65.50%
67.20%
75.90%
66.70%
68.80%
61.80%
58.80%
69.70%
71.60%
65.30%
71.60%
62.50%
75.90%
75.40%
77.50%
66.00%
73.00%
74.30%
73.80%
81.10%
69.10%
60.80%
74.70%
76.30%
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle
Target 95%
Linear (% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle)

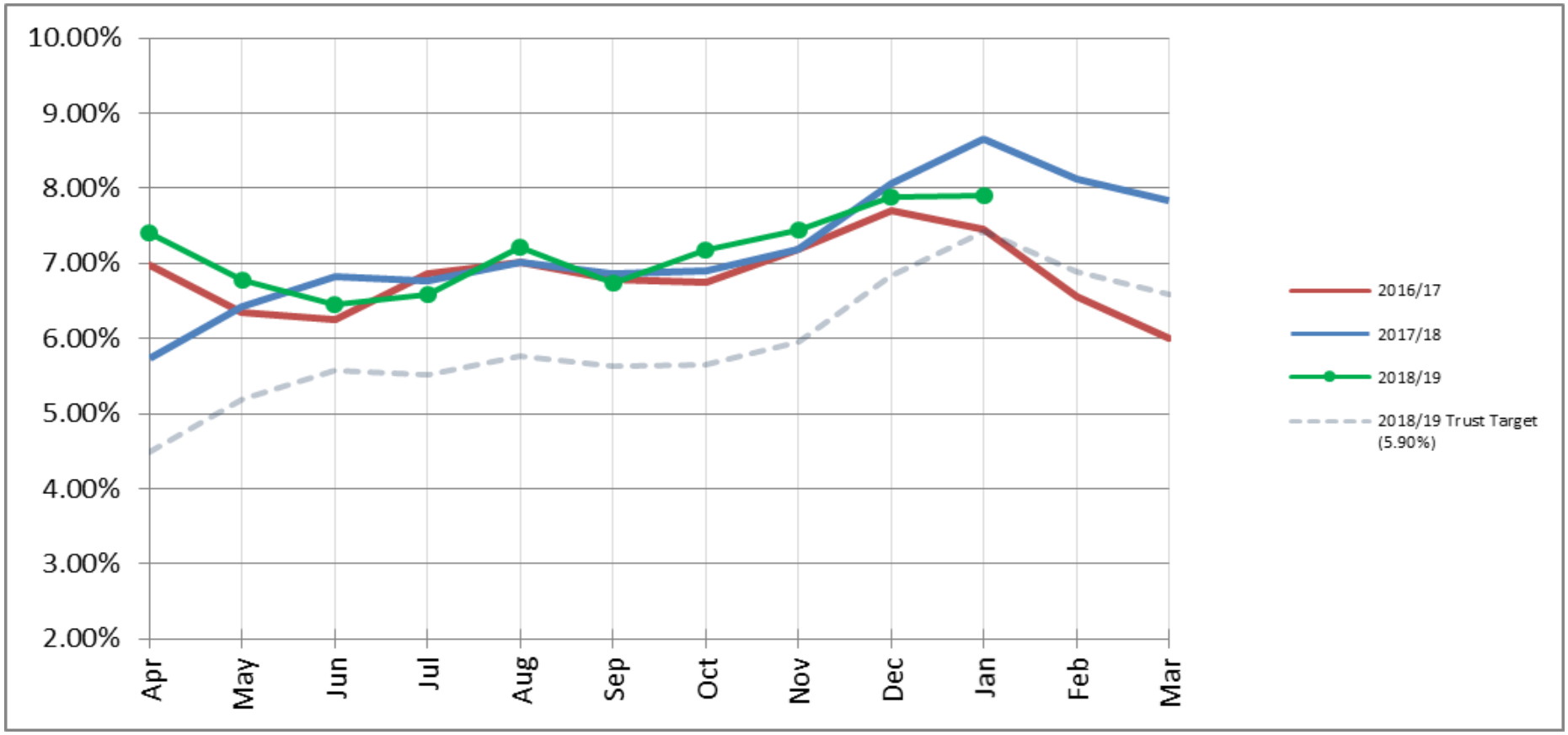
STAFF AND RESOURCES



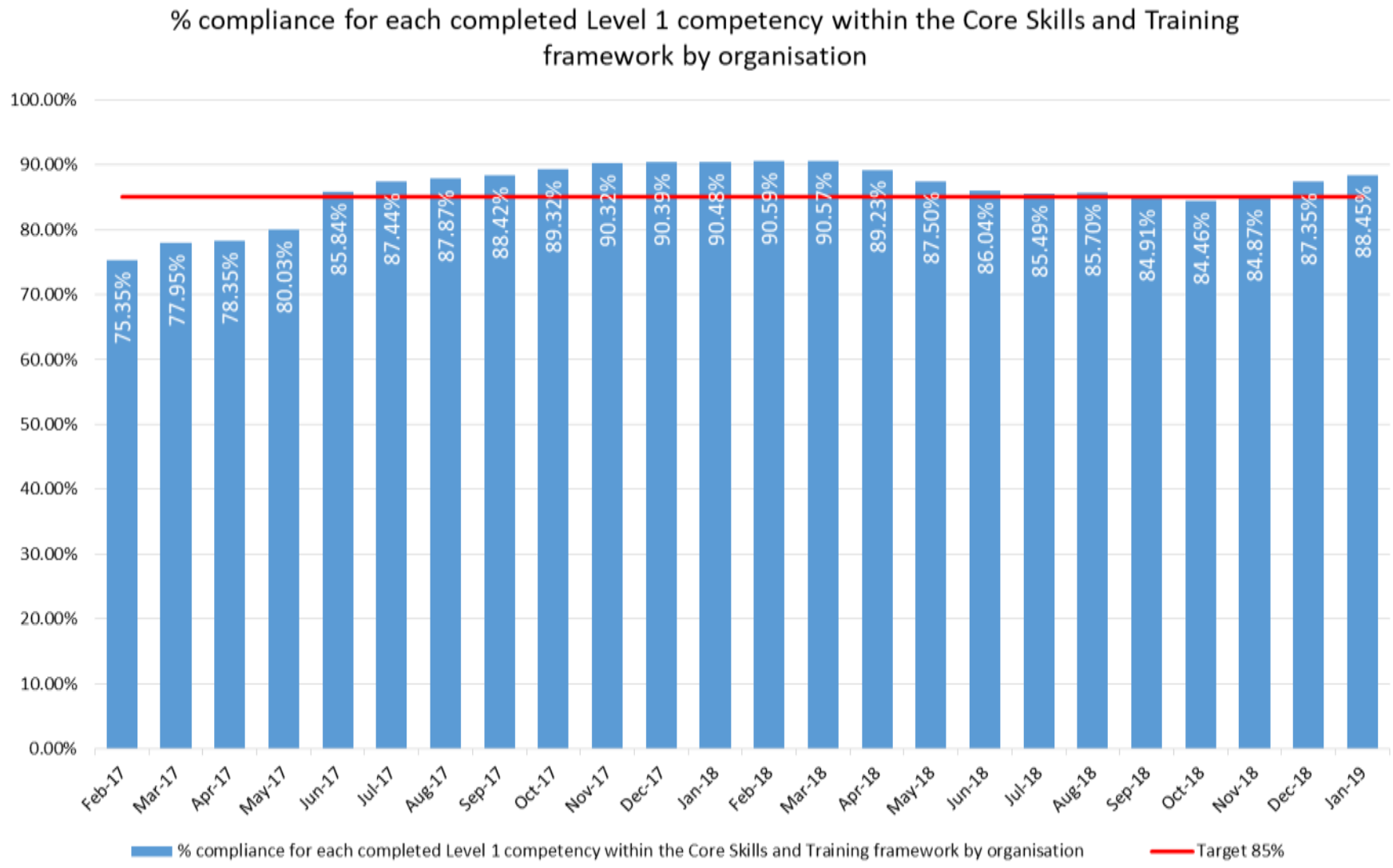
STAFF AND RESOURCES



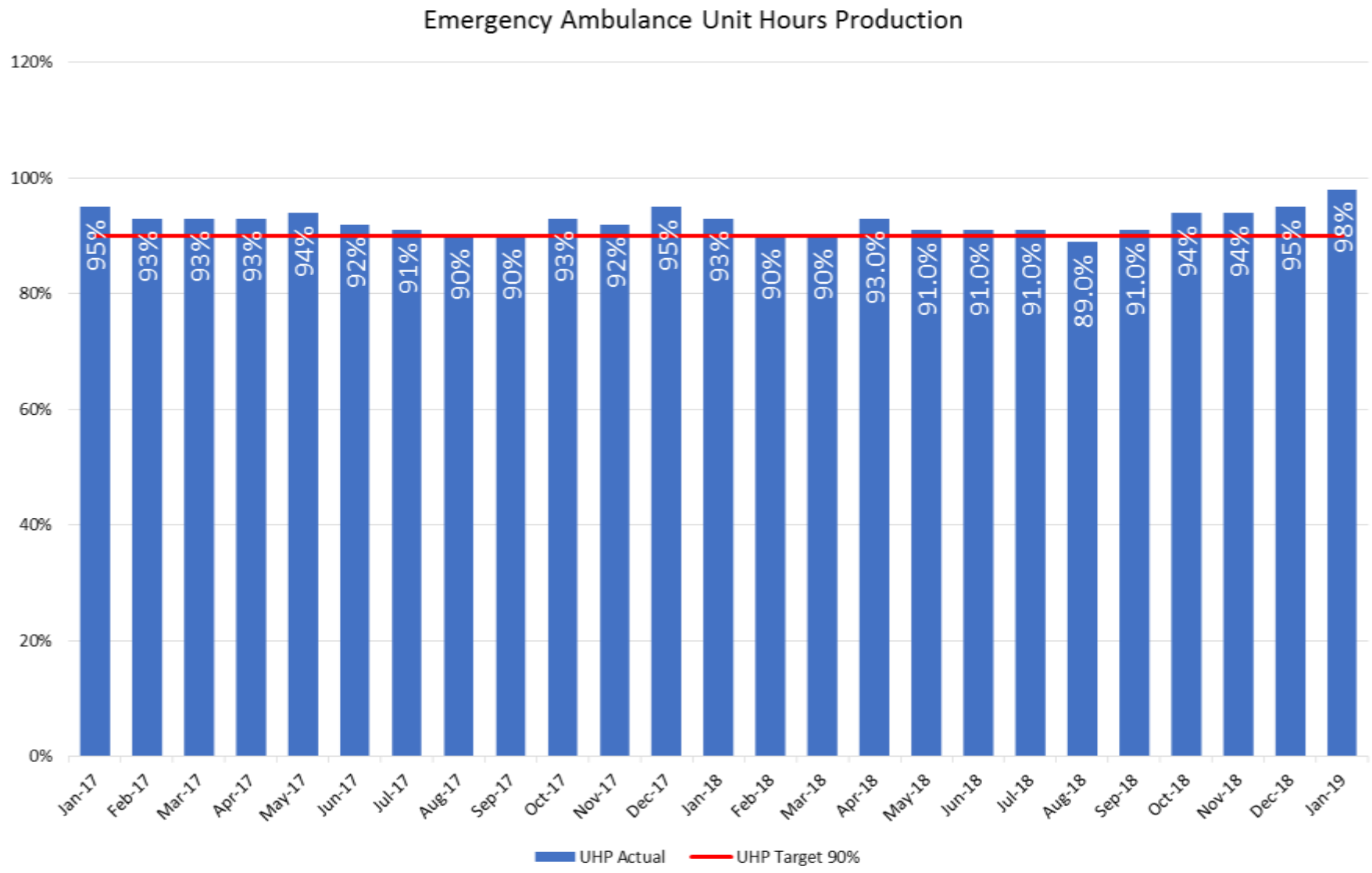
Sickness


10.00%
9.00%
8.00%
7.00%
6.00%
5.00%
4.00%
3.00%
2.00%
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2016/17
2017/18
2018/19
2018/19 Trust Target (5.90%)

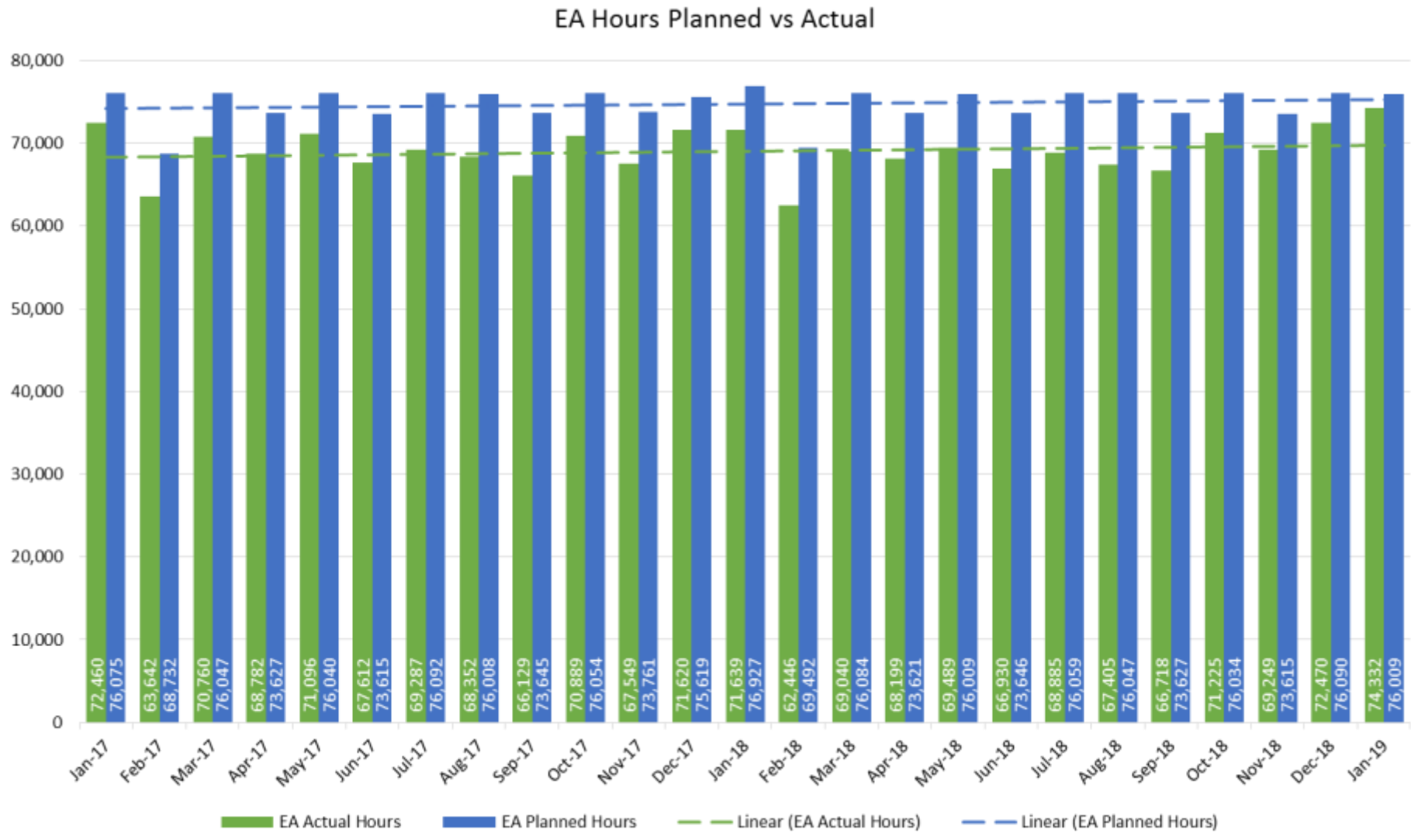
STAFF AND RESOURCES



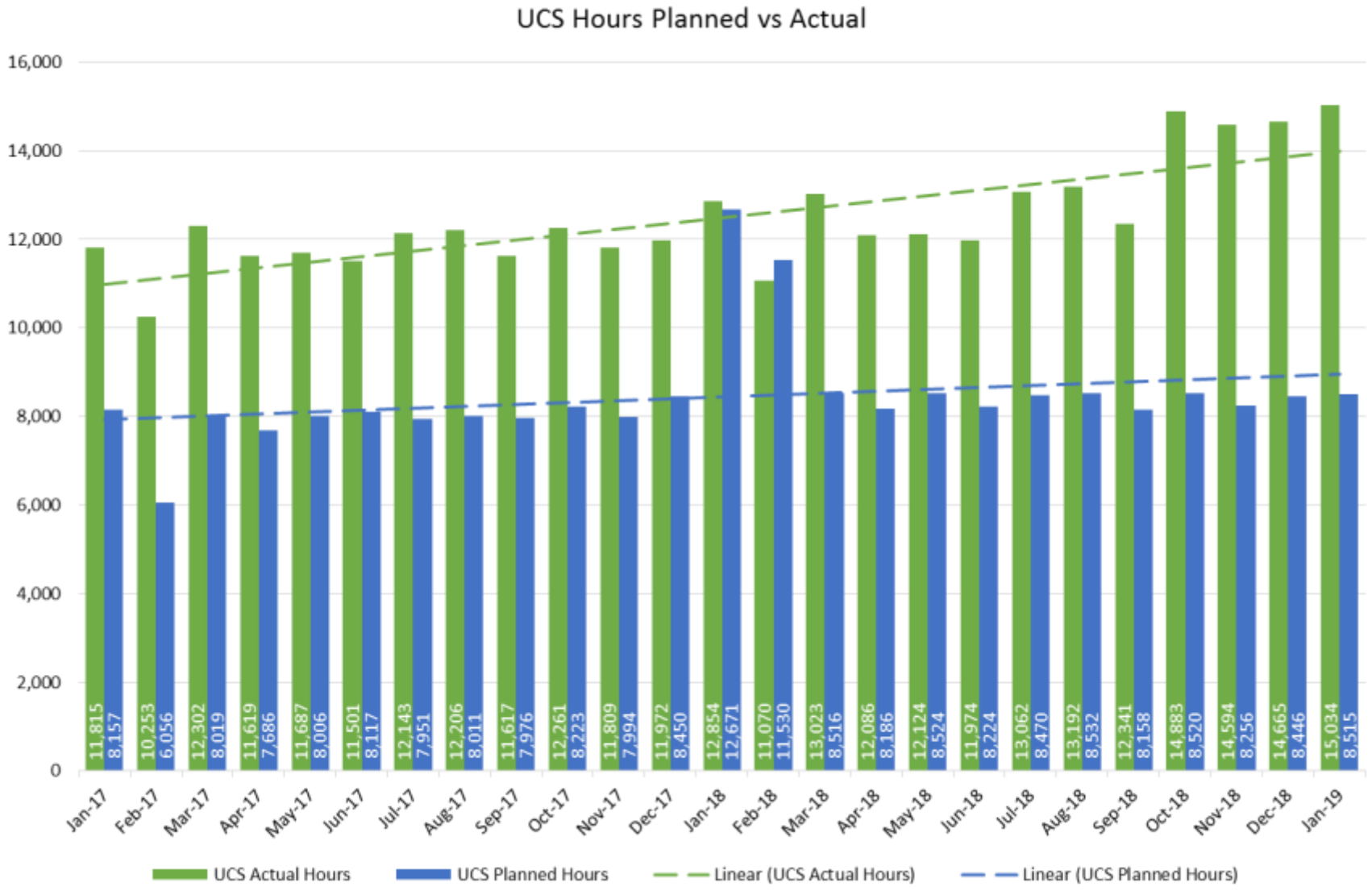
STAFF AND RESOURCES



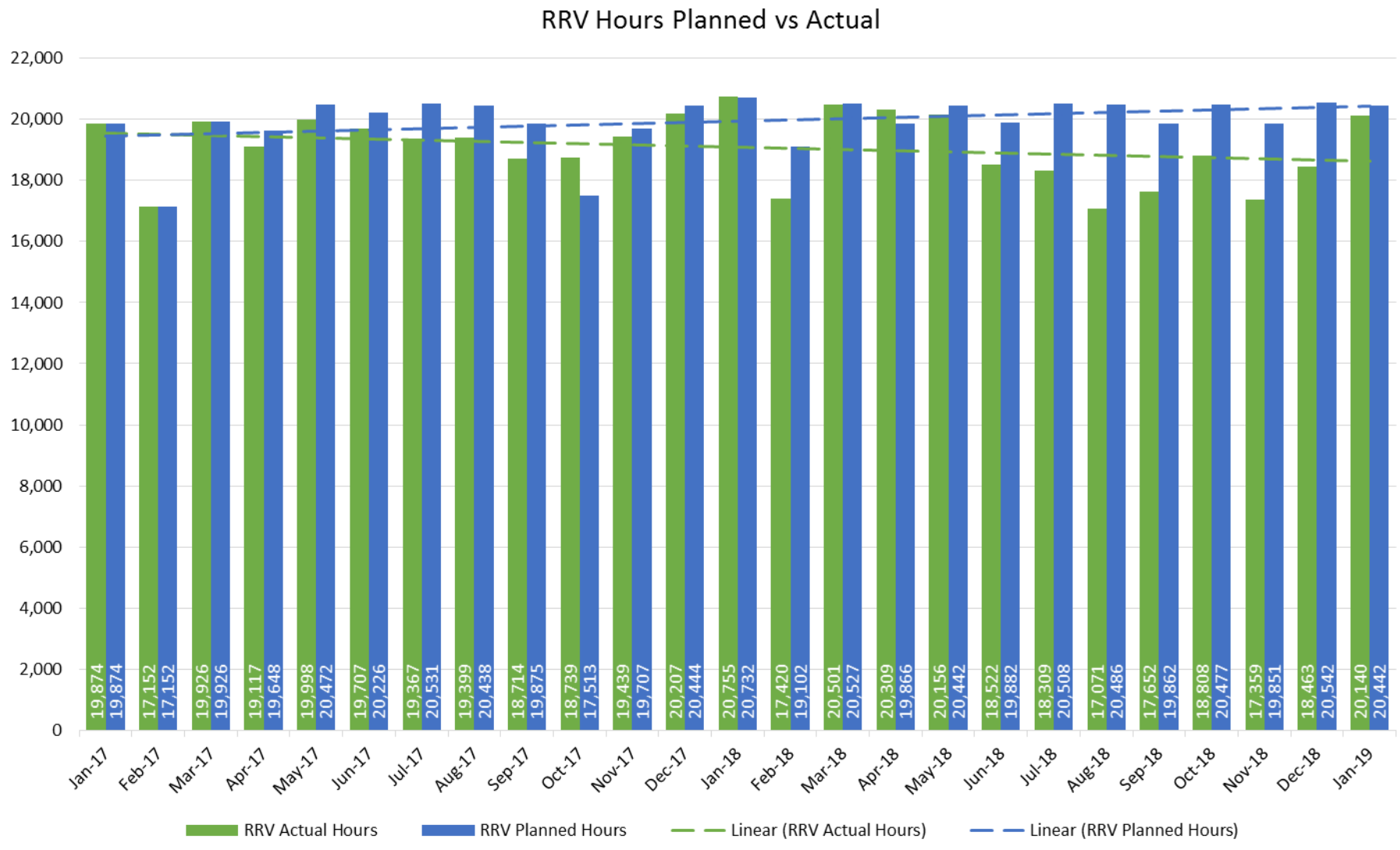
STAFF AND RESOURCES

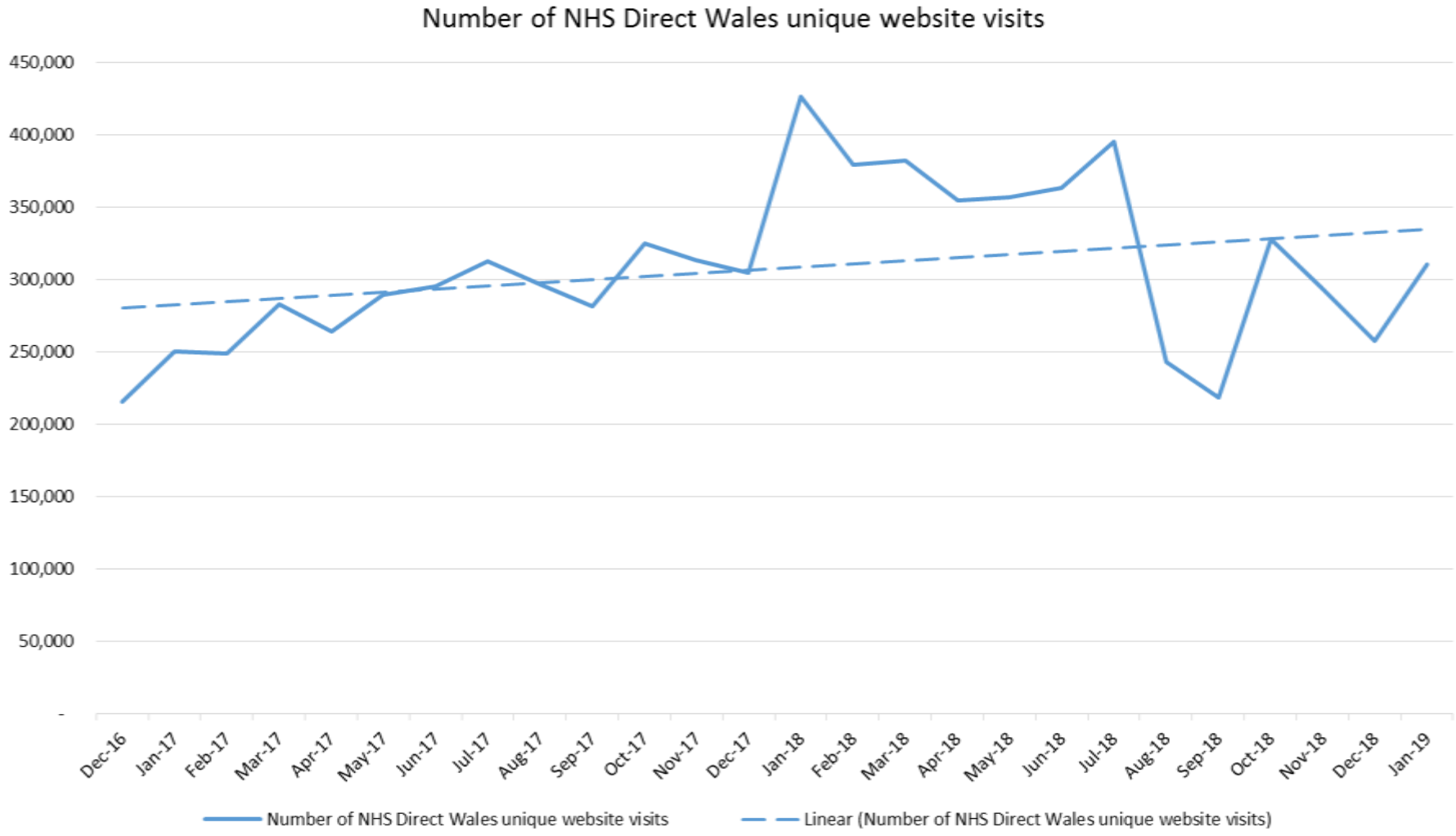


STAFF AND RESOURCES

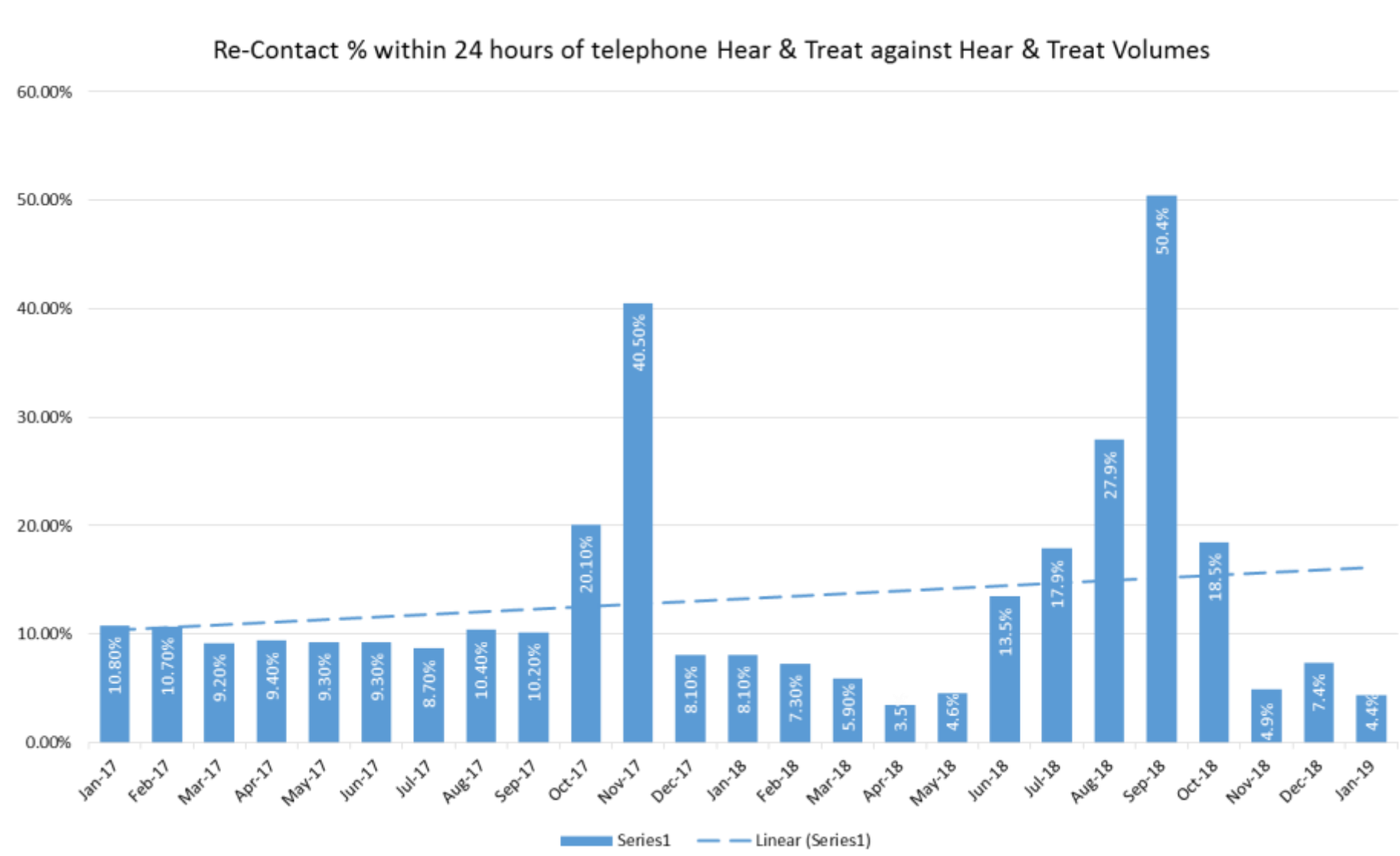


STAFF AND RESOURCES

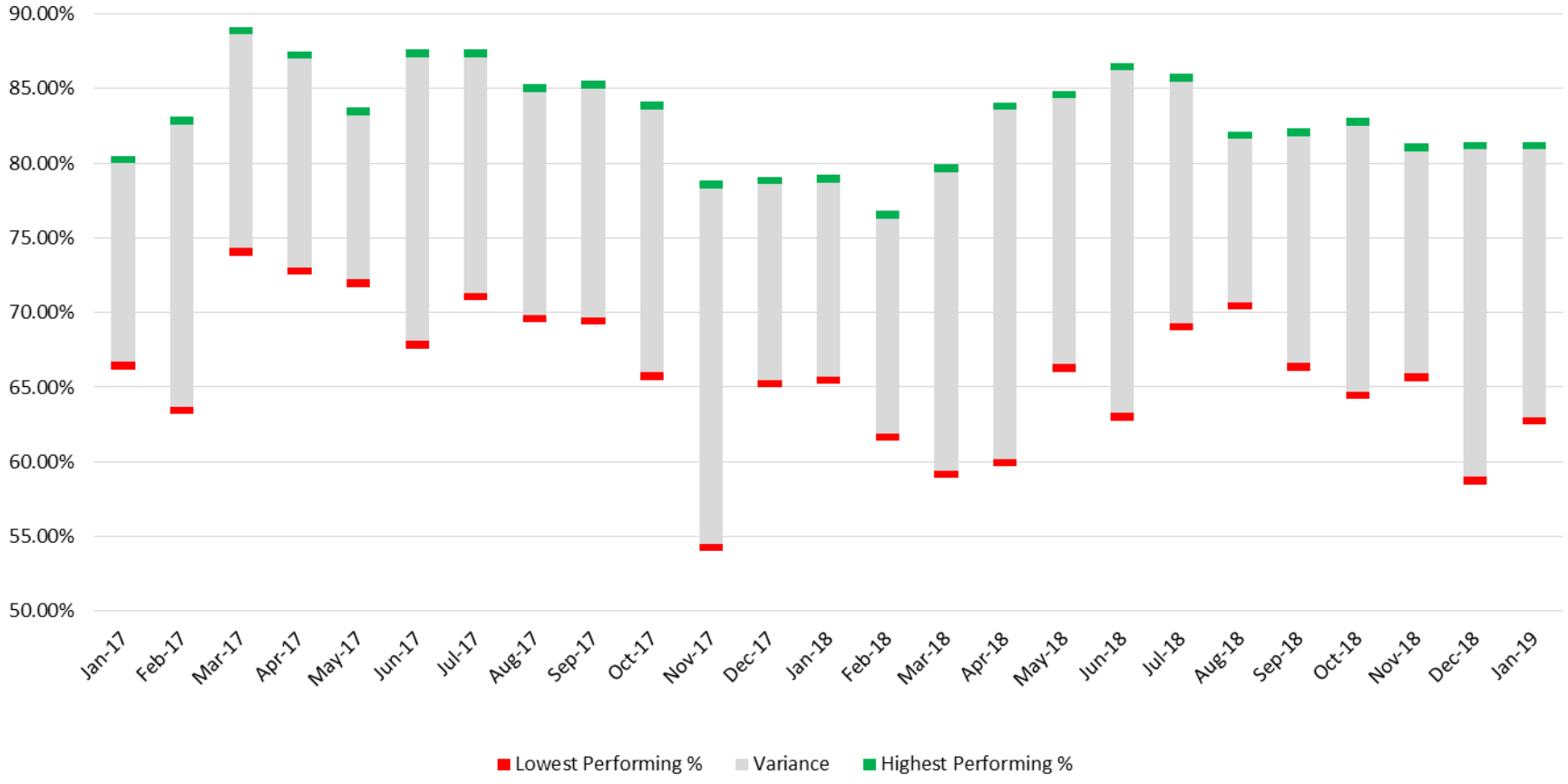



Number of NHS Direct Wales unique website visits
450,000
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
-
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Number of NHS Direct Wales unique website visits
Linear (Number of NHS Direct Wales unique website visits)

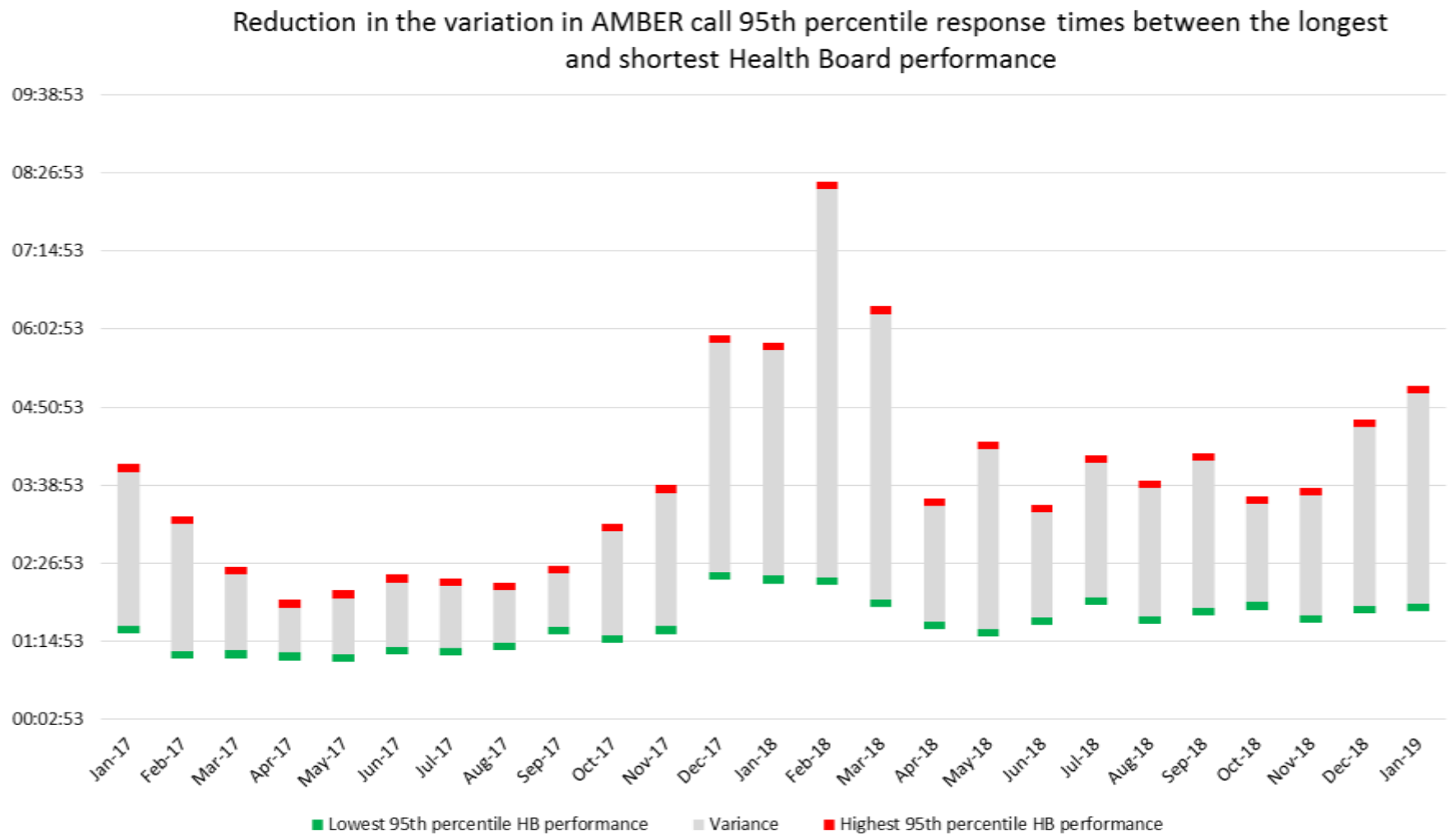
EMS STEP 2


Re-Contact % within 24 hours of telephone Hear & Treat against Hear & Treat Volumes
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
10.80%
10.70%
9.20%
9.40%
9.30%
9.30%
8.70%
10.40%
10.20%
20.10%
40.50%
8.10%
8.10%
7.30%
5.90%
3.5
4.6%
13.5%
17.9%
27.9%
50.4%
18.5%
4.9%
7.4%
4.4%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Series1
Linear (Series1)

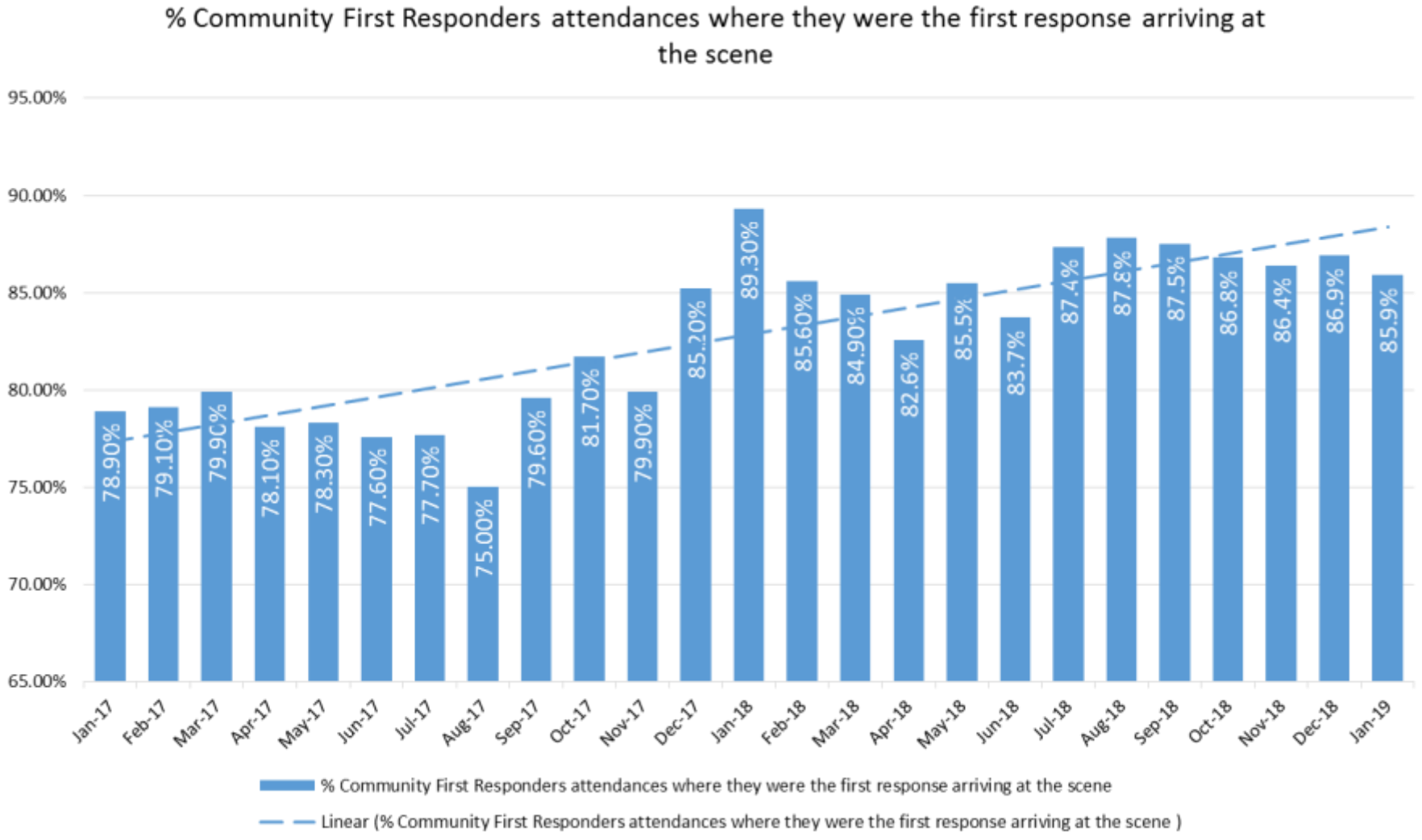
Reduction in the variation in RED call response time performance between the best and worst HB performance

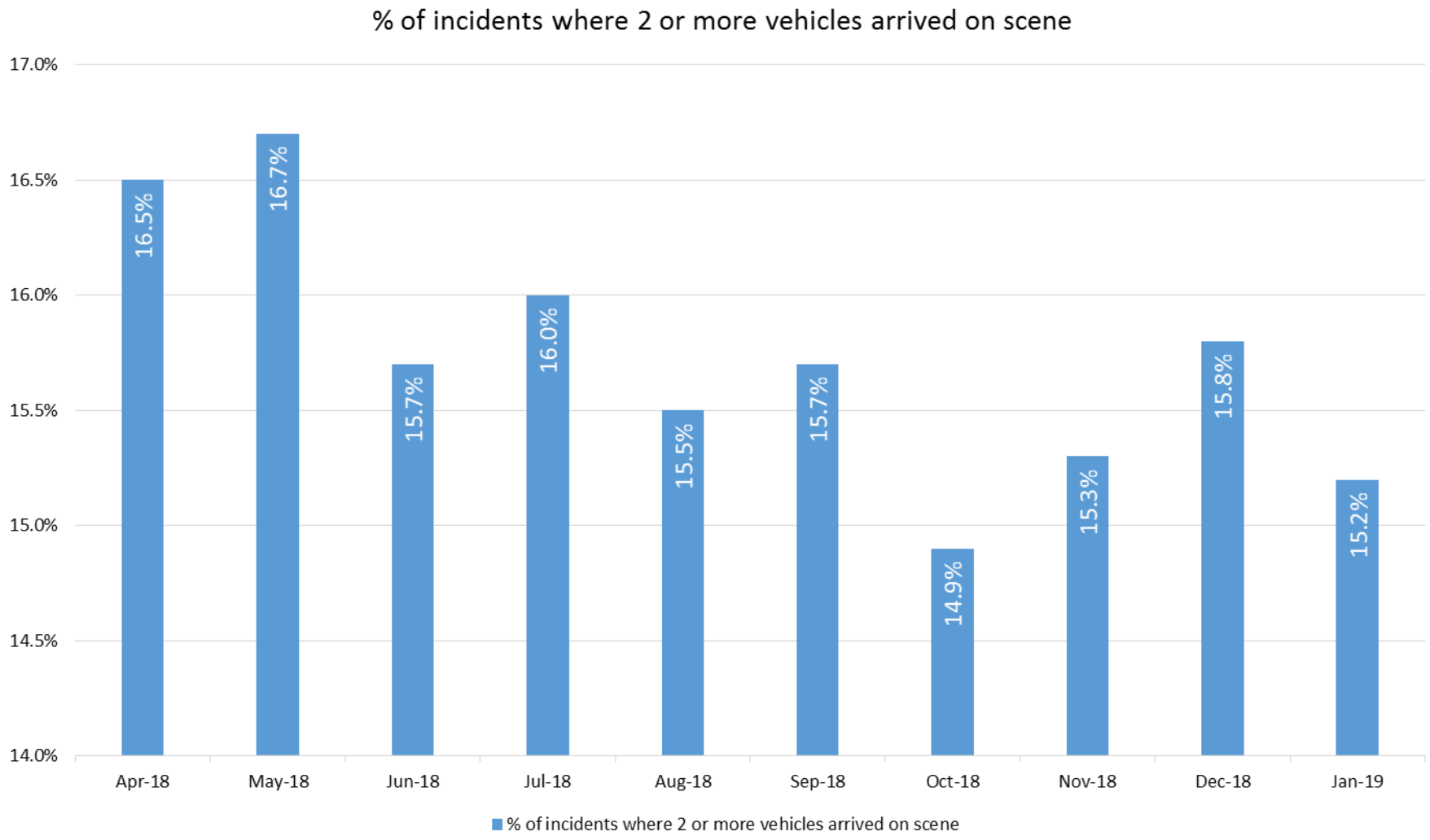


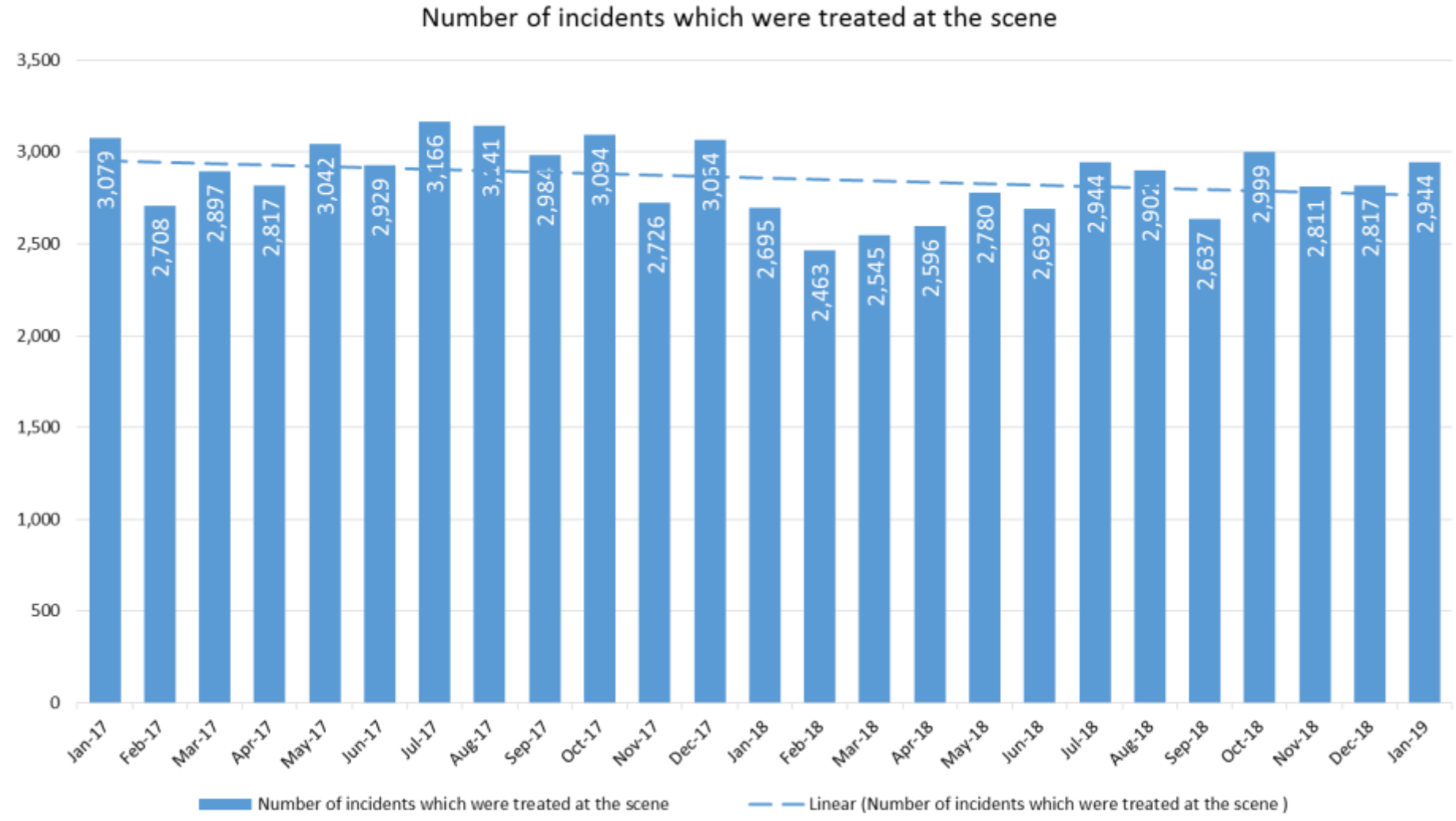
EMS STEP 3

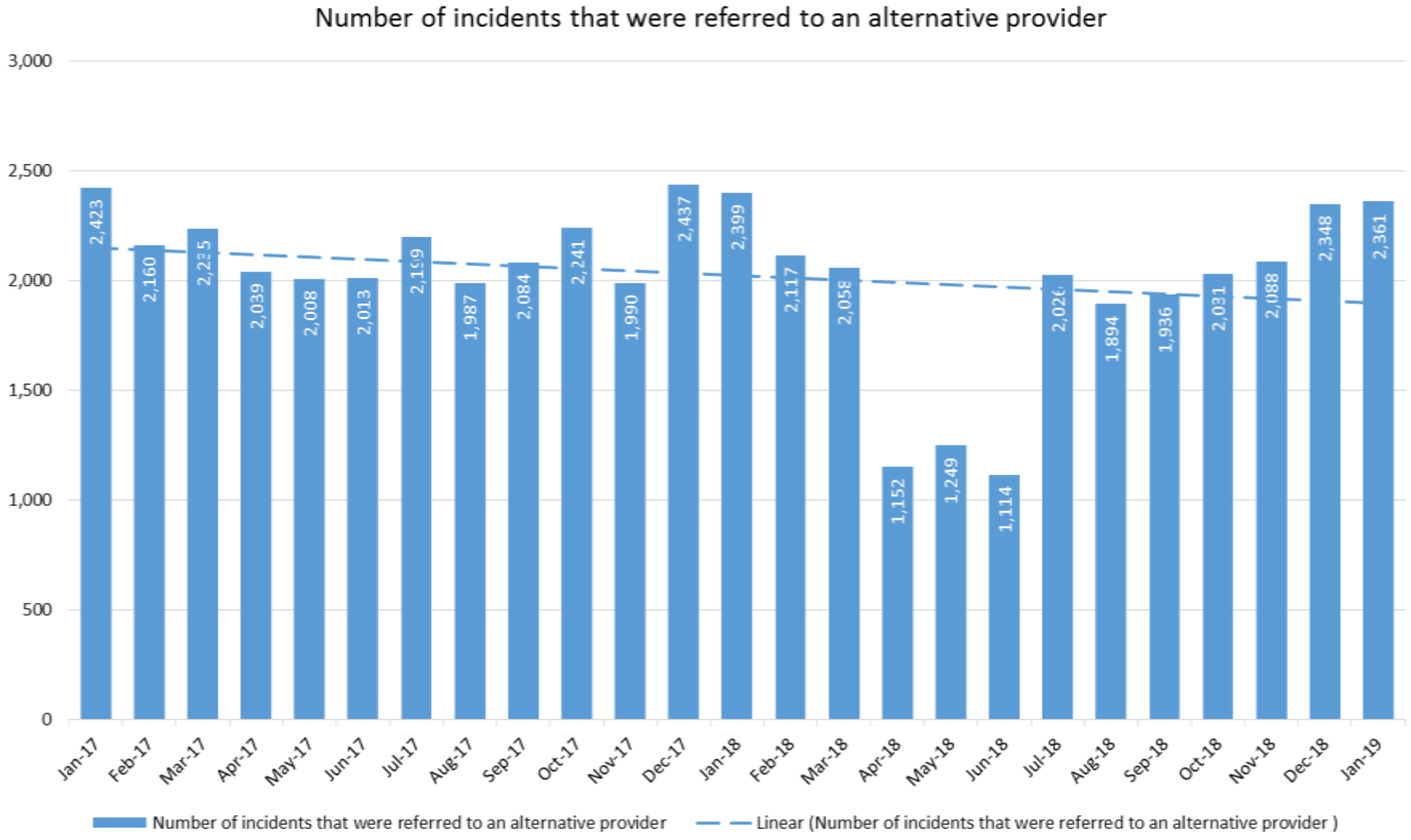

Reduction in the variation in AMBER call 95th percentile response times between the longest and shortest Health Board performance
09:38:53
08:26:53
07:14:53
06:02:53
04:50:53
03:38:53
02:26:53
01:14:53
00:02:53
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Lowest 95th percentile HB performance
Variance
Highest 95th percentile HB performance

EMS STEP 3

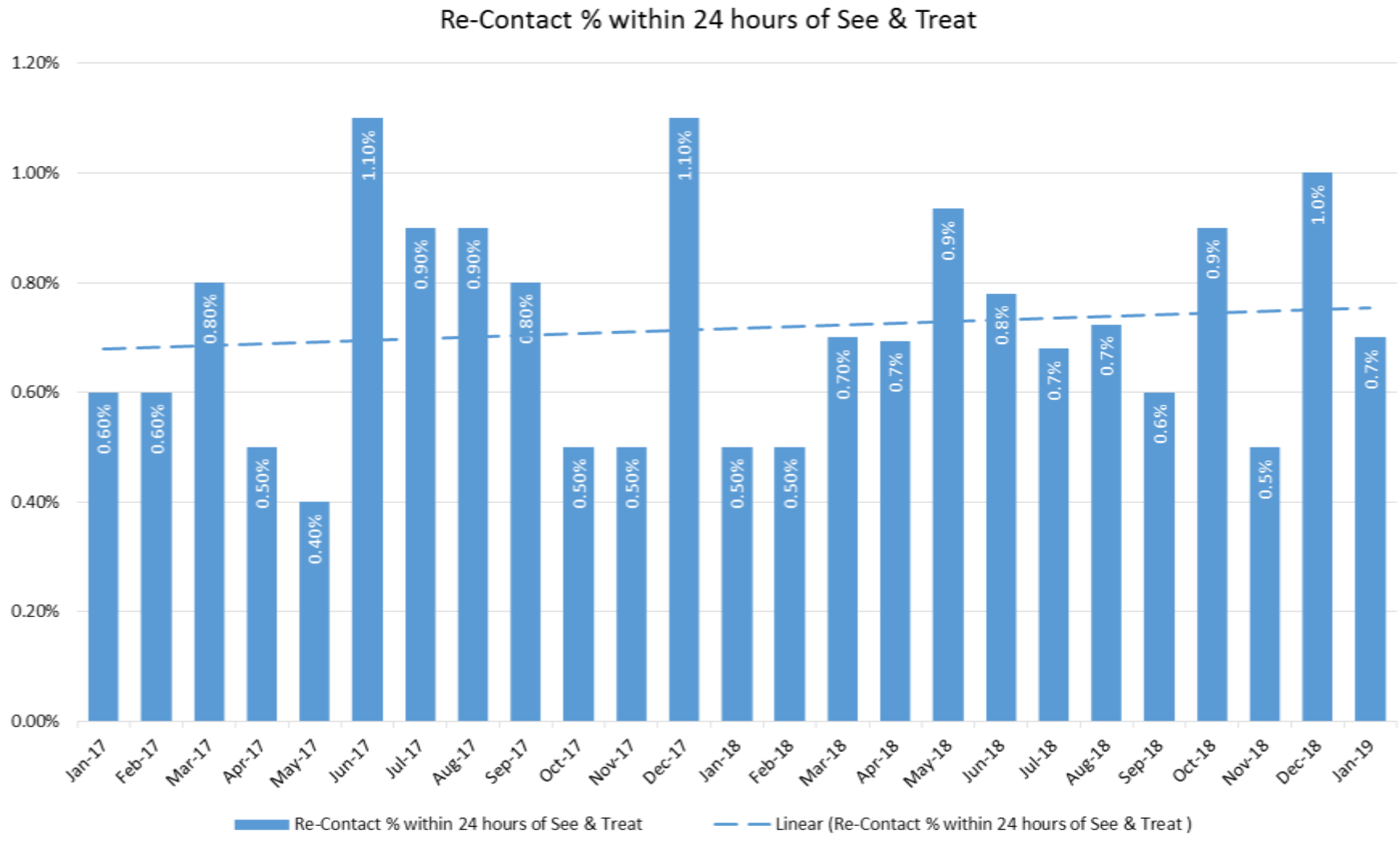

% Community First Responders attendances where they were the first response arriving at the scene
95.00%
90.00%
85.00%
80.00%
75.00%
70.00%
65.00%
78.90%
79.10%
79.90%
78.10%
78.30%
77.60%
77.70%
75.00%
79.60%
81.70%
79.90%
85.20%
89.30%
85.60%
84.90%
82.6%
85.5%
83.7%
87.4%
87.8%
87.5%
86.8%
86.4%
86.9%
85.9%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
% Community First Responders attendances where they were the first response arriving at the scene
Linear (% Community First Responders attendances where they were the first response arriving at the scene)


% of incidents where 2 or more vehicles arrived on scene
17.0%
16.5%
16.0%
15.5%
15.0%
14.5%
14.0%
16.5%
16.7%
15.7%
16.0%
15.5%
15.7%
14.9%
15.3%
15.8%
15.2%
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
% of incidents where 2 or more vehicles arrived on scene

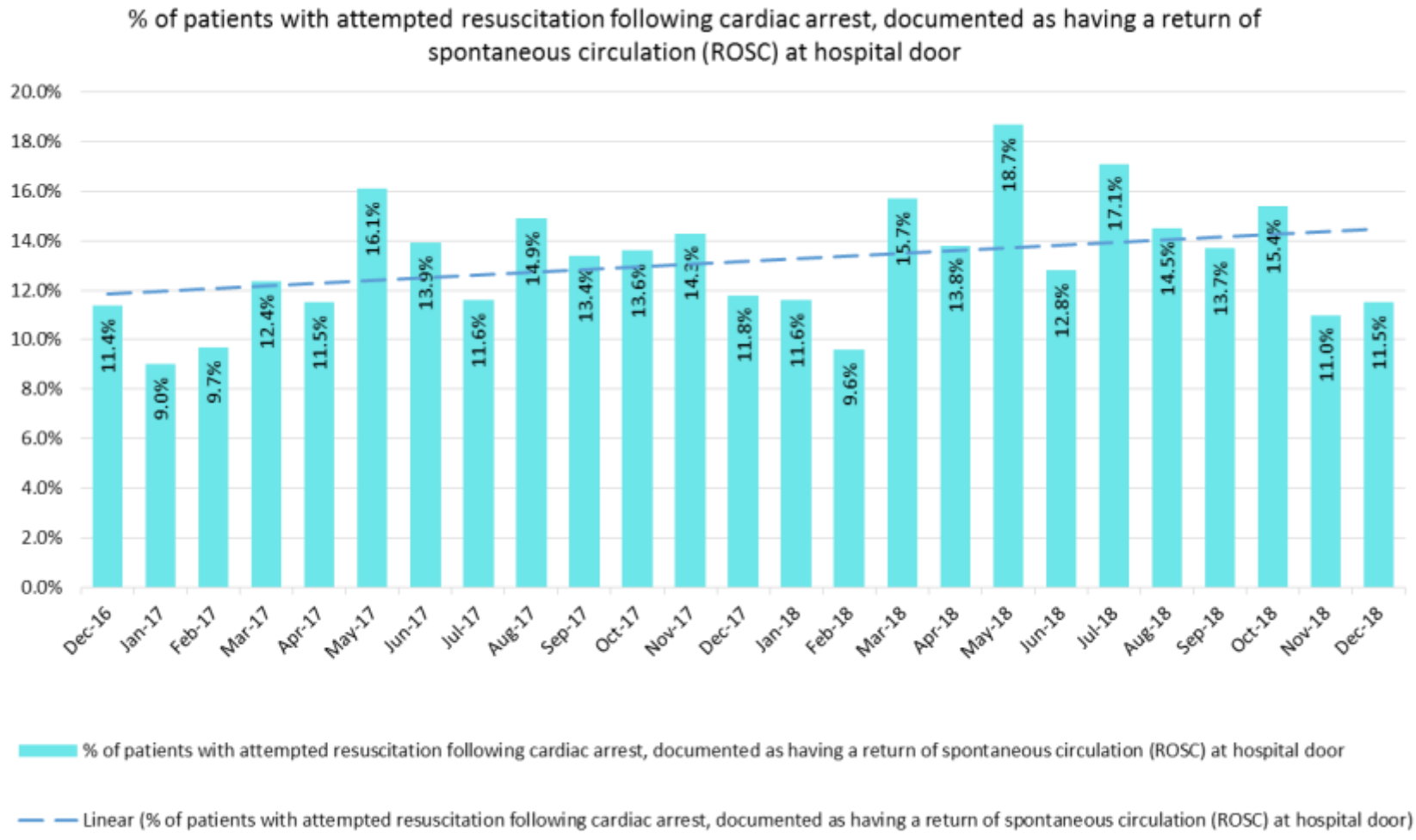

Number of incidents which were treated at the scene
3,500
3,000
2,500
2,000
1,500
1,000
500
0
3,079
2,708
2,897
2,817
3,042
2,929
3,166
3,141
2,984
3,094
2,726
3,054
2,695
2,463
2,545
2,596
2,780
2,692
2,944
2,902
2,637
2,999
2,811
2,817
2,944
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Number of incidents which were treated at the scene
Linear (Number of incidents which were treated at the scene)

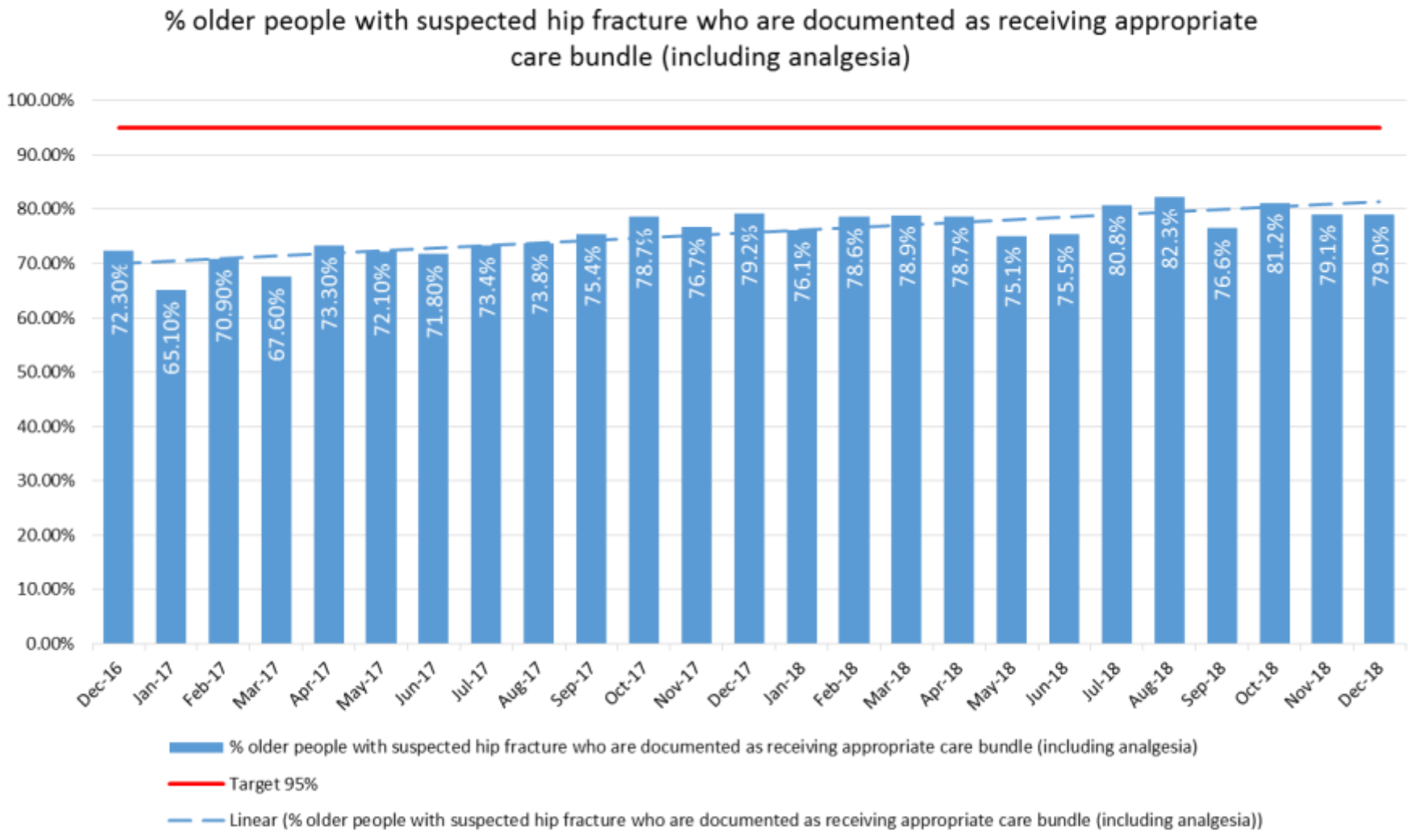

Number of incidents that were referred to an alternative provider
3,000
2,500
2,000
1,500
1,000
500
0
2,423
2,160
2,225
2,039
2,008
2,013
2,159
1,987
2,084
2,241
1,990
2,437
2,399
2,117
2,058
1,152
1,249
1,114
2,026
1,894
1,936
2,031
2,088
2,348
2,361
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Number of incidents that were referred to an alternative provider
Linear (Number of incidents that were referred to an alternative provider)

EMS STEP 4

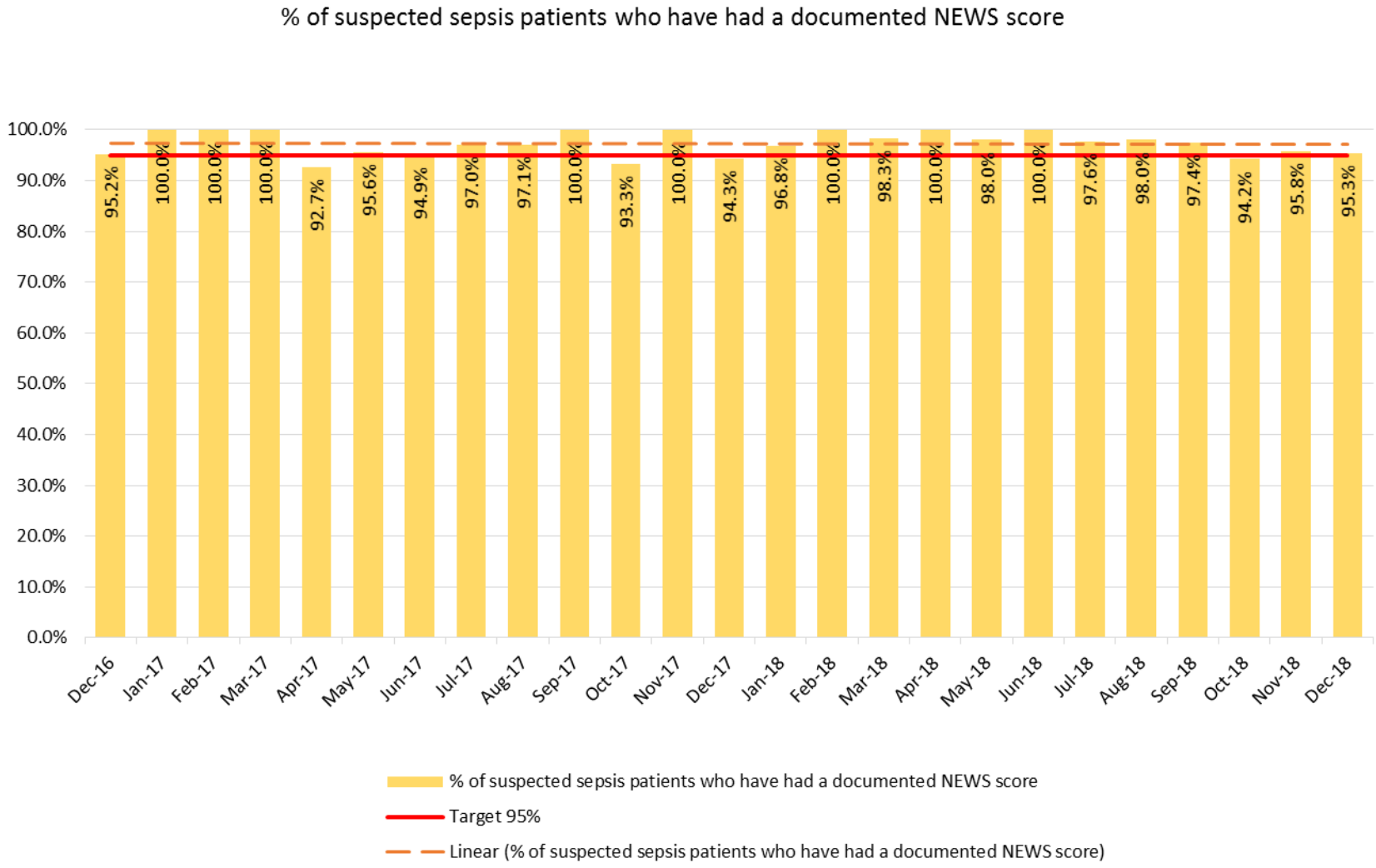

Re-Contact % within 24 hours of See & Treat
1.20%
1.00%
0.80%
0.60%
0.40%
0.20%
0.00%
0.60%
0.60%
0.80%
0.50%
0.40%
1.10%
0.90%
0.90%
0.80%
0.50%
0.50%
1.10%
0.50%
0.50%
0.70%
0.7%
0.9%
0.8%
0.7%
0.7%
0.6%
0.9%
0.5%
1.0%
0.7%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Re-Contact % within 24 hours of See & Treat
Linear (Re-Contact % within 24 hours of See & Treat)

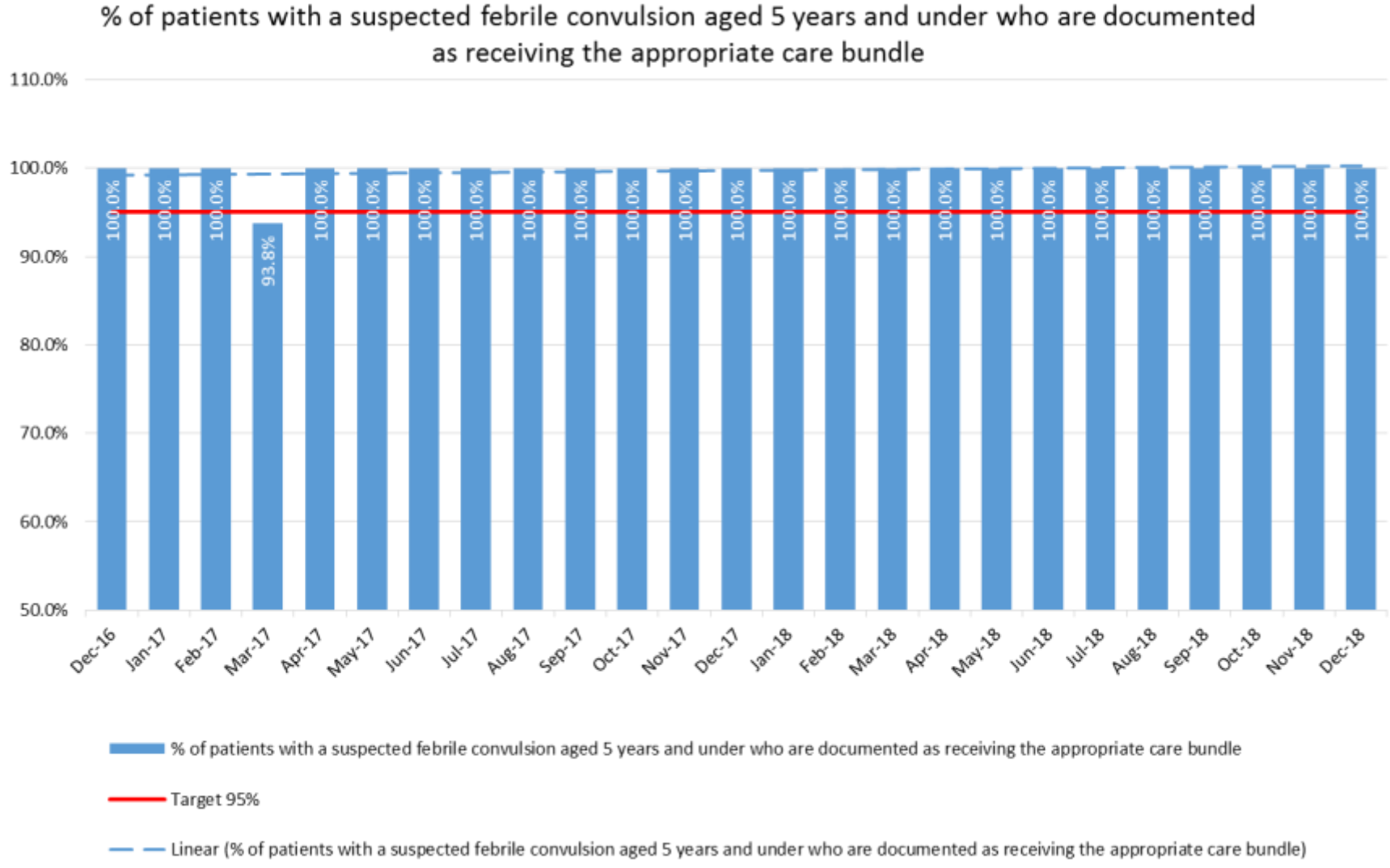
EMS STEP 4

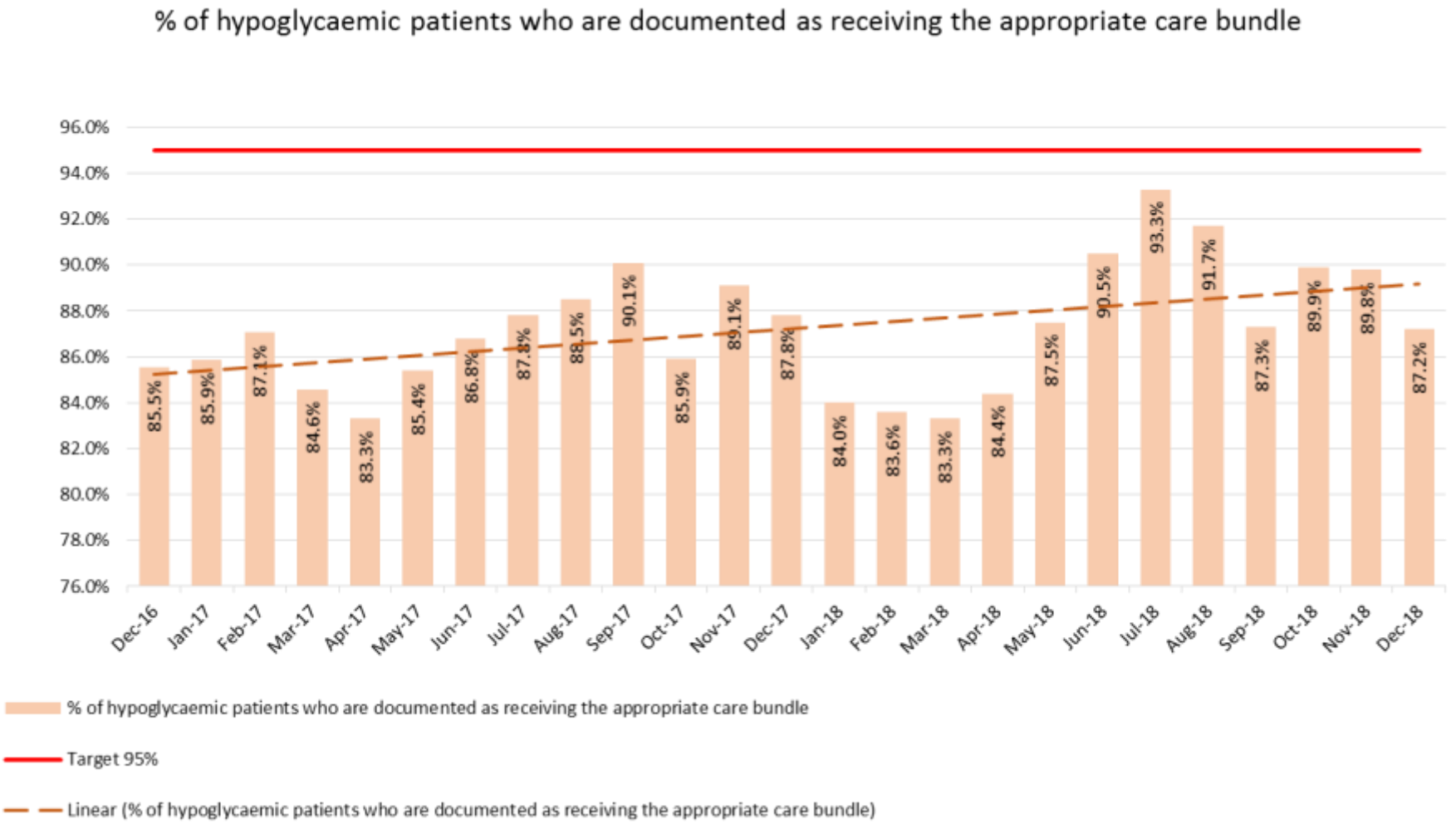

% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door
20.0%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
11.4%
9.0%
9.7%
12.4%
11.5%
16.1%
13.9%
11.6%
14.9%
13.4%
13.6%
14.3%
11.8%
11.6%
9.6%
15.7%
13.8%
18.7%
12.8%
17.1%
14.5%
13.7%
15.4%
11.0%
11.5%
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door
Linear (% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door)

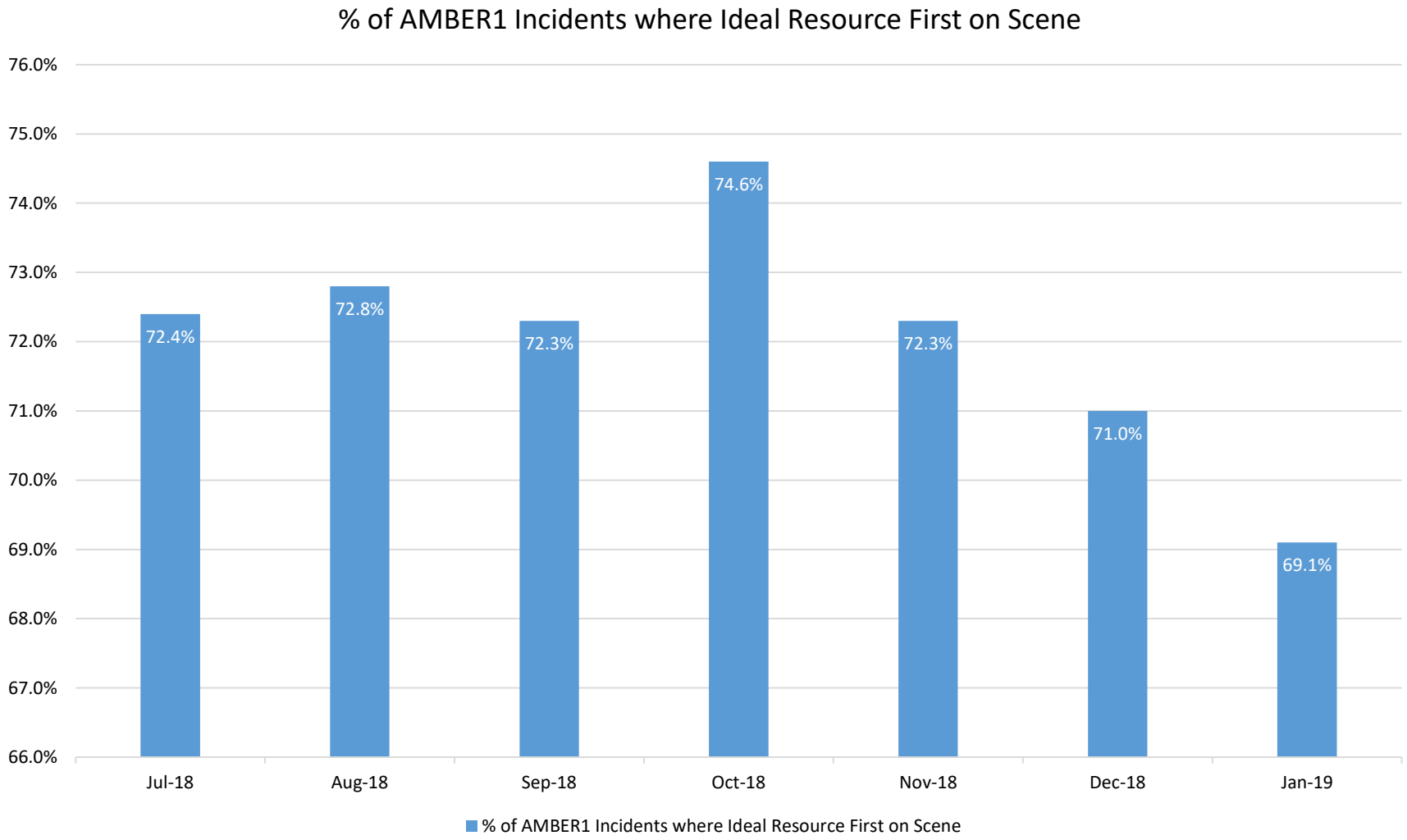

% older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
72.30%
65.10%
70.90%
67.60%
73.30%
72.10%
71.80%
73.4%
73.8%
75.4%
78.7%
76.7%
79.2%
76.1%
78.6%
78.9%
78.7%
75.1%
75.5%
80.8%
82.3%
76.6%
81.2%
79.1%
79.0%
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)
Target 95%
Linear (% older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia))

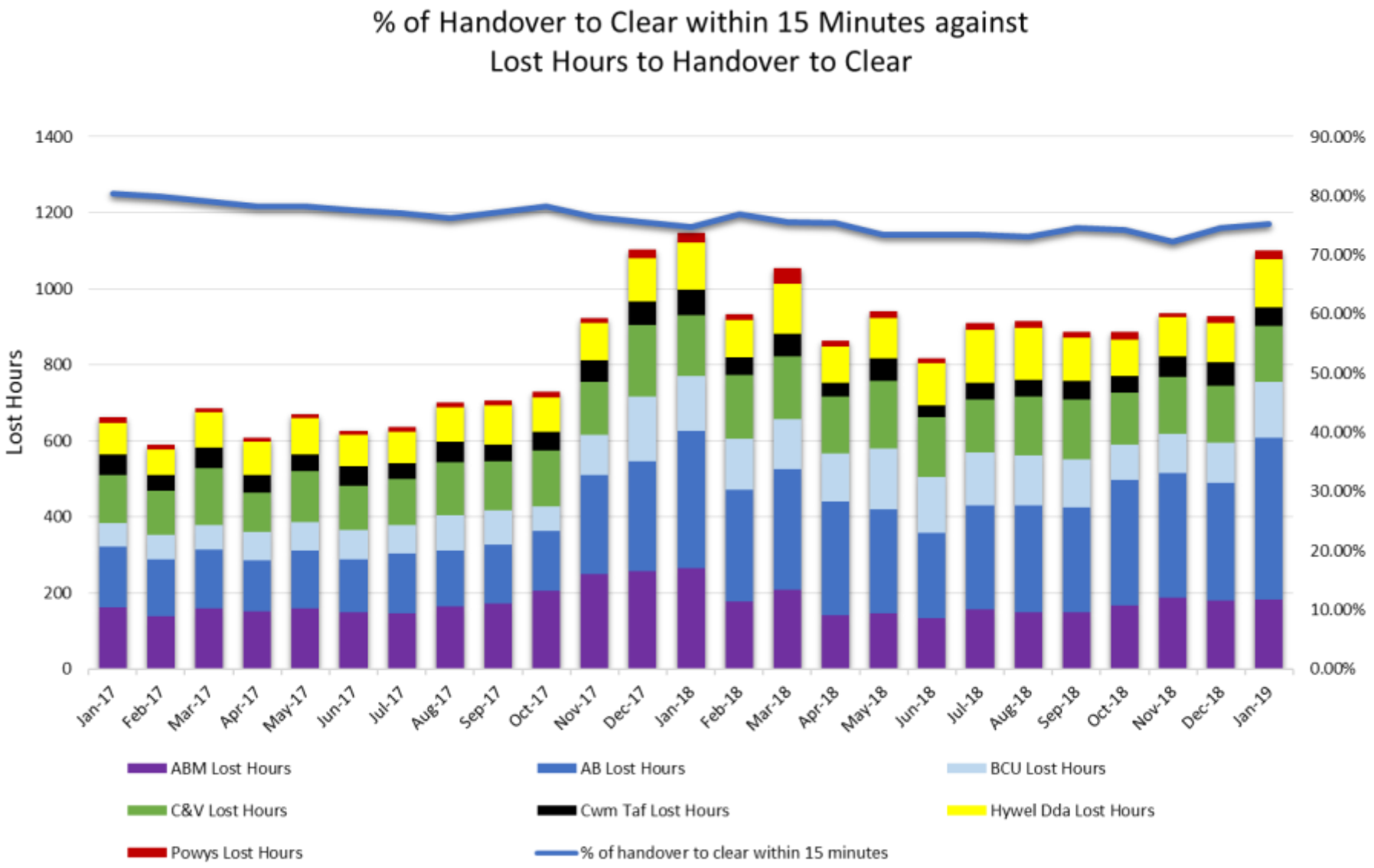
EMS STEP 4

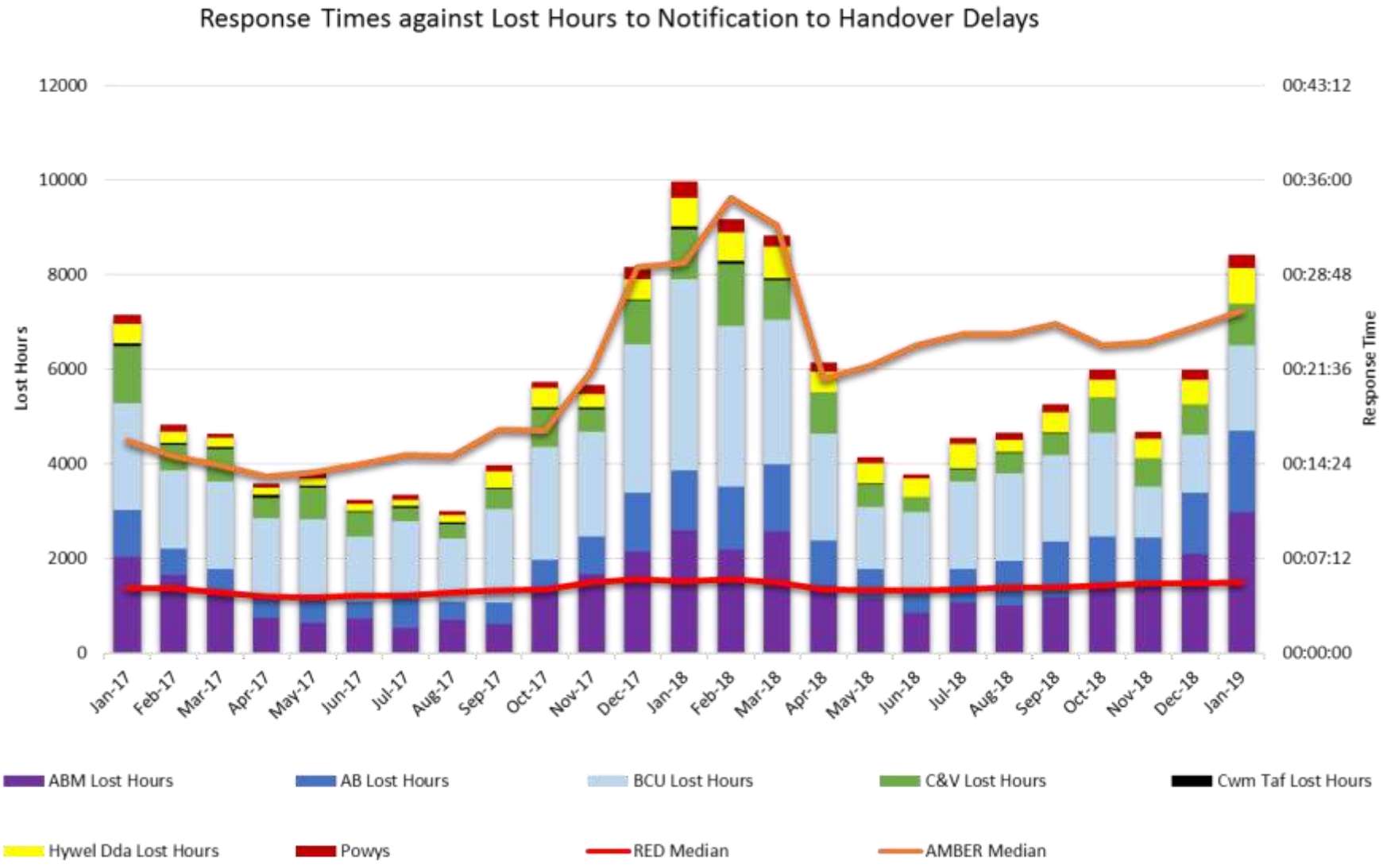

% of suspected sepsis patients who have had a documented NEWS score
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
95.2%
100.0%
100.0%
100.0%
92.7%
95.6%
94.9%
97.0%
97.1%
100.0%
93.3%
100.0%
94.3%
96.8%
100.0%
98.3%
100.0%
98.0%
100.0%
97.6%
98.0%
97.4%
94.2%
95.8%
95.3%
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of suspected sepsis patients who have had a documented NEWS score
Target 95%
Linear (% of suspected sepsis patients who have had a documented NEWS score)

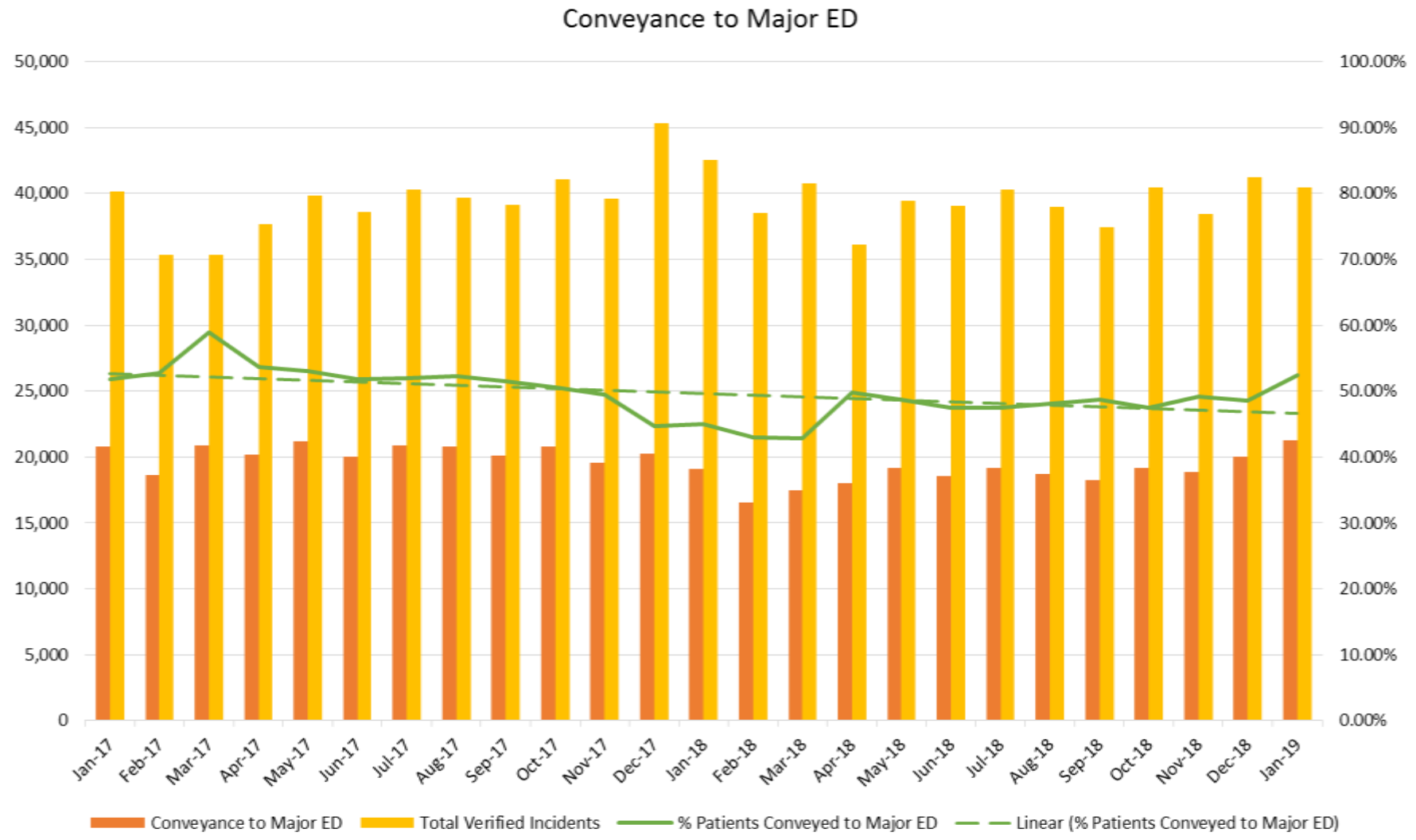

% of patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle
110.0%
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
100.0%
93.8%
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle
Target 95%
Linear (% 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
96.0%
94.0%
92.0%
90.0%
88.0%
86.0%
84.0%
82.0%
80.0%
78.0%
76.0%
85.5%
85.9%
87.1%
84.6%
83.3%
85.4%
86.8%
87.8%
88.5%
90.1%
85.9%
89.1%
87.8%
84.0%
83.6%
83.3%
84.4%
87.5%
90.5%
93.3%
91.7%
87.3%
89.9%
89.8%
87.2%
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of hypoglycaemic patients who are documented as receiving the appropriate care bundle
Target 95%
Linear (% of hypoglycaemic patients who are documented as receiving the appropriate care bundle)


% of AMBER1 Incidents where Ideal Resource First on Scene
76.0%
75.0%
74.0%
73.0%
72.0%
71.0%
70.0%
69.0%
68.0%
67.0%
66.0%
72.4%
72.8%
72.3%
74.6%
72.3%
71.0%
69.1%
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
% of AMBER1 Incidents where Ideal Resource First on Scene

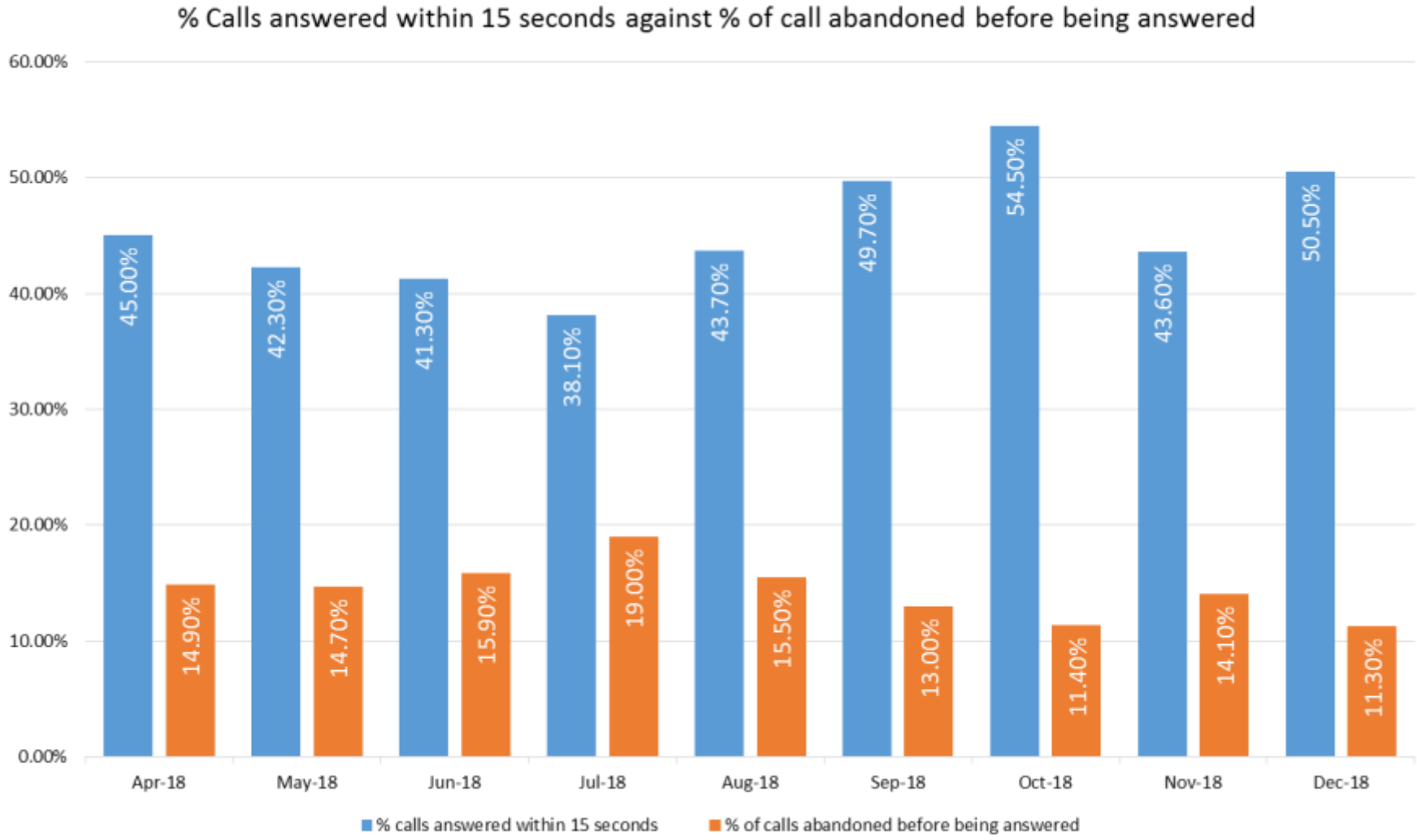

% of Handover to Clear within 15 Minutes against
Lost Hours to Handover to Clear
Lost Hours
1400
1200
1000
800
600
400
200
0
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
ABM Lost Hours
AB Lost Hours
BCU Lost Hours
C&V Lost Hours
Cwm Taf Lost Hours
Hywel Dda Lost Hours
Powys Lost Hours
% of handover to clear within 15 minutes


Response Times against Lost Hours to Notification to Handover Delays
Lost Hours
Response Time
12000
10000
8000
6000
4000
2000
0
00:43:12
00:36:00
00:28:48
00:21:36
00:14:24
00:07:12
00:00:00
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
ABM Lost Hours
AB Lost Hours
BCU Lost Hours
C&V Lost Hours
Cwm Taf Lost Hours
Hywel Dda Lost Hours
Powys
RED Median
AMBER Median

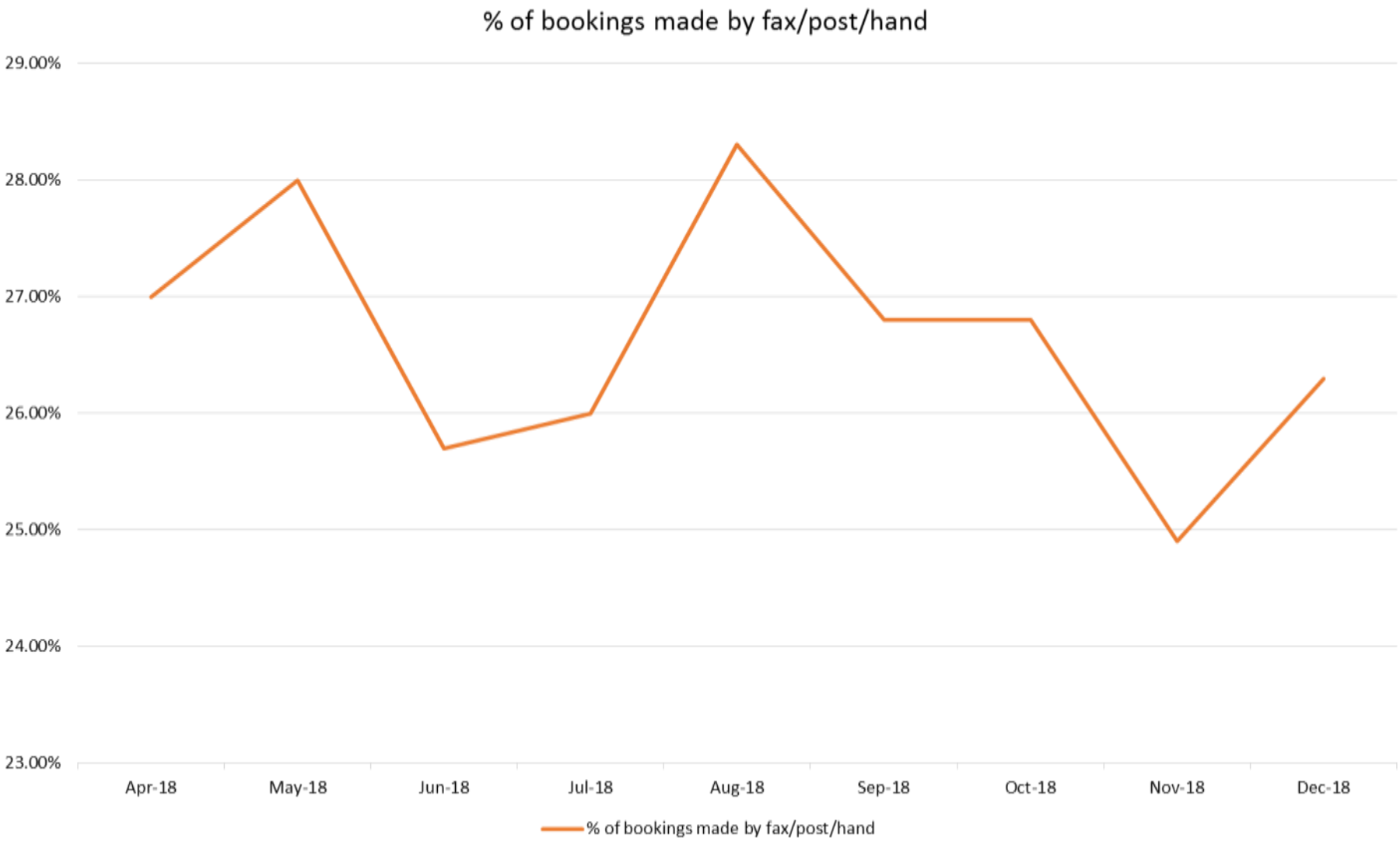

Conveyance to Major ED
50,000
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Conveyance to Major ED
Total Verified Incidents
% Patients Conveyed to Major ED
Linear (% Patients Conveyed to Major ED)

NEPTS STEP 1

There are currently no indicators under NEPTS Step 1

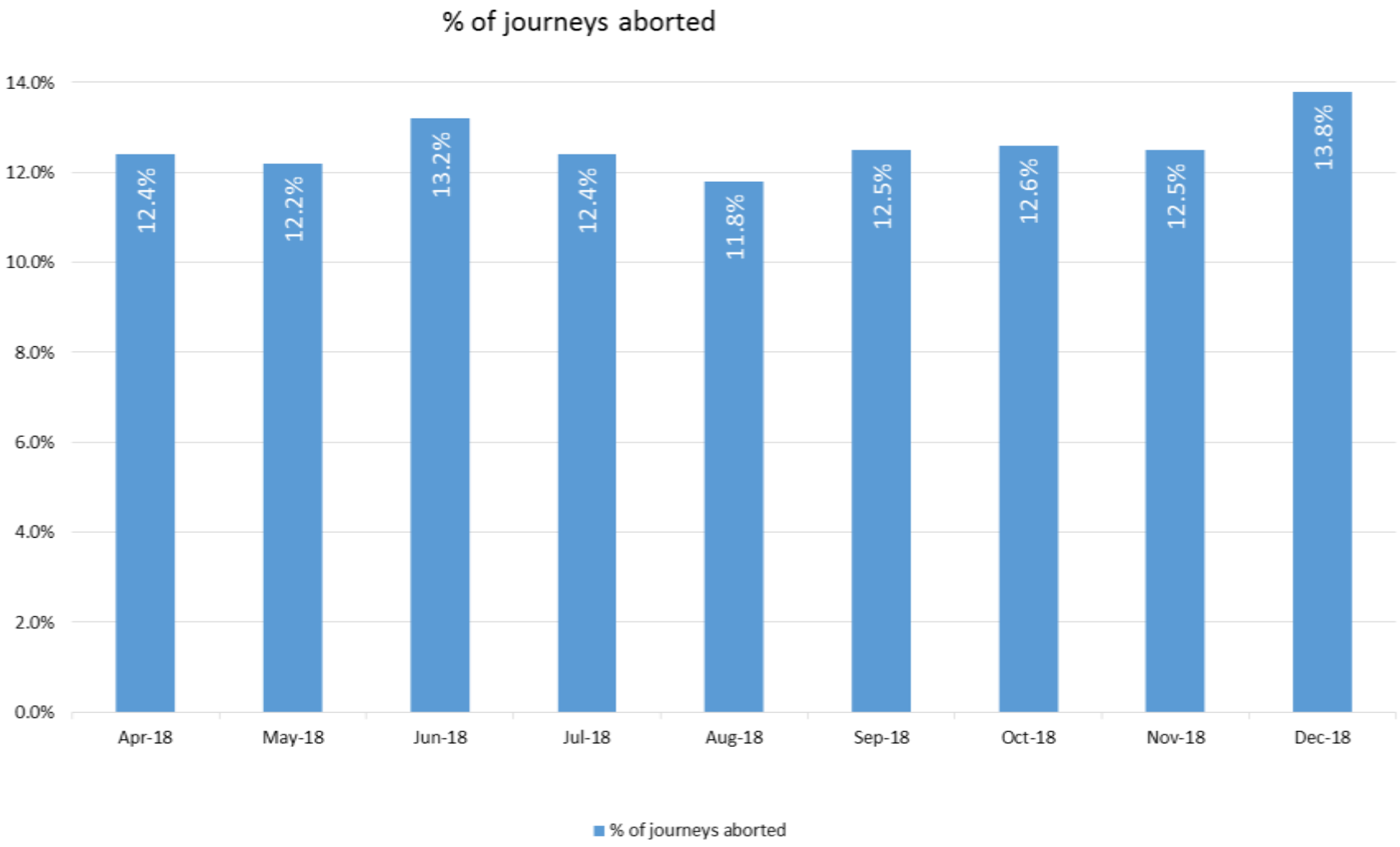

% Calls answered within 15 seconds against % of call abandoned before being answered
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
45.00%
14.90%
42.30%
14.70%
41.30%
15.90%
38.10%
19.00%
43.70%
15.50%
49.70%
13.00%
54.50%
11.40%
43.60%
14.10%
50.50%
11.30%
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% calls answered within 15 seconds
% of calls abandoned before being answered

Step 1 – Help me to choose
Step 2 – Answer my request
Step 3 - Coordinate my journey
Step 4 – Pick me up
Step 5 - Take me to my destination


% of bookings made by fax/post/hand
29.00%
28.00%
27.00%
26.00%
25.00%
24.00%
23.00%
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of bookings made by fax/post/hand

NEPTS STEP 4

Step 1 – Help me to choose
Step 2 – Answer my request
Step 3 - Coordinate my journey
Step 4 – Pick me up
Step 5 - Take me to my destination


% of journeys aborted
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
12.4%
12.2%
13.2%
12.4%
11.8%
12.5%
12.6%
12.5%
13.8%
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of journeys aborted

% of renal patients arriving prior to their appointment
85.0%
84.0%
83.0%
82.0%
81.0%
80.0%
79.0%
78.0%
77.0%
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of renal patients arriving prior to their appointment

% of renal patients collected > 30 minutes after their booked ready time
31.00%
30.00%
29.00%
28.00%
27.00%
26.00%
25.00%
24.00%
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
% of renal patients collected > 30 minutes after their booked ready time

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

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AGENDA ITEM No	3.4
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Policy for the Development, Review and Approval of Policies

MEETING	Trust Board
DATE	28th March 2019
EXECUTIVE	Keith Cox, Board Secretary
AUTHOR	Julie Boalch, Corporate Governance Manager
CONTACT DETAILS	Tel: 01633 626251 Email: Julie.Boalch@wales.nhs.uk

CORPORATE OBJECTIVE	All
CORPORATE RISK (Ref if appropriate)	CRR 37
QUALITY THEME	All
HEALTH & CARE STANDARD	All

REPORT PURPOSE	Members are asked to approve the Policy.
CLOSED MATTER REASON	Not applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Policy Group	11th December 2018	Review revised Policy
WASPT	28th January 2019	Recommend for approval
ADLT	7th January 2019	Recommend for approval
EMT	13th February 2019	Recommend for approval
Policy Group	18th February 2019	Recommend for approval
Trust Board	28th March 2019	For approval and adoption

SITUATION

1. The purpose of this paper is to provide Members of the Trust Board with the final, revised draft *Policy for the Development, Review and Approval of Policies* for consideration and approval.

BACKGROUND

2. The original policy was approved by Trust Board in July 2017 on the understanding that it would be re-assessed once the Policy process had been rolled out and had begun to be embedded across the organisation.

3. The aim of the policy is to provide a structure and process to follow that will ensure all policies are in line with current legislation, guidance and evidence in addition to ensuring that all policies have been subject to thorough scrutiny and engagement during the process. The policy applies to all staff employed by the Trust.

ASSESSMENT

4. The Governance team has worked in partnership with a nominated Trade Union Lead to review the content of the policy as well as the current policy process; both of which are still deemed to be sound.

5. Minor changes were made to the existing policy to refresh it with additions included to take account of any policies that have already been through the system and are due for renewal. These additions are outlined in section 13 of the policy to describe the process to follow depending on whether significant, reasonable or minor changes are necessary when reviewing a policy.

6. The Policy has been recommended for approval by WASPT on the 28th January, ADLT on the 7th February 2019 and EMT on the 13th February 2019.

<u>Interested Parties</u>

7. Specific engagement has taken place with representatives from the Counter Fraud, Information Governance, Health & Safety, Education and Training, Records Management and Welsh Language teams to ensure that the policy complies with legislative frameworks. Each team has given explicit approval of the relevant sections within the policy for which they are responsible.

8. Thorough consultation has taken place with Members of the Trust's Policy Group and other Trade Union representatives to finalise the content of the revised policy and to agree the proposed additions to the process as outlined in paragraph 6 above.

<u>Consultation</u>

9. The revised draft policy has been subject to a comprehensive, Trust wide consultation process which commenced on 12th December 2018 and ended on 9th January 2019.

10. One suggestion was received during the consultation period regarding the wording in the Counter Fraud section in paragraph 9.9.1 of the policy; this was incorporated into the draft policy. The consultation comments log is attached for information (Appendix A).

11. There were no barriers or issues to be resolved following consultation.

Equality Impact Assessment

12. Part A and B of the Equality Impact Assessment (EqIA) forms have been completed (Appendix B) to provide evidence that this policy does not affect any groups or people differently. It was not necessary to carry out a full EqIA having recorded a neutral impact.

Publication and Dissemination

13. Once approved, the policy will be uploaded onto the Trust's *Policy and Procedures intranet page.* Staff will be informed about the new policy via the usual communication channels, such as Siren, email and the new *Policy Bulletin* will be circulated to engage with staff and departments that do not routinely have access to emails or the staff intranet.

Monitoring

14. The Governance team are committed to working closely with partners through the Policy Group and Employment Policy Sub Group to monitor the policy process and agree to regularly review the system to ensure that any potential issues are addressed.

RECOMMENDED: That

(1) The Policy be formally approved by the Board.

APPENDICES

Appendix A – Consultation comments log
Appendix B – EqIA
Appendix C – Checklist

DETAILED LOG OF COMMENTS RECEIVED FOLLOWING GLOBAL CONSULTATION

Title of Policy	Policy for the Review, Development and Approval of Policies				
Consultation period commencing from and to:	12th December 2019 9th January 2019	**Policy Lead:**	Julie Boalch, Corporate Governance Manager	**Trade Union Lead:**	Paul Seppman, Trade Union Partner

Paragraph No.	Comment Received	Suggestion or Amendment Made	Comment incorporated Yes /No?	Reason comment is not to be incorporated
9.9.1	counter fraud in this policy and the only change that I would suggest is in the first line to remove the word 'cleared' and replace with' *reviewed to ensure that the policy contains the correct counter fraud advice to deter fraud'*	All policies shall be reviewed by the Trust's Counter Fraud team during the development/review process to ensure that the policy contains the correct counter fraud advice to deter fraud.	Yes	

Appendix B

Part A

Form 1: Preparation

1.	What are you equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	Policy for the Review, Development and Approval of Policies	
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The aim of this policy is to provide a structure and process to follow when developing or reviewing policies.	
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Trust Board	
4.	Who is involved in undertaking this EQIA. Please list all names and Titles/Roles	Name	Title/Role
		Julie Boalch	Corporate Governance Manager
		Melfyn Hughes	Welsh Language Officer
		Keith Cox	Board Secretary
5.	Is the Policy related to, or influenced by, other Policies/areas of work?	Welsh Language Standards Counter Fraud, Corruption and Bribery Policy (025) Records Management Policy (008) Information Governance Policy (055)	
6.	Who are the key Stakeholders i.e who will be affected by your document or proposals?	The policy applies to all staff employed by the Trust who have the responsibility for the development or review, approval, dissemination and management of policy documents.	
7.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	A commitment to communicating the revised process and policy to all Policy Leads in the Trust.	

Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic/ actor to be considered	Potential Impact by Group. Is it:-		Please detail any - Reports, Statistics, Websites, Links etc that you have used to inform your assessment and/or - Any information gained during engagement with staff or service users and/or - Any other information that has informed your assessment of potential impact
	Positive (+) Negative (**-**) Neutral (**N**) No Impact/Not applicable (**N/a**)	<u>Scale</u> High Negative Medium Negative Low Negative Neutral Low Positive Medium Positive High Positive	
Age	N/A		
Disability	N/A		
Gender Reassignment	N/A		
Race / Ethnicity	N/A		
Religion or Belief	N/A		
Sex	N/A		
Sexual Orientation	N/A		
Pregnancy and Maternity (applies for employees)	N/A		
Marriage and Civil Partnership (applies for employees)	N/A		
Welsh Language	+	Medium Positive	Welsh Language Officer to ensure Welsh Language requirements and standards have been fully considered and represented in this Policy and all other Trust policies.
Human Rights	N/A		

Form 3: Assessing Impact against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the "General Duty". This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:- 1 Eliminate unlawful discrimination, harassment and victimisation; 2 Advance equality of opportunity; and 3 Foster good relations between different groups	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	The Trust has a statutory duty to protect all and not discriminate against any groups; consideration has been given to this whilst developing the policy
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	An EqIA must be completed for each Trust policy which will raise awareness and provide opportunities for proper consideration when developing and reviewing policies.
3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	It highlight the need to consider all voices when developing and reviewing policies.

Part B:

Organisation:	Welsh Ambulance Services NHS Trust	
1. What is being assessed?	Policy for the Review, Development and Approval of Policies	
2. Brief Aims and Objectives	The aim of this policy is to provide a structure and process to follow when developing or reviewing policies.	
3a. Could the impact of your decision/policy be discriminatory under equality legislation?	No	No
3b. Could any of the protected groups be negatively affected?	Yes	The policy is not translated into Welsh.
3c. Is your decision or policy of high significance – consider the scale and potential impact across WAST including costs/savings, the numbers of people affected and any other factors?	Yes	It ensures that a process is available for Policy Leads to consider when developing or reviewing it and may lead to cost savings particularly around training, counter fraud etc.
How is it being monitored?	Through the Policy Group and Employment Policy Sub Group, WASPT and Committees	

Who is responsible?	Corporate Governance Manager	
What information is being used?	E.g. will you be using existing reports/data or do you need to gather your own information?	
When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	3 years	
7. Where will your decision or policy be forwarded for approval?	Trust Board	
8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	Specific engagement has taken place with representatives from the Counter Fraud, Health & Safety, Education and Training, Records Management and Welsh Language teams to ensure that the policy complies with legislative frameworks. The Governance team has worked in partnership with a nominated Trade Union Lead as well as other Trade Union representatives and Members of the Trust's Policy Group to finalise the content of the policy.	
	Name	Title/Role
9. Name/role of person responsible for this Impact Assessment	Julie Boalch	Corporate Governance Manager
10. Name/role of person approving this Impact Assessment	Keith Cox	Board Secretary

Policy Lead Checklist – Policy on Policies

		Yes/No/ Unsure	Comments
1.	**Trade Union Partners**		
	Has the Trade Union Chair/Secretary been contacted?	Yes	
	Has the Trade Union Chair/Secretary acknowledged your request for a nominated Trade Union Lead?	Yes	
2.	**Documentation**		
	Has the Policy Registration Form (PRF) been fully completed and submitted to Governance Team for processing?	N/A	Already registered
	Has the unique policy number been clearly stated on the policy?	Yes	
	Has the version number been included?	Yes	
	Is it clearly stated which approved documents this version supersedes?	Yes	
	Has the classification of document been clearly stated?	Yes	
	Has the accompanying SBAR been completed to accompany the policy through the process?	Yes	
	Is it clearly stated who the Policy Lead is?	Yes	
	Are the reasons for development/review of the policy clearly stated in the SBAR/PRF?	Yes	
	Has the policy been registered on the Trust's central policy register database?	N/A	Already registered
3.	**Layout**		
	Has the correct policy template been utilised?	Yes	
	Have the formatting guidelines been followed?	Yes	
	Is there a contents page included?	Yes	
	Have page numbers been included?	Yes	
	Are the Appendices detailed at the end of the document?	Yes	
4.	**Title**		
	Is the title of the policy clear and unambiguous?	Yes	
5.	**Introduction**		
	Does the introduction clearly state what the policy about?	Yes	
	Is it clear why the policy is needed?	Yes	
	Have the reasons, history and intent that lead to the creation of the policy been included?	Yes	

		Yes/No/ Unsure	Comments
6.	**Policy Statement**		
	Is the commitment of WAST clearly stated?	Yes	
	Does it include a statement of intent?	Yes	
	Does it include what is the desired outcome/motivating factors are?	Yes	
7.	**Scope**		
	Is the scope of the document clear?	Yes	
	Is it clear to whom the policy applies?	Yes	
	Is it clear which service area, professional groups or individuals are affected by the policy?	Yes	
8.	**Aim**		
	Is the aim clearly stated?	Yes	
	Does it detail what the policy should achieve?	Yes	
9.	**Objectives**		
	Does the policy clearly identify how the aim of the policy will be achieved?	Yes	
10.	**Content**		
	Are the key terms used in the policy?	Yes	
	Is the language clear and concise?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
11.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	N/A	
	Are key references cited?	N/A	
	Are the references cited in full?	N/A	
	Are supporting documents referenced?	N/A	
12.	**Engagement**		
	Has the policy been developed in partnership with relevant staff groups, services and departments?	Yes	
13.	**Approval**		
	Does the policy identify which committee/group will approve it?	Yes	Trust Board
14.	**Flow Chart Policy Process**		
	Has the process contained in the *Policy for the Development, Review and Approval of Policies* been followed?	Yes	
15.	**Approval Route**		
	Has the policy been submitted to either the Employment Policy Sub Group or Policy Group for guidance and consideration?	Yes	

		Yes/No/ Unsure	Comments
16.	**Consultation**		
	Has the policy been subject to a Trust wide consultation period – guided by the Policy Groups?	Yes	
17.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how the document will be implemented and distributed?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
18.	**Training**		
	Have the training requirements been clearly identified?	N/A	
	Is there a clear timeline for training?	N/A	
	Have training resources required been clearly specified?	N/A	
	Has a clear training plan been outlined in the document?	N/A	
	Have the appropriate representatives been engaged with and informed of training needs as a result of the policy being implemented?	Yes	
19.	**Document Control**		
	Does the document identify where it will be held and how a copy can be obtained?	Yes	
20.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPI's to support the monitoring of compliance with and effectiveness of the document?	N/A	
	Is there a plan to review or audit compliance with the document?	N/A	
	Has an audit tool been built into the policy document?	N/A	
21.	**Dates**		
	Has the implementation date been included?	Yes	
	Is the review date specified?	Yes	
	Is the frequency of review identified?	Yes	
22.	**Overall Responsibility for the Document**		
	Is it clear who is responsible for the document?	Yes	
	Is it explicit who is responsible for managing and reviewing the policy?	Yes	
	Is it clear who will be responsible for co-ordinating the dissemination and implementation of the document?	Yes	
	Are the staff responsible for enforcing the policy clearly identified?	Yes	

		Yes/No/ Unsure	Comments
	Is there a clear contact identified (the person to whom questions about the policy should be directed?	Yes	
23.	**Legislation and Regulations**		
	Does the document clearly state the relevant legislation or regulatory obligations considered in the development of the policy?	N/A	
	Does the policy detail the related organisational policies or other documents that it should be read in conjunction with?	Yes	
24.	**Impact Assessments**		
	Has an EqIA been carried out?	Yes	
	Has the outcome been recorded in the Policy and the SBAR?	Yes	
	Have the Welsh Language standards been taken into account?		Currently part of EqIA process
	Has an Environment assessment been carried out?	N/A	
	Has the policy been considered in relation to Counter Fraud?	Yes	
25.	**Once Approved**		
	Has the Governance Team been notified of approval and the policy returned to the Governance Team for uploading to the Trust central library and Policy and Procedures Intranet Page?	Yes	
26.	**Policy Review**		
	Is the person responsible for the review of the document aware of the review date?	Yes	

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Policy for the Development, Review and Approval of Policies

DRAFT

Policy Number:	001	**Version No:**	2.6	**Supersedes:**	v1.0
Date of Approval:		**Review Date:**	3 years from date of approval	**Impact Assessments Completed:**	Yes
Classification of Document:	Corporate	**Type of Document:**	Policy	**Approved by:**	
Brief Summary of Document:	The aim of this policy is to provide a structure and process to follow when developing or reviewing policies.				
Scope:	The policy applies to all staff employed by the Trust who have the responsibility for the development or review, approval, dissemination and management of policy documents and describes the process to be followed.				
To be read in conjunction with:	Welsh Language Standards Counter Fraud, Corruption and Bribery Policy (025) Records Management Policy (008) Information Governance Policy (055)				
Owned By:	Trust Board				
Policy Lead: **Trade Union Lead:**	Julie Boalch Paul Seppman	**Job Title:**	Corporate Governance Manager Trade Union Partner		
Executive Director:	Keith Cox	**Job Title:**	Board Secretary		

Version Control Sheet

Version	Date	Author	Summary of Changes
1.0	June 2017	Julie Boalch	New Policy
2.0	November 2018	Julie Boalch	Updated following review with Paul Seppman
2.1	December 2018	Julie Boalch	Updated flow charts and minor amendments
2.2	December 2018	Julie Boalch	Minor amendments following Policy Group
2.3	December 2018	Julie Boalch	HR Job Title Change
2.4	January 2019	Julie Boalch	Update to para 9.9.1 following consultation
2.5	January 2019	Julie Boalch	Inclusion of para 9.9.4
2.6	February 2019	Julie Boalch	Removal of Health and Safety paragraph
Keywords	Policy, Policy on Policies, Development, Review, Approval, Process		

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Training	16/01/19	Sarah Davies
Counter Fraud	20/12/18	Lynne Haddow
Information Governance	12/12/18	Craig Garner
Records Management	02/01/19	Judith Birkett
EqIA / Welsh Language	11/12/18	Melfyn Hughes
Estates	N/A	
Environment	N/A	
ESMCP	N/A	

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Task and Finish Group Members

Name	Job Title
Julie Boalch	Corporate Governance Manager
Paul Seppman	Trade Union Partner

Policy Approval Route

Where	When	Why
Policy Group	11/12/18	Review initial draft
Policy Group	18/02/19	Review final draft post consultation
TU Partners Team Meeting	11/01/19	For WASPT Agenda
WASPT	28/01/19	Recommend for approval
EMT	13/02/19	Recommend for approval
Trust Board	28/03/19	Approval and adoption

DRAFT

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Corporate Governance Manager

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1. INTRODUCTION

The Welsh Ambulance Services NHS Trust, subsequently referred to in this policy as the Trust, has a statutory duty to ensure that appropriate policies are in place. Policies ensure that the Trust complies with legislation, meets mandatory requirements, and enable staff to fulfil their roles safely and competently.

A robust and clear governance framework for the management of policies is essential to minimise risk to patients, employees and the organisation itself; therefore, the Trust has developed a system to support the development or review, approval, dissemination and management of polices.

2. POLICY STATEMENT

The Trust will provide a structure for the development, approval and dissemination of policies which will include:

- Ensuring that staff have access to the most recent versions of the Trust's policies.
- Maintaining the policy tracker and register of all Trust policies to ensure that those in use are current, relevant and that duplication is avoided.
- Ensuring that the Equality Impact Assessment process is completed on all policies to ensure the elimination of inequality – this will include an assessment of the impact upon the Welsh language.
- Establishing a corporate style and promoting the use of standard templates to ensure a consistent approach to all documentation.
- Providing systems and structure to ensure staff have access to the most up to date policies to ensure compliance with all policies.
- Maintaining an archive of past policies for reference and to ensure legal requirements are adhered to.

The purpose of policies are to ensure the Trust is operating transparently and consistently and within a clear governance framework as well as to provide a process of internal document control. These documents describe guiding principles that define the organisation's decisions, behaviours and actions as well as provide an effective source of guidance for staff to follow.

3. SCOPE

This policy applies to all staff employed by the Trust who have the responsibility for the development or review, approval, dissemination and management of policy documents and describes the processes to be followed.

4. AIM

The aim of this policy is to provide a structure and process for the development or review, approval, dissemination and management of policies ensuring that they are in line with current legislation, guidance and evidence.

5. OBJECTIVES

To enable the Trust to achieve this aim and ensure consistency in the format, compilation and dissemination of policies, this policy sets out the procedures for:

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- The development and review of a policy.
- The format, compilation and consistency of approach incorporating the use of templates, a corporate style and the use of plain language.
- Equality Impact Assessments to ensure the elimination of inequality including an assessment of the impact upon the Welsh language.
- Process for the consultation and approval of policies.
- Publication and dissemination of policies across the Trust.

6. DEFINITIONS

6.1 Types of Written Control

6.1.1 Strategy

A strategy is a broad statement of an approach designed to accomplish desired objectives or goals and can be supported by other written control documents. Strategies are always organisational wide and are required to be approved by the Board via the Scheme of Delegation.

6.1.2 Policy

A policy is a written directive from the Board which may be driven by statute or law, describing the broad approach or course of action that the Trust is taking in relation to a particular issue. Policies are underpinned by evidenced based procedures and guidelines and must be adhered to. They are also organisation wide and approved on behalf of the Board via the Scheme of Delegation.

6.1.3 Procedure

A procedure is a standardised method of performing tasks by describing a series of actions to be conducted in an agreed and consistent way, to achieve a safe and effective outcome. They can be used to set out how a policy is to be achieved; however, procedures can also be standalone documents.

6.1.4 Protocol

A written code of practice, including recommendations, roles and standards to be followed, which can also include details of competencies and delegation of authority.

Protocols are different from policies in that they are flexible working documents which lack the ‘mandatory’ element and allow for professional judgement, individual cases and competency to play a role.

Within a protocol it must be clear by whose authority it is being implemented, what the scope of the protocol is and what procedure is to be followed if practice is to be outside of the protocol.

In the case of clinical protocols, clinicians must be advised in every document that it is for their guidance only and the advice should not supersede their own clinical judgement.

6.1.5 Guidelines

A guideline provides general advice and recommendations for dealing with specific circumstances. These are to be used by staff in conjunction with their existing

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knowledge and expertise to enable them to make decisions regarding the appropriateness of their actions. Guidelines can also be standalone documents.

6.1.6 National Clinical Guidelines

The National Institute for Health and Clinical Excellence (NICE) defines guidelines as:

"Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. Research has shown that if properly developed, disseminated and implemented, guidelines can lead to improved patient care" (NICE 1999).

6.1.7 Standards

The Royal College of Nursing definition is:

"to provide a record of service or representation of care which people are entitled to experience, either as a basic minimum or for use as a measure of excellence" (RCN 1997).

Standard statements are accompanied by a description of the structure and process needed to attain specified observable outcomes. Standards are not generally prescriptive; it could prove difficult to defend a case if a standard is not adhered to.

6.2 Classification of Written Control Documents

6.2.1 Clinical

Clinical policies relate to the care and treatment of patients and offer an evidence based approach to making a series of clinical decisions for patients.

6.2.2 Corporate

Corporate policies relate to the management of the organisation and formulation of a response to known situations and circumstances.

6.2.3 Employment

Employment policies relate specifically to the management of employees (however defined) within the organisation and are a written source of guidance on how a wide range of issues should be handled within an employing organisation, incorporating a description of principles, rights and responsibilities for managers and employees.

7. ROLES AND RESPONSIBILITIES

7.1 Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

7.2 Board Secretary

The Board Secretary is responsible for the effective management of, and compliance with, this policy. This includes ensuring that:

- A database of policies and procedures is maintained.
- Policies are approved as part of the Governance framework at the appropriate level in the organisation.

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- The documents are accessible to all relevant staff.
- Documents are cascaded appropriately across the organisation.
- All policies are reviewed in a timely manner.

7.3 Executive Directors

The Executive Directors are responsible for the effective management of and compliance with this policy. They are responsible for ensuring that all policies within their remit are maintained and updated by liaising with the appropriate policy leads. They are responsible for ensuring that the appropriate advice and assistance is provided to authors and that consideration is given to any training and resources implications that are defined. Each Director will appoint a Policy Lead for their Directorate.

7.4 Policy Leads - Authors of Strategies, Policies and Procedures

The author should have the right level of knowledge, expertise and experience to lead on the development or review of a policy on behalf of the Executive Director who owns the document and are responsible for ensuring that the process outlined in this policy is followed. This will include:

- Liaising with their Executive Directors to ensure that policies are implemented appropriately and, where necessary, compliance with those documents is formally audited.
- Ensuring that there is an appropriate review of all Directorate policies, either in line with the review timescale set at the time of approval or as a result of changes to practice, organisational structure or legislation.
- Working in partnership with the nominated Trade Union lead to undertake a review or development of policies, in a timely manner (within 3 months).
- Contacting the Corporate Governance Manager at the outset to enable the provision of advice and support throughout each stage of the policy development/review process through engagement with the Policy Group or Employment Policy Sub Group.
- Identifying the interested parties, dependent upon the scope of the document and expertise required. These may include other specialist groups and committees, specialties, professional groups, services etc.
- Communicating with members of the Virtual Policy Group to ensure relevant impact assessments are undertaken and that policies are considered by experts in these areas prior to the policy entering the approval process (see Section 9.7 - Impact Assessments).
- Ensuring that specific training needs and resources required for implementation of the policy are clearly identified.
- Ensuring that appropriate consultation has taken place with the relevant individuals and groups across the Trust and externally where appropriate.
- Producing an SBAR which must accompany the final draft of the policy.
- Ensuring that where consensus has not been reached on a particular issue or specific concerns are raised that these are documented and reported to management and the approving body at the earliest opportunity.
- Providing assurance to the approving body that relevant, interested parties have contributed and given explicit approval of their “relevant sections” within the policy that is being developed/reviewed.

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- Where barriers to implementation remain, these need to be escalated to the appropriate level for resolution prior to approval/recommending for approval.
- Working with the Corporate Governance Manager to ensure that the approved policy document is uploaded onto the Trust's centralised database (see Section 8 – Policy Register Database) and disseminated appropriately.
- Providing advice and support to all users of the policy.

When a Policy Lead leaves the Trust, the responsibility for their policy document reverts directly to their Executive Director until such time as a role replacement or named Policy Lead is identified.

7.5 Corporate Governance Manager

The Corporate Governance Manager will act as the Trust's 'Policy Process Manager' and operational gate-keeper with the responsibility for providing guidance, advice and support for the process on behalf of the Trust.

In addition, the Corporate Governance Manager is responsible for:-

- Managing the maintenance of the Trust's central Policy tracker and database (including a record of equality impact assessments).
- Facilitation of the Trust's internal Policy Group.
- Managing the Trust wide consultation process for all policies.
- Providing a link between the Policy Group and Employment Policy Sub Group.
- Issuing reminder notices to ensure the timely review of policies.
- Ensuring up to date guidance and documentation regarding the policy process is accessible.
- Publishing policies onto the Trust's internet/intranet sites and working with the Communications Team to ensure comprehensive notification that new policies is maintained across the Trust.
- Maintain an archive of previous versions of any revised or reviewed policies.

7.6 Line Managers

Are responsible for**:**

- Ensuring that new members of staff that join the Trust are made aware of the policy control system at local induction, and how to access Trust wide and local policy documents specific to their area.
- Understanding the policy process and their role in supporting best practice.
- Working with staff without access to the intranet to ensure they have access to relevant documentation.
- Ensuring that local arrangements are established to monitor the receipt and understanding of all relevant Trust documents; thus reducing the risk of misuse of misinterpretation.
- Ensuring that the staff for whom they are responsible are aware of and adhere to this document.

  This includes ensuring that:
- Copies of the Trust policies are readily available and accessible to all staff.

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- Information is disseminated on a regular basis, to ensure staff have read and understood the relevant documents and are aware of any new guidance or revisions.
- The identification of specific staff training needs on the implementation of new or updated documents.
- Systems exist to enable the review, audit and compliance testing of all relevant departmental policies as required.

7.7 All Staff

Are responsible for ensuring that:

- They comply with the provision of this policy and where requested to demonstrate such compliance. Failure to comply will be dealt with under the Trust's Disciplinary Policy as appropriate.
- Information regarding failure to comply with the policy, for example, lack of training, inadequate equipment, is reported to their line manager and that the incident reporting system is used where appropriate.
- Their practice is in line with policies in use across the Trust and specific to their area of work.
- Information regarding any changes in practice, organisational structure or legislation that would require an urgent review of documents is immediately reported to their line manager.

8. POLICY REGISTER

A central Policy database is in place within the Trust which includes details of all policies which have been approved and published or are currently in the process of development or review.

All policies will be subject to version control as well as issued with a unique policy identification number.

Where a policy has been superseded, the archived copy will be held on file by the Corporate Governance Manager but will no longer be available via the internet. Each Directorate that develops or reviews policies shall set up their own system to ensure ownership and responsibility for their delegated areas. This shall hold all current and out of date policies. All out of date policies must be kept for a period of 30 years in line with the WHC (2000) 071 For the Record. These will be audited annually, and cross referenced with the main Trust Policy Register to ensure consistency.

All policies shall include a specific reference to records retention as detailed above with mention of the Trust's Records Management policy. See section 9.9.2 below.

9. PROCESS FOR DEVELOPING/REVIEWING A POLICY

The full process for developing or reviewing a policy shall apply to any policy which has never been considered by the Policy Group or Employment Policy Sub Group and to all Policies which require ***significant*** changes since the last review. A flowchart describing this process is detailed in Appendix 1 and should be referred to prior to commencement of the process.

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The process for reviewing Policies which have previously been considered by the Policy Group or Employment Policy Sub Group and only require ***reasonable*** or ***minor*** changes since the last review is set out in paragraph 13 and described in the flowcharts in Appendix 2 and 3.

A quick reference guide is included in Appendix 5 of useful contacts who can provide advice and guidance to Policy Leads whilst reviewing or developing a policy.

9.1 Identifying the Need for Developing/Reviewing a Policy

Drivers for reviewing or developing new policies include:

- Legislation
- National guidance
- External reviews
- Audits
- Improving working practice
- Mitigating an identified risk
- Adopting an all Wales policy

9.2 Responsibilities and Partnership Working

Managers, staff or functions are responsible for recognising when a policy is required to minimise risk to patients, staff or the organisation. Once the need for a policy has been identified, the responsible Executive Director will identify a Policy Lead to work with an identified Trade Union Lead to review or develop the document. The Policy Lead shall contact the Trade Union Chair or Secretary to request a nominated Trade Union Lead to work with. The Policy Lead shall liaise with the TU Lead to agree the process for drafting the Policy.

9.3 Central Policy Register

The Policy Lead should contact the Corporate Governance Manager in the first instance to check the policy database to ensure that there is not a policy already in existence on the same or similar subject, thus avoiding duplication of effort.

9.4 Policy Registration Form

The first step in the development or review of a policy is the completion of the Policy Registration Form (PRF) which is available on the Trust policy intranet page under *Supporting Documents*.

The PRF shall also be completed for all Wales or jointly developed policies. A department only document which is a local procedure or guideline, setting out the requirements for staff in a discrete department or professional group, and one which does not have wider implications outside of this, will not require a PRF. Further clarity can be sought from the Corporate Governance Manager.

The overarching rationale for completion of the PRF is to aid the Policy Group or Employment Policy Sub Group in being clear about the reason for the policy, the potential impacts of it as well as the support required to facilitate implementation of it. It is best practice to consider these prior to developing or reviewing all policies.

The PRF specifically aims to ensure that:-

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- The right type of document is developed (see Definitions in section 6).
- That a policy is developed/reviewed within the context of existing policies.
- There is a plan for involvement of the Policy Group or Employment Policy Sub Group as well as interested parties who will be essential to the implementation of the policy.
- Consideration is given to the possible wider implications of the policy within the Trust.

Consideration of the above at the outset will help to ensure that the development/review process is robust and efficient and will also enable the Corporate Governance Manager to keep track of all policies which are under development or review.

The completed PRF shall be signed off by the Executive Director who owns the policy and forwarded to the Corporate Governance Manager for processing in order to ensure that the document is entered into the Trust's database and is submitted to either the Policy Group or Employment Policy sub group for support and guidance through the whole process.

9.5 Policy Group and Employment Policy Sub Group

The Policy Group is responsible for all Clinical and Corporate policies and the Employment Sub Group is responsible for all Employment policies.

Both groups are responsible for providing guidance and support to each of the nominated Policy/Clinical Leads and Trade Union Leads to undertake the process of reviewing existing or developing new policies and ensuring that the process outlined in this policy is adhered to.

The groups will:

- Ensure that the development/review is undertaken in a timely manner.
- Ensure that the relevant knowledge and expertise is accessible within the group's membership and co-opted members specific to the review or development of each policy.
- Ensure that the developmental process has been robust and in line with this policy.
- Ensure that the language is consistent and the policy content is described in a concise and succinct manner.
- Ensure that the final version of the policy is in line with current legislation, guidance and evidence and can be implemented.
- Ensure that appropriate engagement with all relevant and interested parties is undertaken dependent on the scope of the document and that they have an opportunity to agree their contribution to the development or review.
- Ensure that the final draft document along with supporting SBAR is submitted to the relevant groups for consideration and to the approving body for formal adoption and publication.

In the event of any queries raised which are addressed to Policy Group members please contact the Corporate Governance Manager in the first instance or the

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Workforce, Governance & Policy Lead for any queries for direction to the Employment Policy Sub Group members.

9.6 Fast Track Process

An exceptional route is available for a policy to progress through the system should an urgent situation arise. The Policy Group will consider each fast track request on a case by case basis and make a decision based on specific criteria. It may be necessary to convene a separate meeting dependent upon the urgency and the Health & Safety Lead should be in attendance. The policy must be accompanied by a Risk Assessment including the reasons for the fast track request.

9.7 Impact Assessments

Policies will not be approved without an Equality Impact Assessment (EqIA) or a Welsh Language Impact Assessment being undertaken as this process has been developed to help promote fair and equal treatment in the delivery of services. It is the responsibility of the Policy Lead to ensure that impact assessments are undertaken during development or review of a policy.

9.7.1 Equality Impact Assessment

In accordance with the Equality Act 2010, all policies will be subject to an EqIA. This enables resources to be targeted effectively and can help to reduce inequalities. The EqIA is process to find out whether a policy will affect people differently on the basis of their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

Evidence gathered at the initial stages, by undertaking an initial screening, will determine the relevance of policies and how they affect people as service users, members of the public and as employees of the Trust and indicate whether or not a full EqIA is required.

Equality Impact Assessment forms and procedures for completion as part of policy development are available on the Trust's intranet Policy page under *Supporting Documents*. Further information on the development and value of EqIAs can be found on the Trust's Intranet site and via the following link: www.eiapractice.wales.nhs.uk/home.

All finalised policies shall include reference to the EqIA which has been undertaken.

9.7.2 Welsh Language Impact Assessment

Under the The Welsh Language (Wales) Measure 2011 the Trust's Welsh Language Scheme will be replaced by standards. This means that the Trust, when formulating new policies or reviewing or revising existing policies, will be required to assess what effect a policy decision would have on opportunities for persons to use the Welsh language and on treating the Welsh language no less favourably than the English language. Further guidance can be obtained from the Welsh Language Officer.

In order to comply with the Welsh Language Standards and the Trust's Compliance Notice, the Trust is required to publish several policies in Welsh; particularly those that relate to:

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- behaviour in the workplace;
- health and well-being at work;
- salaries or workplace benefits;
- performance management;
- absence from work;
- working conditions;
- work patterns

9.7.3 Environmental Standards and Impact Assessment

All policies must be considered as to whether they have any environmental impact during the review/development process. For those policies that are deemed to have no environmental impact it will be sufficient to include the following paragraph:

This policy will put the relevant requirements in place (such as waste management plan, reduction of CO_2 emissions & reduction of carbon footprint) in order to ensure that the Welsh Ambulance Services NHS Trust ongoing commitment to reduce its impact on the environment is maintained and to become a more sustainable organisation in line with Trust policy and Environmental Governance System.

However, the Policy Group or Employment Policy Sub Group will ensure that the Estates Team have had an opportunity to consider all policies within the process in order to establish whether an impact assessment, waste management plan, or CO_2 Reduction Plan is required.

9.8 Task and Finish Groups

Whilst accepting that it is not always appropriate, it is strongly recommended that, a Task and Finish group is established to help develop the policy in partnership involving relevant staff groups, services and departments.

9.9 Interested Parties

Interested parties are expected to contribute to the content of the policy and give explicit approval of the relevant sections by which they are affected or responsible for. Interested parties are also required to identify any barriers which could inhibit the implementation of and/or compliance with the policy once approved. These barriers must be resolved prior to the policy being presented for approval ensuring that it is fit for purpose and can be implemented and complied with by all the relevant interested parties.

In addition, members of the Trust's Virtual Policy Group will review each policy in accordance with their area of expertise, for example; training, counter fraud, information governance, health and safety and records management etc.

9.9.1 Counter Fraud

All policies shall be reviewed by the Trust's Counter Fraud team during the development/review process to ensure that the policy contains the correct counter fraud advice to deter fraud. For the majority of policies it will be acceptable to include the following paragraph; however, the Policy Group or Employment Policy Sub Group will

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ensure that the Counter Fraud Team have had an opportunity to consider all policies within the process.

Anti-Fraud and Corruption Concerns

The Welsh Ambulance Services NHS Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting line on 0800 028 40 60; or the on-line reporting facility https://cfa.nhs.uk/reportfraud Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

9.9.2 Records Management

Policy Leads are asked to consider whether the policy being developed or reviewed requires the inclusion of the standard statement described below or a more in depth statement as to how the records relating to the policy will be managed. Please refer to the Trust's Records Management Policy 2017 as a guide.

The Welsh Ambulance NHS Services Trust (WAST) recognises the importance of sound records management arrangements for both clinical and corporate records. The Trusts' records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

9.9.3 Information Governance

Policy Leads shall consider information governance when developing or reviewing policies and establish whether inclusion of the paragraph below will suffice or whether a more in depth statement is required as to how this will be addressed by the policy. Please refer to the Trust's Information Governance Policy 2018 as a guide.

Information Governance (IG) is an overarching term used to describe all aspects of information management. The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust.

9.9.4 Training

All policies must be considered as to whether they have any education or training requirements during the review/development process. For those policies that are deemed to have no education or training impact it will be sufficient to include the following paragraph:

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WAST is committed to providing high quality evidence based education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence. Staff are encouraged to discuss any concerns or queries regarding education and training with a member of the Education and Training Team, by telephoning the Learning & Development Hub on 0300 123 2319 or via email at amb_LDHub@wales.nhs.uk

Any policy specific training would need to be devised by the Policy Lead and subject matter expert.

10. DOCUMENT FORMAT

The correct template must be used when reviewing or developing a policy to ensure that the minimum information required is contained within it. Policies not following this format will not go out for consultation or proceed to the approval stage.

Guidelines for completing the template are available on the Trust intranet under the *Supporting Documents* section of the Policy page and the Policy template itself contains advice as to what information should be contained within it. This standard front cover is to be applied to all Trust policies together with specific points regarding formatting.

The Policy template can be found on the Trust's Policy & Procedures page on the intranet site under the *Supporting Documents* section.

It is important that the document is written so that it can be understood by all staff who need to adhere to it and therefore due consideration must be given regarding presumed knowledge and use of language. Policies must be factual, evidence-based and concisely written; keeping content to brief and to the point.

The table below explains the terminology that shall be used in all policies.

Term	*Meaning/Application*
SHALL	*This term is used to state a **Mandatory** requirement of the policy*
SHOULD	*This term is used to state a **Recommended** requirement of the policy*
MAY	*This term is used to state an **Optional** requirement of the policy*

11. CONSULTATION

The consultation process provides an opportunity for all interested parties who have already contributed to the development of the policy as well as all other staff wishing to comment on the policy.

Once the final draft has been developed the formal consultation process can start. The consultation period should be a minimum of **28 days** including weekends but excluding

bank holidays. This may be shortened in exceptional circumstances by agreement with the Policy Group or Employment Policy Sub Group.

Board Members will be specifically consulted with during this process and will have the opportunity to comment on each of the Trust policies.

All consultations will be led by the Policy Group or Employment Policy Sub Group and must be completed before the policy begins the approval process. The Policy Lead must fully record the consultation process and provide assurance to the Trust Board that this has been conducted thoroughly. A written account of all comments that have been received must be collated and a record kept of the action taken; i.e. whether comments were incorporated or not by both the Policy Lead and Trade Union Lead. This must form part of the Consultation Comments Log which can be found under the *Supporting Documents* section of the Policy page on the intranet. This information must also form part of the SBAR which the Policy Lead will be responsible for and will accompany the policy as it is submitted through the approval process.

12. APPROVAL PROCESS

The Trust Board has overall responsibility for the approval of all strategy and policy documents; however, this responsibility will be delegated to an appropriate Committee for approval in accordance with the Scheme of Delegation and Standing Orders. This includes all policies written on an All-Wales basis, for formal adoption by the Trust.

Each policy document and SBAR will be submitted to the Trade Union Partners Team meetings prior to submission to the Welsh Ambulance Services Partnership Trust where policies will be recommended for approval. The document will then be submitted to the Executive Director who will take the final document to Executive Management Team for consideration. The policy can then be submitted to the approving body.

13. REVIEW PROCESS

All policy documents shall be reviewed no later than three years after initial approval and regularly reviewed on the same basis thereafter. Documents shall be reviewed more frequently if changes in legislation or the service requires it. It is the responsibility of the Policy Lead to ensure that documents are reviewed in line with their review dates.

There are three types of policy review dependent on the types of changes that are to be made to the content. The Corporate Governance Manager and Members of the Policy Group will provide advice on what constitutes *significant, reasonable* and *minor* changes to a policy.

Where a review necessitates ***significant*** changes to the previous policy then the full policy process, as set out in Appendix 1, shall be followed and the document will be treated as though it is a new policy.

If ***reasonable*** changes are required to bring the policy up to date then the Policy Lead is required to follow a shortened process as set out in Appendix 2.

Where only ***minor*** amendments have been made the policy an accompanying SBAR annotating where and what the changes are as well as their implications is required as

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set out in Appendix 3. This will be considered by the Policy Group who have the delegated authority to approve the policy and set a new review date.

14. PUBLICATION AND DISSEMINATION

All policies that have been approved must be forwarded to the Corporate Governance Manager within two working days who will then ensure that the document is:

- Cascaded in line with the Trust communications system
- Included within Communication Briefings
- Uploaded onto the intranet Policy page

It is the responsibility of the Policy Lead to ensure that a link established from the Trust's central policy page to the Directorate pages and maintained to ensure that only the current and correct version of the policy is published online. Under no circumstances must any policies be directly uploaded onto any pages of the intranet.

In accordance with Freedom of Information legislation, all new and amended policies will be published on the Trust's intranet site to ensure that staff can access the most up to date versions in one place.

Once a policy has been entered onto the database, approved and published on the internet, this should be regarded as the only official Trust version for dissemination to and use by employees.

Staff will be notified of newly approved/revised policies within one week of approval via a global email. Information on new and revised policies will be included in the Policy Bulletin. Other communication channels will also be used in line with the Trust's Communication processes to inform staff of policy development (for example, by email and notification on Siren).

Where hard copies need to be circulated to staff, these should be downloaded from the Trust's intranet Policy page by the appropriate line manager. Once issued, individual line managers will be responsible for ensuring that all staff are aware of the revisions and that any out of date versions are taken out of local circulation.

Each Directorate shall put in place a robust controlled documentation system to ensure that records of the distribution of policies are maintained.

The Governance Team will ensure that the central Policy register is reported annually to the Board.

15. TRAINING AND IMPLEMENTATION

It is the responsibility of the Policy Lead to identify how and when a policy will be implemented and include consideration for the provision of training or guidance. The Policy Lead should work with the Senior Education & Development Lead to ensure that full consideration is given to the training implications for staff, Directorates and the Trust as a whole.

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If adoption of a particular policy is likely to have a significant training requirement, Policy Leads will need to ensure that reference to this is included within the covering SBAR seeking approval of the policy and ensure that the specific training needs are identified. The report must clearly set out the timeline and process for delivery of the training.

Key subject areas will be included at local induction and as part of staff development processes.

Executive Directors and Line Managers have key implementation roles as detailed within this policy and shall ensure that information is cascaded appropriately to their staff.

16. AUDIT AND MONITORING

All policies shall be part of the Trust auditing process to ensure that they:

- Have been implemented effectively
- Are fit for purpose
- Are being complied with

Information regarding the frequency of the monitoring arrangements should be included within the main policy document. If appropriate, questionnaires can be used for staff feedback to evaluate any policy or staff can contact the relevant Policy Lead to provide any feedback on the use of the policy that would help to improve it in the future development.

It will be necessary to ensure that all documents are being produced, vetted, approved and disseminated in accordance with this procedure. Periodical ‘spot checks’ will be carried out in all areas to ensure that all revised or developed policies comply with this policy.

Compliance will also be monitored as part of the Healthcare Standards Annual Review process.

17. REVIEW

This policy will be reviewed every three years or sooner should the Policy Lead or legal requirements deem it to be relevant or required.

18. APPENDICES

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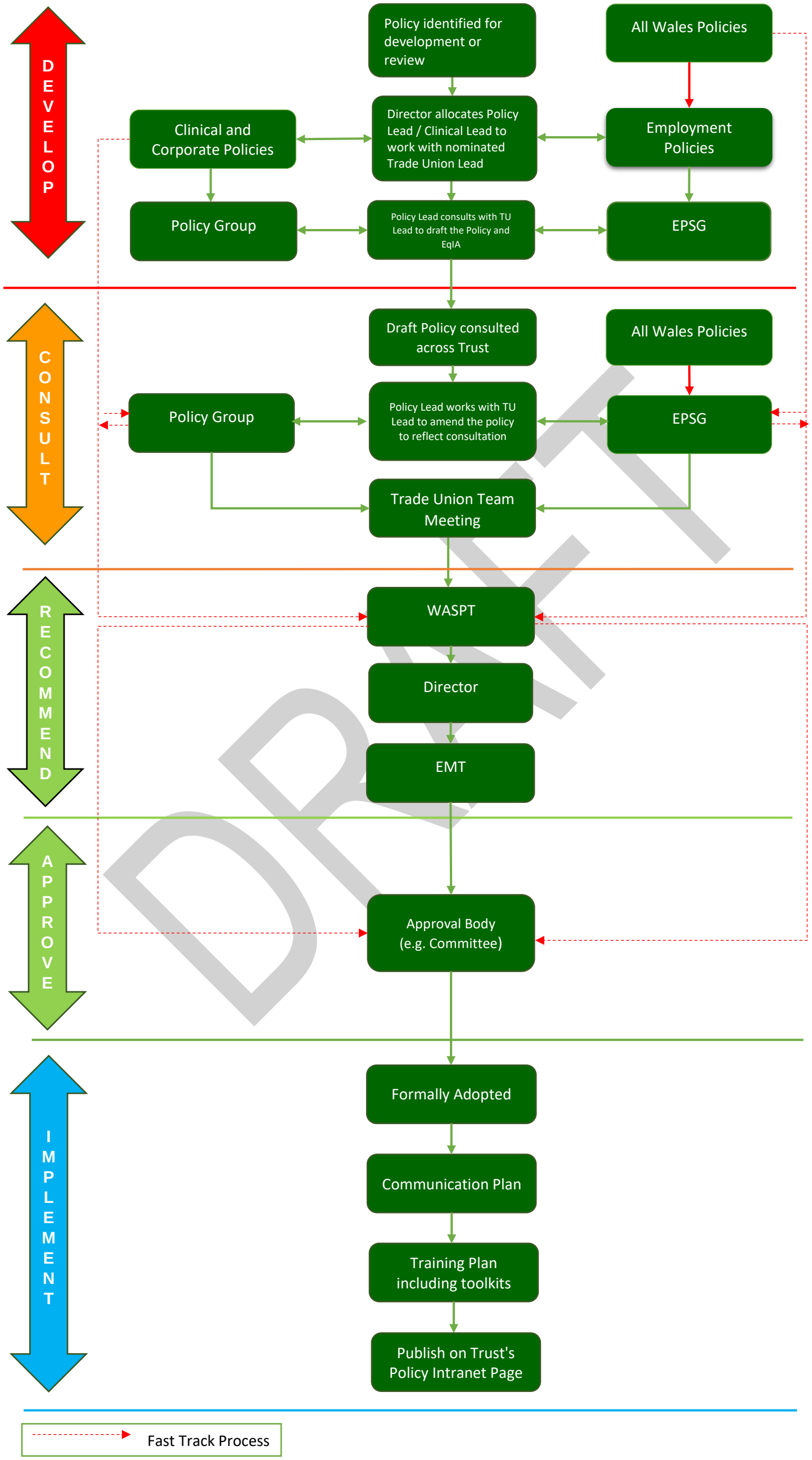
18.1 Appendix 1 – Flowchart for Developing/Reviewing a Policy Document



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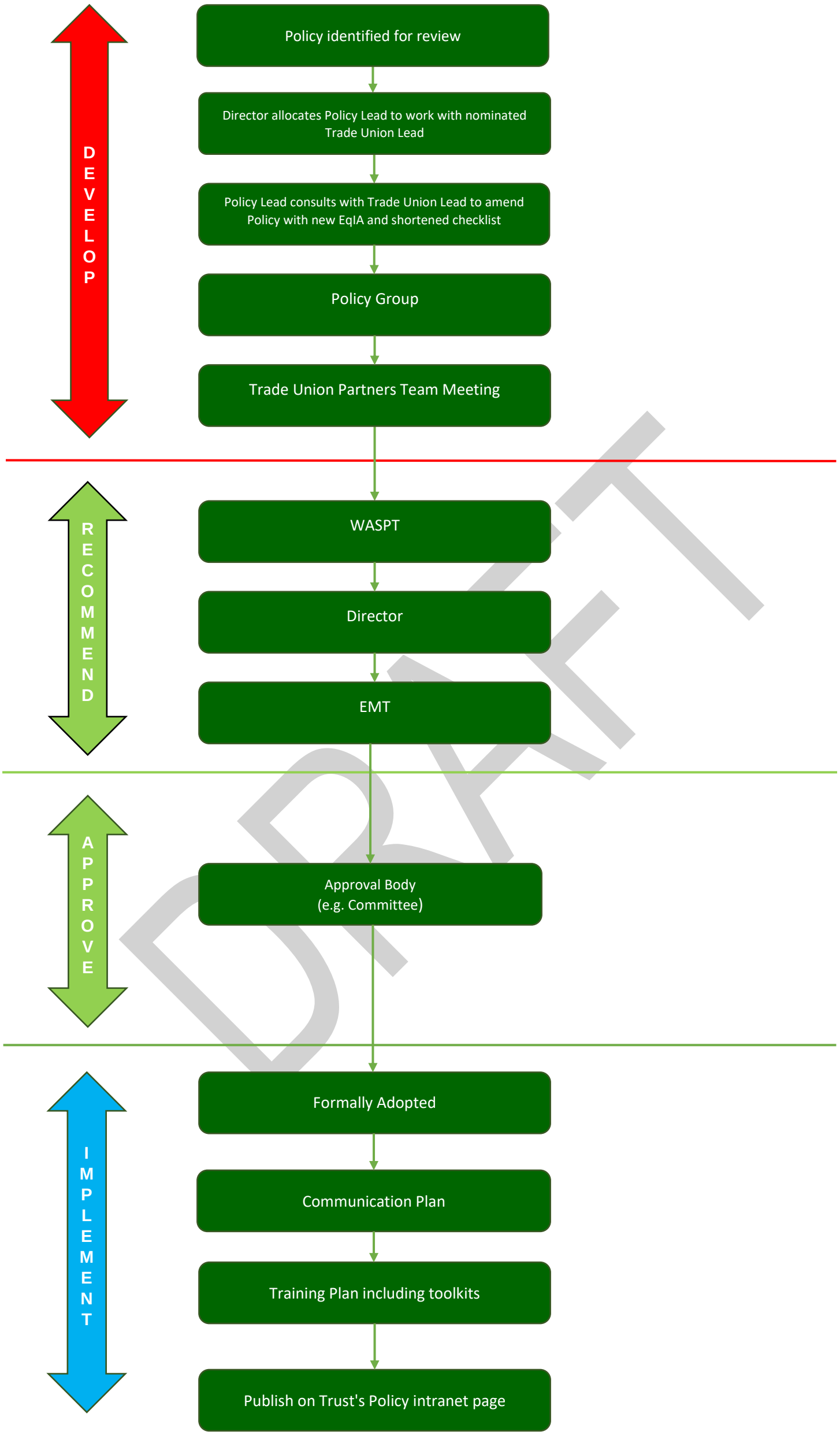
18.2 Appendix 2 – Flowchart for a Policy That Requires Reasonable Changes



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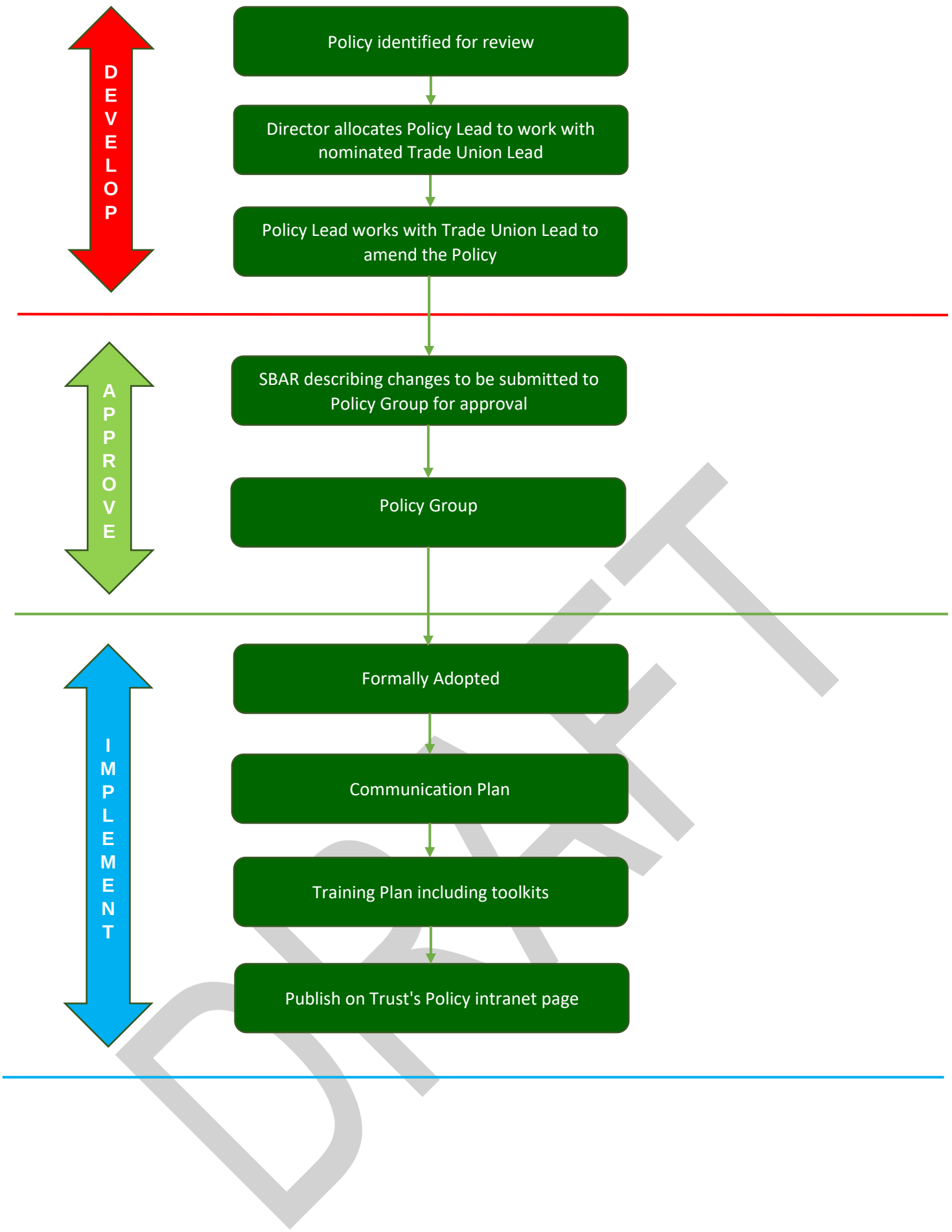
18.3 Appendix 3 – Flowchart for Policies That Require Only Minor Amendments



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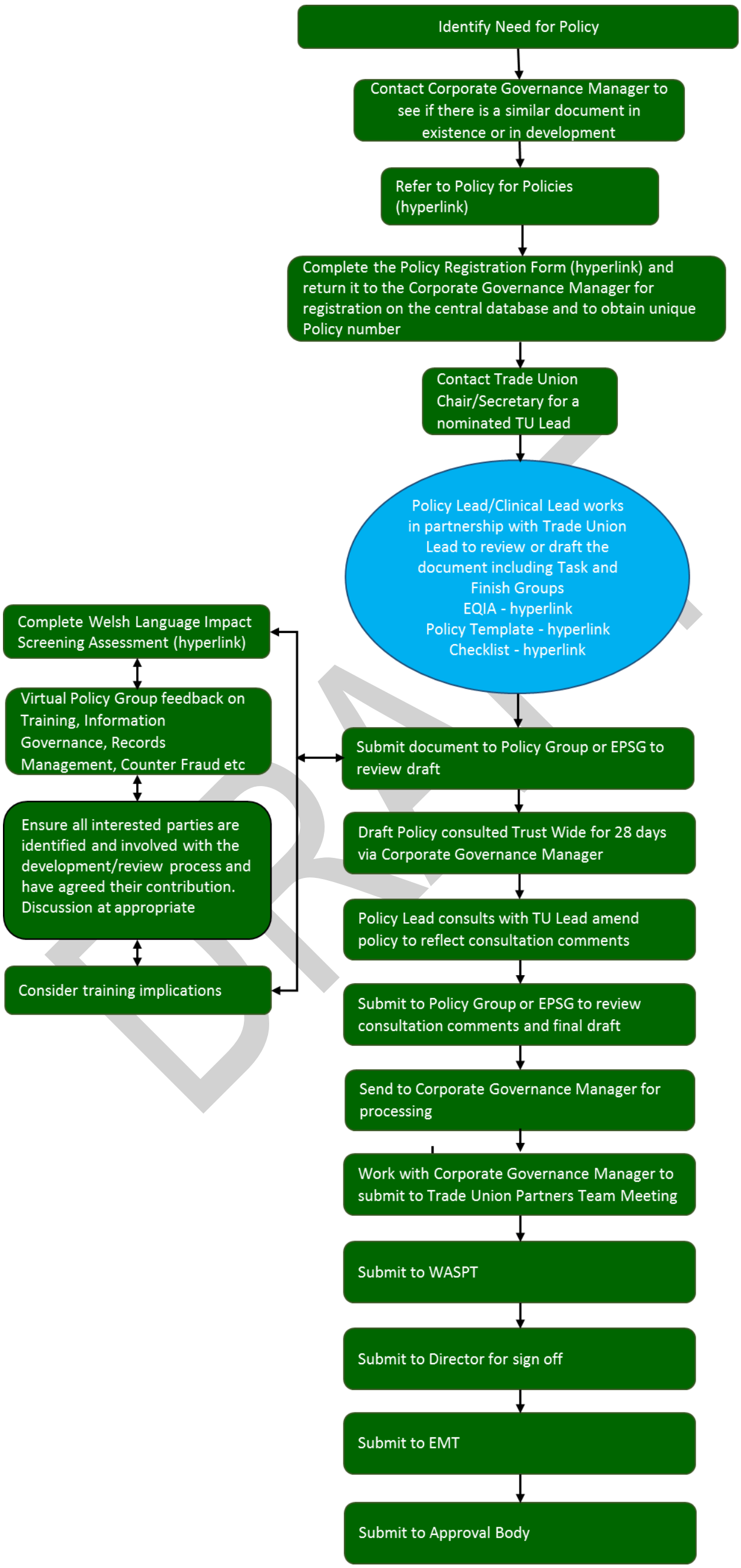
18.4 Appendix 4 - Detailed Policy Process Flowchart



18.5 Appendix 5 - List of Supporting Documents

All full list of documents required for the development and review of Policies can be found under the Supporting Documents section on the Trust's Policy Page on the intranet:

1. WAST Policy Template
2. Checklist for Policy Lead
3. Policy on Policies
4. Policy Registration Form
5. Guidelines for Completing the Policy Template
6. EqIA procedure and forms
7. Consultation Comments Log

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18.6 Appendix 6 - Useful Contacts

Detailed below is a list of contacts that may be useful during the development or review of a Policy.

General advice and support regarding policy development and review	Julie Boalch Corporate Governance Manager AMB_policies@wales.nhs.uk 01633 626251
Trade Union Chair	Bleddyn Roberts Trade Union Chair Bleddyn.Roberts@wales.nhs.uk 07773331386
Trade Union Secretary	Nathan Holman Trade Union Secretary Nathan.Holman@wales.nhs.uk 07853839506
Welsh Language	Melfyn Hughes Welsh Language Officer Melfyn.Hughes@wales.nhs.uk 01745 532519
Equality Impact Screening Assessment	Jane Poulter Service Development Manager Jane.Poulter@wales.nhs.uk 01792 562958
Environmental/Estates Impact Assessment	Nicola Stephens Environmental Specialist – Estates Officer Nicola.Stephens@wales.nhs.uk 01745 532972
Counter Fraud	Carl Window Counter Fraud Manager Carl.Window2@wales.nhs.uk 01792 562954
Workforce & OD	Sara Williams Workforce, Governance & Policy Lead Sara.Williams5@wales.nhs.uk 01633 626234
Training and Learning Development	Andrew Challenger Senior Education & Development Lead Andrew.Challenger@wales.nhs.uk 01792 563822
Safeguarding	Alison Kelly Business & Quality Manager Alison.Kelly4@wales.nhs.uk 01792 315876
Medical and Clinical	Julie Winspear Head of Business Management Julie.Winspear@wales.nhs.uk 01745 532967

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Records Management	Judith Birkett Records Services and Archives Manager Judith.Birkett@wales.nhs.uk 01745 532500
Information Governance	Craig Garner Information Governance Manager Craig.Garner@wales.nhs.uk 01745 532907
Information Security	James Rowland Senior ICT Security Specialist James.Rowland@wales.nhs.uk 01633 626186
Health & Safety / Risk Management	Rob Mason Head of Risk & Health & Safety Robert.Mason3@wales.nhs.uk 01745 532964
Legal	Trish Gaskell Claims Manager/Solicitor Trish.Gaskell@wales.nhs.uk 01745 532922
Financial	Jillian Gill Financial Accountant Jillian.Gill@wales.nhs.uk 01745 532947
Policy Group queries	Julie Boalch Corporate Governance Manager AMB_policies@wales.nhs.uk 01633 626251
Employment Policy Sub Group queries	Sara Williams Workforce, Governance & Policy Lead Sara.Williams5@wales.nhs.uk 01633 626234

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18.7 Appendix 6 – Schedule of Approving Committees

SUBJECT AREA	APPROVING COMMITTEE	EXECUTIVE DIRECTOR
FLEET	**Finance & Performance Committee**	**Louise Platt (Interim) Director of Operations**
Tyres and Wheels		
Vehicle Telematics Policy		
Vehicle Disposal Policy		
OPERATIONS	**Finance & Performance Committee**	**Louise Platt (Interim) Director of Operations**
MPDS Quality Assurance Policy		
Air Ambulance Dispatch Policy		
Business Continuity Policy		
CLINICAL SERVICE DESK	**Finance & Performance Committee**	**Louise Platt (Interim) Director of Operations**
Quality Assurance Framework for the Clinical Desk		
No Reply/No Response		
High Risk Addresses		
LEASE CAR POLICIES	**Finance & Performance Committee**	**Chris Turley Executive Director of Finance & ICT**
Pool Car Policy		
Lease Car Policy		

ESTATES POLICIES	Finance & Performance Committee	Rachel Marsh Director of Planning & Performance (Interim)
Environmental, Estates & Facilities Policy		
Fire Safety Policy		

ICT POLICIES	Finance & Performance Committee	Chris TurleyExecutive Director of Finance & ICT
ICT Asset Management Policy		
Information Security Policy		
Information Classification Policy		
Forensic / Digital Evidence Policy		
Trust Mobile Phone Policy		

HEALTH INFORMATICS POLICIES	Finance & Performance Committee	Chris Turley Executive Director of Finance & ICT
Data Protection Policy		
Confidentiality and Code of Conduct		
Access to Personal Information Policy		
Information Governance Policy		
Information Risk Policy		
Access Control Policy		
Records Management Policy		
Records Retention Policy		
Call Recordings Policy		
Mobile Computing Policy		
Information Sharing Policy		
Data Quality Policy		
CCTV Policy		

COUNTER FRAUD POLICIES	Audit Committee	Chris Turley Executive Director of Finance & ICT
Counter Fraud, Corruption and Bribery Policy		

CORPORATE GOVERNANCE POLICIES	Audit Committee	Keith Cox Board Secretary
Gifts and Hospitality and Declaration of Interest Policy		
Policy for the Development, Review and Approval of Policies		

HEALTH & SAFETY	Quality, Patient Experience and Safety Committee	Claire Bevan Executive Director of Quality, Safety and Patient Experience
Health and Safety Policy		
Driving at Work Policy		
Risk Management Policy & Strategy		
Safer Handling		

MEDICAL AND CLINICAL POLICIES	Quality, Patient Experience and Safety Committee	Dr Brendan Lloyd Executive Medical Director
Adult Refusal of Treatment/Transport Non Conveyance Policy		
Ambulance Medicines Management Policy		
Consent Policy		
Professional Regulation Policy		
NHS Wales Research & Development Policy		
Management of Controlled Drugs Policy		
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) for Adults In Wales		
Management of Frequent Callers Policy		
Intellectual Rights Policy		
Management of Medical Devices Policy		

QUALITY & SAFETY	Quality, Patient Experience and Safety Committee	Claire Bevan Executive Director of Quality, Safety and Patient Experience
Infection Prevention & Control Policy		
Safeguarding Children and Adults at Risk of Harm Policy		
Children in Special Circumstances Policy		
WAST Procedural Response to Unexpected Deaths in Childhood		
Management of Allegations Policy: When an allegation or concern is raised about an Employee or Volunteer		
Organisational Learning and promoting improvements in Patient Safety Policy		
Putting Things Right Policy		
Management of Compensation Claims Policy		
Standards of Cleanliness Policy		
Policy for the Development, Review and Approval of NHS Direct/111 Clinical Desk Support Software Changes		
NMC Revalidation and Registration Policy		
Mental Capacity Act Policy		
ANTT Policy		
Decontamination of Medical Devices Policy		
Adverse Incident/Hazard Reporting, Investigation and Learning Policy and Procedure		
Putting Things Right Standard Operating Procedure for the day to day management of compensation claims		

FINANCIAL PROCEDURES	Charitable Funds Committee	Chris Turley Executive Director of Finance & ICT
Charitable Funds Investment Policy		
Charitable Funds Expenditure Policy		

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WORKFORCE AND OD - NHS ALL WALES POLICY	People & Culture Committee	Claire Vaughan Executive Director of Workforce & OD
Employment Break Policy		
Recruitment & Retention Payment Protocol		
Raising Concerns Policy		
Managing Attendance At Work Policy		
Special Leave Policy		
Capability Policy		
Secondment Policy		
Reserve Forces Training and Mobilisation Policy		
Disciplinary Policy		
Grievance Policy		
Organisational Change Policy		
Dignity at Work Policy		
Social Media Use Policy		
Apprenticeship Policy		
Email Use Policy		
Internet Use Policy		
Menopause Policy		
Pay Progression Policy		
Equality Impact Assessment Guidelines Policy		
Disclosure and Baring Service		

TRAINING AND OD POLICIES	People & Culture Committee	Claire Vaughan Executive Director of Workforce & OD
NHS Knowledge and Skills Framework PDR Policy		
Education Programme Policy (RTW)		
Assessment, Failure Referral and Appeals Policy		

WORKFORCE AND OD - LOCAL POLICIES	People & Culture Committee	Claire VaughanExecutive Director of Workforce & OD
Resourcing Policy		
Bank Worker Policy		
Home Working Policy		
Immunisation Policy		
Managing Families and Relatives Working Together Policy		
On Call Policy		
Personal Safety Policy (incorporating Lone Worker and Violence & Aggression)		
Redeployment Policy		
Transgender Policy		
Awards and Recognition Policy		
Facilities Agreement Time Off and Facilities for Trade Union Representatives		
Recruitment and Selection Policy		
Induction Policy		
Pre-Exit Policy		
Work Experience Policy		
Relocation Expenses Policy		
Timekeeping Records Policy		
Adverse Weather Conditions Policy		
Rest break Policy		
Retirement Policy		
Transfer Policy		
Study Leave Policy		
Workplace Policy on Gender Based Violence, Domestic Abuse and Sexual Violence		
Flexible Working Policy		
Maternity and Adoption Policy		
Paternity Policy		

Management of Stress Policy		
Working Time Regulations Policy		
Trust Bursary Scheme Policy		
Staff Overpayment Policy		

HEALTH AND WELLBEING AND EQUALITY POLICIES	**People & Culture Committee**	**Claire Vaughan Executive Director of Workforce & OD**
Occupational Health Policy		
Promoting Mental Wellbeing Policy		
Health and Wellbeing Policy and Guidelines		
Smoke Free Policy		
Alcohol & Substance Misuse Policy		

EMERGENCY RESPONSE DRIVER TRAINING	**People & Culture Committee**	**Claire Vaughan Executive Director of Workforce & OD**
ERDT Education and Training Maladministration Policy		
ERDT Equality and Diversity		
ERDT Complaints Policy		
ERDT Appeals Policy		
ERDT RPL Policy		
ERDT Quality Improvement Policy		
ERDT Learner Induction Checklist		
ERDT Health & Safety Policy		
ERDT Fabrication Falsification Plagiarism Policy		

AGENDA ITEM No	
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

Trust Policies Update Report

MEETING	Trust Board
DATE	28th March 2019
EXECUTIVE	Keith Cox, Board Secretary
AUTHOR	Julie Boalch, Corporate Governance Manager
CONTACT DETAILS	Tel: 01633 626251 Email: Julie.Boalch@wales.nhs.uk

CORPORATE OBJECTIVE	All
CORPORATE RISK (Ref if appropriate)	CRR 37
QUALITY THEME	All
HEALTH & CARE STANDARD	All

REPORT PURPOSE	To outline the work undertaken to date to review and update the Trust's Policies.
CLOSED MATTER REASON	Not applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	13th March 2019	For discussion
Trust Board	28th March 2019	For discussion

SITUATION

1. This paper provides an update to the Trust Board on the progress made in bringing all Trust policies up to date through the revised process.

2. The report describes the current state of the Trust policies, the work undertaken to date and the plan to complete the work.

BACKGROUND

3. As reported to the Executive Management Team on 17th January 2017, the Trust had no clear process in place to review existing or develop new policies and, as a result, the majority of policies were either incomplete or out of date.

4. Consequently, it has not been possible to provide assurance that the Trust is complying with current legislation, is meeting mandatory requirements or is discharging its statutory duty; all of which places the organisation at significant risk.

5. The lack of a central policy register and repository had resulted in staff being unclear as to what policies are available to them, where to access the information and who is responsible for it.

6. A comprehensive, organisation wide mapping exercise was undertaken by the Governance Team to assess the Trust's position and outline a priority work plan to bring the organisations policies up to date.

ASSESSMENT

7. In line with the work plan, a significant number of policies are now in the policy process with 99 policies at various stages of review, development or having been approved since March 2017 – this equates to 75% of all Trust policies.

8. The progress made to date with each of the Trust's policies can be reviewed by following the hyperlink below and selecting the *Policy Tracker file.*
\\se-fp-c01\shared\Ambulance\Governance Team

9. The tracker has been specifically designed to facilitate dynamic reporting arrangements dependent on the areas which are of most interest to users.

10. The Trust currently holds 132 policies, 61 of which are in date (46%) with at least 7 further policies due to be approved within this financial year. This will bring the total number of policies in date to 68 which equates to 52%.

11. By way of comparison; figures presented to EMT in March 2017 showed that there were 173 policies in total and 20 of those were in date which equated to 12%.

12. A status summary of the Trust's 132 policies is detailed in the table below.

Number of Policies	Description
61	Approved and in date
6	Due to be approved in next round of Committee meetings
1	Out to Trust wide consultation
0	Post consultation
31	Making significant progress in the review or development stages
20	Highlighted as next priority for review
13	Requiring review and update
132	**Total Trust Policies**

2019/20 Work Plan

13. The Governance Team are working in collaboration with each Directorate on the forward work plan for 2019/20 to ensure that those policies identified as a priority are reviewed or developed during this financial year. Members are asked to review their directorate lists within the tracker to ensure that the necessary work is undertaken.

14. EMT have been made aware that several policies, which have already been through the revised policy process, are nearing their renewal date and should be scheduled for consideration. These are:

    1. Home Working Policy (Workforce & OD)
    2. Business Continuity Policy (Operations)
    3. Management of Medical Devices Policy (Medical & Clinical)

Policies by Directorate

15. The total number of policies held by each Directorate is described in the table below.

Directorate Policies	**Total Number**	**Currently in Date**	**% In Date**
Operations	10	4	40%
QS&PE	20	9	45%
Corporate	2	2	100%
Workforce & OD	67	33	49%
Finance & ICT	21	6	29%
Medical & Clinical	12	7	58%
Partnerships & Engagement	0	0	
Planning & Performance	0	0	
Total	**132**	**61**	**46%**

RECOMMENDED:

That the Trust Board receive the progress report and note the contents.

AGENDA ITEM No	3.5
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	28th March 2019
EXECUTIVE	Keith Cox, Board Secretary
AUTHOR	Julie Boalch, Corporate Governance Manager
CONTACT DETAILS	Tel: 01633 626251 Email: Julie.Boalch@wales.nhs.uk

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

REPORT PURPOSE	To set out the quarterly BAF report for review and comment.
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Audit Committee	07/03/19	For review
EMT	13/03/19	For review
Trust Board	28/03/19	For review

SITUATION

1. The purpose of this paper is to set out the quarterly Board Assurance Framework (BAF) report for review and comment.

2. The BAF report has been designed to collate information relating to the Trust's strategic aims which have been aligned to the associated principal risks from the Corporate Risk Register. Furthermore, it describes the key internal and external controls, what the gaps are and where and how management and the Board receive its assurances.

BACKGROUND

3. Unlike in England, there is no requirement for NHS bodies in Wales to introduce BAFs. Nevertheless, it is considered best practice to do so and the Trust has made a commitment to do so following a Wales Audit Office recommendation. Other Health Boards and Trusts in Wales have also introduced BAFs.

4. The term 'Board Assurance Framework' should refer to the wider systems and processes of governance within the Trust. However, it has become common practice across the UK NHS to use this term to refer to the document used to record and report an organisation's key strategic aims, risks, controls and assurances to the Board. This is referred to here as the BAF report.

5. If used correctly, the BAF report is a key tool for the Board to use to gain assurance on how well the Trust is meeting its strategic aims. It cannot of course contain all the detail a Board member will need to be confident and assured and therefore the BAF report will not be the only report the Board receives. Nevertheless, the BAF report should be a record of the Board's confidence at any given point in time taking into account all the information the Board has received. The BAF report will also be a source of assurance for auditors and external regulators.

6. Members of the Trust Board received and approved the first functioning BAF report at the Board meeting on 28th September 2017. It was acknowledged that work would be undertaken to further refine the report and to realign the BAF report to the Trust's strategic aims following the planned refresh of the Trust's IMTP.

ASSESSMENT

7. The BAF report is stored in a shared drive and should be accessed by clicking on the following link - \\se-fp-c01\shared\Ambulance\BAF

8. The document is most effective if reviewed electronically as it has been specifically designed to provide quick and easy access to review the sources of local, corporate and external assurances provided against each of the strategic aims.

9. The Excel spreadsheet is separated into seven tabs; one for each of Trust's six strategic aims and one which contains a quick reference guide describing the Trust's strategic priorities and actions that support the strategic aims.

BAF Report Risks

10. The Trust's corporate risks have been closely aligned to each of the strategic aims; however, the Executive Team recognises that further work on identifying and describing the Trust's corporate risks is still required and plans are in place to do this. Nevertheless, Members will wish to consider whether they feel sufficiently assured in each of these areas.

11. The progress updates described against each risk on the quarterly risk register are provided at a point in time and do not always reflect the most up to date position as work is ongoing.

12. In particular, Members may wish to note the following changes/movements since the last quarter:

There are two new risks recommended for inclusion on the Corporate Risk Register during Quarter 3, 2018/19:

- Under **Value Innovation & Efficiency -** CRR 60 '*Risk to the continuation of digital recording of patient clinical records after 1 March 2021 when digi pen contract and funding ends'* – initial score of 16;
- Under **Fantastic People -** CRR 59 '*That a significant number of WAST Paramedics may not submit portfolios of evidence relating to their Band 6 competencies by 31/3/19 and the subsequent impact of this on service delivery, patient care and ultimate available numbers of WAST Paramedics vs WAST EMT3'* – initial score of 16.

Two risks have escalated during Quarter 3, 2018/19:

- Under **Delivery of Excellent Patient Care -** CRR 57 '*Patients unable to access secondary care assessment and treatment'* (patients being delayed on the back of ambulances outside Accident & Emergency) increased in score from 15 to 20; and
- CRR 58 '*Unable to attend to patients in the community who require see and treat services'* - increased in score from 15 to 20.

The following risk have been de-escalated during Quarter 3, 2018/19:

- Under **Value Innovation & Efficiency –** CRR 4 **'***Non-Emergency Patient Transport Service Transfer of work from Health Board to WAST'* de-escalated from 16 to 12 with the likelihood score reducing from 4 to 3.

The following risk has been closed during Quarter 3 2018/2019:

- Under **Fantastic People -** CRR 51 *'Health Surveillance and Screening'*

Following in-depth review of Health Screening / Surveillance Risk, agreement has been reached with the Director of Workforce and Organisational Development to close this risk and replace it with a risk that deals specifically with the implications of staff not meeting Group 2 medical standards. This risk will be developed during Quarter 4, in conjunction with Occupational Health and Driver Education colleagues.

The following risks have been removed from the Quarter 3, 2018/19 report as they have been re-assessed during the previous quarter and the risk scores are now below 15:

- CRR 61 *'Failure to facilitate, engage and plan for winter pressures'* de-escalated from 15 to 10. The likelihood score reduced from 3 to 2;
- CRR 29 *'Lack of Preparedness and PPE for Hazard Group 3 and 4 Infectious Diseases'* de-escalated from 15 to 10. The likelihood score reduced from 3 to 2;
- CRR 56 '*Legal Support to Inquests, road Traffic Accidents & Claims'* de-escalated from 15 to 10. The likelihood score reduced from 3 to 2;
- CRR 20 *'Trade Union/Partnership Working'* de-escalated from 15 to 10. The likelihood score reduced from 3 to 2;

Future Planned Developments

The Governance Team plan to continue to develop the BAF report for 2019/20 to realign it to the Trust's new Strategic Framework.

RECOMMENDED: That

(1) Members of the Board receive and comment on the BAF report.

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

Audit Committee Briefing

7th March 2019

Internal Audit Reports	The Head of Internal Audit provided an update to inform the Committee on progress and any changes relating to the **2018/19 Internal Audit Plan** as recorded at 29th November 2018. Since the December meeting of the Committee, six Internal Audit reports have been finalised as follows: • Escalation Procedures - Reasonable • Mortality Review - Reasonable • 111 Service Provision - Reasonable • Policy Management – Reasonable • Health Board Areas/Station Review Follow Up – Limited • Operational Business Continuity Follow Up - Reasonable This brings the 2018/19 Internal Audit position to date of 15 out of 28 planned audits complete: • 2 x Not Rated • 5 x Limited Assurance • 7 x Reasonable Assurance • 1 x Substantial Assurance
Audit Tracker	Members reviewed the **audit recommendation tracker** describing Internal Audit and Wales Audit Office recommendations made as a result of planed reviews. The Committee noted the closure of 4 outstanding recommendations from 2016/17 and progress against those contained in 2017/18 and 2018/19 reviews - a particular focus was on those with a high priority rating which were overdue.
Terms of Reference	The **Audit Committee Terms of Reference** were received and agreed ahead of approval at Trust Board on 28th March 2019.
Audit Plan	The draft **2019/20 Internal Audit Plan** was presented by the Head of Internal Audit; the final plan will be circulated for virtual approval by the Committee.
Members discussed the **Handover Delays Update Report** in preparation for the follow up audit which is due to take place at the end of this quarter. It was agreed that a management report would be presented to the next Committee.	Members received a progress update on the **Weir Report** noting that the 7 outstanding recommendations would be monitored through the audit recommendation tracker going forward.
External Audit Reports	**Wales Audit Office** provided the Audit Committee with an update on current and planned work as set out in their 2018 audit plan; this included Financial and performance audit in addition to information on the Auditor General's programme of national value-for-money examinations.
Board Assurance Framework (BAF)	Members received the **quarterly BAF report** for review and comment, advising changes and movements to the risks which are aligned to the Trust's 6 strategic aims. The Governance Team plan to continue to develop the BAF report for 2019/20 to realign it to the Trust's new Strategic Framework.
Corporate Risk Register Quarter 3 Report 2018/19	The **quarter 3 Corporate Risk Register report** was presented to Committee for endorsement. The Director of Quality & Nursing provided an update on the Trust's maturity journey advising that the Executive Management Team undertook a risk scoping exercise in February 2019, reviewing the risk categories and organisational risks. This was in addition to outlining the plans to transition from a paper to a digital e-risk solution which will commence during quarter 1 of 2019/20.
Losses and Special Payments	Details of the £0.206 million **Losses and Special Payments** made during the period from 1st April 2018 to 31st January 2019 were presented to Committee as required by the Standing Financial Instructions.
Closed Session of Audit Committee	The Committee met under a closed session to discuss updates relating to **Counter Fraud, Tenders** and **Single Tender Waiver** requests.
Finance Update	During February 2019, an interim Audit took place which identified early issues and systems were examined in preparation for year end audit of the **Trust's Financial Statements**. The year end timetable was discussed. As planned the WAO team will undertake further early work offsite during April 2019.

QUEST Committee Chair's Brief

Meeting Held 26 February 2019

Patient Experience

Patient Experience & Community Involvement Highlight Report:

The Patient story focused on a patient with sensory loss, Eric and his Guide Dog, Darcy. Eric shared his story of his Assistance Dog being refused access to the Ambulance. This has been a recurring theme, therefore felt to be an important story to share to inform learning.

The Trust received 185 compliments during Quarter 3. Themes in compliments include: Caring and compassionate staff. Staff able to offer reassurance and bring calm to a stressful situation.

During Quarter 3, the Trust Patient Experience and Community Involvement Team attended 116 events and engaged with 4,764 people. The Full Highlight report can be accessed via the Trust Web site http://howis.wales.nhs.uk/sites3/Documents/136/Highlight%20Report%20Oct%20-%20Dec%2018%20FINAL%20V5.pdf

IPR Update

Red performance overall sustained above 65% target across Wales (72.8% in Dec).

Conveyance to major EDs reducing with 4.17% less patients in Q3 compared with Q3 last year.

Percentage performance trend is improving for the Clinical desk and NHSDW with additional winter funding.

% of 999 calls answered within 6 seconds has decreased from 83.7% to 80.6% in December and the two year trend is a slight decline in performance. This should be considered in context of increasing demand.

3 main winter initiatives underway to improve amber performance; further enhanced heart and treat, Advanced Practice Paramedics, falls assistants with an additional 90 day action plan for handover to clear focus.

Quality Assurance

Quaterly Quality Assurance Report:

Good Practice

Safeguarding: electronic referral process: a solution has been identified and an Implementation in development.

Infection Prevention & Control: Aseptic Non-Touch Technique (ANTT) training progressing: 65% Q3.

Dementia – WAST awarded the Alzheimer`s society award for Dementia Friendly organisation of the

Ombudsmen Office

All cases considered by the Ombudsman provide the Trust with an external view of our handling of concerns. Any outcome provides the Trust with either an opportunity to learn from the outcome or confirmation that our investigations are full and thorough. There are two types of reports: Section 21 reports: do not need to be published by the Trust. Section 16 reports: must be published by the Trust.

General observations: We are now supplying evidence of lessons learned reducing the number of Section 21 reports that have recommendations; Being active in the Ombudsman network, facilitated by the Welsh Risk Pool, enables the Trust to share best practises with Health Boards; the Ombudsman's office acknowledge the high standard of investigations being undertaken by the Trust and our openness.

	year. Progress is being made with the Dementia training (current > 75%) towards the 85% compliance rate by March 19. Mental Health Applied Suicide Intervention skills training – very positive feedback from staff and training extended as a result. TRIM – success of the project is noted. Pressure Ulcer Prevention: Collaboration with Welsh Wound Innovation and Hywel Dda Health Board to develop WAST e-learning re pressure ulcer prevention and focus on skin care. <u>Challenges</u> National proposal for Paramedics to have Level 3 *Safeguarding* training: this is being addressed via the National Ambulance Safeguarding sub group of the Quality, Governance and Risk Directors (QGARD). Low Flu immunisation uptake (36% at the end of Q3). <u>Next Steps</u> Quality Data Intelligence Annual Programme in development.	**Serious Adverse Incidents** **Learning from Ombudsman Investgations**	WAST has worked in collaboration with Welsh Government (WG) Quality Division, Commissioners, Health Boards and the NHS Wales Delivery Unit (DU) focusing on Serious Adverse Incident reporting and investigation to inform learning and improvements. This approach informed the Serious Adverse Incident Aggregated Review (Review) into the SAIs. The SAI Aggregated review specifically focused on SAI themes and trends; Patient and family experiences; Care and service deliver factors; Other Contributory factors and informed an Improvement Plan to implement change. The emergent themes included a focus on improvement with resourcing, reducing hospital handover delays, enhancing capacity for welfare checks and review of escalation plans. The Committee was presented with a deep dive into the Ombudsman investigations to identify the learning and improvements as a result of investigations concluded: Internal learning: Review of the initial investigation can feed into planned improvements such as: ✓ Plain English training; ✓ Root Cause Analysis training; ✓ Patient centred processes, such as the need to maintain regular contact; and, ✓ Confirmation that the Trust has answered all questions and investigated thoroughly. Top Three Recommendations from the Ombudsman: ✓ Production of an up to date Memorandum of Understanding that reflects good practise for robust joint investigation; ✓ Financial penalties – the Ombudsman is not a compensatory body but will impose fines for such things as maladministration; and, ✓ Evidence of learning for individuals, such as PCR dip testing and evidence of further reflection.
Coroner	During Q3, we had 1 Regulation 28 and 2 further inquests concluded that required a formal response from the Trust. The evidence suggested that the calls were correctly categorised however, a lack of resources led to a significant delay in attending a critically unwell patient. The responses to the Coroners focussed upon the improvements the Trust is leading and the collaborative working in partnership with Health Boards designed to improve our services and improve our timely response to patients in the community, including: (i) The introduction of the WAST Falls Framework and the increased scope of practice for our Community First	**Suicide Prevention in Wales**	WAST attended and contributed to the Suicide Inquiry “Everyone`s Business”. There are a number of recommendations that we have identified as critical for WAST. One of which refers to Mental Health Triage and how we can improve this in our Clinical Contact Centres and work in partnership with our Police colleagues.

	Responders; (ii) Recruitment of additional clinicians within the Clinical Contact Centre; (iii) Aligning production against demand both locally and by time of day; (iv) Reducing the duration of handover to clear at hospitals; (v) A focus on maximising staff attendance and reduction in sickness absence; and, (vi) Reducing conveyance to hospital where appropriate, and providing care in the patient's home utilising advanced practitioners.	**Items for approval and noting**	Management of Compensation of Claims policy – endorsed; Quarter 3 : Mental Health Improvement plan report to WG; Quarter 3: Dementia Plan report to WG; Welsh Health Circular: Annual Quality Statement 2018/19; Project A: UK ambulance Services update and WAST Poster; and, Shoctober evaluation report.
NEPTS	Transfer of work progressing with Hywel Dda work transferring in March 2019. A system is being purchased to manage the demand for the work that will transfer. This will support a framework for provision of services to meet demands. NEPTS are looking to appoint a Volunteer Manager to support volunteers in our service and develop the volunteering model further. A member of staff is currently focussing on the concerns and putting things right. This will be evaluated for its effectiveness. NEPTS will commence a virtual Call Taker team (as opposed to 3 Regional teams) in March 2019. The team is focussing on reducing use of Fax machines. End of life journeys have been evaluated and, to date, all have been provided in a timely manner. In addition, the first journey has taken place to support an end of life wish. A patient and her family were taken to the seaside so that the patient and the family could see and hear the sea and experience a family day out. The family have shared how positive and invaluable this experience was for them.	**Clinical Audit**	**Audits in progress** 16_020 (Appropriate administration of anticonvulsants). 16_022 (Appropriate Assessment and Treatment of Asthma Patients) 17_003 (Re-audit of Condition Code Completion). 18_004 (Re-audit of Antimicrobial use by WAST APPs and Paramedics). 18_005 Peripheral Venous Cannulation (PVC). **Audits - To be commenced** 18_001 Re audit of compliance to pain score completion (to commence Q4). 18_002 Compliance to documenting EtCO2 for ETT (Criterion table being developed). 18_006 PCR Retrieval for non-conveyed patients (Awaiting HI data). 18_007 (Post Implementation audit for MTS TTA). A draft audit proposal form has been developed, the CA&ED scheduled a meeting with the author & sponsor for 8th February 2019 to discuss the next steps.

AGENDA ITEM No	**4.1**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**4**

MINUTES OF COMMITTEES

MEETING	**TRUST BOARD**
DATE	**28 March 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
   - Quality, Patient Experience and Safety Committee
   - Remuneration Committee
   - Welsh Ambulance Services Partnership Team

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:

Audit Committee	6 December 2018
Quality Patient Experience and Safety Committee	26 February 2019
Charitable Funds	13 September 2018

AUDIT COMMITTEE

4. In presenting the Minutes of the Audit Committee held on 6 December 2018, the Chair of the Committee, Mrs Pam Hall wishes to reassure the Board that:

   (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

   (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

FINANCE AND RESOURCES COMMITTEE

5. Minutes of the Finance and Resources Committee held on 10 January 2019 are due for Committee approval on 25 April 2019 at the newly formed Finance and Performance Committee. In the Meantime the Board are to note 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.

QUALITY PATIENT EXPERIENCE AND SAFETY COMMITTEE

6. In presenting the Minutes of the Quality Patient Experience and Safety Committee held on 26 February 2019 the Chair of the Committee, Mr Emrys Davies wishes to reassure the Board that:

   (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

   (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

REMUNERATION COMMITTEE

7. Minutes of the Remuneration Committee held on 4 December 2018 are to be approved on 28 March 2019, having said that Mr Martin Woodford 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.

CHARITABLE FUNDS COMMITTEE

   (i) In presenting the Minutes of the Charitable Funds Committee, the Chair of the Committee, Professor Kevin Davies wishes to reassure the Board that:

   (ii) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

   (iii) 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 minutes of the above meetings as presented be received and adopted.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 6 DECEMBER 2018 AT VANTAGE POINT HOUSE, CWMBRAN

PRESENT :

Pam Hall	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE :

Julie Boalch	Corporate Governance Manager
Stephen Clinton	Assistant Director of Operations
Jill Gill	Financial Accountant (VC)
Helen Higgs	Head of Internal Audit NWSSP
Estelle Hitchon	Director of Partnerships and Engagement
Fflur Jones	Wales Audit Office (VC)
Jason Killens	Chief Executive
Rachel Marsh	Interim Director of Planning and Performance
Dave Thomas	Wales Audit Office
Osian Lloyd	Internal Audit
Steve Owen	Corporate Governance Officer
Rachael Powell	Assistant Director of Research and Development
Claire Roche	Assistant Director of Quality, Governance & Assurance (Part)
Paul Seppman	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Carl Window	Counter Fraud Manager
Aled Williams	Head of ICT (Part)
Martin Woodford	Chairman of the Board (Part)

APOLOGIES:

Keith Cox	Board Secretary
Louise Platt	Interim Director of Operations
Damon Turner	Trade Union Representative
Martin Turner	Non Executive Director

36/18 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and advised that it was being audio recorded.

Declarations of Interest

The Committee noted the standing declaration of interest of Mr Emrys Davies being a retired Member of UNITE. There were no other declarations of interest recorded.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting held on 13 September 2018 were confirmed as a correct record; subject to, on the open minutes, adding in the first sentence the 'Future Generations Report' to Minute 29/18

Action Log

The following actions were considered:

Action Numbers 12 and 13: To remain on action log as ongoing.

Action number 14: To remain on action log

Action number 25: To remain on action log

Action number 27: Duplicate entry – Item to be closed

Action number 33: Chris Turley, Interim Director of Finance and ICT provided a further update and it was agreed this now be closed.

Action number 36: Action to be closed

Action number 37: Remain on action log, update for next meeting

The Chief Executive agreed to review the outstanding actions with the Executive Management Team.

RESOLVED: That

(1) the declaration of interest of Mr Emrys Davies being a retired member of UNITE made under the Code of Conduct was noted;

(2) the Minutes of the meeting of the open and closed sessions of the Committee held on 13 September 2018 were confirmed as a correct record subject to adding the wording as described; and

(3) the items within the Action Log as described above were actioned accordingly and it was noted that the Chief Executive agreed to review the outstanding actions with the Executive Management Team.

37/18 HEAD OF INTERNAL AUDIT PROGRESS REPORT and INTERNAL AUDIT REPORTS

Helen Higgs, Head of Internal Audit, provided the Committee with an overview of the internal audit progress report. She drew the Committee's attention to the planned reviews, in particular the review on the Trust's escalation procedures; there will be additional testing in February 2019 following the winter pressures period with a final report to the Audit Committee in March 2019.

In terms of the gradings within the reviews; high, medium and low. Members queried how the timescales for completion were applied and the process involved. Helen explained the pragmatic approach applied which took into account liaison between Internal Audit and the Executive Management Team. Chris Turley reiterated the process which focused on a realistic approach to completing the reviews.

The Chair noted the number of audits being reviewed and queried whether they would be spread evenly across the meeting cycle going forward. Helen Higgs advised that there were several follow up reviews which would be presented at the May Committee. However there will be a significant amount of reviews at the March meeting which was inevitable and in line with the current plan.

Members discussed the process of completing reviews in more detail stressing the importance of capturing the relevant risk associated with each one.

1. **Travel and Subsistence expenses – Limited Assurance.** Osian Lloyd explained that a limited assurance opinion had been given which had been based on two high rated and two medium rated recommendations raised. These had been agreed by management with the relevant responses put in place to be addressed. The first of the high rated findings was based on accommodation costs which were significantly above those that normally would have been processed through Capita. The other high rated finding related to compliance with policy in terms of claims. This included some of the claims being above the threshold as stipulated in the NHS Handbook. In terms of the two medium rated findings, one concerned the lack of a current, local policy in place with regard to travel and subsistence. The other finding related to the Trust being able to make more savings in terms of its travel and subsistence.

Members reflected upon the report and queried the process in terms of hotel expenditure and how the threshold was agreed. Osian advised that as long as the correct process was being applied and the appropriate framework followed, this would ensure value for money.

Estelle Hitchon, Director of Partnerships and Engagement, gave an overview of the need for Trust staff to travel throughout Wales. She added it was vital for a travel and subsistence policy to be raised and included within it a reasonable amount of subsistence rate. In terms of training costs, this was another area which would require further analysis going forward. In summary the Trust required that the structure and process was defensible, the spend was genuine, and was carried out within the context of a suitable framework.

Members asked whether the timescales for completing the management actions within the review were realistic and achievable. Estelle commented that meeting the timescales for some of the actions would be challenging. It was also a case of trying to balance the urgency of the risk against the capacity to deliver what needed to be done. Should there be an issue in delivering the actions in a timely manner Estelle agreed to advise the Committee in advance.

Carl Window mentioned that from a counter fraud perspective, development of a travel and subsistence policy would be an appropriate way to reduce risks going forward.

The Chief Executive advised there were two actions that would brought to the attention of the Executive Management Team:

I. Guidance to be issued to staff which was consistent with current Agenda for Change terms and conditions to include expectations of the use of receipts and expenditure where required
II. Develop a policy which in reality would take approximately six months until conclusion

2. **General Data Protection Regulations – Substantial assurance.** The report was presented as read. Members noted the report and recognised the significant work undertaken by the Information Governance team.

3. **Information Systems Security – appropriate access to leavers – Limited Assurance**. Osian explained that the audit review had focussed on three of the Trust's main information systems: Computer Aided Dispatch, Clinical Assessment and the Cleric system. The limited assurance had been based on two high, one medium and two low priority findings. The Committee's attention was drawn to the Assurance Summary within the review which indicated that a full review was not possible due to the relevant information regarding Logical Access Controls not being provided in time.

The first high rated finding related to user access rights where there was no control in place to fully monitor user access permissions. The second high rated finding concerned physical access controls. For example, access to ambulance stations. In terms of the medium rated finding, this related to the requirement to maintain sufficient data on the registered asset database on an ongoing basis.

Members sought clarity in terms of the individual objective, Network User Access assurance level within the Assurance Summary table and the detail within the narrative noting there was a discrepancy. Osian explained that it should be in the limited column within the table and would make the necessary amendment.

In terms of not supplying the information relating to Logical Access Controls in a timely manner, Aled Williams, Head of ICT, gave assurance that for future audits there would be fuller engagement with the audit team.

The Committee expressed disappointment as they were under the impression the issues raised following this review had been previously addressed; however it transpired that they hadn't.

4. **Clinical Contact Centre – Hear and Treat – Reasonable Assurance.** Osian explained that the focus of the audit review was on operational performance across each of the Clinical Contact Centres and the utilisation of resources. The reasonable assurance was based on two medium and six low priority ratings. The Executive Management Team have accepted the findings and have instigated the appropriate responses bearing in mind the aspirational nature of the some of the findings.

   Members queried how taking into account the aspirational nature of the finding how these recommendations could be completed and removed from the tracker? This was discussed in further detail and Helen Higgs commented that this would be for Managers to decide.

RESOLVED: That the updates were noted.

38/18 EXTERNAL AUDIT REPORTS

Audit Committee update

The report was presented as read by Dave Thomas who drew attention to an update to the audit plan which now included a piece of work on performance management information which would supplement the structured assessments going forward.

Dave Thomas, in response to a query regarding any learning that could be gleaned from the integrated care fund work advised that a formal report would be published and agreed to update the Committee on any developments.

Structured Assessment 2018 report (minus the management response)

Fflur Jones gave an overview of the structured assessment and drew the Committee's attention to the following aspects within it:

1. Governance – notable improvements had been made from the previous year; however there were still some areas that required improving which the Trust was addressing, for example, manageability of Board agendas and providing more detail on Chairs actions
2. Strategic Planning – the Trust was in an improved position having an approved IMTP in place and other areas which included improvements to the Local Delivery Planning Process
3. Use of Resources – there was a continued progress with the recruitment of paramedics and planning improvements to learning and development. It was further noted that the Trust was consistently trying to improve sickness level amongst staff.

Fflur drew the Committee's attention to the eight recommendations which were detailed within the report.

Members, having considered the report in more detail raised the following:

1. In terms of the Nurse Staffing act, and the fact that a large proportion of it did not apply to the Trust, why had this work been highlighted within the report. Fflur

advised that it was felt the Trust could benefit from undertaking some legislative mapping to ensure it was sighted on areas that applied

2. Members recognised the work on clinical audit and the impact on its improvement in healthcare. Fflur commented it was encouraging to note the reporting mechanism adding there was scope to strengthen the Trust's learning by presenting the information through Committees. This would provide a broader oversight on how the learning from these clinical audits was being influenced
3. Concern was expressed that little or no progress appeared to have been made in improving sickness levels. It was understood that the Director of Workforce and OD had developed a plan to address this

Dave Thomas added that the timescales for getting the report to the Committee on time was challenging; this in turn had not given management sufficient time to provide a timely management response.

Members noted that the report containing the management response would be presented to the Board in January 2019.

Annual Audit Report

Dave Thomas presented the report as read explaining that the content was self-explanatory.

RESOLVED: That the update was noted.

39/18 HANDOVER OF CARE AT EMERGENCY DEPARTMENTS INTERNAL AUDIT REPORT

Julie Boalch, Corporate Governance Manager, provided the Committee with an overview of the report on behalf of Louise Platt, Interim Director of Operations. The purpose of the report was to give a position statement against the recommendations contained within the 2017/18 Handover of Care at Emergency Departments Internal Audit report.

Eight recommendations were made as a result of the review which had all been included on the Audit Recommendation Tracker.

The Committee's attention was drawn to the recommendations within the report which covered details including the proposed completion date of each recommendation. Members expressed their concern stressing that the actions, where they fall under the Trust's control, must be completed by quarter four of 2018/19.

The Chair drew attention to the recommendation that Health Boards should maintain a formal record of continence, nutrition and hydration offered and declined or accepted by the patient; it was queried how this could be annotated as completed. Furthermore in terms of accuracy, Members were reminded that a draft report had been presented to the Audit Committee in March 2017 and expressed disappointment that some of the recommendations were still not completed.

Members commented that there should be further clarity in terms of what the Trust was doing to address the issue of Handovers and there should be a specific focus on this at

Board level with a clear approach from the Trust in how it was addressing the problem.

Jason Killens referred to the recommendation cited by the Chair in terms of providing patients at hospitals with necessary hydration and nutrition commenting that this was something the Trust could simply not deliver in a safe and appropriate manner. In terms of the Trust being seen to discharge this particular action, the Trust ensured that senior colleagues at each Health Board were aware of the recommendation. He ensured there would be a renewed focus on the Executive Management Team to complete the recommendations in a timely manner.

The Committee asked whether unscheduled care would be included in one of WAO's thematic reviews across Wales; Dave Thomas advised that It featured in a live consultation document and within that there was a piece of work entitled 'manage unscheduled demand'. He added that the Trust should be encouraged to respond to the consultation document.

Members considered and discussed in more detail with regard to focussing on the recommendations that the Trust had control over, with less focus on the others. Jason Killens advised that the Chief Executives of Health Boards had been reminded of the existence of the original audit and had acknowledged that through correspondence. Martin Woodford confirmed this would be brought to the attention of Health Board Chair's going forward.

Members asked for clarity in terms of which Director had ownership of the document. Jason Killens advised that initially, he would take ownership and advise the Committee going forward of any change. He requested that an interim update be circulated to Committee Members out of session with a formal update brought to the March Meeting.

RESOLVED: That the Committee noted and discussed the report.

40/18 AUDIT RECOMMENDATION TRACKERS

Corporate Governance Manager, Julie Boalch, explained that the purpose of this paper was to provide the Audit Committee with a progress report in respect of the work undertaken to address recommendations made as a result of internal and external audit reviews.

Internal Audit reports recommendations: 2016/17

Currently there was a total of 73 recommendations. There were five recommendations from the 2016/17 reports that were still outstanding; one of which was reported as complete during this period with the remaining four being partially complete. Julie Boalch provided an update on high recommendations which are overdue.

Comments:

RFID (Radio Frequency Identification) tagging as part of an asset management system and the need to consider this. Chris Turley explained that this was still currently being explored as a priority balancing the risks and need against VFM, etc. This would be further considered at the next Finance and Resources Committee meeting. Members recognised that any such system would significantly improve the Trust's ability to track its medical and fleet assets.

Internal Audit reports recommendations: 2017/18 and 2018/18

There were 68 current recommendations detailed in the 2017/18 and 2018/19 audit reports and of those 29 were not yet due for completion, 20 had been completed during this period and 19 were overdue. Details were provided by Julie Boalch in terms of the updates against the recommendations that were overdue and the expected completion dates.

Comments:

Members noted that the work to ensure staff adhered to the obligations within the Trust's current resourcing policy had slipped significantly. Members discussed this recommendation in further detail as to whether this could be marked as complete against the current resourcing policy given the wording of the recommendation. It was agreed that Julie Boalch would provide more clarity on this issue in the next report.

External – Wales Audit reports

There were currently 10 recommendations; two had been completed five were not yet due and three were overdue with work progressing on these. More details of the overdue ones were provided to the Committee.

Comments:

After a query regarding follow ups, Julie Boalch explained that there was a new Follow Up tab on the tracker commenting that the tracker was presented to the Executive Management Team on a monthly basis. She further assured the Committee that thorough scrutiny was being undertaken to ensure recommendations were completed within the deadlines agreed.

RESOLVED: That the Audit Committee reviewed the progress made by the Trust in addressing the Internal and External Audit Report recommendations.

41/18 BOARD ASSURANCE FRAMEWORK (BAF)

Julie Boalch, Corporate Governance Manager, explained that the report had been designed to collate information relating to the Trust's strategic aims 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 where and how management and the Board received its assurances.

The Trust's corporate risks have been closely aligned to each of the strategic aims; further work on identifying and describing the Trust's corporate risks was still required and plans were in place to do this.

The BAF report would be presented as a standing item on all future Board meetings and would also feature as a regular item at respective Committee meetings. Committees will be asked to scrutinise the sources of assurances and the interventions contained within the BAF report on a quarterly basis.

Several enhancements had been included within this BAF report which included, electronic hyperlinks and an indicator to illustrate the movement of risk scores over the

quarter.

After considering the report further the following comments were raised:

1. In terms of risks being escalated and de-escalated, what was the value of the risk? Did it describe the likelihood or the impact? Julie Boalch advised that in future reports, an additional column would be added to provide an explanation.
2. A question arose in terms of how to pre-empt risk - Claire Roche, Assistant Director of Quality, Governance & Assurance, explained that once the electronic risk management tool was implemented, it would improve the Trust's ability to identify and manage risks significantly.

RESOLVED: That the BAF report prior to consideration at Trust Board was received and commented upon.

42/18 CORPORATE RISK REGISTER (CRR) QUARTERLY REPORT, QUARTER 2 2017/18

Claire Roche, Assistant Director of Quality, Governance & Assurance, in presenting the report drew the Committee's attention to the following:

1. There were no new or transferred risks since the last report
2. One risk had been escalated
3. There were a total of 19 risks on the register; four of which were being recommended for de-escalation

Claire advised it was her intention at each meeting to focus on a particular area within the register. The area of focus was to look at the number of risks escalated by each Directorate to the CRR:

- Quality, Safety and Patient Experience: seven
- Workforce and Organisational Development: four
- Operational: four
- Planning and Performance: one
- NEPTS: one
- Corporate Governance: one
- Partnerships and Engagement: one

The Committee considered the register in more detail and raised the following:

1. Was it worthwhile to consider linking the CRR to any limited assurance ratings from internal audit reviews? Claire commented that the current process was led by risk scoring and risks were only escalated to the CRR when the rating was 15 or above. Members discussed risk scoring process in more detail recognising that the risk management process was being strengthened and developed going forward. In terms of the governance process Julie Boalch advised that the CRR and the BAF were inextricably linked and Emrys requested that all risk registers be shared with her to provide consistency and links to the BAF.
2. It would be useful, for Members to have access to the Directorate level risk registers via a link embedded within the CRR
3. Racheal Powell, Assistant Director of Research and Development, drew

attention to the Electronic Patient Clinical Record and the associated risk which due to its scoring following the mitigation of risk was currently not on the CRR; however it was of corporate significance and was something the Board should be aware of

4. Aled Williams, Head of ICT, explained that the digi pen did appear on the ICT Directorate risk register but had not been escalated as any issues had been dealt with prior to it becoming a risk that required escalation.
5. The need to review some of the descriptions of risks; once the electronic system was implemented would this be resolved and would the Trust have realistically defined risks? Claire Roche commented that the system would have the capability of assigning and managing actions more effectively.

RESOLVED: That the Corporate Risk Register Quarterly Report for Quarter 2 was endorsed; recognising there were additional actions to be taken forward to support the Trust risk maturity.

43/18 LOSSES AND SPECIAL PAYMENTS

Chris Turley, Interim Director of Finance and ICT, explained that the report detailed the Losses and Special Payments made during the seven months from 1st April 2018 to 31st October 2018 and had amounted to £0.802million

RESOLVED: That the Losses and Special Payments Report for this period was received.

44/18 CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS

The draft Trust Charity Annual Report and Accounts were presented to the Charitable Funds Committee (CFC) on 13 September 2018. Since then, the Wales Audit Office (WAO) team had undertaken an Independent Examination of the Annual Report and Accounts.

As part of the Independent Examination and in recognition of new legislative requirements, the WAO had also requested that 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.

Members discussed the report in more detail and were content to approve.

RESOLVED: That the Audit Committee recommended that the Trust Board approve the Trust Charity Annual Report and Accounts for 2017/18 at its meeting on 13 December 2018, 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 2019.

RESOLUTION TO MEET IN CLOSED SESSION

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

Reports relating to the items of business in these minutes can be found on the

Trust's website, www.ambulance.wales.nhs.uk

Date of Next Meeting: 7 March 2019

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE CLOSED MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 6 DECEMBER 2018 AT VANTAGE POINT HOUSE, CWMBRAN

PRESENT :

Pam Hall	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Corporate Governance Manager
Jill Gill	Financial Accountant (VC)
Helen Higgs	Head of Internal Audit NWSSP
Estelle Hitchon	Director of Partnerships and Engagement
Ossian Lloyd	Internal Audit
Steve Owen	Corporate Governance Officer
Rachael Powell	Assistant Director of Research, Audit and Service Improvement
Paul Seppmann	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Carl Window	Counter Fraud Manager

APOLOGIES:

Keith Cox	Board Secretary
Louise Platt	Interim Director of Operations
Damon Turner	Trade Union Partner
Martin Turner	Non Executive Director

10/18 PROCEDURAL MATTERS

Declarations of Interest

The Committee noted Mr Emrys Davies' standing declaration of interest as being a retired Member of UNITE.

RESOLVED: That the declaration of interest of Mr Emrys Davies being a retired member of UNITE made under the Code of Conduct was noted.

11/18 COUNTER FRAUD PROGRESS REPORT: 1 SEPTEMBER – 30 NOVEMBER 2018

Carl Window Counter Fraud Manager, presented the report which reflected on cases during the reporting period and contained significant updates that were brought to the attention of the committee.

The Counter Fraud service had continued to deliver under the following strands: Hold to Account, Prevent and Deter, Inform & Involve, and Strategic governance. The Committee were provided with details of ongoing work in terms of each strand and an update of the cases.

More specifically attention was drawn to an item under the Prevent and Deter strand, and the Trust's involvement and engagement with the National Fraud Initiative. This effectively was a data matching exercise which had been designed to work together with other NHS partners to reduce the risk of fraud and/or tackle any fraud that had been identified through this initiative.

The report also contained the work plan activities completed, and illustrated specific outcomes that the Trust had achieved during this period.

Members noted the increase in the number of reported activity and expressed concern in the number of cases relating to working whilst sick.

The Committee's attention was drawn to a significant case recently conducted by the Regional Wales Team which related to the Powys Health Board.

RESOLVED: That the Counter Fraud progress report was noted.

12/18 TENDER UPDATE REPORT AND SINGLE TENDER WAIVE REQUESTS

The Interim Director of Finance and ICT Chris Turley, gave the Committee an overview of the report and provided details in terms of specifics within it.

RESOLVED: That

(1) it was noted five new tenders were issued during this period, and that three tenders were awarded; and

(2) it was noted there was one request to waive SFIs accepted during the period.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 27 NOVEMBER 2018 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC LINKS TO ST ASAPH AND CONWY HOUSE

PRESENT :

Emrys Davies	Non Executive Director and Chairman
Claire Bevan	Director of Quality and Nursing
Paul Hollard	Non Executive Director
James Mycroft	Non Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director Planning and Performance
Rebecca Cann	Allocator and Control Trainer (part)
Darryl Collins	Head of Patient Safety
Alison Kelly	Business and Quality Manager
Fiona Maclean	Patient Experience Team
Caroline Miftari	Head of Quality Governance
Steve Owen	Corporate Governance Officer (Via VC)
Ashley Page	Assistant EMT Controller
Louise Platt	Interim Director of Operations (Part)
David Probert	Wales Audit Office
Theresa Parry	Aneurin Bevan Community Health Council
Claire Roche	Assistant Director Quality Governance and Assurance
Andy Swinburn	Assistant Director of Paramedicine
Gareth Thomas	Patient Experience Team
Rhiannon Thomas	Senior Professional Safeguarding Children and Adults (Via VC)
Jonathan Whelan	Assistant Medical Director

APOLOGIES

Wendy Herbert	Assistant Director of Quality and Nursing
Dr Brendan Lloyd	Medical Director
Professor Kevin Davies	Non Executive Director
Leanne Hawker	Partners in Healthcare Lead
Mark Harris	NEPTS General Manager

46/18 PROCEDURAL MATTERS

The Chairman welcomed everyone to the meeting and advised that the meeting was being audio recorded. He referred the Committee to his standing declaration as a retired member of UNITE.

Minutes

The Minutes of the meeting held on 4 September 2018 were confirmed as a correct record subject to: Minute 40/18 final paragraph, amend wording to read: The Chairman, who had been a Member of the Winter Assurance Panel informed the Committee that the actions up to the date of the last meeting were now completed and the others were ongoing.

Matters Arising

None.

Action Log

The Action Log was considered by the Committee, the actions therein were dealt with accordingly and the log updated.

Action 18: Update provided by Claire Roche who advised that from December, staff will be able to access physiotherapy via the Occupational Health Team. Action Closed.

Action 19: Update to reflect that Hugh Bennett will provide an update on the review of metrics following his discussion with the CEO. Remain on Action Log.

Action 20: Training compliance, an update was to be provided at the next meeting.

Action 24: This referred to the timely completion of audit assessments in relation to the Annual Quality Statement. Action Closed

RESOLVED: That

(1) the Minutes of the meeting held on 4 September 2018 were confirmed as a correct record subject to correcting Minute 40/18 as described;

(2) the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE was noted; and

(3) the updates to the Action Log were noted.

47/18 PATIENT STORY

Fiona Maclean in introducing the story advised the Committee that it was focused on how the Trust was engaging with and educating children and young people of the services provided by the Trust.

The Committee listened to several sound bites of a call made by a four year old boy who had called the ambulance service to inform them of his mother's condition who had fainted. After several minutes his mother came to and gave a description of her symptoms and confirmed the address. Unfortunately his mother fainted again and her son called the ambulance service again and was given instructions by the call handler (Ashley Page) to try and rouse her. It had transpired that her son had used the apple virtual assistance Siri to call the Trust. After a further period of time, contact with his mother was restored; at this point she gave a more detailed description of her symptoms and was not aware that her son had called the ambulance service.

Ashley Page, the call handler concerned referred to the call and stated as there was no specific process with regard to establishing the address of a caller under these circumstances; it was a matter of adapting a certain style with each case that befitted the circumstances. He gave some ideas and suggestions how call handlers could glean information from the caller in order to find the address, especially with young child callers. This included the suggestion that the caller look for a letter at the property which could possibly have the address on it.

Rebecca Cann, call allocator, shared her observations with the Committee following her recent visit to a school as part of the shocktober events. Rebecca stressed the importance of educating young children with regard to making 999 calls.

Fiona then briefed the Committee on other education events the Trust had presented to school children which included the rights of children. Going forward, the Trust was considering what other equipment the Trust could potentially put on board its ambulances that could support staff as well as children.

The Committee were informed of the school holiday enrichment programme based in Cardiff. This was aimed at schools in deprived areas and gave the opportunity for children in these areas to notify the ambulance service of their experiences with the emergency services.

Fiona advised the Committee of the shocktober projects being undertaken in the future and also how the Trust could support the children's rights champions and the inter - generational agenda.

Members discussed the update in further detail and raised several points:

Reference was made to 'youth panels' that had been set up across some of the health boards and it was suggested it would be useful to glean some information from them for the benefit of the Trust going forward.

In terms of producing an alternative type of script to cater for young callers, Claire Bevan commented that more information regarding calls by young callers needed to be mapped and captured and this would be taken forward by the PECI team.

RESOLVED: That the update was noted.

48/18 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT HIGHLIGHT REPORT (July - September)

The Committee were given an overview of the report by Fiona Maclean who drew their attention to the following areas:

1. The total number of visits to the NHS Direct Wales website was 857,180; the online symptom checkers had continued to be popular with online users.
2. The new 'falls' symptom checker was progressing well and should be online by f the new year.
3. The Trust had attended 72 community events across Wales where 8,975 people from a variety of backgrounds/communities were engaged with.
4. Dementia – a funding allocation for the first three years was now being used to implement the Trust's Dementia Plan. It was noted that the Trust had been awarded by the Alzheimer`s Society organisation of the year.
5. The Eisteddfod - staff had come together to promote the Trust and Welsh language at the Eisteddfod in Cardiff Bay.

6. Key actions being taken forward – winter planning activities, promotion of the symptom checker and collaboration with the LGBT network

The Committee acknowledged the work undertaken by the Patient and Community Involvement Team.

RESOLVED: That

(1) the Highlight Report for release to the Patient/Public Network and external stakeholders was approved; and

(2) the actions being taken forward were noted and supported.

49/18 QUARTERLY QUALITY ASSURANCE REPORT QUARTER FOUR (July - September)

An overview of the report was provided by Caroline Miftari who advised the Committee the report covered the period July to September 2018. She made reference to the Corporate Quality Metrics document which supported the report and from which the following highlights were given:

1. The Trust was now a member of the NHS Wales Mental Health network
2. The 24 recommendations from the commissioning clinical risk assurance review were now complete
3. The actions from the Winter Assurance Panel had now been finalised with key recommendations were progressing.
4. The first comprehensive record of the Trust's data on FIT testing for the infection control plan has been completed.
5. The implementation of the risk management strategy 2018/21 is progressing following approval.
6. Development has commenced on the Qlik sense project (business visualisation software) this software enhances the ability for the Trust to track progress against quality aims.
7. The Trust was required to adhere to the Welsh language standards set by Welsh Government and a programme of work is progressing.

Going forward, the reports from quarter 1 would be able to monitor and measure the data more effectively and efficiently with the use of Qlik sense.

Members recognised the report contained a considerable amount of data and would requested to see more information regarding NEPTS; Hugh Bennett advised this was being addressed.

RESOLVED: That the report was discussed and an update would be provided to the Board by the Chair.

50/18 RESPONSE TO SUPPORT REGULATION 28 REPORTS TO PREVENT FUTURE DEATHS

Darryl Collins, Head of Patient Safety, Concerns and Learning in providing an overview of the report briefed the Committee on the background which related to three cases that had given cause for concern by the respective Coroner.

A number of actions were raised by the Coroners which included:

1. The training needs of 999 emergency call telephonists for assessing the level of

the need for urgent assistance required addressing
2. Not accurately predicting emergency demand over a public holiday, thereby not having sufficient resources available at hand or in reserve
3. Lengthy handover delays at Emergency Departments

The Regulation 28 responses had been submitted to the respective Coroners, Health Board areas and also to Welsh Government in respect of one of the cases.

He added that the families of all concerned were aware that the information being presented to the Committee was in the public domain as the detailed action plans are published on the Coroner`s web site.

Claire Bevan advised that the information submitted to the Coroner had demonstrated the Trust's ability to identify where the demand was significantly increasing and improvement actions identified within the Trusts winter plan

The Committee recognised that progress was being made in the Trust's ability to forecast and predict peak activity. They also understood the challenges in being able to predict individual cases going forward.

RESOLVED: That

(1) the Committee considered and noted the content of the action plan in response to the Regulation 28 Report to Prevent Future Deaths; and

(2) It was noted these actions were being monitored via the Quality Steering Group.

51/18 MONTHLY INTEGRATED PERFORMANCE REPORT

Hugh Bennett explained that the purpose of the report was to provide an overview of the Trust's performance against key quality and performance indicators for September 2018, and included performance data over the previous quarter.

Members were reminded that 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 informed the Welsh Government Balanced scorecard) formed the basis of the Trust's performance indicators.

Following feedback in terms of the contents of the report, Hugh Bennett provided details as follows:

1. Timeliness and alignment of reporting – consideration was being given to change the dates of Committees going forward
2. Too much information – ongoing work was being carried out to determine which areas within the report could be streamlined
3. What was the purpose of the report? – it provided a snapshot of the Trust's overall performance

In terms of highlights from the report:

1. Incident demand over the last 12 months had increased by 2%
2. NHSDW call demand data had remained approximately the same
3. Demand for 111 calls had increased from last year (5.3%)
4. NEPTS journeys had decreased by 6.2% from the previous year

5. The Trust conveyed 8.1% less patients than in quarter two
6. Hear and Treat – the Trust achieved a 7.5% performance in September which had been an increase from quarter two
7. Transformation bids funding linked to the Winter Plan had been received

Areas of concern:

1. The NHSDW website unique visits rate had dropped to 218,554 in September, compared to 243,464 in August. This was due to a change in the way Google Analytics measured website activity. Health Informatics were working on a way to approach reporting around this change going forward
2. The percentage of 999 calls answered within 6 seconds was 85.7% in September. The Trust was looking to improve this.
3. The percentage of Acute Coronary Syndrome patients who were documented as receiving appropriate STEMI care bundle was 69.1%. This was a significant decrease on the last two months, July (73.8%) and August (81%). Initiatives to assist staff in identifying the criteria for the clinical indicator care bundles were underway
4. The amber 95th percentile response remained an area of concern, and this was being addressed through the Amber Review. It should be noted however that Amber median response in September was 25 minutes and 3 seconds and the 65th percentile 38 minutes and 38 seconds.
5. Handover delays - 14,484 hours were lost in quarter 2 2018/19, compared to 10,319 in the same quarter last year. The main areas of concern were: Aneurin Bevan Local Health Board, Abertawe Bro Morgannwg University NHS Trust and Betsi Cadwaladr University Health Board.
6. The percentage of handover to clear within 15 minutes of transfer of patients to hospital staff was 74.5% in September. The commissioning intention was an improvement (the trend was worsening) and the Trust's performance ambition was 90%.
7. Both the Non-Emergency Patient Transport Service (NEPTS) indicators: reducing aborted journeys and reducing the number of bookings by fax/post/hand were higher than the target (performance ambitions). Whilst the aim was to be below target, they were within upper and lower control limits NEPTS continued to adopt Lean practices as a methodology for improvement.
8. The percentage of responses to concerns had dropped to 48% in September, and was significantly below the Performance Ambition of 75%, this was as a result of the backlog from last winter. Claire Bevan commented that as part of the Winter Planning process, the ability to address the backlog in a more timely manner was being addressed
9. Two Serious Adverse Incidents were reported to Welsh Government in September. There was a spike in patient safety incidents, near misses and hazards in September, which had increased to 164, compared to 140 in the previous month
10. Sickness absence was 6.78% in September, compared to 7.25% in August and 6.73% in September 2017. For September, 4.57% of sickness absence was long term (calculated as a percentage of full time equivalents), and 2.21% was short term sickness. The top reason for absence during September was anxiety/stress/depression/other psychiatric illnesses at 26.2% which was also the top reason for absence for the same period last year. This has however increased on last year's figure of 21.2%.
11. The PADR rate for September was 75.96%, this was a slight reduction on August and below the Welsh Government target of 85%.

The Committee considered the comprehensive report in further detail recognising that

Hugh Bennett was working on a solution to simplify the information and to focus on certain metrics.

RESOLVED: That the Committee noted and discussed the September Monthly Integrated Quality and Performance Report.

52/18 CLINICAL SUPERVISION GUIDELINES

Andy Swinburn informed the Committee that as part of the Advanced Paramedic Practitioner (APP) Pilot in Betsi Cadwaldr University Health Board (BCU), eleven Paramedics, all at various stages of their post registration development, were making the transition into Advanced Practice.

No formal organisational guidelines or procedures currently existed in the Trust for clinical supervision and therefore it was necessary to provide clear guidelines and a robust procedural framework in order to support developing APP's on their journey into Advanced Practice.

The Clinical Supervision Guidelines being presented to the Committee described the scope for delivering both 'Individual' and 'Group' clinical supervision and the principles for recording and auditing of clinical supervision as part of a consistent organisational approach. The guidelines had been presented to the APP Project Group in February this year who subsequently endorsed the content for use in practice.

Claire Bevan commented that going forward it would be necessary to introduce and develop models of supervision to include all registrants for the different areas of clinical practices in the Trust and this was one of the Chief Nursing Officer`s priorities.

RESOLVED: That

(1) The attached draft Clinical Supervision Guidelines were approved for application in practice.

(2) Individual clinical supervision was facilitated remotely using video conferencing as a short term resilience solution for developing APPs participating in APP Pilot Trials was noted; and

(3) Quarterly Group Clinical Supervision was implemented by the Regional Clinical Leads – Consultant Paramedics using the Trust Guidelines for delivery, and recording was noted.

53/18 ACCESSIBLE COMMUNICATION AND INFORMATION FOR PEOPLE WITH SENSORY LOSS

Prior to the update, Claire Bevan, on behalf of the Committee asked for a note of recognition to be recorded for the work conducted by all those involved in improving the experience within the Trust of those patients who have sensory loss. The Trust held a Sensory Loss event in November 2018 supported by the Cabinet Secretary for Health and Social Care.

Gareth Thomas, Patient Experience Team referred to the All Wales Standards for Accessible Communication and Information for People with Sensory Loss which set out the standards of service delivery that people with sensory loss should expect when they access healthcare services.

On 28 September 2018, the Welsh Health Circular (2018) 030 Sensory Loss Communication Needs (Accessible Information) Standard was received which included a Data Standards Change Notice mandating the Standard for how information relating to all individuals who have information and/or communication support needs, which were related to or caused by sensory loss.

Currently, the Trust does not have a dedicated Implementation Group to monitor or support the implementation of the Standards. As part of improving the experience with patients that have sensory loss, the Trust was encouraging staff to attend British Sign Language training therefore enabling staff to learn at their own pace and was focused on learning outcomes.

Further feedback from deaf and hard of hearing patients had identified that accessing the complaints process was particularly challenging; the Trust was addressing this to make it more accessible.

RESOLVED: That

(1) Members noted and supported the work within the report and the work identified to be taken forward; and

(2) The Committee recognised the work undertaken by the Patient Experience and Community Involvement Team in this field.

54/18 WAST NOTIFICATION PROCEDURE

Caroline Miftari explained that the purpose of the report was to update the Committee on the Notification Procedure that addressed the Clinical Risk Assurance Review recommendation to provide a robust, auditable process of ensuring all notifications received by the were catalogued, reviewed and disseminated within agreed timeframes to the appropriate staff.

The Notification Procedure recommended that designated 'Accountable Managers' from across the Trust would be the custodians of external notifications received.

Claire Bevan advised this procedure was an efficient and effective way of coordinating all notifications received by the Trust.

The Committee following a discussion, welcomed and approved the procedure.

RESOLVED: That the notification procedure was approved.

55/18 PUTTING THINGS RIGHT SCRUTINY PANEL ACTION LOG

Claire Bevan informed the Committee that this scrutiny panel had been established following the winter assurance panel. The purpose of the panel was to enable scrutiny and provide assurance around learning and improvement of compliance.

The Chair further updated the Committee on the work from the first panel advising that it was ongoing and focused on the three regions in Wales.

RESOLVED: That the update was noted.

56/18 SAFEGUARDING REFERRAL PROCESS

Rhiannon Thomas Senior Professional Safeguarding Children and Adults, explained that the purpose of the report was to provide Members with information on the way forward to address and reduce the organisational risk relating to the current safeguarding referral process.

The Trust was required to report on the safeguarding referrals and position of the organisation both internally and externally. The Safeguarding Local Delivery Plan provided the focus for improving quality as part of the Trust's internal strategy but also incorporated the requirements included in standards and outcomes set by external reporting mechanisms.

The current safeguarding referral process involved a paper based fax process for frontline staff and a separate web based electronic system on Insight for NHS Direct Wales staff.

A number of possible solutions had been explored with one solution being the DocWorks method for processing safeguarding referrals. The DocWorks method provided a secure web based store and forward approach. This method would ensure a consistent process for frontline, Clinical Contact Centre and NHS Direct Wales Practitioners. It would also have the ability for reporting all activity/data specifics and compliance with legislative requirements.

A Task and Finish Group had been established to take the solution forward. A trial of the DocWorks system would commence in quarter three.

Members fully supported the approach recognising the need to move away from fax referrals to ensure that people were better protected in terms of safeguarding

RESOLVED: That the Committee considered this initiative and continued to support a sustainable solution for the Welsh Ambulance Services NHS Trust safeguarding referral process.

58/18 OPERATIONS UPDATE

The Interim Director of Operations Louise Platt, provided a verbal update to the Committee with a focus on delivery for the next couple of months with regard to winter planning and the initiatives in place.

These initiatives included:

1. The expansion of more Advanced Paramedic Practitioners across Wales. It was proposed that this initiative would go live from 1 January 2019.
2. Additional clinicians would be deployed to increase the peak activity cover as part of the Hear and Treat initiative. This would go live in Mid February 2019
3. St John falls assistant model for level 1 falls response; this would cover the M4 corridor area for seven days a week from 07:30 to 19:30.
4. 300 care homes across Wales had been identified where the Trust could introduce 'I stumble' and provide the necessary lifting equipment which was being funded by the Commissioner
5. A robust plan for the Christmas period was in place; which included ways of improving the welfare of staff

Louise Platt added there were separate processes in place which would be measuring

the impact of winter and these would be reviewed and scrutinised in March 2019.

RESOLVED: That the update was noted.

59/18 ITEMS FOR NOTING

1. The Annual Quality Statement for NHS Wales.

2. Annual Quality Statement – Internal Audit Report.

3. WHC/2018/042 Validated core service user questions and updated Framework for Assuring Service User Experience

4. Terms of Reference and Minutes for Putting Things Right Scrutiny Panel

5. Welsh Ambulance Services NHS Trust Mental Health Improvement Plan & Dementia Plan: Members recognised the success by the team led by Alison Johnston in receiving the dementia friendly award from the Alzheimer society

6. Quality Governance in Health Care (Wales) Bill update.

   Claire Roche provided the Committee with a verbal update. There were four main duties within the bill which an organisation had a duty to adhere to once it became an Act:

   1) Duty of Quality
   2) Duty of Candour
   3) Citizen Advice Body
   4) Issue of Vice Chairs

Claire Roche added that the main focus going forward would be on patient quality.

7. Quality Steering Group Action Log

RESOLVED: That the above items were noted.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE CLOSED SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 27 NOVEMBER 2018 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC LINKS TO ST ASAPH AND CONWY HOUSE

PRESENT :

Emrys Davies	Non Executive Director and Chairman
Claire Bevan	Director of Quality and Nursing
Paul Hollard	Non Executive Director
James Mycroft	Non Executive Director

IN ATTENDANCE:

Darryl Collins	Head of Patient Safety
Caroline Miftari	Head of Quality Governance
Steve Owen	Corporate Governance Officer (Via VC)
Claire Roche	Assistant Director Quality Governance and Assurance
Jonathan Whelan	Assistant Medical Director

APOLOGIES

Wendy Herbert	Assistant Director of Quality and Nursing
Dr Brendan Lloyd	Medical Director
Professor Kevin Davies	Non Executive Director
Leanne Hawker	Partners in Healthcare Lead
Mark Harris	NEPTS General Manager

01/18 PROCEDURAL MATTERS

The Chairman welcomed everyone to the meeting and advised that the meeting was being audio recorded. He referred the Committee to his standing declaration as a retired member of UNITE.

RESOLVED: That the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE was noted.

02/18 SERIOUS ADVERSE INCIDENT AGGREGATED REVIEW

Claire Bevan presented the report to the Committee in which she advised that the purpose of the review had been to undertake a detailed analysis on each reported Serious Adverse Incident during a specific period (December 2017 – June 2018).

Using that analysis the Trust was able to identify any emerging themes and trends and utilise that towards learning and improvement. It was of particular note that the whole NHS system was experiencing sustained significant pressures during this period which had resulted in delayed responses to people in the community.

Darryl Collins commented that the overarching theme and trend was in regard to the Trust's timeliness to respond; however there were several mitigating circumstances which included hospital delays and resourcing issues within the Trust.

Claire Bevan made reference to the actions within the review that had been incorporated into the actions of the Trust Winter Assurance Panel (June 2018) explaining that those under the Trust's control were progressing to a satisfactory conclusion.

The Committee considered and discussed the review in greater detail and understood the challenges faced by the Trust during the period of December 2017 – June 2018; noting there were variations by Health Boards in the number of incidents being reported to the WAST Serious Case Incident Forums from across Wales.

A further report, taking into account the discussion from this meeting, would be presented to a future Trust Board meeting.

RESOLVED: That the update was noted.

Date of Next Meeting: 26 February 2019

CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 13 SEPTEMBER 2018

PRESENT:

Members:	Professor Kevin Davies (KD), Chair and Non-Executive Director Emrys Davies (ED), Non-Executive Director Paul Hollard (PH) Non-Executive Director
In attendance:	Keith Cox (KC), Board Secretary Bleddyn Roberts (BR), Trade Union Partner Tracey Thomas (TT), Assistant Financial Accountant Chris Turley (CT), Interim Director of Finance and ICT Claire Vaughan (CV), Director of Workforce and OD
Apologies:	Jill Gill, Financial Accountant Richard Lee, Director of Operations Gareth Price, Trade Union Partner Damon Turner, Trade Union Partner

01/18 Declarations of Interest

The standing declaration of Emrys Davies being a retired member of Unite was noted.

02/18 Minutes of Previous Meeting

The Minutes of 17 September 2017 were confirmed as a correct record, subject to one minor amendment requested by CV with regards to the Bursary Scheme update. This to be checked with Sarah Davies and not Sara Williams.

03/18 Action Log

With regards to Minute 10/17, the Board Secretary (KC) stated that Standing Orders had been checked and did not cover the matter of deputies making decisions.

ED felt that the issue at hand was if somebody were absent when a decision or action was required, could another person be empowered to take the decision on their behalf. The Committee agreed that while they could not make decisions on their behalf, a person could still deputise for the purposes of presenting a report or to give an update.

04/18 Summary of Income and Expenditure Account for April 2017 to March 2018

The Interim Director of Finance and ICT (CT) provided an overview of the charitable funds income and expenditure for the twelve month period April 2017 through to March 2018.

The Committee discussed the ways in which charitable fund money could be allocated and spent. In particular, members commented that the framework and guidance relating to the appropriate use of funds should include eligibility, process, approvals and timeframes.

The Board Secretary (KC) commented that the way in which funds were presently used had become 'ad-hoc' and clearer guidance was needed - *See Minute 07/18 below, Feedback from Advisory Group/Expenditure Planning Group.*

RESOLVED: that

1) **the summary of income and expenditure for the period April 2017 to March 2018 was NOTED.**

05/18 Draft Charitable Funds Annual Reports and Accounts 2017/18

The Interim Director of Finance and ICT (CT) explained to the Committee that currently there are two options available to the Trust with regards to the external annual audit of the Charitable Funds Accounts by Wales Audit Office. These being a full audit or an independent review which is essentially a lighter touch audit which costs less. CT advised that for the last two years, due to the value of the Trust's charitable funds accounts and the annual transactions, the independent review had been sufficient and the option adopted by the Trust.

KD queried if the Trust would be able to continue with the independent review each year or whether there was an obligation to have a full audit. CT confirmed that the regulations did not require a full audit but stated that from a governance perspective it may be advisable to conduct a full review every three to five years. CT confirmed that the last full audit was three years ago and that therefore the Trust should maybe consider a full audit to be conducted for the 2020/21 accounts.

It was also noted that, as in previous financial years, once the audit / independent review of the draft accounts and annual report had been undertaken, the plan was to take these back to the December meeting of the Audit Committee, to recommend t Trust Board their adoption. This was in the absence of a further CFC meeting before the accounts had to be submitted by 31st January 2019.

RESOLVED: that

1) **the Draft Charitable Funds Annual Report and Accounts 2017/18, along with the governance approval process was NOTED.**

06/18 Bursary Scheme Update

The Director of Workforce and OD (CV) introduced the report and reminded Members that it was interest and revaluations accrued on the charitable funds donations that was being used to fund the bursary scheme. The Board Secretary (KC) commented that the amount of interest accrued was directly proportional to the balance held in the Charitable Funds accounts and therefore, the more money utilised from the accounts, the less interest there would be to fund the scheme.

BR commented that the Trust may be able to work more closely with suppliers and partners to secure some form of funding or sponsorship to help towards the cost of future rounds of the bursary scheme.

The Committee discussed the way in which funding was allocated, how staff were made aware of the scheme and how feedback from applicants was reported back. CV confirmed that awareness of the scheme was being promoted and feedback was being received. PH queried the procedure for applying and how the funding was determined to which CV explained that this was via a scoring matrix and based upon the individual application.

The Chairman (KD) noted that a number of the applications received to date were innovative and should be used to highlight the good work being done by the scheme. As an example, the Trust is the only ambulance service with a specialist palliative care paramedic.

CV gave special mention to Sarah Davies to acknowledge the good work undertaken in relation to the bursary scheme.

RESOLVED: that

1) **the update of the Bursary Scheme was NOTED.**
2) **how the Bursary Scheme is currently funded was NOTED.**
3) **the proposal to continue the scheme into 2019/20, with the launch of the next round in October 2018 was AGREED.**

07/18 Feedback from Advisory Group/Expenditure Planning Group

The Board Secretary (KC) gave a verbal update on this item and highlighted concerns from the Group with regards to the system underpinning charitable funds applications. Additional feedback from the Group was that many Trust staff were currently unaware of the scheme or of how to apply for funds.

KC stated that he would be working with Damon Turner in the coming months to address these concerns and to establish a new system for charitable funds applications.

RESOLVED: that

1) **the feedback from the Advisory Group/Expenditure Planning Group was NOTED.**
2) **the Board Secretary would work with trade union partners to establish a new system for Charitable Funds applications.**

08/18 Charitable Funds Investment Policy

The Interim Director of Finance and ICT (CT) reported that whilst the current Charitable Funds investment policy remained fit for purpose, it had not been formally reviewed by the Trust for a number of years. It also therefore needed updating to be in the same format as other Trust policies

CT presented the updated policy document and explained that it had been developed from the existing policy documentation and that importantly no issues had been raised by internal or external audit on the existing investment policy or its operation. CT highlighted that the updated policy did not fundamentally change the proposal for future investments.

RESOLVED: that

1) **the updated charitable funds investment policy was APPROVED.**

09/18 Date of Next Meeting

Members noted that the next meeting of the committee was scheduled for 7 March 2019 but that this would coincide with Audit Committee on the same day. Members agreed the next Charitable Funds meeting would be the morning of 7 March 2019 to allow time for Audit in the afternoon.